

**YOUTH ABUSER'S PERCEPTION REGARDING SUBSTANCE
ABUSE AND ITS ASSOCIATED FACTORS: A QUALITATIVE
STUDY**



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Statement of Authorship

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Abstract

Background: Increasing substance abuse and its impact is a worldwide public health concern. Young peoples are more vulnerable due to curiosity, peer group influence and availability of substances.

Aim and Objective: The present study aims to explore the perception of youth substance abuser's regarding substance abuse and its associated factors. The objectives are to explore the reasons of substance abuse, to explore the experiences of being introduced with substance and to explore the challenges to recovery from the situation.

Methods: An in-depth qualitative interview which was flexible, non-directive, and semi-structured was employed. There were 10 substance abusers being selected from the Bangladesh Rehabilitation and Assistance Centre for Addicts (BARACA) for interview. Purposive sampling was used to select the participants.

Results/Findings: Result indicated that curiosity was the main reason to abuse substance and mainly friends influence to abuse the substance. Beside this the abusers face different type of physical, mental and social problems during getting recovery from the substance abuse.

Conclusion: Continuing use of substances reflected lack of health consciousness and need of proper health education to young generation. It is also needed to strengthen family and social values and religious ethics in order to maintain a stable and substance free society.

Key words: *Substance abuse, Youth substance abuser, Perception.*

List of Acronyms

| | |
|----------------|---|
| CRP: | Centre for the Rehabilitation of the Paralyzed |
| BHPI: | Bangladesh Health Profession Institute |
| OT: | Occupational Therapy/Occupational Therapist |
| BARACA: | Bangladesh Rehabilitation and Assistance Centre for Addicts |
| WHO: | World Health Organization |
| ICD-10: | International Classification of Diseases (10 th Revision) |
| DSM-IV: | Diagnostic and Statistical Manual of Mental Disorders (4 th Edition) |

CHAPTER 1 INTRODUCTION

Substance abuse refers to the harmful or hazardous use of psychoactive substances, including alcohol and illicit drugs. Substance use can lead to dependence syndrome that develop after repeated substance use and typically include a strong desire to take the drug, difficulties in controlling its use. The sign of dependence syndrome are bloodshot eyes, changes of size of pupils, frequent nosebleed, changes in appetite or sleep patterns, sudden weight loss or weight gain, seizures, unusual smells on breath, body, or clothing, unexplained change in personality or attitude, sudden mood changes, irritability, angry outbursts or laughing at nothing. Abuser gives a higher priority to drug use than to other activities and obligations, and sometimes they face a physical withdrawal state (Padhy et al., 2014). Substance abuse already effects all over the world.

Nowadays substance abuse among people of all age has become comparatively extensive in worldwide. It happened during the past 25 years, with many characterizing the increases as of epidemic proportions. Youth are more vulnerable among them. According to World Drug Report (2014), globally in 2012, between 153 million and 300 million people aged 15-64 years had used an illicit substance at least once in the previous year. It is reported on Dhaka Mirror (2009) that there is an increasing trend for the abuse of psychoactive substances in the developing countries like Bangladesh. About 65 lakhs people are substance abuser in Bangladesh. It is also reported that about 90 percentages of total abusers are young people between aged of 18 to 25 years. It is very alarming situation for country as well as society that young people are using devastating drugs.

There are many reasons of involving the young adult in devastating set of habits. Those are due to complex social and peer groups influence, frustration, depression, curiosity, sub-cultural and psychological environment that encourage the youths to take drugs. Shazzad et al (2013) estimated the major risk factors responsible for drug abuse are family disorganization, parental neglect, parent-child conflict, loss of spouse, conflict, indiscipline, isolation, and lack of emotional support, rejection of love, over protection, unemployment, repeated failure and personality maladjustment and easy availability of drugs. These types of risk factors are leading a more vulnerable life. They are often experiencing a range of problems in their day to day activities. The problems including academic difficulties (such as absenteeism from school and other activities, and increased potential for dropping out of school), health-related problems (such as Injuries due to accidents, effects of possible overdoses) and poor peer relationships. Additionally, there are concerns for family members, the community, and the entire society. According to Atwoli et al (2011), many people take the substance intravenously by injecting. They use the same injection for injecting the substance one by one. For this reason people are affected unconsciously by many transmitted disease like, HIV/AIDS, liver cirrhosis, cancers and many other

transmitted diseases. It was reported by World Health Organization and UNAIDS in 2012 that there were 12.7 million injecting drug users worldwide and 1.7 million of them were living with HIV. Mortality rate is also increasing day by day because of different disease affected by substance abuse. According to a new United Nations (UN) report in 2012, about 200,000 people worldwide are died each year for affecting in different disease because of substance abuse. These diseases have a significant effect on person's function in all areas of occupation. The main effects are unfulfilled life roles and disruption in meaningful activity.

1.1. Background

Substance abuse is become a concerning issue in Bangladesh. The problem has been increasing at alarming rates in recent days. It leads our country toward the dark. Young people are the backbone of the nation but they are mostly involves themselves in substance abuse. Chande and Salum (2007) estimated in their article that it is becoming a vital problem which leading to physical, social, and educational damage. Beside this substance abuse directly influences the economic and social aspects of a country. There are millions of substance-addicted people in Bangladesh and most of them are young. According to sources at different healthcare facilities, nowadays nearly 10 percentages of outpatients are visiting the country's hospitals with cases of addiction-related complications involving heroin, marijuana and Phensedyl (Shazzad et al., 2013). They are from all sections of the society. Islam, Tabassum, Shafiuzzaman, Umar, & Khanam, (2012) estimated that Bangladesh is situated in the central point between the 'golden triangle' (Mayanmar, Thailand and Laos) and the 'golden crescent' (Pakistan, Afghanistan and Iran) in terms of geographical location. Bangladesh becomes a major transport point because Bangladesh has easy land, sea and air access. Traffickers who supply drugs in the markets of Northern America, Africa, and Europe are routing their shipments through Dhaka, Chittagong, Comilla, Khulna, and other routes in Bangladesh. It is believed that with the increasing quantity of the products more and more people are likely to get involved in drug business. In this way it ultimately contributes to the number of drug abusers as well. To gain money for buying drugs, addict makes him associate of criminal group and commits crimes (Islam et al., 2012, p. 102). Today substance abuse shows its impact in all divisions of Bangladesh. Shazzad et al (2013) estimated that substance abuse is now widespread everywhere in Bangladesh; in the house, streets, in the workplace, parks, slums, markets and even in educational institutions both in rural and urban areas. Almost all segments of society are severely affected by this problem.

In different study it is already shown that youth people are most vulnerable group in Bangladesh. Youths are fully divert to out of control, they forget social protocol, making violence in society, always remain bad tempered, feel they are always in the right, they do not want to hear any advice, count themselves as very aware and competent, sometimes they feel frustrated, and even lose the will to live after abusing substance. They also overlook their responsibilities towards his/her country, which is very significant to progress the country. The researcher met a large number of

substance abuser in Ashokti Punorbashon Nibash (APoN), a drug addiction rehabilitation centre and National Institute of Mental Health (NIMH), during her 3rd year placement. In there, the substance abuser gets treatment and continues their rehabilitation program. Researcher saw that most of the abusers are youth group (Between 18-35 years), who are in the productive age group. Researcher feels, young generation needs to be the responsible and ideal citizens to develop the country. It is a surprise matter that these people are detached from their normal day to day activities, excluded from society and leading an unhealthy and poor life.

Substance abuse brings rapid erosion of educational and cultural, moral and family values. The addicts lose peoples professional and educational capabilities, self-dignity, and get involved in serious or petty criminal activities. It is a big problem in Bangladesh. In future, if we fail to control of this problem with effective rehabilitation, it will destroy the whole civilization (Shazzad et al., 2013).

Effective rehabilitation programs need to start as soon as possible to prevent the increasing number of substance abuse. Still now different therapeutic techniques need to be adopted for effective rehabilitation and awareness raising also needs to aware the family member. For this reason this study needs to conduct to find out the reason and influence factors of substance abuse. Then share the information to the family member and raise the awareness. There are a small number of related studies and resources available about substance abuse in a Bangladeshi context. Till now no researcher has been conducted to find out the perception of youth substance abuser regarding substance abuse and its associated factors in Bangladesh.

1.2. Significance

Substance abuser is become a serious issue in our country. There is some reason to appear this as a serious issue. One of them is the substance abuser do not want that someone know about his abusing not even his family member. Because of this they hide this. For this reason their proper treatment is not begin at early stage. On the other hand though their family member knows about their abusing, their family member cannot bear the cost of the rehabilitation program. However the result is they cannot keep themselves away from the substance abuse (Douglas et al., 2003). By conducting the research, researcher will know the perception of young that why they involve in substance abuse and which factor influences themselves much more.

Substance abuse disorders have been associated with decreased productivity, activities of daily living, and leisure which leading poor quality of life. Occupational therapy is specialised in engaging one person in activities of daily living, productivity and leisure (Baum & Law, 1998). They trained to facilitate occupational participation and performance. They can help the substance abuser by ensure the participation in meaningful activities and fulfilled their life role. For ensuring one person's previous role, occupational therapist uses different type of treatment techniques. These are counselling, group therapy, cognitive behavioural therapy, relaxation techniques, and

life skills training (Buijsse et al., 1999). This study will be helpful for occupational therapist during set up goals for patient with substance abuse.

Different rehabilitation centre work for substance abuser. They do not know that occupational therapist has very important role in managing patient with substance abuse which will be helpful to achieve their goal. Because of this study the staff of rehabilitation centre will know about the occupational therapy and in future they work together to provide better treatment. It will be also helpful for creating occupational therapy post.

Most of the people are unknown about role of Occupational Therapy in treating substance abuser. By conducting this study people will know about occupational therapy treatment program.

1.3. Aim of the study

The aim of the study is to explore the perception of youth substance abuser regarding substance abuse and its associated factors.

1.4. Objective of the study

- To explore the reasons of substance abuse.
- To explore the experiences of being introduced with substance.
- To explore the challenges to recovery from the situation.

CHAPTER 2

LITERATURE REVIEW

2.1. Substance abuse

Substance abuse refers to the harmful use of substance or drugs or it is a maladaptive pattern of substance use leading to clinically significant impairment or distress. It also means use of a substance for a purpose not consistent with legal or medical guidelines (WHO, 2015). Substance abuse is the continued use of a psychoactive drug despite the knowledge that it is causing a social, occupational, psychological, or physical problem. According to DSM-IV-TR, substance abuse is a maladaptive pattern which leading to clinically significant impairment or distress, as manifested by one or more of the following, occurring within a 12-month period:

- Recurrent substance use resulting in a failure to fulfill major role obligations at work, school, or home
- Recurrent substance use in situations in which it is physically hazardous
- Recurrent substance-related legal problems

There is no single cause of youth substance abuse. Substance abuse develops over time. It does not start as complete abuse or addiction. There are different reasons or cause to the development of this problem.

2.2. Causes of substance abuse

There are three main reasons for abusing substance. These are

2.2.1. Biological reason:

Genetics is one of the causes of drug abuse. Parents who are abused drugs child grow up by seeing this and parents put them at risk of abusing substance. Certain people may be more at risk for developing a substance problem because of the way their bodies metabolize a certain substance (Specialty behavioral health, 2006, “What are the causes of substance abuse and dependence?”, Para. 1).

2.2.2. Psychological reason:

People who experience trauma or go untreated for depression, anxiety, and other disorders are at higher risk for developing a substance use problem. Because the substance may make them feel better temporarily (Specialty behavioral health, 2006, “What are the causes of substance abuse and dependence?”, Para. 3).

2.2.3. Social reason:

Social reason plays the biggest roles in developing and maintaining substance problems. Parental abuse and neglect are commonly seen as part of the cause of drug abuse. Beside this the peer pressure, poor socialization, and the environment in where a person living also influence in abusing substance (Healthy place, 2015).

Abuse of substances may begin in childhood, teen or in the youth years. Certain risk factors may increase someone's likelihood of abusing substances.

2.3. Risk factors of substance abuse

Risk factors are characteristics within the individual or conditions in the family, school or community that increase the likelihood youth will engage in problem behaviour such as: the use of alcohol, tobacco and other drugs, violence, suicide, and teen pregnancy.

2.3.1. Family risk factors

- **Genetic/Inherited**

We are all a creation of our parents. If someone's parents have addiction struggles, he has chances more susceptible to addiction. That is, why drug abuse is more common in some families than in others. If someone's parents smoke, chances are good he will smoke. If someone's father was an alcoholic, he/she has a predisposition to abusing that drug. Drug abuse causes one generation to pass it on to the next.

- **Death by suicide of a friend or family member**

Youth who have a suicide among any family member or friend in the past 12 months are at greater risk for abusing substance (Risk & Protective Factors, 2011).

- **Family management problems**

Poor family management practices can lead someone's toward substance. Such as failure of parents to monitor their children knowing where they are and whom they are with, and excessively severe or inconsistent punishment.

- **Family conflict**

Persistent, serious conflict between primary caregivers or between caregivers and children appears to increase children's risk for all of the problem behaviours.

- **Favourable parental attitudes and involvement in problem behaviours**

Parental attitudes and behaviours toward drugs, crime, and violence influence the attitudes and behaviours of their children. Parental approval of young people's moderate drinking, even under parental supervision, increases the risk that the young person will use different type of substance (Risk & Protective Factors, 2011).

2.3.2. School risk factors

- **Academic failure**

Academic failure increases the risk of teen pregnancy, school dropout, as well as drug abuse, delinquency, and violence throughout life. This is also true for a student who has repeated one or more grades. The experience of failure appears to increase the risk of problem behaviours (Centre for Addiction and Mental Health, 2012).

- **Lack of commitment to school**

Low commitment to school means the young person has stopped to see the role of student as a valuable one. Those who do not have commitment to school are at higher risk for substance abuse, delinquency, teen pregnancy, and school dropout. Leaving school before age 15 has been found to correlate with increased risk (Centre for Addiction and Mental Health, 2012).

2.3.3. Community risk factors

- **Availability of substance**

The more available drugs are in a community, the higher the risk that young people will abuse drugs. Apparent availability of drugs is also associated with risk.

- **Community norms and laws**

Informally, norms, expectations and social practices by parents and the community may communicate a climate of acceptance, approval or tolerance of problem behaviours. They are communicated through laws and written policies and enforcement for examples: alcohol taxes, liquor licenses, drunken driving laws, laws regulating the sale of firearms (Centre for Addiction and Mental Health, 2012).

- **Poverty**

Children who live in worsening and crime-ridden neighbourhoods characterized by extreme poverty are more likely to develop problems with delinquency, teen pregnancy, school dropout, and violence. Children, who live in these areas, have behaviour and adjustment problems early on are also more likely to have problems with drugs later in life (Centre for Addiction and Mental Health, 2012).

2.3.4. Individual/Peer risk factors

- **Experienced child abuse or other family violence**

Children or youth who have been physically abused or neglected are more likely than others to commit violent crimes and/or become pregnant.

- **Early initiation of problem behaviour**

The earlier young people begin using drugs for including committing crimes, engaging in violent activity, dropping out of school and becoming sexually active. They continue these behaviours later in life. For example, people who initiate drug use before the age of 15 are at twice the risk of having drug problems as those who wait until after the age of 19 (Centre for Addiction and Mental Health, 2012).

- **Childhood media exposure to violence and alcohol**

Increased television and music video viewing are risk factors for the onset of substance use in youth. Childhood experience to media violence has a causal effect on aggressive behaviour for some males and females. The effects are shown to be

measurable, long lasting and can lead to emotional desensitization toward violence in real life (Centre for Addiction and Mental Health, 2012).

- **Friends who engage in the problem behaviour**

Young people who associate with peers who engage in problem behaviours delinquency, substance abuse, violent activity, sexual activity, or school dropout are more likely to engage in the same problem behaviour. This is one of the most consistent predictors that different research has identified. Even when young people come from well-managed families and do not experience other risk factors, just hanging out with friends who engage in the problem behaviour greatly increases the child's risk of that behaviour (Centre for Addiction and Mental Health, 2012).

- **Favourable attitudes toward the problem behaviour**

Children usually express anti-drug, anticrime, and pro-social attitudes, during the elementary school years. Youth attitudes are a strong predictor of substance use involvement (Centre for Addiction and Mental Health, 2012).

Abuse of substance has not taken place one person's life all of on a sudden. It occurs in step by step and slowly in person's life. It happens by following some stages.

2.4. The stages of substance abuse

Each person will experience things differently. However, those who abuse alcohol or drugs will tend to follow a similar path. The stages of substance abuse are:

2.4.1. Experimentation: People will often take drugs the first time out of curiosity. They have heard all about them, and just want to see what the concern is about. They might also have friends who use these substances and then he/she feels peer pressure to join with them.

2.4.2. Becoming a regular user: The individual enjoyed their early experimentation with drugs so has now started to use this substance regularly. User uses alcohol and other drugs not only on weekends but also on weekdays, and not only with friends but when remain alone (Alcoholrehab.com, 2015).

2.4.3. Substance abuse: It is when the individual starts to use alcohol or drugs so much that it leads to harmful consequences. Some will respond to these negative consequences by cutting down or by completely abstaining from the substance. Other people will ignore these warning signs and continue to abuse the drug. It is possible to call substance abuse simply the dangerous use of a substance at a single time, such as binge drinking one time, with particularly horrible consequences. Usually though substance abuse refers to a habit of abuse (Alcoholrehab.com, 2015).

2.4.4. Dependence: This is a stage where the individual now feels that they need the drug in order to make it through the day. Relationships with family and friends are

impacted. Negative consequences at school and work and possible legal problems may emerge.

2.4.5. Addiction: This is when the individual is not only psychologically dependent on the drug, but also physically dependent. Their tolerance for the substance will have increased, and they will suffer withdrawal symptoms should they try to stop (Alcohol rehab.com, 2015).

Substance abuse is becoming a viral problem all over the world. People use different type of substance. In Bangladesh, there have some substances which are becoming vulnerable for people because of their availability.

2.5. Common abusing substance in Bangladesh

There are some available substances present in Bangladesh. These are:

| Opium | Cannabis or (Marijuana) | Stimulant | Sleeping pill | Cough syrup | Glue |
|-------------------------------------|--|--------------------------------|------------------------------|----------------------------|-------------|
| 1.Heroin 2.Pethedine 3.Cocain | 1.Ganja 2.Chorosh 3.Bhang 4.Hashish | 1.Yaba 2.Ectasy 3.Viagra | 1.Tranquilizer 2.Diazepam | 1.Phensidyl 2.Dexpotent | |

(Shazzad et al., 2013)

Substance abuse is now taking place in life of all age group including older, teenager, youth and child. Youth people group are the most vulnerable group in Bangladesh than others.

2.6. Youth substance abuser

Youth is a period of change from the dependence of childhood to adulthood's independence. According to UNESCO (2015) youth are those persons, who are between the ages of 15 and 24 years. Recently substance abuse among young adult has increased at alarming rate (EMCDDA, 2007). When they need to work and bring new ideas to develop own country, they can't do this because of substance. They abuse substances and destroy their life. Abuse means misuse those things which are not legally approved to use, or uses of those drugs, which are not prescribed for any purpose (New life house, 2014). A lot of problem attacked on people health, because of abusing substance. According to Stoffel and Moyers (2004), individuals with substance addiction experience physical problems, psychosocial problems, or both that interfere with occupational performance. Many research shown that substance abuse become a concerning issue in Bangladesh. For this reason it is very necessary to know the perception of young substance abuser that what are they thinking about substance abuse and what are the influencing factors.

2.7. Using substance and their effects in health

There are many substance exist in world. They have very bad effects on abusers health. Very common of them are being described below.

Phensidyl:

Phensidyl is the combination of codeine, pseudoephedrine and chlorpheniramine.

- **Codeine:** Common effects of codeine include drowsiness and constipation. There are some other effects also. These are euphoria, itching, nausea, vomiting, dry mouth, miosis, orthostatic hypotension, urinary retention, depression, and paradoxical coughing (Shazzad et al., 2013).
- **Pseudoephedrine:** Common effects of pseudoephedrine are CNS stimulation, insomnia, nervousness, excitability, dizziness and anxiety.
- **Chlorpheniramine:** Common effects are dry mouth and throat, increased heart rate, pupil dilation, urinary retention, constipation, and, at high doses, hallucinations or delirium. Further side-effects include motor impairment (ataxia), flushed skin, blurred vision, abnormal sensitivity to bright light, difficulty concentrating, short-term memory loss, visual disturbances, irregular breathing, dizziness, irritability, itchy skin, confusion, decreased body temperature (Shazzad et al., 2013).

Yaba:

Yaba is a combination of methamphetamine and caffeine.

- **Methamphetamine:** Effects of methamphetamine include euphoria, anxiety, increased libido, alertness, concentration, increased energy, increased self-esteem, self-confidence, sociability, irritability, aggressiveness, psychomotor agitation, compulsive skin picking, hair pulling, delusions, hallucinations.
- **Caffeine:** Overdose of caffeine can result caffeine intoxication. Other symptoms include restlessness, fidgeting, anxiety, excitement, insomnia, flushing of the face, increased urination, gastrointestinal disturbance, muscle twitching (Shazzad et al., 2013).

Heroin:

In our country, heroin is mostly smoked within aluminum foil or cigarette paper, but in other countries this is injected. Heroin causes constipation. Intravenous use with non-sterile needles and syringes or other related equipment may lead to transmission of infections like: HIV and hepatitis. Symptoms include slurred speech and difficulty walking (Shazzad et al., 2013).

Pathedine:

Pathedine is a substance. Usual dose of pathedine can cause nausea, vomiting, sedation, dizziness, diaphoresis, urinary retention and constipation. Over dosage can cause muscle flaccidity, respiratory depression, cold and clammy skin, hypotension and coma.

Alcohol:

Alcohol is very common substance in Bangladesh. Most of the people are getting involved in abusing by intact it first. Alcohol cause vandalism, fights, violent behaviors, injuries, impaired working memory (Shazzad et al., 2013).

Continued substance use not only causing harm to physical health but also in daily living activities. Activities are cannot performed by the substance abuser because of their poor health condition.

2.8. Effects of substance abuse in performing activities

Individuals with an alcohol use disorder will often complain of difficulty with interpersonal relationships, problems at work or school, and legal problems. Substance effects on mood and performance. It can lead to marital problems, poor work performance and unwillingness to deal with personal problems (Shazzad et al., 2013). Stoffel and Moyers (2004) noted that the experience of substance abuse damages body structure and function, inhibits participation in activities and life, and disrupts overall quality of life. Buijsse et al (1999) observed that individuals with substance abuse problems show a range of functional difficulties including poor social networks, a lack of structure and routine, poor motivation, and limited employment and leisure skills. The individual loses the skills necessary to function in life and ultimately exchanges living for his or her addiction. The negative impact of substance abuse is seen on the individual, the family, and society. It is important to treat the substance abuser and engage them to their whole activities to lead life.

2.9. Role of Occupational therapy in treating substance abuser

A person who abuses substances body does not function properly and their body structures may be damaged or destroyed. Engagement in personal activities and participation in life situations are restricted and ultimately affect the individual's quality of life (Kathleen, 2009).

These individuals are often referred to occupational therapy because the profession focuses on self-care, leisure, and productivity through the use of structured, purposeful activities that emphasize the individual's strengths in pursuit of recovery (Martin et al., 2008). According to Kaur et al (2013), occupational therapy is an important component of the rehabilitation process in individual with substance abuse. Busuttil (1989) reported that occupational therapists serve a major therapeutic role in the substance abuse rehabilitation process by enabling clients to improve on work and social skills, develop healthy routines and habits, and engage in personal hobbies and experiences.

Occupational therapy practitioners are well trained to help clients look critically at everyday routines. They examine how substance affect abusers state of health and abusers ability to carry out what is important to them. Occupational therapy can help people recognize how their substance use affects those roles that are most meaningful. It helps people explore those reasons, and move toward the occupational roles and

patterns they want to achieve (The independent, 2015). Occupational therapy practitioners examine the habits and behaviours of clients that occur each day, throughout the week. They show clients how their behaviours and thoughts revolve around drugs or alcohol and how they lose their identity as they lose the roles most meaningful to them. Practitioners then construct or rebuild those occupational roles by determining what activities bring clients the most joy and sense of well-being without drugs or alcohol. They also assist the individual in developing communication skills, identifying and matching personal skills and work habits to the workplace. It helps in learning how non-alcohol related participation in activities contributes to overall health and wellbeing (Kaur et al., 2013).

CHAPTER 3 METHODOLOGY

3.1. Study design

Researcher used Qualitative design for this study. Qualitative methods have become increasingly used in healthcare research, especially when a complex detailed explanation of a phenomenon is needed and can only be obtained through hearing people's voices. The phenomenological qualitative study design selected because this method helps to explore the in depth information on the perception of the participants. Qualitative research is also effective in identifying subtle factors, such as social norms, gender roles, ethnicity and religion, whose role in the researched issues may not be apparent. The qualitative study design selected because qualitative methods help to explore the participant's views, perception and experiences. Qualitative study also helps to developed to study natural phenomena (Myers, 2009).

The aim of this study was to explore the perception of young substance abuser regarding substance abuse and its associated factor. Qualitative research is suitable to explore the experience and perception (Pope & Mays, 1995). As mentioned by Ohman (2005), there have been increasing numbers of qualitative methods in rehabilitation research because qualitative approaches help to drive new concept, theory and alternative of traditional treatment model. Moreover, it explores about human's practical life phenomenon. This approach of qualitative method helped to show the participants actual response of their practical experience which lastly formed the theme of the study by the interpretation and judgment of the collected data. In this study researcher founded this approach appropriate because each of the participants are able to express a detail view and their own thoughts, attitudes, and perception regarding the impact of substance abuse.

3.2. Study population

Youth people groups who are abusing substance. Young people are often considered to represent the future as they bring new ideas and energy to add to the union of knowledge that currently exists. They can bring enthusiasm and vitality which can lead to new discoveries and developments that can benefit society or even the world at large. Although not the only drivers of social change, young people are seen to be one the key drivers engendering change (UK Essays, 2015). The aim of the study was to explore the perception of youth substance abuser about substance abuse and its influencing factors. For this reason researcher collected data from youth substance abuser.

3.3. Sample selection procedure

The researcher was interested to obtain perception of the participants. The study was a qualitative type of study. The researcher was interested to obtain a complete understanding of the incident by analyzing a range of participant's experiences. Sample selected by purposive sampling method. Purposive sampling is a form of non-

probability sampling in which decisions concerning the individuals to be included in the sample are taken by the researcher, based upon a variety of criteria which may include specialist knowledge of the research issue, or capacity and willingness to participate in the research (Oliver et al., 2006).

Aim of the study was to explore the young substance abuser's perception about the substance abuse and its associated factors. As there were many young substance abusers present in the drug addicted rehabilitation center, the researcher selected the study participant by purposive sampling method. It is the most common type of non-probability sampling to complete the study within the fixed time period. Purposive sampling method is based on the knowledge of a population and the purpose of the study. Researcher selected participants from one selected substance abuse rehabilitation center, who are admitted in there and taking treatment from that rehabilitation center.

3.4. Sample size

Researcher selected 10 participants for her study by data saturation. Saturation is the point in data collection when no new or relevant information emerges with respect to the newly constructed theory. When the theory appears to be strong, with no gaps or unexplained phenomena, saturation has been achieved and the resulting theory is more easily constructed. If the researcher does not attain data saturation any resulting theory may be unbalanced, incomplete (Given, 2008). In this study researcher used data saturation to achieve appropriate results.

3.5. Study settings

This study conducted in Bangladesh Rehabilitation and Assistance Centre for Addicts (BARACA), a substance abuse rehabilitation center. It was a non-government, voluntary and non-profitable organization, which provides treatment, rehabilitation, awareness programs, harm and risk reduction, VCT (Voluntary, counseling and testing) for the drug dependent persons. It also provides day care for the street-based children at risk. It is a residential center for treatment and rehabilitation of drug addicts. The addicts who seek such help are provided with therapeutic and psychotropic treatment for their recovery. The center motivates the addicts in their struggle against the use of drugs (UNODC, 2015).

3.6. Inclusion criteria

- Patient with Substance abuse, who are able to participate in the study (Moreira et al. 2013).
- Participants aged range between 18-35 years. According to Moreira et al. 2013 the age range of young adult is 18-35 years old.
- Both male and female patient with substance abuse who are receiving treatment from rehabilitation center.
- Able to give informed consent.

3.7. Data collection tools

Following instruments used during data collection period for the purpose of accumulating data from the participants and fulfill the aim and objectives of the study.

- Consent form and Information sheet
- Semi-structured questionnaire
- Paper, pen, pencil, eraser
- A mobile phone recorder was used to record the interview of the participants. The use of recording method in interview requires great trust in the judgment. Information recoding method of interview is the most appropriate (Polgar & Thomas, 1991).

3.7.1. Information sheet

The researcher used an information sheet both in English and Bengali to take the participant's consent {APPENDIX- 4 (English)} and {APPENDIX- 5 (Bengali)}. Researcher informed the participant about details of the study by the information sheet which included the aim, objectives, way of collecting data from the participant and the ethical considerations of the study. There was included also a witness on the every session of data collection with each of the participant. The participant or the witness was asked to read the information sheet, but in case of the participant/witness, who is not literate, researcher read that out to them.

3.7.1. Consent form

Consent form is a vital part of any kind of study, because it is a formal settlement or agreement of participation which was taken from the participants before preliminary the interview. A consent form contains information associated with participant's invitation, what will happen during interview time, time commitment, participant rights, benefits and risks, cost and reimbursement, confidentiality or anonymity and further information related to study. A written consent form obtained from participants and it documented that participants understood the information, aware about the potential benefits and risks, their participation voluntarily and their signature. So it was considerable for participants to take consent from those peoples who were interested to participate in the study. Before starting the interview, signatures were obtained from each participant on a consent form. In the study the investigator explained the investigator identity, study title, institute affiliation, participant's confidentiality, rights and their potential benefits in consent form and participants gave their written accord when they were interested to participate in the study. The researcher used consent from both in English and Bengali to take written accord from the participant {APPENDIX- 6 (English)} and {APPENDIX- 7 (Bengali)}.

3.7.2. Semi-structured questionnaire

A semi-structure and face to face interview system used to gather information from the participants. In semi-structured interview, participants gave opinions about their actual experience. A quite place selected for interview to avoid distraction and environment noise. So, the participants felt comfort and gave adequate attention to interview. The researcher collected all the data herself through interview. Before start recording the formal interview researcher was building rapport with the participants and makes them comfortable for interview. In built rapport, researcher introduced with participant about self, explain about the cause of interview about the aim of the study and its importance. Participants was understand easily about interview most of the time, participants showed interest to talk for interview.

The data collected by semi-structured questionnaire which was prepared in English and then translated in local language (Bangla) for doing easy to understand for young adult of rehabilitation center. The questionnaire was developed by reviewing deferent literature, in which the questionnaire was previously used.

Researcher needed 30-40 minutes to collect the data. Interviewer recorded by a mobile phone recorder, after completed the interview; recording part listened from of the participants for ensuring clear recording.

3.8. Field test

The researcher accomplished field test with two participants before starting the collection of data. Researcher was informing the participant about the aim and objectives of the study during interview session. Carrying out field test was a preparation of starting final data collection. It helped to make a plan that how the data collection procedure can be carried out, sorting out the difficulties during questioning, making a basic plan of questioning and if there was needed any modification of the questionnaire. The collected data by the field test firstly transcribed from the audio tape recording. Then the transcription copy translated into English. The field test helped the researcher to make the plan on how the ways could be for collecting data, how a question could be asked on different ways and what could be the probing question to find out the participant's actual response on the event. The questionnaire was both in English and Bengali {APPENDIX-8 (English) and APPENDIX-9 (Bengali)}.

3.9. Data collection procedure

The study conducted in qualitative design to explore the patient perception about the reason of increasing young adult patient with substance abuse in different rehabilitation center. At first the researcher took ethical permission from Bangladesh Health Professions Institute (BHPI) and also took permission from a substance abuse rehabilitation center authority then the researcher designed a proposal. The researcher was fix a date and time with the participant in rehabilitation center, according to his /her available time. Then the eligible participants were informed about the consents of the consent form, aim and objective of the study. Then data collector collected data

from those who gave consent. The researcher explained each question to the participants to help them understand the questions well and fill their own answer on questionnaire. Staffs of rehabilitation center who were familiar with the participants and facilitated the smooth running of data collection process before and during data collection period.

3.10. Data analysis process

The researcher selected Qualitative content analysis (QCA) method to analyse the data. Content analysis means a general set of techniques useful for analyzing and understanding collections of text. It facilitates the formation of core data through a systematic method of reduction and analysis. The theme of the study was created by systematic reduction and analysis of data. QCA follows three steps (coding, categorizing and generating theme) to show the result of the study. In a short line, it is said that, texts are coded into established categories to support the generation of ideas (Denscombe, 2003).

Qualitative data analysis is a complex process. Content analysis used to discover themes as it was a common data analysis procedure most often used in qualitative data and based on searching for repeated words, phrases or concepts (Hissong et al., 2014). At first, it includes systemic organization of the field notes, transcripts of interviews and other associated materials. From this data an understanding of how this addresses the research question is formed. The analysis of the data was beginning with transcription of the interviews. From data analysis researcher transcribed the entire interview in Bangla from a recorder. Researcher observed the relevant issues related to the study and noted it down. It was then give to two individuals who were competent in English, with the intention that they can transform it separately from Bangla to English. Then the researcher verified the accuracy of the data. The researcher was reading it several times to recognise what the participant wants to say. Researcher also listened to the audio tape again to ensure the validity of data.

Analysis of the interview data began with content analysis. It involved taking a volume of qualitative material and attempting to identify core consistencies and meanings. Then data coded into broad categories as dictated by the research question. The researcher identified the coded major themes from each interview during initial category coding. The second stage involved identified information units. Information units were categorised into themes in exploring the perception of youth substance abuser regarding substance abuse and its associated factors. Finally analysis of interview data began by analysing text from the categorised data and coded themes. Researcher also analysed the key themes based on the literature.

3.11. Ethical considerations

Ethical considerations implemented to avoid ethical problems. Researcher granted permission from research supervisor and head of the department {APPENDIX-1} from the Department of Occupational Therapy of Bangladesh Health Professions Institute (BHPI), an academic institute of the CRP to conduct the study. Then

researcher granted permission from Department of Occupational Therapy of Bangladesh Health Professions Institute (BHPI), for collecting data {APPENDIX-2}. After that the researcher took permission from the director of Bangladesh rehabilitation and Assistance Centre for Addicts (BARACA), a drug addicted rehabilitation centre for collecting data {APPENDIX-3}. The ethical considerations was achieving by participant's consent form. Informed consent obtained by giving each participant a clear description of the study purpose, the procedures was involved in the study and also informing them that they would free to withdraw from the study at any time if they wish. No personal data (e.g. name, address) recorded to ensure participant confidentiality. Participants also informed that their information might be published but their name and address will not be used in any way {APPENDIX-4} in the research project to maintain confidentiality. The researcher was committed not to share the information given with others except the research supervisor. These materials disposed of after completion of the research project. Recorded data, written data, transcript destroyed after six months following the study. Participants also informed that they were not being harmed due to being a participant of the study.

3.12. Rigor

The research was conducted in a rigorous manner. All of the steps in the research process were supervised by an experienced supervisor. The researcher did not try to influence the process by her biases, values or own perspectives during the interview and analysis of data. The researcher was always asking open-ended questions, no leading questions asked and researcher did not interrupt the participants during answering the questions. Similarly during data analysis, researcher did not submit according to own perspectives. Data was recorded carefully and researcher accepted the answers of the participants whether negative or positive without giving them any impression. The researcher was prepared the transcript from the field notes and audio recording. Then it was writing soon after the interview. Initially translation was completed by another two people, then researcher was complete the same translation and finally all translations was compared. Researcher checked the translated data several times, so that no information was missed. Notes handled with confidentiality. In the result section, the researcher did not influence the outcome by showing any personal interpretation.

CHAPTER 4 RESULT AND DISCUSSION

Result and discussion are supported out all at once and presented together in this chapter. Bailey (1997, p. 197) states that “*The result and discussion were presented together in one section because this is common practice in reporting on qualitative studies*”. The objectives of the study were to explore the reasons of substance abuse, to explore the experiences of being introduced with substance, and to explore the challenges to recovery from the situation.

In this study coding were selected on the basis of participant’s views and opinions by which the theme was selected. The findings were described by using table and also highlighted their interview is a coding basis.

Researcher determined general categories from completed data analysis and the themes that emerged were as follows:

- Understanding about substance abuse. Under this category the coding is show in Table- 1. From this coding the emerging theme is-
Theme 1: Young substance abusers are knowledgeable about substance abuse.
- Reason behind substance abuse. Under this category the coding is show in Table- 2. From this coding the emerging theme is-
Theme 2: One of the main reasons of substance abuse is curiosity.
- History of being introduced with substance. Under this category the coding is illustrated in Table- 3. From this coding the emerging theme is-
Theme 3: Mainly friends are influencing abuser’s by introduced them with substance.
- Challenges faced for getting recovery from substance abuse. Under two categories the coding is illustrated in Table- 4 and Table- 5. From this coding the emerging theme is-
Theme 4: Substance abuser experiences physical, mental and social challenges for getting recovery.
- Recommendation to others to avoid substance abuse. Under this category the coding is illustrated in Table- 6. From this coding the emerging theme is-
Theme 5: By avoiding addicted friends, young group of people can keep away themselves from substance.

4.1. Summary of data analysis and result

| Aim | Objective | Question | Category | Theme |
|---|--|----------|---|--|
| The aim of the study is to explore the perception of youth substance abuser regarding substance abuse and its associated factors. | To explore the reasons of substance abuse. | 1,2,3,4 | Category 1: Understanding about substance abuse | Theme 1: Young substance abusers are knowledgeable about substance abuse. |
| | | | Category 2: Reason behind substance abuse | Theme 2: One of the main reasons of substance abuse is curiosity. |
| | To explore the experiences of being introduced with substance. | 5 | Category 3: History of being introduced with substance | Theme 3: Mainly friends are influencing abuser's by introduced them with substance. |
| | To explore the challenges to recovery from the situation. | 6,7,8 | Category 4: Problem faced during substance abuse | Theme 4: Substance abuser experiences physical, mental and social challenges for getting recovery. |
| | | | Category 5: Reason for relapsing again | |
| | | | Category 6: Recommendation to others to avoid substance abuse | Theme 5: By avoiding addicted friends, young group of people can keep away themselves from substance. |

4.2. Discussion

In this section it has been possible to understand the perception of young substance abuser by content analysis, where some categories have been used. Under the different categories youth's different perception is different codes. Each table describes the interview findings. The tick was given only for those columns where the participants expressed their opinion. Here, "P" indicates the participant. The subscript number 1, 2, 3... 10 used to mention the number of participants.

4.2.1. Young substance abusers are knowledgeable about substance abuse

Substance abuse can simply be defined as a pattern of harmful use of any substance for mood-altering purposes. The perceptions of the participant to know about the substance abuse were collected through interview are stated below by the coding:

Category 1: Understanding about substance abuse

| Coding | P1 | P2 | P3 | P4 | P5 | P6 | P7 | P8 | P9 | P10 |
|--|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------|
| Dependency | ✓ | | | ✓ | | | | ✓ | ✓ | ✓ |
| Attraction | ✓ | ✓ | | ✓ | | | | | | |
| Vital part of daily living activities | ✓ | | ✓ | | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Vital part of life | | | | | | | ✓ | | | |
| Doing work which is not supported to society | | | | | ✓ | | | | | |

Table-1: Understanding about substance abuse

All the participants were expressed their perception in the interview time about substance abuse. Young substance abuser has knowledge about substance abuse. Most of the participant expresses the substance abuse as a dependency and attraction toward drugs and they also added that they cannot do anything without drugs.

One of the participants stated

“Substance abuse means that attraction to something which is done again and again. At last I depended on it. If I do not take it, I cannot move I am bound to take it.”

According to (Keane et al., 2006) substance misuse is taking of a drug which harms or threatens to harm the physical or mental health or social well-being of an individual or other individuals or society at large, or which is illegal.

Another participant differently stated

“In fact, substance abuse means that things which are not supported by the society or family members. I intended toward that tasks. I used to take different types of substance that are not supported by the society, government or by any one. This means this type of things actually. When I used to take drugs it seemed to me that the ranges of my tasks were increasing. I was able to work till late night and was too able to take many files to home. I was able to work all the night long.”

According to DSM-IV substance abuse is repeated use of a mood altering chemical, despite adverse values from previous use. Substance abuse as when a client’s use of alcohol or another mood-altering drug has undesired effects on his or her life or on the lives of others (Chetty, 2011).

Substance abuse is concerning problem in worldwide. Substance use becomes substance abuse when a person continues to use drugs or other substances even when it leads to serious personal consequences like family problems, losing friends, losing a job, or getting into legal trouble. Some people continue to use drugs because they want to do that. Others become psychologically or physically dependent on them. Researcher found that young people are known about substance abuse. It can be beneficial for them to avoid from these substance.

4.2.2. One of the main reasons of substance abuse is curiosity

Substance abuse is a real problem in many parts of the world. It not only causes pain and suffering for the individuals involved, but also those around them and society as a whole. It is a complex problem because there are so many reasons why people fall into substance abuse in the first place. We have to consider these entire problems otherwise it will be difficult to effectively tackle the problem. The perceptions of the participant to know about the main reason of substance abuse were collected through interview are stated below by the coding:

Category 2: Reason behind substance abuse

| Coding | P1 | P2 | P3 | P4 | P5 | P6 | P7 | P8 | P9 | P10 |
|---|----|----|----|----|----|----|----|----|----|-----|
| Curiosity | ✓ | | ✓ | ✓ | | | ✓ | | ✓ | |
| Attraction to forbidden things | | | | ✓ | ✓ | | | | ✓ | |
| Feeling better | ✓ | ✓ | | ✓ | | | ✓ | | ✓ | |
| Increase performance in sexual activity | ✓ | ✓ | | | | | | ✓ | | |
| Remain silent in family | | | | | ✓ | | | | | |
| Rejection from lover/ family member | | | | | | ✓ | | ✓ | | |
| Show smartness to other | | | | | | | | ✓ | | |
| Peer pressure | | | ✓ | | | | | | | |

| | | | | | | | | | | | |
|--------------|--|--|--|--|--|--|--|--|--|--|---|
| Availability | | | | | | | | | | | ✓ |
|--------------|--|--|--|--|--|--|--|--|--|--|---|

Table-2: Reasons behind substance abuse

Most of the participant told that the main reason is curiosity. Beside this peer pressure, showing smartness, increasing performance in sexual activity, feeling better and attraction to forbidden things are also the reason.

One of the participants mentioned that

At first, I was involved in substance curiously with my friends. I feel that this is good. If I take it, I will feel good, can gathering with friend and I can perform better in sexual activity.

Another participant mentioned

I, primarily I abused substance because of my curious. This curiosity was about the forbidden things, the things which were not supported by the society or family. The family forbad me but I could not understand that and I always think that “why did they say that?”

Njeri et al (2014) estimated that peer pressure and curiosity are major factors contributing to substance abuse. In their study, they reported that peer pressure accounts for 21 – 42% influence in all types of drugs and substances consumed. According to (Padhy et al., 2014) curiosity about the substance was the cause of initiation for about 46% substance abusers. Academic stress, peer pressure, failure in love matters also accounted for initiation among majority of abusers. Peer influence and curiosity to be the top reasons contributing to abusers substance abuse (Lian & Chu, 2013).

Another participant differently stated

By peer pressure I had started drug abuse. Since I had no concept and fear of drugs, I would abuse these. Besides this my friends would take drug for a long time. This habit of mine was started from cigarate. They would take Gaza. Just I started to take it. Then I would start to take phencidyle without understanding the bad effect of it. Thus one or two years passed taking Gaza and phencidyle, audacity had risen up gradually then I had met to heroine by those friends.

Kilpatrick et al (2008) stated that social pressures and experimentation are the first reason to abuse substance. According to (Jordan, 2013) the main reason of substance abuse is peer and adult pressure. Along with peer pressure, there are several other major factors that can influence the abuse of drugs among youths namely weak parental control, child abuse, imitation, emotional stress, truancy among students, the availability of the drugs and the ineffectiveness of laws on drug trafficking.

Researcher found that substance abuse might begin as a result of curiosity or peer pressure, and then continue for social or recreation al purposes. Abuser think that it’s a way of spending time with friends, of being accepted, of becoming popular, of

enhancing social and other activities, or because they fear that if they refuse, they might alienate potential friends. Then they continued substance use may serve as a coping strategy to deal with stress, forget unpleasant experiences, avoid negative emotions or feel numb or indifferent to the challenges of daily life or the reminders of past trauma.

4.2.3. Mainly friends are influencing abuser's by introduced them with substance

Young people introduced to substance by closer one, such as senior brother, uncle, cousin. Here researcher coded the perception of young substance abusers about the history of being introduced with substance.

Category 3: History of being introduced with substance

| Coding | P1 | P2 | P3 | P4 | P5 | P6 | P7 | P8 | P9 | P10 |
|----------------|----|----|----|----|----|----|----|----|----|-----|
| Friends | ✓ | ✓ | ✓ | | ✓ | | ✓ | ✓ | ✓ | ✓ |
| Senior brother | | | | ✓ | | | | | | |
| Uncle | | | | | | ✓ | | | | |
| Cousin | | | | | | | ✓ | | ✓ | |

Table-3: Influence by introduce to substance abuse

Most of the participant mentioned that more than others, friends are influence and introduce substance. Very few participants mentioned the other name like senior brother, cousin, uncle.

One of the participants told

Friend circle assist me to introduce with substance. They inspire me to take it for feeling better. Then I took it and abused it.

Njeri et al (2014) stated in their latest article that mostly substance introduced to by person's friends. In Bangladesh, (60.64%) of taking drugs are happened by influencing of friends (Department of Narcotics Control, 2014). According to Akhter (2012) friends are influencing most toward substance.

Another participant stated

When I first introduced to it I had not feeling of taken this. My cousin introduced me to it first. But next time in a birthday party my friend were taking substance that day I had used substance that was my first starting.

People are being motivated to abuse substance when they see their friends as likely to do so (Lian & Chu, 2013). In their study they showed that 75.1% were introduced by a friend while 23.5% were introduced by a relative. A very small percentage of respondents in this sample (1.4%) were introduced to drug use by a member of the family.

After taking interview from the participants, researcher also found that friends are influencing toward substance most. One person spends much more time with friends. They share everything with friends. By doing this, friend become the closer one. For this reason it impact on individual's life whatever friends do.

4.2.4. Substance abuser faces physical, mental and social challenges for getting recovery

Substance abuser faces different types of problem or challenges for getting recovery from the substance. These all are include physical, mental and social problem. Substance can have immediate and long-lasting effects on physical health and well-being.

Category 4: Problem faced during substance abuse

| Coding | P1 | P2 | P3 | P4 | P5 | P6 | P7 | P8 | P9 | P10 |
|---|----|----|----|----|----|----|----|----|----|-----|
| Physical problems | ✓ | ✓ | | ✓ | | ✓ | ✓ | | ✓ | |
| Arousal of withdrawal symptom | ✓ | | ✓ | ✓ | | | | | | |
| Deterioration of interpersonal relationship with family members | ✓ | ✓ | ✓ | ✓ | | ✓ | ✓ | ✓ | ✓ | ✓ |
| Declined intrapersonal relationship | | ✓ | | | ✓ | | | | | |
| Economic problem | ✓ | | | ✓ | ✓ | | | ✓ | | ✓ |
| Moral problems | ✓ | | | ✓ | ✓ | | ✓ | | | ✓ |
| Deteriorated social relationship | ✓ | | ✓ | | ✓ | ✓ | | | ✓ | |

Table-4: Problem are faced by substance abuser during substance abuse

Most of the participant confessed that they suffer from different types of problem. These are arousal of withdrawal symptom, physical problem, their family and social relationships were deteriorated. All participants shared their own perceptions.

One participant stated that

The first problem and loss was to say that was economical loss. Beside it, I was introduced as a drug addicted person socially to all. These two were the biggest event in my life. There were also some other losses and problems, such as a little bit fall of relationship with wife and also with parents.

Davis et al (2014) estimated that a substance abusing individual experiences the following deficits: depression and suicidal behaviour, aggression and violence, anxiety and low self-esteem, bad thinking and shame. She/he has also poor communication skills, and a range of social problems resulting from the substance abuse and possibly the backgrounds to it. A range of functional difficulties also interact with their substance use, including poor social networks, a lack of structure and routine, poor motivation and limited employment and leisure skills.

Another participant said

In fact, there were problems and problems after starting my addiction life, and there is no end of problems. There was problem of family and it was seen that at first would not take my money and it was for the first time, but in the next I used to starts stealing from the house.

One of the participants reported

My family left me and I stayed on the street many days. My health is damaged for abusing drugs. People saw me in negative angle; they hated me and neglected me.

Flesch (2012) identified that a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance. Major physical health problems that substance misuse can cause or adversely affect include: breathing problems, abscesses and vein damage associated with injecting, heart conditions, and damage to vital organs such as the liver, kidney and brain. Mental health problems that substance misuse can cause or adversely affect include: self-harm, suicidal ideation, depression, anxiety (NTASM, 2007).

Abuser might feel like he/she can't operate without substance or that spends a lot of his/her time and energy finding and using the substance. Use of some substances can damage internal organs, like liver, brain, lungs, throat and stomach. Someone might also have withdrawal symptoms when stop using the substance. Substance use can also alter mood and affect future and relationship with others. When drug use becomes a regular part of life, relationships suffer. Conflict and breakdowns in communication can become more common. Regular drug use can become expensive. In extreme situations, people who are addicted to drugs might try anything including

illegal activities like stealing from home. Researcher also identified that all participants had different kind of physical, mental, social and interpersonal problems.

Category 5: Reason for relapsing again

| Coding | P1 | P2 | P3 | P4 | P5 | P6 | P7 | P8 | P9 | P10 |
|-------------------------------------|----|----|----|----|----|----|----|----|----|-----|
| First time at Rehabilitation Centre | | ✓ | | | ✓ | ✓ | ✓ | | ✓ | ✓ |
| Negative attitude of society | | | ✓ | | | | | ✓ | | |
| Breakup of relationship | | | ✓ | ✓ | | | | | | |
| Join back with old addicted friend | ✓ | | | ✓ | | | | | | |

Table-5: Reason for relapsing again toward substance

Relapse is a breakdown in the person’s attempt to change substance abuse behaviour. There are various indicators for affecting relapse. Some of them are level of education, peer group; stress related to work, interpersonal conflicts related to family/friends, strong positive or negative feelings like happiness and grief, place of residence, level of income, occupation, socio-economic status. These indicators can have a direct or indirect effect on an individual for his/her behaviour of substance abuse (Bhandari et al., 2015, p. 294). Most of the participants were telling that they were admitted for first time at rehabilitation centre. Others participant said that negative attitude of social people, breakup the relationship with family member and getting emotional for old friend were the reason of relapsing again.

One of the participants stated

After going I had faced some problems. Such as, I could not sleep at night. My feeling worked to get together with old friends. Next I would go there. I could not control myself. I am bound to go towards drugs.

Another participant said

Because of being substance abusers, my family reputation falls down. The relationship had been broken down. Now no relationship present with my family and relatives. I am to be hated person going anywhere. I cannot be normal going bridal party. Nobody can accept us or they have the perception that the boy is such kind. Everyone get abused any how behavioural or orally.

According to (Larimer et al., 1999, p. 153) there are several types of situations play a role in relapsing episodes. Like negative emotional states such as anger, anxiety, depression, frustration, and boredom are associated with the highest rate of relapse. These emotional states may be caused by primarily intrapersonal perceptions of certain situations. The other is the situations that involve particularly interpersonal conflict can precipitate relapse. In fact, intrapersonal negative emotional states and interpersonal conflict situations served as causes for more than one-half of all relapse episodes. Beside this social pressure, including both direct verbal or nonverbal persuasion and indirect pressure contributed to relapsing episodes.

Another participant stated

Many of people of the society tried to look at me in different way or angle that I am addicted. These problems I actually faced.

Relapses are strongly related to the amount of social support (NIDA, 1994). For this reason if the society not supported the abuser to recovery from this situation, the abusers should not keep away themselves from substance. The negative attitude of the society and family member can push them toward the substance.

4.2.5. By avoiding addicted friends, young group of people can keep away themselves from substance

Preventing substance abuse increases people’s chances of living long, healthy, and productive lives. For this reason young people have to avoid substance. To find out the perception of young people that how they think that one can avoid the substance, researcher collected some recommendations from the participants. These recommendations which were collected through interview are stated below by the coding:

Category 6: Recommendation to others to avoid substance abuse

| Coding | P1 | P2 | P3 | P4 | P5 | P6 | P7 | P8 | P9 | P10 |
|---|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------|
| No comment | | ✓ | | | | | | | | |
| Awareness raising | | | ✓ | | | | | ✓ | ✓ | |
| Family could be restricted | | | | ✓ | | | | | | |
| Family members should be more understanding | | | ✓ | ✓ | | | | ✓ | ✓ | |

| | | | | | | | | | | |
|---|---|--|--|---|---|---|---|--|---|---|
| Family member should give more attention toward child | | | | ✓ | | ✓ | | | ✓ | |
| Think before making friend | | | | | | ✓ | ✓ | | | |
| Avoid addicted friends | ✓ | | | | ✓ | ✓ | ✓ | | ✓ | ✓ |
| Maintain own routine life | ✓ | | | | | | ✓ | | | ✓ |

Table-6: Recommendation to others to avoid substance abuse

The participants expressed their opinion by comparing their previous experience. Most of the participant shared that avoiding the addicted friend is the best recommendation to avoid substance.

One participant stated

It is essential to avoid such friends who are involved in drug abuse. Never tell a lie. Lead oneself according to routine life. Everyone must be obeying parents. If one has any work, he should do the work if it is possible to lead life according to daily routine, it will be possible to keep distance from substance.

Omage & Omage, (n.d.) estimated that young people should try never to involve in illicit substance use. If they already depend on substances like alcohol, cigarette or prescription drugs, they should try against all chances to deflect from such behaviour. They should stay away from friends who abuse drugs.

Another participant differently stated

Not to go to the substance is a great prevention just. Social awareness and not involve in this trap. And become so good, if family can talk openly with their children.

Awareness programs for youth groups about the hazards of substances abuse are badly needed (Al-Haqwi, 2010).

One of the participants reported

In fact, I want to tell the young generation as my brother that substance has a harmful effect, have an attacking mood in the long run, have destruction or have an ugliest matter the society, so they should not go toward that level. Young generation should obey the parent's suggestion in every step of life. I would like to say for the young generation that they should go ahead in a balance way with their family and maintain

what their family say. Beside it, the family members also should show friendly attitude toward them. If the family become so friendly, someone can easily share everything and they don't need friend of outside.

According to National Council on Alcoholism and Drug Dependence (NCADD), by connecting with good friends and avoiding negative peer pressure, making connections with parents or other adults, learning how to enjoy life without adding alcohol or drugs, and following the family rules someone can avoid substance (NCADD, 2016).

Researcher found that the most important recommendation is to develop healthy friendships and relationships by avoiding friends or family members who pressure to use substances. Someone should develop goals and dreams for future. These will help focus on what someone want, keep them busy to fulfil the goal and help to avoid substance. Researcher also found that by raising awareness, becoming friendly with family members and maintaining the routine life are helpful for avoiding substance.

CHAPTER 5

LIMITATION AND RECOMMENDATION

5.1. Limitations

There are some limitations which were unconditionally taken by the researcher into account during the study period. The researcher always tried to consider the limitations during the period of study. These are given below:

- Participants were collected only from one drug addicted rehabilitation centre. Researcher could not collect participant from other rehabilitation centre. Researcher should also collect participant from community setting.
- Researcher could not collect data from female participant due to absent of female substance abuser on selected rehabilitation centre.
- Researcher could not use quantitative method due to time limitations because it needs more participants than qualitative design. It is time consuming to collect data from many participants.

5.2. Recommendations

5.2.1. Recommendations for Occupational therapist in Bangladesh

OTs should implement a broader role and holistic treatment techniques for the substance abuser. OTs needs to update their knowledge in this area. OTs should provide treatment to reduce physical, mental, and social problem of the substance abuser. OTs needs to concentrate more on this issue during the treatment period. For these reason it is necessary to involve the substance abuser in different management program such as-energy conservation techniques, coping strategies, exercises etc.

5.2.2. Recommendations for further research

The researcher's recommendation is that OTs needs to study this topic in depth. This may involve:

- To use quantitative cross-sectional study.
- To collect data from different drug rehabilitation centre and also from community settings.
- To find out the challenges of female substance abuser.

CHAPTER 6 CONCLUSION

Substance abuse is a universal problem, occurring in almost all nations of the world. It is becoming a global health and social problem. Even Bangladesh cannot get rid from the impact of substance abuse. Mainly the youth groups are the topmost victim of substance abuse. It destroys the enthusiasm sense of the young generation. Youth group plays an important role to develop a country. If the substance continuous destroys the eagerness of young generation in this way, we cannot develop our country.

This study identifies a number of reason and factors based on the perceptions of a group of young substance abusers. Being younger, deviant peer relationship, curiosity, showing smartness and family factors have more risk of using substances. It also identified that using substances has harmful effects on physical health, psychological health, social relationships and the environmental health of an individual. These type of problem also impact on their wellbeing.

A proper rehabilitation service facilitates them to cope and recover from harmful effects as much as possible. It also helps them with successful community reintegration which is very important for a user. Result of this study can guide the planning and implementing of prevention programmes that focus on raising awareness about the harms of substance abuse.

Occupational therapist has an important role in treating client with substance abuse. Researcher hopes that with other health professionals, skilled occupational therapists can help young abuser to cope with any situation that may arise and also help them to become a productive person in society and within their family.

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APPENDIX-1

Approval letter for conducting research

The Head of the Department,
Department of Occupational Therapy
Bangladesh Health Professions Institute (BHPI)
CRP- Chapain, Saver, Dhaka- 1343
Through: Dissertation Supervisor

Subject: Prayer for seeking permission to conduct the research project.

Sir/Madam,

I am Afroza Aktar, 4th year student of B. Sc in Occupational Department at Bangladesh Health Professions Institute (BHPI), the academic institute of Centre for the Rehabilitation of the Paralyzed (CRP). As I am a student of 4th year, I have to do a dissertation for my research purpose. My dissertation title is **“Perception of youth substance abuser about substance abuse and its influencing factors”** and I will try to explore the perception of youth substance abuser about substance abuse and its influencing factors for my dissertation purpose, I need permission from you to continue my research project.

So, I therefore pray and hope that you would be kind enough to give me the permission to continue the research project for my study.

Sincerely yours,
Afroza Aktar.....

Afroza Aktar
4th year B. Sc in Occupational Therapy
BHPI, CRP- Chapain, Saver, Dhaka- 1343, Bangladesh

| Approved by | Signature |
|--|--|
| Head of the Department Nazmun Nahar Assistant professor and Head of the Department Department of Occupational Therapy BHPI,CRP-Chapain, Savar, Dhaka-1343 | <i>Allowed as per supervisor's comment.</i> <i>UAB</i> <i>26.12.15</i> |
| Supervisor Mir Hasan Shakil Mahmud Lecturer, Occupational Therapy Department of Occupational Therapy BHPI,CRP- Chapain, Saver, Dhaka- 1343 | <i>Recommended to conduct the study following the proposal.</i> <i>with best wishes</i> <i>Smit</i> <i>26.12.15</i> |

APPENDIX-2

Permission letter for data collection



বাংলাদেশ হেল্থ প্রফেশন্স ইনষ্টিটিউট (বিএইচপিআই)
BANGLADESH HEALTH PROFESSIONS INSTITUTE (BHPI)
(The Academic Institute of CRP)
CRP-Chapain, Savar, Dhaka, Tel: 7745464-5, 7741404, Fax: 7745069
BHPI-Mirpur Campus, Plot-A/5, Block-A, Section-14, Mirpur, Dhaka-1206. Tel: 8020178,8053662-3, Fax: 8053661

Date: 13.02.2016

To
Director
Bangladesh Rehabilitation and Assistance Centre for Addicts (BARACA)
Savar, Dhaka.

Subject: *Data collection for dissertation.*


Greetings from Bangladesh Health Professions Institute (BHPI). I would like to inform you that, BHPI, the Academic Institute of CRP is running B.Sc in Occupational Therapy Course, under Faculty of Medicine, University of Dhaka.

According to the content of 4th year of University course curriculum, the students have to do Research and Course work in different topics to develop their skills. Considering the situation, your institute will be the most appropriate place to collect data.

4th year students of BHPI Afroza Aktar would like to collect data in your organization at your convenient time.

We shall remain grateful to you if you could kindly allow us in conducting the placement.

With regards


Nazimun Nahar
Asst. Prof. & Head
Dept. of Occupational Therapy
BHPI.



APPENDIX-3

Approval letter for data collection

BARACA

Bangladesh Rehabilitation
and Assistance Center for Addicts
Information & After- Care Centre:
17/19, Azam Road, Mohammadpur
Block-D, Dhaka-1207, Ph. 9112954



বারাকা

বাংলাদেশ মাদকাসক্ত
চিকিৎসা, সহায়তা ও পুনর্বাসন কেন্দ্র
তথ্য ও চিকিৎসা পরবর্তী সেবা কেন্দ্র :
১৭/১৯, ইকবাল রোড, মোহাম্মদপুর
ব্লক-ডি, ঢাকা-১২০৭, ফোন : ৯১১২৯৫৪

Ref No: D.BAR 2015-2016/242

Dated: 15 February 2016

Mrs Afroza Aktar
4th year student
BSc In Occupational Therapy
Occupational Therapy Deptt.
BHPI, CRP, Savar,
Dhaka.

Approval for data collection from BARACA.

Dear Mrs Afroza,

With reference to your application for collection of data from BARACA, you are hereby allowed to collect data from BARACA on the following terms and conditions:-

01. You will not use the data other than your study purpose.
02. You will strictly maintain the confidentiality of the data and will not share them with any body else. You will not disclose any part of the information you collect from BARACA which may bring harm to a person socially.
03. You will request your authority to whom you are going to submit the data to strictly maintain confidentiality after your submission to them.
04. During collection of data you will not force or misbehave with any client or staff of BARACA.

Yours sincerely,


Director
BARACA



An addict is not mad, he is not bad, he is sick, একজন আসক্ত পাগল নয়, খারাপ নয়, কিন্তু অসুস্থ।

Treatment & Rehabilitation Centre: BARACA House, Caritas Savar Property, Kamalapur, Savar, Dhaka, Mobile: 01911-343154
চিকিৎসা ও পুনর্বাসন কেন্দ্র : বারাকা হাউজ, কারিতাস সম্পত্তি, কমলাপুর, সাভার, ঢাকা, মোবাইল : ০১৯১১-৩৪৩১৫৪

APPENDIX-4

Information Sheet

The name of the researcher is Afroza Aktar. She is the student of 4th year, Department of Occupational Therapy, Bangladesh Health Professions Institute (BHPI). As a part of her academic issues, she has to conduct a dissertation in this academic year. So researcher would like to invite you to participate in this study. The title of the study is **“Youth abuser’s perception regarding substance abuse and its associated factors: a qualitative study”**.

Your participation is voluntary in the study. You can withdraw your participation in anytime. There is not the facility to get any pay by this participation. The study will never be any harm to you but it will help the service user to know your experience, which is very important for the service provider to plan for their future activities.

Confidentiality of all records will be highly maintained. The gathered information from you will not be disclosed anywhere except this study and supervisor. The study will certainly never reveal the name of participants.

If you have any query regarding the study, please feel free to ask to the contact information stated below:

Afroza Aktar
Student of 4th year
B.Sc. in Occupational Therapy
Department of Occupational Therapy
Bangladesh Health Professions Institute (BHPI),
Centre for the Rehabilitation of the Paralyzed (CRP),
Chaplain, Savar, Dhaka-1343

APPENDIX-5

তথ্য পত্র

গবেষণাকারীর নাম আফরোজা আক্তার। সে বাংলাদেশ হেলথ প্রফেশন্স ইনস্টিটিউটের (সিআরপির শিক্ষা প্রতিষ্ঠান) অকুপেশনাল থেরাপি বিভাগ এ ৪র্থ বর্ষে অধ্যয়নরত। তার প্রাতিষ্ঠানিক কার্যের অংশ হিসেবে চলন্ত শিক্ষাবর্ষে তাকে একটি গবেষণা মূলক কাজ করতে হয় যার শিরোনাম “মাদকাসক্ত যুবকদের মাদকদ্রব্যের অপব্যবহার সংক্রান্ত এবং এর প্রতি সম্পৃক্ততার কারণ ও ফলাফল সমূহ সম্পর্কে ধারণা।”

গবেষণায় আপনার অংশগ্রহন সম্পূর্ণ রূপে স্বেচ্ছায়। আপনি যেকোন সময় গবেষণায় আপনার অংশগ্রহন করা থেকে বিরত থাকতে পারবেন। এই গবেষণায় অংশগ্রহনে গবেষক আপনাকে কোনভাবে আর্থিক সাহায্য প্রদানে অপারগ। এই অংশগ্রহন কখনোই আপনার জন্য ক্ষতির কারণ হয়ে দাঁড়াবেনা কিন্তু এই গবেষণার মাধ্যমে সেবাপ্রদানকারী সদস্যগণ, আপনার অভিজ্ঞতার কথা জানতে পারবেন এবং প্রাপ্ত তথ্য সমূহ সেবার মানোন্নয়নে সাহায্য করবে।

আপনার কাছ থেকে প্রাপ্ত তথ্যসমূহের সর্বোচ্চ গোপনীয়তা রক্ষা করা হবে। গবেষণা এবং গবেষণার সমন্বয়কারী ব্যক্তিত এই তথ্যগুলো অন্য কোথাও প্রকাশিত হবেনা এবং গবেষণার কোথাও অংশগ্রহনকারীর নাম প্রকাশ হবেনা। গবেষণা সম্পর্কিত যেকোন ধরনের প্রশ্নের জন্য নিম্নলিখিত ব্যক্তির সাথে যোগাযোগ করার জন্য অনুরোধ করা যাচ্ছে।

আফরোজা আক্তার

৪র্থ বর্ষ

বিএসসি ইন অকুপেশনাল থেরাপি

অকুপেশনাল থেরাপি বিভাগ

বাংলাদেশ হেলথ প্রফেশন্স ইনস্টিটিউট

পক্ষাঘাতগ্রস্তদের পুনর্বাসন কেন্দ্র (সিআরপি)

চাপাইন, সাভার, ঢাকা-১৩৪৩।

APPENDIX-6

Consent From

This research is part of Occupational Therapy course and the name of the researcher is Afroza Aktar. She is a student of Bangladesh Health Professions Institute (BHPI) in B. Sc. in Occupational Therapy in 4th year. The study is entitled as **“Youth abuser’s perception regarding substance abuse and its associated factors”**.

In this study I am a participant and I have been clearly informed about the purpose of the study. I have the right to refuse in taking part at any time and at any stage of the study. I will not be bound to answer to anybody. I understand that there will be no impact receiving treatment at present or in the future by participating in this study.

I am also informed that, all the information collected from the interview that is used in the study would be kept safe and maintain confidentiality. Only the researcher will be eligible to access in the information for his publication of the research result. My name and address will not published anywhere in this study.

I can consult with the researcher and the research supervisor about the research process or get answers to any questions regarding the research project. I have been informed about the above-mentioned information and I am willing to participate in the study with consent.

| | |
|--|-------|
| Signature/Finger print of the Participant: | Date: |
| Signature of the Researcher: | Date: |
| Signature/Finger print of the witness: | Date: |

APPENDIX-7

সম্মতি পত্র

এই গবেষণা অকুপেশনাল থেরাপি বিভাগের অধ্যয়নের একটি অংশ এবং গবেষকের নাম আফরোজা আক্তার। তিনি বাংলাদেশ হেলথ প্রফেশনস ইনস্টিটিউটের বি. এস. সি. ইন অকুপেশনাল থেরাপি বিভাগের ৪র্থ বর্ষে অধ্যয়নরত একজন ছাত্রী এবং তার গবেষণার বিষয় “মাদকাসক্ত যুবকদের মাদকদ্রব্যের অপব্যবহার সংক্রান্ত এবং এর প্রতি সম্পৃক্ততার কারণ ও ফলাফল সমূহ সম্পর্কে ধারণা।”

এই গবেষণার আমি একজন অংশগ্রহনকারী এবং আমি গবেষণার উদ্দেশ্য পরিষ্কার ভাবে জানতে পেরেছি। আমি যে কোন সময় এবং গবেষণার যে কোন পর্যায়ে আমার অংশগ্রহন প্রত্যাহার করতে পারি। এই জন্য আমি কারো কাছে জবাব দিতে বাধ্য থাকব না। আমি অবগত হয়েছি যে, এই গবেষণায় অংশ গ্রহন করার ফলে বর্তমানে ও ভবিষ্যতে আমার চিকিৎসা গ্রহনের উপর কোন প্রকার প্রভাব পরবে না।

এই গবেষণার সাক্ষাৎকারের সকল তথ্য যেগুলো গবেষণার কাজে ব্যবহৃত হবে, সে গুলো সম্পূর্ণভাবে গোপনীয় থাকবে। শুধুমাত্র গবেষক এ তথ্য গুলোর প্রবেশাধিকার পাবে। আমার নাম, পরিচয় ছাপা হবে না।

আমি গবেষণার পদ্ধতি ও জটিলতা অথবা সুফলের ব্যাপারে বা গবেষণা সংক্রান্ত যে কোন প্রশ্নের উত্তরদানের জন্য এই গবেষণার তত্ত্বাবধায়কের সাথে আলোচনা করতে পারব। আমি উপরোক্ত সকল তথ্য গুলো সম্পর্কে জানি এবং আমি এই গবেষণায় অংশগ্রহনে সম্মতি জ্ঞাপন করছি।

| | |
|-----------------------------|--------|
| অংশগ্রহনকারীর সাক্ষর/টিপসই: | তারিখ: |
| গবেষকের সাক্ষর: | তারিখ: |
| স্বাক্ষীর সাক্ষর: | তারিখ: |

APPENDIX-8

Interview Questionnaire

1. What do you mean by substance abuse? Please explain your opinion.
2. Did you use any substance? Yes/No. If yes, would you please explain which types of substance did you abuse and how long did you abuse?
3. Which time did you abuse the substance much more? Please explain.
4. What is the main reason to abuse the substance? Please explain.
5. How did you introduce with the substance? Please explain.
6. Did you face any problem during substance abusing? Yes/No. If yes, would you please explain what kind of problem did you face? (Physical, Mental, Social problem).
7. Did you admit any rehabilitation center before? Yes/No. If yes please explain are you faced any challenge to recover from the situation after going back to home?
8. Do you have any recommendation to keep away oneself from substance? Please explain.

APPENDIX-9

সাক্ষাৎকারের প্রশ্ন নির্দেশিকা

- ১। আপনি মাদকাসক্ত বলতে কি বোঝেন? দয়াকরে বিস্তারিত বলবেন।
- ২। আপনি কি কোন মাদকদ্রব্য ব্যবহার করতেন? হ্যা/না। যদি হ্যা হয়, তাহলে দয়াকরে বলবেন কি ধরনের এবং কতদিন যাবৎ মাদকদ্রব্য ব্যবহার করতেন?
- ৩। আপনি কোন সময় খুব বেশি পরিমাণে মাদকদ্রব্য অপব্যবহার করতেন? দয়াকরে বিস্তারিত বলবেন।
- ৪। আপনি মূলত কি কারণে মাদকদ্রব্য অপব্যবহার করতেন? দয়াকরে বিস্তারিত বলবেন।
- ৫। আপনি কিভাবে এই মাদকদ্রব্যের সাথে পরিচিত হয়েছিলেন? দয়াকরে বিস্তারিত বলবেন।
- ৬। আপনি কি মাদকদ্রব্য অপব্যবহারের সময় কোন সমস্যার সম্মুখীন হয়েছিলেন? হ্যা/না। যদি হ্যা হয়, তাহলে দয়াকরে বলবেন কি ধরনের সমস্যার সম্মুখীন হয়েছিলেন? (শারীরিক, মানসিক, সামাজিক সমস্যা)।
- ৭। আপনি কি এর পূর্বে কোন পুনর্বাসন কেন্দ্রে ভর্তি ছিলেন? হ্যা/না। যদি হ্যা হয়, তাহলে দয়াকরে বলবেন কি, এই অবস্থা থেকে ভালো হয়ে বাড়িতে ফিরে গিয়ে কোন সমস্যার সম্মুখীন হয়েছিলেন কি না?
- ৮। মাদকাসক্ত থেকে নিজেকে দূরে রাখতে আপনার কি কোন সুপারিশ রয়েছে? দয়াকরে বিস্তারিত বলবেন।