

Knowledge Regarding Drug Abuse Among School Students

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Abstract

Objectives: The aim of this study was to assess the level of knowledge regarding drug abuse among school students.

Materials and Methods: A descriptive cross-sectional study design was used. 106 samples were selected randomly from grades IX and X of Shree Janak Secondary School. Self-administered structured knowledge questionnaire was used for data collection. Descriptive statistics were used to calculate percentage and frequency. The chi-square test was used to find an association between selected demographic variables and level of knowledge. P value of 0.05 was considered significant.

Results: 99.1% of the respondents heard about drug abuse, 97.9% said drug abuse is bad for health, 96.2% said Gaja is commonly available, 51.9% said high chance of getting HIV with drug abuse, 67% said the financial burden is caused, 60.4% said drug abuser performed poorly at school work, 71.7% said awareness program as the way to prevent from drug abuse and 26.4% said counselling. Similarly, 52.8% said rehabilitation is the way to treat drug abuse, 88.7% said dependence on drugs is the long-term complication of drug abuse. The majority 57.5% had poor, 41.5% have adequate and 0.9% had a good level of knowledge regarding drug abuse. **Conclusion:** Half of the respondents had poor knowledge regarding drug abuse and the level of knowledge is significantly higher for Brahmin/Chhetri and poor for Janajati, Dalit and Madhesi.

Key Words: Drug abuse • Knowledge • Students

Introduction

"Drug abuse" is defined as any use of drugs for non-medical purposes almost always for altering consciousness. Drug abuse denotes substances that change the mental or physical state of a person and that may be used repeatedly for that effect leading to abnormality. "Enjoyment" and "Curiosity" were found to have a major influence on their decision to use a substance [1,2]. According to the Central Bureau of Statistics July 2008 report of Nepal, the substances abused in Nepal include cannabis (86.9%), heroin, nitrezipam and buprenorphine (86%), brown sugar (60.5), white sugar (14.3), opium (7.1) and inhalation of adhesives and other polishing substance (2.6%). Substance abuse can be in the form of inhalation, ingestion or intravenous. Altogether there were 46,309 hard drug users of which 92.8% accounted male and 7.2% accounted for female, the average age at the first time drug intake was 17.7. As the first experience of substance abuse often starts in adolescence, and studies have shown that drug use is mainly related to cigarette and alcohol consumption, evidence shows that nearly three-fourths (73.1%) of current hard drug users had experienced first-time drug intake before they reach 20 years. Majority of the hard drug users have a level of education below SLC. The injection mode of drug use is one of the major causes of HIV infection in Nepal [3-5]. Academic difficulties (declining grades, absenteeism from school and other activities, and increased potential for dropping out of school), health-related problems (accidental injuries, physical disabilities and diseases,

and overdoses), poor peer relationships death due to suicide, homicide, accidents, and illness are problems faced by young drug abusers. Both licit and illicit substance use was associated more with male students and the use of a substance by family members had a significant impact on its use by their children [6-8].

As the young age group spends most of their time in school and peers are a strong determinant or influencing factor all these makes this age group prone to use of licit and illicit substance use. The aim of this research was to assess the level of knowledge regarding drug abuse among the students of selected school students and to determine the association between the levels of knowledge regarding drug abuse with selected variables. The findings of the study will be useful to policymakers, researchers, government and non-government agencies, guardians, education providers, health providers and leaders to know the education level on drug abuse.

Materials and Method

Descriptive cross-sectional research was conducted in the Shree Janak Secondary School of province 4, Gaidakot Municipality, ward-5 of Nawalparasi district. At a 10% error and prevalence of 50% 96 samples were required so 106 samples were selected randomly from grades IX (55) and X (51) from each section [9]. Inclusion criteria were students present in the classroom, willing to participate of both genders. Nepali version of the questionnaire was used to collect data. The purpose of the study was explained; participation in this study was voluntary and can withdraw at any time from the study if they wished. Written consent was obtained from the respondent. Self-administered questionnaires were distributed to the participant. A pretested semi-structured questionnaire was filled out by the respondents who were selected for the study. Anonymity and confidentiality of the respondents and data were maintained by giving a unique code number to each participant. The duration for the self-administered semi-structured questionnaire was 20 minutes-30 minutes.

All collected data were reviewed and checked for completeness, consistency and accuracy. The collected data were organized, coded and entered in excel and transfer to SPSS version 26. The findings were analyzed using descriptive statistics; percentages and frequency. The chi-square test was used to find an association between selected demographic variables and level of knowledge.

The semi-structured questionnaire was developed through an intensive literature review, consultation with a research guide and subject expert in the related field. The instrument was pretested among 10% of the total sample i.e. students of class IX & X of Tri Juddha Madhyamic Vidhyalaya Birta-4 Birgunj, Parsa. The reliability of the knowledge questionnaire was 0.90.

Self-administered structured knowledge questionnaire was used for data collection. It was divided into two parts. Part I consist of 14 items related to selected socio-demographic variables such as age, sex, ethnicity, religion, economic status, parent's education, parent's occupation, peer pressure, family history relation with a parent, teenage curiosity to assess the knowledge regarding drug abuse. Part II consist of 19 structured knowledge questionnaire to assess the knowledge regarding drug abuse to obtain information regarding definition, causes, sign & symptom, effect, prevention, complication and treatment of drug abuse.

Results and Discussion

Drug abuse affects a person's nutrition, sleep, decision-making and impulsivity, a risk for trauma, violence, injury, and there is a risk of communicable diseases to both people who are taking drugs and those around them. The effect on the ability to control their stress level, decision making, ability to learn and remember, etc. make it much more difficult for someone to stop taking the drug even when it's having negative effects on their life and they want to quit. Long-term effects include heart or lung disease, cancer, mental illness, HIV/AIDS, hepatitis, and others [10]. Most drug users are 56.1% students, 95.4% smokers and 85.7% influenced by their friends [11].

The Narcotics Drugs (Control) Act, of 1976 has provisions for the prevention and treatment of drug users. The Department of Narcotics Control under the Ministry of Home Affairs (MHA) has responsibility for narcotics issues in Nepal [12]. The findings of the present study showed a majority (57.9%) of the respondents had poor knowledge regarding drug abuse, 41.5% had satisfactory and 0.9% had good knowledge. A study carried out among high school adolescents of Dhaka by Zaman and Almajidi [13] revealed that among 120 students, 84.2% had poor knowledge about drug abuse, 15.8% had average knowledge and none had good knowledge about it. Whereas, Tsering, Pal and Das Gupta [2] revealed that the level of knowledge on the harmfulness of substance use was very high (urban 84.6% and rural 61.5%) among high school students in India. The study conducted by Haddad L. on Jordanian adolescents showed students of both sexes were knowledgeable about aspects of substance abuse [14]. Billalli SF. finding contradicts with current study and revealed that the majority (65%) had inadequate knowledge and (35%) had moderate knowledge regarding drug abuse and its ill effects [15].

Almost 99.1% of the respondents heard about drug abuse. Among them, 41.5% heard from mass media and 12.3% from family. A study carried out by Tsering, Pal and Das Gupta (2010) revealed that media was the most frequent source of information among high school adolescents in India (Table 1).

Regarding the meaning of drug abuse, almost all (95.3%) of the respondents said inconsistent use of drugs and a few (0.9%) said using a necessary tablet. A similar study carried out in Nigeria by Adebawale *et al.* revealed, that more than 50% know the meaning of drug abuse, the dangers of using drugs wrongly and the legal status of drug abuse [16]. Among the respondents, almost all (95.3%) said teenage curiosity /peer pressure is the cause of drug abuse in students. UN Office on Drug and Crime reported that peer pressure, curiosity and lack of awareness are the main reasons for youth getting involved in drug use in Nepal (Table 2). The present study shows that most (84%) of the respondents said drug-abused people can get out of it. A similar study carried out by

Table 1: Socio-demographic characteristics of the respondents

Variables	Frequency	Percentage
Age in years		
13-15	82	77.4%
16-18	24	22.6%
Gender		
Male	55	51.9%
Female	51	48.1%
Religion		
Hindu	93	87.7%
Buddhist	10	9.4%
Christian	3	2.8%
Ethnicity		
Dalit	14	13.2%
Janjati	34	32.1%
Madeshi	1	0.9%
Brahmin/Chhetri	57	53.8%
Study in Class		
Class 9	55	51.9%
Class 10	51	48.1%
Monthly family income (NRs.)		
<15000	15	14.2%
15001-20000	20	18.9%
20001-24000	21	19.8%
>24000	50	47.2%
Relationship with parents		
Very good	91	85.8%
Good	11	10.4%
Normal	2	1.9%
Poor	2	1.9%
Relationship with friend		
Very good	80	75.5%
Good	24	22.6%
Normal	2	1.9%

Table 2: Respondents Knowledge on Drug Abuse

Variables	Frequency	Percentage
Heard about drug abuse		
Yes	106	100%
If yes, source of information **		
Mass media	45	41.5%
Family	13	12.3%
Friend	19	17.9%
Teacher	41	38.7%
Meaning of drug abuse		
Taking a medicine	4	3.8%
Using necessary tablet	1	0.9%
Inconsistent use of drugs*	101	95.3%
Health perspective of drug abuse		
Good for health	-	-
Bad for health*	104	98.1%
Required for health	2	1.9%
Useful in our daily life	-	-
Community available drug for abuse **		
Ganja	102	96.2%
Chares	9	8.5%
Marijuana	1	0.9%
Cocaine	3	2.8%
Cannabis	1	0.9%
Heroin	2	1.9%

**Multiple Response * Right answer

Table 3: Respondent's Knowledge of: Cause, Sign and Symptom and Effects of Drug Abuse

Variables	Frequency	Percentage
Cause of drug abuse in student		
Good relationship with parent	2	1.9%
Good knowledge about the complication of drug abuse	3	2.8%
Teenage curiosity /peer pressure*	101	95.3%
Signs and symptoms of drug abuse **		
Poor decision making	44	41.5%
Poor self-control	47	44.3%
Increase interest in work	7	6.7%
Poor communication skill	18	17.0%
Increase irritability and aggressiveness	80	75.5%
Effect of drug abuse **		
Physical effect	59	55.7%
Psychological effect	82	77.4%
Social effect	37	34.9%
Economic Effect	42	39.6%
Physical effect of drug abuse		
Depression	35	33.0%
Stress	11	10.4%
High chance of getting HIV with drug use*	55	51.9%
Low socio-economic status	5	4.7%
Psychological effect of drug abuse		
Having family support	1	0.9%
Good relationship with friend	3	2.8%
Increase irritability and aggressiveness*	91	85.8%
Accident	11	10.4%
Social effect of drug abuse		
Decrease the chance of getting a communicable disease	2	1.9%
Improve personality	3	2.8%
Quarrel and fights*	99	93.4%
Sleeping disturbance	2	1.9%
Economic effect of drug abuse		
Decrease crime	8	7.5%
Trouble with police	13	12.3%
Financial burden*	71	67.0%
Accident /Injuries	14	13.2%

**Multiple Response * Right answer

Table 4: Respondent's Knowledge Regarding Prevention, Treatment and Complications of Drug abuse

Variables	Frequency	Percentage
Ways to prevent from drug abuse**		
Supportive therapy	35	33.0%
Awareness program	76	71.7%
Involve in a peer-to-peer prevention program	44	41.5%
Counselling	28	26.4%
Ways to treat drug abuse		
Leave the person alone	1	0.9%
Provide calm environment	19	17.9%
Rehabilitation*	56	52.8%
Involve the person in regular activity	30	28.3%
Short term complication of drug abuse		
Lung cancer	17	16.0%
Hepatitis	11	10.4%
Affect in person decision making*	75	70.8%
Pneumonia	3	2.8%
Long term complication of drug abuse		
Headache	6	5.7%
Irritability/Aggressiveness	6	5.7%
Dependence to drug*	94	88.7%

**Multiple Response * Right answer

Table 5: Frequency and percentage of respondents' Level of Knowledge Regarding Drug Abuse.

Level of Knowledge	Frequency	Percentage
Poor knowledge <50%	61	57.5%
Satisfactory Knowledge 50% to 75%	44	41.5%
Good knowledge >75%	1	0.9%

Table 6: Association of Respondent's Level of Knowledge with Selected Variables

Variables	Poor	Satisfactory	χ^2 Value	p Value
Age Group				
13-15	44	38	2.242	0.134
16-18	17	7		
Gender				
Male	34	21	0.854	0.356
Female	27	24		
Religion				
Hindu	54	39	0.083	0.773
Buddhist/ Christian	7	6		
Ethnicity				
Dalit/ Madhesi	8	7	7.51	0.023
Janjati	26	8		
Brahmin/Chhetri	27	30		
Father's education				
Literate	57	41	0.202	0.653
Illiterate	4	4		
Mother's education				
Literate	52	42	1.687	0.194
Illiterate	9	3		
Father's occupation				
Service	19	15	2.805	0.423
Agriculture/ Homemaker	5	8		
Business	19	10		
Labour/ Abroad	18	12		
Mother's occupation				
Service	6	6	0.659	0.883
Agriculture/ Homemaker	41	31		
Business	11	6		
Labour/ Abroad	3	2		
Monthly income (NRs.)				

<15000	8	7	1.637	0.651
15001-20000	14	6		
20001-24000	12	9		
>24000	27	23		

Bhattarai and Chudal in Biratnagar, Nepal showed that more than three-fourths (75.8%) mentioned people can get rid of drug addiction (Table 3).

Majority (71.7%) of the respondents said awareness programs as the way to prevent drug abuse and 26.4% said counselling. Similarly, 52.8% said rehabilitation is the way to treat drug abuse and 0.9% said to leave the person alone. A similar study carried out in Biratnagar, Nepal by Bhattarai and Chudal showed that around two third (68.2%) respond that drug addiction can be controlled by awareness programs and counselling whereas others i.e. 31.8 % are unaware of it. Out of 66 respondents, 80.3% said that media help to control drug addiction by delivering knowledge about drugs. Two third (66.7%) said drug addiction can be treated with rehabilitation, providing counselling and the use of medicine (Tables 4 and 5).

This study supports that knowledge regarding drug abuse is significantly associated with education level, family occupation and family members involved in drug addiction (Table 6).

Drug abuse affects individuals, families and social life. There is an increase in the number of adolescents in licit and illicit use of the substance. This state of substance abuse needs to be focused on time if not, the state will lose a huge number of productive and creative human resources and there will be a state increase in criminal activities. Adequate knowledge of drug abuse and its effects to adolescents, creating a healthy school, social and family environments for children and adolescents is one of the key steps necessary to prevent this problem [17]. Beside this, since, senior household members are the first and most effective educators to their kids, they should be provided with informal education about drug abuse, its cause, consequences and preventive ways for getting rid of drug abuse.

Conclusion

From the result, it is concluded that above half of the respondents had poor knowledge regarding drug abuse and the level of knowledge is significantly higher for Brahmin/Chhetri and poor for Janajati, Dalit and Madhesi. So, a special educational package should be included in the course contents. Narcotics Drugs (Control) Act, 1976 (2033 BS) is the legal framework for drug control issues in Nepal. The Ministry of Home Affairs has established a National Coordination Committee for Drug Abuse Control (NCC) for strengthening management procedures, policy and strategy.

Limitation

The study was conducted only in Shree Janak Secondary School of Gaidakot Nawalparasi. So the finding cannot be generalized to other setting.

Recommendation

Intervention programs like health education, awareness program should be undertaken in order to maintain the knowledge regarding drug abuse at an optimum level. Curriculum regarding drug abuse can be included in their academic schedule. Similar studies can be conducted on a larger scale for wider application. A comparative study can be carried out between government and private secondary schools.

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