

## **Prevalence of Substance Abuse among Female Residential Students of Dhaka University**

**Jesmin Akhter\***

### **Abstract**

*Nearly 17% of the female residential students of Dhaka University are substance abusers. Commonly used substances are cannabis (44%) and phensidyl (44%) while sedative ranks second (32%). Majority (87%) of the respondents procure them through friends and associates. Nearly 40% respondents perceive easy availability to be the main reason of abuse followed by peer pressure (26%) and depression recovery effort (22%). Substance abuse is found significantly associated with disturbed family peace, lack of attention of the parents and a wide array of frustration regarding study and future. Father's education and occupation is also found associated with substance abuse behavior. Therefore, this work will be helpful for public health professionals and social scientists to find out the potential risk factors of substance abuse among female in the socio-cultural context to implement social and public health interventions.*

**Keywords:** Substance abuse, Peer pressure, Routes of taking substance, Female residential university students, Hypotheses, Frustration

### **Introduction**

Substance abuse is one of the major public health issues throughout the world that is causing serious social and economical burden to different nations. The national co-morbidity survey in the USA found that the one year prevalence for drug misuse and drug dependence (excluding alcohol) is 3.6%, whilst the lifetime prevalence is 11.9% (Kessler, McGonagle and Shanyang 1994, p. 8-19). The cost of addictive illness to Americans is currently \$144 billion per year in health care and job loss (Galanter and Kleber 1999). In Europe as well as in our neighbor country India, the scenario is almost same. In Bangladesh, drug related problems are gradually becoming a burning issue in context of social, economical and medical perspective. An estimation given by the Department of Narcotic Control of Bangladesh revealed that about 1.5 million people are involved in abusing drugs of various kinds (DNC, 1995).

Drugs seem to avert emotional and physical pain by providing the user with a temporary and illusionary escape from or way to cope with life's realities. The person looks on drugs as a cure for unwanted feelings. The painkilling effects of drugs become a solution to their discomfort. This release is the main reason a person uses drugs second or third time. Drug addiction, then, results from excessive or continued use of physiologically habit-forming drugs in an attempt to resolve the underlying symptoms of discomfort.

Drug user starts out as an occasional user, and that initial use is a voluntary and controllable decision. But as time passes and drug use continues in more subtle ways that can result in compulsive and even uncontrollable drug use (Mahbuba, 2010).

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\* Assistant Professor and Coordinator, Department of Public Health, ASA University Bangladesh

Drug abuse is spreading like mushroom & invading every level of our nation like home, educational institution & affecting individuals of all classes. Everywhere the target group is our young population between the ages of 18 to 30. This is the period of life for exploration and experimentation - the means by which 'young people learn who they are and what they want to do with their lives', and trying out new things and making first-time choices (Westermeyer 1999, p. 253-73). These make them vulnerable to experiment drugs.

They try to remove depression using drugs as a tool. Failed relationships and broken hearts are also major inducements of drug abuse in young people. Unwanted events and refusal can make one lose confidence resulting into the use of drugs. Young people belonging to the higher class of the society take alcohol and other drugs to maintain their status in the friend circles. Day by day they become more addicted to these drugs. Another important cause of substance abuse is the availability of drug. The law enforcement agencies are not being able to stop the drug dealing and trafficking. Unemployment is also another reason why many young people get frustrated and land into depression and eventually use drugs. They become associated with criminal acts also. Sometimes young people are motivated by the political people to take drugs. Many political leaders are related to drug trafficking (Nurun Nabi, 2009).

Abuse to substance may be an expression of his/her revolt against established authority, a way of gaining recognition in the group or influence of friends, s/he may just not be able to say 'NO' when offered or failure of teenage love or family problem or childhood sex abuse.

They may turn to drugs to escape stress or loneliness or to overcome shyness in social situations. They may want to be seen as grown up or as a risk take or they may simply be curious. A young person with low self-esteem may feel they are not as smart, attractive, talented or popular as their peers (Mahbuba,2010).

Apart from these, the young people from higher income family are used to take drug and alcohol as they consider it fashionable. Boys and daughters of high class families always enjoy more freedom to move here and there with friends and sometimes they experiment with drugs (Mahmud, 2009).

As a whole it can be said that high socioeconomic status, lack of academic achievement, disenfranchisement from mainstream activities, 'boredom', peer acceptance, marginalized status, disabling family environment, and personal characteristics (such as high curiosity, tolerance for risk, lack of self-esteem, the need to look older, etc.) are implicated for abuse of drugs by young people (Binion et al. 1988,p. 47-64). Family influences in the form of parental use and opinions about tobacco, alcohol and drugs have a profound effect on drug abuse behavior (Gerra et al. 1999, p. 75-96). The situation is compounded by the rapidly changing social and sexual mores leading to wide permissiveness in society in the last few decades.

Males are more likely than females to abuse drugs. According to the 1999 National Household Survey on Drug (NHSDA) – an annual Substance Abuse and Mental health Services Administration survey - 8.1 percent of males and 4.5 percent of females older than age 12 had used illicit drugs, and this ratio has remained fairly constant throughout the 29-year history of the survey. Research by Dr. James Anthony, a NIDA –supported scientist at the Johns Hopkins

University School of Hygiene and public health in Baltimore, shows that these gender differences in drug abuse are not related to gender differences. Instead, they have their foundation in the very first stage of drug involvement-the opportunity to use drugs given the opportunity to use, males and females are equally likely to use drugs. The proportion of opportunities to use marijuana was 59 percent of males compared with 43.9 percent of females; to use cocaine 28.7 percent of males and 18.3 percent of females; to use hallucinogens, 18.6 percent of males and 10 percent of female and to use heroin, 7.8 percent of males and 3.2 percent of females.

According to United Nation survey report some 65 lakh people in Bangladesh are drug addicts. Of them 13 per cent are female and rest 87 per cent are male.

According to the expert, the rate of female drug addicts is increasing due to family feud, frustration caused by failure in love and jobs and bad company. Besides, being curious female students are taking drug when they are engaged in gossiping with their friends on the college or university campuses (Shafiq,2008).

According to government and non-government sources (The Bangladesh Today) At least 1 lakh and 50 thousands women are drug addicted, 90 per cent of them are young people between age of 18 to 25. Most of the totals are lower and middle class family members. Especially, a portion of them are students of different private and public universities located in the city. In the recent days, the female students are being addicted to drugs and their number is on the sharp rise. A good number of students involved in student politics take different types of drugs and alcohols and at one stage, they become addicts. A significant number of drug addicted females are seen taking drug in front of the Institute of Fine Arts of Dhaka University. On the other hand, premises of central Shaheed Minar witness a heavy rush of female drug addicts especially in the evening (Mahmud, 2009).

The large number of contraband items including phensidyl, heroin, cannabis, pathedrin, seduxen, and yaba arrive at Tongi Station Road, Aminbazar truck stand through the Turag river, village Bardeshi and Vakurta union parishad of Savar, Zinjira of Keraniganj and the eastern parts of the capital. Besides, suburbs and the adjoining areas of the capital including Keraniganj, Savar, Pagla, Tongi and Kaliganj of Gazipur and Chittagong Road are the main shelters of the drug-dealing criminals. Myanmar, Vietnam and Laos cultivate and produce opium and heroin and the mafia leaders have been supplying across the country including neighboring countries. Of the countries, 70 per cent of the heroin and opium produced by Myanmar enter into Bangladesh by river routes. Then country's drug traders associating with members of law enforcing agencies pass the drug and alcohol items to different parts of the city to their clients. They don't stay in the same area for long and come to the area with drugs for the clients communicating with clients by mobile phone (Mahmud, 2009).

The effects of drug abuse are felt on many levels: personal, friends, family and societal. Individuals who use drugs experience a wide array of physical effects due to their drug and alcohol addiction that they had never anticipated. Additional effects of drug addiction include tolerance, withdrawal, sickness, overdose age, and resorting to a life of crime. The effects of drug addiction can disrupt family life and create destructive patterns of codependency. The effect of drug addiction on society manifests itself through lost work time and inefficiency (Liddle, 2008).

Young people face some problems like behavior problems, emotional distancing, isolation, depression, or fatigue, irritability, or change in level of cooperation around the house, decrease in interest in personal appearance, rapid weight loss, changes in mood, eating, or sleeping patterns and memory problems after taking drugs (Cepulkauskaitė, 1998). It is a combination of several factors, including society, family and peers.

Drug abuse in young people has dire consequences such as unnatural death in the form of homicide or suicide, premature morbidity from STDs, needle-borne infections like Hepatitis-B, Hepatitis-C, HIV and accidental injuries (Newcomb and Bentler 1988).

The toll for this abuse can be seen in our hospitals and emergency departments both through direct damage to health by substance abuse and its link to physical trauma. Jails and prisons tally daily the strong connection between crime and drug dependence and abuse.

Prevention is better than cure. It would be much more cost-effective and socially beneficial if the epidemic of substance abuse in Bangladesh could be managed by preventive interventions specifically targeted at the young people. However, very little information is available on this issue. Particularly no large-scale, long-term study among female substance users studying at higher educational institutions has been undertaken in our country. So it is of great interest and worthy of research in this area and predict a scenario regarding the substance abuse status of the female residential students of Dhaka University and factors related to their behavior.

### **Methodology of the study**

This study was descriptive in nature. The descriptive method has been chosen due to its versatility across public health disciplines and broad appeal to the administrator and policy analyst for planning, monitoring and evaluation. The study was carried out in Ruqayyah Hall and Shamsun Nahar Hall of Dhaka University which were selected randomly. A total of 296 respondents (148 respondents from Ruqayyah Hall and 148 respondents from Shamsun Nahar Hall) were taken as sample following simple random sampling technique. Equal number of students from each academic year (from honors 1<sup>st</sup> year to honors 4<sup>th</sup> year - 60 students respectively) have been chosen randomly for data collection. From Masters level 56 students have been chosen.

The study was based on the basis of primary data. A pre-tested semi structured questionnaire was used to accomplish the purpose. The respondents were requested to fill up the questionnaire with 40 questions where 16 questions were set to know the socio-demographic factors and 24 questions were on substance abuse. Voluntary participation of the respondents as well as the confidentiality of their information was strictly maintained. Informal oral consent from each respondent was obtained. Hypotheses were formulated to find out the possible link of substance abuse behavior to some predisposing factors responsible for the initiation of substances use. Chi-square test was done to test the hypotheses with 0.05 level of statistical significance. SPSS version 16 was used to analyze the data. Findings were presented in narrative form with tables and graphs.

### **Findings**

Median age of the respondents was  $22 \pm 1.98$  years. Majority of them were Muslims (72%), hailed from middle income family (63%). Forty-five percent of their fathers had graduate level of schooling, while 47% of their mothers had secondary level of schooling. Business and service were the two most common occupations of the participants' fathers (47% and 42% respectively) while most of the mothers were engaged in household tasks (85%).

**Table I. Demographic characteristics of the respondents (n = 296)**

Demographic characteristics	Frequencies	Percentage (%)
<b>Age (yrs)</b>		
≤22	190	64.2
>22	106	35.8
<b>Religion</b>		
Islam	213	72.0
Hindu	79	26.7
Christian	2	0.7
Buddhist	2	0.7
<b>Family member</b>		
≤ 4	60	20.2
5-8	213	72.0
> 8	23	7.8
<b>Family income (in Tk)</b>		
Low (<5000-10000)	185	21.2
Middle (11000-20000)	66	63.5
High (≥ 20000)	45	15.3
<b>Marital status</b>		
Single	255	86.1
Married	41	13.9

\* **Median age** = (22.0 ± 1.98) years; \*\* **Median income (range)** = 2000/-(2000 – 50000) TKs.

In response to the query regarding the relationship of the participants with their family members, twenty three percent participants were found getting caring assistance from their parents all the time. Around fifteen percent participants revealed an unsupportive attitude of their parents towards their feelings and desires. 84% abusers were from a disharmonious family environment where parents are not living together. Out of 41 married respondents only 9.8% had hearty relationship with their husbands. Even they were in quarrelsome relationship with their-in-laws too.

**Table II. Relationship of the respondents with family members:**

Relationship with family members	Frequencies	Percentage (%)
<b>Attitude of parents towards feelings and desires</b>		
<b>Supportive</b>		
Always	257	86.8
For a while	69	23.3
Infrequently	113	38.2
<b>Unsupportive</b>	75	25.3
<b>Relationship with husbands (n = 41)</b>	39	13.2
Adoring and caring	04	9.8
Satisfactory	24	58.5
	13	31.7

### Quarrelsome

Of the total respondents 16.9% were subjected to different types of substance abuse. The principal substances used by the abusers were cannabis and phensidil (each 44%), while sedative ranked 2<sup>nd</sup> (32%). Cannabis and Phensidil are the higher amount because of the low price and these are more available also. Initially tobacco and then alcohol and phensidil was the drug of choice. Cannabis was initiated more in the late period. The most frequent route of taking substances was oral route (73%) followed by smoking (26%) and injection (13%). The substance abusers were found addicted to more than one drug. For 68% informants, substance abuse endured for more than 12 months.

Male friends had introduced drugs initially to 74% of the abusers whereas in 26% introduction to drug use was by the friends residing together in hostel. Majority of them were taking drugs occasionally. The respondents who were taking drugs on a regular basis, 56% of them take it once daily. Majority of the abusers (72%) spent more than 1000TK/month for purchasing substances. Around seventy percent abusers managed money from their parents followed by friends (8%) and relatives (4%). A large portion of the abusers also borrow money also from their roommates, friends and family members.

While exploring participants' opinion about the factors responsible for initiating substances abuse, the most common factors perceived by them were easy access and availability of drugs



(40%), pressure from peer group (26%), quarrelsome family environment (21%), depression recovery effort (21%), to have a taste of new thing out of curiosity (13%), failed relationship (8%) and leader pressure (4%). As reason of depression they mainly depicted uncertainty about future followed by familial disharmony, having been estranged in love and financial constraint. With the married participants, marital conflict was a common initiating factor of drug abuse.

\* Total will not correspond to 100% because of multiple responses

Asked about source of procurement of drugs, majority (87%) of the respondents informed that they used to procure them from their friends and associates. Some 21% managed them from drug-stores, 4% from the drug-dens and the rest (8%) from drug peddlers.

Out of total respondents only 38% were linked with some sociopolitical association. Among non abusers this percentage is high which is 81%. They were mainly linked with cultural group, sporting club, political party and youth club.

More than half (52%) of the abusers showed willing attitude to give up substance abuse behavior. Among the respondents who are willing to give up the habit, asked about whether they have ever tried, only 15% responded that they did. Majority of them were aware of the harmful effects of substance abuse on human health (87%).

Table III. Distribution of respondents willing to give up substance abuse behavior (n=50) and ever tried to give up (n = 26)

Willing to give up substance abuse behavior	Frequencies	Percentage (%)
Yes	26	52
No	24	48

Ever tried to give up	Frequencies	Percentage (%)
Yes	4	15.3
No	22	84.7

Respondents in joint families were consuming significantly higher amounts of substances as compared with their counterparts in nuclear families ( $P < 0.001$ ). A significantly higher proportion of substance abuse was associated with predisposing factors like disturbed family environment where parents are not living together, unsupportive attitude of the parents, lack of congenial relationship with husband and in-laws, frustration regarding study and having been estranged in love which were statistically significant ( $P < 0.05$  for all). Analysis also indicated that higher level of father's education (graduate and above) and father's occupation in business/ trade was also significantly associated with substance abuse. Conversely, mother's education was not found statistically significant regarding this issue.

**Table IV. Association between substance abuse and predisposing factors**

Factors	$\chi^2$	df	p-value
Fathers education	8.446	1	0.002
Type of family	18.368	1	< 0.001
Fathers occupation	6.377		0.009
<b>Attitude and attentiveness of parents</b>	76.614	1	< 0.001
<b>Relationship with husband and husband in-laws</b>	7.507	1	0.007
Reasons of depression			
- Study	12.958	1	< 0.001
- Failure in affairs	13.139	1	0.001

### Conclusion and Recommendations

Substance abuse among young people is an emerging public health and social problem in Bangladesh. The present study reveals the prevalence of substance abuse among female residential students of Dhaka city is 17%. This study also revealed that the most common substance being abused is the widely available Cannabis (44%), Phensidil (44%) and sedatives (32%).

This study also finds that respondents belonging to disabling family environment are the highest substance consumers (51.2%). The respondents who are taking drugs on a regular basis, most of them start taking drugs as occasionally for the first time. They are aware of the damage of the drug abuse but they thought that these small amounts of drugs can harm only a little bit to their body. Moreover most of them have willing attitude to give up the habit. But some of them went to drugs again cause of their addicted friends. In conclusion, it can be said that as peer network and family environment are important determinants of substance abuse, so it demands the attention of public health professionals and social scientists for preventive health education and behavior modification intervention. Governmental regulation and legislation should be introduced to drug dealers, suppliers and also to the users. Family restrictions play an important role. They should be

provided a restricted pocket money and parents should monitor their friendship. Hence, a very realistic approach to control the problem would be effective Information Education and Communication (PHIEC) activities especially directed toward young people and their family members. Innovative use of mass media and mainstreaming the problem in curriculum, involvement of young people as peer educators may be some effective interventions.

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### Footnote

#### Cannabis

Cannabis, also known as marijuana (from the Mexican Spanish marihuana) and by other names, refers to preparations of the *Cannabis* plant intended for use as a psychoactive drug and as medicine. Chemically, the major psychoactive compound in cannabis is delta-9-tetrahydrocannabinol, it is one of 400 compounds in the plant, including other cannabinoids, such as cannabidiol (CBD), cannabinol (CBN), and tetrahydrocannabivarin (THCV), which can produce sensory effects unlike the psychoactive effects of THC.

Contemporary uses of cannabis are as a recreational drug, as religious or spiritual rites, or as medicine; the earliest recorded uses date from the 3rd millennium BC. In 2004, the United Nations estimated that global consumption of cannabis indicated that approximately 4.0 percent of the adult world population (162 million people) used cannabis annually, and that approximately 0.6 percent (22.5 million) of people used cannabis daily. Since the early 20th century cannabis has been subject to legal restrictions with the possession, use, and sale of cannabis preparations containing psychoactive cannabinoids currently illegal in

most countries of the world; the United Nations has said that cannabis is the most used illicit drug in the world.

Cannabis is consumed in many different ways, most of which involve inhaling vaporized cannabinoids ("smoke") from small pipes, bongs (portable version of hookah with water chamber), paper-wrapped joints or tobacco-leaf-wrapped blunts. Fresh, non-dried cannabis may be consumed orally. However, the cannabis or its extract must be sufficiently heated or dehydrated to cause decarboxylation of its most abundant cannabinoid, tetrahydrocannabinolic acid (THCA), into psychoactive THC. Cannabinoids can be extracted from cannabis plant matter using high-proof spirits (often grain alcohol) to create a tincture, often referred to as Green Dragon.

Cannabis can also be consumed as a tea. THC is lipophilic and only slightly water-soluble (with a solubility of 2.8 mg per liter), so tea is made by first adding a saturated fat to hot water (i.e. cream or any milk except skim) with a small amount of cannabis. The high lipid-solubility of cannabinoids results in their persisting in the body for long periods of time. Even after a single administration of THC, detectable levels of THC can be found in the body for weeks or longer (depending on the amount administered and the sensitivity of the assessment method). A number of investigators have suggested that this is an important factor in marijuana's effects, perhaps because cannabinoids may accumulate in the body, particularly in the lipid membranes of neurons.

### **Phensedil**

It is an orange-brown colored cough suppressive liquid, with a characteristic odour, mainly of chloroform and banana. It is composed of Promethazine Hydrochloride, Codeine Phosphate and Ephedrine Hydrochloride.

In a flavoured syrupy base Phensedyl contains codeine-phosphate, chlorpheniramine maleate and ephedrine in variable amounts. The 'magic' substance in the Phensedyl syrup is codeine-phosphate, and this eventually makes users addicted to the drug. The presence of ephedrine hydrochloride in Phensedyl creates high blood pressure and can cause sudden death due to cardiac problem or heart failure. Without realizing the harmful consequences of the above chemical agents many youths feel that it would be smart and fashionable to take Phensedyl. Many of them abuse the drug to forget the grim reality of their existence. As a result of the continued misuse, the addicts are becoming victims of many physical ailments: irreversible damage of brain cells, hallucination, manic depression, heart disease, cancer, liver damage and ultimately dying. Despite the availability of medical evidences that the drug has devastating consequences on the body's vital organs, very little is known to the outside world about the escalation of Phensedyl menace in Bangladesh. The country needs a comprehensive approach to address this cross-border issue of a complex nature. Phensedyl is produced in India licitly, but banned in Bangladesh, Nepal and Philippines for its sedative properties. This variation in the Indian medical policy has encouraged many cross-border traffickers to increasingly smuggle Phensedyl into the black markets in Bangladesh.

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**Appendix**  
**Table I. Substance abuse profile**

Substance abuse profile	Frequencies	Percentage (%)
<b>Addiction to substances (n = 296)</b>		
Yes	50	16.9
No	246	83.1
<b>Duration of abuse (months) (n = 50)</b>		
≤ 6	6	12.0
7 – 12	10	20.0
>12	34	68.0
<b>Type of substances (n = 50)*</b>		
Brown sugar	04	8.0
Cannabis (Ganja)	22	44.0
Phensidil	22	44.0
Sedative	16	32.0
Alcohol	4	8.0
Others (Tobacco, Pathedine)	6	12.0
<b>Route of taking substance (n = 50)*</b>		
Oral (Chewing, swallowing)	34	73.9
Smoking, Snorting	12	26.1
Injecting	06	13.0
<b>Frequency of oral substance use (n = 34)</b>		
Once daily	19	55.89
More than once daily	15	44.11
<b>Source of procurement of substance (n = 50)*</b>		
Drug store		
Drug dens	10	21.7
Friends and associates	02	4.3
Drug peddlers	40	87.0
	04	8.7
<b>Money spent for procurement (n= 50)</b>		
< 500	08	16.0
500 – 1000	06	12.0
> 1000	36	72.0

\*Total will not correspond to 100% due to multiple responses

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