

GLUE SNIFFING

Among Street Children In The
Kathmandu Valley

CWIN
Child Workers in Nepal Concerned Centre

**Glue Sniffing Among Street Children
In the Kathmandu Valley**

**By
Abinash Rai
Keshab Prashad Ghimire
Pooja Shrestha
Sumnima Tuladhar**

**Child Workers in Nepal Concerned Centre
2002**

Coordinator: Sumnima Tuladhar
Research Team: Abinash Rai, Keshab Prashad Ghimire, Pooja Shrestha
Enumerators/
Facilitators: Bhuvan Pathak, Jagat Lama, Mahima Chaudary,
Pralhad Maharjan, Ram Giri, and Sanu Giri.
Layout/Editing: Sumnima Tuladhar
Text Editing: Kirsty Dennis
Cover Design: Surya Narayan Shrestha
Published by: Child Workers in Nepal (CWIN)
P.O. Box 4374, Ravi Bhawan, Kathmandu, Nepal
Tel: 278064 / 282255 Fax: 278016
Email: cwin@mos.com.np
URL: www.cwin-nepal.org
First Published: 2002
Supported by: Forut-Norway
Printed at: Indreni Offset Press, Anamnagar, Kathmandu
ISBN No.: 99933-750-8-X
Price:

Acknowledgements

This survey was first and foremost made possible by the street children of the Kathmandu Valley, who took part in focus group discussions and interviews. We are very grateful to all the respondent children for their cooperation.

We sincerely thank the social organisations concerned for providing valuable information about their experiences with working with their clients on glue sniffing.

We extend gratitude to Dr. Om Gurung (Head of Department, Anthropology and Sociology, Tribhuvan University), Dr. Shri Manabajra Bajracharya, Dr. Dhruba Man Shrestha, Mrs. Hira Gurung (Budhanilkantha School), Shyam Lohani (National Poison Information Center) for their valuable input to this survey.

Sanu Giri, a field worker of the CWIN Help line, deserves special thanks for guiding the team on issues of street children and helping the team to build a good rapport with the children. Thanks are also due to all the field workers who worked very hard to accomplish this survey in a short time. We would also like to thank Niroj Shrestha, Raju Budhathoki and Rajesh Shrestha for helping the team to organize a picnic for the street children as a part of this survey.

Sumnima Tuladhar
For The Research Team
and
CWIN Local Action

Foreword

This study has been undertaken by Child Workers in Nepal Concerned Centre (CWIN) in 2002 in order to generate basic knowledge on glue sniffing among street children. This study has been carried out under the CWIN Local Action, a joint project between CWIN and FORUT – Norway (Campaign for Development and Solidarity). Local Action was designed in FORUT as an international project with the aim of strengthening counter-forces against alcohol and drug use.

The use of alcohol and other drugs has been internalized by CWIN as an important and necessary component in its work with children. CWIN's research report on "Alcohol and Drug Use among Children in the Kathmandu Valley" identified a further need for research and study so that an effective prevention programme can be designed. Through CWIN's work with street children an acute need to identify the prevalence of glue sniffing among street children was recognized, as glue sniffing seems to have become a new trend among the population. There have been no prior studies comprising of perspectives examining the impact of glue sniffing among street children in Nepal. This is the first comprehensive study on glue sniffing in this country and covers 120 street children from different areas in the Kathmandu valley.

Street children turn towards use of different substances as one of many survival strategies. If we want to work with street children, for their social reintegration, every issue, however small it may appear, should be addressed properly at the right time, so that there is no cause later on for regret surrounding increasing problems related to street children.

In Nepal, a need for a comprehensive policy and programme has been identified as a means of effectively addressing the situation surrounding glue sniffing. The findings of this study will be useful in designing prevention programmes, targeted at both adults and children. While creating base-line data, many issues have emerged that could be taken up

by further research in order to acquire more knowledge and understanding of glue sniffing in our society. Finally, we hope that this study will shed light on the issue of glue sniffing for the government and civil society groups alike.

I would like to congratulate the study team for a successful undertaking and extend thanks to everyone who contributed to this study.

Gauri Pradhan
President, CWIN

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Chapter 1 **Introduction**

1.1 Introduction

As in other countries drugs are strictly illegal in Nepal but have found their way into the market place via various different channels. The easy access and availability of drugs has created an extremely conducive social environment for people to start taking such substances, especially among young people and children.

For most street children taking drugs is inevitable while living on the streets. Their hardship and adverse circumstances are some of the reasons children cite for doing drugs of one kind or another. While many street children perceive substance use as a tension reliever, they have also experienced ill effects and a few even want to quit their addiction.

As regards to glue sniffing, it has been viewed as one of the major coping strategies for street children all over the world. However, the easy accessibility and availability remain temptations for children to take up the habit of sniffing. Glue sniffing among street children is as serious a problem as abuse of any other substance. In Nepal there is no medical evidence to ascertain its harmful effects, but studies carried out in several other countries in America and Africa have proved the ill effects of glue sniffing on children. At times this act is even fatal, causing immediate death after the inhalation of volatile agents.

Glue sniffing amongst street children in Nepal can be taken as an initiation to the use of other hard drugs. Peer pressure and easy availability of glue 'dendrite' are two of the prominent reasons for addiction to sniffing. Addiction to glue sniffing is making street children more dependent on substances. This dependency is resulting in an increase in street children carrying out petty thefts. This trend, in the

course of time, will lead children to ever more violent and unsocial activities. Recently some street children have stopped taking dendrite, after learning of its harmful effects through their friends and social workers.

Street children feel strongly that society should not look down on them and that they should be given equal opportunities to other children. They also think that the government should take action against the unlawful sale of any kind of drug or substance to children. Furthermore, they feel that there is a need for a wider awareness among children and society in general regarding children's problems and substance use.

This study firstly provides the base information on the use of glue sniffing among street children. Secondly, it aims to understand the frequency, context, and use patterns of glue sniffing. Thirdly, it examines the effects of its use on the children themselves and on others around them. Finally, it identifies the social counter-forces and intervention strategies to reduce and prevent harmful use of glue sniffing.

1.2 Objectives of the Survey

The main objectives of the survey are:

- To find out extensively about the glue sniffing trend among the street children in the Kathmandu Valley
- To discover the prevalence of glue sniffing among street children
- To find out the reasons why street children get into glue sniffing
- To determine the effects of glue sniffing on street children
- To create an information base for further campaign strategies against glue sniffing

1.3 Methodology:

- A consultation with street children was organized to prepare the survey outline and a questionnaire was developed on the basis of this consultation. From the consultation it was found that street children almost exclusively use industrial glue called ‘Dendrite’ for sniffing. With this information, the questionnaire and the whole research concentrated on the use of ‘Dendrite’.
- Several street visits and meetings were carried out with children by field workers for rapport building with street children.
- Focus group discussions took place after the rapport building. In focus group discussions the issue and the problems of glue sniffing were raised encouraging children to put forward their opinions. Questionnaires were filled out on an individual basis. While filling out the questionnaires their permission was asked to report on what they had said in the survey. Utmost care was taken to make the children comfortable.
- In addition, a picnic was organized for more than 300 participating children at a public park. As well as the enjoyment they gained from this, the children were encouraged to discuss the harmful effects of “Glue Sniffing” during the picnic. A skit was also organized by former street children reflecting children’s views on glue sniffing.
- Various organisations, working on drug issues, were visited so that relevant information could be collected.
- Visits to experts including doctors, anthropologists and social workers were also made in order to consult with them about the problem. The harmful effects of glue sniffing and other technical details were discussed in these consultations.
- Report writing was started only after reviewing all the materials and information. Chapters that relied on technical information were checked for accuracy by technical experts.
- The outcome of the report was shared with street children and their comments have been incorporated prior to finalising the report.

1.4 Profile of the Sample

CWIN estimates that there are about 400 – 600 street children in Kathmandu. (The State of the Rights of the Child, 2002). A total of 118 street children from different areas of Kathmandu were interviewed. Six prominent centres were identified to visit street children. The selected areas are popular habitation sites for street children in Kathmandu.

Thirty three boys from Jawalakhel, 30 from Pashupati Temple area, 22 from New Bus Park, 15 from Kupondol and four from Baneshwor were interviewed in different sessions.

This survey covered boys in the age group of 9 to 16 years. Majority of respondents belonged to 10-16 age group. Young boys under 10 constituted 11.9 % of the total respondents

Table 1.1: Distribution of children according to age

Respondent's age	Number	Per cent
<10 years	14	11.8
10 – 14 years	52	44.1
14 – 16 years	52	44.1
Total	118	100.0

Table 1.2: Distribution of children on the basis of contact with family

Living with parents	Number	Per cent
Yes	20	16.9
No	87	73.8
NA/did not respond	11	9.3
Total	118	100.0

Of the total respondents, the majority of children (28.8%) ran away from home on their own or (22.0%) came to Kathmandu with friends. The trend of migration is also one of the reasons why children end up on the streets of urban centers. 17.8% children came to Kathmandu with their

family and only began living on the street as last resort. As pronounced, exploitation in the work place drove 3.4% children to street life.

Table 1.4: Children left home with

Children left home with	Number	Percent
Run away from home	34	28.8
Friend	26	22.0
Family	21	17.7
Others	17	14.4
NA/did not respond	11	9.3
Relative/villager	5	4.2
Run away from work	4	3.4
Total	118	100.0

Most of the respondent children said that they left home because of domestic violence and conflict in their family, generally due to their alcoholic father. Some children left home in search of employment while others were influenced by their friends. Some children left home because of poor economic conditions and inadequate education in the villages.

Table 1.5: Reasons for leaving home

Reason	Number	Percent
Domestic violence	43	36.4
Peer pressure/influence	17	14.4
Seeking employment	15	12.7
Others	12	10.2
Wandering	10	8.5
NA/did not respond	10	8.4
Lack of food	5	4.2
Lack of education	5	4.2
Abuse/exploitation	1	0.8
Total	118	100.0

Street children in Kathmandu work in various labour sectors. Majority(36.4%) of the respondents worked as rag pickers, collecting and selling plastic and metals scraps at the junkyards. Rag picking is one of the most health hazardous jobs, children take up. They are easily exposed to minor and major injuries, are usually exploited by the junkyard owners, bullied by the older boys, troubled by police and to add more, hated by the society. Many children, (26.3%) especially young ones depend on begging in the market or touristic places. Some (17.8%) worked as conductors in the three wheelers and mini buses as ticket collectors. While others (42.4%) also worked as porters 6% children did not want to expose their jobs and few of them did nothing.

Table 1.6: Distribution of Children according to their initial work on street

Occupation	Number	Per cent
Porter	7/118	5.9
Others	50/118	42.4
Rag picking	43/118	36.4
Begging	31/118	26.3
Conductor	21/118	17.8
NA/did not respond	13/118	11.0

A large majority, 70.3%, of children faced one or other kind of problem while surviving on the streets. For some children (21.1%), they have accepted hardship on the streets, so they find it easier to deal with any obstacle that comes their way.

Table 1.7: Problems faced on the street:

Problem faced	Number	Percentage
Yes	83	70.3
No	25	21.2
NA/did not respond	10	8.5
Total	118	100.0

It has become normal for many street children to fight hard with the circumstances to survive. Living on the street is definitely a big challenge for children young and old alike. For most children, deprivation from food and hunger are the topmost problems on street. For others, it is abuse and exploitation they face from adults, which is the most troublesome thing in the streets. Many find health problems hard to cope with.

Table 1.8: Distribution of children according to problems reported

Problems	Number	Percent
Food deprivation/hunger	35/83	42.2
Abuse/exploitation	25/83	30.1
Health problem	9/83	10.8
Hard work/No work	8/83	9.6
Lack of cloth/sleep	5/83	6.0
Home sickness	4/83	4.8
Dog bite/cold/rain	3/83	3.6
No opportunity for education	1/83	1.2

Most children reported that policemen are the huge troublemakers in their lives. Police see them as threat to tranquility of society; misjudge them as thieves and trouble makers. Children have encountered bad experiences such as beaten up, verbal abuse and arrests from police, seldom for their mistake. A police officer in Kathmandu however, says that even though he also is aware about misbehaving of some policemen, there are gradual changes taking place within the police system to bring in change in their attitude towards street children. Respondent children further said that, bullies "dada" on the streets are always dominating younger street children by threatening them, robbing their income and using children in criminal activities. Some children also said that they are harassed by the society, who look down upon them and humiliate them.

Table 1.9: Maximum problem caused by:

Problem created by	Number	Per cent
Police	47/83	56.6
Bullies “Dada”	44/83	53.0
Friends	15/83	18.1
Society	4/83	4.8
Others	5/83	6.0

1.5 Data collection:

A field operation was conducted during September 2002. At the central level we had a very experienced field worker and five other field workers. They were trained by social activists and professionals with experience in alcohol and drug related issues among street children and in their attitude and temperament.

A one-day orientation was held for the field workers. The focus of the orientation was to train the field workers in building rapport and in dealing with the street children. The orientation also shared the findings of the consultation about glue sniffing which had been done with 17 street children.

The questionnaire for the research was developed on the basis of the knowledge gained from the consultation. The questionnaire sought information on their background, the use pattern, ingredient, types of substance and reasons for glue sniffing. It also queried the effects of glue sniffing on them and their friends. A section for the street children to give their suggestions on controlling this drug abuse was also included in the questionnaire.

1.6 Limitations:

There were few limitations in this study. In the case of interviewing street children, it was a little difficult to uncover the true facts about the prevalence of glue sniffing. Initially the children were a bit reluctant to

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talk about doing drugs. They would not come forward to tell us about their addiction to glue sniffing, but were, however, very eager to report about their friends' habits. Nonetheless, CWIN's good relationship with them, made it easy for the information to be collected.

According to CWIN estimation, girls make up less than 2% of the total street children population in the Kathmandu Valley. With this statistics the team planned that about 2 girls would be included in the survey after random sampling. However, the girls shied away from interviews and only took part in the focus group discussions. Many girls disguise themselves as boys in order to face the hardships and difficulties of street life.

There were very few reference materials on the topic. The organisations visited also were quite new to the issue of glue sniffing. However these organisations did provide other related materials that helped in the research.

CHAPTER 2 Street Children and Substance Use

2.1 Street Children in Nepal

Children are the source of hope and inspiration for society. That is why they have the right to be brought up in a positive environment. But there are many children in the world who have become synonymous with social deprivation at its worst. When we talk about such deprivation, the situation with regards to Nepal does not differ much. (CWIN 2002)

The problem of street children is universal and is comparatively very high in those countries where there is rapid urbanization. The number of street children has grown in recent decades because of widespread recession, political turmoil, civil unrest, increasing family disintegration, natural disasters and growing urbanisation. (Gauri Pradhan: Young survivors on the Street)

In Nepal out of 100 children, 50(50.05) are girls and 50(49.95) are boys. Out of which 86 live in villages and 14 live in cities. Out of 100 children 90 are immunised and 48 are malnourished. 40 children belong to extremely poor families. In Nepal 41% of the total population are children below 16 years old. Of that total, 2.6 million children are engaged in different child labour sectors. Girls aged 10-14 work twice as much as boys in the same age group. Around 40,000 children are bonded labourers. Of the total population of Nepal 5000 children are working and living on the streets.

Street living has become a common phenomenon for children in many cities in Nepal. Children who are working and living on the streets are found throughout the nation. The definition of the 'street' is no longer limited to being a path but is now interpreted as a site for living for many

children in our country. (CWS: Situation Analysis of Street Children in Nepal, 1996).

Street children can be divided into two categories: 1) **Children on the street** where the children work and live on the streets. 2) **Children of the street** where the children work on the streets and usually live with their families. Street children are normally a mobile population. They roam from one part of the city to another. But generally they have made certain areas their base from where they do their 'business' and where they sleep at night. The main cities in Nepal where street children are found are Kathmandu, Pokhara, Dharan, Narayanghat, Butwal, and Biratnagar. Out of 5000 street children there are 500 – 600 street children in Kathmandu alone. This is due to rapid and uncontrolled urbanization.

Why do these children come to the street in the first place or why do we see so many children on the street? There are many responses to these types of questions. Some of the causes are growing urbanization, emotional deprivation, domestic violence, exploitation at work, and deprivation of food at home, unemployment etc. These are some of the reasons, but there are many other social and economic reasons, which bring or force them to end up on the street. Due to these causes they arrive in the cities from villages and they wind up not only on the streets, but also in different places like hotels, restaurants, factories, garages etc.

After arriving on the street, they take up all kinds of work like begging, rag picking, tempo conducting, porting, stealing, shoe shining, etc. They concentrate on areas like junkyards, temples, markets, cinemas, airports, bus terminals, hardware shops, tourist centers, etc. while they do their work. They face problems at work and also on the streets. While on the street they must endure hunger, lack of shelter, few clothes, etc. They also face problems from the police, "dada", gangs etc. With all these problems and tensions, their lives become increasingly stressful and complex.

Taking different kinds of substances is prevalent among street children. Most of the street children are using one or other kind of substance like cigarettes, alcohol, marijuana, tidigesic etc. These kinds of substances are used in groups. Once the children get attached to such a group they often start taking those substances. A friend's influence therefore plays an important role in the taking those kinds of substances/drugs. Nowadays not only do children take these substances but they have also started "glue sniffing," which is posing a threat to the lives of street children in Nepal.

Street children are among the high risk and insecure groups and they are consequently more vulnerable to various forms of exploitation and abuse. They have been denied not only their rights as children but also their childhood. Without guidance, education and security, they are heading towards an uncertain future. They need to be steered back to the mainstream of social life through proper opportunities, care and rehabilitation. They have enough potential and talent. If they are brought into a better environment, they have a real hope for the future. (Gauri Pradhan: Young survivors on the street)

A network was formed amongst six organisations directly working with street children in the Kathmandu Valley. The network, named "Street-Net," aims to develop the human resources of the member organisations to work better with street children for their empowerment, socialisation, psychosocial counselling and social reintegration. The Street-Net has also decided to conduct joint campaigns to protect street children from the harms of drug use.

2.2 Substance use among Street Children

In Nepal one in ten teenagers is a drug addict. Of these 56% smoke, 26% inhale and 5.4% inject. Significant numbers of poly drug abusers using heroin, hashish and marijuana can be found. Researchers estimate that 25% of all crime is drug related. An outreach needle exchange and primary care programme for injecting drug users was established in Kathmandu in 1991, for reducing drug related harm in Asia, but it only

had the resources to reach a small proportion of the city's estimated 15-20,000 injecting drug users. A survey of 19 urban areas showed very high infection rates for HIV, Hepatitis C and B and other sexually transmitted infections among injecting drug users. Most drug users in Kathmandu do not use hard drugs like heroin, but cheaper "pharmaceutical drugs" like tidigesic, a sedative containing morphine and synthetic morphine. (Dr. Niranjana Prasad Upadhyay, STT.27/6/02).

Studies have shown that between 25 to 90% of street children use substances of one kind or another. One fifth of children aged 5-17 years old had drunk alcohol (CWIN 1998), and 38% of children had taken tobacco. Another study by (CWIN 2000) indicated that 44% of the 303 street children take alcohol, followed by tobacco: 23.7% and drugs: 3%.

A research report was done in August 2002, with a total of 180 (160 boys and 20 girls) street children aged 10-17 years old who were interviewed in six urban centres: Dharan, Birgunj, Bharatpur, Kathmandu, Pokhara and Nepalganj. The alcohol use rate of these street children was that there were 64 (35.6%) traditional alcohol nonusers and 116 (64.4%) traditional alcohol users. Types of alcohol used by these children were 'Jand/Chhang' (52.2%), homemade 'Raksi' (20.0%), local 'Raksi' from the market (20.0%), Beer (5.2%), distillery products (0.9%) and others (1.7%). The current prevalence rate of alcohol is 55.6%. Among these 160 boys 28.1% and 20 girls 5.0% had used drugs. The types of drugs used by these children were cannabis (35.3%), heroin (5.9%), opium and opiates (5.9%), tranquilizers (47.1%) and others (glue, boot polish, iodex, kerosene, petrol) (5.9%). The current prevalence rate of drugs is 20.6%. The tobacco use among these 160 boys was 59.4% and for the 20 girls the figure was 20.0%. The total use of tobacco is 55%. Methods of using tobacco by these children were: smoking (cigarettes and biri) and chewing (khaini, pan parag, gutkha etc.). (Use of alcohol and drugs among children at risk in Nepal, August 2002)

As mentioned earlier, after arriving on the streets they get into the habit of taking different kinds of drugs. The most commonly used substance

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by the street children are cigarettes, tobacco and alcohol. According to the estimates of the Drug addiction Demand Reduction Program (DADRP) there are about 200,000 drug addicts in Nepal of which 54% use one or other kind of substance. In addition, the use of drugs like brown sugar, smack, opium, heroin, bamboo, tobacco, marijuana and tidigesic, and “glue sniffing” has become rampant amongst street children in Nepal. (Glue sniffing among street children in KTM 2002)

According to this study, carried out with 118 street children, different substances used by street children were:

Type	Number	Percent
Cigarette	86/118	72.9
Tobacco	22/118	18.6
Alcohol	38/118	30.5
Marijuana	36/118	30.5
Tidigesic	04/118	3.4
Dendrite	61/118	51.7

Street children in Nepal are very vulnerable to exposure to alcohol, drugs and tobacco. There are many reasons for this situation. While on the street they face many problems. They not only have different kinds of problems but also a lot of tensions and worries. To release or to get away from their hard lives, they resort to different escape mechanisms. They take up drugs as one of the escape mechanisms. Not all street children use these substances, but most of them do have the habit of using drugs to get away from their harsh reality. Some also get into it due to the influence of their friends.

Chapter 3 Glue Sniffing Among Street Children

3.1 Prevalence of glue sniffing among street children

There is a wide range of frequency regarding inhalation abuse throughout the world. This is further complicated by the fact that a variety of inhalation techniques with different amounts of the substance being used. Some of the techniques used to inhale are

"Sniffing" or "Snorting": the substance is directly inhaled from the container.

"Direct entry": the substance is directly sprayed into the mouth and nose.

"Bagging": the substance is kept in a plastic or paper bag and is inhaled continuously until the desired effect is produced.

"Huffing": here a rag is soaked with the substance and is kept in the mouth.

In the Nepali context, bagging is the most popular technique used. The glue (in Nepal the abused inhalant is predominantly glue) is dropped into a polythene bag and is inhaled continuously by taking short breaths into the bag while taking long deep breaths from the bag. Children generally inhale in a group and this activity can thus be termed a group or social event among street children. During the survey a large number of participants responded that the reason for starting this habit was mainly due to peer pressure. All these children indicate that glue abuse has already been developed as a culture among street children and therefore many children may use this as a way to belong to a group. The majority (95.1%) of the respondents used glue with their friends.. (Table 3.1)

Table 3.1: The group with whom the children use glue

Group	Number	Per cent
Friends	58	95.1
Bullies	2	3.3
Other users	1	1.6
Total	61	100.0

Even among non-users, almost all the children knew about glue sniffing. These groups of children represent a group that may use other substances such as tobacco and alcohol, but do not sniff glue. In this group of non-users, a majority has seen their friends sniffing glue. Eighty five per cent children have seen their friends using glue. (Table 3.2) Considering the type of culture and environment these children are exposed to on a daily basis, and since street children are a community, highly influenced by their peers, they are a high-risk group and may fall prey to this addiction at any time.

Table 3.2: Have seen friends sniffing

	Number	Percentage
Seen	101	85.5
Not seen	17	14.5
Total	118	100.0

The answer of the respondents to the question "who taught you about glue sniffing?" also supports the notion that glue sniffing is mostly a group activity. A strong influence of friends from the streets has pushed them into the habit of glue sniffing. A majority of the respondents said that it was friends who had taught them. (Table 3.3)

Table 3.3: Influence for using glue

Influence	Number	Per cent
Friends from work	8	13.1
Friends from street	48	78.7
Adults	1	1.6
Others	4	6.6
Total	61	100.0

The reason for the formation of glue sniffing habit has been mainly ascribed to peer influence. There were only a small number of respondents who said that they became addicted due to the effects produced by inhalation. This again corroborates the suspicion that it is due to the cultural and social allure that street children become addicted.

The majority of the respondents started using glue as a result of peer influence; others started this habit from peer pressure while some started this for sheer experimentation. (Table 3.4)

Table 3.4: Reasons for using glue

Reasons	Number	Percent
Peer influence	47/61	77.0
Peer pressure	9/61	14.6
Pleasurable experience	9/61	14.6

"We sit in a group, each of us carrying a plastic bag. Then someone takes out a tube of "Dendrite" and distributes it. We usually take it in turns to buy the Dendrite. After distributing the glue, we take a long time to sniff it and often discuss various other things along with the sniffing. Sniffing is a regular event for us", remarks a child.

Even though a large number of children were found to use Dendrite, their pattern of use had a wide range. Some were absolutely addicted to it, reporting that they sniffed Dendrite continuously throughout the day to maintain their "high". On the other end of the scale, some users said

that they sniffed only a few times a week. A few of them even said that they used to sniff Dendrite regularly in the past but had given up the habit for some reason.

“I used to sniff Dendrite regularly when I was initially forced to come to live on the streets because of violence at home. At that time Dendrite was a way for me to make friends and thus survive on the streets. However, now I do not use it after I found out that it has several harmful effects on the body”, says a boy visiting Bisauni, a drop in centre for street children. When asked why he does not persuade his friends to do the same, he says, “Boys rarely care, telling them is no good. They do not see anything beyond their present life on the street. With me I am different as I do not want my entire life to be wasted on the streets. I want to leave the streets behind.”

Table 3.5: Frequency of use

Frequency	Number	Per cent
Daily	37	60.7
No	24	39.3
Total	61	100.0

Table 3.6: Daily Use Frequency

Daily Frequency	Number	Per cent
1 time	10	27.0
2 - 5 times	20	54.1
More than 5 times	7	18.9
Total	37	100.0

Table 3.7: Weekly use frequency

Weekly Frequency	Number	Per cent
1 time	10	41.7
2 - 5 times	14	58.3
More than 5 times	0	0
Total	24	100.00

The reason for this huge variety is not certain. In fact these children have so similar lifestyles, it is therefore unlikely that the difference is due to their lifestyle alone, though speaking in a strict scientific sense it cannot be ruled out altogether. These tables have again been differentiated according to age, the amount that they use in setting and other factors to try to investigate the reason for this variation

Another thing to note is that some children said that the pattern of their use is not constant. They said that the number of times they use Dendrite depended on the amount of money they can earn or other factors.

A child said, " I never buy Dendrite. I only use it when my friends invite me to use it with them. So for me I cannot say for certainty the number of times that I use it in a week or a day. It all depends on my company of friends. Sometimes I use several times in a single day while at other times I do not use it all week."

The following table is constructed from Question no 25 of the questionnaire. This question posed some difficulty as the children did not have the means to measure the amount they used. They gestured with their hands to give an idea of the amount they used.

Table 3.8: Quantity of substance used in a sitting

Quantity	Number	Per cent
25mg or less	24	39.3
50mg or less	13	21.3
1 tube or less	19	31.2
More than 1 tube	5	8.2
Total	61	100.0

This variation in the amount used in a single sitting is very interesting as nearly all use Dendrite in a group. This data could mean two things; either the street children have a group that has more or less similarly

addicted children, or even in a group that uses Dendrite some use a greater amount than others. Both these assumptions are tested by differentiating the amount used by the children according to various factors such as age, the time they have known about dendrite and their frequency of use.

Table 3.9: Known about glue-sniffing

Had known of glue for	Number	Per cent
1 month or less	28	27.2
6 months or less	30	29.1
1 year or less	22	21.4
More than 1 year	23	22.3
Total	103	100.0

Table 3.10: When they started glue sniffing

Started sniffing	Number	Per cent
2 years ago	12	19.7
1 year ago	21	34.4
1 month ago	17	27.9
1 week ago	2	3.3
Other	9	14.7
Total	61	100.0

Glue sniffing itself is relatively new to the street children and this can be easily observed from the tables. From the tables we see that a majority of them did not know about glue sniffing a year ago and even the amount of children resorting to it was much fewer in the past. Nowadays even though it has already become very popular among street children, society in general does not yet know much about it.

Table 3.11: Frequency of use:

Age group	Total	Daily use			Weekly use	
		Once	2-5 times	>5 times	Once	2-5 times
<10	3	1	0	1	1	0
11-14	25	4	7	2	5	7
14-16	33	4	12	5	4	8

Table 3.12: Known since

Age-group	Total	1 month	6 months	One year	< 1 year
< 10	14	3	3	2	2
11-14	52	14	15	8	7
14-16	52	10	11	10	14

Table 3.13: Initiation

Age group	Total	2 years ago	1 year ago	1 month ago	1 week ago	Others
< 10	3	0	0	2	0	1
11-14	25	3	13	8	0	1
14-16	33	8	9	6	2	8

Chapter 4 **Effects of Glue Sniffing**

4.1 Effects of Glue Sniffing

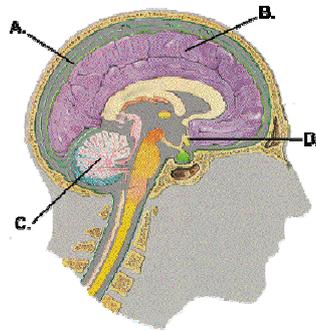
The scientific community disagreed on the exact effects of ‘Glue Sniffing’ when the initial cases of glue sniffing were reported. However, as time went by, a general consensus started to emerge based on the results of various independent research reports. Today the effects of specific solvent abuse by sniffing have also been documented and there is absolutely no doubt that long term abuse of glue sniffing is detrimental to health.

Most of the harmful effects of Glue Sniffing are related to the brain and the Nervous System ¹(1. “...chronic abuse of volatile solvents such as toluene damages the protective sheath around certain nerve fibers in the brain and peripheral nervous system. This extensive destruction of nerve fibers is clinically similar to that seen with neurological diseases such as multiple sclerosis ²” (2. “The neurotoxic effects of prolonged inhalant abuse include neurological syndromes that reflect damage to parts of the brain involved in controlling cognition, movement, vision and hearing.” NIDA Research Report –Inhalant Abuse).

Dr. Dhruva Man Shrestha (National Mental Hospital, Lagankhel), in an interview with the Research Team, said that glue sniffing affects the brain almost immediately. Due to this reason glue sniffing has many symptoms that are the products of an extremely altered state of mind. According to Dr. Shrestha, glue sniffing reduces inhibition, hence reckless and violent behaviour. This may be the explanation for a high number of fighting which has been reported among the children after they are on a high, having been sniffing ‘Dendrite’.

However, the long term effects of glue sniffing are not just limited to an alteration of the brain and the nervous system. Chronic exposure can produce significant damage to the heart, lungs, liver and kidneys. (NIDA –Inhalant Abuse) Another equally dangerous effect of glue sniffing is a syndrome known as SUDDEN SNIFFING DEATH Syndrome. Sudden Sniffing Death Syndrome is the name given to the condition where the inhaler of the volatile substance can die suddenly.

DAMAGE INHALANTS CAN DO TO THE BODY & BRAIN



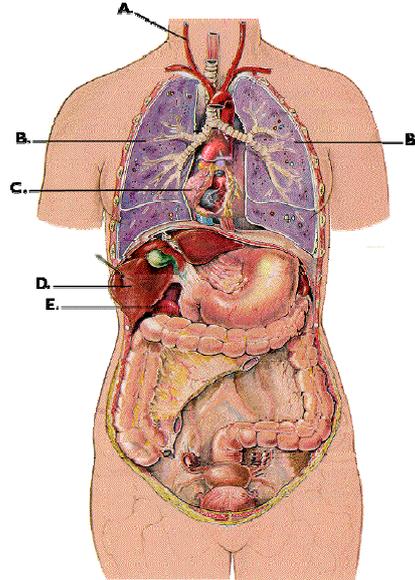
A. BRAIN The chemicals abused by inhalant users affect different parts of the brain, producing a variety of sensory and psychological disorders. Many inhalants are thought to dissolve the protective myelin sheath that surrounds neurons - brain cells - resulting in cell death (see brain diagram).

B. CEREBRAL CORTEX Cellular death here causes permanent personality changes, memory impairment, hallucinations and learning disabilities.

C. CEREBELLUM This is the centre that controls balance and coordination. Inhalant-related damage results in loss of coordination and slurred speech. Chronic abusers experience tremors and uncontrollable shaking.

D. OPHTHALMIC NERVE Toluene may affect this nerve causing sight disorders.

Glue Sniffing Among Street Children in the Kathmandu Valley



A. BLOOD Some substances like nitrites and methylene chloride (paint thinner) chemically block the oxygen carrying capacity of the blood.

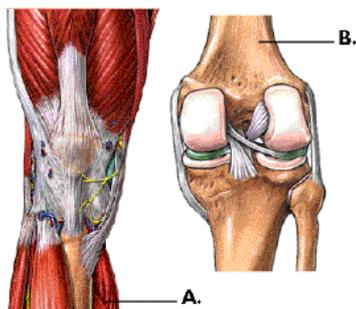
B. LUNGS Repeated use of spray paint as an inhalant can cause lung damage.

C. HEART Abuse of inhalants can result in "**sudden sniffing death syndrome.**" This is due to a sudden and unexpected disturbance of the heart's rhythm. All inhalants can produce sudden sniffing death syndrome.

D. LIVER Halogenated compounds like trichloroethylene (a component of aerosol paints and correction fluid) have been linked to damage of this organ.

E. KIDNEY Inhalants containing toluene impair the kidney's ability to control the amount of acid in the blood. This is reversible when toluene leaves the body but, in the long-term, kidney stones may develop.

Glue Sniffing Among Street Children in the Kathmandu Valley



A. MUSCLE Chronic inhalant abuse can lead to muscle wasting, reduced muscle tone and strength.

B. BONE MARROW Benzene, a component of gasoline, has been shown to cause leukemia.

PERIPHERAL NERVOUS SYSTEM Chronic inhalation of nitrous oxide (whipped cream propellant) and hexane (found in some glues and camp stove fuels) results in damage to the peripheral nerves. Symptoms can include numbness, a tingling sensation or total paralysis.

ACOUSTIC NERVE AND MUSCLE Toluene inhalation destroys cells that relay sound to the brain. Chronic abusers can become deaf.

Source: - National inhalant prevention coalition-TX, USA

4.2 Hazards Of Chemicals Found In Commonly Abused Inhalants:

Amyl nitrite, butyl nitrite (“poppers,” “video head cleaner”):- sudden sniffing death syndrome, suppressed immunologic function, injury to red blood cells (interfering with oxygen supply to vital tissues).

Benzene (found in gasoline):- bone marrow injury, impaired immunologic function, increased risk of leukemia, reproductive system toxicity.

Butane, Propane (found in lighter fluid, hair and paint sprays):- sudden sniffing death syndrome via cardiac effects, serious burn injuries (because of flammability).

Freon (used as a refrigerant and aerosol propellant):- sudden sniffing death syndrome, respiratory obstruction and death from sudden cooling/cold injury to airways), liver damage.

Methylene chloride (found in paints thinner and remover, degreasers):- reduction of oxygen-carrying capacity of blood, changes to the heart muscles and heartbeat

Nitrous oxide ('laughing gas'), Hexane: -death from lack of oxygen to the brain, altered perception and motor coordination, loss of sensation, limb spasms, blackouts caused by blood pressure changes, depression of heart muscle functioning

Toluene (found in gasoline, paint thinner and removers, correction fluid):- brain damage (loss of brain tissue mass, impaired cognition, gait disturbance, loss of coordination, loss of equilibrium, limb spasms, hearing and vision loss), liver and kidney damage

Trichlorethylene (found in spot removers, degreasers):- sudden sniffing death syndrome, cirrhosis of the liver, reproductive complications, hearing and vision damage

Source: NIDA Inhalant Abuse, National Institute of Drug Abuse, USA

4.3 Effects on street children

This survey with street children has found that the children do have a rough idea about the long term harmful effects of glue sniffing. However, there were some effects reported that do not seem to be substantiated by medical research. According to the experts consulted, effects reported by children such as twisting of the intestine or the decaying of lungs have no scientific basis, and can thus be refuted. These are just rumors amongst the children. These rumours have worked positively in terms of children shying away from the use of glue resulting in a decrease in the number of children starting sniffing.

Table 4.2 Effects reported

Long Term Effects Reported

No Response	15/61	24.6
Madness	6/61	9.8
Disease	39/61	63.9
Weakness	6/61	9.8
Accidents	1/61	1.6

Long Term Effects Seen on Friends

No Response	12/61	19.7
Madness	8/61	13.1
Disease	41/61	67.2
Weakness	6/61	9.8
Accidents	1/61	1.6

The majority of the short-term effects reported by the responding children were hallucinations. Various experiences such as illusions of seeing actors, seeing money, being able to talk with gods and the like were the most popular immediate experiences accounted by street children after glue sniffing. These reports of hallucinations were also supported by other research reports: (“...In addition, users may

experience lightheadedness, hallucinations, and delusions, such as thinking they can fly.”) Many children as well as reporting hallucinations also reported euphoria.

Table 4.3: Immediate Effects

Immediate Effects	Number	Percent
Forget tensions/Enjoy	25/61	41.0
See god/money/people dancing	21/61	34.4
Desperation to sniff	21/61	34.4
Fearful/Imagine death	23/61	37.7
Hunger	3/61	4.9
Madness	11/61	18.0
Fight with Friends	3/61	4.9
No Response	10/61	16.4

For past two years the CWIN Health Clinic has been dealing with cases of street children, who visit the clinic with injuries often gained during a "high" from glue sniffing. As reported, the majority of children become violent when they are on a "high." According to the field workers and staff at the CWIN Health Clinic and the Helpline, children become physically abusive, often getting into fights with their friends. These children arrive with cuts from knives; sometimes very deep cuts needing as much as 16 –17 stitches. Yet the children keep calm and they say that the wound did not hurt much. Among other incidences due to glue sniffing are accidents such as falling from the roofs, tripping down, etc.

Chapter 5 **Case Profiles**

Case: 1

“Drugs and alcohol are a major part of this life”

I’m a 16-year-old boy. I have no family and have been living on the streets for the last 2 years. I ran from home because I could not tolerate physical abuse from my parents. I was suffering a lot and finally, one day, decided to go to Kathmandu and make my own living. I’m self-dependent and do whatever I like to do with my own money. Here's there is no one to boss me around, telling me what to do and what not to do.

In the beginning, I found it difficult to fit in with the street boys and the surroundings, but I gradually got adjusted to street life. It of course takes a lot of determination to survive here. But what I like is the freedom. The rest of the time, I work as a Tempo conductor and I have to work really hard, shout a lot to alert the passengers. This untimely job is stressing me and my health is also deteriorating.

After arriving on the street, I soon found out that drugs and alcohol are a major part of this life. I’ve tried everything that is available on streets, ranging from cigarettes, and tobacco to alcohol and ganja. By now, I have become kind of an addict, so it is very hard for me to resist when everyone around me is taking some sort of drug.

It’s been a year since I started sniffing dendrite. I learned about it through a street friend. One trip is enough for me to last for a whole day but if the trip comes down sometime, I take it again. I know this sniffing habit is bad for my health. I frequently suffer from chest pains and can’t stop my hands and body from shaking. I’ve also seen my friends suffering from stomach ache. I do want to get rid of this habit but have been failing to do so. Whenever I see someone sniffing, I get tempted.

Case: 2

He frequently suffers from chest pains, stomach ache as a result of addiction to glue sniffing

A 13 years old boy living on street near Bishnumati says that he came to Kathmandu for the first time in search of work with some villagers. His family still lives in Chitwan (Phapeni) but he left his home a year ago.

He came to Kathmandu expecting a life of comfort and luxury. He had also heard that it is easy to earn money here. But when he came to Kathmandu he found that the situation was completely different from what he had heard earlier. The person who had promised him to provide with a good job left him alone on the street. Due to this reason he had to work as a rag picker to earn his living. After arriving on the streets, he faced a lot of trouble from bullies and policemen. He says he smokes cigarettes daily and drinks heavily whenever he has enough money. He is strongly into glue sniffing. He started this habit 4-5 months ago and says he usually sniffs with his friends in a group.

Even though he is well aware of the actual use as well as its adverse effect of the glue, he spends Rs.100 per day and sniffs 2-5 times a day and wishes to go on sniffing all day if possible. For him, one trip lasts only for 10 to 15 minutes. After sniffing he becomes very quiet and sober and starts hallucinating and he enjoys the feeling. He wants to give up this habit, but when sees someone sniffing he just cannot resist it and also becomes sick.

According to him, street children get into this habit easily because of wide accessibility and also due to a popular belief among street children that it gives a feeling of euphoria. He frequently suffers from chest pains, stomach ache and has also seen his friends die as a result of addiction to glue sniffing.

Case: 3

“I also started sniffing glue after seeing my friends doing it.”

I am boy of 14 years old from Lagan. I have a family but I don't live with them. It has been more than a year since I left home. Since then I've been living on the street. I had to leave my home with my friend because of domestic violence. After arriving on the streets, I started working in hotels and restaurants. Being on the street and coming to meet other friends from the streets, I started using substances like cigarettes and tobacco. Then I slowly got into other drugs. I came to know about “glue sniffing” from a friend two years ago. I used to see them sniffing from plastic bag. I also started sniffing glue after seeing my friend do it.

I have been sniffing for more than 2 years. I use the Indian one with my friends. I earn money and buy from the shop where I spend more than Rs.100 per week. I sniff 2 – 5 times in a week. The amount I use gives me a trip for an hour. Not only do I feel happy but also I get pleasure from it. I like the trip that it gives me. After getting the trip I enjoy myself. I sometimes get a stomach ache. But it gets cured by itself. I know its side effect and have seen the effect on my friend. By seeing the effects in my friend I want to give it up, but I can't help it. I don't see any good reason for giving up. I always see my problems in front of me. The problems of my life always haunt me, so to get away from them I have to sniff. There is no other alternative for me besides sniffing.

I can't give up, but I want to recommend social organizations to provide education and skill training for children in my situation. Society shouldn't exploit and look down on us. Our family should make shopkeepers aware of the bad effects of dendrite. The government should help families and educate them, and they should also punish the sellers. I think that we have to inform people and provide knowledge about dendrite and its bad effects to all children.

Case: 4

“I am now addicted to glue.”

I am a boy of 12 years old and I come from Gorkha district. I came to Kathmandu in search of work along with my family. I do have a family, but I don't live with them. I have been on the streets for 6 months. When I first arrived on the streets, I worked as a 'khalasi' tempo conductor. After some time working as a conductor, I could not continue with the late nights and hard work. I later worked in a teashop as a 'Kancha' washing dishes and cleaning the place. I am tired of all this hard work, and right now I don't work at all. While staying on the streets, I have known a lot of hardship, but the worst was when I had to go to sleep on an empty stomach and got beaten up by the 'dadas' bullies and policemen.

I know about all kinds of drugs and alcohol but I just take cigarettes, alcohol, marijuana and dendrite. I first learnt about dendrite from a friend about a year ago. I prefer the Indian brand and I take it with my friends. Two to three of us share a tube of dendrite, which is about quantity of 20 ml. We spend about Rs 30 every day buying dendrite. I sniff dendrite everyday and it lasts for at least half an hour. The main reason I sniff dendrite is for a feeling of blissfulness. The other reason why I use glue is because when I sniff, I tend to forget all my sorrows, including my hunger. I know the real use of dendrite but I am not aware of its harmful effects.

After sniffing dendrite, I get the urge to do many things I have always wanted to do. One thing I don't like is that I tend to fight with my friends when I am high. I don't think I want to quit sniffing dendrite because I just love sniffing it, I am now addicted to it. I see no reason to quit. Even if I quit sniffing it, I know I will get into it again sooner or later because to survive on the streets you need some means of adjusting to the kind of life here.

Case: 5

“I want to quit sniffing”

I am a boy of 14 years and I am from Pulchowk, Lalitpur. My whole family migrated to Kathmandu in search of employment. I live with my family on the streets. I have no work, but I sometimes help my mother with household work. I don't want to stay home because my mother and father are always beating me up. I get physically abused by my sibling too. I became very drawn towards street life because I know there will be no one who will be able to hurt me and beat me up. I will have total freedom. My family is in a very sorry state because at times we didn't have enough food for all of us. It's a tough life. Though I go home to my family, I spend most of my time with my street friends and have been a part of street life for sometime now.

I have not taken any type of drugs or alcohol in my life but I have tried dendrite. I first started sniffing dendrite six months ago with one of my friend, when he asked me if I wanted to. We take the Nepali brand dendrite. We use dendrite at least two to three times a week and we need to spend at least Rs. 30 per week. I earn money to buy dendrite by begging and stealing at times. Whenever I have enough money I take dendrite as much as 5-6 times a day, or else I take it twice a day. I have experienced hallucinations, which only prompts me to use it more often.

I am aware of the actual effects of dendrite and I know that dendrite sometimes kills people. I am also suffering from some illness due to this. I get terrible chest pains and I cough heavily at nights. For a long time I used to have nausea. I know sniffing dendrite is very injurious to my health, and I want to quit sniffing.

To stop the children from using this substance, I feel that everyone should take some action. I think there should be a free education scheme available to all children and also that all children should have their basic needs met. Society should stop disregarding the street children and treat them with the same respect as others.

Chapter 6 **Glue Sniffing and Society**

6.1 Prevalence of sniffing in Nepali society

“Sniffing” can be traced way back in the history of the Ayurveda. In Ayurveda, the “Panchakarma vidi” meaning five processes of body cleaning, one of the processes described is “Nashla vidi” meaning sniffing. In this process, hookah (inhalation of fumes) was used to treat diseases such as asthma, sinus and any disease related to ENT. Another form of inhalation is used in the form of oil, which is used to cure ear infections. The "Nasla Vidi" of sniffing is considered a very important treatment for nose cleansing and to remove mucus. However, in the earlier times sniffing was rarely abused as an addiction.

Similarly, in the view of anthropologists, in the past some kinds of drugs were used strictly for meditation, rituals and cultural practices. The same “Nas” vidi or sniffing was used for medical purposes. “Dhup” incense also used to be sniffed in a ritualistic manner. In earlier days, in villages, a very small amount of kerosene was used for healing purposes, basically for the ailments related to digestion. Whilst there have been accidents when people died due to overdoses, at the time it was not considered a form of addiction at all.

6.2 Glue Sniffing and Society

According to the “Youth Vision” rehabilitation centre for drug addicts, the prevalence of substances and drugs like alcohol, brown sugar, nitrogen, cocaine, and tidigesic among young people is very high. The cases of glue sniffing are less compared to the cases of above mentioned drug use. Lately the Youth Vision has come across around eight cases of glue sniffing. In those cases, three of the addicts were young adults from elite families and the rest were from middle class families. These youths

were in the age-group of 18 – 20 years old. All these cases had come for counseling and treatment for de-addiction. One of the symptoms seen in these adults was that they had red eyes.

The director of St. Xavier's Social Centre, Fr. Bill Robins says, "The use of glue sniffing among street children has become rampant. They start from glue sniffing and end up taking other, more hard core, drugs. Most street children sniff because it is cheap and easily available".

Another organization working on the issue of drug abuse, Richmond Fellowship- Nepal has mainly dealt with cases of drug addicts like brown sugar, tidigesic, cocaine, alcohol, marijuana etc. Cases of glue-sniffing have not yet come to the centre's attention. But through their experience the problem of glue sniffing has been observed not only in street children but also among school children. The types of glue they use are dendrite, tipex (a white correction fluid), etc. Among school children, higher secondary school girls are sniffing glue the most. The reasons given by the users for sniffing were low self-esteem, an inferiority complex and enough pocket-money to buy this substance. Some of the health problems identified by them after using were depression, fear, phobia, nervousness, lack of concentration, respiratory problems, feeling cold inside the body and hallucinations caused after falling unconscious.

LALS (Life Giving and Life Saving), an organisation working on harm reduction, has found the maximum use of glue sniffing among school girls as compared to street children. Most of the teenage girls are using this substance. The trend of glue sniffing has already shifted from street children to school going girls and boys. These young people use dendrite, which they buy from the local shops. LALS further states that the rate of glue sniffing has gone down among street children because of some casualties among peers, which other street children witnessed.

However, according to the Women's Cell in the Valley Police of Kathmandu, around 95% of street children sniff dendrite. Many even use dendrite as a substitute for regular meals. The initial use is generally due

to peer pressure but children get easily addicted. These days, street children consider Dendrite as the most important thing in their life. They also use it to ward off hunger. After using of dendrite self destructive aggressive behaviour can be seen among street children. The police station is aware of 2 – 3 cases where children have been taken to hospital for the treatment of violent behaviour. Street children often commit petty crimes, but the number of serious crimes committed by these children is very low. Many parents send their children out onto the street because they think that life on the street is easier than at home. It is ironic that some street children enjoy their life on the street. According to the police, many NGOs provide short-term facilities to these children, which they get used to and are in a way even encouraged to live life on the streets. To lessen the rate of glue sniffing among street children, we have to give counseling to their families. There should be a networking among NGOs to effectively tackle the problem of glue sniffing. The children need to be respected, so that they feel they can change their behaviour. For this, the police are trying to bring about a change in their attitude as well.

The issue of glue sniffing is rising day by day in Nepal. As mentioned earlier in the previous chapter, street children are very much vulnerable to exposure to alcohol, drugs, yet the media has not given enough attention to this issue. A few papers have published some articles on glue sniffing, but there has not been enough studies done. Such articles can consequently lead to misinterpretation. Those articles are published on the basis of superficial observations but not in-depth studies. The media does not seem to have taken much notice of such a serious matter hampering the lives of young children. So, the media must henceforth take the initiative and reach out to the people by making them more aware of the burning issue of glue sniffing.

With regards to glue sniffing, some shopkeepers said that most of those buying glue are schoolgirls. Some shopkeepers sold glue to children despite knowing that they use it as a drug. However, some shopkeepers said that they did not sell it to children. Some claimed that children know they can get it from the shoemaker, where they sell it in small quantities

Glue Sniffing Among Street Children in the Kathmandu Valley

in a plastic bag. When we asked some of the shoe makers in New Road, the busiest street in Kathmandu, if street children came in to buy glue, they said that now they have stopped selling because it was a nuisance for them to be selling glue in small quantities to children. According to this information, they have shifted from dendrite to other substances like boot polish etc. Nowadays, they themselves have come to know about bad effects caused by dendrite so they have stopped selling it to children.

Observations and evidence mentioned here suggest that the problem of glue sniffing is becoming more serious in our society. According to Dr. Dhruvaman Shrestha, abuse of this substance is unlike other drug related illness because it has no cure. In Nepal nowadays it is not only a problem among street children but is also increasing among school children. If this problem keeps on increasing like this, then that day is not far off when society will be devoid of youth. Since children are the hope for the future, this problem has to be addressed urgently. The future of society is in the hands of children, so they need to be looked after.

Chapter 7 **Recommendations and The Way Ahead**

7.1 Children's Recommendations

Respondent children have identified education as the first priority, which should be provided by social organisations and the government. Some of the children said they need specific skills and training so that they can lead a dignified and healthy life. Some also said that they need knowledge and information about the ill effects of all kinds of substance and drug use including glue sniffing. Similarly, some children came up with the idea of providing children with standard health facilities.

Furthermore, most of the children emphasized that society should stop looking down on them and humiliating them by using the term “khate” (a slang meaning those surviving on the street). They said society should be able to give them a chance to prove themselves to enable them to acquire a better livelihood. Another highly emphasized point was that society should stop all kinds of exploitation of children.

Almost all the respondent children said they longed for love and affection from their family and adults. Another important factor put forward by them was education of their families, so that they are aware and are self-sufficient, and can thus take care of their children properly.

Regarding the role of businessmen in preventing the prevalence of glue sniffing all the children said they should stop selling glue to children. Some also said that businessmen and shop keepers themselves should inform people and make those children who come to buy glue aware of the harms of glue sniffing.

From their view on the government, many children said the government should provide these children with adequate support and education so

that the children can live life without any hardship. They also said that the government should take a major step to close down the factories and to punish those who sell such substances to children.

Finally, all the children said they should protest against glue sniffing. They should be given information and knowledge about the effects of glue sniffing. In addition, the children themselves should try to prevent other children from getting into glue sniffing.

7.2 Recommendations from CWIN:

- Although small in number, street children are vulnerable to many things including drug abuse. Programmes with broad overviews of street children's problems are needed to prevent children from getting into substance addiction and drug use.
- The government should regulate the sale of glue and other volatile solvent agents to children.
- The shopkeepers should be made aware about the ill-effects of glue on children and should be punished for selling such substances to children.
- Further research work is needed to see the prevalence of glue sniffing among school going adolescents.
- Social concern and awareness-raising is needed to counter the addiction of volatile solvent use.
- Measures taken against such substance use should be aware of potential shifts from this particular substance to other even more dangerous solvents, like petroleum or kerosene.

7.3 The Way Ahead

- Advocacy for banning the sale of any volatile solvent agent to children
- Campaign against glue sniffing by reaching out to street children through the "Street Net"
- Campaign aimed at shop-keepers
- Organize meetings with organizations working with street children outside the valley to share the survey report and for awareness-raising.
- Produce and disseminate advocacy materials against glue sniffing
- Organize awareness programmes in schools through Street Drama and discussions by former street children.

Chapter 8 **Summary and Conclusions**

8.1 Summary

This study is aimed at determining the prevalence of glue sniffing among street children. For this one to one interviews were carried out with the street children. This study examines the impact of glue sniffing on their lives and the recommendations given by them.

A total of 118 street children aged below 16 years from different areas in Kathmandu were interviewed. 14 children comprised of 10 years of age and below, 52 were between 11-13 years and 52 were from 14-16 years.

Of the total respondents, 43 per cent street children were using glue in different quantity.

8.1.1 Street Children in Nepal

The problem of street children is universal and is comparatively very high in those countries where there is rapid growth of urbanization. The number of street children has grown in recent decades because of widespread recessions, political turmoil, civil unrest, increasing family disintegration, natural disasters and growing urbanisation. Out of 5000 street children there are 500 – 600 street children in Kathmandu alone.

After arriving on the streets, they take up all kinds of work like begging, rag picking, tempo conducting, porting, stealing, shoe shining etc. Mainly they concentrate in areas like junkyards, temples, markets, cinemas, the airport, bus terminals, hardware shops, tourist centers etc. while they do their work. They also face many problems on the street,

not just at work. While on the street they endure hunger, lack of shelter, few clothes etc. There are also problems from the police, “dada”, gangs etc. With all of these problems and tensions their lives become increasingly stressful and complex.

According to this survey, 103 out of 118 street children still have families. Among the respondents, 31 children lived with their families and 87 children did not live with their families. Out of 118 street children, 64 children had been living on the street for more than a year, 13 children for a year and 30 children for six months. Among these 118 children, 21 arrived on the street with their family, 34 had run away from home, 4 had come from their work place because of exploitation there, 26 had come with friends, 5 had come with their relatives and villagers and 17 had come for other reasons. As mentioned earlier the causes for ending up on the street are much the same. Some of the causes are domestic violence (43), deprivation of food/ lack of food at home (5), in search of employment (15), deprivation of education (5), city life (15), friend’s influence (10), abuse and exploitation (1) and others (12). After arriving on the streets, as a result of these causes, 7 children worked as porters, 13 worked as tempo conductors “khalashi”, 35 worked as rag-pickers, 32 begged and 42 worked in hotels and restaurants. By doing all these types of work, they earned their living. For them being on the street is tough. Almost all the children had faced problems. The most common problem was how to earn despite their young age. Others included hunger, food deprivation, abuse, health problems, homesickness, frustration, humiliation, and hardship, lack of clothes, no proper place to sleep, dog bites, and no opportunity for education. They also face problems from the police, “dada”, friends, gangs etc. while on the street.

Street children are among the high risk and insecure groups and are consequently vulnerable to various forms of exploitation and abuse. They are deprived children, denied not only of their rights as children but also of their childhood. Without guidance, education and security, they are heading towards an uncertain future. They have enough potentiality and talent. If they are brought into a better environment, they have a real hope for the future. For collaborated efforts to work with street children,

a network was formed amongst six organisations directly working with street children in the Kathmandu Valley. The network, named "Street-Net," aims to put forward joint campaigns to protect street children from the harms of drug use.

Studies have shown that between 25 and 90% of street children use substance of one kind or other. One fifth of the children aged 5-17 years had drunk alcohol (CWIN 1998), 38% had taken tobacco. Another study by CWIN (2000) indicated that 44% of 303 street children had taken alcohol followed by tobacco: 23.7% and drugs: 3%.

According to CWIN research carried out in August 2002, with a total of 180 (160 boys and 20 girls) street children aged 10-17 years from six urban centers, among these street children, traditional alcohol non-users constituted 35.6% and traditional alcohol users: 64.4%. The current prevalence rate of alcohol is 55.6%. Among these 160 boys: 28.1% and 20 girls: 5.0% used drugs. The types of drugs used by these children were cannabis (35.3%), heroin (5.9%), opium and opiates (5.9%), tranquilizers (47.1%) and others (glue, boot polish, iodex, kerosene, petrol) (5.9%). The current prevalence rate of drug is 20.6%. The tobacco use among these 160 boys was 59.4% and for the 20 girls the figure was 20.0%.

8.1.2 Prevalence of glue sniffing among street children

In the Nepali context, the most popular technique used to inhale glue is by dropping it into a thin polythene bag and inhaling continuously by taking short breaths into the bag while taking long deep breaths from the bag. Children generally inhale in a group and this can be termed as a group activity or social event among street children. During the survey a large number of participants responded that the reason for taking up this habit was mainly due to peer-influenced pressure. The majority (95.1%) respondents used glue with their friends. While some use it with bullies after pressure.

Even among non-users almost all the children knew about glue sniffing. These groups of children represent a group that may use other substances such as tobacco and alcohol, but do not sniff glue. In this group of non-users a majority (85%) have seen their friends sniffing glue.

There were only a small number of respondents who said that they became addicted due to the effects produced by the inhalation. This again corroborates the suspicion that it is due to the cultural and social allure that street children become addicted.

The pattern of glue use had a wide range. Some were absolutely addicted to it, reporting that they sniffed Dendrite continuously throughout the day to maintain their "high". On the other end some users said that they sniffed only a few times in a week.

8.1.3 Effects of Glue Sniffing

There is absolutely no doubt that long-term abuse of glue sniffing is detrimental to the user's health. Most of the harmful effects of Glue Sniffing are found to be related to the brain and the Nervous System. According to NIDA Research Report, chronic abuse of volatile solvents such as toluene (which is found in dendrite) damages the protective sheath around certain nerve fibers in the brain and peripheral nervous system. Effects of prolonged inhalant abuse include neurological syndromes that reflect damage to parts of the brain involved in controlling cognition, movement, vision and hearing. However, long term exposure to glue sniffing can produce significant damage to the heart, lungs, liver and kidney.

Street children do have a rough idea about the long-term harmful effects of glue sniffing. But children's explanations such as twisting of the intestine or decaying of the lungs have no scientific basis. These rumors have, however, worked positively in that they have resulted in a decrease in the number of children taking up sniffing. In general, the main short-term effects reported by the responding children were hallucinations. The most common and immediate experiences encountered by the street

children are illusions of seeing actors, seeing money, or being able to talk with gods.

The CWIN Health Clinic has, in the past two years, recorded that the majority of children become violent when are "high". They get physical and often get into fights with their friends. These children also develop a self destructive nature when they are on a trip as a result of sniffing.

8.1.4 Prevalence of sniffing in Nepali society

“Sniffing” can be traced way back in the history of the Ayurveda medicine. In Ayurveda, sniffing was used to treat diseases such as asthma, sinus and any disease related to ENT. Another form of inhalation is used in the form of oil, which is used to cure ear infections. However, in the earlier times sniffing was rarely abused as an addiction.

Similarly, in the view of anthropologists, in the past, some kinds of drugs were used strictly for meditation, rituals and cultural practices. Sniffing existed but at the time it was not considered to be a form of addiction at all.

8.1.5 Glue sniffing and society

According to social organizations, glue sniffing has become rampant among street children. Mostly street children begin their drug-taking career by glue sniffing and end up on other, more hard-core, drugs. The organizations working on drug issues also state that most of the street children sniff it because it is cheap and easily available.

But through their experiences, they have observed that the problem of glue sniffing is not only confined to street children but also exists among school children. The types of glue they use are dendrite, tipex (a white correction fluid), etc. Among school children, higher secondary school girls sniff glue the most. The reasons given by the users for sniffing were low self-esteem, an inferiority complex and having enough pocket money to buy this substance.

Some social organisations have found more use of glue sniffing among school girls as compared to street children. They claim that the trend of glue sniffing has already shifted from street children to school going girls and boys. However, according to the Women's Cell in the Valley Police of Kathmandu, around 95% street children sniff dendrite. The initial use is generally due to peer pressure but children easily become addicted. They also use it to ward off hunger. According to the police, after the use of dendrite, self-destructive aggressive behaviour can be seen among street children. There should be concerted efforts from NGOs to tackle the problem of glue sniffing. The children need to be respected to help them to change their behaviour.

The media does not seem to have taken much notice of such a serious matter which is hampering the lives of young children. So, the media must henceforth take the initiative and reach out to people by making them aware about the burning issue of glue sniffing.

With regards to glue sniffing, some shopkeepers said that most of those buying the glue are school girls. Some shopkeepers sold it to children, despite knowing that they use it as a drug. However, some shopkeepers said that they did not sell it to children. Some claimed that children know they can get it from the shoemaker, where they sell it in small quantities, in a plastic bag. According to the shoemakers, street children have started to use substances like boot polish to replace dendrite.

8.2 Conclusions

The phenomenon of street children is well known around the world. Nepal is no exception in this respect. Although small in number, street children of Nepal are a very visible community and are definitely the most vulnerable group of children, who are at risk of exploitation, drug use, sexual exploitation and being forced into criminal activities. As in other countries, due to their harsh living conditions, street children seem to start using drugs as major coping strategy. However, street children in Kathmandu claim that if they are provided with a favorable environment for their overall development and are given proper opportunities, they are willing to leave street life for a better life. But street children's

problems cannot be solved in isolation; they are cumulative of various exploitative and discriminative backgrounds. Consequently the 'transformation' or a socialisation and reintegration of street children, some of whom are addicted to street life, is a tough challenge. Street children's problems need to be addressed by all concerned with much seriousness and with commitment to empower them for their self-reliance to give them respect for their dignity and potential.

Although new to Nepali society, glue sniffing is fast becoming an addiction among street children in Kathmandu. It has been seen as a 'debut' drug for street children. Street children, often those who do not even smoke or drink alcohol, are into using glue. Its ill effects have resulted in problematic behaviour, self-destruction due to hallucinations and fighting amongst friends. The problem needs to be addressed properly by all concerned before it becomes more difficult to deal with and before it spreads to other groups of children. Awareness among street children as well as school going children is vital as the latter are also gradually attracted to the use of inhalants of one kind or another. This survey recommends that the business community and the manufacturers of such adhesives should also be made aware of its ill effects on children and of the high chances of its abuse due to its availability. Furthermore, the state and the law enforcing agencies should be willing to take action in preventing children from an addiction to glue sniffing and any other inhalant. Observations and evidence suggest that the problem of glue sniffing is getting more serious in our society. In Nepal now it is not only a problem among street children but it is also increasingly found among school children. This problem has to be addressed urgently if we want to see a safe environment for the future of the nation.

CWIN is at the forefront in work with street children and thus aims to mobilise existing network groups for the prevention and intervention of the glue sniffing problem among street children. CWIN will work with the participation of street children in addressing this problem, raising awareness and minimising the ill effects of glue sniffing among street children and other children in general.

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Appendices

Appendix I: Questionnaire

Date: _____ Area: _____

1. Age-group: Less than 10 years () 11-14() 14-16()
 2. Gender: Male () Female ()
 3. Do you have a family: Yes () No ()
 4. Do you live with your family: Yes () No ()
 5. Address: _____
 6. How long have you been working on the streets?
6 Months () 1 Year () More than 1 Year ()
 7. How did you end up on the streets?
With family () Ran away from home () Ran away from work ()
With friends () With relatives/villagers () other _____
 8. Why did you come to the streets?
Domestic violence () Lack of food () Seeking employment ()
Deprivation from education () Peer pressure/influence ()
Abuse and exploitation () Just wandering () Other _____
 9. What work did you do after you landed on the street?
Porting () Working as conductor () Rag-picking () Begging ()
Others _____
 10. Have you faced any kind of problems on the street?
Yes () No () If yes then what kind of problem? _____
Who gave you the most problems? Police () Bullies () Community ()
other _____
 11. Have you ever used any substances?
Yes () No () If yes, which of the following
Cigarette () Tobacco () Alcohol () Marijuana () TT () other ()
-
12. Do you know about glue sniffing?
Yes () No ()
 13. How long have you known about it?
1 Month () 6 Month () 1 Year () 2 Year () More than 2 years ()
 14. How did you come to know about Glue Sniffing?
Friends from Work () Friends on the street () From Adults () other
 15. Do you sniff glue?
Yes () No ()
 16. If you do not sniff glue have you seen your friends doing it?
-

Glue Sniffing Among Street Children in the Kathmandu Valley

- Yes () No ()
17. If you use glue, when did you begin?
2 years ago () 1 year ago () 1 month ago () 1 week ago ()
other _____
18. With whom do you use glue?
With friends () with other users () with bullies () Other _____
19. Which type of glue do you use?
Indian dendrite () Nepali Dendrite () Local () Other _____
20. Do you know the original use of glue?
Yes () No ()
21. Where do you buy it?
Shops () Friends () Bullies () Other _____
22. How do you get money for glue?
Beg () Steal () Work () Other _____
23. How much do you spend on it? (Weekly or daily basis)
Less than Rs.30 () More than Rs 30() More than Rs 50() More than Rs
100()
24. Do you sniff glue daily?
Yes () No ()
If yes then how many times?
1 time () 2-5 times () More than 5 times ()
If you do not sniff daily then how many times in a week do you do so?
1 time () 2-5 time ()
25. What quantity do you use at a time?
25 mg () 50 mg () 1 tube () Other _____
26. How long does a trip last?
0.5 hrs () 1 hrs () 2 hrs () 5 hrs () Whole day ()
27. Why do you sniff glue?
To cope with tension () To cope with hunger () To be strong ()
To have enough strength to fight () To belong to a group () Addicted ()
For pleasure () to have euphoria or to get heavenly pleasure ()
28. Have you taken glue to ward off hunger?
If yes was it because
Your friends said so ()
It was known from your experience ()
29. How did you become addicted to it?
Peer influence () Peer Pressure () For Pleasure ()
30. Have you ever had any accidents during a trip?
Yes () No ()
31. What are your feelings after sniffing glue?

Glue Sniffing Among Street Children in the Kathmandu Valley

Pleasure _____

Sick _____

Psycho _____

Other _____

32. Are you aware of the effects of glue sniffing?
Yes () No () If yes then what _____
33. What health problems have you encountered during glue sniffing?
Headache () Chest pain () Stomach ache () Nausea () Other _____
34. Have you faced any other problems apart from problems related to health?
Yes () No ()
If yes then what
Accident () of what nature _____
Self Destruction () Fight () Arrested by police () other _____
35. Have you seen your friends having health problems due to glue sniffing?
Yes () No () If yes then of what nature? _____
36. What did you do after getting any kind of problems due to glue sniffing?
Social organization () Hospital () Used Medicine () Help from others ()
The problem just went away ()
37. Do you want to get rid of this addiction?
Yes () No ()
If yes why _____ If no why _____
38. Why do you think street children get easily addicted to glue sniffing?
Affordable () Easily Available () Kind of high desired () Enough money on hand ()
39. What should be done to save children from this addiction?
Social organization: Education () Skill/Training () Social Rehabilitation ()
Information/Knowledge () Health Care () other _____
Society: Stop humiliation () Stop exploitation () Provide opportunities ()
Other _____
Family: Love/care () Education ()
Business: Prohibit sales () Awareness of ill-effects ()
Government: Support and education to children () Support and education to parents () prohibit sales () stop production () Punishment to dealers ()
Children: Campaign against its use () Information and knowledge () Awareness ()

Any additional notes

Appendix II

Technical Experts Visited

1. Dr. Dhruva Man Shrestha, Mental Hospital Lagankhel
2. Dr. Sharma,
3. Dr. Om Gurung, HOD Anthropology Tribhuvan University
4. Dr. Shree Manabajra Bajracharya, Ayurvedic
5. Sub Inspector Kabir Pradhan, Women's Cell
6. Shyam Lohani, National Poison Information Center/United Hands
7. Kanti Shrestha, Asst Scientific Officer RONAST

Organizations Visited

1. LALS (Life giving and Life Saving Society)
2. Youth Vision Rehabilitation Centre
3. Richmond Fellowship Rehabilitation Centre
4. St. Xaviers Social Centre
5. SAATHI – Bishram, Drop-in Centre for Street Children
6. Bisauni, Drop-in Centre for Street Children
7. Crehpa

Appendix III

Spectroscopy Result of sample of Dendrite (a glue commonly used by street children)



ROYAL NEPAL ACADEMY OF SCIENCE & TECHNOLOGY
CENTRAL OFFICE

RONAST

Date :- 10th Oct. 2002

NATURAL PRODUCTS RESEARCH LABORATORY
Sample Analysis Report

Sample: Dendrite
Received from: Child Workers in Nepal Concerned Center (CWIN)
Received date: 24 September 2002
Location: Rabibhawan, Katmandu
Lab code: NS 5903

S.N.	Parameters	Observed values	Standard values
	Physical:		
1.	State	Yellow glue	
2.	Odor	Characteristic smell	
	Spectroscopic:		
3.	IR spectra (ν_{max}) (solvent isolated from the sample)	3075, 3050, 3010, 2910, 2860, 2720, 2570, 1930, 1850, 1790, 1705, 1600, 1480, 1370, 1200, 1170, 1100, 1075, 1020, 890, 720, 690 cm^{-1}	3075, 3050, 3010, 2910, 2860, 2720, 2570, 1930, 1850, 1790, 1715, 1705, 1600, 1480, 1370, 1200, 1170, 1100, 1075, 1026, 890, 720, 690 cm^{-1}

Comments: IR spectrum of the solvent separated from Dendrite is found identical with the spectrum of the reference organic solvent toluene.

Kanti Shrestha
Kanti Shrestha
Asst. Scientific Officer

Note: - This result represent only tested sample.

Child Workers in Nepal Concerned Centre (CWIN) established in 1987, is a pioneer organization in Nepal for the rights of the child and against child labour exploitation. It is an advocate organization with focus on child labour, street children, child abuse, trafficking in children and other related issues. CWIN acts as children's voice lobbying, campaigning and pressurising the government to protect and promote children's rights in the country and to end all kinds of exploitation, abuse and discrimination against children. At the same time, CWIN works directly for and with children, in protection and development through its centres and community programmes.

Local Action was integrated in CWIN in 1999 as knowledge based project aiming at prevention of the use of alcohol and drug through social action. It is a joint project between CWIN and FORUT (Campaign for Development and Solidarity) which is a Norway based NGO that is engaged in development cooperation in different countries.

This study on the use of glue sniffing as drug among street children tries to find the prevalence, reasons and the effects of glue sniffing as drug and to gather information for further campaign strategy against glue sniffing. 118 street children from different areas in the Kathmandu Valley took part in this survey.



Child Workers in Nepal Concerned Centre
P.O.Box: 4374, Rabi Bhawan, Kathmandu, Nepal
Tel. 977-1-278064/282255, Fax: 977-1-278016
Email: cwin@mos.com.np, URL: www.cwin-nepal.org

