ADDIS ABABA UNIVERSITY
SCHOOL OF GRADUATE STUDIES
INSTITUTE OF GENDER STUDIES

The Life Situation of Drug Abusing Women and Men Street Youth in Addis Ababa: The Case of Kirkos Sub city

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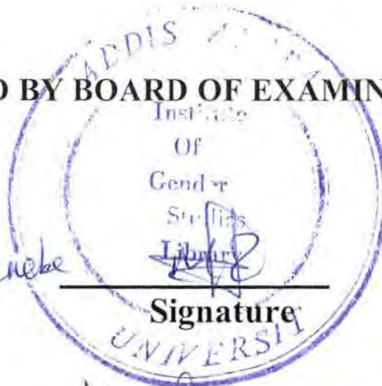

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Acronyms

AIDS	Acquired Immune Deficiency Syndrome
CNS	Central Nerve System
DACAE	Drug Administration and Control Authority of Ethiopia
FGD	Focus Group Discussion
FSCE	Forum on Street Children in Ethiopia
GOs	Government organizations
HIV	Human Immunodeficiency Virus
MOLSA	Ministry of Labor and Social Affairs
NGOs	Non Governmental Organizations
SNNPR	Southern Nation, Nationalities Peoples Region
STD	Sexually transmitted Disease
UN	United Nation
WHO	World Health Organization

Glossary

Areke	A distilled alcoholic drinks which is locally prepared
Ganja	A slung name used by the street youth informants for marijuana.
Injera	A staple food item that made from teff.
Khat	Leaves of the plant Cathea edulis grow locally and chewed.
Khat bet	A house where khat is sold and chewed by groups.
Kebele	Refers to the smallest administrative unit of the local government structure in Ethiopia.
Merkana	Getting high by khat chewing
Sub city	The large administrative unit of the city
Teje	Locally brewed beer made from honey and hops.
Tela	Locally brewed beer made from grains and hops.

Abstract

The study focused on the risk factors for drug abuse among street youth and its impacts on the life of drug abusing women and men street youths. It also tried to asses the types of drug used and associated for drug dependency. This topic was chosen as it is currently a growing phenomenon in Ethiopia and the studies on the area are very limited.

Qualitative methodology was employed to conduct the study. Data was collected from 14 women and 14 men drug abusing youths who lived in the street through in-depth interview, focus group discussion and observation. Snowball sampling technique was used to select women and men drug abusing street youth. The street youth were mainly came from the parents who have low educational level and economic status and disturbed family.

For the street youth, family and peers modeling, disturbed family background, living in the street where drug is available and curiosity for the drug is the major risk factors for drug abuse among women and men street youth. Most of the street youth's reasons to abuse drugs were to forget their disturbed life and to avoid the withdrawal effects of the drug. The availability of drugs and their friends' drug abusing behavior were also their reason to keep their drug taking behavior.

The types of drug mainly used by the street youths was cigarettes, khat, marijuana and alcoholic drinks like "tella", "teje", and " areke" and also beer and gin. The major challenges experienced by the street youth as a result of drug abuse were physical, psychological, social and economical problems and physical and sexual abuse. However the finding of this study showed that women are the most vulnerable groups in any effect of drug due to their gender. Finally, in line with the above problem, strong law enforcements against drug abuse, media coverage about the issue, training for the abusers and the whole society were given as recommendations. Building rehabilitation center and psychiatrist treatment was also needed to address the issue.

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Chapter One

1. Introduction

1.1 Background of the Study

Recreational and medical drug use can be traced back to the historical origins of humanity, although the development of drug use has increased at an alarming rate in the past fifty years. Drugs are becoming a crucial part for modern society (Parrott *et al.*, 2004). Nowadays, the use of legal and illegal drugs, particularly in young adults and adolescents for non medical purposes is dramatically increasing and it has become a public concern (WHO, 2002). A number of articles, journalistic accounts, scientific papers and reports are also full of information on the prevalence of drug use among the younger generation (Abdu, 2003). Drug abuse is rapidly expanding in all developed and developing countries and used in all level of societies for different purposes (Parrott *et al.*, 2004).

All drugs have a range of positive and negative emotional effects. According to Carson-Dewitt (2003c), psychoactive substances affect the way an individual thinks, behaves, and perceives or experiences their environment. Drugs can cause many psychosocial problems; inducing the feeling of pleasure might be the main reason for people to use drugs (Parrott *et al.*, 2004).

Since the beginning of the twentieth century different researchers revealed the personal, social, economical, psychological, moral and health related effects of drug abuse (Abdu, 2003). Drug use and dependence causes significant trouble to individuals and societies as a whole throughout the world. Substance abuse might result in a wide variety of health and social problems. According to the World Health Report 2002, 8.9% of the total burden of disease comes from the use of psychoactive substances. The report showed that tobacco accounted for 4.1%, alcohol 4%, and illicit drugs 0.8% of the burden of disease in 2000 (WHO, 2004). According to Ray and ksir (2002), psychoactive substances are a particular type of drug that may affect the minds of those who consume it.

Irrespective of the efforts made by United States and other countries' legal sectors, drug producing countries flourish in several regions around the world. In 1999, according to the UN, worldwide production of opium and heroin a record of 5,778 metric tonnes derived from 217,000 hectares and 290,000 metric tones from 183,000 hectares respectively (Carson-Dewitt, 2003b).

On the extent, trend, and pattern of drug abuse, there have been no current and comprehensive surveys conducted at the national level in Ethiopia but the existence of the problem is a hard fact. The nature of the problem is also underestimated and its true extent in Ethiopia is not fully studied and realized by the concerned bodies. Andargachew (1988) stated that the number of reported cases of drug abuse in Ethiopia is not significant; nevertheless, this doesn't mean that these were the only people who abuse drugs of various kinds.

According to the Rapid Assessment Study Conducted in 1995 in 25 selected urban areas on 3200 respondents and other recent studies, show that cannabis, khat, tobacco and inhalants are abused by a significant portion of all segments of the population (DACAE, 2005).

1.2 Statement of the Problem

Many children and youth live their lives on the street with unmet basic needs, such as essential resources, protection and social security. According to Addisu (2008) many poor, displaced, unaccompanied and abandoned children are forced to work and live on the street without any adult care and supervision in their early age.

Street children face routine harassment and physical abuse by police, government bodies, and private security forces to remove from the city a perceived social blight (FSCE, 2008). Many of them are subjected to all kinds of social and health risks like malnutrition, chronic poverty, disease, illiteracy and lack of social services.

Moreover they are vulnerable to sexual exploitation, unwanted pregnancy, STDs and HIV AIDS (FSCE, 2008). Due to harsh living conditions and social alienation, these children fined odd jobs to survive and engage in anti-social and criminal activities like drug abuse, prostitution and theft. According to WHO (2004) studies show that sexual exploitation, police violence and use of drugs are major problems of street children and youth in Africa, Latin America and North America.

At present, it is very common to observe many people abusing various drugs in cities irrespective of age, gender and class, even though there are health and other pathological consequences to individuals and society as a whole. The United Nation and Drug Abuse Control publication (2000) reported that drug abuse habits spread as a fashionable trend to schools, sport areas, entertainment fields, financial, business and government administrations.

Similarly, drug use tends to begin at an early age. Research shows that drug abuse by youth and adolescents is the highest level of users worldwide (Lauer, 1998; Ray and Ksir, 2002). The United Nations and Drug Abuse Control Publication and the UN's Publication (1987 and 1989) stated that the spread of different drugs all over the world is poisoning the future generations of youths who should be a hope for their country (cited in Shitaye, 2004).

Drug abusing behavior is now the main cause of acute and chronic physical and psychological impairment and premature death. Drug abuse leads people to high depression, anxiety, confusion, hallucination, intoxication, and low self-esteem and deteriorates life's purpose. Nowlis (1990) claimed that large number of drug users are longhaired self indulgent, dirty, lazy and morally depraved. Moreover, drug use impairs memory, attention span, learning and psychomotor performance (Lauer, 1998).

People are also suffering from different kinds of medical problems related to drug abuse. These include shortened life expectancy, risk of coronary heart disease, liver cirrhosis, lung cancer, mental health problems, hepatitis and exposure to HIV/AIDS and infections

through needle sharing (Parrott *et al.*, 2004). According to Lauer (1998), early death occurs by drug overdose. The number of disease transmitted through needle sharing is high.

Addiction to illicit drugs, cigarettes and alcohol has caused much more disease in women and various health problems in infants (Kandall, 1996). Various studies prove that illicit drug use during pregnancy is harmful to the fetus. Cognitive impairment and low birth weight result from drug use (Lindgren and Grossman, 2005). Lauer (1998) stated that children born from addicted mothers are exposed to a significant number of prenatal and early infancy medical problems, and experience developmental deficiencies in their cognitive and psychomotor skills. Children might also have disturbances in their activity levels, attention span and sleep patterns later in life. Maternal drug use is also a cause for infant mortality (death with in the first year of life) (Kandall, 1996)

Drug abuse affects nearly all people: the family, the community, and the country as a whole, directly (the abusers), and indirectly by the behavior of the abusers (Lauer, 1998). A person addicted drugs is also at risk for other deviant behaviors like fighting, stealing, vandalism, and early sexual activities (Ray and Charles, 2002). Lauer (1998) stated that the greater the involvement of drugs, the higher the rate of delinquent behavior. Studies reveal that the highest rate of criminal behavior is among drug addicted people. It shows the correlation between many forms of drug use and criminality (Parrott *et al.,* 2004).

Like previously mentioned, drug abuse brings enormous social, economic and health care problems to a society and a country. It seriously affects the youth who are the major labor force of a country. The drug abuse among street youth is widespread in Addis Ababa. Those unemployed, homeless, and drug abusing youth are a burden for the country. Unfortunately, studies which emphasize this plague are very limited. Therefore, this study has been undertaken to explore the nature of the life situation of drug abusing street youth in Kirkos subcity.

1.3 Objectives of the Study

General Objective

The general objective of this study was to explore the risk factors for drug abuse among street youth and the effects of drug abuse on the life of women and men street youth in Kirkos sub city in Addis Ababa.

Specific Objectives

To find out the types of drugs abused by women and men street youth.
To find out the risk factors of drug abuse among women and men street youth.
To identify women and men street youth's reasons for drug abuse.
To assess the different risks and impacts of drugs on men and women street youth.

1.4 Research Questions

-What are the types of drug abused by women and men street youth?
-What are the risk factors for street youth to abuse / use drugs?
-What are the reasons for street youth to abuse drugs?
-What are the different problems and risks encountered by drug abusing street youth?

1.5 Operational Definition of Key Terms Used

In this paper there are some concepts which need operational definitions so as to avoid confusion that the readers may encounter.
The researcher used *substance, drug and psychoactive substance* interchangeably since they have more or less the same meaning according to the researcher's knowledge.

Drug is any substance, natural or artificial, other than food that by its chemical nature alters the structure or functions in living organism (Ray and Ksir, 2002, p.5).

Drug abuse is the use of a drug in a manner, amounts, or situations such that the drug use causes problems or greatly increases the chances of psychological, social, physical or occupational problems occurring (Ray and Ksir, 2002, p.5)

Drug addiction is a behavioral pattern of drug use, characterized by overwhelming involvement with the use of a drug (compulsive), the securing of its supply, and a high tendency to relapse after withdrawal (Ray and Ksir, 2002, p.45)

Physical dependence indicates that the body has adapted physiologically to the chronic use of the substance, with the development of tolerance or, when the drug is stopped, of withdrawal symptoms (Schuckit, 2006, p.9)

Psychological dependence is an attribute of all drugs of abuse and centers on the user feeling that he or she needs the drug to reach a maximum level of functioning or well-being (Schuckit, 2006, p.9)

Psychoactive Substances are substances that, when taken, have the ability to change an individuals consciousness, mood or thinking process (WHO, 2004)

Street youth those individuals in difficult circumstances and whose social and economic activities are limited to and around the street (MOLSA, 1989).

Withdrawal or abstinence syndrome is the appearance, when the drug dosage is decreased or stopped quickly, of physiological symptoms that are the opposite of the usual acute effects (Schuckit, 2006, p.9)

Youth are the part of the population that constitutes individuals between the age group of 15 and 29 years (Ministry of Youth Sport and Culture, 1996).

1.6 Significance of the Study

Drug abuse is a growing phenomenon that attracts most young adults. This research tried to help to clearly look at the problem and risks associated with drug abuse. Prior researches related to this topic were few in number. This study explored the lives of men and women street youth related to drug abuse and their experiences in drug abuse. Traditional ways of thinking might show drug taking is more related to men's behaviors but this paper tries to reveal street youth women's tradition of drug use and its effect on them. The result of this study is expected to implore concerned bodies to give more emphasis to the issues by giving potential information and recommendations.

1.7 Scopes and Limitations of the Study

The study is undertaken among 28 (14 women and 14 men) drug abusing street youth who were live in Kirkos sub city. The researcher conducted interviews and FGD among the participants of this study who were living around Kirkos at the time of the study. This study is limited to street youth who were in the age range of 15-29. Those street youth who participated in this study were spend the majority of their time in the street.

While conducting this study the researcher faced several challenges. Getting available local literature was difficult. There was a lack of literature and national data concerning drug abuse in Ethiopia generally and street youth particularly. The researcher also faced problems tracking the sample of the study. Since the informants don't have a regular settlement area and move from one area to the other, the researcher faced difficulties to trace them while doing the cases. Moreover the participants of this study were reluctant to participate in this study. They had a complaint about the other people who used them as a source of income by showing their cases and photographs and did nothing for them. Therefore, it wasn't easy for the researcher to include them in the study.

1.8 Theoretical Perception on Drug Abuse

There is no one theory that thoroughly explains drug abuse that fits equally for every person. Therefore, in this section different theories would be discussed related to drug abuse to support the objective of the research as well as to analyze the findings of the study in different direction. Biological, psychological, social learning and drug and crime relation ship theories were used to prop this study.

Biological theories were used to support the aim of the study which assessed the contributing factors of drug abuse and the reason why the abusers are an addict since it gives an explanation on the causes of an individual to use drugs and continue to use it. Psychological theory goes in line with and explained about the risk factors, reasons and effects such as addiction and withdrawal symptoms. Social learning theory particularly used to support the risk factors of drug abuse in a way. Drug and crime relationship theory were used to support the effects of drug abuse like violence and economical problems.

Biological Explanation of Drug Abuse

Biological Theory

These theories tend to focus on non- normative use or addiction. Theorists hypothesize some sort of innate physical mechanism that causes an individual to use drugs or to continue to use them after they have tested or used the drugs (http:// www: psych.org/psych_pract/treatg/pg_substance_2.cfm.). Most experts acknowledge that biological factors play an important role in drug abuse. These factors likely determine how the brain responds to drugs and why substances prove addiction.

Biological explanations emphasize that the CNS reward sensors in some people are more sensitive to drugs, making the drug experience more pleasant and more rewarding for these individuals (Khantzian; Mathias, 1995 cited in Hanson *et al.*, 2009).

All the major biological explanations assume that these substance exert their psychoactive effects by altering neuronal (basic functional cell of the brain) activity specifically, the functioning of neurotransmitters, chemical messengers used for communication between brain regions.

It is generally believed that most drugs with abuse potential enhance pleasure centers by causing the release of specific brain neurotransmitters such as dopamine (Bespalove et al. 1999 cited in Hanson *et al.*, 2009). Brain cells become used to the presence of these neurotransmitters and crave them when they are absent, leading the person to seek more drugs (Spanagle and Weiss, 1999 Hanson *et al.*, 2009). Moreover over-stimulation of these brain regions by continual drug use exhausts this dopamine production and leads to depression and an inability to experience normal pleasure (Volkow, 1999 cited in Hanson *et al.*, 2009).

Psychological Explanation of Drug Abuse

Psychological Theory

As Hanson (2009) stated psychological theories deal with mental or emotional states, which are usually associated with or exacerbated by social and environmental factors. Burns in 1997 a psychological explanation of addiction include one or more of the following: escape from reality, inability to cope with anxiety, destructive self indulgence of the constantly desired intoxicants, blind compliance with drug abusing peers, self-destructiveness, conscious and unconscious ignorance regarding the negative effects of drug abuse. Freud also said that drug compensate for insecurities that stem from parental inadequacies (Hanson *et al.*, 2009).

The psychological theory mostly explains that drug abuse begins because of unconscious motivation of individuals. Therefore, the psychological theory explains there is an unconscious conflict and motivations that reside within an individual as well as the individual reactions to early events in our lives that move a person toward drug abuse. As a result, if the person is weak or without self-esteem or even see themselves as unimportant, drug use then becomes a sort of prop to make up with that it is wrong with their life and with themselves. It also explained drugs as become the way of escaping the pain of being unable to find that balance. Drugs become the way for an individual to stop feeling bad about themselves. Of course, these things only last for short term, which is why the users must keep using the drugs. Thus begins the cycle of addiction. They continue to use drugs to stop feeling badly about themselves, and cope with mental issues that they may be thoroughly unaware that they even have (http:// www: psych.org/psych_pract/treatg/pg_substance_2.cfm.).

Sociological Explanation of Drug Abuse

Social learning theory

It focuses on learning but also emphasizes the social environment, especially modeling. Social learning theory explains drug use as learned behavior. Key components of social learning theory, as applied to the understanding of substance abuse, include the roles of modeling and cognitive mediation of behavior. Perhaps the best-known risk factor for substance abuse is association with other substance abusers (either in the family or peer group) who model patterns of substance use or abuse (Dodgen and shea, 2000).

Conventional learning occurs through imitation, trial and error, improvisation, reward behavior, and cognitive mental associations and processes (Lisha and Messner, 1999 cited in Hanson *et al.*, 2009). This theory focuses on how drug abuses are learned through interaction with other drug users. It emphasizes the pervasive influence of primary groups who are groups that share a high amount of intimacy and spontaneity and whose members are emotionally bonded. The role of parents and peer groups are one example of

primary groups. In contrast, secondary groups share segmented relationships in which interaction is based on prescribed role patterns (Hanson *et al.*, 2009).

Theories on the Drug and Crime Relationships

Evidence shows that there is great variation in terms of which drug users commit crimes and when. Some addicts had been heavily involved in crime prior to addiction, whereas others were extensively involved in crime only when addicted. Drug users may have characteristics that predispose them to criminal activity (Carson-Dewitt, 2003a).

Paul Goldstein is a major expert in the field of crime and drugs. He developed a theory about drugs and violence in 1985 based on studies of violent drug-related crimes. He studied descriptions of these crimes by both the perpetrators and the victims (Carson-Dewitt 2003a).

According to this theory, drugs and violence Carson-Dewitt (2003a) can be related in three separate ways:

1. Violent crime results from the short- or long-term psychological and biological effects of a particular drug.
2. Violent crime is committed as a way to obtain money to buy drugs, mainly expensive addictive drugs.
3. Violent crime is the result of aggressive patterns of interaction found in the circles of illegal drug dealing and distribution. Examples include killing or assaulting someone for failure to pay debts; for selling "bad," or impure, drugs; or for operating on someone else's drug-dealing turf.

Chapter Two

2. Literature Review

2.1 Definitions and Concepts of Drug

In ancient Greece, drugs were believed to be both poison and medicine. A drug is anything ingested to treat any medical or psychological condition, according to modern society. It is often defined by different professionals and writers in different ways. For example, the general definition of a drug is "a substance other than food intended to affect the structure or function of a physiological system such as the human body" (http://en.wikipedia.org/wiki/Drug_abuse). Ray and Ksir (2002) stated that defining drugs with precision is difficult because it is so widely used for many different purposes. They also define drugs as "any substance natural or artificial, other than food that by its chemical nature alters structure or function in the living organism". However, the above definitions are broad and tend to include all foreign material ingested by humans (Ahuja, 1992; Nowlis, 1990).

From a clinical point of view, drugs are therapeutic agents; any substance other than food, used in the prevention, diagnosis, alleviation, treatment or cure of disease in man or animals. In psychological and sociological contexts, a drug is a habit-forming substance which directly affects the brain or central nervous-system (Ahuja, 1992). For Laurie (1967) a drug refers to any chemical substance that affects bodily functions, mood, perception or consciousness, which has the potential for misuse, and which may harm the individual and the society(cited in Ahuja, 1992) . A popular definition of drugs mainly refers to chemical or plant-derived substances that affect psychological, behavioral or physical functions and lead to varying degrees of dependence or addiction (http://en.wikipedia.org/wiki/Drug_abuse).

For Parrott *et al.* (2004) a drug is any biologically active chemical that does not occur naturally in the human body. It can be used to prevent and treat disease, alter mood and

cognition or otherwise change behavior. Drugs are classified into families according to their chemical structure and/or pharmacological effect.

2.2 Classification of Drugs

Though there are thousands of different drugs, they are classified in a few main drug types (Parrot *et al.* 2004). Professionals like physicians, pharmacologist, chemists, lawyers, psychologists, authors and others have their own classification scheme that serves the purpose for which the classification is being made (Ray & Ksir, 2002).

According to WHO (2004), although almost all psychoactive substances share common properties and effects on the brain activity, there are still considerable differences between drug classes in terms of physical and psychological effects, mechanisms of action, development of tolerance and withdrawal, and long term effects.

Drugs can be classified in different ways. For example, WHO (2004) categorizes drugs in terms of their sociolegal status. The first one is drugs, which are used for medicinal purposes, reliving pain, mood disorder, distress from mental or physical disorders, and promoting sleep or restlessness. Those substances are restricted to use under doctor's orders. Caffeine, nicotine and alcoholic beverages are the second categories, which are called licit or legal drugs. The third category of drug is illicit or illegal drugs. Such substances like opiates, cannabis, hallucinogens, cocaine and other stimulants is taken as illegal drugs and outlawed to trade around the world under international conventions.

Furthermore, Dodgen and Shea (2000) classify drugs under four principal categories of narcotics, CNS stimulants, CNS depressants, and hallucinogens according to their psychological effects or pharmacological effects on the central nerve system. Moreover Ray & Ksir (2002) categorized drugs depending on the effects on the users, into stimulants, depressants, hallucinogens, opiates, psychotherapeutics, nicotine and marijuana. Suchuckit (2006) also classified drug in his book into different categories like

stimulants, depressants, hallucinogens, cannabinoids, opioids, inhalants, over-the-counters drug and others. Suchuckit's classification system is the most comprehensive classification of drugs for this study. It is presented in the next table.

Table 1. Suchuckit's Drug Classification

Class	Examples
Depressants	Alcohol, hypnotics, most antianxiety drugs (benzodiazepines)
Sympathomimetics or stimulants	Amphetamine, methylphenidate, all forms of cocaine, weight-reducing products
Opioids	Heroin, morphine, methadone, and almost all prescription analgesics
Cannabinoids	Marijuana, hashish
Hallucinogens	Lysergic acid diethylamide (LSD), mescaline, psilocybin, ecstasy (MDMA)
Inhalants	Aerosol sprays, glues, toluene, gasoline, paint thinner
Over-the-counter drugs	Atropine, scopolamine, weak stimulants, antihistamines, weak analgesics
Others	Phencyclidine (PCP)

Source: Suchuckit (2006)

2.2.1 Central Nerve System Stimulants

The most common CNS stimulants include amphetamine, the active constituent of khat, cocaine, caffeine, nicotine and synthetic appetite suppressants (DACAE, 2005).

Stimulants, ranging from mild stimulants like caffeine and nicotine to amphetamines and cocaine stimulate the brain activity and increase alertness (Suchuckit, 2006; Parrott *et al.*

2004). In moderate doses, stimulant drugs create wakefulness and a sense of energy and well being both mentally and physically when someone should be tired. But the more powerful stimulants such as cocaine and amphetamines can produce a manic state of excitement, paranoia and hallucinations (Ray and Ksir, 2002). Moreover Parrott *et al.* (2004) stated that an acute dose of cocaine amphetamine will heighten alertness and intensify moods.

Stimulants can give a rise to symptoms suggestive of intoxication, including, papillary dilation, elevated blood pressure, hyperreflexia, sweating, chills, nausea or vomiting, and abnormal behavior such as fighting, grandiosity, hyper vigilance, agitation, and impaired judgment. Personality and behavior changes such as impulsivity, aggressivity, irritability, and suspiciousness come from chronic misuse of stimulant drugs. Full-blown delusional psychosis may also occur (DACAE, 2005; Donohue *et al.* ,2006)

Cessation of intake after a long period of time or heavy use may brings a withdrawal syndrome, creating depressed moods, fatigue, sleep disturbance and increased dreaming (DACAE, 2005).

2.2.2 Central Nerve System Depressant

The main classes of CNS depressant include alcohol, barbiturates, and the benzodiazepines. They all produce effects like suppression and inhibition of some aspects of CNS activities. Relieving anxiety, relaxing as well as producing calmness and sleep are the major effects of depressant drugs. They also have the capacity of amnesia, muscle relaxation and anticonvulsant properties (Dodgen and Shea, 2000; DACAE, 2005).

At low doses they depress inhibitory parts of the brain, leading to inhabitation or relaxation and talkativeness whereas in high doses they lead to slowed reaction time, uncoordinated movement, and unconsciousness (Ray and Ksir, 2002). Furthermore, the authors added that all depressants may impair concentration, memory, and coordination.

They also produce hangovers, slurred speech, in coordination, unsteady gait, drowsiness, dry mouth, decreased gastrointestinal motility, and mood swing.

In general depressants have a wide variety of problems. According to Suchuckit (2006) and Parrott *et al.* (2004) all depressants have the potential for being misused and have high addiction potential. The possible effects of depressants can range from slight lethargy or sleepiness, to a level of anesthesia, to death from breathing and heart depression. Their use impairs the ability motorists to drive cars. They are also associated with antisocial acts including physical and verbal aggression and various types of crime.

Chronic use of depressants can lead to withdrawal syndrome. Restlessness, shakiness, hallucination, deterioration of sleep patterns, anxiety and insomnia (often with nightmares) are some of the withdrawal symptoms of depressant drugs (Ray and Ksir, 2002; DACAE, 2005).

2.2.3 Hallucinogens

> A hallucinogen is a chemical agent that induces alterations in perception, thinking, and feelings which resemble those of the functional psychosis without producing the gross impairment of memory and orientation characteristics of the organic syndromes. (DACAE, 2005, p 47).

Hallucinogenic drugs like lysergic, dimethyltryptamine, psilocybine, mescaline, ecastasy and phencyclindine (PCP) disrupt the brain's ability to process information and perceive the real world. They are also causes of dreamy illusions (things that are not really there) or disturbing delusions (distortions of reality) (Carson-Dewitt, 2003c; Dodgen & Shea, 2000).

The effect of these drugs can range from joy and euphoria to fear and panic. A person who uses a hallucinogen may experience papillary dilation, elevated body temperature, heart rate and blood pressure, hyperreflexia, and a psychedelic phase (consisting of euphoria or mixed mood changes, illusions and altered perceptions, a blurring of boundaries between self and non-self, and often a feeling of unity with the cosmos) (DACAE, 2005; WHO, 2004; and Carson-Dewitt, 2003c). However, the intensity of the effects is related to the dose and it also differs from person to person (WHO, 2004).

2.2.4 Inhalants (Volatile Substances)

Heterogeneous groups of industrial substances like model airplane glue, nail polish remover, cleaning fluids, hair spray, gasoline, spray paint and type writer correction fluids can be used as inhalants. They are solvents or anesthetics administered by sniffing, snorting, bagging (fumes inhaled from a plastic bag), or huffing (sucking on a rag with inhalants in a mouth) to get "high" (DACAE, 2005; Suchuckit, 2006).

Volatile substances have an ability to produce CNS depression and signs of confusion through physiological disturbance (Suchuckit, 2006). Inhalants are the most toxic and deadly substances and can produce severe damage and injuries to the brain and nervous system. These substances can cause death to the sniffers by starving the body of oxygen or forcing the heart to beat very rapidly or unevenly (Carson-Dewitt, 2003c).

A euphoric feeling, characterized by lightheadedness, exhalation and vivid fantasies are short term effects of inhalants. Nausea, drooling, sneezing and coughing, muscular in-coordination, slow reflexes, and sensitivity to light might also occur right after abusing inhalants. Repeated use for a long time can cause physical effects as pallor, thirst, weight loss, nosebleeds, bloodshot eyes, and sores on the nose and mouth. Some solvents like aromatic hydrocarbon (*eg*. gasoline) interfere with the formation of blood cells, while others may disrupt liver and kidney function (DACAE, 2005).

Moreover, long-term intake is often associated with antisocial personality disorders like theft, violating people physically and verbally, and property damage. It has been estimated that in America 30% or more of prison inmates have used inhalants at some time in their lives (Suchuckit, 2006).

Inhalants are usually taken as part of a fad among adolescents who have limited access to drugs. These categories of drugs are commonly used by young adolescents because they are cheap or even free and can be purchased legally in contrast to the difficult access to illegal drugs. Nevertheless, teenagers tend to abandon the use of inhalants after some time as they mature and move on to other substances (Suchuckit, 2006).

2.2.5 Cannabinoids

Drugs such as marijuana, hashish and hash oil are categorized as cannabinoids. At low levels, the effects of cannabinoids are similar to CNS depressants such as alcohol. At higher doses, hallucinogenic properties are experienced; thus a biphasic response to cannabinoids is observed (Blum, 1984 cited in Dodgen and Shea, 2000). Second to alcohol it is the most frequently used (DACAE, 2005).

Cannabis burn out symptoms, characterized by decreased drive and ambition, shortened attention span, poor judgment, high distractibility, impaired communication skills, and diminished effectiveness in interpersonal situations is a long term effects of cannabis smoking (DACAE, 2005). Heavy chronic marijuana use can leads to a withdrawal syndrome including irritability, anxiety, insomnia, nausea, and loss of appetite.

In Ethiopia, it is claimed that the production of cannabis sativa assumed popular with the coming of the Ras Taffarians in the early 1960s. Nevertheless, oral tradition indicates that cannabis sativa was produced in monastic estates and it is still used for medical purposes as well as a means of enhancing the mental capacity of the literati as they delve into the mysteries of Orthodox Christian theology, music, literature and astronomy. It is also

claimed that ordinary farmers in some parts of the country grow this drug. Policy reports also show that the prevalence of marijuana use among youths in Ethiopia is increasing fast (DACAE, 2005).

2.2.6 Opioids

Opioids include opium and drugs made from opium like heroin, codeine and morphine (Blum, 1984 cited in Dodgen and Shea, 2000). Opioids are used medically for acute and short term pain relief. They are also used for sedation and gastrointestinal distress. Opioids are known for their narcotic and sleep producing qualities (DACAE, 2005).

Though they are the most powerful weapons in the clinics for pain control, Parrott *et al.* (2004) indicate that they are also one of the most problematic of all illicit drugs and highly addictive substances.

Opioids depress the activity of the CNS. Immediately after taking the drug, the users feel a surge of pleasure, which gives way to a state of gratification. Short-term effects include hunger, pain and increased sexual drive. When the dose increases, the user goes from a wakeful to drowsy state in which the world is forgotten. Death can be the result of a very large dose. Furthermore, this drug can cause different physical effects like nausea, vomiting, constipation, itchiness, yawning, sweating, flushing of skin, a warm sensation in the stomach, diminished respiration, and heaviness in the limbs. This is aside from psychological effects (DACAE, 2005).

2.3. Prevalence of Drug Abuse

For most substances, the age period of highest prevalence of use as well as the highest quantity of abuse occurs between the mid-teens and mid-twenties (Dodgen & Shea, 2000). A higher proportion of male adolescent and youth abuse drugs than female adolescent and youth. Moreover, male adolescent/ youth take drugs at higher levels than

their female counter parts (Bukstein, 1995; Kaminer, 1994 cited in Dodgen & Shea, 2000).

There are also some subgroups of the population that happen to be more vulnerable to the problem of drug abuse. Minority groups like homeless people whoa are the unemployed, and the impoverished abuse drugs at higher levels than the general population (Dodgen & Shea, 2000).

It is not easy to get accurate information about drug use around the world. Due to the fact that most drugs are illegal, nobody really knows the exact number of people who use drugs, and how much drugs are imported or sold (Ray and Ksir, 2002). However, researchers try to estimate the prevalence of legal and illegal drugs and the number of users around the world.

2.3.1 Smoking

Tobacco smoking is a ubiquitous activity of human. More than 5.5 trillion cigarettes are manufactured annually and there are 1.2 billion smokers in the world. 2 billion people are expected to smoke cigarettes by 2030 (Mackay and Eriksen, 2002 cited in WHO, 2004). The number of smokers is rapidly grown in developing countries and among women. Nowadays, According to WHO (2004) 50% of men and 9% of women in developing countries, and 35% of men and 22% of women in developed countries smoke cigarettes.

In many countries of Sub-Saharan Africa, less than 20% of men and a considerably lower percentage of women smoke; but now a days, smoking is increasing in this region Moreover in Australia, Canada, the USA, and Western Europe the prevalence of smoking and deaths from tobacco related disease among men (accounting for about one third of the total) is decreasing. Conversely, an increasing in death rates from tobacco-related disease among women is shown in those countries (WHO, 2004).

Table 2. Prevalence of Smoking among Adults and Youth in Selected Countries

Country	Annual per capita consumption of cigarettes	Prevalence of smoking %			
		Adult		Youth	
		Male	Female	Male	Female
Argentina	1495	46.8	34.4	25.7	30.0
Bolivia	274	42.7	18.3	31.0	22.0
Chile	1202	26.0	18.3	34.0	43.4
China	1791	66.9	4.2	14.0	7.0
Ghana	161	28.4	3.5	16.2	17.3
Indonesia	1742	59.0	3.7	38.0	5.3
Jordan	1832	48.0	10.0	27.0	13.4
Kenya	200	66.8	31.9	16.0	10.0
Malawi	123	20.0	9.0	18.0	15.0
Mexico	754	51.2	18.4	27.9	16.0
Nepal	619	48.0	29.0	12.0	6.0
Peru	1849	41.5	15.7	22.0	15.0
Poland	2061	44.0	25.0	29.0	20.0
Singapore	1230	26.9	3.1	10.5	7.5
Sri Lanka	374	25.7	1.7	13.7	5.8
USA	2255	25.7	21.5	27.5	24.2

Source: Mackay & Eriksen, 2002 cited in WHO, 2004.

2.3.2 Alcohol

According to WHO (1999), the level of consumption of alcohol has declined in the past twenty years in developed countries but has increased in developing countries. Though there has been some decline in the rate of drinking in developed countries, 50% of male youths in Australia, New Zealand, South Korea and Japan often drink to intoxication (WHO, 1999; Medina-Mora *et al.*, 2001 as cited in WHO, 2004).

However, mostly using production or sales data from official records underestimate the consumption especially in developing countries, where unrecorded consumption of locally brewed beverage is very high. In the case of women, they drink much less than men and older women tend to abstain altogether from alcohol.

2.3.3 Illicit Drugs

Studies show that there is large scale utilization of illicit drug like cocaine, heroin, cannabis and amphetamine-type stimulants in different parts of the world. According to the United Nations Office on Drug and Crime (2002) cited in WHO (2004) estimates, about 185 million people use one or more type of illicit drug. Illicit drug use is a predominantly male activity. Drug use is also more prevalent among young people than in older age groups. While national surveys of youth and adults are regularly held in some countries, reliable data on drug use is generally absent in most developing countries.

Table 3. Annual Prevalence of Global Illicit Drug Use over the Period of 1998-2001

		No. of users (in millions)	Proportion of global population%	Proportion of population of 15 years and above
All illicit drug		185.0	3.1	4.3
Cannabis		143.4	2.5	3.5
Amphetamine type stimulant	Amphetamines	33.4	0.6	o.8
	Ecstasy	7.0	0.1	0.2
Cocaine		13.4	0.2	0.3
All opiates		12.9	0.2	0.3
Heroin		9.2	0.15	0.22

Source: UNODCCP (2002), cited in WHO (2004)

2.3.4 Prevalence of Drug Abuse in Ethiopia

In Ethiopia, the national survey on the prevalence of drug abuse is almost non-existed. But some surveys which have been conducted on psychiatric hospital and law enforcement and school compounds reflected the high extent of the problem in the country (Assefa *et al.,* 2005). Though khat and alcoholic beverages has been used traditionally for a long period of time, khat, which was limited to some regions and cultures, is lately cuts through many faiths, social level and age groups. Many Ethiopian educators also noted that it is common to use khat among university, college and high school students, since the early eighties (Abdu, 2003).

With regard to alcohol abuse in Ethiopia, it is not a new phenomenon. A home made locally brewed liquor known as *arake*, a highly potent home brewed drink known as *Tej* made from honey, and a home brewed beer known as *tella* have been used for drink since the early time. Nowadays, in addition to the traditional home made drinks, the number of people who consume manufactured alcoholic drinks is growing among Ethiopians. The number of bars, taverns and nightclubs is increasing rapidly. Such facilities are usually well attended and business in always brisk. Consumption of alcoholic beverages has always received tacit and often open social approval. The kind of drink consumed is also becoming a mark of a person's social status (DACAE, 2005).

Similarly, the number of cannabis users is also increasing, mainly in urban areas. It is becoming a serious problem in most regions of the country, particularly Oromia, Amhara, Benishangul Gumuz, SNNPR and Addis Ababa city (DACAE, 2005).

Andargachew (1988) stated that prohibition efforts have not been practiced and no steps are being taken to minimize the excessive consumption of alcohol and other drugs publicly in Ethiopia. Abdu (2003) also claimed that there is no statistical data, which shows the extent of the problem in the country.

In addition, Abdu (2003) noted, how much the topic is neglected in the country. Regarding alcohol, the Children's and Youth Affairs Organization (1995) stated the problem as follows:

> *"In Ethiopia, there is no legislation controlling the distribution and use of alcohol or that defines the minimum age at which minors may legally have access to aalcoholic beverages. There are also no public health policies and programs for the reduction of alcohol related problems. The penal code doesn't prohibit a minor from having access to alcohol by defining an age limit but it prohibits the sale of alcohol to a minor. Not withstanding the presence of such legal provisions, adolescence has no problem of access to alcohol."* (1995, p 36 cited in Abdu, 2003).

2.4 Patterns of Drug Abuse

There is a hypothesis that predicts the typical sequence of involvement of people in drug use (Kandell & Faust, 1975; Kandell, Yanguchi & Chen, 1992 cited in Thombs 2006). The sequence involves four stages in which most adolescent and youth start their drug involvement with beer and wine. This is followed by hard liquor, cigarettes or both; which moves to marijuana and then to other illicit drugs. This is not necessarily to say that every drug users follows this developmental sequence (Ray & Ksir, 2002; Suchuckit, 2006; Thombs, 2006). Thus, for young people, legal drugs like cigarettes and alcohol somehow function as a gateway substance to marijuana and other illicit drugs. It is logical that cigarettes, beer and liquor would more often be used earlier than marijuana and other illicit drugs, since they are more available to a deviance-prone young person (Ray & Ksir, 2002).

Similarly, Carson-DeWitt (2003c) stated that using one drug often leads to the use of another drug. Drug use typically starts with occasional drinking or smoking and these

may develop to problem drinking and smoking. Mostly, marijuana and other illicit drug use also preceded by smoking and drinking.

However, most professionals and writers agree this drug-using pattern doesn't work for every drug abusive person. Diclemente stated

> *"Some seem able to maintain a pattern of abuse or binge uses over long period with out moving on to severe dependence. Others continue frequent or daily use for many consecutive years. Still others have a variable pattern and show periods of abstinence mixed with periods of non abusive use."*(2006, p86)

Regarding the drug abuse pattern, men and women in general had similar ages for peak drinking, even though men typically drink more than women (Holder, 2006).

There is also a fact that several drugs from different categories are often taken by individuals. Multiple drug use is a relatively common occurrence for most drug users. For example, alcoholics usually smoke cigarettes. Heroin users also frequently smoke cigarettes and marijuana, drink alcohol, and take stimulants (Carson-DeWitt, 2003b).

2.5 Risk Factors for Drug Abuse

A risk factor for drug abuse is a condition that is associated with an increased probability of the development of a drug use disorder (Hawkins *et al.,* 1992 as cited in Dodgen & Shea, 2000). It answers the question of "what makes a person abuse drugs?" (Carson-DeWitt, 2003c). Risk factors are thought to have an additive effect—that is, the more risk factors present in an individual, the greater the likelihood of substance abuse for that individual (Dodgen & Shea, 2000).

Studies show that many factors contribute to drug abuse (Glantz & Pickens, 1992 as cited in Dodgen & Shea, 2000). Drug abuse is the result of the interaction of many factors and no invariant pattern of substance abuse exists (Tarter & Mezzick, 1992 as cited in Dodgen & Shea, 2000). Similarly, the decision of an individual to use drugs is mostly determined by multiple factors such as availability, personal needs and values, peer influence, personal characteristics and behavioral tendencies (attitude, interest, temperament) (Fracchia ,1984 cited in Suchuckit, 2006)

There are several overt reasons reported by drug users. The social and cultural context in which drug taking has reported as reinforcing influences in drug taking behavior (Nahas, 1981). The other more important factors that are revealed by the drug user to facilitate drug use have been the availability of drugs, increasing mobility, particularly of youth, general public acceptance of the use of modifiers, and abundance of information about drug effects and sources and an unstable or broken home (Nahas, 1981). Similarly the Ministry of Colombia (1986) and the UN's Drug Abuse Control (1989) have listed peer pressure, curiosity, ignorance, alienation, changing social structure and urbanization as the main reasons for drug using.

Risk factors include genetic and environmental factors (Carson-DeWitt, 2003c). According to WHO (2004) there are both individual risk factors (eg genetic disposition, child abuse and personality disorder) and environmental risks. An environmental factor is one means of learning deviant behavior by observing others. Using drugs by parents or another important figure tells the child that this is an acceptable behavior. Other environmental factors include a person's experience in the family, home, neighborhood, school, community and other settings (Carson-DeWitt, 2003c).

2.5.1 Family Factor

To know the causes of one individual turning to drugs, understanding the relationship between substance abuse and family dynamics is mostly important, in other words, how family members deal with one another (Carson-DeWitt, 2003b).

Family structure is the main risk factor for drug abuse to an individual. Single-parent, disorganized families, in which the parent is unable to clearly play the role of the head of the family in terms of care giving, rule making, and consistent discipline might contribute to drug abuse in early or late age (Carson-DeWitt, 2003c). As Patterson (1996) indicates in his research, chronic antisocial behavior is the out come of a break down in parental family management (Thombs, 2006).

The instability of families' leads to stresses upon individuals and the society, and those stresses open the way towards drug and alcohol use. Family instability may not provide a secure environment for individuals (Carson-DeWitt, 2003b). Similarly, parental stress, single parent homes and step family arrangements are all risk factors for a child's delinquent behavior (Patterson, 1996 cited in Thombs, 2006). Those individuals may then try to cope with their life's challenges by abusing drugs. Research argues that those children tend to try drugs and alcohol at an earlier age than do children in traditional nuclear families (Carson-DeWitt, 2003b).

The attitude and values of parents are key factors affecting children/ adolescents. The devastating effects of having a substance abusing family/ parents are varied and many on children (Dodgen & Shea, 2000). When parents use drugs children receive a message that such use is expected or at the very least tolerated in the family. According to Thombs (2006), young people tend to model their behavior after those whom they observe, especially those with whom they are close. Based on this, several studies show that teenage drinking and/or drug-taking behavior is linked with parental drinking/ drug taking practices (Barnes, 1990 cited in Thombs, 2006).

Not only do drug using parents set bad examples to their children but Carson-DeWitt (2003b) explained their drug use prevents them from instilling positive values. Heavy drug use in the family, especially by parents, also disrupts family functioning. Drug-abusing parents are less able to give care and support. In such a family environment,

other members of subsequent generations are more likely to take up drugs themselves. (Carson-DeWitt, 2003b).

Similarly, Dodgen and Shea (2000) stated that if the typical behavior of substance abusing adult is considered, it is clear to see that children's need will not be consistently met. Addictive parents are less available to provide adequate essential material and emotional support for the normal development of their children. Furthermore, in most cases, parents who abuse drugs stay out until the late hours of the night and come home to sleep or cause conflicts with someone in the family. Generally, parent drug use is also associated with child neglect and all kinds of child and adolescent emotional, physical, and sexual abuse. Research shows that victims of abuse use drugs to help cope with the psychological problems caused by their difficult experiences. Victims of abuse often suffer from a poor self-image, and even from self-hatred. They may find that drugs provide an escape from these feelings (Carson-DeWitt, 2003b).

Likewise, a positive family relationship is a very important factor to protect drug taking behavior among children and adolescents. Evidence shows that children who feel rejected by their parents or overly controlled by them, and whose family life is marked by a great deal of conflict, are more likely to try drugs at an early age and to continue using them (Carson-DeWitt, 2003b). Dodgen and Shea (2000) stated that obviously the children who don't get a normal and healthy adjustment to life grow to expect others to be untrustworthy, self-centered, and often hurtful; they usually think very little of themselves. They are also predisposed to maladjustment and delinquent behavior later in life.

2.5.2 Peer Group Factor

Adolescents pick up many of their values, attitudes, and behaviors from friends. When adolescents are involved in drug abuse, not only their family but their peer group plays an important role. Peers introduce most new drug users to drugs. Peers also help new users

continue to experiment, leading them to develop regular patterns of use, including greater dependency (Carson-DeWitt, 2003b).

During the teenage years, there is an expectation that the peer group will have more influence on adolescent behavior and the family influence diminishes somewhat (Thombs, 2006). Numerous studies have shown a relationship between peer influences and family influences with adolescent drug taking practices. For instance, Barnes and Windle (1987) cited in Thombs (2006).showed that adolescents who value peer opinions, as opposed to parental opinions, are at a higher risk of alcohol and drug abuse. Kandel and Andrews (1987) found that parental closeness discouraged teen drug use and promoted the choice of non-drug-using friends. Similarly, Barnes (1990) cited in Thombs (2006)indicated that adolescents who are close to their parents are less likely to associate with deviant peers. Consistently Dishion and Loeber (1985) cited in Thombs (2006).found that lack of parental monitoring had an indirect effect on teen substance abuse by increasing the probability that a teen would "hang out" with deviant peers.

2.5.3 Individual Factor

Attitudes, expectations, and beliefs can alter one's consumption of drug (Sobell *et al.*, 1994 as cited in Dodgen and Shea 2000). Expectations related to consumption so that those expecting a positive consequence from using a given substance are likely to use the substance. Conversely, those expecting a negative consequence from using a given substance are less likely to use that substance (Dodgen and Shea 2000). Use of substances is also more related to curiosity (Morrison & Plant, 1991 cited in Dodgen and Shea 2000).

Moreover, personality problems are just as important factor for certain people to abuse drugs. According to Carson-DeWitt, "personality refers to a person's ways of thinking, feeling, and behaving, and it is thought to be shaped by both genetic and environmental factors" (2003c, p 27). Studies indicate that certain personality characteristics do make it

easier for some people to become addicted to alcohol or other drugs. These include low self esteem, excessive aggression, anxiety, inability to cope with stress, impulsivity as well as sensation seeking. "Sensation seeking is a personality trait of people who seek new and intense sensations and experiences. "People with those traits are willing to take physical, legal, and financial risks for the sake of a thrill" (Carson-DeWitt, 2003c, p 28).

2.5.4 Community/ Social/ Cultural Factor

Environmental resources including economic situation, social support, social integration, learning models and temporal factors lead an individual to a high vulnerability of substance abuse (Schmidt, 2000 as cited in WHO, 2004). Greater economic deprivation and availability of drugs are one of the social/ cultural factors and leads to high vulnerability of drug abuse (Dodgen and Shea, 2000). Thombs (2006) discussed micro environmental factors under a social factor of drug use. Microenvironment comprise trends in drug use over time; the role of government regulation, laws, and tax policy (on alcoholic beverages); attempts by professions to make claims for controlling the problem of substance abuse; drug subcultures; and, in general, the social values, beliefs, and norms that influence drug use.

From a socio-cultural point of view, abuse of drugs facilitates social pleasure and interaction, *i.e.* the use of alcohol, illegal drugs enhance social bonds and strengthen interpersonal trust where as barriers, and guards weakened. Furthermore, drug abuse temporarily permits people to withdraw from responsibilities that society normally expects teenagers to carry out. Alcohol and drug abuse also promotes cohesion and solidarity among members of society (Thombs, 2006). To summarize, social factors like these make youths or adults engage in drug abuse.

2.5.5 Poverty and Drug Abuse

Beyond the lack of money, poverty leads to certain attitudes, behaviors, and life conditions. These same attitudes and conditions can contribute to drug use (Carson-DeWitt, 2003b). Ecological studies have shown that the poverty status of communities is one means of predictor of critical drug abuse (WHO, 2004).

> *"Poverty is not only a lack of sufficient income or material possessions. It is also a condition in which people lack prestige and have less access to resources. The poor often have different lifestyles and different values from those of people not living in poverty. The conditions that poor people often cope with may include: unemployment or off-and-on employment, low-status and low-skill jobs, unstable family and relationships, low involvement in the community, a sense of being isolated from society, low ambition, and feelings of helplessness." (Carson-DeWitt, 2003b p. 36).*

Moreover according to WHO (2004) the homeless and street people who faced social deprivation and alienation do appear to be at a higher risk of drug abuse. Those individuals don't know the severity of their drug problem or the severity of their poverty (Dodgen and Shea 2000).

Homeless people experience elevated levels of substance abuse and mental illness than others (North & Smith, 1993a cited in Dodgen and Shea 2000). Homeless women have lower rates of substance abuse and incarceration than homeless men; however, homeless women are more often spawn dependent children (Smith, North, & Spitznagel, 1993 cited in Dodgen and Shea 2000).

2.6 Women and Drug Abuse

Recently the gender gap is narrowing considerably among the drug abusive population. Research shows that numbers of legal and illegal drug abusing women are increasing in both developed and developing countries (WHO, 2004).

Most women addicts come from fragmented, violence prone families or have no families. As research discovered, women often turned to drugs to relieve stress and depression; to deal with traumatic events such as childhood sexual abuse, family alcoholism or drug use, and abusive relationships with dominant males, and to reduce inhibitions and provide a feeling of independence, excitement, and peer acceptance (Vandor, Juliana, & Leone 1991 cited in Kandall, 1996).

Moreover, Marsha Rosenbaum's study in 1981 in San Francisco shows that drug using women tend to come from disturbed social backgrounds and disturbed homes, to have experienced sexual and physical violence in their lives, and to be involved in relationships with men who used drugs (Kandall, 1996).

One of the effects or a consequence of drug use is AIDS. It spreads by practicing needle sharing and sexual contacts between drug users. Female drug users might engage in prostitution to generate income and maintain their drug habit. As a result, they put themselves at risk for sexually transmitted diseases, HIV/AIDS and hepatitis B. This could be a cause for transmission of the epidemic through the general community (Ettorre, 1992). Furthermore, Carson-Dewitt (2003b) stated in his book that alcohol- and drug-using women are more likely to have partners who are alcohol and drug users. Such women are often victims of violence; in America, 53 percent of reported rapes involve the use of alcohol by the victim, the rapist, or both.

On the other hand, however, research has shown the physical effects of drugs are relatively similar for men and women. For example, mortality (death) rates are about the same for men and women in a sample population of heavy drinkers and heavy smokers.

But women faced more complications than men do due to drug abuse (Carson-Dewitt, 2003b).

Studies show that lung cancer kills more women than breast cancer. Carson-Dewitt, (2003b) claimed that the risk of getting lung cancer is related directly to the amount of tobacco a person smokes, and it appears that women have a higher risk factor than men. Furthermore, the writer acknowledges doctor's reports on drug-addicted babies exposed to drugs before birth because of drug use by the mother during pregnancy. Infants who are born from mothers taking drugs during pregnancy faced premature birth, low birth weight and have an increased risks of Sudden Infant Death Syndrome (SIDS) (Carson-Dewitt, 2003b; Kandall, 1996).

For example, according to several reports, female khat chewers may be more vulnerable to ill health than men may. Khat suppresses hunger and results in undernourished pregnant mothers and low birth weight babies (the United Nations, 1981; Gough and Cooksson 1984; Kristiansson 1987; Abdul Ghani *et al.*, 1987; Kristiansson *et al.*, 1987 cited in Aster and Sembatu,1994). Kristiansson *et al.* (1987) cited in Aster and Sembatu, (1994) show that the use of khat by lactating mothers suppresses the baby's appetite and causes undernourishment since the khat ingredient has been found in the breast milk of the mother

Alcohol use during pregnancy might create physical and facial abnormalities and central nerve system damage for the infant and miscarriage for the mother. Nicotine can also damage the infant's respiratory tract and interfere with the development of the nerve system, which will later affect the child's memory, learning and understanding (Carson-Dewitt, 2003b).

In addition to this, opioid-dependent woman are at risk of complications during pregnancy and childbirth. The most common problems are anemia, cardiac disease, diabetes, pneumonia, and hepatitis. They also face an abnormally high rate of

spontaneous abortion, breech delivery, caesarean section, and premature birth (DACAE, 2005; Kandall, 1996).

2.7 Effects of Drug Use

2.7.1 Addiction

Addiction is one of the hazardous effects or consequences of drugs. The Expert Committee of the World Health Organization in 1957 defined addiction as a state of periodic or chronic intoxication produced by the repeated consumption of a drug. Based on this definition Carson-Dewitt (2003a) noted that the characteristics of addiction include:

- an overpowering need (compulsion) to continue taking the drug and to obtain it by any means
- a tendency to increase the dose
- a psychic (psychological) and generally a physical dependence on the effects of the drug
- a harmful effect on the individual and on society.

If drug use takes precedence over a job, school, personal relationships, finance and health, and a person continues seeking out and using drugs, they are truly addicted (Carson-Dewitt, 2003c).

2.7.2 Dependence

An addictive person or chronic users develop physical and psychological (psychic) dependence (Carson-Dewitt, 2003a, DACAE, 2005).

- **Psychic Dependency**

DACAE (2005) stated psychological, behavioral, and cognitive occurrence in which the use of drugs takes a much priority for the drug abuse person, rather than other behaviors that once had greater value. The characteristic of psychological dependence syndrome is the strong and sometimes overpowering desire to take drug in any situation and its consequences. According to this book, psychological dependence exists when a person's thoughts, emotions, and activities absolutely hold by the drug, and the need to continue its use becomes a craving and compulsion.

It has been described as a condition in which a drug produces a "feeling of satisfaction" and psychic drive that require periodic or continuous administration of the drug to produce pleasure or avoid discomfort (Houser and Richmond, 1989 cited in Amare and Krikorian, 1993). For example when Khat is evaluated in terms of the mentioned description, the most common psychological effects reported were similar to those of amphetamines (Kalix, 1985); that is insomnia at night, reactive depression and irritability (WHO Advisory Group, 1980 cited in UN and Drug Abuse Control, 2000). Sleep disturbance characterized by frightening dreams on withdrawal have also been reported by Donohue *et al.* (2006).

- **Physical Dependency**

Physical dependency occurs when a person's body becomes accustomed to and dependent on the presence of a particular drug. It is a biological response of the body (Carson-Dewitt, 2003c). Chronic and heavy use of a drug results in physical dependence and alters the physical state in which the body cannot function normally unless the drug is present. A drug causes dependence when the drug produces some effects that makes the user want to use it again and thus feels the need to get more of it (Carson-Dewitt, 2003a).

Houser and Richmond (1989) cited in Amare and Krikorian, (1993) stated physical dependence may be explained by two characteristics: the development of physical tolerance, which requires progressively larger doses of a drug to produce a desired effect; and extremely painful withdrawal symptoms when the drug is withheld.

- **Withdrawal Syndrome**

When the dose is lowered or the drug is stopped abruptly, the user suffers from physical and mental disturbances known as withdrawal syndrome. The body and mind experience withdrawal symptoms that are usually opposite of the effect of the drug. For example, if cocaine causes prolonged wakefulness and euphoria, the withdrawal syndrome might be profound sleepiness and depression (Carson-Dewitt 2003c; DACAE, 2005).

Some withdrawal symptoms are like a flu bug. The person may feel hot and sweaty, chills and shaky. They may also develop a runny nose and eyes, and itchy skin. Diarrhea and anxiety may also occur. The symptoms are different for different types of drug (Carson-Dewitt 2003c).Resuming use of the drug or of a substitute similar class of drug will end the withdrawal syndrome but may increase dependence (Carson-Dewitt 2003a).

2.7.3 Medical Aspects of Drug Use

Among all other things, the health hazards of drug use reported in the literature and elsewhere are much more pronounced. For example, Elemi *et al* (1997); the WHO Advisory Group, 1990 cited in UN and Drug Abuse Control, 2000 have reported the types of health impairment caused by drug use as: esophagus problems, gastritis, increased blood pressure, increased body temperature and respiratory rate, constipation, impotency in men, insomnia and migraines. The WHO Advisory Group (1990) cited in UN and Drug Abuse Control (2000) explained the gastrointestinal tract disturbance and impotency in male reproductive systems are referred to as a common occurrence among heavy drug users.

Besides the mentioned health hazards, a study carried out in Yemen revealed that babies born to mothers who were either habitual or occasional khat chewers had a significantly lower average birth weight (Elemi *et al.*, 1997). This statement is similar to the findings reported on heroin and cocaine.

2.7.4 Social Effects

Drug use has been reported as a prominent social problem. Frequent quarrels, breach of family ties, neglect of education and care of children, waste of family resources, encouragement of prostitution, the spread of corruption, theft and other crimes (Elemi *et al*, 1997; WHO Advisory Group, 1990 cited in UN and Drug Abuse Control, 2000) are frequently reported as very difficult problems in societies with endemic use of drugs. Among other things noted, if a neglecting of education (Elemi *et al.*, 1997; Amare and Krikrian, 1993) consider and compared to marijuana habituates, they end up with the same consequences reflecting motivational syndrome (Goode, 1971; Crimson and Morton, 1981 cited in Shitaye, 2004) where there is a loss of interest in work and studying.

2.7.5 Economic Effects

The economic problems associated with drugs includes theft of public and private property to support the habit, damage to people and to property by accidents that occur under the euphoric state induced by the use of the drug, and the loss of many working hours among civil servants and private employees (Elemi *et al.,* 1997). In addition, the WHO Advisory Group (1990) cited in UN and Drug Abuse Control (2000) reported that, the economic effects of drugs contribute to family instability because of the economic drain of the family resources, and the absence of the father or mother from participation in family life. Furthermore, the reduction of productivity as a result of absenteeism, tiredness and the depressed moods of drug users are common economic consequences that exist in areas of endemic use (Elemi *et al.*).

CHAPTER THREE

3. METHODOLOGY

3.1 Research Method

This study employed qualitative methods to explore the life situation of women and men drug abusing street youth. The need to employ qualitative approach to this study came up from the exploratory and descriptive nature of this research. The researcher favored to use the qualitative research method to explore the problems of drug abuse among street youth since drug abuse was not given an attention and studied well in Ethiopia particularly among the street youth. It might be more practical to gather descriptive data that can demonstrate the quality of the experience they have related to drug abuse.

Therefore the researcher explored their life, past experience, and challenges in relation with drug abuse and information revealed by using qualitative approach, since it allows the participants to express their experience by their own words from their perspective. Concerning the qualitative study Marvasti (2004) mentions that qualitative research provides detailed descriptions and analysis of the quality, or the substance, of the human experience.

Moreover, as Jennifer (1997) stated feminist research believe that the participants of the study are the experts of their own reality and they can recognize the phenomenon that influences the social world. Therefore it is necessary to involve the participants actively in the research process. Because of the characteristics of the qualitative approach and the research methods that is employed feminists favored qualitative research methodology for their research. The inquiry also permits the researcher to incorporate participants actual and directs expression of matters from their own perspective by their own words.

Due to the nature of the topic and the above stated qualities of the approach the researcher selected this research methodology.

3.2 Study Design

Method	Instrument	Nature of sample	Sample size
Qualitative In-depth interview	Interview guide questionnaire	Women & men drug abusing street youth	7 men and 7 women drug abusing street youth
FGD	FGD guideline	2 FGD among men and women drug abusing street youth separately (each consisting of 7 women and 7 men individuals)	14
Interview with key informants	Guide questionnaire	2 psychiatrists and 2 nurses	4
Observation	Observation check list		

3.3. The Study area

The study sites were identified to serve as the researchers to meet the objective of this study. The study was conducted on the street around Legehar in Kirkos sub city in Addis Ababa. The researcher selected this area based on the proximity of the area and the researcher prolonged observation. Many of street youth showed up and spend lots of their time around the main road. This was a day to day seen for the researcher.

3.4 Sampling Techniques and Sample Size Determination

The respondents of this study were men and women drug abusing street youth who are living in the street of Legehar in Kirkos sub city. The area is purposely selected because from the researcher previous observation many street youth were settled in the area.

According to Mack *et al.,* (2005) it isn't necessary to collect the data from every one in order to get valid findings even if it is possible. In qualitative research, only a sample or a subset of a population is selected for any given study. In this study the researcher were also used the two most common sampling methods (purposive and snowball) in

qualitative research methods and selected limited number of respondents depends on the nature of the study. Due to the difficulties in identifying the drug abusing youths in the street and the reluctant nature of the respondents, 7 women and 7 men drug abusing street youth selected as the sample size for this study. To triangulate the research findings 4 key informants were also selected for this research.

The researcher used purposive sampling technique to select key informants and interview respondents of the study. Men and women drug abusing street youth respondents were chosen based on some specific criteria. Their age, gender and vulnerability to drugs and the time they used the drug were considered to select the participants of the study for the in-depth interview and FGD.

Drug abusing women and men street youth from the specific sub-city were selected using snowball sampling technique in which initial contact with an informant generates further contact. As Deacon *et al.* (1999) explains that snowball sampling techniques is largely used at the time of lack of institutions with lists of the required informants that could be used as a basis for sampling is present (cited in Gelila, 2008). Based on that, the researcher tried to reach the informants of this study by snowball sampling. Moreover the issue is sensitive and the informants can't show themselves for the stranger since they know that they do is illegal.

The key informants were selected based on their duties and responsibilities they have in relation to drug abusive person and drug abuse treatment.

3.5. Inclusion Criteria

Seven women and seven men drug abusing street youth were taken for in-depth interviews. Another seven women and seven men were participated in two different FGD. The inclusion criteria for the participants of this study in in-depth interview and FGD are similar.

Medical professional (two nurses and two physiatrists) from Amanual hospital Substance Abuse Ward were involved in the key informant interview to see the issue from different angles.

The guiding question for the key informant interview were concentrated on the problem & risks encountered by the drug abusing street youth and the long lasting effects of the problems on men and women drug abusing street youth and on the suggestion points about what should be done on the issues. The interviews were taken place in their work area by using tape recorder and short notes.

3.6.3 Focus Group Discussion (FGD) Guide

In this research, focus group discussion guide was another tool for the data collection. It helps to get additional information and prove the reliability and validity of data which collect through different techniques. FGD is effective on generating broad overviews of the issues which concerned to the cultural group and subgroups represented. It is also more important to both the researcher and the participant to learn each other (Mack *et al.*, 2005).

In this study two FGD were held among two different groups of participants after asking their personal background information. The first were conducted among seven women drug abusing street youth. The second FGD were conducted with seven men drug abusing street youth. The guiding questions were focused on the participant's experience on drug abuse, the reason for abusing drugs, the benefits they get out of drug and the risks encountered so far due to drug abuse.

The researcher was able to get more information at the time of the two FGDs' while the discussants were encouraged to talk about themselves while they face the others. It also opened the chance for the discussants to discuss about their problem together. The researcher's reason for not mixing women and men participants in FGD was to avoid resistant among the discussants since it is a sensitive issues.

3.6.4 Observation Check List

Observation is one of the data collection instruments used for this study. The researcher tried to observe the different physical and psychological effects of the drug on the respondents by presenting on the time they abuse the drug. The researcher gets more knowledge from the observation about the issue and tried to triangulate the information they said by observing their behavioral and physical changes of the informants which has been the result of drug abuse. Moreover their ways of explanation about themselves and their future has been observed.

3.7 Data Collection Procedure

As Denise (2001) (as cited in Zelalem, 2008) stated about data collection procedure, it is a process followed by the researcher to collect the necessary information needed for the research. After doing the proposal the researcher directly went to the place where the data were suppose to be collected. The actual data collection took place from March 3- April 20, 2009. After assessing the place and the youths around there, the researcher tried to contact one man street youth to get the information about himself and his friends. By the time of the meeting he and his friends were chewing khat and smoking cigarettes. After explaining the research aim and some ethical issues for the respondent, data collection had begun by using snowball data collection techniques.

Pilot studies were made with two women and two men drug abusing which helped the researcher to explore more sources in qualitative methods and data collection instruments. Moreover, it helped the researcher to inculcate feed backs and adjusted the questionnaire based on the findings.

However, the researcher put forth a great effort to convince the respondents and make them understand the aim of the study. Moreover it has to be noted that the researcher made many attempts to contact with different street youth to find the willing and appropriate participants for the study. They didn't talk easily about their drug abusing

behavior. They were reluctant to talk about it. Therefore, as one of the in-depth interview criteria the researcher needed to go repeatedly and created a friendly environment to get relevant data.

After collecting the data from the drug abusing street youth the researcher went to the substance ward of Amanual Hospital to collect the data from the key informants. Two psychiatrist (doctors) and two nurses were asked if they would be willing to participate as key informants.

3.8 Data Analysis

The data that has been collected by using qualitative methods was analyzed based on the research objective by using different theories and related literature. For Marshall and Rossman (1989), analytical procedures fall into five modes: generating categories, themes, and patterns; testing the emergent hypotheses against the data; searching for alternative explanations of the data; and writing the report. The qualitative data collected through in-depth interview and FGD was first transcribed and translated from Amharic to English after each interview and discussion were completed. After transcriptions of the recorded information were made into a note form, analysis of qualitative data was employed by following the above analytical procedure of Marshall and Rossman.

Direct quotations of the words of participants were also used under each category's information as it merged from in-depth interviews, FGDs and observations so that the reader understands the experience of the participants directly. The key informant's suggestions were also included in these categories when it was necessary to triangulate the study from different directions. Finally, a summary and conclusion was made based on the discussions which included theories of the scholars and information gathered by the researcher.

3.9 Ethical consideration

Considering the importance of ethics in research work, the researcher was tried to maintain a high level of ethics as much as possible.

The participants who were involved in the study were approached by asking their will and their permission and determining their willingness. Then the purpose of the study and the usefulness of the participant's involvement in the research were explained properly. Furthermore, the respondents' right to decline to answer a question or to participate in any activity or to refuse to discuss any topic if they had felt uncomfortable were maintained. The researcher asked whether the participants would prefer the interview to be recorded or written in a note book.

Whatever information in the interviews that was considered confidential and the informants didn't want to be revealed to the public was held confidential. In order to express their words with confidence, a suitable time was chosen according to their will. Therefore to uphold the confidentiality of the participant's experience, pseudonyms were used while presenting the data.

CHAPTER FOUR

4. DATA PRESENTATION, ANALYSIS AND DISCUSSION

In this chapter, the data gathered through qualitative studies are presented in line with the objective of the study and the research methodology described in the previous chapters. The finding of this study, which is about drug abuse in the lives of street youth in Kirkos sub-city, is also analyzed according to different theories by focusing on gender perspectives.

The findings of this study focused on the socio-demographic characteristics of the respondents, the types of drugs used by the street youth, the contributing factors for drug abuse among street youth and the reasons street youth of to use drug and the various effects of drugs on drug abusing men and women street youth.

4.1. The Socio-Demographic Characteristics of the Interviewed Respondents

The socio-demographic data including the age, religion, place of birth, level of education, means of income, parent education and parent occupational status of the respondents are shown below to acknowledge the background status of the respondents and to show its relation with their current behavior to some extent.

4.1.1. Age of the Respondents

The Ministry of Youth Sport and Culture (1996) define youth as those between the ages of 15-29. Therefore the researcher used this age range to select the respondents for this study. A total of 14 (7 men and 7 women) drug abusing street youth were interviewed for this study. Out of the seven women interviewed, only one of them was more than 25 years old but the other six were between the age ranges of 15-19. Out of 7 male interviewees three of them were from 20-24, and four of them were between the ages of 25-29.

Table 4. Percentage Distribution of the Interviewed Respondents by Age Group

Age group	Women	Men
	Frequency	Frequency
15-19	6	0
20-24	0	3
25-29	1	4
Total	7	7

4.1.2 Place of Birth and Religious Background of the Respondents

In both the women and men groups, the majority came from Addis Ababa. Out of seven women, only two are from elsewhere (Gojjam and Asela). Out of seven men respondents, one came from Asela and one came from Awassa, the rest from Addis Ababa.

In the case of religion, three women interviewees were Orthodox Christians and four of them were Protestants. While five of men interviewees were Orthodox Christian, one was Muslim and one had no religion. He stated that he used to be an orthodox Christian but now he cared little about religion and something else since he was hopeless whether he lives or not.

4.1.3 Educational Status of the Interviewed Respondents

With regard to the educational level of the women and men interviewed respondents, out of seven women one didn't complete the primary school, five didn't complete upper primary level of education, and only one of them attended high school. On the other hand, among the men interviewed respondents, two of them dropped out when they were in grade 4; one had joined university; three had a grade 5-8 level education, and one of them had attended grade 9.

In this study, as it can be seen from the following table, men youth's educational background is better than the women's.

Table 5. Percentage Distribution of Respondents by Educational Level

Educational level	Women	Men
	Frequency	frequency
Grade 1-4	1	2
Grade 5-8	5	3
Grade 9-12	1	1
Above 12 grade	0	1
Total	7	7

4.2. Means of Income

For income, at the time of data collection, the majority of the women interviewees (six of them) were beggars. Of those six women, one was engaged in both begging and prostitution; two of them also worked as street vendors and shoe shiners in order to meet their daily needs and maintain their drug habit. Only one out of seven women interviewee was a parking attendant and received family assistance at the time of interview. To the contrary, the majority of men respondents support themselves by engaging in some labor work rather than begging. Four out of seven men respondents collecting scraps like metal, nails, iron sheets, plastic and bottles from a nearby river and sell to organizations that recycle them into serviceable item. Two of them carried luggage and begs to support themselves. But only one of them begs and gets family support.

This implies that, like the educational level, men respondents are in better status in the means of getting income wise and work performance than the women respondents. Based on the data men respondents were engaged in some kind of job, but with the exception of one woman the other women are engaged in begging.

4.3. Respondent's Parents Status

4.3.1 The Parental status of the Youth

The youths were asked about weather they were living with their parents' or not. Out of seven women and seven men interviewee, three women and one men street youth interviewee mentioned that their parents were separated and have lived with one of their step parents and biological parents. One men interviewee was orphan and raised in orphanage. One man and one woman interviewee have lost there parents when they had been a child and lived with relatives. Two women and one men interviewee have lived with single parents. But only one woman and three men interviewee lived with their biological parents.

This indicated that most of the respondents of the study came from disturbed families and this was one of major causes for the respondents to get out of their home and mixed with antisocial behavior like drug abuse.

4.3.2. Parents' Educational Level

The researcher also looked at the educational status of parents of drug abusing street youth; it is more or less related to the socio-economic status of the family and the youth's educational level. If parents are educated they would have better job opportunity and also their children are most likely to be educated. . As a result of this the possibility to give a good care for their children is high. This is highly related to the children's behavior they currently have. As far as the educational status of the respondents' parent/ guardians is concerned, the majority of the respondents belong to uneducated family. In this regard, this study found out that among the women respondents' parent, three of them could read and write, two completed high school, one had primary education, and one was illiterate. Out of seven men respondents' parent, two of them can read and write, two completed high school, one had primary education, and one had a degree.

4.3.3 Parents Occupational Status

The occupational status of the parents has an impact on the moving out of the youth to the streets and engaging in risky life style like drug using. Among the women respondents' parents, two of them were petty traders, two were government employees, one was self employed, one was a daily laborer and one was a farmer. In the case of the occupational status of men respondents' parents, two were petty traders, two were government employees, one was self-employed, and one of them was a private sector employee.

The consolidated table about the background characteristics of the interviewed respondent is attached at the back of this study (see annex II).

4.4. Socio-Demographic Characteristics of the Focus Group Discussants

Two focus group discussions were conducted among men and women drug abusing street youth separately and each group consisted of seven individuals. The table which showed the background characteristics of the focus group discussants is attached at the back of this study (see annex III).

The age range of the women participants in the FGD was 19-24. Two of them were 19 years old; the remaining five of them were between of 20-24. The men's discussant age group was 17-29 years old. Among the seven men discussants three of them were between 25-29 and the other three were between 20-24, while the youngest was 17 years old.

Education wise, the highest grade level achieved by one woman discussants was grade 8 while the remainder of the women made it up to grade 6. In the case of men discussants in the FGD, out of seven men, one of them was first year university drop out, one

completed grade 12, one attended up to grade 9, two attended grade 8, and the lowest grade attended by two men was grade 4.

As to the discussants' religion, three women were Protestant, three Orthodox, and one Muslim. Among the men discussants, four were Orthodox, two Protestant and one Muslim.

Four women discussants came from Addis Ababa, one from Asela, one from Nazeret, and one from Tigray. Among the seven men discussants, five of them were from Addis Ababa, and the remaining two of them were came from Gojjam and Afar.

Regarding the discussants means of income, only one woman worked as a petty trader by selling goods like candles, cigarettes and chewing gum. However six women discussants supported themselves by begging. Of those six, in addition to begging, two women engaged in prostitution to generate income, fulfill their daily needs and maintain their drug habit.

Among the seven men discussants, the researcher observed that four of them collect rubbish from the nearby river and sell scraps like metal, iron sheet, plastics, and bottles. Three of them engaged in begging. Carrying luggage is another source of income for those three men. However, all those men and women street youth use the money they get from begging or from other source of income for their addiction than any thing else. They even give a priority for drug taking than to eat.

The families' level of education of the discussants showed that two of the women discussant came from illiterate families; two could read and write; two attended elementary education and one respondent came from an educated family. Whereas, among men discussants' parents, one was illiterate, three could simply read and write, parents of two respondents just completed the primary level of education and one discussant came from an educated family.

Regarding the occupational status of the discussants' parents, among the seven women discussants' parents, three of them were petty traders, one was house a maid, one was a farmer, and two were government and private company employees. In the case of men discussants' parents, four of them were petty traders, one was a farmer and two of them were government employees.

This data implied that most men and women drug abusing street youth came from a family with low occupational status and educational level of the family. However there was also a number of drug abusing street youth who came from a well to do and educated family and live in the street and abuse drug. This implied that though it has been discussed in the previous section (4.3) low educational and occupational status of the parents affect the youths behavior negatively, youths who came from high educational and occupational status also involved in drug abusing behavior, but relatively the former group were more vulnerable than the later.
Regarding to parents' status, out of the total of fourteen focus group discussants of the study two men and two women discussants stated that their parents were separated and have lived with one of their step parents and a biological parent. Three men parents' were died when the youths were young and they lived with their relatives. Four women have lived with single parents. One woman and two men lived with their both biological parents.

4.5. Type of Drugs Abused by the Respondents

As the study findings indicated, the type of drugs available in the street and used by the participants of this study is limited in number. As shown in table 6, the drug types used by the respondent of this study were alcohol, cigarettes, khat, glue, gasoline (huffing), marijuana, and heroin.

The researcher had a chance to observe the respondent when they smoked cigarettes and marijuana, chewed khat, and drank traditional alcoholic drinks, and other manufactured drinks by going the place where the used the drugs. But mostly they use it in the street

(the place where they stay). The researcher also had a chance to observe the heroin drug and the material (syringe) used to administer the drug by the respondent. The majority of the respondents were willing to take any kinds of drug if thet were available. They informed that the availability and their income hold them back to use other expensive drugs like heroin.

Table 6. Types of Drug Abused by the Respondents

Drug types used by the respondents		Women	Men
		Frequency	Frequency
Alcohol	Tella	14	14
	Tejj	14	14
	Areqe	14	14
	Beer and other manufactured alcoholic drinks	14	14
Cigarettes		14	14
Khat		14	14
Glue (mastics)		-	1
Gasoline (benzene)		1	1
Cannabis (marijuana)		14	12
Heroin		-	1

According to the above table, all of the men and women respondents of this study drank all kinds of alcoholic drinks. As the respondents mentioned they drink all kinds of alcoholic drinks whenever it is available. There were no choices on alcoholic drinks. As the respondents explained, they often drank traditional drinks like "*tella*", "*tej*" and "*areke*" since it is cheap. However they drunk the manufactured drinks like beer and local gin when they got someone to buy it for them the drink or when they got enough money to buy. One of nineteen-years-old participants explained the indifference on her choice on alcoholic drinks: "I drink everything I get except poisoned things." (**S.Y. 5**).

Similarly **S.Y. 8** who left his home due to the disagreements he had with his family about his drug taking habit said about the alcoholic drinks he take:

In street we drink every thing. No choice! If we get money we drink a quality drink like beer and local gin. If we don't have, we get drunk and wasted by "areke" *and* "tej".

All women and men participant of this study in the interview and FGD, also abused cigarettes and khat. In the case of gasoline and glue, one woman and one man took gasoline and one man took glue at the time of data collection. As the respondents claimed gasoline and glue were only taken by the street children. But most respondents mentioned that they had an experience of taking gasoline and glue when they start to live in the street. This implies that when they grown up it seemed that the youths change their patterns of the drug taking behavior. As the youths claimed most of them start drug using by alcohol then cigarettes and then khat. Those drugs are followed by gasoline and cannabis. But the gasoline and glue were might or might not taken by the street youth, *i.e.,* the patterns or the type of drug taken is not the same with alls.

As table 6 showed, cannabis has been taken by all women respondents, but two out of fourteen men respondents had not abused it. In the case of heroin, the researcher looked at one abuser from the men respondents. This implies that heroin is not available and can not be easily obtained by the respondents since it is very costly and can't be afforded cover by the majority of street youth income.

As the finding of this study showed the minimum year different drug has been used by the street youth was six years. They used the drug for a long time continuously. The chronic drug use for a long time led them for different life strain.

4.6. Factors that Contribute to Drug Abuse

As one of the objectives of this study is to identify the factors that contribute to the initiation of drug abuse, this study revealed different risk factors for drug abuse among street youth. There are a number of contributing factors for drug abuse mentioned by the

informants that made them engage in drug abusing behavior. None of the respondents pointed to one single factor that initiated their drug abuse. All responded that multiple factors encouraged them to start abusing drug. Those factors are also related with one another. However the factors that contributes to the initiation of drug abuse is different from one respondent to other among the participant of this study.

The key informants of this study also agreed with these facts. They stated that factors that contribute to drug abuse is different from one individual to others based on the background of the individual; the living situation or the environment the individual exposed; the family and peers he/ she live or hang out; the personality of the individual, for example the interests of the individual and the way how he/ she handle their problem or stresses; and attitude towards drug by the individual. They also stated that in most cases individuals are influenced by multiple factors since the nature of the factors are interrelated with each other.

4.6.1. Curiosity to Use the Drug

Curiosity has been one of the major factors for street youth to use drugs. Because of the curiosity towards drug use and the strong feeling to test the drug, some street youth mentioned that they are able to start drug abuse. One of the respondents expressed her curiosity before she started using drugs:

> ***S.Y. 7.*** *When I was 13, I was a house maid. There were young people who took drugs in the place that I worked. So then I became curious and very much wanted to test the drugs they used and be like them. I even prayed to God to give me the chance for using drugs. I thought that using drugs would make me a grown person.*

One man respondents in this research have also mentioned that the interest he had to try the drug before he started it as;

> ***S.Y. 8.*** *Before I started using drugs, I used to watch my friends abuse drugs and they told me about different kinds of feelings that the drugs created on them. So I was so curious to try it and see the moods that the drug created on me, which my friends experienced.*

Most of the respondents in both FGD have also reported that they had a strong desire to start using the drug and find out the reason why people use it. In relation to this idea one of the focus group discussants has explained as follows:

> *I used to observe people around me abuse drugs and I always wondered why they used it. Later I developed an interest to use the drugs they use and was curious to find out the reason they took drugs and the effects of the drugs on them. Then I ended with drug addiction. Now I am the worst addicted person and use more drugs than they do.* **(S.Y. 11)**

As it was mentioned earlier, contributing factors for drug initiation are very much connected with each other. This finding also suggested that curiosity of the drug is related to individuals' modeling or observing of peer, family/guardians and people who live around the individuals. Therefore, this indicated that the personal interests and the environment the street youth exposed made them to use drugs.

4.6.2 Family Factors

Living in and observing a drug abusive family was also found to be one factor for the involvement of street youth in drug abuse. As it is reviewed in the literature in this study, Thombs (2006) said young people tend to model their behavior after those whom they observe, particularly those with whom they are close. Families are of the closest individuals for the children. Likewise, this study had shown number of street youth lived with their father or an older family member who abused drugs, even in their living quarter. Therefore, the use of drugs by family members and receiving such drug using

habit by the youth might be one of the contributing factors for them to involve in drug using behavior.

> ***S.Y. 14.*** *My older brother used to chew khat in our home with his friends. I always wanted to be like my brother. So when they left home I would go to his room and sit like him and chew the left over khat. I even tried to smoke the leftover cigarettes. I thought using drugs like khat and cigarettes made me a grown person like my brother and I used to proudly tell my friends what I did.*

Similarly, there was an informant who started drinking with family pressure. He explained the situation as follows:

> ***S.Y. 9.*** *The first time I tasted beer, I did it with my brother's encouragement.*

S.Y. 1. also expressed her family's drinking habit as:

> *When I was at my home I used to watch my mother and step father get drunk and come home late.*

They also mentioned that some were even using drug like khat, alcohol and cigarettes in the home or outside the home with their father or the family member who abuse drugs. One of the interview respondents had expressed his experience as follows:

> ***S.Y. 12.*** *My father had a habit of chewing khat every day in the afternoon. He used to drink alcohol after he chewed the khat since he had to break the "merkana". He would drink in our home or go to the bars. My mother had no problem with my father's khat chewing habit. She would also do it sometimes. They developed this habit when they had lived in Harar. They told me that Harar is predominantly a khat growing area and khat chewing is not a big deal and they had not seen it as a bad habit. He had often sent me to the shop where the khat was sold to buy it for him. I used to sit with him when he chewed khat, so then I gradually started. And I*

had also started to drink when he would drink at home. To your surprise, he even asked me to light the cigarettes and give it to him. Then I took one or two puffs from it.

As it is mentioned in the literature review, Carson DeWitt (2003) stated that attitude and values of parent's are key factors that affect children behavior for good or bad. Teenage drinking and drug taking is very much linked with parental drinking/ drug taking behavior.

The key informants also agreed with these facts that the family could be models for their children. Similarly, this study has also showed that there are youths who had drug abusing family and who start using drugs because of family pressure.

4.6.3. Peer Group Influence

Peer group initiation is one of the major causes for the street youth to engage in drug abusive behavior. All of the respondents except S.Y. 12 who started drug use by family pressure responded that peer behavior was one of the major influences to start drugs. The data showed that the respondents of this study were influenced by their peers in different situations and to different extents, even though there were other factors. This revealed that the peer influence to drug abuse initiation is much greater than the other factors. This is also supported by the literature reviewed by Carson-Dewitt (2003). He stated that peer group has more influence on adolescent behavior during the teenage years.

Some of the respondents stated that they started using drugs before they began life in the street. Others said that they started in the street. In both cases the street youth responded that their peers were an influence in their drug abuse. They took the drug abusive peers as an example for their behavior and they also motivated to do so. The respondents also mentioned that peer pressure made them to start drug use. Pressure to use drugs on the new comers is one criterion to mix with the group because they believe that it creates the same feelings and moods within the group. They also believed that the one who don't do what they do are a stranger rather than the member of the group.

S.Y. 2 who lived in the street for five years described how she involved in drug abusing behavior:

> *After I left my home I met my street friends. Since I was a stranger to the street life I didn't know what to do by myself. I did what they did or wanted to do. I even did what they told me to do to make them happy and live peacefully with them. So I went with them to the bars or the places where they used to drink. When I told them I don't drink they insisted that I have to do it. So I did what they said and drank since I didn't want to be an outsider and wanted to be like them. That is how I started, and I drank for five years without a break. That is how I started smoking cigarettes and ganja and also chewing khat.*

This is how another street man that the researcher interviewed shares his experience related to the involvement of drug abusive behavior by peer influence:

S.Y. 8. *While I lived at home, I would sneak out from school to join my friends from the neighborhood, and they took me to a* "tella bet" *with them. We used to drink* "tella" *and* "areke". *Then they also took me to a* "khat bet" *to chew khat with them. Then I kept sneaking out from school and would go to the* "khat bet" *and* "tella" bet *without my friend's help.*

Other interviewed respondents told her involvement with marijuana as:

> ***S.Y.*** *7. At first I used to sit with my friends when they smoked ganja. Then my friends told me that it is better to get high by puffing rather than sitting with out smoking and getting high by snuffing. Then I used to smoke by myself and get high like them.*

The focus group discussants in both FGD also give emphasis on the peer influence which has been a factor for them to start drug use and agreed that it's a major factor than anything else. One discussant also stated his first drug experience;

My friends wouldn't let me sit and hang with them since they used drugs and I didn't. So I was forced to take what they took in order to have fun and hang with them. **(S.Y. 14)**

Misinformation about drugs by peers is also mentioned by the street youth as one factor to start drug use. Such positive effects are creating pleasure, stimulation, raising interest for job and keeping warm are the positive effects of drug told by the street youth drug users. The positive drug effects were told to the new comers/ the new users of drug by their peers. The respondent then gradually became involved in drug abusive behavior by expecting positive effects of drug. As it is reviewed in the literature, this is related to the positive expectation of the individual towards the drug. When the peers told the use of drugs to the person who didn't try drugs before, he or she would expect positive results or effects about the drug.

S.Y. 7 described what her friends told her about the drugs they use:

The first time I had been in the street my friends insisted that I drink "areke". *But I refused. They told me that it is good for keeping me warm since we slept in the street. So then I drank.*

S.Y. 10 who had no parents and lived in the street for eight years expressed similar experiences about the way he became involved with marijuana smoking. He said:

Friends told me that it has a good effect on me. They told me that it helps me to be happy and forget the problems I had.

The key informants also give emphasis on the peer influence on an individual behavior. They said that adolescents have a tendency to influence by their peers in their ages than any other things or exposure. One of the main risk factor listed in drug abuse by the key

informants is peer influence. They stated that majority of the individuals who abuse drug is influenced by their peers.

4.6.4. Availability of the Drug

As the research finding indicates, availability of drugs in the street is one of the major causes to engage in drug abusive behavior. The street youth informed that drugs are readily available in the street and most youths who lived in the street abused drugs. The perception towards drugs' effects is also positive that it encourages the new beginner to use drug. One of the interviewee stated that her feeling about drug abuse in the street as:

> ***S.Y. 6*** *Khat, cigarettes and* "ganja" *are so available in the street. Most youths who live in the street use drugs. For example, I and my eight friends except only one of us used drugs. It is hard for us not to use drugs. Whenever I wake up, someone smokes cigarettes or* "ganja". *So then I could not tolerate the temptation.*

This data of the study indicated that availability of the drug is one of the risk factor to start drug abuse and also the reason to continue drug among street youth.

Availability of drugs in the environment where the youth grew up made them use drugs in their early age. Few numbers of street youth who started drug use before they began life in the street, when they were a child. Taking drugs like khat and cigarettes were normal and weren't viewed as bad in the community where they grew up. The drug was also available in the farm and even in the backyard of their home.

S.Y. 12 who came from Asela, told how his drug use experience related to the environment where he grew up:

> *We used to grow khat in the backyard. It was normal for my family when I began to chew khat since all the members of my family chew khat. I never spent my money to*

buy khat. Whenever I need it I get it from my garden. I even harvested marijuana in my home and used it when I needed it.

Other respondents from the focus group discussion, who came from Afar region, explained about the environment he has been living and the khat habit around the community as follows:

Khat chewing in Afar is a very common habit in all level of social status and age. My whole family members including my grandmother used to gather in the khat chewing ceremony and all of us would chew khat. I started chewing chat when I was seven. You might get a finger when you count people who don't chew khat in Afar. People invite you khat if you go to their home as a guest. They prefer to chew khat rather than to eat food. **(S.Y. 10)**

This data also indicated that the relation ships of the factors with each other. Availability of the drug is related to the family factors. Since drug is available and used as a habit in the family it is kind of easy for the children to use the drugs.

4.6.5. Back ground History of the Respondents

The researcher also looked at the childhood history of the respondents since it has a direct relationship to the current living situation of the street youth and also their late behavior. The researcher has tried to find the status of the parents like the family structure (the stability of the family) and the economical status of the family, and the incidence of violence among the street youth. As it has been reviewed in the literature by different authors, these mentioned factors contribute a lot for the drug abusing behavior of the street youth.

The respondents of this study came from different background and different family status. As it has been seen in the background characteristics of the respondent, most of them came from disturbed family.

As Carson-Dewitt (2003a) stated in his book, research findings has shown that an individual who experienced a lack of parental supervision, parental rejection, family conflict, lack of discipline, parental drug use and family violence have a higher probability of engaging in drug abusing behavior and criminal activities than the normal youth who was raised in a disciplined family. As in the literature reviewed by Thombs (2006) indicates that those individuals may then engage in a drug abusing life try to cope with their life's challenge they already faced. Similarly the data of this study showed that the majority of the respondents of this study came from an instable family. They were also asked the reasons why they abuse drugs. All of the respondents who informed that they had appalling life in the past responded that they took drug to forget their troubles and past experiences.

Respondents who lived in an instable family faced uncomfortable situation in their home. Disturbed by a drunken father, step father or young brother; faced verbal and physical abuse from family member, scarcity of money for food and school fees, loss of love and continuous nagging from parents or guardians made the respondents of this study to run away from home and join the street life.

One respondent who used to live with her guardians remembered her childhood time and said how she ran away from her home:

> ***S.Y. 4.*** *I was nine when my father and mother died. My aunty took me to raise me and send me to school from the place I was born. But aside from the education, she took me as her house maid and made me do the domestic work as a donkey. I didn't even have much time to sleep. She didn't even give me enough food. Beside, she even hit me for no good reason. Now I was left with a big scar on my back. After four miserable years, I ran away from her home and joined the street.*

Respondents of this study who lived with their step parents mentioned that they face physical and verbal abuses. The other respondents also faced violence from family

member like brothers and fathers and these are the major cause to run away from their home and joined the street which really made the youths vulnerable to drug abuse. As in the literature reviewed violence could be a factor for drug abuse since the victims use drug to forget their past experience. One respondent from the interview remembered the abuse she faced from her father and run away from her home:

> **S.Y. 3** *I used to live in Asela with my father. He was a wizard. Due to his evil belief he never wanted to see me or even if he saw me he insulted me or beat me. He told me that his spirits didn't like me. If he saw me he believed that he couldn't do his job properly for his spirits. I was scared to death of him. So when I was eleven. I ran away from home and came to Addis Ababa to find my mom that I hardly knew where she is. I used to hear rumors from neighbors that my mom was in Addis Ababa.*

S.Y. 5 also stated how she was sick of her brothers' rigid rules and was beaten when she lived with her family.

> *My brother didn't want to play with my friends. He didn't want me to go out from our compound too. When I went out he had beaten me. He only wanted me to help my mom with selling petty goods. I didn't want that. Beside he came home drunk and disturbed my mother and me. He even beat us when he was drunk.*

Also in the FGD most women and men explained that they experience abuse and violence from their family members and guardians or relatives. They stated that they ran away from home when they couldn't tolerate the verbal and physical abuses from their family members. An FGD participant who lived with his mother and step father explained what he used to face when he was home:

> *My step father always came drunk after we slept. He always awoke my mother and fought with her. When he beat her I also fought with him then he beat both of us.* **(S.Y. 13)**

According to the data from the interview and the FGD in this study, though men respondents stated that they faced physical abuse in their home and it was one cause to leave their home, the number of women who faced abuse is much more than the men. All women respondents faced physical abuse except one of the interviewee and majority of them stated that their reason they left home was the violence perpetuated by the family members.

Moreover, in both FGD the discussants stated that their major reason to use drug is having an abusive parent's. Their major fact was they believed that they wouldn't be drug abuser if they were not living in the street. The major cause to live in the street mentioned by them is their abusive parents. But there were also few street youth who have different ideas about the factors of drug abuse rather than having abusive parents or living in the street since they start to use drug before they start to live in the street.

From the data of this research, most of the respondents of this study came from poor and low income families (see the background characteristics of the respondents). In this category, youths left their home because their family couldn't fulfill their basic needs. For the parents who have many children and a meager income it is impossible to support their childrens' needs. Sometimes it is also hard for these parents to give care and to instill in their children good behavior since they are busy trying to financially support their family. Therefore, the youths are left by themselves to live and get support. So then once these youths gets out of their home, they have a chance of mixing with peers who could be bad influence or live in the street and engage in drug abusing behavior by modeling the peers.

S.Y. 1. stated that her family economic situation and her drug involvement as follows:

> *We were 9. When my father and mother divorced, my father took four of my sisters and brothers. So, five of us lived with my mother. She raised us by selling* "ingera" *and charcoal. The money she got from it was not enough to cover our expenses. So*

we needed to help ourselves. First I used to beg in the street and go home but then I started to use drug with my friends and my mother could not resist and took my drug taking habit as well. So I preferred not to go home and to stay in the street. Now it has been five years since I started living in the street.

Similarly one respondent also described his family economic background and his current life as:

S.Y. 9 *I used to live with my mother and my step father. We were 7 including my step sister and brother. Our parent's income wasn't enough to support the whole family. So I tried to help myself and my family by collecting scraps from the nearby river and selling it. Then gradually I joined the street life completely and used to use drugs. Now whenever I get some money I go to my mother and give it to her.*

In both FGD the discussants also raised the economic background of their family as a factor for their current behavior. Except the number of youths who came from a well economic background, they complained about their economic background and stated that it was a major factor for them to go out home and live in the street and vulnerable to the drug abusive street.

One of the focus group discussant stated her feeling about her low income background and current living status as:

Are you kidding me? You won't get me here with a piece of cigarettes and leaves like "khat" if I were a child of wealthy parents. My father has died when I was three and my mother had not a shit. **(S.Y..4)**

However, there are also groups of street youth who used to have good family support and came from well to do families. There were a number of men and women respondents who left their home even though they had good support from their family. Their reason was friends' influence, curiosity to see the moody life as they said, to get out of family rules, be free and do things by themselves. Some of them got out of their homes because their

family could not tolerate their addictive behavior. This implies that low economic background, violence and family disturbance are not the only reason for joining the street life and starting drug abuse. A person who had a good and disciplined family and well economic background has also a possibility to involve in this kind of life experience and anti social behavior like drug abuse. One of the respondents stated how her family tried to keep her home and she left her home due to her drug abusive behavior.

> ***S.Y.*** *7 After my father died I used to be a house maid for the neighbors. A few years later I left home and joined a group of thieves. I wanted to use drug from the start so it didn't take me much time to be a perfect drug abuser. My sister and brothers tried a lot to stop me and take me back.*

Respondent S.Y.13 who stayed in America for 10 years and came from a well to do and disciplined family stated how he started drugs:

> *I went to America when I was 15. People usually abuse drug like marijuana in the place where I used to live and learn. Then I myself stared using the drug. After some time I stared working in a textile shop. The owner of the shop used to abuse and deal cocaine. Gradually I also got involved in it. I abused the cocaine and at the same time became a dealer. After some time they deported me since I hadn't a green card to live there. When I came here I only brought a magazine and my drug habit but not even clothes. Thanks to my family their support in any ways was with me. In a while I searched for a network to get the drugs I used. However I got heroin not cocaine. Since I really needed something which could replace the cocaine then I immediately started using heroin. But let me tell you some thing, my family have nothing to do with my terrible behavior. They raised me with good discipline. They even sent me religious school when I was a kid.*

In the case of the backgrounds history of the individual, the key informants also acknowledge that there is a direct relationship with the person's late behavior or life style. They stated that peoples who had bad experience in the past like violence, poor

child care, disturbed family poor economic status have high tendency to perpetuate antisocial behavior than the ordinary person who had a good background. As they stated majority of drug addicted patients who came to the substance abuse wards of the hospital to get treatments had bad life experience in the past. But they also answered for the questions they were asked by the researcher about the drug abusive persons who had a good family and economic backgrounds. They said that there are different factors that people influenced rather than the poor background history.

4.7. Respondents Reason for Drug Abuse

All participants of this study have their own different reason to abuse drugs. They mentioned that they have several reasons to use drugs. Drugs give a number of benefits for the users though there are physical, psychological, social and economic consequences. According to Parrott et al., (2004) psychoactive drugs alter mood and behavior by modifying nerve activity in various ways. Positive or desirable effects, such as feelings of pleasure, are the reasons people take drugs. Similarly, in this study one of the reasons to use drug is they believe it changes their mood and creates different feelings. According to the data of this study all respondents mentioned that it generates a feeling of pleasure for them.

Most respondents also used drug to forget their past and avoid the depression they have faced. Street youth faced different difficulties in the street. They face lack of money for their food and even to maintain their drug using habit; loss of love from their parents and the society; lack of shelter; lack of education and health facilities; violation of right; abuse from different people; and also a scar from their past life experience. Hence, they use drugs to forget all those burdens and difficulties of life.

The key informants also share this idea by saying that drugs have negative or positive effect. They acknowledged that drug can creates and give pleasure, happiness, comfort and relaxation for a short period of time on the users. According to the key informants, one of the good reason for drug abuse is people get encourage and use drugs noticing only the short term effects of drugs.

The women respondents of this study who used drug for 5 years described the reason she use drug as:

> ***S.Y 6*** *If I am depressed or feel miserable I use ganja. I also make my friends to use ganja if they feel depressed. That is when we feel happy, and laugh with silly thing.*

S.Y. 11 stated his reason to abuse drug as:

> *If I don't take drug, I get depressed. I don't want to sit and think about my family. But when I get high or chew khat I feel happy. I don't care about any thing, the past or the future. So I use drug to forget about my self and the way I live.*

The FGD participants also stated that they use drug to be happy. And they believe that drugs have a power to create a pleasure on people. They use drug in a group and that is when they get time to chat and talk with each other and make fun. That is also one way to create happiness among them. Drug is the only way for the informants to relax and to be cheerful. Otherwise they believed that they can't bear the difficulties they face in the street with out the drug they use.

One of the women in FGD responded about the feeling she feels if she doesn't get the drug she wants:

> *If we don't get high or don't chew khat that is the day we cried thinking about our family or our future but if we get the drug we want, there is no one like as who feel happy. It helps as to forget every thing. Some times I even forget whether I am a woman or man.* **(S.Y. 6)**

They also used drug to kill their time. Since they have no place to spend their time and no work, it makes them busy and used it as one source of time depletion. From the observation of the researcher at the time of data collection, the respondents of this study

abuse the drug every day. The researcher also observed that they use it in group and cheer, talk, and make fun among themselves.

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S.Y. 9 said that:

> *Relative to my source of income, I took drug as a source of relaxation, just likes other people relax with other things like going to cinema, swimming place and having dinner with their friends. The time I am happy is the time I use drugs. That is my happiness.*

The perception towards the drugs by the informants is also positive. Half of them believe that drug like khat, alcohol and marijuana has benefits and good effect on them. Therefore it is one good reason for them to use drug. But half of the respondents believe that drug has negative effects.

S.Y. 9. abuse drug because he thought that drug has positive effects. He expressed his positive feelings about drug:

> *Can you tell me what is bad about khat? Nothing! When I chew khat it gives me energy. That is when my eyes open and I am motivated for work. It even makes me to think more in serious issues like my future life. It helps me to relax. But if I don't chew I can't even awake or stand from the place I sit.*

Though the S.Y 4 respondent's perception towards drug is negative and knew drugs' negative impact is more than its benefit but, she stated that she is still using the drug.

> *I know all the drugs I use have an impact on my health. I know my addictive behavior makes me valueless. And it hinders me from education or being a good person. But as long as I am here I need to use it.*

The other major reason for the respondents to abuse drug is the withdrawal effects of drug. When the respondents don't use the drug for a limited time there is a carving effect or urges to abuse the drug. Since the respondents can't tolerate withdrawal symptoms, they required to use the drug.

The key informants also responded that the withdrawal symptoms of drugs are very hard to tolerate by the addicts. It create the opposite effects than the drug creates a feeling physically and psychologically. Mostly they feel depressed and feel dizzy if they don't take the drug that they used to take. They also stated that the carving is so high and the feeling it creates is so bad. As the key informants emphasized a drug like heroine and cocaine withdrawal is very painful and hard to resist by the addicts. Therefore it is the major reason for drug abuser to continue drug taking and not to stop it.

S.Y. 1 who used drugs for 14 years explained her withdrawal feelings:

> *I know that* ganja and "areke" *hurt me so much but I use drug to be healthy and normal girl. Other wise my hands shake if I don't drink* "areke" *or* ganja.

Similarly S.Y 12 who abuses heroin stated the reason why he used the drug:

> *Mine is different, heroin helps me avoid the pain that I have. Genetically I have migraines which transfer from my dad. So if I don't take the heroin the pain starts immediately. In addition to this no one can ever imagine the heroin withdrawal. I would rather face the consequences of the drug than the withdrawal symptoms. Beside I find myself to be happy when I take my heroin. My life is nothing with out it. The love that I have for it is more than my mother, my father and my girlfriends that I used to have but now my girl is my heroine.*

As it has been reviewed in the literature heroin and cocaine addiction is greater than any other drugs. Therefore their withdrawal is also hard to tolerate than the other drugs.

However, according to the classification of the drugs which they belongs, different drugs have different effects on the person who takes them. Therefore, the respondents used different drugs for different reasons and purposes. Khat has different effects from alcohol, cigarettes or marijuana and the reason for the street youth informants to abuse drugs also diverse depending on the drug type.

The respondent's reasons for abusing khat are to be energetic and motivated for their jobs. Most of them feel sleepy, uncomfortable and depressed if they don't chew khat. Hence, they don't engage in any kind of work before they chew khat. The street youth informants drink to avoid the feeling after they chew khat. Majority of the respondents can't sleep if they don't drink after they chew khat, since it made them alert. Drug like marijuana and benzene and glue are used by the respondents to create strange feeling on their mind. They clamed it has a power to see what others can't see. Most of them used Marijuana to be happy, make fun and forget their lives. The key informants also responded that cannabis and inhalants have hallucination effects.

One of the respondents described her reason to use marijuana as follows:

> ***S.Y. 9.*** "Ganja" *has so many benefits. It is a cure for many diseases. If I don't get high I can't even open my eyes. When I get high I can see things differently and better than any one. It boosts my confidence. I have never been sad when I get high.* "Ganja" *makes me to think like a bird. A bird only lives for a day and doesn't care about anything.*

Similarly one respondent stated his reason for using alcohol as:

> ***S.Y. 13*** *I drink alcohol after I chew khat otherwise I will be awake the whole night beside it helps me to relax and have fun with people.*

However in the FGD the women acknowledge that khat helps them to lose their appetites. Since they don't have enough money to buy food and can't tolerate the hunger they chew khat not to be hungry. One of the women respondents from the FGD said:

> *If I don't chew khat, I eat too much. Since I don't have money to buy the food, it is preferable to chew khat which costs less.* **(S.Y. 1)**

4.8 Risks Encountered Related to Drug Abuse

Drug abuse has tremendous effects on the people who used it in particularly and the society in general. As it has been discussed in the literature review parts of this study, it exposes them to various effects like physical, psychological economic and social problems. Similarly this study also has shown that street youth who abused drug are vulnerable to different risks due to their drug abusive behavior. However, relatively women were the most vulnerable group for the risks encountered related to drug abuse than men in every aspect. In this chapter the researcher tries to reveal the different effects of drug use among women and men street youth.

4.8.1 Psychological Problems

Drugs affect not only a person's physical well-being but other aspects of overall well being as well, including emotional and psychological health. According to Carson-DeWitt (2003b) all drugs of abuse cause intoxication, all induce psychological dependence (feeling uncomfortable without the drug), and all are administered by an individual to change the level of consciousness or to increase psychological comfort.

Mood swings, depression, anxiety, aggression, sleeplessness, hallucination, loss of motivation for work are the psychological effects of drug abuse mentioned by the respondents of this study. According to the reviewed literature, drug abuse creates psychological problem and mental disturbance. Drug changes people's emotion at the time of drug taking or after they take drugs. For example, khat makes them to think

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deeply and dreamed about the future very much. It also makes them sit for along time with deep silence. Majority of them also stated that they experience sleeplessness at night after they chew khat and don't sleep unless they get drunk.

Similarly, Donohue *et al.* (2006) stated that substances are commonly used in combination by most drug abusers. For example drugs including marijuana and CNS depressants like heroin and alcohol used in combination with stimulants because these substance able to reverse the stimulant drug effects.

One respondent stated the feeling he has after he chews khat:

> ***S.Y. 11*** *I have never slept unless I drink* "areke" *after I chew khat. If I don't have money for that I do get high by ganja and get some rest. Ganja reverses the feeling I have with khat.*

Khat chewing hinders all respondents to perform their work well and make them to lose their motivation for work. But after they get high with khat respondents responded that they would be wakeful and perform their work very well and they also stated that it motivated them and gave them extra energy to work.

One respondent stated his feeling he has before and after he chewed khat:

> ***S.Y. 8*** *We chewed khat all the day. Everybody went out in the morning and find the left over khat from the places rich people chewed. After that whether we eat our breakfast or not we directly start to chew khat. That is when I can go to the nearby river and find the scraps that I would sell. After I chew khat it seems that the whole river full of gold, then I do my jobs properly with full of excitement. But if I don't chew khat, trust me I would never stand from the place I sit.*

Similarly the other respondents of the study stated his emotion towards khat as:

S.Y. 14 *Khat is the only thing I love. Khat is the one who is my friend and make me happy. If I don't chew khat I won't even talk with my friends and I don't even stand from the place I sleep but If I chew khat I even climb the hills.*

The majority of the respondents shared the above sayings and have strong bond with khat chewing and their life. They measure their life with khat. The researcher also observed their strong desire towards khat while they talk about khat. Only three respondents are stated that they chew khat because it is available and don't have strong bond with it.

S.Y. 2 stated that "*I don't have khat addiction. If I don't get khat I do some other things and forget about it. But if it is available, why not? I chew.*"

The focus group discussants also stated and discuss about the influence of khat created on them. Most stated that they can't even function well without khat. They use khat to be reached in normal state. Otherwise they stated that the feeling of depression comes.

Alcohol makes all of the respondents aggressive. This leads the respondents for fighting and quarrelling. In the case of marijuana majority of the respondents are happy and make fun and laugh continuously with everything they watched while they took marijuana. They also informed that marijuana and inhalants like benzene and glue made them to hallucinate and dream and see the thing that is not existed. But some informed that they feel dizzy and depressed when they get high. But the feeling of high created by inhalants is stronger than marijuana. The researcher observed that different behavior on the respondents when they get high with marijuana and khat. The researcher also observed wide open eyes and loss of interest to communicate with the researcher and the friends from the respondents while they get high with khat and blurred eyes and full of laugh when they get high with marijuana.

Women respondent who used marijuana for eight years stated the feeling after she get high:

S.Y. 5 *I use ganja to be happy. It creates you a happiness that you ever saw in your life. It makes me to dream. Have you ever seen a dream before you get asleep? When I get high I forget every thing and am happy. I even see my self that I am setting beside the president. But when I get normal I see nothing except my poor friends and me sitting in the street. So I get high again to create the mood again.*

S.Y 8 stated the feeling when he got high with gasoline as:

I do not even felt the part of my body specially my head. I pay my friends to find and return my head back to its proper place since I didn't feel it was there when I got high with benzene. It makes me to see what doesn't exist in the world.

This data is similar with the literature reviewed. The short term psychological effects of drug like khat and marijuana makes people alert and happy. Donohue *et al.* (2006) explained drug effects of marijuana include laughter, relaxation and reduce pain. The gasoline effect which made the abuser not to fell their body part like their head.

In case of smoking marijuana, some informants explained they face loss of communication but some said they are happy and close with their friends when they get high. Some said they are suspicious when they get high and some said they are engaged in antisocial personality like theft and fighting. This implies that drug effect differs from person to person and not all drug abuser are alike. However if they don't smoke marijuana they informed that they got depressed, feel anxiety and attempted to fight with people. Some informant said that "it is better for me not to eat rather than not to smoke *ganja*. **(S.Y. 4)**

Moreover it alters people emotion if they don't take the drugs. This implies that people experience the withdrawal symptoms when they don't abuse the drug they are addicted. In this case the findings are contradictory. While all respondents regarding the withdrawal symptoms their feeling were restless, depressed and dizzy if they don't get the drug that they wanted. But some also stated that they feel depressed, think more and

dizzy when they abuse the drug. This is also implies that the difference of drug effects in different people.

Generally, majority of the informants stated that they can't function with out the drugs they are addicted. Most stated that they couldn't move or awake from the place they sit before they had taken the drug they want.
As it is shown in the literature chronic drug use creates mental problem and disturbance on people mind. Some were also a witness for their friend's mental problem on the street due to the drug they abuse.

4.8.2 Physical Problems

One of the major consequences of drug abuse is the long term and the short term physical effects of drug abuse. Different types of drug create different physical effects on the user's body. The street youth respondents shared their experience on the kinds of short term and long term physical effects of the different drug they abuse. The researcher also tried to observe some short term physical and emotional changes of the respondents by presenting on the place they abuse different types of drug.

In consistent with the literature reviewed in this study, as the informants described and the researcher observed, khat chewing created wakefulness, restlessness, a sense of energy, papillary dilation, sweating and loss of appetite on the khat chewer respondents while they are abusing the khat and get high by it. They also informed that if the amount of khat they chew is high they felt nausea. And to get sleep they must drink alcohol or get high.

In the case of smoking cigarettes and marijuana, the physical change informed by the respondents of this study is the withdrawal symptom they faced if they don't take the drug.. Yawning, headache, watering of their eyes and loss of appetite are the feeling of the respondents if they don't use marijuana or cigarettes.

Regarding inhalants majority of the respondents explained that they used it while they start living in the street or when they were a child as they said. But at the time of data collection the researcher met two street youth who abused inhalants like glue and benzene. The physical effects of the inhalants reported by the informants are, light headedness, blood shot eyes, nausea, vomiting, extreme hunger and feel hot even in the rain. But in the long run headache, stomachache, bloody diarrhea, gastric, bloody vomit and respiratory and liver problem has been experienced by the respondents of the inhalant abuser. Inability to walk or do their job, strong headache and drowsiness are the withdrawal symptoms of inhalants informed by the respondents.

One interviewee stated his health complication due to his gasoline use:

> *S.Y. 14 I used to use benzene and glue as a stimulant. I couldn't even walk if I didn't use it. After a while I feel sick. I just throw up blood. I thought it was my liver which is broken down and out. But I still use it after I stopped a while.*

Alcohol creates a physical problem on the respondents of this study like, vomit, increasing sexual drive, uncoordinated movement, and unconsciousness. It also creates hangover and strong headache. But the withdrawal symptom informed by some of the respondent is shaking of hands and body.

As one of the interviewee reported heroine created physical effects like, sleepiness, full of pleasure, a way of relief or forgetting other physical pains since it is pain reliever as stated at the literature reviewed part of this study. He also lost his six teeth since heroin decreased the calcium concentration of the body very much. He is also an HIV positive. As the respondent stated that he used to use needles by sharing with his friends to take the heroin. However, as consistent to the literature reviewed the withdrawal symptoms of heroin which is stated by the respondent are dehydration, temperature fluctuation, insomnia, diarrhea, stomachache, digestion problem and constipation.

The respondents of this study inquired if they are currently experiencing some kind of physical/ functional problem. They stated that they faces high loss of weight, heart beat problem, respiratory tract problem and gastric, are the most repeated physical problem in the respondents of this study. Moreover the researcher was a witness weight loss due to loss of appetite and malnutrition; and poor hygiene.

As it is seen in the data collection women are more affected by physical problem than men due to their reproductive system. In addition to the above stated problems women also said that they face an irregular menstruation cycle.

Similarly, as Donohue *et al.* (2006) mentioned regular use of marijuana blocks ovulation in female. This might be the reason for the women respondent's irregular menstruation.

However, the data are contradicted with the literature reviewed since none of the respondents informed that they don't face child birth problem. They informed that they gave birth without any complication which is different from the normal pain of the child birth.

One respondent also described how her labor was simple and easy as:

> ***S.Y 5*** *I have two boys. One is six years old and the other four. I have never faced any complication during labor when I get birth both of them. For your surprise at the time I gave birth to my second baby, I have been chewing chat while my labor started. After fifteen minutes when I arrived at the hospital, I gave birth on the emergency room.*

4.8.3 Social Problems

According to the finding of this study, drug abuse creates a problem on the social life of the street youth by reducing the important social activity. They experience social alienation like avoidance from their family and the society, due to their drug abusive

behavior. Their families don't want to accept them with their drug habit. Most of the respondent's family disapprove their drug behavior and don't accept them to live together. The street youth informants also couldn't stay on their home after they get used to live in the street with their drug abusive behavior. Due to this, their relationship with their family faced a strain. Majority of the respondents back to their home repeatedly and started to live with their family but they couldn't live with their family's rules and stand the drug carving. Hence, they go back to the street life and their drug habit. This implies that drug using behavior has made difficulties on their social life or relation ship with their family and their future life also.

S.Y 6 who came from a well to do family and 7 month pregnant describe her family repeated efforts to back her home as:

> *My family tries to back me home and live with them. They always come here and take me home. But after three days I am here. I can't stand the carving. And they can't stand my drug behavior and won't let me to use on their home. Beside I feel like home when I am here. I prefer to sleep here and fulfill my addiction rather than sleep in bed at home. However, I go home when ever I want and change my clothes.*

Other respondents also stated her family effort to back her home like this:

> ***S.Y. 2*** *Though my family has no money and couldn't support my need, my mother tried to take me back home repeatedly. But I can't live there. I miss the life in here. Beside the moment I wake up I need cigarettes or ganja. Can you imagine what my mother would say if I ask her to bring me ganja? So it is better for me to live here since I can maintain my habit in here. Now my mom is hopeless about me and took my baby girl with her.*

The focus group discussants also agreed with the idea that drug abuse makes them to live in the street and it is a cause for them to stigmatize from their family and undermined by the society.

Financial difficulties also created a problem on their social life. The family and relatives had tired of their money request when ever they get them. Since the street youth informants need money to maintain their drug habit, they ask money from the people they know by telling different lies. Therefore people avoid them and even hide from them not to be asked the money.

Theft has been experienced by few informants. They had stolen money or sold the possession of family member to obtain drug. They need the money to buy the drug they wanted. This created a fight with their family members. As a result family members lose a trust and being hopeless and avoid them at all.

S.Y 11 expresses his sorrow about his family avoidance by broken voice:

> *Now my family is tired of my behavior and no one care about me. All of my family doesn't even want to see me when I go to home. I used to sell house hold materials by stealing from home and now when I go home they think that I am going there to steal something from them. So nobody doesn't want to see me around home. Now I don't know what to d.*

On the other hand, majority of men and women respondents stated that the drug they took encouraged them to engage in delinquent activities like stealing, fighting, harassing or abusing others verbally and physically. All of the respondents stated that they fight with people when they got drunk. Some respondents had fought with there family member when they drunk at the time they lived with there family. And now, they still fight with their friends or stranger when they get drunk. This is also spelt out among the two FGD participants where alcohol encourage for fighting and they confirmed that they are disadvantage with the social relationship they have with their family and the community since their drug abusing behavior leads them all those stated delinquent behavior.

The key informants of the study also emphasized that the negatively experienced symptoms which can affect the social life of the individuals are violence, theft, sexual promiscuity and financial instability.

Three of men respondents encourage stealing after they get high by marijuana. Women also encourage involving in commercial sex work to get enough money and buy the drug they want. The previous literature also approved this fact which is a result of drug abuse

Women are the most disadvantageous group in the case of social relation ship with their family or community. Since drug taking behavior is more acceptable on men than women, women are more alienated from the society and their family also. Men focus group discussants also stated that women are more disadvantageous than them by losing trust and discrimination from the society by their drug taking behavior.

4.8.4 Violence

Violence is very much related to drug abuse. Violence connected to drug and alcohol use has had a significant impact on society. Substance abuse can cause people to act violently as a direct result of drugs' effects on the brain. According to Carson-Dewitt (2003c) alcohol problems most strongly increase the likelihood of violence. Studies have also shown that the combined use of alcohol and drugs is extremely dangerous in terms of violent behavior.

Violence against women in this study shows that it is directly related with their own use of drug or alcohol. According to the data, women respondents of this study face violence repeatedly when they get drunk and sleep on the street at night. Majority of them chew khat during the day time and get high by marijuana. Then at night they get drunk with alcohol like "*areke*" and "*tej*" until they become inebriated. Therefore they don't even know when someone comes and rapes them after they sleep. Ten respondents indicated that they had been raped during a time they were sleep after they got drunk. Amazingly, they discover they were raped in the morning when they see that their trousers are torn.

Due to their high consumption of drug use they don't even know themselves and don't remember what they have done last night after they got drunk.

An interview participant who has been raped so many times remembers the events that happened to her like:

> ***S.Y. 1*** *There are lots of days that I don't remember what I have done while I was drunk. Most of the time, my friends carried me and took me to the street where I sleep. I was raped in with those days. I don't know how many times they did this to me and I don't even know when they did it. I just find out when I wake up and see the scratched trousers I wear.*

The women FGD participant also discussed about the violence they faced due to their heavy drug use. They informed that men came at night and harm them after they get drunk and slept. They also claimed that they slept on the street since they waste the money on drink that they save to pay for the place they spent the night. This indicated that their drug behavior also exposed them to violence.

Majority of the women respondents (11 of the women) have given birth or two children after they start living in the street. They gave birth since they didn't use contraceptive and don't even care or know when they have sex after they got drunk. Out of 14 women respondents from the FGD and the interview, three of them were informed that they were HIV positive. This might also related to their drug taking behavior and impaired judgment and hopelessness of the respondents. Majority of men and women respondents informed that they are hopeless with their life. They stated that they had no experience of using condom when they have sex except few of them. Based on different literature reviewed, hopelessness is one of the aftermaths of drug taking behavior. In the case of street youth informants, they also felt hopelessness with their way of life and various difficulties they face in the street.

One men respondent who had no family stated his feeling about the future like:

S..Y 10 *I never use condom while I have sex. I don't care whether I am HIV positive or not. For what kind of life I am excited to live? I am hopeless.*

A women discussant from the FGD (S.Y. 5) also stated that her way of having sex with her partner as "*I never use condom if he is my lover.*" but she was also asked that how many boyfriends she had yet. She claimed "there were four". As the researcher learned that she had sex without condom with her four consecutive boy friends. Majority of men and women respondents share this event.

As Paul Goldstein expressed in his theory of drug and crime relationship which is already discussed in the literature review part, drugs can also lead to violence reaction. For example, drug users are more likely to commit crimes, some of which may be violent, in order to obtain drugs or the money to buy drugs. He also stated drug triggered the abuser to violent crime as a result of short and long term psychological effects of drug.

Similarly this study also revealed that women respondent's got in fight after they got drunk and arrested due to their violent behavior. As all respondents describe their behavior after they drunk, they are violent, aggressive and encouraged to involve in fight. They even fight for no good reason. This is also true for men respondents. The researcher also observed scar on their face and loss of teeth or yellow teeth from the number of respondents which is the result of their fight. The researcher also observed new bruise on the time of the data collection. However, this implies that most women respondents are abuse individuals or being abused due to their own drug taking behavior as the theory of Goldstein proved.

S.Y 3 described the things they do after they drunk like:

We fought with people after we got drunk. I am aggressive after I drink three or more glass of "areke"*. I even argue with a person who see me a while. And we all fight while we walked on the street with the commercial sex workers who stand in*

the street in the middle of the night. I and my friends were in jail so many times since we hurt those women.

The key informants also agreed with the alcohol effects. They informed that alcohol impaired judgment and lead people for aggressive behavior. A drunken person is more violent and might have a potential to do violent action on people including verbal and physical abuse and sexual harassment.

4.8.5 Economic Problems

One of the consequences of drug abuse is that it affects the economic status of the individual for worse. People who abuse drug spend lots of money to support their addiction. Street youth respondents lead their life by meager income they get from begging and labor works. The expense of the drug they use also cover from this money they get. Unfortunately, the researcher learned that they prefer to spend the scanty money they get for the drug rather than the food they eat. Therefore they eat little but abuse the drug more. This might affect their health condition since they loss their resistance.

One of the respondents from the interview stated how often they abuse drug as:

> ***S.Y. 3*** *We eat once in a day. After we eat our breakfast and lunch together, we start chewing right away. We don't get enough money to fulfill our food and addiction. So we often left the food and spend the money for our addiction since the craving is strong.*

On the other hand drug abusing people spend their time by taking the drug. For example they spend more time on khat chewing and also drinking. Consequently they waste their time on drug abusing rather than engaging on work this also affect their financial status. Two women respondents informed that they spend their time by using drugs with their friends rather than selling their petty materials like candy, chewing gum, cigarettes and other things.

One interviewee stated the situation like this:

> ***S.Y 4.*** *In order to spend the time in khat chewing and going to bars, I haven't sold my petty materials for about three month.*

The FGD respondents also described that chewing Khat is a good means to spend their time since they have plenty of time and majority of them do nothing.

Moreover all respondents of this study also have a problem on saving of the money they get since they spend the money on the drug.

S.Y 9 failed to save money repeatedly and he described his experience:

> *Sometime I get some money when I sell scraps. I had a plan to buy some things for me or to give my mother since she has meager income to raise my younger brother and sister. But I always fail to spend the money on good things. You can't even imagine if you have an addiction problem. You use your money to support your addiction.*

Drug abusing also lead the respondents to spend their family money on the drug. They even destroyed the materials after they get drunk.

S.Y. 13 informed that how drug ruin his life economic wise as:

> *Look at me! Once I had everything. I even came from USA. I had enough money to survive. But I lost every thing I had. My drug habit exposes me to deportation from the country I have been lived. I even took out household material from my home and sold it to use the money for my drug addiction. Now I've got nothing left.*

The focus group discussants also informed that they are affected very much from different angles. Economic wise, they also claimed that since they don't save the money they got from any means, it is hopeless for them to change their future life.

The economic problems lead the men and women street youth to social problem. They engaged in antisocial behavior/ delinquent behavior like begging and stealing. Women are more affected by economic problem due to drug use than men. Their economic problem lead the women involve in prostitution to support their own drug habit, which subsequently exposes them to more violent victimization. This data implies that the effects of drug related with each other. In this context economic problem lead the street youth to social problem which imposes greater effect on women since it leads them to prostitution and also victims of violence.

CHAPTER FIVE

5. SUMMARY, CONCLUSION AND RECOMMENDATION

5.1. Summary

Drug abuse is an increasing phenomenon in Ethiopia in general. It has indeed spoiled the new productive generation. It links with the economic, social, political and cultural condition of the country. It is observed that a number of people, especially younger ones, are involved in drug abuse. According to the finding of this study the different types of drugs availability is increasing in the street and chronic use is often observed among the street youth.

In this study effort has been made to examine the factors that contribute to drug abuse and the different effects of drugs among men and women drug abusing street youth. The various type of drug abused and the main reason to abuse drug by the street youth were also the objective of the study.

To meet the objective of the study, the researcher employed qualitative research methodology. In-depth interviews for the street youth and the key informants, FGDs for men and women street youth, and observation techniques were used as a source of data collection method. This helped the researcher to triangulate the data by different methods and from different sources.

Finally, the analysis was made by using the information which was gathered by those three data collection methods. The relevant cases of the respondents were also involved in each topic.

From the study it was found out that majority of the respondents came from uneducated and low income families. The majority of them were also elementary and high school drop outs. Women had lowest level of education than men. Majority of the women also

support them selves by begging. But in addition to begging, men support themselves by doing other labor work and few women engaged in prostitution.

The available and types of drug predominantly abused by the women and men street youth is khat, cigarettes, marijuana and alcohol like *teje*, *areke, tella,* beer and local gene. They mostly abused local drink due to their economical status. A man heroin user also found in the street.

The risk factors for drug abuse among street youth are family modeling, peer influence, availability of the drug, disturbed background, and curiosity to abuse the drug. Street youth reason to abuse drug is different from one another. To protect from the cold, to get the feeling of pleasure, and to be energetic and motivated were some of the reason to use drugs. Above all the upheaval of street life and their disrupted background made them depressed and unhappy. To avoid and forget these feelings, they use drugs. To eliminate the withdrawal effect is also the main reason to use drugs by women and men street youth.

Looking at effects of drug abuse, it was learned that various physical, psychological, social and economical problems were followed by their drug abusive behavior. However the trouble is more pronounced on women as they are prone to violence due to the effects of drug taking by themselves or the perpetuator of the abuse.

5.2. Conclusion

In this study, the researcher concluded that there is a gender dimension on the drug abuse. The types of drug, contributing factors to drug abuse involvement and reasons for drug abuse are almost similar between women and men street youth. However, this specific study has shown that the existence of gender based differences.

Women and men street youth who are involved in drug abuse are exposed to tremendous challenges like physical, psychological, and social economical problems. However, women drug abusing street youth are the most vulnerable in all aspects of the above

mentioned problems. They are further exposed to different kinds of violence. They face prostitution, victims of sexual abuse, unwanted pregnancy, child birth complication, raising children with out a father and different health complication due to the nature of the drug and its indirect consequences.

All in all, one can notice that the one to one relationships between the effects make the problems worst among the street youth. The withdrawal symptoms or the physical and psychological effects of drug make the individual to use the drug constantly that leads her/ him to economic crises. The loss of money compels them to perform antisocial activity like theft and begging. In this case women who have addiction are exposed to prostitution which leads them to be victims of violence. This shows that because of their gender women are distinctly vulnerable to the experience of violence. This also shows the gender dimensions of drug abuse.

In a nutshell, the women and men drug abusing street youth are facing various hardships due to the drugs they take and its consequences. In addition to being street youth and drug addicted, women are burdened with specific problems due to their gender.

Based on the aforementioned risk factors, reasons for drug abuse and problems of drug abuse one can realize that changing the lives of women and men street youth are not an easy task. It requires a great deal of work and sustainable effort from the grassroots level due to the nature of the problem.

5.3. Recommendations

Based on the finding of this study the following possible recommendations are forwarded noticing the devastating nature of the problem of drugs by the researcher for the concerned bodies that include the GO's and NGO'S who are working on the cases of street children and youths, hospitals and rehabilitation centers who give drug abuse treatments, and the law enforcement bodies and the government bodies who control drug trafficking and design the polices against drug abuse.

- According to different literatures drug abuse is like a disease and it needs treatment and therapy. Therefore it is not an easy task to leave the addiction with out getting a real treatment by the professionals. Consequently street youth needs different therapies and treatments to make them drug free.

- In living area of the street youth, drugs are widely available. Consequently laws should be amended and enacted to control the drug trafficking and trying to create a drug free environment.

- Prevention is the better alternative. Therefore raising the awareness of various sections of the community about the nature, magnitude and consequences of the problem of substance use via different media is very important to prevent drug abuse among the young generation.

- Raising the awareness of street youth by offering repeated training about the drug consequences on their physical and psychological well-being.

- The mental health community must pay more attention to the problem of drug abuse. In addition, people have to be cautioned about the negative implication of drug abuse by using media as a source, which can help to dispel myths about it.

- The finding of this study shows that most drug abusing street youth start taking drug in the street and their major reason is availability of the drug and peer influence on the street. Therefore protecting the youths not to go out on the street might be one alternative to prevent drug abuse. So parents should get training about the consequences of family disruption and child maltreatment on the future of their children life and the need of to give proper care for their children.

- Short term trainings and economic empowerment among street youth is needed to change their life economic wise and make them to live by their own rather than live in the street.

- Currently hospitals like Amanuel and Saint Paul are giving drug abuse treatment and group therapy for their patients. But the wards are too small and hold very limited patients. So, the hospital and the government bodies should give emphasis and make it large and independent from the hospital by noticing the complex nature of the problem of drug abuse which is getting a trend among the youths of Addis Ababa. Moreover, it is better to find a way for the street youth to get treatment from the center.

- Rehabilitation center is very important and the government should give a priority for the issue.

- The GO's and NGO's should give priority and emphasis for the psychiatrist treatments in addition to trainings and empowerment on income generating activities.

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Annex I

Questions on Respondents and key informant Interview, Focus Group Discussions and observation checklist

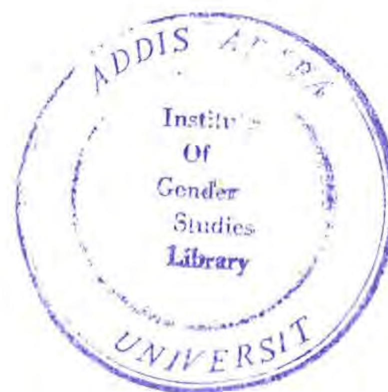
Interview Questions for the Respondent

The purpose of this questionnaire is to study the life situation of the street youth related to drug. The questionnaire is going to be used for academic and research purpose only. Participation is voluntary and your ideas would be of great help in achieving the goals of this study. Confidentiality will be given a prior place at all times your accurate and genuine information is kindly requested.

Background Information

1. Address-
   - Region
   - Woreda
   - Kebele
2. Sex male______ female______
3. Age
4. Level of education
   - Illiterate
   - Read and write
   - Primary (Grade 1-4)
   - Upper primary (Grade 5-8)
   - Secondary (Grade 9-12)
   - Above grade 12

5. Family level of education
    - Can't read and write
    - Read and write
    - Primary (Grade 1-4)
    - Upper primary (Grade 5-8)
    - Secondary Grade 9-12
    - Above grade 12
6. Family occupational level
7. Religion
    - Orthodox
    - Protestant
    - Muslim
    - Catholic
    - Others
8. Place of birth?
9. What do you do for work?



Questions related with drug

1. How was your child hood time including your family, the environment and the way you grown up?
2. What type of drug do you abuse (use)?
3. Where do you get the drug you use?
4. What are the factors that lead you to use /abuse drug?
5. Why do you abuse drugs?
6. What are the benefits you get out of drugs?
7. What are the risks/ problems you faced so far related to drug?
8. How are your personality/ behavioral change after you take drugs?
9. Did you face any form of violence after you take drugs?
10. What is your perception towards drug?
11. What is your feeling about yourself?

Focus Group Discussion

1. What are the factors that contribute for your drug use involvement?
2. Do you think drugs affect and have consequences /risks on your health, social and psychological situation?
3. Did you face any physical/health, social, and psychological as well as behavioral problem so far related to drug abuse?
4. In your opinion, what is the relation ship between drug and violence? Who is more vulnerable? Why?
5. For whom life is difficult in drug abusing street (women or men)? Why?
6. What are your opinion / feeling about drug abuse in general?

Key informant question

1. What are the risk factors for drug abuse?
   - Is there any relation ship between the family background/peer group and the current drug abusive behavior?
2. What are the physical/ health, psychological, social, consequences of drug taking behavior and drinking to the drug abusive person?
3. What are the consequences of drug brings to the family or the society?
4. Is there any other compulsive disorder on the person who abuse drug?

Observation checklist

1. What are the types of drug women and men street youth abused?
2. How do women and men street youth get money for their basic needs as well as for their addiction?
3. When is the time women and men street youths abuse drug?
4. What are the short and the long term physical change perceived from the drug abusing men and women street youths?
5. How is the physical appearance of women and men drug abusing street youth?
6. What are the psychological or behavioral changes perceived from the women and women respondents while and after they take drug?
7. What is perceived from the tone and facial expression of women and women the drug they took?
8. How is their connection between their friends before and after they take drug?

Annex- II

Background Characteristics of Interview Respondents

ex	*	Age	Religion	Place of birth	Educ. level (grade)	Means of Income	Parent educ. level	Parent occup. status
	S.Y 1	17	Protestant	A.A	6	Begging and Street vender	Read and write	Daily laborer
	S.Y 2	17	Protestant	A.A	5	Begging and prostitution	Read and write	Petty trader
/omen	S.Y 3	18	Protestant	Asela	6	Begging and shoe shiner	Upper primary education	Self employee
	S.Y 4	18	Protestant	Gojjam	5	Begging	Can't read and write	Farmer
	S.Y 5	19	Orthodox	A.A	4	Begging	Primary education	Petty trader
	S.Y 6	19	Orthodox	A.A	6	Begging	12	Gov't employee
	S.Y 7	27	Orthodox	A.A	9	Parking	12	Gov't employee
	S.Y 8	21	Orthodox	A.A	9	Sell scraps	12	Gov't employee
	S.Y 9	22	Orthodox	A.A	7	Sell scraps	Read and write	Petty trader
	S.Y 10	24	No-religion	Awassa	5	Sell scraps	-----	-----
en	S.Y 11	27	Muslim	Asela	4	Begging and carrying luggage	12	Self employee
	S.Y 12	28	Orthodox	A.A	8	Sell scraps	Read and write	Petty trader
	S.Y 13	29	Orthodox	A.A	12+3	Begging and family support	Had degree	Private organization employee
	S.Y 14	29	Orthodox	A.A	4	Begging and carrying luggage	primary education	Gov't employee

*** Pseudonymous**

Annex- III

Background Characteristics of Focus Group Discussants

Sex	*	Age	Religion	Place of birth	Educ, level	Means of Income	Parent's Edu. level	Parent's Occup. Status
Women	S.Y 1	19	Orthodox	A.A	4	Begging and prostitution	Read and write	Petty trader
	S.Y 2	19	Protestant	Nazeret	5	Begging	Upper primary Education	Gov't employee
	S.Y 3	21	Protestant	A.A	6	Petty trader	Read and write	House maid
	S.Y 4	23	Muslim	A. A	5	Begging	Upper primary education	Petty Trader
	S.Y 5	23	Orthodox	A. A	6	Begging and Prostitution	Read and write	Petty trader
	S.Y 6	24	Orthodox	Asela	4	Begging	Can't read and write	Farmer
	S.Y 7	24	Protestant	Tigray	8	Begging	Can't read and write	Petty trader
Men	S.Y 8	17	Orthodox	A.A	4	Begging and carrying luggage	Read and write	Petty trader
	S.Y 9	21	Orthodox	A.A	4	Begging and carrying luggage	Primary education	Petty trader
	S.Y 10	24	Muslim	Afar	12+1	Sell scraps	Complete high school	Gov't employee
	S.Y 11	24	Protestant	A.A	9	Sell scraps	Primary education	Petty trader
	S.Y 12	25	Orthodox	Gojjam	8	Sell scraps	Can't read and write	Farmer
	S.Y13	27	Protestant	A.A	8	Begging and carrying luggage	Read and write	Petty trader
	S.Y14	29	Orthodox	A.A	12	Sell scraps	Read and write	Gov't employee

*** Pseudonyms**