

**Study on Contributing Factors on Drug Abuse among Users in Parsa  
District, Nepal**

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# Approval Sheet

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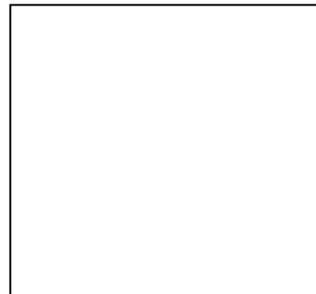
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## **Acronyms**

AIDS- Acquired Immuno Deficiency Syndrome

Bijam- Bidhyarthi Jagaran Manch

BPH- Bachelor of Public Health

MPH- Masters in Public Health

NAP- National Action Plan

CBS- Central Bureau of Statistics

HIV- Human Immuno deficiency Virus

HOD- Head of Department

IDUs-Injecting Drug Users

INGOs- International Non Government Organizations

MoH- Ministry of Health

MoHA- Ministry of Home Affair

N-Number

ICD- International Classification of Disease

UNAIDS-Joint United Nations Programme on HIV/AIDS

UNODC- United Nations Office of Drugs and Crime

VCT- Voluntary Counseling and Testing

WHO- World Health Organization

YV- Youth Vision

## **Abstract**

The research study was done on “contributing factors on drug abuse among users”. The objective of the study was to generate information about factors contributing to drug dependency among user in Bidhyarthi Jagaran Manch santha. The study type was descriptive cross sectional study. A purposive sampling technique was used to select sample. The 100 samples from the rehabilitation of BIJAM were selected for the study. For validation and reliability, guides and expert were consulted as well as pretest was done in rehab centre of YV situated at Ghatthaghar, Bhaktapur and necessary modification was carried out in the test instrument. Necessary information was collected by using self administered semi-structured questionnaire. The study population was pre-informed about the purpose of the study. The collected data was analyzed by using simple statistical methods such as percentage, frequency and mean. The findings were summarized by using tables, bar graphs and pie chart.

The study revealed that Total respondents in the rehabilitation centre were male. Among the total respondent, most of the respondents were from age 20-29 years i.e. mean age 2.03, mostly belong to religion Hindu i.e. 74% and ethnicity Baish i.e. 34%. 50% respondents were unmarried and belong mostly to joint family i.e.81%.Most of the family member of respondents’ lives together i.e.63% and only 2% were divorced. Most of their father’s occupation was Agriculture and mother’s occupation was Housewife. 27% respondent’s fathers were literate and 5% were illiterate. Most of the respondents’ mothers were illiterate i.e.57% only 20% were literate.

Among the them, 43% had income 6000 and above where as 37% was income less. Most of the respondent’s family income was above 8000 and above. Father/ mother were another most source of income i.e.44%. 79% respondents smoke while staying in rehabilitation whereas 21% don’t. Among the respondents who smoke while staying in rehab, 96% take smoke four

and above time. Most of the respondent family member drink wine i.e.52%, 39% smoke cigarette while 9% use drug. 43% of the respondents started to use drug from age below 15 years for the first time, 39% at the age of 15-20 years and 18% above 20 years of age. Among the total respondents, 81% of respondents used Marijuana, 17% used cannibas while 2% used capsule for the first time. 63% respondents started taking drug with their friends for the first time while 37% took alone. 88% respondents continuously used to take drug after first use. Among the total respondents who did not take drug regularly, 50% of them had tried 3 times to left, 33% had 2 times whereas only 17% had 1 time. Main cause of drug intake was Curiosity i.e.33%, 32% started for enjoyment, 19% because of personal problem. , most of the respondent used injecting method i.e.71%, 26% used oral method whereas 3% used both. 60% take drug 2 times a day only 10% take above 5 times a day.. 45% take 10-12 ml/ 2gm of drug in one intake, 34% take 12-16ml / 3-3.5gm whereas 21% take 5-6ml / 1-1.5 gm in one intake. Mostly they take drug with their friend's i.e.54% and 46% alone. 52% share their drug with their friend while 48% don't. 54% respondent friends share drug with them while 46% don't. 47% of respondents stayed 2-3 months in rehabilitation centre, 27% 3 months and above while 26% below 1 month. 59% of respondent came to rehabilitation centre with the help of their family, 37% by Bijam staff and 4% by friends. 26% feel that they can rescue from this problem, 24% feel happy staying there, while 27% feel all thing above mentioned. 49% manage from family, 30% manage money from friends, while 21% manage from both family and friends during economic crisis for drug taking purpose. 56% of respondent were sent to police custody while 44% were not during drug use. Among the respondent who were sent to custody, 19% were sent for 2 times, 15% for 1 times while 14% were sent for lots of time. Among the total respondents, most of the respondents i.e. 39% were sent for the reason of drug with crime, 9% for drug using. 35% will support their family while 1% will continue same work after their recovery. 36% respondents like timely work of rehabilitation, 33% like

sitting environment while 31% like counseling of staffs of the rehabilitation centre. Among the total respondents, 53% of respondents like to say don't take drug it will destroy your life, 27% like to convey message of bijam staff, 17% says they don't have to say anything as a suggestion to other drug addicts.

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# Chapter I

## 1.1 Introduction

Health is defined as being "a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity" Since from the origin of human life, the emergence of various kind of health problem started being supported by different factors. Among all this factors affecting human health, drug abuse has come up with ample strength to make life of youth go vain. The term "drug abuse" means the use of drug in a way that does not conform with the generally approved medical and social patterns.

Adolescence has been defined by the WHO as the period of the ages between 10 to 19 years. WHO defines drug as "any substance when taken into the living organism modifies one or more its functions." Drug is a substance when used brings changes in an individual's consciousness, behavior, thinking, mood, perception, judgments, insight, and muscles strength. These drugs reach the brain cells and succeed in changing the chemical reaction within. According to Gaffney, 1996 "An addict is a person who needs his/her daily quota of drug even if it involves stealing or even restoring to grave crimes such as murder". Therefore an addict soon becomes a curse not only to himself but to the whole society as well. Drug addiction is defined as state of periodic or chronic intoxication detrimental to the individual and society produced by the repeated intake of habit-forming drugs.

Drug dependency has been defined in ICD-9 as "a state, psychic and sometimes also physical, resulting from taking a drugs, characterized by a behavioral and other response that always include a compulsion to take a drug on a continuous or periodic basis in order to experience its psychic effects, and sometimes to avoid the discomfort of its absence." Dependence use of a substance can be defined as a syndrome consisting of many sign and symptoms.

At present, drug dependence has been described as a syndrome which usually consists of most of the following features: narrowing of repertoire, salience of substance-taking behavior, increase a tolerance, repeated withdrawal symptoms, relief from or avoidance of withdrawal symptoms by further use of substance, subjective sense of compulsion to use the substance and reinstatement after abstinence, ICD-10 has also called the psychological dependence ( often strong, sometimes over powering) as the central descriptive characteristics of the dependence syndrome.

According to Gafney, 1996 from the in memorial human beings have looked for substance to make life more pleasurable and to avoid or decrease pain, discomfort and frustration. Despite definite improvements in health care in most countries problem related to drug and abuse are increasing everywhere. The use of ganja, bhang and dhatura has been the part of our culture ever since the emergency of Shivajee as a Devine personality of Vedic culture ,hermits,sadhus and saints took ganja bhang to overcome hunger, thirst and to concentrate on meditation. Large quantities of ganja bhang are consumed around the holy temples of Nepal during festivals. Nepal noticed the problem of drug abuse in the beginning of 1970's with the influx of hippies in Nepal.

## **1.2 Statement of problem**

Globally, the effects of drug specific information were first recorded during 1998 and 1999. In 1998, Partnership for a Drug-Free America launched a media campaign focused on the risks of marijuana use. Between 1998 and 1999, the percentage of teens that associated marijuana use with a perceived risk of losing their friends increased from 47% to 50%. During that same year, there was a 2% overall decrease in marijuana use, and the downward trend continues to this day. This effect was more recently seen with the drug Ecstasy. Between 1999 and 2001, there was a 71% increase in Ecstasy use. By the end of 2001, more

than 1 in 10 teens admitted to using Ecstasy on a regular basis. Over time, the extreme dangers of Ecstasy became known, and the drug's popularity began to decrease. As Ecstasy became more risky and less socially acceptable, use began to decline, too. At the end of 2005, Ecstasy use had decreased to just four percent.

"In the United States, approximately three-fourths of all deaths among persons aged 10--24 years result from only four causes: motor-vehicle crashes, other unintentional injuries, homicide, and suicide. Results from the 1999 national Youth Risk Behavior Survey demonstrate that numerous high school students engage in behaviors that increase their likelihood of death from these four causes...[including alcohol and illicit drug use.]"

There are about 200,000 addicts in our country, Nepal which includes 64% of youngsters. 20 new drug users are recorded everyday from eastern region of the country. There are about 3,000 drug addicts in Japan (2002), 5,000 drug addicts in Pokhara (2001- Kathmandu post) and about 25,000 drug addicts in Kathmandu. Having 20,000 IDUs in Nepal, we stand in second highest position of IDUs among Asian countries.

Youths are the backbone of the nation. Healthy youths of today are the pillars of developments of the tomorrow's world. They should be ready to do everything for betterment of society and themselves as well. But, unfortunately, most of the youths have ruined their lives and health by being victims of drug addiction.

They have become so much habituated to drugs that are ready to commit any crime to get it. This behavior may ruin the society and their lives as well.

### **1.3 Justification of the study**

The vulnerability of young people to drug abuse has in recent years become a major concern. The consequences of widespread drug abuse and trafficking, particularly for young men and

women, are all too apparent. Violence, particularly street violence, often results from drug abuse and illicit drug networks.

Drug addiction is an alarming issue nowadays which is affecting the productive population of the country as well as the world. Growing alcohol and drug abuse in many countries has contributed to high mortality and the increased risk of contracting HIV among children and young people.

It can not only cause serious and chronic health effects but also to the hindrance to the socio-economic development and national security, stability and resilience. Drug addiction has almost affected 4.8% of world population aged between 15-64 years. Youngsters are mostly victimized by drug addiction. Having access to the health services, people are unaware about it and also the relapse cases and treatment failure are the contributing factors for drug addiction. Hence, drug addiction is one of the serious problems which is increasing day by day. Drug is growing problem in Parsa district due to closeness to the open border with India, a growing population, a growing migratory population. So it seems that this study will be able to find out the facts and will be a valuable tool to design and implement the awareness as well as rehabilitative programs for drug users.

## **1.4 Objectives**

### **1.4.1 General objectives**

To access information about factors contributing to drug dependency among users in Bidhyarthi Jagaran Manch santha.

### **1.4.2 Specific objectives**

To identify the socio- economic of the drug abusers who are currently getting treatment from rehabilitation centre;

To identify the related factors and drug dependency;

To find out the existing socio- demographic characteristics of drug addicts in Bijam.

### **1.5 Research question**

What are the family related factors associated with the drug dependency ?

### **1.6 Variables:**

Dependent variable: Drug Abuse among adolescent

Independent variables:

- In Parental supervision
- Educational level of the parents
- Family environment
- Family history
- Family size
- Relationship between parents.
- Relationship between child and parents.
- Economic

## **1.7 Operational definitions**

**Drug Abuse:** Drug abuse means the use of drug in a way that does not conform with the generally approved medical and social patterns.

**Case:** Cases for this study are the person who use one or more drugs like brown sugar, marijuana, heroin, cocaine and admitted in the rehabilitation center.

**Drug addiction-** Drug addiction is defined as state of periodic or chronic intoxication detrimental to individual & society produced by the repeated intake of habit-forming drugs.

**Addicts-**“An addict is a person who needs his/her daily quota of drug even if it involves stealing or even restoring to grave crimes such as murder”

**Rehabilitation:** It is a process of treatment consists of different activities to promote the physical, social and mental health of the addicts. It helps to create the favorable situation for the adjusting clients to home and community.

**Family support:** It refers to care and support of family members and relatives. In this study, it implies the support of family members and relatives of drug addicts to seek the rehabilitative services. It will be accessed by interview process.

**Educational level of parents:** ability of the parents to read and write.

**Relation between parents and child:** sharing nature among parents and child, sufficient time given by parents to the child.

**Relation between parents:** whether the parents have good relation among themselves and supporting each other.

**Drug:** any substance when used brings changes in an individual's consciousness, behavior, thinking, mood, perception, judgments, insight, and muscles strength.

## Chapter II

### 2.1 Literature review

Literature review is a most important factor for researcher because it helps the researcher by giving the knowledge about related subject matter. Literature review is a guideline for researcher from where a researcher gains the knowledge about different aspects of a good study. Research has shown that the key risk periods for drug abuse are during major transitions in children's lives. The first big transition for children is when they leave the security of the family and enter school. Later, when they advance from elementary school to middle school, they often experience new academic and social situations, such as learning to get along with a wider group of peers. It is at this stage—early adolescence—that children are likely to encounter drugs for the first time.<sup>1</sup>

When they enter high school, adolescents face additional social, emotional, and educational challenges. At the same time, they may be exposed to greater availability of drugs, drug abusers, and social activities involving drugs. These challenges can increase the risk that they will abuse alcohol, tobacco, and other substances.<sup>2</sup>

When young adults leave home for college or work and are on their own for the first time, their risk for drug and alcohol abuse is very high. Consequently, young adult interventions are needed as well.<sup>3</sup>

"In the United States, approximately three-fourths of all deaths among persons aged 10--24 years result from only four causes: motor-vehicle crashes, other unintentional injuries, homicide, and suicide. Results from the 1999 national Youth Risk Behavior Survey demonstrate that numerous high school students engage in behaviors that increase their likelihood of death from these four causes...[including alcohol and illicit drug use]".<sup>4</sup>

As the number of psychotropic drugs increases steadily and their effects and appropriate

prescriptive uses are often not fully known, some patients may not be adequately treated and others may become over-medicated. Abuse of prescription drugs, self-medication with tranquilizers, sleeping-pills and stimulants can also create serious problems, particularly in countries and regions where distribution controls are weak and habit-forming drugs are purchased abroad or diverted from licit channels of distribution. In this context, the vulnerability of young people raises a particular problem and specific measures are therefore needed.<sup>5</sup>

In some Asian countries, data show that increasing numbers of young women are using illicit drugs. Female injecting drug users are increasingly involved in the sex trade. In some Central Asian countries, the proportion of the population who inject drugs is estimated to be up to 10 times higher than that in many Western European countries.<sup>6</sup>

Studies such as the National Survey on Drug Use and Health, formerly called the National Household Survey on Drug Abuse, reported by the Substance Abuse and Mental Health Services Administration, indicate that some children are already abusing drugs by age 12 or 13, which likely means that some may begin even earlier. Early abuse includes such drugs as tobacco, alcohol, inhalants, marijuana, and psychotherapeutic drugs. If drug abuse persists into later adolescence, abusers typically become more involved with marijuana and then advance to other illegal drugs, while continuing their abuse of tobacco and alcohol.<sup>7</sup>

Family bonding was particularly influential before the age of 18--youths with low family bonding at age 15 were three times more likely (9 percent versus 3 percent) to initiate illicit drugs than those with high family bonding. Higher levels of family conflict were associated with a higher risk of initiation. For example, youths with high family conflict at age 18 were over twice as likely (15 percent versus 6 percent) to initiate illicit drugs as those with low family conflict. High levels of peer antisocial activity, especially after age 15, found youths at age 18 nearly four times as likely (19 percent versus 5 percent) to initiate illicit drugs as those

with low antisocial peer influence (in the bottom 10 percent).<sup>8</sup>

Compared to the general population of youth (Minnesota student survey), homeless youth are 5 times more likely to be treated from drugs or alcohol problems and 3 times more likely to use tobacco.<sup>9</sup>

Poor intra-familial relationships and unsatisfactory parental attitudes thus have an important role to play in the development of delinquency and drug abusive behavior. Parental neglect and its concomitant lack of security encourage the child to rebel against parental influence and adopt the norms of his or her peers<sup>10,11</sup>.

One estimate is that there is an eight-fold increased risk of substance dependence amongst relatives of people with substance dependence compared to controls.<sup>12</sup>

There is strong evidence that adolescent who are closely supervised and monitored by their parents are less likely than other, less supervised teens to smoke, drink or use drugs.<sup>13</sup>

A research was carried out by KB Karki in 1999, a RAR (Rapid Assessment Response) survey among 1108 drug users in 19 major urban areas of 12 districts on Nepal. He found out that maximum of the addicts were unmarried and lived in joint family. The highest prevalence was found in the age group of 21-25 years. Most of them started at the age of 16-20 years. Most of them (80 per cent) used drugs because of peer pressure. Maximum of them (65 per cent) used tidigesic and injecting (72 per cent) was the major mode of administration of drugs.<sup>14</sup>

A study was carried out a study among drug abusers by A. Uprety Chatterjee in 1993. He says that the problem of drug addiction might bring dozens of consequences in the family and society. The drug users show poor performance in school and at work. They are likely to drop out from school and get fired from their work. He also says that drug addicts tend to neglect their personal appearance and health and have untidy look. Their family members felt frustrated, sad, shameful, or even guilty. There are troubles, conflicts or fighting in the

family. All family members are affected. Drug is expensive for young people who have no financial means to support their consumption of drugs. Some drug abusers resort to criminal activities such as shoplifting, stealing or robbery or even to prostitution in order to get money for drugs. This tends to increase crime in the society, making the community unsafe.<sup>14</sup>

A large proportion of drug users (72.7 percent-administered drugs by injecting while 63.5 percent used the oral route and 41.4 percent smoked. The frequency of daily drug use was found to be once 35 percent; twice 35.3 percent and three times 25 percent.<sup>15</sup>

About 24 percent of drug users started taking drugs at the age of 15 years, 51.2 percent at the age of 16-20 years and 17.8 percent at the age 21-25 years. The majority (46.4 percent) started with Heroin, 2.4 percent with Tidigesic or 5.4 with Nitrazepam. Users started that the decisions to begin using drugs was largely that of peer pressure (80 percent), curiosity (44 percent) or frustration for one of a number of reasons(30 percent).<sup>16</sup>

A research Report on the topic“Factors resulting drug addiction in school age children” was submitted by Rebecca Sinha in 2045 B.S. It is a descriptive study in Kathmandu and Lalitpur district. A snowball sampling technique was used. The objective of this report was to examine factors associated with drug addicted children including both sex from Kathmandu, Lalitpur district were taken for the study .A semi-structured was used. The major findings are as follows:

-Higher incident of drug addiction (48%) found at the age of 15 years and males were more prone to drug addiction (76%) than females 9.24%.

-The reasons for taking drug were due to curiosity and inquisitiveness.

-Only 20% addicted children were treated and remaining 80% were not treated.<sup>17</sup>

A study on factors leading to drug abuse in young people and its relationship to their social adjustment in Kathmandu by Rudra Raj Nirola. This research found that most of the abusers were Newar caste i.e.19.554 percentage, chhetri i.e. 17.24 percentage and Magar were 17.24

percentage too and others were from other castes. Most of the drug users were unmarried i.e. 58.7 percentage and married were 41.3 percentage.

This study also found that the occupation of the users that, agriculture was occupation of 9 percentage, Business was 23 percentage, jobholder were 18 percent, labor were 17 percent, 20 percent were student and 13 percent were other occupation. Family types of addicts have been included too. 17 percent have joint family, 6 percent have elder family.<sup>18</sup>

A study on drug abuse Relapse and treatment in Kathmandu valley:

The study reveals that majority i.e. 72 percentage of respondents received information on drug through their friends and significant percentage of respondents also received information through media. The majority i.e. 74% of them took drugs between the age groups of 15-20 years. The cause for their first intake of drug are curiosity i.e. 40 percentage, family problems i.e. 20 percentage, peer pressure 14 percentage and remaining are entertainment was 9 percentage, financial problem was 7 percentage, failure in love affair was 6 percentage and research for identity was 4 percentage.<sup>19</sup>

Alcohol and drug use among street children in Nepal: A study in six urban countries by team of Rupa Dhital, shows that one fourth of the respondents have ever taken drugs. More boys than girls (28% Vs 5%) and older children than younger ones (35.9% Vs 19.8%) have ever taken drugs. This research found that tranquilizers are much common in the terai population. This is also used by adult about 47.1 percent, 5.9 percent respondents used heroin, 5.9 percent opium and opiates, 35.3 percent cannabis and 5.9 percent respondents used others. Main source of drugs for uses, drug sellers that are 35.3 percent, friends 35.3 percent, 11.8 percent pharmacy and others were 17.6 percent. In this way, the research found that 94.1 percent users earned money himself for drugs; and 5.9 percent were depended on others.<sup>20</sup>

The strategic response to the problems of drug abuse was initiated in the form of Master plan for drug abuse control by, Pratap Kumar Pathak in 2007 in response to increasing demand for

effective and organized control of drug abuse in Nepal. In continuation, to the master plan, National Drug Control Policy and National Drug Demand Reduction Strategy were formulated and put into enforcement in 1995. For implementing the policy and strategy, Drug Demand Reduction Project was implemented along with operating the Community Treatment Centre to meet the demand reduction and harm reduction of the community affected by drug abuse. Drug control programme was restructured since 2005 by integrating drug demand reduction and community treatment services.<sup>21</sup>

A case study in Kathmandu valley on drug abuse among 69 street addicts by Guna Devi Lamichhane in 2004. He mentions that high proportions of drug addicts were unmarried (82.6%). The average frequency of drug use was 2.4 per day and the frequency decreased as the age increased. The respondents were more mostly drop out from high and lower schools (75.4%). Heroin was the mostly abused drug abuse among the addicts. Oral and smoking was the primary route of drug administration. He states that some 540 million rupees are spent per annum on drugs in Kathmandu valley. Most of them were employed (56.5%).<sup>22</sup>

A study about drug addicts and he found out that there was high prevalence of addicts from the Newar community and the highest prevalence was found in the age group of 23-26 years. Out of all the respondents 70 percent were from extended family. 57 percent of the addicts were provided money from their family for drug use and some 57 percent of them felt bad and insulted when their children or some relatives learn to use drugs. Most of the addicts were unmarried with low level of education only up to primary and secondary level of education.<sup>22</sup>

A study entitled “study on socioeconomic characteristics of drug abuse in an urban area of Nepal” by Lokendra Babu, Raj in 2000 among 25 addicts. 40 percent were below 20 years out of which there was high unmarried and unemployment rate. High prevalence was found among the Newar community and peer pressure was leading cause of addiction. Smoking and

injecting was the main route of drug administration. Out of all respondent 92 percent were drop out from high and lower school. She found out the consequences of drug addictions as: family epidemic disturbs family status and brings fight and family disorganization. Physical addicts may also suffer from several diseases as well<sup>23</sup>

To find out the status of drug users in Nepal and to implement various programs to solve this problem, CBS (central beuro of statistics) on the request of MoHA (Ministry of home affairs) conducted a national level survey in the fiscal year 2063/2064 by using statistical methods. The results of this survey showed the total number of drug users in Nepal was 46,309, out of which 42,954 were male and 3,356 female. The total number of drug users according to different areas is shown below:

**Table 1:** Total number of drug users in drug users in different areas, Nepal 2063

Area	Total number of drug users
Kathmandu Valley	17,458
Kaski	5,112
Jhapa	3,523
Sunsari	3,186
Rupandehi	2,588
Chitwan	2,071
Morang	1,316
Parsa	1,301
Makwanpur	481
Other areas	9,274

Source: Drug Users Survey, 2063, MoHA

The main findings of this survey were that:

Out of the total drug users about  $\frac{3}{4}$ <sup>th</sup> (76%) were below the age of 30 years. 73 percent of the

total users started using drugs below the age of 20 years. 14 percent of the total users were currently studying in school or college. The widely abused drugs were: ganja, chares, chemical medicines and brown sugar. The main course for using drugs was peer pressure (83%).Some 28,439 (61%) of the total users injected drugs and 29 percent of them shared syringes with each other. The average use was 2 times a day.

## Chapter-III

### RESEARCH METHODOLOGY

#### 3.1 Study Design

This study design was descriptive/cross sectional study.

#### 3.2 Study Area

The study area was rehabilitation centre of Birgunj, Parsa. It is situated near panitanki. It is opposite to District police office Ward No-10

#### 3.3 Study Period

The study period was for 12 months (from Chaitra 1, 2068 to falgun 2, 2068) in total.

#### 3.4 Study Population

The study population was drug addicts from rehabilitation centre of Bijam.

#### 3.5 Sample Size

The sample size was limited because of time factor and economic factor. The formula for sample size estimation was used i.e.

$n = Z^2 P (1-P) / d^2 + z^2 P (1-P) / N$ , for the finite population of size N

Where:

Z = Z value (e.g. 1.96 for 95% confidence level)

p = proportion = 0.5

d = sampling error that can be tolerated = 0.05

With reference to this formula, the sample size was 731. However considering the limitation of time, budget and accessibility of this specific group only 18 percent of this was accessed. Therefore, 100 respondents were included in this study.

### **3.6 Data collection Technique:**

Data was collected through the technique of questionnaire.

### **3.7 Data collection tools:**

Questionnaire was used as the data collection tool.

### **3.8 Sampling Techniques**

The sampling technique was purposive sampling.

### **3.9 Exclusion and Inclusion criteria**

#### **Exclusive criteria:**

Those who don't respond to questionnaire.

#### **Inclusive criteria:**

Drug addicts who are getting services from rehabilitation centre.

Drug addicts who had taken services from rehabilitation centre.

### **3.10 Instrumentation**

Structured

In-depth interview guideline.

### **3.11 Validity and Reliability of Instruments**

The interview schedule (Questionnaire) is prepared by the consultation with the teachers and the comparison between variables under study and objectives. The questions will be made in both Nepali and English language with the simple words.

### **3.12 Ethical Considerations**

Initially the consent will be taken from the rehabilitation administrator for the research as well as from Parsa VDC. Then informed verbal consent will be taken from respondents

before asking him/her the questions. Similarly, the respondent will not be forced to answer all the questions. The respondent will be allowed to quit if they don't further want to respond. Questions will not be asked in a way that hurts their dignity. The respondents should be assured that the answer they had give will remained private, unanimous and confidential.

## Chapter IV

### Results

#### Data Analysis and Interpretation

This chapter deals with the analysis and interpretation of the relevant and collected data. The data obtained from 100 respondents from rehabilitation centre of Birgunj, Parsa. The collected data were analyzed and studied to answer specific question of the study concerning on contributing factors on drug abuse among users of Bijam.

The data collected from 100 respondents were analyzed and interpreted by using different tables, graphs and charts on the basis of objectives and research question.

The socio-demographic data was used to know about the individual as well as family status and that may contribute to the knowledge and practice of individual. It contains following items which analyzed in percentage and frequency distribution.

#### 4.1: Demographic Characteristics

**Table 2: Distribution of respondent according to socio-demographicn=100**

Demographic data	Frequency	Percent
<b>Ethnicity</b>		
Brahmin	15	15.0
Chhetri	11	11.0
Baish	34	34.0
Janjati/dalit	25	25.0
Others	15	15.0

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<b>Age</b>		
10-19	17	17.0
20-29	63	63.0
30-39	20	20.0
(Mean-2.03)		
(S.D.-0.611)		
<b>Father's occupation</b>		
Services	16	16.0
Business	22	22.0
Foreign worker	16	16.0
Agriculture	36	36.0
Others	10	10.0
<b>Mother's occupation</b>		
Services	6	6.0
Business	13	13.0
Housewife	50	50.0
Agriculture	22	22.0
Others	9	9.0

---

Total respondents in the rehabilitation centre were male. Among the total 100 respondents, most of the respondents belong to Baish ethnicity i.e.34 percent while chhetri were only 15 percent.

Most of the respondents were from age 20-29 years i.e.63 percent while 17 percent were of age 10-19 years ( mean age 2.03).

Mostly respondents belong to religion Hindu i.e. 74% while Muslim as well as Buddhist were 15 percent each.

Among total respondents, 50% respondents were unmarried while 2 percent were separated.

Mostly respondents belong to joint family i.e.81% while 19% were belonged to single family.

Most of the family member of respondents lives together i.e.63% and only 2% were divorced.

Most of their father's occupation was Agriculture i.e. 36 percent while 10 percent were involved in other occupation

Most of the respondents' mothers were involved in Housewife i.e. 50 percent while only 6 percent were involved in service.

#### 4.1.1 Educational status of father

**Figure 1: Distribution of respondents regarding their father's educational status**

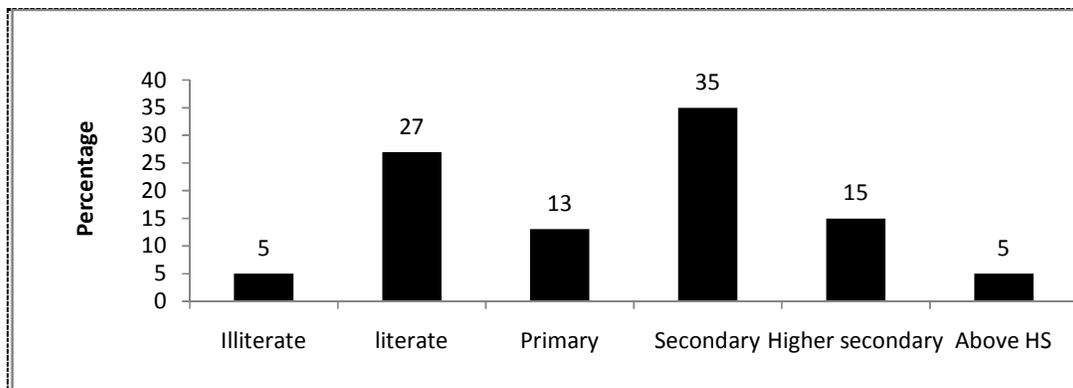
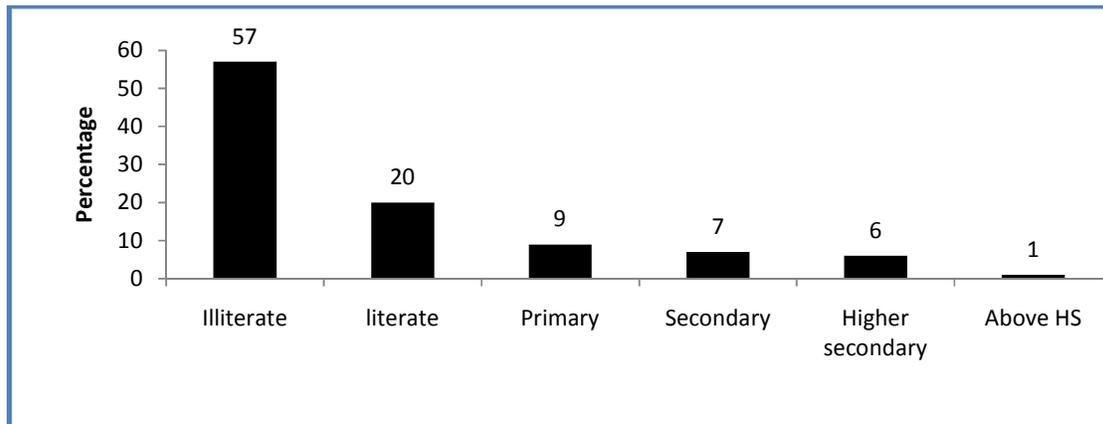


Figure 1 shows that 27% respondent's fathers were literate among literate 13 percent had got primary education, 35 percent secondary, 15 percent higher secondary and 5 percent above that while 5% were illiterate

#### 4.1.2: Educational status of mother

**Figure 2: Distribution of respondents regarding their mother's educational status**



Most of the respondents' mothers were illiterate i.e.57%.only 20% were literate among them 9 percent had got primary education, 7 percent secondary, 6 percent higher secondary and only 1 percent above.

#### 4.2: Socio-economic status

**Table 3: Distribution of respondents according to socio-economic status**

**n=100**

	Frequency	Percent
<b>Self income</b>		
Nothing	37	37.0
4000-5000	12	12.0
5000-6000	8	8.0

6000 and above	43	43.0
<b>Family income</b>		
Nothing	14	14.0
approx 6000	17	17.0
approx 7000	4	4.0
approx 8000 and above	65	65.0

**Other earner in family**

None	17	17.0
Father/ mother	44	44.0
Uncle/ brother	13	13.0
Both 2 and 3	26	26.0

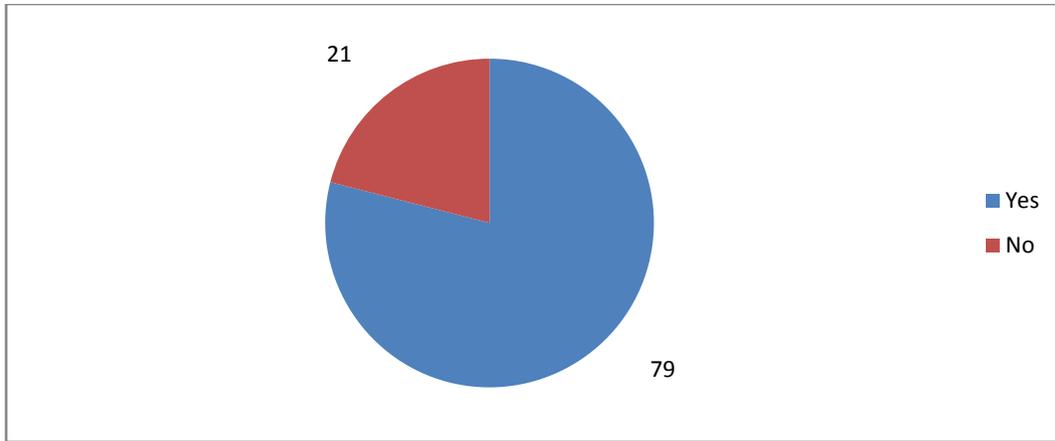
Among the total respondents, 43% had income 6000 and above where as 37% was income less.

Most of the respondent's family income was above 8000 and above while 4 percent had income approx 7000.

Father/ mother were another most source of income i.e.44%. while both father/mother and uncle/brother earning family were 26 percent.

### 4.3: Smoking practice of addicts

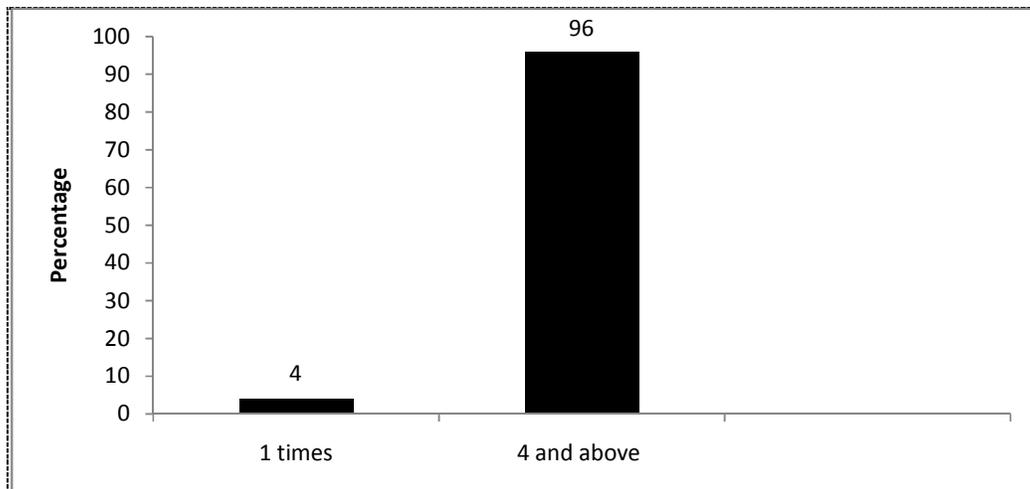
**Figure 3: Distribution of respondents regarding Smoking in rehabilitation**



Among the total respondents, 79% respondents smoke while staying in rehabilitation whereas 21% don't.

#### 4.3.1: Frequency of smoking

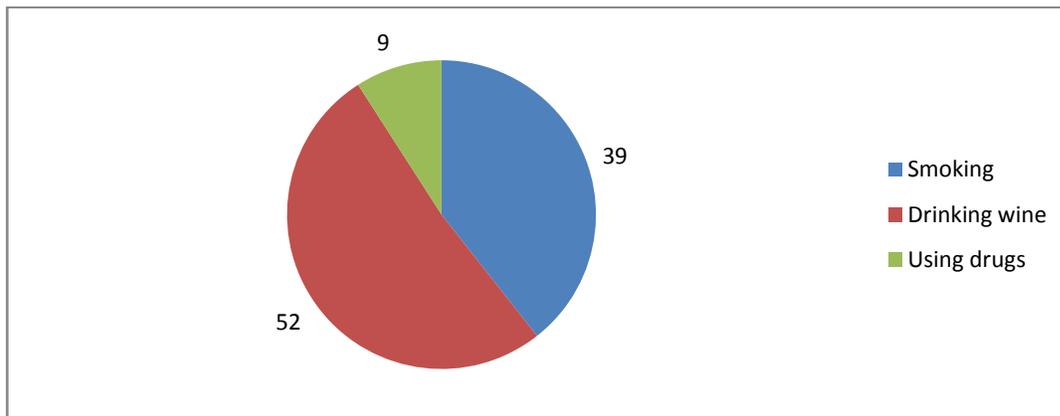
**Figure 4: Distribution of respondents concerning the frequency of smoking cigarette in a day**



Respondents who smoke while staying in rehab, 96% of them take smoke four and above time, 3 percent 1 times and 1 percent 2 times.

#### 4.4: Practice of family members of respondent

**Figure 5: Distribution of respondents regarding practice of family members of respondent n=100**



Among the total respondents, most of the respondent family member drink wine i.e.52%, 39% smoke cigarette while 9% use drug.

#### 4.5: First age of drug use

**Table 4: Distribution of respondent regarding first age of started taking drug n=100**

First age of using drug	Frequency	Percent
below 15	43	43.0
15-20	39	39.0
20 above	18	18.0

Among the total respondents, 43% of the respondents started to use drug from age below 15 years for the first time, 39% at the age of 15-20 years and 18% above 20 years of age.

#### 4.6: First time used

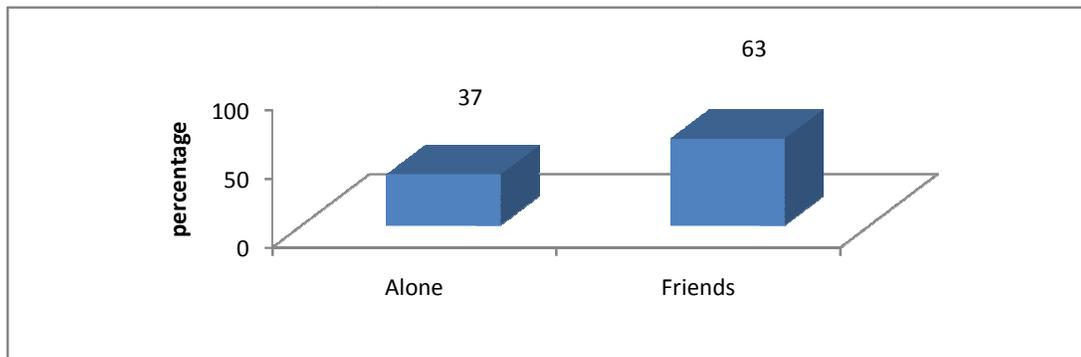
**Table 5: Distribution of respondent first time used**

<b>First time used</b>	<b>Frequency</b>	<b>Percent</b>
Marijuana	81	81.0
Cannabis	17	17.0
Capsule	2	2.0

Among the total respondents, 81% of respondents used Marijuana , 17% used cannabis while 2% used capsule for the first time.

**4.7: First time used with**

**Figure 6: Distribution of respondents First time used with**



Among total respondents, 63% respondents started taking drug with their friends for the first time while 37% took alone.

#### 4.8: Practice of using

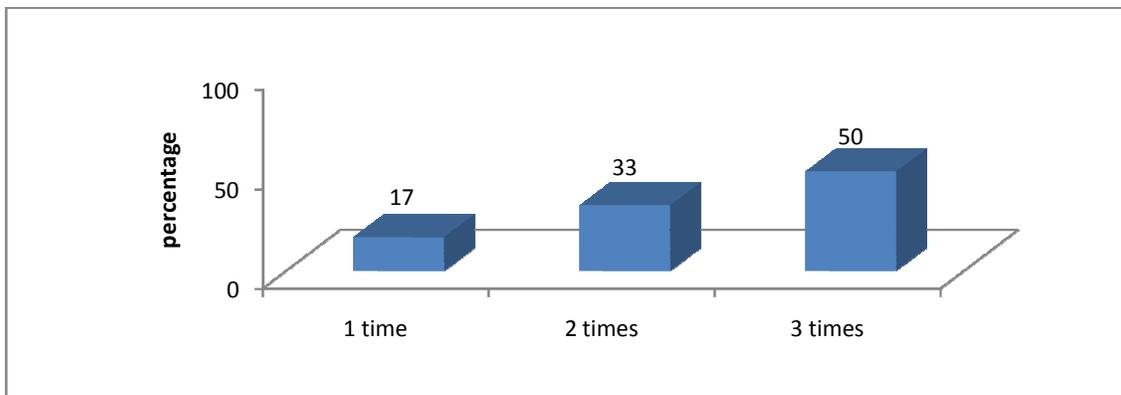
**Table 6: Distribution of respondents continuously using drugs**

Practice of using	Frequency	Percent
Yes	88	88.0
No	12	12.0

Among total respondents, 88% respondents continuously used to take drug after first use while 12 % tried to left.

#### 4.9: Number of times tried to left

**Figure 7: Distribution of respondent on number of times they tried to left after first use n=100**



Among the total respondents who tried to left taking drug, 50% of them had tried 3 times to left, 33% had 2 times whereas only 17% had 1 time.

#### 4.10: Main cause of using

**Table 7: Distribution of respondent regarding main cause of using drug**

Main cause of use	Frequency	Percent
Enjoyment	32	32.0
Curiosity	33	33.0
Family tension	16	16.0
Personal problem	19	19.0

Among the total respondents, main cause of drug intake was Curiosity i.e.33%, 32% started for enjoyment, 19% because of personal problem and 16% had family tension.

#### 4.11: Main mode of using

**Table 8: Distribution of respondents regarding main mode of using drug**

Main mode	Frequency	Percent
Injecting	71	71.0
Oral	26	26.0
Both	3	3.0

This table shows that, most of the respondent used injecting method i.e.71%, 26% used oral method whereas 3% used both.

#### 4.12: Frequency of drug in take in a day

**Table 9: Distribution of respondents concerning frequency of taking drug  
in a day**

Frequency of using	Frequency	Percent
2 times a day	60	60.0
3 times a day	15	15.0
4 times a day	15	15.0
5 times and above	10	10.0

Among the total respondents, 60% take drug 2 times a day, only 10% take above 5 times a day.

#### 4.13: Quantity of drug intake

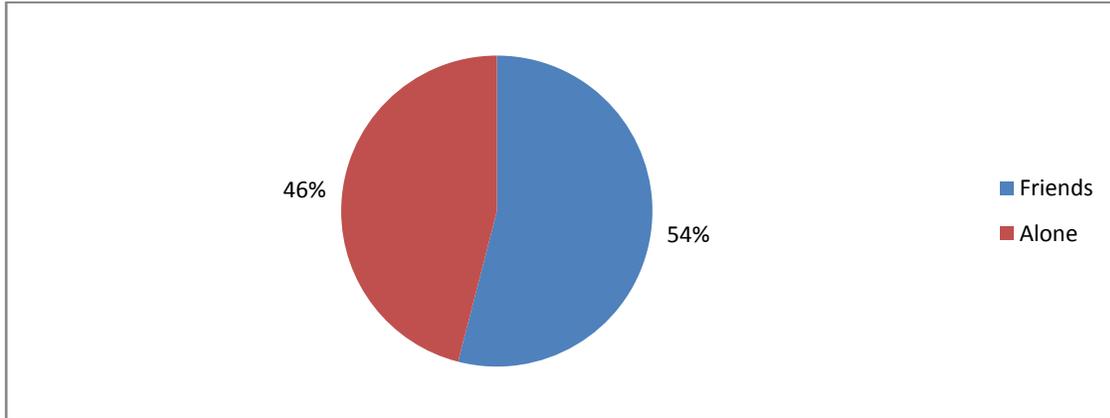
**Table 10: Distribution of respondent as quantity of drug used in one intake**

Quantity of intake	Frequency	Percent
5-6ml / (1-1.5)gm	21	21.0
10-12ml / (2)gm	45	45.0
12-16ml / (3-3.5)gm	34	34.0

Among the total respondents, 45% take 10-12 ml/ 2gm of drug in one intake, 34% take 12-16ml / 3-3.5gm whereas 21% take 5-6ml / 1-1.5 gm in one intake.

#### 4.14: Mostly used with

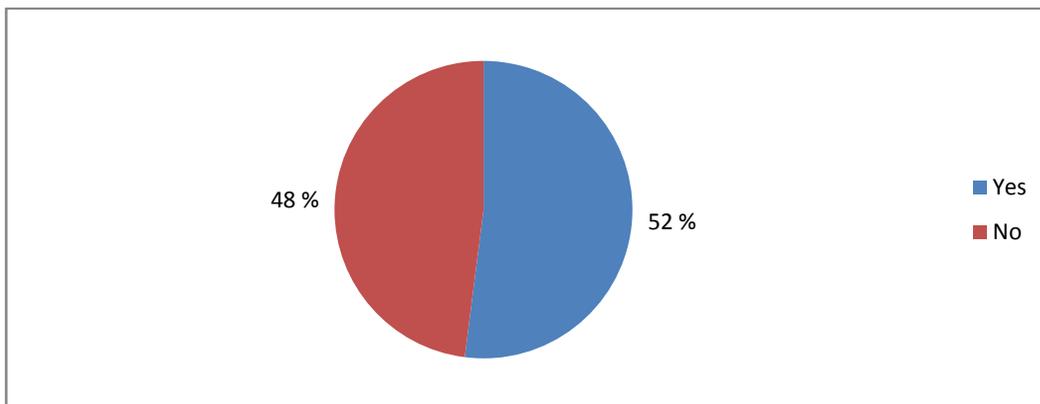
**Figure 8: Distribution of respondent concerning mostly with whom they take drug**



Among the total respondents, mostly they take drug with their friends i.e.54% and 46% alone.

#### 4.15: Practice of sharing drug with their friends

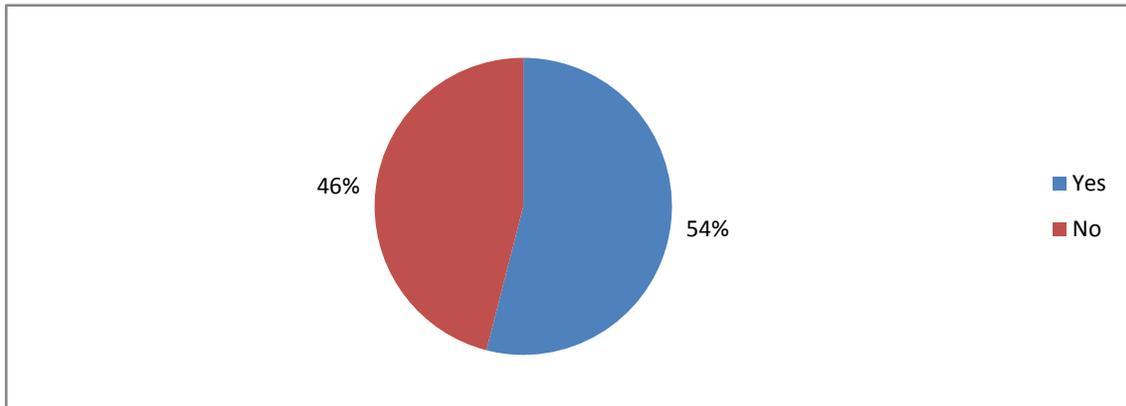
**Figure 9: Distribution of respondent regarding practice of sharing drug with their friends**



Among the total respondents 52% share their drug with their friend while 48% don't.

#### 4.16: Practice of their friends

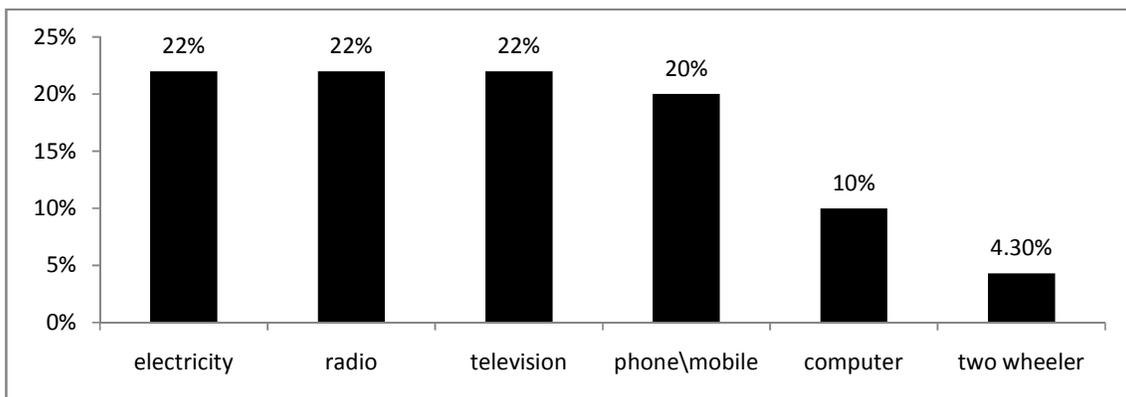
**Figure 10: Distribution of respondent regarding their friends sharing drug with them**



Among the total respondents, 54% respondent friends share drug with them while 46% don't.

#### 4.17: Facilities available at home

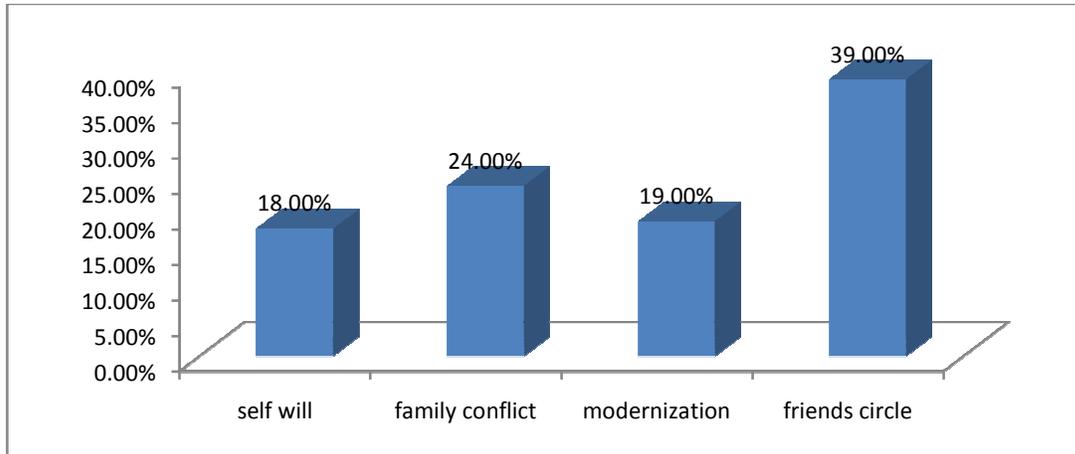
**Figure 11: Distribution of respondents regarding facilities available at their home**



Among the total respondents, most of them had facilities of electricity, radio, television i.e.22 % each, 10% had computer only 4.30% had two wheeler at their home.

#### 4.18: Reason behind addiction

**Figure 12: Distribution of respondents regarding reason behind addiction**



Among the total respondents, 39% were involved in this addiction because of friends circle, 24% by family conflict whereas 18% by self will.

#### 4.19: Duration of stay

**Table 11: Duration of respondent stayed in rehabilitation centre**

Duration of stay	Frequency	Percent
below 1 months	26	26.0
2-3 months	47	47.0
3 months and above	27	27.0

Among total respondents, 47% of respondents stayed 2-3 months in rehabilitation centre, 27% 3 months and above while 26% below 1 month.

#### 4.20: Helped them to come

**Table 12: Distribution of respondents who helped them to come rehabilitation**

Helper	Frequency	Percent
Family	59	59.0
Friends	4	4.0
Bijam staff	37	37.0

Among the total respondents, 59% of respondent came to rehabilitation centre with the help of their family, 37% by Bijam staff and 4% by friends.

#### 4.21: Recover from addiction

**Table 13: Distribution of respondents who think they can recover from addiction**

	Frequency	Percent
Yes	99	99.0
No	1	1.0

Among the total respondents, 99% of respondents think they can recover from this addiction only 1% don't think they can recover from this addiction.

#### 4.22: Feeling toward their stay in rehabilitation

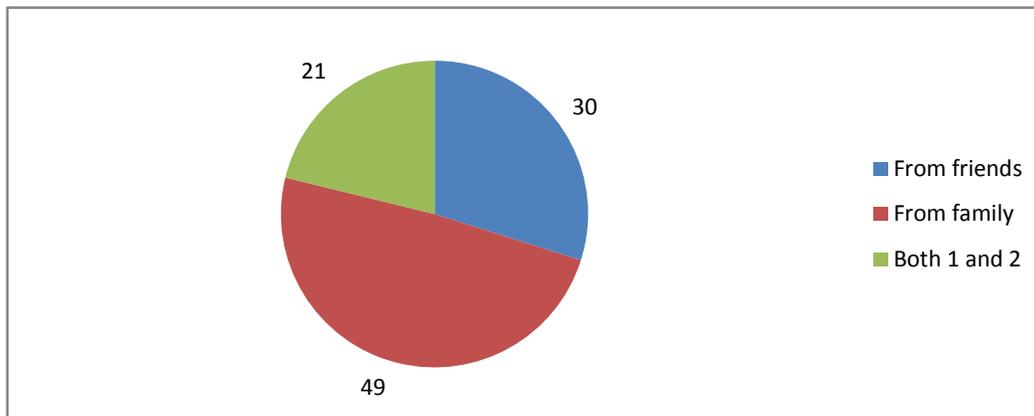
**Table 14: Distribution of respondent concerning how they feel staying in rehabilitation centre**

Feeling toward rehab	Frequency	Percent
Feeling happy	24	24.0
I will rescue from this problem	26	26.0
Knew about my responsibility	23	23.0
Above all	27	27.0

This table shows that most of respondents i.e. 26% feel that they can rescue from this problem, 24% feel happy staying there, while 27% feel all thing above mentioned.

#### 4.23: Management during economic crisis

**Figure 13: Distribution of respondent regarding how they manage during economic crisis**



Among total respondents, 49% manage from family, 30% manage money from friends, while 21% manage from both family and friends during economic crisis for drug taking purpose.

#### 4.24: Sent to police custody

**Table 15: Distribution of respondent who were sent to police custody during drug use**

<b>Police custody</b>	<b>Frequency</b>	<b>Percent</b>
Yes	56	56.0
No	44	44.0

Among total respondent, 56% of respondent were sent to police custody while 44% were not during drug use.

#### 4.25: Number of times sent to police custody

**Table 16: Distribution of respondents regarding number of times they were sent to police custody**

<b>No of times sent</b>	<b>Frequency</b>	<b>Percent</b>
1	15	15.0
2	19	19.0
3	7	7.0
lots of time	14	14.0

Among the respondent who were sent to custody, 19% were sent for 2 times, 15% for 1 time while 14% were sent for lots of time.

#### 4.26: Reason behind police custody

**Table 17: Distribution of respondent regarding the reason behind the police custody**

<b>Reason behind custody</b>	<b>Frequency</b>	<b>Percent</b>
Drug with crime	39	39.0
Drug parelling	8	8.0
Drug using	9	9.0

Among the total respondents, most of the respondents i.e. 39% were sent for the reason of drug with crime, 9% for drug using.

#### 4.27: Plan after recovery

**Table 18: Distribution of respondent regarding their plan after recovery**

<b>Plans</b>	<b>Frequency</b>	<b>Percent</b>
not thought yet	14	14.0
will support my family	35	35.0
will do something for society	25	25.0
will start new life	25	25.0
will continue same work	1	1.0

Among the total respondents, mostly i.e. 35% will support their family while 1% will continue same work after their recovery.

#### 4.28: Most liked about rehabilitation centre

**Table 19: Distribution of respondent regarding what they liked most in rehabilitation centre**

<b>Most liked</b>	<b>Frequency</b>	<b>Percent</b>
counseling of staffs	31	31.0
family environment	33	33.0
everything is timely	36	36.0

Among total respondents, 36% respondents like timely work of rehabilitation, 33% like sitting environment while 31% like counseling of staffs of the rehabilitation centre.

#### 4.29: Suggestions of respondents

**Table 20: Distribution of respondents regarding the suggestions they want to give to other drug users**

<b>Suggestions</b>	<b>Frequency</b>	<b>Percent</b>
don't take drug it will destroy your life	53	53.0
i don't have to say anything	17	17.0
convey message given by bijam staff	27	27.0
think about your family members	3	3.0

Among the total respondents, 53% of respondents like to say don't take drug it will destroy your life, 27% like to convey message of bijam staff, 17% says they don't have to say anything as a suggestion to other drug addicts.

## Chapter V

### Discussion

This study was to access the contributing factors of drug abuse among users living in rehabilitation centre. The data was collected from 100 addicts of Bijam rehabilitation centre situated at Birgunj, Parsa. Self administered semi- structured questionnaire was used to collect the data.

On the basis of my study among 100 respondents, 43 percent of respondent started taking drug at the age below 15 years, 39 percent at the age of 15-20 years while 18 percent above 20 years and 81 percent respondent took Marijuana for the first time. But according to the study done by Guna Devi Lamichhane about 24 percent of drug users started taking drugs at the age of 15 years, 51.2 percent at the age of 16-20 years and 17.8 percent at the age 21-25 years and majority started with Heroin i.e. 46.4 percent. This variation may take place because of low education as well as open border.

On the basis of my study among 100 respondents, most of the respondents were from Baish community i.e.34 percent, Brahmin 15 percent and chhetri 11 percent. But study done on factors leading to drug abuse in young people and its relationship to their social adjustment in Kathmandu by Rudra Raj Nirola revealed that most of the abusers were Newar caste i.e.19.554 percentage, chhetri i.e. 17.2percentage and Magar were 17.24 percentage too and others were from other castes. Most of the drug users were unmarried i.e. 58.7 percentage and married were 41.3 percentage. This variation may take place because people in Parsa district belong mostly to baish ethnicity were as in Kathmandu valley it belongs mostly to Newar ethnicity.

On the basis of my study, frequency of daily drug use was found 60 percent twice, 15 percent three times. But according to the study done by Chatterjee et al in 1196, The frequency of

daily drug use was found to be once 35 percent; twice 35.3 percent and three times 25percent.

## **Chapter VI**

### **Conclusion and Recommendation**

#### **5.1: Conclusion**

The focus of this study was to generate information about factors contributing to drug dependency among users of in Bidhyarthi Jagaran Manch santha.

Based on the findings of the study and above discussion it is concluded that most of the respondents started taking drug in early age among them most have started Marijuna for the first time. Most of the respondents used injecting as the mode of drug intake. Most of the respondents were unmarried and belong to joint family. Most of the respondents started taking drug because of curiosity and first time used with friends. Most of the respondents smoke cigarette staying in rehabilitation. Most of the respondents have same frequency of taking drug. Most of the respondents were sent to police custody during drug with crime. .

Researcher thinks that more emphasis can be given for proper increment in knowledge on drug abuse. Only low in education does not lead to drug abuse, socio-demographic, socio-economic status are also contributing factor to drug abuse. Family related factor is also one factor of drug abuse. As the study shows respondents bring drug from India so there should be strict border security made. Most of the respondents started below age of 15 years so this age group should be given more care from their family. They should be engaged in some extra activities so that they will not involve in these type of abuse.

#### **5.2 Recommendation**

##### **Recommendations for policy implication**

Some recommendations for the policy implementation level can be as follows:

- Implementation of the strategies and policies of drug control in an effective manner.
- Proper co-ordination among various stakeholders for the control of drug problem.
- Strict law enforcement by the concerned authorities for drug control.
- Urging and educational campaigns against drug use.
- Prohibition and ban on the use of harmful psychotropic drugs.

### **Recommendations for future area of research**

This research has some limitations and it can be further improved in the future studies. Some recommendations for future area of research are:

- The sample size can be increased.
- The topic can be widened to include both qualitative and quantitative parts.
- There can be improvement in the use of tools.
- The study is based on few parameters, so more variables can be used.

So when we follow the recommendations, up to some extent, we can be able to control the problem of drug use. The government should also bring change in its policy and the new policies should be implemented and monitored effectively. The recommendations for the future area of research will help to overcome the limitations of this research.

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## Annex

### Questionnaire:

#### 1. General information

1.1 Name.....

1.2 Age.....

1.3 Sex.....

1.4 Religion

- a. Hindu
- b. Muslim
- c. Buddhist
- d. Christian
- e. Others

1.5 Caste

- a. Brahmin
- b. Chhettri
- c. Baish
- d. Janjati/ dalit
- e. Others (specify)

1.6 Marital status

- a. Divorce
- b. Unmarried
- c. Married
- d. Separated

1.7 Address:

1.8 Place of Birth.....

**2 Socio-economic Question**

2.1 Type of family

- a. Single
- b. Joint

2.2 Total number of family members.....

2.3 Does your parents stay together?

- a. Divorce
- b. Together
- c. Separated
- d. Widow/widower

2.4 Family information

S.N	Name	Relationship with respondent	Age	Sex	education	Occupation


2.5 Self Income per Month.....

2.6 Family Income per Month.....

2.7 Anyone else earning in the family?

.....

2.8.1 Currently are you smoking?

1. Yes

2. No

3. Sometimes

2.8.2 How many times in a day?

1. 1

2. 2

3. 3

4. 4 and above

2.8.3 Currently are you taking alcohol?

1. Yes

2. No

3. Sometimes

2.8.4 How many times in a day?

1. 1

2. 2

3.3

4. 4 and above

2.9.1 Does anyone smoke in your family?

1. Yes

2. No

2.9.2 Does anyone take alcohol in your family?

1. Yes

2. No

2.9.3 Does anyone take drug in your family?

1. Yes

2. No

2.10 What are the facilities available at your home?

1. Electricity

2. Radio

3. Television

4. Phone/Mobile

5. Computer

6. Two wheelers

### **3. Questions related to respondents**

3.1 How did you involved in this addiction?

1. Self will

2. Family conflict

3. Modernization

4. Friend circle

3.2 Age at first drug use.....

3.3 First used substance and methods of use

3.4 First time taken with:

- 1. Alone
- 2. Friend

3.5 Have you been continuously using drugs from the first use

- 1. Yes
- 2.No

If No, then, how many times did you try to stop using it.....

3.6 Main reasons behind drug use.....

3.7 Mode of drugs ever used.....

3.8 Frequency of drug use in a day.....

3.9 Quantity used per intake.....

3.10 With whom do you use the drugs:

- 1. Alone
- 2. Friends

3.11 Do you share your drugs with your friends?

- 1. Yes
- 2. No

3.12 Does your friends share their drugs with you?

- 1. Yes
- 2. No

3.13 Main source of your drugs.....



1. Yes

2. No

If Yes what are they.....

6.2 During your drug use period, did you face any police custody?

1. Yes

2.No

If Yes then, how many times.....

Why.....

### **7. Respondent's opinion**

7.1 Do you think it is good to use drugs?

1. Yes

2. No

7.2 What will you do after your recovery.....

7.3 what you feel regarding the facilities provided in rehabilitation?

a. Good

b. Bad

If yes what are they?.....

If no what changes are needed.....

7.4. what suggestion you wants to give to other drug users?.....

ANNEX-I

**WORK PLAN**

S. No	Activities	Months											
		Chaitra	Baisakh	Jestha	Ashad	Shrawan	Bhadra	Ashoj	Kartik	Mangsir	Poush	Magh	Falgun
1	Proposal preparation	■											
2	Literature Review		■										
3	Proposal Presentation		■										
4	Proposal Finalization		■										
5	Proposal Submission			■									
6	Questionnaire Development			■									
7	Data Management				■								
8	Data Collection				■								
9	Data Editing & Analysis					■	■	■					
10	Write Research Report								■	■	■	■	
11	Printing and Submission of the Report												■