



Knowledge of Drugs Abuse in Adolescent Girls

(A case study of SEDA Nursing College, Surkhet)

Sarswati Gautam

Assistant Professor

Central Department of Social Work, Journalism and Mass Communication

Midwest University, Nepal

sarswatigautam75@gmail.com

Received: March 11, 2025

Revised & Accepted: April 28, 2025

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Abstract

The drug abuse is the global issue in the present context. The objective of research is to find out status of knowledge regarding the drug abuse in adolescent age group, to recognize the status of knowledge regarding to drug abuse in adolescent age group, to evaluate the awareness level about drug abuse in adolescent age group and to examine the policy related to drug abuse. Altogether 65 adolescent's girls were the respondents of the study. the respondents were selected through purposive sampling method. Some statistical tables were used to analyze and interpretation of data. The study was based on qualitative research design.

A sizable proportion of individuals cited peer pressure as the key reason for beginning drug use. Some respondents cited their difficulty to reject friends and a desire to adhere to group norms as important reasons. Relationship breakdowns and personal loss were identified as major developmental drivers of drug misuse, among age-related changes, social pressures, and unemployment. The majority of respondents stated that mass knowledge is the most effective preventive method to address drug usage, while a smaller minority preferred the use of social media. Participants had moderate awareness of Nepal's drug policies. However, the majority of respondents identified inadequate monitoring as the primary shortcoming in the policy's implementation, with others noting poor execution, a lack of cooperation with the government, and weak institutional structures. When questioned about major players in drug misuse prevention, several respondents underlined the importance of NGOs and INGOs, while others stressed the responsibilities of the government.

Keywords: Girls, Drug Abuse, knowledge, students

Introduction

In the literature, the word 'drug usage' refers to the many ways in which people take drugs, including occasional and regular use. It is widely understood that infrequent usage may not



cause physical or physiological harm; but, chronic drug use is largely regarded to have negative consequences. 'Drug abuse' is often described as the excessive or improper use of both licit and illegal drugs in such a way that it may cause harm to an individual. 'Drug abuse' is a harsher phrase that refers to a pattern of psychoactive substance use that harms the user's mental or physical health. However, there is significant ambiguity between the words (United Nations International Drug Control Program, 1997).

Drug abuse is defined as the repeated use of illicit narcotics or the misuse of prescription or over-the-counter medications with negative repercussions. A natural or synthetic chemical that, when ingested by a live body, alters its functioning or structure and is utilized in the diagnosis, mitigation, treatment, or prevention of illness, as well as alleviation or discomfort. A legal or medical substance, sometimes known as a legal drug or medicine, can be dangerous and addictive if misused (Canning et al. 2004).

Drug usage is a global problem that affects millions of individuals, and Nepal is no exception. Nepali society has become increasingly concerned about rising drug use in recent years. Young boys and girls are the primary users of drugs for a number of reasons, and many young Nepalese have died as a result of drug usage. Drug use presents major issues since it primarily impacts the drug user's health and life, as well as the social well-being of the family and the community. For millennia, Nepal has used drugs including cannabis and alcohol.

Using these substances as part of cultural norms did not cause significant societal difficulties during that time. However, the sorts of drugs utilized have altered over the previous few decades, from cannabis to synthetic opioids and chemicals. Also, the style of drug use has shifted from smoking/ingesting to injecting, which has become one of the leading sources of HIV infection. So, drug misuse has become a multifaceted problem in Nepal, with drug control being a challenge to the authorities. (CBS, 2069). Drug distribution, trafficking, sale, import/export, and dealing are all illegal, however there are many people who sell drugs because there are no strict regulations in place. These laws are not well executed in the country. (Khastrri, 2010)

Birendranagar, in Surkhet district, is the headquarters of Province 6. It is one of Nepal's seventy seven districts. Surkhet is the provincial capital of Karnali Province. Surkhet is one of Karnali's ten districts, located around 600 kilometers (373 miles) west of the national capital, Kathmandu. The district has an area of 2,488.64 square kilometers (960.87 square meters), making it the longest in Nepal. It had a population of 288,527 in 2001 and 350,804 in 2011, with 169,461 men and 181,381 women. It is Surkhet's district headquarters and the commercial heart of the Karnali state in the new federal republic. Surkhet Valley is one of Nepal's inner Terai valleys. Bordering districts are Jajarkot, Dailekh, and Achham to the north, Bardiyanbanke district, and Kailali to the south., Salyan district to the east, and Doti to the west.

Surkhet District had a population of 350,804 in 2011, according to the Nepal census. Of them, 89.6% spoke Nepali, 7.0% Magar, and 1.8% Tharu as their native tongue. It was once part of the Dailekh district until gaining its independence. Surkhet serves as a center for outlying areas like as Kaalikot, Jumla, Mugu, Jajarkot, and Salyan. Many individuals from these districts have



recently moved to Surkhet as a result of the conflict. The bulk of the inhabitants are Bahun and Chettris, with minorities including Newar, Magar, Tharu, Sunaar, and Kaami. The majority of individuals are Hindus. Others include Buddhists, Christians, and Muslims.

The global spread of drugs is a dismal truth, and Nepal is no exception. Tobacco is the most widely used drug in Nepal, followed by alcohol and marijuana. Alcohol and other substance misuse and addiction have led to aggressive conduct among youngsters, a serious public health and security concern. There are an estimated 50 thousand to 60 thousand drug addicts in Nepal, which is not supported by any credible evidence or surveys. The majority of drug users have been discovered to be between the ages of 16 and 20.

Every day, the issue of drug addiction grows more serious. The number of drug addicts who inject narcotics is increasing. It has increased HIV prevalence due to the interchange of unnecessary and dangerous sex practices among drug users. HIV prevalence among drug users in Nepal is 40%, whereas sex workers have a prevalence of just 17%. Despite several prevention measures, HIV prevalence among drug users has climbed from 2% to 40% in recent years. If some of Nepal's largest cities are included, the incidence rate might reach 70 percent. Nepal is presently on the verge of a widespread outbreak (20 February 2013, Kathmandu Post Daily).

The number of drug users in Surkhet district has been growing year after year, according to statistics held by the District Police Office (DPO), Surkhet. 20 cases of drug misuse were reported in the previous fiscal year. During the same period, police detained 35 persons. Similarly, in fiscal year 2015/16, the DPO documented 16 drug misuse instances while making 30 drug-related arrests. According to the DPO's records, the majority of drug users are young people. The vast majority of them are between the ages of twenty and thirty. According to the DPO, 20 of those facing court charges are aged 20 to 30. Similarly, eight of those facing court charges are in the 30-40 age range. In the previous fiscal year, cases were filed at the court against 17 brown sugar users. Police had arrested 31 persons for using brown sugar, while seizing 53.7 grams of the contraband in the district.

Research Questions

- What is the status of knowledge regarding drug abuse in adolescent girls?
- What are the causes and effects of drug abuse in adolescent age group?
- What is the awareness level of drug abuse?

Objective: To explore the status of knowledge regarding the drug abuse in adolescent age group.

Review of Previous Study

History and Origin of Drug

There is no evidence of drug origins in human history. However, the history of mankind includes man's urge to eat or drink items that make him feel ecstatic. Farming began about 6000 BC. Perhaps after that, people started making their own beer. However, the earliest evidence of the sale and drinking of alcohol was discovered between 2067 and 2025 BC. At



the period, Babylon's King Hammurabi attempted to control drinking establishments (Gaffery, 1981)

Cannabis cultivation is believed to have begun around 6000 B.C., according to archaeological data (Gossp and Grant 1990). Cannabis was also employed in Indian communities as late as the seventh century AD, according to religious and mystical sources. Marijuana (Ganja) was thought to be the world's oldest cultivated plant, since it was produced in the Near East by the Assyrians about 9000 years ago (Roche et al. 1988). It later spread from the Near East to other regions of the world, including Central Asia, Africa, South America, North America, and Europe. Later, it was utilized as a sacred artifact in places such as Nepal, India, Jamaica, and Morocco. By the end of the 19th century, Ganja had become the drug in many nations throughout the world (Roche et al. 1988).

The ancient Greek word 'Pharmakon', which meaning both medicine and poison, epitomizes society's ambivalence about psychoactive chemicals (World Drug Report, 1997). The British East India Company held a monopoly on the opium trade from Bengal to China for eighty years after Cleve's victory over the French at Plessey, in 1757. The opium trade was substantially increased by the employment of privateers or 'country ships' sanctioned by the British East-India Company, who had effective control over every step of the chain of distribution, much like today's top heroin traffickers. It was the first time that opium was treated as an international commodity to be marketed on a vast scale (Banks and Waller, 1983).

In the year 1000 A.D., opium was farmed and utilized around the world. People grew poppy for local and medical uses throughout the Balkans, Turkey, Persia, India, and maybe further east. This was the golden age of Unami, Arabic medicine, as well as a time of great culture, study, and trade in the Islamic world. Opium was utilized as a medication during the period for acute and chronic pain, cough, diarrhea, and fevers, and opiates are still used to treat same ailments today, with the exception of fever (Beyrer, 1999). They were frequently employed in the nineteenth century without regard for effects (Bullough et al., 1990).

According to WHO (1987), drug misuse is a global health and social concern. Most persons who take drugs do so because of local conditions and issues. It is therefore important to distinguish between the two definitions of teenage psychoactive drug use. While drug abuse, in the context of this study, and young adults has become a subject of public is used to describe non-medical self-administration of a concern worldwide, partly because of its potential to produce psychoactive effects, intoxication contribute to unintentional and intentional injury (Whichstrom and Hegna, 2003), or altered body image, despite the knowledge of its substance abuse suggests that a substance has a valid medical function and is being used across social, cultural, and religious borders, despite the efforts of the for an inappropriate purpose (American Psychiatric Association, 1994). One major consequence of various Nigerian levels of government and national drug abuse is dependence and addiction, which has been characterised by the Drug Law Enforcement Agency (NDLEA) to stem its by compulsive drug craving seeking behaviours and use tide in the country, which has been consistent and persistent even in the face of negative consequences. The number of instances is increasing, particularly among



the young. These alterations are maladaptive and unsuitable for adolescents aged 10 to 24 (Hung, 2024).

This expansion has resulted in a social or environmental context, which may increase the number of incidents of cultism, putting the individual at danger of damage. Drug experimentation throughout adolescence picked at random in a multistage process. The first stage (aged 11 to 25) is frequent. At this age, kids test so many selections of five faculties using simple balloting. The second new item. They utilize drugs for a variety of reasons, including stage at the faculty level. Four faculty members were chosen at random from each department based on their curiosity, desire to reduce stress, or want to feel mature (NIDA, 2006). Using alcohol and smoke at a young age, except for the Law faculty which is not classified into age, increases the risk of other drugs later.

Drug Addiction and Previous Studies in Nepal

In Nepal, drug addiction affects all demographics. However, the degree of influence differed amongst them. Bhandari (1988) noted that a large number of drug users were single. It was approximately 83%, and the average frequency of drug use is 2.4 times per day, which decreases as addicts age. He goes on to say that 75.4% of addicts are high school or lower school dropouts. However, a significant proportion of continuing college students (62.5%) are drug users (Bhandari, 1988).

In Nepal, there were 50,000 drug users in the beginning of 2001. It had reached roughly 60,000 by the middle of 2003. It is apparent that the number of drug users in Nepali society is steadily growing.

According to the United Nations International Drug Control Program (UNDCP), the reasons for using drugs are as diverse as the persons who abuse them. One of the most difficult challenges in controlling the escalating drug usage has been identifying the source of the deviant behavior (UNDCP, 2003).

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The study found that drug users had poor relationships with their families. That suggests that after using drugs, drug users' relationships with their families have progressively improved. She went on to say that sociodemographic variables have an important effect in drug use. Basnet discovered that 40% of drug users were under the age of 20, another 40% were between the ages of 21 and 25, and the remainder were above the age of 26. Similarly, 84% of drug users were single, with the majority jobless. Limbu's investigation from 2002 yielded the same results.



According to her, the majority of the drug users were between the ages of 15 and 24. Unemployed and unmarried people are more likely to become addicted to drugs than married and working people. The Rai and Limbu ethnic groups have a larger proportion of drug users (59.2%) than the other groupings. Such results were seen in her study as a result of the selection of a Limbu and Rai dominating community, namely Dharan, where the majority of the Lahure Rai and Limbu ethnic groups had lived for centuries. Basnet (1989).

A study of drug users' knowledge of various substances as well as their understanding of the dangers of drug usage on human health. He discovered that 90.6% of the respondents knew about smack, while 72% knew about heroin and brown sugar as hard narcotics. A substantial proportion of drug users were aware of HIV/AIDS and other infections spread by sharing the same shrine. Rai (1996)

The addicts' motivation is one of the most crucial aspects of the overall de-addiction process. Nothing can be done unless addicts establish a strong desire to stop using drugs; otherwise, relapse is inevitable. Addiction is impossible. Social awareness should be increased at several levels, including the individual, family, group, community, and mass level. Treatment can also assist to lower the number (Brian, 2024)).

In Nepal, there are several non-governmental organizations (NGOs) operating in the drug-related subject. Nepal has no designated government sector for drug treatment. A few institutions, including Teaching Hospital Maharajgunj, Mental Hospital Patan, and Gandaki Hospital Pokhara, are providing detoxification services for drug users. There are several non-governmental organizations (NGOs) that work to cure and rehabilitate drug users, including the Freedom Center, Youth Vision, Aasara Sudhar Kendra, Navakiran Rehabilitation Center, and Naulo Ghumati. Rehabilitation is defined as the process of assisting individuals in achieving a state in which they are physically, psychologically, and socially capable of dealing with the situations encountered, allowing them to take advantage of the opportunities available to other people in the same age group in society.

Rehabilitation should thus be a critical component of society's efforts to assist drug addicts in changing their lifestyle. Thus, re-entry, re-adjustment, and independent functioning of recovered former drug addicts are the ultimate goals of rehabilitation. (UN Division of Narcotic Drugs, 1979).

Drug misuse does not have a single cause. However, peer influence is one of the causes of drug misuse in Kenya, and young people are drawn to drugs by those affiliated with them, based on the idea that conduct is learned. (Chesang, R 2003).

According to the National Survey on substance Use in the General Population 2002/2003, nearly one in every five individuals (18.5%) had used an illicit substance in their lives. This increased to more than one in four (26%) of young adults (aged 15 to 34). Cannabis was the most often used illicit substance. One in every six adults has used cannabis at some point in their lives, and this figure rises to one in every four young adults. The Third European School Survey Project on Alcohol and Other Drugs (ESPAD) survey collected information on alcohol and illicit drug usage.



Between 1999 (32%) and 2003 (40%), there was an increase in lifetime earnings among young individuals aged 15-16. Ireland placed third in terms of lifetime illegal drug use, after only the Czech Republic (44%), and Switzerland (41%). In 2003, the average among the 35 ESPAD nations was 22% (Hibell et al., 2004).

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According to a 2005 research on drug use and health, 6.4 million people aged 12 and up in the United States used prescription pharmaceuticals for non-medical reasons in the previous month, with 4.7 million using pain relievers, 1.8 using tranquilizers, and 1.1 using stimulants. (Lessengersetal 2008).

People use drugs for a variety of purposes, from getting high to entering a dreamy, disassociated state. Long-term abuse converts one into a mindless, zombie-like character who contributes little to national development. (Ngesuetal, 2008).

Youth are the most impacted, and the vast majority of heroin users report abusing uploads (NIDA, 2000). The United Nations has expressed worry over rising trends in DDA drug misuse, and it is critical that we have appropriate understanding of the extent of abuse (Apantaku - Olajide, 2011). Seventy percent of persons aged 12 and up who abuse prescription opioids claim they receive them from family and friends, while some get them via prescription medication. (Samhsa, 2008).

Methodological Part

The study used both descriptive and exploratory research approaches. The descriptive component sought to describe the socio-cultural situations of drug users and to investigate community perceptions regarding female students at SEDA Nursing College. The exploratory dimension assessed students' knowledge about drug usage and misuse. The study was done at SEDA Nursing College, which is located in Ward No. 10 of Birendranagar Municipality in Surkhet District, Nepal's Inner Terai area. Relations of family and society, as well as analyzing public attitudes and actions toward drug users. The study's research population consisted of female SEDA Nursing College students. Given the practical limits of examining an entire population, a sample of 65 pupils was purposefully chosen from a group of 120. This purposive sample strategy was adopted with the expectation that these students' educational experience in health sciences would allow them to give meaningful information on drug-related knowledge and attitudes.

Data analysis and Interpretation

This study included a survey of 65 female students from the SEDA nursing college in Birendranagar-10, Surkhet. The survey results serve as one of the earliest major sources of information on drug misuse. The majority of respondents arrived to Surkhet districts from diverse rural locations in Karnali Province. It is intended that the findings of this study would be useful in formulating strategies to address the problem and challenges of drug usage.

Demographic and Socio-Economic Features of the Study Population

Socio-demographic characteristics of respondents such as class, age, sex, caste, Marital status, religion, educational status and family income has been analyzed in this section.

Age structure

The age is an important demographic indicator. Information on age of respondents was collected from all respondents in this study. Age wise composition of respondents is shown by the following table.

Table 1: Age composition of respondents

Age group	No. of respondents	Percentage (%)
10-15	0	0
16-19	65	100
Total	65	100

Above table shows that 100% of respondents are of 16-19 years of age group.

It can be concluded that 65 out of 65 respondents are within the age group of 16-19

Table 2: Caste composition of the respondents

Caste	No. of respondents	Percent
Brahmin	4	6.15
Chettri	28	43.07
Janjati	19	29.23
Dalit	5	7.69
Others	9	13.84
Total	65	100

Table 2 shows that 43.07% of respondents were Chhetri, 29.23% were Janajati, and 14.84 % were others. Similarly, 8% were Dalits and 6.15% were Brahmins. Chhetri made up a higher share (43.07 percent) of the respondents.

Religion

Table 3: Composition of Religion

Religion	No. of respondents	Percent
Hindu	61	93.84
Christian	2	3.07
Buddhist	2	3.07
Muslim	0	0
Total	65	100

Table 3 indicates that majorities (93.84 percent) from Hindu and 3.07 percent were Christian likewise 3.07 percent were Buddhist in the study area

Age Group affected by Drug Abuse

Table 5: Distribution of the respondent's knowledge on age group affected by Drug Abuse

Age Group	No. of respondents	Percent
10- 14 yrs	0	0

15-19yrs	38	58.46
20- 24 yrs	27	41.53
25-30 yrs	0	0
Total	65	100

Table 5 reported that 58.46 percent students were from between 15- 19 yrs age group affected by Drug abuse, 41.53 percent respondents believe that 20- 24 yrs age group is affected by drug abuse. It was found that 10-14 years and 25-30 years of age group were not affected by Drug abuse.

Short term Effects of Drug Abuse related to sexual Assault

Table 6: Distribution of respondents by short term effects of drug abuse related to sexual assault

Short term Effect	No. of respondents	Percent
Nausea/ vomiting	10	15.38
Sedation	36	55.38
Slowed breathing	19	29.23
Drowsiness	0	0
Total	65	100

Above table shows that 55.38 percent believe that sedation is short term effects of drug abuse related to sexual assault, 29 .23percent believe that slowed breathing is short term effects of drug abuse related to sexual assault, 15.38 percent believe that nausea/ vomiting is short term effects of drug abuse related to sexual assault. Similarly, no any respondents told that drowsiness is the short term effect of drug abuse to sexual assault.

Long Term effects of Drug Abuse related to Sexual assault

Table 7: Distribution of respondents by long term effects of drug abuse related to sexual assault

Long term effect	No. of respondents	Percent
Confusion	7	10.76
Anger	2	3.07
Fear	6	9.23
Depression	50	76.92
Total	65	100

The table 7 shows that 76.92% believe that depression is a long-term effect of drug abuse related to sexual assault, 10.76% believe that confusion is a long-term effect of drug abuse related to sexual assault, 9.23% believe that fear is a long-term effect of drug abuse related to sexual assault, and 3.07% believe that anger is a long-term effect of drug abuse related to sexual assault.

Mental Problem Caused By Drug Abuse

Table 8 : Distribution of respondents by mental problem caused by drug abuse

Mental Problem	No. of respondents	Percent
Stress	11	16.92
Anxiety	25	38.64
Depression	20	30.76
Sucide	9	13.84
Total	65	100

Above tables shows that 38.64 percent believe that anxiety is mental problem caused by drug abuse, 30.76 percent believe that depression is mental problem caused by drug abuse, 16.92 percent believe that stress is mental problem caused by drug abuse, 13.84 percent believe that sucide is mental problem caused by drug abuse.

Social Problem Caused by Drug Abuse

Table 9: status of knowledge of drug abuse related to social problem

Social Problem	No. of respondents	Percent
Discrimination	2	3.07
Violence/ trafficking	44	67.69
Isolated	2	3.07
Crime	17	26.15
Total	65	100

Table 9 shows that 67.69 percent of respondents believe that drug abuse causes violence/trafficking, 26.15 percent believe that drug abuse causes crime, 3.07 percent believe that drug abuse causes isolation, and 3.07 percent believe that drug abuse causes discrimination.

Emotional Problem Caused by Drug Abuse

Table 10: Distribution of respondents by emotional problem caused by drug abuse.

Emotional Problem	No. of respondents	Percent
Mentally weak	45	69.23
Fear	1	1.53
Suicide	17	26.15
Violence	2	3.07
Total	65	100

Table 9 shows that 69.23 percent believe that drug abuse causes mental illness, 26.15 percent believe that drug abuse causes suicide, 3.07 percent believe that drug abuse causes violence, and 3.07 percent believe that drug abuse causes fear.

Physical Problems Caused By Drug Abuse

Table 11: Distribution of respondent's knowledge on physical problem caused by drug abuse.

Physical Problem	No. of respondents	Percent
Low weight	64	98.46
Vomiting	1	1.53
Sore throat	0	0
Heart attack	0	0
Total	65	100

Table 11 shows that 98.46 percent believe that Low weight is physical problem caused by drug abuse, 2.53 percent believe that vomiting is physical problem caused by drug abuse.

Table 12: Family Problem created by Drug abuse

Problems	No. of respondents	Percent
Economic Problem	40	61.53
Psychological problem	3	4.61
Social Problem	17	26.15

Violence	5	7.69
Total	65	100

Table 12 shows that 61.53 percent believe that economic problem faced by family due to drug abuse 26.15 percent believe that social problem faced by family due to drug abuse, 7.69 percent believe that violence is problem faced by family due to drug abuse, 4.61 percent believe that psychological problem is faced by family due to drug abuse.

Preventive Measure of Drug Abuse

Table 13: Status of preventive knowledge for drug abuse

Preventive Measures	No. of respondents	Percent
Mass awareness	55	84.61
Social Media	10	15.38
Newsprints/ brochures	0	0
Others	0	0
Total	65	100

The table 13 shows that 84.61 percent of respondents agreed that mass awareness is the most effective preventive measures for drug abuse whereas 15.38 percent of respondents agreed social media is an effective measure for drug abuse. There were no any respondents that said newsprint/brochure or other preventive measures for drug abuse.

Table 14: status of policy related knowledge

Weakness of drug Policy	No. of respondents	Percent
Properly not implemented	6	9.23
Weak mechanism	1	1.53
Lack of monitoring	55	84.65
Lack of coordination between government	3	4.61
Total	65	100

Table 15 reveals that 85 percent of respondents said that lack of monitoring of policy is the major weakness of drug policy, 9 percent of respondents said that policy is not properly implemented, 4 percent of respondents said lack policy lack coordination between



governments. Similarly, 2 percent of respondents said weak mechanism is the weakness of drug policy.

Findings

The major findings of this study, based on the study and data collected from the “Knowledge of drug abuse in adolescent’s girls” have been findings below:

Majority (82 percent) of respondents were unmarried and 18 percent of the respondents were married. More than half of the respondents (68 percent) earned Rs 30000+ per month, 21 percent of respondents earned 20000-30000 per month and only 11 percent of respondents earned 10000 to 20000 per month. 92 percent of respondents that the biological cause of drug abuse is chronic disease. Majority 54 percent of respondents agreed that Peer force is the main reason to start drug. Similarly, 9 percent of respondents believe that not able to deny peers is also a reason to start drugs, 2 percent of respondents believes that not wanting to stand out from the group is also a reason to start drugs.

It was found that 78 percent of respondents said that prevalence of drugs in the community is environmental cause of drug abuse, 14 percent said that following common culture is also environmental cause of drug abuse and 8 percent of respondents said that neighbor taking drugs is also environmental cause of drug abuse. It was found that 58 percent of respondents believes that 15-19 years of age groups are more affected by drug abuse, whereas 42 percent of respondents believes that 20-24 years of age group are more affected by drug abuse. 51 percent of respondents said relationship break up/loss is the developmental cause of drug abuse, 23 percent said because of age, 20 percent said because of society and 6 percent said loss of employment is the development cause of drug abuse.

It was found that 32 percent of respondents reported that robbery is the effect of drug abuse, 26 percent said drug sale, 6 percent said stolen property and only 1 percent of respondent said burglary is the effect of drug abuse. Majority (56 percent) of respondents told that the short term effect of drug abuse is sedation, 29 percent told slowed breathing and 15 percent told nausea/vomiting is the short term effect of drug abuse related to sexual assault. Among the respondents, 77 percent of respondents told depression is the long term effects of drug abuse related to sexual assault, 11 percent told confusion,

percent told fear and only 3 percent of respondents told anger is the long term effects of drug abuse related to sexual assault. 54 percent of respondents said that mental problem is the health problem caused by drug abuse, 34 percent said social problem, 9 percent said physical health problem and 3 percent of respondents said that emotional problem is the health problem caused by drug abuse. Among the respondents, 38 percent of respondents told anxiety is the mental problem caused by drug abuse, 31 percent said depression, 17 percent said stress and 14 percent said suicide is the mental problem caused by drug abuse.

Majority (68 percent) of the respondents told violence/ trafficking is social problem caused by drug abuse, 26 percent of respondents told crime is social problem caused by drug abuse, 3 percent respondents told isolated is social problem caused by drug abuse, 3 percent respondents told discrimination is social problem caused by drug abuse. Majority (62 percent) of the



respondents told that economic problem is the major problem faced by family due to drug abuse. Similarly, 26 percent said social problems, 8 percent said violence and 5 percent of respondents said that psychological problem is the major problem caused by family due to drug abuse. 85 percent of respondents said that mass awareness is the best preventive measure to control drug abuse whereas 15 percent of respondents said that using social media is the best way to control drug abuse. About half of the respondents (54 percent) are aware on the drug policy of Nepal government. Majority (85 percent) of the respondents told that lack of monitoring of policy is the major weakness, 9 percent said policy not properly implemented, 4 percent said lack of coordination with government and 2 percent said weak mechanism is the weakness of drug policy.

Among the respondents, 62 percent told that NGOs/INGOs are the major sector engaged to control drug abuse whereas 38 percent of respondents said government is the main actor to control drug abuse. About half (54 percent) of the respondents told family can provide counseling to control drug abuse, 23 percent said good environment and 23 percent said family can make their children aware to control drug abuse.

Discussion

This study provides significant insights into drug usage among adolescent girls aged 16 to 19, a time marked by a heightened sensitivity to hazardous behaviors (Arnett 2000). The prevalence of Chhetri (43%) and Janajati (29%) respondents indicates that cultural and social circumstances may impact drug usage habits. The majority were Hindu (94%) and unmarried (82%), which is consistent with worldwide data that unmarried young are more likely to take substances (UNODC, 2021).

Despite the fact that over 68% of respondents earn more than Rs 30,000 per month, drug usage appears to be driven by social and psychological factors rather than poverty. 54% reported peer influence as the top cause for drug use, which is consistent with global research that highlight social pressure as a major risk factor (Simons-Morton & Farhat, 2010).

Environmental exposure (78%) and developmental variables such as relationship breakdowns (51%) were the most commonly perceived explanations. The mental health hazards connected with substance usage are highlighted by short-term impacts such as drowsiness (56%), as well as long-term implications such as depression.

Social topics like as crime, violence, and trafficking were prominently covered. Families faced economic (62%) and psychological stress. While 85% of respondents recognized mass awareness as an important preventative measure, they also saw insufficient policy enforcement as a significant deficiency. NGOs/INGOs were seen as the primary actors in intervention.

Conclusion

Drug abuse problem in Nepal has become very serious. Particularly, the urban and sub-urban areas of Nepal are susceptible to sale and abuse of drugs. Therefore, the society, families and the life of adolescents of these areas of Nepal are highly affected and endangered due to the abuse of alcohol, tobacco, marijuana and other pharmaceutical drugs. Youth generations are



the pillars of nation. Unfortunately young generation are using drugs are causing harm to their health due to drug addiction.

It can be concluded that higher number of respondents had 16-19 years of age group and are Hindu. The monthly income of the parents were satisfactory. It was found that peer force is the major reason for starting drugs. The age group that are most affected by drug abuse are between 15-19 years. Majority of respondents believes relationship break up/loss is the major cause of drug abuse. The short term effects of drug abuse are sedation, slowed breathing and nausea/vomiting and long term effects of drug abuse is depression, confusion, fear and anger. Awareness and education against drug addicts is the main factor for controlling drug abuse. The respondents were well known about the causes and effects of drug.

Lack of the knowledge of the harmful effect of drugs has been found as the major cause of drug abuse among the youngsters of the study area. As the situation is worsening, it is imperative to determine the impact of drug abuse and carry out effective drug abuse prevention programs to improve the health of this vulnerable urban population. There is also the need of public awareness raising program through NGOs involving local communities

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