

KNOWLEDGE, ATTITUDES, & PRACTICES ON SUBSTANCE USE AMONG ADOLESCENTS IN NEPAL: RESEARCH & RECOMMENDATIONS



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Research By: World Vision International Nepal
Author: Nepal Public Health Research and Development Center (PHRD Nepal)
Research Duration: July–September 2023
Research Advisors: Sunil Hakaju Shrestha
Ganesh Pandey
Prakash Tiwari
Badri Dulal
Krishna Giri

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Substance use among adolescents is an escalating global public health issue. According to the World Health Organization (2024), over 25% of adolescents aged 15–19 consume alcohol, 10% of those aged 13–15 use tobacco, and nearly 5% of 15–16-year-olds have tried cannabis. South Asia is witnessing similar trends, driven by socio-economic challenges, limited access to education and healthcare, increasing peer and environmental pressures, but also due to the increased activities of international drug syndicates.

In Nepal, the relative lack of comprehensive data on adolescent substance use has hindered the development of targeted interventions. This study was initiated in response to growing concerns from our field teams and partners, particularly in the Terai and hilly regions, where substance use among children and adolescents is reportedly on the rise.

This research provides critical evidence on the scope, drivers, and consequences of substance use among young people in Nepal. It offers a foundation for designing effective, context-sensitive prevention and intervention strategies. For policymakers and supporters from the international community, the findings underscore the urgent need for coordinated, multi-sectoral action—combining education, health, community engagement, and policy reform.

On behalf of World Vision International Nepal, I extend our sincere gratitude to all who contributed to this study. We are especially thankful to the children across Nepal who courageously shared their experiences. Your voices are central to shaping solutions that protect and empower future generations.

We also express our deep appreciation to Dr. Janak Thapa, team leader and research expert from the Nepal Public Health Research and Development Center (PHRD) Pvt. Ltd., for his leadership in conducting this study and preparing the final report.

We hope this research inspires continued investment and collaboration to address adolescent substance use in Nepal—ensuring that every child can experience life in all its fullness being healthy, safe, and resilient.

Jacobus Koen

Program Development and Quality Director
World Vision International Nepal

RESEARCH TEAM FOR THE STUDY

The following research team contributed towards the development of the report.

Nepal Public Health Research and Development Center (PHRD Nepal)

Dr. Janak Thapa, Team Leader/ Research Expert
 Ms. Pragya Pokharel, Data Analyst
 Ms. Pabitra Balampaki, Project Coordinator
 Ms. Salina Thapa, Data Monitoring and Management Officer

Field Supervisors

Mr. Dhanilal Saday
 Ms. Shushmita Kumari
 Mr. Anil Sharma
 Mr. Mahesh Subedi
 Mr. Nirmala Bohara

Field Researchers

Mr. Shekhar Gautam	Mr. Sanjeev Chaudhary	Ms. Saha Jaha Amina
Ms. Karuna Dhakal	Mr. Min Katuwal	Ms. Pratikshya Pokhrel
Ms. Kabita KC	Mr. Sunil Saday	Ms. Anusha Rijal
Mr. Kushal Bikram Thapa	Mr. Shovakant Sah	Mr. Sanjog Khanal
Ms. Kushmita Pudasaini	Mr. Chalitar Saday	Mr. Kishor Kharel
Mr. Dhruv Chadra Joshi	Ms. Nishu Chaudhary	Ms. Bandana Sapkota
Ms. Kanchan Shrestha	Ms. Shova Kumari	Ms. Rekha Chand

AFFIRMATION

The study was conducted among adolescents residing in the districts of Rautahat, Sarlahi, Kanchanpur, Kailali, and Lamjung, with a total of 1,021 participants. The objective was to assess their knowledge, attitudes, and practices related to substance use. While the study broadly addresses substance use, particular attention is given to children under the age of 19 due to their vulnerability.

Substances examined in this research include tobacco, alcohol, marijuana, cannabis, injectables, opioids, and inhalants. Notably, tobacco and alcohol have been classified as substances of concern in this context, as Section 66(2)(a) of the Nepal Children Act (2018) defines their use as an offence against children. Accordingly, the focus remains on understanding substance use behaviors among children and adolescents below 19 years of age.

Among the 1,021 respondents 12 – 18 years of age, 51.8% were girls and 48.2% were boys. Of the total surveyed, 162 adolescents reported using substances such as tobacco, alcohol, or other psychoactive drugs in the days before the survey was conducted. Among these 162 self-reported substance users, 131 were boys and the remaining were girls. The median age of substance users was 17. However, the average age of first-time use varied by substance: 13.97 years for tobacco, 14.55 years for alcohol, and 15.91 years for cannabis. Alcoholic beverages were the most commonly used substance, with 70.3% of users reporting consumption, followed by tobacco products (54.3%) and cannabis (20.3%).

The majority of substance users reported consuming substances in secluded locations (35.8%), in their own homes (27.2%), and in hotels or restaurants (21%). Less frequently mentioned places include public spaces, streets, under bridges, and forests. Friends were cited as the primary source of substances (39.3%), followed by local shops (28.4%), street vendors and pharmacies (7.1%), and 6.6% reported sourcing substances from India. Peer pressure was the most commonly reported reason for initiating substance use (83.9%), followed by curiosity (58%) and entertainment (42%). When asked how they acquired substances, 59.3% reported using money requested from parents, 46.3% relied on their own pocket money, and 24.7% received substances from friends. Additional methods included income from work (5.6%), selling household items (4.3%), and selling substances themselves (3.7%).

Knowledge assessment among respondents was categorized into three levels: poor (less than 50% correct responses), satisfactory (50–75%), and good (above 75%). Among substance users:

- 77.2% had poor knowledge of substance-related consequences,
- 78.4% lacked awareness of the availability and locations of harmful substances in their communities,
- 79% were unaware of short-term effects,
- 67.1% were unaware of long-term health effects,
- 45.7% had poor knowledge of the types of substances found in the market,
- 46.9% lacked understanding of potential health risks associated with substance use.

Key Indicator		Value
Total number of adolescents who use substances (AUS) use	Boys	131
	Girls	31
	Total	162
Age of use	Mean (SD)	17.27 ±1.25 years
	Median	17 Years
Mean age of first use of substance	Tobacco products	13.97 Years
	Alcoholic beverages	14.55 Years
	Cannabis	15.91 Years
	Narcotics	14 Years
	Injectable drug use	16.33 Years
	Tablets	16.5 Years
	Inhalant	15.66 Years
	Stimulant	16 Years
Type of substances use by respondent	Tobacco products (Cigarette/ Bidi/ Khaini)	56.76 Percent
	Alcoholic beverages (Wine/Beer/Homemade Alcohol)	72.22 Percent
	Cannabis products (Marijuana/ Hemp/Hashish)	20.99 Percent
	Narcotics (Opium/Drugs/Heroin)	2.47 Percent
	Injectable (Tramadol, Ketamine)	2.47 Percent
	Tablets (Diazepam, Nitrazepam, Alprazolam, Preagabalin, Koftab D, Gabapentin, Tramadol)	2.47 Percent
	Inhalant (Dendrite, Paint Thinner, Varnish, Petrol)	2.47 Percent
	Stimulants (Cocaine, Amphetamines)	0.62 Percent
Average frequency of substance use	Tobacco products (per week)	9.04 Times
	Alcoholic beverages (per week)	1.12 Times
	Cannabis products (per month)	5.52 Times
	Narcotics (per week)	1 Times
	Injectable (per week)	3.75 Times
	Tablets (per week)	3.25 Times
	Inhalant (per week)	0.33 Times

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ACRONYMS

CBS	Central Bureau of Statistics
FGD	Focus Group Discussion
GESI	Gender Equality and Social Inclusion
HHs	Household Surveys
KIIs	Key Informant Interviews
MoHP	Ministry of Health and Population
MoHA	Ministry of Home Affairs
NDUS	National Substance Users Survey
NDHS	Nepal Demographic Health Survey
NHRC	Nepal Health Research Council
NCD	Non-Communicable Diseases
PHRD Nepal	Nepal Public Health Research and Development Center
SPSS	Statistical Package for Social Science
STEPS	Stepwise Approach to NCD Risk Factors Surveillance
USAID	United States Agency for International Development
WHO	World Health Organization
WVI	World Vision International

EXECUTIVE SUMMARY

Introduction

In this report, substance use refers to the use of addictive and harmful substances such as cannabis, opioids, amphetamines, and other stimulants¹. Harmful substance use includes any pattern of consumption, whether occasional or regular, that leads to physical, mental, or social harm. This includes commonly used substances like alcohol, tobacco, and other illicit substances². According to the 2024 UNODC report, more than 275 million people globally are engaged in substance use, with over 39 million suffering from related disorders. Cannabis was the most used drug in 2022, with around 200 million users. Despite having fewer users (60 million), opioids were responsible for 68% of the 180,000 drug-related deaths in 2021 and over half of the years of healthy life lost due to early death or disability.

The rising prevalence of substance use among adolescents has become a pressing global public health concern. According to the World Health Organization (2024), more than 25% of individuals aged 15–19 consume alcohol, 10% of those aged 13–15 use tobacco, and approximately 4.7% of adolescents aged 15–16 have experimented with cannabis. Similar trends are emerging across South Asia, where substance use is increasingly linked to factors such as poverty, limited access to quality education and healthcare, peer influence, and exposure to domestic violence³.

In 2020, the Ministry of Home Affairs, with technical assistance from the Central Bureau of Statistics (CBS) and expert oversight from national steering and technical committees, conducted the third Nepal Drug Users Survey. The objective was to analyze substance use patterns, high-risk behaviors, and demographic profiles in order to support the development of informed, evidence-based policies and intervention strategies. The survey estimated that there are 130,424 individuals in Nepal who use hard drugs (excluding alcohol and tobacco) with a staggering 93.3% of users being male and only 6.7% female. Adolescents represented a significant portion of this group, with 19% falling between the ages of 15 and 19. Cannabis emerged as the most commonly used substance (84.7%), followed by tranquilizers (73.1%) and opiates (46.8%). The findings also revealed cannabis as the most frequently initiated and most consistently used substance across a user's lifetime.

The survey further highlighted that the initiation of substance use often begins during adolescence. Among respondents who never smoked cigarettes, 55.6% reported starting between the ages of 15 and 19. Similarly, 71.4% of alcohol users had their first drink within the same age range. In terms of regional prevalence, the highest concentration of adolescent substance users was recorded in Sudurpashchim Province (19.2%), followed by Madhesh Province (14.4%)⁴. Complementing these findings, the National Mental Health Survey 2020 reported that 4.2% of the general population experienced alcohol use addiction within the past 12 months. Other substance use (excluding nicotine) prevalence was found 0.2% in the general population, while it was 0.6% among adolescents aged 13 to 17⁵. Additionally, a cross-sectional study conducted in western Nepal among 460 students aged 15 to 19 years revealed that 27.4% had used at least one psychoactive substance. Among them, tobacco was the most common (59.3%), followed closely by cannabis (55.6%)⁶.

Study Objectives

The primary objective of this study is to assess the prevalence, underlying causes, and consequences of substance use among adolescents, with a focus on identifying the patterns and extent of harmful substance use in five districts of Nepal: Sarlahi, Rautahat, Lamjung, Kailali, and Kanchanpur.

Study Methodology

This study was initiated following the mid-term review of WVI Nepal's 2021–2025 strategy, which identified harmful

¹ <https://www.afro.who.int/health-topics/substance-abuse>

² <https://www.afro.who.int/health-topics/substance-abuse>

³ Sing et al 2024: Substance Use Disorder Among Women and Children in South Asia | SpringerLink

⁴ https://nepalindata.com/media/resources/items/20/bNepal_Substance_Users_Survey_2076.pdf

⁵ Dhimal and Dahal 2022: (PDF) A Nationwide Prevalence of Common Mental Disorders and Suicidality in Nepal: Evidence from National Mental Health Survey, 2019–2020

⁶ Bhandari et al 2021: Use of Psychoactive Substance and its Associated Factors among School Adolescents in Rupandehi District of Nepal - PubMed

substance use among adolescents and children as a growing concern, particularly in the Terai region. The issue was found to be especially prevalent in districts such as Sarlahi, Mahottari, Rautahat, Kanchanpur, and Kailali. Although Mahottari was initially flagged, it was not included in the study sample, as its context was considered comparable to that of neighboring Rautahat. Instead, Lamjung district was purposively included to provide contrast, given its distinct social and geographic characteristics and the reported rise in adolescent substance use in the area.

The study followed a cross-sectional design using a mixed-methods approach, integrating both quantitative and qualitative data. The quantitative component assessed adolescents' knowledge, attitudes, and practices (KAP) related to substance use through a structured survey administered to 1,021 adolescents across five districts: Sarlahi, Rautahat, Lamjung, Kailali, and Kanchanpur. Except for Kanchanpur, two municipalities were selected from each district. Qualitative data were gathered through 10 focus group discussions (FGDs) with parents and adolescent groups, and 15 key informant interviews (KIs) with teachers, police personnel, community volunteers, policymakers, and organizational staff working in substance use prevention. The survey tool was developed using KoBo Toolbox for digital data collection, while separate FGD and KI guidelines were prepared based on the research objectives. Fieldwork was conducted in the last week of September 2023. Quantitative data were analyzed using SPSS Version 25, and qualitative data were reviewed using thematic analysis. Findings were cross tabulated to explore relationships between dependent and independent variables and triangulated to ensure a comprehensive interpretation.

Major Findings of Study

Knowledge on Substance Use

Among the 1,021 adolescents surveyed, just over half (51.8%) were girls. Nearly half (46.7%) of the respondents were able to identify at least three out of seven given reasons why adolescents might engage in substance use. In terms of awareness of substances being used, 94.3% of respondents mentioned tobacco, followed by alcohol (89.1%), cannabis (70.3%), tablets (25.9%), and injectables (25%). When asked about locally available substances, the majority cited tobacco products (94%), alcohol (89.8%), and cannabis (59.9%) as the most accessible. Regarding the negative consequences of substance use, 54% of adolescents identified anxiety and depression as both short-term and long-term complications. However, awareness of other health and social consequences was generally lower. When asked specifically about health risks, 72.2% of respondents mentioned cancer as a major concern linked to substance use.

Attitudes on Substance Use

More than half of the respondents expressed strong agreement with several attitudinal statements related to substance use. Specifically, 52.9% agreed that smoking, drinking, and substance use are harmful; 62.3% believed that living with individuals who engage in such behaviors increases the likelihood of adolescent involvement; and 66.5% recognized the influence of peer pressure in encouraging substance use. Additionally, 65% agreed that the easy availability of tobacco, alcohol, and other substances contributes to increased use among adolescents. Nearly half (43.5%) acknowledged that it is difficult for young people to refuse when substances are offered to them by others.

Conversely, a majority of respondents disagreed with several permissive or stigmatizing beliefs about substance use. Specifically, 60% disagreed with the idea that it is acceptable for adolescents to consume alcohol or cigarettes occasionally, while 59% opposed occasional substance use during adolescence in general. Similarly, 55% rejected the belief that using substances once during adolescence is harmless. Furthermore, 61% disagreed with the notion that substances help people escape from difficult situations. More than half (51%) did not agree with the stereotype that women do not use substances, and 62% disagreed with the statement that adolescent substance use is not a problem as long as it remains undiscovered.

Practice of Substance Abuse

Out of the 1,021 adolescents surveyed, 162 (15.87%) reported having used at least one type of substance. Among these users, the vast majority were boys (80.8%), while only 19.2% were girls. Although the self-reported usage rate was 15.87%, respondents perceived significantly higher rates of substance use among their peers; 53% reported their friends use tobacco products, 47% alcohol, and 26% cannabis. Among the 162 adolescents who

disclosed substance use, more than two-thirds (78.4%) were introduced to substances by friends, and 58% cited peer pressure as the primary reason for initiating use. The highest proportion of users was among 18-year-olds (27.2%), followed by 17-year-olds. Ethnicity-wise, 21% of substance users identified as Dalit (Hill and Terai), followed by Brahmin (16%) and Janajati (15%).

In terms of family structure, the majority of adolescent substance users (66.7%) came from nuclear families. Most users (89%) had completed secondary-level education, typically achieved between the ages of 16 and 18. Regarding parental education, 35.8% of users reported that their fathers were illiterate, while 32.7% indicated the same for their mothers. The study also found that 80.9% of adolescent users were students at the time of the survey. In terms of parental occupation, over half (52.5%) of mothers were housewives, and 42.6% of fathers were engaged in farming.

Recommendations

Among the 1,021 adolescents surveyed, 162 (15.87%) reported using at least one type of substance, with a significant gender disparity: 80.8% were male and 19.2% female. This indicates that boys are disproportionately affected by substance use, highlighting the need for gender-responsive interventions. Additionally, over 77% of both male and female participants lacked awareness of the harmful effects and consequences of substance use, underscoring the importance of strategies that address the specific vulnerabilities of adolescents particularly those related to peer influence and socioeconomic factors. To effectively reduce adolescent substance use, both parents and peer groups should be actively engaged in awareness initiatives that promote open dialogue. For boys, peer-led discussions can build skills to resist peer pressure, while for girls, confidence-building workshops can help them assert their choices and navigate social expectations. Overall, interventions should incorporate gender-specific approaches, focus on the most commonly used substances, and work to limit adolescent access guided by both global data and national trends. A summary of key recommendations and suggested implementation strategies is presented in the table below.

Recommendations	Rationale Based on the Findings	Implementation Approach
Community- led awareness campaigns on substance use prevention	Many adolescents (77%) lack awareness of the risks associated with substance use. Engaging families and communities is essential for sustainable impact.	- Organize awareness sessions in schools and communities. - Use culturally appropriate storytelling, local radio, and social media. - Train parents and teachers to initiate open discussions with adolescents.
Peer-led education and support programs to resist peer pressure (especially for boys)	Boys are more vulnerable to peer pressure and social norms that encourage substance use.	- Train peer leaders to lead discussions on resisting peer pressure. - Establish peer support groups in schools, youth clubs, and sports teams. - Collaborate with youth organizations and religious groups.
Confidence and leadership development and workshops for girls	Girls may face social stigma and pressure, reducing their ability to refuse substances.	- Conduct empowerment workshops on assertiveness and decision-making. - Address underlying risks such as economic dependence and early marriage. - Involve female mentors and community role models.
Gender-sensitive policies and targeted strategies for substance use prevention	Different substances and influencing factors affect boys and girls differently. Tailored, data-driven responses are necessary.	- Collect and analyze local, gender-disaggregated data to inform interventions. - Advocate for policy changes to restrict adolescent access to substances. - Establish safe community spaces and involve local leaders in prevention. - Integrate social-emotional learning (SEL) packages in collaboration with schools.

Conclusion

The findings of this study reveal that adolescents in the surveyed districts possess a limited understanding of substances and their short-term and long-term effects. Although the self-reported prevalence of substance use stands at 15.87%, participants indicated much higher levels of usage among their peers 53% for tobacco products, 47% for alcohol, and 26% for cannabis, underscoring a broader and more concerning exposure within adolescent social circles. This disparity highlights a pressing need to scale up prevention, education, early identification, and counseling initiatives, alongside the formulation and implementation of local-level policies tailored to adolescent needs. Qualitative insights from the study further emphasize external contributing factors, particularly the open border with India, which many respondents identified as facilitating the easy flow of illicit substances. In addition, the study sheds light on the complex and interconnected challenges faced by adolescents, including mental health concerns, limited access to education, and fragile family environments. These vulnerabilities demand holistic, multi-sectoral responses.

Overall, this research offers a valuable foundation for designing targeted, context-specific interventions that address both the root causes and consequences of adolescent substance use. The evidence presented here can guide the development of programs and policies that promote the health, safety, and long-term well-being of young people across Nepal.

The findings emphasize the need for a comprehensive approach that integrates prevention, education, awareness, and support systems to effectively address adolescent substance use. Such an approach must be context-specific, taking into account the socio-economic realities, cultural dynamics, and educational environments unique to the study areas. Successful implementation of prevention programs will require strong collaboration among government agencies, non-governmental organizations, schools, health facilities, and local communities. Coordinated, multi-stakeholder efforts are essential to ensure sustainable impact and long-term behavioral change among adolescents.

The development of evidence-based educational initiatives should be prioritized, with a strong focus on both school and community-based components. These programs should aim to raise awareness about the consequences of harmful substance use, while also equipping adolescents with the skills to resist peer pressure and make informed, healthy decisions. In addition, integrating mental health services into schools and community settings can play a critical role in addressing the emotional and psychological challenges that often underlie substance use among adolescents.

Policy advocacy and regulatory measures are essential components in addressing harmful substance use among adolescents. Strengthening legal frameworks to limit the availability and accessibility of substances is critical to prevention efforts. Equally important is the continuous evaluation and adaptation of interventions to ensure their effectiveness and responsiveness to emerging trends and challenges related to adolescent substance use.



CHAPTER I: INTRODUCTION

Background of the Research

Nepal's Narcotic Substances (Control) Act, 1976 defines narcotic substances and classifies them into three categories: depressants, hallucinogens, and stimulants. Harmful substance use impacts both the mental and physical health of individuals and often leads to serious social and personal consequences. Like many countries globally, Nepal is experiencing a growing incidence of substance use, particularly among adolescents⁷.

According to the Ministry of Home Affairs, Government of Nepal, the number of hard drug users has increased significantly over the past two decades. In 2005, there were 46,309 reported users, a figure that had nearly tripled to 130,424 by 2019. The Nepal Hard Drug Substance Users Survey 2019 further indicates that among adolescents aged 15–19, the highest proportion of users was recorded in Sudurpashchim Province (19.2%), followed by Madhesh Province (14.4%).

In Nepal, adolescent boys and girls engage in substance use for a variety of reasons, many of which are rooted in social, cultural, and environmental factors. According to the Nepal Hard Drug Users Survey conducted by the Ministry of Home Affairs in 2019, substance use presents serious health risks at the individual level and impacts families and communities. Traditionally, alcohol, cannabis, and opioids have been the most prevalent substances used in Nepali society. Cultural acceptance of substances, particularly in ritualistic or religious contexts, has contributed to early exposure, especially to alcohol and cannabis among adolescents. However, growing evidence shows that such early use can have lasting negative effects. Cannabis use during adolescence has been linked to impaired brain development, affecting memory, learning, coordination, and decision-making. Similarly, alcohol consumption among teenagers is associated with cognitive deficits, increased risk-taking behaviors, and challenges in social functioning and academic performance.

Short Literature Review

The Government of Nepal, through the Ministry of Home Affairs, conducted the third Nepal Hard Drug Users Survey in 2019, with technical support from the Central Bureau of Statistics (CBS) and guidance from a dedicated steering and technical committee of experts. The primary objective of the survey was to examine user profiles, substance use patterns, and associated risk behaviors, and to generate statistically robust data to inform evidence-based policy and program development aimed at reducing harmful substance use in the country. It is important to note that the study did not include tobacco or alcohol users. The survey estimated that there are

While the use of substances such as cannabis and locally produced alcohol was relatively limited and culturally contained in rural areas some decades ago, the current landscape has shifted toward more potent and synthetic substances. Adolescents have become increasingly vulnerable, often being the primary targets of such substances. According to the report, the initiation of substance use commonly begins between the ages of 12 and 25⁸. Factors such as peer pressure, curiosity, and a lack of accurate information significantly contribute to the risk of adolescents developing substance use habits and, in many cases, addiction.

During the mid-term review of WVI Nepal's National Strategy in May 2023, it was reported that substance use among adolescents and children, particularly in the Terai region, had increased significantly. District police offices in areas such as Sarlahi, Mahottari, and Kailali highlighted a growing trend of substance use among adolescents and youth. Local government representatives also raised serious concerns about the lack of effective mechanisms to prevent and respond to harmful substance use at the community level, emphasizing the urgent need for targeted interventions and support systems.

This study explores the current status and trends of substance use among children and adolescents in Nepal. It offers evidence-based insights to support World Vision International Nepal (WVI Nepal) in designing and strengthening prevention, mitigation, and response interventions related to substance use. A cross-sectional research design was employed, incorporating both quantitative and qualitative methods to ensure a comprehensive understanding of the issue.

⁷ A qualitative study to understand drivers of psychoactive substance use among Nepalese youth | PLOS ONE

⁸ <https://pubmed.ncbi.nlm.nih.gov/1392549/#:~:text=Production%2C%20sale%2C%20and%20consumption%20of,pose%20much%20of%20a%20problem.>

130,424 individuals using hard drugs in Nepal, with a sharp gender imbalance (93.3% male and only 6.7% female). Among the total users, 19% were adolescents aged 15 to 19. Cannabis emerged as the most used substance among hard drug users (84.7%), followed by tranquilizers (73.1%) and opiates (46.8%). The study further showed that cannabis was not only the most widely used but also the most commonly initiated substance, with 80.4% of users reporting it as their first drug. It remained the most consistently used substance across their lifetime (84.7%)⁹.

According to the NCD STEPS Survey conducted in Nepal in 2019, 28.9% of adults aged 15 to 69 were identified as tobacco users, with a significant gender disparity (48.3% of men and 11.6% of women reported tobacco use). At the time of the survey, 17.1% of adults were active tobacco smokers, and 18.3% were using vaping products. Exposure to secondhand smoke was also notable, with 22.5% of adults reporting exposure at the workplace and 33.5% exposed at home due to smoking by another adult. In terms of alcohol consumption, 23.9% of adults had consumed alcohol within the past 12 months, and nearly one in eight men reported drinking daily or almost daily. Additionally, 6.8% of adults were engaged in heavy episodic drinking¹⁰.

According to the National Demographic and Health Survey (NDHS) 2022 conducted by the Nepal Ministry of Health and Population, tobacco and alcohol use remains significantly higher among men compared to women. The survey found that 28% of men use tobacco, compared to only 5% of women. However, the overall trend of tobacco use has declined over the past two decades. Among men, cigarette smoking decreased from 45% in 2001 to 28% in 2022, while among women it dropped from 23% to 4% over the same period. In terms of alcohol consumption, 42% of men reported drinking alcohol, compared to 11% of women. Among those who had consumed alcohol in the past month, 20% of men and 13% of women drank daily or almost daily. Additionally, 21% of men and 11% of women reported consuming three or more drinks per occasion¹¹.

A cross-sectional study titled “Exploring the Prevalence and Correlation of Substance Abuse Among the Adolescents of Dharan, Eastern Nepal” (2019) surveyed 1,068 adolescents and found high levels of substance

use. Among respondents, 46.04% reported having used tobacco at some point in their lives, and 20.46% were current tobacco users. Similarly, 37.58% had consumed alcohol at least once, with 15.20% reporting regular alcohol use. Drug use was also notable, with 18.19% having used drugs at some time, and 18.13% identifying as current users. The average age of initiation was 14.21 years for tobacco, 15.13 years for alcohol, and 14.32 years for drug use. Among drug users, more than half (50.71%) reported using cannabis. Peer pressure emerged as the most cited reason for substance use (91.64%), and 39.5% of respondents reported purchasing substances from local shops¹².

A cross-sectional descriptive study conducted in 2019, titled “Knowledge and Attitude on Substance Abuse among Higher Secondary School Adolescents in Kathmandu District”, revealed significant gaps in awareness. The study found that more than half of the respondents (59.2%) had poor knowledge regarding harmful substance use, while only 8.6% demonstrated a good level of understanding¹³.

A descriptive cross-sectional study conducted in December 2020, titled “Prevalence of Substance Use Among Youths in Selected Wards of Gadhi Rural Municipality, Sunsari, Nepal”, reported that 26.4% of adolescents had engaged in substance use. The majority (62.2%) began using substances between the ages of 13 and 20, and a similar proportion (62.2%) reported a family history of substance use. Curiosity was the most cited reason for initiation (29.7%). The study also found significant associations between substance use and variables such as age, sex, ethnicity, and income¹⁴.

A cross-sectional study conducted in schools in western Nepal among 460 students aged 15 to 19 years found that 27.4% of adolescents had used at least one type of psychoactive substance. Among those who reported use, tobacco products were the most commonly consumed (59.3%), followed by cannabis (55.6%)¹⁵.

⁹ https://nepalindata.com/media/resources/items/20/bNepal_Substance_Users_Survey_2076.pdf

¹⁰ <https://nhrc.gov.np/wp-content/uploads/2019/11/National-Factsheet-English-1.pdf>

¹¹ <https://dhsprogram.com/pubs/pdf/FR379/FR379.pdf>

¹² <http://103.69.126.140:8080/bitstream/20.500.14356/1281/1/2484-Manuscript-17528-1-10-20200911.pdf>

¹³ <http://nepmed.nhrc.gov.np/index.php/jkabs/article/view/1131>

¹⁴ https://www.researchgate.net/publication/350520092_Prevalence_of_Substance_Use_among_Youths_in_Selected_Ward_of_Gadhi_Rural_Municipality_Sunsari_Nepal_A_Descriptive_Cross-sectional_Study

¹⁵ Bhandari 2021: <https://pubmed.ncbi.nlm.nih.gov/35140417/>

About World Vision International Nepal

World Vision International Nepal (WVI Nepal) is a child-focused relief, development, and advocacy organization that has been working to transform the lives of vulnerable and disaster-affected communities across Nepal since 2001. WVI Nepal implements multi-sectoral programs in close partnership with local communities, civil society organizations, government agencies, NGOs, and the private sector to address the root causes of vulnerability. Currently, WVI Nepal operates long-term development programs in 17 districts; Udayapur, Sarlahi, Mahottari, Rautahat, Sindhuli, Kathmandu, Lamjung, Lalitpur, Jumla, Kailali, Achham, Doti, Bajhang, Kanchanpur, Dailekh, Jajarkot, and Banke, covering all seven provinces of Nepal. Its work is guided by three technical program areas: Nutrition, Resilience and Livelihoods (NRL); Inclusive Quality Education (IQE); and Protection and Community Engagement & Sponsorship Programming (P&CESP).

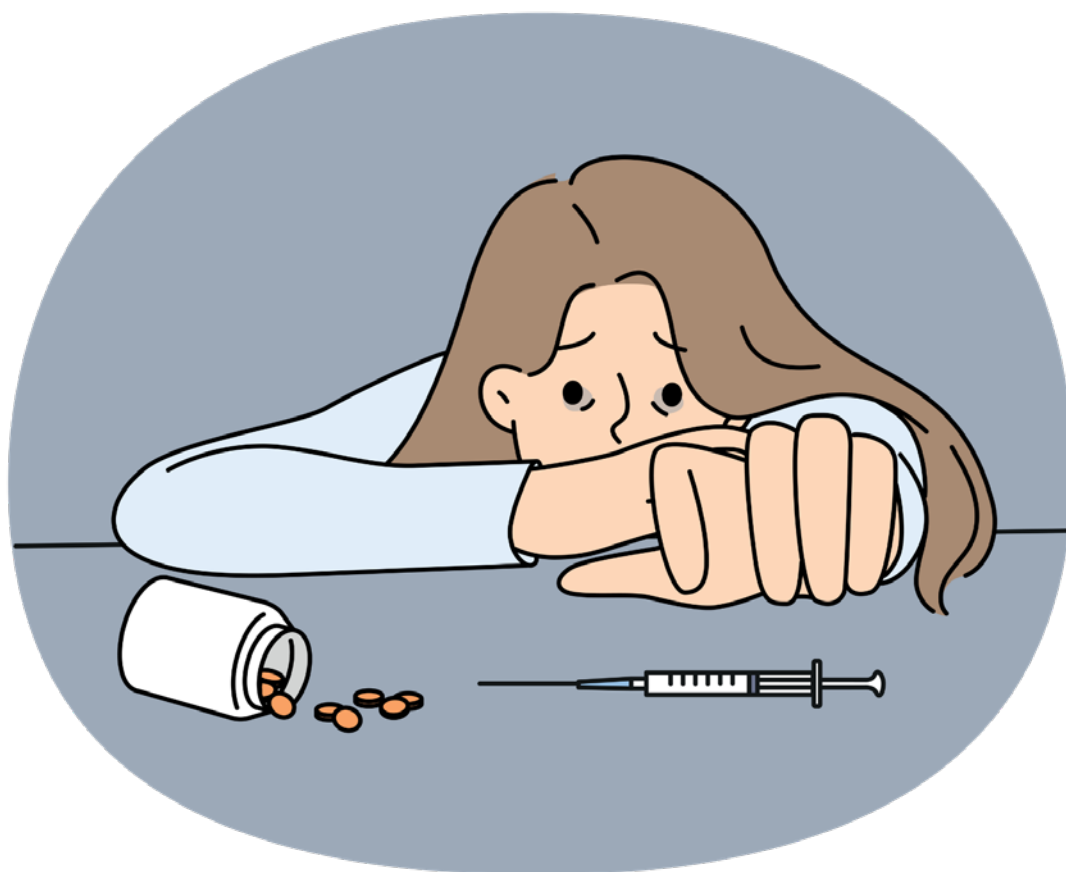
Objectives of the Research Study

Main Objective

- The main objective of this study is to assess the prevalence, root causes, and consequences of substance use among adolescents, and to identify the patterns and extent of substance use in five districts of Nepal: Sarlahi, Rautahat, Lamjung, Kailali, and Kanchanpur.

Specific Objectives

- To assess adolescents' knowledge and awareness regarding substance use.
- To determine the prevalence, current situation, and patterns of substance use among adolescents.
- To analyze the underlying drivers and influencing factors associated with different types of substance use and user profiles.
- To explore the impact of harmful substance use at the personal, family, and community levels.
- To identify existing policies related to substance use and assess their implementation status, including challenges in enforcement and regulation.



CHAPTER II: METHODOLOGY

2.1 Research Design

This research study was done using a cross-sectional design, utilizing a mixed-methods approach that combines qualitative and quantitative data collection.

Quantitative data were collected through structured surveys administered to adolescents across selected households in the study locations. In parallel, qualitative data were gathered through key informant interviews (KIIs) and focus group discussions (FGDs) involving a diverse range of stakeholders. These included parents, adolescents, policymakers, program implementers, police personnel, teachers, community volunteers, and representatives from organizations working in the field of substance use. This approach provided a comprehensive understanding of the dynamics of adolescent substance use and its broader impact on individuals, families, and communities.

2.1.1 Desk Review of Available Records and Documents

A comprehensive review of existing secondary data and literature was undertaken to inform and strengthen the research design. The research team examined key national documents, including the Nepal Hard Drug Users Survey 2019, the NCD STEPS Survey 2019, as well as relevant national policies, strategic frameworks, and annual plans related to substance use. In addition, peer-reviewed articles, reports, and other survey findings were reviewed. This in-depth analysis served multiple purposes: it helped refine the research questions by identifying existing knowledge gaps; it guided the development of a robust methodology aligned with current evidence; and it informed the design of data collection tools such as questionnaires and checklists to ensure that primary data complemented existing information and addressed unmet areas of inquiry.

2.1.2 Adolescent Survey

The adolescent survey was conducted with a total of 1,021 participants, comprising 529 girls (51.8%) and 492 boys (48.2%) from the study areas. A household-based approach was used to administer structured questionnaires, which served as the primary tool for collecting quantitative data on substance use indicators. The questionnaire was carefully developed based on references from the National Substance Survey and relevant academic literature. Notably, the sections of the questionnaire related to personal practices and experiences with substance use were self-administered by adolescent respondents to ensure confidentiality and improve the accuracy of responses.

2.1.3 Focus Group Discussion (FGDs)

Focus Group Discussions (FGDs) were conducted with two key groups: heterogeneous adolescent child club members and parent groups. A semi-structured discussion guide, developed based on recommendations provided by WVI Nepal was used as the primary tool to facilitate these discussions, ensuring consistency while allowing flexibility to explore emerging themes.

2.1.4 Key Informant Interview (KII)

Semi-structured interviews were carried out with key informants representing a range of sectors across each study district. These informants included police personnel, teachers, community volunteers, policymakers, program implementers, and representatives from organizations working on harmful substance use. An in-depth interview guide was used to facilitate these key informant interviews, enabling a comprehensive exploration of their insights, experiences, and perspectives on substance use among adolescents.

2.2 Research Major Questions

The major research questions which were used during study are attached in Table 1:

Table 1: Research Questions

Objectives	Research Questions
1. Identify the prevalence, existing situation, and patterns of substance use among adolescents.	• Why do adolescents begin using substances? • What are the key influencing factors associated with substance use? • At what age do they first encounter substances, and who typically introduces them? • How frequently do they use substances, and how do they access them?
2. Examine the drivers of substance use and types and identify the most vulnerable groups among users and their impacts at the personal, family, and community levels.	• Does substance use among family members influence adolescents? • How does harmful substance use affect individuals, their families, and the broader community? • What are the root causes of harmful substance use, and which groups of adolescents are most at risk? • How aware are adolescents of the consequences of substance use?
3. Understand the level of knowledge among adolescents regarding substance use.	• How aware are adolescents of the effects and consequences of substance use (physically, emotionally, behaviorally, and in terms of financial and social well-being)?
4. Identify existing policies on substance use, their implementation status, and challenges related to enforcement.	• What measures are currently being taken at the local and national levels to minimize adolescent substance use and its effects? • What are the main challenges in implementing existing substance use policies? • What recommendations can be made to mitigate these challenges, including possible amendments to current policies?

2.3 Research Study Area

This study was conducted in Sarlahi, Rautahat, Lamjung, Kailali, and Kanchanpur districts. The detailed research area is given in Table 2.

Table 2: Research Area

Name of District	Name of Municipality	Ward
Sarlahi	Haripurwa Municipality	1,2,3,4,5,6,7,8,9
	Parsa Rural Municipality	1,2,3,4,5,6
Rautahat	Garuda Municipality	4,6,8,9
	Madhav Narayan Municipality	3,7,8,9
Lamjung	Besisahar Municipality	1,2,3,4,5,6,7,8,9,10,11
	Sundarbazar Municipality	2,5,6,7,8,9
Kailali	Tikapur Municipality	6,7,8,9
	Bhajani Municipality	1,2,3,4,5,7,9
Kanchanpur	Krishnapur Municipality	1,2,4,7,9

2.4 Research Tools and Coverage

A structured questionnaire was used for quantitative data collection, administered in digital format through the KoBo Toolbox/Computer-Assisted Personal Interviewing (CAPI) system. The questionnaire was developed in both

Nepali and English to ensure clarity and inclusiveness. For qualitative data, semi-structured guidelines were used to conduct focus group discussions and key informant interviews, developed in alignment with the study's research questions. Most qualitative data were audio-recorded to ensure accuracy, while additional notes were captured manually during the discussions.

2.5 Data Sources and Respondent

For the quantitative component of the study, respondents included adolescents and their caregivers from selected households. For the qualitative component, participants comprised a diverse group, including adolescent child club members, parents of adolescents, police personnel, policymakers, teachers, program implementers, community volunteers, and representatives from organizations working on substance use prevention and response.

2.6 Sample Size and Sample Strategy

A systematic random sampling technique was employed for quantitative data collection to ensure the representativeness and accuracy of the sample. The sample size was calculated using the following formula:

$$n = \frac{Z^2 pq}{d^2 + Z^2 pq/N}$$

Where: Z = standard score at 95% confidence interval (1.96); p = estimated proportion of children under 18 years (0.5); q = 1 – p = 0.5; d = allowable margin of error (3.15%); N = total number of households in the five study districts (653,269).

$$(1.96)^2 \times 0.5 \times 0.5$$

$(0.0315)^2 + (1.96)^2 \times 0.5 \times 0.5 / 653269$. Where: Z = standard score at 95% confidence interval (1.96); p = estimated proportion of children under 18 years (0.5); q = 1 – p = 0.5; d = allowable margin of error (3.15%); N = total number of households in the five study districts (653,269).

For the qualitative component, purposive sampling was used to select participants representing key stakeholder groups relevant to the study. Detailed information on qualitative and quantitative sample sizes is presented in Table 3 below.

Table 3: Detailed Sample Size and Methodology

District	Name of Municipality	Ward No.	Adolescents-HH survey	Child Club Members	Parent Group	Police Personnel	Policy Maker	Teacher	Implementers	Community Volunteers	Staff of Organization Working on Substance Use
Sarlahi	Haripurwa Municipality	1,2,3,4,5,6,7,8,9	102	1	1	1	1	1	1	1	1
	Parsa Rural Municipality	1,2,3,4,5,6	101								
Rautahat	Garuda Municipality	4,6,8,9	102	1	1	1	1	1	1	1	1
	Madhav Narayan Municipality	3,7,8,9	101								
Lamjung	Besisahar Municipality	1,2,3,4,5,6,7,8,9,10,11	102	1	1	1	1	1	1	1	1
	Sundarbazar Municipality	2,5,6,7,8,9	101								
Kailali	Tikapur Municipality	6,7,8,9	102	1	1	1	1	1	1	1	1
	Bhajani Municipality	1,2,3,4,5, 7,9	101								
Kanchanpur	Krishnapur Municipality	1,2,4,7,9	203	1	1	1	1	1	1	1	1

2.7 Recruitment and Training

PHRD Nepal recruited a dedicated field research team comprising 21 researchers and 5 supervisors, with an equal gender balance (13 male and 13 female) selected from PHRD Nepal's existing roster. The field supervisors held academic qualifications in health sciences at the bachelor's level and had prior experience in conducting mobile-based surveys, including key informant interviews and focus group discussions. Researchers with experience

in digital data collection were recruited and provided training prior to deployment. To ensure effective communication and cultural relevance, local field researchers were specifically recruited in Rautahat and Sarlahi districts. The field researchers were primarily responsible for collecting quantitative data using mobile devices, while the supervisors, along with selected researchers, were involved in qualitative data collection through KIs and FGDs.

A two-day comprehensive training was conducted for supervisors and field researchers, focusing on effective interviewing techniques and safeguarding protocols. The training included orientation on the use of KoBo Toolbox for digital data collection, as well as in-depth sessions on research ethics, with particular emphasis on child safeguarding. Participants were trained in data collection methods, including face-to-face interviews, key informant interviews, and focus group discussions, alongside a detailed walkthrough of the study tools. The sessions also highlighted essential ethical practices, including the importance of obtaining informed consent and photo consent where applicable. Core team members from PHRD Nepal facilitated the training, ensuring that all field staff were well-prepared and aligned with research standards. To ensure quality and adherence to safeguarding protocols, a representative from WVI Nepal attended the training to observe and present on WVI's safeguarding measures and expectations.

The training provided hands-on experience in using tablets and mobile phones for data collection through the KoBo application. Multiple mock sessions were conducted to ensure that field researchers fully understood the questionnaire and the data collection procedures. Following the completion of the training, data collection commenced immediately. Quantitative data were gathered through structured, face-to-face interviews, with responses recorded directly into Android devices using the KoBo software. For the qualitative component, interviews were audio recorded with prior consent from participants. In cases where respondents were uncomfortable with audio recording, responses were manually documented in notebooks. Fieldwork for both quantitative and qualitative data collection was conducted in September 2023.

Brief Training Module

- Concepts and norms (Project concept | Its policy and strategy)
- Objectives of the survey
- Data collection tools both quantitative and qualitative including KoBo toolbox
- Sampling and respondent selection protocol
- Quality control mechanism, accountability and reporting
- Ethical and safeguarding principals
- Roles and responsibilities
- Supervising and reporting

2.8 Data Quality Assurance Plan

PHRD Nepal ensured the validity and reliability of the study through close supervision of field researchers and real-time data monitoring. The data collection methods and tools were developed in collaboration with WVI Nepal, incorporating their recommendations to align with programmatic standards. The quality of data collection was further supported by the recruitment of experienced field researchers and the provision of comprehensive training. Field researchers maintained daily communication with their supervisors, who in turn provided regular updates to the core research team via phone or WhatsApp. Data collection was continuously monitored by lead researchers and supervisors through an online data monitoring platform.

To ensure consistency and accuracy, standardized and pre-validated tools were used to measure adolescents' knowledge, attitudes, and practices related to substance use. Any data collection errors identified during fieldwork were recorded, and immediate feedback and guidance were provided to field researchers. During the data analysis phase, additional quality assurance steps were taken, including cleaning filter errors, out-of-range values, logical inconsistencies, and conducting internal consistency checks to enhance the overall integrity of the findings.

2.9 Data Analysis Plan

Data was collected using both quantitative (KoBo toolbox) and qualitative methods. Different data cleaning methods were used for quantitative and qualitative data.

Quantitative Data

The raw data were initially exported in Microsoft Excel format and cleaned to ensure consistency and uniformity. Logic skips and validation checks embedded within the digital questionnaire helped reduce the occurrence of outliers and data entry errors. After preliminary cleaning, the dataset was imported into SPSS software for further analysis, which included identifying and managing outliers, handling missing data, and correcting any additional errors. All modifications made during the data cleaning and analysis process were systematically documented, and a separate cleaned dataset was created, preserving the integrity of the original raw data. Data analysis was conducted using simple descriptive statistics, including means, standard deviations, proportions, and confidence intervals. The study team also developed relevant tables, charts, and graphs to support the presentation of findings.

Qualitative Data

The transcripts from the focus group discussions and key informant interviews were initially documented in Nepali and later translated into English for coding and analysis. The qualitative component of the study was informed by an ethnographic approach, which emphasizes understanding how individuals and groups interact within their social and cultural environments. Ethnographic methods prioritize direct observation and experiential insight over numerical data, allowing for a deeper exploration of context and meaning. Techniques employed in this approach included naturalistic observation, interviews, and a review of archival materials, all aimed at capturing the lived experiences and perspectives of adolescents and community stakeholders in relation to substance use.

2.10 Ethics/Integrity Considerations

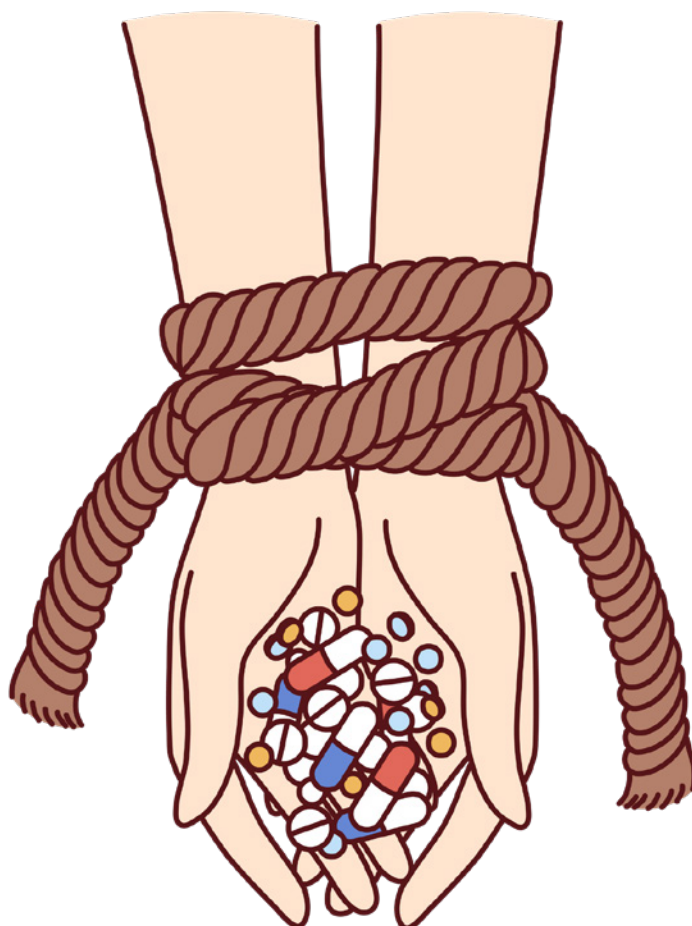
This assessment was conducted in full adherence to the ethical policies and safeguarding standards of both WVI Nepal and PHRD Nepal. The study complied with national and international human rights principles and ethical research guidelines, including Gender Equality and Social Inclusion (GESI) standards. The data collection process was designed to mitigate child protection risks, and all field researchers (along with the PHRD Nepal core team) were trained to uphold participant privacy, dignity, and well-being. Ethical considerations were rigorously maintained throughout the study, ensuring that informed consent was obtained and that all participants were treated with respect and confidentiality.

Informed consent was obtained from all participants prior to data collection, with parental or guardian approval secured for participants under the age of 19. The consent forms clearly outlined the study's purpose, procedures, potential risks and benefits, and emphasized the voluntary nature of participation. The assessment strictly adhered to a "do no harm" principle, ensuring that participation posed no risk to individuals or communities. The research design and data collection methods were developed with sensitivity to cultural and social norms, in order to minimize any potential negative impact on individuals, institutions, or the broader social environment. To ensure comfort and promote open dialogue, female facilitators were assigned to conduct FGDs and KIs involving girls.

Participant confidentiality was strictly maintained throughout the study period. Anonymity and safeguarding of all study-related data was ensured during both data collection and storage. All surveyors and team members received orientation on ethical considerations, including confidentiality protocols, as part of their training. Documents and data obtained through interviews, surveys, and meetings were treated as confidential and used exclusively for research purposes. Quantitative data were securely stored and handled in full compliance with WVI Nepal's data protection policy. Additionally, all project deliverables and materials associated with the study are kept confidential and stored securely to prevent unauthorized access.

2.11 Limitations

Data for this study was collected from selected municipalities within the five target districts: Sarlahi, Rautahat, Lamjung, Kailali, and Kanchanpur. Due to the absence of existing prevalence data on adolescent substance use within these specific populations, the study adopted an assumed prevalence rate of $p = 0.5$ for sample size calculation. While this is a standard approach in the absence of prior data, it may limit the generalizability of the findings. Future research should prioritize the collection of baseline prevalence data to enable more precise estimations and strengthen the representativeness of results.



CHAPTER III: RESEARCH RESULTS/FINDINGS

3.1 Background Characteristics of Survey

Table 4 presents the socio-demographic profile of the 1,021 adolescents who participated in the survey. The sample included a relatively balanced gender distribution, with 51.5% identifying as girls and 48.2% as boys. The age distribution was concentrated among younger adolescents, with 25.7% aged 15 and 23.2% aged 16. In terms of ethnicity, approximately two-thirds (63.6%) of respondents identified as Janajati, Aadibasi, or Tharu. A significant majority (88.1%) reported Hinduism as their religion. Further details on socio-demographic characteristics are provided in Annex Table 23.

Table 4: Socio-demographic Characteristics of the Respondents (N=1021)

Characteristics	Frequency (n)	%
Gender		
Girls	529	51.8
Boys	492	48.2
Age (Yrs)		
15	262	25.7
16	237	23.2
17	217	21.3
18	188	18.4
19	117	11.5
Ethnicity		
Brahmin/ Chhetri/ Thakuri/ Sanyasi	200	19.6
Dalit (Hill and Terai)	122	11.9
Janajati/ Aadibasi/ Tharu (All)	649	63.6
Muslim	50	4.9
Religion		
Hindu	900	88.1
Buddhism	50	4.9
Muslim	50	4.9
Christian	21	2.1

3.2 Findings

3.2.1 Socio-economic Characteristics of Respondents

Table 5 provides an overview of the family background and living conditions of adolescent respondents. The majority (68.2%) reported living in nuclear family settings, and most adolescents (87.9%) lived with both their mother and father. In terms of maternal education, 33.9% of mothers were illiterate, followed by 25.6% with secondary education, 20.5% with basic education, and only 1.9% holding a bachelor's degree or equivalent. Among the 1,028 participants' fathers represented, 36.8% were illiterate, while 17.9% were literate through informal education. Additionally, 21.4% had completed primary education and 22.6% had completed secondary education. Agriculture was identified as the primary source of household income for nearly half (49.6%) of the respondents.

Homeownership was common, with 94.1% of families residing in their own homes. When asked about economic status, 77% of adolescents classified their families as middle-class. Notably, a high level of family satisfaction was reported, with 73.7% of respondents expressing that they felt very happy living with their families.

Table 5: Socio-Economic Characteristics of the Respondents (N=1021)

Characteristics	Frequency (n)	%
Types of family		
Joint family	325	31.8
Nuclear family	696	68.2
With whom do you live		
With both father and mother	897	87.9
Only with mother	82	8.0
With others besides father and mother	35	3.4
Only with father	7	0.7
Mother highest education level		
Illiterate	346	33.9
Informal education	186	18.2
Basic education (1-7 class)	209	20.5
Secondary education (8-12class)	261	25.6
Bachelor or equivalent	19	1.9
Father highest education level		
Illiterate	376	36.8
Informal education	183	17.9
Basic education (1-7 class)	218	21.4
Secondary education (8-12class)	228	22.3
Bachelor or equivalent	16	1.6
Family major income		
Agriculture	506	49.6
Foreign employment	184	18.0
Business	113	11.1
Daily wages	105	10.2
Regular job	95	9.3
Pension	12	1.2
Industries	6	0.6
Family lives in		
Own home	961	94.1
Rented home	52	5.1
Relatives house	8	0.8
Wealth category in community		
Very Poor	16	1.6
Poor	169	16.6
Middle Class	786	77.0
Rich	48	4.7
Very Rich	2	0.2
Living satisfaction with family		
Very happy	752	73.7
Somewhat happy	240	23.5
Neither happy nor unhappy	27	2.6
Somewhat unhappy	2	0.2

Table 6 presents data on technology use and leisure activities among adolescent respondents. The findings indicate that 67.1% of adolescents own a mobile phone, with the majority (86.6%) using phones that operate on the Android platform. Additionally, nearly two-thirds (62.3%) reported having internet access at home. In terms of how adolescents spend their free time, 51.0% reported engaging in domestic chores, followed by using their phones or sleeping (40.8%) and playing games (40.6%).

Gender differences in leisure activities were notable. Among girls, a significant proportion spent their free time doing domestic chores (60.65%), watching television (61.97%), and tailoring (68.42%). In contrast, a majority of boys reported spending their leisure time playing games (73.25%) and hanging out with friends (67.16%).

Table 6: Use of Technology

Characteristics	Frequency (n)		%	
Internet access at home				
Yes	385		37.7	
No	636		62.3	
Have own mobile phone				
Yes	685		67.1	
No	336		32.9	
Types of mobile phone (n=685)				
Android phone	593		86.6	
iPhone	26		3.8	
Simple phone	66		9.6	
	Girls		Boys	
* Leisure time activities (Multiple responses)	n	%	n	%
Playing games	111	26.74	304	73.25
Hanging out with friends	131	32.83	268	67.16
Helping with housework	316	60.65	205	39.34
Watching TV	88	61.97	54	38.03
Surfing Internet	116	52.07	107	47.98
Using phone/sleeping	186	44.6	231	55.39
Reading newspaper and magazine, drawing, etc.	223	57.92	162	42.07
Spending times with family	143	59.33	98	40.66
Other specify (tailoring, teaching)	26	68.42	12	31.57

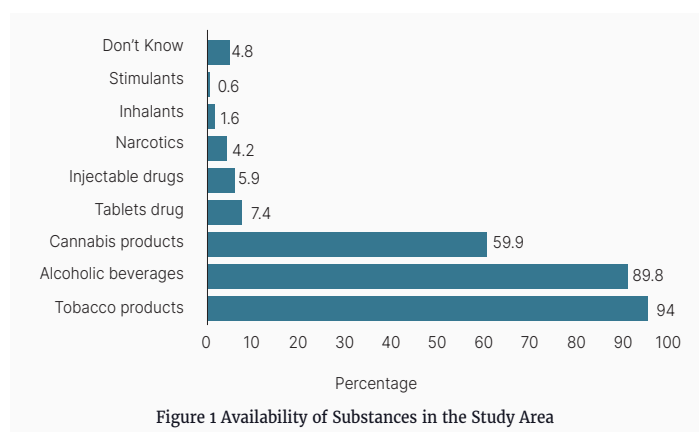
*Multiple responses

3.2.2 Availability of Substance in the Study Area

Respondents were asked about the availability of substances used for smoking, drinking, and addiction within their communities. A significant majority (94.3%) reported that tobacco products are easily accessible in their local areas. Alcoholic beverages were similarly available, with 89.8% of respondents acknowledging their accessibility. Notably, 59.9% of adolescents indicated that cannabis products could also be obtained locally, highlighting the widespread presence of both legal and illegal substances within the study areas.

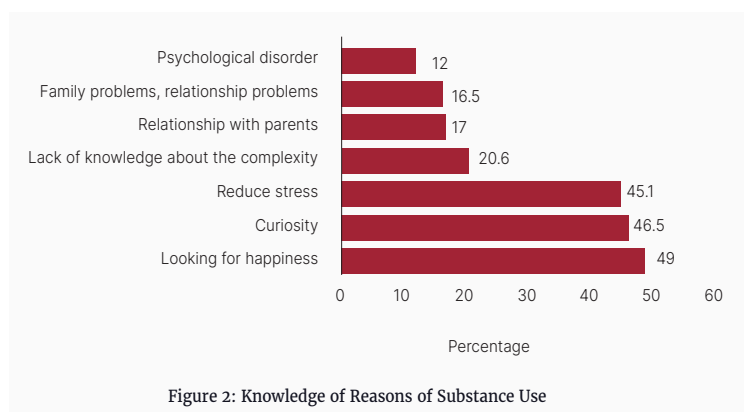
Figure 1 illustrates respondents' awareness of the availability of various substances within their communities. These include tobacco products (such as cigarettes, bidi, khaini, and gutkha), alcoholic beverages (including wine, beer, and homemade alcohol), and cannabis products (such as marijuana and hashish). Additionally, respondents reported awareness of the availability of tablet substances, such as Diazepam, Nitrazepam, Alprazolam, Pregabalin, Koftab D, Gabapentin, and Tramadol, as well as injectable substances like Tramadol

and Ketamine, and narcotics including opium and heroin. Inhalants (such as dendrite, paint thinner, varnish, and petrol) and stimulants (including cocaine and amphetamines) were also mentioned as substances known to be accessible in the local context.



3.2.3 Knowledge on Substance Use

Knowledge about the reasons for smoking, drinking, and substance use among adolescents is presented in Figure 2. The most cited reason for engaging in substance use was “seeking happiness,” reported by 49% of respondents. This was closely followed by curiosity (46.5%) and the desire to reduce stress (45.1%). Other contributing factors included a lack of awareness about the risks and consequences of substance use (20.6%), strained relationships with parents (17%), family-related problems (16.5%), and physical health issues (12%).



Similarly, table 7 shows the knowledge of surveyed adolescents on substance use and its effects.

Various questions were asked to assess the level of knowledge among adolescents regarding substance use. Most respondents demonstrated awareness of tobacco products, followed by alcoholic beverages, cannabis products, and other drugs. Among those knowledgeable about tobacco, females comprised a slightly higher proportion (51.6%), whereas boys showed greater awareness of other substances such as alcoholic beverages (50.1%), cannabis (53.3%), and narcotics (53.6%).

When asked about the short-term complications of substance use, anxiety and depression were most commonly mentioned by participants. Boys generally demonstrated higher awareness of these complications, with 52.9% identifying anxiety and depression, 54.5% noting feelings of euphoria and happiness, 57.5% citing aggressiveness, 60.1% mentioning increased self-confidence, 60.5% referencing pessimism, and 62.4% identifying sleep disorders. Interestingly, more than half of the respondents who recognized dependence and forgetfulness as complications were female.

In terms of long-term effects, boys again showed higher levels of awareness. Over half of the male respondents identified anxiety and depression (53.4%), aggressiveness (53.15%), euphoria and happiness (57.7%), personality disorders (62%), and sleep disorders (62.5%) as long-term complications of substance use.

Regarding physical health risks, most respondents were aware of conditions such as cancer, persistent cough, and lung disease. Boys, in particular, demonstrated stronger awareness of these health issues, with over half identifying lung disease (61.3%), liver disease (59.4%), chronic cough (57.2%), and physical weakness (52.5%) as potential outcomes of harmful substance use.

Table 7: Knowledge on Substance Use (N=1021)

Characteristics	Sex			
	Girls		Boys	
	n	%	n	%
Have some form of knowledge on types of smoking, alcohol and substance use				
Tobacco products	497	51.6	466	48.4
Alcoholic beverages	454	49.9	456	50.1
Cannabis products	335	46.7	383	53.3
Narcotics	103	46.4	119	53.6
Injectable substances	119	46.7	136	53.3
Tablets substances	121	45.8	143	54.2
Inhalants	59	45.7	70	54.3
Stimulants	32	50.0	32	50.0
Don't know	29	61.7	18	38.3
Short-term complication caused by substance use				
Anxiety and depression	260	47.1	292	52.9
Euphoria and happiness	205	45.5	246	54.5
Improved memory and learning ability	79	45.7	94	54.3
Aggressiveness	133	42.5	180	57.5
Raised self confidence	75	39.9	113	60.1
Pessimism	66	39.5	101	60.5
Personality disorder	74	44.6	92	55.4
Sleep disorder	64	37.6	106	62.4
Forgetfulness	63	52.1	58	47.9
Dependence to substances	128	53.6	111	46.4
Other Specify (caused diseases)	4	50.0	4	50.0
Don't know	69	70.4	29	29.6
Long-term complication caused by substance use				
Anxiety and depression	245	46.6	281	53.4
Euphoria and happiness	127	42.3	173	57.7
Improved memory and learning ability	107	47.3	119	52.9
Aggressiveness	137	46.9	155	53.1
Raised self confidence	86	40.4	127	59.6
Pessimism	102	50.2	101	49.8
Personality disorder	81	38.0	132	62.0
Sleep disorder	103	37.4	172	62.5
Forgetfulness	101	45.9	119	54.1
Dependence to substances	251	58.4	179	41.6
Don't know	85	71.1	30	28.6
Health problems caused by substance use				
Cough	251	42.8	335	57.2
Physical weakness	254	47.5	281	52.5
Increased heart rate	125	0.4	204	62.0
Bad breath	115	40.6	168	59.4
Cancer	369	50.1	368	49.9
Heart disease	184	43.2	242	56.8
Lung disease	214	38.7	339	61.3
Liver disease	138	40.6	202	59.4
HIV/ AIDS, hepatitis	79	49.7	80	50.3
Mental Health problems	132	48.5	140	51.5
Don't know	46	79.6	16	20.4

*Multiple responses

Table 8 presents the knowledge of surveyed adolescents regarding the problems caused by substance use. The findings indicate that adolescents are aware of the negative impact substance use has on both family life and school performance. The most frequently cited problems were dysfunctional family relationships (48.5%), loss of respect (45.6%), and financial burden (44.8%). These were followed by school-related challenges, including academic issues (34.2%), poor social interaction and negative peer influence (33.7%), and absenteeism (32.7%).

When asked specifically about the behavioral and physical problems that substance use causes among students and family members, nearly two-thirds (60.4%) of respondents identified aggression and irritability as common behavioral changes. Additional reported consequences included reduced food intake (47.9%), sleep disturbances (46.7%), and impaired speech (43.5%).

Table 8: Problems Due to Substance Use (N=1021)

Characteristics	Frequency (n)	%
Problems occur among students and family members due to substance use		
Financial burden	457	44.8
Loss of respect	466	45.6
Dysfunctional families and relationships	495	48.5
Poor social skills and association with peer	344	33.7
School related problems	349	34.2
Absence in class	334	32.7
Neglecting school assignments and homework	284	27.8
Suspension or other problems at school	250	24.5
Decreasing grades	201	19.7
Drop out of school	194	19.0
Don't know	10	1.0
Changes occur in people's activities due to substance use		
Aggression and irritability	617	60.4
Low food intake	489	47.9
Lack of Sleep	477	46.7
Unclear speech	444	43.5
Engaging in illegal and criminal activities	422	41.3
Sexual assault	126	12.3
Don't know	77	7.5

*Multiple responses

The majority of the focus group discussions and key informant interviews participants expressed that substance use is a growing concern within their communities. Participants demonstrated awareness of commonly used substances, particularly smoking products, alcohol, and cannabis-related substances such as ganja and bhang. Smoking of tobacco and alcohol use were identified as particularly prevalent among adolescents. Both the use and easy availability of tobacco products such as cigarettes, khaini, and bidi as well as alcohol, were highlighted as emerging problems. Most participants noted that while the use of harder substances may be less common among adolescents, the widespread sale of tobacco and alcohol in nearly all local retail shops has made access easy, contributing to the increasing trend in adolescent use.



Adolescents often consume substances due to stress, depression, and peer influence. Exposure to substances occurs primarily during times of stress and depression, often learned from peers and society. Family members' substance use exacerbates stress and depression, contributing to adolescent use. Adolescents aged 15-20 are particularly vulnerable to substance use.

-FGD with Child Club Members, Sarlahi



Most of the participants in the FGDs and KIs, including parents, students, and community leaders, demonstrated awareness of commonly used tobacco products such as cigarettes, bidi, khaini, and gutkha, followed by alcoholic beverages like raksi, beer, and jaand, and cannabis products such as ganja and bhang. While some respondents acknowledged awareness of tablet-based substance use, they were generally unfamiliar with the different categories or types of these tablets. Only a few participants in the FGDs and KIs had any knowledge of injectable substances, inhalants, or stimulants.

Across all stakeholder groups, including parents, teachers, policy implementers, police personnel, and staff from various organizations, there was a shared concern regarding the impact of adolescent substance use. Participants recognized it as a serious issue affecting not just the individual but also the family, community, and the nation at large. Many highlighted that substance use can lead to increased economic burdens, family conflict, and a deteriorating community environment.

When asked about the reasons behind adolescent involvement in substance use, most qualitative study participants identified peer pressure as a primary contributing factor. Many also noted that adolescents tend to imitate the behaviors of parents or elder family members who consume tobacco products or alcohol, leading them to experiment with such substances. Additionally, some participants highlighted romantic break-ups and emotional stress as contributing factors influencing adolescents to engage in substance use.

Key informant interviews with government employees revealed strong awareness of the negative impacts of substance use on adolescents' mental health, physical well-being, academic performance, and family dynamics. Participants cited serious health risks such as cancer, lung disease, physical fatigue, and mental health issues as consequences of prolonged substance use. However, they also noted that parents and adolescents often lack adequate awareness of the full range of complications associated with substance use.

Nearly all participants agreed that substance use within a household significantly affects family members, leading to disruption of family harmony, financial strain, and reduced academic focus among children. They also expressed concern about increased aggression and the potential for adolescents to become involved in illegal activities, including the sale and distribution of substances.

Despite their awareness of the risks, many participants admitted uncertainty about how to effectively reduce substance use among adolescents. They emphasized the need for clear guidance and practical tools to help parents, teachers, and community members identify adolescents who may be using substances and intervene appropriately.

“

Teenagers often consume substances due to peer pressure, influence from friends already engaged in such habits, lack of parental care, and insufficient awareness. These factors directly contribute to substance abuse among teenagers, with peer pressure and friendship circles being significant influences. Additionally, the household environment and lack of family care, especially if parents are involved in substance abuse, can also lead teenagers to adopt similar habits.

-KII with School Teacher

”

“

We are well known about the effects and the results of substance use. The effect, and the results are - increase in diseases, health problems, crime, robbery, gang fights, problems in family relations, damage to public property, school dropout, and poor economic status.

- FGD with Adolescents Group in Kanchanpur

”

3.2.4 Attitude on Substance Use

Table 9 presents the attitudes of surveyed adolescents toward substance use. These attitudes were measured through their level of agreement or disagreement with a series of statements related to substance use. Responses were recorded using a five-point Likert scale, ranging from “Strongly Disagree (1)” to “Strongly Agree (5),” including the neutral midpoint “Neither Agree nor Disagree (3).” This approach allowed for a nuanced understanding of adolescents' perceptions, beliefs, and tendencies regarding smoking, alcohol, and other substance use behaviors.

A total of 11 statements were used to assess adolescents' attitudes toward substance use. The results indicate a generally cautious or negative attitude toward substance use among the respondents. More than half of the adolescents disagreed with the following statements: “It is okay to consume alcohol and cigarettes occasionally

during adolescence” (60%), “It is okay to take substances occasionally during adolescence” (59%), “If the substance is used once during adolescence, it is not harmful” (55%), “Substances help people get out of trouble” (61%), “Women do not consume any substances” (51%), and “There is no problem if adolescents smoke, drink alcohol, and take substances unless others find out” (62%). These findings suggest a prevailing awareness among adolescents about the risks and social implications of substance use.

Similarly, more than half of the respondents expressed agreement with several statements that reflect awareness of the risks and social influences related to substance use. Specifically, 52.9% agreed that smoking, drinking, and substance addiction constitute a disorder. A majority also agreed that living with adolescents who engage in these behaviors increases the risk of substance use (62.3%), that friends have a significant influence on smoking, drinking, and substance intake (66.5%), and that the easy availability of smoking materials, alcohol, and other substances contributes to increased usage (65%). Additionally, 43.5% of respondents agreed that young people often struggle to refuse substances when offered by others, indicating perceived peer pressure as a significant factor.

Table 9: Attitude on Substance Use (N=1021)

Statement	Strongly disagree %	Disagree %	Neither agree nor disagree %	Agree %	Strongly agree %
It is okay to consume alcohol and cigarettes occasionally during adolescence.	36.1	60	1.3	2.4	0
It is okay to take substances occasionally during adolescence.	36.5	59	2.6	1.7	0
Smoking, drinking and substance addiction is a disease.	5.3	19	7.1	52.9	15
If the substance is used once during adolescence, it is not harmful.	18.3	55	8.3	15.4	3
Substances help people to get out of trouble.	24.7	61	5.3	8.3	1
Living with adolescents who smoke, drink and use substances increases the risk of substance use.	2.9	15	7.1	62.3	13
Women do not consume any substances.	24.9	51	5.9	16.1	2
There is no problem if adolescents smoke, drink alcohol and take substances until others find out.	21.9	62	6.8	7.6	1
Young people who smoke, drink and use substances cannot refuse when other people offer them smoking, alcohol and substances.	5.4	31	13.8	43.5	6
Friends also influence in the intake of smoking, drinking and taking substances.	1.7	10	5.6	66.5	16
Easy availability of smoking materials, alcohol and substances increase the use of substances.	1.2	10	5.5	65.0	18

3.2.5 Practice on Substance Use

3.2.5.1 Practice of Substance Use Among Respondents

Table 10 illustrates the reported practices of substance use among adolescent respondents. The data reveal that more than half (53%) of respondents stated that their friends consume tobacco products such as cigarettes, bidi, and khaini. This was followed by 47% who reported that their friends consume alcoholic beverages, and 26% who noted cannabis use among their peers. In contrast, only 15.9% of adolescents admitted to using any type of substance themselves. This discrepancy suggests the presence of social stigma or cultural taboos surrounding substance use, which may lead to underreporting in self-assessments.

The prevalence of self-reported substance use among adolescents in the study stands at 15.9%, indicating those who have ever smoked, consumed alcohol, or used other substances. Among these users, the most common setting for substance use was secluded areas (35.8%), followed by the respondent's own home (27.2%) and hotels or restaurants (21.0%). A smaller proportion reported using substances in public places (3.1%) or on the street (3.7%). In terms of initiation, alcoholic beverages (49.4%) and tobacco products (45.7%) were the most common substances adolescents started with. Friends played a central role in substance use initiation, cited by 78.4% of users. Peer influence also extended to substance access, with 39.3% of respondents purchasing substances from friends, and 25.9% obtaining injectables through peers. Other reported sources included local shops (28.4%) and cross-border access from India (22.8%) for injectables.

Peer pressure was the most frequently cited reason for initiating substance use (58%), followed by the pursuit of entertainment (42%) and curiosity (40%). These findings highlight the strong influence of social environments and accessibility in shaping adolescent substance use behaviors.

Table 10: Practice on Substance Use Among Respondents

Characteristics	Frequency (n)	%
Have your friends consumed substances* (N=1021)		
Tobacco products	545	53
Alcoholic beverages	479	47
Cannabis products	264	26
Tablets substances	55	5
Narcotics	29	3
Injectable substances	35	3
Inhalants	16	2
Stimulants	9	1
Don't know	404	40
Ever smoked, drank alcohol, or taken any substances (N=1021)		
Yes	162	15.87
No	859	84.13
Most common place (n=162)		
Secluded place	58	35.8
In own house	44	27.2
Hotel/ restaurant	34	21
Forest	8	4.9
Under the bridge	7	4.3
Street	6	3.7
Public place	5	3.1
First time consumed substances (n=162)		
Alcoholic beverages	80	49.4
Tobacco products	74	45.7
Cannabis products	6	3.7
Inhalants	1	0.6
Narcotics	1	0.6

Table 11 describes the influences on the use and purchase of substances among adolescents. Friends are the primary source of influence for initiating substance use, reported by 78.4% of respondents. Friends also

significantly influence substance purchasing, with 39.3% of adolescents buying substances and 25.9% purchasing injectables directly from peers. Other main sources of access include local shops (28.4%) for substances and cross-border acquisition from India (22.8%) for injectables. Peer pressure was identified as the leading reason for substance use initiation (58%), followed by entertainment (42%) and curiosity (40%).

Table 11: Influence on Use and Purchase of Substances

Characteristics	Frequency (n)	%
Learnt from (n=162)		
Friends	127	78.4
Family	23	14.2
Self	12	7.4
Buy the substances from* (n=162)		
Through friends who smoke, drink and consume substances	83	39.3
From other shops	60	28.4
From street seller	15	7.1
From the pharmacy	15	7.1
Shops from country's border with India	14	6.6
Not available to buy	14	6.6
Homemade	10	4.7
Buy injectable substance from* (n=162)		
Friends	42	25.9
Buy from India	37	22.8
Don't Know	34	21
From the pharmacy	27	16.7
Not available in the community	14	8.6
Other districts	6	3.7
From various organization	2	1.2
Reasons for substances uses* (n=162)		
Peer pressure	94	58
For entertainment	68	42
Curiosity/ eagerness	65	40
Forget the pain and stress	38	23.5
Family problems	32	19.8
To feel happiness	30	18.5
Due to frustration	17	10.5
To lighten the load of studies	14	8.6

*Multiple responses

3.2.5.2. Practice of Substance Use Among Family

Table 12 presents the practice of substance use among family members. More than half of the respondents indicated that at least one family member engages in smoking or drinking, with fathers being most commonly identified as the substance user (51.1%).

Table 12 : Practice of Substance Use Among Family

Characteristics*	Frequency (n)	%
Family members who drink or smoke (n=162)		
Yes	92	56.8
No	70	43.2
Family relationship (n= 92)		
Father	47	51.1
Family member	27	29.3
Parents	9	9.8
Mother	6	6.5
Grandparent	3	3.3

*Multiple responses

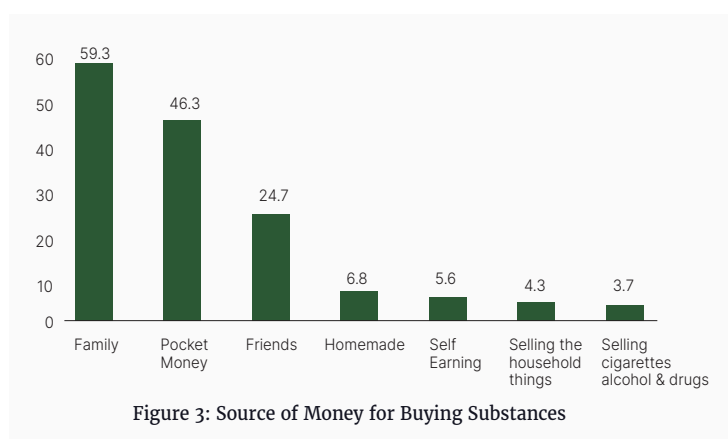
3.2.5.3. Source of Money for Buying Substances

Figure 3 illustrates the sources of money used by adolescents to purchase substances. The primary source was reported to be family (59.3%), followed by pocket money (46.3%). A smaller proportion of respondents reported obtaining money through self-earning, selling household items, or selling substances themselves.

All participants in the qualitative study were asked about adolescent substance use, and most estimated that between 5% to 50% of adolescents consume some form of substance. Participants commonly noted the widespread use of tobacco products such as cigarettes, bidi, and khaini, as well as alcoholic beverages including beer, wine, and locally brewed alcohol. Many also observed an increasing trend in cannabis use, particularly ganja, among adolescents. While the use of tablets and injectable substances was acknowledged, it was reported to be less common than cannabis. Adolescents were said to learn substance use behaviors primarily from peers and family members. The locations where use typically occurs include secluded areas, local restaurants, and small hotels near schools or villages.

During FGDs and KIs, participants stated that adolescents often purchase tobacco, cigarettes, and alcohol from nearby shops, while substances like ganja and others are usually obtained from friends. In border areas, some adolescents reportedly purchase substances from across the Indian border. Tablet-based substances are often accessed through local pharmacies.

When discussing reasons behind adolescent substance use, most participants identified peer



pressure, stress, curiosity, family, and relationship issues as key drivers. Many also noted that adolescents tend to imitate elders such as fathers, uncles, or grandfathers), who smoke or consume alcohol, perceiving these behaviors as a symbol of maturity or “coolness.” Some key informants also pointed out that parents may unintentionally encourage such behavior by sending children to buy tobacco or alcohol. Additionally, exposure to substance use through movies, online media, and evolving social trends was cited as a contributing factor, with some adolescents perceiving substance use as fashionable or a way to fit in socially.



If a child's parents smoke, there is a high chance that their children will also smoke. Some children drink because it is normal in their culture. 14-15-year-old children were more prone to taking substances - mainly students in class 8, 9 and 10 took substances. Peer pressure was also the main reason for substance use.

- Child Club Members of Besisahar, Lamjung District





Reasons for substance use include unemployment, illiteracy, lack of education, unfavorable work environments, and cultural norms such as the acceptance of alcohol use, as seen in the saying “rakshi khayō vane nindra laagchha”. In Lamjung, the Gurung, Magar, Tamang, and Dalit communities are more prevalent, where early alcohol use is a common cultural practice, particularly within the Matwali (Mongolian) group. Alcohol is frequently consumed during festivals and plays a significant role in social customs and responsibilities. Factors like household environment, unemployment, and dissatisfaction with life contribute to the habit of alcohol use, smoking, and eventually, substance use. Over time, these behaviors become ingrained habits.

-KII with Sub-Inspector of Lamjung District



In the case of substance use at the Tikapur Municipality, the condition is very scary. Compared to other wards use of substances and substance is high in the area near the border. The main reason for the high use rate was the open border to India, and another reason was peer pressure on teenagers, who are highly involved in these things. The next thing expected from teenagers by other people was to make it a source of income. Teenagers aged 12 to 20 years are more engaged in it, and males and females are at high risk.

-KII with Chairperson of Rehabilitation Center, Tikapur



3.2.6 Practice of Substance Use

Table 13 presents the characteristics of substance use among the 1,021 adolescent respondents. Alcohol was the most reported substance, with 11% of adolescents self-reporting having consumed alcoholic beverages. Among these, half (50%) initiated alcohol use between the ages of 11 and 15. Recent use patterns show that 62% consumed alcohol within the past three months, and 32% reported use in the past week. Nearly all respondents who had ever consumed alcohol reported a frequency of 1–5 times per week.

Tobacco use was slightly lower, with 9% of respondents reporting its use. Similar to alcohol, the majority (61%) of those who used tobacco began between the ages of 11 and 15. Among tobacco users, 83% reported smoking it within the past three months and 72% had smoked tobacco in the past week. Over half (52%) used tobacco products 1–5 times per week, while the remainder used tobacco less frequently.

Table 13: Practice of Substance Use

Substances list	From 1021 Respondents % of Consumers	Age (Yrs) of First Time Use of the Substance (%)				Consumed in Past 3 Months (%)	Consumed in Past 1 Week (%)	Consumed Times Per Week (%)			
	*Yes	0-5	6-10	11-15	>16	Yes	Yes	1-5	6-10	11-15	>16
Tobacco products	9%	0	9%	61%	30%	83%	72%	52%	14%	12%	12%
Alcoholic beverages	11%	2%	8%	50%	40%	62%	32%	94.0	5.1%	0.9%	0
Cannabis products	3.3%	0	2.9%	55.9%	41.2%	70.6%	52.9%	70.6%	11.8%	0	17.6%
Narcotics	0.4%	0	0	100%	0	100%	50%	100%	0	0	0
Injectable substances	0.4%	0	0	50%	50%	75%	50%	75%	25%	0	0
Tablets substances	0.4%	0	0	75%	25%	100%	100%	25%	25%	0	75%
Inhalant substance	0.4%	0	0	75%	25%	50%	50%	100%	0	0	0
Stimulants	0.1%	0	0	0	100%	100%	100%	100%	0	0	0
Other substances	0.2%	0	0	50%	50%	100%	100%	100%	0	0	0

*Multiple responses

3.2.7 Socio-demographic distribution of Substance Users

This section examines the demographic characteristics of participants who reported substance use. Among the total sample of 1021 participants, 162 (15.9%) are identified as substance users.

Figure 4 illustrates the gender distribution among adolescent substance users, showing that the majority are boys (81%), while girls account for only 19.1% of reported users.

Table 14 presents the age distribution of adolescent substance users. Substance use peaks at 18 years of age, accounting for the highest proportion (27.9%) of users. Among boys, usage increases steadily with age, peaking at 18 years (27.9%) and then declining slightly at 19 years (22.1%). A similar trend is observed among girls, with the proportion rising from 12.9% at age 15 to 25.8% at age 18, followed by a notable decline at age 19 (6.5%). Geographically, the highest proportion of users aged 17 was reported in Sarlahi (37.5%) and Rautahat (31.8%), while Lamjung recorded the highest proportion of users at age 18 (33.3%).

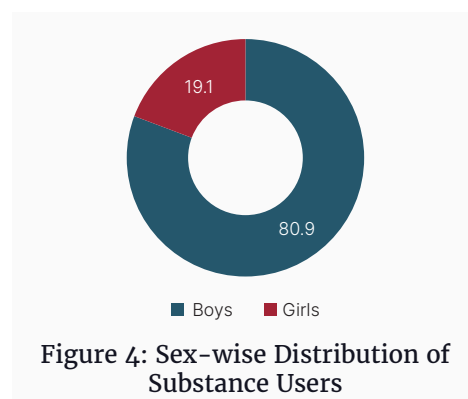


Figure 4: Sex-wise Distribution of Substance Users

Table 14: Pattern of Substance Use by District and Age

Characteristics Age of the Respondent (Yrs)	15 (n=17)	16 (n=28)	17 (n=42)	18 (n=44)	19 (n=31)
Total users	10.5%	17.3%	25.9%	27.2%	19.1%
Sex of the substance users					
Girls	12.9%	25.8%	29.0%	25.8%	6.5%
Boys	9.9%	15.3%	25.2%	27.5%	22.1%
District					
Kailali	13.2 %	11.3 %	28.3%	26.4%	20.8%
Kanchanpur	4.5 %	18.2 %	27.3%	22.7%	27.3%
Lamjung	12.3 %	21.1%	19.3%	33.3%	14.0%
Rautahat	9.1 %	18.2%	31.8%	18.2%	22.7%
Sarlahi	0.0 %	25.0%	37.5%	25.0%	12.5%

Table 15 represents the caste-wise distribution of substance users. It shows that 21% identified as Dalit (Hill and Terai), followed by 16% Brahmin and 15% Janajati, from those respondents who indicated to use substances.

Table 15: Caste-wise Distribution of Substance User

Caste	N	%	Users (N)	Users (%)
Brahmin/ Chhetri/ Thakuri/ Sanyasi	200	19.6	32	16%
Dalit (Hill and Terai)	122	11.9	26	21%
Janajati/ Aadibasi/ Tharu (All)	649	63.6	99	15%
Muslim	50	4.9	5	10%
Total	1021	100%	162	16%

Family Status of Substance Users

Figure 5 illustrates the family status of the substance users. It indicates that more than two-thirds (66.7%) of the substance users are living in a nuclear family setting with a slightly higher proportion in boys.

Education Status of Substance Users

Table 16 presents the educational status of adolescent substance users. Among those who reported substance use, the vast majority (95.1%) attended school at some point, and 83.3% were still attending school at the time of the survey. District-level analysis shows that Kanchanpur had the highest proportion of substance users currently enrolled in school (95.5%), while Rautahat reported the lowest (68.2%).

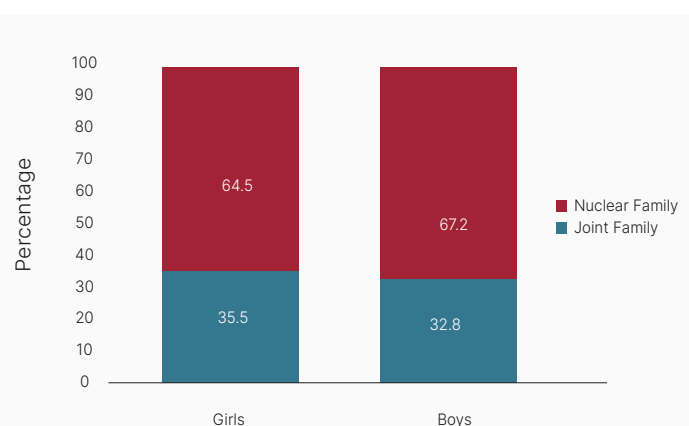


Figure 5: Family Status of Substance Users

Table 16: Educational Status of Substance Users

Education Status of Substances Users			
Percentage of Substance Consumer Who Attended School			
Characteristics	Never Attend (n=8)	Ever Attend (n=154)	Currently Attending (n=135)
Total	4.9 %	95.1 %	83.3 %
Sex of the consumer			
Girls	0 %	100 %	93.5 %
Boys	6.1 %	93.9 %	80.9 %
District			
Kailali	0.0 %	100 %	81.1 %
Kanchanpur	0.0 %	100 %	95.5 %
Lamjung	5.3 %	94.7 %	87.7 %
Rautahat	18.2 %	81.8 %	68.2 %
Sarlahi	12.5 %	87.5 %	75.0 %

Education Status of Substance Users

Table 17 presents the highest level of education attained by adolescent substance users, disaggregated by sex, district, and age. The majority (89%) of users had completed secondary education, while 10.4% had completed only basic education. All female substance users reported completing secondary education, compared to 86.2% of male users. At the district level, Kanchanpur reported the highest proportion of substance users with secondary education (100%), whereas Rautahat had the lowest (61%).

Table 17: Education Status of Substance Users

Characteristics	Basic Education (1-7 Class) (n=16)	Secondary Education (8-12 Class) (n=137)	Bachelor or Equivalent (n=1)
Total	10.4 %	89.0 %	0.6 %
Sex			
Girls	0.0 %	100.0 %	0.0 %
Boys	13.0 %	86.2 %	0.8 %
District			
Kailali	11 %	87 %	2 %
Kanchanpur	0 %	100 %	0 %
Lamjung	4 %	96 %	0 %
Rautahat	39 %	61 %	0 %
Sarlahi	14 %	86 %	0 %
Age (Yrs)			
15	17.6 %	82.4 %	0.0 %
16	7.7 %	92.3 %	0.0 %
17	7.1 %	92.9 %	0.0 %
18	16.7 %	83.3 %	0.0 %
19	3.7 %	92.6 %	3.7 %

Parents Education Status of Substance Users

Table 18 presents the educational background of the parents of adolescent substance users. Over one-third (35.8%) of those respondents who reported using substances have fathers that are illiterate. Among these, a higher proportion of the boys had illiterate fathers (39.7%), than girls having illiterate fathers (19.4%). Similarly, 32.7% of substance users reported having illiterate mothers, with a greater share among boys (34.4%) compared to girls (25.7%).

Table 18: Parent Education of Substance Users

Parents Education Status of Substance Consumer	Illiterate	Informal Education	Basic Education (1-7 Class)	Secondary Education (8-12 Class)	Bachelor or Equivalent
Father Education					
Total	35.8 %	16.0 %	24.1 %	23.5 %	0.6 %
Girls	19.4 %	12.9 %	48.4 %	16.1 %	3.2 %
Boys	39.7 %	16.8 %	18.3 %	25.2 %	0.0 %
Mother Education					
Total	32.7 %	19.8 %	23.5 %	22.8 %	1.2 %
Girls	25.8 %	22.6 %	22.6 %	25.8 %	3.2 %
Boys	34.4 %	19.1 %	23.7 %	22.1 %	0.8 %

Living Arrangement of Substance Users

Table 19 presents the living arrangements of adolescent substance users. The vast majority (88.9%) reported living in homes owned by their families, with a higher proportion of males (90.1%) than females (83.9%) residing in family-owned homes. Additionally, more than three-quarters (87%) of substance users live with both parents, with a slightly higher percentage among females (90.3%) compared to males (86.2%).

Table 19: Living Arrangement of Substance Users

Place They Live	Own Home (n=144)	Relatives House (n=5)	Rented Home (n=13)
Total	88.9 %	3.1 %	8.0 %
Girls	83.9 %	3.2 %	12.9 %
Boys	90.1 %	3.1 %	6.9 %
Parents they lived with	Only with Father (n=3)	Only with Mother (n=18)	Both Father and Mother (n=141)
Total	1.9 %	11.1 %	87 %
Girls	0.0 %	9.7 %	90.3 %
Boys	2.3 %	11.5 %	86.2 %

Occupation of Substance Users

Table 20 presents the occupational status of adolescent substance users. The majority (80.9%) identified themselves as students. A higher proportion of female substance users were students (93.5%) compared to male users (77.9%), indicating that most substance use is occurring among adolescents who are still in school.

Table 20: Occupation of Substance Users

Occupation of the Substance Users	Agriculture/Business (n=15)	Nothing (n=7)	Student (n=131)	Unemployment (n=9)
Total	9.3 %	4.6 %	80.9 %	6.2 %
Girls	6.5 %	0.0 %	93.5 %	0.0 %
Boys	9.9 %	4.6 %	77.9 %	7.6 %

Parents Occupation of Substance Users

Table 21 presents the occupational status of the parents of adolescent substance users. Over half (52.5%) of the mothers were reported to be house managers, primarily responsible for home and family care. This was more common among male respondents (58%) compared to female respondents (29%). Regarding fathers, 42.6% were engaged in farming, indicating agriculture as the predominant occupation among fathers of substance-using adolescents.

Table 21: Parents Occupation of Substance Users

Characteristics	Mother Occupation				
	Agriculture	Business/Labor	Foreign Employment	House Manager	Mother is Dead
Total	29.0 %	13.6 %	3.1 %	52.5 %	1.9 %
Girls	38.7 %	25.8 %	6.5 %	29.0 %	0.0 %
Boys	26.7 %	10.7 %	2.3 %	58.0 %	2.3 %
Characteristics	Father Occupation				
	Agriculture	Business	Foreign Employment	House Manager	Mother is Dead
Total	42.6 %	26.5 %	20.4 %	9.3 %	1.2 %
Girls	45.2 %	22.6 %	19.4 %	9.7 %	3.2 %
Boys	42.0 %	27.5 %	20.6 %	9.2 %	0.8 %

3.2.8 Knowledge of Substance Use among Substance Users

Table 22 presents the level of knowledge on substance use among adolescent substance users. The findings indicate that the majority of users possess limited knowledge regarding the reasons for substance use, the types of substances, and their availability within the community. Similarly, most respondents demonstrated poor awareness of the short-term and long-term effects of substance use, related health risks, and the potential impact on educational performance and daily functioning.



Table 22: Knowledge of Substance Use among Substance Users

Knowledge on Substance Abuse	Tobacco Products (%)	Alcoholic Beverage (%)	Cannabis Products (%)	Narcotics/ Injectable/ Inhalant Substance (%)
Reasons of consuming any types of substances				
Poor knowledge	93.9	78.1	78.8	78.6
Satisfactory knowledge	9.1	19.3	18.2	21.4
Good knowledge	0.0	2.6	3.0	0.0
Substance type				
Poor knowledge	81.3	47.4	66.7	70.0
Satisfactory knowledge	15.6	37.7	30.3	20.0
Good knowledge	3.1	14.9	3.0	10.0
Availability of any types of substances in community				
Poor knowledge	94	79	79	82
Satisfactory knowledge	6	19	21	18
Good knowledge	0	2	0	0
Short term effect of substance abuse				
No knowledge	9.4	4.4	0.0	0.0
Poor knowledge	90.6	77.2	78.8	90.0
Satisfactory knowledge	0.0	16.7	21.2	10.0
Good knowledge	0.0	1.8	0.0	0.0
Long term effect of substance abuse				
No knowledge	6.3	3.5	0.0	0.0
Poor knowledge	81.3	67.5	60.6	
Satisfactory knowledge	6.3	24.6	30.3	0.0
Good knowledge	6.3	4.4	9.1	0.0
Health problems due to substance abuse				
No knowledge	9.4	3.5	3.0	10.0
Poor knowledge	50.0	49.1	36.4	70.0
Satisfactory knowledge	18.8	25.4	30.3	20.0
Good knowledge	21.9	21.9	30.3	0.0
Impact on school activities due to substance abuse				
Poor knowledge	71.9	65.8	63.6	90.0
Satisfactory knowledge	15.6	21.1	24.2	10.0
Good knowledge	12.5	13.2	12.1	0.0
Problem on daily activities due to substance abuse				
No knowledge	9.4	3.5	3.0	0.0
Poor knowledge	50.0	32.5	21.2	50.0
Satisfactory knowledge	21.9	45.6	54.5	40.0
Good knowledge	18.8	18.4	21.2	10.0

3.3 Implication for WVI Nepal

WVI Nepal can play a critical role in supporting local governments to address adolescent substance use by advocating for the development of clear, context-responsive policies aligned with national substance use prevention frameworks. This requires fostering strong collaboration among local stakeholders, including schools, parents, community leaders, healthcare professionals, and government representatives, to co-design culturally appropriate and evidence-based interventions.

Additionally, this assessment highlights key areas warranting further exploration. For instance, investigating the relationship between the ease of access to substances and usage rates within the study population could inform strategies to restrict access and minimize harm. Furthermore, understanding the psychological and social drivers of substance use calls for deeper qualitative research to uncover the underlying motivations and behavioral mechanisms influencing adolescent choices.

The study also suggests a link between public awareness and substance use, underscoring the need to examine the factors that influence adolescents' knowledge levels. This insight can guide the development of targeted, age-appropriate educational initiatives that address existing information gaps and raise awareness about the risks and consequences of substance use.

Lastly, conducting implementation research, particularly in high-prevalence districts compared to control areas, can yield valuable lessons on policy impact and intervention effectiveness. By advancing research in these areas, WVI Nepal can contribute to a stronger evidence base, ultimately supporting the design and implementation of more effective prevention and response strategies for adolescent substance use.

3.4 Lessons Learned

- Based on the results of the study and the discussions presented in the previous sections, this section summarizes the key lessons learned from the research. Adolescent substance use is a growing concern, underscoring the urgency of implementing targeted prevention efforts during this formative developmental stage. Engaging local communities, parents, and community leaders is essential to foster trust, promote open communication, and build a shared sense of responsibility. Such inclusive approaches help create a supportive environment for addressing substance use.
- Integrating substance use prevention into the education system through life skills training alongside academic curriculum can better equip adolescents to make informed and healthy choices.
- Culturally sensitive interventions that consider local social norms, traditions, and community dynamics are vital to ensure the relevance and effectiveness of prevention strategies.
- Early identification and intervention are critical for mitigating long-term consequences of substance use and preventing escalation.
- Peer pressure, curiosity, and easy access to substances, particularly in border areas with India, are key contributing factors that must be addressed through community surveillance, awareness, and policy-level action.

3.5 Recommendations

1. Organizational Perspective (For WVI Nepal)

- Awareness Campaigns:** Implement community-based awareness programs targeting adolescents, parents, and teachers to increase knowledge about the risks associated with substance use. As the study revealed higher substance use and awareness among boys, campaigns should be inclusive of girls, who are equally vulnerable to the harmful effects of early exposure. Tailored messaging should ensure that both genders are equally informed and engaged.
- School-Based Interventions:** Integrate socio-emotional learning (SEL) packages into school curricula to equip adolescents with stress management, decision-making, and self-regulation skills. Programs should be tailored to address gender-specific challenges. Educational workshops, mental health support, and active parental

engagement should be designed from a gender perspective. Additionally, school policies and extracurricular activities should create a supportive, inclusive environment that encourages healthy behaviors and reduces substance use.

- iii. **Peer Support Programs:** Establish peer-led intervention groups to mentor and support at-risk youth. These groups should be gender-sensitive, focusing on helping boys resist peer pressure and equipping girls with confidence and assertiveness skills. Peer role models can play a critical role in influencing positive behavioral change.
- iv. **Community Engagement:** Collaborate with local government bodies, religious leaders, youth clubs, and community organizations to spread awareness about the risks of substance use and the availability of support services. Actively engage adolescents in designing and implementing prevention programs to ensure interventions reflect their lived experiences and concerns.
- v. **Strengthening Primary Health Care (PHC) Services:** Provide training to health workers at PHC centers on screening, brief interventions, and counseling for substance use. Ensure that these services are adolescent-friendly and accessible to both boys and girls, addressing their unique physical and psychological needs.
- vi. **Strategic Media Engagement:** Leverage both traditional and digital media (including social media, radio, and local outlets) to disseminate targeted, age-appropriate messages. A multi-channel communication strategy should focus on delivering accurate, relatable information about the harms of alcohol, tobacco, and cannabis use, especially to young people.

2. Government Perspective (Local and Federal)

- i. **Policy Implementation:** Strengthen support for both local and federal systems to ensure effective enforcement of existing substance control laws. This includes implementing strict monitoring measures such as restricting the sale of alcohol and tobacco near school zones and enforcing age verification protocols at points of sale. Ensuring consistent enforcement will reduce accessibility and exposure among adolescents.
- ii. **Law Enforcement Strengthening:** Engage community leaders and law enforcement agencies to increase surveillance and regulation of vendors—particularly those operating near schools and in densely populated areas. Specific attention should be given to the availability of injectable substances in border regions through strengthened regulation and cross-border collaboration with local police authorities.
- iii. **Youth-Friendly Services:** Promote the establishment of adolescent-focused mental health and psychosocial support (MHPSS) services within primary health care facilities and adolescent well-being centers. These services should be designed to be youth-friendly and gender-sensitive, providing safe and stigma-free spaces—particularly for girls—to seek support and counseling.
- iv. **Multi-Sectoral Stakeholder Engagement:** Facilitate collaboration across multiple sectors—including health, education, justice, family and child welfare, and media—to develop coordinated strategies for the prevention and treatment of adolescent substance use. Joint agenda-setting and action plans will ensure a holistic, sustainable response grounded in shared ownership and accountability.

3. Policy Perspective

- i. **Age Restrictions and Regulation:** Support the enforcement of stricter age-related regulations on the sale of alcohol and tobacco to minors, including clear penalties such as fines and license revocation for non-compliance. These policies should be gender-responsive, considering the different ways boys and girls may access substances, and the unique barriers girls face in reporting or seeking help.
- ii. **Taxation and Pricing Policies:** Advocate for increased taxation on alcohol and tobacco products to make them less affordable and accessible to adolescents. Evidence suggests that higher prices serve as an effective deterrent, especially for young users.
- iii. **Advertising Restrictions:** Ban or strictly regulate advertisements that target youth, particularly those promoting tobacco and alcohol. Special attention should be paid to digital and social media platforms where adolescents are most active.
- iv. **Substance Prevention Curriculum:** Integrate comprehensive substance use education into school curricula at both primary and secondary levels. This curriculum should not only raise awareness about the risks of substance

use but also address gender-specific challenges, recognizing that while boys are statistically more likely to use substances, girls often face greater stigma and social barriers when accessing support services.

4. Family & Community Perspective

- i. **Parental Education Programs:** Implement training programs for caregivers focused on substance use prevention and early detection. These programs should emphasize the different ways in which boys and girls may be affected by substance use and equip parents with tools to respond in gender-sensitive and supportive ways.
- ii. **Strengthening Family Bonds:** Promote family-centered activities and open communication strategies aimed at reducing adolescent vulnerability to substance use. Special emphasis should be placed on encouraging fathers to model healthy and responsible behaviors, reinforcing positive influence on both sons and daughters.
- iii. **Community-Based Prevention Efforts:** Mobilize local stakeholders (including celebrities, artists, social media influencers, and community champions) to participate in awareness campaigns. These efforts should focus on the early identification of at-risk adolescents and connecting them with appropriate support services.
- iv. **Cultural Sensitivity in Interventions:** Design prevention strategies that are culturally appropriate and tailored to specific communities. Interventions should challenge harmful social norms that normalize or enable substance use, while respecting cultural contexts and values to enhance acceptance and effectiveness.

5. Individual Perspective

- i. **Life Skills Training:** Implement structured life skills training programs to equip adolescents with essential tools for managing stress, making informed health decisions, resisting peer pressure, and effectively solving problems. These foundational skills are critical for fostering resilience and reducing vulnerability to substance use.
- ii. **Alternative Recreational Activities:** Promote adolescent engagement in sports, arts, and other extracurricular activities as positive alternatives to substance use. Community-level initiatives should create safe, inclusive, and engaging spaces where adolescents can channel their energy, build social connections, and develop healthy habits.
- iii. **Mental Health Support:** Expand access to adolescent-friendly mental health and psychosocial services for those experiencing substance use and stress-related challenges. These services should be integrated within primary health care centers or adolescent wellness clinics and designed to be accessible, confidential, and welcoming to both boys and girls.
- iv. **Gender-Specific Considerations:** Given that boys report higher substance use, often linked to peer pressure, interventions should focus on peer-led discussions, skill-building, and mentorship by positive male role models. These programs should empower boys to support one another in resisting peer pressure. For girls, interventions should prioritize confidence-building workshops and the creation of safe spaces for sharing experiences, helping them assert their choices and navigate social expectations.

3.6 Conclusion

The research findings reveal a significant gap in adolescents' knowledge about substance use, encompassing various substances such as narcotics, stimulants, and tablets, along with their associated short-term and long-term risks. While the self-reported prevalence of substance use stands at 15.87%, peer reports indicate much higher usage rates, with 53% of friends using tobacco products, 47% consuming alcoholic beverages, and 26% using cannabis products. This discrepancy suggests that substance use among adolescents in the study area is considerably high, raising serious concerns. The qualitative component of the study further emphasizes the urgent need for comprehensive awareness programs, early identification, counseling services, and the formulation of local-level policies to effectively combat harmful substance use. A critical factor contributing to the prevalence is the open border with India, which facilitates the easy influx of substances, particularly narcotics. Additionally, the assessment provides valuable insights into the complex challenges faced by adolescents related to substance use. This knowledge lays a crucial foundation for the development of targeted and effective interventions aimed at addressing the root causes of harmful substance use and minimizing its adverse impact on adolescent well-being.

The findings emphasize the importance of adopting a comprehensive approach that encompasses prevention, education, awareness, referral, and support mechanisms. It must consider the socio-economic factors, cultural nuances, and educational settings unique to the study area. Collaboration among government agencies, non-governmental organizations, schools, and communities is crucial for the successful implementation of prevention programs.

The findings underscore the critical need for a comprehensive approach that integrates prevention, education, awareness, referral, and support mechanisms. Such an approach must be sensitive to the socio-economic factors, cultural nuances, and educational environments specific to the study area. Effective implementation of prevention programs will require strong collaboration among government agencies, non-governmental organizations, schools, and local communities to ensure sustainable and meaningful impact.

Prioritizing the development of evidence-based substance use education initiatives, combining both school-based and community-based components, is essential to increase awareness about the consequences of substance use. These initiatives should empower adolescents with the skills to resist peer pressure and make informed, healthy decisions. Furthermore, integrating mental health services within schools and communities is vital to address the underlying emotional and psychological factors that may contribute to substance use.

Policy advocacy and regulatory measures are essential to effectively address substance use challenges by strengthening legal frameworks that limit the availability and accessibility of substances to adolescents. Continuous monitoring, evaluation, and adaptation of interventions will be crucial to assess their impact and ensure timely adjustments in response to evolving trends and challenges related to adolescent substance use.



ANNEXES

Annex I: Tables

Table 23: Socio-Demographic Characteristics of Respondents

Key Indicator		Value
Total number of substances use	Total	162
	Boys	131
	Girls	31
Age of substance use	Mean	17.27 Years
	Median	17 Years
	Standard Deviation	1.25 Years
Mean age of first substance use	Tobacco products	13.97 Years
	Alcoholic beverages	14.55 years
	Cannabis	15.91 Years
	Narcotics	14 Years
	Injectable	16.33 Years
	Tablets	16.5 Years
	Inhalant	15.66 Years
	Stimulant	16 Years
Type of substances use by respondent	Tobacco products (Cigarette/ Bidi/ Khaini)	56.76 Percent
	Alcoholic beverages (wine/beer/ homemade alcohol)	72.22 Percent
	Cannabis products (marijuana/ hemp/hashish)	20.99 Percent
	Narcotics (opium/drugs/heroin)	2.47 Percent
	Injectable (tramadol, Ketamine)	2.47 Percent
	Tablets (diazepam, nitrazepam, alprazolam, Pregabalin)	2.47 Percent
	Inhalant (dendrite, paint thinner, varnish, petrol)	2.47 Percent
	Stimulants (Cocaine, amphetamines)	0.62 Percent
Average frequency of substance use	Tobacco products (per week)	9.04 Times
	Alcoholic beverages (per week)	1.12 Times
	Cannabis products (per month)	5.52 Times
	Narcotics (per week)	1 Times
	Injectable (per week)	3.75 Times
	Tablets (per week)	13.25 Times
	Inhalant (per week)	0.33 Times
Place of substance use	Forest	4.9 Percent
	Hotel/Restaurant	21 Percent
	In own house	27.2 Percent
	Public place	3.1 Percent

	Secluded place	35.8 Percent
	Street	3.7 Percent
	Under the bridge	4.3 Percent
Source of substance use (multiple responses)	Through friends who smoke, drink and consume substances	39.3 Percent
	From street seller	7.1 Percent
	From the pharmacy	7.1 Percent
	From other shops	28.4 Percent
	Buy from India	6.6 Percent
	Home made	4.7 Percent
	Others	6.6 Percent
Reasons for starting substances use (multiple responses)	Curiosity/Eagerness	40.1 Percent
	Friends force	58 Percent
	To lighten the load of studies	8.6 Percent
	Peer pressure	25.9 Percent
	Family problems	19.8 Percent
	Due to frustration	10.5 Percent
	For entertainment	42 Percent
	Forget the pain and stress	23.5 Percent
	To feel happiness	18.5 Percent

Table 24: Knowledge on Reasons of Consuming and Availability of Substances

Characteristics	Frequency (n)	%
Ever studied in any school		
Yes	979	95.9
No	42	4.1
Currently studying in any school/college (n=979)		
Yes	915	93.5
No	64	6.5
Education level (n=979)		
Bachelor or Equivalent	11	1.1
Basic education (1-7 Class)	155	15.8
Informal education	3	0.3
Secondary education (8-12 Class)	810	82.7
Marital status (n=1021)		
Unmarried	1010	98.9
Married	11	1.1
Main occupation/business of the respondent		
Agriculture	29	2.8
Business	7	0.7
Foreign employment	9	0.9
Housework	9	0.9
Industries/Small industries	6	0.6
Labor work	8	0.8
Nothing	14	1.4
Student	906	88.7
Unemployment	33	3.2
Involvement of respondents in any children's club or association		
Yes	176	17.2
No	845	82.8

Table 25: Characteristics of Respondents

Characteristics*	Frequency (n)	%
Reason for smoking, drinking, and substance addiction		
Looking for happiness	500	49.0
Curiosity	475	46.5
Reduce stress	460	45.1
Lack of knowledge about the complexity	210	20.6
Relationship with parents	174	17.0
Family problems, relationship problems	168	16.5
Psychological disorder	123	12.0
Availability of smoking, alcohol and substances in study area		
Tobacco products (Tobacco / Cigarette/ Bidi/ Khaini/ Gudkha)	960	94.0
Alcoholic beverages (wine/beer/ homemade alcohol)	917	89.8
Cannabis products (Marijuana/ Hashish)	612	59.9
Tablets substance (diazepam, Nitrazepam, Alprazolam, Pregablin)	76	7.4
Narcotics (Opium/ Substances/ Heroin)	60	5.9
Injectable substances (Tramadol, Ketamine)	43	4.2
Inhalants (Dendrite, Paint thinner, Varnish, Petrol, etc.)	16	1.6
Stimulants (Cocaine, Amphetamines, etc.)	0.6	6
Don't know	49	4.8

Table 26: Sources of Money to Buy Substances

Sources of money to buy substances (Multiple responses)	Frequency (n=162)	%
From the family	96	59.3
From own personal expense	75	46.3
From the friends	40	24.7
Home made	11	6.8
Self-Earning	9	5.6
By selling the household things	7	4.3
Selling cigarettes, alcohol and substances	6	3.7

Table 27: Sex-wise Distribution of Substance Users

Sex	Frequency (n=162)	%
Boys	131	80.9
Girls	31	19.1

Annex II: Tools

Quantitative tools



Final Substance
Abuse among Adolescent
Survey.docx

Qualitative tools



Qualitative Study
Tool 9_12.docx

Consent and Assent Form



Assent Form
Substance Abuse.docx

SCAN HERE FOR SOCIALS



WORLD VISION INTERNATIONAL NEPAL

NATIONAL OFFICE

Lalitpur-13, Nepal
GPO Box 21969, Kathmandu Nepal
Phone No: +977-1-5970877
Email: info_nepal@wvi.org

EAST FIELD OFFICE

House number 415, Bardibas Municipality-01
Mahottari, Nepal
Phone: +977-44-550520

WEST FIELD OFFICE

Hasanpur, Dhangadhi Sub-Metropolitan City-5
Kailali, Nepal
Phone: +977-91-524032

FOR FEEDBACK:

Toll-Free Number: 1660-01-00014
Ncell Number: 9801571014
Email: npl_feedback@wvi.org