

**EXPLORING THE TRENDS & CHALLENGES OF SUBSTANCE
ABUSE AMONG AYER TENA SECONDARY SCHOOL
STUDENTS IN ADDIS ABABA**

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**ADDIS ABABA UNIVERSITY
SCHOOL OF GRADUATE STUDIES
SCHOOL OF SOCIAL WORK**

JUNE, 2015

ADDIS ABABA

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STUDENTS IN ADDIS ABABA**

**A THESIS SUBMITTED TO
THE SCHOOL OF GRADUATE STUDIES
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THE DEGREE OF MASTERS IN SOCIAL WORK**

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ADDIS ABABA, ETHIOPIA

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APPROVAL OF THE BOARD OF EXAMINERS:

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DECLARATION

I the undersigned, declare that this thesis is my original and has not been presented for a degree in any other university, and that all sources of material used for the thesis have been duly acknowledged.

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LIST OF ABBREVIATIONS AND ACRONYMS

AIDS	Acquired Immunodeficiency Syndrome
DACA	Drug Administration and Control Authority of Ethiopia
DSM-IV	Diagnostic and Statistical Manual of Mental Disorders 4 th ed.
FSCE	Forum on Street Children Ethiopia
HIV	Human Immunodeficiency Virus
MOE	Ministry of Education
MOH	Ministry of Health
UN	United Nations
UNDCP	United Nations Drug Control Program
UNODCCP	United Nations Office for Drug Control and Crime prevention
THC	Tetra Hydro Cannabinol
WHO	World Health Organization

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Abstract

This study was conducted in April 2007 E.C in Ayer Tena Secondary School. The objective of this study was to explore the prevalence of substance abuse, identify the reasons why students abuse drugs, to see the highly abused drugs and the perceived effect of drug abuse among the students. Respondents were randomly selected for the study. A total of 118 respondents (74 male and 44 female) were selected to fill in a close ended questionnaire. From the total respondents, only 114 (96.6%) completed the questionnaire properly and the non response rate was 4 (3.4%). The analysis of results were based on the 114 respondents. The results were analyzed by using descriptive statistics and inferential statistics. Pilot study and Pretesting of the questionnaire was conducted among 30 students that were not included in the actual study. Anonymous self-administered structured questionnaire initially prepared in English version and later translated to Amharic version was conducted in order to obtain the required information from the respondents. The finding in this study indicated the overall prevalence of substance abuse among Ayer Tena secondary school students was 24.6%. The most commonly abused substances as the finding shows, 5.90% smoke cannabis, 4.20% chew khat, and 0.80% drinks Alcohol, and 0.80% smoke cigarettes. Alongside, the study indicated, most of the students abuse more than one substance at the same time and Khat and Cannabis were the highly abused substance by the students. There was no statistically significant association between gender and substance use. The finding shows male students exposed to the problem than that of the female students. A statistically significant association was found in socio demographic variables such as family drug use and age. The minimum age range of the students resides between 15 - 16 yrs of age which constitutes 86.18% of the participants. The result discloses family drug use have an effect on drug use of the students. Beside family influence, peer pressure has been found playing a profound influence for drug using behavior. Drug use behavior is more common with age mates than with family members. As the result demonstrates, the student's major source of money to purchase substances was their parents. The main consequence of drug use reported by the students was encountering physical and emotional problems. This implies that drug use has negatively contributed to student's education and relationships. Based on the findings of the study, suggestions were made and social work implications and interventions were forwarded.

CHAPTER ONE: INTRODUCTION

1.1 BACKGROUND OF THE STUDY

The history of the human race has a strong correlation with the utilization of drug use. Humans have used drugs of one sort or another for thousands of years. Wine was used at least from the time of the early Egyptians; narcotics from 4000 B.C. and medicinal use of marijuana has been dated to 2737 B.C. in China.(UNDCP, 1992 p.3) Since earliest time, herbs, roots, leaves and plants have been used to relieve pain and help control disease. However, some drugs synthesized out of these substances have been found to act on the brain and alter mood in ways that are not always socially approved, such as a feeling of euphoria (a “feeling of elation”), restlessness, nightmare, hallucinations, delusions (UNDCP, 1992 p.4)

According United Nations Office for Drug Control and Crime Prevention report, the use of substances such as alcohol, khat, and tobacco has become one of the rising major public health and socioeconomic problem worldwide. Today, Substance use and problems arising from it are increasing all over the world and currently together with HIV/AIDS epidemic, become one of the most threatening and challenging social and public health problems. University and high school youth students are more vulnerable to wider sexual and reproductive health and HIV/AIDS problems due to new environment with poor protection, age and the need to explore life, peer pressure and absence of proactive programs. There is an estimated 180 million drug users around the globe, equivalent to 3% of the global population or 4.2% of the population age 15 and above (UNODCCP, 2001 p.225).

Drugs are damaging by their nature. These substances produce changes in behavior function by altering the chemistry of the brain. Once brain function is altered, a person experiences physical, psychological, and behavioral changes as a direct result. Changes in physical and psychological functioning cause damage to the mind, body, behavior and can harm

the social relationships (Gorski and Merlene, 1986 p.37). The extent to which these consequences may occur depends up on the drug used, the person using the drug, and circumstances under which the drug is used. People differ in their drug use, some people never experiment; some experiment and never use again. Others use drugs irregularly, whereas others develop addiction (Doweiko, 1999 p.11)

According to the United Nations Office report on the practice of substance abuse, the problem of substance abuse became worsen by complex psycho-social challenges such as unemployment, poverty, crime, unwanted pregnancy and sexual assault. Despite challenges, drug dealers have exerted a profound influence on young people to take substances so that once they become addicted, they further influence their friends into taking substances. As a result these problems have been overwhelming many families and communities across nations. (UN, 2011)

According to FRDE Drug Administration and Control Authority, although substance use is a common problem among high school and university students in Ethiopia, only limited information is available about the magnitude of substance use and factors contributing for its use in this segment of the population. Furthermore, despite the fact that the problem is serious among high school students, most of the research conducted in Ethiopia tends to focus primarily on university youth population. Even though there were similar studies made on this area, it is very important to measure the current magnitude of the problem at high school level in order to take effective intervention.

The practice is characterized by habitual persistent drug desire seeking behaviors which lead to the obvious expected negative consequence. These changes are maladaptive and inappropriate to the social or environmental setting, therefore may place the individual at risk of harm.

1.2 STATEMENT OF THE PROBLEM

The use of alcohol during the teenage and young adulthood years is becoming a common phenomenon in many societies. A study conducted by FRDE Drug Administration and Control Authority in different part of Ethiopia also show that there is a prevalence of drug use in high schools. The concern given by the government and nongovernmental organizations and understanding of the general community is limited, hence a number institutions providing services for young people suffering from substance use is inadequate and insufficient.

The abuse of substances like alcohol, khat and tobacco has been part of the country's tradition. A home brewed liquor known as Arake, home brewed beer known as Tella, and Tej (made from honey) are commonly abused substances. Kaht, which was some years back limited to some cultures and religions, is currently spreading throughout the country at an alarming rate and abused especially by youth irrespective of culture, education, religion, etc. It is consumed everywhere by people and the prevalence of its consumption has been increasing rapidly over the last few years. Almost every small kiosk in Addis Ababa openly sell khat, people openly chew it, including school boys and girls.

Drugs indiscriminately affect all people but the youth are the most vulnerable one. Drug during adolescence (16- 25 years) is common. On this particular age, adolescents become probing to try so many new things. The initial factor that seems to influence adolescents' experimentation with drug use seems to be curiosity. As United Nation report states, teens use drugs for many reasons such as to feel good, to reduce stress, or to feel grown up. Using alcohol and tobacco at a young age increase the risk of using other drugs later. For some adolescents, drugs offer a relief from internal discomfort, such as feelings of depression. Others use as a way to deal with the stress of interpersonal conflict, to fit in a social group, etc. (Doweiko, 1999 p.13)

The consumption of cannabis is of a recent origin in Addis Ababa but nowadays it is becoming one of the leading drugs of abuse by the youth. (DACA, 2005 p.5) The number of cannabis abusers is also increasing from time to time. It grows in most regions of the country mainly in Oromia, Amhara, Benishangul Gumuz, Southern Nations and Nationalities People Regional states (SNNPR) and Addis Ababa city administration. The abuse of inhalants like benzene has also been a common observation among street children.

Ethiopia is placed among the least developed countries in the world facing recurrent drought, poor living standard, high unemployment rate, wide spread of HIV/AIDS and many other socioeconomic problems. The hardly recognized social problem, drug abuse attributes to these problems. The youth in general and students in particular are getting used to these substances. A study conducted among high school adolescents in Ethiopia from 2001 to 2002 reported that about 8.9% drunk alcohol at least on a weekly bases, where as other reports among students in southern Ethiopia and a private school in Addis Ababa found a prevalence of 57.7% and 19.2% respectively. (BMC Public Health, 2012)

Realizing the fact that drugs impose huge health, economic and social problems to individual users, families, the community and the nation as a whole, the Ethiopian government has ratified international conventions to control drug abuse and has also established organizational structures such as the Ethiopian Drug Administration and Control Authority, the Illicit drug control units in the Federal and Regional police commissions, drug treatment centers to deal with drug issues. Likewise, some subjects have included the issue of drugs in their syllabus in grade 7 and 10 studies to create awareness among students. (DACA, 2005 p.5)

The economic, social and cultural transition that our country is experiencing has created a ground for increased and socially disruptive use of alcohol and drugs. Given the high prevalence of human immune deficiency virus and the increasing number of adolescents infected with HIV,

an understanding of the role substance use plays in the spread of HIV/AIDS is crucial to prevention efforts of the disease among adolescent population

Like any other youths that are found on other communities, the local community, residents and teachers, frequently criticizes students of the Ayer Tena high school. During the past two years many students had been charged with violent disorder and school property destruction. As a result of this, the school administration has taken measures on some students. It is assumed that those students had been suspected of abusing drugs.

However, with the increasing number of sellers and users of substance abuse, it is not a mere assumption to underline the intense difficulties that the country will face if current practices are not tackled through ongoing empirical research to take effective measure for specific intervention. Risky behaviors are believed to have a link with the use of substance such as alcohol and Khat. Due to these reasons, more specifically, the study concentrates to explore the prevalence of the problem.

Even though Ayer Tena Secondary School students are considered of being exposed to substance abuse habit due to availability of the drugs around the school, any related study in the prevalence rate of use of substance abuse among Ayer Tena secondary school students is not made. Studies on drug abuse practices and the associated factors among students in Ethiopia are scarce. In addition, most studies use individual factors as a predictor to substance abuse behavior while the behavior of a student is influenced by a multitude of factors. Therefore, understanding the determinants of drug abuse behavior is crucial. Thus, it is the purpose of this study to explore and describe substance abuse practices and identify associated factors among Ayer Tena secondary school students.

1.3 OBJECTIVES OF THE STUDY

1.3.1 GENERAL OBJECTIVE

The main objective of this study is to explore the trends and challenges of substance abuse among Ayer Tena secondary school students in Addis Ababa.

1.3.2 SPECIFIC OBJECTIVES

- To explore the prevalence of substance abuse in Ayer Tena secondary school
- To investigate the associated effects of drug abuse among students.
- To examine reasons of students for substance abuse.
- To determine demographic variables of students exposed to substance abuse.

1.4 RESEARCH QUESTIONS AND HYPOTHESES

1.4.1 RESEARCH QUESTIONS

- What is the magnitude of substance abuse practice among students in Ayer Tena secondary school?
- What are the major types of drugs abused by students?
- What are some of the social and psychological variables or push factors that are linked to the practices?
- What are the perceived effects that the students encountered as a result of substance abuse?

1.4.2 HYPOTHESES

- Hypothesis 1:
 - Is there a statistical significant difference in drug abuse as a function of gender difference?
- Hypothesis 2:
 - Is there a statistical significant relationship between condition of the family and drug abuse?
- Hypothesis 3:
 - Is there an association between parent child relationship and substance abuse?
- Hypothesis 4:
 - Is there a statistical significant association between drug abuse and academic performance of students?

1.5 SIGNIFICANCE OF THE STUDY

Drug abuse needs the attention of teachers, health workers, parents, etc. because it is a significant issue in the social, educational, health, and other related sectors affecting the youth. Due to this, this study explore the prevalence of drug abuse and the causes as well as the associated problems attached to drug abuse. Since the most vulnerable group of the society is the youth, it has given due consideration to carry out the study and based on the findings attained, important suggestions was made against drug issues.

It is hoped that the findings of this study will assist teachers, school administrators, parents and other concerned bodies to come up with appropriate intervention strategies that can help to curb the drug problem among students in schools in Addis Ababa and elsewhere in general. It is also useful in contributing to the general body of knowledge in this area. The study has a firm belief that the result of this study might help to create awareness among school

authorities on what motivated the students to substance abuse, the extent to which the youth at Ayer Tena secondary school are engaged in and to take relevant action. In addition to this, the study result provided points for policy makers, school administration, teachers, health workers ... and other decision makers on the prevalence of the problem faced by substance abusers and try to address the need for adopting a better intervention and plans to tackle the problem.

1.6 SCOPE OF THE STUDY

The study focused on Ayer Tena secondary school, which is located to the west of Addis Ababa, Kolfe Keraniyo Sub City, at a place commonly known as “Ayer Tena”. The respondents were students registered by Ayer Tena school administration who were attending their education in the academic year of 2014\2015 G.C. The study gave due attention on the prevalence of substance abuse, identifying substance that is highly abused by students and investigate reasons of students for substance abuse.

1.7 LIMITATIONS OF THE STUDY

While conducting the study, the limitation that has arisen and come crossed includes:

- Unwillingness from the side of some students to participate in the study to fill out questionnaires.
- Difficulty of finding published reference materials on the topic area in reference to Ethiopian context.
- Constraint of budget, time and human resource.

1.8 OPERATIONAL DEFINITIONS

- **Adolescent:** refers to students between the age of 14 and 20 who are currently attending their education
- **Drug:** refers to an item that alters or affects the mental, physical and emotional functioning of a person. These include alcohol, khat, cigarettes, and cannabis that can be taken through chewing, inhaling, smoking, drinking, or injection.
- **Drug use:** refers to the usefulness of drugs without harm to health.
- **Parental influence:** refers to father, mother or guardians who are able to affect the behavior of their children directly or indirectly.
- **Peers /Peer pressure:** are group of people of the same age, status or interests which refers to an inclination to conform to the standard of students of the same status and age rank.
- **Students:** refer to adolescents who are attending their education and that can influence one another certainly and easily.

CHAPTER TWO

REVIEW OF RELATED LITERATURES

According to Gay and Airasian, (2000), a literature review serves to identify a relevant theoretical or conceptual framework for a research problem, lay the foundation for a study, inspire new research ideas and determine any gaps or inconsistencies in a body of research. Under this section, theoretical and empirical frame works which guide the study were discussed.

2.1 GENERAL OVER VIEW OF SUBSTANCES

DRUG

In medicine, drug refers to any substance with potential to prevent or cure disease. In common usage, the term often refers to especially to psychoactive drugs, and often, even more specifically, to illicit drugs (Heroin, cocaine, cannabis). However, caffeine, tobacco, alcohol, and other substances in common non-medical use are also drugs (UNODCCP, 2000).

The use of drugs/ substances is a result of the interactions between the individual, the substance and the environment. Young people especially have particular characteristics that make them vulnerable to substance use. Some of the risk factors include: peer pressure, unemployment and redundancy, wanting to socialize, wanting to feel high, wanting to forget problems, wanting to establish independence from the family, the need to belong and to be accepted (e.g. smoking is a way of showing that one is mature), availability of substances, failure in school performance, etc. (WHO, 2000 p.43)

SUBSTANCE ABUSE

According to UNODC (2008) world drug report, substance abuse also defined substance abuse as “use of a drug by an individual when there is no legitimate medical need to do so”.In the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV, American Psychiatric

association, 1994), substance abuse is “a maladaptive pattern of substance use leading to clinically significant impairment or distress, as manifested by one (or more) of the following within a 12 month period:

- (a) Recurrent substance use resulting in a failure to fulfill major role obligations at work, school or home;
- (b) Continued substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance”.

ADDICTION

A physical or psychological craving for higher and higher doses of a drug that leads to bodily harm, social maladjustment, or economic hardship, dependence on a substance, habit, or behavior.

Encarta encyclopedia standard (2009) defined Addiction as “habitual repetition of excessive behavior that a person is unable or unwilling to stop, despite its harmful consequences”. People can be physically addicted to a drug, meaning they may suffer ill physical effects if they stop taking the drug. They also can be psychologically addicted to drugs, feel overwhelmingly deprived if they attempt to stop. It explains that Addiction is the physical and psychological habit or feeling of need, which comes from repeated use of a drug.

Similarly Yalisove defined it that it implies a repetitive activity that produces a rapid, powerful, short-lived reward, followed by a longer-lasting dysphoric state, which initiates a new round of the addictive behavior. It includes loss of control over the habit and negative consequences attributable to the habit. (Yalisove, 1997 p.9)

Both definitions emphasizes that addiction creates long term pain and discomfort when not using, the person who suffers an addiction thinks about, plans, and looks forward to using. Also, addiction robs a person of choice and dictates the frequency, the quantity, and the nature of

use. According to Gorski and Miller (1986:39) “addiction begins with use”, if the first experience was enjoyable then the person may want to repeat it again and again and this may eventually lead to addiction.

KHAT

Khat (scientific name: *catha edulis* forsk) is known by a wide range of names, which designate either the shrub or part of the plant. The Arab name "kaht" is the commonest, with variants which are simply phonetic transcription (catha, kat, ciat, chat, tschat) (Mulugeta Assefa, 1983 p.71)

Khat is the leaves of and buds of an East African plant, *catha edulis*, which are chewed or brewed as a beverage. It is a stimulant with effects similar to those of amphetamine. Heavy use can result in dependence and physical and mental problems resembling those produced by other stimulants (UNODCCP, 2000).

It is usually consumed by chewing of the tender, juicy leaves and stems. It has addictive elements called cathine, cathinone and methcathinone. Continued use of khat over a number of years may lead to personality disorders and to an impairment of mental health. Other unwanted effects associated with khat are dependence, sleeplessness, nervousness, nightmares, impotence, etc. The khat users believe that he/she thinks more clearly and quickly and more alert, though concentration and judgment are objectively impaired. (DACA, 2005 p.52)

Traditionally khat was used mainly among the Muslim population. However, it is a hard fact that requires no evidence; nowadays many Christians specially the Youth also use it.

CANNABIS

It is a generic term used to denote the several psychoactive preparations of the marijuana plant, cannabis sativa. They include marijuana leaf, hashish (derived from the resin of the flowering heads of the plant), and hashish oil. Cannabis intoxication produces a feeling of euphoria, lightness of the limbs, and, usually, increased sociability. It impairs driving and the performance of other complex, skilled activities; it impairs immediate recall, attention span, reaction time, learning ability, motor coordination, depth perception, etc. (UNODCCP, 2000 p.12)

The cannabis plant contains over 400 different identified compounds, of which an estimated 61 have some psychoactive effects. Only one of these chemicals, delta-9-tetrahydrocannabinol, or "THC" is thought to account for addicts. Cannabis smoking involves many problems such as a motivational syndrome or cannabis burn out syndrome, which is characterized by decreased drive and ambition, shortened attention span, poor judgment, high distractibility, impaired communication skills, and diminished effectiveness in interpersonal situations (DACA, 2005)

TOBACCO

Tobacco, plant grown commercially for its leaves and stems, which are rolled into cigars, shredded for use in cigarettes and pipes, processed for chewing, or ground into snuff, a fine powder that is inhaled through the nose. (Doweiko E. Harold, 1999)

Tobacco smoke contains noxious and cancer-producing ingredients. A long-term effect of tobacco is dependence (due to the substance nicotine it has) and other health ill effects such as bronchitis and coronary heart disease (University of Gondar; 2005: 64). Despite this, many people continue to smoke because attempting to stop smoking involves enduring severe withdrawal symptoms. These symptoms include restlessness, dysphoric or depressed mood,

difficulty concentrating, etc (Ibid). The smoking habit and addiction to nicotine usually begin at an early age (Encarta encyclopedia standard 2009)

ALCOHOL (ETHANOL)

Alcohol/ethanol is classed as depressant because it produces sedation and sleep. However, the initial effects of alcohol particularly at low doses are often perceived as stimulation. The effects of alcohol include preoccupation with alcohol, anxiety, self-deception (denial), guilt, loss and impairment of memory, depression, etc. The alcohol withdrawal symptoms include alcohol craving, tremor, irritability, nausea, sleep disturbance, etc. (Yigzaw Kebede, Tefera Abula et al., 2005)

2.2 CLASSIFICATIONS OF DRUGS

1. **NARCOTIC DRUGS/ PAINKILLERS:** these are chemical agents that include stupor, coma, or insensibility to pain. The term usually refers to opiates or opioids, which are called narcotic analgesics. These include morphine, heroin, cocaine, cannabis, etc. These drugs are internationally controlled by the single convention on narcotic drugs. (UNDCP, 1992 p.66)
The consumption of such drugs as cocaine and heroin is relatively rare and its use is probably confined to limited circle of persons who can afford the cost of the habits (Seyoum G.andAyalew G. MOH, 1995)
2. **DEPRESSANTS/ DOWNERS:** any chemical agent that suppresses, inhibits, or decreases some aspect of the Central Nervous System. These are benzodiazepines, alcohol, and barbiturates. These drugs are controlled by the 1971 convention on psychotropic substances (UNDCP, 1992). Withdrawal from chronic heavy use of depressants is life threatening.
3. **STIMULANTS/ UPPERS:** it refers to any agent that activates, enhances, or increases neural activity, also called psycho stimulant. Included are the amphetamines, cocaine, caffeine,

nicotine, etc. (ibid). khat is one of the stimulant drug. It is widely used in east Africa and the Arabian Peninsula for its euphoric effect. The use is deeply rooted in the regional customs and traditions. College and university students consume khat to get mental alertness and to work hard in their academic endeavors (Yigzaw Kebede, Tefera Abula et al., 2005)

4. **HALLUCINOGENS/ MINDBENDERS:** a chemical agent that induces alterations in perception, thinking, and feeling. These drugs (LSD, PCP, MDMA, Cannabis, etc) produce euphoria, anxiety, sensory distortion, vivid visual and auditory hallucinations, and change in behavior, delusions, paranoid reactions, depression and sense of identity loss. Psychological dependence on hallucinogens varies, but a high degree of tolerance with in short period of use. No physical dependence is involved but flashbacks of extreme anxiety have been known to occur weeks and even months after use of such drugs (UNDCP; 1992 p.26)
5. **INHALANTS:** inhalants are a diverse group of chemicals which produce psychoactive (mind altering) vapours; they include a number of such common products as aerosols, gasoline, some glues, solvents and butyl nitrites marked as "Room odorizes". Sniffing moderate amount of inhalants for even a relatively short time can disturb vision, impair judgment and reduce muscle and reflex control. Death from sniffing inhalants occur suddenly and without warning, as a result of suffocation, respiratory collapse or heart failure (UNDCP, 1992 p.28)

As it is mentioned in most literatures and research studies, whohave revealed that, there are various factors for students to abuse substances. The factors of drug taking generally have been regarded as determined by;

- A combination of the peculiar properties of the drug,
- Characteristics of the user,

- The nature of the person's environment.

Some of these reasons include easy availability of drugs, peer group pressure, age factors, parental influence and availability of cash.

2.3 UNIQUE FEATURES OF SUBSTANCE ABUSE

According to the report of FDRE Drug Administration and Control Authority, around the Globe, there are an estimated 3.1 % the world population or 4.3% of the population aged 15 and above abuse substances. While the majority of illegal drugs are consumed in industrialized nations, drug addiction is no longer the rich nation's problem or the poor nation's affliction; it crosses nation, ethnic, religious class and gender lines. Addicts range from the homeless to white-collar professionals, college students, sex workers, rural farmers and street children (DACA 2005, p.10).

Results from the 2008 national survey on drug use and health conducted by Drug Administration and Control Authority revealed that current abuse of illicit drugs was higher for young adults aged 18 to 25 than for youths aged 12 to 17 and adults aged 26 or older. The research that was made on substance abuse revealed common and unique features of drugs.

The common features of substances include;

- They are potentially capable to produce addiction,
- They are open to be abused potentially,
- They led to multifaceted consequences,
- They produce tolerance and withdrawal syndrome and
- They create physical and psychological dependence on those individuals who abuse these substances.

2.4 COMMON CHARACTERISTICS AND PERSONALITY OF DRUG USERS

According to the report of BMC Public Health, based on certain behaviors and attitudes that people who abuse substances and on those individuals with addiction tend to reflect the following state of existence such as Suffer from anxiety and depression, appear anxious, feels awkward, impatient, arrogant or angry. (BMC Public Health, 2012)

Some certain kinds of traits and behaviors that tend to accompany addiction are;

- Making impulsive choices
- Constantly seeking excitement and new sensations
- Feeling alienated from mainstream society
- Valuing deviant or nonconformist behavior
- Lacking patience such as having trouble waiting for delayed gratification
- Some personality disorders do seem to have a connection to addiction.

Beside the above points, these individuals seem to have Anti-Social Personality Disorder or what we call it having no regard for either social norms or other people's feelings. The typical traits include:

- Constantly breaking the law
- Acting deceitful, such as lying, using false names or trying to con other people
- Failing to plan ahead
- Acting irritable or aggressive, and getting into physical fights
- Behaving recklessly or putting other people in danger
- Failing to hold a job, pay bills or keep up with other responsibilities
- Lacking remorse for wrong-doing, including for hurting others

Those people with these disorders have trouble maintaining healthy relationships. Typical traits include:

- Fear of abandonment
- A pattern of unstable relationships
- A tendency to see people as either wonderful or awful
- Poor self-image
- Impulsivity
- Suicidal or self-harming behavior, such as cutting
- Intense moods which change fairly rapidly
- Inappropriate or uncontrollable anger
- Paranoia

An individual who abuse drugs, the substance becomes more important than almost anything else. Substance abusers may lie about situations so that they can abuse drugs without being discovered. They may spend their savings to get more drugs. People with addictions often become defensive or angry if the addiction is addressed. They may also feel guilty and go through periods of remorse during which they decide to get help, only to relapse later.

(UNODCCP, 2000 p 57)

2.5 SOCIO DEMOGRAPHIC CHARACTERISTICS

Pilot studies undertaken by Drug Administration and Control Authority on 2011 among senior secondary school students in Ethiopia discovered that substance abuse used to be associated with being a Muslim and male. Frequent users are found among in the age group of 15 to 22 years and the association between drug use and grade level attended was also found to play a significant role. As research performed in Addis Ababa shows, drug use among high school

students was 32.4 % for males and 17.3 % for females. When we compare both groups males abuse more than females and also there is strong association between sex and drug use. (DACA, 2011)

Another survey carried out in the rural Ethiopian community revealed a strong association and correlation of influence from external factors on oneself. This was explained by researches carry out on university students where the presence of drug abusers with in the family and among friends, have a positive association with substance abuse habit. The presence of family members who utilize these substances was a risk factor for using these drugs. (Gebreselassie S. and Gebre A, 1995 p 20)

2.6 CONSEQUENCES OF DRUG ABUSE

Some studies have indicated that substance misuse is associated with psychological distress, suicide attempts functional impairment, physical ill-health and risk taking behavior. Khat (an evergreen plant with amphetamine-like properties) and alcohol are among those substances widely consumed among the youth of Ethiopia. In a study of over 10,000 adults in Butajira, a higher prevalence of mental distress and suicide attempt was found in those using alcohol and khat. In a case-control study, khat use has also been found to be a risk factor for HIV infection. In study of over 20,000 in school and out-of school youths, daily khat intake was also associated with unprotected sex. There was also a significant and linear association between alcohol intake and early initiation of sex, with those using alcohol daily having a three-fold increased odds compared to those not using alcohol. In this study use of substances other than khat was also strongly associated with sex initiation. (DACA, 2011 p.32)

It has always been part of universal human culture and civilization for people to use plant and animal extracts as remedies against a variety of diseases, as well as means of relieving psychological and emotional pain. Drugs and substances were also used for the purpose of

uplifting depressed spirits and creating jovial moods in festive occasions (Seyoum G/S. and Ayalew G. MOH, 1995)

Over the past two decades, the use of illegal drugs has spread at an unprecedented rate and has reached to every parts of the globe. No nation has been immune to the devastating problems caused by drug abuse involving accidents, crime, learning disabilities, mental health problems, family disruptions, damage to the brain, heart and lungs (UNDCP, 1992). Continuing its explanations, the insidious spread of drug addiction is seriously affecting the youth of rural communities in both developed and newly emerging states.

The increased exposure of young people to western life styles through movies and direct contact with young people from those cultures who travel to their world countries with their iconoclastic behavior has stimulated demand for items of conspicuous consumption like fast music, alcohol and drugs (Seyoum and Ayalew, MOH, 1995) Substances abuse produces grave consequences, which are extensive and multi-sectorial in nature, include HIV/AIDS, health, economic and social problems. Drug abuse doesn't only affect particular individual users, but can also have a significant impact on families, friends, and eventually the whole community of the country.

Drugs predispose people to HIV virus, for example, unsafe sexual relation, when people take drugs, they have impaired judgment hence unable to make correct decisions and fail to stick to any one of the three main principles of HIV/AIDS prevention: abstinence, be faithful, and use of condoms. (DACA, 2005) Health problems caused by drug abuse include ill effects on the fetus during pregnancy, problems in physical development, psychological problems, low achievement at school, increased strains on the relationships and other diseases such as heart disease and cancer.

Just like health effects, drugs have an impact on economy and social relationships. Drug abuse also involves crime, in the sense that an addict who does not have money to buy drug and satisfy the craving need may commit crime such as robbery, snatching, stealing, fraud, forgery, etc. (BMC Public Health, 2012) Drug abuse can strain family relationships and ultimately make the family dysfunctional, transforming families from an asset of society into burden. Effects on the family can include psychological and financial burdens, resulting too often in family breakdown, negative impacts on children and involvement in criminal activities. Drug abuse also affects an individual's employability.

2.7 EXTENT OF SUBSTANCE ABUSE IN ETHIOPIA

These days the tendency of man towards the use of psychoactive substances, which refers to the taking of illegal drug that harms the physical, mental, and social wellbeing of the individual, the group or society, has become a social problem to the world. Over the past two decades, the abuses of illegal drugs and therapeutic drugs have spread at an unprecedented rate and have penetrated every part of the globe. No nation has been spared from the devastating problem caused by drug abuse. At the same time, broad spectrum of the world community has demonstrated intense concern over the problem. In fact, the problem of drug abuse was considered as the problem of developed nations, but these days developing nations have been experiencing it. Thus it appears to be logical to argue that Ethiopia as part of the globe could not be out of the arena of drug scene.

Ethiopia has a drug problem notably to the abuse of locally grown addictive substances (kaht and cannabis), home brewed liquors, inhalants (particularly benezene), tobacco, and other drugs. Cannabis grows and is being cultivated in central, western, and eastern administrative regions. Some of the cultivation areas are hidden among other crops or in the wooden areas. This

makes it difficult to detect and destroy the plant. (DACA, 2011) Ethiopia signed in three international drug conventions. Accordingly, Federal Police Commission, Anti-Narcotics Service of Ethiopia reported that, cannabis 107.9 kg, heroin 21.27 kg and cocaine 11.42 kg were seizure in the past five years. In article 38 of 1961 convention on narcotic drugs, the suggested measures against the abused drugs are given special attention to prevention of abuse of drugs and early identification, treatment, education, after-care, rehabilitation and social reintegration of the persons involved.

Although there is no survey conducted at national level on the extent, trend and pattern of drug abuse, the existence of the problem is a hard fact more than a theory that requires evidence. Khat and alcohol beverages have been part of the country's tradition for centuries. Khat, which was some years back limited to some cultures and regions, is recently spreading throughout the country at an alarming rate and abused especially by youth irrespective of culture and religion. Cannabis is the other major drug of abuse cultivated widely in Ethiopia. The number of cannabis abusers is also increasing from time to time through the urban areas of the country (DACA, 2005 p 3)

The Rapid Situation Assessment study conducted in 1995 in 25 selected urban areas in Ethiopia, covering about 3200 respondents revealed that cannabis, khat, alcohol, tobacco and inhalants are abused by a significant portion of the population and the age range of 19-24 have been reported as the age of initiation for use of these drugs (Seyoum G. and Ayalew G. /MOH, 1995).

Other more recent and specific studies, targeting different groups of the population and localities, have also shown similar results. For instance, a study on some correlates of poly drug use behavior among street children (#400) in four selected towns in the country showed a current prevalence of 56.2% for khat followed by 51.9%, 46.8%, 28%, and 18% for alcohol, tobacco,

benezene and marijuana (cannabis), respectively. This study additionally revealed that 32.2% of the street children in the survey were heavy users (consuming the drugs several times a week), 28.4% light users (using the drugs one or twice a month) and 41.9% were non-users (never consumed or no longer consume). Alcohol, tobacco and khat are the drug shared among heavy users invariably. Over all, the report figures show that about 58% of the street children in the study reported to use one or a combination of the drug mentioned above on either heavy or experimental level. (Eshetu Alemu, 1998)

Another study made at a national level from Nov. 1998 to May 1999 on the Prevalence and Impacts of Drug abuse among 1780 randomly selected students from 30 senior secondary high schools in Ethiopia showed life time prevalence 49.6%, 40%, 20.7% and 11% for alcohol, khat, tobacco and marijuana respectively. The investigation has additionally identified that the age of drug experimentation for the majority of the students (63.6%) was from 15-19 years, possibly during their stay in high schools. (Yohanes Godanna, 1999)

More recent survey on tobacco, global youth tobacco survey, conducted in 2003 in 25 secondary schools in Addis Ababa indicated a prevalence of 10.1% among the youth covering grades 9-12, that is one in ten students have ever tried smoking cigarettes, and currently 9% students use any form of tobacco, 3% smoke cigarettes and 8% use some other form of tobacco (DACA, 2005)

2.8 HOW DRUG WORK ON A BRAIN AND THE ASSOCIATED EFFECTS OF DRUG USE

Drugs affect the body in different ways. Some drugs change a person's body and brain in ways that last long after the person has stopped taking drugs. Sometimes the damages caused by the drugs may become permanent. Drugs can be taken in a number of ways and it is regulated the human body through injection, inhalation, and ingestion. The body and mind can be impacted depending on the methods on how the drug enters the body. One of the ways that a

substance enters a body is through injection. Injection takes the drug directly into the blood stream, providing more immediate effects. But on the other hand, ingestion requires the drug to pass through the digestive system, which has a delayed effect on the brain. Substances that are abused by users affect the brain's system by submerging the circuit with dopamine.

(www.recovergateway.org)

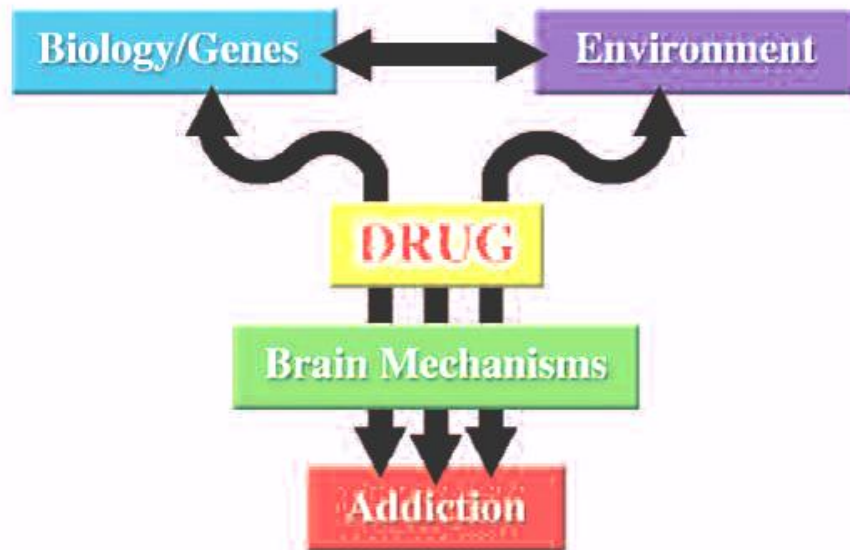
Dopamine is a neurotransmitter present in regions of the brain that regulate movement, emotion, cognition, motivation, and feelings of pleasure. When drugs enter the brain, they can actually change how the brain performs its jobs. These changes are what lead to compulsive drug use, or what is known as Addiction.

Drugs have been shown to alter brain chemistry, which affects an individual's ability to make decisions and lead to compulsive desire, seeking and use. The impact of drug abuse and dependence can be far-reaching, affecting almost every organ in the human body.

The major effects that substances impose to the brain and the body include;

- Weaken the immune system, increasing susceptibility to infections.
- Cause cardiovascular conditions ranging from abnormal heart rate to heart attacks. Injected drugs can also lead to collapsed veins and infections of the blood vessels and heart valves.
- Cause nausea, vomiting and abdominal pain.
- Cause the liver to have to work harder, possibly causing significant damage or liver failure.
- Cause seizures, stroke and widespread brain damage that can impact all aspects of daily life by causing problems with memory, attention and decision-making, including sustained mental confusion and permanent brain damage.
- Produce global body changes such as breast development in men, dramatic fluctuations in appetite and increases in body temperature, which may impact a variety of health conditions.

- It has a capability to create behavioral problems such as Paranoia, Aggressiveness, Hallucinations, Addiction, Impaired Judgment, Impulsiveness and Loss of Self-Control.
- It has a potential to cause birth defects.



Retrieved from:

<http://www.recovergateway.org/substance-abuse-resources/drug-addiction>

[effects/#sthash.pYLgGomf.dpuf](#), assessed at February 05, 2015G.C

2.9 THEORETICAL BACKGROUND

SOCIOLOGICAL THEORIES

Sociological theories understand substance abuse as a societal phenomenon, having largely cultural, social, and economic origins or ties. Such causes are often external to the individual, i.e., they are not biological, genetic or psychological traits possessed by them. The conditions considered to be deviant were those that interfered with the “normal” or the “desirable” working of society. Conditions like crime, suicide, drunkenness, poverty, mental illness, prostitution and so forth, were deviant because they were known to be “band” persons or situations diverging from expectations that have been formulated in these terms are “sick.” Drug abuse occurs when acceptable social standards of drug use are violated, resulting in adverse physiological, psychological, and/or social consequences. In many cultures in Ethiopia, Substance Abuse may play a critical role as recreational stimulant, aid to work and religious practices, appetite suppressants. (Destefano, 1983, p 44) This indicates that abusing substances among high school students considered as a deviant behavior in the society.

SOCIAL LEARNING THEORY

The investigator focuses on the Social Learning Theory of Bandura (1977) enlightening the present study. The Social Learning Theory is also called the Social Cognitive Theory, provides a broad-band explanation for both desirable and undesirable behavioral outcomes. This theory focuses on the learning that occurs within the social context. According to this theory, to acquire a behavior, first it proposes that young people learn social behaviors through a process of observation and imitation of the role models or prototypes and the consequences of their behavior. (<http://www.simplypsychology.org/bandura.html>)

The social learning aspect of drug abuse can be related to parental modeling of drug related behaviors. A large body of literature has shown that parental use of alcohol and drugs is strongly

related to misuse of substances. Parental drug use has been shown to predict initiation of drug use by adolescents, frequency of adolescent marijuana use, and adolescent use of additional illegal drugs such as cocaine and barbiturates.

SYMBOLIC INTERACTIONISM

Symbolic interactionism which emphasizes the importance of definitions and labeling, concentrates on the social meanings associated with drug use. If the initial drug use experience is defined as pleasurable, it is likely to recur, and the individual may earn the label of “drug user” over time. If this definition is internalized so that the individual assumes an identity of a drug user, the behavior will probably continue and may even escalate.

Symbolic interactionist like Becker, Lemert and Goffman have traditionally maintained that deviance, such as drug and alcohol use and abuse, could best be understood as a type of “career,” or a set of behaviors, roles, and identities that comprise a lifestyle, running counter to conventional society in some ways and consistent in others. In short, deviance, like drug use, was best understood as a phenomenon that changed over time, with a beginning or entry point and often a desistance or end point. (Criminology, 1978, p 84)

As Elmi notifies “the pleasant stimulation obtained when taking drugs induces many to abuse the drug. This may have damaging effects from a social and economic point of view. Some people may spend a great part of their earnings on substances, thus failing to ensure for themselves and their families important and vital needs. Excess of drug use may lead to family disintegration. The abuser often shows irritability and spends much of the time away from home. These facts and the failure of sexual intercourse after drug abuse may endanger family life”. (Elmi AS, 1983, p 11)

People, for one or another reason, use drug. They may enjoy one type perhaps through time will add another; It may be to efface, to increase or substitute the effect of the previously used drug type. The previously use drug type may also create other bodily or psychological need, which can be gained or temporarily enjoyed through other drug type. Through such and other process an individual develops combined or multiple drug use. It is clearly revealed in most study, undertaken by DACA and various researchers throughout Ethiopia revealed that, drug abuse among students is considered as a deviant behavior by the society and it is not allowed for students to abuse drugs. These habits lead to other devastating consequence to the individuals and the community.

THE PSYCHOLOGICAL THEORIES

Psychological explanations focus on the tendency of certain personality types to be more susceptible to drug use. Individuals who are particularly prone to anxiety may be more likely to use drugs as a way to relax, gain self-confidence, or ease tension. For example, research indicates that child maltreatment, particularly among females, contributes to alcohol and drug abuse that extends into adulthood (Linda A., Mooney; et.al, 2011)

Psychological theories of drug abuse also emphasize that drug use may be maintained by positive or negative reinforcement. Thus, for example, cocaine use may be maintained as a result of the rewarding “high” it produces—a positive reinforcement. Alternatively, heroin use, often associated with severe withdrawal symptoms, may continue as a result of a negative reinforcement, that is, the distress the user feels when faced with withdrawal. Reinforcement may come from a variety of sources including the media.

This theory speculates that drug abuse is a symptom of underlying psychological problems and drug abusers are “self-medicating”. Drug use is a maladaptive psychological coping

strategy and drug abusers need to resolve internal conflict, and when they do, drug use will be unnecessary. (Daniel L. Yalisove, 1997)

STRUCTURAL-FUNCTIONALIST PERSPECTIVE

Structural functionalists argue that drug abuse is a response to weakening societal norms. As society becomes more complex and as rapid social change occurs, norms and values become unclear and ambiguous, resulting in anomie (a state of normlessness). Anomie may exist at the societal level, resulting in social strains and inconsistencies that lead to drug use. Anomie produces inconsistencies in cultural norms regarding drug use. For example, although health care professionals warn of the dangers of alcohol and tobacco use, advertisers glorify the use of alcohol and tobacco.

Anomie may also exist at the individual level, as when a person suffers feelings of estrangement, isolation, and turmoil over appropriate and inappropriate behavior. An adolescent whose parents are experiencing a divorce, who is separated from friends and family as a consequence of moving, or who lacks parental supervision and discipline may be more vulnerable to drug use because of such conditions. Thus, from a structural-functionalist perspective, drug use is a response to the absence of a perceived bond between the individual and society and to the weakening of a consensus regarding what is considered acceptable.

CONCEPTUAL FRAMEWORK

SOCIAL FACTORS:

- Living environment
- Peer Pressure
- * Religion

DEMOGRAPHIC FACTORS:

- * Age
- * Gender

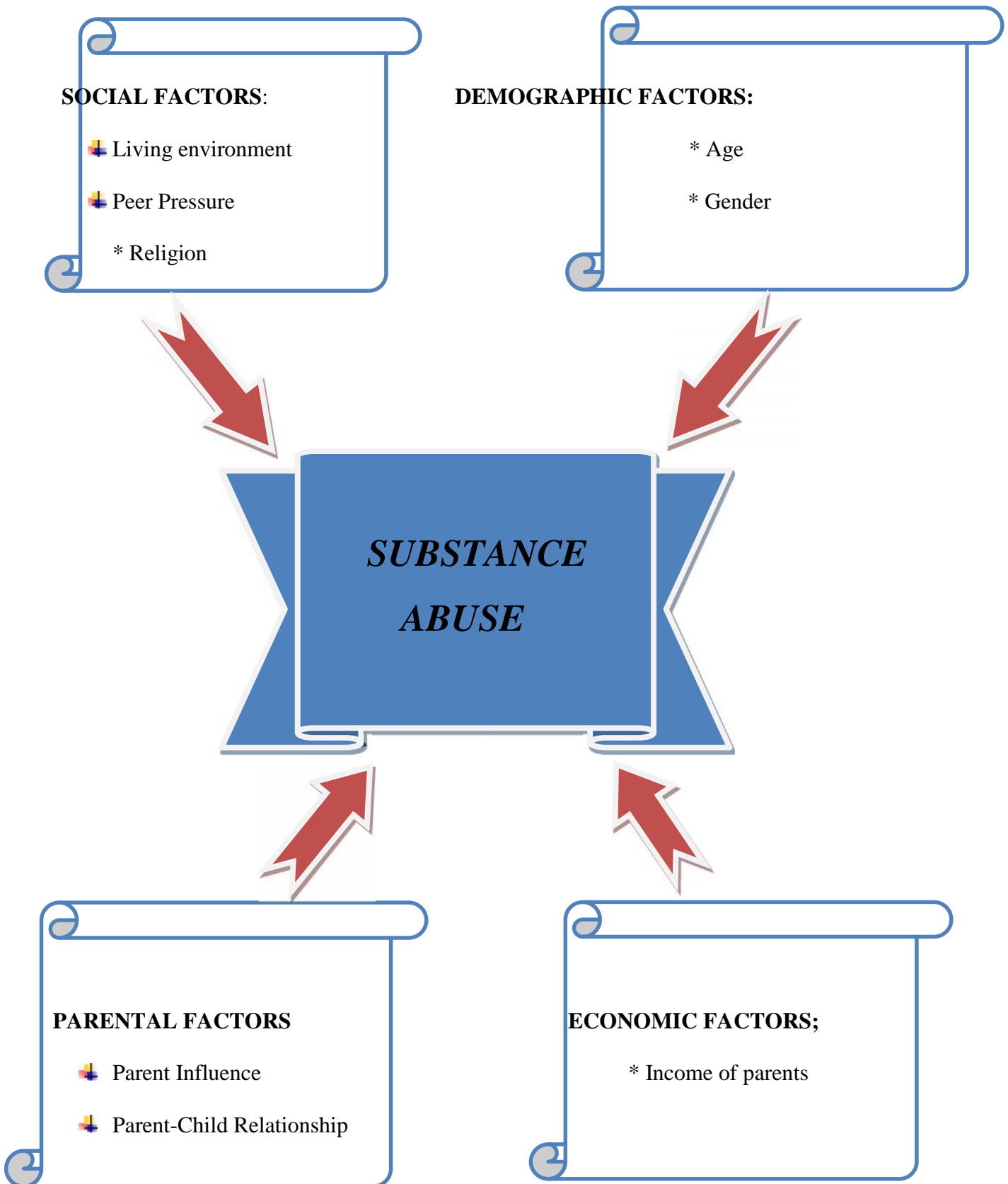
***SUBSTANCE
ABUSE***

PARENTAL FACTORS

- Parent Influence
- Parent-Child Relationship

ECONOMIC FACTORS;

- * Income of parents



CHAPTER THREE

RESEARCH METHODOLOGY

This chapter discusses the methods used in the collection and analysis of data. It presents and explains the methodological approach of the study, methods of data collection technique and ethical considerations of the study were presented.

3.1 STUDY DESIGN

The study has utilized a descriptive survey to carry out a study on the trends and challenges of substance abuse among Ayer Tena secondary school students. A descriptive study explores and describes the way things are. It also helps to obtain information concerning the current status of the population/ phenomena and to describe "what exists" with respect to variables in a situation and also concerned with the assessment of opinions, demographics, preferences, practice and procedure (Gay and Airasian, 2000, p.275). Furthermore, descriptive research designs help provide answers to the questions of who, what, when, where, and how associated with a particular research problem.

The investigator utilized a quantitative research method. It provided a "snapshot" of the frequency and characteristics of a problem in a population at a particular point in time.

3.2 STUDY AREA

The study was conducted at Ayer Tena secondary school in Kolfe Keraniyo sub city, Addis Ababa. The school is located west of Addis Ababa in a place commonly known as "Ayer Tena". According to Ayer Tena School Administration, the school was established in 1974 E.C during the Derg regime. Currently the school has four grade levels (Grade 9 – 12). A total of 2,580 students are enrolled in the education program. Grade 9, 10, 11 and 12 has 5 sections, 4

sections, 20 sections and 16 sections respectively. There are a total of 337 grade 9 students (male 143 & female 194), grade 10 occupies 253 students (male 124 & female 129), 1059 students (male 451 and female 608) reside to grade 11 and grade 12 on the other hand incorporates 931 students (male 373 and female 558). Furthermore, the school has 124 academic staffs (male 91 and female 33) and 50 administrative staffs.

3.3 POPULATION OF THE STUDY

Participants of the study were grades 9th and grade 10th students of Ayer Tena Secondary School.

3.4 SAMPLE SIZE DETERMINATION

As Gay and Airasian suggests, it is appropriate to sample 10 to 20 percent of the total population for a descriptive research (Gay and Airasian, 2000 p 134). Twenty percent (20%) of the total students from all section classes of grade 9 and grade 10 (590 students) were taken in to account which made the sample size participants 118.

3.5 SAMPLING TECHNIQUES

All regular students who were attending grade 9 and grade 10 in 2007 E.C academic year were included in this study as a study population. Data were collected from all the class sections of each grade respectively (i.e. grade 9, 5 sections and grade 10, 4 section) which made the total sample classes to be 9 (nine). After the study classes' determined, simple random sampling (SRS) was used to select sample students from each chosen classes. There are 9 sections each consisting of an average number of 65 students ($590/9 = 65$). Finally, the participants were selected after having their list from the school principal. Students from each

class were determined by lottery method and 13 students from each section were selected as a sample group which altogether made the participants 118.

3.6 STUDY VARIABLES

DEPENDENT VARIABLE

The Dependent Variable explored in this study was Substance Abuse

INDEPENDENT VARIABLES

The independent variables explored and described in the study were;

- Sex,
- Religion,
- Accessibility of drugs,
- Condition of the family
- Peer pressure

3.7 RESEARCH QUESTIONS AND HYPOTHESES

The study utilized the following research questions and hypotheses for the study.

3.7.1 RESEARCH QUESTIONS

- What is the prevalence of substance abuse practice among students in Ayer Tena secondary school?
- What are the major types of drugs abused by students?
- What are some of the social and psychological variables or push factors that are linked to the practices?

- What are the perceived effects that the students encountered as a result of substance abuse?

3.7.2 RESEARCH QUESTIONS

Hypothesis 1:

- Is there a statistical significant difference in drug abuse as a function of gender difference?

Hypothesis 2:

- Is there a statistical significant relationship between condition of the family and drug abuse?

Hypothesis 3:

- Is there an association between parent child relationship and substance abuse?

Hypothesis 4:

- Is there a statistical significant association between drug abuse and academic performance of students?

3.8 DATA COLLECTION INSTRUMENT

To carry out a survey study, the appropriate data collection tool is a questionnaire. Therefore, a questionnaire consisting of four sections was designed. The sections included socio-demographic questions, factors related to the family, issues concerning school environment and matters related to participant's substance abuse. Data gathering instrument on substance use was developed empirically by the investigator after various literatures pertinent to substance use / abuse have been reviewed and anonymous self-administered structured questionnaire initially

prepared in English and later translated in to Amharic version was conducted in order to avoid language barrier and obtain the required information from the respondents.

A pilot study was carried out to pretest the instrument. 25.5% of the actual study sample were considered for the pilot study. A total of 30 students from Ayer Tena Secondary School {20 Male and 10 Female} were incorporated on the study. From the 30 sample grade 9 {18 students – Male 12, Female 6} and from grade 10 {12 students – Male 8, Female 4}. From the response, 25 of the respondents replied that they have not tried any substance of which 20 were male and 5 were female. The rest 5 respondents revealed substance of abuse. Among these 5 students, all were male students. The pilot study was undertaken on March 2015 one month before the actual study was undertaken. The Pretesting of the questionnaire was conducted among students which were not included in the actual study. The objective of the pilot study was to explore the practicality of the items in the questionnaire and identify any components of the questionnaire that were difficult to complete because of ambiguity. Accordingly, some modifications were made to the draft questionnaire. The questionnaire was tested for its applicability before the actual work was undertaken. Based on resulted, necessary adjustments were made to the questionnaire and were rectified.

The study questionnaire contains the following major data on;

I, Socio-demographic characteristics of students;

(such as age, sex, religion, and educational achievement)

II, Family history of Substance Abuse;

III, Questions regarding students substance abuse such as;

- Frequency of use and
- Age at first use of these substances was utilized.

The final questionnaire was distributed to Ayer Tena secondary school students who consented to participate in the study on April 2015. The questionnaire was distributed by the investigator of this research. To assist students and improve the quality of data, the investigator provided a general orientation before the students filled questionnaires and in between of data collection session. After the student's has filled out the questionnaire, I checked the questionnaire to make sure that all the items were filled out properly. The students were provided with adequate time to complete the questionnaire.

3.9 DATA PROCESSING AND ANALYZING

In the analysis part, descriptive statistics and inferential statistics were employed. Each questionnaire was cleaned manually, reviewed, edited and coded by the investigator. The data entry was undertaken using SPSS version 20 software package to analyze the survey data to generate descriptive statistics. Association and exploration of relationship between histories of substance abuse with other independent variables were assessed by frequencies and percentage tables, Chi Square and One way Anova. Based on the analysis of the findings, suggestions were provided. Social work implications were developed to give insight of the existing status of the problem, to let know what should be done to tackle the problem and suggest appropriate intervention strategies to combat the problem.

3.10 ETHICAL CONSIDERATIONS

The research topic has been approved by School of Social Work of Addis Ababa University. A letter of cooperation was written from Addis Ababa University and permission to obtain data's from Ayer Tena secondary school was achieved. The objective of the study was explained to the study participants. The students were assured about the confidentiality of their response, briefed about the importance of providing accurate information and participation was indeed voluntary. All participants included in the study provided consent.

CHAPTER FOUR

PRESENTATION AND ANALYSIS OF DATA

This chapter deals with exploring the trends and challenges of drug abuse among students. It presents quantitative finding of the study. The results of the descriptive analysis for all variables are presented. Following the descriptive analysis of each variable, dependent variable with each independent variable is presented by using inferential statistics. Finally, finding from the study results are presented.

1. SOCIO-DEMOGRAPHIC VARIABLES OF THE RESPONDENTS

**TABLE 1 - FREQUENCY OF SOCIO-CHARACTERISTICS OF AYER TENA
SECONDARY SCHOOL STUDENTS**

SEX OF RESPONDENTS											
		G-9		%		G-10		%		SUM	SUM TOTAL
										TOTAL	%
SEX	MALE	42		36.84%		29		25.44%		71	62.28%
	FEMALE	21		16.76%		22		17.46%		43	34.32%
	TOTAL	63		53.60%		51		43.00%		114	96.60%
RELIGION AFFILIATION											
		G-9		TOTAL		G-10		TOTAL		SUM TOTAL	
		M	F	N	%	M	F	N	%	N	%
RELIGION AFFILIATION	ORTHODOX	23	12	35	30.69%	12	15	27	23.69%	62	54.38%
	PROTESTANT	3	5	8	7.01%	1	3	4	3.51%	12	10.52%
	MUSLIM	15	4	19	15.43%	16	4	20	16.26%	39	31.69%
	CATHOLIC	-	-	-	-	-	-	-	-	-	-
	NO RELIGION	1	-	1	0.007%	-	-	-	0.007%	1	0.007%
	SUM TOTAL	42	21	63	53.14%	29	22	51	43.46%	114	96.60%

AGE OF RESPONDENTS

	G-9		Total		G-10		Total		Sum	Grand
	M	F	N	%	M	F	N	%	Total	Total
									N	%
15 Years	13	6	19	16.12%	4	3	7	5.93%	26	22.06%
16 Years	13	6	19	16.09%	3	1	4	3.39%	23	19.48%
17 Years	10	4	14	11.86%	15	6	21	17.79%	35	29.65%
18 Years	5	5	10	8.47%	5	11	16	13.55%	26	22.03%
19 Years	1	-	1	0.84%	1	1	2	1.72%	3	2.54%
20 Years	-	-	-	-	1	-	1	0.84%	1	0.84%
SUM TOTAL	42	21	63	53.38%	29	23	52	43.22%	114	96.60%

AREA OF ORIGIN

	G-9		Total		G-10		Total		Sum	Sum Total
	M	F	N	%	M	F	N	%	Total	%
									N	%
Urban	38	17	55	46.60%	27	16	29	13.56%	71	60.16%
Rural	4	4	8	17.80%	2	6	22	18.64%	43	36.44%
Total	42	21	63	64.40%	29	22	51	32.20%	114	96.60%

As indicated in the table above, grade 9 and grade 10 class students were the participants of the study. 63(52.4%) students were from grade 9 and the remaining 51 (43.2%) were from grade 10. Out of these 118 students, 74 (62.7%) respondents were boys and the rest 44 (37.3%) students were girls.

A large proportion of study participants fall in the age range of 17 to 18 years with mean age of 17. A total of 62 (52.5%) participants in this study were Orthodox Christian followed by Muslim religion 39 (33.1%) and the majority of the respondents 98 (83.1%) addressed their place of origin from urban area.

The above finding shows that,

- According to their age limits, they are teenagers, belongs to adolescent.
- As far as the place of origin of the respondents is concerned, place of origin as a factor for drug abuse is included to see if urbanization has contributed to the spread of drug abuse.

2. SOCIO-DEMOGRAPHIC VARIABLES OF STUDENT PARENTS

TABLE 2 - SOCIO-DEMOGRAPHIC VARIABLES OF STUDENTS PARENTS

Variable	Value	Frequency	Percent
Condition of the family?	Living together	76	64.4
	Divorced / Separated	12	10.2
	Either one or both parents dead	20	16.9
	Not willing to tell	6	5.1
	Total	114	96.6
Education background of parents?	Illiterate	9	7.6
	Primary school	61	51.7
	High school Complete	27	22.9
	Diploma holder	6	5.1
	1st Degree Holder	7	5.9
	2nd degree holder & Above	4	3.4
	Total	114	96.6
The Economic Status of the Family?	>5000 Birr	3	2.5
	2001 Birr - 4999 Birr	88	74.6
	<2000 Birr	23	19.5
	Total	114	96.6

Table 2 shows the demographic characteristics of students' parents. The demographic characteristics of participants' parents' shows that (64.4%) live together, 10.2% are living in a divorced/separated household and 16.9% students either one or both of their parents are dead.

The remaining 5.1% are unwilling to tell the status of the family condition they are living in. With respect to parental education, more than half (51.7%) are primary education completes, followed by high school completes (22.9%) and altogether first degree and second degree holders accounts 9.3%. Regarding their monthly income 74.6% , 19.5% earn between Birr 2,001 – 4,999 and <2,000 Birr per month respectively.

3. PREVALENCE OF SUBSTANCE ABUSE AMONG RESPONDENTS

TABLE - 3

			Frequency	Percent	
Drug Abuse	Yes	Male - 22	29	24.6%	Male - 18.66%
		Female - 7			Female - 5.94%
	No	Male - 49	85	72.0%	Male - 41.50%
		Female - 36			Female - 30.50%
	Response Rate		114	96.6%	
	Non-Response		4	3.4%	
	Total		118	100.0%	

The respondents were asked if they were engaged in substance abuse practice. From the response, 72% replied that they have not tried any substance of which 41.50% are male and 30.50% female. The rest 24.60% have tried substance of abuse. Among those, 18.66% are male students and 5.94% female one. This finding shows, male students are relatively exposed to the problem than that of the female students.

4. DRUG USE OF PARTICIPANTS AND PARENTAL LIVING CONDITION

It was hypothesized that drug use has a relation as a role with condition of the family.

Chi- Square was utilized to assess their relationship. The result obtained is shown below.

Q. 201		Drug Abuse?		Total	Value X ²	df	Asymp. Sig. (2-sided)
		Yes	No				
Condition of the family?	Living together	9	67	76	25.774 ^a	3	.000
	Divorced / Separated	8	4	12			
	Either one or both parents dead	8	12	20			
	No response	4	2	6			
Total		29	85	114			

TABLE – 4

As the table clearly shows, 76 of the respondents report that their parents live together whereas 12 come from a broken family i.e. parents who got divorced or separated. Furthermore, 20 respondents report that either one or both of their parents are dead. It was hypothesized that drug use has a relation as a role with condition of the family. Chi- Square was utilized to assess their relationship. The result obtained is statistically significant in relationship between drug uses with respect to condition of the family ($X^2 = 25.774$, $df = 3$, $p < 0.001$). This means that condition of the family has a role to play in relation to drug use of the subjects.

Family is a place where children learn to behave or misbehave. It is also a place where children get love and affection from their parents. But, the breaking down and absence of one of parents have undeniable impact in the development of the student's personality and school performance.

5. PARENT CHILD RELATIONSHIP & DURATION OF DRUG USE

It was hypothesized that the use of drug has a relation as a role with parent child relationship. One way ANOVA was employed to test the relation that exists between them. The result is shown in the following table.

TABLE 5

		Duration of Drug use						
Q. 206		N	M	SD	Std. Error	DF	F	P
Parent-child relationship	Authoritarian	8	14.25	3.105	1.098	3	.228	.876
	Authoritative	12	14.00	2.954	.853			
	Indulgent	1	12.00					
	Neglecter	8	13.50	2.777	.982			
Total		29	13.86	2.825	.525			

One way ANOVA was employed to test the relation and the result has revealed that parent child relationship that exists between students and their guardians has a weak association with use of drug. This means that the mean difference in terms of duration of drug use between the four groups of parent child relationship, result is not statistically significant.

$F(3/26) = .228, p > 0.05$

6. DRUG USE OF STUDENTS & ACADAMIC PERFORMANCE

It was hypothesized that the use of drug has a relation as a factor with academic performance of students. Chi- Square was employed to test the relation and the outcome is indicated below.

Q. 301		Drug Abuse?		Total	Value X ²	df	Asymp. Sig. (2-sided)
		Yes	No				
Average Result Of the Total Subject in the Previous Semester?	High 100% - 80%	6	10	16	34.791 ^a	2	.000
	Medium 79% - 60	11	73	84			
	Satisfactory 59% - 50%	-	-	-			
	Low < 50%	12	2	14			
Total		29	85	114			

TABLE – 6

Regarding the issue of school attainment, a high percentage of the samples resides to low academic performers (41.4%) (12 in number from the 29), followed by students with a medium/average level of academic achievements (37.9%) (11 in number from the 29) and the rest resides on high achievers which constitutes (20.7%) (6 in number from the 29).

It was hypothesized that the use of drug has a relation as a factor with academic performance of students. Chi-Square was employed to test the relation and the outcome has revealed statistically significant result i.e. ($X^2 = 34.791$, $df = 2$, $p < 0.001$). This means there is a significant association between the practice of drug use and academic performance.

7. FAMILY DRUG USE & TYPE OF DRUG FAMILY MEMBER ABUSE

TABLE – 7 Table that presents family members with substance abuse problem in the family and the types of drugs that the family members use;

	Value	Frequency	Percent %
Family member with drug abuse problem in the family	Father only	8	27.6
	Mother only	1	3.4
	Father and mother	1	3.4
	Brother(s) & Sister(s)	3	10.3
	All of them	4	13.8
	None of them	12	41.4
	Total	29	100.0
Type of drug the family members abuse	Khat	6	20.7
	Alcohol	3	10.3
	Khat and Alcohol	5	17.2
	Kaht and Cigarettes	3	10.3
	Response Rate	17	58.6
	None of them	12	41.4
	Total	29	100

As indicated in the above table, it shows the respondents parent drug habit and the type of drug they consume. 41.4% (12 in number) of the respondents report that their parents are not involved in using any type of substance abuse where as parents with a habit of drug abuse constitutes 58.6%. Most students' parents have involvement in drug abuse practice which indicates, the respondents got an opportunity to imitate the drug abuse behavior from their parents.

Based on this finding, 58.6% of the respondents' parents abuse drug. Among them 20.7% are khat consumers, 17.2% are consumers of both khat and alcohol, 10.3% are alcohol consumers and the remaining 10.3% are consumers of both cigarette and khat. This finding additionally disclosed that, most substance users with in the family are fathers.

8. GENDER DIFFERENCE IN DRUG ABUSE

It was hypothesized that the use of drug has a relation as a factor with gender difference of students. Chi- Square was employed to test the relation and the outcome is indicated below.

TABLE - 8

Q. 101	Drug Abuse?		Total	Value X ²	df	Asymp. Sig. (2-sided)	Fisher's Exact Test	Continuity Correction	
	Yes	No							
Sex group of the respondent?	Male	22	49	71	3.054 ^a	1	.081	.062	.127
	Female	7	36	43					
	Total	29	85	114					

Chi-Square was employed to test the relation between the uses of drug with gender of the students. The result has indicated a statistically not significant results $X^2(1) = 3.054, p > 0.05$. The result showed certainly no connection between gender and the practice of drug use. The study result discloses 24.60% (29 in number) have tried substance of abuse. Among those, 18.66% are male students and 5.94% female one.

9. RELIGION AFFILIATION AND DRUG USE

It was hypothesized there is a statistical significant difference in drug abuse as a function of religious affiliation. Chi Square was employed to test the relationship and the result demonstration is presented as follow.

TABLE - 9

Q. 104	Religious Affiliation?	Drug Abuse?		Total	Value X ²	df	Asymp. Sig. (2-sided)
		Yes	No				
	Orthodox	13	49	62	2.277 ^a	3	.517
	Protestant	3	9	12			
	Muslim	13	26	39			
	No Religion	0	1	1			
	Total	29	85	114			

From the response of the sample group, 13 respondents (44.8%) affiliates to Orthodox Christian religion, 13 respondents (44.8%) affiliates to Muslim religion and the remaining three respondents (10.3%) follow the protestant religion. Chi Square was employed to test the relationship and the result demonstrated the connection between students drug use with that of the religious affiliation of the respondents is not statistically significant ($X^2(3) = 2.277, p > 0.05$) The result suggests that drug abuse does not have an association with religious affiliation an individual has.

10. MAJOR TYPE OF DRUG ABUSED BY STUDENTS**TABLE – 10**

Q. 403		Frequency (in Number)	Percent (%)
The Major Types of Drug Abused	Khat	5	4.2
	Alcohol	1	.8
	Cigarettes	1	.8
	Cannabis	7	5.9
	Khat and Alcohol	3	2.5
	Kaht and Cigarettes	2	1.7
	Kaht and Cannabis	10	8.5
		29	24.6
	Non-Response	89	75.4
	Total	118	100.0

As the figure shows, 4.20% chew khat, 0.80% drink Alcohol, 0.80% smoke cigarettes and 5.90% smoke cannabis. Beside this, most of the students abuse more than one substance at the same time. 2.50% of the students take khat and Alcohol, 1.70% take khat and Cigarette and the remaining 8.50% of the subjects abuse khat and Cannabis.

The result shows some drugs are more commonly abused than others. The drug which is most commonly abused by students in Ayer Tena secondary school are Khat and Cannabis. This can be attributed to the fact that among the illegal drugs, Khat and Cannabis can be obtained more easily than other drugs. According to the response of the students' one can learn that the chance of getting being addicted more than one substance is high. As the table shows 12.70% of the subjects use more than one substance and the other 11.90% abuse only a single drug. This study finding indicates, the figure will be less if they have the opportunity to get better awareness and understanding about drugs and its consequences.

11. RATE OF RECURRENCE OF DRUG USE AMONG RESPONDENTS

TABLE – 11

Q. 404		Frequency (in Number)	Percent (%)
How often do you take the drugs	Daily	2	1.7
	Twice a week	7	5.9
	Three times a week	2	1.7
	As needed	18	15.3
	Response Rate	29	24.6
	Non-Response	89	75.4
Total		118	100.0

Concerning the rate of recurrence of drug abuse, those who use different types of drugs take the substance as needed or when they feel like it. Based on the result found, 1.70% use substances daily, 5.90% twice a week, 1.70% three times a week and 15.30% abuse drug as needed or when they feel like it. The result shows most of the students don't use substance on program. The use of substance is circumstantial.

12. FIGURE OF RESPONDENTS FRIENDS WITH DRUG USE PRACTICE

TABLE 12

Q. 305		Frequency (in Number)	Percent %
How many of your friends take drug	0	10	34.5
	1	6	20.7
	2	3	10.3
	3	1	3.4
	4	1	3.4
	5	4	13.8
	6	4	13.8
Total		29	100.0

On the above table, about 34.5% (10 in number from the 29 users) does not have any friends that take one or more types of substances. 27.6% (8 in number from the 29 users) have 5 – 6 friends, 20.7% (6 in number from the 29 users) respondents gave a response that one of their friend take drug, 10.30% (3 in number from the 29 users) respondents have 2 friends that take drug, and the remaining 6.8% (2 in number from the 29 users) have 3 -4 substance user friends. As the above table clearly shows, friends of the sample group take substances and it exposed them to engage in the practice.

13. DURATION OF DRUG USE & EXISTANCE OF KHAT BET

TABLE 13

Duration of Drug Use							
Existence of “Khat Bet” around the school	N	M	SD	Std. Error	DF	F	P
Yes	22	13.91	2.860	.610	2	.510	.607
No	2	12.00	.000	.000			
Don’t Know	5	14.40	3.286	1.470			
Total	29	13.85	2.825	.525			

As can be shown on the above table, one way ANOVA was employed to test the relation, and the result has revealed that existence of “Khat Bet” around the school has a weak association with use of drug. This means that the mean difference in terms of duration of drug use between the three groups of response provided by respondents, result is not statistically significant. $F(2/27) = .607, p > 0.05$ As a result, there is no significant relationship between students duration of drug use with that of the existence of “khat Bet” around the school environment. The presence of "khat bet' around school does not exposed the students to engage in substance abuse.

14. AGE AT FIRST EXPERIMENTATION WITH DRUGS**TABLE 14**

Q. 405		Frequency (in Number)	Percent %
Age at first	15	14	48.3
Experimentation	16	13	44.8
with drugs	17	2	6.9
Total		29	100.0

Above Table shows that among those who use different types of drugs, the respondents started smoking cigarettes and cannabis, chewing khat and using alcohol between the age ranges of 15 yrs of age (14 in number), 16 yrs of age (13 in number) and 17 yrs of age (2 in number) constitutes 48.3%, 44.8% and 6.9% respectively. This indicates that those who started using drugs very early at the age of 15 which is in adolescence and the pattern of early abuse is due to the curiosity of teens to test new thing .

15. ASSOCIATES DURING DRUG ABUSE**TABLE 15**

Q. 406		Frequency (in Number)	Percent %
With whom do you take the drug	With friends	24	20.3
	With sibling	2	1.7
	With anyone	3	2.5
	Response Rate	29	24.6
	Non - Response	89	75.4
Total		118	100.0

Among those 29 respondents who experimented drugs, about 20.30 % take the drugs with their friends, 1.70% respondents with their siblings and 2.50 % take the drugs with anyone else.

But none of the respondents were found to perform it with parents. This shows, drug use behavior is more common with age mates than with family members. One can argue that, peer pressure has undeniable influence for drug using behavior.

16. SOURCE OF INFLUENCE TO DRUG HABIT

TABLE 16

Q. 408		Frequency (in Number)	Percent %
What is the source of influence to your drug habits	Parents	8	6.8
	Students	4	3.4
	Friends	13	11.0
	Teachers	1	.8
	Other	3	2.5
	Response RAte	29	24.6
	Non - Response	89	75.4
Total		118	100.0

As table 16 shows, the major reason identified by students for their substance abuse habits, friends' account 11.00%, 6.80% constitute by parents, followed by 3.40% by students and the remaining 0.8% identified by the students was teachers. In essence friends and fellow students, peers are regarded as the source of influence of drug habits which are followed by parents influence. Teachers are not found to be a model of unwanted behavior. Students easily imitate the behavior of their age mates to be assimilated with them.

17. STUDENTS' PERCEIVED HARMFULNESS OF DRUG USE AMONG USERS

TABLE 17

Q. 409		Frequency (in Number)	Percent %
Do You Perceive Drugs As Harmful?	Yes	19	16.1
	May be	6	5.1
	No	3	2.5
	Don't know	1	.8
	Response Rate	29	24.6
Non - Response		89	75.4
Total		118	100.0

Regarding perceptions on the harmfulness of drug use is concerned, 16.10% (19 in number) of the students who take drugs believed that all the drugs are harmful if and when used, 5.10% of the students are in dilemma & responded as “may be harmful”, 0.8% said it is not harmful at all and the remaining 2.50% reported “do not know of its harmful effect on health” (see table)

18. DO YOU WANT TO CONTINUE TAKING DRUG IN FUTURE

TABLE 18

Q. 410		Frequency (in Number)	Percent %
Do You Like To Continue Taking The Drug?	Yes	9	7.6
	May be	2	1.7
	No	8	6.8
	Don't know	10	8.5
	Response Rate	29	24.6
Total		118	100.0

The above table discloses that 7.6% of the students indicated their decision to continue using drugs in the future regardless of its harmful effects, 1.7% responds “may be” and another 8.5% of students become ambivalent on taking the substance in the future or not.. The remaining 6.8% responds they don’t want to take drug in the future. Based on the finding, a great interest of physical and psychological dependence on regular drug use is observed on most subjects of the study.

19. AVAILABILITY OF DRUGS

TABLE 19

Q. 407		Frequency (in Number)	Percent %
How do you access/ get drugs?	Get through friends	2	1.7
	It is difficult	2	1.7
	Easy to get	25	21.2
	Response Rate	29	24.6
	Non - Response	89	75.4
Total		118	100.0

As per the availability of substances in the surrounding of the users, the above table clearly showed that 21.2% (25 in number) responds availability of substances and how easy it is to get drugs within the environment of neighborhood. However, only 1.7% (2 in number) stated the difficulty of obtaining drug of their choice and the remaining 1.7% (2 in numbers) responded that they cannot get drugs on their own. They use other means of getting substances of their choice through friends’ and others. Therefore, availability of the drugs has an impact to the users and to those who are initiated to experiment it.

20. PARTICIPANTS SOURCE OF MONEY TO BUY DRUGS**TABLE 20**

Q. 412		Frequency (in Number)	Percent %
What is source of money to buy drugs?	Money given by parents	13	11.0
	Money given by friends	9	7.6
	Doing business	2	1.7
	Stealing	2	1.7
	Deceiving others	3	2.5
	Response Rate	29	24.6
	Non - Response	89	75.4
Total		118	100.0

Table 20 clearly shows that 11% (13 in number) of the respondent's source of money were their parents, 7.6% (9 in numbers) are their friends and 1.7% (2 in numbers) of the sample group does businesses in order to get money. On the other hand, deceiving others to get money occupies 2.5% (3 in number). The remaining 1.7% of the respondents steals from family and other people they know to satisfy their needs. As the result demonstrates, student's major source of money to buy substances is their parents.

21. STUDENTS' PLACES USED TO TAKE THE DRUGS

Table 21 shows substance user participants' places where they use to take the drugs.

TABLE 21

Q. 411		Frequency (in Number)	Percent %
Where Do You Usually Use The Drugs?	At home	2	1.7
	At school	2	1.7
	At "khat Bet "	3	2.5
	At video show houses	3	2.5
	At Bar	1	.8
	At friend's house	11	9.3
	In public places	7	5.9
	Response Rate	29	24.6
	Non - Response	89	75.4
Total	118	100.0	

As indicated in the table, 9.3% (11 in numbers) students mostly use drugs in friend's houses, 5.9% in public places, 2.5% at "khat bet", 2.5% at video show houses. 1.7% of the respondents in their own home and the same figure i.e. 1.7% abuse substances at the school compound. As the result shows, most participants do not utilize the substances in school and home settings which may be due to the fear of dismissal or respecting the respective norms.

22. REASON OF STUDENTS' TO TAKE DRUG

The following table indicates the study participants' reasons for taking drugs.

TABLE 22

Q. 413		Frequency (in Number)	Percent %
What are the reasons to take the drugs?	Peer Pressure	6	5.1
	Frustrations and stress at home	3	2.5
	Out of curiosity	2	1.7
	To get along with friends	1	.8
	To get relief from stress	5	4.2
	Possessing more pocket money than need	4	3.4
	Availability of drugs	3	2.5
	Parents take drugs	5	4.2
	Response Rate	29	24.6
	Non - Response	89	75.4
Total		118	100.0

As shown in the table, the major reasons for drug use by students are peer pressure (which is 5.1%), parents drug use (which is 4.2%) followed by “to get relief from stress (each occupies 4.2%). This might be due to the easy availability of drugs. Participants who related their drug abuse habit due to the availability of drug were 2.5%. Only 0.8% reported that they take drugs just to get along with friends and 1.7% Students responds they are using drugs out of curiosity. As it is known, most drug users demonstrate the pushing factor behind drug use is to get relief from stress, frustration and to experience a state of pleasurable. Based on this premises, 2.5% of the respondents states that, they are using substances to get out of frustration and stress

at home. These students' use substances to deal with their psychological problems and became addicted to alter their emotions and feelings.

Based on the finding, peer pressure and parents drug use plays a role for teenagers' drug addiction. Peer pressure such as having friends with substance abuse habit enforces students to take substances. Parents are role models to their children. There is no doubt about the significant role of family in their children life and building the personality of their children.

23. CHALLENGES ENCOUNTERED AS A RESULT OF DRUG USE

The following table 23 below shows the perceived effects and challenges encountered by the respondents as a result of substance abuse.

Challenges encountered by students as a result of drug use		Frequency (in Number)	Percent (%)
Q. 414 Perceived Effect of Drug Use	Absenteeism	3	2.5
	Decrease in Academic Performance	6	5.1
	Difficulty in Learning	6	5.1
	Quarreling with Parents & Teachers	6	5.1
	Physical & Psychological Problems	8	6.8
		29	24.6
	Non-Response	89	75.4
	Total	118	100.0

Regarding the effect that abusing substance has brought to the students, 2.50% face a problem of absenteeism, 5.10% decrease in academic performance, 5.10% face difficulty in learning, 5.10% quarreling with parents and teachers, and the remaining 6.80% report a problem of physical and psychological difficulties. One can argue that drugs have an adverse effect on the

individual user and the effect experienced may adversely affect others too. The main consequences of drug use reported by the students are physical and emotional problems. It created difficulty for students to do things with other people in a friendly way. It enables these students to behave in a way which is unacceptable in the view of the community. This implies that drug use has negatively contributed to student's education and relationships.

CHAPTER FIVE

DISCUSSION OF FINDINGS

The study has indicated that 24.60% of the students use different kinds of substances. The prevalence was similar with the finding attained by Kidan Abrha Teferi (2011) which stated the prevalence rate of substance abuse among Mekelle university students (20%). The participants abuse the socially acceptable substances (Cigarettes, Khat, and Alcohol) and a non-socially accepted drug (Cannabis). This is consistent with the earlier findings of Yohannes Godana (1999) and Eshetu Alemu (1998). On the other hand, from this study, it was found out that more abstainers which account 75.40% were found than drug users. In a similar study conducted by Tesfahun Aklog, et al, (2013) on technical school students showed an overall prevalence of substance abuse was 14.1 % which is lower than the result obtained in this research. The difference in prevalence among these studies might be due to several reasons including sample size difference, access to substances geographical areas, etc... The result points out, more abusers of drugs may be initiated in the school if deliberate drug abuse prevention activities are not employed (in the school).

It was found in this study, students who use drugs start to perform it very early. The participants were found vulnerable to drug abuse from as early as age fifteen. For young people to be exposed to the risk of drugs (especially to cannabis), is a threat for users and their family. It is quite interesting to note from the study results that students (50%) know that these drugs are harmful. Age as a factor in drug abuse was taken in to account. The highest frequency age group is between fifteen and sixteen, which is the minimum age to the sample group for drug abuse behavior. A large proportion of study subjects (52.5%) fall in the age between 17 to 18 years with mean age of 17, and the rest (41.5 %) occupied 15-16. Most substance users started using drugs within the same age category and the most abused substances are Khat and Cannabis. In a

similar assessment study conducted by Seyoum and Ayalew (MOH, 1995), it indicated that from a study conducted in 25 selected urban areas in Ethiopia, covering about 3200 respondents revealed that cannabis, khat, alcohol, tobacco and inhalants are abused by a significant portion of the population and the age range of 19-24 have been reported as the age of initiation for use of these drugs.

In this study, Muslim and orthodox religion followers are more likely exposed to the problem in this study. 13 respondents (44.8%) affiliates to Orthodox Christian religion, 13 respondents (44.8%) affiliates to Muslim religion and the remaining three respondents (10.3%) follow the protestant religion. The result suggests that religious affiliation does not have an association on drug use. Students of any religion are exposed to the problem.

In this study done on Ayer Tena secondary school students, the most frequented drugs of abuse includes, 5.90% smoke cannabis, 4.20% chew khat, 0.80% drink Alcohol, and 0.80% smoke cigarettes. This finding is in agreement with the result obtained by Kidan Abrha Teferi (2011). The study also discovered students use more than one substance. Accordingly 8.50% abuse khat and Cannabis, 2.50% take khat and Alcohol, and the remaining 1.70% abuse khat and Cigarette. This study finding correlates with Tesfahun Aklog et.al 2013 which revealed alcohol prevalence 13.4%, khat 7.8%, cigarette 5.4% and other illicit substances (1.95%). In another similar study by Yigzaw Kebede et.al (2005) disclosed the prevalence of Alcohol, khat and Tobacco was 23%, 30.6% and 13.3% respectively.

The finding in this study indicates students' abuse drugs with their friends (20.3%). For example, Yohannes Godanna (MOE, 1999) revealed many students abuse drugs just because their friends and peers did it and in order to achieve social acceptance. Similarly, in this study, students abuse drugs due to peer pressure, parent's drug use, to get relief from stress (5.1 %, 4.2 %, and 4.2 % respectively). In this result obtained the major push factors for the students

engagement in substance abuse is due to peer pressure and the existence of drug abuser within the family. Comparing with researches done in Jimma university students shows presence of family members and friends who chew Khat was a risk factor for substance abuse (Ayana and Mekonen, 2004). It showed that parent and friends does have supportive effects for substance abuse habit of the students. Students who have parent and friend abusers were more likely to abuse drug than that of the students that don't have any user friend or parents. Parents are the primary responsible body to Shape the conduct of the children and peer pressure is one of influential factors that push students to engage in these behaviors.

Based on the result acquired, it demonstrates student's major source of money to buy substances is their parents. Parents should be able to identify what amount of money should be given to the child and must specify and identify the needs their children. A process of taking care of children until they become old enough to take care of themselves must be the role parents to do while raising children.

A result of this study shows, there is a trend of abusing the same drugs among friends of the students and research participants. Students abuse the socially acceptable drugs, mentioned above, and narcotic drug (cannabis). It seems that friends (both fellow students and friends) played a role of initiating students to take drugs. On the other hand, those drugs described as socially acceptable and non-acceptable are abused. These substances are easily available to find and are cheap. The case of khat is clear: in the country there are no regulations governing the purchase and use of khat. As per the availability of substances is concerned, students have easy access to khat, cigarettes, alcohol and cannabis. Availability of the drugs has an impact to the users and to those who are initiated to experiment it.

The sample groups were questioned about the reasons for using drugs. The major identified reasons for drug use by students are peer pressure, parents drug use and “to get relief from stress occupies 5.1%, 4.2% and 4.2% respectively. About 11% (13 students out of 29) of the respondents stated their source of influence to their drug habit due to their friends. Friend’s exposure to drugs is the push factor behind the respondent’s status of being addicted. Study subjects who started to engage in the practice due to Parents influence and modeling students in the school compound accounts 6.8 % and 3.4 % respectively. It is well known that behavior is the interplay of heredity and environment, environment encompasses everything in the surroundings including human interactions and behavior can be learned either through practice or imitation. Therefore the majority imitates the drug behavior of their friends.

Finally, the respondents were asked whether or not they have encountered a problem as a result of substances abuse. Thus, 24.6 % indicated that their habit led them to go through some difficulties in learning their education properly. Likewise, the students asserted facing a problem of exhibiting physical & psychological problems (6.8 %), quarreling with teachers & other people (5.1 %), difficulty in learning (5.1%), and coming late to school (2.5 %). The challenge is characterized by massive physical, emotional and interest changes. This implies drug use has negatively contributed to student’s health, education and relationships. The possible reason could be most of students are in adolescent age group so that they are eager and curious to experiment new things. Adolescence is a period where individual’s faces stress and anxiety. To deal with these challenges, they easily engaged in drug abuse behavior to deal with problems and become a victim of addiction.

CHAPTER SIX

CONCLUSION, RECOMMENDATION AND IMPLICATION

6.1 CONCLUSIONS

This study was based on the administration of a questionnaire and so relies on the truthfulness of the students. The sample was drawn randomly so can be seen as reasonably representative. In this study an attempt was made to assess the prevalence, associated effects of drug abuse, causal factor for drug abuse, and examine the social and behavioral factors emerged in the sampled subjects. Accordingly, the study has shown the prevalence of drug abuse at 24.60% is lower than the expected (in other studies rate of drug abuse is higher). Despite the low level of drug use, respondents frequented smoking cannabis & chewing khat.

The current drug use prevalence of Ayer Tena Secondary School is high. The most commonly used drugs by students are alcohol, cigarettes, khat and cannabis. Alcohol, khat and tobacco are social drugs but cannabis is considered hard drug that involves many problems among users as well as on others. Finally, the most important causes of drug use among students are peer pressure and availability of drugs.

Adolescents are faced with the complex and emotionally charged task of developing a personal identity. They are highly prone to drug use behavior during this period; and drugs that when taken by a person alters perception, mood, thinking, behavior, etc. Therefore, it is advisable to save the youth from abusing drugs.

Students with family members who abuse drugs are more likely to be drug addicts on the other hand students who occupy a secured relationship with their parents are more likely to be protected. This shows the role of family in the behavioral outcome of adolescents. Peer influence has been seen to have influence on substance abuse among students. Those with peers who abuse

drugs are more likely to be to become addicts. In my study the presence of “*khat bet*” around school doesn’t have any association with current substance abuse it might be due to small sample size to see the association. The study discovered that the prevalence of substance abuse is increasing when compared with some previous studies.

6.2 RECOMMENDATIONS

The results of the study have been presented in the preceding chapter. Based on these results and findings on drug abuse trend in Ayer Tena secondary school, the following specific recommendations are made.

1. Drug abuse education should be integrated into the curriculum of all segments of the educational system. In fact, in some specific subjects the issue of drugs are incorporated but not to the desired level.
2. Since the present study effort is limited to one secondary school on grade nine and ten students only, future study should be extended to other high schools found in the capital. This will help to provide a picture of the prevalence of drug abuse among the high school students in Addis Ababa
3. Strategies to increase child-parent communication and increased information about substance abuse at school are important to deal with the increasing prevalence of substance abuse among students.
4. Students at high risk for substance abuse should be targeted with special intervention to control drug use among students.
5. Peer influence has been exhibited to have great influence on substance abuse among students. Peer educators should be established and strengthened in all schools so that they can provide information about substance /drug abuse and its effects in a friendly manner.

6.3 IMPLICATIONS TO SOCIAL WORK

A number of social factors influence and shove young and adolescence most vulnerable for drug use and abuse. Study conducted by Ethiopian public health initiative (2005) indicates that the availability or cost of drug; social setting and community attitude which is mainly attributed to peer pressure; low employment and education opportunity; and genetic predisposition and psychiatric disorder are the major factors associated with substance abuse in our country. Therefore, understanding the complex relationship between the above stated factors and formulating consistent and an interrelated approach in controlling and preventing substance abuse is central to the intervention process.

Substance abuse is very much related with health related problem and report from world health organization indicates that drug use and abuse is factor for high rates of mortality causing millions of death each year. (WHO, 2011). It's well known that drug use and abuse at younger age increase the risk of developing dependence and addiction with health related problems later in life. According to the social work Code of Ethics(2010) social workers primary goal is to help people in need and to address social problems through the principle of human right and social justice. This knowledge is important for the profession of social work in addressing barriers.

1. COUNSELING

Counseling is one of the main practice area of social work. This is very important in making substance users understand their situation; cope with the challenges and problems they faces and to develop a sense of self and positive living. It also help users to regain hope, feel empowered and made them to take decision to get out of this problem. Since counseling is one aspect from strength perspectives.

2. ADVOCACY

The other social work intervention is advocacy. Advocacy activity that concentrates in awareness creation and behavioral change programs must be implemented on in school and out of school students and other member of the community. The major objective must focus on creating awareness of the community members and more specifically the young population. It assists to create know hoe to the youth on how to resist peer pressure and the influence of social groups.

Advocating for the better awareness of the community about substance abuse will help in creating knowledge about the situation and addressing the associated effect to the community. At the same time, this will benefit the community to take the necessary precaution for preventing and take part to combat the problem. As a result, advocacy through media, community mobilization help for the prevention. Awareness creations session for school community members mainly for teachers, administrative workers, parent committees' parents, community leaders, government bodies, and civic organizations must be done intensively.

3. PEER EDUCATION AND LIFE SKILL TRAINING

Organizing a peer to peer discussion sessions and life skill training sessions between students to develop a strong character of resisting peer pressure is a very essential step in addressing the issue. Facilitating youth discussion and dialogue sessions for enable them to identify the causes and get a bigger picture of the reality concerning addiction and its perceived effect which it brings to the youth.

4. GROUP THERAPY

Group Therapy is a method for helping people with problems by having them discuss their problems together in a group. In this case, the students will be able to present, discuss and share their personal problems along with their substance abuse problem with their age mates who experience the same problem .Parents must also engage in therapy along with their children. It is strongly advisable that parents should take short term or long term training regarding parenting style and on the profound effect they have on the life of their children. It will assist them to get awareness on the responsibility they have in safeguarding, caring, supporting and guiding their children.

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ANNEX 1: QUESTIONNAIRE

CONSENT FORM

This form provides the information related to the study. Please read it carefully and ask for any unclear data before deciding whether or not to participate in the study. The purpose of the study is to determine the trends and challenges of substance abuse among Ayer Tena high school students. If you agreed to participate, you will administer the questioner prepared for this study purpose. Administering the questionnaire will take between 15-20 minutes of your time. You will not be exposed to any risk for participating in this study. Your answers are confidential and will not be linked back to you. The only person who will see your response is the person who is working in this study. Your participation in this study is voluntary. You have the right to choose not to take part in this study. If you choose to take part, you have the right to stop at any time.

ARE YOU WILLING TO PARTICIPATE IN THE STUDY

YES

NO

IF YES, continue

QUESTIONER INSTRUCTIONS

- Please read each question carefully before answering
- Choose that best describes what you believe and feel to be correct
- Choose only one answer for each question unless you are given different instruction
- If you don't understand a question, please raise your hand and ask the coordinator

SECTION 1:			
MATTERS RELATED TO PERSONAL INFORMATION			
No.	QUESTIONS	POSSIBLE ANSWERS	REMARKS
	Questioner Code		
101	Sex	1. Male 2. Female	
101	Age range	-----	
103	Grade	A. Grade 9 B. Grade 10	
104	Religious Affiliation	1. Orthodox Christian 2. Protestant 3. Muslim 4. Catholic 5. No Religion	
105	What is your place of origin?	1. Urban 2. Rural	
SECTION 2:			
FACTORS RELATED TO THE FAMILY CONDITIONS			
201	What is the condition of your family?	1. Living together 2. Divorced / Separated 3. Either one or both parents dead 4. No response	
202	With whom do you live at present?	1. With Both parents, brother & sister 2. With Father only 3. With Mother only 4. With relatives 5. With peers/ Friends/ Co-workers	
203	What is the Educational attainment of parent?	1. Illiterate 2. Primary school completed 3. High completed 4. Diploma holder 5. 1 st degree holder 6. 2 nd degree holder & above	
204	Family Income?	-----	

205	Family occupation	<ol style="list-style-type: none"> 1. Merchant 2. House wife 3. Government employee 4. NGO employee 5. Daily laborer 6. Private Employee 	
206	Parent child relationship	<ol style="list-style-type: none"> 1. Authoritarian 2. Authoritative 3. Indulgent 4. Neglective 	
207	Do any of your family members abuse drug?	<ol style="list-style-type: none"> 1. Yes 2. No 	If NO skip to Q. 301
208	Who abuses drug in your family?	<ol style="list-style-type: none"> 1. Father only 2. Mother only 3. Father and mother 4. My brother(s) & sister(s) 5. All of them 6. None of the above 	
209	Which Types of drugs do your family abuse?	<ol style="list-style-type: none"> 1. Khat 2. Alcohol 3. Cigarettes 4. Cannabis 	

**SECTION 3:
FACTORS RELATED TO SCHOOL ENVIRONMENT**

301	What was your average result out of 100% of the total subject in the previous semester? (Put your average result in the given box on the answer sheet).	<ol style="list-style-type: none"> 1. High ($\geq 80\%$) 2. Medium/Average (60% - 79%) 3. Low ($\leq 59\%$) 	<div style="border: 1px solid black; width: 100px; height: 30px; margin: 0 auto;"></div>
303	Is drug abuse common in your school?	<ol style="list-style-type: none"> 1. Yes 2. No 	
304	Do you know of friends who take drugs in your school?	<ol style="list-style-type: none"> 1. Yes 2. No 	
305	How many of your friends take drugs?	-----	
306	Do they take drugs often?	<ol style="list-style-type: none"> A. Yes B. No 	
307	Do they take drugs occasionally?	<ol style="list-style-type: none"> A. Yes B. No 	
308	Are there “khat House/bets” around your school?	<ol style="list-style-type: none"> 1. Yes 2. No 3. Don't know 	

SECTION 4:			
FACTORS RELATED TO DRUG USE \ DRUG ABUSE			
401	Have you ever tried or experimented drug?	1. Yes 2. No	If NO skip
402	If yes and currently using, for how long have you used the drugs? (Tick one)	1. 12 Months 2. 18 Months 3. 24 Months 4. 36 Months	
403	Which one of the drug have you ever tried or experimented?	1. Khat 2. Alcohol 3. Cigarettes 4. Cannabis	
404	How often do you take drugs?	1. Daily 2. Twice a week 3. Three times a week 4. As needed	
405	At what age did you first have tried drug?(put the age in year in the given box on the answer sheet if you tried it even once)	-----	
406	With whom do you take the drug?	1. With friends 2. With parents 3. With sibling 4. With anyone	
407	What is the availability of drugs?	1. Can't get 2. It is difficult 3. Easy to get 4. No response	
408	What is the source of Influence to your drug habits?	1. Parents 2. Students 3. Friends 4. Teachers 5. Other	
409	Do you perceive drugs as harmful?	1. Yes 2. May be 3. No 4. Don't know 5. No response	

410	Do you like to continue taking the drug?	<ol style="list-style-type: none"> 1. Yes 2. May be 3. No 4. Don't know 5. No response 	
411	Where do you usually use the drugs?	<ol style="list-style-type: none"> 1. At home 2. At school 3. At "khat Bet " 4. At video show houses 5. At Bar 6. At friend's house 7. In public places (e.g. Parks, street) 	
412	What is your source of income to buy drugs?	<ol style="list-style-type: none"> 1. Parents give me 2. Friends give me 3. Do business 4. Stealing 5. Deceiving others 	
413	What is the reason to take the drugs?	<ol style="list-style-type: none"> 1. Peer pressure 2. Influence of mass media 3. Frustrations and stress at home 4. To increase intelligence 5. Out of curiosity 6. To be sociable with friends 7. To get relief from stress 8. To stay awake 9. A lot of pocket money 10. Availability of drugs 11. Parents take drugs 12. Teachers take drugs 13. To be accepted by friends 14. Other: Specify 	
414	What is the problem you encountered as a result of substance abuse?	<ol style="list-style-type: none"> 1. Absenteeism 2. Decrease in academic performance 3. Difficulty in Learning 4. Quarrelling with parents/ teachers 5. Physical and psychological problems 	

ክፍል አንድ የሚከተሉት ጥያቄዎች ስለ ግለሰቡ መረጃ የሚጠይቁ፤			
ተ.ቁ	የጥያቄ ዝርዝር	መልስ	
101		1- ወንድ 2- ሴት	
102	እድሜ	-----	
103	የክፍልደረጃ	1- ክፍል9 2- ክፍል10	
104	ሐይማኖት/ህ ምንድን ነው	1- ኦርቶዶክስ ክርስቲያን 2- ሮቴስታንት 3- አስልምና 4- ካቶሊክ 5- ሃይማኖት የለኝም	
105	የትውልድቦታ	1- ከከተማ 2- ከገጠር	
ክፍል ሁለት ቀጣዮቹ ጥያቄዎች በቤተሰብ ዙሪያ ሚያተኩሩ ናቸው፤			
201	አሁን ቤተሰብህ የሚገኝበት ሁኔታ	1- እናት እና አባቴ አብረው ይኖራሉ 2- እናት እና አባቴ ተፋተዋል/ ተለያይተዋል 3- ከእናት ወይም አባቴ በሞት ተለይተዋል 4- መልስ የለኝም	
202	አሁን የምትኖረው/ሪወ. ከማን ጋር ነው	1- ከእናት፣ አባቴ፣ እህቴ እና ወንድሜ ጋር 2- ከአባቴ ጋር ብቻ 3- ከእናቴ ጋር ብቻ 4- ከቤተሰብ(ከዘመድ) ጋር 5- ከጓደኞቼ/አብረውኝ ከሚሰሩ	
203	ህ/ሽየትምህርት ደረጃ ከሚከተሉት የትኛው ወሰን ነው	1- ያልተማሩ 2- መጀመሪያደረጃ የተማሩ 3- የሁለተኛ ደረጃ የተማሩ 4- ዲፕሎማ ያላቸው 5- የመጀመሪያ ድግሪ ያላቸው 6- ሁለተኛ ድግሪ እና ከዚያ በላይ	
204	የቤተሰብህ/ሽ የኢኮኖሚ/ የገቢመጠን ምን ያህል ነው	-----	
205	ቤተሰቦችህ የተሰማሩበት የስራ ዘርፍ	1- ንግድ/ ነጋዴነት 2- ጡረተኛ/ የቤት እመቤት	

	አይነት ምንድን ነው	<ul style="list-style-type: none"> 3- የመንግስት ሰራተኛ 4- የNGO ሰራተኛ 5- የቀን ሰራተኛ 6- የግል ተቀጣሪ 	
206	በቤተሰባችሁ ውስጥ የሚገኘው የወላጅ እና የልጅ ግንኙነት ምን ይመስላል	<ul style="list-style-type: none"> 1- ነፃነት የሚሰጡ እና በንግግር የሚያምኑ 2- የሚያገሉ እና ቁጡ ባህሪ ያላቸው 3- ልጆቻቸውን ምንም አይነት ቁጥጥር የማያደርጉ 4- በቤት ውስጥ በጣምተፈሪ እና ተሰሚነት ያላቸው 	
207	ከቤተሰቦችህ/ሽመክክል እፅ የሚጠቀም አለ?	<ul style="list-style-type: none"> 1- አዎ አለ 2- አይ የለም 	መልህ/ሽ አይደለም ከሆነ ወደ ጥያቄ 301 ይሂዱ
208	ከቤተሰቦችህ/ሽ መካከል እፅ ሚቅመዉ ማን ነዉ? (ከአንድ በላይ መልስ ከለ መልስ የሆነዉ ላይ ሁሉ አክብቡ)	<ul style="list-style-type: none"> 1- አባቴ 2- እናቴ 3- አባቴ እና እናቴ 4- ወንድሜ(ሞቼ) እና እህቴ(ቶቼ) 5- ሁሉም 6- ማንም የለም 	
209	ቤተሰቦችህ የሚጠቀሙት የእፅ አይነት የትኛው ነው? (ከአንድ በላይ መልስ ከለ መልስ የሆነዉ ላይ ሁሉ አክብቡ)	<ul style="list-style-type: none"> 1- ጫት 2- አልኮሆል 3- ሲጋራ 4- ካናቢስ (ሐሽሽ) 	
<p>ክፍል ሶስት ቀጣዮቹ ጥያቄዎች በትምህርት ቤት አካባቢ ስለሚገኙ ነገሮች በተመለከተ፤</p>			
301	ባለፈዉ የትምህርት አጋማሽ ጠቅላላ ዉጤትህ/ሽ ከመቶ ስንት ነበር?	<ul style="list-style-type: none"> 1- ከፍተኛ 2- መካከለኛ 3- ዝቅተኛ 	
302	በትምህርት ቤታችሁ እፅን መጠቀም የተለመደ ነውን	<ul style="list-style-type: none"> 1- አዎ 2- አይደለም 	
303	እፅ የሚጠቀሙ ዓደኛ/ኞች አሉህ/ሽ	<ul style="list-style-type: none"> 1- አዎ 2- የሉኝም 	
304	ምን ያህሉ ዓደኞችህ/ሽ እፅ ይጠቀማሉ	-----	

305	ጓደኞችህ/ሽ ሁልጊዜ እፅ ይጠቀማሉን	1- አዎ ይጠቀማሉ 2- አይጠቀሙም	
306	ጓደኞችህ/ሽ አልፎ አልፎ እፅ ይጠቀማሉን	3- አዎ ይጠቀማሉ 4- አይጠቀሙም	
307	ትምህርት ቤታችሁ/አካባቢ ጫት ቤቶች አሉ?	1- አዎ አሉ 2- የሉም 3- አላውቅም	
ክፍል አራት			
ቀጣዮቹ ጥያቄዎቹ የሚጠይቁት ስለራሱህ/ሽ ፅኑ ፅንሰ-ምድር ይመለከቱ ል፤			
401	እፅ ተጠቅመህ/ሽ ታውቃለህ/ሽ	1- አዎ አውቃለሁ 2- አላውቅም 3- አላስታውስም	መልሱክ ከሆነ የቀሩትን ጥያቄዎች ፤
402	ለምን ያህል ጊዜያት እፅ ተጠቅመህል?	1- ለ 12 ወራት 2- ለ 18 ወራት 3- ለ 24 ወራት 4- ለ 36 ወራት	
403	የትኛውን የእፅ አይነት ትጠቀማለህ? (ከአንድ በላይ መልስ ከለ መልስ የሆነው ላይ ሁሉ አክብቡ)	1- ጫት 2- አልኮሆል 3- ሲጋራ 4- ካናቢስ (ሐሽሽ)	
404	እነዚህን እዎች በምን ያህል የጊዜ ልዩነት ትጠቀማለህ/ሽ	1- በየቀኑ 2- በሳምንት 2 ጊዜ 3- በሳምንት 3 ጊዜ 4- ባስፈለገኝ ሰዓት	
405	መጀመሪያ እፅ መጠቀምስትጀምር/ሪ እድሜህ/ሽስንት ነበር?(አንዴ እንኳን ብትሞክረውም/ሪ መልሱን ይሙሉት)	-----	
406	እፅ ስትጠቀም/ሚ ከማን ጋር በመሆን ነው	1- ከጓደኛ ጋር በመሆን 2- ከቤተሰብ ጋር በመሆን 3- ከዘመድ ጋር በመሆን 4- ማንም እፅ ከሚጠቀም ሰው ጋር በመሆን	
407	እፅ ለማግኘት ያለው ሁኔታ ምን ይመስላል	1- እፅ ማግኘት አልቻልኩም 2- እፅ ማግኘት ይከብዳል 3- እፅ ማግኘት ቀላል ነው 4- መልስ የለም	
408	ወደ እፅ ሱስ እንድትገባ ያደረገህ/ሽ	1- ቤተሰብ ሲጠቀም ስላየሁ 2- ተማሪዎች ሲጠቀሙ ስላየሁ	

	ምክንያት ምንድን አው	<ul style="list-style-type: none"> 3- ንደኞች ሲጠቀሙ ስላየሁ 4- አስተማሪዎች ሲጠቀሙ ስላየሁ 5- ሌላ በተለየ ምክንያት 	
409	እፅን መጠቀም ጎጂ ነው ብለህ/ሽ ታስባለህ/ሽ	<ul style="list-style-type: none"> 1- አዎ 2- ምንአልባት ሊጎዳ ይችል ይሆናል 3- አላስብም 4- አላውቅም 5- መልስ የለም 	
410	እፅ መጠቀም መቀጠል ትፍልጋለህ/ሽ	<ul style="list-style-type: none"> 1- አዎ 2- ምንአልባት መጠቀም እቀጥል ይሆናል 3- አላስብም 4- አላውቅም 5- መልስ የለም 	
411	አብዛኛውን ጊዜ የትኑው የምትቅመው/ሚው?	<ul style="list-style-type: none"> 1- መኖሪያቤቴ 2- ትምህርትቤት 3- ጫትቤት 4- ሺዲዮቤት 5- መጠጥቤት 6- ንደኞቼቤት 7- ህዝባዊ ቦታዎች (መናፈሻ ውስጥ) 	
412	እፅ ለመገዛት የገቢ ምንጭምንድን ነው	<ul style="list-style-type: none"> 1 ወላጅ እየሰጠኝ 2 ንደኞቼ እየሰጠኝ 3 ሰራ እየሰራሁ 4 በመሰረቅ 5 ከሌሎችን በመጠየቅ 	
413	እጽ ለመጠቀም የገፋፋህ/ሽ ወይም የእፅ ሱሰኛ ያደረገህ/ሽ ምክንያት ምንድን ነው	<ul style="list-style-type: none"> 1- የአቻ ንደኝ ግፊት 2- የማስ ሚዲያ ግፊት 3- ተስፋ መቁረጥ እና ጭንቀት 4- እውቀት እና ችሎታ ስለሚጨምር 5- ለመሞከር ከነበረኝ ጥልቅ ፍላጎት የተነሳ 6- ተግባቢ ስለሚያደርግ 7- ጭንቀት ስለሚያስወግድ 8- ንቃት ለማግኘት 9- በቂ የኪስ ገንዘብ ስላለኝ 10- በቀላሉ እፅ ማግኘት ስለምችል 11- ወላጆቼ ሲጠቀሙ ስለማይ 12- አስተማሪዎቼ ሲጠቀሙ ስለማይ 13- በንደኞች ዘንድ ተቀባይነት ይፈጥራል ብዬ ስላሰብኩ 14. ሌላ የተለየ ምክንያት 	

<p>414</p>	<p>እፅ በመጠቀም/ሽ ያደረሱበህ/ሽ አሉታዊ ጉዳት አለን</p>	<ol style="list-style-type: none"> 1. ከትምህርት ክፍለ ጊዜ በተደጋጋሚ መቅረት 2. የትምህርት ውጤት መቀነስ/ ማሻቆልቆል 3. ትምህርት ሂደት ላይ ከፍተኛ ጫና ወይም ችግር ፈጥሮብኛል 4. ከወላጆች እና ከመምህራን ጋር መጋጨት/ መጣላት 5. አካላዊ እና አእምሮግዊ ችግሮችን ፈጥሮብኛል 	
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