

सुरक्षित जीवन

A Journal of Drug Control

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Vol 18 June 2026 No. 23

**The World Drug Problem:
Persisting Issues, New Challenges,
Innovative Responses.**

**“लागु औषधको चुनौति चिनौः
सामाजिक समाधानको बाटो खोजौ ।”**



नेपाल सरकार
गृह मन्त्रालय
लागु औषध नियन्त्रण शाखा
सिंहदरबार, काठमाडौं

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वर्ष १८

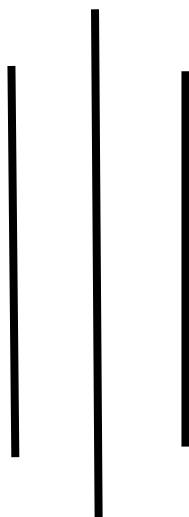
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गृह मन्त्रालय

लागु औषध नियन्त्रण शाखा



शुभकामना



गृह मन्त्रालयद्वारा लागू औषध नियन्त्रणका क्षेत्रमा भएका बहुआयामिक प्रयास, समीक्षात्मक विवरण र भावी कार्यदिशा समेत समेटेर प्रकाशन हुँदै आएको "सुरक्षित जीवन" को यस २३ औं संस्करण प्रकाशन हुन लागेकोमा खुसी लागेको छ। यस क्षेत्रमा विज्ञ लेखकको अध्ययन, विश्लेषण, रचनात्मक लेख रचनाहरू समेटी मन्त्रालयबाट तयार पारिएको यो महत्वपूर्ण दस्तावेजले लागू औषध विरुद्धको हाम्रो राष्ट्रिय अभियानमा एउटा बलियो मार्गदर्शकको भूमिका खेल्ने विश्वास लिएको छु।

क्षणिक मनोरन्जनका लागि प्रयोग गरी शुरु हुने लागू औषधको कुलतबाट जोगिन र जोगाउन लागू औषध नियन्त्रणको अन्तर्राष्ट्रिय दिवसलाई औपचारिकतामा सीमित नराखी अब लागू औषधको "Supply-Chain Break" गर्न जरामम्म पुगेर नियन्त्रण गर्न प्रहरी प्रशासनलाई क्रियाशील तुल्याइएको र यसमा सामुदायिक सहयोग तथा सहकार्य समेत आवश्यक छ। साथै सरकारले लागू औषधलाई सामाजिक चुनौतीको रूपमा लिई "लागू औषधको अन्त्यको शुरुआत गर्ने अभियान" नै सञ्चालनको नीति सरकारले लिएको सबै पाठकवृन्दलाई जानकारी गराउन समेत चाहन्छु।

यसमा प्रकाशित तथ्य र तथ्याङ्कले देखाएका चुनौती समाधान गर्न सरकार तथा सरोकारवालालाई आगामी दिनमा नीतिगत, कानूनी तथा कार्यक्रमगत सुधार गर्न सहयोगी हुने विश्वास लिएको छु र मुख्यतः संघ, प्रदेश र स्थानीय तहको संयोजनमा लागू औषध विरुद्धको सामाजिक अभियानलाई मूर्त रूप दिन समेत आग्रह गर्न चाहन्छु।

यस प्रकाशनमा प्रस्तुत भएका लागू औषधले मानिसको शारीरिक तथा मानसिक स्वास्थ्य, भावनात्मक अवस्था, पारिवारिक सुख र सामाजिक सदभावलाई असर पार्ने मात्र होइन मुलुकको शान्ति सुव्यवस्था, आर्थिक मूल्य र दिगो सामाजिक विकासका लक्ष्य हासिल गर्ने यात्रामा समेत गम्भीर असर पुऱ्याएको विषय उपयोगी छ। मुख्यतः बदलिँदो विश्व परिवेशमा डिजिटल प्रविधि र कृत्रिम लागू औषध (Synthetic Drugs) को प्रयोग तथा विस्तारका कारण लागू औषध अपराधको स्वरूप र सञ्जाल थप जटिल बनेकोले यसलाई चिर्न जरुरी छ। यद्यपि दुर्व्यसनीबाट पीडितलाई उपचार तथा समाजमा पुनर्स्थापना गर्ने कार्यमा सामाजिक लगानीको दृष्टिकोणबाट हेर्नु पर्ने पक्ष पनि यहाँ महत्वपूर्ण छ।

यस जर्नलमा सम्पादक मण्डलले गर्नु भएको प्रयासका लागि धन्यवाद ज्ञापन गर्दछु र गृह मन्त्रालयले आगामी दिनमा तथ्य र तथ्यांकमा आधारित भइ नीति, कानून, योजना र कार्यक्रममा सुधार गर्न अनुसन्धानमूलक कार्यलाई निरन्तरता दिने समेत जानकारी गराउन चाहन्छु। लागू औषध विरुद्धको साझा अभियानमा अग्रसर सबै सरोकारवालालाई यी लेखले सहयोग पुऱ्याउने विश्वास लिएको छु। अन्त्यमा, सभ्य, स्वस्थ एवं सुरक्षित समाज निर्माणका लागि यस प्रकाशनले थप योगदान गरोस् भनी शुभकामना समेत व्यक्त गर्दछु। धन्यवाद।

असार, २०८३


सुधन गुरुङ



नेपाल सरकार

गृह मन्त्रालय



सिंहदरवार,
काठमाडौं, नेपाल ।

पत्र संख्या:-

प्राप्त पत्र संख्या र मिति:-

च.नं.:-

शुभकामना

लागु औषध दुरुपयोग तथा अवैध ओसारपसार विरुद्धको अन्तर्राष्ट्रिय दिवस (२६ जुन) का अवसरमा गृह मन्त्रालय, लागु औषध नियन्त्रण शाखाद्वारा नियमित रूपमा प्रकाशन हुँदै आएको "सुरक्षित जीवन" जर्नलको २३ औं अङ्क प्रकाशन भएकोमा खुसी लागेको छ ।

यस वर्ष संयुक्त राष्ट्रसङ्घीय लागु औषध तथा अपराध नियन्त्रण कार्यालय (UNODC) ले तय गरेको अन्तर्राष्ट्रिय Theme "World Drug Problem: Persisting issues, new challenges, innovative responses" र हाम्रो राष्ट्रिय नारा "लागु औषधको चुनौती चिनाँ: सामाजिक समाधानको बाटो खोजौं" ले वर्तमान विश्व र नेपाली समाजको जटिल यथार्थलाई सूक्ष्म रूपमा प्रतिबिम्बित गरेका छन् ।

लागु औषधको समस्या हिजोका दिनमा एउटा सीमित समूह र क्षेत्रमा रहेकोमा आज यसले जटिल आवस्थाको सिर्जना गरेको छ । प्रविधिको दुरुपयोग र कृत्रिम लागु औषध (Synthetic Drugs) को बढ्दो प्रयोगले हाम्रा अगाडि नयाँ-नयाँ चुनौतीहरू थपिएका छन् । यी चुनौतीहरूको जरासम्म पुगेर समाधानका उपायहरू पहिल्याउनु आजको आवश्यकता हो ।

लागु औषध नियन्त्रण गृह प्रशासन वा सुरक्षा निकायको मात्र दायित्व होइन, यो एक साझा सामाजिक जिम्मेवारी पनि हो । त्यसैले हामीले 'सामाजिक समाधानको बाटो खोज्न ढिला गर्नु हुँदैन । कुलतमा फसेकाहरूलाई घृणा होइन, उपचार, माया र पुनर्स्थापनाको माध्यमबाट समाजमा सम्मानजनक फिर्ती गराउनु नै वास्तविक सामाजिक समाधान हो ।

मन्त्रालयले नियमित रूपमा प्रकाशन गर्दै आएको यस 'सुरक्षित जीवन' जर्नलको २३ औं अङ्कले विगतका सिकाई र अनुभवहरूलाई संस्थागत गर्दै प्रस्तुत भएका अध्ययन, अनुसन्धान र चुनौति विश्लेषण सहितको तथ्य र तथ्यांकले भविष्यका लागि नीतिगत स्पष्टता कायम गर्न र समाजमा सचेतनाको नयाँ लहर फैलाउन महत्वपूर्ण भूमिका खेल्नेछ भन्नेमा म पूर्ण विश्वस्त छु । यस अङ्कमा सङ्ग्रहीत विविध क्षेत्रका विषयविज्ञ तथा लेखकहरूका विचारप्रधान लेख-रचना, अनुसन्धानमूलक प्रतिवेदन र खोजमूलक सामग्रीहरूले नीति निर्माता, सुरक्षा निकाय, अनुसन्धानकर्ता, विद्यार्थी एवं आम पाठकलाई लागु औषधको विद्यमान समस्या र नवप्रकृतिका चुनौतीहरूलाई गहिराइबाट बुझ्न, यस विषयमा आवश्यक ज्ञान हासिल गर्न र व्यावहारिक रणनीति तय गर्न ठोस दिशानिर्देश गर्नेछन् भन्ने विश्वास लिएको छु ।

अन्त्यमा, सान्दर्भिक सामग्रीहरू सङ्कलन गरी यस गरिमामय र महत्वपूर्ण अङ्कको प्रकाशनलाई पूर्णता दिन अहोरात्र खट्ने सम्पादक मण्डल, सम्बद्ध सम्पूर्ण कर्मचारी तथा आफ्नो गहन अध्ययन र अमूल्य विचार प्रदान गर्नुहुने लेखकहरूप्रति हार्दिक आभार एवं धन्यवाद व्यक्त गर्दछु । लागु औषधमुक्त, स्वस्थ र सभ्य समाज निर्माणको यस राष्ट्रिय महाअभियानमा हामी सबैको ऐक्यबद्धता र सक्रिय साझेदारी निरन्तर रहिरहोस् भन्ने हार्दिक कामना गर्दछु ।

असार, २०८३



राजकुमार श्रेष्ठ

सचिव



नेपाल सरकार
गृह मन्त्रालय



सिंहदरवार,
काठमाडौं, नेपाल।



सुरक्षित र स्वस्थ समाजका लागि मार्ग परिवर्तन आवश्यक

“लागु औषधको चुनौति चिनौ: सामाजिक समाधानको बाटो खोजौ” भन्ने मूल नाराका साथ जुन २६ मा मनाइने लागु औषध दुरुपयोग तथा अवैध ओसारपसार विरुद्धको अन्तर्राष्ट्रिय दिवसको अवसरमा गृह मन्त्रालय, लागु औषध नियन्त्रण शाखाबाट वार्षिक जर्नल “सुरक्षित जीवन” को २३औं अङ्क प्रकाशन गर्न पाउँदा गौरव लागेको छ। यस अवसरमा जर्नलको गरिमा बढाउन आफ्नो अमूल्य शोध र विचार प्रदान गर्नुहुने अनुसन्धानकर्ताहरू, लेखकहरू, सम्पादकीय टोली र सरोकारवाला पाठकवर्गमा हार्दिक बधाई तथा शुभकामना व्यक्त गर्दछु।

यो जर्नल ज्ञान, अनुभव र नवप्रवर्तनकारी सोच आदानप्रदान गर्ने एउटा महत्त्वपूर्ण प्राज्ञिक माध्यमको रूपमा स्थापित छ। यहाँ प्रकाशित अध्ययनहरूले लागु औषधको माग तथा आपूर्ति घटाउन चालिएका कदम र समसामयिक प्रवृत्तिको गहन विश्लेषण गरेका छन्। विगतका सचेतनामूलक अभियानले धेरैलाई कुलतबाट जोगाएर उद्यमशील बनाए तापनि, विद्यालय छोडेका र बेरोजगारीका कारण विद्यार्थी तथा युवा वर्ग अझै उच्च जोखिममा छन्। त्यसैले, अब हाम्रा सचेतना कार्यक्रमहरूलाई ‘सामान्यीकरण पद्धति’ (Generalized Approach) बाट परिवर्तन गरी ‘जोखिम समूहमा केन्द्रित’ (Targeting the Risky Group) हुने गरी पहुँच पुर्याउन अपरिहार्य भइसकेको छ। साथै, कुलतमा फसेका नागरिकलाई बिरामीका रूपमा हेरी मानवीय दृष्टिकोणका साथ उपचार र पुनःस्थापना गर्नु हाम्रो प्राथमिक दायित्व हो।

यस प्रकाशनले वार्षिक रूपमा निरन्तरता पाउने तर यहाँ तथ्याङ्कले देखाए अनुसार लागु औषधको विकृतिको दर दिनानुदिन बढ्नु भनेको राम्रो संकेत होइन। मुलुकलाई लागु औषधमुक्त बनाउने राष्ट्रिय सङ्कल्प पूरा गर्न प्रहरी प्रशासनको रणनीति केवल खुद्रा प्रयोगकर्ता समात्रेमा मात्र सीमित हुनु हुँदैन। लागु औषधको अवैध सञ्जाललाई जर्दैदेखि उखेल्न उत्पादक, विक्रेता र भण्डारकर्ता, ओसारपसारकर्ता आदिको चक्रलाई तोड्ने (Supply Chain Cycle - Break Strategy) तर्फ केन्द्रित हुन मन्त्रालयले प्राथमिकता दिएको छ। भौतिक पूर्वाधारमा मुलुकले प्रगति गरिरहेता पनि ‘सामाजिक पूर्वाधार’ मा पर्याप्त लगानीबिना यस सामुदायिक विकृति रोक्न सम्भव छैन। यस मुद्दालाई व्यक्तिमा आन्तरिकीकरण, स्थानीय समुदायको सशक्तीकरण र सामाजिक विकासमा मूलप्रवाहीकरण गर्न यस जर्नलका विश्लेषणहरूले घच्चच्याएका छन्। तसर्थ, सङ्घ, प्रदेश र स्थानीय तहलाई सामाजिक विकास प्रक्रियामा एकीकृत रूपमा जोड्न र एकापसमा सहकार्य गर्न समेत आवश्यक छ।

यस प्रकाशनमा आफ्नो अमूल्य ज्ञान प्रस्तुत गर्नुहुने विज्ञ लेखकहरू र यो प्रकाशन उत्कृष्ट रूपमा तयार पार्न खट्नुहुने सम्पादक मण्डलका कर्मचारी साथीहरू र भाषा सम्पादकलाई हृदयदेखि धन्यवाद ज्ञापन गर्दछौं। यो जर्नल नीति निर्माता, अनुसन्धानकर्ता र सरोकारवालाका लागि एक बहुमूल्य सन्दर्भ सामग्री बन्नेछ भन्ने विश्वासका साथ आगामी अङ्कका लागि समेत अमूल्य सुझाव र आलेखको अपेक्षा गर्दछौं। धन्यवाद।


सुमन घिमिरे

२०८३ असार १२ गते

सहसचिव एवं मुख्य औषध नियन्त्रण अधिकारी

सम्पादकीय

लागु औषध नियन्त्रणका लागि सचेतना फैलाउने उद्देश्यले विश्वव्यापी रूपमा हरेक वर्ष जुन २६ मा मनाइँदै आइरहेको लागु औषध दुरुपयोग तथा अवैध ओसारपसार विरुद्धको अन्तर्राष्ट्रिय दिवसका अवसरमा वार्षिक जर्नल “सुरक्षित जीवन” को २३औँ अङ्कमा १९ वटा लेख रचना प्रकाशन भएको छ। यो वर्षको "The World Drug Problem: Persisting Issues, New Challenges, Innovative Responses" भन्ने अन्तर्राष्ट्रिय नारा र “लागु औषधको चुनौति चिनौः सामाजिक समस्याको समाधान खोजौँ” भन्ने राष्ट्रिय नारा सहित सप्ताहव्यापी रूपमा मनाइँदैछ।

लागु औषधको समस्या केवल कानून कार्यान्वयनको विषय मात्र होइन; यो सामाजिक चेतना, पारिवारिक जिम्मेवारी, मानसिक स्वास्थ्य तथा अवसरको पहुँचसँग समेत जोडिएको विषय हो। त्यसैले लागु औषध रोकथाम तथा नियन्त्रणको विविध आयामहरूको अध्ययन तथा विश्लेषण गरी आम नागरिकमा चेतना फैलाउने उद्देश्यले यस क्षेत्रमा कार्यरत तथा रुची राख्ने महानुभावहरूले तयार गर्नुभएको पाठ्य सामग्री समावेश गरी यो जर्नल तयार गरिएको छ।

यहाँ प्रकाशित आलेखले लागु औषध दुरुपयोग तथा ओसारपसार आज विश्व समुदायका लागि मात्र होइन, नेपालका लागि पनि गम्भीर सामाजिक, स्वास्थ्य, आर्थिक तथा सुरक्षा चुनौतीको विषय बनेको देखाउँछ। प्रविधिको तीव्र विकास, खुला सीमाना, अन्तर्राष्ट्रिय आपराधिक सञ्जाल तथा सामाजिक परिवेशमा आएको परिवर्तनका कारण लागुऔषध नियन्त्रणको कार्य जटिल रहेको छ। नेपाल सरकारले लागुऔषध नियन्त्रणलाई उच्च प्राथमिकतामा राख्दै कानुनी तथा संस्थागत व्यवस्था गरेको र यसमा नीतिगत नीतिगत सुधारका माध्यमबाट प्रभावकारी कदमहरू अघि बढाउँदै आएको छ। गृह मन्त्रालयको नेतृत्वमा सुरक्षा निकाय, स्वास्थ्य क्षेत्र, शैक्षिक संस्था, स्थानीय तह, नागरिक समाज तथा सञ्चार क्षेत्रबीच समन्वय र सहकार्यलाई सुदृढ बनाउने प्रयास निरन्तर जारी छ।

यस जर्नलले लागुऔषध सम्बन्धी समसामयिक अवस्था, अनुसन्धान, अनुभव, नीति तथा अभ्यासहरूलाई एकै स्थानमा प्रस्तुत गर्दै ज्ञान आदानप्रदान र तथ्यमा आधारित बहसलाई प्रोत्साहन गर्ने विश्वास लिइएको छ। यस प्रकाशनमा समावेश लेख, अध्ययन र सुझावहरूले नीति निर्माण, अनुसन्धान तथा जनचेतना वृद्धिमा सकारात्मक योगदान पुऱ्याउने अपेक्षा समेत गरिएको छ।

अन्त्यमा, यस जर्नल प्रकाशनका लागि लेख, रचना र अमूल्य सुझावहरू प्रदान गरी सहयोग पुऱ्याउनु हुने सम्पूर्ण महानुभावहरूलाई हार्दिक धन्यवाद । साथै सुरक्षित जीवनको आगामी अङ्कलाई थप उत्कृष्ट र परिस्कृत बनाउन सम्बन्धित सबैको सार्थक प्रयास, रचनात्मक सुझाव र मार्गदर्शनको अपेक्षा गरेका छौं । धन्यवाद ।

सम्पादक मण्डल

सुरक्षित जीवन

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वर्ष १८

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२०८३ असार

सम्पादक मण्डल

संरक्षक

सुमन घिमिरे

मुख्य औषध नियन्त्रण अधिकारी

संयोजक

उपसचिव, कुलशेखर अर्याल

सदस्यहरू

शाखा अधिकृत कविता शर्मा

शाखा अधिकृत अरुण राई

शाखा अधिकृत अस्मीता राई

भाषा सम्पादक

गीता मैया श्रेष्ठ

कम्प्युटर

ललित सिंह कार्की

“अस्थायी राहतको लागि गरिएको प्रयोगले दीर्घकालीन समस्या निम्त्याउन सक्छ”

“स्वास्थ्य, सम्बन्ध र भविष्य जोगाउन सही निर्णय सबैभन्दा महत्वपूर्ण छ”

“लागु औषधको प्रयोग, कारोबार तथा ओसारपसार कानूनत दण्डनीय अपराध हो। तसर्थ, लागु औषधमुक्त समाज निर्माणका लागि सबै मिलेर सचेत बनौं र अरूलाई पनि सचेत बनाऔं।”

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अजय आचार्य
PharmD, काठमाडौं विश्वविद्यालय

सारांश

लागु औषध दुरुपयोग विश्वव्यापी रूपमा बढ्दो सार्वजनिक स्वास्थ्य समस्या हो, जसले व्यक्तिको शारीरिक, मानसिक, सामाजिक तथा आर्थिक अवस्थालाई गम्भीर रूपमा प्रभावित गर्दछ। नेपालमा विशेषगरी युवावर्गमा लागु औषध प्रयोग तथा निर्भरता बढ्दै गएको तथ्य विभिन्न अध्ययनहरूले देखाएका छन्। यसले अपराध, पारिवारिक विघटन, बेरोजगारी तथा मानसिक स्वास्थ्य समस्याहरूमा वृद्धि गरिरहेको छ। प्रस्तुत लेखमा लागु औषध दुरुपयोगका प्रमुख कारणहरू, यसको स्वास्थ्य तथा सामाजिक प्रभावहरू, तथा नियन्त्रणका लागि आवश्यक रणनीतिहरू जस्तै माग घटाउने (Demand Reduction), आपूर्ति नियन्त्रण (Supply Control), हानी न्यूनीकरण (Harm Reduction), पुनःस्थापना (Rehabilitation) र पुनः मायोजन (Reintegration) का उपायहरूको विस्तृत विश्लेषण गरिएको छ। साथै, नेपाल सरकार, स्थानीय तह, स्वास्थ्य संस्था, शैक्षिक निकाय तथा समुदायको भूमिकालाई समेट्दै एकीकृत दृष्टिकोणको आवश्यकता औल्याइएको छ। निष्कर्षतः, लागु औषधमुक्त समाज निर्माणका लागि समन्वित, वैज्ञानिक तथा दिगो प्रयास अपरिहार्य रहेको छ।

मुख्य शब्दहरू: लागु औषध दुरुपयोग, युवा; सार्वजनिक स्वास्थ्य; माग घटाउने; आपूर्ति नियन्त्रण; पुनःस्थापना

१. विषय प्रवेश

लागु औषध (Drug) भन्नाले त्यस्ता रासायनिक पदार्थहरूलाई जनाइन्छ जसले मानव शरीर र मस्तिष्कको कार्यप्रणालीमा परिवर्तन ल्याउन सक्छ वा मानव शरीरको केन्द्रीय स्नायु प्रणालीमा असर पारेर व्यवहार, सोच, भावना तथा चेतनामा परिवर्तन ल्याउँछ। चिकित्सा क्षेत्रमा यस्ता पदार्थहरू रोगको उपचारका लागि

प्रयोग गरिए पनि, चिकित्सकीय निर्देशनबिना वा गैरकानुनी रूपमा प्रयोग गरिँदा यसलाई लागु औषध दुरुपयोग (Drug Abuse) भनिन्छ। प्रयोग गरिने औषधिहरू उचित मात्रा र चिकित्सकको सल्लाहअनुसार प्रयोग गरिएमा लाभदायक हुन्छन्; तर ती नै पदार्थहरू गैरकानुनी रूपमा वा चिकित्सकीय निर्देशनबिना प्रयोग गरिँदा दुरुपयोगको श्रेणीमा पर्दछन्। यस्तो दुरुपयोगले समयसँगै लत (addiction) को अवस्था सिर्जना गर्न सक्छ, जुन एक दीर्घकालीन र पुनरावृत्त हुने (chronic relapsing) रोगको रूपमा चिनिन्छ।

पछिल्ला दशकहरूमा विश्वभर लागु औषध दुरुपयोग एक गम्भीर सार्वजनिक स्वास्थ्य चुनौतीको रूपमा उदाउँदै आएको छ। लागु औषध दुरुपयोग आजको विश्वमा तीव्र गतिमा बढ्दै गएको एक जटिल सार्वजनिक स्वास्थ्य तथा सामाजिक समस्या हो, जसले मानव जीवनका विभिन्न पक्षहरूलाई गहिरो रूपमा प्रभावित पारिरहेको छ। विश्वव्यापी सन्दर्भमा हेर्दा, लागु औषध दुरुपयोगले स्वास्थ्य प्रणालीमा ठूलो दबाव सिर्जना गर्नुका साथै सामाजिक तथा आर्थिक संरचनामा समेत गम्भीर चुनौती खडा गरेको छ। विभिन्न अन्तर्राष्ट्रिय अध्ययनहरूले देखाएअनुसार, लाखौं मानिसहरू प्रत्यक्ष वा अप्रत्यक्ष रूपमा लागु औषधसँग सम्बन्धित समस्याबाट प्रभावित छन्। यसले संक्रामक रोगहरूको प्रसार (जस्तै HIV/AIDS, हेपाटाइटिस), मानसिक स्वास्थ्य समस्या (डिप्रेसन, एन्जायटी, सायकोसिस), तथा समयअगावै मृत्युको जोखिमलाई बढाउँछ। यसबाहेक, लागु औषध दुरुपयोगले अपराध दर वृद्धि, घरेलु हिंसा, पारिवारिक विघटन तथा सामाजिक अस्थिरता जस्ता समस्याहरूलाई पनि बढावा दिन्छ। नेपालको सन्दर्भमा, पछिल्ला वर्षहरूमा लागु औषध दुरुपयोग एक उदीयमान चुनौतीको रूपमा देखा परेको छ। नेपालको भौगोलिक अवस्थितिविशेषगरी खुला अन्तर्राष्ट्रिय सिमाना, पारवहन मार्ग (transit routes) को प्रयोग, तथा शहरीकरणको तीव्र वृद्धिले लागु औषधको उपलब्धता र पहुँचलाई सहज बनाएको छ। यसका साथै, बेरोजगारी, आर्थिक असमानता, सामाजिक परिवर्तन, तथा पारिवारिक संरचनामा आएको परिवर्तनले पनि युवावर्गलाई यसतर्फ आकर्षित गरिरहेको छ। विशेषगरी किशोर तथा युवा समूह, जो जीवनको संक्रमणकालीन चरणमा हुन्छन्, उनीहरूमा जिज्ञासा, जोखिम लिने प्रवृत्ति तथा साथीहरूको प्रभावका कारण लागु औषध प्रयोगको सम्भावना बढी हुन्छ। अर्कोतर्फ, आधुनिक जीवनशैलीसँगै बढ्दो मानसिक तनाव, प्रतिस्पर्धात्मक वातावरण, शैक्षिक दबाव तथा सामाजिक अपेक्षाहरूले पनि युवाहरूमा मनोवैज्ञानिक समस्या बढाइरहेका छन्। यस्ता समस्याबाट राहत पाउनका लागि केही व्यक्तिहरूले लागु औषधलाई एक अस्थायी समाधानको रूपमा प्रयोग गर्ने गर्दछन्, जसले दीर्घकालीन रूपमा थप गम्भीर समस्या निम्त्याउँछ। यसरी, लागु औषध दुरुपयोग केवल व्यक्तिगत व्यवहारको परिणाम नभई सामाजिक, आर्थिक, मनोवैज्ञानिक तथा संरचनात्मक कारकहरूको अन्तरक्रियाबाट उत्पन्न हुने बहुआयामिक समस्या हो। त्यसैले यसको नियन्त्रणका लागि बहुआयामिक तथा समन्वित प्रयास आवश्यक देखिन्छ।

नेपाल सरकार तथा विभिन्न सरोकारवालाहरूले यस समस्याको समाधानका लागि विभिन्न नीति तथा कार्यक्रमहरू सञ्चालन गर्दै आएका छन्। माग घटाउने (Demand Reduction), आपूर्ति नियन्त्रण (Supply Control), तथा हानि न्युनिकरण (Harm Reduction) जस्ता रणनीतिहरूलाई प्राथमिकताका साथ अघि बढाउँदै आएको छ। यद्यपि, कार्यान्वयनको स्तरमा अझै पनि स्रोतको अभाव, जनशक्ति कमी, समन्वयको कमजोरी तथा सामाजिक कलंक (stigma) जस्ता चुनौतीहरू विद्यमान छन्। लागु औषध प्रयोगकर्ताहरूलाई समाजले नकारात्मक दृष्टिले हेर्ने प्रवृत्तिले उनीहरूको उपचार तथा पुनःस्थापनामा बाधा पुर्याउँछ, जसले समस्या झन् जटिल बनाउँछ। यस परिप्रेक्ष्यमा, लागु औषध दुरुपयोग नियन्त्रणका लागि एकीकृत तथा बहुआयामिक दृष्टिकोण अपरिहार्य देखिन्छ। स्वास्थ्य, शिक्षा, कानून, सामाजिक सेवा तथा समुदायस्तरका कार्यक्रमहरूबीच समन्वय कायम गरी दीर्घकालीन रणनीति विकास गर्न आवश्यक छ। विशेषगरी, युवालाई लक्षित सचेतनामूलक कार्यक्रम, मानसिक स्वास्थ्य सेवा विस्तार, पुनःस्थापना केन्द्रहरूको सुदृढीकरण तथा सामाजिक पुनःएकीकरणका पहलहरू प्रभावकारी रूपमा कार्यान्वयन गर्नुपर्छ। यस लेखले लागु औषध दुरुपयोगको वर्तमान अवस्था, यसको कारण तथा प्रभावहरू, र नियन्त्रणका लागि अपनाउन सकिने रणनीतिहरूको समग्र विश्लेषण प्रस्तुत गर्ने उद्देश्य राख्दछ। साथै, सुरक्षित, स्वस्थ र लागु औषधमुक्त समाज निर्माणका लागि आवश्यक नीतिगत तथा व्यवहारिक उपायहरूको पहिचान गर्न यसले योगदान पुर्याउने अपेक्षा गरिएको छ।

२. लागु औषध दुरुपयोगका कारणहरू

लागु औषध दुरुपयोग एकल कारणबाट उत्पन्न हुने समस्या होइन, बरु यो सामाजिक, मनोवैज्ञानिक, आर्थिक तथा संरचनात्मक कारकहरूको जटिल अन्तरसम्बन्धबाट विकसित हुने बहुआयामिक समस्या हो। विभिन्न अध्ययनहरूले देखाएका छन् कि व्यक्तिको व्यक्तिगत अवस्था, पारिवारिक वातावरण, सामाजिक संरचना तथा उपलब्ध अवसरहरूले संयुक्त रूपमा लागु औषध प्रयोगको सम्भावना निर्धारण गर्दछन्। यसलाई निम्न तालिकामा प्रमुख वर्गहरूमा विस्तृत रूपमा विश्लेषण गर्न सकिन्छ:

तालिका १: लागु औषध दुरुपयोगका प्रमुख कारणहरू

श्रेणी	उपकारकहरू	विवरण
सामाजिक कारणहरू	साथीहरूको दबाव (Peer Pressure)	युवाहरूले समूहमा स्वीकृति पाउनका लागि लागु औषध प्रयोग सुरु गर्ने सम्भावना बढी हुन्छ।
	पारिवारिक विघटन	अभिभावकबीचको द्वन्द्व, सम्बन्ध विच्छेद वा अस्थिर पारिवारिक वातावरणले भावनात्मक असुरक्षा बढाउँछ।
	अभिभावकीय निगरानीको अभाव	बालबालिकामा निगरानी र मार्गदर्शनको कमी हुँदा उनीहरू जोखिमपूर्ण व्यवहारतर्फ उन्मुख हुन्छन्।
	घरेलु हिंसा	शारीरिक वा मानसिक हिंसाले व्यक्तिमा तनाव र आघात

		सिर्जना गरी लागु औषध प्रयोगतर्फ प्रेरित गर्दछ।
	सामाजिक तथा सांस्कृतिक प्रभाव	केही समूहमा लागु औषध प्रयोगलाई सामान्य व्यवहारको रूपमा स्वीकार गरिन्छ।
मनोवैज्ञानिक कारणहरू	तनाव (Stress)	शैक्षिक, व्यावसायिक तथा सामाजिक दबावले मानसिक तनाव बढाउँछ, जसबाट राहतका लागि औषध प्रयोग हुन सक्छ।
	अवसाद र चिन्ता	मानसिक रोग भएका व्यक्तिहरूले आत्म-उपचार (self-medication) का रूपमा लागु औषध प्रयोग गर्छन्।
	आघात (Trauma)	बाल्यकालीन दुर्व्यवहार वा हिसाले दीर्घकालीन मनोवैज्ञानिक असर पार्दछ।
	आत्मसम्मानको कमी	आत्मविश्वासको अभाव भएका व्यक्तिहरू लागु औषध प्रयोगतर्फ आकर्षित हुन सक्छन्।
आर्थिक कारणहरू	बेरोजगारी	रोजगारीको अभावले निराशा र हताशा बढाउँछ, जसले दुरुपयोगको जोखिम बढाउँछ।
	गरिबी	आर्थिक अभावले शिक्षा र अवसरहरूमा पहुँच घटाउँछ, जसले जोखिमपूर्ण व्यवहार बढाउँछ।
	आर्थिक लाभको आकर्षण	लागु औषध कारोबारबाट हुने नाफाले यसको आपूर्ति र प्रयोग दुवैलाई बढाउँछ।
जिज्ञासा तथा प्रयोग गर्ने चाहना	जिज्ञासा	नयाँ अनुभव लिन खोज्दा एक पटक मात्र प्रयोग गर्ने सोचले सुरुवात हुन्छ।
	मिडिया प्रभाव	चलचित्र, सामाजिक सञ्जालले लागु औषध प्रयोगलाई आकर्षक रूपमा प्रस्तुत गर्न सक्छ।
	समूहसँग मेल खाने चाहना	साथीहरूसँग घुलमिल हुनका लागि प्रयोग सुरु गर्ने प्रवृत्ति हुन्छ।
उपलब्धता र पहुँच	सजिलो पहुँच	लागु औषध सजिलै पाइने अवस्था भएमा प्रयोगको सम्भावना बढ्छ।
	कमजोर कानुनी कार्यान्वयन	नियम भए पनि प्रभावकारी कार्यान्वयन नभएमा अवैध कारोबार बढ्छ।
	खुला सिमाना	अन्तर्राष्ट्रिय सिमाना तथा पारवहन मार्गहरूले आपूर्ति सहज बनाउँछन्।

३. लागु औषध दुरुपयोगका प्रभावहरू

लागु औषध दुरुपयोगले व्यक्तिको शारीरिक तथा मानसिक स्वास्थ्यमा गम्भीर असर पार्नुका साथै परिवार र समाजमा नकारात्मक प्रभाव उत्पन्न गर्दछ। यसले अपराध, सामाजिक विघटन तथा आर्थिक भार बढाउने

काम गर्छ। साथै, दीर्घकालीन रूपमा यसले व्यक्तिको जीवनस्तर र राष्ट्रिय विकासमा समेत प्रतिकूल असर पार्दछ। यसलाई निम्न तालिकामा प्रमुख वर्गहरूमा विस्तृत रूपमा विश्लेषण गर्न सकिन्छ:

तालिका २: लागु औषध दुरुपयोगका प्रमुख प्रभावहरू

श्रेणी	उप-प्रभावहरू	विस्तृत विवरण
स्वास्थ्यमा प्रभाव	मानसिक रोगहरू (डिप्रेसन, चिन्ता)	लागु औषधको दीर्घकालीन प्रयोगले मस्तिष्कको रासायनिक सन्तुलनमा परिवर्तन ल्याउँछ, जसका कारण डिप्रेसन, चिन्ता, सायकोसिस (भ्रम र मतिभ्रम) जस्ता गम्भीर मानसिक समस्याहरू देखा पर्न सक्छन्। केही अवस्थामा आत्महानी वा आत्महत्या सम्बन्धी जोखिम पनि बढ्न सक्छ।
	शारीरिक अंगहरूमा असर (मुटु, कलेजो, मिगौला)	विभिन्न लागु औषधहरूले शरीरका महत्त्वपूर्ण अंगहरूमा विषाक्त प्रभाव पार्छन्। उदाहरणका लागि, मद्यपानले कलेजोमा सिरोसिस निम्त्याउन सक्छ, कोकिनले मुटुको धड्कनमा समस्या ल्याउन सक्छ, र केही औषधहरूले मिगौलाको कार्यक्षमता घटाउँछन्।
	सुईमार्फत संक्रमणहरू (HIV/AIDS, हेपाटाइटिस B/C)	सुई साझा (needle sharing) गर्ने बानीले संक्रामक रोगहरूको जोखिम अत्यधिक बढाउँछ। विशेषगरी HIV/AIDS र हेपाटाइटिस B तथा C जस्ता रोगहरू सजिलै सर्ने सम्भावना हुन्छ।
	ओभरडोज (Overdose) को जोखिम	अत्यधिक मात्रामा लागु औषध सेवन गर्दा श्वासप्रश्वास अवरुद्ध हुनु, बेहोस हुनु वा मृत्यु हुने जोखिम रहन्छ। ओपिओइड वर्गका औषधहरूमा यो जोखिम अझ उच्च हुन्छ।
	रोग प्रतिरोधात्मक क्षमता घट्नु	दीर्घकालीन दुरुपयोगले शरीरको प्रतिरक्षा प्रणाली कमजोर बनाउँछ, जसले सामान्य संक्रमणहरू पनि गम्भीर बन्न सक्छन्।
सामाजिक प्रभाव	अपराध दरमा वृद्धि	लागु औषध प्राप्त गर्न वा यसको प्रभावमा गरिएको व्यवहारका कारण चोरी, हिंसा तथा अन्य आपराधिक गतिविधिहरू बढ्न सक्छन्।
	पारिवारिक विघटन	लागु औषध प्रयोगले पारिवारिक सम्बन्धमा तनाव, विवाद तथा विश्वासको कमी ल्याउँछ, जसले सम्बन्ध विच्छेद वा पारिवारिक विघटन निम्त्याउन सक्छ।
	सामाजिक बहिष्कार & (Stigma Discrimination)	समाजले लागु औषध प्रयोगकर्तालाई नकारात्मक दृष्टिले हेर्ने भएकाले उनीहरू सामाजिक रूपमा अलगिन सक्छन्, जसले पुनःस्थापनामा बाधा पुर्याउँछ।
	शैक्षिक तथा व्यावसायिक असर	विद्यार्थीहरूको पढाइमा गिरावट, विद्यालय छोड्ने दर वृद्धि, तथा कार्यस्थलमा कार्यक्षमता घट्ने समस्या देखा पर्छ।
	सामाजिक असुरक्षा	समुदायमा असुरक्षा, हिंसा तथा अस्थिरता बढ्ने सम्भावना रहन्छ।
आर्थिक	उत्पादनशीलता घट्नु	लागु औषध प्रयोगकर्ताहरूमा काम गर्ने क्षमता, एकाग्रता तथा कार्यदक्षता

प्रभाव	घट्ने हुँदा उत्पादनशीलता कम हुन्छ ।
स्वास्थ्य सेवा खर्च बढ्नु	लागु औषध सम्बन्धी रोगहरूको उपचार, पुनःस्थापना तथा आपतकालीन सेवामा ठूलो खर्च लाग्छ ।
बेरोजगारी वृद्धि	दुरुपयोगका कारण व्यक्तिले रोजगारी गुमाउन सक्छ, जसले आर्थिक अस्थिरता थप बढाउँछ ।
पारिवारिक आर्थिक भार	उपचार खर्च, आयको कमी तथा अन्य सामाजिक समस्याहरूका कारण परिवारमा आर्थिक दबाव बढ्छ ।
राष्ट्रिय अर्थतन्त्रमा असर	उत्पादक जनशक्तिको क्षति, स्वास्थ्य सेवा खर्च वृद्धि तथा आपराधिक नियन्त्रणमा लाग्ने स्रोतका कारण राष्ट्रको अर्थतन्त्रमा दीर्घकालीन नकारात्मक प्रभाव पर्छ ।

४. लागु औषध नियन्त्रणका रणनीतिहरू

लागु औषध दुरुपयोग नियन्त्रणका लागि एकल उपाय पर्याप्त हुँदैन; यसका लागि बहुआयामिक, समन्वित तथा दिगो रणनीति आवश्यक हुन्छ । प्रभावकारी नियन्त्रणका लागि माग घटाउने, आपूर्ति नियन्त्रण, हानि न्युनिकरण, पुनःस्थापना तथा पुनर्समायोजन जस्ता पक्षहरूलाई एकीकृत रूपमा कार्यान्वयन गर्नुपर्छ । यी रणनीतिहरूले न केवल लागु औषध प्रयोगलाई घटाउँछन्, तर प्रभावित व्यक्तिहरूलाई स्वस्थ जीवनतर्फ फर्कन पनि सहयोग पुर्याउँछन् ।

४.१ माग घटाउने (Demand Reduction)

माग घटाउने रणनीति मुख्यतः : लागु औषध प्रयोग गर्ने वा प्रयोग सुरु गर्ने सम्भावना भएका व्यक्तिहरूको संख्या घटाउने उद्देश्यमा केन्द्रित हुन्छ । यसले जनचेतना, शिक्षा तथा मनोवैज्ञानिक सहयोगमार्फत व्यवहार परिवर्तन ल्याउने प्रयास गर्दछ ।

४.१.१ जनचेतना कार्यक्रम (Awareness Programs): विद्यालय, कलेज तथा समुदायस्तरमा सञ्चालन गरिने सचेतनामूलक कार्यक्रमहरूले युवाहरूलाई लागु औषधको जोखिम, दुष्परिणाम तथा कानुनी पक्षबारे जानकारी दिन्छन् । यस्ता कार्यक्रमहरूले गलत धारणा हटाउन र सही निर्णय लिन प्रेरित गर्छन् ।

४.१.२ जीवन कौशल शिक्षा (Life Skills Education): निर्णय क्षमता, समस्या समाधान, आत्मनियन्त्रण तथा 'No' भन्न सक्ने क्षमता जस्ता जीवन कौशलहरू विकास गराउँदा युवाहरूलाई साथीहरूको दबावबाट बच्न सहयोग पुग्छ ।

४.१.३ मानसिक स्वास्थ्य सेवा विस्तार: तनाव, अवसाद तथा अन्य मानसिक समस्याहरूको समयमै पहिचान र उपचारका लागि मानसिक स्वास्थ्य सेवाको पहुँच विस्तार गर्नु आवश्यक हुन्छ ।

४.१. ४ परामर्श तथा मनोसामाजिक सहयोग: जोखिममा रहेका वा प्रारम्भिक प्रयोगकर्ताहरूलाई परामर्श (counseling) तथा मनोसामाजिक समर्थन उपलब्ध गराउँदा उनीहरूलाई दुरुपयोगबाट टाढा राख्न सकिन्छ।

४.२ आपूर्ति नियन्त्रण (Supply Control)

आपूर्ति नियन्त्रण रणनीति लागु औषधको उत्पादन, वितरण तथा बिक्रीलाई नियन्त्रण गरी यसको उपलब्धता घटाउनेतर्फ केन्द्रित हुन्छ।

४.२. १ सीमा नाकामा निगरानी कडाइ: अन्तर्राष्ट्रिय सिमानाबाट हुने लागु औषध ओसारपसार रोक्नका लागि सुरक्षा निकायहरूको सक्रियता तथा प्रविधिको प्रयोग आवश्यक हुन्छ।

४.२. २ अवैध उत्पादन तथा कारोबार नियन्त्रण: लागु औषध उत्पादन गर्ने अवैध प्रयोगशालाहरू (illegal labs) तथा तस्करी सञ्जालहरूलाई नियन्त्रण गर्न विशेष अभियान सञ्चालन गर्नुपर्छ।

४.२. ३ प्रहरी तथा कानुनी निकाय सुदृढीकरण: कानुनी व्यवस्था कडा बनाउनुका साथै त्यसको प्रभावकारी कार्यान्वयनका लागि प्रहरी, न्यायपालिका तथा अन्य निकायहरूबीच समन्वय आवश्यक हुन्छ।

४.३ हानि न्युनिकरण (Harm Reduction)

हानि न्युनिकरण रणनीति पूर्ण रूपमा प्रयोग रोक्न नसकिने अवस्थामा यसको नकारात्मक स्वास्थ्य प्रभावहरू कम गर्न केन्द्रित हुन्छ।

४.३. १ सुई साटासाट कार्यक्रम: सुई साझा गर्ने बानी कम गर्न नयाँ, सुरक्षित सुई उपलब्ध गराउने कार्यक्रमहरूले HIV/AIDS तथा हेपाटाइटिस संक्रमणको जोखिम घटाउँछन्।

४.३.२ ओपिओइड प्रतिस्थापन उपचार (Opioid Substitution Therapy - OST): हेरोइनजस्ता पदार्थ प्रयोग गर्ने व्यक्तिहरूलाई सुरक्षित विकल्प (जस्तै मेथाडोन, बुप्रेनोर्फिन) प्रदान गरी निर्भरता नियन्त्रण गर्न मद्दत गरिन्छ।

४.३. ३ सुरक्षित प्रयोग सम्बन्धी शिक्षा: प्रयोगकर्ताहरूलाई सुरक्षित व्यवहार अपनाउनेबारे जानकारी दिँदा स्वास्थ्य जोखिमहरू कम गर्न सकिन्छ।

४.४ पुनःस्थापना (Rehabilitation)

पुनःस्थापना रणनीति लागु औषधमा निर्भर भएका व्यक्तिहरूलाई उपचार र सहयोगमार्फत स्वस्थ जीवनतर्फ फर्काउने उद्देश्यमा केन्द्रित हुन्छ। शरीरबाट लागु औषध हटाउने (Detoxification) प्रारम्भिक प्रक्रिया हो, जसलाई चिकित्सकीय निगरानीमा सुरक्षित रूपमा गरिन्छ। दीर्घकालीन उपचार, निगरानी तथा व्यवहार परिवर्तनका लागि पुनःस्थापना केन्द्रहरूले महत्त्वपूर्ण भूमिका खेल्छन्। काउन्सेलिङ, Cognitive Behavioral Therapy (CBT) जस्ता विधिहरूले लतको मनोवैज्ञानिक पक्षलाई सम्बोधन गर्छन्।

४.५ पुनर्समायोजन (Reintegration)

उपचारपछि व्यक्तिलाई समाजमा पुनःस्थापित गरी आत्मनिर्भर बनाउने प्रक्रिया पुनर्समायोजन हो। व्यावसायिक तालिम तथा सीप विकासले व्यक्तिलाई रोजगारीका अवसरहरू प्राप्त गर्न सहयोग पुर्याउँछ। स्थिर आयको स्रोत उपलब्ध गराउँदा पुनःलत (relapse) को जोखिम घट्छ। परिवार, समुदाय तथा समाजको सहयोगमार्फत व्यक्तिलाई पुनःस्वीकार गराउनु आवश्यक हुन्छ, जसले उनीहरूको आत्मविश्वास बढाउँछ।

५. नेपालमा वर्तमान अवस्था

नेपालमा लागु औषध दुरुपयोग पछिल्ला वर्षहरूमा उल्लेखनीय रूपमा बढ्दै गएको एक गम्भीर सार्वजनिक स्वास्थ्य तथा सामाजिक चुनौतीका रूपमा देखिएको छ। विशेषगरी शहरी क्षेत्रहरू—जस्तै काठमाडौं उपत्यका, पोखरा तथा अन्य प्रमुख शहरहरू—मा लागु औषध प्रयोगकर्ताहरूको संख्या तीव्र रूपमा बढेको पाइन्छ। ग्रामीण क्षेत्रहरूमा पनि यसको प्रभाव क्रमशः विस्तार हुँदै गएको छ, जसले समस्या देशव्यापी बन्दै गएको संकेत गर्दछ। युवावर्ग, विशेषगरी १५–३५ वर्ष उमेर समूह, यस समस्याबाट बढी प्रभावित भएको विभिन्न अध्ययनहरूले देखाएका छन्। बेरोजगारी, शहरीकरण, सामाजिक परिवर्तन, तथा खुला सिमानाका कारण लागु औषधको उपलब्धता बढ्दै गएको छ। साथै, इन्जेक्सनमार्फत लागु औषध प्रयोग (Injecting Drug Use) को प्रवृत्ति बढ्दै जाँदा HIV/AIDS तथा हेपाटाइटिस जस्ता संक्रामक रोगहरूको जोखिम पनि बढिरहेको छ। नेपाल सरकार, गैरसरकारी संस्था (NGOs) तथा अन्तर्राष्ट्रिय संस्थाहरूले लागु औषध नियन्त्रणका लागि विभिन्न कार्यक्रमहरू सञ्चालन गरिरहेका छन्, जस्तै जनचेतना अभियान, हानि न्युनिकरण कार्यक्रम, तथा पुनःस्थापना सेवाहरू। तथापि, यी कार्यक्रमहरूको प्रभावकारिता अपेक्षित स्तरमा पुग्न सकेको छैन। यसका प्रमुख कारणहरूमा स्रोतको अभाव, प्रशिक्षित जनशक्तिको कमी, भौगोलिक पहुँचमा कठिनाई, तथा विभिन्न निकायहरूबीच समन्वयको अभाव प्रमुख रूपमा देखिन्छन्। साथै, लागु औषध प्रयोगकर्ताहरू प्रति समाजमा रहेको नकारात्मक धारणा (stigma) र भेदभावले उनीहरूको उपचार तथा पुनःस्थापनामा थप चुनौती सिर्जना गरेको छ। यसैले, नेपालमा लागु औषध नियन्त्रणका लागि अझ सुदृढ नीति, प्रभावकारी कार्यान्वयन, तथा बहु-क्षेत्रीय सहकार्य आवश्यक देखिन्छ।

६. सरकार तथा सरोकारवालाहरूको भूमिका

लागु औषध दुरुपयोग नियन्त्रण एक साझा जिम्मेवारी हो, जसमा सरकार, स्वास्थ्य संस्था, शैक्षिक निकाय, समुदाय तथा परिवार सबैको सक्रिय सहभागिता आवश्यक हुन्छ। प्रभावकारी नियन्त्रणका लागि यी सबै पक्षहरूको समन्वित प्रयास अपरिहार्य छ।

६.१ सरकारको भूमिका

सरकार लागु औषध नियन्त्रणको प्रमुख नेतृत्वदायी निकाय हो, जसले नीति निर्माणदेखि कार्यान्वयनसम्म महत्त्वपूर्ण भूमिका निर्वाह गर्दछ। सरकारले लागु औषध नियन्त्रणका लागि स्पष्ट, वैज्ञानिक तथा समयानुकूल नीति तथा कानुनी व्यवस्था निर्माण गर्नुपर्छ। यसमा अन्तर्राष्ट्रिय मापदण्ड तथा राष्ट्रिय आवश्यकतालाई समेट्न आवश्यक हुन्छ। माग घटाउने, आपूर्ति नियन्त्रण, हानि न्युनिकरण तथा पुनःस्थापना सम्बन्धी कार्यक्रमहरू प्रभावकारी रूपमा कार्यान्वयन गर्नु सरकारको प्रमुख जिम्मेवारी हो। आवश्यक बजेट, पूर्वाधार तथा जनशक्ति सुनिश्चित गर्दै कार्यक्रमहरूलाई दिगो बनाउन सरकारको भूमिका अत्यन्त महत्त्वपूर्ण हुन्छ। साथै, विभिन्न निकायहरूबीच समन्वय कायम गर्नु पनि आवश्यक हुन्छ।

६.२ स्वास्थ्य संस्थाहरूको भूमिका

स्वास्थ्य संस्थाहरू लागु औषध दुरुपयोगको उपचार तथा व्यवस्थापनमा केन्द्रिय भूमिका खेल्छन्। लागु औषधमा निर्भर भएका व्यक्तिहरूलाई चिकित्सकीय उपचार, डिटोक्सिफिकेशन, तथा मनोवैज्ञानिक परामर्श उपलब्ध गराउनु आवश्यक हुन्छ। दीर्घकालीन पुनःस्थापना तथा व्यवहार परिवर्तनका लागि पुनःस्थापना केन्द्रहरू तथा मानसिक स्वास्थ्य सेवाहरू सुदृढ गर्नुपर्छ। साथै, relapse रोकथामका लागि निरन्तर अनुगमन आवश्यक हुन्छ।

६.३ शैक्षिक संस्थाहरूको भूमिका

शैक्षिक संस्थाहरूले रोकथाम मा महत्त्वपूर्ण योगदान पुर्याउन सक्छन्। विद्यालय तथा कलेजहरूमा लागु औषधको जोखिम, असर तथा कानुनी पक्षबारे जानकारी दिने कार्यक्रमहरू सञ्चालन गर्नुपर्छ। विद्यार्थीहरूलाई निर्णय क्षमता, आत्मनियन्त्रण, समस्या समाधान तथा सामाजिक सीपहरू विकास गराउने शिक्षा प्रदान गर्दा उनीहरूलाई लागु औषधबाट टाढा राख्न सहयोग पुग्छ।

६.४ समुदाय तथा परिवारको भूमिका

समुदाय र परिवार लागु औषध दुरुपयोग नियन्त्रणको आधारभूत स्तम्भ हुन्। लागु औषध प्रयोगकर्ताहरूलाई समाजमा पुनःस्थापना गर्न परिवार र समुदायको सकारात्मक समर्थन अत्यन्त आवश्यक हुन्छ। भावनात्मक सहयोग, स्वीकृति तथा प्रोत्साहनले व्यक्तिको आत्मविश्वास बढाउँछ र पुनःलतको सम्भावना घटाउँछ।

समाजमा रहेको नकारात्मक धारणा हटाउँदै सहानुभूतिपूर्ण दृष्टिकोण अपनाउनु आवश्यक हुन्छ, जसले उपचार र पुनःस्थापनालाई सहज बनाउँछ।

७. लागु औषध नियन्त्रणमा चुनौतीहरू र अवसरहरू

नेपालमा लागु औषध दुरुपयोग नियन्त्रणको प्रयासमा विभिन्न चुनौतीहरू विद्यमान छन्, जसले प्रभावकारी कार्यान्वयनमा अवरोध सिर्जना गरिरहेका छन्। सबैभन्दा प्रमुख चुनौतीमध्ये एक सामाजिक कलंक (stigma) हो, जसका कारण लागु औषध प्रयोगकर्ताहरूलाई समाजले नकारात्मक दृष्टिले हेर्ने गर्छ। यसले उनीहरूलाई उपचार तथा पुनःस्थापनाका सेवाहरू लिनबाट हिचकिचाउन बाध्य बनाउँछ, जसले समस्या अझ जटिल बनाउँछ। त्यसैगरी, स्रोत अभाव-जस्तै पर्याप्त बजेट, पूर्वाधार तथा प्रशिक्षित जनशक्तिको कमीले कार्यक्रमहरूको प्रभावकारिता सीमित बनाएको छ। साथै, विभिन्न सरकारी तथा गैरसरकारी निकायहरूबीच कमजोर समन्वय का कारण कार्यक्रमहरू दोहोरिने, असंगठित हुने वा प्रभावकारी रूपमा कार्यान्वयन नहुने समस्या देखिन्छ। अर्को महत्वपूर्ण चुनौती पुनर्लत हो, जसमा उपचारपछि पनि व्यक्तिहरू पुनः लागु औषध प्रयोगतर्फ फर्कने सम्भावना उच्च हुन्छ, विशेषगरी यदि सामाजिक समर्थन तथा निरन्तर अनुगमनको अभाव छ भने। तर यी चुनौतीहरूसँगै नेपालमा केही महत्वपूर्ण अवसरहरू पनि विद्यमान छन्, जसले लागु औषध नियन्त्रणलाई सुदृढ बनाउन सहयोग पुर्याउन सक्छन्। नेपालमा ठूलो युवा जनसंख्या रहेकोले उचित मार्गदर्शन, शिक्षा तथा रोजगारीका अवसरहरू प्रदान गर्न सकिएमा उनीहरूलाई सकारात्मक दिशातर्फ उन्मुख गराउन सकिन्छ। त्यसैगरी, डिजिटल प्लेटफर्महरू जस्तै सामाजिक सञ्जाल, अनलाइन अभियान तथा मोबाइल एप्स—मार्फत सचेतना अभिवृद्धि, परामर्श सेवा तथा जानकारी प्रवाहलाई अझ प्रभावकारी र व्यापक बनाउन सकिन्छ। साथै, अन्तर्राष्ट्रिय सहयोग तथा साझेदारीबाट प्राविधिक ज्ञान, स्रोत तथा उत्कृष्ट अभ्यासहरू प्राप्त गर्न सकिन्छ, जसले नेपालमा लागु औषध नियन्त्रण कार्यक्रमहरूलाई अझ सुदृढ र दिगो बनाउन सहयोग पुर्याउँछ। त्यसैले, चुनौतीहरूको प्रभावकारी व्यवस्थापन गर्दै उपलब्ध अवसरहरूको सदुपयोग गर्न सकिएमा लागु औषध दुरुपयोग नियन्त्रणमा उल्लेखनीय प्रगति हासिल गर्न सकिन्छ।

८. निष्कर्ष

लागु औषध दुरुपयोग नियन्त्रण एक जटिल तर अत्यन्त आवश्यक कार्य हो। यसका लागि बहुआयामिक रणनीति अपनाउन आवश्यक छ, जसमा माग घटाउने, आपूर्ति नियन्त्रण, हानि न्युनिकरण तथा पुनःस्थापना कार्यक्रमहरूको समन्वय हुनुपर्छ। नेपालमा यस समस्याको समाधानका लागि सरकार, स्वास्थ्य संस्था, शैक्षिक निकाय, समुदाय तथा व्यक्तिको साझा प्रयास आवश्यक छ। विशेषगरी युवालाई लक्षित गरी दीर्घकालीन तथा दिगो कार्यक्रम सञ्चालन गरिनु आवश्यक छ। समन्वित प्रयासबाट मात्र सुरक्षित, स्वस्थ तथा लागु औषधमुक्त समाज निर्माण सम्भव हुनेछ।

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नेपालमा लागु औषध अपराधको वर्तमान अवस्था



कृष्ण प्रसाद कोइराला
प्रहरी वरिष्ठ उपरीक्षक
प्रमुख, लागु औषध नियन्त्रण ब्यूरो

परिचय

लागु औषध अपराध आजको विश्वव्यापी समस्यामध्ये एक प्रमुख चुनौतीको रूपमा स्थापित भइसकेको छ। नेपाल जस्तो भौगोलिक रूपमा संवेदनशील र दुई ठूला मुलुकहरू बीच अवस्थित देशमा यस किसिमको अपराध अझ जटिल रूपमा देखा परेको छ। पछिल्लो समय नेपालमा लागु औषधको अवैध खेती/उत्पादन, ओसारपसार तथा दुर्व्यसन (abuse) तीव्र गतिमा वृद्धि हुँदै गएको छ, जसले सामाजिक, आर्थिक तथा सुरक्षा प्रणालीमा गम्भीर असर पारिरहेको छ।

नेपालमा लागु औषध नियन्त्रण सम्बन्धी कानुनी व्यवस्था भए तापनि खुला सीमा, लागु औषध अन्तर्राष्ट्रिय गिरोहको सक्रियता तथा नयाँ नयाँ कृत्रिम लागु औषध र मनोद्विपक पदार्थको प्रयोगका कारण चुनौतीहरू झन् बढ्दै गएका छन्। यस लेखमा नेपालमा लागु औषध अपराधको वर्तमान अवस्था, यसको प्रकार, श्रोत, ट्राफिकिङ प्रवृत्ति तथा पक्राउ बरामद सम्बन्धी अवस्थाको विश्लेषण प्रस्तुत गर्नुका साथै त्यसका कारण र समस्या समाधानका उपायहरूको बारेमा वर्णन गरिएको छ।

नेपालमा लागु औषधको प्रकार तथा प्रयोगको अवस्था

नेपालमा परम्परागत तथा आधुनिक दुवै प्रकारका लागु औषधहरूको प्रयोग तथा कारोबार हुँदै आएको छ। परम्परागत रूपमा गाँजा, अफिम र चरेस जस्ता पदार्थहरू नेपालमा खेती/उत्पादन तथा प्रयोग हुने गरेका छन्। विशेष गरी पहाडी तथा हिमाली क्षेत्रमा गाँजा उत्पादनको ऐतिहासिक पृष्ठभूमि रहेको पाइन्छ।

यसका साथै, ओपिओइड (Opioid) वर्ग अन्तर्गत पर्ने खैरो हेरोईन (Brown Sugar) तथा बुप्रेनुर्पिन (Buprenorphine) कोडिन सिरप र एम्पुल (Diazepam) आदिको प्रयोग शहरी क्षेत्रमा व्यापक रूपमा फैलिएको छ। पछिल्लो समय युवाहरूमा हेरोइनको प्रयोग एक गम्भीर समस्या बनेको छ।

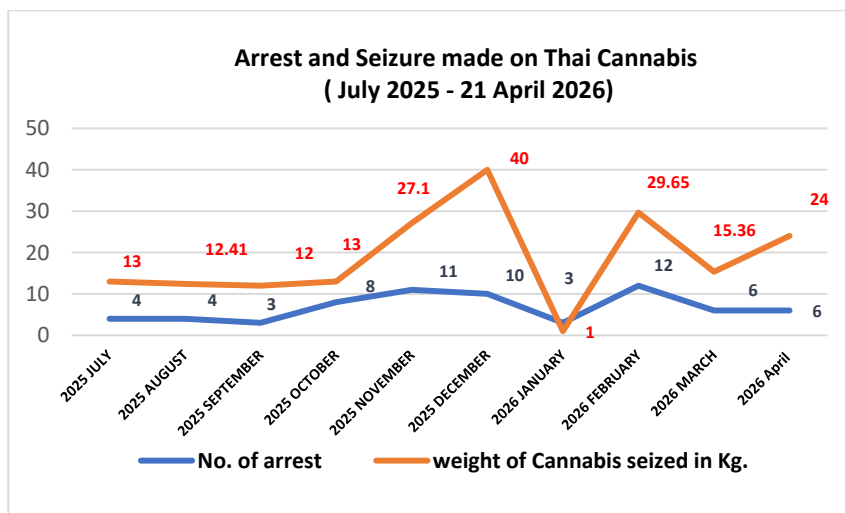
विशेषगरी चिकित्सकिय प्रयोजनको निमित्त प्रयोग हुने औषधीहरूको दुरुपयोग र सुईमार्फत (Injecting drug use) प्रयोग गर्ने प्रवृत्ति बढ्दै गएको छ, जसले HIV/AIDS तथा अन्य संक्रामक रोगहरूको जोखिम बढाएको छ। नेपालमा हालको आधुनिक समयमा कृत्रिम ड्रग्स (Synthetic Drugs) को प्रयोग पनि देखिन थालेको छ। Lysergic Diethylamide acid (LSD), MDMA (Ecstasy), Methamphetamine (Ice) तथा विभिन्न प्रकारका फार्मास्युटिकल ड्रग्स जस्तै Tramadol, Buprenorphine, Diazepam, Codeine Syrup, Nitrazepam आदिको उपलब्धता बढेको देखिन्छ। यी पदार्थहरू पार्टी, क्लब तथा शहरी युवा समूहमा लोकप्रिय बन्दै गएका छन्। त्यस्तैगरी New psychoactive Substances (NPS) हरूको उदय र समयानुकूल कानूनको संशोधन हुन नसक्दा लागु औषध अपराध नियन्त्रण तथा अनुसन्धानमा थप चुनौती बढ्दै गएको छ।

लागु औषधको स्रोत तथा ट्रायफिकिड प्रवृत्ति

नेपालमा दुरुपयोग हुने लागु औषधहरूको प्रमुख श्रोत छिमेकी मुलुक भारत रहेको छ। परम्परागत लागु औषध जस्तै गाँजा तथा चरेशहरू भने नेपालमा नै पाईने भएकाले यसको श्रोत नेपालकै पहाडी जिल्लाहरू भएको देखिन्छ। त्यस्तै हालैका दशकहरूमा नेपालमा अफिमको खेती पहाडी जिल्लाहरूको दुर्गम स्थानहरूमा भएको पाईन्छ। यसरी गैरकानुनी उत्पादित गाँजा/चरेश तथा अफिम नेपालबाट भारततर्फ तस्करी हुने गरेको कुरा पक्राउ परेका व्यक्तिहरूको बयान तथा बरामद तथा ड्रग्सबाट खुल्न आएको छ। विगतमा गाँजाको गैरकानुनी आयात अमेरिका तथा क्यानडाबाट पनि हुने गरेको देखिएकोमा हालका वर्षहरूमा थाइल्याण्डबाट समेत हवाई मार्ग हुँदै गाँजा नेपालमा भित्रिने र नेपालबाट भारततर्फ पुन तस्करी हुने प्रवृत्ति समेत देखिएको छ। जुलाई २०२५ देखि हालसम्म थाई गाँजा तस्कर बिरुद्ध ब्यूरोले गरेको कारबाहीमा ६७ जना विदेशी नागरिक पक्राउ परिसकेका छन् भने १८७.५ के.जी .गाँजा बरामद भईसकेको छ। पक्राउ हुनेमा अधिकांश भारतीय नागरिकहरू छन् भने केही थाई नागरिक रहेका छन्।

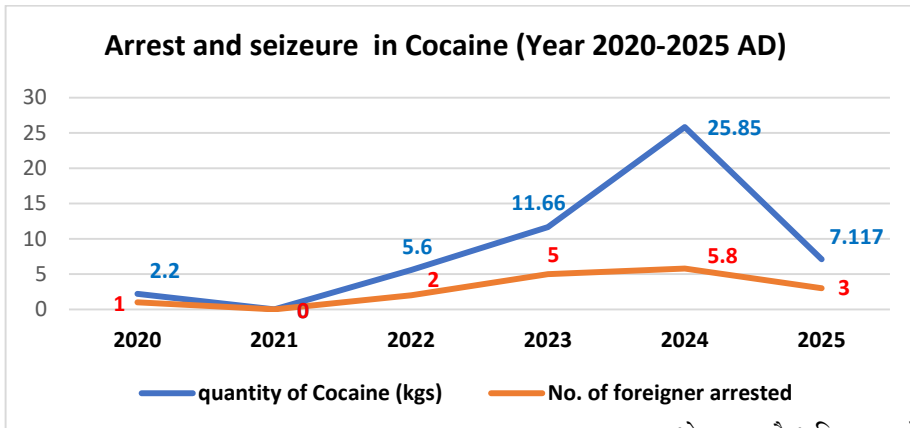
Date	NO.of Arrest	Weight of Cannabis(kg)
2025 JULY	4	13
2025 AUGUST	4	12.41
2025 SEPTEMBER	3	12
2025 OCTOBER	8	13
2025 NOVEMBER	11	27.1
2025 DECEMBER	10	40
2026 JANUARY	3	1
2026 FEBRUARY	12	29.65

2026 MARCH	6	15.36
2026 APRIL	6	24
Total	67	187.52



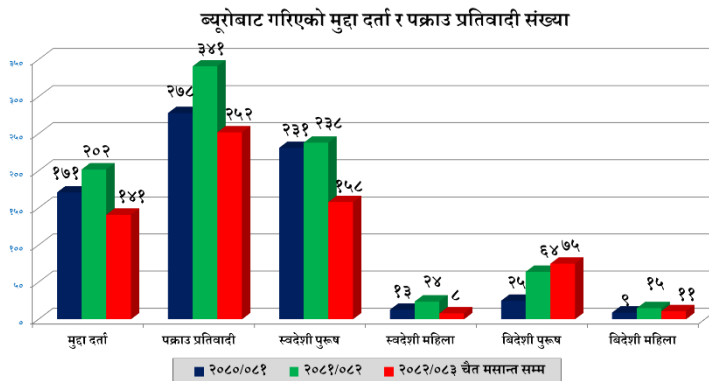
श्रोत: लागु औषध नियन्त्रण व्यूरो ,कोटेश्वर ।

गाँजा/चरेश र अफिम बाहेक भारत-नेपाल खुला सीमा (Indo-Nepal Open Border) का प्रमुख नाकाहरु: काकडभिट्टा-पानी ट्याङ्की, बिराटनगर-जोगबनी, बिरगंज-रक्सौल, भैरहवा-सुनौली तथा नेपालगंज-रुपेडिया जस्ता नाकाहरुबाट लागु औषध खैरो हेरोईन तथा अन्य लागु पदार्थ र मनोद्विपक पदार्थहरु साथै विभिन्न नियन्त्रित फार्मास्युटिकल ड्रग्स विभिन्न लुकाउ छिपाउको विधी प्रयोग गरेर नेपाल भित्रिने गरेका छन्। विभिन्न मुलुकहरुबाट पनि उच्च मूल्यका लागु औषधहरु जस्तै कोकिन र सेतो हेरोईन नेपाललाई ट्रान्जिट देश (Transit Country) बनाउँदै तेस्रो मुलुकमा ओसारपसार हुने गरेको पाईएको छ। कोकिन प्रायः अफ्रिका तथा ल्याटिन अमेरिकी देशहरुबाट नेपाल भित्रिने गर्दछ र यहाँबाट भारत लगायत अन्य मुलुकतर्फ जाने गर्दछ।

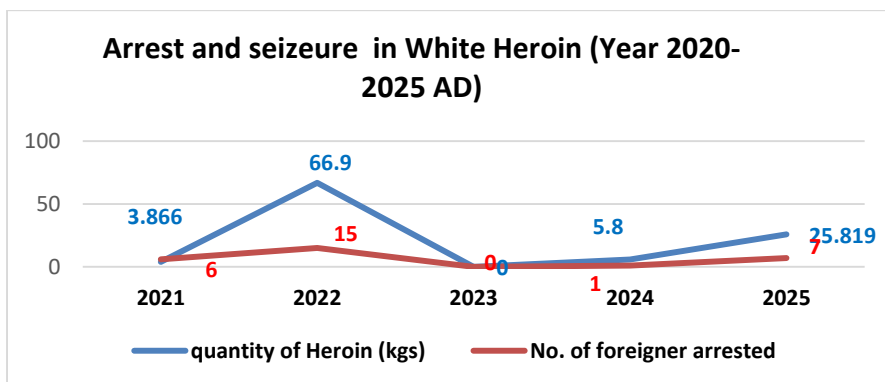


श्रोत: लागु औषध नियन्त्रण ब्यूरो कोटेश्वर

नेपालको Golden Triangle (Laos, Thailand & Myanmar) र Golden Crescent (Pakistan, Afghanistan & Iran) को बीचको अवस्थितिले गर्दा कुनै न कुनै तवरबाट Transit Country को रूपमा प्रयोग हुन सक्ने सम्भावना रहँदै आएको छ। यी क्षेत्रहरू विश्वमा सबैभन्दा धेरै अफिम उत्पादन हुने क्षेत्रको रूपमा प्रख्यात छन्। यिनै क्षेत्रमा गोप्य रूपमा संचालन हुने अबैध ल्याबहरूमा उत्पादन हुने सेतो हेरोईन हवाई मार्ग हुँदै नेपाल प्रवेश गर्ने र पुन मुलत भारत तथा अन्य तेस्रो मुलुकतर्फ जाने क्रम हालैका वर्षहरूमा लागु औषध नियन्त्रण ब्यूरोको पक्राउ तथा बरामदी तथाङ्कले देखाउँछ। त्यस्तै विगतमा दक्षिण अफ्रिकाबाट पनि हवाईमार्ग हुँदै ठुलो मात्रामा सेतो हेरोईन नेपाल भित्रिएको देखिएको छ। लागु औषध तस्करीहरूको कारबाहीका लागि लागु औषध नियन्त्रण ब्यूरोले गरेका ठुला अपरेशनहरूमा विभिन्न देशका नागरीकहरू पक्राउ हुनुका साथै भारी मात्रामा लागु औषध बरामद गरिएकोले नेपाल प्रहरी लागु औषध नियन्त्रण ब्यूरोले लागु औषधको आपूर्ति नियन्त्रणमा (Supply Control) मा खेलेको भूमिकालाई स्पष्ट रूपमा देखाएको छ।



श्रोत: लागु औषध नियन्त्रण ब्यूरो कोटेश्वर ।



श्रोत: लागु औषध नियन्त्रण ब्यूरो कोटेश्वर ।

लागु औषध नियन्त्रण ब्यूरोको भूमिका र प्रयासहरु:

नेपालमा बढ्दो लागु औषध दुर्व्यसन तथा तस्करी नियन्त्रण गर्न लागु औषध नियन्त्रण ब्यूरो (NCB) ले केन्द्रीय भूमिका निर्वाह गर्दै कानून कार्यान्वयन, अनुसन्धान, सूचना व्यवस्थापन, अन्तर्राष्ट्रिय समन्वय तथा माग घटाउ (जनचेतनामूलक) कार्यक्रमहरूलाई एकीकृत रूपमा अघि बढाउँदै आएको छ। ब्यूरोले लागु औषध कारोबारमा संलग्न व्यक्ति तथा संगठित सञ्जालहरूको सूचना संकलन, विश्लेषण, पहिचान, गोप्य निगरानी तथा पक्राउ गर्ने कार्यका साथै अन्तरदेशीय तस्करी नियन्त्रणका लागि विशेष अपरेसनहरू सञ्चालन गर्दै आधुनिक प्रविधि र वैज्ञानिक उपकरणहरू जस्तै K9 (डग स्क्वाड), एक्स-रे मेसिन, केमिकल टेस्ट किट तथा Raman Spectroscopy को प्रयोगबाट अनुसन्धानलाई आधुनिक प्रविधिको प्रयोग गर्दै प्रभावकारी बनाएको छ, साथै सीमा नाका क्षेत्रमा स्थापना गरिएका १५ वटा शाखा कार्यालयहरू मार्फत निगरानी, नियन्त्रण तथा कारवाही गर्दै जिल्ला प्रहरी कार्यालयलाई सघाउँदै आएको छ। सूचना व्यवस्थापनतर्फ अपराधको प्रवृत्ति, नयाँ प्रकारका मनोद्विपक पदार्थ (NPS) तथा तस्करीका मार्गहरूको पहिचान गरी रणनीतिक योजना निर्माणमा सहयोग पुऱ्याएको छ भने अन्तर्राष्ट्रिय स्तरमा INTERPOL, UNODC, INCB, DEA तथा Narcotics Control Bureau India लगायत निकायहरूसँग समन्वय गरी सूचना आदानप्रदान र संयुक्त अपरेसन सञ्चालन गर्दै आएको छ। कानूनी पक्षमा लागु औषध) नियन्त्रण (ऐन २०३३ बमोजिम प्रमाण संकलन, मुद्दा दर्ता तथा अदालतमा पेश गर्ने कार्य व्यवस्थित रूपमा गर्दै आएको छ भने प्रहरी कर्मचारीहरूको क्षमता अभिवृद्धिका लागि सातै प्रदेशमा तालिम सञ्चालन, अनुसन्धान सीप

विकास तथा प्रविधिमैत्री कार्यप्रणालीलाई प्राथमिकता दिएको छ। साथै, गाँजा तथा अफिमको अवैध खेती नष्ट गर्ने अभियान, उत्पादन तथा कारोबार नियन्त्रणका विशेष कार्यक्रमहरू, विद्यालय, कलेज तथा समुदायस्तरमा सञ्चालन गरिएका जनचेतनामूलक कार्यक्रमहरू तथा लागु औषध प्रयोगकर्ताहरूको उपचार र पुनःस्थापनाका लागि सम्बन्धित निकायहरूसँग समन्वय सहकार्य मार्फत माग घटाउ र पुनः प्रयोग (Relapse) घटाउने प्रयाससमेत गर्दै आएको छ, जसले समग्र रूपमा नेपालमा लागु औषध अपराध नियन्त्रणमा ब्यूरोको प्रभावकारी र परिणाममुखी भूमिका स्पष्ट पार्दछ।



लागु औषध समस्याको रोकथाम गर्न गरिएका कार्यहरू

नेपालमा लागु औषध समस्याको रोकथाम तथा नियन्त्रणका लागि विभिन्न कानुनी, नीतिगत तथा कार्यक्रमगत पहलहरू कार्यान्वयन गरिएका छन्। लागु औषध नियन्त्रण ऐन, २०३३ (Narcotic Drug Control Act, (1976) को प्रभावकारी कार्यान्वयनमार्फत लागु औषध सम्बन्धी अपराधहरूलाई नियन्त्रण गर्ने कार्य भइरहेको छ।

यसका साथै, लागु औषध नियन्त्रण राष्ट्रिय नीति, २०६३ तथा लागु औषध नियन्त्रण रणनीति, २०६६ लाई आत्मसात गर्दै लागु औषध नियन्त्रणका दीर्घकालीन लक्ष्यहरू हासिल गर्ने प्रयास गरिएको छ। हाल लागु औषध रोकथाम तथा नियन्त्रण राष्ट्रिय गुरुयोजना, २०७९-२०८४ कार्यान्वयनको चरणमा रहेको छ, जसले बहुआयामिक दृष्टिकोणमार्फत लागु औषध समस्या समाधान गर्ने लक्ष्य राखेको छ।

लागु औषधको माग घटाउन (Supply Control) समुदाय प्रहरी साझेदारी कार्यक्रम (Community Police Partnership) अन्तर्गत विभिन्न जनचेतनामूलक कार्यक्रमहरू सञ्चालन गरिँदै आएका छन्,

जसले समुदायस्तरमा विद्यार्थी, युवा तथा अभिभावकहरूलाई सचेतना अभिवृद्धि गर्न सहयोग पुऱ्याईरहेको छ। साथै, लागु औषध प्रयोगकर्ताहरूको पुनःस्थापना तथा सामाजिक पुनःसामाजिकीकरण (Rehabilitation and Re-Socialization) मा पनि विशेष ध्यान दिइएको छ।

विशेष गरी दुर्गम तथा ग्रामीण क्षेत्रमा अवैध रूपमा गरिने गाँजा तथा अफिम खेती नियन्त्रण गर्न वैकल्पिक जीविकोपार्जनका कार्यक्रमहरू सञ्चालन गर्ने प्रयास गरिएका छन्। चिया तथा कफी खेतीलाई प्रोत्साहन दिई कृषकहरूलाई वैधानिक आयआर्जनतर्फ आकर्षित गरिँदै आएको छ, जसले अवैध लागु औषध गाँजा र अफिमको खेती न्यूनीकरणमा महत्वपूर्ण भूमिका खेलेको छ, यसको उदाहरणको लागि चितवनको राप्ती नगरपालिका र मकवानपुरको राक्सिराङ गाउँ पालिकामा २०८० सालमा गरिएको कफी खेतीको शुरुवातलाई एउटा महत्वपूर्ण कदमको रूपमा लिन सकिन्छ।

लागु औषध अपराध रोकथाम तथा नियन्त्रणमा देखिएका समस्या / चुनौतीहरू

लागु औषध अपराधको रोकथाम तथा नियन्त्रणका सन्दर्भमा नेपालमा विभिन्न जटिल समस्या तथा चुनौतीहरू विद्यमान रहेका छन्। विशेषतः भारतसँगको खुल्ला सिमाना भएका कारण लागु औषधको अवैध ओसारपसार नियन्त्रण गर्न कठिन भइरहेको छ, जसले सीमाक्षेत्रलाई संवेदनशील बनाएको छ। त्यसैगरी देशका ग्रामीण तथा दुर्गम क्षेत्रमा गाँजा तथा अफिमको खेती निरन्तर भइरहनु, राज्यको पहुँच र अनुगमन प्रणाली कमजोर हुनु तथा स्थानीय स्तरमा भरपर्दो निगरानी प्रणालीको अभाव रहनु अर्को प्रमुख चुनौती हो। पछिल्लो समयमा नयाँ नयाँ प्रकारका कृत्रिम मनोद्विपक (Synthetic/NPS) पदार्थहरू सहज रूपमा उपलब्ध हुन थालेका छन्, जसले नियन्त्रण कार्यलाई थप जटिल बनाएको छ।

लागु औषध सम्बन्धी सूचना सहज रूपमा प्राप्त नहुनु, सूचना व्यवस्थापन महँगो हुनु र बजेट सीमित हुनुका कारण प्रभावकारी अनुसन्धान तथा कारबाहीमा कठिनाइ उत्पन्न भएको छ। यसैबीच लागु औषध कारोबारमा संलग्न व्यक्तिहरूले आफ्नो अपराध गर्ने कार्यविधि तथा शैली समय अनुसार परिवर्तन गर्दै गइरहेका छन् भने यो अपराध संगठित तथा अन्तरदेशीय स्वरूपको भएकाले मुख्य अभियुक्तसम्म पुग्न अझै कठिन हुने गर्दछ। नेपाललाई ट्रान्जिट बनाई लागु औषध तस्कर गर्न खोज्ने अधिकांश पक्राउ व्यक्तिहरू भरीया "carrier/drug mule" हुने गरेका छन्, जसले वास्तविक

संगठित अपराध समूहसम्म पुग्न चुनौती सिर्जना गरेको छ। ठुला किसिमका लागु औषध अपराधको अन्तरदेशीय प्रकृति र अपराधिक संगठनमा धेरै तह (Layer) मा रहने हुनाले मुख्य अपराधीसंग पुग्न भने चुनौती नै रहेको देखिन्छ।

सीमा नाका तथा अन्तर्राष्ट्रिय विमानस्थलहरूमा आवश्यकता अनुसार आधुनिक Drugs Detection Equipment हरु को अभावले लागु औषध पहिचान र नियन्त्रणलाई कमजोर बनाएको छ। कानुनी पक्षतर्फ हेर्दा लागु औषध नियन्त्रण ऐन, २०३३ मा UN Conventions on Narcotic Drugs मा उल्लेख भएका सबै लागु औषध तथा मनोद्वीपक पदार्थहरू समेटिन नसक्नु तथा ऐनमा समयानुकूल संशोधन नहुनुले कानून कार्यान्वयनमा चुनौती थपेको छ।

सामाजिक तथा आर्थिक पक्षमा अशिक्षा, बेरोजगारी तथा छिटो र सजिलै पैसा कमाउने गलत प्रवृत्ति, परिवारिक तथा सामाजिक जिम्मेवारीबोधको अभावले व्यक्तिहरूलाई लागु औषध दुर्व्यसन तथा अपराधतर्फ आकर्षित गरिरहेको छ। सहायक रसायन (Precursors Chemicals) को प्रभावकारी नियमन नहुँदा तिनको दुरुपयोगको सम्भावना उच्च रहेको छ। स्वास्थ्य तथा पुनःस्थापनाको क्षेत्रमा पनि चुनौतीहरू देखिन्छन्। जस्तै OST (Opioid Substitution Therapy) उपचारमा रहेका प्रयोगकर्ताहरूले Methadone सँगै अन्य लागु औषध सेवन गर्ने प्रवृत्ति, पुनःस्थापना केन्द्रबाट उपचारपछि फर्केका व्यक्तिहरूमा पुनः लागु औषध सेवन गर्ने (Relapse) समस्या, तथा कारागारमा सजाय भुक्तान गरेपछि पनि पुनः अपराधमा संलग्न हुने अवस्था। साथै लागु औषध कारोबार तथा ओसारपसारमा महिला, वृद्ध, बालबालिका तथा शारीरिक रूपमा कमजोर व्यक्तिहरूको प्रयोग गरिनु र आर्थिक रूपमा विपन्न वर्गका व्यक्तिहरूले उपचार तथा पुनःस्थापना खर्च व्यहोर्न नसक्दा उपचारबाट वञ्चित हुनु जस्ता समस्याहरूले समग्र नियन्त्रण प्रणालीलाई थप चुनौतीपूर्ण बनाएको छ। यसरी बहुआयामिक स्वरूपका यी समस्याहरू समाधान गर्न कानुनी, संस्थागत, प्रविधिमैत्री तथा सामाजिक हस्तक्षेपहरूलाई एकीकृत रूपमा अगाडि बढाउन अपरिहार्य देखिन्छ।

लागु औषध अपराध समस्या समाधानका उपायहरू

कानून कार्यान्वयन गर्ने निकाय लागु औषध नियन्त्रण ब्यूरोको स्तरोन्नति सम्बन्धमा:

अन्तर्राष्ट्रिय निकायहरूबीच समन्वय संयन्त्रलाई अझ सुदृढ बनाउनुपर्छ, जसले सीमा पार हुने लागु औषध कारोबार नियन्त्रणमा सहयोग पुऱ्याउँछ। विभिन्न देशका कानून कार्यान्वयन निकायहरूसँग

नियमित सहकार्य, सूचना आदान-प्रदान तथा संयुक्त अपरेशन सञ्चालन गर्ने व्यवस्था गर्नुपर्छ। साथै, उत्कृष्ट अभ्यास) Best Practice), प्रविधि र अनुसन्धान विधिहरू आदान प्रदान गर्न आवधिक (Periodic) रूपमा कार्यशाला (Workshop) तथा भ्रमण कार्यक्रम (Visit Program) सञ्चालन गर्न आवश्यक छ। यसबाट अनुसन्धानकर्ताहरूले नयाँ प्रविधि र अन्तर्राष्ट्रिय अनुभव सिक्न सक्नेछन्। लागु औषध नियन्त्रण ब्यूरो (NCB) तथा यसको मातहतका शाखा/इकाइहरूको संस्थागत विकासमा जोड दिनुपर्छ। आवश्यक स्रोत-साधन, प्रविधि तथा जनशक्ति व्यवस्थापन गरी यसको क्षमता अभिवृद्धि गर्नुपर्छ। अनुसन्धान अधिकृतहरूको क्षमता अभिवृद्धिका लागि नियमित तालिम, सीप विकास कार्यक्रम तथा आधुनिक अनुसन्धान प्रविधिको प्रयोगमा प्रशिक्षण दिनुपर्छ। यसले अपराध अनुसन्धानलाई प्रभावकारी बनाउनेछ।

कानून तर्फ:

लागु औषध (नियन्त्रण) ऐन, २०३३ लाई समयानुकूल परिमार्जन गरी हाल व्यापक रूपमा दुरुपयोग भईरहेका औषधीहरू र पदार्थहरू New Psychoactive substance (NPS) लगायत UN Conventions हरूमा रहेका लागु औषध तथा मनोद्विपक पदार्थहरू ऐनमा समेट्नुपर्छ। त्यस्तैगरी लागु औषध अपराध अनुसन्धानमा प्रयोग हुने विशेष अनुसन्धान पद्धति जस्तै Undercover Operation, Control delivery, Buy & Bust, Step-in Operation, Call taping जस्ता प्रावधानहरूको स्पष्ट कार्याविधि समेत बनाउनुपर्दछ। लागु औषध अपराधमा पक्राउ पर्ने व्यक्तिहरूको अपराधमा भूमिका (सेवनकर्ता, भरिया वा मुख्य आरोबारी) अनुसार सजायको प्रावधान गर्नुपर्दछ। त्यस्तैगरी कानूनमा साइबर (Dark net) माध्यमबाट हुने आरोबार तथा लागु औषध आरोबारीहरूको संगठित स्वरूप र उनीहरूबाट हुन सक्ने सम्पत्ति शुद्धिकरण समेतलाई ध्यानमा राख्दै छिमेकी राष्ट्रका लागु औषध कानून कार्यान्वयन गर्ने निकायसंग समेत संयुक्त कारबाही गर्न सक्ने समेतको प्रावधान राखि कानून संशोधन तथा पुननिर्माण हुनुपर्दछ।

उपचार तथा पुनःस्थापना तर्फ:

लागु औषध दुर्व्यसनमा परेका व्यक्तिहरूका लागि पुनःस्थापना तथा समाजमा पुनः एकीकरण (Rehabilitation and resocialization) कार्यक्रम सञ्चालन गर्नुपर्छ। यसले पुनः अपराध दर घटाउन सहयोग पुऱ्याउँछ। नेपाल प्रहरी तथा अन्य सम्बद्ध निकायहरूको निरन्तर प्रयासका बावजुद पनि

लागु औषधको बरामद र पक्राउ संख्या दिनप्रतिदिन बढ्दो क्रममा रहेको छ। यसको विश्लेषण गर्दा, पक्राउ पर्ने अधिकांश व्यक्तिहरू स्वयं लागु औषध प्रयोगकर्ता भएको, भारतबाट सानो मात्रामा लागु औषध ल्याई केही अंश आफैं प्रयोग गर्ने र बाँकी बिक्री गरी आफ्नो आवश्यकता पूरा गर्ने प्रवृत्ति रहेको पाइन्छ। पक्राउ परेका धेरै सेवनकर्ता समेत भएको देखिन आएकोले साथै प्राय जसो सेवनकर्ताहरू गरिव र बेरोजगारी भएकोले आफ्नो उपचार (Detoxification) तथा पुनःस्थापनाको लागि उपचार केन्द्रहरूमा स्वयंले खर्च व्यहोर्न नसक्ने अवस्थालाई ध्यानमा राखी प्रत्येक जिल्लाहरूले त्यस्ता दूर्व्यसनीहरूको उपचार तथा पुनःस्थापनाको लागि कार्यक्रम संचालन गर्नुपर्दछ।

नेपाल प्रहरी प्रधान कार्यालयले २०७५ सालदेखि सञ्चालन गर्दै आएको “समुदाय-प्रहरी साझेदारी कार्यक्रम” अन्तर्गत स्थानीय तहको प्रत्यक्ष संलग्नता र पालिका प्रमुखको नेतृत्वमा अपराध नियन्त्रणका कार्यहरू सञ्चालन हुँदै आएका छन्। चासो राख्ने स्थानीय तहहरूमा यो कार्यक्रम प्रभावकारी देखिए पनि यसको दायरा अनुसार पूर्ण रूपमा परिचालन हुन सकेको छैन। त्यसैले, उक्त कार्यक्रमलाई अझ सशक्त र प्रभावकारी रूपमा परिचालन गरी लागु औषध नियन्त्रणमा समेत उपयोग गर्न सकिन्छ।

हाल विभिन्न पालिकाहरूमा लागु औषध नियन्त्रण तथा रोकथाम कार्यक्रमको लागि छरिएर रहेका बजेटलाई जिल्ला प्रशासन कार्यालयले एकत्रित पारी स्थानिय पालिका र स्थानीय प्रहरी (Community police) को समन्वय र सहकार्यमा त्यस्ता विपन्न सेवनकर्ताहरूलाई उपचार तथा पुनःस्थापनाका लागि निशुल्क उपचार वा पुनःस्थापना केन्द्र स्थापना गर्नुपर्दछ। र सोही केन्द्रबाट जोखिममा रहेका युवा समूहलाई लक्षित गरी विद्यालयस्तरका कार्यक्रम, समुदायमा आधारित अभियान तथा अभिभावकको सहभागितामार्फत जनचेतनामुलक माग घटाउ (Demand Reduction) कार्यक्रमहरू सञ्चालन गर्नुपर्छ।

अध्ययन तथा खोज (Study & Research)

स्थानीय पालिकाहरूलाई सक्रिय रूपमा परिचालन गरी आफ्नो क्षेत्रभित्र लागु औषध प्रयोगकर्ताहरूको संख्या, सामाजिक-आर्थिक अवस्था तथा शैक्षिक पृष्ठभूमि सम्बन्धी तथ्याङ्क सङ्कलन गर्न सकेमा सोको आधारमा लक्षित नीति तथा कार्यक्रम निर्माण गर्न सहज हुनेछ।

यसै सन्दर्भमा, २०७६ सालमा गृहमन्त्रालयद्वारा लागु औषध प्रयोगकर्तासम्बन्धी तथ्याङ्क सङ्कलन गरी रिपोर्ट नै प्रकाशित गरिएतापनि त्यसपछि अद्यावधिक तथ्याङ्क उपलब्ध नभएकाले लागु औषध सम्बन्धमा देशको हालको वास्तविक अवस्था मूल्याङ्कन गर्न कठिन भइरहेको छ। प्रयोगकर्ताको संख्या, आर्थिक अवस्था, शैक्षिक स्तर लगायतका विवरण अभावमा प्रभावकारी नीति निर्माणमा समेत अन्योलता देखिएको छ। यस किसिमको समस्याको समाधानका लागि संघीय स्तरमा हुने लागु औषध दुर्व्यसनकर्ताको सर्भेक्षण गरिहाल्नुपर्ने देखिन्छ भने निजी क्षेत्रलाई पनि लागु औषध समस्या सम्बन्धी अध्ययन तथा खोज (Research) गर्न राज्यस्तरबाटै प्रोत्साहन गर्नुपर्दछ।

निष्कर्ष

नेपालमा लागु औषध अपराध बहुआयामिक र जटिल समस्याका रूपमा विकसित हुँदै गएको छ, जसमा परम्परागत तथा आधुनिक (कृत्रिम/NPS) दुवै प्रकारका लागु औषधहरूको प्रयोग, खुला सिमाना, अन्तर्राष्ट्रिय तस्करी सञ्जालको सक्रियता तथा ट्रान्जिट देशको रूपमा नेपालको प्रयोग प्रमुख कारणका रूपमा देखिएका छन्। लागु औषध नियन्त्रण ब्यूरो लगायतका निकायहरूले कानून कार्यान्वयन, अनुसन्धान, अन्तर्राष्ट्रिय समन्वय, प्रविधिको प्रयोग तथा जनचेतनामूलक कार्यक्रममार्फत महत्वपूर्ण प्रयासहरू गरिरहेका भए तापनि स्रोत साधनको अभाव, कानुनी कमजोरी, नयाँ प्रवृत्तिका अपराध, सामाजिक आर्थिक कारण तथा पुनःस्थापनासम्बन्धी चुनौतीहरूका कारण नियन्त्रण कार्य अझै जटिल बनेको छ। त्यसैले, प्रभावकारी नियन्त्रणका लागि कानूनको समयानुकूल संशोधन, संस्थागत सुदृढीकरण, प्रविधिमैत्री अनुसन्धान, अन्तर्राष्ट्रिय सहकार्य, लक्षित जनचेतना कार्यक्रम, तथा उपचार र पुनःस्थापनालाई प्राथमिकता दिँदै एकीकृत र दीर्घकालीन रणनीति अवलम्बन गर्नु अपरिहार्य देखिन्छ।

नेपालमा लागु औषध नियन्त्रणका नवीनतम प्रयासहरूः प्रभावकारिता, चुनौती र सुधारका सम्भावनाहरू

मधुसुदन पोखेल

सारांश (Abstract)

लागु औषध दुरुपयोग तथा अवैध ओसारपसार विश्वव्यापी रूपमा जटिल सामाजिक, आर्थिक तथा सार्वजनिक स्वास्थ्य संकटका रूपमा स्थापित भइसकेको छ। नेपाल, भारत र चीनजस्ता दुई ठूला राष्ट्रबीच अवस्थित हुनु, खुला सीमाको व्यवस्था, बढ्दो बेरोजगारी, तीव्र शहरीकरण तथा सामाजिक संरचनामा आएको परिवर्तनका कारण नेपाल क्रमशः लागु औषधको ट्रान्जिट मात्र नभई उपभोग केन्द्रको रूपमा समेत विकसित हुँदै गएको छ। प्रस्तुत अनुसन्धानमूलक लेखमा नेपालमा लागु औषध नियन्त्रणका लागि अवलम्बन गरिएका नवीनतम नीतिगत, संस्थागत तथा प्रविधिमैत्री कार्यान्वयनको समालोचनात्मक ढंगले विश्लेषण गरिएको छ।

विशेषतः नीतिगत सुधार, डिजिटल तथा प्रविधिमा आधारित निगरानी प्रणाली, अन्तर्राष्ट्रिय तथा क्षेत्रीय सहकार्य, जनचेतनामूलक कार्यक्रमहरू तथा पुनःस्थापना सेवाहरूको प्रभावकारिता द्वितीय स्रोतहरू (सरकारी प्रतिवेदन, अन्तर्राष्ट्रिय संस्थाका अध्ययन तथा अनुसन्धान सामग्री)को आधारमा नेपालमा लागु औषध नियन्त्रणका नवीनतम प्रयासहरू, चुनौती र सुधारका सम्भावनाहरूको विश्लेषण तथा मूल्याङ्कन गरिएको छ। अध्ययनका अनुसार हालसम्मका नियन्त्रण प्रयासहरूले सकारात्मक उपलब्धिहरू हासिल गरेका भए पनि खुला सीमा, स्रोत साधनको अभाव, संस्थागत समन्वयको कमजोरी तथा नयाँ प्रकारका लागु औषधहरूको प्रवेशजस्ता संरचनागत चुनौतीहरू अझै विद्यमान रहेका छन्।

तसर्थ, दीर्घकालीन तथा दिगो समाधानका लागि प्रविधिमा आधारित निगरानी प्रणालीको सुदृढीकरण, बहु क्षेत्रीय समन्वय, समुदाय आधारित रोकथाम रणनीति तथा प्रमाणमा आधारित नीतिगत हस्तक्षेप आवश्यक देखिएको छ। साथै, प्रभावकारी नियन्त्रणका लागि सरकारी निकायहरूद्वारा स्पष्ट नीति निर्माण, कडा कानुनी कार्यान्वयन तथा पर्याप्त स्रोत व्यवस्थापन अपरिहार्य छ भने स्थानीय सरकार,

गैरसरकारी संस्था र समुदाय स्तरमा जनचेतना अभिवृद्धि, पुनःस्थापना सेवा विस्तार तथा युवाहरूको सक्रिय संलग्नता थप सुनिश्चित गर्नुपर्ने देखिन्छ। शैक्षिक संस्थाहरूले पाठ्यक्रममार्फत चेतनामूलक शिक्षा प्रवर्द्धन गर्नुका साथै परिवारले सहयोगी तथा सचेत वातावरण निर्माण गर्नु आवश्यक छ।

समग्रमा, लागु औषध दुरुपयोग र यसको अवैध कारोबार नेपालमा बहुआयामिक सुरक्षा तथा सार्वजनिक स्वास्थ्य चुनौतीका रूपमा विकसित हुँदै गएको छ, जसको प्रभावकारी नियन्त्रणका लागि सर्वपक्षिय समन्वय, व्यापक जनचेतना, नीतिनियमको कडा कार्यान्वयन र सरकारको दिगो दृष्टिकोण अपरिहार्य रहेको निष्कर्ष प्रस्तुत गरिएको छ।

मुख्य शब्दावली (Keywords)

लागु औषध, नियन्त्रण, तस्करी, पुनःस्थापना, प्रविधि, नीतिगत सुधार, जनचेतना, समन्वय, कानूनको कार्यान्वयन

विषय प्रवेश (Introduction)

लागु औषध दुरुपयोग समकालीन विश्वमा तीव्र रूपमा उदीयमान जटिल सामाजिक, आर्थिक तथा सार्वजनिक स्वास्थ्य चुनौतीका रूपमा स्थापित भएको छ। यसले व्यक्तिको शारीरिक तथा मानसिक स्वास्थ्यमा मात्र होइन, पारिवारिक संरचना, सामाजिक सद्भाव, उत्पादकत्व तथा राष्ट्रिय सुरक्षामा समेत गम्भीर नकारात्मक प्रभाव पार्दछ। अन्तर्राष्ट्रिय प्रतिवेदनहरूका अनुसार विश्वभर करोडौं मानिसहरू लागु औषधको दुरुपयोगबाट प्रभावित छन् जसले अपराध, हिंसा, संक्रमणजन्य रोग तथा मानसिक स्वास्थ्य समस्याको जोखिमलाई उल्लेखनीय रूपमा वृद्धि गरेको छ।

नेपालको सन्दर्भमा लागु औषध समस्या बहुआयामिक रूपमा विस्तार हुँदै गएको छ। यहाँको भौगोलिक अवस्थिति विशेषतः भारत र चीनजस्ता दुई ठूला राष्ट्रबीच अवस्थित हुनु र खुला सीमाको संरचनाले नेपाललाई लागु औषध ओसारपसारको ट्रान्जिट मार्गका रूपमा संवेदनशील बनाएको छ। यससँगै बढ्दो बेरोजगारी, तीव्र शहरीकरण, सामाजिक सांस्कृतिक परिवर्तन तथा युवावर्गमा बढ्दो आकर्षणले लागु औषधको प्रयोगलाई थप तीव्र बनाएको छ। विशेषगरी शहरी केन्द्रहरू र सीमावर्ती जिल्लाहरूमा यसको प्रभाव उच्च दरमा देखापरेको छ, जसले सामाजिक असुरक्षा र सार्वजनिक स्वास्थ्य संकटलाई गहिरो बनाउँदै लगेको छ।

यस समस्यालाई सम्बोधन गर्न नेपाल सरकार, गृह मन्त्रालय अन्तर्गतको लागु औषध नियन्त्रण संयन्त्रले विभिन्न नीतिगत, कानुनी तथा कार्यक्रमगत पहलहरू अघि बढाएको पाइन्छ। पछिल्लो समय प्रविधिमा आधारित निगरानी प्रणाली, अन्तर्राष्ट्रिय तथा क्षेत्रीय सहकार्य, तथा पुनःस्थापनामूलक

कार्यक्रमलाई विशेष प्राथमिकताका साथ कार्यान्वयन गरिदै आएको छ। यस्ता प्रयासहरूले नियन्त्रण प्रक्रियालाई व्यवस्थित र प्रभावकारी बनाउने दिशामा योगदान पुऱ्याएका छन्।

लागु औषध दुरुपयोगले व्यक्ति, परिवार र समग्र राष्ट्रको सामाजिक तथा आर्थिक संरचनामा दीर्घकालीन नकारात्मक असर पार्ने भएकाले यसलाई नेपालमा लागु औषध नियन्त्रण (ऐन, २०३३ अन्तर्गत दण्डनीय अपराधको रूपमा परिभाषित गरिएको छ। तथापि, पछिल्लो समय विशेषगरी युवापुस्तामा विभिन्न प्रकारका ड्रग्सको प्रयोग बढ्दो क्रममा देखिएको छ, जसले नियन्त्रण प्रयासहरूलाई थप चुनौतीपूर्ण बनाएको छ।

यस अनुसन्धानमूलक अध्ययनको प्रमुख उद्देश्य नेपालमा लागु औषध नियन्त्रणका नवीनतम प्रयासहरूको प्रभावकारिता समालोचनात्मक रूपमा मूल्याङ्कन गर्नु, विद्यमान संरचनात्मक तथा कार्यान्वयन सम्बन्धी चुनौतीहरूको पहिचान गर्नु तथा सुधारका सम्भावित रणनीतिहरू प्रस्ताव गर्नु हो। साथै, यस लेखमा वर्तमान नीतिगत व्यवस्था, कानुनी संरचना र कार्यान्वयन अवस्थाको विश्लेषण गर्दै सुधारको आवश्यकतालाई प्रमुख प्राथमिकता दिइएको छ।

अध्ययन विधि (Methodology)

यस अनुसन्धानमूलक लेख द्वितीय स्रोतहरूमा आधारित छ। विभिन्न सरकारी प्रतिवेदन, नेपाल प्रहरीको लागु औषध नियन्त्रण ब्युरोको वार्षिक प्रतिवेदन, गृह मन्त्रालयको तथ्याङ्क र विभिन्न अन्तर्राष्ट्रिय जर्नलहरूमा प्रकाशित अनुसन्धानमूलक लेखहरू र उपलब्ध तथ्यांकहरूको तुलनात्मक विश्लेषण गरी यो लेख तयार गरिएको छ।

नेपालमा लागु औषधको वर्तमान अवस्था (Current situation of drug in Nepal)

नेपालमा लागु औषध सम्बन्धी अपराध तथा प्रयोग दुवैमा वृद्धि भइरहेको देखिन्छ। विशेषगरी युवावर्गमा यसको प्रयोग उच्च दरमा रहेको छ। नेपाल प्रहरीको तथ्यांक अनुसार पछिल्ला वर्षहरूमा लागु औषध सम्बन्धी मुद्दाहरूमा उल्लेखनीय वृद्धि भएको छ। लागु औषधलाई मुख्यतः तीन प्रकारमा वर्गीकृत गरिएको छ।

प्राकृतिक लागु औषध : गाँजा, अफिम, भाड, चरेस

अर्ध सिंथेटिक लागु औषध : ब्राउन सुगर, हेरोइन, मोर्फिन, रक्सी

कृत्रिम (सिंथेटिक) लागु औषध: एम्फेटामिन, मेटाफेटामिन नाइट्रोजेपाम नाइट्रोभ्याट, प्रोक्सीभोन, बार्बिच्युरेट्स, फेन्सीडिल, मेथाडोन फेनकोडिन, ट्रामाडोल जस्ता अत्यधिक प्रयोग हुने औषधिहरू एलएसडी, एक्सटेसी, स्पास्मो प्रोक्सिभन, नर्फिन, फेनारगन आदि।

यीमध्ये केही औषधिहरू चिकित्सा प्रयोगका लागि कानुनी रूपमा उपलब्ध छन् तर चिकित्सकको निर्देशन बिना प्रयोग गर्नु वा यसको दुरुपयोग गर्नु गैरकानुनी हुन्छ। सीमावर्ती क्षेत्रहरू विशेष जोखिमयुक्त रहेका छन्। जहाँ भारतसँगको खुला सीमाका कारण अवैध ओसारपसार सजिलै सम्भव हुन्छ। साथै, नेपाल अन्तर्राष्ट्रिय तस्करी नेटवर्कका लागि ट्रान्जिट मार्गका रूपमा पनि प्रयोग हुँदै आएको छ।

मुख्य विषयबस्तु (Main theme)

लागु औषध नियन्त्रणका नवीनतम प्रयासहरू

क. नीतिगत तथा कानुनी सुधार: नेपालमा लागु औषध नियन्त्रण (ऐन, २०३३ लागु रहेको छ, जसले उत्पादन, वितरण तथा उपभोगमा कडा नियन्त्रणको व्यवस्था गरेको छ। यस ऐन अनुसार नेपाल प्रहरी, सशस्त्र प्रहरी र अनुसन्धान निकायहरूले लागु औषधको ओसार पसार, तस्कर, प्रयोगकर्ता र कारोबारमा संलग्नहरू माथि सकृयताका साथ निगरानी र नियन्त्रण गर्दै आइरहेको देखिन्छ। अदालतद्वारा पनि लागु औषध सम्बन्धी मुद्दाहरूमा तीव्र सुनुवाई तथा उचित सजायको व्यवस्थागरी कानुनी दण्ड प्रक्रियालाई प्रभावकारी बनाउँदै आएको देखिन्छ। पछिल्लो समय यस ऐनको प्रभावकारी कार्यान्वयन तथा संशोधनमा जोड दिइएको छ। यसका लागि सरकारले राष्ट्रिय स्तरमा रणनीति तथा कार्ययोजना निर्माण गरी दीर्घकालीन नियन्त्रणका लागि स्पष्ट मार्गनिर्देशन गर्नु पर्दछ।

ख. प्रविधिमैत्री निगरानी प्रणाली: आधुनिक सूचना तथा सञ्चार प्रविधिको तीव्र विकाससँगै लागु औषध नियन्त्रणमा प्रविधिमैत्री निगरानी प्रणालीको प्रयोग एक प्रभावकारी र अपरिहार्य रणनीतिक उपकरणका रूपमा स्थापित हुँदै गएको छ। परम्परागत निगरानी विधिहरूको सट्टामा डिजिटल तथा स्वचालित प्रणालीहरूको प्रयोगले अपराध नियन्त्रण प्रक्रियालाई थप सुदृढ, तीव्र तथा परिणाममुखी बनाउँछ।

विशेषगरी सिसिटिभी तथा एकीकृत डिजिटल निगरानी प्रणालीमार्फत शहरी क्षेत्र तथा संवेदनशील सीमा नाकाहरूमा गतिविधिहरूको रियल टाइम अनुगमन सम्भव भएको छ, जसले शंकास्पद गतिविधिहरूको शीघ्र पहिचान तथा नियन्त्रणमा सहयोग पुऱ्याएको छ। त्यस्तै, दुर्गम तथा पहुँचविहीन भौगोलिक क्षेत्रहरूमा ड्रोन प्रविधिको प्रयोगले निगरानीको दायरा विस्तार गर्नुका साथै सुरक्षा निकायलाई रणनीतिक सूचनाको शीघ्र संकलनमा सहयोग पुऱ्याएको छ। यसका अतिरिक्त, डिजिटल डाटाबेस प्रणाली तथा अपराध ट्र्याकिङ सफ्टवेयरहरूले लागु औषधसम्बन्धी घटनाहरूको अभिलेखीकरण, विश्लेषण तथा प्रवृत्ति पहिचानलाई सहज बनाएका छन्। यसले अनुसन्धान र

कारबाहीलाई प्रभावकारी बनाएको छ। समग्रमा, प्रविधिमैत्री निगरानी प्रणालीले लागु औषध नियन्त्रणमा पारदर्शिता, जवाफदेहिता तथा कार्यकुशलता अभिवृद्धि गर्दै नियन्त्रण प्रयासहरूलाई आधुनिक र परिणाममुखी बनाउन महत्वपूर्ण भूमिका निर्वाह गरिरहेको छ। यद्यपि यस क्षेत्रमा अझै धेरै सुधारको खाँचो रहेको छ।

ग. अन्तर्राष्ट्रिय सहकार्य: लागु औषध तस्करीको अन्तरदेशीय स्वरूपलाई मध्यनजर गर्दै प्रभावकारी नियन्त्रणका लागि अन्तर्राष्ट्रिय तथा क्षेत्रीय सहकार्य अपरिहार्य रणनीतिक आधारका रूपमा स्थापित भएको छ। नेपालले यस सन्दर्भमा विभिन्न अन्तर्राष्ट्रिय तथा क्षेत्रीय संस्थाहरू, साथै छिमेकी राष्ट्रहरूसँग बहुपक्षीय तथा द्विपक्षीय सहकार्यलाई सुदृढ गर्दै आएको छ। विशेषतः अन्तर्राष्ट्रिय प्रहरी संगठन इन्टरपोलसँगको सहकार्य तथा छिमेकी मुलुकका सुरक्षा निकायहरूसँगको समन्वयले लागु औषध सम्बन्धी अपराध नियन्त्रणमा महत्वपूर्ण भूमिका खेलेको छ।

इन्टेलिजेन्स सेयरिड प्रणालीको सुदृढीकरणमार्फत सीमापार अपराधसँग सम्बन्धित सूचनाहरूको समयमै आदानप्रदान हुन थालेको छ, जसले शंकास्पद गतिविधिहरूको पूर्वपहिचान तथा जोखिम न्यूनीकरणमा सहयोग पुऱ्याएको छ। त्यस्तै, छिमेकी देशहरूसँग सञ्चालन गरिने संयुक्त अपरेशनले प्रभावकारी परिणाम हासिल गर्न सहयोग गरेको छ। यसका अतिरिक्त, क्षेत्रीय संयन्त्रहरू र अन्तर्राष्ट्रिय मञ्चहरूमा सक्रिय सहभागिताले नेपाललाई नीतिगत समन्वय, क्षमता अभिवृद्धि तथा उत्कृष्ट अभ्यास आदानप्रदान गर्न सक्षम बनाएको छ। समग्रमा, अन्तर्राष्ट्रिय सहकार्यले सीमा वारपार हुने लागु औषध नियन्त्रणका प्रयासहरूलाई थप प्रभावकारी र दिगो बनाएको छ।

घ. जनचेतनाका लागि समुदाय, प्रहरी साझेदारी कार्यक्रम: लागु औषध दुरुपयोग नियन्त्रणमा दण्डात्मक उपाय मात्र पर्याप्त नहुने भएकाले रोकथाममुखी रणनीतिका रूपमा समुदाय, प्रहरी साझेदारी कार्यक्रमहरूलाई प्रमुख प्राथमिकताका साथ अघि बढाइएको छ। यस्ता कार्यक्रमहरूले स्थानीय समुदाय, शैक्षिक संस्था र सुरक्षा निकायबीच सहकार्य तथा विश्वासको वातावरण सिर्जना गर्दै लागु औषध विरुद्ध सामूहिक उत्तरदायित्वको विकास गर्दछ। यसको कार्यान्वयनका लागि विद्यालय, कलेज तथा समुदायस्तरमा सञ्चालन गरिएका सचेतनामूलक कार्यक्रमहरू मार्फत लागु औषधको शारीरिक, मानसिक तथा सामाजिक दुष्प्रभावबारे व्यवस्थित जानकारी प्रवाह गरिएको छ। विशेषगरी युवामुखी अभियानहरू जस्तै: अन्तरक्रियात्मक गोष्ठी, नेतृत्व विकास कार्यक्रम तथा व्यवहार परिवर्तनमा केन्द्रित गतिविधिहरूले जोखिम समूहलाई लक्षित गर्दै दीर्घकालीन रोकथाममा योगदान पुऱ्याएका छन्।

यसका साथै, परम्परागत सञ्चार माध्यम (रेडियो, टेलिभिजन) तथा डिजिटल प्लेटफर्महरू (सामाजिक सञ्जाल, अनलाइन) मार्फत व्यापक जनसमुदायमा सन्देश प्रसारण गरी चेतना अभिवृद्धि गरिएको छ। अभिभावक शिक्षा कार्यक्रमहरूले परिवारभित्र निगरानी, सहयोग र संवादको संस्कृति विकास गर्न सहयोग पुऱ्याउँदै जोखिम न्यूनीकरणमा महत्वपूर्ण भूमिका खेलेका छन्। समग्रमा, समुदाय, प्रहरी साझेदारीमा आधारित जनचेतनामूलक पहलहरूले सामाजिक सहभागिता अभिवृद्धि गर्दै, व्यवहार परिवर्तनलाई प्रवर्द्धन गरी लागु औषध दुरुपयोगको रोकथाममा प्रभावकारी तथा दिगो आधार तयार गर्ने दिशामा महत्वपूर्ण योगदान पुऱ्याइरहेका छन्।

ड. पुनःस्थापना तथा उपचार सेवा : लागु औषध दुरुपयोग नियन्त्रणमा पछिल्लो समय दण्डात्मक दृष्टिकोणबाट हटेर स्वास्थ्य केन्द्रित तथा मानवअधिकार सम्बेदनशील दृष्टिकोणतर्फ रूपान्तरण भइरहेको छ। यस परिप्रेक्ष्यमा सरकारले लागु औषध प्रयोगकर्तालाई अपराधीका रूपमा नभई उपचार आवश्यक पर्ने विरामीका रूपमा हेर्ने नीति अवलम्बन गरेको छ, जसले पुनःस्थापना तथा पुनः एकीकरणलाई नियन्त्रण रणनीतिको केन्द्रमा स्थापित गरेको छ।

पुनःस्थापना सेवाहरू अन्तर्गत देशभर सञ्चालनमा रहेका यस्ता केन्द्रहरूले मनोसामाजिक परामर्श र व्यवहार परिवर्तनमूलक उपचार जस्ता समग्र उपचार पद्धतिहरू अवलम्बन गरेका छन्। यस्ता सेवाहरूले प्रयोगकर्ताको शारीरिक तथा मानसिक स्वास्थ्य पुनःस्थापना गर्नुका साथै दीर्घकालीन सुधार सुनिश्चित गर्न सहयोग पुगेको छ। समग्रमा, पुनःस्थापना तथा उपचार सेवा-केन्द्रित दृष्टिकोणले लागु औषध दुरुपयोगलाई स्वास्थ्य समस्याका रूपमा सम्बोधन गर्दै दीर्घकालीन नियन्त्रण, सामाजिक पुनःस्थापना र मानवीय दृष्टिकोणलाई सुदृढ गर्ने दिशामा महत्वपूर्ण आधार तयार गरेको छ।

च. संस्थागत समन्वय : लागु औषध नियन्त्रणजस्तो बहुआयामिक तथा अन्तरक्षेत्रीय समस्याको प्रभावकारी व्यवस्थापनका लागि संस्थागत समन्वय एक केन्द्रीय आधारका रूपमा स्थापित भएको छ। नेपालमा यस सन्दर्भमा सुरक्षा तथा प्रशासनिक निकायहरूबीच अन्तरसमन्वय सुदृढ गर्ने प्रयासहरूलाई प्राथमिकताका साथ अघि बढाइएको छ। विशेषतः नेपाल प्रहरी, सशस्त्र प्रहरी बल, नेपाल, भन्सार विभाग तथा अन्य सम्बन्धित सरकारी निकायहरूबीच सूचनामूलक तथा कार्यगत सहकार्यलाई संस्थागत रूपमा व्यवस्थित गरिएको छ।

यस्ता निकायहरूबीचको समन्वयले सूचना आदानप्रदान, संयुक्त अनुसन्धान, तथा संयुक्त कारबाहीलाई प्रभावकारी बनाउँदै लागु औषध सम्बन्धी अपराधहरूको पहिचान, नियन्त्रण तथा कारबाही प्रक्रियालाई तीव्र र परिणाममुखी बनाएको छ। विशेषगरी सीमा नाकाहरू, विमानस्थल तथा संवेदनशील क्षेत्रहरूमा सहकार्यले निगरानी तथा नियन्त्रण प्रणालीलाई थप सुदृढ बनाएको छ।

प्रभावकारिता विश्लेषण (Efficiency Analysis)

उपलब्ध तथ्यांक, सरकारी प्रतिवेदन तथा सम्बन्धित अध्ययनहरूको विश्लेषणका आधारमा नेपालमा लागु औषध नियन्त्रणका लागि अवलम्बन गरिएका नवीनतम प्रयासहरूले समग्र रूपमा सकारात्मक प्रवृत्ति देखाएको पाइन्छ। विशेषगरी सुरक्षा निकायहरूको सक्रियता, नीतिगत सुधार तथा प्रविधिमैत्री निगरानी प्रणालीको विस्तारले अपराध नियन्त्रण, जनचेतना अभिवृद्धि तथा पुनःस्थापना सेवाहरूमा उल्लेखनीय सुधार ल्याएको छ। अपराध नियन्त्रणको दृष्टिले हेर्दा पछिल्ला वर्षहरूमा लागु औषध सम्बन्धी मुद्दाहरूको अनुसन्धान तथा कारबाही प्रक्रियामा तीव्रता आएको छ। विशेषतः खैरो हेरोइन, कोकिन तथा विभिन्न फर्मास्युटिकल ड्रग्सहरूको उल्लेखनीय परिमाणमा बरामद हुनुले सुरक्षा संयन्त्रको सतर्कता तथा कार्यकुशलता अभिवृद्धि भएको संकेत गर्दछ।

जनचेतनाको सन्दर्भमा, समुदाय, प्रहरी साझेदारी कार्यक्रम, शैक्षिक अभियान तथा सञ्चारमाध्यमको प्रयोगमार्फत लागु औषधका दुष्प्रभावबारे जनमानसमा चेतनाको स्तर वृद्धि भएको देखिन्छ। जुन दीर्घकालीन नियन्त्रणका लागि सकारात्मक आधार मान्न सकिन्छ। पुनःस्थापना तथा सामाजिक पुनः एकीकरणको क्षेत्रमा पनि थुप्रै उपलब्धिहरू देखिन थालेका छन्। सरकारी तथा निजी क्षेत्रबाट सञ्चालित पुनःस्थापना केन्द्रहरूले लागु औषध दुर्व्यसनीहरूको उपचार, परामर्श तथा सीप विकासमार्फत समाजमा पुनःस्थापना गराउन महत्वपूर्ण भूमिका खेलेका छन्। पुनःस्थापना दरमा देखिएको सुधारले स्वास्थ्य केन्द्रित दृष्टिकोणको प्रभावकारिता पुष्टि गरेको छ।

यद्यपि, यी उपलब्धिहरूका बाबजुद पनि लागु औषध नियन्त्रण पूर्ण रूपमा प्रभावकारी बन्न सकेको छैन। खुला सीमा, तस्करी, स्रोत साधनको सीमितता तथा नयाँ प्रकारका लागु औषधहरूको प्रवेशले नियन्त्रण प्रयासलाई निरन्तर चुनौती दिइरहेका छन्। त्यसैले, प्रभावकारिताको मूल्याङ्कन गर्दा उपलब्धिहरूलाई स्वीकार गर्दै संरचनागत कमजोरीहरूको पहिचान र सुधारतर्फ केन्द्रित हुनुपर्ने आवश्यकता स्पष्ट रूपमा देखिन्छ।

विद्यमान चुनौतीहरू (Challenges)

नेपालमा लागु औषध नियन्त्रणका प्रमुख चुनौतीहरू यसप्रकार छन्।

खुला सिमाना : भारतसँगको खुला सिमानाका कारण लागु औषधको अवैध ओसारपसार नियन्त्रण गर्न कठिन भएको छ।

नयाँ प्रकारका औषधिहरू : परम्परागत गाजा वा अफिमभन्दा पनि प्रयोगशालामा बनाइने सिन्थेटिक ड्रग्सजस्ता औषधिको प्रयोग बढ्नु ठुलो चुनौती भएको छ।

प्रविधिको दुरुपयोग : अपराधीहरूले डार्क वेब र क्रिप्टोकरेन्सीको प्रयोग गरी कारोबार गर्ने प्रवृत्ति बढ्न थालेको छ।

सामाजिक कलङ्क : दुर्व्यसनबाट मुक्त भएका व्यक्तिहरूलाई समाजले स्वीकार नगर्दा उनीहरू पुनः सोही बाटोमा लाग्ने जोखिम उच्च छ।

सुधारका सम्भावनाहरू (*Possibilities for improvement*)

नीतिगत परिमार्जन : नेपालमा लागु औषध (नियन्त्रण) ऐन, २०३३ लाई वर्तमान समयको माग र प्रविधिमैत्री हुने गरी परिमार्जन गर्नु पर्दछ।

प्रविधिमा लगानी वृद्धि : आधुनिक निगरानी प्रणाली विस्तार आवश्यक छ।

स्थानीय तहको भूमिका सुदृढीकरण : स्थानीय सरकारलाई सक्रिय बनाउनु आवश्यक छ।

अनुसन्धान तथा डाटा प्रणाली सुधार : स्पष्ट नीति निर्माणका लागि विश्वसनीय डाटाको प्रयोग आवश्यक छ।

युवामुखी कार्यक्रम : रोजगार तथा सीप विकास कार्यक्रम आवश्यक छन्।

पुनःस्थापना प्रणाली विस्तार : पुनःस्थापना केन्द्रहरूको संख्या तथा गुणस्तरमा सुधार आवश्यक छ।

मानसिक स्वास्थ्यमा लगानी: दुर्व्यसनलाई अपराध मात्र नभई स्वास्थ्य समस्याको रूपमा हेर्दै परामर्श र मानसिक स्वास्थ्य सेवा निःशुल्क गर्नु आवश्यक छ।

कडा सीमा निगरानी: सीमा नाकामा स्क्यानर मेसिन, थप सुरक्षा र तालिम प्राप्त कुकुरहरूको संख्या बढाउनु पर्दछ।

निष्कर्ष (Conclusion)

नेपालमा लागु औषध नियन्त्रणका लागि अवलम्बन गरिएका नवीनतम प्रयासहरू समग्र रूपमा सकारात्मक दिशातर्फ उन्मुख देखिन्छन्। नीतिगत सुधार, प्रविधिमैत्री निगरानी प्रणालीको विस्तार,

अन्तर्राष्ट्रिय सहकार्यको सुदृढीकरण तथा पुनःस्थापनामूलक स्वास्थ्य केन्द्रित दृष्टिकोणले नियन्त्रण प्रक्रियामा उल्लेखनीय सुधार ल्याएको छ। यी प्रयासहरूले अपराध नियन्त्रण, जनचेतना अभिवृद्धि तथा पुनःस्थापना सेवाहरूको पहुँच विस्तारमा महत्वपूर्ण योगदान पुऱ्याएका छन्।

तथापि, खुला सीमा, अन्तरदेशीय तस्करी सञ्जालको सक्रियता, स्रोत साधनको सीमितता, सामाजिक कलङ्क तथा नीतिगत कार्यान्वयनका कमजोरीजस्ता संरचनागत चुनौतीहरू अझै विद्यमान छन्। जसले लागु औषध नियन्त्रणलाई केवल कानुनी कारबाहीमा मात्र सीमित नराखी सामाजिक, आर्थिक तथा सार्वजनिक स्वास्थ्यसँग एकीकृत गर्दै बहुआयामिक, समन्वित र दिगो रणनीतिक दृष्टिकोण अवलम्बन गर्नु अपरिहार्य देखिन्छ।

दीर्घकालीन समाधानका लागि सरकारद्वारा प्रभावकारी नीति निर्माण, कडा कानुनी कार्यान्वयन तथा पर्याप्त स्रोत व्यवस्थापन सुनिश्चित गरिनु आवश्यक छ। साथै, स्थानीय सरकार, नागरिक समाज, गैरसरकारी संस्था तथा समुदायको सक्रिय सहभागिता, जनचेतना अभिवृद्धि, पुनःस्थापना सेवा विस्तार तथा युवामुखी कार्यक्रमहरूको प्रवर्द्धनले नियन्त्रण प्रयासहरूलाई थप सुदृढ बनाउन सक्छ। शैक्षिक संस्थाहरू र परिवारले चेतनामूलक वातावरण निर्माण गर्दै जोखिम न्यूनीकरणमा सहायक भूमिका निर्वाह गर्नुपर्ने आवश्यकता पनि उत्तिकै महत्वपूर्ण छ।

समग्रमा, लागु औषध दुरुपयोग नेपालमा दीर्घकालीन सामाजिक तथा सार्वजनिक स्वास्थ्य चुनौतीका रूपमा विकसित हुँदै गएको छ, जसको प्रभावकारी नियन्त्रणका लागि सबै सरोकारवालाहरूबीच समन्वित, उत्तरदायी र नवप्रवर्तनशील प्रयास अपरिहार्य छ। केवल बहुपक्षीय सहकार्य, प्रमाणमा आधारित नीतिगत हस्तक्षेप तथा समुदाय केन्द्रित पहलमार्फत मात्र लागु औषधमुक्त समाजको परिकल्पना व्यवहारमा रूपान्तरण गर्न सम्भव हुनेछ।

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प्रशान्त शर्मा

अध्यक्ष, FDDR NEPAL

पृष्ठभूमि :

नेपालमा लागु पदार्थ दुर्व्यसनको समस्या पछिल्ला वर्षहरूमा तीव्र रूपमा बढ्दै गएको छ। यो समस्या अब व्यक्तिगत, पारिवारिक वा सीमित सामाजिक समूहको समस्यामा मात्र सीमित नरही राष्ट्रिय स्तरको सामाजिक, स्वास्थ्य, आर्थिक तथा सुरक्षा चुनौतीको रूपमा विकसित भइसकेको छ। केही दशकअघि मुख्यतः ठूला शहर र सीमित समूहमा मात्र देखिने लागु पदार्थ प्रयोग आज ग्रामीण क्षेत्रसम्म फैलिएको छ, जसले समाजको संरचना, पारिवारिक सम्बन्ध, श्रमशक्ति, आर्थिक उत्पादन र सामाजिक स्थायित्वमा दीर्घकालीन प्रभाव पार्ने संकेत देखाएको छ।

विशेषगरी युवापुस्तामा लागु पदार्थ प्रयोगको दर बढ्दै जानु राष्ट्रको मानव संसाधन, उत्पादनशीलता, सामाजिक स्थायित्व र भविष्यका लागि अत्यन्त चिन्ताजनक विषय हो। कुनै पनि राष्ट्रको भविष्य युवाहरूको मानसिक, शारीरिक र नैतिक अवस्थामा निर्भर हुन्छ। यदि उत्पादनशील उमेर समूहका युवाहरू दुर्व्यसनमा फस्दै जाने हो भने देशले मानव संसाधन, उत्पादन क्षमता, आर्थिक विकास, सामाजिक स्थायित्व र राष्ट्रिय सुरक्षामा ठूलो क्षति व्यहोर्नुपर्ने अवस्था आउन सक्छ। यसैले लागु पदार्थ दुर्व्यसन केवल स्वास्थ्य समस्या मात्र होइन, यो आर्थिक विकास, सामाजिक स्थायित्व, जनसांख्यिक संरचना र राष्ट्रिय सुरक्षासँग जोडिएको बहुआयामिक समस्या हो।

नेपाल सरकारका विभिन्न अध्ययन तथा सर्वेक्षणहरू अनुसार लागु पदार्थ प्रयोगकर्ताको संख्या पछिल्ला दुई दशकमा उल्लेखनीय रूपमा बढेको देखिन्छ। गृह मन्त्रालयद्वारा गरिएको लागु पदार्थ प्रयोगकर्ता सर्वेक्षण अनुसार सन् २००६ मा नेपालमा लागु पदार्थ प्रयोगकर्ताको संख्या करिब ४६,३०९ रहेकोमा सन् २०१२ मा यो संख्या बढेर ९९,९३४ पुगेको थियो। त्यसैगरी सन् २०२० को अध्ययन अनुसार यो संख्या करिब १३०,४२४ पुगेको देखिन्छ। पछिल्ला अनुमानहरू अनुसार नेपालमा लागु पदार्थ प्रयोगकर्ताको संख्या वार्षिक करिब ५ प्रतिशतभन्दा बढी दरले

बढिरहेको अनुमान गरिएको छ, जसअनुसार सन् २०२४ सम्म आइपुग्दा प्रयोगकर्ताको संख्या करिब १,५६,००० भन्दा बढी पुगेको अनुमान गरिएको छ।

यी तथ्याङ्कहरूले नेपालमा लागु पदार्थ दुर्व्यसनको समस्या केवल बढिरहेको मात्र नभई निरन्तर विस्तार भइरहेको स्पष्ट देखाउँछन्। अझ चिन्ताजनक कुरा के छ भने नेपालमा लागु पदार्थ प्रयोगकर्तामध्ये ठूलो हिस्सा १५ देखि ३० वर्ष उमेर समूहका युवाहरू रहेको पाइन्छ। यसले दुर्व्यसनको समस्या भविष्यको कार्यशक्ति, सामाजिक स्थायित्व र राष्ट्रिय विकाससँग प्रत्यक्ष रूपमा जोडिएको समस्या भएको स्पष्ट हुन्छ।

विश्व स्तरमा पनि लागु पदार्थ दुर्व्यसनलाई दीर्घकालीन र पुनः दोहोरिन सक्ने स्वास्थ्य समस्या (Chronic Relapsing Disorder) का रूपमा हेर्ने दृष्टिकोण विकास हुँदै गएको छ। यसको अर्थ दुर्व्यसनलाई नैतिक कमजोरी वा अपराधको रूपमा मात्र नभई उपचार, परामर्श, पुनःस्थापना र सामाजिक पुनःएकीकरण आवश्यक पर्ने स्वास्थ्य तथा सामाजिक समस्याको रूपमा बुझ्नुपर्छ भन्ने हो। यो दृष्टिकोण परिवर्तन अत्यन्त महत्वपूर्ण छ, किनकि दृष्टिकोण परिवर्तन बिना नीति परिवर्तन सम्भव हुँदैन, र नीति परिवर्तन बिना प्रणाली परिवर्तन सम्भव हुँदैन।

नेपालमा पनि विस्तारै यही सोच विकास हुँदै गएको छ। लागु पदार्थ नियन्त्रण केवल पक्राउ, मुद्दा र जेल सजायमा मात्र सीमित नरही रोकथाम, उपचार, पुनःस्थापना र सामाजिक पुनःएकीकरणलाई समेटेर अघि बढ्नुपर्ने विषय हो भन्ने बुझाइ नीति स्तरमा विकास हुँदै गएको देखिन्छ। यस क्षेत्रमा विशेष गरी गृह मन्त्रालय, नेपाल प्रहरी, लागु औषध नियन्त्रण ब्यूरो, स्वास्थ्य तथा जनसंख्या मन्त्रालय लगायतका सरकारी निकायहरूले महत्वपूर्ण भूमिका खेलि रहेका छन्।

लागु पदार्थ नियन्त्रणको क्षेत्रमा राज्यले बहुआयामिक रूपमा काम गरिरहेको छ। गृह मन्त्रालयले नीति निर्माण, कानुनी व्यवस्था, राष्ट्रिय रणनीति, कार्ययोजना, पुनःस्थापना केन्द्र नियमन, अन्तर्राष्ट्रिय सहकार्य र समन्वय जस्ता काम गरिरहेको छ। नेपाल प्रहरी र लागु औषध नियन्त्रण ब्यूरोले तस्करी नियन्त्रण, लागु पदार्थ बरामद, अन्तर्राष्ट्रिय सञ्जाल नियन्त्रण, सीमा निगरानी, अनुसन्धान तथा जनचेतना कार्यक्रम सञ्चालन गरिरहेका छन्। यी कार्यहरूले लागु पदार्थको आपूर्ति नियन्त्रण गर्ने महत्वपूर्ण भूमिका खेलि रहेका छन्।

त्यसैगरी स्वास्थ्य तथा जनसंख्या मन्त्रालयले उपचार, Detoxification सेवा, Methadone Therapy, मानसिक स्वास्थ्य सेवा, HIV तथा Harm Reduction कार्यक्रम सञ्चालन गरेर लागु पदार्थ प्रयोगकर्तालाई उपचार प्रणालीमा ल्याउने काम गरिरहेको छ। यसले राज्यले लागु पदार्थ प्रयोगकर्तालाई केवल अपराधी होइन, उपचार आवश्यक भएको बिरामीको रूपमा पनि हेर्ने थालेको

संकेत गर्दछ, जुन अत्यन्त सकारात्मक परिवर्तन हो। कुनै पनि समाजले दुर्व्यसनलाई कसरी हेर्छ भन्ने कुराले नै त्यसको समाधानको दिशा निर्धारण गर्छ।

पछिल्ला वर्षहरूमा विद्यालय, कलेज, समुदाय र स्थानीय तहसँग सहकार्य गरेर जनचेतना कार्यक्रम सञ्चालन गरिनु, पुनःस्थापना केन्द्रहरूको दर्ता र मापदण्ड निर्माण, अनुगमन र समन्वय जस्ता कार्यहरू पनि राज्यका महत्वपूर्ण प्रयासहरू हुन्। सीमित स्रोत, जनशक्ति र संरचनाका बाबजुद राज्यले लागु पदार्थ नियन्त्रणका क्षेत्रमा गरिरहेको प्रयास प्रशंसनीय छ। तर समस्या ठूलो भएकाले प्रयास अझ व्यवस्थित, संस्थागत र दीर्घकालीन हुन आवश्यक छ।

लागु पदार्थ दुर्व्यसन नियन्त्रणको वास्तविक सफलता पुनःस्थापनामा निर्भर हुन्छ। लागु पदार्थ छोड्नु एउटा चरण मात्र हो, तर समाजमा पुनःस्थापना हुनु सबैभन्दा ठूलो चुनौती हो। लागु पदार्थ छोडेपछि मानिसलाई नयाँ जीवन, नयाँ पहिचान, नयाँ वातावरण र नयाँ अवसर आवश्यक हुन्छ। यदि पुनःस्थापना कमजोर भयो भने Relapse अर्थात् पुनः लागु पदार्थ प्रयोगमा फर्किने सम्भावना धेरै हुन्छ। त्यसैले पुनःस्थापना लागु पदार्थ नियन्त्रणको सबैभन्दा महत्वपूर्ण कडी हो।

यही सन्दर्भमा पुनःस्थापना केन्द्रहरूको भूमिका अत्यन्त महत्वपूर्ण हुन्छ। पुनःस्थापना केन्द्रहरूको काम केवल लागु पदार्थ छुटाउनु मात्र होइन। पुनःस्थापना एक समग्र प्रक्रिया हो, जसमा शारीरिक उपचार, मानसिक परामर्श, व्यवहार परिवर्तन, अनुशासन, योग, ध्यान, श्रम, सीप विकास, परिवार परामर्श, आत्मविश्वास विकास र सामाजिक पुनःस्थापना जस्ता धेरै पक्षहरू समेटिएका हुन्छन्। यस अर्थमा रिहाव केन्द्रहरू सुधार गृह होइनन्, नयाँ जीवन निर्माण गर्ने केन्द्रहरू हुन्।

नेपालमा लागु पदार्थ दुर्व्यसन नियन्त्रण तथा पुनःस्थापनाको क्षेत्रमा काम गर्ने पुनःस्थापना केन्द्रहरूको छाता संगठन रिहाव महासंघ (FDDR NEPAL) ले सरकारसँग सहकार्य गर्दै यस क्षेत्रमा महत्वपूर्ण भूमिका खेल्दै आएको सर्वविदितै छ। FDDR NEPAL सरकारको प्रतिस्पर्धी संस्था होइन, सरकारको सहयात्री संस्था हो। यस संस्थाले पुनःस्थापना केन्द्रहरूको समन्वय, तालिम, जनचेतना, नीति सुझाव, सरकारसँग समन्वय, सामाजिक पुनःस्थापना र क्षमता विकासका क्षेत्रमा काम गर्दै आएको छ। यसले राज्य र समुदायबीचको सेतुको रूपमा काम गरिरहेको छ।

वास्तवमा लागु पदार्थ नियन्त्रण प्रणालीमा प्रहरी, अस्पताल, अदालत, स्थानीय सरकार र पुनःस्थापना केन्द्र सबै एकअर्काका पूरक संस्था हुन्। यी संस्थाहरूबीच समन्वय बिना लागु पदार्थ नियन्त्रण सम्भव छैन। लागु पदार्थ प्रयोगकर्तालाई जेल पठाउनेभन्दा पुनःस्थापनामा पठाउने नीति दीर्घकालीन रूपमा प्रभावकारी हुन्छ, जुन कुरा विश्वव्यापी तथ्याङ्कले पुष्टि गर्छ। जेलले डर सिर्जना गर्न सक्छ, तर पुनःस्थापनाले जीवन परिवर्तन गर्न सक्छ।

धेरै लागु पदार्थ प्रयोगकर्ताहरू अपराधीभन्दा पनि सामाजिक, मानसिक, पारिवारिक र आर्थिक समस्याबाट प्रभावित व्यक्ति हुन्छन्। त्यसैले राज्यको नीति कारवाही केन्द्रित मात्र नभई पुनःस्थापना केन्द्रित पनि हुन आवश्यक छ। पछिल्ला वर्षहरूमा राज्यले पुनःस्थापना केन्द्रहरूको दर्ता, मापदण्ड, अनुगमन, समन्वय र तालिमका क्षेत्रमा केही महत्वपूर्ण कदमहरू चालेको छ, जुन प्रशंसनीय छ। यसले राज्यले पुनःस्थापना क्षेत्रलाई लागु पदार्थ नियन्त्रण प्रणालीको एक महत्वपूर्ण अंगको रूपमा स्वीकार गर्न थालेको देखिन्छ।

अब आगामी दिनमा राज्य र पुनःस्थापना केन्द्रहरूबीचको सहकार्यलाई अझ संस्थागत, व्यवस्थित र दीर्घकालीन बनाउन आवश्यक छ। पुनःस्थापना केन्द्रहरूको क्षमता विकास, परामर्शदाता र मनोवैज्ञानिक तालिम, स्वास्थ्य प्रणालीसँग पुनःस्थापना समन्वय, स्वास्थ्य बीमा प्रणालीमा पुनःस्थापना सेवा समावेश, सीप विकास तथा रोजगारी कार्यक्रम, सार्वजनिक—निजी—सामाजिक साझेदारी मोडेल, प्रत्येक प्रदेशमा पर्याप्त पुनःस्थापना केन्द्र, महिला तथा किशोरका लागि छुट्टै पुनःस्थापना केन्द्र, उपचारपछि सामाजिक पुनःएकीकरण कार्यक्रम जस्ता कार्यक्रमलाई नीति स्तरमै समेट्न आवश्यक देखिन्छ।

लागु पदार्थ दुर्व्यसन नियन्त्रणको कुरा गर्दा तीनवटा मुख्य आधार हुन्छन्। रोकथाम, उपचार र पुनःस्थापना। रोकथामले नयाँ प्रयोगकर्ता बन्नबाट बचाउँछ, उपचारले लागु पदार्थ छोड्न मद्दत गर्छ, तर पुनःस्थापनाले मानिसलाई नयाँ जीवन दिन्छ। त्यसैले पुनःस्थापना लागु पदार्थ नियन्त्रणको सबैभन्दा महत्वपूर्ण र निर्णायक कडी हो।

पछिल्लो समय नेपालमा युवा नेतृत्वको सरकार गठन भएको सन्दर्भमा आम नागरिकले नयाँ सोच, नयाँ ऊर्जा र दूरदर्शी नीतिको अपेक्षा गरेका छन्। युवाहरूको नेतृत्वमा आएको सरकारसँग समाजले केवल प्रशासनिक परिवर्तन मात्र होइन, सोच र नीतिमा पनि परिवर्तनको अपेक्षा गरेको छ। लागु पदार्थ दुर्व्यसन जस्तो दीर्घकालीन सामाजिक समस्याको समाधानका लागि पनि नयाँ दृष्टिकोण, अन्तर-संस्थागत सहकार्य, अनुसन्धानमा आधारित नीति र पुनःस्थापनालाई केन्द्रमा राखिएको रणनीति आवश्यक छ। यदि सरकारले लागु पदार्थ दुर्व्यसन नियन्त्रणलाई स्वास्थ्य, शिक्षा, रोजगारी, युवा नीति र सामाजिक विकाससँग जोडेर समग्र नीति निर्माण गर्न सक्थे भने मात्र यसको दीर्घकालीन समाधान सम्भव हुनेछ।

अन्ततः, लागु पदार्थ दुर्व्यसन नियन्त्रण केवल पक्राउ, मुद्दा र जेलबाट सम्भव हुँदैन। जसको पुष्टि दिनप्रतिदिन बढिरहेको दुर्व्यसनीहरूको संख्याले प्रमाणित गरिसकेको छ। तसर्थ यसको दीर्घकालीन

समाधान रोकथाम, उपचार र पुनःस्थापना हो। यस प्रक्रियामा राज्यको नेतृत्व, समुदायको सहयोग, परिवारको भूमिका र पुनःस्थापना केन्द्रहरूको सहकार्य अपरिहार्य छ।

समाजलाई सुरक्षित बनाउने हो भने दुर्व्यसनीलाई नष्ट गरेर होइन, सुधार गरेर मात्र सम्भव हुन्छ। लागु पदार्थमा फसेको मानिस समाजको समस्या मात्र होइन, समाजकै सदस्य हो। उसलाई सुधारेर समाजमा फर्काउनु नै वास्तविक समाधान हो। कारबाहीले डर सिर्जना गर्छ, उपचारले आशा दिन्छ, तर पुनःस्थापनाले जीवन परिवर्तन गर्छ।

यदि राज्य, समुदाय, स्वास्थ्य प्रणाली, स्थानीय सरकार र पुनःस्थापना केन्द्रहरूबीचको सहकार्यलाई अझ संस्थागत, व्यवस्थित र दीर्घकालीन बनाइयो भने मात्र नेपालमा लागु पदार्थ दुर्व्यसन नियन्त्रणको अभियान सफल हुन सक्छ। भविष्यको बाटो स्पष्ट छ;— कारबाही आवश्यक छ, तर उपचार अझ आवश्यक छ; उपचार आवश्यक छ, तर पुनःस्थापना सबैभन्दा आवश्यक छ।

र, यही मार्गमा राज्य र पुनःस्थापना क्षेत्रबीचको सहकार्य नै नेपालमा लागु पदार्थ दुर्व्यसन नियन्त्रणको दीर्घकालीन समाधानको आधार बन्न सक्छ।

लागु औषध र अपराध अनुसन्धान : नेपालको सन्दर्भमा एक गहन विश्लेषण



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सारांश

लागु औषधको समस्या नेपालमा मात्र नभई विश्वभर एक गम्भीर सामाजिक, आर्थिक र सुरक्षा चुनौतीको रूपमा स्थापित भइसकेको छ। विश्व लागु औषध प्रतिवेदन अनुसार विश्वभर झण्डै ३० करोड मानिसले लागु औषधको प्रयोग गरेका छन् भने करोडौं मानिस लत सम्बन्धी विकारबाट प्रभावित छन्। नेपालको भौगोलिक अवस्थिति र खुल्ला सिमानाका कारण लागु औषधको ओसारपसार, वितरण र सेवन दिनानुदिन बढ्दै गइरहेको छ। यस समस्याले न केवल व्यक्तिको स्वास्थ्यमा मात्र होईन, बरु परिवार, समाज र समग्र राष्ट्रको विकासमा गम्भीर नकारात्मक प्रभाव पारिरहेको छ। लागु औषधसँग जोडिएका अपराधका स्वरूपहरूलाई मनोसक्रिय, आर्थिक बाध्यकारी र प्रणालीगत तिन वर्गमा वर्गीकरण गरी अध्ययन गरिएको छ। नेपालमा अपराध अनुसन्धानका क्षेत्रमा देखिएका चुनौतीहरू जस्तै प्रमाण संकलनमा कठिनाइ, जनशक्ति तथा आधुनिक प्रविधिको अभाव, गवाह संरक्षण संयन्त्रको कमजोरी र अन्तर्राष्ट्रिय तस्करी सञ्जालको बढ्दो जटिलतालाई यस लेखमा विस्तृत रूपमा उजागर गरिएको छ। यी चुनौतीहरू पहिचान गरी तिनको समाधान खोज्नु अनुसन्धान प्रणालीको सुदृढीकरणका लागि आधारभूत आवश्यकता हो। यस अध्ययनमा गुप्तचर प्रणाली, नियन्त्रित डेलिभरी, डिजिटल फरेन्सिक अनुसन्धान र अन्तर्राष्ट्रिय सहकार्य जस्ता प्रभावकारी अनुसन्धान विधिहरूको विस्तृत विश्लेषण गरिएको छ। साथै लागु औषध नियन्त्रण सम्बन्धी विद्यमान कानुनी तथा नीतिगत संरचनाको समीक्षा गरी पुनःस्थापना तथा माग घटाउने कार्यक्रमहरूको महत्वमा जोड दिइएको छ। यस लेखको मुख्य निष्कर्ष भनेको लागु औषध नियन्त्रणका लागि दण्डात्मक र पुनःस्थापनामुलक दुबै उपायहरूको समन्वय, तीन तहका सरकार बिच प्रभावकारी सहकार्य र समाजका सबै तहमा सचेतनाको अभिवृद्धि अपरिहार्य रहेको छ।

मुख्य शब्दावली

लागु औषध, अपराध अनुसन्धान, औषध तस्करी, कानून कार्यान्वयन, पुनःस्थापना, सामाजिक पुनःएकीकरण, अन्तर्राष्ट्रिय सहकार्य

क) विषय प्रवेश

लागु औषधको समस्या आजको विश्वमा एक जटिल र बहुआयामिक चुनौती बनेको छ। संयुक्त राष्ट्र संघको लागु औषध तथा अपराध कार्यालय (UNODC) को विश्व लागु औषध प्रतिवेदन अनुसार विश्वभर झण्डै ३० करोड मानिसले कम्तीमा एकपटक लागु औषधको प्रयोग गरेका छन् भने करिब ३ करोड ९० लाख मानिस लागु औषध सम्बन्धी विकारबाट प्रभावित छन्। यस समस्याको प्रत्यक्ष असर आर्थिक उत्पादकता, सार्वजनिक स्वास्थ्य, पारिवारिक सम्बन्ध र राष्ट्रिय सुरक्षामा पर्ने गर्छ। लागु औषधको कारण हुने अपराध, स्वास्थ्य खर्च र उत्पादकता हासले विकासशील मुलुकहरूको अर्थतन्त्रमा ठूलो बोझ थप्दछ। (UNODC, 2023)

नेपाल पनि यस विश्वव्यापी समस्याबाट अछुतो रहन सकेको छैन। भारत र चिनजस्ता ठुला मुलुकहरूको बिचमा रहेको नेपालको भौगोलिक अवस्थाले यस समस्यालाई थप जटिल बनाएको छ। उत्तरबाट अफिम, हेरोइन र दक्षिणबाट विभिन्न सिन्थेटिक ड्रग्सहरू नेपाल हुँदै तेस्रो मुलुकमा पुर्याइने गरेको तथ्य प्रहरीका प्रतिवेदनहरूले पुष्टि गरेका छन्। नेपालको पहाडी र दुर्गम भौगोलिक संरचनाले अवैध व्यापारलाई थप सहज बनाउँछ, किनभने यस्ता क्षेत्रहरूमा सुरक्षा निकायको पहुँच र निगरानी सीमित हुन्छ। यस क्रममा नेपाल भित्रै पनि यी पदार्थहरूको वितरण र सेवनको समस्या उल्लेखनीय रूपमा बढेको छ। (Nepal Home Ministry, 2019)

लागु औषधको दुरुपयोग केवल एक व्यक्तिगत स्वास्थ्य समस्या मात्र नभई यसले विभिन्न किसिमका गम्भीर अपराधहरूलाई पनि जन्म दिन्छ। लागु औषधमा लत लागेका व्यक्तिहरूले आफ्नो लतको पुर्तिका लागि आर्थिक साधन जुटाउन चोरी, डकैती, ठगी, जबरजस्ती करणी र हत्यासम्मका जघन्य अपराधहरूमा संलग्न हुने गरेको विभिन्न अनुसन्धानहरूले देखाएका छन्। यसका अतिरिक्त लागु औषधको अवैध व्यापारसँग जोडिएका सगठित अपराध समूहहरूले राज्यको कमजोर क्षेत्रहरूमा आफ्नो प्रभाव विस्तार गर्ने प्रयास गर्दछन्। जसले राष्ट्रिय सुरक्षामा गम्भीर खतरा उत्पन्न गर्छ। (Sharma & Adhikari, 2017)

यस गम्भीर पृष्ठभूमिमा लागु औषध र अपराधबीचको सम्बन्धको गहन अध्ययन, प्रभावकारी अनुसन्धान विधिको विकास, कानुनी संरचनाको समीक्षा र बहुपक्षीय समाधानको खोजि नेपालको लागि अत्यन्त आवश्यक भएको छ। आन्तरिक सुरक्षा, सार्वजनिक स्वास्थ्य र सामाजिक स्थिरताका

दृष्टिले यो विषयमा गहन अनुसन्धान र नीतिगत ध्यान दिनु अपरिहार्य छ। यहि मुल उद्देश्यले प्रेरित भई, उपलब्ध तथ्याङ्कहरु र अनुसन्धानात्मक साहित्यको आधारमा यो लेख तयार पारिएको छ। (Bhattarai, 2075)

ख) मुख्य विषयवस्तु

१. नेपालमा लागु औषधको वर्तमान अवस्था

नेपालमा लागु औषध सम्बन्धी समस्या बहुआयामिक र क्रमशः विकराल बन्दै गइरहेको छ। गृह मन्त्रालयको लागु औषध नियन्त्रण शाखाका तथ्याङ्कहरु अनुसार पछिल्ला वर्षहरुमा लागु औषध सम्बन्धी मुद्दाहरु र पक्राउ परेका व्यक्तिहरुको संख्या उल्लेखनीय रूपमा बढेको छ। हेरोइन, ब्राउन सुगर, क्यानाबिक (गाँजा/भाड), मेथाम्फेटामिन, कोकिन र विभिन्न प्रकारका प्रीस्क्रिप्सन औषधहरुको अवैध दुरुपयोग बढ्दो क्रममा रहेको छ। विशेष गरी सिन्थेटिक ड्रग्स र प्रीस्क्रिप्सन औषधहरुको दुरुपयोगको प्रवृत्तिले पछिल्लो समय अनुसन्धानकर्ताहरुको गम्भीर ध्यान आकर्षित गरेको छ। (Nepal Home Ministry, 2079)

विशेषगरी चिन्ताजनक पक्ष भनेको युवा पुस्तामा लागु औषधको प्रभाव तीव्र गतिमा बढ्दै जानु हो। विद्यालय र विश्वविद्यालयका आसपासका क्षेत्रहरुमा लागु पदार्थको बिक्रि वितरण हुने गरेको गुनासोहरु प्रहरी समक्ष आइरहेका छन्। शहरि क्षेत्रमा मात्र सीमित भएको यो समस्या अहिले ग्रामीण र दुर्गम क्षेत्रमा पनि फैलिँदै गइरहेको छ। महिला र किशोरकिशोरीहरुमा लागु औषधको प्रयोग बढ्नु थप चिन्ताको विषय बनेको छ। (Shrestha, 2078)

भौगोलिक दृष्टिकोणबाट हेर्दा काठमाडौं उपत्यका, पोखरा, भरतपुर, बीरगंज र विराटनगर जस्ता शहरी केन्द्रहरुमा लागु औषधको प्रयोग बढी देखिन्छ भने रुपन्देही, बाँके र झापाजस्ता सिमाना जिल्लाहरुमा लागु पदार्थको प्रमुख प्रवेशद्वारको रूपमा पहिचान गरिएका छन्। यी जिल्लाहरुमा सुरक्षा संयन्त्र थप सुदृढ गर्नु र स्थानीय सरकारको सक्रिय सहभागिता सुनिश्चित गर्नु आजको तत्काल आवश्यकता बनेको छ। (Nepal Home Ministry, 2079; Bhattarai, 2075)

२. लागु औषध र अपराधबीचको सम्बन्ध

लागु औषध र अपराधबीचको सम्बन्ध जटिल र बहुआयामिक छ। अपराधशास्त्री Goldstein ले प्रस्तुत गरेको त्रिपक्षीय सैद्धान्तिक ढाँचाले यस सम्बन्धलाई तीन वर्गमा विभाजन गरेको छ, जुन नेपालको सन्दर्भमा पनि उत्तिकै प्रासंगिक र लागु हुन्छ।

क) मनोसक्रिय सम्बन्ध (Psychopharmacological) : केहि लागु औषधहरूले व्यक्तिको मस्तिष्कमा प्रत्यक्ष रासायनिक प्रभाव पारेर आक्रामकता, निर्णय क्षमताको हास, चिडचिडापन र हिंस्रक व्यवहार उत्पन्न गर्छन्। मेथाम्फेटामिन र कोकिनजस्ता उत्तेजक पदार्थहरू सेवन गरेका व्यक्तिहरूमा घरेलु हिंसा, सार्वजनिक स्थलमा कुटपिट र हत्यासम्मका घटनाहरू हुने सम्भावना सामान्य व्यक्तिको तुलनामा धेरै बढी हुन्छ। (Goldstein, 1985)

ख) आर्थिक-बाध्यकारी सम्बन्ध (Economic – Compulsive): लागु औषधको गम्भीर लतमा परेका व्यक्तिहरूको नशाको पुर्तिका लागि आवश्यक धन जुटाउन अपराधिक मार्ग अपनाउन बाध्य हुन्छन्। चोरी, लुटपाट, झुक्याई-ठगी, देह व्यापार र अन्य सम्पत्ति अपराधका पीडितहरूमध्ये ठुलो संख्या लागु औषध सेवनका कारण आर्थिक रूपले विपन्न भएका व्यक्तिहरूबाट पीडित भएको पाइन्छ। नेपालमा यस किसिमको सम्बन्ध सबैभन्दा बढी देखिन्छ। (Sharma & Adhikari, 2077)

ग) प्रणालीगत सम्बन्ध (Systematic): लागु औषधको अवैध बजार, वितरण सञ्जाल र क्षेत्र नियन्त्रणका लागि संगठित अपराध समुहबीच हुने हिंसा तथा हत्याजस्ता गम्भीर अपराधहरू यस वर्गमा पर्छन्। नेपालमा लागु औषध तस्करीमा संलग्न समुहहरूको आफ्नो प्रभाव क्षेत्र विस्तार गर्न हिंसात्मक तरिकाहरू अपनाएको प्रमाणहरू भेटिएका छन्। (Goldstein, 1985; Nepal Home Ministry, 2079)

यी तिनै किसिमका सम्बन्धहरू नेपालमा देखिने गर्दछन्। यसका अतिरिक्त लागु औषध व्यापारको नाफाबाट आतङ्कवाद र विद्रोही गतिविधिहरूलाई वित्तीय सहायता पुग्ने खतरा पनि उत्तिकै गम्भीर रहेको विभिन्न सुरक्षा विश्लेषकहरूले औल्याएका छन्। सीमापार लागु औषध तस्करी र मानव बेचबिखन प्रायः एकैसाथ हुने गरेको पाइएकाले यी दुई अपराधलाई संयुक्त र एकीकृत रूपमा सम्बोधन गर्नु आवश्यक छ। (Bhattarai, 2075; UNODC, 2023)

३. अपराध अनुसन्धानमा देखिएका प्रमुख चुनौतीहरू

नेपालमा लागु औषधसँग सम्बन्धित अपराधको अनुसन्धानमा व्यावहारिक, कानुनी र संस्थागत अनेक चुनौतीहरू देखिन्छन्। यी चुनौतीहरूलाई बुझ्नु र तिनको व्यवस्थित सम्बोधन गर्नु प्रभावकारी अनुसन्धान प्रणाली निर्माणको पूर्वशर्त होस्।

- **प्रमाण संकलनमा कठिनाई** : लागु औषध कारोबारमा संलग्न व्यक्तिहरूले अत्यन्त परिष्कृत र गोप्य तरिकाहरू अपनाउने गर्छन्। इन्क्रिप्टेड संचार माध्यम, निरन्तर बदलिने कोड भाषा, बहुस्तरीय बिचौलियाहरूको प्रयोग र द्रुत गतिमा परिवर्तन हुने डेलिभरी विधिहरूले

अनुसन्धानकर्ताहरूका लागि अदालतमा मान्य हुने स्तरको प्रमाण जुटाउन थप कठिनाइ उत्पन्न गर्छ। फरेन्सिक प्रयोगशालाको अभाव र नमुना परीक्षणमा हुने ढिलाइले पनि अनुसन्धान प्रक्रियालाई कमजोर बनाउँछ। (Sharma & Adhikari, 2077)

- **अन्तर्राष्ट्रिय संजालको जटिलता** : नेपालमा लागु औषध तस्करीमा संलग्न संजालहरू बहुदेशीय प्रकृतिका हुन्छन् र यिनीहरू एकाधिक देशहरूमा फैलिएका हुन्छन्। यस्ता संजालहरूको अनुसन्धान गर्दा विभिन्न देशहरूको कानून, अधिकार क्षेत्र र सहयोगको समन्वय गर्नुपर्ने हुन्छ। पारस्परिक कानुनी सहायता सन्धिहरूको सीमित उपयोग र प्रशासनिक ढिलासुस्तीले अनुसन्धान प्रक्रियालाई लम्ब्याउँछ भने तस्करहरूले भाग्ने अवसर पाउँछन्। (UNODC, 2023)
- **जनशक्ति तथा प्रविधिको अभाव** : पर्याप्त तालिम प्राप्त जनशक्ति, आधुनिक फरेन्सिक प्रयोगशाला, डिजिटल अनुसन्धान उपकरण र विशेषज्ञहरूको कमीले अनुसन्धानको गुणस्तर र गतिमा नकारात्मक असर पर्छ। नेपालमा उपलब्ध प्रयोगशाला सुविधाहरू अन्तर्राष्ट्रिय मानक अनुसार पर्याप्त नरहेकाले धेरै नमुनाहरू परीक्षणका लागि विदेश पठाउनु पर्ने बाध्यता छ, जसले समय र खर्च दुवैमा असर पर्छ। (Bhattarai, 2075)
- **गवाह संरक्षणको कमजोरी** : लागु औषध मामिलामा गवाही दिने व्यक्तिहरूको सुरक्षा सुनिश्चित गर्ने प्रभावकारी कानुनी र संस्थागत संयन्त्रको अभावले गर्दा सुचनादाता र गवाहहरू आफ्नो तथा परिवारको जीवनमा खतरा महसुस गरी न्यायप्रक्रियामा सहयोग गर्न डराउँछन्। गवाहलाई धम्कि दिने र हत्यासम्मका घटनाहरूले यो समस्यालाई थप गम्भीर बनाएको छ। (Sharma & Adhikari, 2077)
- **भ्रष्टाचार र संस्थागत कमजोरी** : लागु औषध तस्करीबाट अर्जित ठूलो मात्राको अवैध सम्पत्तिले सुरक्षा निकाय, अभियोजन प्रक्रिया र न्यायिक प्रणालीमा भ्रष्टाचारको सम्भावना बढाउँछ। भ्रष्ट अधिकारीहरूले तस्करहरूलाई सुचना दिने, प्रमाण नष्ट गर्ने वा मुद्दा कमजोर बनाउने गरेका उदाहरणहरू विभिन्न अनुसन्धानहरूले उजागर गरेका छन्। यसले अनुसन्धानको निष्पक्षता र प्रभावकारितामा गम्भीर प्रश्न उठाउँछ। (Bhattarai, 2075)
- **सामाजिक कलङ्क र सहयोगको अभाव** : लागु औषध सेवन गर्नेहरूलाई समाजले कलङ्कको दृष्टिले हेर्ने हुनाले पीडितहरू र उनका परिवारहरू प्रहरी वा अन्य निकायसमक्ष उजुरी गर्न र अनुसन्धानमा सहयोग गर्न अगाडि सार्दैनन्। यो सामाजिक कलङ्कको समस्या समाधान नगरेसम्म लागु औषधसम्बन्धी अपराधको वास्तविक परिणाम बुझ्न र प्रभावकारी कारबाही गर्न कठिन हुन्छ। (Shrestha, 2078)

४. अपराध अनुसन्धानका प्रभावकारी विधि र रणनीतिहरू

क) गुप्तचर तथा सुचना प्रणाली :

सुचनादाताहरूको एक सुरक्षित, संगठित र विश्वसनीय संजाल स्थापना गरी लागु औषध कारोबारीहरूको गतिविधिबारे समयमै र सटिक सुचना संकलन गर्नु प्रभावकारी अनुसन्धानको मुल आधार हो। गुप्त एजेन्टहरूको सावधानीपूर्वक परिचालन, टेलिफोन तथा इन्टरनेट निगरानी र सामाजिक संजालको व्यवस्थित अनुगमनलाई एकिकृत रूपमा प्रयोग गरेर व्यापक गुप्तचर चित्र तयार गर्न सकिन्छ। जनसाधारणले गोप्य र सुरक्षित रूपमा सुचना दिन सकिने हेल्पलाइन प्रणाली, मोबाइल एप्स र अनलाइन पोर्टलको विकास पनि यस दिशामा महत्वपूर्ण सिद्ध भएको छ। (Nepal Home Ministry, 2079)

ख) नियन्त्रित डेलिभरी (Controlled Delivery) :

यस विधिमा लागु पदार्थको एकपटक यसको अन्तिम गन्तव्यसम्म पुग्न दिई सम्पूर्ण वितरण संजाल र यसमा संलग्न सबै व्यक्तिहरूलाई एकैसाथ पक्राउ गरिन्छ। यो विधि अनुसरण गरी स-साना तल्लो स्तरका कारोबारीको सट्टा संजालका मुख्य संचालकहरू र वित्तपोषकहरूसम्म पुग्न सकिन्छ, जुन रणनीतिक दृष्टिकोणबाट बढी प्रभावकारी र टिकाउ समाधान मानिन्छ। नेपाल लागु औषध नियन्त्रण ऐनले यस विधिको प्रयोगलाई कानुनी मान्यता दिएको भए पनि व्यावहारिक कार्यान्वयनमा दक्ष जनशक्ति, पर्याप्त समन्वय र पारदर्शी अनुगमनको आवश्यकता छ। (लागु औषध नियन्त्रण ऐन, २०३३; Bhattarai, 2075)

ग) डिजिटल फरेन्सिक अनुसन्धान :

आधुनिक युगमा लागु औषध कारोबारको उल्लेखनीय भाग डिजिटल माध्यमबाट हुन थालेको छ। डार्कनेट मार्केटप्लेस, एन्क्रिप्टेड मेसेजिङ एप्स र क्रिप्टोकरेन्सीको प्रयोग गरी लागु पदार्थको अवैध कारोबार गर्ने प्रवृत्ति तीव्र गतिमा बढेको छ। मोबाइल फोन, ल्यापटप तथा अन्य डिजिटल उपकरणहरूबाट प्रमाण संकलन, ब्लकचेन विश्लेषण मार्फत क्रिप्टोकरेन्सी ट्र्याकिङ, आईपी ट्रेसिङ र मेटाडाटा विश्लेषणजस्ता उन्नत र विशेष प्रविधिहरूको प्रयोगमा नेपालले संरचनागत लगानी बढाउनु आवश्यक भएको छ। यस दिशामा दक्ष जनशक्ति उत्पादन गर्न विश्वविद्यालयहरूसँग सहकार्य र अन्तर्राष्ट्रिय तालिम कार्यक्रमहरूको सदुपयोग गर्नुपर्ने देखिन्छ।

घ) अन्तर्राष्ट्रिय सहकार्य :

लागु औषध तस्करी मुलत : अन्तर्राष्ट्रिय प्रकृतिको अपराध भएकाले यसको प्रभावकारी नियन्त्रणका लागि अन्तर्राष्ट्रिय सहकार्य अपरिहार्य छ। नेपाल इन्टरपोल, UNODC र दक्षिण एसियाली क्षेत्रीय

सहयोग संगठन (SAARC) मार्फत छिमेकी तथा अन्य मुलुकहरूसँग सुचना आदानप्रदान र संयुक्त अभियान संचालन गर्दै आएको छ। भारत र चीनसँग पारस्परिक कानुनी सहायता, संयुक्त अनुसन्धान दल र अपराधी हस्तान्तरण प्रक्रियामा थप सुधार गर्नुपर्ने आवश्यकता स्पष्ट छ। साथै द्विपक्षीय र बहुपक्षीय पारस्परिक कानुनी सहायता सन्धि (MLAT) हरुको संख्या र तिनको प्रभावकारी कार्यान्वयनमा सुधार गर्नुपर्ने देखिन्छ। (UNODC, 2023, Nepal Home Ministry, 2079)

५. कानुनी संरचना र नीतिगत व्यवस्था

नेपालमा लागु औषध नियन्त्रणका लागि विद्यमान कानुनी तथा नीतिगत संरचनाहरू निम्न छन् :

- **लागु औषध नियन्त्रण ऐन, २०३३ (तेस्रो संशोधन, २०७३ सहित) :** यो ऐन लागु औषध नियन्त्रणको मुल कानुनी आधार हो। यसले विभिन्न लागु पदार्थको उत्पादन, बिक्री, वितरण, प्रयोग र ओसारपसारलाई दण्डनीय अपराध घोषित गरेको छ। तथापि डिजिटल माध्यमबाट हुने कारोबार, नयाँ सिन्थेटिक ड्रग्स र अन्तर्राष्ट्रिय संजालको प्रभावकारी सम्बोधनका लागि थप संशोधन आवश्यक देखिन्छ।
- **मानव बेचबिखन तथा ओसारपसार नियन्त्रण ऐन, २०६४ :** लागु औषध तस्करी र मानव बेचबिखन प्रायस् एकसाथ हुने गरेकाले यो ऐन समेत प्रासङ्गिक र महत्वपूर्ण छ। दुवै अपराधलाई एकीकृत रूपमा सम्बोधन गर्न यी दुई ऐनबीच समन्वय गर्नु आवश्यक छ। (Bhattarai, 2075)
- **संगठित अपराध निवारण ऐन, २०७० :** संगठित लागु औषध तस्करी संजालहरू विरुद्ध यो ऐनको प्रभावकारी प्रयोग गर्न सकिन्छ। यो ऐनले अपराधबाट आर्जित सम्पत्ति जफत गर्ने, संगठित अपराध समूहका सदस्यहरूलाई थप कठोर सजाय दिने र अनुसन्धानको दायरा विस्तार गर्ने व्यवस्था गरेको छ।
- **राष्ट्रिय लागु औषध नियन्त्रण नीति :** माग घटाउ (Demand Reduction) र आपूर्ति नियन्त्रण (Supply Control) दुवै पक्षलाई एकीकृत रूपमा सम्बोधन गर्ने राष्ट्रिय नीतिको व्यावहारिक कार्यान्वयनमा थप जोड दिनुपर्ने देखिन्छ। तीन तहका सरकारबीच यस नीतिको कार्यान्वयनमा स्पष्ट भूमिका विभाजन र समन्वय अत्यावश्यक छ। (Nepal Home Ministry, 2079)

यी कानूनहरूको प्रभावकारी कार्यान्वयनका लागि केन्द्र, प्रदेश र स्थानीय तहका सरकारहरुबीच स्पष्ट जिम्मेवारी विभाजन, नियमित समन्वय र पर्याप्त बजेट तथा स्रोत(साधनको व्यवस्था गर्नु अत्यावश्यक छ। कानून बनाउनु मात्र पर्याप्त नभई त्यसको प्रभावकारी कार्यान्वयन निगरानी गर्ने स्वतन्त्र संयन्त्रको स्थापना पनि उत्तिकै जरुरी छ। (Bhattarai, 2075)

६. पुनःस्थापना र माग घटाउने कार्यक्रमहरू

लागु औषध अपराध नियन्त्रणको लागि केवल दण्डात्मक उपायहरूले मात्र दीर्घकालिन र दिगो समाधान दिन सक्दैनन्। लागु औषधमा लत लागेका व्यक्तिहरूलाई कैद गरेर मात्र नभई उपचार, परामर्श र पुनःस्थापनाको माध्यमबाट समाजको मुलधारमा फर्काउनु अधिक मानविय र प्रभावकारी दृष्टिकोण हो। नेपालमा सरकारी र गैरसरकारी संस्थाहरूले संचालन गरेका पुनःस्थापना केन्द्रहरू यस दिशामा महत्वपूर्ण भूमिका निर्वाह गरिरहेका छन् तथापि यी सेवाहरूको भौगोलिक पहुँच, क्षमता र गुणस्तर अझै सीमित र अपर्याप्त रहेको छ। (Shrestha, 2078; UNODC, 2023)

माग घटाउने कार्यक्रमहरूमा विद्यालय र विश्वविद्यालयस्तरमा नियमित जागरण कार्यक्रम, सामुदायिक सचेतना अभियान, तालिम प्राप्त परामर्शदाताहरूद्वारा परामर्श सेवा र समयमै उपचारको पहुँच विस्तार महत्वपूर्ण छन्। युवाहरूलाई लागु औषधको दुष्प्रभावबारे व्यावहारिक र जीवन कौशलमा आधारित शिक्षा दिनु, खेलकुद, कला, संगीत र सांस्कृतिक गतिविधिहरूमा संलग्न गराउनु र उद्यमशीलता तथा रोजगारीका अवसरहरू सिर्जना गर्नु दीर्घकालीन समाधानका अभिन्न र अपरिहार्य अंगहरू हुन्। (Shrestha, 2078)

ड. निष्कर्ष

यस अध्ययनले नेपालमा लागु औषध र अपराधबीचको सम्बन्ध अत्यन्त जटिल, गहिरो र बहुआयामिक रहेको स्पष्ट पारेको छ। लागु औषधको समस्यालाई न त केवल स्वास्थ्य समस्याको रूपमा, न केवल सुरक्षा समस्याको रूपमा मात्र हेर्नु पर्याप्त हुन्छ। बरु यसलाई सामाजिक, आर्थिक, कानुनी र सांस्कृतिक आयामहरूसहित एकीकृत र समग्र दृष्टिकोणले सम्बोधन गर्नुपर्ने आवश्यकता यस अध्ययन ले पुनः पुष्टि गरेको छ। लागु औषधको समस्या जरैबाट उखेल्न चाहने हो भने रोकथाम, उपचार, पुनःस्थापना र कानून कार्यान्वयन यी चारवटा स्तम्भहरूलाई समानान्तर र समन्वित रूपमा बलियो बनाउनु पर्दछ। अपराध अनुसन्धानको क्षेत्रमा नेपालले सुधारका महत्वपूर्ण र तत्काल कदमहरू चाल्नु आवश्यक छ। अनुसन्धान निकायहरूई आधुनिक प्रविधि, पर्याप्त र दक्ष जनशक्ति र विशेषज्ञ तालिम उपलब्ध गराउनु, गवाह संरक्षण कार्यक्रमलाई कानुनी र व्यावहारिक रूपमा सुदृढ बनाउनु, डिजिटल फरेन्सिक क्षमता अभिवृद्धि गर्नु र अन्तर्राष्ट्रिय सहकार्यलाई थप प्रभावकारी र गतिशील बनाउनु यस दिशाका तत्काल प्राथमिकताहरू हुन्। कानुनी संरचनामा पनि समयानुकूल संशोधन गरी नयाँ प्रकारका लागु औषध अपराधहरूलाई प्रभावकारी रूपमा सम्बोधन गर्न सक्ने सशक्त कानुनी आधार तयार गर्नुपर्ने देखिन्छ। दण्डात्मक उपायहरू मात्र पर्याप्त नहुने हुनाले पुनःस्थापना र माग घटाउने कार्यक्रमहरूमा पनि समानान्तर रूपमा संरचनागत लगानी बढाउनु अपरिहार्य छ। लागु औषधमा लत लागेका व्यक्तिहरूलाई सामाजिक कलङ्को सट्टा

चिकित्सा, उपचार र सहयोगको दृष्टिकोणले हेर्नु र समाजको मुलधारमा सम्मानपूर्वक फर्काउन सहयोग गर्नु एक परिपक्व, समावेशी र मानविय समाजको पहिचान हो। यस दिशामा सामाजिक धारणामा परिवर्तन ल्याउन संचारमाध्यम, शिक्षण संस्था र धार्मिक तथा सांस्कृतिक सस्थाहरुको भूमिका निकै महत्त्वपूर्ण हुन्छ।

अन्ततः लागु औषधमुक्त र सुरक्षित नेपाल निर्माण गर्नु कुनै एक मन्त्रालय वा एक निकायको मात्र जिम्मेवारी होइन। यो एक साझा राष्ट्रिय दायित्व हो। जसमा सरकार, नागरिक समाज, संचारमाध्यम, शिक्षण संस्था, परिवार र प्रत्येक व्यक्तिको सक्रिय, जिम्मेवार र दिगो सहभागिता आवश्यक पर्दछ। लागु औषधको समस्या एकदिनमा समाधान हुने नभए पनि दृढ संकल्प, पर्याप्त स्रोत-साधन र बहुपक्षीय समन्वयद्वारा यसलाई निश्चित रूपमा न्यूनीकरण गर्न सकिन्छ। यस साझा संकल्पलाई व्यवहारमा उतार्नु नै आजको सबैभन्दा ठुलो चुनौती र सबैभन्दा महत्त्वपूर्ण राष्ट्रिय कार्यभार हो।

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अंग्रेजी खण्ड

Investigating Drug Crimes in Nepal: Evidentiary Challenges and Legal Gaps



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Abstract

Drug-related crimes in Nepal present a complex intersection of legal strictness and practical evidentiary challenges. This article examines the legal framework under the Narcotic Drugs (Control) Act (2033), 1976, focusing on evidentiary presumptions such as possession, knowledge and trafficking, which shift the burden of proof onto the accused. While these presumptions aim to strengthen prosecution, their effectiveness is often undermined by significant investigative and procedural shortcomings. The study highlights key challenges, including limited forensic capacity, weak chain of custody, improper evidence handling and the growing difficulty of managing digital evidence. Through analysis of judicial decisions, the article demonstrates how Nepalese courts strive to balance statutory presumptions with fair trial principles, ensuring that convictions are based on credible and reliable evidence rather than mere assumptions. Furthermore, rising drug abuse statistics and Nepal's geopolitical vulnerability emphasize the urgency of reform. The paper concludes by recommending improvements in forensic infrastructure, investigative procedures, digital evidence regulation and institutional accountability. Strengthening these areas is essential to ensure effective prosecution while safeguarding individual rights and maintaining public confidence in the criminal justice system.

Key words: Drug, Abuse, Crime Investigation, Evidentiary Presumptions, Prosecution, forensic capacity

1. Breaking the Ice

A drug is any substance that alters the normal functioning of the body or mind, particularly those substances that are regulated due to their potential for abuse and dependence. Drugs, as defined by WHO, “are a category of psychoactive substances that, when taken in or administered into one’s system, affect mental processes, e.g. perception, consciousness, cognition or mood and emotions”.¹ Drugs are the chemical substances used to improve health, prevent disease and protect health. When drugs are taken in high amount and abnormal frequency without medical personal’s advice, prescription and self-administered for any non-

¹ World Health Organization. (2021, April 1). Drugs (psychoactive). <https://www.who.int/health-topics/drugs-psychoactive> .

medical reasons are said to be drug abuse². Drug abuse, also called substance abuse or chemical abuse is a harmful use of substances that affect user's body and mind function causing personal as well as societal issues.

Abuse of illegal substances is a silent crisis creating a major social and economic problem worldwide affecting millions of lives. It harms individual social life, physical health, mental health, creates risk for chronic diseases and tragically results in preventable deaths³. Drug abuse is a widespread issue affecting general people, young girls and boys, athletes, political leaders to celebrities all around the world.

In this context, Nepal's geographic location, socioeconomic conditions and historical connection to psychoactive substances make it a significant case study. The country's open borders, traditional cannabis use and evolving drug culture reflect broader regional trends across South Asia⁴.

2. Legal Framework Governing Drug Crime Investigation

Drug trafficking and narcotic-related crimes are among the most serious criminal offences in Nepal. Due to Nepal's open borders, strategic transit location and rising synthetic drug use, the Government of Nepal enforces strict narcotic laws with severe penalties, including long-term imprisonment, heavy fines and confiscation of property.

The Narcotic Drugs (Control) Act, 1976 provides the principal legal framework governing narcotic substances in Nepal⁵. Under Section 3 of the Act, narcotic drugs include cannabis (marijuana), medicinal cannabis, opium and its processed forms, coca plants and leaves and substances derived from or mixed with opium or coca, including their salts. Additionally, psychotropic substances specified by the Government of Nepal through the Nepal Gazette are also included within the scope of controlled drugs. This definition reflects a comprehensive approach covering both natural and synthetic substances with potential for abuse⁶.

The Act criminalizes a wide range of activities related to narcotic drugs. These include cultivation, production, manufacture, purchase, sale, distribution, import, export, storage, possession, trafficking and unauthorized consumption. It further extends liability to ancillary offences such as permitting drug-related activities on one's property, conspiracy, attempt, abetment and dealing in counterfeit narcotics. Related offences, including unlawful possession, financial transactions linked to drug trafficking, misuse of precursor chemicals and non-compliance with prescription regulations, are also punishable under the Act.

2 Shahi, G. (2023, July 3). Drug abuse in Nepal: Prevention, treatment and recovery. Volunteers Initiative Nepal. <https://www.volunteersinitiativenepal.org/drug-abuse-in-nepal-prevention-treatment-recovery/> .

3 Ibid.

4 Khanal, B. P. (2025). Drugs in Nepal: History, law, and the case for a balanced policy. *Voice of History*, 33(1), 1–10. <https://doi.org/10.3126/voh.v33i1.87276> .

5 The Narcotic Drugs (Control) Act, 2033 B.S. [1976 A.D.].

6 Ibid.

Procedurally, narcotic cases begin with arrest and seizure. Authorized officers may issue warrants under Section 7 while Section 8 permits warrantless arrest and search in urgent circumstances. Such actions must be reported within 24 hours and the accused must be produced before a judicial authority within the same period. Investigation is conducted by designated officers who are empowered to search, seize and employ advanced techniques such as controlled delivery to trace trafficking networks. The law allows police custody for up to three months during investigation, subject to judicial oversight.

Narcotic offences are treated with a modified burden of proof, often shifting responsibility onto the accused. However, the Supreme Court of Nepal in *Ram Bahadur Thapa (NKP 2064, Decision No. 7829)* clarified that the prosecution must still present credible evidence and conviction cannot rest solely on confessions or failure of the accused to prove innocence⁷. This ensures compliance with fair trial principles.

Following trial, courts deliver judgment based on evidence, with the right to appeal available to aggrieved parties. Overall, the Act establishes a strict yet procedurally guided framework for controlling narcotic offences in Nepal.

National Policy for Drug Control, 2063 (2006)

The National Policy for Drug Control, 2063 (2006) has been adopted with the vision of "Attainment of Healthy and prosperous Society Free from Drugs Addiction". The objectives of the policy include to prevent and control illicit farming, production, transportation and sale of drugs and reduce crimes related with it, to mitigate the incidence of drug abuse among the vulnerable groups and others. It has incorporated policy strategies for the attainment of the aforesaid objectives. Further, National Master Plan on Prevention and Control of Narcotic Drugs (2079-2084) is in operation for the same purpose. These policies remain as a suitable guide for reforming the existing statutory and institutional measures established to contain drugs.

3. Statistics of Drug Abuse in Nepal

Ministry of Home Affairs along with other organizations conducts the Drugs Users Survey in every 5 years. According to the survey 2020, number of illicit drug users in Nepal is increasing by 5.06% every year⁸. There were 1,56,821 drug users in 2024 among which about 94% are male whereas 6% are female. The majority of drug users (69.5%) are in the age group between 20-29 years. Bagmati Province (35.6%) accounts for the highest numbers of drug users whereas Karnali (1.4%) with the lowest. Abuse of illegal substance has been rising and major problem of Nepal since last four decades⁹.

Cannabis (84.7%), Tranquilizers (73.1%) and Opiates (46.8%) are the most common abused drugs in Nepal. Peer pressure and recreation are the main causes of drug abuse in

⁷ Ram Bahadur Thapa, NKP 2064, Decision No. 7829 (Nepal).

⁸ Khatri, P. (2024, June 26). Illicit drug use in Nepal up by 5%. The Rising Nepal. <https://risingnepaldaily.com/news/44916>.

⁹ Shahi, G. (2023, July 3). Drug abuse in Nepal: Prevention, treatment and recovery. Volunteers Initiative Nepal. <https://www.volunteersinitiatiivenepal.org/drug-abuse-in-nepal-prevention-treatment-recovery/>.

Nepal and root causes of suicide, road accidents, murders and cyber-crimes¹⁰. There were 2,752 drug related cases registered by mid-January 2025. About 4,246 individuals were arrested for drug trafficking including 4093 Nepalese 145 Indians and other nationals. As per the Drug Control Section of the Ministry of Home Affairs, 21% of the prisoners in the country were convicted of drug related crimes, among which 50% were aged between 14-21 years. According to the Nepal police, about 70% of the criminal cases in Nepal are somehow linked with drugs¹¹.

4. Evidentiary Presumptions and Challenges in Drug Crime Investigation in Nepal

Evidentiary presumption refers to a legal assumption whereby the existence of one fact is inferred from the proof of another. In drug-related offences, this principle significantly alters the traditional burden of proof by shifting it onto the accused once the prosecution establishes certain foundational facts, such as possession of narcotic substances¹². Under the Narcotic Drugs (Control) Act, 2033, particularly Sections 4(1), 4(2) and 18, several presumptions are recognized¹³. These include the possession presumption, where a person found with narcotic substances is presumed to have knowingly possessed them; the knowledge presumption, where narcotics found in premises or vehicles under a person's control imply awareness; and the trafficking presumption, where the quantity or surrounding circumstances suggest an intent to engage in drug trafficking unless rebutted by the accused.

However, the practical application of these presumptions is deeply intertwined with evidentiary challenges in drug crime investigations. Despite the strong statutory presumptions, successful prosecution depends heavily on the quality and reliability of evidence. In Nepal, drug cases rely extensively on scientific analysis conducted by forensic units, including narcotics and chemistry divisions. Yet, limited forensic capacity, resource constraints and procedural delays often hinder the timely production of reliable expert evidence in court.

Furthermore, the Evidence Act, 2031 governs the admissibility of evidence, requiring strict standards of authenticity and proper chain of custody¹⁴. In practice, maintaining an unbroken chain of custody from seizure to laboratory analysis and eventual presentation in court remains a critical challenge. Any mishandling or procedural lapse can cast serious doubt on the integrity of the evidence, thereby weakening the prosecution's case.

In addition, the growing relevance of digital evidence, such as communication records and electronic data, presents new legal and technical complexities. Ensuring its authenticity and admissibility within Nepal's evolving legal framework remains difficult. Investigative shortcomings, including improper documentation of seizures, inaccurate identification of

¹⁰ Ibid.

¹¹ Hamra Kura. (2023, June 27). Ministry data shows there are 130,424 drug abusers in Nepal.

<https://english.hamrakura.com/news-details/484/2023%20Jun%2027%20Tuesday>.

¹² Law Gratis. (2025, October 16). Evidentiary presumptions in drug trafficking cases under Nepalese law.

<https://www.lawgratis.com/blog-detail/evidentiary-presumptions-in-drug-trafficking-cases-under-nepalese-law>.

¹³ The Narcotic Drugs (Control) Act, 2033 B.S. [1976 A.D.], §§ 4(1), 4(2), 18 (Nepal).

¹⁴ The Evidence Act, 2031 B.S. [1974 A.D.], §§ 8–9 (Nepal).

narcotics and lack of independent witnesses are frequently exploited by defense counsel to challenge the prosecution's case. Weak witness credibility and procedural inconsistencies further undermine evidentiary value.

Thus, while the law provides strong presumptive tools to facilitate prosecution, evidentiary challenges in practice often dilute their effectiveness. The tension between statutory presumptions and procedural integrity highlights the need for stronger investigative standards, improved forensic capacity and strict adherence to evidentiary rules to ensure fair trials and uphold the rule of law. One of the Landmark case which question about evidentiary presumption is *Government of Nepal vs. Raju Maharjan*, NKP 2080 D.NO. 11143 "There is no conclusive rule that a phone SIM registered in one person's name cannot be used by another. Simply showing that the phone number mentioned by the co-accused is registered in the name of the accused is not sufficient alone to prove the accused's guilt"¹⁵.

5. Role of Judiciary in Addressing Evidentiary Issues

a. Government of Nepal vs. Dorik Prasad Yadav etl.16

Being present at the location where incriminating items are seized is different from being involved in the crime itself. In the absence of any other evidence linking the accused to the offence, merely finding the accused at the place where the illegal items were discovered cannot be considered sufficient proof to hold them guilty.

b. HMG v. Surya Bahadur Thapa¹⁷

The accused was arrested with a packet of heroin and claimed that he was unaware of its contents, arguing that he was carrying it for another person. The Court held that once possession of a controlled substance is established, knowledge and intention are presumed under Section 4(2) of the Narcotic Drugs (Control) Act, 2033. It further clarified that mere denial or plea of ignorance is insufficient and the burden shifts to the accused to rebut the presumption through satisfactory explanation or evidence.

c. HMG v. Raju Gurung¹⁸

The accused was found with a large quantity of hashish concealed in a bag under his control on a bus and claimed that it was mistakenly placed near him. The Supreme Court held that since the narcotic substance was discovered in a bag directly under his control and no credible evidence supported his claim, the presumption of conscious possession was not rebutted. The Court emphasized that possession implies control and awareness and the burden shifts only after the prosecution proves possession beyond reasonable doubt.

¹⁵ Government of Nepal v. Raju Maharjan, NKP 2080, Decision No. 11143 (Nepal).

¹⁶ Government of Nepal v. Dorik Prasad Yadav et al., NKP 2080, Decision No. 11154 (Nepal).

¹⁷ HMG v. Surya Bahadur Thapa, NKP 2048, Vol. 4, p. 312 (Nepal).

¹⁸ HMG v. Raju Gurung, NKP 2056, Vol. 9, p. 451 (Nepal).

d. Nepal Government v. Nabin Lama¹⁹

opium was found in a house jointly occupied by several family members, raising the issue of attribution of possession. The Court held that the presumption under the law applies only when exclusive control is established. Since the prosecution failed to prove a clear nexus and exclusive possession by the accused, the presumption did not arise. This case highlights that joint occupancy alone is insufficient to invoke evidentiary presumption.

e. Nepal Government v. Chandra Bahadur KC²⁰

cocaine was discovered hidden in a vehicle owned and driven by the accused, who argued that someone else might have placed it there without his knowledge. The Court held that as the registered owner and driver, he had constructive possession over the vehicle, which triggered the presumption of knowledge. The Court further clarified that rebutting such presumption requires concrete and credible evidence, not mere speculation.

f. Nepal Government v. Sita Devi Thapa²¹

The accused was caught carrying a sealed parcel given by another person and claimed ignorance of its contents. While acknowledging the presumption under Section 4(2) of the Narcotic Drugs (Control) Act, 2033, the Court emphasized that such presumption is rebuttable. Considering factors such as her illiteracy, absence of prior involvement in drug-related activities and the sealed nature of the parcel, the Court accepted her explanation and acquitted her, underscoring that totality of circumstances must be assessed.

6. Recommendations for Reform

To effectively deal with evidentiary challenges in drug crime investigations in Nepal, both legal reforms and practical improvements are necessary. First, there must be strict adherence to procedural safeguards under the Narcotic Drugs (Control) Act, 2033 and the Evidence Act, 2031. In many cases, weak documentation, improper search and seizure and poor handling of evidence create doubt in court. Sometime due to misuse of power by investigation Authority the real criminal escape and innocent persons bear problem. So, developing clear and practical standard operating procedures (SOPs) can help investigators avoid such mistakes.

Second, Nepal needs to strengthen its forensic system. Many drug cases depend on laboratory analysis but delays and limited resources reduce the effectiveness of such evidence. For example, there is two standard level Lab in our country, in which psychotropic substance can be examine, in this time there must be at least one high standard level Lab in each province. Improving forensic infrastructure and training experts would make scientific evidence more reliable and timely.

¹⁹ Nepal Government v. Nabin Lama, NKP 2054, Vol. 7, p. 233 (Nepal).

²⁰ Nepal Government v. Chandra Bahadur KC, NKP 2061, Vol. 12, p. 788 (Nepal).

²¹ Nepal Government v. Sita Devi Thapa, NKP 2068, Vol. 10, p. 599 (Nepal).

Third, as drug crimes increasingly involve digital communication, there is a growing need to properly manage digital evidence. Clear legal guidelines on how to collect, preserve and present electronic data will help courts rely on such evidence with confidence. As drug trafficking is transnational crime there must be strong coordination among other nations investigation authority, which will help in investigation.

Fourth, while legal presumptions make prosecution easier, courts should apply them carefully. Judges must ensure that basic facts like possession and control are clearly proven before shifting the burden to the accused. This helps prevent misuse of law and protects individuals from wrongful prosecution.

Finally, continuous training for police, prosecutors and legal field officers is important to ensure fair investigation and trial. At the same time, stronger accountability and compensation mechanisms for wrongful prosecution will help protect individual rights and build trust in the justice system²².

7. Conclusion

Nepal's narcotic and drug trafficking laws are among the strictest in South Asia. Investigating drug crimes in Nepal highlights the delicate balance between enforcing strict laws and ensuring fairness in the justice system. The Narcotic Drugs (Control) Act, 2033 gives authority's strong tools, like presumptions of possession and knowledge to help fight the growing drug problem. However, in practice these tools often face challenges. Limited forensic resources, procedural mistakes during searches and seizures, poor handling of evidence and difficulties with digital records can all weaken a case and create room for doubt.

Nepal's courts play a vital role in protecting individual rights. Landmark decisions show that judges carefully check whether the basic facts like actual control or possession of drugs are proven before holding someone responsible. This ensures that people are not wrongfully convicted simply because of legal presumptions, reflecting the importance of fair trial standards under the Evidence Act, 2031.

Moving forward, strengthening the country's forensic capacity, strictly following investigative procedures, improving the collection and management of digital evidence and building accountability in law enforcement are crucial. By combining strong enforcement with respect for due process and human rights, Nepal can make its fight against drug crimes more effective while protecting innocent individuals. In the end a system that balances law enforcement with fairness will not only deliver justice but also strengthen public trust in the legal system.

²² Nepal Government v. Ramesh Shah et al., NKP 2078, Decision No. 10762 (Nepal).

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LEGAL AND SOCIO-ECONOMIC RECONFIGURATION OF CANNABIS GOVERNANCE IN NEPAL: AN ANALYSIS OF BILL 2082 AND THE INTERLOCKING LEGAL FRAMEWORKS



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Abstract

The Cannabis Cultivation Regulation and Management Bill 2082 represents a landmark change in Nepal's approach to cannabis through regulatory reform rather than prohibition. A process of regulatory liberalization is underway, grounded in constitutional and economic considerations. This write-up critically analyses the Bill within the interwoven legal structure of the Constitution of Nepal 2072; the Narcotic Drugs (Control) Act 2033; and Nepal's obligations under the Single Convention on Narcotic Drugs 1961. It argues that the Bill is a constitutionally sound articulation of cooperative federalism where the provincial authority over agriculture under Schedule 6 is operationalized without dislodging federal competence over narcotic substances.

According to the Bill, cannabis will be turned from an illegal commodity into an agricultural and industrial product through a regulated 'closed-loop' process. The 0.3% THC threshold is a legal differentiation between non-psychoactive industrial hemp and psychoactive cannabis. It also conforms to international standards, while allowing local economic use. The article further evaluates the socio-economic implications of regulated cannabis production, particularly in relation to rural livelihoods, industrial diversification and traditional medicinal systems. At the same time, it identifies key challenges, including jurisdictional ambiguities between federal and provincial regimes, risks of regulatory exclusion and the need for institutional capacity in monitoring and enforcement.

Based on the findings, it was concluded that although Bill 2082 provides a good tool for reform, a successful outcome will require coordinated federal–provincial alignment, clarity of regulation and a measured transition from penal criminalization to a public health and economic model.

Keywords: *Cooperative Federalism, Narcotic Drugs (Control) Act 2033, Cannabis Regulation, Federalism and Drug Policy, Industrial Hemp, Medicinal Cannabis*

Introduction

Cannabis governance in Nepal is at a crucial point reflecting a larger transition from internal cultural practice to external prohibition and now toward a possible reconfiguration under regulatory reform. For centuries, Cannabis has a legitimate role in Nepal's social, cultural and ethnomedicinal life. It is utilized in Ayurvedic treatment, religious and rural subsistence economies. However, in the second half of the twentieth century, there was a definitive shift toward criminalization, informed in large measure by global prohibitionist movements and the geopolitical "War on Drugs."

The Cannabis Cultivation Regulation and Management Bill 2082 tabled in Gandaki Province has deviated from this legacy. The Bill suggests that cannabis should be treated not merely as a narcotic substance which can be banned across the board. But rather it should be dealt with through a regulatory framework for its cultivation, distribution and use. In particular, for medical and industrial purposes. The development raises important legal issues and constitutional questions with regards to the distribution of regulatory authority amongst the various levels of the federal structure of Nepal and the relevance of existing narcotic legislation. Asserting that Bill 2082 is a constitutionally sustainable model of cooperative federalism whereby provincial jurisdiction over agriculture is exercised so as to implement, rather than frustrate, the statutory exceptions in the Narcotic Drugs (Control) Act 2033. The Bill does not seek to displace federal jurisdiction over narcotics control, but rather activate a regulatory space which has become administratively underdeveloped, including in relation to medicinal and industrial cannabis.

The legal value of this shift is an attempt to reconcile three overlapping normative frameworks.

Initially, it engages with the Constitution of Nepal 2072, particularly the guarantees relating to economic freedom, the right to health and the promotion of traditional medical systems. Moreover, it links with the prohibitory but exception-based regime of Narcotic Drugs (Control) Act 2033, raising important issues of interpretation and federal supremacy. In the third place, it should work within the limitations of international law, especially the Single Convention on Narcotic Drugs 1961, which allows the use of cannabis in medical and scientific spheres in a controlled environment.

Besides the legal aspects, the Bill signifies a larger socio-economic recalibration. Due to agro-climatic conditions and social familiarity with cultivation of the plant, Nepal can emerge as a contributor to the global markets in industrial hemp, bio-based materials and medicinal cannabis. Simultaneously, the regulation shift brings new challenges. There is risk of big concentration, while small farmers are get excluded due to regulations. Monitoring should be strong enough to stop illegal diversion.

The first part of the article analyses the historical and geo-political contexts behind cannabis prohibition in Nepal. followed by a structural analysis of Bill 2082. Subsequently, it evaluates the constitutional and statutory dimensions of the proposed framework with respect to federal narcotics law and international obligations. The conversation also touches on the economic, public health and regulatory issues of legalization within a regulated environment. In the end, it

identifies key challenges and proposes the means of aligning legal reform with institutional capacities and socio-economic objectives.

Historical and Regulatory Context

Cannabis has a long history of normalization and multiple uses in Nepal.

Before it was banned, the plant was widely grown and used in medicine, religion and for food. Ayurvedic texts of the time reveal that cannabis was prescribed for use in pain, digestive and neurological disorders. Its ritual use especially within Hinduism brought it cultural legitimacy. Older accounts dating back to the eighteenth and nineteenth centuries show that cannabis was not just growing abundantly but was also widely accepted as something of a “common weed.” Nepalese cannabis resin, especially *charas*, gained recognition for its quality and was part of local and cross-border trade. It is notable that the food and cultivation of cannabis also served as a supplementary source of income in rural hill areas.

In early 1970s, it faced curbs and restrictions. Before prohibition, licensed outlets in Kathmandu and other urban areas of Nepal used to produce and sell cannabis under government control. Nonetheless, this model was dismantled in 1973, which was a sharp turn to prohibition. The shift was primarily an external geopolitical decision because of the global “War on Drugs” and not an internal socio-legal one. The Narcotic Drugs (Control) Act 2033 later gave legal content to a prohibitionist regime that declared cannabis a criminal substance as opposed to low-value crops, subject to penal tests. This shift disturbed existing socio-economic practices and led to a divide between law and local reality.

It is within this context of cannabis prohibition that we make sense of the present-day efforts of Bill 2082. What we present is not something new. Rather, it is a re-packaging of an existing single system within a new legal and regulatory framework.

This bill, Cannabis Cultivation Regulation and Management Bill 2082, is framed as a calibrated shift from absolute prohibition to managed commercialization. This bears great significance due to its positive impact on the social sphere. Instead of legalizing cannabis in a broad or liberalized sense, the Bill sets up a tightly regulated administrative framework designed to bring cultivation into formal economic and legal circuit while limiting risk of diversion for illicit purposes.

The Bill primarily adopts a “closed-loop regulatory model under which cultivation, processing and distribution are institutionally connected to pre-approved channels. This method prevents cannabis production from seeping into open-market sales and ensures that it is only legally sold in industrial and medicinal markets. Such a design reflected a conscious policy choice: the decision to treat cannabis as an economic resource while retaining control of its movement and end use.

Appropriateness and Licensing Composition

The Bill limits the rights to cultivate only to companies or firms that have a PAN and are registered. Personal or Small-scale informal cultivation is expressly excluded. This business-

oriented licensing system effectively serves the purpose of traceability, taxation and regulation, but it at the same time also creates.

The stipulations of a type of agreement typically include such clauses. Filter subsistence-level producers with minimum land threshold of two *ropanis*; more: policy makers. An initial preparatory permit of one year shall be granted, with a renewable operating permit of five years. Applicants are required to submit specific cultivation plans, recommendations from local government authorities and, importantly, evidence of existing purchase agreements for their output. This requirement establishes a system of forward-linkage contract under which the production is linked to the industry or the pharmaceutical industry.

Supervising the Rules and Monitoring Mechanisms

To give effect to this framework, the Bill provides for the establishment of a special Cannabis Regulation and Management Unit under the provincial Ministry of Internal Affairs. This body is primarily responsible for site inspection, compliance monitoring and enforcement coordination.

The local monitoring committee to be chaired by the Ward Chairperson is decentralized monitoring reflecting the hybrid model of management of power at the provincial level and local administration at the field level. The use of layered monitoring arrangements enhances accountability but may create bureaucratic frictions in the absence of procedure smoothing.

The Bill requires cultivators to comply with stringent procedures. From the production till sale, harvesting, storage and sale must be pre-informed to officials and locally to police, who shall keep a constant watch. Regulatory inspectors are also required to seal each product before leaving for transport as a measure to stop leakages.

Regulated Delivery and Limiting Market Penetration

The Bill is characterized by a prohibition on sale in the open market. Transferred cannabis can only be sold to customers identified during licensing. Alternative transactions must have regulatory consents if the appointed buyer fails to comply. Surplus or unnecessary production must undergo destruction under official supervision, which helps strengthen the market's non-speculative character.

The market is not allowed to expand but to control any risk, regulated so closely. Though this could effectively stem illicit diversion, it may also undermine market flexibility and limit broader participation without the backing of credible industrial demand.

Cannabis Cultivation Regulation and Management Bill 2082 cannot be seen in isolation of its constitutionality and interaction with the federal prohibition regime of the Narcotic Drugs (Control) Act 2033. The legal validity of Cannabis Cultivation Regulation and Management Bill 2082 will depend on its constitutionality and possible interaction with the prohibition regime of Narcotic Drugs (Control) Act 2033 (NDCA). It is not just a question of regulatory design; it is about jurisdictional legitimacy in Nepal.

Constitutional Standing: Economic Agent and Federal Capacity

The Constitution of Nepal 2072 guarantees a set of interrelated rights that support a regulated cannabis regime. Article 17 (2) (f) gives citizens the right to practice any occupation, trade or business. Article 25 protects the rights to own property which includes using property for commercial purposes. The cumulative effect of these clauses is to create a constitutional floor for economic agency that a blanket prohibition of protracted length arguably constrains.

In addition, the provisions of Article 35 (right to health) and Article 51(h) (directive principles relating to traditional medical systems) can provide a normative basis for the recognition of Ayurveda and ethnomedical practices. The documented use of cannabis for therapeutic purposes in traditional medicine is not consistent with the state's obligation to foster indigenous systems of health.

From a federal point of view, Schedule 6 of the Constitution grants provinces authority in agriculture and local economic activity. The justification for regulatory intervention in the Gandaki Bill allocation is about cannabis cultivation, particularly industrial hemp, as an agricultural activity, rather than a narcotic.

The NDCA 2033: Ban with Built-in Exemptions

The NDCA 2033 prohibits the cultivation, production, manufacture, sale, usage and consumption of cannabis substance, which is a major legality. Nevertheless, a not absolute statutory provision. There are built-in exceptions which allow for narrow regulations

- According to the Proviso of Section 4, the Government of Nepal or authorized agencies shall undertake cultivation and production for medicinal or scientific purpose.
- Section 5 allows restricted use on the basis of medical advice.
- Other provisions allow for regulatory measures regarding wild cannabis and the utilization of confiscated items for pharmaceutical purposes.

Through these clauses, one can see that the NDCA is structurally prohibitive, not hermetically sealed. The anticipated exceptions regulated by states are historically not well developed at the regulation level.

Re-Examining Jurisprudential Themes: Allocation, Management and Incentive Effect

The provincial Bill, on its face, conflicts with the federal NDCA and this needs to be resolved through constitutional interpretation. The doctrine of pith and substance plays a key role here: if the law of the province is truly within its field of legislation (agriculture and regulations of local economic activity) and overlaps incidentally with the drug law of the Centre, it would not ipso facto render the provincial law invalid.

We can consider Bill 2082 as a type of 'managerial activation' of an existing statutory exception rather than a challenge to the federal prohibition. This does not seek to legalize recreational use or disrupt the NDCA framework, but rather gives effect to the medicinal and industrial pathways already recognised in law.

Notwithstanding this reality is interpretive yet contingent. Without clear federal laws or amendments backing these provincial actions, there remains the possibility of a legal challenge. Courts may have to decide whether the Bill is a permissible decentralization or an impermissible encroachment into a federally regulated field.

The bill's constitutionality is arguable, but far from settled. The sustainability of the NDCA depends on the embodiment of cooperative federalism, that is, the ability of the Central Government to clarify and operationalize the regulatory space within the NDCA. If there is no alignment of provisions, the Bill may remain legally vulnerable, despite a strong constitutional case.

International Obligations

The Single Convention on Narcotic Drugs 1961 Nepal's cannabis policy is not only influenced by internal constitutional and statutory frameworks but also its obligations under the Single Convention on Narcotic Drugs 1961 as amended by the 1972 Protocol. States Parties must restrict the production, manufacture and distribution of substances to medical and scientific purposes and must have a system of licensing, supervision and reporting.

Cannabis is a controlled drug listed in Schedule I under this framework. However, in 2020 the United Nations Commission on Narcotic Drugs removed cannabis from Schedule IV further to the recommendation of the World Health Organization. This change recognized cannabis's medicinal value and gave states greater latitude to implement regulated systems absent violations of treaty obligations.

Bill 2082 limits cannabis cultivation to medicinal and industrial use through a rigorous licensing and monitoring framework in line with international norms. Its closed-loop oversight by the state ensures traceability while barrier prevents diversion in compliance with the Convention's requirement. Also, the estimates of production and demand should be furnished yearly to the International Narcotics Control Board (INCB) by Nepal, which the mechanisms of the Bill can support.

Significantly, Article 28 of the Convention establishes that cannabis cultivation for industrial (fibres and seeds) purposes is not subject. This clearly supports the legal basis for the industrial hemp provisions in Bill 2082 and their compatibility with international law.

Public Health Implications and Economic Potential

The reasoning for the reform in the governance of cannabis by Bill 2082 is economic and public health. The agro-climatic condition, particularly in hill area of Nepal is conducive for the high-quality cannabis. Nepal can play a significant role in global bio economy.

From an economic point of view, industrial hemp has numerous applications such as fibre, bio-degradable and bio-fuel. Due to its relatively low input cost and high yield potential, it is a promising alternative to classical subsistence crops, particularly unfavourable or marginal land. Creating a legal cannabis sector will create jobs and benefit rural economies and exports.

Furthermore, the official recognition of this sector allows for tax collection and access to public revenues from a formerly informal or illegal activity.

The economic promise, however, depends on regulatory design. The minimum land requirements and the corporate-centric licensing framework in the Bill could shut out small farmers unless cooperatives are a part of the solution or policy mechanism. If these measures are not implemented, the shift may result in a dual economy a formal and regulated production side by side with continued illegal cultivation.

According to public health experts, this move to regulation rather than criminalization marks the beginning of a harm-reduction paradigm. Controlled production minimizes contamination risks and is effective against illicit drugs of high potency. Further, acknowledging cannabis in the medicinal sphere upholds the constitutional obligations of the state to provide access to healthcare and promote the Indian systems of medicine.

There are also genuine worries about the growing dependency on mobile phones, mental health problems and youth exposure. A regulatory model that is focused solely on production and does not simultaneously invest in public health infrastructure, education and treatment services is incomplete. The effective implementation research can be part of a larger health policy framework with a focus on prevention, awareness and evidence-based intervention.

Bill 2082 not only heralds economic renewal, but also a change in drug policy that is more empirical and health-focused.

Difficulties, Factors of Strategic Advice and Conclusion

Bill 2082's advanced regulatory state will be challenged structurally, institutionally and jurisdictionally in its implementation. The federal provincial ambiguity is the first issue. The NDCA 2033 centrally regulates narcotics, while the Bill relies on agricultural competence under Schedule 6 of the Constitution. Such overlap creates an ever-present risk of constitutional contestation and administrative uncertainty in the absence of express federal harmonization.

A second challenge relates to institutional capacity. To ensure effective governance, cannabis must have an advanced regulatory infrastructure with testing labs, compliance and enforcement. The framework will become merely symbolic and won't be able to stop diversions to the illegal markets without them.

Third, the Bill's economic framework raises distributional concerns. According to experts, the licencing model, which is driven by corporations and has minimum land thresholds, may systematically disqualify small and marginal farmers. The warning will exacerbate inequalities in rural areas and bring the economy to a halt for small and marginal farmers.

Three interventions are necessary to solve these challenges. Initially, Nepalese federalism should adopt a framework of a cooperative federalism, whereby formal intergovernmental coordination takes place. Federal authorities, under NDCA, must also issue regulatory

guidelines. Most importantly, medicinal and industrial cannabis regulatory guidelines must be clear. It would reduce legal uncertainty and stabilize provincial programs.

In addition, the state will have to create a regulatory infrastructure, to support standardized testing, digital traceability and seed-to-sale integration. Ensuring compliance in export markets guaranteeing that nothing leaks out building global credibility.

Another way through which the policy can be made inclusive is through economic design which promotes farmer cooperatives and collective licensing. Thus, it would allow smallholders to be included in the formal economy without being structurally excluded by capital or land.

Overall, the Bill can be termed as the most comprehensive change to Nepal's drug governance architecture in recent times. It indicates a movement from a punitive prohibition to a regulatory constitutionally based economically oriented response. The Bill aims to transition cannabis from an illicit substance to a regulated agricultural commodity by aligning domestic legislation with constitutional rights and international obligations and harnessing new bio-economy opportunities.

The success of the declaration does not arise from the wording of the declaration itself. It is also dependent on coordination, capacity and political will. If these conditions are fulfilled, Bill 2082 may serve as a foundational instrument for transforming Nepal's rural economy, public health approach and federal governance practice into an integrated and sustainable one.

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Role of Local-Level Government and School Education in the Prevention and Control of Drug Abuse in Nepal



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Abstract

Drug abuse has emerged as a major public health and socio-economic challenge in Nepal, particularly among adolescents and youth. The increasing availability of narcotic substances, coupled with socio-economic and psychological factors, has intensified the problem in recent years. This study examines the roles of local-level governments and school education systems in preventing and controlling drug abuse within Nepal's federal governance structure established by the Constitution of Nepal (2015). A qualitative descriptive research design was employed using secondary data sources, including government reports, policy documents and international publications. The findings reveal that local governments contribute significantly through policy formulation, awareness campaigns, coordination with law enforcement agencies and support for treatment and rehabilitation services. Similarly, schools play a vital preventive role by integrating drug education into curricula, promoting life skills and providing counseling services. The study further highlights that collaboration between local governments and educational institutions enhances the effectiveness of prevention strategies. However, challenges such as limited resources, lack of trained personnel, weak coordination and social stigma remain barriers to effective implementation. The study concludes that a coordinated, community-based and preventive approach integrating governance and education is essential for sustainable drug abuse control in Nepal.

Keywords: *Drug abuse, local governance, school education, adolescents, prevention, Nepal*

1. Introduction

Drug abuse is an increasingly pressing issue in Nepal, affecting individuals, families, communities and the broader socio-economic structure of the nation. The misuse of narcotic and psychoactive substances has serious consequences for physical health, mental well-being and social stability. In recent years, the prevalence of drug use among adolescents and youth has risen significantly, making it a major public health concern.

Several factors contribute to the growing problem of drug abuse in Nepal. Rapid urbanization, unemployment, peer pressure, family disintegration and easy access to drugs are among the

primary drivers. Additionally, globalization and cross-border trafficking have further exacerbated the situation.

The promulgation of the Constitution of Nepal in 2015 marked a significant shift in governance by introducing a federal system. This decentralization has empowered local-level governments to address community-specific issues, including drug abuse, through localized policies and programs. At the same time, schools have emerged as key institutions for preventive education, playing a crucial role in shaping the attitudes and behaviors of young people.

This study aims to explore the roles of local-level governments and school education systems in preventing and controlling drug abuse in Nepal. It also highlights the importance of collaboration between these institutions in addressing this complex issue.

2. Drug Abuse in Nepal

Drug abuse refers to the harmful or non-medical use of psychoactive substances that adversely affect an individual's health and social functioning. These substances include alcohol, cannabis, opioids, prescription drugs and inhalants. Prolonged use often leads to dependency, addiction and various health complications.

According to the World Health Organization (2022), substance abuse is defined as the hazardous or harmful use of psychoactive substances, including alcohol and illicit drugs. In Nepal, the Narcotic Drugs (Control) Act, 2033 defines drug abuse as the unauthorized production, possession, sale and use of narcotic substances without legal or medical justification.

Drug abuse in Nepal is a multidimensional issue influenced by socio-economic, cultural and psychological factors. Adolescents and youth are particularly vulnerable due to curiosity, peer influence and lack of awareness. Studies indicate that substances such as alcohol, tobacco and cannabis are commonly used at the initial stage, often serving as gateway drugs (Ghimire & Thapa, 2020).

The consequences of drug abuse are severe, including health problems, increased crime rates, family disruption and reduced productivity. Therefore, addressing drug abuse requires a comprehensive and multi-sectoral approach involving government institutions, educational systems and communities.

3. Role of Local-Level Government in Drug Abuse Prevention and Control

Local-level governments in Nepal play a pivotal role in the prevention and control of drug abuse due to their proximity to communities and authority within the federal governance system established by the Constitution of Nepal (2015). Guided by the Local Government Operation Act (2017) and national frameworks such as the National Master Plan on Prevention and Control of Narcotic Drugs (2079–2084 B.S.), these governments are responsible for designing and implementing context-specific policies and programs that address local needs. They formulate and enforce bylaws aligned with national strategies, ensuring localized and

responsive interventions (Government of Nepal, 2017). In addition, local governments conduct awareness campaigns, workshops and community outreach activities targeting youth and vulnerable populations, while mobilizing community groups, youth clubs and civil society organizations to strengthen participation and sustainability (Ministry of Home Affairs, 2022). Furthermore, local authorities play a regulatory and monitoring role by overseeing the sale and distribution of controlled substances, regulating pharmacies and coordinating with security agencies such as Nepal Police to combat drug trafficking and illegal distribution networks (UNODC, 2021). They also contribute to treatment and rehabilitation efforts by supporting rehabilitation centers, providing counseling services and facilitating the reintegration of recovering drug users into society. Moreover, local governments allocate budgets and mobilize resources for anti-drug initiatives while promoting data collection and research to support evidence-based policy making and effective intervention strategies (World Health Organization, 2020).

4. Role of School Education in Drug Abuse Prevention

School education plays a fundamental role in preventing drug abuse among adolescents by equipping students with knowledge, skills and supportive environments that discourage substance use. Integrating drug education into the school curriculum enhances students' awareness of the harmful effects of drugs and fosters informed attitudes toward substance use (United Nations Educational, Scientific and Cultural Organization [UNESCO], 2018). In addition, life skills education—such as critical thinking, decision-making and problem-solving—enables students to resist peer pressure and avoid risky behaviors. Schools also contribute through counseling services and early identification mechanisms, which help detect at-risk students and provide timely interventions before substance use escalates. Furthermore, peer education programs and co-curricular or extracurricular activities, including workshops and awareness campaigns, reinforce anti-drug messages and promote positive behavioral change through active student engagement. Equally important is the collaboration between schools, parents and communities, which creates a supportive environment that strengthens prevention efforts. Teacher training and capacity-building initiatives further enhance educators' ability to recognize, prevent and respond to drug-related issues effectively. Together, these integrated approaches position schools as critical institutions in the prevention and control of drug abuse among youth.

5. Challenges in Drug Abuse Prevention

Despite ongoing efforts, several challenges continue to hinder effective drug abuse prevention in Nepal. Limited financial and human resources constrain the implementation of comprehensive and sustainable prevention programs, particularly at the local level (Government of Nepal, 2017). In addition, there is a significant shortage of trained personnel, including counselors, social workers and health professionals, which weakens early intervention and rehabilitation services (World Health Organization [WHO], 2020). Weak coordination among government agencies, educational institutions and community organizations further reduces the effectiveness of prevention strategies and leads to fragmented efforts (United Nations Office on Drugs and Crime [UNODC], 2021). Social stigma associated with drug addiction also discourages individuals from seeking treatment and support, thereby exacerbating the problem (WHO, 2020). Moreover, the lack of reliable and comprehensive data

limits the ability of policymakers to design evidence-based interventions and monitor program outcomes effectively (UNODC, 2021). Addressing these challenges requires integrated policy reforms, strengthened institutional capacity, improved coordination mechanisms and increased investment in prevention and rehabilitation programs.

Literature Review

Drug abuse has emerged as a growing global and national concern, with significant implications for public health and social stability. According to the World Drug Report 2021 published by the United Nations Office on Drugs and Crime, approximately 275 million people worldwide used drugs in the previous year, this is 22% more than the report of 2010. and over 36 million suffered from drug use disorders, indicating a substantial global burden of substance abuse (UNODC, 2021). Out of that 110 million people use syringe, 60 million people suffer from hypalises and 14 million HIV AIDS. United Nations Office on Drugs and Crime (UNODC). (2021). World drug report 2021. Vienna: UNODC. The report highlights increasing trends in drug use, particularly among youth and notes a shift toward synthetic drugs and poly-substance use, which complicates prevention and treatment efforts. In the South Asian context, including Nepal, rapid urbanization, unemployment and cross-border trafficking contribute to rising drug use patterns.

In Nepal, the Nepal Drug Users Survey 2076 provides critical empirical insights into the prevalence and characteristics of drug use. The survey estimates approximately 130,424 drug users in the country, with a significant majority being 1,21,692 male (93.3%), 8,732 women (6.7%) and a large proportion (76.2%) under the age of 30, indicating that youth are particularly vulnerable (Ministry of Home Affairs, 2019). The findings also reveal geographical disparities, with higher concentrations of drug users in urban and semi-urban areas such as Bagmati Province. Furthermore, the report indicates a shift from traditional substances like cannabis to more harmful synthetic opioids and injectable drugs, increasing the risk of health complications and social consequences. These patterns underscore the need for targeted interventions focusing on young populations and high-risk regions.

Drugs use in Nepal

SN	Types of Drugs used in Nepal	Percentage
1	Cannabis	80.4
2	Diazepam	9.4
3	Opiates	4.7
4	Tramadol	1.9
5	Pregabalin	1.9
6	Inhalants	1.8
7	Hallucinogens	0.5
8	Stimulants	0.1

Source: Nepal Drugs Users Survey 2076

The legal framework for drug control in Nepal is primarily guided by the Narcotic Drugs (Control) Act, 2033 (1976), which serves as the cornerstone of national drug policy. The Act

aims to regulate the cultivation, production, sale, distribution and consumption of narcotic drugs while imposing strict penalties for violations. It categorizes substances such as cannabis, opium, cocaine, heroin and synthetic drugs as controlled substances and prohibits activities including trafficking, possession and unauthorized use (Government of Nepal, 1976). The law also empowers authorities to conduct search, seizure and arrest operations, reflecting a strong punitive approach to drug control. However, scholars and policy analysts have argued that while the Act is effective in controlling supply, it places relatively less emphasis on prevention, treatment and rehabilitation, highlighting the need for a more balanced and health-oriented approach to drug policy in Nepal.

Initial Stage of Drug Abuse in Nepal

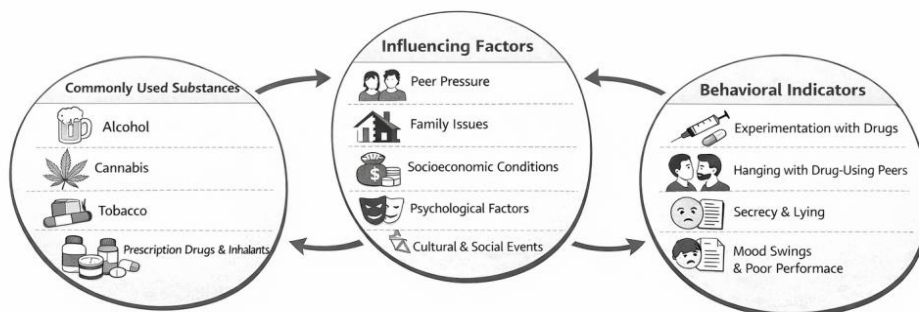
The initial stage of drug abuse refers to the period when individuals are first exposed to psychoactive substances and begin experimenting with their use. In Nepal, this stage is shaped by a complex interaction of social, cultural, economic and familial factors, with experimentation typically occurring during adolescence and early adulthood—a developmental phase characterized by curiosity, identity formation and the desire for social acceptance (Shrestha, 2019). At this stage, individuals are often introduced to relatively accessible and socially tolerated substances such as alcohol, particularly during festivals and social gatherings, as well as cannabis (ganja/marijuana) and tobacco products, which frequently act as gateway substances. In some cases, adolescents also misuse prescription medications and inhalants for recreational purposes or as a means of coping with stress (Ghimire & Thapa, 2020).

The initiation of drug use is strongly influenced by peer pressure, as youths may engage in substance use to fit into social groups or gain acceptance. Family-related factors, including lack of parental supervision, family conflict, or substance use within the household, further increase vulnerability. Additionally, socioeconomic conditions such as poverty, unemployment and limited access to recreational opportunities contribute to the likelihood of experimentation. Cultural and social contexts, including festivals and communal gatherings, may inadvertently normalize occasional substance use, thereby facilitating early exposure. Psychological factors such as curiosity, stress, depression and low self-esteem also play a significant role in initiating drug use. During this stage, early behavioral indicators may include experimentation with small quantities of substances, increased association with drug-using peers, secrecy or dishonesty about activities and noticeable mood swings or changes in academic or work performance. These early signs are critical for timely intervention to prevent progression to more harmful patterns of substance abuse.

Initial Stage of Drug Abuse in Nepal



Early experimentation influenced by social, cultural, and economic factors.



Key Themes of the National Master Plan (2079–2084 B.S.) and Their Implications for Youth Drug Abuse in Nepal

Drug abuse among youth has emerged as a critical public health and social concern in Nepal. Rapid urbanization, unemployment, peer influence and cross-border drug trafficking have contributed to increasing substance use among adolescents and young adults. In response, the Government of Nepal, through the Ministry of Home Affairs, formulated the National Master Plan on Prevention and Control of Narcotic Drugs (2079–2084 B.S.) to provide a comprehensive framework addressing both supply and demand aspects of drug control (Ministry of Home Affairs [MoHA], 2022). The plan adopts a multi-sectoral approach, integrating prevention, treatment, law enforcement and international cooperation, with a strong emphasis on protecting youth.

S.N.	Key Theme	Description
1	Drug Demand Reduction	Focus on preventing drug use among youth and vulnerable groups through awareness, education and community-based programs.
2	Drug Supply Reduction	Control of illegal production, trafficking, distribution and sale of narcotic drugs through law enforcement and border control.
3	Treatment, Rehabilitation and Social Reintegration	Expansion of treatment services, rehabilitation centers and reintegration programs for drug users into society.
4	Harm Reduction	Reduction of health and social harms (e.g., HIV, overdose) associated with drug use through public health interventions.
5	Institutional Strengthening and	Strengthening coordination among government

	Coordination	agencies, security bodies and stakeholders for effective implementation.
6	Legal and Policy Reform	Updating laws and policies to align with national needs and international drug control conventions.
7	Research, Data Management and Monitoring	Development of reliable data systems, research and evidence-based policy-making for drug control.
8	Public Awareness and Advocacy	Nationwide campaigns targeting schools, communities and media to raise awareness about drug abuse risks.
9	Capacity Building and Human Resource Development	Training of law enforcement, health workers, teachers and social workers involved in drug prevention and control.
10	International and Regional Cooperation	Collaboration with international organizations and neighboring countries to combat cross-border drug trafficking.

Source: Ministry of Home Affairs. (2022). National master plan on prevention and control of narcotic drugs (2079–2084). Government of Nepal.

Overall, the literature suggests that drug abuse in Nepal is influenced by a combination of global trends, demographic vulnerabilities and structural factors. While international reports emphasize the growing complexity of drug use patterns, national surveys highlight the increasing prevalence among youth and legal frameworks focus primarily on control and punishment. Therefore, an integrated approach combining prevention, treatment, community engagement and policy reform is essential to effectively address drug abuse in Nepal.

Drug abuse prevention is widely recognized as a multi-sectoral issue requiring coordinated efforts. The United Nations Office on Drugs and Crime (2015) emphasizes that prevention strategies focusing on education, awareness and rehabilitation are more effective than punitive approaches.

UNESCO (2018) highlights the importance of life skills education in reducing risky behaviors among adolescents. Studies have shown that school-based interventions significantly decrease the likelihood of substance abuse.

In Nepal, decentralization has increased the responsibility of local governments in addressing public health issues. Government policies emphasize community participation, awareness programs and rehabilitation services as key strategies (Government of Nepal, 2020).

Conclusion and Implications

Drug abuse has emerged as a complex and escalating public health and social problem in Nepal, requiring a comprehensive, multi-sectoral and coordinated response. The increasing involvement of adolescents and youth in substance use highlights the urgency of strengthening preventive mechanisms and early intervention strategies (United Nations Office on Drugs and

Crime [UNODC], 2021). In this context, local-level governments and school education systems serve as critical pillars in addressing drug abuse through both structural and behavioral approaches. Local governments, empowered by decentralization policies, are strategically positioned to design and implement community-based interventions, mobilize local resources and provide essential services such as awareness programs, monitoring and rehabilitation support (Government of Nepal, 2017). Simultaneously, schools play a transformative role in shaping the knowledge, attitudes and behaviors of young people by integrating drug education into curricula, promoting life skills and fostering supportive environments for prevention (World Health Organization [WHO], 2020).

The collaboration between local governments and educational institutions creates a holistic and sustainable framework for drug abuse prevention, combining policy implementation with behavioral change strategies. However, achieving long-term success requires addressing existing challenges, including limited resources, inadequate trained personnel, weak institutional coordination and persistent social stigma associated with drug use. Strengthening institutional capacity through training and professional development, increasing budgetary allocation for prevention and rehabilitation programs and enhancing coordination among stakeholders are essential steps toward improving effectiveness (UNODC, 2021). Furthermore, reducing stigma through community awareness and inclusive policies can encourage individuals to seek treatment and support without fear of discrimination.

Future policy directions should prioritize preventive education, community engagement and evidence-based interventions, supported by reliable data and research. Integrating health, education and social sectors into a unified strategy will be crucial for addressing the root causes of drug abuse and promoting sustainable social well-being. Ultimately, a balanced approach that combines prevention, treatment and reintegration can significantly contribute to reducing drug abuse and fostering healthier communities in Nepal.

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The Negative Effects of Substance Abuse: A Global Perspective with Specific Reference to Nepal



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Abstract

Substance abuse is still a big problem worldwide, touching everything from public health to social stability and the economy. This study digs into how substance abuse affects people and communities, looking at research and real-life examples to break down what actually leads to addiction. It uses a mix of ideas from Social Learning Theory, Strain Theory and the Public Health Model to show how a person's actions, social circles and broader systems all mesh to shape substance use and dependence. One clear finding: young people are at higher risk. Peer pressure, money problems and seeing drug use as normal in some groups make them especially vulnerable. Addiction does not just hurt physical and mental health, either. It fuels crime, drags down school performance and pushes people to the margins of society. This plays out in unique ways in Nepal. The country faces problems like cross-border drug trafficking, loose controls on drug use and weak enforcement of drug laws — all of which pile onto public health challenges. The research highlights the importance of taking a broad approach to prevention and intervention. School programs, community work and stronger health systems for catching and treating addiction early all matter. By connecting theories with real-world data, this study shines a light on why substance abuse happens and what can help. Policy changes, social support and behavior-changing campaigns stand out as crucial steps. In the end, this research gives a fuller picture of substance abuse and lays out practical advice to help protect vulnerable groups and make communities healthier.

Keywords: *Substance abuse, Drug addiction, Psychoactive substances, Public health, Socio-economic impact, Nepal, Youth and adolescents, Crime and security, Social consequences, Economic costs, Prevention and intervention, Cross-border drug trafficking*

1. Introduction

Over the last few decades, substance abuse has become one of the main problems in many countries across the globe. As indicated by the UNODC, 149 million to 272 million people (between 3.3% and 6.1% of the total global population aged 15-64 years) used illicit drugs per year; however, the number of people who can be considered as problem drug users was estimated between 15-39 million (UNODC, 2011).

As per more recent statistics, about 271 million people in the world used drugs and about 35 million suffered from drug use disorders (UNODC, 2017, as cited in Aryal et al., 2021).

Moreover, Nepal is particularly vulnerable to illegal drug trade and consumption because of its geographical location.

2. Theoretical Framework

Several theories describe different aspects related to substance abuse and help understand its causes and implications.

2.1. Social Learning Theory

According to Social Learning Theory, people acquire behaviors through observation of their peers (Bandura, 1977). The research on substance abuse conducted in Nepal confirms that peer networks play a crucial role in the initiation and maintenance of drug consumption (Kandel et al., 2017).

2.2. Strain Theory

Strain Theory implies that substance abuse emerges when individuals encounter stressful situations such as unemployment or inequality. Merton argues that individuals seek alternative means to resolve the problems associated with the strain (1938). Similarly, in Nepal, circumstances such as youth unemployment and migration stress promote addiction and other health-related issues.

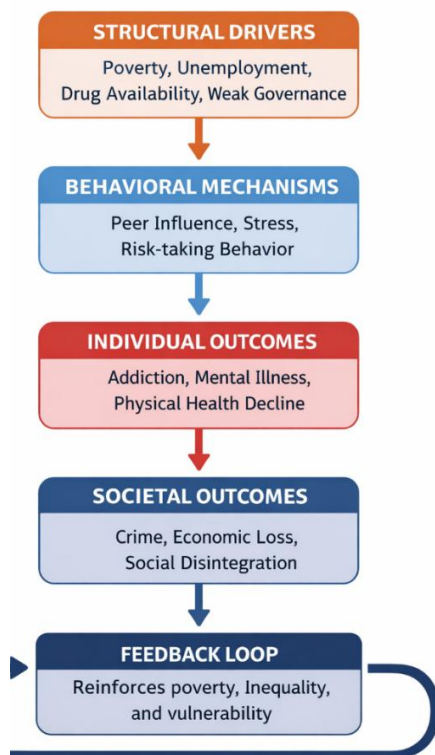
2.3. Public Health Model

In contrast to the above-mentioned theories that are focused on social and psychological aspects, the Public Health Model considers substance abuse as an important health issue that should be prevented and treated.

3. Conceptual Framework

The integrated conceptual model of substance abuse describes the relationship between structural causes and subsequent social outcomes in terms of several interconnected steps. First of all, there is a structural cause of substance abuse that includes poverty, lack of employment opportunities, drug prevalence and poor governance, which create conditions under which people become more vulnerable to substance abuse. Second, there is a mechanism of substance abuse, which involves behavioral factors and includes such elements as social influences on youth, psychological stress and risk-taking. As a result of this behavior, there occur negative individual outcomes such as addiction, mental health problems and decreased physical well-being. Eventually, these individual effects aggregate into societal effects, including social breakdown, increased crime and economic costs.

Figure 1. Framework Frame



Source: AI Generated

4. Global Negative Effects of Substance Abuse

Substance abuse has adverse impacts at a global level, affecting health, society and economic development. At a global level, it was estimated that there were 296 million drug users in 2021, of whom 39.5 million were affected by substance abuse disorders (United Nations Office on Drugs and Crime [UNODC], 2023). There are serious health effects associated with substance abuse, which include increased chances of developing heart-related illnesses, liver failure, lung disorders and mental disorders like depression and psychosis (World Health Organization [WHO], 2021). Substance abuse through injections is a risk factor for the transmission of infectious diseases such as HIV and hepatitis. On the social front, substance abuse results in family disintegration, domestic violence, poor academic performance and social stigmatization (UNODC, 2023). Economically, it incurs high costs from health care expenses, income losses and increased security spending. Furthermore, substance abuse is a factor that drives crime and insecurity since the drug trade fuels organized crime and violence in many areas (WHO, 2021).

4.1 Health Impacts

There are multiple health implications associated with substance abuse. It is worth mentioning that substance use (e.g., drugs, alcohol and tobacco) led to the death of about 11.8 million people globally and most of the deaths were premature (Aryal et al., 2021). Moreover, the injection of drugs promotes HIV and hepatitis.

4.2 Psychological Effects

The use of substances is linked to mental disorders such as depression, anxiety and schizophrenia. For example, the results obtained in Nepal confirm that the consumption of cannabis causes psychotic symptoms and impairs cognitive abilities (Shakya et al., 2022).

4.3 Social Consequences

Substance abuse is not just a personal problem—it shakes up families, strains communities and eats away at social bonds (WHO, 2021; Chatterjee et al., 1996). At home, drug use can tear relationships apart, break down trust and sometimes lead to neglect or even abuse (MoHA, 2020). Kids growing up in these environments face extra hurdles: developmental, emotional, or behavioral struggles that can trap them in cycles of hardship and isolation (Aryal et al., 2021, 2022). Friend groups and social networks sometimes add fuel to the fire, normalizing substance use and undermining whatever support system might be left (Bandura, 1977). On a bigger scale, communities feel the ripple effects. People struggling with substance abuse face stigma and exclusion and often rely heavily on welfare services to get by (UNODC, 2018). Mental health is not spared either; depression, anxiety and isolation pile on, making everything worse for the individual and the people around them (Degenhardt et al., 2019). The answer is not simple, but it starts with layered solutions—families need support, communities need to get involved, public awareness must be raised and people deserve access to counseling and rehab (WHO, 2020).

4.4 Economic Costs

Substance abuse drains money from all over—healthcare, law enforcement, workplaces, you name it (World Bank, 2020; WHO, 2014). Hospitals and clinics see more emergency visits, more chronic health issues and more demand for mental health care, pushing resources to the breaking point (NIDA, 2018; WHO, 2021). The criminal justice system feels the strain too, paying for police work, court cases and overcrowded prisons—all tied to drug offenses (UNODC, 2021). Crimes like theft, assault and trafficking make things extra tough for law enforcement and the courts (Merton, 1938). Meanwhile, the workplace suffers. Lost productivity, frequent absences, poor job performance and even long-term unemployment cost organizations and the national economy (World Bank, 2020). Families are hit hard as well—between medical bills, lost wages and resources diverted to cope, financial stress builds up fast (MoHA, 2020). When you step back, it is clear that substance abuse creates an expensive mess, touching nearly everyone in some way. Prevention and early intervention are not just good ideas—they are essential. By investing in treatment, support programs and education, society can reduce healthcare and justice costs and boost workforce productivity (UNODC, 2018).

4.5 Crime and Security Issues

Substance abuse and crime go hand-in-hand, making life harder for law enforcement and putting everyone's safety at risk (UNODC, 2011; UNODC, 2023). Drugs affect behavior; people intoxicated are more prone to violence and impulsive actions—so rates of assault, theft and domestic violence climb (Shrestha et al., 2020). However, it does not stop at individual crimes. Criminal organizations get involved in producing, trafficking and selling substances, creating a whole new layer of security risks (UNODC, 2021). In Nepal, cross-border

trafficking—especially of synthetic drugs—is a massive threat. It weakens laws, breeds corruption and brings violence right into communities (MoHA, 2020; NCASC, 2022). Illegal drug markets encourage networks that consistently push drugs into neighborhoods, making the substance abuse problem worse (Degenhardt et al., 2019). Police and border security can barely keep up; limited resources, shifting drug trends and underground distribution networks all make enforcement tough (UNODC, 2023). All this has a greater impact—trust in society fades, people feel unsafe and social stability takes a hit (Kandel et al., 2017). Tackling these issues means pulling together: law enforcement coordination, tighter border control, smarter regulations, community policing and real support for prevention, rehab and helping offenders get back on their feet (UNODC, 2018).

5. Substance Abuse in Nepal: Empirical Evidence

The phenomenon of drug abuse in Nepal has grown into one of the pressing issues for the state, both in terms of public health and socio-economic well-being, primarily affecting youth and urban residents. Based on the statistics provided by the Government of Nepal, Ministry of Home Affairs (MoHA) in 2019, there were more than 130,000 known drug abusers in the country, which represented a sharp rise compared to earlier decades (MoHA, 2020). Of those affected, a considerable number were in the 15-35 age group, indicating a worrying trend among economically active people. The most common drugs used are marijuana, opioids (including heroin and pharmaceutical opioids) and injectable ones, with polysubstance abuse being increasingly widespread (UNODC, 2023).

Furthermore, empirical data show a close connection between unemployment, urban migration and drug abuse. With rapid urbanization processes in cities such as Kathmandu, people have become more exposed to illegal drugs and communities that facilitate and promote their use (WHO, 2021). It should be mentioned that Nepal occupies a strategic position between the Golden Crescent and Golden Triangle regions that act as centers for drug production, thereby facilitating the process of drug distribution in the region (UNODC, 2023). Injection drug use has exacerbated the situation by creating additional threats, namely, HIV and hepatitis C infection among vulnerable groups (National Center for AIDS and STD Control [NCASC], 2022).

5.1 Prevalence and Demographics

The results of the rapid assessment show that drug users in Nepal are rather young, as their mean age is 23.8 years (Chatterjee et al., 1996).

Table 1: Demographic Characteristics of Drug Users in Nepal

Indicator	Value	Description	Source
Mean Age of Drug Users	23.8 years	Average age of individuals using drugs in Nepal	Chatterjee et al. (1996)
Age Group Most Affected	15–30 years	The majority of users fall within the young population	Chatterjee et al. (1996)
Early Initiation of Drug Use	~17–18 years	Average age of first drug use	UNODC (2012)

Indicator	Value	Description	Source
Predominant User Category	Youth	Students and unemployed individuals	Chatterjee et al. (1996)

Source: Chatterjee, A., Uprety, L., Chapagain, M., & Kafle, K. (1996). United Nations Office on Drugs and Crime (UNODC). (2012).

Studies in Nepal have shown that a surprising number of students in health fields use drugs or alcohol. This is not just a health problem—it also puts their future as professionals at risk. For example, in 2017, Kandel and his team found that almost 43% of health science students had tried at least one mind-altering substance. A few years later, Shrestha’s group found an even higher rate: a little over 44% of medical students reported substance use. It is hard not to feel worried when you think about these numbers. You would expect students training to be doctors or health workers to know better, right? However, it turns out, they are not immune to stress. Many of these students deal with wild academic pressure, long hours and a pretty intense social environment. Sometimes, they turn to alcohol, cigarettes, or even prescription drugs to get through the week. Easy access to pharmaceuticals and seeing friends do the same thing does not really help—peer pressure and the “everyone is doing it” mentality matter a lot. Bandura’s Social Learning Theory backs this up: people copy what they see in the groups around them. This trend is not just a student issue, though—it reaches further. If tomorrow, doctors and nurses are struggling with substance use, it could end up affecting their grades, their judgment in the clinic and even their ethics. Clearly, schools need to step in. They can offer counseling, start stress management programs and keep a closer eye on how students get prescription drugs. It is not just about protecting students; it is about making sure future healthcare professionals are ready for the job.

5.2 Patterns of Drug Use

The most common drugs used in Nepal are cannabis, heroin, pharmaceutical drugs and opioid substances injected with syringes. Cannabis use is particularly common in Nepal because of the lack of strict control measures and legalization (Shakya et al., 2022).

5.3 Health Risks and Behaviors

Needle Sharing among Injecting Drug Users in Nepal. Needle sharing among people who inject drugs is common. Chatterjee and his team found that about half of injecting drug users shared needles, which fuels the spread of HIV, hepatitis B and C and other blood-borne diseases. There are a bunch of reasons for this: clean needles are hard to find, not everyone knows the risks, money is tight and in some circles, sharing is just part of the routine. A lot of people rely on informal ways to get needles, or end up reusing old ones, especially where harm reduction programs barely exist. The Public Health Model shows how the environment and the broader system contribute to these health risks and you really see that here. The consequences go way beyond just the people who use drugs—their choices can put whole communities at risk for outbreaks. On top of it all, the heavy stigma against drug use keeps many from asking for help or picking up clean needles, so the cycle continues. Breaking this pattern takes more than just telling people to stop sharing. Nepal needs well-supported harm reduction—needle exchange programs, effective education and improved access to healthcare. Low Condom Use and Sexual

Risk Behavior. There is also a big problem with risky sex among drug users in Nepal. Chatterjee's study showed that only half of them actually used condoms regularly. Substance use just messes with people's judgment—so safe sex falls by the wayside and risky behavior like having multiple partners shoots up. This means more STIs and more HIV. Plus, drug scenes often overlap with high-risk sexual networks, boosting the danger. Moreover, let us be honest, talking about sex is still pretty taboo in a lot of Nepal. There is not much sexual health education, condoms are not always easy to get and stigma makes it even harder for drug users to seek out help or information. Social Learning Theory actually helps explain some of this—when everyone in your group treats risky behavior as normal, it starts to feel normal to you, too. The impact is not just on individuals but also on families and communities. If anyone wants to turn this around, the answer is not just telling people not to do it—Nepal needs solid education, easy access to condoms and outreach that really connects with people who are most at risk.

5.4 Social and Economic Impacts

Most drug users in Nepal are either out of work or still in college, so they are right in the middle of figuring themselves out – personally and professionally. Chatterjee et al. (1996) pointed out that this group faces a high risk of lost productivity because substance abuse disrupts school, skill-building and job opportunities. Students who get into drugs usually see their grades slip, skip classes, or even drop out completely. If you are unemployed and struggling with addiction, it is easy to lose motivation or feel even more shut out from working and taking part in everyday life. It turns into a nasty cycle: substance abuse feeds economic instability and economic instability pushes people deeper into addiction. When you zoom out, losing productive young people really hurts Nepal's development, especially since youth make up such a big chunk of the population. Addiction brings out behaviors like aggression or irresponsibility and people neglect their family obligations. Money that should go toward necessities ends up spent on drugs, leaving families in tough financial spots. All this tension can spark arguments, domestic violence and sometimes the family just falls apart. There is also the stigma, which not only isolates drug users but pulls their loved ones into it, too, leaving families even more alone. In the end, substance abuse is not just one person's problem—it threatens family bonds and makes communities less stable.

5.5 Structural and Cross-Border Dynamics

Drugs slip into Nepal through its loose international borders, mostly thanks to informal market networks. Honestly, trying to control or regulate these channels is tough. Chatterjee and his colleagues pointed this out back in 1996—Nepal's open, often poorly monitored borders, especially those shared with neighbors, really fuel the trafficking of illegal substances. Once they are in, drugs spread through underground channels: street dealers, local connections, hidden supply chains that dodge the formal economy. Because these networks are everywhere, especially in cities and transit spots, it is easy for people to get their hands on drugs. That is one big reason drug use keeps climbing. Nepal's spot on the map only makes things worse. Weak law enforcement, corruption and not enough surveillance tools mean traffickers can get away with a lot. Informal markets are quick to adapt when officials try to crack down, so it is tough for authorities to really break the supply chains. The easy access to drugs does not just drive up usage; it also gives organized crime more power and chips away at good governance. If you are thinking about public health or policy, it is clear: Nepal needs stronger border control, better

regional teamwork and smart strategies that tackle both the supply and demand sides of the drug problem.

6. Discussion

Substance abuse is not just one thing; it is a tangled mess of causes—some you can see, some you cannot. Poverty, unemployment, social inequality and weak government basically set the stage for trouble. People end up exposed and vulnerable. However, it is not just the big structural stuff. Peer pressure, stress and a taste for risk can push someone over the edge and keep them there. The way these factors feed off each other means you cannot fix the problem with a quick, one-dimensional solution. Theories like Social Learning Theory and Strain Theory support this—they show how your surroundings and economic struggles shape your behavior. You see the usual patterns, but Nepal has its own twists, too. A young population is facing serious unemployment and rapid urbanization is just piling on the risks for kids and young adults. Plus, Nepal's spot between big drug-producing areas lets trafficking flow right through, making drugs easier to get. On top of all that, cultural stigma, poor access to rehab and weak institutions make fighting substance abuse even harder. So, while the roots of the problem look familiar, fixing it in Nepal means getting creative and targeting both the big structural issues and the smaller behavioral ones simultaneously. Nepal needs solutions that fit its own reality.

7. Policy Implications

7.1 Prevention and Education

To cut down on substance abuse, especially among young people, prevention and education are where you have to start. School programs do more than give kids facts about drugs—they can actually help change attitudes and encourage healthier choices. Nepal sees a lot of this happen in adolescence, so weaving drug education into schools really matters. Activities aimed at young people—such as sports, community service and teaching life skills—give teens options and help them avoid peer pressure and risky decisions (WHO, 2020). This all connects to Social Learning Theory: people learn from their surroundings and the folks around them.

7.2 Health System Strengthening

Fixing and boosting the health system is a must if you want real treatment and rehab for people who struggle with substance abuse. More rehab centers and ensuring they are within reach, whether you live in a city or out in the countryside, would make recovery much more possible. Right now, these services are not available everywhere in Nepal (MoHA, 2020). The country needs better mental health care, more training for doctors and nurses and seamless support for people after they leave treatment. When the health system prioritizes care over punishment, relapse rates drop and people stay on healthier paths longer (WHO, 2021).

7.3 Governance and Enforcement

Strong leadership and trustworthy law enforcement really matter when you are trying to control illegal drugs. Nepal's open borders and its location between major drug producers make border control especially important. Tightening surveillance, sharing intelligence and working with neighbors can help cut off drug trafficking (UNODC, 2023). It is also crucial to monitor law

enforcement honestly and keep agencies accountable—cutting down on corruption and making policies work as intended. The trick is to find balance: enforcement needs to avoid criminalizing users, so people are not scared to ask for help.

7.4 Socio-economic Interventions

We cannot ignore the bigger picture—poverty, unemployment and a lack of opportunities drive substance abuse, especially in younger folks. Creating jobs, offering vocational training and helping people generate income can break the cycle and give at-risk teens and adults a better shot (World Bank, 2020). Nepal needs targeted programs that support and engage youth, so they are not left behind. Building community initiatives that focus on inclusion and empowerment helps people bounce back and stay away from drugs.

7.5 Harm Reduction

Harm reduction is all about keeping people safe—even when they are using. Things like needle and syringe exchanges have been shown to cut the spread of HIV and other infections, without encouraging more drug use (WHO, 2021). Therapy and counseling—including behavioral and psychosocial support—are key to breaking addiction and stopping relapse. Nepal needs far more access to harm reduction services and it is vital to fight the stigma that surrounds drug use (NCASC, 2022). Getting rid of shame and making help available can genuinely boost public health.

8. Conclusion

Substance abuse is a huge problem—it is not just about health, but everything from broken families to lost jobs and spiraling costs. The fact that more young people are getting caught up in it really worries me. That is not just a health crisis; it is a sign of deeper issues in society and they do not just go away. You see the damage everywhere: people struggling with their health, families falling apart, communities losing their sense of connection. Moreover, yeah, all those healthcare bills and lost productivity hit everyone, not just those directly affected. Research points to some big factors: kids getting exposed early, having the wrong crowd around, struggling with poverty, or simply not knowing better. If we want things to change, we need solutions that actually fit these problems. We have to start with prevention. That means talking to kids, teaching them what is really at stake, running awareness campaigns and creating programs that help them think for themselves and build some real resilience. Schools, communities and families have serious influence here—they can teach young people how to stand up to peer pressure and make smarter choices. However, prevention is not enough. Our healthcare system needs to be ready for action: picking up early signs, stepping in quickly and making sure people can get the help they need, whether it is counseling, therapy, or the right medication. We need options that actually work for different groups, not just one-size-fits-all solutions. Policy matters, too. It is about more than just making rules. We need solid governance, effective law enforcement and better support for vulnerable people. Tighten the borders, keep harmful substances off the streets and ensure laws are not just on paper. At the same time, offering jobs, vocational training and ways for people to connect with their communities makes a huge difference. Give people tools to build a better life and a lot of them will not feel the pull toward drugs. Bottom line: substance abuse is not just someone else's

problem. It is all of ours and fixing it takes teamwork across healthcare, education, policy and law enforcement. We need approaches that mix prevention, treatment and economic support—none of those parts is enough on its own. Making real progress means staying committed, working together and actually doing something to build environments where people feel safe, supported and less likely to fall into substance abuse. That is how we build healthier, stronger communities.

Substance abuse is a serious public health and socio-economic issue. As empirical data shows, there is an increase in substance abuse, especially among young people. It is necessary to implement a range of preventive and curative policies for managing substance abuse successfully.

To really tackle substance abuse, we need to bring together prevention, treatment and strong social support. Start with early education and intervention—getting schools and communities involved helps kids understand the risks and build life skills, which cuts down on drug use among young people. Recovery works better when people actually have access to the right treatment, like counseling, behavioral therapies and medication-assisted treatment—these tools make a real difference. However, that is not enough. Family and community support matter a lot, too. People dealing with stress, trauma, or loneliness often turn to substances, so helping them handle those challenges can keep things from spiraling out of control. Needle exchange programs and supervised consumption sites not only keep people safer right away, but they also connect them to support and treatment. Moreover, when you fold in substance use screening and mental health care right into primary health clinics, you spot problems sooner and help people stick with their treatment. We cannot ignore the bigger picture either. Unemployment, poverty and a lack of opportunities push people toward substance use. Social protection and job programs give people a shot at real stability and long-term recovery. Put all that together and we have got a smarter, more effective way to fight substance abuse for good.

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Role of Provincial and local level in control of Drug Abuse



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Abstract

The problem of drug abuse and trafficking has become a burning issue all over the world. Nepal cannot rest from this. Drug abuse has a multidimensional effect among individuals, family, society and nation. To eradicate this problem various multilateral agencies, government are jointly working on it. Government of Nepal prohibits Narcotic drugs through Narcotic Drugs(Control)Act,2033.Special policy adopted by Government of Nepal to combat against drug abuse i.e National Policy on Drug Control 2063.Constitution of Nepal 2072 is based on the federal political system so powers

and rights are distributed in Province and local level.Before federalism overall drug abuse control and prevention is the matter of central government only.After the exercise of federal governance prevention of drug abuse is also subject or priority of both Province and local level.This article primarily focused on present situation of drug abuse, causes and consequence of it alongwith role of province and local level in prevention of drug abuse.

Keywords: *Drug abuse, Narcotic Drugs, Consumption, Causes, Effect, Coordination, Prevention, Role, Stakeholder*

Background

In the context of problem arises in the Country Use of Drug substance among the teenager especially among youth is bigger problem.Drug abuse in one of the addiction which creates hazard in family, society and country.There is famous saying that ,”If you become addicted Life automatically being addict”.There are various cause to become a vital issue in our country.To eradicate this problem all the stakeholders, especially 3 tiers of government, Non- Government Organization, Donor agencies, students and civil society, Educational institutions played vital role. Article focused on the role of Provincial government and local government to reduce drug abuse in their respective province and local level.

Introduction

Drug is the substance medically used by the patient for the medical use. In general word drug is the chemical substance which is used to cure disease of the patient. WHO defines drug “as any substance which introduced into the living organism can modify one or more of its functions.” Generally, Drug used for the prevention of disease i.e Aausadhi in Nepali. From the addiction of drug abuse. The drug is considered as Laghuaausadh in Nepali.

Nepalese Drugs Act,1978 defines “any substances to be used for the diagnosis, cure, mitigation, treatment or prevention of a disease in human beings, animal or bird to be used to destroy vermin or insects which cause disease in human beings.

Nepalese Narcotic Drugs (Control)Act,2033 BS “Narcotic Drugs include cannabis/marijuana, medical cannabis/marijuana, opium, processed opium, medical opium, plants and leaves of coca, any substance prepared by mixing opium and extract coca, including mixture of salt, any natural or synthetic narcotic drug or psychotropic substances and their salts and other substances as may be specified by the government of Nepal by a notification published in Nepal Gazette, from time to time.

Generally, drug substances are found in solid, liquid or powder form. Some drug substances are natural in origin such as tobacco while some are chemical processes made through natural raw material such as cocaine or brown sugar. In the context of drug abuse among different classification of drug Narcotic drug have more role than other. Narcotic is derived from the Greek word "Narkotikos" means a state of lethargy or sluggishness. From the pharmacologically, narcotics are substances that bring relief from pain and reduce sleep. Examples of Narcotic drugs are: Morphin, heroine.

Actually all countries of the world are facing devastating consequences of drug trafficking and abuse. It is a global problem so Nepal cannot be alone in rest from the problem. Specifically, Nepal faces two kinds of problem in drug i.e Drug abuse and illegal drug trafficking. In Nepal Narcotic Drugs (Control) Act, 2033 section 4 prohibits the manufacture, distribution, sale, purchase and consumption of narcotic drugs. Act conducted against this provision is considered as a criminal act in Nepal.

Primarily consumption of narcotic drugs is known as Drug Abuse. According to the Nepal Drug Users Survey,2076 2069 to 2076 annual growth rate of drug user is 5.06%. This data reflect that current drug users are 1,30,424 among them 1,21,693 (93.3) % male and 8,732 (6.7) % female. Among total users 76.2% are below 30 ages. It shows that the problem of drug abuse is severe in youth. This survey identifies that 45.7% of drug related crime which is the record on the basis of being arrested by police. In the fiscal year 2081/82 7195 male and 421 female arrested by Police in the offense of drug abuse and trafficking. Recent data of Narcotic Control Bureau of Nepal police shows that in the fiscal year 2024/25 police registered 1,132 cases and arrested 1,675 individuals. Alongwith number of drug users increased all stakeholder role and responsibility also added.

Causes of Drug Abuse

There are various reasons to extend the numbers of users of drug especially in youth. Major causes of drug abuse are:

Easy access and open border: Primary cause of drug abuse is easy availability of drugs as well as open border between Nepal and India. Specifically Open border helps in illegal supply of narcotic drugs in border areas.

Unemployment: Due to unemployment problems youths are more engaged in drug abuse. In the active age youths are facing unemployment problems which makes them addicted to different addictions.

Rise of social media: Social media platforms are increasing day by day. Along with the number of social media engagement of youths in social media become a burning issue. Especially misuse of social media become an important cause of drug abuse.

Consumerist attitude: Present world is more consumerist. People adopt consumerist behaviour in the small to big celebration such as smoking, alcohol which become significant cause of drug abuse. This become a turning point to become addicted.

Glamorization of drug use: Nowadays use of drugs is seen as a method of glamour especially among teenagers and youth. This becomes the roadway to becoming addicted to drugs.

Consequences of Drug abuse

Drug abuse creates different consequences not only in individuals but every structure of society. Primarily consequences of drug abuse are:

Loss of time and career: In individual effect by the drug addiction, a person loses productive time which makes he/she unable to identify his/her creativity and skill.

Disturbance in society: If an individual is addicted then the whole society is affected, especially the peace of the society disrupted.

Great effect on the economy: When the number of drug user's increases, illegal trafficking of drugs automatically increased. This disturbs the formal economy of the country because it increases the illegal demand and supply of narcotic drugs.

Health impact: In the drug user various health issues arise and make them unhealthy. So that with the increased number of drug users become a problem in the health system of the country.

Social consequence: This becomes a medium of increasing conflict, violence in society. Drug abuse becomes a common societal problem which disturbs the societal norms, values and practices.

Loss of investment of government: Government invest on the youth for education, health due to drug addiction government investment become unproductive

Our youths are facing devastating problems which makes their present dangerous and future more dark. There is need of sufficient action from all the portion of the society. Any individual / organization action is also necessary but there is need of united action from all to combat against it. After the federal system of governance this is the duty of Provincial and local level too. Only federal government attempt cannot be sufficient to prevent youths from drug abuse.

To control drug, abuse all stakeholders play vital role. In order to control, prevent and eradicate drug abuse Government of Nepal adopt National policy for Drug Control 2063, Masterplan on Drug Control and Drug abuse alongwith with Nepal Police Narcotic Control Bureau, Ministry of Home Affairs specially dedicated agencies.

After the enactment of Constitution of Nepal in 2072 governing power delegated to Provincial and local level too. Provincial and local level are the key stakeholders in control of Drug abuse. Primarily Drug control policy adopt Drug Abuse Prevention. To implement this policy policy itself adopt collaboration partnership and resource mobilization.

The relationships between federal/province/local governments are associated with constitutional provision. The relations between federal, province and local governments as per Constitution are on cooperative, coordinative and co-existence principle. Constitution of Nepal distributes state power to Federal, Provincial and local government. Regarding Province exclusive rights mentioned in Schedule 6 and local level use rights mentioned in Schedule 8 of the constitution. With the division of power on the basis of Cooperation and Coordination both provincial and local government play vital role in control of drug abuse. On the basis of constitutional ground 7 provincial government and 753 local levels are formed. They are working on the norms of federal structure adopted by the constitution of Nepal.

In the context of Provincial Data of drug users survey 2076 reflects that Bagmati province has the highest number of drug users. Control of drug abuse is the core priority of every stakeholder. It is the main responsibility of the government to eradicate both drug abuse and trafficking.

Role of Provincial Government

Constitution provides right to maintain Peace and Security in Province according to schedule 6.1. Drug abuse creates problem in maintaining peace and security. Increased number of drug users create obstacles in the peace and prosperity of province. It hinders the development and deprives youth from the physical, mental and educational well-being. From the perspective of guardian, it is the difficult situation to save children from the addiction. Basically from the following works we can see the role of province in prevention of drug abuse:

As Provinces do not have some independent rights in practice. But it can play a role in implementing and coordinating with the specialised sector such as Education, Health and social sector.

Major focuses of Province

Primarily province focuses on prevention of drug abuse through design specific awareness program and community outreach by identifying age groups and areas of the province. Province managed hospitals are basic to specialised so the province focuses on providing treatment facility services. Public health is the part of the province so the **public health initiatives** are also programs centered on prevention of drug abuse designed and implemented by the Province.

Coordination with other ties: Specifically, to reduce the risk of drug abuse Province coordinates with Federal Ministries such as Education, Health, Youth and sports to launch programs in coordination.

Youth centric activities: As a part of social development, the province actively engaged in designing youth mobilization in creative activities and promoted the youths who safely landed in normal life after addiction in society.

Promote digital awareness: For the prevention strategy province strategy province applied digital campaigns through mass media, social media platforms to reach a large population.

Role of local government

Local levels are regulated and governed by the Local government operation act ,2074.753 local levels consisting Rural Municipalities and Municipalities including Submetropolitan and Metropolitan cities. Specifically local level have have right to control and use of drug substance with increased awareness in accordance with federal and provincial law. This right mentioned in clause 14 of health rights of local level in act. This provides both Control and awareness action granted to local level .But control action carried out by federal government so in practically local government role in creating awareness in accordance with law.

To prevent youth from drug, abuse local government should conduct following works:

- Run awareness program in grassroot level
- mobilization of local resources on the harm of drug substances.\

Regulate local markets: Local levels have power to regulate and inspect local markets so through the timely inspection identify the places and punish the shops who are involved in illegal drug trafficking.

Support rehabilitation centre: Rehabilitation centres within the jurisdiction of local level can support rehabilitation centres through local health programs and social security schemes.

Mobilize different networks: local level has the right to mobilize and operate different local level networks such as Child Network, Youth club etc to conduct campaigns.

Coordination with Federal and Province: Local levels through coordination with federal ministries and provincial agencies launch specific sector programs or collect funds to assist the rehabilitation centers.

Collaborate with NGO and civil society: Non-governmental organizations and civil societies are also important key stakeholders at the local level. So in collaboration with them mobilize their financial and human resources to to prevent youths from drug abuse.



Fig1 :- Awareness program against Drug Abuse Conducted by Dhangadhi Submetropolitan City

Conclusion

Current situation of drug abuse reflects that when all the stakeholders cannot play sufficient role then its impact can be more more devastating and dangerous to the society so that specifically alongwith Federal entities, Provincial and local levels are also becoming serious. Role played by them is not sufficient so that province and local levels play vital role in terms of utilization of resources, planning and making policies in province and local level. Provincial and local level conduct activities align with Federal policy and master plan.

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Youth-Led Organizations as Catalysts for Drug Prevention in Nepal



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Abstract

Drug prevention among young people has become an urgent public health and social policy concern in Nepal, where recent evidence shows that substance use is concentrated heavily among younger age groups and often begins during adolescence. In this context, youth-led organizations have emerged as important community actors because they combine peer credibility, local knowledge, rights-based advocacy and flexible outreach in ways that formal institutions often struggle to achieve. This article examines how youth-led organizations function as catalysts for drug prevention in Nepal by situating their work within the country's current drug-use landscape, identifying their principal strategies, assessing their impacts and analyzing the challenges that limit their reach. The article argues that youth-led initiatives are not supplementary actors but strategic partners in prevention, early intervention, harm reduction and reintegration. The analysis shows that youth organizations are especially effective when they deliver peer education, digital awareness, psychosocial support, community mobilization, referral services and policy advocacy in culturally relevant ways. However, their long-term effectiveness is constrained by unstable funding, stigma, punitive legal environments, inadequate institutional recognition and limited technical capacity. Strengthening these organizations through policy integration, targeted financing, training and collaborative governance would significantly improve Nepal's drug prevention response and enhance youth participation in public health leadership.

Keywords: youth-led organizations; drug prevention; substance use; peer education; harm reduction; youth participation; community mobilization

Background

Drug use in Nepal has evolved from a narrowly framed criminal issue into a multidimensional public health, social and developmental challenge. Government-linked and civil society sources indicate a substantial increase in the number of people who use drugs over the last two decades, with younger populations comprising the majority of those affected. This shift has placed pressure on conventional prevention models that rely mainly on law enforcement, episodic awareness campaigns, or institution-centered rehabilitation, especially where these approaches

fail to address lived realities such as peer influence, unemployment, stigma, emotional distress and weak youth-friendly services.

When young people are excluded from prevention planning, interventions often lack credibility and fail to connect with the social environments in which substance use begins and spreads. Conversely, when youth themselves organize awareness, support and advocacy efforts, prevention becomes more relatable, participatory and locally grounded. Youth-led organizations are effective not simply because they are youthful in composition, but because they reduce social distance between service providers and at-risk peers while creating pathways to help-seeking that are less stigmatizing and more immediate²³.

Introduction

Youth-led organizations are organizations initiated, managed and implemented by young people to address issues that directly affect their communities. In the field of drug prevention, their importance lies in the capacity to communicate through peer networks, identify emerging risks early, challenge misinformation and create supportive spaces for dialogue and referral. In Nepal, such organizations operate through youth clubs, student networks, community-based groups, recovery-led platforms and rights-oriented advocacy initiatives, often in collaboration with schools, local governments, health actors and civil society organizations. This article argues that youth-led organizations act as catalysts for drug prevention in Nepal because they accelerate social awareness, expand access to information and support and reshape prevention from a top-down moral message into a participatory public health response.

Main Body:

Drug Abuse Context in Nepal

Nepal's drug situation is marked by both numerical growth and changing patterns of use. A government survey cited in the 2013 report on current hard drug users documented an increase from 46,309 hard drug users in 2063 B.S. to 91,534 in 2069 B.S.²⁴ More recent evidence cited by Recovering Nepal states that an estimated 130,424 people use drugs in Nepal, about 7 percent of them women and more than three-quarters are below the age of 30. The UNAIDS feature on young people who use drugs in Nepal similarly reports that a 2023 Ministry of Home Affairs survey found that over 70% of people who use drugs in Nepal are under age 30, confirming the strongly youth-centered nature of the problem.

This context is not defined only by prevalence but also by changing substance patterns and layered vulnerabilities. The attached articles note the continued use of cannabis, heroin, codeine-based substances, tranquilizers and other pharmaceuticals, while newer accounts point to injecting use, poly-substance practices and a shift among some users toward mixed or more hazardous consumption patterns. Nepal's open border dynamics, urbanization, unemployment, academic pressure, weak psychosocial support and social stigma further intensify risk,

23 Nepal Health Research Council. (2024). *Knowledge, attitudes, and practices on substance use among adolescents in Nepal*. Retrieved from <https://elibrary.nhrc.gov.np/handle/20.500.14356/2822>

particularly for adolescents and young adults who may begin use before age 15 or during the 15–19 age range²⁴

Youth as Agents of Change

Youth are often described only as a risk group in drug discourse, but they are equally important as actors of prevention and social transformation. Because most people affected by drug use in Nepal are below age 30, youth are uniquely positioned to understand the language, social pressures, media habits and behavioral triggers that shape substance use among their peers. This proximity gives youth-led organizations a comparative advantage over purely institutional campaigns that may appear moralistic, punitive, or disconnected from everyday youth realities . The latest context in Nepal reinforces this role. Organizations such as *Recovering Nepal* (an umbrella network of drug user-led groups) and Yuwalaya, operate on the principle of for Youth, By Youth. YKP Lead Nepal, SAATH, Youth Vision, Nepal unites, youth-centered advocacy platforms and networks associated with harm reduction and recovery have shown that young people can design outreach that combines empathy, service navigation, rights awareness and public health messaging. Youth leadership matters not only because peers can spread prevention messages more persuasively, but also because they can identify hidden barriers to service access such as fear of arrest, concern about confidentiality, inconvenient service hours and gender-insensitive care. In this sense, youth become agents of change by shifting prevention from passive information delivery to active participation, dialogue and support.

Strategies Used by Youth-Led Organizations

i) Peer education and awareness building

Rather than relying on fear-based warnings, youth leaders conduct school sessions, college discussions, street outreach and youth club activities that explain the risks of drug use in relatable language. Peer education as one of the most effective tools because adolescents are more likely to listen to trusted peers than to authority figures . A practical example is the use of school-based workshops and youth councils discussed in the provided articles, where drug prevention is linked with real-life choices, refusal skills and open conversation rather than moral scolding .

ii) Digital and social media outreach

Youth organizations increasingly use Facebook, short-form video content, messaging platforms and online discussion spaces to reach young people in the environments where they already interact. that youth-led groups such as YKP Lead Nepal also share safety information and maintain youth-centered outreach approaches that respond to confidentiality concerns and stigma.²⁵ Online platforms are particularly important in contemporary Nepal because they allow discreet engagement for youth who may hesitate to join public events or visit formal service points .

24 Nepal Health Research Council (2020). *Prevalence of Substance Abuse among Adolescents of Dharan*. (elibrary.nhrc.gov.np)

25 <https://www.unodc.org/unodc/en/data-and-analysis/wdr-drug-market-patterns-trends.html> and <https://www.unodc.org/unodc/data-and-analysis/world-drug-report-2025.html>

ii) Peer counseling and psychosocial support

Many young people use substances in relation to stress, loneliness, exclusion, trauma, or family conflict, so prevention requires emotional support as much as information. Youth-led groups provide listening spaces, informal counseling, confidence-building discussions and referral to mental health or treatment services when needed. The need to integrate mental health and psychosocial counseling into harm reduction services because stigma, violence and adverse experiences frequently intensify risk behaviors among people who use drugs²⁶.

iv) Harm reduction-oriented prevention.

Although drug prevention often focuses on abstinence, several youth-oriented and community-led organizations in Nepal operate with a practical understanding that some young people are already using drugs and need immediate safety measures. Youth-led outreach that distributes clean needles and syringes, shares safety information and advocates for more accessible, people-centered services. Needle and syringe support, opioid substitution pathways and safe, non-judgmental spaces as ways to reduce immediate harm while building trust that can later support recovery and behavioral change.

v) Community mobilization and multi-stakeholder engagement

Youth-led organizations do not work only with individuals; they mobilize parents, teachers, local leaders, schools and community groups to recognize drug prevention as a collective responsibility. Community discussions, public campaigns and collaboration with local institutions as essential for changing norms and creating drug-free environments. This strategy matters because prevention is stronger when schools, families and youth groups reinforce the same message and referral pathways.

vi) Advocacy and policy engagement

Youth-led organizations in Nepal increasingly move beyond awareness work to challenge punitive or exclusionary systems. Youth advocates are calling for laws and services that treat drug dependence as a health condition rather than a crime, while also demanding youth-friendly and gender-sensitive service design. Recovering Nepal's 2023 paper similarly prioritizes community-led advocacy, legal literacy, youth-friendly service delivery and improved representation in decision-making structures²⁷. An example is the push for lower-threshold services, separate access arrangements for women and young people and stronger accountability for abuse or discrimination in treatment settings.

vii) Alternative engagement, leadership development and reintegration support.

Youth-led organizations often create constructive alternatives to substance use through sports, arts, volunteering, leadership training and skill-building opportunities. They also help connect affected youth to detoxification, rehabilitation, counseling, or reintegration support, linking prevention with hope and social inclusion rather than shame. This is especially important

26 <https://www.recoveringnepal.org.np/article/category/17>

27 https://www.recoveringnepal.org.np/uploads/impact/document_66_1627199198.pdf

because prevention becomes more credible when it offers not only warnings but also pathways toward belonging, dignity and future opportunity.

Impacts of Youth-Led Organizations

i) greater credibility of prevention messages

Because messages come from peers who understand youth culture, they are often received with less resistance and more openness than official campaigns. This credibility improves the likelihood that young people will discuss risky behavior honestly and seek advice at an earlier stage.

ii) Early identification of at-risk youth.

Peer networks make it easier to detect behavioral changes, school disengagement, emotional distress, or emerging substance use before the situation becomes severe. The background articles repeatedly note that peer-based communication helps at-risk youth disclose problems sooner than they might in formal institutional settings.

ii) Reduced stigma and increased help-seeking

UNAIDS documents how young people who use drugs face humiliation, distrust and social isolation and how youth-led advocacy creates more humane and supportive engagement. When organizations normalize conversations about addiction, recovery and mental health, they make it easier for youth to seek counseling, treatment, or community support without feeling morally condemned.

iv) Improved access to harm reduction and health information.

Youth-led outreach can bridge service gaps by sharing practical health information, connecting youth to existing programs and explaining safer practices in a way that is understandable and non-threatening. This is particularly important in settings where formal services are underused because of fear, poor treatment, or inconvenience.

v) Stronger community participation in prevention

Youth-led organizations bring schools, clubs, families and local actors into the prevention process, making drug prevention a shared social effort rather than a narrow institutional task. Community ownership improves sustainability and helps shift norms around silence, denial and stigma.

vi) Policy visibility for youth concerns

By participating in advocacy and public dialogue, youth-led groups bring issues such as service accessibility, confidentiality, gender sensitivity and decriminalization into policy conversations that might otherwise ignore them. Their advocacy helps reframe drug prevention as a matter of public health, human rights and youth development.

vii) Empowerment and leadership development among youth themselves.

When young people organize prevention programs, they build communication skills, civic responsibility, research capacity and public leadership. This creates a secondary prevention

effect: youth who become leaders in such organizations are also more likely to model healthy behavior and mobilize others constructively.

Challenges Faced by Youth-Led Organizations

i) Unstable funding and weak institutional sustainability

The source articles repeatedly describe youth-led initiatives as volunteer-driven or project-based, which makes continuity difficult once grants or short-term support end. Recovering Nepal's 2023 document also highlights underpaid outreach workers, burnout, high turnover and resource shortages across community-led responses, indicating that financial fragility directly affects service quality and reach.

ii) Stigma and a punitive policy environment

UNAIDS reports that the Narcotic Drugs Act criminalizes not only possession but addiction itself, while many young people fear arrest, mistreatment, or harassment when trying to access services. This undermines prevention because youth may avoid both formal institutions and community-based referrals if they believe disclosure could lead to punishment rather than support.

iii) Limited technical and organizational capacity

Many youth leaders need additional training in counseling, safeguarding, documentation, proposal writing, monitoring and evidence-based prevention methods. Without such support, committed youth initiatives may remain small in scale or uneven in quality.

iv) Tokenistic participation in decision-making

Several of the background articles argue that youth are often invited into forums symbolically but not given real authority to shape policy or resource allocation. This weakens the transformative potential of youth-led prevention and sustains top-down approaches that overlook on-the-ground realities.

v) weak coordination with government, schools, treatment centers and health systems

Major inconsistencies in data, fragmented service systems and gaps in comprehensive care, all of which make referral pathways and collaborative programming more difficult. For youth-led organizations, this means extra effort is required merely to connect young people to support that should already be integrated.

Opportunities and Future Prospects

Although the challenges are significant, Nepal also presents a strong basis for expanding youth-led prevention.

- i) The growing recognition that punitive approaches alone cannot address youth drug use effectively. UNAIDS and community-led advocacy have helped establish a stronger case for people-centered, health-oriented responses that align well with the methods of youth-led organizations. This creates policy space for greater investment in peer-led education, youth-friendly harm reduction and early psychosocial intervention.

- ii) Nepal's expanding digital environment. Youth-led groups can use low-cost digital platforms to reach dispersed and stigmatized populations, circulate prevention content, support anonymous communication and connect vulnerable youth to services .If combined with local language content, confidentiality safeguards and referral systems, digital outreach could significantly broaden the preventive impact of youth organizations in both urban and semi-urban areas.
- ii). The possibility of stronger partnerships across sectors. Recovering Nepal's recommendations point toward community-led research, better training, expanded youth-friendly services, improved data systems and wider inclusion of community voices in planning . If local governments, schools, health institutions, universities and civil society actors formally collaborate with youth-led organizations, Nepal could develop a more preventive, evidence-informed and socially legitimate drug response.

Recommendations

Several measures are necessary to strengthen youth-led organizations as catalysts for drug prevention in Nepal.

- i) Youth-led organizations should be formally recognized in national and local drug prevention frameworks, with representation in policy dialogue and planning bodies rather than only symbolic consultation .
- ii) Government agencies and development partners should create dedicated funding windows for youth-led prevention, peer education, digital outreach and community-based support so that effective programs are not trapped in short project cycles .
- iii) Systematic capacity-building should be provided in peer counseling, safeguarding, mental health first response, monitoring and evaluation, proposal writing, digital communication and referral management .
- iv) School- and college-based prevention programs should integrate trained youth facilitators, life-skills education and referral links to professional support .
- v) Nepal should promote youth-friendly, gender-sensitive and low-threshold services that protect confidentiality and reduce fear of exposure, harassment, or arrest, especially for adolescents and young women.
- vi) Collaboration among youth organizations, rehabilitation centers, local governments, health services and community actors should be institutionalized at municipal and provincial levels so that prevention, treatment and reintegration are connected rather than fragmented .
- vii) More community-led and youth-participatory research should be supported to generate localized evidence on drug trends, prevention outcomes and service barriers, thereby improving policy design and accountability .

Conclusion

Drug prevention in Nepal requires approaches that are credible, humane, participatory and responsive to the realities of young people. The available evidence shows that youth-led organizations are well placed to meet these demands because they combine peer trust, local insight, psychosocial sensitivity, digital adaptability and community engagement in ways that conventional systems often do not .Their value lies not only in disseminating anti-drug messages, but in transforming prevention into an ongoing process of dialogue, early support,

harm reduction, advocacy and reintegration. In the Nepalese context, where most people who use drugs are under 30 and where stigma, criminalization and service gaps remain serious barriers, youth-led organizations should be treated as strategic public health partners rather than peripheral volunteers. If Nepal invests in their capacity, legitimacy and sustainability, youth-led organizations can become one of the country's most effective mechanisms for reducing drug-related harm and building healthier, more resilient communities.

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"The Invisible Web: New Dimensions of Drug Trafficking in the Digital Era and the Risks to the Younger Generation"



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Abstract:

Nowadays, technology is rapidly growing, which positively and negatively affects the entire world. In the age of digital world, human lifestyle is easy, fast and convenient, but it also invites risk as well. In term of risk, this study talks about the drugs trafficking and digital crimes. Drugs trafficking is not a new for the modern age it was exit at the ancient period but at that period, it was quite difficult due to the communication gap and physical difficulties. At that time, it was secretly doing its illegal activities and secretly consuming. However, now days due to technological advancement it was openly buying and selling its illegal activities through the Dark Web, encrypted messaging and social media platforms. The payment was done by digital wallets. According to the CID Magazine (Annual Publication, 70th CID Day 2082), the total number of registered cases has shown a significant upward trend over the years. In FY 2072/73, there were 28,563 cases recorded, which sharply increased to 59,207 in FY 2080/81, followed by a slight decline to 58,472 in FY 2081/82. This pattern reflects a substantial rise in reported cases over the past decade, with only a marginal decrease in the most recent fiscal year.

This study examines and evaluates the trends of drugs trafficking, cyber-crime and the impact of drugs consumption in the younger generation of Nepali youth. This study was based upon the statistics provided by the Nepal Police, ministry of Home Affairs and different division worked under the Nepal Police particularly focus on FY 2072/73 to FY 2081/82. This study was using descriptive and analytical methods for evaluating the drugs addiction into the Youth Generation, crime rate and their impact over the Nepali Youth. This study evaluates existing policy responses in Nepal, including demand reduction, supply control and rehabilitation strategies, while identifying gaps in digital surveillance and intergovernmental coordination. This study presents policy recommendations, which will help to reduce the drug consumption and cybercrimes.

Keywords: Digital Ecosystem, Cyber-Narcotics, Supply Control, Youth Psychology, Cyber Crime, Drug Trafficking, Dark Web.

Introduction:

In the era of digital revolution, it significantly affected social, economic and behavioral activities worldwide. In the context of Nepal, there is low internet service charges and proliferation of smartphones as well as higher use of social media platform are widely used by the youth. It is beneficial for everyone in terms of his or her studies, research activates and earning from social media. But, it also rising the risk of drugs trafficking and cybercrimes simultaneity. There are rising challenges which are transformation of drug trafficking and consumption into digitally mediated activities. Traditionally, due to the open broader with India drug distribution relied on physical networks and localized interactions. But, recently the integration of digital technologies has enabled anonymous transactions, decentralized supply chains and cross-border access. So, that it also increases the illegal activities related to the drugs trafficking of youth generation.

This study seeks to analyze how digital ecosystems are reshaping drug abuse patterns in Nepal and to assess the associated health, social and security implications. Before one decease, everyone just talking about the drugs is harmful for the health and society but in recent period, it is more about the cyber security. Hence, this is all about the how digitalization can affect the drugs trafficking, its consequences in the Nepali youth and society as well as the policy implication to reduce the risk from the drugs trafficking and cybercrimes.

Objectives and Significance of the Study:

The main objective of this study is to identify the different social media platforms which are used for drug trade and distribution by using the digital platform for payment settlement. It also finds to understand the cause and consequences of narcotic drugs in the younger generation through the evolving digital environment. Similarly, significance of this study is how it is relevant to the current society and youth. In the current time technology is a major part of daily life so that young people are more exposed to online risks without always being aware of them. Hence, this research helps to raise awareness among students, parents, educators and policymakers about the hidden dangers of digital drug trafficking. It also supports the need for stronger digital monitoring, education and preventive measures to protect vulnerable groups.

Descriptive Analysis:

A) Introduction of Narcotic Drug:

Drugs is a kind of chemical substance which, when it was consumed or used, affect a person's central nervous system. They can alter perception in such a way that what is real may seem unreal and what is unreal may appear real. In other words, a drug is any chemical substance other than a nutrient or an essential dietary ingredient, which, when administered to a living organism, produces a biological effect. Consumption of drugs can be via inhalation, injection, smoking, ingestion, absorption via a patch on the skin, suppository, or dissolution under the tongue. According to Narcotic Drugs (Control) Act, 2033 (1976), Not all the intoxicating substances fall under the definition of the narcotic drug (Bhandari Law (n.d.)). Under Section 3 of the Narcotic Act defines narcotic drugs as following:

- ✓ Cannabis / Marijuana
- ✓ Medicinal Cannabis / Marijuana

- ✓ Opium
- ✓ Processed Opium
- ✓ Medicinal Opium
- ✓ Plants and Leaves of Coca and
- ✓ Any substances to be prepared by mixing opium and extract coca, including mixture or salt.
- ✓ Psychotropic substances and their salts as specified by the Government of Nepal in the Nepal Gazette.

B) Global Status of Drug Trafficking and Abuse:

According to the United Nations Office on Drugs and Crime (World Drug Report 2025); in the world around 316 million peoples, which age group is 15 to 64 years are using a drug, which is the approximately 6% of world population. The data show that, the use of drugs is increased by 28% from 2013 to 2025. The most used drugs is Cannabis and other major drugs are opioids, amphetamines, cocaine, ecstasy etc. approximate, thirty-nine million peoples are suffering from the drug use disorders and only 8-10% peoples are receiving a proper treatment worldwide (UNODC, 2025).

Nowadays, Drug Trafficking is becoming a global trend where around 500,000 peoples are dead annually due to the drug-related causes. In 2025, global drug trafficking is increasingly shifting into the digital world. According to the United Nations Office on Drugs and Crime, nearly all forms of organized crime now have a digital footprint and drug markets are rapidly adapting to online platforms and cyber tools. Recent analysis shows that darknet markets alone have facilitated over 1.29 billion USD in drug-related transactions, with more than 90% of darknet sales linked to drugs [UNODC], 2025). These platforms operate like online stores, where traffickers use encrypted communication and cryptocurrencies to hide their identities and financial flows.

C) Overview of the Narcotic Drugs in Nepal:

In the context of Nepal there is not a long history related to the narcotic drugs. In 1960's-1970's it widely emerged in Nepal called the Hippie Culture. At the time it was perceived by many tourists as a haven for the consumption of substances such as marijuana, hashish and heroin. Kathmandu's *Jhochhen Tole* now which is known as Freak Street was lined with licensed government-run hashish shops in 1960's.

History of Narcotic Drugs in Nepal

Period	Status	Remarks
Before 1960's	Traditional	Religious and medicinal use of wild cannabis.
1960-1973	Regulated	The Hippie Culture, Freak Street Shops, Government Revenue.
1973-1976	Transition	Licenses revoked under international pressure.
1976-2023	Illegal	Strict prohibition; rise of illicit hard drug trafficking.
2024-2026	Reform	Active debates on re-legalization for medicine and industry.

Status of Crime Rate in Nepal (Last 10 Years)

Date	2072/73	2073/74	2074/75	2075/76	2076/77	2077/78	2078/79	2079/80	2080/81	2081/82
Number of Case	28563	31463	39315	43051	41898	40120	46902	56323	59204	58472
Change (%)	-	10.15↑	24.96↑	9.50↑	-2.68↓	-4.24↓	16.90↑	20.09↑	5.12↑	-1.24↓

Sources: CID Magazine, 2082 (Annual Publication, 70th CID Day)

Current Status of Narcotic Drugs & Cyber Crimes in Nepal (Last 3 Years)

Year (FY)	Arrested (No.)				Escaped (No.)				No. of Cases Filed	
	Nepali		Foreign		Nepali		Foreign			
	M	F	M	F	M	F	M	F		
2079/80	5635	324	209	19	141	6	2	0	4102	133
2080/81	6072	351	266	26	161	23	9	0	4399	255
2081/82	7146	419	296	29	157	5	1	0	5061	291

Sources: CID Magazine, 2082 (Annual Publication, 70th CID Day)

Note: M = Male and F = Female

Status of Seized Narcotics and Psychotropics Substances (Last 3 Years)

Types Fiscal Year		2079/080	2080/081	2081/082
Cannabis / Marijuana (KG)	गाँजा	20669	26045	51783
Hashish / Cannabis Resin (KG)	चरेश	629	507	829
Heroin (KG)	हेरोइन	14	14	47
Opium (KG)	अफिम	37	62	184
Cocaine (KG)	कोकिन	14	18	18
Poland (KG)	पोल्याण्ड	4	0	22
Psychotropic Substances (Pices)	मनोदिपक पदार्थ	413280	490953	3429290
Others	अन्य	*	**	***

Sources: CID Magazine, 2082 (Annual Publication, 70th CID Day)

अन्य:

***आ.व. २०७९/०८०:** लागुऔषध खात ५०९ किलो १६० ग्राम, एलएसडी १०,११८ पिस, आईसीई ३.५ ग्राम,

एमफेटामाइन ८७३ ग्राम ४०० मि. ग्राम र अन्य लागुऔषध ४७ पिस ।

****आ.व. २०८०/०८१:** एमफेटामाइन १४ ग्राम र आईसीई २ ग्राम ।

*****आ.व. २०८१/०८२:** एमफेटामाइन १ किलो १७६ ग्राम ६२ मि. ग्राम र एलएसडी १९१ पिस ।

Status of Financial Intelligence Unit (FIU-Nepal)

During 2024/25, FIU-Nepal made significant strides in enhancing its digital infrastructure and analytical capabilities. The use of the go AML system for digital reporting continued to grow, reflecting stronger adoption and improved compliance among reporting entities. The number of entities integrated into goAML increased by 113.36 percent, reaching a total of 3,497, with all STRs/SARs submitted electronically throughout the year. Consequently, the number of Suspicious Transaction/Activity Reports rose by 30 percent to 9,565. This growth indicates increased vigilance within the financial sector and has contributed to greater efficiency in analysis and intelligence generation (MR. BASHU DEV BHATTARAI Director / Head).

S. N.	Predicate Offense	FY 2024/25	FY 2023/24
1	Destructive Acts, Including Terrorism Related	3	1
2	Counterfeiting of Coins or Currency Related	4	14
3	Smuggling (including Customs Evasion)	21	23
4	Citizenship, Immigration or Passport Related	34	19
5	Lottery, Gambling, Customs, Donation Related	573	428
6	Corruption and Bribery Related	66	54
7	Human Trafficking Related	11	11
8	Money Laundering	3482	3482
9	Criminal Extortion Related	1	3
10	Forgery Related	76	44
11	Kidnapping / Illegal Restraint	0	2
12	Conservation of Ancient Monuments	1	1
13	Communication, Broadcasting & Advertising Related	3	2
14	Illegal Trafficking of Stolen Goods	2	5
15	Illegal Trafficking in Arms & Ammunition	1	0
16	Every Form of Human Trafficking & Smuggling Related	16	27
17	Match Fixing & Irregularities in Sports	1	1
18	Real Estate & Property Related	2	12
19	Tax (Direct & Indirect)	2426	2498
20	Forest, National Parks & Wildlife Related	3	12
21	Virtual Currency	114	70
22	Election Related	2	8
23	Theft or Robbery Related	7	9
24	Undue Transaction	167	165
25	TTR – Trade Based Money Laundering	70	70
26	Medical / Pharmacy / Foreign Exchange / Counterfeits	2064	2017
27	Participation in Organized Criminal Groups	2	21
28	Production of Counterfeit Goods	2	6
29	Adversely Affecting Securities or Commodities Market	28	9
30	Sexual Exploitation (Especially Children)	4	4

S. N.	Predicate Offense	FY 2024/25	FY 2023/24
31	Black Marketing / Supply Chain Offense	16	4
32	Fraud & Financial Crimes (incl. embezzlement)	1355	40
33	<i>Illegal Trading of Narcotics & Psychotropic Substances</i>	9	3
34	Firms, Partnerships & Company Related	935	681
35	Hundi (Informal Transfer) Related	613	-
36	Unauthorized Casino Operation	2	-

Sources: FIU-Nepal Annual Report 2024/25 (14th ed.)

D) Cause of Increasing Drugs Trafficking and Addiction in Nepal:

i) Geographical Factors: Due to the open boarder with India, it is easy to import and export the Narcotic Drugs and it also increase the consumption within the different age group. There are difficult terrain, remote border regions and limited monitoring in rural areas further create opportunities for illegal activities. These geographical conditions make drug control more challenging and contribute to the rising problem of trafficking and addiction in the country.

ii) Socioeconomical Factors: Nowadays, the rise in drug trafficking and addiction in Nepal is influenced by socio-economic factors. Most of the younger peoples are affected by peer pressure, curiosity and the desire to experiment with drugs without understanding the risks. Some also use drugs for performance enhancement, while others turn to them as an escape from emotional problems such as stress, anxiety, fear, or depression. Hence, these factors contribute to the growing problem of drugs abuse in society.

iii) Digitalization: The rapid growth of digital technology has also contributed to the rise of drug trafficking and addiction in Nepal. Social media platforms, encrypted messaging apps and online networks are increasingly being misused by traffickers to connect with buyers, advertise drugs and coordinate illegal activities in hidden ways. Because these platforms are difficult to monitor, they provide a safer space for criminals to operate anonymously. At the same time, easy access to the internet exposes young people to harmful content and influences, increasing their vulnerability to drug use. As a result, digitalization has become a new and growing channel that supports both drug distribution and abuse. It includes the.

- ✓ The Digital Marketplace: Evolution of Narcotics Trade
- ✓ Misuse of Encrypted Communication: Usage of Telegram, Signal and WhatsApp (Self-destructing messages).
- ✓ The Dark Web and Anonymity: Role of unindexed websites and Cryptocurrency (Bitcoin) in transactions.
- ✓ Logistics and Delivery: Exploitation of courier services and ride-sharing apps for "Home Delivery."

iv) Psychological Factors: Psychological factors also play a vital role in increasing drug addiction in Nepal. Many individuals, especially young people, turn to drugs as a way to cope with mental and emotional challenges such as stress, anxiety, depression, loneliness, or trauma. A lack of proper emotional support and mental health awareness can make people more

vulnerable to substance use. Over time, drugs are used as a temporary escape from personal problems, which gradually leads to dependency and addiction. It includes the.

- ✓ Virtual Glamourization: Influence of pop culture and social media "reels" on normalizing drug use.
- ✓ The Algorithm Trap: How social media algorithms create "Echo Chambers" for vulnerable youth.
- ✓ Cyber-Bullying and Mental Health: Digital stress as a catalyst for substance abuse.

v) Lack of Regulatory Body: Limited coordination among responsible agencies and lack of strong monitoring mechanisms make it difficult to effectively control illegal drug activities. In many cases, gaps in supervision allow traffickers to operate more freely. Due to the lack of coordination between federal provincial and local level government it also has a major problem for the necrotic drugs abuse.

vi) Poor Implementations of Narcotic Drugs related Act: Nepal has laws related to narcotic drugs; their implementation is often weak and inconsistent. Delays in enforcement, lack of strict action and insufficient monitoring reduce the effectiveness of these laws. As a result, offenders are not always properly punished, which encourages the continuation and growth of drug-related crimes.

E) Effect of Narcotic Drugs:

Physical Effects	Psychological (Mental) Effects	Social and Long-term Effects
Drowsiness and sleepiness	Euphoria (false sense of happiness)	Drug dependence (addiction)
Slow breathing and heart rate	Confusion and poor judgment	Family conflicts and breakdown of relationships
Reduced pain sensation	Anxiety or depression	Poor academic or work performance
Nausea and vomiting	Memory loss and reduced concentration	Financial difficulties due to addiction
Weak immune system	Hallucinations in severe cases	Social isolation and stigma
Risk of infectious diseases	Damage to brain, liver and other vital organs	Mental health disorders and behavioral changes

F) Solution to Control Drugs Trafficking and Abuse:

a) Strengthening Law Enforcement: Improve the capacity of police and security agencies, ensure strict monitoring of borders and take strong legal action against traffickers.

ii) Effective Implementation of Laws: Properly enforce the Narcotic Drugs (Control) Act and related regulations without delay or corruption.

iii) Public Awareness and Education Programs: Conduct nationwide campaigns in schools, colleges and communities to educate people about the risks of drug abuse.

iv) Strengthening Border Security: Increase surveillance and coordination at open and porous borders to reduce drug smuggling.

v) **Rehabilitation and Treatment Services:** Expand access to rehabilitation centers and provide proper counseling and medical treatment for addicts.

vi) **Youth Engagement and Employment Opportunities:** Create job opportunities, skill development programs and sports/cultural activities to reduce youth involvement in drugs.

vii) **Digital Monitoring and Cyber Control:** Monitor online platforms and social media to detect and prevent drug trafficking activities in the digital space.

G) Legal Provision Related to Narcotic Drugs in Nepal:

- ✓ Narcotic Drugs (Control) Act, 2033 (1976)
- ✓ Narcotic Drugs (Control) Rules, 2033 (1976)
- ✓ Drug Control Policy of Nepal, 2063 (2006)
- ✓ National Drug Control Strategy (various updates)
- ✓ Prevention of Illicit Trafficking in Narcotic Drugs and Psychotropic Substances (as per international conventions adopted by Nepal)
- ✓ Criminal Code of Nepal, 2074 (2017)
- ✓ Provisions under Customs Act for controlling drug smuggling.
- ✓ Participation in UN Conventions on Narcotic Drugs (1961, 1971, 1988)

H. Relationship between Digitalization and Narcotic Drugs:

Digitalization has changed the way drug-related activities happen in today's world. With the rise of the internet, social media and messaging apps, drug traffickers now use online platforms to communicate, promote illegal substances and reach buyers in ways that are often hidden and difficult to track. This makes drug control more challenging than before. At the same time, young people are more exposed to online content, which can sometimes increase their risk of being influenced or misled into drug use. However, digital tools are not only harmful, but they also play a positive role. Law enforcement agencies and organizations use digital platforms to spread awareness, monitor illegal activities and share information to prevent drug abuse. In simple words, digitalization works in two ways: it can help spread drug problems if misused, but it can also be a powerful tool to fight against them when used properly.

Challenges for Demand Reduction and Supply Control

- ✓ Peer pressure and curiosity among youth.
- ✓ Lack of awareness about drug abuse effects.
- ✓ Mental health issues such as stress and depression.
- ✓ Open and porous borders making smuggling easy.
- ✓ Difficult terrain and remote areas limiting monitoring.
- ✓ Weak law enforcement and limited resources.
- ✓ Poor coordination among concerned agencies.
- ✓ Use of digital platforms for hidden drug trade.
- ✓ High availability of illegal drugs in some areas.
- ✓ Limited rehabilitation and prevention programs.

Recommendations

- ✓ Strengthen law enforcement agencies and border security.
- ✓ Strict and effective implementation of drug control laws.
- ✓ Increase public awareness programs in schools and communities.
- ✓ Promote mental health support and counseling services.
- ✓ Expand rehabilitation and treatment centers.
- ✓ Improve coordination among government and security agencies.
- ✓ Monitor and control drug trafficking through digital platforms.
- ✓ Provide youth with education, skills and job opportunities.
- ✓ Encourage community participation in drug prevention.
- ✓ Conduct regular research and data-based policy planning.

Conclusion

Over the last decade, Nepal has experienced a gradual overall increase in crime, with some yearly fluctuations. The total number of criminal cases rose from 28,563 in 2072/73 to 58,472 in 2081/82, showing a long-term upward trend. Although there were minor decreases in certain years, the overall pattern reflects growing challenges in maintaining law and order. In the past three years, drug-related crimes and cyber crimes have also shown a steady rise. Drug-related cases increased from 4,102 in 2079/80 to 5,061 in 2081/82, while cyber crime cases more than doubled from 133 to 291. Arrests of both Nepali and foreign nationals have also increased, indicating both stronger enforcement and higher criminal activity.

At the same time, seizure data of narcotic and psychotropic substances shows a significant rise in drug trafficking activities. Cannabis seizures increased sharply, along with notable rises in heroin, opium and hashish. The most alarming increase is seen in psychotropic substances, which rose dramatically from 413,280 pieces to over 3.4 million pieces in just three years. Overall, the data highlights that Nepal is facing a growing and interconnected problem of general crime, drug trafficking and cybercrime. The rise is influenced by factors such as open borders, digitalization, organized crime networks and socio-economic vulnerabilities. While enforcement efforts are improving, the continuous increase in cases and seizures shows the need for stronger prevention strategies, better coordination and long-term awareness programs.

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Narcotic Drugs, Law and Society: Time for a Paradigm Shift in Nepal



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Abstract

Nepal's current drug policy is heavily focused on criminalization, a punitive approach that has led to several critical issues. These include overcrowded prisons, significant human rights concerns and notably ineffective rehabilitation efforts for individuals struggling with substance use. This article argues for a fundamental shift in Nepal's drug policy paradigm, advocating for a move away from criminalization towards a model that prioritizes harm reduction and decriminalization. The discussion focuses on key areas such as the existing legal framework, the broader societal impact of current policies, global best practices in drug policy reform and specific recommendations tailored to the Nepalese context. By examining these elements, the article highlights the urgent need for change and proposes a more compassionate, effective approach to drug policy in Nepal. Global examples, such as Portugal and Switzerland, demonstrate the transformative potential of such reforms.

Keywords: Drug policy, decriminalization, harm reduction, law enforcement, rehabilitation
Introduction

Nepal, a South Asian nation situated between major drug-producing regions, faces significant challenges related to drug use, trafficking and abuse. Its strategic location between the Golden Triangle (Myanmar, Laos and Thailand) (UNODC, 2024) and the Golden Crescent (Afghanistan, Pakistan and Iran) has made it a transit route for illicit drugs, particularly heroin and cannabis. This, combined with socio-economic vulnerabilities, weak law enforcement and porous borders, has contributed to the growing prevalence of drug use within the country. (Farooq et al., 2017)

Drug use in Nepal has escalated over the past few decades, with cannabis and heroin being the most commonly abused substances, followed by pharmaceutical opioids and amphetamine-type stimulants (Narcotic Control Bureau, 2072 BS). The youth population, especially in urban areas, is disproportionately affected, with factors such as unemployment, lack of education and peer pressure driving substance abuse. Injecting drug use (IDU) is also a concern, as it increases the risk of HIV/AIDS and other blood-borne diseases. Despite the rising trend, comprehensive

data on drug use patterns remain limited, hindering effective policy formulation and intervention.

Nepal's approach to narcotic drugs has largely been rooted in criminalization, influenced by global drug control regimes such as the Single Convention on Narcotic Drugs of 1961 (*Single Convention on Narcotic Drugs*, 1961). The Narcotic Drugs Control Act of 2033 and its subsequent amendments have focused on stringent penalties, including imprisonment and fines, for drug-related offenses (Kanun Kitab Byabastha Samiti, 2077 BS). While this approach aims to deter drug trafficking and use, it has led to unintended consequences, such as overcrowded prisons, stigmatization and limited access to treatment and rehabilitation services.

This article argues that Nepal's current drug policy framework is outdated and ill-suited to address the complexities of modern drug use and its societal impacts. The primary objective of this research is to highlight the need for a paradigm shift in Nepal's approach to narcotic drugs, moving from a criminalization model to one that prioritizes harm reduction, public health and human rights.

The Current Legal Framework on Drugs in Nepal Narcotic Drugs (Control) Act, 1976

The Narcotic Drugs (Control) Act, 1976 (2033 BS) serves as the cornerstone of Nepal's legal framework governing narcotic drugs. Enacted to regulate the production, distribution, possession and use of narcotic substances, the Act was designed to align with international drug control obligations while addressing domestic concerns. It categorizes drugs into different schedules based on their perceived harm and potential for abuse, with corresponding penalties for violations. Despite several amendments over the years, the Act remains heavily focused on punitive measures, reflecting a prohibitionist approach to drug control. While it includes provisions for treatment and rehabilitation, these aspects have historically been under-prioritized in practice.

Influence of international conventions

The influence of international conventions, such as the Single Convention on Narcotic Drugs (1961) and frameworks by the United Nations Office on Drugs and Crime (UNODC), has significantly shaped Nepal's drug policies. These global agreements emphasize strict control and criminalization of drug production, trafficking and use, which have historically guided Nepal's punitive approach. Additionally, regional frameworks like the SAARC Convention on Narcotic Drugs and Psychotropic Substances (1990) reinforce these principles, promoting cooperation among South Asian nations to combat drug trafficking and abuse (SAARC Secretariat, 2008). However, while these conventions have provided a structured approach to drug control, they have also limited Nepal's ability to adopt more progressive, health-centered strategies. As global perspectives shift toward harm reduction and decriminalization, there is a growing need for Nepal to reinterpret these conventions in ways that align with evidence-based practices and human rights principles, balancing international obligations with local public health needs.

Criminal penalties for drug possession, use and trafficking

The Narcotic Drugs Control Act imposes severe criminal penalties for drug-related offenses, including possession, use and trafficking. For instance, possession of even small quantities of drugs can lead to imprisonment for up to one year and substantial fines. Trafficking offenses carry much harsher penalties, with sentences ranging from one month to life imprisonment, depending on the quantity and type of drug involved. The Act also criminalizes drug use, treating it as a punishable offense rather than a public health issue. (Kanun Kitab Byabastha Samiti, 2077 BS)

Table 1: Penalties for offenses related to narcotic drugs

SN	Offense	Fine*	Imprisonment**
1	Cannabis Consumption	2	12-Jan
2	Narcotic Addiction	2	2
3	Opium/Coca Consumption	10	1
4	Cannabis Cultivation	25	3
5	Cannabis Trade	100	10
6	Cultivating opium or coca	200	10
7	Other prohibited Acts	2000	10
8	Illicit Activities	2500	Life Imprisonment

* All fine amounts are in thousands of Nepalese Rupees (NPR).

** All imprisonment terms are expressed as the maximum period in years.

This punitive approach has led to the imprisonment of many low-level offenders, including users, who often lack access to adequate legal representation or rehabilitation services. Critics argue that such penalties disproportionately affect vulnerable populations and fail to address the underlying causes of drug addiction.

Law Enforcement Challenges and Legal Loopholes

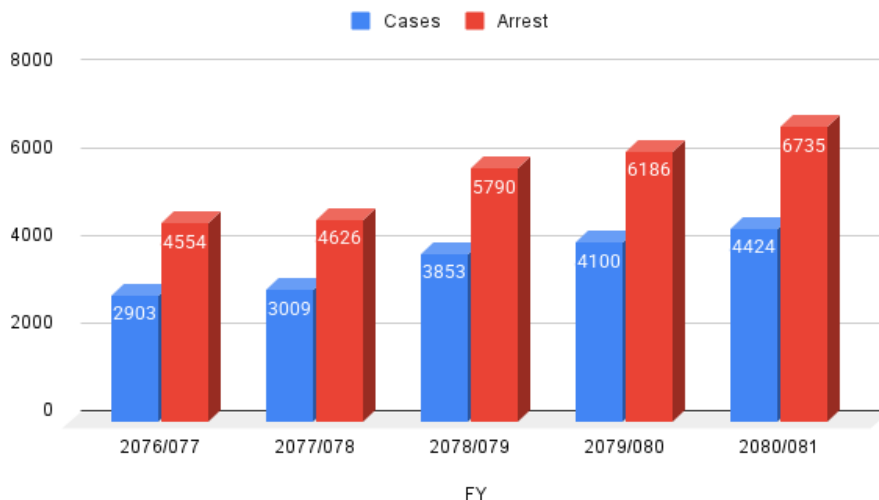
Despite its stringent provisions, the Narcotic Drugs (Control) Act faces significant challenges in implementation. Law enforcement agencies often struggle with limited resources, inadequate training and corruption, which hinder effective drug control efforts. The Act's focus on criminalization has also led to the overburdening of the judicial system, with a high number of drug-related cases clogging courts. Additionally, legal loopholes and ambiguities in the Act have been exploited by drug traffickers, who often operate with impunity. For example, the lack of clear distinctions between personal use and trafficking has resulted in inconsistent enforcement and arbitrary arrests (Upadhaya et al., 2018). Furthermore, the Act's limited emphasis on harm reduction and rehabilitation has left a gap in addressing the health and social needs of drug users, undermining the overall effectiveness of Nepal's drug policy.

Trends in Narcotic Drug-Related Crimes and Prisoner Statistics

According to data from the Narcotics Control Bureau (NCB) and the Ministry of Home Affairs, Nepal has witnessed a steady increase in drug-related crimes over the past decade. Reports indicate a rise in the seizure of illicit drugs, including heroin, cannabis and synthetic substances,

as well as the arrest of individuals involved in drug trafficking and use. (Narcotics Control Bureau, 2023)

Figure 1: *Statistical records of drug-related crimes.*



The NCB's annual reports highlight that drug-related offenses now constitute a significant portion of overall criminal cases in the country. This upward trend underscores the growing challenge of narcotic drug control and the limitations of Nepal's current punitive approach. Increasing drug-related crimes and emerging drug trafficking routes

The surge in drug-related crimes is closely linked to Nepal's strategic geographic location, which makes it a vulnerable transit point for international drug trafficking. Emerging drug trafficking routes have been identified, with narcotics entering Nepal from neighboring countries such as India and China and being transported to other parts of South Asia and beyond. The diversification of trafficking methods, including the use of postal services and human couriers, has further complicated law enforcement efforts. Additionally, the rise in domestic drug use, particularly among youth, has contributed to the increasing prevalence of drug-related crimes, including theft, violence and other forms of criminal activity associated with drug dependency.

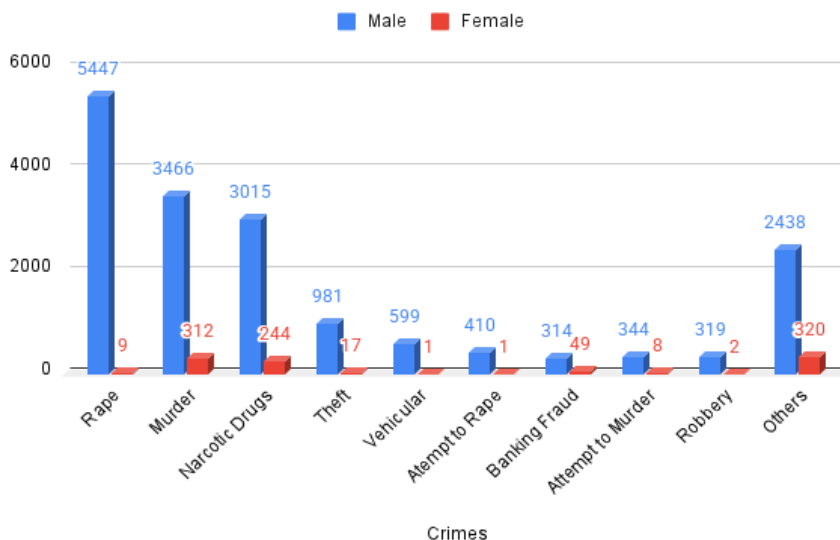
Nepal as a transit hub for international drug trade

Nepal's role as a transit hub for the international drug trade has become increasingly prominent. The country's porous borders, weak surveillance mechanisms and limited law enforcement capacity have made it an attractive route for drug traffickers. Heroin and cannabis produced in the Golden Triangle and Golden Crescent regions often pass through Nepal before reaching global markets. This has not only fueled the domestic drug trade but also exposed Nepal to the risks of organized crime and money laundering. Despite efforts by the NCB and other agencies to curb trafficking, the lack of regional cooperation and resource constraints have hindered progress.

Prison overcrowding

The punitive approach to drug control has had a significant impact on Nepal's prison system. This has exacerbated the problem of prison overcrowding, with facilities operating far beyond their capacity. The high imprisonment rates for drug offenses, often due to stringent drug laws and enforcement, exacerbate the issue.

Figure 2 Number of prisoners by criminal offense



(Source: Department of Prison Management, 2081 BS)

Addressing prison overcrowding may require revisiting drug policies, focusing on rehabilitation and alternative sentencing for non-violent drug offenders and implementing gender-specific interventions to reduce recidivism and alleviate the strain on correctional facilities. Overcrowding has led to poor living conditions, limited access to healthcare and increased tensions among inmates. Moreover, the incarceration of low-level drug offenders, including users, has raised concerns about the fairness and effectiveness of Nepal's criminal justice system.

Social and Economic Impacts of Mass Imprisonment

The mass imprisonment of individuals for drug-related offenses has far-reaching social and economic consequences. Families are often left without primary breadwinners, leading to financial instability and increased poverty. The stigma associated with drug offenses further marginalize individuals, making it difficult for them to reintegrate into society after serving their sentences. Economically, the cost of maintaining an overburdened prison system diverts resources that could otherwise be invested in public health, education and social welfare programs. Additionally, the focus on imprisonment over rehabilitation has limited the availability of treatment and support services for drug users, perpetuating cycles of addiction and crime.

Societal Impact of Drug Criminalization

Marginalization of Drug Users

The criminalization of drug use has perpetuated the marginalization of drug users, subjecting them to severe social stigma and discrimination. Individuals convicted of drug offenses often face exclusion from their families and communities, making it difficult for them to rebuild their lives after imprisonment. Moreover, the punitive approach has limited access to essential healthcare and rehabilitation services for drug users. Many are denied treatment for substance abuse disorders or infectious diseases such as HIV and Hepatitis C due to fear of legal repercussions or lack of available services. This marginalization not only harms individuals but also undermines public health efforts to address drug addiction and its associated risks.

Public Health Crisis

The criminalization of drugs has contributed to a public health crisis in Nepal. The lack of harm reduction programs, such as opioid substitution therapy, has led to increased rates of HIV and Hepatitis C among people who inject drugs. Fear of arrest and stigma further deter drug users from seeking testing, treatment, or support services. Additionally, the absence of a public health-oriented approach has resulted in untreated substance abuse disorders, exacerbating the cycle of addiction and crime. The failure to address these health issues not only affects individuals but also places a significant burden on Nepal's healthcare system.

Economic Burden

The current approach to drug criminalization imposes a substantial economic burden on Nepal. Significant resources are allocated to law enforcement, prosecution and incarceration for drug-related offenses, diverting funds from other critical areas such as education, healthcare and infrastructure. The cost of maintaining an overburdened prison system is particularly high, with limited returns in terms of reducing drug use or trafficking. In contrast, decriminalization and a shift toward harm reduction and public health strategies could yield significant economic benefits. By reducing incarceration rates and focusing on treatment and rehabilitation, Nepal could save resources while improving social and health outcomes. Additionally, regulating certain substances could generate revenue through taxation, further offsetting costs.

Inefficiencies in Law Enforcement

The criminalization of drugs has led to inefficiencies in law enforcement, with a disproportionate amount of resources being directed toward minor drug offenses rather than addressing major crimes. Police and judicial systems are overwhelmed with cases involving small-scale possession or use, leaving fewer resources to combat organized crime, human trafficking and other serious offenses. This misallocation of resources undermines public safety and erodes trust in law enforcement. Furthermore, the focus on low-level offenders often fails to target the high-level traffickers and organized crime networks that drive the drug trade, perpetuating the cycle of drug-related crime.

The Case for a Paradigm Shift: Decriminalization and Harm Reduction

What is Decriminalization?

Decriminalization involves removing criminal penalties for the possession of small amounts of drugs for personal use, shifting the focus from criminal prosecution to treating drug use as a public health issue. Instead of facing imprisonment or a criminal record, individuals may receive fines, mandatory education programs, or community service. The primary aim is to reduce harm, such as overcrowded prisons, stigmatization and the burden on the criminal justice system, while encouraging individuals to seek help without fear of legal consequences. A prominent example is Portugal, which decriminalized all drugs in 2001 and saw improved public health outcomes, such as fewer overdose deaths and reduced HIV transmission (Greenwald, 2009). Decriminalization is distinct from legalization, which involves fully removing legal restrictions on drug production, sale and use within a regulated framework, like Canada's 2018 legalization of cannabis. Decriminalization reduces harm without endorsing or commercializing drug use, making it a more feasible option for countries like Nepal, which can address the immediate harms of criminalization without the complexities of creating a regulated market.

Global Success Stories

Several countries have successfully implemented innovative drug policies focused on decriminalization, harm reduction and legalization, showing the benefits of moving away from punitive approaches. Portugal, for example, decriminalized the possession of all drugs in 2001, prioritizing public health over punishment, which led to significant reductions in drug-related deaths, HIV infections and incarceration rates, without increasing drug use. Switzerland's heroin-assisted treatment program, established in the 1990s, has drastically reduced drug-related crime and overdose deaths while improving the health and social integration of participants. Thailand's recent decriminalization of cannabis and shift toward rehabilitation over punishment has already helped reduce prison overcrowding and reallocated resources toward treatment (Assanangkornchai et al., 2022). Meanwhile, Canada's 2018 cannabis legalization created a legal market, reduced black-market activity, generated tax revenue and funded public health initiatives. (Hammond et al., 2020) These global success stories offer valuable lessons for countries like Nepal, demonstrating how alternative drug policies can reduce harm, improve public health and address societal challenges more effectively than traditional punitive measures. For example, in some cases, decriminalization without adequate harm reduction infrastructure has led to challenges in managing drug-related public health issues. Therefore, any move toward decriminalization in Nepal must be carefully planned and supported by comprehensive harm reduction strategies.

Nepal's Readiness for Reform

Nepal's readiness for drug policy reform hinges on both policy feasibility and public perception. The country's existing legal framework, such as the Narcotic Drugs Control Act, is largely punitive, focusing on criminalization rather than public health. However, there is growing recognition of the limitations of this approach, including overcrowded prisons, rising drug-related health issues and the marginalization of drug users. Policy reform is feasible if supported by strong political will, collaboration between government agencies, NGOs and international organizations and adequate funding for harm reduction programs. Public

perception, however, remains a significant barrier. Deep-rooted stigma and moral judgments against drug users often overshadow the need for compassionate, evidence-based solutions. To shift public opinion, targeted education campaigns, engagement with community leaders and media advocacy are essential. While challenges such as bureaucratic resistance and resource constraints exist, Nepal's growing awareness of human rights and public health principles, combined with lessons from global success stories, provides a strong foundation for meaningful reform.

Harm Reduction Strategies

Harm reduction strategies are essential for addressing the health and social challenges associated with drug use in Nepal. Rehabilitation centers play a critical role by providing evidence-based treatment and support for individuals struggling with substance dependence. These centers should focus not only on detoxification but also on addressing underlying issues such as mental health disorders, poverty and social reintegration. Additionally, opioid substitution therapy (OST), which uses medications like methadone or buprenorphine to reduce dependency on illicit opioids, can significantly improve the quality of life for users while decreasing criminal activity and overdose risks. Implementing these strategies requires adequate funding, trained healthcare professionals and public awareness campaigns to combat stigma. By prioritizing harm reduction, Nepal can shift from a punitive approach to one that saves lives, reduces harm and promotes long-term recovery. (Adhikari et al., 2019)

Public Health and Economic Perspectives

Cost Savings

Decriminalization offers significant cost savings by reducing the financial burden on law enforcement and the prison system. Under a punitive drug policy, substantial resources are allocated to arresting, prosecuting and incarcerating individuals for drug possession, often for minor offenses. These efforts strain law enforcement agencies, overcrowded prisons and divert resources away from more serious crimes. By decriminalizing drug possession, law enforcement can focus on combating organized crime and drug trafficking, while the justice system avoids the high costs of trials and imprisonment. For example, Portugal's decriminalization policy led to a dramatic reduction in drug-related arrests and incarceration rates, freeing up resources for public health initiatives like treatment and rehabilitation programs. In Nepal, where prison overcrowding and limited law enforcement resources are pressing issues, decriminalization could alleviate these challenges and redirect funds toward harm reduction strategies, ultimately creating a more efficient and cost-effective approach to addressing drug-related issues.

Public Health Benefits

Decriminalization and harm reduction strategies offer profound public health benefits, particularly in improving addiction treatment and reducing overdose rates. When drug use is treated as a public health issue rather than a criminal offense, individuals are more likely to seek help without fear of legal consequences. This shift enables better access to evidence-based treatment programs, such as rehabilitation centers and opioid substitution therapy (OST), which address both physical dependency and underlying psychological issues. Countries like Portugal

and Canada have demonstrated that such approaches lead to significant declines in overdose rates and improved overall health outcomes for drug users. For Nepal, adopting these strategies could transform the lives of individuals struggling with addiction, reduce the burden on healthcare systems and create a healthier, more compassionate society.

Economic Growth

Transitioning to a drug policy that emphasizes decriminalization and harm reduction has the potential to drive economic development by generating new jobs in rehabilitation and harm reduction services. The establishment and growth of rehabilitation facilities and opioid substitution therapy (OST) clinics will require a skilled workforce, which includes healthcare workers, counselors, social workers and administrative staff. Furthermore, harm reduction measures like supervised consumption sites and community outreach initiatives can create employment in public health management, education and advocacy. These programs not only offer valuable job opportunities but also enhance the formal economy through tax revenue and lower healthcare expenses linked to untreated substance use disorders. For Nepal, investing in these areas could help tackle unemployment issues while promoting a healthier and more productive society. By prioritizing harm reduction, the country can unlock economic potential while addressing the social and health impacts of drug use.

Impact on Organized Crime

Policy reforms such as decriminalization and harm reduction can significantly undermine the power and influence of organized crime by disrupting the illegal drug market. When drug use is decriminalized and treated as a public health issue, the demand for illicit drugs may decrease as individuals gain access to regulated treatment and support services. Additionally, harm reduction strategies like opioid substitution therapy (OST) and supervised consumption sites reduce reliance on black-market drugs, cutting into the profits of traffickers. By focusing on prevention and treatment, Nepal can dismantle the economic foundations of drug trafficking while promoting public health and security.

Challenges and Considerations for Reform

Implementing drug policy reform in Nepal presents several challenges that must be carefully addressed to ensure successful outcomes. *Legal barriers* are a significant hurdle, as the existing Narcotic Drugs (Control) Act is rooted in a punitive approach. Amending these laws to align with decriminalization and harm reduction principles requires extensive legislative effort, political consensus and collaboration with legal experts. Additionally, Law Enforcement Resistance poses a challenge, as institutional pushback and policy inertia may hinder the adoption of new approaches. Police and judicial systems accustomed to criminalizing drug users may need retraining and sensitization to shift their focus toward public health and harm reduction. Overcoming these barriers will require strong leadership, clear communication of the benefits of reform and incentives for law enforcement to embrace change.

Another critical challenge is *public perception*, as deeply ingrained myths and misinformation about drug use and addiction can fuel resistance to reform. Many people view drug use as a moral failing rather than a public health issue, leading to stigma and discrimination against

users. To overcome this, targeted education campaigns, community engagement and media advocacy are essential to shift public opinion and build support for evidence-based policies. Finally, *balancing security and reform* is a delicate task. While decriminalization and harm reduction focus on supporting users, it is equally important to control large-scale drug trafficking and organized crime. This requires a dual approach: strengthening law enforcement efforts to target high-level traffickers while ensuring that low-level users are treated with compassion and provided access to health services. Addressing these challenges thoughtfully and strategically will be key to achieving sustainable and impactful drug policy reform in Nepal.

Policy Recommendations and the Way Forward

To effectively address Nepal's drug-related challenges, a phased approach to policy reform is essential. In the short-term, the focus should be on immediate harm reduction initiatives and public awareness campaigns. This includes securing funding for opioid substitution therapy (OST) and the establishment of supervised consumption sites. Concurrently, nationwide awareness campaigns should be launched to educate the public, reduce stigma and build support for evidence-based policies. Training programs for healthcare workers, law enforcement and community leaders can also help lay the groundwork for broader reforms. These short-term steps will save lives, reduce harm and create a foundation for more comprehensive changes.

In the mid-term Nepal should implement pilot programs for decriminalization in select regions to assess their feasibility and impact. These pilots would involve diverting individuals caught with small amounts of drugs for personal use to treatment or education programs instead of the criminal justice system. Simultaneously, rehabilitation centers should be expanded and modernized to provide accessible, evidence-based care for those struggling with addiction. Data collected from these pilot programs can inform adjustments and build evidence to support nationwide implementation. Finally, in the long-term, full legislative reforms should be enacted to decriminalize drug possession and integrate harm reduction principles into national policy. This includes amending the Narcotic Drugs (Control) Act, establishing a regulatory framework for harm reduction services and ensuring sustained funding for these initiatives. By taking a gradual, evidence-based approach, Nepal can create a sustainable and compassionate drug policy that prioritizes public health, reduces crime and supports societal well-being.

Conclusion

In conclusion, the current punitive approach to drug policy in Nepal has proven ineffective in addressing the growing challenges of drug abuse, addiction and associated societal harms. The evidence presented in this article underscores the urgent need for a paradigm shift toward decriminalization and harm reduction. By treating drug use as a public health issue rather than a criminal offense, Nepal can reduce incarceration rates, lower overdose deaths and improve access to treatment and rehabilitation services. Global success stories from countries like Portugal, Switzerland and Canada demonstrate the transformative potential of such reforms. Policymakers must act swiftly to fund harm reduction programs, launch public awareness campaigns and pilot decriminalization initiatives, while laying the groundwork for long-term legislative reforms. The time for change is now—Nepal must prioritize compassion, evidence-

based solutions and the well-being of its citizens to build a healthier, safer and more equitable society.

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Invisible Epidemic: Rethinking Drug Control Policies, Drug Abuse, Youth and The Crisis of Modern Society

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Abstract

The phenomenon of drug abuse constitutes an “invisible epidemic” that operates beneath the surface of formal legal and social recognition, disproportionately affecting youth and exacerbating the structural vulnerabilities of modern society. Notwithstanding its pervasive impact, prevailing drug control regimes have historically been anchored in punitive and prohibitionist frameworks, privileging criminalization over therapeutic and preventive interventions. Drug trafficking is the worldwide practice of distributing drugs and other substances which are legally banned and are abused under narcotics and associated laws. It includes the cultivation, manufacture, distribution and sale of controlled substances. This article undertakes a doctrinal and critical analysis of existing drug control policies, interrogating their efficacy, proportionality and compatibility with fundamental human rights principles. It further highlights the significance of integrating the most effective international practices with culturally and economically acceptable approaches in Nepal. Despite progressive policies like the Narcotics Prevention and Control National Master Plan (2022-2028), the lack of trained service providers and standardization of services, greatly hampers their effectiveness. It purports the integration of public health imperatives into the criminal justice system through the formal recognition of rehabilitation and harm reduction as a core legal-responses. Additionally, it advocates for a differentiated regulatory approach that imposes stringent sanctions on trafficking while diverting users towards treatment-oriented mechanisms.

Keywords: Drug abuse, Invisible epidemic, youth vulnerability, rehabilitation, drug policy reform, public health law, social crisis, harm reduction, health deterioration

Introduction

The word Narcotic comes from Greek word ‘Narkotikos’ which means to be numb, produce sleep or drowsiness insensibility to pain.²⁸ Drugs are effective substance for good health they are used for beneficent therapeutic purposes but they are being abused by people especially youths. Drug abuse is also referred to as substance abuse and can be defined as the harmful intake of drugs by individuals in ways or quantities hazardous to

²⁸ Narcotics Control Bureau. (2015). NCB Magazine (p. 49). Kathmandu.

them or people around them, or both. Drug abuse is called as an invisible epidemic because it silently affects individuals and communities without attracting sufficient public attention. Illegal drugs are the source of immense human suffering those most vulnerable, especially young people, bear the brunt of this crisis.²⁹ People who use drugs and those struggling with addiction face a multitude of challenges: the harmful effects of the drugs themselves, the stigma and discrimination they endure and often, harsh and ineffective responses to their situation.³⁰ The government data indicates that over 1,30,000 Nepalis are addicted to hard drugs an alarming figure that signals a deepening national crisis. “Nepal is still relying on outdated drug policies and laws.’ Although the country has gone through four constitutions, the Narcotic Drugs (Control) Act of 2033 B.S. (1976 A.D.) remains unchanged. Here, June 26 is marked as the International Day against Drug Abuse and Illicit Trafficking, observed globally under the theme “Breaking the Chain: Prevention, Treatment and Recovery.” Every year, the international community observes this day to raise awareness and promote action against the global drug crisis, following a call by the United Nations.³¹ The core objective is to protect society from the devastating impact of drug addiction and illicit trafficking.

The number of 334 arrested in drug-related cases in Kanchanpur according to Khadka Khatri, chief of the District Police Office Kanchanpur, the arrests were made between April and mid-Chait. During this period, police seized 753 grams of brown heroin, 33.364 kilograms of hashish and 2.042 kilograms of marijuana, among other substances. A total of 201 cases were registered. Nepal produces mainly raw opium rather than processed heroin. However, Nepal’s role as a transit country for opiates remains significant due to its proximity to major drug markets in India, China and Southeast Asia. While Nepal’s traditional drug trade centered on cannabis and opiates, recent years have seen a worrying rise in cocaine trafficking. Nepal has emerged as a significant transit hub for cocaine trafficking, primarily destined for India, which has one of the world’s fastest-growing illicit drug markets. Cocaine seizures at Nepal’s main international airport, Tribhuvan International Airport (TIA), have surged dramatically from 11.8 kilograms in 2023 to over 30 kilograms in 2024 highlighting the growing scale of this illicit trade.

Most consumed drugs:

There are different kinds of drugs i.e.cannabis, opiates, tranquillisers, inhalants, hallucinogens, stimulants and others. In Nepal, marijuana and its by products have traditionally been used for medical purposes as well playing a role in cultural and religious occasions for hundreds of years. However, overuse of it and pharmaceutical drugs have caused problem in the society. Pharmaceutical drug abuse on prescription drugs are one of the main concern in drug related problem and misuse of pharmaceutical drugs has reached a high in recent years.³² According to

²⁹ Ahmad J, Joel UC, Talabi FO, Bibian ON, Aiyesimoju AB, Adefemi VO, Gever VC. Impact of social media-based intervention in reducing youths’ propensity to engage in drug abuse in Nigeria. Evaluation and program planning.

³⁰ B.R.Sharma. (2011). FORENSIC SCIENTIFIC CRIMINAL INVESTIGATION & TRIALS. Universal Publication.

³¹ United Nations Office on Drugs and Crime,

https://www.unodc.org/pdf/india/publications/south_Asia_Regional_Profile_Sept_2005/12nepal.pdf, accessed on 2026

³² Apil R. Bohara, Double Trouble, THE KATHMANDU POST, as sourced from <https://kathamndupost.com/opinion/2017/06/25/double-trouble-20170625081923>, last accessed on 2026.

survey, cannabis (84.7%) is highly consumed that is why collective effort is needed to control and prevent it. The government data indicates that over 1,30,000 Nepalis are addicted to hard drugs an alarming figure that signals a deepening national crisis.

The Commission on Narcotic Drugs is mandated to decide on the scope of control of substances under the three International Drug Control Conventions, namely:

1. Single Convention on Narcotic Drugs of 1961, as amended by the 1972 Protocol;
2. Convention on Psychotropic Substances of 1971; and
3. United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988.

Magnitude of Problem

Drugs are the chemical substances that affect the normal functioning of the body or brain.³³ Substance abuse treatment is the most cost-effective way to reduce addiction, improve the health of drug abusers and relieve the growing burden of drug-related health care costs. With treatment, addicts can get off drugs, get jobs and become productive members of society which requires permanent behaviour change.

Four most common types of substance abuse treatment are?³⁴

1. Outpatient methadone programs-provide methadone to reduce cravings for heroin. Counselling, vocational training and case management are often used to stabilize patient functioning.
2. Long-term residential programs-offer drug-free treatment in a residential community of counsellors and recovering addicts. Patients generally stay in the programs a year or more.
3. Short-term inpatient programs keep patients up to 30 days. Most of these programs focus on medical stabilization, abstinence and lifestyle changes.
4. Outpatient drug-free programs-use a wide range of approaches, including problem solving groups, specialized therapies, cognitive-behavioral therapy and 12-step programs.

Highlighting various factors that leads to drug addiction.

- a. Phenotypic theory – drug dependent person uses drugs as their primary source of pleasure.³⁵
- b. Phenoenvirotypic theory – individuals use drug to cope-up with psychological distress and environmental factors.³⁶
- c. Genotypic theory – it emphasizes on the genetic composition and hereditary factors which are thought to be responsible to a great extent for bringing this problem in society.³⁷

³³ GIRI RAJ SHAH, ENCYCLOPAEDIA OF NARCOTIC DRUGS AND PSYCHOTROPIC SUBSTANCE, VOLUME 1, Gyan publication house, P4.

³⁴ Janet Reno (2000) Promising Strategies to Reduce Substance Abuse.

³⁵ T.J Crowley, The Reinforcers for Drug Abuse: why people Take Drugs, Comprehensive Psychiatry, 51-62 (1972).

³⁶ A.A. Weech, The Narcotic Addict and the Street, Archives of General Psychiatry, Vol.14, P. 229-306, (1966).

³⁷ Jonas, D.F. & Jonas A.D, Bio-anthropological Overview of Addiction, Perspectives in Biology and Medicine, 345-354 (1977).

- d. Sociobiological theory – drug abuse behavior is a syndrome based on genetically adaptive behavioral patterns and a social behavior with biological foundation .i.e. Person genetic plus environmental factors.
- e. In Nepal as per survey, peer pressure was the major cause reported for drug intake 89.4% followed by different kind of feelings within them.³⁸

Global Response and UN action

In April 2016, the United Nations General Assembly held a special session “United Nations General Assembly Special Session on Drugs” (UNGASS) to review the world drug problem and develop a plan for action to address it at the highest political level.

World Health Organization (WHO) is a key player in the United Nations' efforts to combat the global drug problem. Sustainable Development Goal 3, specifically Target 3.5, calls on governments to enhance prevention and treatment programs for substance abuse. WHO's approach to addressing the global drug problem focuses on five key areas: prevention, treatment, harm reduction, access to controlled medicines and monitoring and evaluation.

International Narcotics Control Board (INCB) is an independent, quasi-judicial expert body established under the 1961 Single Convention on Narcotic Drugs. It was formed by merging two earlier organizations. The Permanent Central Narcotics Board, created by the 1925 International Opium Convention and the Drug Supervisory Body, established under the 1931 Convention for Limiting the Manufacture and Regulating the Distribution of Narcotic Drugs. The INCB monitors and assists governments in complying with international drug control treaties.

United Nations Office on Drugs and Crime (UNODC) supports governments in implementing a balanced, health and evidence-based approach to the world drug problem that addresses both supply and demand and is guided by human rights and the agreed international drug control framework.

With UNDOC’s assistance, Nepal has played an effective role in establishing a National Precursor management symposiums. This approach involves;

- i. The treatment, support and rehabilitation.
- ii. To ensuring access to controlled substances for medical purposes;
- iii. The working with farmers who previously cultivated illicit drug crops to develop alternative sustainable livelihoods for them.
- iv. To establish adequate legal and institutional frameworks for drug control through using international conventions.

UNODC works in all regions through balanced, evidence-based responses to address drug abuse and drug use disorders, as well as the production and trafficking of illicit drugs.

³⁸ https://nepalindata.com/media/resources/items/20/bNepal_Drug_Users_Survey_2076.pdf.

Youth Forum under UNODC

Youth Forum is an annual event organized by the UNODC Youth Initiative in the broader context of the Commission on Narcotic Drugs (CND). From (9th to 11th) March 2026, UNODC Youth Forum 2026 was held on the sidelines of the 69th Session of the Commission on Narcotic Drugs (CND), welcoming 26 youths from 21 countries to Vienna, Austria. For nearly 15 years, this annual event has aimed to create a learning space for active youth leaders to learn about evidence-based prevention, collaborate through interactive sessions and share their experiences and perspectives.³⁹

Main Objective

- i. To gather young people, nominated by Member States and active in the field of drugs use prevention, health promotion and youth empowerment from around the world.
- ii. The aim is to allow them to exchange ideas, visions and different perspectives on how to better protect the health and wellbeing of their peers and provide them with an opportunity to convey their joint message to the global level policy makers.
- iii. The participatory thematic discussions facilitated by UNODC experts lead to the development of a short consensus statement by the youth to be delivered to the delegates of the CND, the policy making body of UNODC.
- iv. To protect the potential of every young person which begins with prevention.
- v. It has aimed to create a learning space for active youth leaders to learn about evidence-based prevention, collaborate through interactive sessions and share their experiences and perspectives.

Therefore, by strengthening supportive systems and protective factors, we can create safe spaces for children and youth to discuss the pressures they face. When young people grow up in environments with prevention, life skills education and supportive relationships, they are more likely to stay engaged in school, pursue their goals and build a positive future.

Laws and Policies of Drugs in Nepal

A. Narcotic Drug Control Law Enforcement Unit [NDCLEU]⁴⁰

It function as a nodal agency for supervising and coordinating all narcotic drugs related operational and investigating member. It is mainly specialized in the undercover operations; international joint investigation, coordination with the international law enforcement agencies; drug liaison agencies and department of narcotic drug control of other countries such as drug markets a central database for narcotic drugs enforcement related activities.⁴¹ The National Coordinating Committee for drug Abuse Prevention(NCC)⁴², which meets annually and currently has 22 members as is chaired by the Minister of Health.

³⁹ Youth Forum <https://www.unodc.org/unodc/en/prevention/youth-initiative/youth-forum.html>.

⁴⁰ Alcohol and drug abuse in Nepal, Pubmed, <https://pubmed.ncbi.nlm.gov/1392549/1992>.

⁴¹ UNDOC, Asia Regional Profile Nepal,

https://www.unodc.org/pdf/india/publications/south_Asia_Regional_Profile_Sept_2005/12nepal.pdf, accessed on 2026.

⁴² Drugs (Narcotics Law), THE OFFICE PORTAL OF GOVERNMENT OF NEPAL, 2018.

<https://nepal.gov.np:8080/National Portal/viewpage?id=166>.

B. Master Plan for Drug Abuse Control 1992

It is the main strategic project of Nepal in relation to control drug crime. It has set the long term objective of building Drug free society". The principal objectives and plan included were as

- Supply and demand reduction through preventive reduction campaign.
- Rehabilitation and reintegration
- Risk reduction through treatment and care
- Community treatment and reform measures⁴³

C. The National Policy for Drug Control, 2006

It has new strategies and concretized old policies and into new policy. In this new policy all previous policies and strategies i.e.

National Drug Control Policy and National Drug Demand Reduction Strategy, 1995. The Drug Demand Reduction Project and Community Treatment Center, 1995.

D. The Narcotic Drugs (Control) Act, 2033(1976)

Nepal's approach to drug policy is encapsulated in the Narcotic Drugs (Control) Act, 2033 which adopts a stringent stance on drug related activities. The Act criminalizes the production, distribution and consumption of drugs, including the state of addiction itself.⁴⁴ Offenders face severe penalties, including imprisonment, reflecting a traditional punitive model aimed at deterrence. The Narcotic Drugs (Control) Act came into force on Ashwin 10, 2033 B.S. As stated in its preamble, the Act was enacted to regulate and control the cultivation, production, manufacture, purchase, sale, storage, transportation, consumption, import and export of narcotic drugs with the aim of protecting public morality, health, convenience and economic welfare. The scope of the Act makes it clear that its primary objective is to establish comprehensive legal control over all narcotics-related activities in Nepal.

E. Drug Act, 2035

The Drugs Act, 2035 defines "drug" as any substance, or the agent used in such a substance, that is intended to be used in humans, animals, or birds for the diagnosis, treatment, or prevention of diseases, for curing or alleviating illness, for destroying disease causing parasites, or for affecting the physical structure or function of humans, animals, or birds.⁴⁵ In addition to this definition, the Act establishes a Drugs Consultative Council and a Drugs Advisory Committee and makes provisions for the research, regulation, production, sale, distribution, import, export, quality control, inspection and monitoring of drugs.

Preventive and Rehabilitation Measures

Officer of Rehabilitation Center Narconon Nepal mentioned in an interview⁴⁶

- How long does it take to be normal? As it is a regular process which may run from 2 months to 1 year or more. It depends on what the abuser used to consume before.
- Does there exist any barrier in present law for the rehabilitation process and are

⁴³ Pratap Kumar Pathak, Policy implications of Drug Abuse in Nepal, Paper Prepared for Instruction, 2007.

⁴⁴ Narcotic Drugs (Control) Act, 2033(1976).

⁴⁵ Drug Act, 2035.

⁴⁶ <https://english.khabarhub.com/2025/27/480688/>.

there any lacuna in law regarding drug control? Yes. There is no policy to regulate rehabilitation centers and support the rehabilitation centre.

1. Treatment and rehabilitation to offer rehabilitation facilities that are accessible, inexpensive and morally competent in order to promote social inclusion and economic independence.
2. Grant social support to offer assistance to those people who have been disabled by drugs.
3. Nepal should adopt a national strategy which ensure that marginalized women, such as women who use drugs and are sex workers, have access to appropriate health care and are not subject to stigma and discrimination by police and health service.
4. Legislative support to assist or assure the execution of the law and follow law enforcement mechanisms.
5. By raising drug awareness programs and minimize drug demand among youngsters for demand reduction and health deterioration.
6. Harm Reduction by regulating and managing the production, importation and sale of illegal drugs in regard to their positive and negative impacts. A shift towards prevention programmes that focus on age-specific life skills development, social cohesion and prosocial lifestyles at the individual, family and community level are crucial for demand reduction.
7. Implementing agencies and system institutions and initiatives to be established and strengthened more in number.
8. MoHA should integrate aspect of mental, emotional, social health, education into current health curriculum, so the adolescent student would have the knowledge about the impact of drug abuse in their health.
9. International obligations to support worldwide efforts to combat drug trafficking.
10. Governments should have partnerships with rehabilitation and professionals to seek guidance and expertise in the field of drugs.
11. De-Addiction and Rehabilitation strategy aims to provide affordable, effective services at the grass-root level to patients and the government. It focuses on an outpatient treatment model, allowing patients to continue their normal lives and earn their livelihoods during the process. Long term support is provided through family and peer support groups.
12. Design and implementation of the effective and affordable drug De-Addiction programs for total recovery and rehabilitation of the victims of drug abuse and to reverse any future damage by preventing the vulnerable sections of society from falling prey to drug abuse.⁴⁷

Need of Comprehensive Action and Controlling Measures for drug

A comprehensive approach is needed to address the underlying social, economic and political factors that contribute to drug use is critical.⁴⁸ The government, civil society organizations, healthcare providers and community groups need to work closely together to achieve a

⁴⁷ <https://english.khabarhub.com/2026/17/544632/>.

⁴⁸ The report of the special group on drugs: Comprehensive action against drug abuse, Government of Punjab, 2023.

sustainable impact through demand reduction programs. The Nepalese government needs to scale up prevention and treatment-oriented approaches. Currently, the treatment gap in Nepal is significant, meaning many individuals who need treatment are unable to access it.

To address this gap, the government needs to invest in training social workers, counsellors, educators and healthcare professionals and in creating more treatment facilities, including out-patient clinics, psychosocial services and residential centers. The Public Health concerns.⁴⁹ legal paternalism in drug criminalization is often motivated by public health considerations. Drug Abuse can have broader societal implications, including increased healthcare costs, loss of productivity and strain on social services. By restricting drug use through criminalization, the state aims to mitigate these public health risks and safeguard the wellbeing of society as a whole.⁵⁰

Reevaluating or changing traditional drug laws and policies to make them more effective and humane. It involves shifting from punishment-based approaches to policies that prioritize public health, rehabilitation and harm reduction. suggested the necessity of establishment of interventions, implementation of effective addiction counselling and prevention programmes including implementing programmes to raise awareness and increased attention of local authorities and families for university students who are involved in drug abuse. Effective family socialization (functional family communication or interaction) can be helpful in detecting destructive effects of drug abuse at early stage and also religiosity can prevent people from using drugs even if they are exposed to drugs in the environment.

Therefore, Nepal needs to take part in global and sub-regional symposiums more actively. Drug Liaison Officers from the US, Germany and UK visit the nation on a regular basis to discuss data and analyze drug concern.

Specific initiatives to be taken in Nepal

Scientific evidence-based treatment needs to be made available for people with substance use disorders at an adequate scale. As a Joint effort- Political will and International cooperation can disrupt even the most complex illicit criminal economies,” Mr. Mathiasen said as per UNODC reports.

A conducive legal and policy environment is needed to help control drug problems. Evidence-based substance use prevention programs are needed to protect the young people. Drug Reform Bill (2020) was passed by government in New Zealand, which introduced significant notable changes to drug policy, introduction of a mandatory health-based approach for low level drug offenses.

⁴⁹ Editorial, ‘The Crisis of Cocaine Trafficking thru Nepal’, The Republica, Dec 28, 2024.

⁵⁰ Ministry of Health, The Psychoactive Substances Act2013, <https://www.health.govt.nz/>(accessed on April 24,2026).

Instead of facing criminal charges, individual caught with small amounts of drugs for personal use are directed to undergo a health assessment, education or treatment.⁵¹

Police Drug Diversion Scheme, an internal document that provides practical guidance for police staff about the scheme and how it works likely to be most useful to them. Police need timely, accurate criminal intelligence in order to understand crime trends so they can adapt their activities and policies accordingly.

Judicial reforms should include efficient case management systems, increased court staff, specialized Treating addicts and preventing the onset of drug use can complement law enforcement efforts to reduce supply.⁵² diversion programs, launch public awareness campaigns, promote accessible rehabilitation centers and encourage community members to report drug-related activities anonymously and safely.⁵³

Instead of only punishing drug users or criminalizing it suggests,

- Regulating and controlling all aspects of the cannabis supply chain.
- Providing access to legal cannabis that meets quality and potency requirements.
- Focusing on treatment and rehabilitation.
- Adopting harm reduction strategies.
- Restricting young people's access to cannabis.
- Considering drug abuse as a public health issue, not just a crime.
- Staff involved in the program should receive ongoing trainings.
-

Narcotics Prevention and Control National Master Plan (2022-2028) for Drug Demand Reduction: The Ministry of Home Affairs.

It is a comprehensive government policy framework developed by MoHA, that prepared a plan for Drug Demand Reduction for the period of 2022-2028. This plan focuses on:

- Preventive education and awareness generation.
- Prevention of Drug Abuse and Control of Drug Trafficking.
- Identification, counselling, treatment and rehabilitation of drug dependent persons.
- Training and capacity building of service providers through collaborative efforts of government and NGOs⁵⁴
- Combating illicit trafficking.
- Controlling abuse of drugs and substances.

Conclusion

Considering the enormous challenge of substance use disorders in the country, there is an urgent need of policies and programs which can bring relief to the large number of affected Nepali citizens. It is imperative that these policies and programs are based upon scientific evidence and take into consideration the local, socio-cultural context. The main problem,

⁵¹ The Misuse of Drugs Act, 1975, Acts of Parliament 1975.

⁵² National Drug Dependence Treatment Centre, AIIMS, New Delhi.

⁵³ Ministry of Social Justice and Empowerment Government of India.

⁵⁴ <https://www.interpol.int/en/Crimes/Drug-trafficking/Drugs-analysis-and-intelligence>.

according to a report from Human Rights Watch, is weak law enforcement and lack of resources from the government and high profits from the illegal drug supply chain. However, there are many uncertainties which can be resolved when effective control is implemented on Nepal's borders and airports. Even though Nepal has a restrictive and punitive approach towards illegal drugs, they are being misused due to the lack of proper education on the impact, proper dosage, use and effect of overdose has caused the life of many people. Therefore, Nepal should integrate aspects of mental, emotional, social health education into current health curriculum for its proper effectiveness. Hence, Demand Reduction should be one of our goals in terms of drug policy and it is a crucial step towards significant drug trafficking reduction. Also punishing dealers and users of illegal narcotics seems to have no effects on the availability and use of controlled substances. Rather a healthier solution would be to treat addicts as patients rather than criminals instead of trying to eradicate a large network of distribution and production that already exists and can never be completely eliminated.

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Narcotics and Society in Nepal: Trends, Determinants and Policy for Rehabilitation and Control



✉ Sandip Sapkota

Abstract

Drug abuse has emerged as one of Nepal's most pressing public health and social policy challenges over the past five decades. This article provides a comprehensive analytical examination of the trends and patterns of drug use in Nepal, the socio-economic and psychological determinants of addiction, the nexus between substance abuse and crime and the disproportionate vulnerability of youth to substance use disorders. Drawing on data from the Nepal Drug Users' Survey (2020), reports by the Ministry of Home Affairs and international health agencies including UNAIDS and UNODC, the article critically evaluates the Government of Nepal's dual-track strategy of demand reduction and supply control, while assessing the roles of federal, provincial and local governments in drug governance under the new federal structure. The article identifies critical gaps in the existing legal framework-particularly the Narcotic Drugs (Control) Act 2033 (1976), and argues for a paradigm shift toward a health-centered, rights-based approach to drug control. Key recommendations include legislative reform, expanded rehabilitation infrastructure, evidence-based prevention programs and strengthened inter-governmental coordination. The findings aim to inform policymakers, law enforcement agencies, public health practitioners and civil society organizations working toward a drug-free and socially resilient Nepal.

Keywords: *Drug abuse, Narcotics, Drugs Control, demand reduction, rehabilitation, youth vulnerability, supply control, substance use disorder*

1. Introduction

Nepal, a landlocked nation nestled between India and China in the South Asian subcontinent, has witnessed a relentless escalation in drug abuse over the past four decades. What began as a cultural and spiritual engagement with cannabis and locally distilled alcohol in rural communities has transformed into a complex public health crisis marked by the abuse of heroin, synthetic tranquilizers, pharmaceutical opioids and methamphetamines-particularly among urban youth. The earliest signs of drug misuse as a social problem appeared in the mid-1960s and early 1970s, catalyzed by the influx of foreign nationals who introduced recreational drug culture to Nepali urban centers (nabajivannepal.org, 2024).

Since then, the magnitude of the problem has grown at an alarming rate. According to the Nepal Drug Users' Survey 2020 conducted by the Ministry of Home Affairs, Nepal recorded 130,424 illicit drug users, a figure that had nearly tripled from 43,309 in 2008 (Kathmandu Post, 2023). Extrapolating the annual growth rate of 5.06 percent, estimates suggest that the number of drug users had risen to approximately 156,821 by mid-April 2024 (Rising Nepal Daily, 2024). These statistics represent not merely a public health emergency but a profound socio-economic, security and governance challenge for the country.

Drug abuse intersects with a wide range of social harms: it fuels property crime and violent offenses, strains healthcare infrastructure, disrupts families, diminishes labor productivity and perpetuates cycles of poverty and marginalization. Alarmingly, approximately 70 percent of criminal cases registered by Nepal Police are believed to have some connection to drug use or trafficking (Volunteers Initiative Nepal, 2024). The burden falls disproportionately on young people, those aged 20–29 constitute nearly 70 percent of all drug users in the country, making substance abuse a generational crisis with long-term implications for Nepal's human capital development (Ministry of Home Affairs, 2020).

Against this backdrop, Nepal's legal and institutional framework, anchored in the Narcotic Drugs (Control) Act 2033 (1976), has struggled to keep pace with the evolving nature of drug threats. The transition to a federal governance structure under the Constitution of Nepal 2015 has added new complexity to drug governance, creating both opportunities for localized responses and challenges related to coordination between federal, provincial and local government tiers. This article undertakes a multidimensional analysis of the drug problem in Nepal, examining trends and causes, the drug-crime nexus, youth vulnerability, government policy architecture, rehabilitation practices and community prevention strategies. It concludes with actionable policy recommendations aimed at building a more coherent, humane and effective national drug control system.

2. Trends and Patterns of Drug Use in Nepal

The epidemiological landscape of drug use in Nepal has evolved considerably since the 1970s. While cannabis (ganja) and opium were historically the most prevalent substances, the contemporary drug scenario is characterized by a diversification of substances, modes of consumption and affected demographics. The Ministry of Home Affairs' Drug Users' Survey 2020 identified cannabis (84.7%), tranquilizers (73.1%) and opiates (46.8%) as the three most commonly abused substances (Volunteers Initiative Nepal, 2024). More recently, a troubling shift has been observed toward the injection of pharmaceutical tranquilizers such as Diazepam, Nitrazepam and Dormin substances used as cheaper substitutes for heroin (UNAIDS, 2023).

Geographically, Bagmati Province records the highest concentration of drug users at 35.6 percent of the national total, a figure reflecting the urban density and socio-economic complexity of the Kathmandu Valley and its surroundings (Rising Nepal Daily, 2024). Karnali Province, by contrast, records the lowest proportion at 1.4 percent, though this may be partially attributable to underreporting and limited surveillance infrastructure in remote areas. The Terai region has emerged as a significant concern, with district police offices in Sarlahi, Mahottari

and Kailali reporting rising trends of substance abuse among adolescents and youth (World Vision International Nepal Review, 2023).

Demographically, the drug user profile is predominantly male (94%) and concentrated in the 20–29 age bracket. However, female drug use, though currently estimated at 6 percent of total users, is believed to be significantly underreported due to social stigma and limited screening of women at treatment centers (UNAIDS, 2023). The mode of drug intake has also diversified: injection drug use the most epidemiologically dangerous mode accounts for approximately 29.3 percent of users and approximately 5 percent of injecting drug users share needles and syringes, dramatically elevating risks of HIV and Hepatitis C transmission (Ministry of Home Affairs, 2020).

Nepal's geographical location as a transit corridor between major drug-producing nations in South Asia and consumer markets in China, Europe and North America adds a dimension of transnational drug trafficking to the domestic problem. Heroin from Afghanistan and Myanmar is routinely smuggled through Nepal's porous southern border with India, which accounts for an estimated 80 percent of the drugs entering the country (Volunteers Initiative Nepal, 2024). The country's Narcotics Control Bureau has repeatedly flagged the inadequacy of border surveillance infrastructure as a structural enabler of drug inflows.

3. Socio-Economic and Psychological Determinants of Drug Addiction

The etiology of drug addiction in Nepal is multifactorial, encompassing structural, psychosocial, familial and environmental dimensions. Understanding these root causes is essential to designing prevention and treatment interventions that address demand at its source rather than merely suppressing supply.

3.1 Structural and Socio-Economic Factors

Poverty and unemployment are among the most frequently cited structural drivers of substance abuse in Nepal. With approximately 20.27 percent of the population living below the poverty line as of 2023 (UNDP, 2024) and high rates of youth unemployment, many individuals turn to drugs as a coping mechanism for economic despair and hopelessness. The absence of viable livelihood opportunities, particularly in rural and semi-urban areas, makes young people susceptible to both drug use and involvement in the drug trade as a means of income. Peer pressure and social network effects compound this vulnerability: surveys indicate that having a friend or family member who uses substances significantly increases an individual's own risk of drug use (PubMed, 1998).

Nepal's experience of political instability, including a decade-long Maoist insurgency, political transitions and the devastating 2015 earthquake, has generated widespread psychological trauma that has gone largely unaddressed within the public health system. This collective trauma, combined with limited mental health services, has contributed to the normalization of substance use as a self-medication strategy (nabajivannepal.org, 2024). The rapid urbanization of Nepal, particularly the growth of Kathmandu and secondary cities, has disrupted traditional community support structures and family cohesion, increasing social isolation and psychological vulnerability among youth.

3.2 Psychological and Familial Factors

At the individual level, psychological factors including curiosity, the desire for peer acceptance, anxiety, depression and the need for escapism from family conflicts are primary drivers of initial drug experimentation among adolescents. Research conducted among drug-using populations in Nepal reveals that the mean age of first drug use is approximately 23.8 years, though one-third of young drug users report initiating use before the age of 15 and nearly half began between ages 15 and 19 (UNAIDS, 2023). This early onset of drug use is closely associated with school absenteeism, declining academic performance and eventual dropout—creating a vicious cycle of social exclusion and deepening addiction.

Changing family dynamics, including the rise of nuclear families, parental migration for foreign employment and reduced parent-child interaction due to digital distractions, have weakened the protective role of the family unit (Kathmandu Post, 2023). Medical anthropologist Kapil Babu Dahal of Tribhuvan University has noted that many parents, burdened by the demands of economic survival, fail to monitor behavioral changes in their children that may indicate early drug experimentation. The resultant absence of parental supervision creates a permissive environment in which peer influence, often the primary pathway to drug initiation, operates unchecked.

4. The Relationship Between Drug Abuse and Crime

The relationship between drug abuse and criminal behavior in Nepal is well-documented and deeply intertwined. Nepal Police data indicates that approximately 70 percent of criminal cases registered in the country have some direct or indirect connection to drug use or trafficking (Volunteers Initiative Nepal, 2024). This correlation manifests along three primary pathways: psychopharmacological crime (criminal acts committed under the influence of substances), economic-compulsive crime (crimes committed to finance drug habits) and systemic crime (violence and corruption associated with drug trafficking networks).

Drug-dependent individuals, unable to sustain their habits through legitimate means, frequently engage in theft, robbery, extortion and fraud. The Narcotics Control Bureau regularly documents cases in which drug-related property offenses place significant burdens on the criminal justice system. The socially corrosive effects extend into domestic violence, with substance-abusing family members committing acts of physical and emotional abuse against partners and children. Drug use has also been implicated as a contributing factor in road accidents, suicide and cyber-crimes (Volunteers Initiative Nepal, 2024).

The drug-crime nexus is also evident in the trafficking dimension. An increasing number of Nepali nationals are reportedly recruited into drug trafficking networks, often as low-level couriers, drawn in by poverty and inadequate economic alternatives (U.S. Department of State, 2014). The Narcotics Control Bureau, which replaced the earlier Narcotic Drugs Control Law Enforcement Unit in 2012, has reported that Nepali nationals now play a more prominent role in drug trafficking operations that were previously dominated by foreign actors. Despite thousands of kilograms of cannabis, hashish, heroin and opium being seized annually, law

enforcement officials acknowledge that enforcement alone cannot stem the tide of drug availability without complementary demand reduction efforts (Rising Nepal Daily, 2024).

The criminalization of drug use under Nepal's current legal framework—where addiction itself is treated as a punishable offense—has been widely criticized by human rights organizations and public health experts. A 2019 survey of drug users found that nearly half had been arrested for drug use or a related offense, with the arrest rate rising to 63 percent among injecting drug users (UNAIDS, 2023). This punitive approach not only violates the human rights of individuals suffering from a health condition but actively discourages help-seeking behavior, driving drug use underground and undermining public health interventions.

5. Youth Vulnerability and Substance Abuse

Young people occupy a uniquely vulnerable position in Nepal's drug landscape. With 69.5 percent of all drug users falling between the ages of 20 and 29 and a significant proportion initiating use in early adolescence, substance abuse has effectively become a youth crisis with generational consequences (Ministry of Home Affairs, 2020). According to UNAIDS (2023), over three-quarters of drug users in Nepal are under 30 years of age and new HIV infections among people who use drugs are highest among those under 25—a grim public health indicator of the age-stratified risk burden.

Multiple ecological risk factors converge to heighten youth vulnerability. At the individual level, adolescent brain development renders young people particularly susceptible to the reinforcing effects of psychoactive substances, making early experimentation more likely to evolve into dependency. At the social level, peer pressure remains the most commonly cited reason for initial drug use, followed by recreational motivation and the desire to escape anxiety (Kathmandu Post, 2023). At the structural level, inadequate recreational facilities, insufficient youth engagement programs and an educational system that has not systematically integrated substance abuse prevention into its curriculum leave young people poorly equipped to resist drug initiation.

The Terai region presents a particularly acute challenge, with school-going children as young as twelve years old reported to be using substances in districts such as Sarlahi and Kailali (World Vision International Nepal, 2023). Factors such as proximity to porous border entry points, availability of low-cost pharmaceutical drugs from Indian markets and weak local governance in enforcement compound the vulnerability of youth in these regions. The data reported in 2024 indicates that approximately 5,600 Nepali youth become addicted to at least one substance annually, underscoring the urgency of prevention-oriented interventions targeting this demographic (Rising Nepal Daily, 2024).

6. Government Strategies: Demand Reduction and Supply Control

Nepal's drug control strategy formally operates along two principal axes: supply reduction; targeting the production, trafficking and distribution of narcotics and demand reduction; aimed at preventing drug initiation and supporting the treatment and recovery of drug users. These strategies are anchored in the Narcotic Drugs (Control) Act 2033 (1976), which remains the

primary legislative instrument governing drug control in Nepal, despite having been enacted nearly five decades ago (Narcotic Drugs Control Act, 1976).

6.1 Supply Control

On the supply side, the Narcotics Control Bureau (NCB) leads interdiction and enforcement operations, coordinating with Nepal Police, the Department of Customs and the Department of Immigration to intercept drug consignments at border points and airports. The Act empowers investigating authorities to conduct searches, seizures, arrests and controlled deliveries, an intelligence-gathering technique whereby drug consignments are allowed to travel under surveillance to identify trafficking networks and their ultimate destinations (Narcotic Drugs Control Act, 1976). Penalties under the Act range from imprisonment of two to ten years for small-quantity trafficking to life imprisonment for large-scale offenses, accompanied by substantial monetary fines (Haven Law Group, 2025).

Despite these measures, supply control efforts face persistent structural constraints. Nepal's open border with India, spanning approximately 1,800 kilometers with hundreds of formal and informal crossing points, renders comprehensive surveillance practically impossible. The majority of heroin entering Nepal originates from Afghanistan and Myanmar, transiting through India, making bilateral and multilateral cooperation essential but complex (nabajivannepal.org, 2024). Cannabis cultivation, though largely eradicated in some previously prevalent districts, has reportedly resurged in others, with production predominantly destined for Indian markets (U.S. Department of State, 2014).

6.2 Demand Reduction

On the demand reduction front, the Government of Nepal has made measured but insufficient progress. The Ministry of Home Affairs has invested in periodic National Drug Users' Surveys, a critical evidence base for policy, while the Ministry of Health and Population has expanded access to opioid agonist therapy (OAT) and harm reduction services, including needle and syringe programs. UNAIDS Country Director Masauso Nzima has commended these efforts as steps in the right direction, while emphasizing that much more needs to be done to ensure equitable access across all provinces and demographic groups (UNAIDS, 2023). The Government has also established and recognized drug treatment and rehabilitation centers across the country, with approximately 6,000 individuals undergoing treatment at 249 centers at any given time (Volunteers Initiative Nepal, 2024).

A critical limitation of Nepal's current demand reduction architecture is the inadequate decriminalization of drug use. The Narcotic Drugs (Control) Act's provision that punishes addiction itself, with up to two months imprisonment and fines, creates a deterrent to treatment-seeking and drives vulnerable users away from health services. Section 19A of the Act does provide that person undergoing treatment in recognized centers shall not be subject to prosecution, a provision that represents a pragmatic compromise, but one that is insufficiently applied in practice (Narcotic Drugs Control Act, 1976).

7. Rehabilitation and Reintegration of Drug Users

Effective rehabilitation and social reintegration are central to any sustainable drug control strategy. Nepal's rehabilitation ecosystem consists of government-run treatment centers, NGO-operated facilities and community-based programs, collectively offering a range of therapeutic modalities including detoxification, cognitive-behavioral therapy (CBT), motivational interviewing, family therapy and occupational rehabilitation. The Narcotic Drugs (Control) Act explicitly provides for the establishment of treatment centers and mandates that authorities prepare regular reports on the rehabilitation of persons undergoing treatment—a monitoring mechanism that, in practice, functions unevenly across jurisdictions (Narcotic Drugs Control Act, 1976).

Family therapy has been identified as particularly effective in the Nepali context, where family relationships though often strained by addiction remain a critical resource for recovery. This approach involves the entire family unit in treatment, improving communication, resolving interpersonal conflicts and building a supportive home environment for the recovering individual (Volunteers Initiative Nepal, 2024). Cognitive-behavioral interventions help clients identify and manage drug cravings, stress triggers and relapse risks, building the psychological resilience necessary for sustained recovery.

A significant concern, however, is the quality and human rights standards within rehabilitation centers. A 2019 survey of persons who had accessed drug treatment in Nepal found that one in ten reported experiencing ill-treatment, violence, or even torture within these facilities (UNAIDS, 2023). In April 2025, a high-level workshop convened by the United Nations Office on Drugs and Crime (UNODC) and the Office of the Attorney General of Nepal called for a rights-based approach to rehabilitation and reintegration, particularly for women, who face severe stigmatization and structural barriers to accessing services (UNODC, 2025). The workshop also flagged the damaging role of media trials in drug-related cases, which undermine the presumption of innocence and further stigmatize individuals struggling with addiction.

Reintegration, the process of enabling recovered individuals to resume productive roles in society, remains the weakest link in Nepal's drug control continuum. Most rehabilitation centers provide limited vocational training, employment linkages, or psychosocial follow-up after discharge, resulting in high relapse rates among those who return to the social conditions that originally precipitated their drug use. A comprehensive aftercare framework, including community support networks, livelihood assistance and mental health follow-up, is urgently needed.

8. Role of Federal, Provincial and Local Governments in Drug Control

The promulgation of Nepal's Constitution in 2015 established a three-tier federal structure comprising the federal government, seven provincial governments and 753 local governments. This restructuring carries significant implications for drug governance, as it distributes responsibilities for public health, law enforcement and social services across multiple levels of authority. While the federal government retains primary jurisdiction over drug legislation and the Narcotics Control Bureau, provincial and local governments have been assigned roles in

health service delivery, social welfare and community-level prevention that are directly relevant to drug control.

At the federal level, the Ministry of Home Affairs coordinates the national drug control strategy, oversees the Narcotics Control Bureau and manages the periodic Drug Users' Survey. The Ministry of Health and Population is responsible for treatment services, including harm reduction programs and opioid agonist therapy. The Department of Drug Administration regulates pharmaceutical narcotics and psychotropic substances. However, coordination among these agencies remains fragmented, often resulting in duplicated efforts, jurisdictional ambiguities and gaps in service delivery.

Provincial governments have the constitutional authority to enact provincial laws on public health and social policy, yet most have not developed provincial-level drug control frameworks that complement the national legislation. Bagmati Province, given the concentration of drug users in the Kathmandu Valley, has been more proactive than others in establishing rehabilitation services, but significant disparities persist across provinces. Local governments, particularly Rural Municipalities and Urban Municipalities, are positioned closest to drug-affected communities and hold the most direct responsibility for community awareness, referral systems and harm reduction outreach. Their capacity to exercise these functions effectively is, however, constrained by limited budgets, weak technical staffing and inadequate coordination with higher tiers of government.

A national drug control framework that meaningfully devolves specific functions to provincial and local governments, backed by dedicated fiscal transfers and technical support, is essential to ensure that drug control efforts reach the community level, where they are most impactful.

9. Community Awareness and Prevention Strategies

Prevention remains the most cost-effective component of the drug control spectrum. Nepal's prevention landscape includes school-based education programs, community awareness campaigns, religious and community leader engagement, mass media interventions and peer-education initiatives led by civil society organizations. The national observance of the International Day Against Drug Abuse and Illicit Trafficking on June 26 each year provides a platform for public sensitization, with the 2024 theme 'The evidence is clear: invest in prevention' resonating particularly strongly in the Nepali context.

School-based prevention programs, though present in curriculum frameworks, are inconsistently implemented across public schools. Many schools particularly in rural and remote areas lack trained personnel to deliver effective drug education and the quality of life-skills programming varies considerably. NGOs such as YKP Lead Nepal, Narconon Nepal and Dristi Nepal have filled critical gaps by delivering peer-education, harm reduction and advocacy services to at-risk youth populations including young women who are disproportionately excluded from formal services (UNODC, 2025).

Community awareness campaigns must be grounded in evidence-based communication strategies that destigmatize addiction while delivering clear, culturally resonant prevention messages. Campaigns that engage parents (helping them identify early warning signs of drug

use and respond supportively rather than punitively) have demonstrated effectiveness in reducing adolescent substance initiation (Kathmandu Post, 2023). Religious institutions and community leaders hold particular cultural authority in Nepali society and represent underutilized partners in prevention outreach.

10. Policy Gaps and Challenges in Drug Regulation

Nepal's drug control policy landscape is characterized by several critical gaps that limit the effectiveness of both supply reduction and demand reduction efforts. First and most fundamentally, the Narcotic Drugs (Control) Act 2033 (1976) is a pre-federal, pre-digital era law that does not adequately address contemporary drug challenges such as synthetic drug abuse, online drug markets, pharmaceutical diversion, or the public health needs of women and marginalized groups who use drugs. Calls for comprehensive legislative reform including the decriminalization of personal drug use and the adoption of a health-centric legal framework have been consistently articulated by civil society, UNODC and UNAIDS, but legislative action has been slow (UNODC, 2025; UNAIDS, 2023).

Second, the treatment and rehabilitation system suffer from chronic underfunding, limited geographical coverage and inadequate quality standards. The privatization of drug treatment services, with fees that are beyond the reach of most affected families effectively excludes the most economically marginalized users from accessing care, perpetuating cycles of addiction and poverty. Third, data systems for monitoring drug trends, treatment outcomes and policy performance remain underdeveloped. The five-year interval between Drug Users' Surveys is insufficient for evidence-based adaptive management of a dynamic and rapidly evolving public health situation.

Fourth, the gender dimension of drug policy remains insufficiently addressed. Women who use drugs face compounded stigmatization from both their families and the formal healthcare and justice systems, often deterring them from seeking treatment until their conditions have become severe. The absence of gender-responsive rehabilitation services including childcare facilities, female healthcare providers and safe referral pathways constitutes a significant structural barrier (UNODC, 2025). Fifth, Nepal's transition to federalism has not been accompanied by a systematic reconfiguration of drug governance responsibilities, leaving provincial and local governments without the legal clarity, fiscal resources, or technical support needed to fulfill their potential role in drug control.

11. Conclusion and Policy Recommendations

Drug abuse in Nepal has evolved from a marginal social concern into a multidimensional public health and governance emergency that demands urgent, sustained and evidence-based policy action. The data unequivocally points to a crisis of growing magnitude: an estimated 156,821 drug users as of 2024, with youth disproportionately affected and a 5 percent annual growth rate that, absent effective intervention, will see the figure double within the next decade. The drug-crime nexus, the HIV and Hepatitis C burden among injecting drug users, the erosion of family and community fabric and the undermining of human capital development all underscore the imperative of a coherent, comprehensive and rights-affirming national response.

On the basis of this analysis, the following policy recommendations are advanced for consideration by government authorities, civil society organizations and international partners:

1. **Legislative Reform:** The Narcotic Drugs (Control) Act 2033 (1976) must be comprehensively revised to reflect contemporary realities, decriminalize personal drug use, recognize addiction as a public health condition rather than a criminal offense and establish explicit provisions for gender-responsive services, harm reduction and the rights of people who use drugs.
2. **Expanded and Quality-Assured Rehabilitation:** Public investment in rehabilitation infrastructure must be substantially increased, with quality standards enforced through regular inspection. Vocational training, aftercare and community reintegration support should be integrated into all rehabilitation programs. Subsidized or free treatment must be made accessible to economically disadvantaged users.
3. **Youth-Centered Prevention:** Evidence-based, life-skills drug prevention curricula should be systematically integrated into the national school curriculum from primary level. Government and civil society should expand youth engagement programs, particularly in high-risk areas such as the Terai region, including extracurricular activities, mentorship and livelihood skills training.
4. **Strengthened Federal Drug Governance:** A national drug control coordination mechanism must be established to clarify the roles and responsibilities of federal, provincial and local governments, accompanied by fiscal transfers and capacity-building support for sub-national governments to deliver prevention and harm reduction services.
5. **Enhanced Data Systems:** Annual drug surveillance surveys and real-time monitoring systems should replace the current five-year survey cycle. Disaggregated data by province, age, gender and substance type is essential for targeted policy design and resource allocation.
6. **Gender-Responsive Drug Policy:** Drug control and treatment programs must be explicitly designed to address the specific needs and barriers faced by women who use drugs, including gender-sensitive treatment modalities, safe referral pathways and protections against violence and stigmatization within health and justice systems.
7. **International Cooperation:** Nepal should deepen bilateral and multilateral cooperation with India, China and regional bodies to address the cross-border drug trafficking that drives domestic drug availability, including information sharing, joint operations and capacity-building for border surveillance.

The challenge of drug control in Nepal is ultimately a challenge of governance, equity and human dignity. It demands an approach that treats people who use drugs not as criminals to be punished but as citizens in need of care, support and opportunity. The construction of a drug-free or more realistically, drug-resilient Nepal requires sustained political will, multi-sectoral collaboration and the centering of evidence, rights and compassion in policy design and implementation.

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Legal Framework and Procedural Structure of Narcotic Crime Investigation in Nepal



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Abstract

Nepal, as an emerging developing country, faces growing narcotics related crime that undermines state security and public health, particularly among youth. With over 26 districts sharing a porous border with India, Nepal functions as a key transit and destination for transnational drug trafficking. This article examines the legal procedural framework and narcotics crime investigation system in Nepal, mapping the interplay between the Narcotic Drugs (Control) Act, 2033, the Drug Act, 2035 and the National Policy for Drug Control, 2063. It traces the pre - trial, trial and post - trial phases of narcotics cases, highlighting the role of the Narcotics Control Bureau, Police and other agencies and the centrality of forensic evidence and chain of custody. The study identifies systemic tensions in law design, quantity centric sentencing and investigative practice and offers targeted policy reforms on user classification, schedule based regulation and institutional upgrade aimed at strengthening narcotics crime investigation and evidence-governance in Nepal.

Keywords: *Narcotic crime, Narcotic Drugs (Control) Act, 2033, Legal Procedural Framework, Investigation process, Policy Recommendations*

1. The narcotics crime landscape in Nepal

The open border between Nepal and India, while enabling deep economic, cultural and social interpenetration, has also created a porous security frontier that facilitates the unregulated flow of narcotics and related criminality. This permeability allows trafficking networks to move cannabis, heroin, opiates and synthetic-psychoactives from production surplus regions in South and Southwest Asia into Nepal and onward to international markets via transit routes funneling through India. The problem is especially acute in remote border stretches of the Madhesh and Sudurpaschim regions, where law enforcement presence is thinly staffed, infrastructure is weak and dense cross border kinship networks provide concealment and local support for smuggling operations.

The consequences of this narcotics flow are multidimensional. Domestically, drug use and trafficking fuel addiction, petty and violent crime, financial fraud and cyber related offenses, thus distorting the social fabric and overburdening the justice system. Public health resources are strained by rising treatment and rehabilitation demand, while families and communities confront inter generational social disorder. From a national security perspective, narcotics

trafficking networks often overlap with human trafficking, arms smuggling and money laundering, creating a nexus of organized crime that undermines governance and regional stability.

2. Recent narcotics crime statistics (updated to 2026)

Drug-related offences in Nepal have increased between 2024 and 2026, reflected in higher case registrations, arrests and seizure volumes reported by the Nepal Police and the Ministry of Home Affairs.

2.1 Cases and Arrests

In the fiscal year 2025–2026, 5,061 narcotics-related cases were registered, with more than 2,750 additional cases recorded by mid-2026. Between 2024 and 2026, approximately 7,890 individuals were arrested including both Nepali and foreign nationals and 163 of absconding in drug cases. 14 cases were registered in 1 day at Crime Investigation Department, reflecting Nepal's role in domestic use and cross border trafficking.

2.2 Inmate Statistics

As of mid-2025, 21.11% of the prison population (6,126 inmates) were detained for drug-related offences, indicating the significant burden on the criminal justice system.

2.3 Seizures

Seizures exceeded 51,000 kg of cannabis in 2024 - 2025, alongside Heroin and opium seizures increased by approximately 79% and 77% respectively compared to the previous fiscal year; by mid 2025.

2.4 Youth involvement and abuse patterns

Available survey data indicates a rising prevalence of drug use, particularly among younger populations. Estimates place the number of illicit drug users between 130,000 and 156,000, with indications of further growth.

A Ministry of Home Affairs survey (2020), consistently cited in subsequent reports, found that approximately 69.5% of users fall within the 20 - 29 age group, reflecting a concentration of drug use among economically active youth.

2.5 Regional concentration of use and trafficking

Geographically, drug use and trafficking are highly regionalized:

- Bagmati Province, especially the Kathmandu Valley, reports the highest number of drug users, with around 35.6% of surveyed users located in this province. Urba settings here are marked by discrete consumer networks, online distribution and club base use of synthetic drugs.
- Madhesh Province (particularly districts bordering Bihar and Uttar Pradesh) acts as the primary trafficking corridor, benefiting from the open border with India and dense road and river networks. Seizure data indicate that over half of all heroin and opium seizures occur in this region.

- Peripheral provinces such as Karnali report relatively low use rates, but even there, sporadic trafficking and youth experimentation are emerging concerns, suggesting a gradual spatial diffusion of narcotics networks.

3. Statutory and Institutional framework

3.1 International Conventions

1. Single Convention on Narcotic Drugs of 1961
2. Convention on Psychotropic Substances of 1971
3. UN Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988

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, Narcotics Drug Control Act, 2033 (1976) was promulgated. As Nepal is a party to the three United Nations drug conventions the 1961 Single Convention on Narcotic Drugs (1961 Convention), the 1971 Convention on Psychotropic Substances (1971 Convention) and the 1988 Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances (1988 Convention) Nepal has shown its firm commitment to adhere to the obligations of these conventions to control the problem of drug abuse and drug trafficking.

3.2 National Policy for Drug Control, 2063 (2006)

The *National Policy for Drug Control, 2063 (2006)* operates as a whole of government framework, treating drugs as a polycentric problem involving health, education, social welfare and security agencies. It mandates institutional coordination under the Home Ministry, including the creation of the Narcotics Control Bureau and regular national level drug use surveys. By emphasizing prevention, treatment, rehabilitation and social reintegration, the Policy reflects a therapeutic governance approach aimed at diverting drug users from the penal system. At the same time, its call for strengthened law enforcement and border surveillance reveals an inherent tension between public health care strategies and securitized enforcement, which continues to shape Nepal's narcotics investigative practice.

3.3 Nepal Domestic Governing Laws

i) Narcotic Drug Control Act, 2033 (1976)

The Narcotic Drugs (Control) Act, 2033 (1976) is the primary legislation in Nepal. The Act prohibits cultivation, production, possession, sale, purchase, trade, import, export, use and consumption of narcotic drugs and psychotropic substances except for medical and scientific purposes in accordance with the law.

Basic Tenets of Act;

a) Definition:

In this Act, unless the subject or context otherwise requires, “narcotic drug” includes cannabis or marijuana, medicinal cannabis or marijuana, opium, processed opium, medicinal opium and coca leaves and coca plant. It further includes any substance prepared by mixing opium and coca extract, including their mixtures or salts. The term also extends to any natural or synthetic narcotic drug or psychotropic substance, along with their salts and other related substances, as may be specified by the Government of Nepal through notification published in the Nepal Gazette from time to time.

b) Jurisdiction and Burden of Proof

Offences relating to narcotic drugs are treated as organized crimes with extra territorial jurisdiction (Sec. 2). The Act applies to Nepali citizens involved in export or import of narcotic drugs even outside Nepal, as well as to foreign nationals connected with such offences. Any person committing such acts may be prosecuted as if the offence were committed within Nepal. Due to the seriousness of these offences, the burden of proof is placed on the defendant (Sec. 12). If the accused fails to discharge this burden, he/she may be deemed liable under the Act.

c) Key offences and punishment

Section 4:

- Cultivate, produce, prepare, purchase, sell, distribute, export or import, conduct any trafficking, store, or consume cannabis/ marijuana,
- Cultivate opium or coca or produce opium or coca leaves or other narcotic drugs,
- Manufacture or prepare narcotic drugs,
- Sell or distribute narcotic drugs,
- Export or import narcotic drugs,
- Purchase, store, possess, or conduct any trafficking narcotic drugs,
- Consume narcotic drugs other than cannabis/ marijuana.

Punishment Section 14:

Name of Drug	Consumption	Production	Dealing
Cannabis	Up to 1 month or up to 2 thousand fine	As per the quantity, 3 months to up to 3 years + fine	2 to 10 years + fine (50gms/500gms/2kg/2-10kg/above 10kg)
Opium, Coca	Up to 1 year or a fine (10,000)	As per the quantity 1 to 3 years, 3 to 10 years + fine	5 to 20 years+ fine (imprisonment for life) 25gms/100gms/above 100gms (5-10,10-15,15-20 years)
Chemicals	Up to 2 months + fine	As per the quantity, 2 to 10 years + fine	As per the quantity, 2 to 10 years + fine

d) Other forms of punishment

Sec. 15: Owners or possessors who permit the use of land, buildings, or vehicles for drug offences are punishable with imprisonment ranging from six months to five years, or with a fine up to ten thousand rupees, along with confiscation of such property.

Sec. 16: Repeat offenders are subject to punishment for each subsequent offence, including additional imprisonment (up to five years) and fines up to one hundred thousand rupees.

Sec. 17: A person who conspires, attempts, abets, or acts as an accomplice in drug offences is liable to punishment up to half of that of the principal offender.

Sec. 17A: A person or group dealing in substances falsely represented as narcotic drugs is liable to half of the punishment prescribed for actual offences.

Sec. 17B: Failure to provide required information or documents to the Narcotic Drugs Control Officer during investigation attracts liability up to half of the principal punishment.

e) Off the charge

No punishment in 4 situations

i) Cultural coverage,

ii) Drug on prescription by a doctor,

iii) Helping the police in the investigation,

iv) First-time offender, possessing small quantities without commercial intent, may be released on bond upon undertaking not to repeat the offence. Courts may also record such a release.

Immune from liability

Narcotic drug offence is not an absolute liability offence. There are basically four criteria under which defendants have a defense.

- Sec. 14(1)(a), (e) & (h): Courts may refrain from imposing punishment and instead order treatment, subject to conditions such as periodic reporting.
- Sec. 22B: No liability arises for acts done in good faith or under lawful authority or license.
- Secs. 5 & 19A: Purchase and use of narcotic drugs for medical treatment, under prescription from a recognized practitioner, are exempt.
- For medicinal or scientific research, Government of Nepal or any institutions working under a special license in narcotic drugs for purposes of medicinal or scientific research are not made liable.

g) Plea bargaining/Leniency

A plea bargaining is a plea in criminal cases in which defendant agrees to accept the guilty in return from the prosecutor or court for concession in charge or sentence.

Sec. 19: A first-time offender, possessing small quantities without commercial intent, may be released on bond upon undertaking not to repeat the offence. Courts may also record such release.

Sec. 18C: Courts may grant full or partial remission of punishment where the accused assists in identifying principal offenders or provides useful information regarding trafficking networks.

h) Espionage (Section 18 C & D)

- Spying person with correct information – 20% reward out of fine
- Investigating officer may be awarded for successful investigation - 20%
- Rehabilitation center may be given – 20%

ii) Drug Act, 2035

The Drugs Act, 2035 (1978) establishes the legal framework for regulating the manufacture, import, export, storage, distribution and sale of pharmaceutical products in Nepal. It creates the Department of Drug Administration as the central authority responsible for licensing, inspection and quality assurance. The Act requires all entities involved in the pharmaceutical supply chain to obtain authorization and comply with standards relating to labelling, composition, storage and record-keeping.

It classifies drugs based on their nature and risk, with stricter controls applied to prescription and psychotropic substances, including requirements for professional supervision and documentation. The Act also provides for inspection, testing and enforcement mechanisms to ensure the safety, efficacy and proper use of drugs within the country.

3.4 Governing Authorities

1. Department of Drug Administration: Established under the *Drugs Act, 2035*, the DDA is the central regulatory body overseeing the manufacture, import, export, distribution and sale of pharmaceuticals in Nepal. It grants and supervises licenses for manufacturers, wholesalers, chemists and drug-retail outlets and enforces quality control, labelling and prescription based dispensing. By institutionalizing licensing, inspection and record keeping, the DDA acts as the primary public health gatekeeper against diversion and misuse of medicines.

2. Customs Offices at airports and border areas: Customs offices at airports and land border points serve as frontline enforcement agencies for intercepting illicit drugs and controlled substances crossing international borders. Located at key nodes such as Tribhuvan International Airport and major border crossings with India, customs officers conduct baggage and cargo inspections, apply risk profiling and coordinate with narcotics investigation units under the *Customs Act* and related revenue laws. Their decisions on seizure and referral to police or NCB directly shape the trajectory of narcotic investigations.

3. Armed Police Force / Police authorities and Narcotics Control Bureau (NCB): Under the *National Policy for Drug Control, 2063* and the *Narcotic Drugs (Control) Act, 2033*, Nepal Police—including the Armed Police Force (APF) and district level police bear primary responsibility for investigating narcotics offenses, executing searches, arrests, raids and preparing charge-sheets. The Narcotics Control Bureau (NCB), a specialized unit under the Home Ministry, functions as a coordinating and intelligence hub for narcotics investigation, inter agency operations, border surveillance and policy implementation. Together, APF/Police and NCB enforce the punitive and preventive dimensions of drug law while also conducting preventive operations and cross border joint patrols.

4. Narcotic Crime Investigation Procedure in Nepal: Narcotics related investigation in Nepal unfolds in three structured phases: Pre - trial (investigation), Trial and Post - trial (appeal and execution). The primary framework is the *Narcotic Drugs (Control) Act, 2033* and related Home Ministry directives and special court rules.

A. Pre - trial phase: investigation and procedure

This phase covers everything from initial tip off to filing of the chargesheet within the statutory time limit (typically 90 days).

1. Institutional and jurisdictional framework

- Narcotics trafficking cases are investigated at the district level and prosecuted before the District Court; for serious or organized drug crimes, a Special Court (drug crime specific) may be seized under the Special Court related Rules.
- The Narcotics Control Bureau (NCB), under the Home Ministry, functions as the central narcotics investigation unit, staffed with police officials trained in drug detection, intelligence analysis and control mechanisms.
- Certain provisions allow extra territorial application of the narcotics law, so conduct or conspiracies originating outside Nepal but targeting the Nepali market can be investigated.

2. Arrest and initial warrant procedure

- Police or NCB officials may arrest without warrant on the spot if there is reasonable belief that a narcotics offence is being committed or has just been committed.
- In urgent cases, an emergency arrest warrant may be issued and executed immediately.
- A suspect may be detained under court surveillance for up to 3 months during the investigation period, subject to judicial review.

3. Search, seizure and evidence collection

- After receiving information, the police or enforcement authority may issue an emergency search warrant and conduct search of the body, belongings, property, land, or vehicles suspected of containing narcotics.
- A search document is prepared in the presence of at least one available witness; however, the absence of a witness does not per se invalidate the document if the officer records the reason for absence.
- The Investigating Officer may exercise all powers of a customs officer or Post Master General in relation to narcotics investigation and may be armed with weapons and scientific equipment (section 21B).
- Officers not below the rank of Sub - Inspector are authorized to investigate narcotics cases, ensuring a minimum level of investigative seniority.

4. Investigative powers and evidence management

- The identity of an informer may be kept secret (section 9A), to protect sources and ensure continued intelligence flow.
- Tape recording or censorship of any communication of the suspect or related parties is permissible (section 10A), enhancing the ability to capture digital and telephonic traces.
- Cultivated, self-grown, or anonymous owner “ding-packet” drugs may be destroyed in the presence of an officer authorized by the Act (section 11), reducing storage and custody risks.
- Documents obtained from foreign investigations may be admitted as evidence in Nepali narcotics trials, facilitating cross border cooperation.

- Video recordings, tape recordings and photographs can be used as evidence under section 11D, embedding modern digital evidence into narcotics proceedings.
- No liability attaches to officers acting in good faith according to the narcotics law (section 22B), encouraging energetic enforcement without undue risk aversion.

5. Pharmaceutical production and control delivery

- Pharmaceutical substance production and dealing are regulated under the Drugs Act, 2035, except for specified raw materials handled by the narcotics control unit; this inter law link (section 23A) ensures that diversion from legitimate pharmacy channels into narcotics trafficking remains prosecutable.
- The control delivery mechanism permits surveillance operations on suspicious or transit passengers up to their destination (section 3, J.1), allowing evidence packaging and real time monitoring of trafficking routes.

6. Asset-freeze and information handling

- If property (moveable or immovable) is suspected to be earned from drug related offences, it may be seized or frozen during the investigation, in line with proceeds of crime and asset freeze norms.
- Data, video, audio, documents, or items used in drug crimes may be censored and secured by the investigation authority, formalizing evidentiary closure and preventing tampering.

7. Forensic testing and statement recording

- After seizure, the NCB sends the narcotics sample to the Forensic Science Laboratory for testing; the drugs may be disposed only after the court grants remand and issues a removal order.
- The Investigating Officer records the statements of suspects and witnesses, ensuring that narrative material is integrated into the case docket before charge sheet submission.

8. Finalization and submission of investigation

- The NCB completes the investigation within 90 days, consolidates evidence reports, lab reports, witness statements and seized assets records and hands over the investigation report and evidence to the Government Attorney (prosecutor).
- The prosecutor then prepares the charge sheet, encapsulating all evidentiary and procedural steps taken during the investigation phase.

B. Trial phase

Once the 90 day investigation phase concludes, the case moves into the formal judicial stage.

1. Filing of chargesheet

- The Government Attorney registers the chargesheet at the District Court, marking the transition from investigation to adjudication.
- If the case falls under the Special Court Rules, the chargesheet may be filed there instead, under drug crime specific bench jurisdiction.

2. Court statement and bail hearing

- The District Court records the court statement of the accused in the bench, ensuring that the accused confirms or clarifies the charges.
- The court conducts a bail hearing to determine whether the accused should be released on bail or remanded into prison for the further processing of the case, balancing the need for investigation continuity and individual liberty.

3. Evidence examination

- During the trial, witness testimony, physical evidence, lab reports, video recordings, tape recordings and photographs are examined and verified by the court.
- If additional evidence emerges or was not properly examined earlier (e.g., fresh digital data or forensic findings), the court may allow its extraction or submission into the record.

4. Final judgment

- After hearing all evidence and arguments, the court delivers a final judgment, declaring acquittal or conviction.
- The court judgment fixes the legal consequences of the narcotics offence under the Narcotic Drugs (Control) Act, 2033 and the Muluki Criminal Code, 2074, determining whether the accused is liable for incarceration, fines, or other sanctions.

C. Post trial phase: sentence, execution and appeal

This phase covers sentence execution and appellate remedies.

1. Sentence judgment and execution

- Upon conviction, the court issues a sentence judgment that allocates the minimum or proportionate sentence as per the narcotics statute and code provisions.
- If the sentence includes imprisonment, the convict is sent to the appropriate prison facility, where the narcotics offence status is recorded in the inmate profile.

2. Appeal mechanism

- If dissatisfied with the judgment of the District Court (or Special Court), the accused or the State may appeal to the High Court and ultimately to the Supreme Court, on points of law, evidence handling, or procedural irregularity.
- An appeal may be grounded on claims that evidence was not properly examined, procedural steps were violated, or the sentence is disproportionate, providing a structure review mechanism over narcotics trials.

5. Policy recommendations: Law, Sentencing and Institutional design

5.1 In law

a) Distinction between casual user, hard addict and trafficker

The *Narcotic Drugs (Control) Act, 2033* currently collapses casual users, hard addicts and seasoned traffickers into a flat possession and quantity framework, leading to disproportionate criminalization of dependent consumers. Indian law under the *Narcotic Drugs and Psychotropic Substances Act, 1985 (NDPS)* explicitly distinguishes between small quantity (personal use) and commercial quantity (trafficking), with Indian courts increasingly treating small quantity

users as public health cases rather than hardened criminals. Nepal should codify a three tiered classification:

- **Casual user:** possession for personal use below a defined “small quantity” threshold, treated with mandatory assessment, counselling and de-addiction referral, not immediate punishment;
- **Hard addict:** chronic dependent users treated as public health offenders, with a statutory preference for treatment and rehabilitation unless linked to trafficking networks;
- **Seasoned trafficker:** actors involved in large scale production, import export, repeated trafficking, or leadership in networks, subject to full criminal liability and enhanced sentencing.

b) Schedule based classification of substances

Nepal should move beyond ad-hoc plant lists and adopt a schedule-based classification similar to the U.S. *Controlled Substances Act* (Schedules I–V) and India’s NDPS drug tiers, categorizing substances as:

- High risk trafficked drugs (e.g., heroin, high purity cocaine, fentanyl derivatives): treated as strict criminal law matters, with a presumption of trafficking above defined purities or quantities and priority for special court handling;
- Medical use only (e.g., opioid analgesics, benzodiazepines, stimulants): regulated under the *Drug Act, 2035*, targeted for diversion and fraud offences, not open possession prohibition;
- Low risk (e.g., certain cannabis derivatives in low risk contexts): attracting lesser penalties, priority for treatment and diversion and clear “no criminal liability” exceptions for licensed and medical use.

c) Strengthening the Narcotics Control Bureau as a central narcotics hub

The *Narcotic Drugs (Control) Act, 2033* designates the Narcotics Control Bureau (NCB) as Nepal’s nodal unit for narcotics data collation, information sharing and inter agency liaison, yet it lacks the clear statutory authority and operational capacity of a U.S. style DEA. The NCB should be upgraded into a central narcotics intelligence and coordination hub, with:

- Explicit statutory authority over narcotics investigations, including the power to direct, coordinate, or assume primary investigation of organized networks involving multi-jurisdictional operations, border smuggling and transnational flows;
- A unified narcotics data portal integrating seizure data, trafficking routes and inter-agency reports (Customs, NCB, Nepal Police, APF, DDA), modelled on DEA intelligence structures;
- A clear chain of command, where the NCB coordinates serious organized trafficking cases while district Police retain primary responsibility for local possession and use cases, to avoid duplication and jurisdictional conflicts.

This would mirror the U.S. DEA’s mandate and India’s NDPS framework, where the Central Drugs Standard Control Organisation (CDSCO) and narcotics bureau type structures conduct national surveillance and inter state coordination, even if full DEA equivalence is not yet achieved.

5.2 In Judiciary

a) Quantity centric approach versus disorder centric liability

Nepalese narcotics jurisprudence tends to treat seizures as raw quantity liability, rather than as units of harm. In *D.No. 9792*, the court's focus is on the measured gram amount, with limited inquiry into whether the accused functions as a retail peddler, middle man, or network leader. This parallels criticism of India's NDPS jurisprudence, where courts are faulted for over reliance on "commercial quantity" cut offs instead of assessing structural role and social harm.

A disorder sensitive approach requires courts to:

- Treat possession quantity as one factor among many, alongside criminal history, modus operandi and network role;
- Make an explicit finding on whether the accused is a user, low level dealer, or high level trafficker and calibrate sentencing accordingly;
- Treat small quantities for personal use by dependent users as public health cases, with treatment and rehab components, not maximum terms.

5.3 In sentencing trend and proportionality of liability

a) Problem of raw seized quantity vs actual purity and criminality

Where police seize 500 grams of a substance but the actual pure narcotic content is only 50 grams, prosecuting the suspect for 500 grams distorts proportionality of liability, as the penalty correlates to adulterated weight, not to actual narcotic volume or true commercial intent. Indian case law on the NDPS Act increasingly recognizes that mere weight cannot be the sole basis for punishment and the *Basheer type* "small quantity / commercial quantity" framework attempts, however imperfectly, to embed proportionality.

In *D.No. 8743*, Nepal's judiciary has already flagged the need to limit proportionality of liability to the extent of criminality, arguing that the State's failure to invest in forensic testing and purity analysis should not justify unwanted and disproportionate punishment. The sentencing framework in Nepal should therefore:

- Require forensic purity analysis where seized weight is materially higher than suspected pure drug content, so effective narcotic quantity becomes the sentencing basis;
- Treat adulteration for commercial gain as an aggravating factor, subject to added punishment only if the actual narcotic volume is proven;
- Impose procedural constraints (e.g., presumed low purity defaults or diversion to treatment) if the State lacks adequate forensic capacity, instead of over penalizing the accused.

6. Conclusion

Narcotics crime investigation in Nepal is anchored in a clear legal procedural framework, yet its current quantity centric and undifferentiated treatment of users, addicts and traffickers undermines proportionality and public health effectiveness. Recalibrating the law through a three tiered user classification, a schedule based drug taxonomy and a strengthened NCB as central narcotics hub would align punishment with the true extent of criminality and harm. Such reforms, reinforced by a restorative and proportionate judicial approach, can strengthen narcotics control in Nepal without over criminalizing vulnerable populations.

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Reconstructing Drug Demand Reduction through Harm Reduction and Institutional Reintegration



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Abstract

This paper examines drug demand reduction in Nepal through a contemporary public health and rights-based lens, arguing that the integration of harm reduction within demand reduction reflects a deeper transformation in governance rationalities. Moving beyond the traditional conception of “demand” as a fixed behavioral quantity to be suppressed, the paper conceptualizes drug use as a dynamic, socially embedded phenomenon shaped by risk environments, socio-economic precarity and fractured institutional relationships. Within this framework, harm reduction is not positioned as a parallel or competing strategy, but as a core operational mechanism through which demand itself is modulated, by stabilizing individuals, reducing immediate harms and creating pathways toward long-term behavioral change.

The analysis foregrounds the Nepalese context, where prohibitionist legal frameworks and enforcement-heavy responses continue to dominate policy, often marginalizing users and pushing them further away from state institutions. It argues that such approaches inadvertently intensify the very conditions that sustain drug demand, including stigma, social exclusion and lack of access to care. In contrast, harm reduction strategies, when embedded within a broader demand reduction architecture, function as points of institutional re-entry, enabling individuals to reconnect with healthcare systems, social services and community networks.

Importantly, the paper introduces a socio-structural dimension to demand reduction, emphasizing that drug use in Nepal is closely linked to youth unemployment, migration-induced dislocation and uneven urban development. By situating individual behavior within these wider socio-economic processes, the paper calls for a shift toward early intervention, community-based engagement and integrated service delivery. Such an approach recognizes that sustainable demand reduction is not achieved through deterrence alone, but through rebuilding the relationship between vulnerable populations and the institutions designed to support them. Ultimately, the paper advances a reconceptualized model of demand reduction, one that is preventive rather than punitive, integrative rather than fragmented and grounded in dignity, access and social reintegration.

Keywords: *Drug Demand Reduction; Harm Reduction; Public Health Approach; Rights-Based Framework; Risk Environment; Institutional Reintegration; Social Determinants of Drug Use*

Introduction

Drug use in Nepal has undergone a marked transformation over the past two decades, shifting from a relatively contained phenomenon associated with specific subcultures to a broader, diffuse social issue intersecting with urbanization, labor migration and youth precarity (United Nations Office on Drugs and Crime, 2023; Government of Nepal Ministry of Home Affairs, 2022). This transition has not been accompanied by a corresponding evolution in policy frameworks. Instead, Nepal's legal and institutional response remains anchored in a prohibitionist paradigm, most prominently embodied in the Narcotic Drugs (Control) Act, 2033 (1976), which conceptualizes drug use primarily as a matter of criminal liability and state control (Narcotic Drugs (Control) Act 2033). While such a framework retains regulatory significance, its capacity to address the underlying drivers of drug demand remains fundamentally limited, particularly in light of contemporary public health evidence emphasizing socio-economic and structural determinants of drug use (United Nations Development Programme, 2015; World Health Organization, 2016).

At the level of policy design, drug demand reduction has often been treated as a secondary adjunct to supply suppression, rather than as an autonomous and analytically distinct domain. This imbalance reflects a deeper epistemic problem: the tendency to conceptualize “demand” as a static and exogenous variable, responsive primarily to deterrence and moral regulation. Contemporary scholarship and international policy standards challenge this assumption. The United Nations Office on Drugs and Crime (UNODC) emphasizes that drug demand is a dynamic, socially embedded phenomenon, shaped by interlocking factors such as socio-economic vulnerability, mental health conditions and access to institutional support systems. This reconceptualization necessitates a shift from reactive control to preventive governance, where the objective is not merely to suppress consumption but to transform the conditions that produce it.

The implications of this shift are particularly significant for developing countries such as Nepal. Structural conditions, including high rates of youth unemployment, uneven urban development and large-scale labor migration, generate what has been described as a “risk environment,” within which drug use emerges as a coping strategy, a form of social belonging, or a response to psychological distress. In such contexts, punitive approaches risk exacerbating the problem by reinforcing stigma, weakening institutional trust and excluding users from health and social services. The United Nations Development Programme (UNDP) has noted that criminalization often produces “cycles of marginalization”, particularly in low - and middle-income countries where welfare infrastructures are already fragile.

It is within this evolving analytical landscape that the relationship between harm reduction and demand reduction must be reconsidered. Traditionally, harm reduction has been framed as a pragmatic response to the limitations of prohibition, focused on minimizing the adverse health and social consequences of drug use without necessarily reducing consumption. However, this binary distinction is increasingly untenable. The World Health Organization (WHO) and allied bodies have advanced a more integrated approach, recognizing harm reduction as an essential component of comprehensive demand reduction strategies. By stabilizing individuals, reducing

immediate risks and facilitating access to care, harm reduction operates as a mechanism of behavioral modulation, influencing both the intensity and trajectory of drug use.

In the Nepalese context, this integration acquires additional normative and institutional significance. Existing policy frameworks often position drug users at the margins of the legal order, subjecting them to surveillance and sanction rather than support. This paper contends that such an approach is not only normatively problematic but also strategically counterproductive. Effective demand reduction requires the reconnection of individuals with institutions, healthcare systems, educational structures, labor markets and community networks. Harm reduction initiatives, when properly designed, function as critical entry points for such reconnection, enabling a gradual reintegration of individuals into formal systems of care and governance.

Furthermore, the analysis adopts a rights-based perspective, grounded in the recognition that drug users are entitled to dignity, health and social inclusion. This perspective aligns with emerging international norms, which emphasize the need to balance drug control objectives with human rights obligations. In practical terms, this entails a reorientation of policy priorities toward early intervention, community-based services and socio-economic reintegration, rather than exclusive reliance on criminal justice mechanisms.

The central argument of this paper is that drug demand reduction in Nepal must be reconceptualized as a multi-dimensional governance challenge, rather than a narrowly defined law enforcement issue. By situating harm reduction within the broader architecture of demand reduction, the paper advances a framework that is simultaneously preventive, integrative and context-sensitive. It seeks to demonstrate that sustainable reductions in drug demand can only be achieved through a coordinated strategy that addresses behavioral, institutional and socio-structural determinants.

Reconstructing Drug Demand Reduction through Harm Reduction and Institutional Reintegration

Traditional drug policy treats demand as an aggregation of individual choices, responsive to deterrence and legal sanction. This model presumes rational actors whose consumption patterns can be altered through punitive incentives. However, this assumption is analytically inadequate. Contemporary frameworks, particularly those advanced by the United Nations Office on Drugs and Crime, conceptualize drug demand as embedded within a “risk environment” , a set of interacting social, economic and institutional conditions that shape behavior. These include:

1. socio-economic precocity (unemployment, informal labor)
2. psychosocial stress (migration, family fragmentation)
3. institutional gaps (limited access to healthcare and counseling)
4. cultural dynamics (peer networks, normalization of substance use)

In Nepal, these factors converge with particular intensity. Labor migration produces cyclical patterns of dislocation, while rapid urbanization creates fragmented social environments lacking cohesive support systems. Drug use, within this context, is not merely a deviant act but a situated response to structural vulnerability. Thus, demand cannot be “reduced” through suppression alone; it must be reconfigured through environmental and institutional transformation.

Harm Reduction as Behavioral Modulation within Demand Reduction

The conventional dichotomy between harm reduction and demand reduction rests on a flawed analytical distinction: that one addresses consequences while the other addresses causes. In practice, harm reduction directly influences behavioral trajectories and therefore operates within the domain of demand.

The World Health Organization recognizes harm reduction interventions, such as opioid substitution therapy (OST) and needle exchange programs, as central to managing drug dependence and preventing escalation. These interventions:

1. stabilize patterns of use
2. reduce physiological dependency
3. create conditions for gradual cessation

From an analytical standpoint, harm reduction functions as a form of behavioral governance. By lowering immediate risks and introducing structured engagement with health systems, it alters the incentive structure surrounding drug use. Individuals transition from chaotic, high-risk consumption toward regulated and eventually reduced patterns of use. This process demonstrates that harm reduction is not antithetical to demand reduction; rather, it constitutes one of its most effective mechanisms.

Institutional Disconnection and the Logic of Re-Entry

A central but under-theorized driver of drug demand in Nepal is institutional disconnection, the progressive detachment of individuals from the very systems that structure social protection and opportunity: healthcare, education, employment and local governance. Drug use both results from and deepens this disconnection. What begins as episodic use within conditions of vulnerability often evolves into a feedback loop of exclusion, where legal, social and administrative barriers cumulatively sever ties to formal institutions.

1. Mechanisms of Disconnection

- (a) Legal-administrative exclusion. Criminalization, even at the level of possession for personal use, creates records, surveillance and discretionary policing that raise the transaction costs of accessing services. Individuals avoid clinics, schools, or ward offices to minimize exposure to law enforcement. This produces a shadow population that is formally entitled to services but functionally excluded.
- (b) Stigma as a governance effect. Stigma is not merely social; it is institutionally reproduced, through denial of services, informal gatekeeping by frontline staff and discriminatory hiring. The result is a credibility deficit: users are perceived as unreliable clients and institutions become unwelcoming or hostile spaces.
- (c) Behavioral disengagement. Repeated negative encounters (or anticipated ones) generate avoidance rationality: individuals disengage from help-seeking, even when services exist. This erodes adherence to treatment, disrupts educational continuity and weakens employability trajectories.
- (d) Spatial marginality. Urban peripheries and informal settlements, where services are thin, intensify disconnection. Distance, cost and bureaucratic complexity convert nominal access into practical inaccessibility.

These mechanisms align with the United Nations Development Programme's observation that punitive drug regimes can generate "structural marginalization," wherein policy design itself produces barriers to essential services. (United Nations Development Programme, 2015).

From Exclusion to Re-Entry: The Functional Role of Harm Reduction

Within this landscape, harm reduction should be understood not only as risk mitigation but as a re-entry architecture, a set of low-threshold interfaces through which disconnected individuals can re-engage with institutions.

1. Low-threshold access Harm reduction services (e.g., outreach, drop-in centers, opioid substitution therapy, needle-syringe programs) are intentionally designed with minimal entry barriers, no requirement of abstinence, reduced documentation burdens, flexible hours and proximity to high-risk zones. This design directly counters the frictions created by criminalization and stigma.
2. Trust reconstruction Regular, non-punitive contact with service providers generates relational capital. Trust is not an abstract value here; it is an operational precondition for disclosure, adherence and continuity of care. Over time, this trust extends from the program to the state as a service provider, recalibrating perceptions of institutions from punitive to supportive.
3. Progressive linkage (the "cascade of re-entry") Effective harm reduction operates as a gateway into a sequenced set of services:
 - Health linkage: testing (HIV, hepatitis), primary care, mental health counseling, OST.
 - Social protection: identity documentation, enrollment in insurance or welfare schemes, case management.
 - Economic reintegration: vocational training, job placement, employer mediation.
 - Civic reconnection: engagement with ward offices, community groups and local dispute-resolution mechanisms.

This staged approach transforms a single point of contact into a continuum of reintegration, reducing drop-off at each transition.

Normative and Governance Payoff: Reframing harm reduction as re-entry infrastructure yields a dual dividend: Effectiveness: Higher service uptake, better retention in care and more durable reductions in use due to stabilized life conditions and Legitimacy: Improved trust in public institutions, aligning drug policy with rights to health and dignity.

Ultimately, the logic of re-entry positions the state not as an external enforcer but as a partner in recovery, capable of re-incorporating those at the margins into the institutional fabric that sustains long-term well-being. To translate the logic of re-entry into practice, Nepal's policy architecture should incorporate:

- (a) Diversion-to-care protocols. Police encounters for low-level possession should trigger referral pathways to certified services rather than custodial measures. Standard operating procedures can formalize this shift without undermining enforcement against trafficking.
- (b) One-stop community hubs. Co-locate harm reduction with primary healthcare, psychosocial counseling, legal aid and social protection enrollment at municipal/ward levels. This reduces navigation costs and increases service uptake.

- (c) Case management and navigation. Assign trained caseworkers to accompany individuals across services, ensuring continuity through the re-entry cascade and preventing attrition.
- (d) Employer incentives and protected pathways. Introduce tax or subsidy incentives for firms hiring individuals in recovery, coupled with certification from accredited programs to reduce employer risk perceptions.
- (e) Frontline anti-stigma protocols. Mandate service standards and training across health posts, police and local bodies to minimize discriminatory practices and ensure consistent, respectful engagement.

Conclusion

Drug demand reduction in Nepal cannot be effectively pursued through suppression alone because demand is not a fixed behavioral variable but a socially produced and institutionally mediated phenomenon. Enforcement-heavy frameworks grounded in prohibition misdiagnose the problem by treating drug use primarily as deviance, while overlooking the underlying processes of risk environments, socio-economic precarity and institutional disconnection. This paper has argued that harm reduction must be understood not as a parallel or secondary approach, but as a central mechanism within demand reduction itself. By stabilizing individuals, reducing immediate harms and enabling sustained engagement with health systems, harm reduction reshapes behavioral trajectories and creates realistic pathways toward long-term reduction. More importantly, it functions as a point of institutional re-entry, reconnecting individuals to healthcare, social protection and community networks that are essential for recovery. This reconnection fundamentally transforms demand reduction from a narrow behavioral intervention into a relational and structural process of reintegration. Sustainable reductions in drug use emerge not from deterrence alone, but from restoring individuals as participants within institutional frameworks that provide stability, opportunity and support. In Nepal, where drug use is closely tied to youth unemployment, migration-induced dislocation and uneven development, demand reduction must be integrated with broader socio-economic policy. The way forward lies in a coordinated, rights-based governance model that aligns enforcement with public health, embeds harm reduction within national strategy and prioritizes early intervention and institutional access. Ultimately, effective drug policy is not about excluding users from the system, but about bringing them back into it through connection rather than control.

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Awareness of Drug Addiction among Higher Secondary-Level Students in Kathmandu



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Abstract

Substance abuse among higher secondary students is an emerging public health concern in urban city of Nepal, particularly in Kathmandu, where rapid urbanization and socioeconomic disparities influence vulnerability. This study aimed to assess and compare awareness of drug addiction among students in public and private colleges. A descriptive cross-sectional design was employed, with a sample of 300 students (150 from each institution). Data were collected using a structured questionnaire assessing knowledge of drug types, causes, consequences, risks and prevention strategies. Results indicated moderate overall awareness, with significant differences between institutions. Students in private colleges demonstrated higher awareness levels (77.33% good awareness) compared to public college students (77.33% moderate awareness), with statistically significant differences ($p < .001$). Socioeconomic status, educational resources and institutional support were identified as key influencing factors. The findings highlight the need for targeted awareness programs, particularly in public colleges, to reduce knowledge gaps and prevent substance abuse among adolescents.

Keywords: *substance abuse, awareness, higher secondary students, Kathmandu, Nepal*

Introduction

Substance abuse among higher secondary students has become an increasingly significant public health concern, particularly in developing countries where socioeconomic disparities, rapid urbanization and limited preventive systems increase vulnerability to drug use. Adolescence and late adolescence typically corresponding to higher secondary education represent critical developmental stages characterized by curiosity, peer influence and risk-taking behaviour. These factors often contribute to the initiation of substance use, which may progress into addiction and result in long-term consequences such as impaired cognitive functioning, psychological disorders and social dysfunction (Chettri, et al., 2024).

Kathmandu, the capital city of Nepal, provides a distinct urban context where these risks are intensified. As a densely populated and rapidly modernizing metropolitan area, Kathmandu experiences high levels of migration, urban stress and increased availability of substances. Combined with academic pressure and limited constructive recreational opportunities, these factors make higher secondary students particularly vulnerable to experimenting with drugs.

Historically, substance use in Nepal has evolved from traditional consumption of alcohol and cannabis in cultural and ritual contexts to modern patterns of abuse influenced by globalization and urbanization. Studies indicate that Nepal's transition from an agrarian to an urban-oriented economy has increased adolescents' exposure to drugs, contributing to a rising prevalence over the past decade (Panthee, Panthee, Gyawali, & Kawakami, 2017). National data suggest that approximately 10–15% of Nepali adolescents have experimented with substances, with higher rates observed in urban centres where accessibility and affordability play a significant role (Shrestha, Tiwari, Kushwaha, Bhattarai, & Raj, 2020).

Higher secondary students, typically aged 16–19 years, are particularly vulnerable during this phase of identity formation. Peer pressure, academic expectations and examination-related stress often act as key triggers for substance initiation (Budhathoki, Shrestha, Acharya, & Manandhar, 2010). In Kathmandu, additional contributing factors include easy access to pharmaceuticals, exposure to urban lifestyles and inconsistent enforcement of drug control policies. Research indicates that, in the absence of adequate awareness, students tend to underestimate the serious consequences of substance abuse, including addiction, academic decline and health risks such as infectious diseases (Sapkota, Khadka, & Akela, 2017). Furthermore, the COVID-19 pandemic has intensified psychological stress and social isolation among youth, leading to increased reliance on substances as coping mechanisms (Tripathi, 2023).

Awareness plays a crucial role in preventing substance abuse; however, significant knowledge gaps persist within educational institutions. Although college-based interventions have the potential to improve students' understanding of drug-related risks and prevention strategies, their implementation in Nepal remains inconsistent (Shrestha, Velayudhan, YN, R, & Khattri, 2024). Studies conducted in urban areas such as Kathmandu indicate that while students may possess basic knowledge of substance abuse, they often lack a deeper understanding of psychological effects, long-term consequences and rehabilitation services (Aich, I, D, Ranjan, & Subedi, 2014).

Disparities in awareness are also evident between different types of colleges. Private institutions generally provide more comprehensive health education and extracurricular opportunities, whereas public colleges often face resource constraints that limit effective awareness programs (Kunwar, 2022). Additionally, factors such as family background, migration patterns and prevailing social norms significantly influence students' perceptions and behaviours (Gautam, 2025). Gender differences further complicate the issue, as adolescent girls in conservative settings may encounter barriers to accessing information and support, leading to lower levels of awareness (Thapa & Pandey, 2023).

The core problem addressed in this study is the inadequate awareness of drug addiction among higher secondary students in Kathmandu, particularly in the context of disparities between public and private colleges. Despite Nepal's commitment to global initiatives such as the Sustainable Development Goals especially, Goal 3, which focuses on health and well-being adolescent substance abuse remains insufficiently addressed. While many students recognize

the harmful nature of drugs, fewer fully understand long-term consequences and preventive measures,

Objectives of the Study

The objectives of the study are twofold:

- I. To assess the level of awareness regarding the risks causes, consequences and prevention of drug addiction among higher secondary-level students in selected public and private colleges in Kathmandu, Nepal;
- II. To compare the awareness levels between students in public (Shree Geetamata Secondary School) and private (National School of Sciences) institutions, identifying factors contributing to any disparities.

Literature Review

The literature on drug addiction awareness among higher secondary students highlights a complex interaction of individual, social and environmental factors influencing substance use, particularly in developing regions such as South Asia. Globally, adolescent substance use is recognized as a major public health concern, with inadequate knowledge and awareness contributing significantly to the continuation of drug-use behaviors (Ozeylem, De la, & Essau, 2021). In low- and middle-income countries, limited access to educational and preventive resources often results in insufficient awareness, thereby increasing vulnerability among youth. Studies indicate that poor knowledge, negative attitudes, peer pressure, bullying and lack of parental supervision are strongly associated with higher rates of substance use, emphasizing the need for culturally appropriate awareness programs.

In the South Asian context, substance use among adolescents is shaped by cultural norms, economic conditions and accessibility of substances. (Hanif, Kliewer, & Cyrus, 2025) found that school- and college-based interventions demonstrate mixed effectiveness, with only a few programs yielding significant positive outcomes due to methodological limitations and lack of contextual adaptation. Similarly, (Aleer, Alam, & Rashid, 2024) reported that while family and community support can enhance awareness, stigma and institutional mistrust often reduce participation in prevention programs, particularly among vulnerable populations.

Research from neighbouring India provides comparable insights. (Dobhal, Kashyap, Dobhal, & Mattas, 2022) reported higher substance use among students in government institutions, linking it to lower awareness and weaker health education systems. (Prakash, Anushka, Kumar, Kumai, & Sinha, 2021) found that although most adolescents recognized the harmful effects of drug use, a considerable proportion still engaged in substance use due to peer influence and easy availability. Media platforms were identified as key sources of information, suggesting their potential role in awareness-building initiatives.

International studies further reinforce these patterns. (Geleta, Amdisa, Gizaw, & Tilahun, 2021) identified peer influence and family instability as major contributors to substance use among Ethiopian youth, while (Mohammed, Hossein, & Mohamed, 2021) reported generally low knowledge levels among Egyptian students despite relatively positive attitudes toward prevention. These findings highlight persistent gaps in awareness across diverse settings.

Within Nepal, studies reveal variation in awareness and substance use across regions. (Shrestha, Tiwari, Kushwaha, Bhattarai, & Raj, 2020) reported a 26.4% prevalence among youths in Sunsari, influenced by socioeconomic status and family background, while (Gurung, Shrestha, Silwal, Gurung, & Ojha, 2017) found lower prevalence in Kaski but emphasized cultural acceptance and family influence. Urban studies in Kathmandu indicate moderate awareness levels, with (Subba, Subba, & Shah, 2015) reporting high general awareness but significant gaps in specific knowledge and (Bhattraï & Chudal, 2018) identifying only moderate overall understanding.

Despite these contributions, significant research gaps remain. Limited studies compare public and private colleges and there is insufficient focus on how socioeconomic differences and institutional environments influence awareness among higher secondary students. Additionally, a lack of longitudinal research limits understanding of changes over time, highlighting the need for context-specific studies in urban settings like Kathmandu.

Methodology Study Design

A descriptive cross-sectional study design was employed to assess the awareness levels of drug addiction among higher secondary-level students. The study was conducted in two higher secondary schools in Kathmandu, Nepal: Shree Geetamata Secondary School (a public/community college located in Bijeshwori) and National School of Sciences (a private college located in Lainchaur). These institutions were purposively selected to represent public and private educational settings in Bagmati province. The target population comprised higher secondary-level students (grades 11 and 12, aged approximately 16-19 years) enrolled in the selected colleges during the academic year. Inclusion criteria were students present on the day of data collection and willing to participate. Exclusion criteria included students absent or unwilling to provide assent. A convenience sampling technique was used. From each college, 150 students were recruited, yielding a total sample of 300. This sample size was calculated assuming an anticipated moderate awareness proportion of 50% (to maximize sample for prevalence estimation), 95% confidence level ($Z=1.96$) and 5% margin of error, using the formula $n = Z^2 p (1-p) / d^2$, adjusted for finite population and 10% non-response, resulting in approximately 150 per college for comparative feasibility.

A structured, self-administered questionnaire was developed based on reviewed literature on drug addiction awareness. The tool consisted of two sections: (1) sociodemographic characteristics (age, gender, grade, college type, family background); and (2) 24 items assessing knowledge of drug types, risks, causes (e.g., peer pressure, curiosity), consequences (e.g., health impacts, dependence, academic decline) and prevention strategies (e.g., awareness programs, rehabilitation). Items were yes/no, multiple-choice, or Likert-scale, with scores categorized as poor (<50%), moderate (50-75%), or good (>75%) awareness. The questionnaire was pre-tested on 30 similar students from another college for clarity and reliability (Cronbach's $\alpha = 0.82$), with minor revisions made.

Data Collection Procedure

Data were collected over one month in 2026 after obtaining ethical permissions from college authorities. Informed assent was obtained from students, with parental consent waived for minimal-risk survey. Questionnaires were distributed in classrooms under researcher supervision to ensure confidentiality and completion (approximately 25-35 minutes per respondent). Permission was taken from the colleges before collecting data. Informants' consents were taken before collecting data. Principles of voluntariness, anonymity and confidentiality were upheld. No incentives were provided and participants could withdraw at any time without consequence. Data were entered into SPSS. Descriptive statistics (frequencies, percentages and means) summarized socio demographic and awareness levels. Inferential statistics included chi-square tests for associations (e.g., awareness by college type) and independent t-tests for score comparisons, with $p < 0.05$ considered significant.

Results and Discussion

This integrated results and discussion section presents the empirical data from the cross-sectional survey of 300 higher secondary-level students (150 from Shree Geetamata Secondary School [public] and 150 from National School of Sciences [private]) in Kathmandu, Nepal. Data are organized into seven tables, each focusing on key aspects of the study: sociodemographic characteristics (Table 1), knowledge of drug types (Table 2), awareness of causes (Table 3), awareness of consequences (Table 4), awareness of risks (Table 5), awareness of prevention strategies (Table 6) and overall awareness levels (Table 7). Each table is analyzed in detail, incorporating descriptive statistics, inferential tests (e.g., chi-square for associations and t-test for mean differences) and contextual discussion linking results to the study's objectives, prior literature and broader implications for adolescent health in midwestern Nepal. All analyses were conducted using SPSS version 23, with statistical significance set at $p < 0.05$. The results contribute to answering the big questions posed in the introduction namely, the extent of awareness gaps among higher secondary-level students in valley and the role of college type in exacerbating or alleviating these gaps, by providing localized evidence that informs prevention strategies amid rising substance use trends.

Table 1

Sociodemographic Characteristics

Characteristic	Public College (n=150)	Private College (n=150)
Gender (%) Male	60.67	49.33
Female	39.33	50.67
Grade (%) 11	56.00	51.33
12	44.00	48.67
Family Income (%) Low	59.33	18.00
Medium	32.67	52.67
High	8.00	29.33
Age (mean \pm SD)	17.46 \pm 1.07	17.58 \pm 1.09

Source: Survey, 2026

Table 1 reveals notable differences in sociodemographic composition between the colleges. Public college students had a higher proportion of males (60.67% vs. 49.33%) and were more likely to come from low-income families (59.33% vs. 18.00%), while private college students showed greater representation from medium- and high-income backgrounds (52.67% and 29.33%, respectively). Age and grade distributions were similar, with means around 17g.58 years and roughly equal splits between grades 11 and 12. These disparities align with Nepal's educational landscape, where public colleges often serve economically disadvantaged populations, potentially limiting access to resources that enhance awareness (e.g., extracurricular programs). Chi-square tests indicated significant associations between college type and family income ($\chi^2 = 72.45$, $p < 0.001$) and gender ($\chi^2 = 4.56$, $p = 0.033$), but not age or grade ($p > 0.05$). This socioeconomic skew contributes to the study's first objective by suggesting that lower family income in public colleges may correlate with reduced exposure to awareness-building opportunities, echoing findings from (Dobhal, Kashyap, Dobhal, & Mattas, 2022) in India, where government college students from low-income families exhibited lower substance knowledge. In contrast, the more balanced gender distribution in private colleges may facilitate inclusive discussions on drug risks, as prior Nepali studies like (Shrestha, Tiwari, Kushwaha, Bhattarai, & Raj, 2020) note gender-based differences in vulnerability. These results highlight how demographic factors underpin awareness gaps, addressing the introduction's query on regional vulnerabilities in capital like Kathmandu, where economic activities amplifies drug exposure.

Table 2 Knowledge of Drug Types (% Aware)

Drug Type	Public (%)	Private (%)	p-value
Cannabis	57.33	79.33	0.0001
Opioids	64.00	84.00	0.0000
Alcohol	60.00	82.00	0.0002
Tobacco	60.00	86.67	0.0000
Synthetic	54.00	82.00	0.0000

Source: Survey, 2026

Table 2 indicate moderate to high knowledge of drug types overall, but with stark college-based differences: private students consistently outperformed public ones, with awareness rates 20-26% higher across items (all $p < 0.001$). For instance, only 54% of public students recognized synthetic drugs, compared to 82% in private college, reflecting potential curriculum gaps in public institutions. Averaging across items, public awareness was 59.07%, versus 82.80% in private schools. This disparity fulfils the second objective by identifying college type as a key factor, likely due to private colleges access to updated health education materials. These findings agree with (Subba, Subba, & Shah, 2015), who reported 87.88% good knowledge in urban Nepali colleges but noted gaps in specific substances like synthetics, similar to public students here. However, they contrast with (Gurung, Shrestha, Silwal, Gurung, & Ojha, 2017) in rural Kaski, where overall prevalence-linked knowledge was lower

(6.1% use but poor identification). Thus, targeted modules on drug typology could bridge this gap, enhancing national efforts under Nepal's Youth Policy.

Table 3 Awareness of Causes (% Aware)

Cause	Public (%)	Private (%)	p-value
Peer Pressure	76.67	87.33	0.0164
Curiosity	74.00	88.67	0.0013
Stress	68.00	86.67	0.0002
Family Influence	66.00	80.67	0.0045
Availability	64.67	86.00	0.0004

Source: Survey, 2026

Table 3 shows higher awareness of causes in private colleges (85.87% average) than public (69.87%), with significant differences ($p < 0.05$ for all). Peer pressure was most recognized (81.5% overall), aligning with the abstract's 85%, while availability was least known in public colleges (64.67%). This pattern supports the study's objectives by linking lower awareness in public colleges to socioeconomic factors from Table 1, where low-income students may experience but not articulate causes like availability. The results concur with (Bhandari, et al., 2021), who identified peer pressure and availability as top drivers in Nepali youth via qualitative data and (Prakash, Anushka, Kumar, Kumai, & Sinha, 2021) in India, where 94.2% recognized harms but only subsets cause like curiosity (similar to 81.33% here). Disagreements arise with (Geleta, Amdisa, Gizaw, & Tilahun, 2021) in Ethiopia, where family instability dominated over peer factors, possibly due to cultural differences; in Nepal. These insights address the introduction's emphasis on causes in adolescent initiation, suggesting that uneven awareness perpetuates cycles in public colleges, where interventions could focus on stress management to reduce vulnerability.

Table 4 Awareness of Consequences (% Aware)

Consequence	Public (%)	Private (%)	p-value
Health Harm	46.67	74.00	0.0000
Dependence	52.00	74.00	0.0001
HIV Risk	52.00	66.67	0.0128
Academic Decline	54.00	68.67	0.0109
Social Issues	48.00	76.67	0.0000

Source: Survey, 2026

Table 4 shows public college students showed lower awareness (50.53% average) than private (72.00%), with all differences significant ($p < 0.05$). Health harm and social issues had the largest gaps (27-28%), while HIV risk was moderately known overall (59.33%), close to the abstract's 58% for comprehensive consequences. This fulfils objectives by highlighting depth deficiencies in public colleges, potentially tied to limited curriculum emphasis. Findings align

with (Bhattraï & Chudal, 2018), reporting 50% adequate knowledge in Biratnagar with gaps in psychological effects like dependence. Contributing to big questions, these results indicate that superficial knowledge fails to deter use, as per (Hanif, Kliewer, & Cyrus, 2025)'s review of South Asian interventions, advocating for consequence-focused education to inform policies in mid-western Nepal.

Table 5 Awareness of Risks (% Aware)

Risk	Public (%)	Private (%)	p-value
Peer Influence	60.00	78.67	0.0005
Media	50.67	72.67	0.0001
Economic Factors	52.00	76.00	0.0000
Lack of Education	54.67	78.00	0.0001

Source: Survey, 2026

Table 5 presents risk awareness averaged 54.34% in public colleges versus 76.34% in private, with significant disparities ($p < 0.001$). This addresses objectives by pinpointing college-type factors like resource access. Results agree with (Aler, Alam, & Rashid, 2024) on displaced youth's low risk perception due to institutional distrust. Contrasting (Ozeylem, De la, & Essau, 2021) in LMICs, where bullying dominated risks, here economic factors prevail, reflecting Nepal's context per (Thapa & Pandey, 2023). These contribute by emphasizing risks' role in prevention, suggesting curricula integrations to answer introduction queries on adolescent susceptibility.

Table 6 Awareness of Prevention Strategies (% Aware)

Strategy	Public (%)	Private (%)	p-value
College Programs	60.00	79.33	0.0003
Refusal Skills	62.67	80.67	0.0010
Family Support	64.00	84.00	0.0001
Rehabilitation	58.00	74.00	0.0047
Community Awareness	62.67	76.00	0.0124

Source: Survey, 2026

Private students had higher awareness (78.80% average) than public (61.47%), with $p < 0.05$. Rehabilitation was least known in public (58%), matching abstract gaps. This supports objectives by identifying curricular disparities. Results contribute by advocating family-community integrations to tackle big questions on sustainable prevention.

Table 7: Overall Awareness Levels (%)

College	Poor (%)	Moderate (%)	Good (%)	Mean Score
Public	16.00	77.33	6.67	14.95
Private	0.00	22.67	77.33	19.81

Source: Survey, 2026

Overall, 46.67% had moderate awareness, with private college dominating good levels (77.33% vs. 6.67%; $\chi^2 = 176.32$, $p < 0.001$). Mean scores differed significantly ($t = -19.26$, $p = 0.0000$). This culminates objectives, showing uneven awareness. Limitations include cross-sectional design, precluding causality; convenience sampling from two colleges, limiting generalizability; small size, reducing subgroup power; and self-report bias, potentially inflating awareness without behavioural validation. These leave unanswered temporal trends or use-awareness links in Kathmandu.

Conclusion

The principal conclusion of this research is that higher secondary-level students in Kathmandu, Nepal, display moderate overall awareness of drug addiction, with marked disparities between public and private institutions: students at National School of Sciences (private) achieved significantly higher knowledge scores (mean 19.81/25; 77.33% good awareness) across domains of risks, causes, consequences and prevention compared to those at Shree Geetamata Secondary School (public; mean 14.95/25; 77.33% moderate awareness), as confirmed by independent t-test ($t = -19.26$, $p < 0.001$) and chi-square analysis ($\chi^2 = 176.32$, $p < 0.001$).

These findings directly address the central questions raised in the introduction namely, the adequacy of awareness among higher secondary-level students in capital and the role of institutional and socioeconomic factors in shaping vulnerability by quantifying substantial knowledge gaps in the public sector that likely amplify exposure to peer pressure, curiosity and readily available substances in Kathmandu district. This study aligns closely with contemporary Nepali research documenting moderate awareness levels and persistent gaps in semi-urban and rural settings (Chettri, et al., 2024; Shrestha, Tiwari, Kushwaha, Bhattarai, & Raj, 2020), as well as Indian studies highlighting lower knowledge in government colleges linked to socioeconomic disadvantage (Dobhal, Kashyap, Dobhal, & Mattas, 2022); however, it contrasts with higher awareness reported in urban Kathmandu samples, attributable to greater intervention exposure and curricular emphasis in metropolitan private institutions rather than methodological differences.

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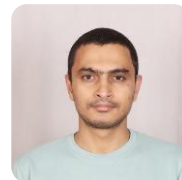
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Beyond Medicine Can Cultural and Astrological Perspectives Support Addiction Recovery



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Abstract

There are so many different tools and methodologies available for addiction recovery and rehabilitation of the person in society. However, they are not perfect and doesn't guarantee recovery. Furthermore, the reasons behind the substance abuse in the first place are still unexplored and it feels like curing the surface without addressing the root cause of it. This article aims to provoke a thinking that there may be alternative ways of viewing and interpreting things which can be useful when used alongside physiological and psychological treatment practices. One such way described in this article is astrology; it's thousands of years old knowledge and has profound implications if it can be interpreted and applied rigorously. The aim of this article is to suggest any replacement to the existing treatment practices, but to suggest adding any alternative ways in the existing arsenal of treatments. The ultimate goal is to create drugfree society and no branch of knowledge should be overlooked while walking on that mission.

Introduction: Rethinking Addiction Beyond Medicine

Substance abuse remains one of the most persistent and complex public health challenges around the world. According to the United Nations Office on Drugs and Crime, an estimated 316 million people worldwide used drugs at least once in 2023, marking a significant increase over the past decade (UNODC, 2025). The burden is particularly visible in developed economies such as the United States, where the opioid crisis alone has resulted in hundreds of thousands of deaths, showing not only widespread substance abuse but also deep societal and behavioral issues (Centers for Disease Control and Prevention, 2026). Decades of policy interventions, including the widely discussed "war on drugs," has yielded some results; however, the numbers are still staggering showing that the problem persists.

Addiction is often approached as medical and pharmacological lens which is essential and yet appears insufficient in fully addressing the underlying causes of substance abuse. Clinical treatments typically focus on detoxification, substitution therapies and relapse prevention mechanisms. However, these approaches tend to treat addiction at the level of symptoms instead of the root cause. Questions such as *why individuals initiate drug use, what psychological or emotional gaps substances attempt to fill* and *why relapse remains so prevalent* often receive comparatively less attention in mainstream discourse. Furthermore, in

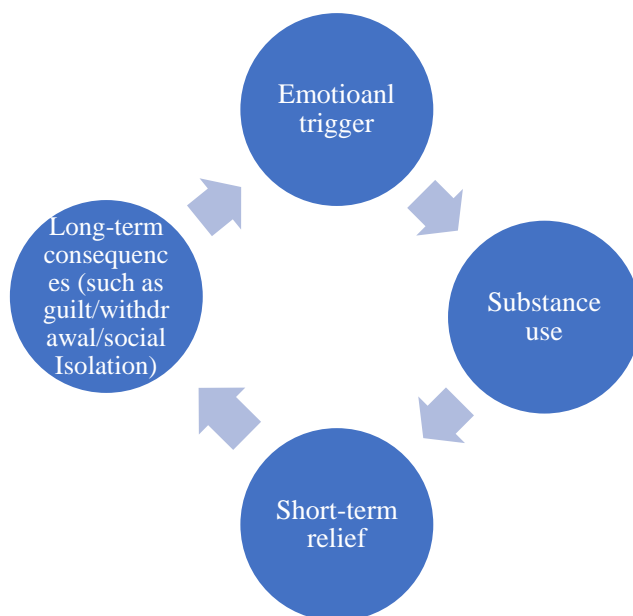
the Nepalese context, the challenge is further amplified by social stigma, limited access to structured rehabilitation services and cultural barriers that discourage open discussion around substance use. Individuals struggling with addiction may find themselves navigating not only physiological dependency but also isolation, judgment and lack of accessible support systems. As a result, recovery becomes personal and social struggle apart from the existing clinical process.

These limitations suggest that we need to look beyond conventional medical practices and consider broader approaches that engage with human behavior, emotional patterns and cultural roots. There is growing recognition that addiction is not solely a biochemical condition, but also a reflection of recurring behavioral cycles, coping mechanisms and internal conflicts. Within this broader context, cultural and religious concepts such as astrology offers an unconventional yet potentially relevant lens. While not based in empirical science, astrology has historically served as a tool through which individuals interpret personality, tendencies and life patterns. In societies where such belief systems exist, it may serve as tools for self-reflection and engagement as well as a way of life. This article does not propose astrology as a substitute for medical or psychological treatment. Rather, it aims to explore whether such cultural frameworks can complement existing approaches by offering individuals alternative ways to understand their own behavioral tendencies and vulnerabilities.

Understanding Addiction as Behavioral and Emotional Cycles

In clinical terms, addiction is often described as a pattern of repeated behavior shaped by both neurological processes and emotional experiences. Similarly, at a biological level, substance abuse directly affects the brain's reward system, particularly through the release of dopamine, a neurotransmitter associated with pleasure and reinforcement. Over time, the brain begins to associate substance use with relief or reward, gradually reinforcing the behavior into a habit loop (Volkow, Koob & McLellan, 2016). What begins as a voluntary use can slowly evolve into compulsive behavior, not necessarily because of physical dependence alone, but because the brain adapts to expect the substance also as a coping mechanism to several external circumstances.

Focusing solely on neurobiology provides only a partial picture, nonetheless. In many cases, substance use is less about seeking pleasure and more about escaping discomfort. Individuals dealing with stress, anxiety, trauma, or emotional voids may turn to substances as a form of temporary and quick relief. This creates a recurring cycle:



Over time, this cycle becomes muscle memory deeply connected to the self, making it difficult to break even when individuals are fully aware of its harmful effects (Koob & Volkow, 2016). Environmental and social factors further reinforce these patterns. Peer influence, unemployment, lack of purpose and exposure to substance-using environments can increase vulnerability, particularly among younger populations. At the same time, internal psychological factors such as low self-esteem, unresolved trauma, or identity struggles often determine how individuals respond to these external pressures. Not everyone exposed to drugs develops an addiction, which suggests that the issue lies not only in availability but also in individual susceptibility shaped by both internal and external conditions.

Relapses can be better understood not as a failure but as a continuation of this cyclical process. Even after successful detoxification or rehabilitation, individuals may return to substance use when they encounter familiar emotional triggers or stressful situations. This highlights a key limitation in many treatment approaches: while they may effectively address the physical aspects of dependency, they often struggle to disrupt the deeper behavioral and emotional patterns leading to sustainable addiction over time (Marlatt & Donovan, 2005).

We can understand in this light that addiction is not a one-time event, but a recurring cycle of behavior influenced by a combination of neurological conditioning, emotional coping mechanisms and environmental situations. Recognizing these patterns is a critical step toward full recovery and the idea of recurring behavioral tendencies and vulnerability periods is not unique to modern psychology only. Traditional systems of thought have long attempted to interpret human behavior through patterns and cycles. For instance, certain astrological interpretations associate combinations such as Moon-Rahu, Venus-Rahu, or Mars-Rahu, etc., especially placed in sixth or eighth house can trigger emotional instability and escaping tendencies which may resemble vulnerability patterns observed in addiction. While such

interpretations are not scientifically validated, they reflect the ancient way to make sense of recurring behavioral experiences.

Astrology as a Reflective Framework for Human Behavior

Astrology can be best understood not only as a system of prediction, but as a way of living life in harmony with nature. It offers highest form of guidance to the person, like the analogy of a traffic signal on a highway helping individuals navigate life with greater awareness. In this sense, astrology does not seek to change outcomes; instead, it attempts to prepare individuals for potential tendencies, challenges and phases of life to better prepare for the things to come. Historically, astrology has been connected in cultural and philosophical traditions in the Sanatan Dharma. In societies such as Nepal, it continues to function as a belief system and as a subtle guide influencing decisions, behaviors and life choices. Even among younger generations who increasingly seek scientific validation, elements of astrological thinking remain connected with daily practices, rituals and perceptions of time, risk and opportunity – it's just subtle that we don't realize it.

At its core, astrology run on the idea of action and consequences and human behavior is not random and there are recurring tendencies shaped by both internal though patterns and external influences. Rather than offering rigid predictions, it presents patterns, emotional inclinations, behavioral tendencies and potential vulnerabilities that individuals may experience over time. When these patterns are interpreted thoughtfully, it can serve as a form of self-awareness, allowing individuals to recognize their own responses to stress, uncertainty and external pressures.

This perspective aligns complimentarily with certain psychological approaches that emphasize understanding personality traits, emotional triggers and behavioral tendencies. The methodologies might differ, but both attempt to make sense of why individuals behave the way they do. The distinction lies in accessibility and narrative and the way they are described. Astrology communicates through symbols and stories, making it more comprehensible whereas formal psychological may feel distant or clinical. The value of astrology lies not in fortune prediction, but in its ability to prompt reflection and contemplation. When individuals view their tendencies, whether impulsive, escapist, or emotionally reactive, as patterns that can be observed and managed, it creates space for conscious intervention. In this way, astrology can influence decision-making by encouraging awareness at critical moments.

This becomes particularly relevant in areas such as addiction, where behavior is driven by recurring emotional and psychological cycles. If individuals can recognize periods of vulnerability or identify their own inclinations toward certain coping mechanisms, they may be better equipped to respond differently. When astrology is approached responsibly and sensibly, it can act as one of the great tools in helping individuals pause, reassess and make more deliberate choices. When they can understand the actions and consequences and see during the transit of certain planetary aspects or certain planetary combinations tendency to look for substance increases, they and their support system can be better prepared.

Interpreting Vulnerabilities and Timings Through Astrology

If we can understand addiction as a pattern of repeated behavior through emotional triggers and environmental influences, then the question naturally follows: why are some individuals more vulnerable to these patterns than others? While psychology attempts to answer this through personality traits, upbringing and neurobiology, astrology offers a parallel viewpoint – interpreting tendencies through planetary combinations. Certain planetary combinations are more prone to specific behavioral patterns. For instance, combinations of Moon and Rahu are commonly associated with emotional fluctuation, confusion and a tendency toward escapism. In behavioral terms, such tendencies may manifest as difficulty in processing emotions or a search for relief through external means, including substance use. When it becomes challenging to manage emotions, the likelihood of turning to temporary coping mechanisms increases.

Similarly, influences involving Venus, traditionally associated with pleasure, comfort and sensory enjoyment, in eighth house may reflect a stronger inclination toward addiction and hidden pleasures. When such tendencies are not balanced by some other creative forms, they may translate into excessive indulgence, whether in substances or other forms of dependency. Mars-related influences, on the other hand, are associated with impulsiveness, risk-taking and reactive behavior. Individuals with such tendencies may be more prone to experimentation, particularly in social settings where peer pressure or environmental exposure plays a significant role. The combination of impulsiveness and external influence can create conditions where substance abuse begins casually and leads to addiction after some time. Saturn-related patterns introduce a different dimension associated with isolation, restriction and internalization. In some cases, individuals experiencing prolonged emotional heaviness or a sense of loneliness may resort to substances as a form of escape or relief from psychological burden.

In traditional interpretations, these combinations are not interpreted in isolation, but the present planetary position and transits are also combined. Transits can be understood as periods that may amplify certain tendencies or emotional states instead of causing certain events. For example, phases involving heightened influence of Rahu or Saturn are sometimes associated with confusion, stress, or internal unrest which, in behavioral terms, may correspond with increased vulnerability to maladaptive coping mechanisms. Such interpretations can't guarantee substance abuse or addiction; not every individual with these combinations develops substance dependency, nor do such patterns operate independently of environmental and psychological factors. However, they offer a way of understanding vulnerability as a tendency that may become more explicit under certain conditions.

From this perspective, astrology does not explain addiction in a clinical sense but provides narration through which individuals can recognize their own patterns. By identifying tendencies toward impulsiveness, escapism, or emotional sensitivity, individuals may become more aware of situations where they are at greater risk. This awareness can serve as a starting point for more conscious decision-making. In the context of addiction, where relapses are common, the idea of recurring patterns and periods of increased vulnerability is particularly relevant. Whether interpreted through psychological models or astrological frameworks, the underlying principle remains similar: behavior is never random and recognizing patterns is often the first step toward changing them.

Applications, Limitations and Way Forward

The potential application of astrology in the context of addiction is at the individual and interpersonal level. At an individual level, astrology can serve as a tool for self-reflection, helping individuals recognize their own behavioral tendencies, emotional triggers and periods of vulnerability through planetary transits. If we can interpret this with great care and responsibility, it may encourage individuals to pause and reassess their actions. This process, even if based on religious or cultural system, can contribute to greater self-awareness, which is widely recognized as a critical component in behavioral change and recovery (Marlatt & Donovan, 2005).

At a more interpersonal level, astrology can also be a supportive tool in counseling or mentorship. In societies such as Nepal, where astrology is connected with the religion and culture, it may help establish rapport and trust between individuals and those guiding them through recovery. Counselling based on cultural stories can often feel less confrontational and enable understanding helping individuals to engage more creatively with their own challenges. In this sense, astrology does not aim to replace existing counseling practices but may complement it by providing an alternative lens to help individuals interpret their experiences. However, the use of astrology in such scenarios must be approached with clear boundaries and proper guidance. One of the major risks is misinterpretation of certain combinations and not being able to understand the contextualize the ancient knowledge in today's sense. Another risk is people finding astrological combinations the sole reason for their behavior and making it a scapegoat diminishing their sense of personal responsibility. Similarly, there is a risk that individuals may rely solely on astrological interpretations replacing the need of seeking appropriate medical or psychological treatment in severe cases. There lies also a possibility of exploitation of vulnerable populations by unqualified/ill-intentioned practitioners leading to further complications.

These limitations highlight the importance of making astrology not a solution, but a supplementary perspective-giving tool. Evidence-based medical and psychological treatments are still essential and, in many cases, non-negotiable components of recovery. Detoxification, therapy and rehabilitation programs address the physiological and psychological dimensions of substance abuse which can't be replaced. At the same time, recognizing that addiction is also caused by personal, cultural and emotional factors opens space for other approaches able to complement the overall recovery process and help treat the individual.

In conclusion, the value of astrology based on the discussion so far does not lie in its ability to explain addiction in scientific terms, but in its capacity to influence how individuals perceive and respond to their own behaviors. In the context of substance abuse, it may be considered as a way to view life choices from a different perspective and deliberately move toward a more conscious and disciplined path. This aligns with spirituality, the pursuit of balance, self-mastery and, ultimately, liberation. Whether one accepts this worldview or not, the underlying principles of cause and effect are relevant; hence, successful recovery begins with the awareness and any tool that helps gain such awareness, when used responsibly, may have a role to play.

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१. नियमित कार्य

क्र.सं.	कार्य	प्रगति
१.	तेजाव तथा अन्य घातक रासायनिक पदार्थ आयात अनुमति	विभिन्न फर्म/कम्पनी/संस्था/निकायलाई तेजाव तथा अन्य घातक रासायनिक पदार्थ पैठारीका लागि <ul style="list-style-type: none"> • नयाँ अनुमति पत्र दिइएको संख्या-१६९ • पैठारी स्वीकृति/म्याद थप दिइएको संख्या-५०६
२.	विष्फोटक पदार्थ आयात अनुमति	विभिन्न आयोजना/परियोजना/ कम्पनी/संस्था निकायलाई विष्फोटक पदार्थ आयातको लागि अनुमति दिइएको संख्या -१४४
३.	औषधि आयात अनुमति	विभिन्न कम्पनी/संस्था/निकायलाई औषधि आयातको लागि अनुमति दिइएको संख्या-१४४
४.	पुनर्स्थापना केन्द्रलाई आवद्धता	लागु औषध दुर्व्यसनमा लागेका व्यक्तिहरूको उपचार तथा पुनःस्थापना गर्ने उद्देश्यले स्थापना भएका ९ वटा केन्द्रलाई गृह मन्त्रालयमा आवद्ध गरिएको

२. वार्षिक कार्यक्रम बमोजिमका कार्य

क्र.सं.	कार्य	प्रगति
१.	सुरक्षित जीवन जर्नल प्रकाशन	<ul style="list-style-type: none"> सुरक्षित जीवनको २३ औं अङ्क प्रकाशन गरिएको
२.	लागु औषध प्रयोगकर्ताहरूको उपचार तथा पुनर्स्थापना केन्द्रका सञ्चालक/व्यवस्थापकहरूसँग अभिमुखीकरण/अन्तरक्रिया	<ul style="list-style-type: none"> लुम्बिनी, कर्णाली र सुदूरपश्चिम प्रदेशका पुनर्स्थापना केन्द्रका संचालकहरूलाई लक्षित गरी मिति २०८२ चैत्र ३ गते बाँके जिल्लास्थित नेपालगंजमा अभिमुखीकरण तालिम कार्यक्रम सम्पन्न गरिएको। कोशी र मधेश प्रदेशका पुनर्स्थापना केन्द्रका संचालकहरूलाई लक्षित गरी मिति २०८३ जेष्ठ ८ गते मोरङ जिल्लास्थित विराटनगरमा अभिमुखीकरण तालिम कार्यक्रम सम्पन्न भएको।
३.	सामाजिक संजाल मार्फत लागु औषध प्रयोग तथा अवैध कारोबार रोक्ने शिक्षा तथा चेतनामुलक गतिविधि/कार्यक्रम (भ्लग, पोडकाष्ट, भिडियो क्लिप) उत्पादन प्रसारण	<ul style="list-style-type: none"> लागु औषध प्रयोग तथा अवैध कारोबार रोक्ने शिक्षा तथा सचेतनामुलक सामग्री उत्पादन गरिएको।
४.	गैर सरकारी संस्थाबाट संचालित उपचार तथा पुनर्स्थापना केन्द्रहरूमध्ये उत्कृष्ट छनौट भएको केन्द्रलाई अनुदान प्रदान गर्ने (सात प्रदेश)	<ul style="list-style-type: none"> लागु औषध उपचार तथा पुनःस्थापना केन्द्रलाई प्रदान गरिने अनुदान वितरण कार्यविधि, २०८३ बमोजिम ३ वटा उपचार तथा पुनःस्थापना केन्द्रलाई जनही १ लाखका दरले अनुदान उपलब्ध गराइएको।

५.	लागु औषध प्रयोगकर्ताहरूको लागि सञ्चालित उत्कृष्ट उपचार तथा पुनःस्थापना केन्द्रलाई पुरस्कार (आर्थिक सहायता) प्रदान गर्ने	<ul style="list-style-type: none"> उत्कृष्ट उपचार तथा पुनःस्थापना केन्द्र पुरस्कृत गर्न छनोट गर्ने सम्बन्धी कार्यविधि, २०८३ बमोजम १ वटा उपचार तथा पुनःस्थापना केन्द्रलाई रु. १ लाख पुरस्कार प्रदान गरिएको।
६.	उपचार तथा पुनःस्थापना केन्द्र तथा मदिरा नियन्त्रण तथा लागु औषध निषेध सम्बन्धी कार्यक्रमको निरीक्षण, अनुगमन तथा मूल्याङ्कन गर्ने	<ul style="list-style-type: none"> आर्थिक वर्ष २०८२/८३ मा देशभरका कैलाली, कञ्चनपुर, बाँके, कपिलवस्तु, रुपन्देही, कास्की, काठमाडौं, धनुषा, महोत्तरी, सुनसरी, मोरङ्ग, झापा लगायत जिल्लाका ४९ वटा लागु औषध प्रयोगकर्ताहरूको उपचार तथा पुनःस्थापनाका लागि संचालित केन्द्रहरूको अनुगमन गरिएको।
७.	लागु औषध उपचार तथा पुनःस्थापना केन्द्रलाई प्रदान गरिने अनुदान वितरण कार्यविधि, २०८३ तर्जुमा	<ul style="list-style-type: none"> मिति २०८३/०२/२७ गतेको माननीय मन्त्रीज्यूबाट स्वीकृत भई कार्यविधि कार्यान्वयनमा आएको
८.	उत्कृष्ट उपचार तथा पुनःस्थापना केन्द्र पुरस्कृत गर्न छनोट गर्ने सम्बन्धी कार्यविधि, २०८३ तर्जुमा	<ul style="list-style-type: none"> मिति २०८३/०२/२७ गतेको माननीय मन्त्रीज्यूबाट स्वीकृत भई कार्यविधि कार्यान्वयनमा आएको
९.	लागु औषध (रोकथाम तथा नियन्त्रण) नियमावली २०८३ को प्रारम्भिक मस्यौदा सहित प्रतिवेदन पेश गर्ने समिति गठन सम्बन्धी	<ul style="list-style-type: none"> लागु औषध (रोकथाम तथा नियन्त्रण नियमावली) २०८३ को प्रारम्भिक मस्यौदा सहित प्रतिवेदन पेश गर्न सहसचिव सुमन घिमिरेको संयोजकत्वमा लागु औषध (रोकथाम तथा नियन्त्रण) नियमावली, २०८३ मस्यौदा तर्जुमा समिति गठन भई नियमावलीको मस्यौदा तयारीको कार्य प्रारम्भ भएको।

<p>१०.</p>	<p>लागु औषधको अवैध ओसारपसार विरुद्धको अन्तर्राष्ट्रिय दिवस मनाउने (26 June) सम्बन्धमा</p>	<ul style="list-style-type: none"> • दिवसलाई राष्ट्रिय अभियानका रूपमा मनाउन २०८३ असार ६ गतेदेखि १२ गतेसम्म सप्ताहव्यापी कार्यक्रम मूल समारोह कार्यक्रम सञ्चालन गर्नका लागि श्रीमान सचिवज्युको संयोजकत्वमा तयारी बैठक र मूल आयोजक समितिको बैठक बसी सरोकारवाला निकाय/संस्थाको जिम्मेवारीसहितको कार्ययोजना स्वीकृत भई कार्यान्वयनका लागि सम्बन्धित निकाय/संस्थामा पठाईएको र लागु औषधको अवैध ओसारपसार विरुद्धको अन्तर्राष्ट्रिय दिवस २०२६, २०८३ असार १२ मा भव्यताका साथ सञ्चालन गर्न तयारी गरिएको।
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अन्य कार्य

- नेपाल सरकारको अन्तराष्ट्रिय दायित्व/प्रतिबद्धता Single Convention on Narcotic Drugs, 1961, Convention on Psychotropic Substances, 1971, UN Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances, 1988 बमोजिम सन् २०२४ को चौमासिक, अर्धवार्षिक, वार्षिक प्रतिवेदनरविवरण र औषधि तथा औषधिजन्य कच्चा पदार्थको सन् २०२५ तथा २०२६ का लागि अनुमानित कोटाको विवरण तयार गरी International Narcotic control Board (INCB) मा पत्राचार गरिएको ।
- Bay of Bengal Initiative for Multi-Sectoral Technical and Economic Cooperation (BIMSTEC) को Annual Drug Report सन् 2024 को लागि तेश्रो सस्करणका लागि BIMSTEC सचिवालयबाट माग भएबमोजिम Nepal: Drug Prevention and Control सम्बन्धी नेपालको प्रतिवेदन तयार गरी पत्राचार गरिएको ।
- लागु औषध नियन्त्रण, तेजाव तथा अन्य घातक रासायनिक पदार्थ, विष्फोटक पदार्थ, औषधि तथा औषधिजन्य कच्चा पदार्थ तथा शाखासंग सम्बन्धित कार्यहरूको साप्ताहिक, मासिक, त्रैमासिक, चौमासिक तथा वार्षिक प्रगति प्रतिवेदन, नीति तथा कार्यक्रम, कार्ययोजना तयार ।
- लागु औषध नियन्त्रण शाखाबाट सम्पादन हुने कार्यहरूको शाखामा कार्यरत कर्मचारीहरूको कार्यसम्पादन सूचक सहितको क्रियाकलापहरू तयार गरी पठाईएको ।
- लागु औषध नियन्त्रण शाखाबाट सम्पादन हुने कार्य प्रक्रिया सरलीकरणका लागि Business Process Re-engineering (BPR) तयार गरी पठाईएको ।
- अक्टोबर २२-२३, २०२५ मा श्रीलंकाको कोलम्बोमा BIMSTEC द्वारा आयोजित नवौं (9th)BIMSTEC (SG-NDPSPC) कार्यक्रममा गृह मन्त्रालय लागु औषध नियन्त्रण शाखाप्रमुख श्री नवराज जैशी सहभागी भई Country Presentation गर्नुभएको ।

Gallery



मिति २०८२ चैत्र ३ गते नेपालगञ्ज ,बाँकेमा सम्पन्न लागु औषध प्रयोगकर्ताहरूका लागि सञ्चालित उपचार तथा पुनःस्थापना केन्द्रका सञ्चालकहरूका लागि आयोजित एक दिने अभिमुखीकरण कार्यक्रम



मिति २०८३ जेठ ८ गते विराटनगर ,मोरङमा सम्पन्न लागु औषध प्रयोगकर्ताहरूका लागि सञ्चालित उपचार तथा पुनःस्थापना केन्द्रका सञ्चालकहरूका लागि आयोजित एक दिने अभिमुखीकरण कार्यक्रम



सन् २०२५ को लागु औषध दुरुपयोग तथा अवैध ओसारपसार विरुद्धको अन्तर्राष्ट्रिय दिवसको एक झलक



मोरोङ जिल्लामा सञ्चालित उपचार तथा पुनःस्थापना केन्द्रको अनुगमनको क्रममा



नेपालगञ्ज बाँकेमा सञ्चालित उपचार तथा पुनःस्थापना केन्द्रहरूका सञ्चालक/व्यवस्थापकसँगको अन्तर्क्रिया कायकम



कैलाली जिल्लामा सञ्चालित उपचार तथा पुनःस्थापना केन्द्रको अनुगमनको क्रममा



#Say No to Drugs



नेपाल सरकार
गृह मन्त्रालय
लागु औषध नियन्त्रण शाखा
सिंहदरबार, काठमाडौं



नेपाल सरकार
गृह मन्त्रालय

सुरक्षित जीवन

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