

**RISK TAKING BEHAVIOURS AMONG
DRUG ABUSERS OF DHARAN AND THE FACTORS
PREVENTING THEM FROM SEEKING TREATMENT.**



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Study on the Risk Taking Behaviors Among Drug Abusers of Dharan and Factors Preventing Them From Seeking Treatment.



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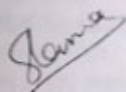
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CERTIFICATE OF APPROVAL

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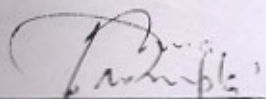
This is to certify that **Zeena Abdul Qayyoom** and **Malsari Rai** have completed a research on "Study on the Risk Taking Behaviours Among Drug Abusers of Dharan and the Factors Preventing Them From Seeking Treatment" as partial fulfillment of the course requirement of the Bachelor of Science in Nursing in B.P.K.I.H.S. Dharan, Nepal from September 2000-July 2001.



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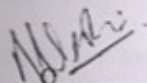


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LIST OF ABBREVIATIONS

ADHD	Attention deficit hyperactive disorder
AIDS	Acquired Immunodeficiency Syndrome
B.P.K.I.H.S.	B.P.Koirala Institute of Health Sciences
CSW	Commercial Sex Worker
Deptt.	Department
HBV	Hepatitis B Virus
HIV	Human Immunodeficiency Virus
IDU	Injecting Drug User
KYC	Kirant Yakthumb Chumlung
PJK	Punar Jeevan Kendra
STD	Sexually Transmitted Diseases
ICD-10	International Classification of Diseases-10
i.e.	That is
%	Percentage

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ABSTRACT

Background: Drug use and abuse is becoming a serious public health problem. Drugs with narcotic properties are studied and manufactured for medical purposes but their misuse has created problem of DRUG ABUSE. This problem aroused much concern mainly due to the various health hazards associated with it and cause unnatural deaths. To address these problems and to fight against these, the first and foremost task is identification and recognition of drug abusers from various aspects is of the important. In Nepal there are 50,000 estimated drug abusers but studies regarding their social and health behaviours are still insufficient to respond to the problem appropriately.

Purpose: To find out the risk taking behaviours among drug abusers of Dharan and the factors preventing them from seeking treatment.

Methodology: This is a descriptive study and data were collected by using semi-structured questionnaire from 145 drug abusers of Dharan selected by convenience sampling method.

Findings: Out of the 145 participants, 98.6% were males. All were literate but 75.2% were unemployed and 82.8% were from joint family. 62.1% were unmarried and 35.2% were married with 66.7% having pre-marital and 58.8% having extra-marital relationships. 51.3% had multiple partners, 21.7% had visited CSWs, 13.0% had homosexual relationship and 9.6% had sex with known HIV/Hepatitis B positive person. Only 8.7% used condom always. Smoking and alcohol were indulged by 89.7% and 82.8% respectively. 40.8% took drugs along with alcohol and 29.2% drove vehicles after drinking alcoholic beverages. Anti-social behaviours like gang fights (60.0%), getting arrested by police (54.5%) and encouraging others to take drugs (9.0%) were also seen. 90.3% indulged in multiple drug use and 93.8% took from multiple routes. Injection was opted by 91.7%, as Buprenorphine was the preferred choice among a wide range of drugs and 61.7% reused needles/syringes and 41.5% exchanged it with others. Influence of peer pressure was a strong motivating factor for both smoking (50.0%) and drug use. Compared to 80.0% aware about HIV/AIDS, 51.7% aware about Hepatitis only 44.8% and 18.6% had done blood test for these diseases respectively. Even with positive results, 20.0% still exchanged needles/syringe and 40.0% practiced unsafe sex. Factors preventing them from seeing treatment ranged from financial problem (32.4%), fear of stigmatization (20.0%), lack of information (15.9%), peer pressure (11.8%).

Conclusion: These findings shows that drug abuse has social and public health implications as drug abusers have many risk taking behaviors and reasons for not seeking treatment.

CHAPTER-I

INTRODUCTION:

With the changing time, there have been tremendous advancements in the field of science and technology making the world more materialistic and significantly changing human behaviors. Today drugs with narcotic properties are studied and produced for medical purposes such as to ease the pain of cancer and traumas, but their misuse has created a problem DRUG ABUSE among the vulnerable groups. Many studies have revealed that countries in all the continents have drug abuse/misuse problem causing significant morbidity and mortality. Not only the drug itself but the various risk taking behaviors of drug abusers lead to acquisition of fatal infections especially HIV/AIDS⁽¹⁾ and Hepatitis⁽²⁾.

One of the reasons for the high global impact of HIV/AIDS can be due to high prevalence of this disease among injecting drug users (IDUs) Drug users are high-risk group for HIV transmission as they keep shifting from IV to non-IV route and vice-versa. In USA the HIV prevalence rates among IDUs are up to 18% in Chicago and 24-30% in New York; in Eastern Europe it is 65%; in Yining city of China it is 82%. In countries of South Asia, the epidemic of AIDS is concentrated in sub-population at highest risk, such as injecting drug users (IDUs)⁽¹⁾. In Moscow (1999), more than 5,000 drug injectors were identified as HIV infected. The Russian Ministry of Health estimates the number of IDUs in Russia as to be about 3 million, i.e. 2% of the total population⁽³⁾.

The chequered history of drug abuse in India provides an important example of a developing country's problems and responses⁽⁴⁾. There are certain features, which are different from those of the developed western countries, because all the principle drugs of abuse and dependence including opium, cannabis, and alcohol have been used historically with greater social tolerance⁽⁵⁾.

Nepal a landlocked country being surrounded by India on all three sides and by Tibetan land of China in the North, the scenario and pattern of drug addicts are quite similar to other countries in this sub-continent. The drug problem began during the 1960s with the arrival of hippies who spread their life style among the young Nepalese⁽⁶⁾. Drug use began with cannabis and hashish and later included heroin, cocaine and opiates. New groups of young people started using codeine mixed cough linctuses like Phensedyl and Phencodein, which rapidly spread in the Eastern and Western parts of the country⁽⁷⁾.

Till the end of 1988, there were 25,000 estimated drug addicts in the country of which 2,100 to 2,200 were estimated to be in Dharan⁽⁷⁾. Since the introduction of Buprenorphine, about 90% of heroin addicts have changed their type of drug from heroin into it. In these days it has become the drug of choice and has added the harmful health hazards of HIV transmission and Hepatitis B infections. Today, there are about 50,000 drug addicts in the country among which 18,000 to 20,000 are injecting drug users and of them roughly 49% are estimated to be HIV positive⁽⁸⁾. Dharan municipality situated in the Eastern region of the country with a population of about 2 lacks is one of the most drug-affected areas. Punar Jeevan Kendra, a local drug rehabilitation center, showed that there are 2,453 drug addicts in Dharan aged between 14 to 30 years. 32% of drug addicts share needle and 76% of them are estimated to be HIV positive⁽⁹⁾.

Need for the study:

Drug abuse is a serious and highly complex global problem, which has been geometrically increasing since past four decades. It will be one of the major steps in battle against drug abuse to find out the various causes of drug addiction, risk taking behaviors and factors preventing from seeking treatment among the drug abusers.

The menace of drug abuse is multifaceted and multidimensional one. It causes psychological, medical and socio-economical problems to drug users themselves as well as to their families and consequently to the whole society.

In Nepal the drug abuse situation is getting more and more serious every year. The number of drug addicts is adding up and the pattern of drug use is also changing. In 1980 it was quoted that there were 5,000 drug addicts, which doubled to 10,000 within one year (i.e. 1981). The estimated drug addicts were 25,000 till the end of 1988 out of which about 2,100 to 2,200 were in Dharan⁽⁷⁾. Till 1989, there were no cases of sero positivity for HIV infection even though there was extensive needle sharing among abusers. But in 1990, 9 out of 13,623 addicts tested positive for HIV infection. Today, there are about 50,000 drug addicts in the country about 18,000 to 20,000 of who are IDUs, roughly 49% (i.e. 8,000 to 9,000) of them are estimated to be HIV positive⁽⁸⁾.

In Dharan, there are an estimated 2,453 drug users aged between 14 to 30 years of whom 30% use common needle to inject drugs and it has been estimated that 76% of IDUs are already HIV positive.

Drug abuse gained its importance due to various health hazards associated with it like HIV/AIDS, hepatitis A^(11,12), B^(2,11), C and D⁽¹¹⁾, cellulitis⁽¹³⁾, thrombophlebitis⁽¹⁴⁾, infections with group A Streptococci, C. tetani, C. botulinum, and Candida albicans⁽¹²⁾, STDs like Syphilis, Gonorrhea and Chlamydia⁽²⁾ are more common among them as they indulge more in pre and extra marital affairs, are more likely to have multiple sex partners, visit commercial sex workers, have unprotected sex and also carryout unusual sexual practices like anal sex and homosexuality⁽¹⁵⁾. Many of them die of unnatural deaths mainly due to accidental over dose, road traffic accidents, deliberate self-harm and physical co morbidity⁽¹⁶⁾.

In spite of all these, it is strongly held that knowing one as a drug addict attracts stigmatization, rejection and contempt and thus the silence is maintained. Identification and recognition of drug addicts constitutes the first and foremost task in order to break the silence and then subsequently fight against drug abuse problem. If this social cancer would not be combated in time by various collaborative efforts it might pose a serious threat to our whole human civilization.

There has been very little study conducted on the problems related to drug abusers in the eastern part of the Nepal, especially in regard to risk taking behaviours and factors preventing them from seeking treatment. Therefore, this study will help to realize by the family, society and the nation "What, Why and How" about the drug abusers in a nutshell.

Statement of the problem:

What are the Risk Taking Behaviors among the Drug Abusers of Dharan and the Factors Preventing Them from Seeking Treatment?

Purpose:

The purpose of the study was to find out the risk taking behaviors of drug abusers of Dharan and to find out the factors preventing them from seeking treatment.

Specific Objectives:

1. Identification of the risk taking behaviors among drug abusers of Dharan.
2. Finding out the factors preventing them from seeking treatment.

Operational Definitions:

Risk Taking Behaviours: Any male or female drug abuser indulging in practices, which can be injurious to himself/herself, his/her family and to the society as well.

Drug Abuser: Any male or female indulging in harmful use of drugs ("Harmful use" as defined by ICD-10).

Harmful use:

- A. There must be clear evidence that the substance use was responsible for (or substantially contributed to) physical or psychological harm, including impaired judgment or dysfunctional behaviour, which may lead to disability or have adverse consequences for interpersonal relationships.
- B. The nature of the harm should be clearly identifiable (and specified).
- C. The pattern of use has persisted for at least 1 month or has occurred repeatedly within a 12-month period.
- D. The disorder does not meet the criteria for any other mental or behavioral related to the same time period (except for acute intoxication).

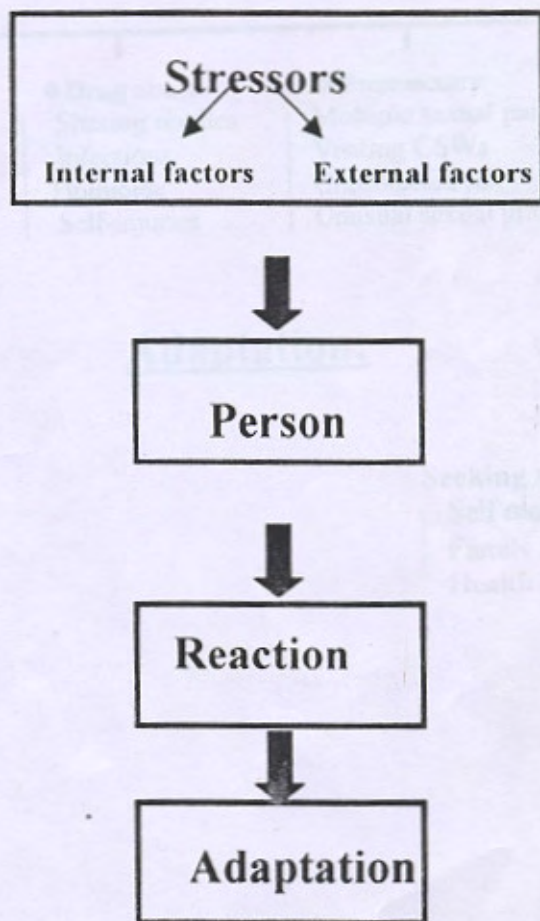
Delimitation:

Any male or female drug abuser who was under treatment at the time of the study was not included.

CONCEPTUAL FRAMEWORK

This conceptual framework is built upon Betty Newman's health care System Model. It is a Total Person Approach for understanding humans and their environment. The focus is on the client's system reaction to stress and the factors of reconstitution or adaptation.

According to this model the person is an open system interacting with the environment. Surrounding each person are internal and external factors that are stressors which may be extra personal, intra personal or interpersonal. Stressors are defined as tension producing stimuli with the potential for causing system instability and bring about adaptation in behavior.



Stressors:

External factors:

A. Demographic Factors

- * Age
- * Sex
- * Education
- * Economic status
- * Religion/ ethnicity

B. Social Factors

- Family * Nuclear
- * Extended
- Disputes
- Peer pressure
- Job related factors
- Broken relationship

Internal factors:

- Personality traits
- ADHD
- Psychiatric disorder

Reactions:

Risk taking behaviors:

- | | | | | |
|---|--|--|---|--|
| <ul style="list-style-type: none"> * Smoking | <ul style="list-style-type: none"> * Alcoholism <li style="padding-left: 20px;">Homicide <li style="padding-left: 20px;">Drunk drive <li style="padding-left: 20px;">Self-injuries | <ul style="list-style-type: none"> * Drug abuse <li style="padding-left: 20px;">Sharing needles <li style="padding-left: 20px;">Infections <li style="padding-left: 20px;">Homicide <li style="padding-left: 20px;">Self-injuries | <ul style="list-style-type: none"> * Promiscuity <li style="padding-left: 20px;">Multiple sexual partners <li style="padding-left: 20px;">Visiting CSWs <li style="padding-left: 20px;">Unprotected sex <li style="padding-left: 20px;">Unusual sexual practices | <ul style="list-style-type: none"> * Accidents <li style="padding-left: 20px;">Reckless driving <li style="padding-left: 20px;">Gang fights |
|---|--|--|---|--|

Adaptation:

* Not-Seeking treatment

- No facilities
- No knowledge
- Financial constraints
- Peer pressure
- Pleasure seeking
- Frustration/ boredom
- Fear of stigmatization

Seeking treatment

- Self motivation
- Family motivation/pressure
- Health hazard

Note * Only the marked factors are included in the study.

CHAPTER-II

REVIEW OF LITERATURE

One of the reasons for the high global impact of HIV/AIDS can be attributed to the prevalence of this disease among IDUs. In USA the HIV prevalence rates in IDUs are up to 18% in Chicago and 24-30% in New York. Eastern Europe has witnessed the greatest recent growth in AIDS epidemic and it has been confined predominantly to IDUs where HIV prevalence ranges from a low of only 0.2% to a high of 65%. This is also true for many countries of Asia, Pacific and Middle East region where HIV epidemic is linked closely to epidemics of injecting drug use. To quote examples from these regions in China the highest prevalence among IDUs was 82% in Yining city in the western Xinjiang province. In India, especially the northeastern states like Manipur and Nagaland the HIV prevalence is a significant epidemic among IDUs. In Bangladesh HIV prevalence is 2.5% among IDUs. The most affected countries in South East Asia are Thailand and Myanmar where the adult prevalence is over 2% and mainly seen among IDUs⁽¹⁾.

The sociodemographic data from a survey done in Rio de Janeiro, Brazil among 225 drug users shows that 54.2% has had more than 8 years of formal education, 42.7% had no regular income and 56.9% have been to jail or been imprisoned. Among them 60.9% were single, 29.8% married, 9.3% divorced or widowed, 50.2% did not have stable sex partners, 70.7% had sex with CSWs, 81.6% had unprotected sex with casual partners and 2.2% had sex with known HIV positive persons. Out of 225, 0.9% were HIV positive, 14.7% Hepatitis B positive, 5.8% Hepatitis C positive, 5.3% had Syphilis and 4.7% had Gonorrhea/Chlamydia⁽²⁾.

In several outbreaks of Hepatitis A worldwide showed that high proportion of cases were found to use illicit drugs, mostly injected. Hepatitis B vaccination for IDUs since 1982 and Hepatitis A vaccination since 1996 for all illicit drug users are recommended in United States⁽¹¹⁾. One third of all new HIV infections in US are direct or indirectly caused by unsafe injection practices⁽²⁴⁾. In Berne, Switzerland a sudden rise was observed of needle abscesses due to group A Streptococcal (GAS) infections among drug users was observed. Majority i.e. 84.2% of them quoted intravenous as mode of drug use⁽¹²⁾.

In Islamic Republic of Iran out of the 1297 AIDS cases reported till the end of 1998, 16% were due to drug injections⁽¹⁷⁾. According to official estimates, there is a minimum of 3 million drug users in China and more than 45% injectors share needles. In countries of the Former Soviet Union, as well as in China and Vietnam over 60% of detected HIV infection have been among Drug Injectors⁽³⁾.

In Guangxi, China heroin use has increased rapidly among IDUs since mid 1990s with injection rate increasing from 50% to 90% and increase in needle sharing from 30% to 70%⁽¹⁸⁾. In England and Wales sharing of needles and syringes have increased by over 30% since 1997. In Canada, the proportion of IDUs reporting sharing of injection equipments is 40% despite extensive interventions including widespread availability of free needles. Sexual risk behaviors also show signs of worsening⁽³⁾.

In India, according to one estimate 0.2%- 0.6% of its whole urban population needs treatment for opioid dependant use⁽¹⁹⁾. In addition the prevalence of hepatitis B virus among IDUs were 9-22% compared to 2-8% among the general population⁽¹³⁾.

In a study done in New Delhi, India, it was found that the average cocktail of drugs is composed of Pheniramine(Avil). base with Buprenorphine, Diazepam and Promethazine HCl (Phenargan). Among drug users studied, 43.7% cleaned needle with water, 30.6% shared needles with strangers, 37.4% reported lumps 50.2% reported swelling at injection site, 33.5% had sex with commercial sex workers (CSWs) and only 20.5% used condoms. Only 32.9% have heard of AIDS and 20.8% thinks AIDS can be cured⁽²⁰⁾.

Another comparative study carried out in New Delhi, between drug users and non-drug users showed that high risk behaviors were more common among drug users. These included more pre and extra marital affairs, were more likely to have multiple sex partners, less likely to use condoms and indulge more in unusual sexual practices like anal sex⁽¹⁵⁾.

In Calcutta, India a study done among 170 IDUs, 73.2% indulged in unprotected sex, 10% had STDs and 55% had Thrombophlebitis of veins of upper and lower extremities⁽¹⁴⁾. In Jaipur, India among 137 drug dependants treated at a de-addiction center, drug dependence were found more among persons of third (35%) and fourth (45%) decades of life, in occupations like service (30%) and business (22%), more in educated middle class people and more were from nuclear families. The commonest motivational factor leading to drug dependence was peer group pressure followed by pleasure seeking⁽²¹⁾.

In the State of Manipur, North East India it is quoted that the prevalence of HIV among IDUs is 80%. In a study done among 161 couples where the husband was an IDU, among 89 couples where the husband was HIV positive still 49% of them had never used condoms⁽²²⁾.

In Bangladesh 1.7 million of the population are drug users. In a study conducted in Dhaka among 196 drug users it was found that mean age of starting drugs was at 21.8 years and mean schooling years was 11.2 years. Among them 95.4% were smokers. A wide range of drugs were used by them including codeine containing cough syrups (64.3%), heroin (45.4%), cannabis (44.4%), sedatives (16.8%), pethidine (6.6%) and morphine (5.1%). Route of taking drugs were quoted as oral/inhalation (87.8%), intravenous/intramuscularly (5.1%) or both (14%). Most of them (65.8%) took drugs in groups. In 63.8% there was history of unprotected sex, 97% knew something about HIV/AIDS and 8.7% had history of blood donation. Among the IDUs 54.2% shared needles and 79.2% took injections in groups. Lifetime of HIV related risk behaviors (as calculated by whether indulging in unprotected sex, sharing needles or both) were 64.3% in general and 81.2% in IDUs⁽²³⁾.

In Nepal, recent estimation of drug addicts is about 50,000 out of which 18,000-20,000 are estimated to be injecting drug users. 50% of heroin users and 75% of Buprenorphine users share needles. Roughly 49% of them are estimated to be HIV positive⁽⁸⁾. In Dharan, there are about 2,453 drug users aged between 14-30 years of whom 30% use common needle to inject drugs. And 76% are thought to be HIV positive⁽⁹⁾.

CHAPTER - III

Research Methodology:

Type of survey:

This is a descriptive study, which explored the risk taking behaviors among the drug abusers of Dharan and factors preventing them from seeking treatment.

Population:

The populations were male and female drug abusers of Dharan, who were not under treatment at the time of the study.

Sample size and sampling technique:

Data were collected by **Convenience/Purposive Sampling** technique and the sample size was 145.

Development of Research Tools:

The research instrument was developed with the help of experts' opinion, ideas obtained from the previous studies and by using standard tool (CAGE questionnaire) to establish the content validity. Two different persons interpreted questionnaire first prepared in simple English language into simple Nepali language and again it was re- interpreted into English by another two different persons to check the reliability.

Research Instrument: Semi-structured questionnaire.

Part I: Demographic Data of Drug Abusers.

Part II: Risk Taking Behaviors of Drug Abusers.

Part III: Factors Preventing from Seeking Treatment.

Procedure for data collection:

- 1) Questionnaire was first prepared in simple English language that was interpreted into simple Nepali language by two different persons and again it was re- interpreted into English by another two different persons to check the reliability.

- 2) A pilot study was done among drug abusers under rehabilitation in Punar Jeewan Kendra, a drug abuser rehabilitation centre in Dharan, to establish the internal validity of the study.
- 3) Social worker(s) from Punarjeevan Kendra accompanied us throughout the period of data collection to help in identification of subjects and prevent duplication of data from same subjects.
- 4) The purpose and objectives of our study was explained to them in simple Nepali language at their level of understanding. For ethical consideration, the name of the subject was not taken and he/she was identified by his/her code number only. The information gathered from them was kept confidential and used only for the purpose of the study.
- 5) The questionnaire was distributed on the spot to the subjects and filled out.
- 6) The questionnaire was interpreted for those who had any inquiries about any of the questions.
- 7) During filling of questionnaire, the subjects were not allowed to interact or discuss the questions with each other.
- 8) The questionnaire was filled in front of us and it was collected from the respondent before he/she had left the place.

CHAPTER-IV

Data analysis:

The whole raw data was coded into numerical forms and was input in Excel in computer. Then, data were analyzed by using SPSS programmer and interpreted in frequency tables, contingency tables, charts and diagrams.

CHAPTER-IV

Data Analysis and Interpretation.

Following are the results of the study after it was analysed in the computer using SPSS programmer.

Table no.1 Sex distribution.

Sex	Frequency (n)	Percentage (%)
Male	143	98.6
Female	2	1.4
Total	145	100.0

Out of 145 participants, majority were males with 98.6% and females a minority with only 1.4%.

Table no.2 Age distribution

Age (in years)	Frequency (n)	Percentage (%)
16-20	34	23.4
21-25	64	44.1
26-30	35	24.1
31-35	11	7.6
36-40	1	0.7
Total	145	100.0

Most of the participants were in the age group 21-25 years with 44.1% and in 36-40 years age group only 0.7%.

Table no.3 Educational status

Education	Frequency (n)	Percentage (%)
Literate	145	100.0
Primary	16	11.0
Secondary	103	71.0
Higher secondary	26	18.0
Total	145	100.0

All participants were literate with 71.0% having had secondary level education. Those who have had up to higher secondary level were 18.0%, which was more than the 11.0% with primary level.

Table no. 4a Occupation

Occupation	Frequency (n)	Percentage (%)
Student	17	11.7
Unemployed	109	75.2
Employed	19	13.1
Total	145	100.0

Table no.4b Types of occupation

Employment	Frequency (n)	Percentage (%)
Business	7	36.8
Bus staff	5	26.3
Gov. employee	3	15.8
Others	4	21.1
Total	19	100.0

Even though 100.0% of subjects were literate, 75.2% of them were unemployed. From the 13.1% who were employed, 36.8% were engaged in business, 26.3% were involved in transport business and rest were teachers, electrician etc.

Table no.5 Distribution of religion

Religion	Frequency (n)	Percentage (%)
Hindu	78	53.8
Kirant	42	29.0
Christian	12	8.3
Buddhism	10	6.9
Muslim	3	2.1
Total	145	100.0

Majority were Hindus with 53.8% and Muslims were the minority with only 2.1%.

Table no.6 Distribution of caste

Caste	Frequency (n)	Percentage (%)
Rai	56	38.6
Limbu	29	20.0
Brahmin/Chhetri	20	13.8
Shrestha	12	8.3
Tamang	7	4.8
Gurung	5	3.5
Others	16	11.0
Total	145	100.0

Dharan has the majority of "Matwali" population i.e. Rai, Limbu etc. Matwali population is remarked by their social sanction of alcohol use in contrast to Non-Matwalis where alcohol use is frowned upon. Figures in this study goes with expectation with Rai 38.6% followed by Limbu 20.0%. It is interesting to note that even Brahmin/Chhetri consisted of 13.8%. Others included Chaudhary, Nepali etc.

Table no.7a Marital status

Marital Status	Frequency (n)	Percentage (%)
Unmarried	90	62.1
Married	51	35.2
Divorced	4	2.8
Total	145	100.0

Table no.7b Status of married

Married	Frequency (n)	Percentage (%)
Living together	43	84.3
Living separate	8	15.7
Total	51	100.0

Most of the participants were unmarried (62.1%), 35.2% married and 2.8% divorced. Out of married, 84.3% were living together and 15.7% were living separately.

Table no.8 Family structure.

Family Type	Frequency (n)	Percentage (%)
Joint Family	120	82.8
Nuclear Family	25	17.2
Total	145	100.0

Only 17.2% lived in nuclear families while 82.8% lived in joint family. This is consistent with family structure in Nepal.

Table no.9 Family income

Income (In Rupees)	Frequency (n)	Percentage (%)
<3,000	46	31.7
3,000-10,000	85	58.6
11,000-30,000	8	5.5
>30,000	6	4.1
Total	145	100.0

About 31.7% have total family income of less than Rs.3000 and 4.1% family have more than Rs.30, 000 per month.

Table no.10a Status of smoking

Smoking	Frequency (n)	Percentage (%)
Yes	130	89.7
No	15	10.3
Total	145	100

Table no.10b Family history

Smoker in Family	Frequency (n)	Percentage (%)
Yes	75	51.7
No	70	48.3
Total	145	100

From the total respondents, 89.7% were indulging in smoking but only 51.7% had a positive family history for smoking.

Table no.10c Time period of smoking

Duration of Smoking	Frequency (n)	Percentage (%)
<1 Yrs	1	0.8
1 - 5 Yrs	60	46.2
6 - 10 Yrs	41	31.5
>10 Yrs	28	21.5
Total	130	100.0

Out of the 130 participants who smoked, 46.2% had been smoking for 1-5 years. Only 13.8% were occasional smokers. Among regular smokers, 43.8% smoked 11-20 cigarettes per day and 16.2% took more than 20 cigarettes per day.

Table no.10d Cigarettes smoked per day

No. Of cigarettes Per day	Frequency (n)	Percentage (%)
1 - 5	18	13.8
6 - 10	34	26.2
11 - 20	57	43.8
>20	21	16.2
Total	130	100.0

Table no.10e Motivation for smoking

Motivating factor	Frequency (n)	Percentage (%)
Self	59	45.4
Friend	65	50.0
Family	3	2.3
Others	3	2.3
Total	130	100.0

Other research had found that peer pressure is an important motivating factor and this study also revealed that 50.0% were due to friends. Self-motivation also played a huge role with 45.4%. Others included broken relationships, unemployment etc.

Table no.10f Age vs. Number of cigarettes smoked per day

Age (in years) \ No of cigarettes per day	1-5	6-10	11-20	>20	Total
15-20	4 13.8% 22.2%	12 41.4% 35.3%	9 31.0% 15.8%	4 13.8% 19.0%	29 100.0% 22.3%
21-25	10 17.2% 55.6%	12 20.7% 35.3%	25 43.1% 43.9%	11 19.0% 52.4%	58 100.0% 44.6%
25-30	3 9.1% 16.7%	9 27.3% 26.5%	17 51.5% 29.8%	4 12.1% 19.0%	33 100.0% 25.4%
31-35	1 11.1% 5.6%	1 11.1% 2.9%	6 66.7% 10.5%	1 11.1% 4.8%	9 100.0% 6.9%
36-40				1 100.0% 4.8%	1 100.0% 0.8%
Total	18 13.8% 100.0%	34 26.2% 100.0%	57 43.8% 100.0%	21 16.2% 100.0%	130 100.0% 100.0%

In most of the age groups the numbers of cigarettes smoked were in the range of 11-20 per day, 6-10 cigarettes were smoked per day by the youngest age group.

Table no.11a Use of alcohol

Drink Alcohol	Frequency (n)	Percentage (%)
Yes	120	82.8
No	25	17.2
Total	145	100.0

Table no.11b Type of drinker

Type of Drinker	Frequency (n)	Percentage (%)
Social drinker	14	11.7
Alcoholic	106	88.3
Total	120	100.0

Alcohol use, in which 82.8% indulged, only 11.7% were social drinkers and the rest 88.3% were having alcohol use disorder as per CAGE questionnaire.

Table no.11c Use of drug with alcohol

Drugs with Alcohol	Frequency (n)	Percentage (%)
Yes	49	40.8
No	71	59.2
Total	120	100.0

Table no.11d Drink and drive

Drink and Drive	Frequency (n)	Percentage (%)
Yes	35	29.2
No	85	70.8
Total	120	100.0

Out of 120 respondents who drank alcoholic beverages, 40.8% also used drugs along with alcohol and it is to be noted that 29.2% risked driving after drinking.

Table no.12a Duration of drug use

Duration	Frequency (n)	Percentage (%)
6 months- 1 year	2	1.4
1-5 years	95	65.5
6-10 years	37	25.5
>10 years	11	7.6
Total	145	100.0

Most of the respondents had been using drugs for a period of 1-5 years i.e. 65.5% and 7.6% even for more than ten years.

Table no.12b Motivating factors in drug abuse

Factors	Frequency (n)	Percentage (%)
Self	21	14.5
Friend	119	82.0
Family	2	1.4
Others	3	2.1
Total	145	100.0

Motivating factors for drug use also shows similar trend as in case of smoking. "Friends" was the primary motivating factor for 82.0% and rest of the motivating factors were same as for smoking.

Table no.12c Duration of drug use vs. Duration of smoking

Duration Of drug use \ Duration of smoking	<1 Year	1-5 Years	6-10 Years	>10 Years	Total
6 month-1 year		1 50.0% 1.7%		1 50.0% 3.7%	2 100.0% 1.6%
1-5 years		49 57.0% 81.7%	27 31.4% 67.5%	10 11.6% 37.0%	86 100.0% 67.2%
6-10 years	1 3.3% 100.0	9 30.0% 15.0%	12 36.7% 27.5%	9 30.0% 33.3%	31 100.0% 23.4%
>10 years		1 10.0% 1.7%	2 20.0% 5.0%	8 70.0% 25.9%	11 100.0% 7.8%
Total	1 8.0% 100.0%	60 46.9% 100.0%	41 31.3% 100.0%	28 21.1% 100.0%	130 100.0% 100.0%

It is interesting to note that the highest number in each range for both drugs and smoking is seen where both same range meet e.g. 57.0% were in the 1-5 years duration range for drug use and 81.7% were in the same range of 1-5 years for smoking.

Table No.12d Types of drug abused

Name of Drug	Frequency (n)	Percentage of responses (%)	Percentage of cases (%)
Buprenorphine(Tidigesic)	133	26.9	91.0
Nitrozepam	118	24.1	81.4
Phensedyl	96	19.6	66.2
Hashish	94	19.2	64.8
Brown sugar	30	6.1	20.7
Proxyvan	14	2.9	9.7
Others	5	1.2	4.1
Total	490	100.0	337.9

Buprenorphine has become the preferred choice of drug for the majority of drug abusers in South-East Asia especially in India and recently in Nepal. This is supported by this study, as 91.0% participants' choice of drug was Buprenorphine followed by Nitrozepam (81.4%). This study shows that 90.3% drug abusers took multiple drugs such as Phensedyl, Brown sugar (if they can afford for it), Cannabis, Detropoxyphen and Amphetamine (Proxyvan). Others included Antihistamines, Daizepam (Valium), and Heroin etc.

Table No. 12e Routes of drug intake

Routes	Frequency (n)	Percentage of responses (%)	Percentage of cases (%)
Injection	133	45.7	91.7
Oral	127	43.6	87.6
Inhalation	31	10.7	21.4
Total	291	100.0	200.7

Many (91.7%) consumed through injection, the most risk prone route compared to others, 87.6% through oral and 21.4% inhaled drugs. Multiple routes were used by 93.8%.

Table no.12f Use of injecting device

Single use of Syringe	Frequency (n)	Percentage (%)
Yes	51	38.3
No	82	61.7
Total	133	100.0

Table no.12g Average use of device

No. Of times Reused	Frequency (n)	Percentage (%)
1-5 times	55	67.1
>5 times	27	32.9
Total	82	100.0

Out of the 133 injecting drug users only 38.3% used new syringes each time. 61.7% reused the syringe. And 67.1% re-user used it for 1-5 times and 32.9% used for more than five times.

Table no.12h Sharing of injecting device

Exchange of syringe	Frequency (n)	Percentage (%)
Yes	34	41.5
No	48	58.5
Total	82	100.0

Out of 82 persons who reuse syringe, exchanging which places the users at a high risk for contracting life-threatening diseases was practiced by 41.5%.

Table no.12i Sources of money to buy drugs

Sources of money	Frequency (n)	Percentage of responses (%)	Percentage Of cases (%)
Friends	100	22.6	69.0
Family	82	18.6	56.6
Selling own belongings	79	17.9	54.5
Asking	73	16.5	50.3
Cheating	51	11.5	35.2
Earning	47	10.6	32.4
Trafficking	6	1.4	4.1
Others	4	0.9	2.8
Total	442	100.0	304.8

Many have multiple sources of money depending upon situation and availability. Friends topped the list with 22.6%. Others included selling lands, seizing money from pick pocketers, stealing etc.

Table no.13a Physical relationships

Physical Relations	Frequency (n)	Percentage (%)
Yes	115	79.3
No	30	20.7
Total	145	100.0

Table no.13b Extra marital relationship

Other than Spouse	Frequency (n)	Percentage (%)
Yes	21	41.2
No	30	58.8
Total	51	100.0

Among all the respondents, 79.3% had physical relationship irrespective of their marital status. And 41.2% of the 51 married participants had extra marital relationships.

Table no.13c Number of partners

Number of partners	Frequency (n)	Percentage (%)
One	56	48.7
> One	59	51.3
Total	115	100.0

Table no.13d Sex with CSWs

Relation with CSW(s)	Frequency (n)	Percentage (%)
Yes	25	21.7
No	90	79.3
Total	115	100.0

Out of them 51.3% had multiple sexual partners. And 21.7% had visited CSW(s).

Table no.13e Homosexual relationships

Homosexual Relationships	Frequency (n)	Percentage (%)
Yes	15	13.0
No	100	87.0
Total	115	100.0

Homosexuality was practiced by 13.0%.

Table no.13f Marital status vs. Number of sexual partners

Marital Status \ Number of partners	One	More than One	Total
Married	30 58.8% 53.6%	21 41.2% 35.6%	51 100.0% 44.3%
Unmarried	26 43.3% 46.4%	34 56.7% 57.6%	60 100.0 52.2%
Divorced		4 100.0% 6.8%	4 100.0% 3.5%
Total	56 48.7% 100.0%	59 51.3% 100.0%	115 100.0% 100.0%

Out of the married 51 participants 41.2 % had extra marital affairs and 56.7% of unmarried participants also had multiple partners.

Table no.13g Pattern of condom use

Condom use	Frequency (n)	Percentage (%)
Never	25	21.7
Seldom	49	42.6
Mostly	31	27.0
Always	10	8.7
Total	115	100.0

Only 8.7% had always used condom, 27.0% used most of the time, 42.6% used it seldom and 21.7% had never used it.

Table no. 13h Sex with known HIV/HBV positive person

Relation with known HIV or HBV person	Frequency (n)	Percentage (%)
Yes	11	9.6
No	104	90.4
Total	115	100.0

Having sexual relationships with known HIV or Hepatitis positive persons showed high risk taking behaviour staking their life by 9.6% in this study.

Table no.14 Blood sold/donated

Sold/donated blood	Frequency (n)	Percentage (%)
Yes	42	29.0
No	103	71.0
Total	145	100.0

Only 29.0% had history of selling or donating blood while 76.1% had not.

Table no. 15a Encourage others for drug use

Encourage others	Frequency (n)	Percentage (%)
Yes	13	9.0
No	132	91.0
Total	145	100.0

Although 82.0% of our participants' motivating factor for starting drug use was " friends ", surprisingly 91.0% of them would not encourage others to use drugs.

Table no.15b Age vs. Encourage others to take drugs

Age \ Inspire others	Yes	No	Total
15-20 years	7 20.6% 53.8%	27 79.4% 20.5%	34 100.05 23.4%
21-25 years	5 7.8% 38.5%	59 92.2% 44.7%	64 100.0% 44.1%
26-30 years		35 100.0% 26.5%	35 100.0% 24.1%
31-35 years	1 9.1% 7.7%	10 90.9% 7.6%	11 100.0% 7.6%
36-40 years		1 100.0% 0.8%	1 100.0% 0.7%
Total	13 9.0% 100.0%	132 91.0% 100.0%	145 100.0% 100.0%

Though the participants who encourage others for drugs were a minority, even among them 53.8% were in the youngest age group of 16-20 years.

Table no.16a Involvement in gang fights Table no. 16b Arrested by police

Gang fights	Frequency (n)	Percentage (%)
Yes	87	60
No	58	40
Total	145	100.0

Arrested	Frequency (n)	Percentage (%)
Yes	79	54.5
No	66	45.5
Total	145	100.0

Sixty percent participants had been involved in gang fights and 54.5% had been arrested by the police for incidence related with drugs.

Table no.17a Awareness about HIV/AIDS Table no.17b Awareness about Hepatitis

HIV/AIDS	Frequency (n)	Percentage (%)
Yes	116	80
No	29	20
Total	145	100.0

Hepatitis	Frequency (n)	Percentage (%)
Yes	75	51.7
No	70	48.3
Total	145	100.0

Awareness about HIV/AIDS was higher (80.0%) as compared to awareness about Hepatitis (51.7%).

Table no.18a Blood test for HIV

HIV/AIDS	Frequency (n)	Percentage (%)
Yes	65	44.8
No	80	55.2
Total	145	100.0

Table no.18b Blood test for HBV

HBV	Frequency (n)	Percentage (%)
Yes	27	18.6
No	118	81.4
Total	145	100.0

Even though 80.0% were aware about HIV/AIDS and 51.7% about Hepatitis only 44.8% and 18.6% got checked for HIV/AIDS and Hepatitis B respectively.

Table no.19a Knowledge about HIV/AIDS vs. Blood test for HIV

Blood test for HIV \ Knowledge about HIV/AIDS	Yes	No	Total
	Frequency (n)	Frequency (n)	Frequency (n)
Yes	59 90.8% 50.9%	6 9.2% 20.7%	65 100.0% 44.8%
No	57 71.3% 49.1%	23 28.8% 79.3%	80 100.0% 55.2%
Total	116 80.0% 100.0%	29 20.0% 100.0%	145 100.0% 100.0%

Even though 80% of the total respondents knew about HIV/AIDS those who have had their blood tested for it and those who have not done so were similar i.e 50.9% and 49.1% respectively.

Table no.19b Knowledge about Hepatitis vs. Blood test for HBV

Knowledge about Blood test for Hepatitis	Yes	No	Total
Yes	20 74.1% 26.7%	7 25.9% 10.0%	27 100.0% 18.6%
No	55 46.6% 73.3%	63 53.4% 90.0%	118 100.0% 81.4%
Total	75 51.7% 100.0%	70 48.3% 100.0%	145 100.0% 100.0%

Blood testing for Hepatitis was done by only 26.7% even with the knowledge of Hepatitis.

Table no.20a Result of HIV test

HIV/AIDS	Frequency (n)	Percentage (%)
Positive	5	7.7
Negative	35	53.8
Don't know	25	38.5
Total	65	100.0

Table no.20b Result of HBV test

HBV	Frequency (n)	Percentage (%)
Positive	1	3.7
Negative	17	63
Don't know	9	33.3
Total	27	100.0

Out of the total 65 respondents who got checked for blood for HIV/AIDS, 7.7 % tested positive and 38.5% didn't know the result. Among the 27 who have got checked for Hepatitis B, 3.7% was positive and 33.3% was unaware of result.

Table no.21 Behaviour after HIV/HBV test positive

HIV/HBV positive	Exchange needles	Unsafe sex
Yes	1(20.0%)	2(40.0%)
No	4(80.0%)	3(60.0%)
Total	5(100.0%)	5(100.0%)

Of 5 who were HIV/HBV positive, 20.0% still share syringes with others and 40.0% still continue to have unsafe sex without condom use with their partners, endangering transmission of these dangerous and life threatening diseases to innocent individuals.

Table no.22a Exchange of needle/syringe vs. Knowledge about HIV/AIDS

Exchange Syringe/needle \ Knowledge about HIV/AIDS	Yes	No	Total
Yes	25 73.5% 37.3%	9 26.5% 60.0%	34 100.0% 41.5%
No	42 87.5% 62.7%	6 12.5% 40.0%	48 100.0% 58.5%
Total	67 81.7% 100.0%	15 18.3% 100.0%	82 100.0% 100.0%

Majority of who exchange needles/syringes were aware of HIV/AIDS showing a high degree of risk taking behaviour.

Table no.22b Exchange of needle/syringe vs. Knowledge about Hepatitis

Exchange Syringe/needle \ Knowledge about Hepatitis	Yes	No	Total
Yes	15 44.1% 34.9%	19 55.9% 48.7%	34 100.0% 41.5%
No	28 58.3% 65.1%	20 41.7% 51.3%	48 100.0% 58.5%
Total	43 52.4% 100.0%	39 47.6% 100.0%	82 100.0% 100.0%

Out of the 34 participants who exchanged syringe with others, 55.9% did not know about Hepatitis and 44.1% exchanged syringe even though they had knowledge. Both conditions i.e. exchanging with no knowledge and exchanging while being aware about the danger are equally dangerous.

Table no.23a Opinion about drug and health

Drug, harmful to health	Frequency (n)	Percentage (%)
Yes	140	96.6
No	5	3.4
Total	145	100.0

Among all respondents 96.6% were aware that drug is harmful to health.

Table no.23b Psychological status with drug use

Feel guilty	Frequency (n)	Percentage (%)
Yes	130	89.7
No	15	10.3
Total	145	100.0

Great proportion of subjects (89.7%) felt guilty about being drug abuser.

Table no.24a Family aware of drug abuse

Family Informed	Frequency (n)	Percentage (%)
Yes	117	80.7
No	28	19.3
Total	145	100.0

Table no.24b Family's role in this problem

Family Help	Frequency (n)	Percentage (%)
Can help	123	84.8
Can't help	22	15.2
Total	145	100.0

As 84.8% of the respondents believe their family can help, 80.7% had already confided about their drug taking habit or were informed by others with the hope of getting help.

Table no. 24c Family aware vs. Can family help

Family Informed \ Can family help	Yes	No	Total
	Frequency (%)	Frequency (%)	Frequency (%)
Yes	99 84.6% 80.5%	18 15.4% 81.8%	117 100.0% 80.7%
No	24 85.7% 19.5%	4 14.3% 18.2%	28 100.0% 19.3%
Total	123 84.8% 100.0%	22 15.2% 100.0%	145 100.0% 100.0%

Those who thought that their family can help to get rid of the drug taking habit but who still did not tell their families were 19.5% and 15.4% responded that even though they have confided about their habit, their families couldn't help them quit.

Table no.25a Asked for help

Asked For help	Frequency (n)	Percentage (%)
Yes	70	48.3
No	75	51.7
Total	145	100.0

Table no.25b Getting any help

Getting Help	Frequency (n)	Percentage (%)
Yes	31	44.3
No	39	55.7
Total	70	100.0

Though 48.3% had asked for help, only 44.3 % were getting help indeed.

Table no.25c Guilty of taking drugs vs. Asked for help.

Guilty For taking drugs \ Asked for help	Yes	No	Total
Yes	67 51.5% 95.7%	63 48.5% 84.0%	130 100.0% 89.7%
No	3 20.0% 4.3%	12 80.0% 16.0%	15 100.0% 10.3%
Total	70 48.3% 100.0%	75 51.7% 100.0%	145 100.0% 100.0%

Even though they felt guilty of taking drugs, those who have asked for help and those who haven't were almost similar in number with 51.5% and 48.5% respectively. From those who did not feel guilty, 80.0% did not ask for any help.

Table no.26 Quitting drug misuse.

Can quit	Frequency (n)	Percentage (%)
Yes	136	93.8
No	9	6.2
Total	145	100.0

Only 6.2 % felt that they can quit from their habit, however great majority had positive opinion (93.8%).

Table no.27 Knowledge about treatment centers

Knowledge	B.P.K.I.H.S	P.J.K.	Others
Yes	40 (27.6%)	139 (95.9%)	96 (66.2%)
No	105 (72.4%)	6 (4.1%)	49 (33.8%)
Total	145 (100.0%)	145 (100.0%)	145 (100.0%)

Most of the drug abusers (95.9%) knew about the Punar Jeewan Kendra (PJK), drug rehabilitation centre of Dharan. It is also interesting to note that they knew more about other drug rehabilitation centres of Nepal (66.2%) than about B.P.K.I.H.S. (27.6%).

Table no.28 Sources of information about treatment centers

Sources	Frequency (n)	Percentage Of responses (%)	Percentage Of cases (%)
Friends	112	51.4	91.1
Newspaper	51	23.4	41.5
TV	35	16.1	28.5
Radio	20	9.2	16.3
Total	218	100.0	177.2

In 91.1% of cases, knowledge about treatment centers was gained through friends. Media like newspaper (41.5%), to (28.5%) and radio (16.3%) had played a lesser role.

Table no.29a Thought of treatment

Thought of treatment	Frequency (n)	Percentage (%)
Yes	61	42.1
No	84	57.9
Total	145	100.0

Even though the majority of respondents were aware that drug is harmful to health, most of them (57.9%) had not thought of treatment.

Table no.29b Effect of drug on health vs. thought of treatment

Drug is Harmful to health \ Thought of treatment	Yes	No	Total
Yes	59 42.1% 96.7%	81 57.9% 96.4%	140 100.0% 96.6%
No	2 40.0% 3.3%	3 60.0% 3.6%	5 100.0% 3.4%
Total	61 42.1% 100.0%	84 57.9% 100.0%	145 100.0% 100.0%

Even though 140 participants said that drug is harmful to health 57.9% said they have not thought of treatment.

Table no.30 Factors preventing from treatment

Factors	Frequency (n)	Percentage Of responses (%)	Percentage Of cases (%)
Financial problems	55	32.4	67.9
Stigma attached	34	20.0	42.0
No information	27	15.9	33.3
Pleasure seeking	21	12.4	25.9
Peer pressure	20	11.8	24.7
Distance	13	7.6	16.0
Total	170	100.0	209.9

There were various factors preventing them from seeking treatment. Financial problem (32.4%) was the foremost one, followed by stigmatization (20.0%), lack of proper information (15.9%) etc.

Table no.31 Need for extra information

Need more information	Frequency (n)	Percentage (%)
Yes	139	95.9
No	6	4.1
Total	145	100.0

Among all the respondents irrespective of factors preventing them from going for treatment, 95.9% admitted in need of more information regarding all aspects of drug related problems.

Table no. 32 Degree of risk taking behaviours among drug abusers

No. Of risk taking behaviours	Frequency (n)	Percentage (%)
5	1	0.7
6	2	1.4
7	6	4.1
8	22	15.2
9	25	17.2
10	28	19.3
11	24	16.6
12	19	13.1
13	10	6.9
14	5	3.4
15	2	1.4
16	1	0.7
Total	145	100.0

In this study 21 risk taking behaviours have been identified. From these items, maximum numbers of drug abusers (19.3%) were having 10 risky behaviours followed by 16.6% having 11 risky behaviours. Fifteen risk taking behaviours were practiced by 1.4% and 0.7% had the highest number i.e. 16 of risky behaviours. Therefore from this table the degree of risk taking behaviours among the drug abusers can be seen.

Fig. 1 STATUS OF SMOKING AND DRINKING

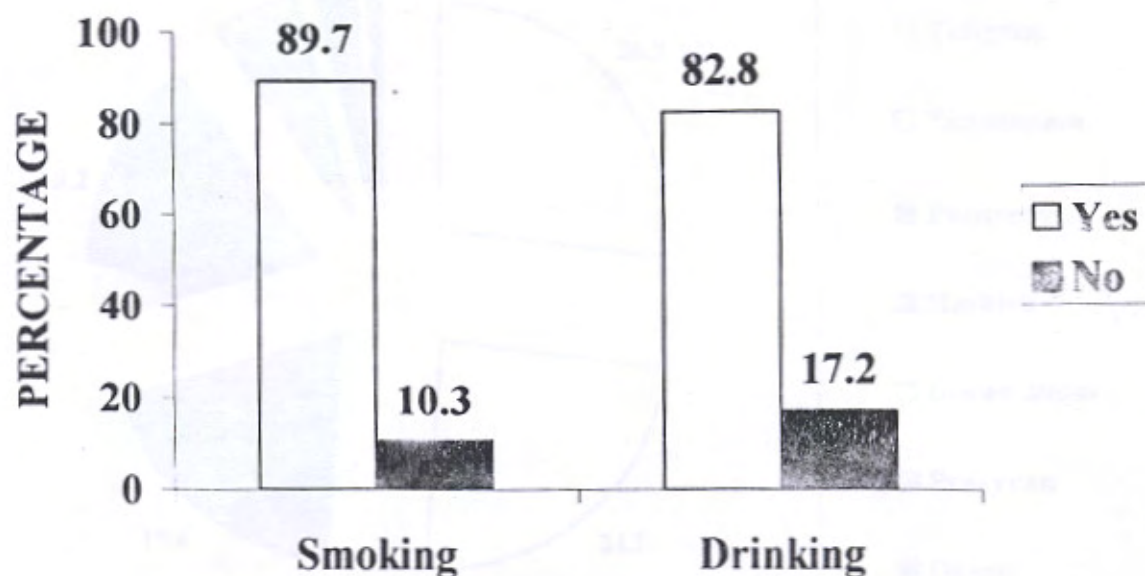


Fig. 2 MOTIVATING FACTOR FOR SMOKING AND DRUG USE

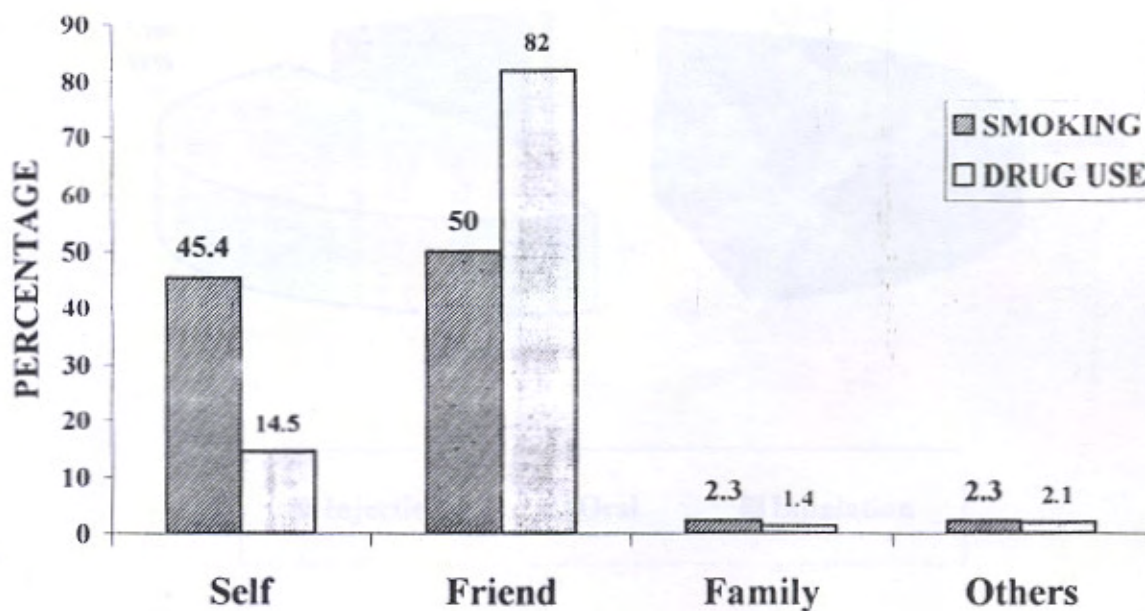


Fig. 3 TYPES OF DRUG ABUSED

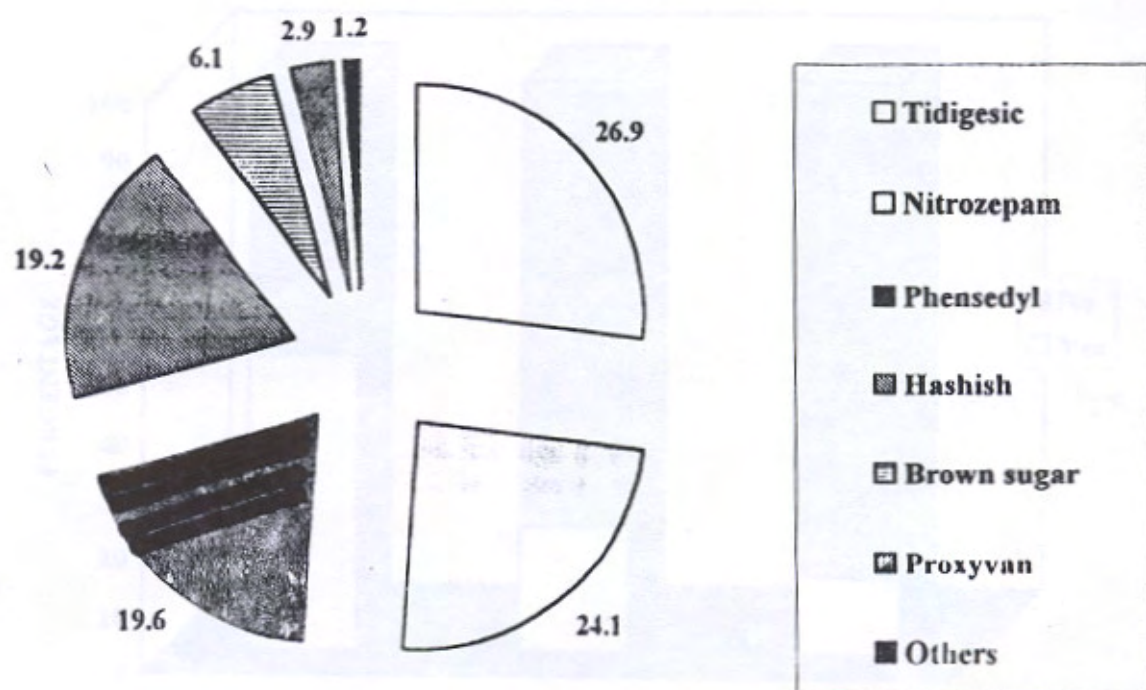


Fig. 4 ROUTES OF TAKING DRUGS

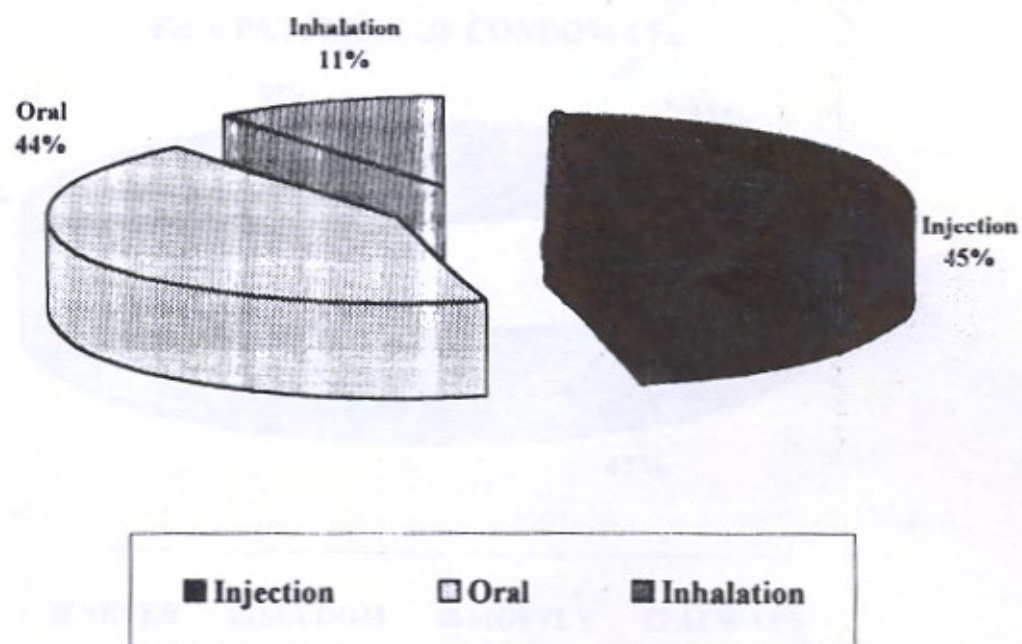


Fig. 5 SEXUAL PRACTICES

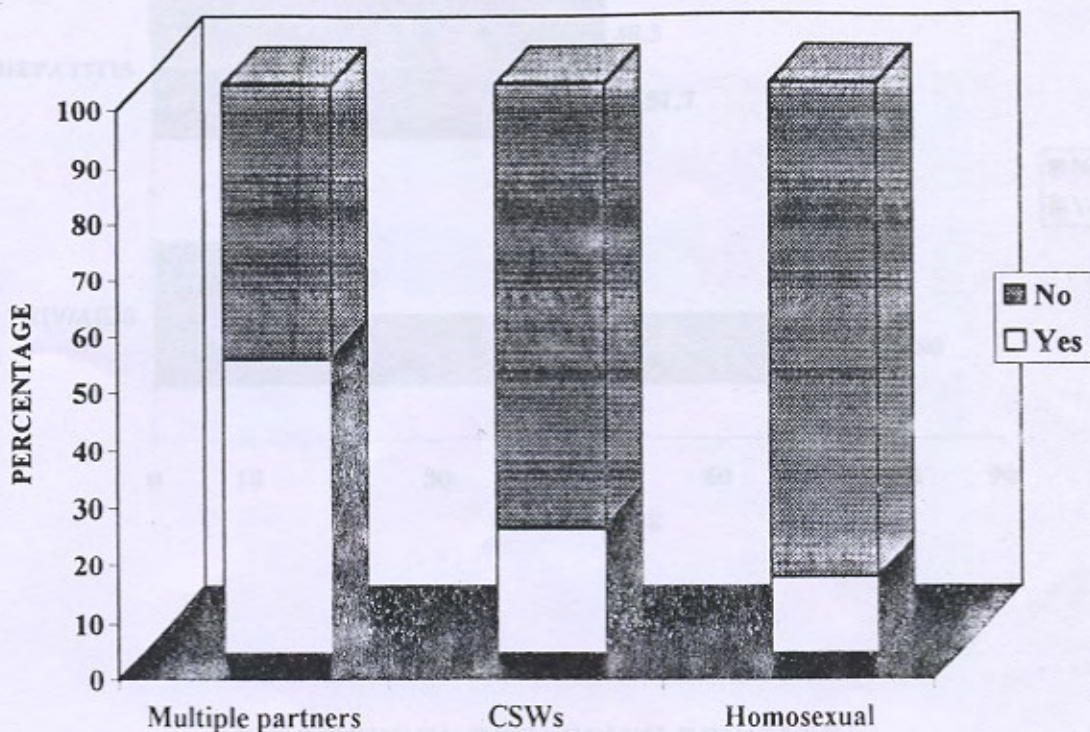
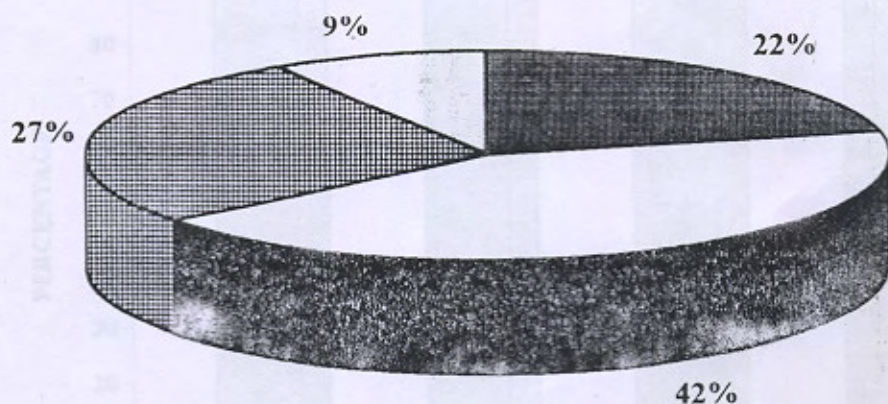


Fig. 6 PATTERNS OF CONDOM USE



■ NEVER □ SELDOM ▨ MOSTLY □ ALWAYS

Fig. 7 AWARENESS ABOUT HIV/AIDS AND HEPATITIS

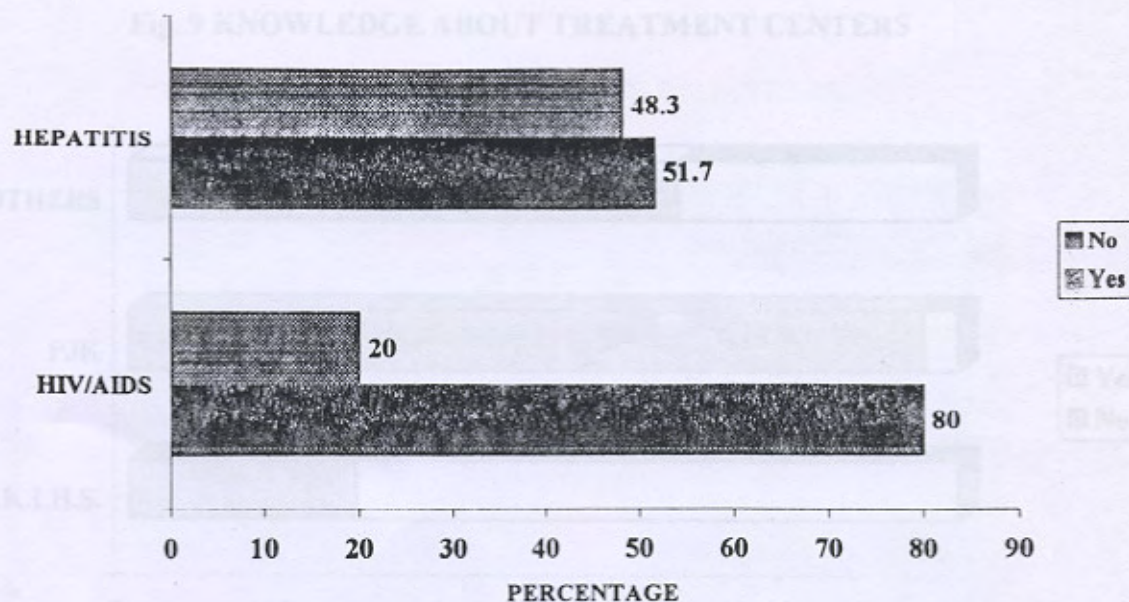


Fig. 8 OPINION REGARDING DRUG USE

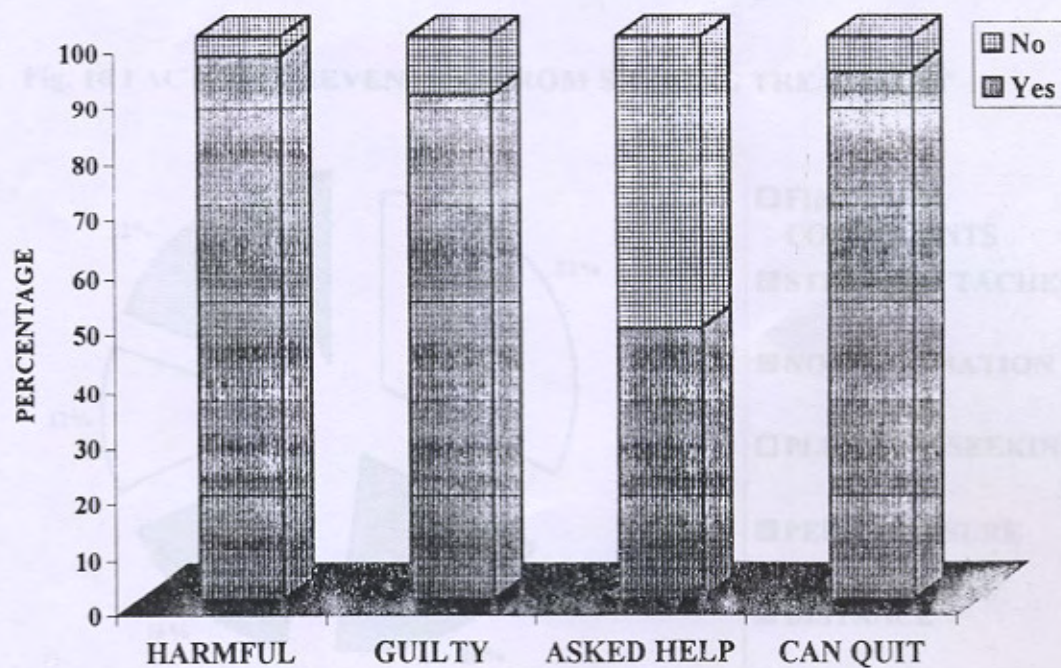


Fig. 9 KNOWLEDGE ABOUT TREATMENT CENTERS

Fig. 11 DEGREE OF RISK TAKING BEHAVIORS

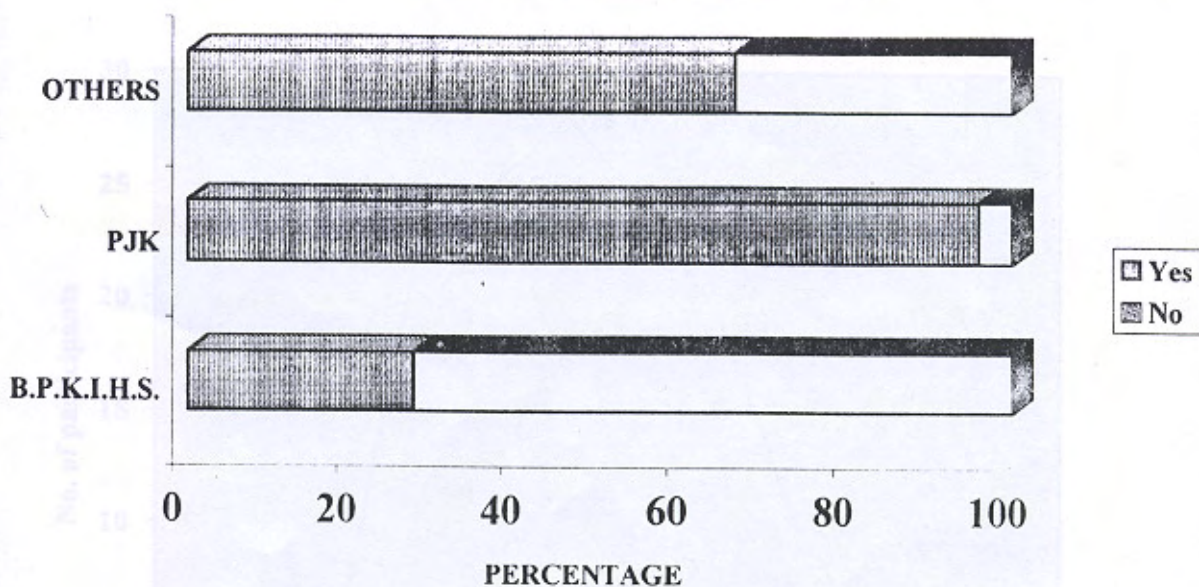


Fig. 10 FACTORS PREVENTING FROM SEEKING TREATMENT

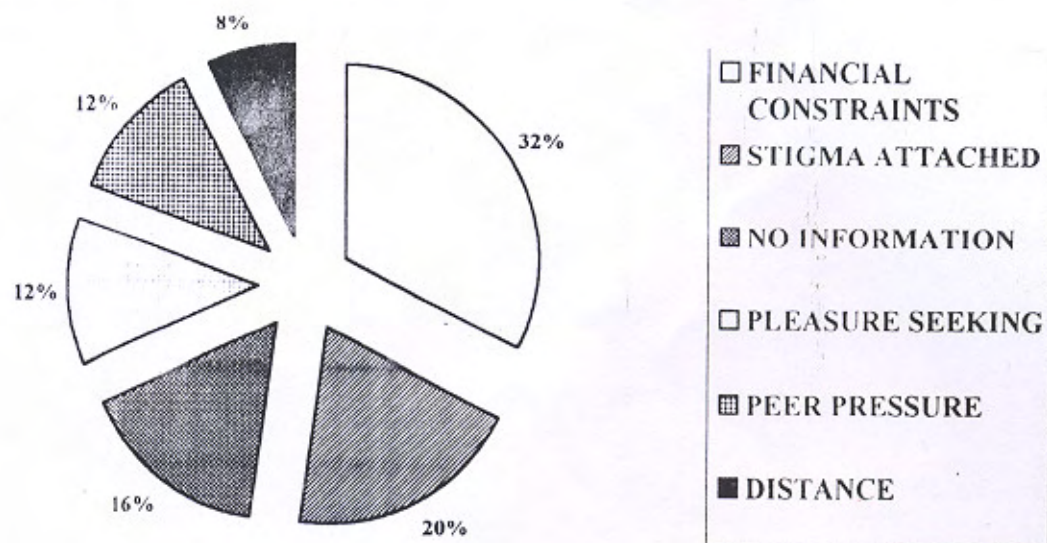
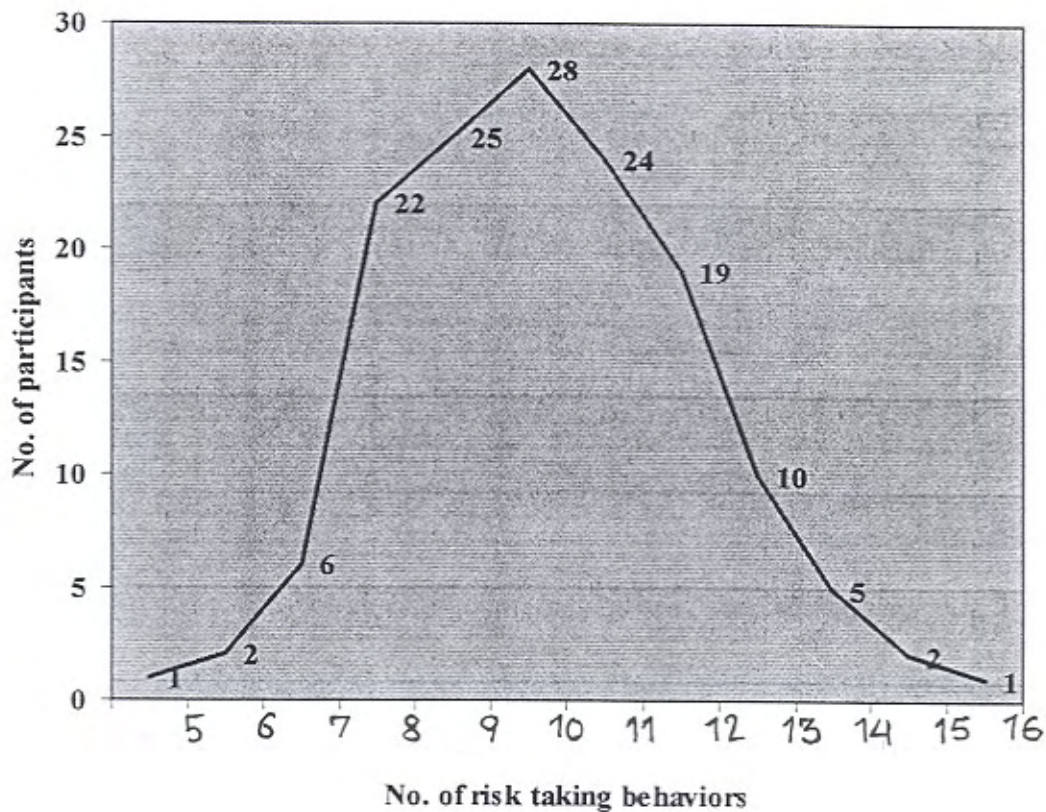


Fig. 11 DEGREE OF RISK TAKING BEHAVIORS



CHAPTER -V

SUMMARY:

This is a descriptive study conducted with the objectives of identification of risk taking behaviors among drug abusers of Dharan and factors preventing them from seeking treatment. Data was collected from 145 participants chosen by convenient sampling method using semi-structured questionnaire. The collected data was coded and put into computer following which it was analyzed. Following is a summary of the results thus obtained.

Out of the 145 participants, 98.6% were males and 44.1% were in the age group of 21-25 years. All were literate but majority were unemployed. 82.8% lived in joint families, 31.7% had family income less than Rs.3, 000 placing them in the category of below poverty line. In spite of this, 56.6% got money for drugs from their families.

Majority were unmarried (62.1%) and 35.2% were married. Out of them 66.7% were having pre marital and 58.8% were having extra marital relationships. Regardless of the marital status, 51.3% had multiple partners, 21.7% had relation with CSWs and 13.0% had homosexual relationships. 9.6% showed extremes in risk taking behaviour by having physical relationship with known HIV or Hepatitis B positive persons. Even with all these risk-taking behaviours only 8.7% were following safe sexual practices by using condoms always.

Smoking was indulged by 89.7% with 43.8% smoking 11-20 cigarettes per day and 21.5% had been smoking for more than 10 years. Even though 51.7% had positive family history for smoking, influence of peer pressure was a stronger motivating factor (50.0)% which is also true in the case of drug use as 82.0% were motivated by friends and 69.0% got money to buy drugs also from them, but 91.0% did not encourage their friends to start drugs.

Alcohol was used by 82.8%. Out of them 88.3% had alcohol use disorders as per CAGE questionnaire. What made drinking alcohol more serious was the fact that 40.8% took drugs with alcohol and 29.2% drove vehicles after taking alcoholic beverages.

Coming to drug use proper, majority (65.5%) had been using drugs for 1-5 years. 90.3% indulged in multiple drug use leading 93.8% to multiple routes of taking drugs. Injection, the most risk prone route, was opted by 91.7% as Buprenorphine(Tidigesic) was the preferred choice from a wide range of drugs. It is made more dangerous as 61.7% reused the needles/syringe and 41.5% reusers exchanged it with others. This is also in spite of 73.5% of them being aware about HIV/AIDS and 44.1% being aware about Hepatitis.

In general, 80.0% knew about HIV/AIDS and 51.7% knew about Hepatitis. This awareness lead to blood testing for HIV/AIDS in 44.8% and for Hepatitis in only 18.6%. But it is sad to note that even with positive results for these dangerous diseases some still exchanged needles/syringes (20.0%) and practiced unsafe sex (40.0%) placing others at risk.

Only a minority (29.0%) had sold or donated blood. Antisocial behaviours like gang fights and getting arrested by police were seen in high proportion of subjects.

In contrast to their behaviors, 96.6% were aware that drug is harmful to health and 89.7% felt guilty of being a drug abuser. 84.8% think their families can help them and 80.7% had already informed their families. In contrast, 51.7% had not asked for help and 78.6% was not getting help from anyone. 93.8% said they can quit the habit of taking drugs, but 57.9% have not thought of treatment. Factors preventing them from seeking treatment ranged from financial constraints (32.4%), stigmatization (20.0%), lack of proper information (15.9%) etc.

Regarding information, 95.9% knew about Punar Jiwan Kendra, a local drug rehabilitation center. It is also interesting to find that they knew more about other drug rehabilitation centers of Nepal (66.2%) than about the deaddiction program in B.P.K.I.H.S. (27.6%). Their source of information was through friends (51.4%) and media (48.6%) and 95.0% still needed more information.

These results are discussed more in detail in discussion section.

Discussion:

It was not so long ago that drug addiction started in Nepal. Within five decades of its appearance, this problem has rapidly increased to an estimated 50,000 drug abusers. In Dharan only, it is estimated to be 2,453 hard-core drug dependents. In this descriptive study on "the risk taking behaviors among the drug abusers of Dharan and factors preventing from seeking treatment", 145 respondents participated by convenience sampling method.

Majority were males (98.6%). The number of female drug abusers seems to be less because they conceal themselves and were inaccessible for the interview. Therefore this figure might not be a true representation of them. One study had estimated that females comprise 2-3% of the total narcotic dependant population. From the age range of 16-40 years majority fell into the age group of 21-25 years. This shows that young adults were more into drug misuse. A study conducted in Bangladesh also showed that the mean age of respondents was 25.3 years from a range of 16-45 years. But in a study conducted in Jaipur, India among drug dependants, 35% and 45% were from third and fourth decades of life respectively.

It is interesting to note that cent percent participants were literate with 71.0% having had secondary level education. This shows that drug abuse starts to influence their study when most of them are in the secondary level. Even though all respondents were literate, it is sad to note that 75.2% of them were unemployed. In a study done in Rio de Janeiro, Brazil 54.2% had 8 years of formal education i.e. secondary level and 42.7% had no regular income in comparison to the 75.2% in this study? This means unemployment is a serious problem among the drug abusers but why it is so is yet to be explored by future studies. From the 13.1% who were employed, 36.8% were engaged in business 26.3% in transport business, 15.8% in government offices and rest were teachers, technicians etc. The type of employments found in a study done in Jaipur, India 30% were government employee and 22% business. This shows that even though a similar number was engaged in business, government employee were lesser in number in this study.

The type of employments found in a study done in Jaipur, India 30% were government employee and 22% business. This shows that even though a similar number was engaged in business, government employee were lesser in number in this study.

In this study, more than fifty percent of drug abusers were Hindus followed by Kirant and 2.1% was even Muslims. In Islamic religion substances use is prohibited (i.e.Haram) and punishable by death. Dharan has the majority of "Matwali" population, which is known for their social sanction of alcohol use in contrast to Non-matwalis where alcohol use is frowned upon. Figures in this study are consistent with this expectation with Rais (38.6%) and Limbus (20.0%) top the list. It is also interesting to note that Brahmin/Chhetri consisted of 13.8% against social restriction. This shows that non-Matwalis are also picking up with their counterparts.

Among the total participants, 62.1 % was unmarried, 35.2% married and 2.8% divorced. Out of married, 84.3% was living together with spouse and 15.7% was living separately. Drug use may affect marital relationship leading to disharmony, misunderstandings and subsequently separation. This fact is also supported by other study carried out in Rio de Janeiro, Brazil among the drug addicts where 60.9% subjects were single, 29.8% married and 9.3% was divorced or widowed.

Irrespective of their marital status, 79.3% had had physical relationships. Among the married respondents 41.2% had had extra martial affairs whereas 66.7% unmarried persons had premarital affairs. In general more than fifty percent had multiple partners, with unmarried persons having multiple partners more frequently than their married counterparts i.e.56.7% and 41.2% respectively. Significant number of drug abusers had visited CSWs and even 13.0% had homosexual relationships. These findings are comparable to the findings obtained by a comparative study carried out in New Delhi, India among drug users and non-drug users, where pre and extra marital affairs, multiple sex partners and indulgence in unusual sexual practices like anal sex were found to be higher than in general population.

Among the participants only 8.7% had always used condom as precautionary measure, whereas 21.7% had never used, 42.6% used seldom and 27.0% used most of the times. This suggests that 91.3% practiced unsafe sex in regard to condom use. Of them 9.6% showed to have worst risk taking behavior staking their life by having sex with known HIV or Hepatitis B positive person. But many others were unaware of their partner's HIV or Hepatitis status. Comparing these findings to other studies, in Brazil 70.7% and in India 33.5%, had sex with CSWs to this study's participants 28.1%. Unprotected sex without condoms use were seen in 81.6% in the study from Brazil, 79.5% in the study from India, 63.8% in Bangladesh. With 91.3% our participants indulged in unsafe sexual practices risking themselves for contracting STDs, HIV/AIDS and Hepatitis by such behaviors.

Majorities were from joint family in contrast to a study from Jaipur, India where majority were from nuclear families. This shows just the opposite even though the family structure is considered to be similar in both India and Nepal. This study rejected the assumption

that the drug abusers come from families with high incomes as 31.7% had family income less than Rs. 3,000 and 58.6%, had family income of Rs.3, 000-10,000. This shows that these people are from lower and middle class families. Families with income of above Rs.30, 000 were only 4.1%. As a result, only 16.5% of them could get money from their families to buy drugs and others had to resort to other sources for it. For example, friends, selling self-belongings, asking, cheating and earning.

It is said that smoking is the gateway to alcohol and illicit drug use and abuse. This is proved to be true as most of the respondents first started smoking and then only used drugs and subsequently used simultaneously. This means, for example if they have been smoking for 1-5 years then majority took drugs also for the same duration. In this study 89.7% indulged in smoking with 51.7% had family history of smoking. Though this is the case only 2.3% were motivated to smoke by seeing their families. The strongest motivating factor was peer pressure with 50.0% followed by self-motivation and others were due to broken relationships, unemployment etc. Out of the 130 participants that smoked, 46.2% has been smoking for 1-5 years, 31.5% for 6-10 years and 0.8% for more than 10 years. Among regular smokers 43.8% smoked 11-20 cigarettes per day and 16.2% smoked even more than 20 cigarettes per day. The youngest age group smoked less with 6-10 cigarettes as compared to the older groups where most smoked 11-20 per day. The health implications related to cigarette smoking are serious.

More than eighty percent had also consumed alcoholic beverages out of which only 11.7% were social drinkers. It is distressing to know that 88.3% drinkers had alcohol use disorders as per CAGE questionnaire. Out of 120 respondents who drank alcoholic beverages 40.8% had used drugs in addition to alcohol. The main purpose behind taking drugs with alcohol was said to give a boosting effect to the drug. It is also to be noted that 29.2% risked driving after drinking to enhance the sensation.

Regarding the duration of drug use 65.5% had been using drugs for 1-5 years, 25.5% for 6-10 years and 7.6% for more than 10 years. Patterns of motivating factors for alcohol use remains similar as for smoking but peer influence was higher i.e.78.6% than in smoking whereas self-role was less with 14.5% as compared to 45.4% in smoking. This finding is similar to the finding from the study in Jaipur, India where the commonest factor leading to drug dependence was quoted as "peer group pressure". Although 78.6% of the participants' motivating factor used to be peer pressure, surprisingly 91.0% of them would not encourage others to use drugs, which is a welcome sign. And those who do so, all were younger than 25 years.

Buprenorphine, a synthetic opiod similar to morphine, 25 times more potent with longer duration of action was introduced in Nepal as an analgesic for cancer and other pre and postoperative cases. But its use is no longer limited for therapeutic uses only. Its use surged rapidly and became a choice of drug due to easy availability and inexpensiveness as compared to other drugs. This is supported by this study as 91.0% participants' choice of drug was Buprenorphine followed by Nitrozepam (81.4%). Poly drug abuse is common as 90.3% took multiple drugs from a wide range of drugs such as phensedyl, brown sugar (if they can afford for it or if others purchase for them), hashish, detropropoxyphene (Proxivan) etc. Eventhough most of the drug abusers have preferred

choice of drug unavailability, shortages, expensiveness, intense craving compels them to use whichever drug they can get. Poly drug use often leads to multiple routes of drug intake for example, 93.8% used by multiple routes. To be specific 91.7% consumed by injection, 87.6% orally and inhalation was the least preferred.

Out of the 133 IDUs only 38.3% used new syringes every time and 61.7% reused it. Among re-users 67.1% reused for 1-5 times and 32.9% more than 5 times. Risk for contracting life threatening diseases was higher in IDUs as they practiced the unsafe behavior of sharing needles and syringes. In this study 41.5% shared needles beside reuse of syringe. To quote about sharing of needles/syringes from other studies, in New Delhi, India it is 30.6%, in Dhaka, Bangladesh 54.2%, in Guangxi, China 70% and in Canada 40%. From this it can be seen that drug abusers in Dharan exchange more than drug abusers of India. Out of 34 participants who exchanged needle/syringe, 26.5% was unaware about HIV/AIDS and 55.9% did not know about Hepatitis. But what is more dangerous with a higher degree of risk taking is that majority-exchanged needle/syringe even when they are aware of HIV/AIDS (73.5%) and Hepatitis (44.1%).

In general, respondents were aware of HIV/AIDS than Hepatitis. However, still lacked knowledge with many misconceptions. In New Delhi, India a study showed that 20.8% thinks that AIDS could be cured. In the study conducted in Bangladesh, 97% knew something about HIV/AIDS. In spite of their knowledge about HIV/AIDS and Hepatitis, only 44.8% and 18.6% had their blood checked for the same. For lack of financial reason, many couldn't get tested. Among 44.8% of respondents who had checked their blood for HIV/AIDS, 7.7% tested positive, 53.8% tested negative and 38.5% didn't know the result. On the other hand 27 respondents i.e. 18.0% who had checked their blood for Hepatitis B, 3.7% was positive, 63.0% was negative and 33.3% didn't bother to know the result. The reason for not knowing the result was because a previous researcher tested the blood and a code was given to the participants for confidentiality, but by the time the results was out, the participants either lost their code or had forgotten it. So the result was not disclosed to them. Therefore, the infection rate could be much more higher than current findings. Those subjects who were either HIV/AIDS or Hepatitis positive, 20.0% still share syringes with others and 40.0% still continue to have sex without using condom with their partners thereby endangering transmission of these dangerous and life threatening diseases to innocent individuals.

Besides these risk taking behaviors, other antisocial behaviors were also seen like gang fights (60.0%) and getting arrested by the police (54.5%).

In this study 21 risk taking behaviours have been identified. From these items, maximum numbers of drug abusers (19.3%) were having 10 risky behaviours followed by 16.6% having 11 risky behaviours. Fifteen risk taking behaviours were practiced by 1.4% and 0.7% had the highest number i.e. 16 of risky behaviours. Therefore from this table the degree of risk taking behaviours among the drug abusers can be seen.

Among all the respondents, 96.6% think that drug is harmful to health and 3.4% denies that. Being unaware that drug is harmful to health is one of the factors that prevent drug abusers from seeking treatment. Great proportion of participants i.e. 89.7% felt guilty

about being a drug abuser. In spite of that, 48.5% had not asked for help. Only 6.2% felt that they cannot quit their habit, however the majority (93.8%) had positive opinion about quitting this dangerous habit.

Family support can play a crucial role in decision-making process for seeking treatment. In this regard 84.8% of them believe that their family can help them in quitting the drug use habit. 84.6% had already informed their families about their drug taking habit expecting their help. Those who had not informed their family (19.5%) and not thought of treatment (56.9%) also felt family can be helpful.

The top most reason for not seeking treatment was financial problems (67.9%). Many users came from low socio-economic class, though they can manage for their habit, but not for treatment. It shows either craving is so high they cannot resist it or had poor motivation. If they have to go to the treatment center society will come to know about them and they fear of getting stigmatized (42.0%). Actually, if they are financially stable also stigmatization prevents them from going for help and silence is maintained. Other responsible issues are lack of proper information (33.3%), pleasure seeking (25.9%), peer pressure (24.7%) and distance of treatment center (16.0%). Similarly, 57.9% had not thought of treatment, 51.7% had not asked for help from anyone. Another discouraging fact was that even when they have asked for help, 61.4% had not got it. This could also be another reason for not seeking treatment, as they are already disillusioned about getting help.

About the various treatment centers, 95.9% knew about Punar Jeevan Kendra (a local drug rehabilitation center in Dharan), and interestingly more (66.2%) knew about other centers in Nepal than about B.P.K.I.H.S (27.6%). This means that B.P.K.I.H.S. even though being in the same locality and having professionals, 72.4% did not know about its' services for the drug abusers and calls for dissemination by various means like advertisement, lectures etc. But every individual participant knew about at least one treatment center even though very less about the treatment modalities. It is also seen that 96.3% who said they could quit had knowledge about treatment centers though 95.9% needed more information.

Besides these factors many other factors could be at work to prevent them from going to the treatment. But one important drawback is many of them lacked the willpower to give up the habit as they found it difficult to forget pleasurable effect of drug. Study revealed that various dynamics were found to be responsible for not going to the treatment. Among them adequate knowledge concerning the treatment modalities, better centers with facilities, clear-cut expenses and lesser duration of stay etc could be the ways to overcome the obstacle of not seeking treatment.

Conclusion:

This study shows that drug abuse has many social and public health implications as drug abusers have many risk taking behaviors and reasons for not seeking treatment.

Implication:

The findings of this study have several social and public health implications. Drug using patterns, which are very mutable as the drug abusers consume multiple forms of drugs through various routes, are frequently interwoven with many other risk taking behaviors. Especially behaviors like exchange of needles/syringes and various promiscuous and unsafe sexual activities make them prone to contracting dangerous diseases like HIV/AIDS, Hepatitis and other sexually transmitted diseases. Therefore interventions are required not only for the drug habit but also for these risk-taking behaviors and practices should be carried out in order to bring about behavioral changes and subsequently halt the spread of these diseases. Otherwise epidemic of these may spread in Nepal like other neighboring countries like India, Thailand and Myanmar.

This study also suggests the possible hazards to individual, family and the society in regard to health and security due to the risk taking and anti-social behaviors of drug abusers. Lack of proper education, unemployment and poverty leads to drug problem and vice-versa. These habits incurs heavy burden to the family because of poor capacity to work, high expenditure on drug, illegal activities, and so on. Since the young people are mostly involved, future implication in having a healthy, productive and responsible citizen by the country will be seriously hampered. So the nurses should be aware of these various aspects of the national problem to be in a position to handle it in the different health care set ups i.e. institution or community. In spite of threat, nurses can actively involve in educational and other information disseminating activities.

Recommendations:

- 1) There is a need to conduct same kind of study all over Nepal among the drug abusers to generalize and make a holistic intervention.
- 2) There is need of community survey to find out the accurate figure of drug abusers in the country.
- 3) Economical treatment or rehabilitation centers with proper facilities and manned by professional should be made available. Existing services should be strengthened and expanded.
- 4) Study concerning the reasons for failure of treatment leading to relapses should be done and help reduce such problems.
- 5) Schoolteachers should give health education and information about drug abuse problem to the students and about helping friends to come out of the problem who are already drug abusers. Since the peer influence plays a very essential role in both getting into drug abuse or quitting it, knowledge regarding the same could help much to tackle the fact. This problem should also be included in the school level curriculum.

- 6) Important research findings, treatment modalities, information and education materials should be made available and communicated among the various existing de-addiction centers in the country, so that the timely intervention and referrals could be made and clients will have choices to go for the appropriate facilities.
- 7) Health education about drug problem causing life threatening infectious diseases should be disseminated via mass media to make the injecting drug abuser take precautions against HIV/AIDS, Hepatitis and STDs infections.
- 8) Lectures, debates and other activities related to drug abuse problems to be conducted in the community, especially among vulnerable section of the society for example young population, students, transport workers, commercial sex workers etc.
- 9) Health education and information regarding the sexual practices should be focused on CSWs and other vulnerable groups.
- 10) Concerned authority should conduct study to check the feasibility to start the programme like syringe exchange to reduce the chance of disease transmission. They should work with government to tackle the problem at large.

Plan for dissemination of the findings:

Difficulties faced during the study period:

- Adequate literatures related to our study were not available in the library.
- There were lack of facilities for the Medline search and Internet browsing.
- We had to face difficulties during typing, data input and analysis due the unavailability of computer in the faculty.
- Data collection had to be done within very short period i.e. one week.
- There were difficulties in meeting the subjects for the data collection.
- It was always difficult to have an appointment with the statistician because of the busy schedule and had to face misunderstandings.
- Excess time, energy and effort were consumed during the data input because of lack of proper pre-guidance for the same.
- We had problems of not getting supportive study materials related to drug abusers from Nepal.
- We could not randomize our subjects due to time and source constraints.

Limitations:

Random sample could not be done due to:

- a) Limited time period to conduct the study.
- b) Unavailability of accurate number of drug abusers in Dharan.
- c) Lack of contact addresses of drug abusers because of confidentiality.

Difficulty in accessing female drug abusers because:

- a) They take drug secretly at homes only.
- b) Being female drug abusers, getting known by others carries more stigmatization as compared to male counterparts.

Plan for dissemination of the findings:

(A). The study findings will be disseminated by providing copies of this study to the following concerned persons and places:

- a) Central library, B.P.K.I.H.S.
- b) KYC, Punar Jeevan Kendra, Dharan.
- c) Freedom Center, KTM.
- d) Nepal Health Research Council.

(B). The study is planned to be published in journals after receiving permission from the concerned authority.

CHAPTER-IV

References

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APPENDICES

A Study on the Risk Taking Behaviours among Drug Abusers of Dharan and the Factors Preventing Them from Seeking Treatment.

Consent form:

Date:

Code no:

I've been clearly and fully explained about the purpose of this study in a language that I can understand and I'm assured that my answers will be kept confidential and used for the research purpose only.

I'm hereby signing this consent as an agreement to participate in this research willingly and on my own accord.

Signature:

Research Instrument:

Study on the Risk Taking Behaviours Among Drug Abusers of Dharan and the Factors Preventing Them from Seeking Treatment.

This questionnaire is developed to find out your behaviours and your attitude towards treatment. Your responses will be kept **confidential** and used only for this research purpose.

Instructions: Please give the most appropriate answers.

Code no. of the subject: _____

Part I.

1. Sex: ☐ Male. ☐ Female.
2. Age (in years): _____
3. Education: ☐ Literate. ☐ Illiterate.
 If Literate, ☐ Primary. ☐ Secondary. ☐ Higher Secondary.
4. Occupation: ☐ Student. ☐ Unemployed. ☐ Employed.
 If employed (specify): _____
5. Religion: ☐ Hindu ☐ Buddhist. ☐ Kirant.
☐ Muslim. ☐ Christian. ☐ Others.
6. Ethnicity: _____
7. Marital status: ☐ Married. ☐ Unmarried. ☐ Divorced.
 If married: ☐ Living with spouse. ☐ Living separately.
8. Type of family: ☐ Nuclear. ☐ Extended.
9. Family income (per month): ☐ <Rs. 3,000.
☐ Rs. 3,000-10,000
☐ Rs. 11,000-30,000
☐ >Rs. 30,000

Part II.

(1) Do you smoke cigarettes? ☐ Yes. ☐ NO.

If yes:

a) How long have you been smoking? _____ Years / months.

b) What /who motivated you to start smoking? _____

c) How many cigarettes do you smoke per day? _____

(2) Does anyone in your family smoke? Yes. ☐ NO. ☐

(3) Do you take alcoholic drinks? Yes. ☐ NO. ☐

If yes:

a) Have you ever felt you should Cut down on your drinking? Yes. ☐ NO. ☐

b) Have people Annoyed you by criticizing your drinking? Yes. ☐ NO. ☐

c) Have you ever-felt bad or Guilty about your drinking? Yes. ☐ NO. ☐

d) Have you ever had a drink first thing in the morning (Eye opener) to steady your nerves or get rid of a hangover? Yes. ☐ NO. ☐

e) Do you take drugs with alcohol? Yes. ☐ NO. ☐

f) Do you drive vehicles after drinking? Yes. ☐ NO. ☐

(4) How long back did you start taking drugs? _____ Months/years.

(5) What/Who motivated you to start taking drugs? _____

(6). What types of drugs do you take?

- ☐ Buprenorphine(Tidigesic).
- ☐ Nitrozepam.
- ☐ Phensedyl.
- ☐ Brown sugar.
- ☐ Proxyvan.
- ☐ Hashish (Ganja).
- ☐ Others (Specify).

(7) How do you take drugs?

Orally. ☐ Inhalation. ☐ Injection. ☐

If you have ever injected drugs:

a) Do you always use new needles and syringes each time? Yes ☐ NO ☐

b) If no, on average how many times do you use the same needle/syringe? Time

c) Have you ever shared needle/syringe with other people? Yes. ☐ NO. ☐

(8) Do you ever have sexual relationships? Yes. ☐ NO. ☐

If yes,

a) Did you ever have physical relationship with anyone other than your husband /wife?

Yes. ☐ NO. ☐

b) With how many persons have you had physical relationship?

One. ☐ More than one ☐

c) Did you ever have physical relationship with a commercial sex worker?

Yes. ☐ NO. ☐

d) Did you ever have physical relationship with a person of your own sex?

Yes. ☐ NO. ☐

e) How often do you use condom during sexual contact?

Never ☐ Sometimes ☐ Most of the times ☐ Always ☐

f) Did you ever have physical relationship with a known HIV/Hepatitis positive person?

Yes. ☐ NO. ☐

(9). Have you ever sold or donated your blood? Yes. ☐ NO. ☐

(10) From where do you get money to buy drugs?

Family ☐ Friends ☐ Begging ☐ Swindling ☐

Selling belongings ☐ Own earning ☐ Drug trafficking ☐

Others (specify):

- (11) Do you encourage other people to take drugs? Yes ☐ NO ☐
- (12) Have you ever gotten into gang fights? Yes ☐ NO ☐
- (13) Have you ever been arrested by the police? Yes ☐ NO ☐
- (14) Do you know about HIV/AIDS? Yes ☐ NO ☐
- (15) Do you know about Hepatitis? Yes ☐ NO ☐
- (16) Have you ever checked your blood?

(a). HIV/AIDS.

☐ Yes.☐ NO.

(b). Hepatitis B

☐ Yes.☐ NO.

(17). If it was done, what was the result?

(a). HIV/AIDS

☐ Positive.☐ Negative.☐ Don't know.

(b). Hepatitis B

☐ Positive.☐ Negative.☐ Don't know.(18). If you say **Positive** to question NO.17,(a). Do you still exchange needle with others? Yes ☐ NO ☐(b). Do you still practice unsafe sex? Yes ☐ NO ☐

Part III.

- (1) Do you agree that taking drugs is harmful to your health? Yes ☐ NO ☐
- (2) Do you ever feel guilty about taking drugs? Yes ☐ NO ☐
- (3) Have you ever confided to your family about your drug use? Yes ☐ NO ☐
- (4) Do you think that your family can help you get rid of the habit of taking drugs? Yes ☐ NO ☐
- (5) Have you ever gone to anyone for help about taking drugs? Yes ☐ NO ☐

(6) If yes, are you still getting help? Yes ☐ NO ☐

(7) Do you know that you can get rid of your drug taking habit? Yes ☐ NO ☐

(8) Do you know about the drug treatment center "Punarjeevan Kendra" in Dharan?
Yes ☐ NO ☐

(9) Do you know about the drug treatment programme in BPKIHS? Yes ☐ NO ☐

(10) Do you know about any other drug treatment centers/programmes in Nepal?
Yes ☐ NO ☐

(11) If yes to any of question 8, 9 or 10,

(a). Who/What was your source of information?

☐ Friends

☐ Newspapers/magazines

☐ TV

☐ Radio

(12) Have you ever thought of going for treatment? Yes ☐ NO. ☐

(13) What are the reasons for not going to the treatment?

☐ No knowledge

☐ Financial constraint

☐ Fear of stigmatization

☐ Long distance

☐ Peer pressure

☐ Pleasure seeking

Others (Specify): _____

(14) Do you need more information about drug treatment and treatment facilities?

Yes ☐ NO ☐

THANKYOU FOR YOUR COOPERATION.

Study on the Risk Taking Behaviours Among Drug Abusers of Dharan and the Factors Preventing Them for Seeking Treatment.

"धरानका लागू औषधी दूर्व्यसनीमा लागेकाहरुको जोखिमपूर्ण बानी व्यवहार र
उनीहरुलाई पुनः स्थापना गर्न असर पार्ने तत्वहरुको अध्ययन"

कृपया ध्यान दिनुहोस्
मिति:.....

सहमति-पत्र

कोड नं.

मलाई पुर्णरूपले यस गहन अध्ययनको उद्देश्य सम्बन्धी मैले बुझ्न सक्ने भाषामा जानकारी दिइएको छ र मलाई मेरो परिचयलाई गोप्य राखी मेरो जवाफहरुलाई पुर्णतय अध्ययनको उद्देश्यको निम्ति मात्रै प्रयोग गरिने छ भनी जानकारी गराइएको छ ।

म आफ्नै राजीखूशीले यस अध्ययनमा सहभागी हुनको लागि सहमति दिइरहेको छु । मलाई यसमा कसै द्वारा पनि जबरजस्ती गरिएको छैन ।

सही :

वी.पी. कोइराला स्वास्थ्य विज्ञान प्रतिष्ठान

धरान, नेपाल

The Risk Taking Behaviours Among Drug Abusers of Dharan and the Factors Preventing Them Seeking Treatment.

"धरानका लागू औषधी दूर्व्यसनीमा लागेकाहरुको जोखिमपूर्ण बानी व्यवहार र उनीहरुलाई पूनः स्थापना गर्न असर पार्ने तत्वहरुको अध्ययन ।"

कृपया ध्यान दिनुहोस् ।

यो प्रश्नावलीले तपाईंको जोखिमपूर्ण बानी व्यवहारहरु र उपचार प्रतिको धारणा अध्ययन गर्नको लागि प्रयोग गरिएको छ । प्रश्नपत्र कसैसंग नसोधी सल्लाह नगरी एकलै बसेर भर्नु होला । राम्रो नराम्रोको आधारमा नभई सत्य जवाफमा चिन्ह लगाउनु होला । यसमा कसैको व्यक्तिगत पहिचान नहुने हुनाले तपाईंले ठूक्क भएर मनमा लागे अनुसार जवाफ दिनुहोला ।

निर्देशन:-

कृपया सहि उत्तरमा सहि चिन्ह लगाउनु होला ।

कोड नं.

भाग १

- १) लिंग ☐ पुरुष ☐ स्त्री
- २) उमेर (वर्षमा): _____
- ३) शिक्षा: ☐ साक्षार ☐ निरक्षर
- यदि साक्षार हो भने,
☐ प्राथमिक शिक्षा ☐ माध्यमिक तह ☐ माध्यमिक भन्दा माथि
- ४) पेशा: ☐ विद्यार्थी ☐ बेराजगार ☐ रोजगार
- ५) धर्म: ☐ हिन्दू ☐ किरात ☐ क्रिश्चियन
☐ बौद्ध ☐ मुसलमान ☐ अन्य
- ६) जाति: _____
- ७) वैवाहिक स्थिती: ☐ विवाहित ☐ अविवाहित ☐ छोडपत्र गरेको
- यदि विवाहित भए:-
☐ संगै बस्दै गरेको ☐ छुट्टिएर बसेको
- ८) परिवार:- ☐ एकल ☐ संयुक्त

९) पारिवारीक आम्दानी (प्रतिमहिना):-

- ☐ रु.३,००० भन्दा कम
☐ रु.३,००० देखि १०,००० सम्म
☐ रु.५,००० देखि १०,००० सम्म
☐ रु.११,००० देखि ३०,००० सम्म
☐ रु.३०,००० भन्दा बढी

भाग-२

- १) तपाईं चुरोट पिउनु हुन्छ ? ☐ पिउँछु ☐ पिउँदिन
 यदि पिउनुहुन्छ भने, (क) कति वर्ष भयो ? _____
 (ख) के कसैले प्रेरित गर्‍यो ? _____
 (ग) एक दिनमा कति वटा चुरोट पिउनु हुन्छ ? _____
- २) तपाईंका परिवारमा अरु कसैले पनि चुरोट पिउनु हुन्छ ?
 पिउनु हुन्छ ☐ पिउनु हुन्न ☐
- ३) तपाईं मदिरा पिउनु हुन्छ ? ☐ पिउँछु ☐ पिउँदिन
 यदि पिउनुहुन्छ भने,
 क) तपाईंलाई कहिल्यै मदिरा (Cut Down) कम गर्न पाए हुन्थ्यो जस्तो लाग्छ ?
☐ हुन्छ ☐ हुँदैन
 ख) मान्छेले तपाईंको पिउनु हुन्छ भनी निन्दा गरेर रीस उठाएका छन् ?
☐ छन् ☐ छैनन्
 ग) तपाईंलाई कहिल्यै आफ्नो पिउने बानीको बारेमा दिक्क वा हिनताबोध (Guilty) हुने गरेको छ ?
☐ छ ☐ छैन
 घ) तपाईंलाई बिहान कुनै काम शुरु गर्नु अगाडि रक्सी खानै पर्ने भएको छ ? (वा नभई नहुने भएको छ ?)
☐ छ ☐ छैन
 ड) तपाईंले मदिरा र लागू औषधी एकसंगै लिने गर्नु हुन्छ ?
☐ लिन्छु ☐ लिन
 च) तपाईं मदिरा पिएर गाडी चलाउनु हुन्छ ?
☐ चलाउँछु ☐ चलाउँदिन
- ४) तपाईंले लागू औषधी लिन थालेको कति वर्ष भयो ? _____
- ५) तपाईंले को बाट/कसरी खान शुरु गर्नु भयो ? _____
- ६) तपाईंले कुन लागू औषधी प्रयोग गर्नुहुन्छ ?
- ☐ टिडीजेसिक (माल,बुलेट,डट)
☐ नाइटोजेपाम (ट्याब,गोटि,बटम)
☐ फेन्सीडिल (पि)
☐ ब्राउन सुगर (बिस, धुलो)
☐ प्रोक्सिभ्यान
☐ गाँजा (जि)
☐ अन्य (तोक्नुहोस)

- ७) कसरी लिनु हुन्छ ☐ खाने गोली/भोल
☐ सुघेर
☐ सुईवाट
- तपाईंले कहिल्यै सुईवाट लागू औषधी लिनु भएको भए,
 क) के तपाईं सधै नयाँ सुई प्रयोग गर्नुहुन्छ ?
☐ गर्छु ☐ गर्दिन
- ख) यदि छैन भने, औसतमा एउटै सुई कति पटक प्रयोग गर्नु हुन्छ? _____
- ग) के तपाईंले अरुसँग पनि सुई साटासाट गर्नु भएको छ ?
☐ छ ☐ छैन
- ८) के तपाईंले कसैसँग शारीरिक सम्बन्ध राख्नु भएको छ ?
☐ छ ☐ छैन
- यदि छ भने,
 क) के तपाईंले आफ्नो लोग्ने/स्वास्नी बाहेक अरुसँग त्यस्तो सम्बन्ध राख्नु भएको छ ?
☐ छ ☐ छैन
- ख) कति जनासँग गर्नु भएको छ ?
☐ एक ☐ एकभन्दा बढी
- ग) के तपाईंले अहिलेसम्म कुनै यौन व्यापार गर्ने व्यक्तिसँग यौन सम्पर्क राख्नु भएको छ ?
☐ छ ☐ छैन
- घ) के तपाईं कहिल्यै समलिङ्गी सम्बन्ध राख्नु भएको छ ?
☐ छ ☐ छैन
- ङ) तपाईंले संभोगको बेला कण्डोम प्रयोग गर्नु हुन्छ ?
☐ कहिल्यै गर्दिन ☐ कहिले काहीँ
☐ प्राय जसो ☐ सधै
- च) तपाईंले कहिल्यै हेपाटाइटिस बि/एच.आई.भी.पोजिटिभ भएको मान्छेसँग संभोग गर्नु भएको छ ?
☐ छ ☐ छैन
- ९) तपाईंले कहिल्यै रक्तदान वा बिक्री गर्नु भएको छ ?
☐ छ ☐ छैन
- १०) तपाईंले लागू औषधी किन्ने पैसा कहाँबाट पाउनु हुन्छ ?
☐ परिवारबाट ☐ साथीभाईबाट ☐ मागेर ☐ ढाँटेर
☐ आफ्नो सामान बेचेर ☐ आफै कमाएर ☐ लागू औषध ओसारपसार गरेर
☐ अन्य (तोकनुहोस्) _____
- ११) के तपाईं अरुलाई लागू औषधी सेवन गर्न प्रोत्साहित गर्नु हुन्छ ?
☐ गर्छु ☐ गर्दिन
- १२) तपाईं कहिल्यै सामुहिक भगडा (Gang fight) गर्नु भएको छ ?
☐ छ ☐ छैन
- १३) लागू औषधी सम्बन्धमा तपाईं कहिल्यै पुलिसद्वारा पकडिनु भएको छ ?
☐ छ ☐ छैन

१४) तपाईलाई एच.आई.भी./एड्स रोग बारेमा जानकारी छ ?

☐ छ

☐ छैन

१५) तपाईलाई हेपाटाइटिसको बारेमा जानकारी छ ?

☐ छ

☐ छैन

१६) तपाईले कहिल्यै रगत परिक्षण गर्नु भएको छ ?

क) एच. आई. भी.

ख) हेपाटाइटिस

☐ छ

☐ छ

☐ छैन

☐ छैन

१७) यदि गर्नु भएको भए, परिणाम के थियो ?

क) एच. आई. भी.

ख) हेपाटाइटिस

☐

पोजेटिभ

☐

पोजेटिभ

☐

नेगेटिभ

☐

नेगेटिभ

☐

थाहा छैन

☐

थाहा छैन

१८) यदि तपाई प्रश्न नं. १७ को क वा ख प्रश्नलाई पोजेटिभ भन्नु हुन्छ भने,

क) के तपाई अबै अरुसंग सुई साटासाट गर्नु हुन्छ ?

☐ गर्छु

☐ गर्दिन

ख) के तपाई अबै असुरक्षित यौन सम्पर्क (सम्भोग) गर्नु हुन्छ ?

☐ गर्छु

☐ गर्दिन

भाग - ३

१) के तपाई लागू औषधी स्वास्थ्यको लागि हानिकारक छ भन्ने कुरामा सहमत हुनुहुन्छ ?

☐ सहमत छु

☐ सहमत छैन

२) तपाई कहिल्यै आफू दुर्व्यसनी भएकोमा घृणीत वा रालानी महशुस गर्नु भएको छ ?

☐ छ

☐ छैन

३) तपाईको आफ्नो दुर्व्यसनी भएकोमा घृणीत वा रालानी महशुस गर्नु भएको छ ?

☐ छ

☐ छैन

४) तपाईलाई आफ्नो दुर्व्यसनीबाट छुटाउन परिवारले सहयोग गर्न सक्छन् जस्तो लाग्छ ?

☐ लाग्छ

☐ लाग्दैन

५) तपाईले कहिल्यै आफ्नो दुर्व्यसन छुटाउन कसैसंग सहयोग माग्नु भएको छ ?

☐ छ

☐ छैन

६) यदि छ भने तपाई अहिलेसम्म सहयोग पाइरहुनु भएको छ ?

☐ छ

☐ छैन

- ७) के तपाईलाई आफ्नो दुर्व्यसनबाट मुक्त हुन सिकन्छ भन्ने कुरा थाहा छ ?
☐ छ ☐ छैन
- ८) के तपाईलाई वि.पि.को.स्वा.वि.प्र.का लागु पदार्थ दुर्व्यसनीको उपचार कार्यक्रमबारे जानकारी छ?
☐ छ ☐ छैन
- ९) तपाईलाई दुर्व्यसनको उपचार गर्ने धरानको पुर्नजीवन केन्द्र बारे थाहा छ ?
☐ छ ☐ छैन
- १०) तपाईलाई यी बाहेक नेपालमा अन्य ठाउँको दुर्व्यसन विरुद्ध काम गर्ने उपचार केन्द्र वा संस्थाको बारेमा थाहा छ कि ?
☐ छ ☐ छैन
- ११) यदि थाहा छ भने प्रश्न नं. ८, ९ र १० को बारमा कहाँ/ कसबाट थाहा पाउनु भयो ?
☐ साथीभाई ☐ पत्र-पत्रिका
☐ टेलिभिजन ☐ रेडियो
- १२) के तपाई कहिल्यै उपचार गर्न जान्छु भन्ने बारे सोच्नु भएको छ ?
☐ छ ☐ छैन
- १३) तपाई उपचारको लागी नजानुका कारणहरु के के हुन ?
☐ जानकारी नभएर ☐ साथीभाईहरुको करकाप
☐ आर्थिक समस्या भएर ☐ आनन्द हुने गर्दा
☐ भेद खुल्छ र हेप्छन भनेर ☐ टाढा जानु पर्ने भएकोले गर्दा
☐ अन्य (तोकनुहोस्)
- १४) के तपाईलाई दुर्व्यसनको उपचार र सेवा बारे अन्य जानकारी चाहिन्छ कि ?
☐ चाहिन्छ ☐ चाहिंदैन

****तपाईहरुको सहयोगको लागि धन्यवाद !****