

**EXPLORING IN DETERMINANTS AND ASSOCIATED RISKS
OF SUBSTANCE ABUSES BETWEEN PRIVATE AND PUBLIC
HIGH SCHOOLS STUDENTS IN ADDIS ABABA:
THE CASE OF SELECTED SCHOOLS**

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

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DECLARATION

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

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Table of Contents

Acknowledgments.....	i
Table of Contents.....	ii
List of Tables	v
List of Figures	vi
ACRONYMS.....	vii
Glossary	viii
Abstract.....	ix
CHAPTER ONE	1
1. Introduction.....	1
1.1 Background of the Study	1
1.2 Statement of the Problem.....	3
1.3 Research Questions.....	5
1.4 Objectives of the Study	6
1.4.1 General objective	6
1.4.2 Specific objectives:	6
1.5 Significance of the Study	6
1.6 Delimitation of the Study.....	7
1.7 Limitations of the Study.....	7
1.8 Operational definitions.....	7
1.9 Organization of the Study	8
CHAPTER-TWO	8
2. Review of literature	9
2.1 General Over View of Substances Drug.....	9
2.2 Theoretical Perspective on Drug Abuse	10
2.4 Consequences of Drug Abuse.....	13
2.4.1 Health Consequences	13
2.4.2 Psychological Consequences	14
2.4.3 Behavioral and Social Consequences	14
2.5 Progressive Stages of Substance Abuse.....	15
2.6 Factors Associated With Drug Use Behavior	16

2.6.1 Drug Use Behavior and Environmental Settings	16
2.6.2 Drug Use Behavior and Social Factors	16
2.6.3 Individual Risk Factor.....	17
2.6.4 Family and Peer Factor	17
2.7 Drug Use Behavior and Demographic Factors	19
2.7.1 Age.....	19
2.7.2 Sex.....	19
2.8 Situations of Khat, Alcohol and Other Drugs in Ethiopia	20
2.8.1 Khat.....	20
2.8.2 Alcohol.....	20
2.8.3 Tobacco.....	21
2.9 Prevalence of Drug Abuse in Ethiopia.....	21
2.10 Conceptual Frame work	22
CHAPTER THREE	24
3. Research Design and Methodology	24
3.1 Study Design.....	24
3.2 Study Area	24
3.3 Sampling method, population and sample size.....	25
3.4 Study Variables	26
3.5 Research Questions	26
3.6 Data collection instruments.....	27
3.6.1 Questionnaire	27
3.6.2 Focus Group Discussion (FGD) Guide.....	27
3.6.3 Key Informant Interview Guide.....	28
3.7 Pilot study	28
3.8 Procedures of data Collection	28
3.9 Ethical Consideration.....	29
3.10 Methods of Data Analysis.....	29
3.11 Data Processing and Analyzing	30
CHAPTER FOUR.....	31
4. Presentation and Analysis of Data	31

4.1 Characteristics and Background of the Research Participants.....	31
4.2 Analysis and Interpretation of the Data on Students’ Drug Abuse.....	33
4.2.1 Risk Factors for Drug Abuse	34
4.2.1.1 School environment	34
4.2.1.2 Parental relationship.....	35
4.2.1.3 Peer pressure	36
4.2.2 Drug Use Behavior and Practice.....	37
4.2.3 Prevalence Rates of Lifetime Drug Abuse.....	42
4.2.4 Gateway for Drug Abuse	43
4.2.5 Relationships of Some Variables with respect to Students’ Drug Abuse....	45
4.2.6 Basic Motivation Underlying Students’ First Time Drug Usage	48
4.2.7 Reasons driven Students to Use Drugs for the past 30 Days.....	50
4.2.8 Rate of Problem of Students’ Drug Abuse.....	50
4.2.9 Students’ Responses of the likelihood of future drug usage.....	51
4.2.10 Students’ observation of Teachers and students abusing drugs at school.	52
4.2.11 Consequences of Drug Abuse.....	53
CHAPTER FIVE	58
5. Discussion of findings.....	58
CHAPTER SIX.....	61
6. Conclusion Recommendations implication	61
6.1 Conclusion	61
6.2 Recommendations	62
6.3 Implication for social work	64
6.3.1. Counseling	64
6.3.2. Advocacy	64
6.3.3. Life skill training	65
6.3.4 Group Therapy	65
Reference	66
Annexes	

LIST OF TABLES

Table1: Sample population and sample size of the participants	26
Table 2: Sex and Grade Level of student Participants	31
Table 3: Students' Way of Living.....	32
Table 4: Parental Composition of Student Participants Families.....	32
Table 5: Student Participants' Main Source of Income	33
Table 6: Students' response about their school environment situation.....	34
Table 7: Responses of students about their parental relationship	35
Table 8: Responses of students about Peer pressure.....	36
Table 9: Responses of students about their Drug use behavior and practice	37
Table 10: Responses of students on reasons to chew khat drink alcohol	38
Table 11 Responses of students on reasons to drink alcohol.....	38
Table 12: Responses of students about their Past 30 days drug use	39
Table 13: Responses of students about their Length of time for drug usage.....	40
Table 14: Responses of students about their Average days of chewing khat	41
Table15: Responses of students about their way of chewing Khat	41
Table 16: Responses of students on other drugs used while Chewing Khat	42
Table 17: Responses of students on Drugs Reported to have been consumed in their lifetime.	42
Table 18: Responses of students about their first time drug used	44
Table 19: Respondents first place of consuming drug near by to school	45
Table 20: Association of variables with chewing Khat among study participants.....	46
Table21: Association of variables with smoking cigarette among study participants	47
Table 22: Possible Reasons to use drugs for the first time	48
Table 23: students' response on Drugs Used in the Past 30 Days	49
Table 24: Students' response on reasons for using drugs in the past 30 Days.....	50
Table 25: Students' responses of the livelihood of future drug usage	50
Table 25: Students rating of drug among secondary school students	51
Table 26: Students' responses of the likelihood of future drug usage	51
Table 27: students' responses about their Observations of Teachers using Drugs at School.....	52
Table 28: Responses of students on their observations of Other Students using drugs at school	53
Table 29: Behavioral Consequences of Drug Abuse on students	54
Table 30: Psychological Consequences of Drug Abuse on Students	55
Table 31: Health Consequences of Drug Abuse on Students	55

Table 32: Social Consequences of Drug Abuse on Students 56
Table 33: Respondents use of drug problem aspect 57

List of figures

Pages

Fig1: Gateway Drug for students' Drug Abuse43

ACRONYMS

DF	Degree of freedom
GO	Governmental Organization
NGO	Non-Governmental Organization
WHO	World Health Organization
US	United States
UNDCP	United Nations Drug Control Programme
UNODC	United Nations Office on Drugs and Crime
USA	United States of America
WHO	World Health Organization

Glossary

Khat	A social drug that is consumed as a way of relaxation
Merkana	Getting high by khat.
Shisha	Water pipe filled with tobacco
Teje	Locally brewed beer made of honey
Tela	Locally brewed beer made of grains and hops

Abstract

The main purpose of this study was to explore determinants and associated risks of substance abuse between private and public high school students. Basic questions were raised regarding the spread of drug abuse, its relationship with some variables of the study population such as family condition, peer influence, and level of academic performance and on drug abuse manner and its consequences. The study was carried out in Addis Ababa. The sample schools included were 325 students. To deal with the objectives and basic questions, mixed method design was employed. The instruments used to gather the required information for the study were questionnaire, focus group discussion guide and interview.

The obtained data were analyzed through frequency, percentage and chi square. Based on the analysis, the following major findings were obtained: Alcoholic drinks, Khat, Shisha and cigarette were the main commonly consumed drugs both private and public secondary school students. Sex is associated with cigarette smoking. Male (20%) respondents smoke cigarette than female respondents (11%). The chi result indicated that gender is statistically significant association with smoking cigarette. ($X^2 = 4.598$, $P < 0.05$). Behavioral, psychological, health and social consequences were the problems faced by the students due to their drug abuse behavior which results trouble on their education directly or indirectly. parents, teachers and peers should react positively, efforts should be made to design and implement drug abuse assessment programs, Laws should be amended in the school to control the drug trafficking and to create a drug free environment, awareness should be raised about the nature and consequences of drug abuse through media and school media, recreational amenities and youth centers like public libraries by concerned body should be given due attention, individual, peer and group counseling sessions on drug abuse, should be designed, campaigns should be prepared on drug abuse and further research should be conducted and disseminated to concerned bodies.

CHAPTER ONE

In this chapter, background of the study, statement of the problem, objectives and significance of the study, delimitation and limitation of the study, operational definitions and organization of the study are presented.

1. Introduction

1.1 Background of the Study

The social, cultural and economic growth of a given society is greatly determined by the degree of intellectual development of its young generation. It is the young generation who is responsible to eradicate poverty and to enable people to lead a better and healthier life. Since, young generation is the foundation of political, economic, technical, and social development, its education is a supporting factor.

Despite the great responsibilities of students, there are serious problems that throw their life at a danger. According to Davis et al. (1993) and Grand et al. (1984) it has been a fact that the young population is a vulnerable social group who is exposed to drug abuse practices and to all their disastrous effects.

Youth are in a state of rapid physical and psychological change. Because of their curiosity, enthusiasm and urge to try and see new phenomena, considerable numbers of youth have become addicted to alcohol, smoking, khat and dangerous medical drugs all of which are determinant to health. These and many similar health hazards challenge youth's proper physical, mental and psychological development (Antennae and Mesfine as cited in Ambanesh, 2007:5).

Similarly, based on the epidemiological study of the National Institute of Mental Health; Kwak,etal.(2004) indicated the results nearly 20% about 48 million people of the general US population was identified as having problems of psychoactive substance abuse at some point during their life time. The study further indicated that adolescents (teenagers) are a major demographic group who abuses drug.

Among all stuffs, drug can hold the attention of many young students and it is a major problem in their life and education. As of the International Convention of 1961 for Narcotic drugs, and 1971 for psychotropic substances, a drug includes all substances and chemicals that should not be used for any purpose other than medical and scientific research.

According United Nations Office for Drug Control and Crime Prevention report, UNODCCP (2001) the use of substances such as alcohol, khat, and tobacco has become one of the rising major public health and socioeconomic problem worldwide. Today, substance use and problems arising from it are increasing all over the world and currently together with HIV/AIDS epidemic, become one of the most threatening and challenging social and public health problems.

University and high school youth students are more vulnerable to wider sexual and reproductive health and HIV/AIDS problems due to new environment with poor protection, age and the need to explore life, peer pressure and absence of proactive programs. There is an estimated 180 million drug users around the globe, equivalent to 3% of the global population or 4.2% of the population age 15 and above (UNODCCP, 2001 p.225).

Nowadays, the use of drugs by students has got a great deal than before. It has consequences on their life, the teaching-learning environment, and the entire economy of the country. WHO (1990) asserted that illicit drugs use in Africa is related with cannabis and other natural psychoactive plants. In USA cocaine, cannabis, heroine, and multiple drugs (alcohol and psychotropic drugs) are commonly utilized. In Asia and Europe the most commonly used illicit drugs are cocaine, heroin, cannabis, amphetamines, and multiple drugs such as psychotropic drugs. WHO (1990)

Many studies like Grand et al.(1984); Davis et al.(1993);G.alassner & Loughling,(1990) showed that drug abuse involves not only illicit drugs and substances having primarily medical uses but also substances which have no medical uses at all such as alcohol and tobacco being the obvious examples. Thus, the essence of drug abuse moves far beyond the limits of illicit drug. Since substances which are licit and socially approved alter human behavior users build dependence on them as they do another psychoactive drug.

1.2 Statement of the Problem

Youth are in a state of rapid physical and psychological change. Because of their curiosity, enthusiasm and urge to try and see new phenomena, considerable numbers of youth have become addicted to alcohol, smoking, khat and dangerous medical drugs all of which are determinant to health. These and many similar health hazards challenge youth's proper physical, mental and psychological development (Antennae and Mesfine , as cited in Ambanesh, 2007:5).

The abuse of drugs is practiced in Ethiopia at earlier time. Wills (1973); Singer (1975) and Davis et al. (1993); have underlined that since earlier times roots, barks, leaves and seeds have been used to relieve pain and help control diseases. In most drug abuse researches, it has been revealed that the young population is a vulnerable social group to drug abuse practices and to all their negative effects.

A report on rapid assessment on the situations of drug and substance abuse conducted in some selected towns of Ethiopia showed the alarming trends of the problem (Seyom& Ayalew, 1995). The report pointed out that khat is now consumed everywhere in Ethiopia by people of all religions, ages and social groups. The rapid increase of the consumption of alcohol and tobacco has been indicated. It is explained that the amount of cannabis increased from approximately 316kgs in 1990 to 8132kgs in 1991, an increase of more than 2400%. (Seyom & Ayalew, 1995). The amount of heroin increased from 17450 grams in 1990 to nearly 25000 grams in 1993; approximately 144% increment is seen. The age groups involved with these activities are reported to be the unemployed, street children, commercial sex workers, and the young population of both sexes. (Seyom& Ayalew, 1995).

Using drugs have lots of impact on an individual. As Ray and Ksir (1999:32) explained drug use somehow changes the individual's personality in a lasting way, making him or her into a "criminal type." Similarly, Wu and Khan (2005) explained that drug abuse results a great risk of suicidal condition which can result a commotion for one's social unit. Additionally, it may bring disruption of the significant milestones such as interpersonal, social benefits, and avoiding legal harms.

As United Nation report states, teens use drugs for many reasons such as to feel good, to reduce stress, or to feel grown up. Using alcohol and tobacco at a young age increase the risk of using other drugs later. For some adolescents, drugs offer a relief from internal discomfort, such as feelings of depression. Others use as a way to deal with the stress of interpersonal conflict, to fit in a social group, etc. (Doweiko, 1999 p.13)

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

A study conducted by Henok Asefa at Ayer Tena secondary school students shows that the most frequented drugs of abuse includes, cannabis, chew khat, drink Alcohol, and smoke cigarettes. This finding is in agreement with the result obtained by Kidan Abrha Teferi (2011). The study also discovered students use more than one substance. Accordingly 8.50% abuse khat and Cannabis, 2.50% take khat and Alcohol, and the remaining 1.70% abuse khat and Cigarette.

This study finding correlates with Tesfahun Aklog et.al 2013 which revealed alcohol prevalence 13.4%, khat 7.8%, cigarette 5.4% and other illicit substances (1.95%). In another similar study by Yigzaw Kebede et.al (2005) disclosed the prevalence of Alcohol, khat and Tobacco was 23%, 30.6% and 13.3% respectively. The finding in this study indicates students' abuse drugs with their friends (20.3%). For example, Yohannes Godanna (MOE, 1999) revealed many students abuse drugs just because their friends and peers did it and in order to achieve social acceptance.

A research shows that students who use drugs start to perform it very early. The participants were found vulnerable to drug abuse from as early as age fifteen. For young people to be exposed to the risk of drugs (especially to cannabis), is a threat for users and their family. It is quite interesting to note from the study results that students (50%) know that these drugs are harmful. Age as a factor in drug abuse was taken in to account.

The highest frequency age group is between fifteen and sixteen, which is the minimum age to the sample group for drug abuse behavior. (Henoke Asefa, 2015)

Most substance users started using drugs within the same age category and the most abused substances are Khat and Cannabis. In a similar assessment study conducted by Seyoum and Ayalew (MOH, 1995), it indicated that from a study conducted in 25 selected urban areas in Ethiopia, covering about 3200 respondents revealed that cannabis, khat, alcohol, tobacco and inhalants are abused by a significant portion of the population and the age range of 19-24 have been reported as the age of initiation for use of these drugs and the result suggests that religious affiliation does not have an association on drug use. Students of any religion are exposed to the problem.

Even though there is available data which shows that substance abuse is a problem in high school students and the problem is increasing, the researcher knows from her practical experience that Addis Ababa region drug abuse problems become important issue that affect the school youths that are the future hope of the society. In order to tackle and reduce drug abuse problems among private and public secondary school students its need to be researched. As far as the knowledge of the researcher there is a research gap on this research area. Therefore this study attempted to explore determinants and associated risks of substance abuse between private and public high schools students in Addis Ababa.

1.3 Research Questions

The study tries to seek answers for the following basic questions:

- How widespread of drug or magnitude of Drug abuse among private and public secondary schools students in Addis Ababa?
- What are the major types of drugs abused by students?
- Is drug abuse behavior related to some variables of the study population such as sex, Age, family condition, peer influence, and level of academic performance?
- What is the perception of private and public secondary school students of Addis Ababa about drug abuse manner?
- What are the consequences of drug abuse on private and public secondary school students of Addis Ababa?

1.4 Objectives of the Study

1.4.1 General objective of the study is to explore the differences in determinants and associated risks of substance abuse between private and public high school students.

1.4.2 Specific objectives:

1. To examine determinants of drug abuse among private and public secondary School students.
2. To see the relationship between drug abuse behavior and examine some variables of the study population such as family condition, peer influence, and level of academic performance.
3. To indicate private and public secondary school students' drug usage manner in Addis Ababa and
4. To point out the consequences of drug usage on education and other among secondary schools' students.

1.5. Significance of the Study

The finding is believed to give timely information about the determinates and extent of drug abuse among private and public secondary school students in Addis Ababa and it is assumed to show the interconnection of drug abuse behavior with social and educational factors. It may also serve as a reference for further study in this area. Drug abuse needs the attention of teachers, health workers, parents, etc. because it is a significant issue in the social, educational, health, and other related sectors affecting the youth. Due to this, this study explores the determinants of drug abuse and the causes as well as the associated problems attached to drug among private and public high schools specifically in grade 11th and 12th. Since the most vulnerable group of the society is the youth, it has given due consideration to carry out the study and based on the findings attained, important suggestions was made against drug issues.

It is hoped that the findings of this study will assist teachers, school administrators, parents and other concerned bodies to come up with appropriate intervention strategies that can help to curb the drug problem among students in schools in Addis Ababa and elsewhere in general. It is also useful in contributing to the general body of knowledge in this area. This study might help to create awareness among school authorities on what motivated the students to substance abuse,

the extent to which the youth at private and public secondary school are engaged in and to take relevant action.

In addition to this, the study result will provided points for policy makers, school administration, teachers, health worker and other decision makers on the prevalence of the problem faced by substance abusers and try to address the need for adopting a better intervention and plans to tackle the problem.

1.6 Delimitation of the Study

Geographically the study is delimited to two private and two public secondary schools found in Addis Ababa. The area and schools are selected as a study location because there are available which make students susceptible to use and in the area it is common to observe youths abusing various drugs. To make the research focused and convenient it is delimited to four secondary schools of the 12 secondary schools (grades 11 and 12 students).

1.7 Limitations of the Study

Every research has its own limitation. Because the research issues are sensitive, while conducting the study, the limitation that has arisen and come crossed includes:- students who are shy were afraid to express their feelings without restraint. This problem was overcome by creating a conducive and friendly environment for the students and this has helped them to express their ideas freely. Some schools principals lack willingness, some students unwilling to participate in the study to fill out questionnaires, constraint of budget, time and human resource.

1.8 Operational definitions

In this study, the following terms refer to the operational definitions provided below.

- **Adolescents:** In this study, the word adolescent is used interchangeably with youth. They refer to young high school students between the ages of 16-21.
- **A drug** is any substance which, when introduced into the body will alter the normal biological and psychological functioning of the body especially the central nervous system (Myers, 2006).

- **Drugs addict:** Refer to a student/someone who has used a drug repeatedly and has developed a strong attachment to it. (Myers, 2006).
- **Parental influence:** refers to father, mother or guardians who are able to affect the behavior of their children directly or indirectly.
- **Peers /Peer pressure:** are group of people of the same age, status or interests which refers to an inclination to conform to the standard of students of the same status and age rank.
- **Students:** refer to adolescents who are attending their education in and that can influence one another certainly and easily.
- **Drug abuse:** Persistent and irregular use of the substances. It is used with the word substance abuse interchangeably.
- **Secondary School:** Schools of grades 11 and 12.
- **Life time prevalence of Substance abuse:** The proportion of students who had ever abused any of the drugs.(i.e. Alcoholic drinks, Khat, tobacco, marijuana, hashish, Shisha, Heroin, Cocaine and other drugs) at least once in their lifetime.
- **Teenager:** a young person between 13 and 19 years old. (Cambridge university dictionary)
- **Private school** means schools with monthly tuitions fee and owned by investors
- **Public school** means school owned by government and with no tuitions fee.

1.9 Organization of the Study

This study is organized in five chapters. The first chapter deals with the background of the study, objectives of the study, delimitation and limitations of the study and operational definitions. The second chapter covers the review of related literature; while the third chapter deals with the research design and methodology employed. The data presentation and analysis is presented in the fourth chapter. Finally chapter five presents the summary, conclusion, and recommendation of this study. The last chapter deals with social work implication.

CHAPTER TWO

2. Review of related literatures

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

2.1 General over view of substance and drug abuse

Drug is defined by different authors in different ways. Broadly speaking, a drug is any substance that, when absorbed into the body of a living organism, alters normal bodily function. It changes mood, perception or consciousness. According to Ray and Ksir (1999:4), defined drugs as any substance, natural or artificial, other than food that by its chemical nature alters structure of function in the living organism.

Drug abuse refers the use of a substance in a manner, amounts or situations such that the drug use causes problems or greatly increases the chances of problems occurrence. The problems may be social, occupational or educational, psychological or physical. Another explanation about drug abuse is given by Buddy (2009, cited in Ojikutu & Adeleke, 2010) it is ‘a pattern of harmful use of any substance for mood altering processes.

In Ethiopia, drugs such as Khat, Alcohol, Tobacco and to some extent other drugs like Marijuana are used at young age group of the population. Drug use and abuse increases the chance of having many problems at early age like risky sexual practices that causes failure in academic performance, in danger that are the future hope of the country and this will alienate the youth from their education. This affects the social, economic, and political aspects of the country directly and indirectly. Although the issue of Education in adolescents and drug use are closely interlinked. Many researches are done in order to tackle the problem.

2.2 Theoretical Perspective on Drug Abuse

In this section, to support the objectives of the research different theories such as sociological social learning, symbolic interactionist, psychological, structural functionalists and biological theories are discussed related to drug abuse.

SOCIOLOGICAL THEORIES

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

SOCIAL LEARNING THEORY

Social learning theory explains how drug abusing behavior is learned from other drug abusers through intimacy and interaction.

It focuses on learning but also emphasizes the social environment, especially modeling. Social learning theory explains drug use as learned behavior. Dodgen and Shea (2000,as cited in Rahel, 2009:10) 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 use or abuse.

The investigator focuses on the Social Learning Theory of Bandura (1977) enlightening the present study.

The Social Learning Theory is also called the Social Cognitive Theory, provides a broad-band explanation for both desirable and undesirable behavioral outcomes. This theory focuses on the learning that occurs within the social context. According to this theory, to acquire a behavior, first it proposes that young people learn social behaviors through a process of observation and imitation of the role models or prototypes and the consequences of their behavior.

(<http://www.simplypsychology.org/bandura.html>)

The social learning aspect of drug abuse can be related to parental modeling of drug related behaviors. A large body of literature has shown that parental use of alcohol and drugs is strongly related to misuse of substances. Parental drug use has been shown to predict initiation of drug use by adolescents, frequency of adolescent marijuana use, and adolescent use of additional illegal drugs such as cocaine and barbiturates.

SYMBOLIC INTERACTIONISM

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

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

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

and the failure of sexual intercourse after drug abuse may endanger family life”.(Elmi AS, 1983, p 11) People, for one or another reason, use drug. They may enjoy one type perhaps through time will add another; It may be to efface, to increase or substitute the effect of the previously used drug type. The previously use drug type may also create other bodily or psychological need, which can be gained or temporarily enjoyed through other drug type. Through such and other process an individual develops combined or multiple drug use.

It is clearly revealed in most study, undertaken by DACA and various researchers throughout Ethiopia revealed that, drug abuse among students is considered as a deviant behavior by the society and it is not allowed for students to abuse drugs. These habits lead to other devastating consequence to the individuals and the community.

THE PSYCHOLOGICAL THEORIES

A psychological explanation of drug abuse includes 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 the drug abuse Hanson (as cited in Rahel, 2009:9).

The psychological theory explains that drug use and abuse begins because of the unconscious motivations within in an individual. We are not aware of these motivations nor are we aware that those are the reasons we have chosen to turn to drugs. In this case the person may be weak or without self-esteem.

Drugs also become a means for a person to stop bad feeling and discomfort about himself/herself that last for short period unless the user continues using the drugs and this will result addiction. So the individual will continue to use drugs regularly to feel better about him/her.

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

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

This theory speculates that drug abuse is a symptom of underlying psychological problems and drug abusers are ‘self-medicating’. Drug use is a maladaptive psychological coping strategy and drug abusers need to resolve internal conflict, and when they do, drug use will be unnecessary. (Daniel L. Yalisove, 1997)

STRUCTURAL-FUNCTIONALIST PERSPECTIVE

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

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

response to the absence of a perceived bond between the individual and society and to the weakening of a consensus regarding what is considered acceptable.

Biological Theory

Biological factors play an important role in drug abuse behavior. They determine how brain responds to drugs and why substances prove addiction. Khantzian; Mathias (1995, as cited in Hanson et al, 2009) Biological explanations emphasize that the Central Nervous System reward sensors in some people are more sensitive to drugs, makes the drug experience more pleasant and more reward for this individuals. According to biological explanations, any substance alters basic functional cell of the brain activity.

2.3 Consequences of Drug Abuse

To see the consequence of drug abuse in a more detailed manner, it will be discussed under four categories.

2.3.1 Health Consequences

Drug abuse has many consequences, one is health consequence. Because the brains and bodies of adolescents are still developing, using drugs can have serious consequences. It has long-lasting effects that may not be evident until much later in adulthood. For example, cigarette smoking is clearly linked to increased risk of heart diseases, lung and other cancers, and stroke Ray and Ksir (1999:288).

As Fekadu et al. (2007) explained the health impact of drug abuse has functional impairment with physical illness, injuries, sleep disorder, along with being under nutrition.

Johnston (1999) also demonstrated health effect of a number of drugs; Marijuana and hashish results red eyes and possible weight loss; heroin causes loss of appetite and severe withdrawal symptom can reach up to death due to overdose; stimulants like cocaine and amphetamine bring hypertension, blackout, sleeplessness, convulsions, lung as well as nasal damages, intends high followed by frequent dysphoria, death from overdose, comma excessive irritability and brain damage.

Similarly, Ethiopia's Ministry of Health (2003) stated that specifically those drugs which are Khat, hashish and cannabis that are common in Ethiopia have health related effects such as tooth decay, loss of appetite, mental illness and possibility of getting HIV/AIDS and other sexually transmitted diseases.

In addition to the various effects drugs of abuse may have effect on specific organs of the body, many drugs produces global body changes such as dramatic changes in appetite and increases in body temperature, which may impact a variety of health conditions. Withdrawal from drug use also/may lead to numerous adverse health effects, including restlessness, mood swings, fatigue, muscle and bone pain, insomnia, cold flashes, diarrhea, and vomiting.

2.3.2 Psychological Consequences

The Psychological problem of the drug abuse produces anxiety, paranoia, depression, delusions, and reduction of concentration, memory loss, and suicidal thoughts.

In the same way, ACDE listed feeling of overconfidence, anxiety, and glance of feelings of wellbeing (happiness and love) as psychological products of drug abuse in general.

Correspondingly, Khat, hashish, and cannabis are said to isolate oneself from family and community social values with a massive feeling of depression and occurrence of psychological distress and practicing suicide attempt. Ethiopia's Ministry of Health (2003) and Fekadu et al. (2007).

2.3.3 Behavioral and Social Consequences

The personal cost of drug abuse and related behavioral activities including violent crimes have short term as well as long term implications for the individual in terms of physical, mental health, social and economic wellbeing. As Ray and Ksir (1999:32) explained drug use somehow changes the individual's personality in a lasting way, making him or her into a "criminal type."

Similarly the Federal Democratic Republic of Ethiopia's Ministry of Health (2003) and Fekadu et.al (2007) listed that khat, hashish, and cannabis expose the abuser to loss the desire to participate in all development activities, as well as in criminal acts, and to act on sexual harassment, abduction, rape and assaulting on female youths. As a result violent behavior might come into view with that of drug abuse.

Generally, Wu and Khan (2005) Said that drug abuse results a great risk of suicidal condition which can result a commotion for one's social unit. Additionally, it may bring disruption of the significant milestones such as interpersonal, social benefits, and avoiding legal harms.

2.3.4 Educational Consequence

Drugs abused affect the brain, this results in major decline in the functions carried out by the brain (Sternberg, 2003). Drugs affect the students concentration span, which is drastically reduced and boredom sets in must faster than for non drugs and substance abusers. The student will lose interest in school work including extra curriculum activities. Due to this in school work there's absenteeism in school resulting into one taking too long to complete studies. Most of the psychoactive drugs affect the decision making process of the students, creative thinking and the development of the necessary life and social skills are stunted. They also interfere with the awareness of an individual's unique potential and interest thus affecting their career development (Louw, 2001).

Core values to live by such as honesty, tolerance, peace, responsibility are lacking, this affects their social skills development. Since most of the students are in their adolescence stage of development if they engage in drug abuse they also lose their identity (Kyalo & Mbugua. 2011).

2.4. Progressive Stages of Substance Abuse

According to a model developed by Pandina (UNESAC, 2003), there are stages to be experienced by an individual to continue using drugs. He had identified a progressive model for the acquisition and maintenance of drug use. In the model he identified six common stages for drug use acquisition, initiation, experimentation, habit formation, dependency and

obsessive- compulsive use (UNESAC, 2003)

1. **Acquisition**-begins with priming this is the stage that young person's learn about the existence of substances through friends, family, media or other means and acquires early notions about the acceptability or unacceptability of substance abuse.
2. **Initiation**- This stage follows when a young person tries a substance for the first time.
3. **Experimentation**-This stage occurs in which a young person willingly uses substances occasionally as an end in itself. At this stage the user generally regards substance use as an enjoyable experience with no significant negative consequences. If uses continues, which is specially the case if an individual feels incapable of getting a desired mood change in other ways the individual can progress from acquisition to maintenance, the first stage during maintenance is habitual use, marked by repeated use of a favored substance. The user has come to believe that substance use can reduce stress, provide excitement or facilitate social acceptance. These effects have become a means that enables the user to cope with life's problems or better experience life's joys. At this stage, the individual tends to switch from a peer group of casual users to one of habitual substance abusers (UNESAC, 2003)

If substance use continues, it leads inevitably to dependency when brain functions have changed and call for continued use. This stage is a stage the individual has lost control over the substance use and experiences a series of grave physical and psychological problems.

This individual is most likely encountering difficulties with finances, relationships, and job or school performance. This may lead obsessive compulsive use, in which the individual is driven by pursuing substance use behavior as the dominant activity in his or life, even if it no longer produces the desired effects. ((UNESAC, 2003).

2.5. Factors Associated with drug use behavior

Many studies have confirmed various factors that are in the development of drug behavior, some of these are reviewed in the following sections.

2.5.1 Drug Use Behavior and Environmental Settings

Weissbach (1973); Bachman et al. (1984) indicated that one of the major environmental causes of drug use and abuse is the ready availability of psychoactive substances.

Similarly, Hawkins et al. (1992), as cited in Wallace and Muroff, (2002) underlined favorable norms and laws, availability of drugs along with extreme economic deprivation and neighborhood disorganization as environmental causes for drug use and abuse. Factors such as availability price, increasing illegality contribute for the development of drug abuse. Huba et al.(1965).

2.5.2 Drug Use Behavior and Social Factors

According to Bry (1983), the important dimension in predicting substance abuse is the number of risk factors, regardless of which risk factors they are or the order in which they occur. In other words, there is a positive relationship between risk factors and the probability of substance use, but the exact combination of factors necessary to predict the addictive personality type is not known. However, the greater the number of risk factors, the greater the probability of drug use.

Researchers have shown that the key risk periods for drug abuse is during major transitions in children's lives. The first big transition for children is when they leave the security of the family and enter school. Later, when they advance from elementary school to middle school, they often experience new academic and social situations, such as learning to get along with a wider group of peers. At this stage students are likely to come across to different drugs for the first time. When they enter high school, they face additional social, emotional, and educational challenges. At the same time, they may be exposed to greater availability of drugs, drug abusers, and social activities involving drugs.

These challenges can increase the risk that they will abuse alcohol, tobacco, and other substances. Scientists have proposed various explanations of why some individuals become involved with drugs and then start to abuse. One explanation points to a biological cause, such as having a family history of drug or alcohol abuse. Another explanation is that abusing drugs can lead to affiliation with drug-abusing peers, which, in turn, exposes the individual to other drugs.

2.5.3 Individual Risk Factor

Personal feeling one develops about the future, self confidence and self esteem has a big role on one's drug usage. Individual risk factors include antisocial behavior, alienation, or rebelliousness, and favorable attitudes toward the problem behavior.

Hawkins, Lishner, and Catalano (1987:92) report that childhood antisocial behaviors appear most strongly related to serious behavior problems such as drug abuse and much less strongly related to occasional or experimental use of drugs or alcohol. Considering rebelliousness, Nowinski (1990) contends that the adolescent personality, which can be characterized as risk-taking, hedonistic, limited time perspective, here and-now centered, and rebellious, is in itself a risk factor. In fact, the author asserts that when personality factors are left unconstrained they could lead to disaster.

According to Canadian Center On Substance Abuse CCSA (2007) put age as a strong determinant factor on period of adolescence; attitude and beliefs about the risks of drug use, impulsivity and sensation seeking, and childhood psychological (conduct) disorders are as well revealed. Another individual risk factor for problem behavior is a positive attitude towards that behavior by the youth. Also, even more important is the time when that favorable attitude develops. Robins and Przybeck (1987:191) reported that "none of the factors found to predict drug use was useful in predicting progressions from use to problem use except by early age of onset."

2.5.4 Family and Peer Factor

The first agent which contributes in protecting youngsters from drug and related problems is the family.

Family factors include the effectiveness of family management, level of attachment, nature of rules and parental expectation and the strength of the extended family network Economic Commission for Asia and the Pacific (2001). Santrock (1999) noted that there is a growing consensus that adolescents with parents who guide, discipline and closely supervise their children are less likely to engage in risk factors like drug and in antisocial behaviors. They are more likely to experience success with their peer and at school. Poor parental monitoring;

distant, uninvolved, and inconsistent parenting; and unclear family rules, expectations, and rewards are all considered family risk factors. Adolescents who came from families where there is lack of monitoring and support, are prone to risky behaviors. On the other hand, strong family which includes stable family processes such as good parent-teen communication, higher family connectedness and parental monitoring which can function as preventive mechanisms against drug abuse behaviors.

Different literatures indicate that strong relationship of parents with their children brings a positive outcome on the children's education. According to Maddox (1970) Children with drug abuser family history are more likely to grow up with an accepting attitude to the use of drugs as a mechanism for recreation and/or for coping with problem in life.

Parental drug use or parental attitudes approving drug use appear to influence children to substance abuse. Since parents serve as models for their children's behavior in so many ways, it is not surprising that children whose parents smoke, drink heavily or use illegal drugs are more likely to do so than children whose parents do not. A report on increasing drug abuse in Kenya secondary school students shows that, students who abused drugs came from families where other family members abuse drugs These included immediate family members like parents and siblings and other members of the extended family staying with them.(2009:852).

Bry (1983) indicated adolescents are more likely to use alcohol when parents have a positive attitude toward alcohol consumption. It is not unusual for parents to discourage or forbid the use of liquor by their children, but by being frequent users themselves, they send favorable messages to their children. Even though peers are important for youngsters to socialize, learn and share good things that are acceptable habit by the society, they are also often cited as the most important factors affecting their behavior negatively.

Mickele (1999) noted that, the influence of peers can be direct or passive. Indeed, young people are sometimes influenced much by what they think their peers are doing as by what they really are doing. A young person may think that everyone is smoking or everyone is sexually active and may therefore, feels pressurized to try those behaviors.

Adolescent drug abuse is usually connected with peer group attachment. As Nowinski (1990) explained in Carol J. "to the extent that their peer group advocates and/or condones substance use, adolescents are at risk for abuse and addiction"

Drug use by close friends tended to modify the perception of children about orientation to the benefits of drug usage. This is likely to happen, because friends influence each other (especially in adolescent period) by introducing one to the drug and by teaching one how to recognize, use and enjoy its effects (Eshetu, 1998:17).

Adolescents believe their peers do have strong influence on them because their behaviors and attitudes are more closely related to what they think their friends do and behave than what is actually going among their peers.

2.6 drug use behavior and demographic factors

2.6.1 Age

Different literatures show that most youths start experimenting drugs at their early ages. 20% of Kenyan youth aged 10-14 smoke, while this figure increases to 44% for youth aged 15-19 years and 69% for youth aged 20-24. UNDCP,(1997 cited in Eshetu, 1998) Similarly, Zein and Massersha(1979) the majority of students start smoking between the age of 16 and 18 years and the age range for the on-set of Khat use is reported as 13-19 years.

2.6.2 Sex

Naturally, males are superior to their female counterparts in drug use practices by constituting significantly higher proportion. In a sample of study, 25% of the male as compared to 15% of the female students were users. Nevadomsk, (1981 cited in Eshetu 1998:19) Similarly, Agazi (2009:29-30) in his study of Socio Demographic Correlates of substance use and sexual Behavior of urban youth of northern Ethiopia shows that, the majority of Khat chewers are males who have 15.6% share of the whole participants in the study while only .02% of the participants are females.

With regard to the situations of alcohol consumption, males' alcohol consumers represent approximately 28% of the whole consumers while females represent 14.3%. However, the difference is not as big as seen in the Khat chewing behavior. With regard to smoking 13.5% of the whole participants 12.1% are males.

2.7 Situations of Khat, Alcohol and Other Drugs in Ethiopia

2.7.1 Khat

The chewing of the stimulant leaf Khat is a habit that is wide spread in certain countries of east Africa and the Arabian Peninsula.

Distefano (cited in Abdu 2003:5) pointed out the distribution of Khat use to different regions is connected with the movement of emigrants, the movement of armies and the development of transportation systems.

But the major expansion of use and cultivation only occurred following Second World War as a result of speedier transportation which became available for exporting fresh Khat to most distant areas.

Khat has been used for many years in Ethiopia; particularly, in the eastern part of the country. Its uses have now spread to the neighboring nations, as people discover the exhilarating properties of this 'flower paradise' Abebe et al. (2006)

In Ethiopia, Khat is cultivated both for export and local consumptions. Despite its wide spread use, no systematic information is available on the pattern of its use because of its economic importance. However, the side effects of khat use are being increasingly reported by medical professionals in east Africa including Ethiopia. Among students, Khat is used as a source of strength, energy, and means of relaxation and removal of tension during stressful period and in the process of studying.

2.7.2 Alcohol

One cannot ignore the fact that alcohol is creating big problems because it is disruptive to personal, social, and economic wellbeing.

Consumption of alcohol beverages among younger people is becoming a common practice Ephem (1996).

In USA, young people of junior high school drink to a greater extent than was true a generation ago. A large percentage of them drink, they have their first drinking earlier; they drink larger quantities and they report more frequent intoxication Mickle (1999).

Alcohol has a power to depress the action of the Central Nervous System. It is defined in different ways by different researchers. Goldstein (1983) defined alcohol as a mind altering drug that can be immediately absorbed into the portal nervous blood.

Alcohol primarily depresses the brain cells of those the highest cortical areas including the association areas of the center of judgment, self control and other learned inhibitions Jossor and Jossor (1975).

Similarly, wills, 1973; Singer, 1975 (cited in Eshetu, 1998) defined Alcohol as a powerful depressant of brain activities and its stimulant effects are more apparent than real which result from lessening of control by higher centers in the brain. Control over social inhibitions, motor coordinations, speed and vision and walking state is progressively lost as greater amount of alcohol are consumed.

2.7.3 Tobacco

Cigarette smoking, alcohol and drug abuse are commonly observed behaviors among teenagers. Cigarette smoking is the leading causes of avoidable death in USA. Most smokers begin smoking during childhood and adolescence. The average age of the beginning of smoking is 14.5 years Mickle (1999).

The use of Cigarettes is the most widely practiced habit in the world today. Girdano and Dusek (1988) suggested that nicotine is the best candidate that is most capable of producing central nervous system mediated behavioral effects.

2.8. Prevalence of Drug Abuse in Ethiopia

There is no statistical data which shows the extent of the drug use problem in Ethiopia. Abdu (2003) Even though hard drugs like heroin and cocaine are very rarely available in Ethiopia; locally produced psycho-stimulant Khat is used in the country Derege et al. (2005, cited in Agazi, 2009:10).

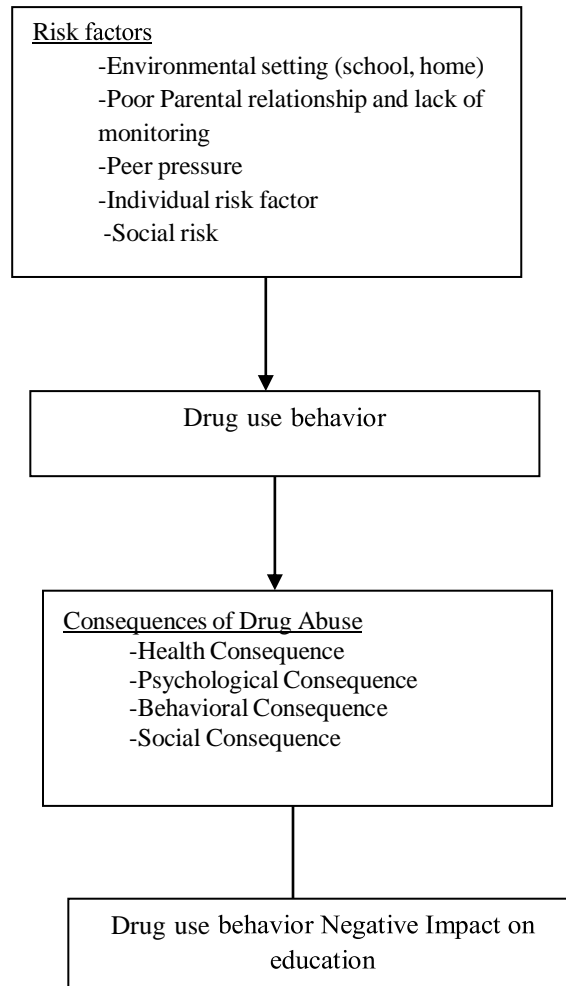
In Ethiopia, alcohol and other drugs like Khat are commonly used in both urban and rural areas especially by youngsters. Khat chewing, drinking alcohol and using drugs are taken as means of spending spare time and entertainment EPHA (2003).

The use of drugs like Khat, alcohol, tobacco and other drugs is not uncommon in Ethiopia. Though Khat and alcoholic drinks have been used traditionally for a long period of time, now Khat is consumed 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,cited in Rahel, 2009:23).

In addition to the local homemade drinks like Arake, Tej and Tela has been used starting from earlier times alcoholic drinks are being consuming by individuals.

2.9. Conceptual Frame work



As it is described in the literature part, availability of drugs at school and home environment, poor and inconsistent family rules, peer pressure, individual risk factors like personal feeling one have are all the possible risk factors for drug abuse behavior. When drug abuse behavior is developed it may result health, psychological, behavioral and social consequences and it results a negative impact on education.

CHAPTER THREE

3. Research Design and Methodology

This section describes the research methodology and design, the study area, sample population and sample size, the data collection instruments used, the procedures used while collecting the data, the ethical considerations and the methods used to analyze the data.

3.1 Study design

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

Descriptive survey method was employed by assuming that it helps to show the current situation of drug abuse in secondary schools of selected high schools in Addis Ababa. Furthermore, this method is appropriate for relatively high numbers of sample subjects. Seyoum and Ayalew (1989:16-17) have noted the relevance of descriptive survey method for such purpose. Additionally, both quantitative and qualitative research methodologies were employed. These approaches, in combination, allow gathering complementary information on the issue and help to make the existing situation to be comprehensible Gay& Airasian (2000).

3.2 Study Area

The study was conducted in four selected Private and Public Secondary Schools high Schools found in Addis Ababa City. Two from Public schools Namely Yekatit 12, Minilik , and two from Public namely Miskay Hizunana and Radical Academy was the study area .The selection of the study area is based on convenient and purposive sampling techniques. Specifically, the selected study area was perceived to be convenient to better access relevant data and have easy communication with participants and school officials because it was the researcher's previous place of residence and work.

3.3 Sampling method, population and sample size

The researcher used the rules of thumb method by referring Gay & Airasian (2000:135) it is described that if the given population size is between 3000-3500 the sample size should be 346. Also Gay & Airasian (2000:124) explained that simple random sampling method is the best way to obtain a representative sample. To select 4 sampled primary and public secondary schools among many other schools found in the city, simple random sampling method was used. Students' section was used as a stratum to select sample from sampled grade, so that the researcher can include opinions of students in different sections. Then simple random sampling method was used to select subjects from the sampled section. Eight students who participated in filling the questionnaire were selected randomly for focus group discussion to include the opinion of students with different background. One School principal and teacher from each school were included in the study purposefully because they may provide relevant information by virtue of their position. To get the sample number of the population of each school, the researcher divided the total sample size by the total population size and multiplied it by the given population size of each school .By using the above procedure the following sample population was summarized with respect to schools. The data were obtained from Addis Ababa city Gullele sub city education office annual abstract of 2009.

Table 1: Sample population and sample size of the participants

School	Given population size	Sample population
Minilik school	130	13
Yekatit 12 comprehensive	1273	130
Miaskay Hizunan school	33	34
Radical Academy	47	49
Total population size	3385	Total Sample Size 346

3.4 Study variables

The Dependent Variable explored in this study was Substance Abuse

- Drinking Alcohol
- Smoking
- Chewing Khat

The independent variables explored and described in the study were;

- Gender
- Age
- Grade Level
- Accessibility of drugs,
- Condition of the family
- Peer pressure

3.5 Data collection instruments

Relevant data were collected by employing different data collection instruments.

Questionnaire, focus group discussion and interview with key informants were used.

Additionally literature is used to have basic knowledge on the area.

3.5.1 Questionnaire

To collect quantitative data, questionnaire was designed by the researcher on the basis of theoretical and empirical grounds about the risk factors, drug use behavior, lifetime and first time drug abuse.

The questionnaire was designed in English, and then translated into Amharic by an English language teacher to make the items clear, simple and understandable.

A total of 346 questionnaires were administered to students. Of these, 325 questionnaires were considered to be suitable for further analysis which represented a response rate of 93.9 Percent.

3.5.2 Focus Group Discussion (FGD) Guide

In order to supplement the obtained data through questionnaire, focus group discussion was used.

Two FGDs were held by selecting eight students who participated in filling the questionnaire from each school. Each FGD consists of twelve participants.

The guiding questions were focused on the objectives and research questions in away to help generate as much information as possible. The researcher was able to get more information at the time of FGDs because the discussants were encouraged to express their feelings. Discussion points came to the stage whereby, the participants were dealing with them. It also opened the chance for them to discuss about the issues frankly by stating their experiences.

3.5.3 Key Informant Interview Guide

In order to triangulate the data obtained from focus group discussions, interviews were conducted with key informants (one school principal and teacher from each school) totally six participants were interviewed. The guiding questions focused on the problems of drug abuse among secondary school students, its consequences on their education and on the suggestion points about what should be done on the issues. Before the actual interview took place, participants were asked for a suitable time to conduct the interview.

Then, based on their consent the time was arranged. The interviews were taken at their work place by using tape recorder and short notes. Then After the interview, transcription of the recorded information was done and written in a note form.

3.6 Pilot study

To avoid ambiguity in language construction, different procedures were employed. Thus, the instrument which was initially prepared was given to my advisor in order to get comments, the extent to which the items were appropriate in securing relevant information for the research, and then improvements were made based on the feedbacks obtained from the advisor. Furthermore, to check the reliability of the questionnaire, a pilot test was carried out in one non random school which has the same setting. Moreover, it was examined by an English language teacher to avoid error or language related problems.

3.7 Procedures of Data Collection

In order to explore the abuse of drug among secondary school students, the following data collection procedures were employed. After data gathering tools were developed. The researcher made a pilot study on one non random Secondary School which has a similar setting with the actual sample. During the tryout, some vague items identified by the participants were adjusted.

After data gathering tools are developed and checked through the pilot test, trainings were given for selected assistant data collectors whose profession is teaching on how to manage the data collection process before the actual administration of the questionnaires. This helped the participants to obtain immediate corrections when they face problems while filling the questionnaires. Their roles were helping the researcher in data collection during filling questioners by respondents. Then the researcher went to the school and contacted the schools principals by having a written letter to obtain consent. During the actual data collection, the participants were selected randomly from the two grade levels and gathered in their respective classes in collaboration with the school principals, unit leaders, and teachers and made to sit properly and separately.

This helped the researcher to facilitate the process, to create conducive environment and to explain some misunderstandings easily.

The participants were properly oriented by providing clear explanation on the purpose and usefulness of the study and then they were provided with the questionnaires after getting verbal explanation.

3.8 Ethical Consideration

By noting the importance of ethics in research work, the researcher tried to keep ethics as much as possible. The research topic has been approved by School of Social Work of Addis Ababa University. A letter of cooperation was written from Addis Ababa University and permission to obtain data's from schools namely Yekatit 12, Mililik , Radical Academy and Miskaye Hizunan was achieved. The participants who were involved in the study were asked if they are willing to give the information they are required. Then the purpose, objective and usefulness of the study were clearly explained. The researcher asked whether the participants would prefer the interview to be recorded or written in a notebook. Whatever information that was considered confidential by the participants and they didn't want to be revealed to the public was held confidential.

3.9 Methods of Data Analysis

Quantitative and qualitative methods of data analysis were used. The data obtained through questionnaires was cleaned, categorized and coded. Among descriptive statistics, percentage, frequency tables and graphical representations were used. The Chi-square test was used to determine the significant association of the students' lifetime drug abuse and other variables in the study. Respondents were asked to rate the items using the five Point Likert-scales that contain: strongly disagree (5), disagree (4), undecided (3), strongly agree (2) and agree (1). The analysis is made by condensing the five point Likert-scales into three continuums i.e. disagree, undecided and agree.

All variables of the questionnaire were created in SPSS version 20 and every data has been entered accordingly. Data cleaning has been made to ensure the consistency and address missing values. All relevant steps such as editing of responses, post coding, entry and data cleaning procedures were followed. The qualitative information obtained from participants during interviews and focus group discussions was summarized and analyzed thematically.

To support the statistical information, the qualitative data collected through interviews and focus group discussions was first transcribed and translated from Amharic to English after the completion of each interview and discussion was completed and it was written in a note form. Direct quotations of the words of participants were also used. The key informants' suggestions were also included in order to triangulate the data obtained from different directions. Finally, a summary conclusion and recommendations were made based on the results of the study.

CHAPTER FOUR

4. Analysis of Data and Presentation

In this chapter, the qualitative and quantitative data collected through various data gathering tools are presented. It is classified into two parts. The first part describes the characteristics and background of the participants; and the second part presents the analysis and interpretation of the data on students' drug abuse.

4.1 Characteristics and Background of the Research Participants

This sub-topic presents characteristics of respondents in terms of their sex, age and grade level.

Table 2: Age, Gender and Grade Level of respondents

		Secondary school students	
		F	%
Gender	Male	181	55.7
	Female	144	44.3
Total		325	100
Age	16-17	173	53.2
	18-19	149	45.8
	20-21	3	1
Total		325	100
Grade levels	Eleventh	162	49.85
	Twelve	163	50.15
Total		325	100

As it can be seen from the above table among the total of 325 study participants, 181(55.7%) were male students and 144(44.3%) were female students. Most of the respondents' age i.e.173 (53.2%) was between the age of 16-17 and from the age of 18-19 were 149 (45.8%) students. The rest falls between the ages 20-21. From the grade levels the students were attending, it was reported that 162(49.85%) students were from grade 11 and 163(50.15%) were grade 12 students.

Students were asked with whom they are living their answer is summarized below

Table 3: Respondents' Way of Living

	Frequency	Percent
Oneself	28	8.6
parents	213	65.5
guardians	47	14.5
Relatives	37	11.4
Total	325	100.0

As table 3 shows the majority 213(65.5%) of the participants reported that they are living with their parents. On the other hand, only 28(8.6%) students are living by themselves. Similarly, the rest of the students 47(14.5%) and 37(11.4%) mentioned that they are living with their guardians and relatives. Following this, those who are living with their parents were asked to further describe their families' parental composition. The result is summarized in table 4.

Table 4: Parental Composition of respondents Families

Parental Composition	f	%
Both biological parents	160	72.7
Biological mother and step father	12	5.5
Biological father and step mother	20	9.1
Biological mother only	18	8.2
Biological father only	10	4.5
Total	220	100

From 220 students 160(72.7%) of them indicated that they are living with both biological parents. Those 12(5.5%) students said that they are living with their biological mothers and step fathers. Moreover, 20(9.1%) students reported that they are living with their biological fathers and step mothers.

Others 18(8.2%) and 10(4.5%) said that their parental composition is biological mother only and biological father only. On the other side, the main source of students' income is believed to give significant information that can enrich the research in a great deal. As a result, table 5 brings the related data.

Table 5: Respondents' Main Source of Income

With whom are you living?	Frequency	Percent
Oneself	220	67.7
Parents	18	5.5
Guardians	23	7.1
Relatives	64	19.7
Total	325	100.0

Here, 67.7% that is 220 students replied that they generate income by themselves. On the other hand, 18(5.5%) have said that they get income mainly from their parents. The remaining 23(7.1%) and 64(18.8%) of the respondents stated that their main source of income was their guardians and relatives. Overall, this shows that most students' main source of income is oneself.

4.2 Analysis and Interpretation of the Data on Students' Drug Abuse

This second part of chapter four deals with the analysis and interpretation of the data on students' drug abuse based up on the information gathered through questionnaire, focus group discussions (FGDs), and key informant interviews.

4.2.1 Risk Factors for Drug Abuse

To determine whether the risk factors are reasons for drug abuse, the following questions were asked. The answers are summarized below.

4.2.1.1 School environment

The prevalence rate of drug abuse is seen from different outlook. For that reason, some items were asked in relation to the extent to which drug abuse is expanded in their schools. The related data are found in table 6.

Table 6: Students' response about their school environment situation.

Statements	Strongly disagree		Disagree		Undecided		Agree		strongly agree	
	F	%	f	%	f	%	f	%	f	%
I know students who abuse drugs in their possession at school	89	27.4	107	32.9	20	6.2	77	23.7	32	9.8
I Have seen drug being used	122	37.5	83	26	46	14	62	19	12	3.7

As can be seen from the above table, of the 325 students who responded to the two questions whether they know students who have actually had drug abuse in their possession at school, 109 (33.5%) responded that they do know such students whereas, 196 (60.3%) responded that they don't know such students. The remaining 20 (6.2%) students' answer was undecided. Also 74 (22.7%) of the students have seen drug being used on the compound of their school whereas 205 (63.5%) of them didn't see drugs being used on the compound of their school. The remaining 46 (14%) students' answer was undecided. One teacher said "around our school there is Khat store in the afternoon most students are absent from class to go there and chew Khat." And loss interest in doing their class activities.

4.2.1.2 Parental relationship

In this section, items that are believed to have relation with parental factors for drug abuse were asked.

Table 7: Responses of students about their parental relationship

Statements	Strongly disagree		Disagree		Undecided		Agree		Strongly agree	
	f	%	f	%	f	%	f	%	f	%
Parent discussion and advice than physical force	27	8.3	36	11	32	9.8	101	31	129	36.7
parents use drugs such as khat	116	35.7	29	8.9	15	4.6	146	44.9	19	5.8
Live through high levels of family conflict	172	53	85	26	27	8.3	19	6	22	6.8
No positive parental modeling	147	45	76	23	56	17.2	24	7	22	6.8

n=325

From the total respondents 230 (67.7) of them reported that their parents usually are open to discuss and advice than physical force when they failed to fulfill their expectation. Whereas 63(19.4%) of them explained that they have no such kind of parents, 32(9.8%) students' answer was undecided.

On the other hand, 168(50.7%) of them said that their parents use drugs like Khat, Alcohol, tobacco, While, 145(44.6%) said that their parents are not users of drugs. The rest 15(4.6%) students' answer was undecided.

About 41(12.6%) of the respondents live through high levels of family conflict but the rest 257(79.1%) are not. 46(14.2%) students lack positive parental role modeling.

4.2.1.3 Peer pressure

Peer pressure was regarded as the other risk factor for drug abuse; Table 8 summarizes the answer.

Table 8: Responses of students about Peer pressure

Statements	Strongly		Disagree		Undecided		Agree		Strongly	
	f	%	f	%	f	%	f	%	f	%
Friends use alcohol khat, tobacco and other drugs	230	70.8	41	12.6	2	0.6	39	12.0	13	4.0
pressure from friends to use drugs	167	51.4	50	15.4	54	16.6	25	7.7	29	8.9

n=325

Regarding this section, those whose friends drink alcohol, use tobacco, chew Khat and use other drugs were 52(16%) and those friends who do not drink alcohol, use tobacco, chew khat and use other drugs reported to be 271(83.4%). Moreover, 54(16.%) students responded that they have been encountered pressure from their friends to use drugs while 217 (66.8%) students reported that they did not encounter such pressure. Some student in focus group discussion said that sometimes students *sneak out from school to join their friends at Khat store to chew Khat with them. Then they kept sneaking out from class and go to the Khat store.*”

Also other student in open-ended question has also mentioned that the interest she had to try the drug before she started it as:

“Before I started using drugs, I used to watch my friends abusing various drugs and they convinced me to try it and I was so curious and wanted the feeling they gained.

4.2.2 Drug Use Behavior and Practice

The data below presents about students’ drug use behavior and practice.

Table 9: Responses of students about their Drug use behavior and practice

Question Items	Responses	f	%
Do you chew khat?	Respondents chew khat	83	25.5
	Not chew khat	242	74.5
Total		325	100
Do you smoke cigarette?	Respondents smoke	52	16
	Not smoke cigarette	273	84
Total		325	100
Do you drink alcohol?	Respondents drink Alcohol	83	25.5
	Not drink Alcohol	242	74.5
Total		325	100

Regarding students drug use behavior and practice, 83(25.5) responded that they chew Khat, 242(74.5%) of them do not chew Khat. whereas 52(16%) of the students reported that they smoke cigarette and 273(84%)of the students do not smoke cigarette. 83(25.5%) of them said they drink alcohol whereas 242(74.5%) of them do not drink alcohol.

The table below portrays students’ reasons regarding chewing Khat and drinking alcohol.

Table 10: Responses of students on reasons to chew Khat

Why do you chew khat?	f	%	Why do you drink alcohol?	f	%
To pass the time	41	49.4	To fight depression	48	63.2
To stay awake	31	37.3	To pass the time	16	21.1
I'm addicted	11	13.3	To socialize	12	15.8
Total	83	100	Total	83	100

Students were asked why they chew Khat. Accordingly, from 83 students 41(49.4%) and 31(37.3%) said that they chew Khat to pass the time and to stay awake, 11(13.3%) said they chew Khat because they are addicted.

It is found that most of them 48(63.2%) drink to fight depression whereas, 16(21.1%) drink to pass the time and 12(15.8%) of them drink alcohol to socialize.

The focus group participants have added other reasons for chewing Khat and drinking Alcohol. It was mentioned that most students use drugs to create fun and to socialize with others and Khat helps us to stay awake while we study .Grade eleventh student replied that: *unless I chew Khat I will not be effective in my study or doing my daily activities.*

Another student replied that:’ *“in my capacity there are no recreational amenities so like other people I relax and spend my time by using drugs.”*

A Student to the open-ended question wrote *“I keep studying the whole night by using khat and it motivated me to work”*. Other student said *“I can’t think and remember things properly without smoking.”* Also an 18 years old student added:

“When I take khat my eyes become opened and I hate to talk with peoples. After I take hashish, I become so happy and forget all my problems. But when I didn’t take those drugs I feel depressed and dizzy.”

The following table portrays the students’ answer on how many days did they chew Khat in the past 30 days.

Exploring in Determinants and Associated Risks of Substance Abuse

Table 11: Responses of students about their Past 30 days drug use

For the past 30 days for how many days did you chew khat?	f	%
5-8 days	65	78.3
9-12 days	3	3.6
17-20days	15	18.1
Total	83	100

Students who reported that they chew khat for 5-8 days during the past 30 days were 65(78.3%) , The rest 3(3.6%) and 15(18.1%) students said they chew Khat for 9-12 days and 17-20 days respectively.

Students were asked about their length of time for chewing khat. The data is summarized below.

Table 12: Responses of students about their Length of time for Chewing Khat

How long have you been chewing khat?	F	%
shorter than 6 months	16	19.5
between 6 months and 1 year	17	20.7
1-3 years	15	18.3
longer than 3 years	34	41.5
Total	82	100

It is reported that 16(19.5%) students have been chewing Khat for shorter than 6 months. And 17(20.7%) of them said they have been chewing between 6 months and 1 year. Others 15(18.3%) and 41(41.5%) explained that they have experienced chewing Khat for 1-3 years and longer than 3 years.

Below there is students' response about their Average days of chewing Khat and drinking alcohol.

Table 13: Responses of students about their Average days of chewing Khat and alcohol

On average for how many days do			On average how frequently do		
less than once per week	21	25.3	Daily	21	25.3
once per week	13	15.7	3-4 days a week	4	4.8
greater than once per week but not everyday			Occasionally	15	18.1
every day through the week	3	3.6	rarely/on holidays	43	51.8
Total	83	100	Total	83	100

Among 83 respondents 21(25.3%) said they use Khat for less than per week, 13(15.7%) of students chew once per week, 46(55.4%) of them chew for greater than once per week but not every day. The rest 3 (3.6%) said they chew Khat throughout the week. when we come to the frequency of drinking alcohol, 21(25.3%) of students drink alcohol daily, 4(4.8%) of them drink 3-4 days a week. 15 students (18.1%) reported they drink occasionally and the remaining 43(51.8%) of the students drink alcohol rarely on holidays.

The students answered with whom they chew Khat. The following table shows the data.

Table 14: Responses of students about their way of chewing Khat

With Whom Respondents Chew Khat?	F	%
always alone	32	38.6
usually alone	11	13.3
usually with others	34	41.0
always with others	6	7.2
Total	96	100

Majority of the respondents 34(41%) usually chew Khat usually with others, 11(13.3%) chew usually alone , 6(7.2%) of them said that they usually prefer to chew always with others, 32(38.6%) said they always chew alone.

Participants were made to answer what other drugs they use while chewing Khat. Table 16 shows the related data.

Table 15: Responses of students on other drugs used while chewing Khat

What other drugs do you use during chewing Khat?	F	%
Cigarette	17	21.2
Shisha	32	40
Donot use	31	38.8

During Khat chewing, the majority of students 32(40%) use Shisha and 17(21.2%) students use Cigarette and 31 (38.8%) students use nothing while chewing.

4.2.3 Prevalence Rates of Lifetime Drug Abuse

The prevalence of lifetime drug abuse is presented below in table 16.

Table 17: Responses of students on Drugs Reported to have been consumed in their lifetime.

Drugs	f	Percent of cases
Alcohol	171	37.8
Khat	117	25.9
Cigarette	57	12.6
Marijuana	27	6.0
Hashish	21	4.6
Shisha	50	11.1
Heroin	9	2.0
Total	452	100

Almost all students said in the area, there is a high prevalence of drug abuse both in public and private secondary schools especially in public secondary schools. One student said “I use Khat, in the afternoon I always quit classes because it is difficult for me to attend class without chewing Khat.”

Regarding the prevalence rates of lifetime consumption of drugs table17 presents the figure for each of the drugs. Accordingly, the prevalence rates of alcohol and Khat took the biggest share in their being used 37.8% and 25.9% respectively. The consumption of Shisha is 11.1 percent of cases. The consumption of Cigarette is 12.6% followed by marijuana or weed which is 6.0% while Hashish took the sixth stage with 21 4.6% next is Heroine which is preceded by 2.0 % of the case. The users of Cocaine and other drugs are relatively rare.

4.2.4 Gateway for Drug Abuse

In this section it was attempted to determine the gateway of drug abuse for secondary school students.

Figure1 shows the results of the analysis for the gateway of drug abuse for the secondary schools students

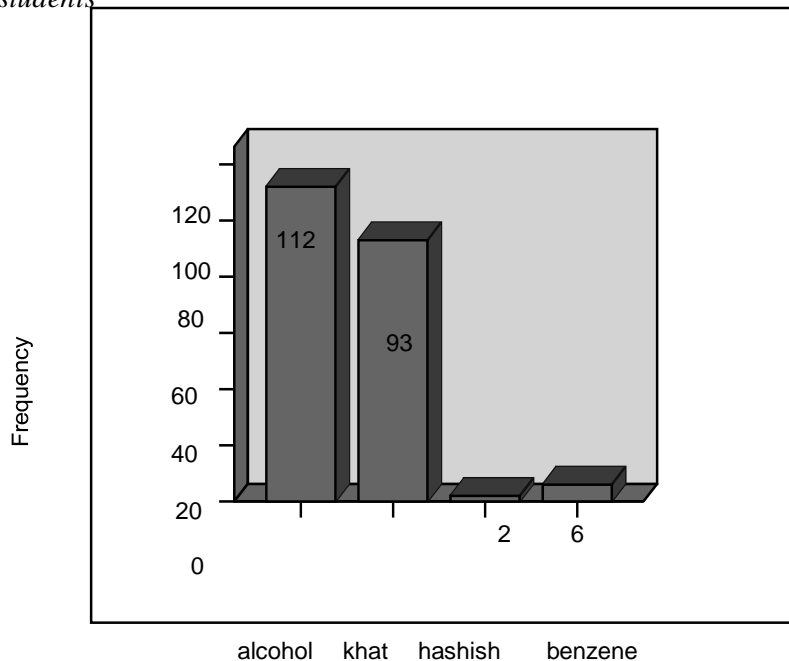


Fig 1 Gateway Drug for students' Drug Abuse (n=213)

According to the above figure, most of the students 112(52.6%) started drug usage for the first time with alcoholic drinks. Khat and Benzene are reported by 93(43.7%) and 6 (2.8%) and hashish is reported by 2(0.9%) students respectively.

Thus, the predominant gateway drug for the secondary school students who reported that they had consumed a drug in their lifetimes was alcoholic drinks, khat and Benzene followed by hashish.

Students were asked the places where they had been consuming drugs for the first time. The results are presented in table 18.

Table 16: Responses of students about their first time drug used

Places of Abuse	f	%
At home	47	25.5
Khat or shisha store	67	36.4
In school compound	13	7.1
Pool house	22	12.0
Party	22	12.0
Bars or restaurants	6	3.3
Total	184	100

Those students who experienced their first time drug usage at Khat or Shisha store were 67(36.4%). Next 47(25.5%) students reported that they have used their first time drug at their home while 22(12%) of them had started at a party, 22(12%) of them had started at pool house. Similarly 6(3.3%) and 7(3.8%) of them said that their first place of drug usage was at bar or restaurant and night club respectively.

The focus group participants gave emphasis to the highest contribution of different Khat or Shisha stores for the prevalence of students' drug abuse.

Table 17 respondents first place consuming drug found nearby to school?

	Frequency	Percent
nearby to school	98	63.2
Not nearby school	57	36.8
Total	155	100.00

To determine whether the first places of introduction to the gateway of drugs were nearby their school compound or not the researcher separated those who reported first time consumption at their homes from those who said at their schools. Hence, from 155 students more than half of them i.e. 98 students (63.2%) reported the places they mentioned as first place of introduction were nearby their school.

This result implies availability of drugs around their school greatly increases the risk of becoming a drug abuser. The rest 57 (36.8%) students reported the places were not found nearby their school.

4.2.5 Relationships of Some Variables with respect to Students' Drug Abuse

In this section, the relationships between some variables (like students' sex, academic performance and risk factors) with that of students' drug abuse are discussed. The chi-square independent test statistics is used to test whether or not there is a significant relationship between these variables. The level of significance of α -level set was .05. This means the researcher is 95% confident that the obtained result is not simply due to chance.

Chi-square test was applied to identify factors that associated with Khat chewing among respondents. Accordingly, independent variables were individually entered in to chi-square model to see its association with dependent variable (Do you chew Khat?) of the study. The result of the chi-square model is listed in the following table.

Table 18, Association of variables with chewing Khat among study participants

Variables	Chew Khat		Total	X ²	P-value
	Yes	No			
Gender:					
Male	57(31%)	124(69%)	181(100%)	7.613	0.006*
Female	26(18%)	118(82%)	144(100%)		
Total	83(49%)	242(151%)	325(100%)		
Age:					
16 – 17	38(22%)	135(78%)	173(100%)	2.483	0.115
18 - 21	45(30%)	107(70%)	152(100%)		
Total	83(52%)	242(148%)	(325%)		
Grade Level:					
Grade 11	36(22%)	126(78%)	162(100%)	1.868	0.172
Grade 12	47(29%)	116(71%)	163(100%)		
Total	83(51%)	242(149%)	325(100%)		

Among the three variables individually tested in the Chi-square model and listed in the table above, only one variable was found to be statistically significant and identified as factor associated with respondents' chewing Khat (drug usage). This is:

Gender:

Gender of respondents and chewing Khat had better relation. Male (31%) respondents were Chew Khat more than female respondents (18%). The chi-square test result indicated that the existence of statistically significant association between sex and chew khat. ($X^2 = 7.613$, $P < 0.05$).

Age & Grade Level:

According to chi-square test result, age and grade level have no association with chewing Khat. As the result indicated above in the table, both variables were insignificant.

Table 19, Association of variables with Smoking Cigarette among study participants

Variables	Smoking Cigarette		Total	X ²	P-value
	Yes	No			
Gender:					
Male	36(20%)	145(80%)	181(100%)	4.598	0.032*
Female	16(11%)	128(89%)	144(100%)		
Age:					
15 – 17	22(13%)	151(87%)	173(100%)	2.967	0.085
18 – 21	30(20%)	122(80%)	152(100%)		
Grade Level:					
Grade 11	21(13%)	141(87%)	162(100%)	2.217	0.137
Grade 12	31(19%)	132(81%)	163(100%)		
Frequency of Khat chewing:					
For 5 – 16 days	20(29%)	48(71%)	68(100%)	7.390	0.007*
For 17 & above days	10(67%)	5(33%)	15(100%)		

Among the four variables individually tested in the Chi-square model and listed in the table above, only two variables were found to be statistically significant and identified as factors associated with respondents’ smoking Cigarette (drug usage). These are:

- gender
- Frequency of Khat chewing

Gender:

As chi-square test result shows, gender is associated with cigarette smoking. Male (20%) respondents were smoke cigarette than female respondents (11%). The X^2 test result indicated that sex is statistically significant association with smoking cigarette. ($X^2 = 4.598, P < 0.05$).

Age & grade Level:

Chi-square test result shows age and grade level have no significant association with smoking Cigarette. As the test result indicated above in the table, both variables (Age and grade level) were insignificant.

Frequency of Chewing Khat:

The result of Chi-square shows that the frequency of chewing Khat has association with smoking cigarette. Respondents who chew Khat in the interval of 17days and above (67%) were more smoke cigarette than respondents who were chew Khat in the interval of 5 days – 16days (29%). The X^2 test result shows that frequency of chewing Khat is statistically significant association with smoking cigarette. ($X^2 = 7.390, P < 0.05$).

4.2.6 Basic Motivation Underlying Students' First Time Drug Usage

Knowing the reason students give can be used for further discussions. So the items were structured based on the most possible reasons for drug abuse. Table 21 puts the summary.

Table 20: Possible Reasons to use drugs for the first time

Statements	Rating Scales									
	Strongly disagree		disagree		Undecided		Agree		Strongly Agree	
	f	%	f	%	f	%	f	%	f	%
Peer pressure(N=169)	9	5.3	42	24.9	9	5.3	68	40.2	41	24.3
Availability of drugs (N=169)	21	12.4	48	28.4	8	4.7	54	32	38	22.5
Academic failure (N=168)	25	14.9	39	23.2	11	6.5	51	30.4	42	25.0
Dissatisfaction with school	4	2.4	92	54.4	15	8.9	54	32	4	2.4
Relatives with drug abuse(N=169)	27	16	42	24.9	7	4.1	64	37.9	29	17.2
To cope with life Challenges(N=16)	34	20.1	68	40.2	9	5.3	35	10.8	23	13.6
To experience pleasure (N=165)	7	4.4	36	22.5	5	3.1	71	44.4	41	25.6
To socialize(N=167)	28	16.8	53	31.7	22	13.2	64	38.3	64	38.3
Unhappiness at home (N=169)	50	29.6	41	24.3	41	24.3	16	9.5	21	12.4

As can be seen from the above table, 128(76.6%) and 112(70%), of the students said that they abused drugs for the first time because they want to socialize with their friends and to experience pleasure whereas 109(64.5%) of the students reported that peer pressure was the major reason that made them to use drugs for the first time. whereas 93(55.1%) and 93(55.4%) and 92(54.5%) students used drugs for the first time, because of having biological relatives with drug abuse and academic failure and the availability of drugs respectively.

Among the reasons that were provided for the respondents 58(24.4%) of them said they started to abuse drugs to cope with various life challenges whereas 58(34.4%) of them said their reason was dissatisfaction with the school environment respectively.

Prevalence of current drug abuse was determined by considering the proportion of students who were consuming any of the drugs with 30 days.

Table 21: students' response on Drugs Used in the Past 30 Days

Drugs	f	Percent of cases
Alcohol	68	36.4
Khat	63	33.7
Cigarette	18	9.6
Marijuana	16	8.6
Hashish	22	11.8
Total	187	100

4.2.7 Reasons driven Students to Use Drugs for the past 30 Days

To know the reasons that driven students to abuse drugs, the participants were made to respond to the possible reasons that match with that of their own reasons. Therefore, table 24 presents the figure as follows

Table 22: students' response on Reasons for using drugs in the Past 30 Days.

Statements	f	Percent of Cases
To have pleasant relaxation	82	34.3
To have a state of peace and calm	41	17.2
To experience extreme happiness	39	16.3
To prevent drowsiness	25	10.5
To improve performance in physical tasks	11	4.6
To induce sleep	29	12.1
To just alter perception and thinking	12	5.0
Total	239	100.0

The most mentioned reasons were to have pleasant relaxation 82 (47.7%), To have a state of peace and calm is 41(23.8),to experience extreme happiness 39 (22.7%) and to have a state of peace (38.5%). to prevent drowsiness 25(14.5%), to induce sleep 29(16.9%),to relieve pain 12(7%), to just alter perception and thinking 12(7%) and to improve performance in physical tasks 11 (6.4%) were the least mentioned reasons by the drug abusers.

4.2.8 Rate of Problem of Students' Drug Abuse

The participants were asked to specify the extent of drug abuse problem among secondary school students. Their responses are summarized in the following Table 2

Table 23: Respondents rating of drug abuse among Secondary School Students

Reasons for substance use	Responses	
	N	Percent
very serious	186	57.2
somewhat serious	33	10.2
not too serious	18	5.5
not serious at all	38	11.7
don't know	50	15.4
Total	325	100.0

The above table shows the extent of seriousness of drug abuse among secondary school students. From 325 respondents, the majority of the students 186(57.2%) reported the problem is very serious, 33 (10.2%) and 18(5.5%) students reported that it is somewhat and not that much serious respectively. whereas, 38(11.7%) students responded that drug abuse among secondary school students in public and private schools is a serious problem.

4.2.9 Students' Responses of the likelihood of future drug usage

In order to know the likelihood of students' drug usage in the future they were asked whether they are inclined to use the following drugs or not.

Table24: Students' Responses of the likelihood of future drug usage

Drugs	Rating Scales									
	Very likely		likely		Fairly likely		Not likely		Never	
	f	%	f	%	f	%	f	%	f	%
Alcoholic drinks	41	12.6	54	16.6	93	28.6	20	6.2	117	36
Khat	44	13.5	35	10.8	34	10.5	97	29.8	112	34.5
Tobacco	23	7.1	16	4.9	34	10.5	103	35.7	149	45.8
Marijuana	13	4	14	4.3	37	11.4	120	36.9	141	43.4
Hashish	13	23.6	13	23.6	29	52.7	118	36.3	139	42.8
Shisha	19	33.3	7	12.3	31	54.4	116	35.7	138	42.5
Cocaine	8	15.4	3	5.8	41	78.8	121	37.2	144	44.3

The above table reveals that 41(12.6%) students indicated that they are very likely to use alcoholic drinks in the future whereas 54(16.6%) and 93(28.6%) of them signified that they will likely and fairly likely to use alcohol in the future. Secondly, 44(13.5%), 35(10.8%) and 34(10.5%) responded in a way that they are very likely, likely and fairly likely that they use Khat in the future respectively.

The respondents confirmed that their probability of using tobacco as very likely 23 (7.1%), likely 16 (4.9%), and fairly likely 34 (10.5%). In relation to using marijuana in the future, from 325 students 13(4%) of them stated their possibility of using is very likely. Similarly, 14(4.3%) and 37(11.4) of them said they will likely and fairly likely use marijuana respectively.

With respect to using Hashish in the future 13(23.6%) of students from 325, said that they are very likely of using it. In addition, 13(23.6%) and 29(52.7%) gave their answers as likely and fairly likely respectively. Similarly, 19(33.3%) rated the possibility of their usage of Shisha as very likely as well 7(12.3%) and 31(54.4%) rated the possibility of their usage of Shisha as likely and fairly likely.

Also, 8 (15.4%), as well as 3(5.8%) and 41(78.8%) respondents said they may very likely, likely and fairly likely consume Cocaine respectively.

4.2.10 Students’ observation of Teachers and students abusing drugs at school

In this section, the possible ways that are believed to indicate the prevalence rate among secondary schools were asked. The results are summarized below.

Table 25: students’ responses about their Observations of Teachers using Drugs at School

	responses	f	%
Do any of the teachers at your school use drugs?	Yes	265	81.5
	No	60	18.5
Total		325	100

As shown in the above Table, of 325 students more than 2/3 i.e. 265(81.5%) have seen their teachers abusing drugs at their school.

Table 26: responses of students on their observations of Other Students using drugs at school.

Statements	Rating Scales									
	Always		Frequently		Occasionally		Rarely		Never	
	f	%	F	%	f	%	f	%	f	%
Student drink at school	33	10.2	42	12.9	23	7.1	29	8.9	198	60.9
Student smoking cigarette at school	54	16.6	65	20	61	18.8	1	0.3	144	44.3
Student chewing khat at school	49	15.1	49	15.1	70	21.5	34	10.5	172	52.9
Student smoking cannabis (marijuana, hashish) at school	0	0	0	0	0	0	0	0	0	0

Table 26 shows that from 325 total students 33(10.2%), 42(12.9%) and 23(7.1%) of them indicated that they have seen other students drunk at school always, frequently and occasionally respectively. Also, 54(16.6%) said that they always see students smoking cigarettes in school whereas 65(20%) and 61(18.8%) said they see students smoking frequently and occasionally respectively. Finally, 49(15.1%) students said that they have always seen students chewing Khat at school; on the other hand, 49(15.1%) and 70(21.5%) have seen frequently and occasionally respectively. Respondents did not see students smoking Cannabis (Marijuana and Hashish) at school.

4.2.11 Consequences of Drug Abuse

Using drugs has lots of consequences in one's life socially, economically and politically. Fekadu et al. (2007) and Wu and Khan (2005) also agree on the situation that drug abusing behavior results a serious consequence on one's life at all aspects. It is believed that it helps to improve their academic performance because it makes them to stay awake for longer time. Usually, they begin to experiment with a smaller number of drugs like alcohol, tobacco, Shisha-water pipe filled with tobacco, Khat-a social drug that is consumed as a way of relaxation and other drugs at the end of their elementary class they use these drugs singly or in combination. By the time they reach secondary school their rate of substance use will be high which may have a significant barrier to achieve their educational objectives and it may affect their health, productivity and quality of life. In this section behavioral, social, health and psychological consequences identified by the respondents were summarized.

Behavioral Consequences of Drug Abuse on Students

Below there is a table that mention the behavioral consequences that the drug abusers have encountered.

Table 27: Behavioral Consequences of Drug Abuse on students

Behavioral consequences	f	Percent of Cases
lateness from the class	3	1.2
violence(discipline problem)	52	20.2
Absenteeism from School	50	19.4
High need for money	65	25.2
Loss of interest in daily activities	47	18.2
Harsh argument with people	34	13.2
Expelled from School	7	2.7
Total	258	100.0

The total number of students who responded to the behavioral consequences high need for money was answered by 47.4% of cases; Violence/disciplinary problem was rated 38.0% of cases. Students who responded to the question of absenteeism from the school was rated next 36.5 % of case. Loss of interest in daily activities was rated next by 34.3% of cases these were the most mentioned behavioral consequences that the drug abusers have encountered. On the other hand harsh argument with people and being late from class or school were the least mentioned behavioral consequences that the drug abusers have faced. The key informants also added that one of the most common problems that students are facing due drug abuse is behavioral problem. They become absent from classes, dismissed from the school, fight with others and behave unpleasantly.

Psychological Consequences of Drug Abuse on Students

The Psychological consequences that the drug abusers have encountered were summarized in table 30.

Table 28: Psychological Consequences of Drug Abuse on Students

Psychological Consequences	f	Percent of Cases
Psychological distress	50	25.0%
Suicide attempt	47	23.5%
Strong feeling of guilt	71	35.5%
Feeling of helplessness/hopelessness	32	16.0%
Psychological distress	200	100.0%

The four most mentioned psychological consequences that the drug abusers include strong feeling of guilt 71 (35.5%), psychological distress 50 (25.0%), suicide attempt 47 (23.5%), and feeling of helplessness/hopelessness 32 (16%) However others were the least mentioned consequences that the abusers faced.

Health Consequences of Drug Abuse on Students

Health Consequence was the other mentioned consequences by the respondents. The obtained data is summarized below.

Table 29: Health Consequences of Drug Abuse on Students

Health Consequences	f	Percent of Cases
Physically ill health	43	16.5%
Sleep disorder	61	23.5%
Dizziness	50	19.2%
Weight loss	37	14.2%
Appetite loss	29	11.2%
Over Appetite	22	8.5%
Weight gain	12	4.6%
Mental illness	6	2.3%
Total	260	100.0%

The total number of students who reported they faced health consequence because of abusing drugs 43(16.5%),61(23.5%) and 50(19.2%) of the respondents reported that they faced physical ill health, sleep disorder, dizziness and weight loss respectively.

On the other hand over appetite 22(8.5%), appetite loss 29(11.2%),weight gain12(4.6%)and mental illness 6(2.3%) were the least mentioned consequences that the abuser faced. For instance, a student wrote: *“Nowadays, I’m frequently visiting a hospital to take medicine since I have a health problem that I encountered due to my excess use of drugs”*

Social Consequences of Drug Abuse on Students

The other mentioned consequence by the respondents was Social Consequence. The obtained data is summarized below.

Table 30: Social Consequences of Drug Abuse on Students

Social Consequences	f	Percent of Cases
Loosing friends	36	36.7%
In problem with parents	51	52.0%
Being arrested	11	11.2%
Total	98	100.0%

From 127 respondents those who are in problem with their parents because of abusing drugs were 51(52.0%) those who lose their friends are 36 (36.7%) followed by being arrested 11(11.2%).

A student expressed his incidence in the following manner:

“It was the eve of the new year. I and all my friends were hanging out in a night club. After we took excessive alcohol and other drugs we get ourselves in police station though we did not have it in mind before the party.”

The focus group participants and key informants also agreed drug abuse behavior might cause alienation and getting undermined by the society.

Students in focus group discussion pointed out that students might be out their major future life goal as a result of using drugs. This may result unemployment that affects in the country’s economy. Also students who abuse drugs can be exiled from the society and faces problems in their social life.

Students said that drug abusers are frequently absent from classes, even when they come to class they don't show interest to their lessons. Being in a class also, most of them are disruptive. When assignments are given they either copy from their classmates or let others do for them. One female student said: *Using drugs among secondary school students are coming into insight as a sign of modernization among students.*

Also some students said, the rules of the government are not successfully implemented especially in supervising Khat and Shisha stores, parties/night clubs, and bars.

Table 31 Respondents use of drug problem aspect

<i>Drug Problems</i>	<i>f</i>	<i>Percent</i>
Health problem	8	8.7%
Social Problem	23	25.0%
Behavioral Problem	37	40.2%
Psychological Problems	24	26.1%
Total	92	100.0%

Among respondents 37(40.2%) of the respondents use of drug led to behavioral problem. 24(26.1%),23(25.0), and 8(8.7%) of the respondents use of drug led to psychological, social and health problem respectively.

CHAPTER FIVE

5. DISCUSSION OF FINDINGS

The study has indicated that 24.60% of the students use different kinds of substances. The prevalence was similar with the finding attained by Kidan Abrha Teferi (2011) which stated the prevalence rate of substance abuse among Mekelle university students (20%). The participants abuse the socially acceptable substances (Cigarettes, Khat, and Alcohol) and a non-socially accepted drug (Cannabis). This is consistent with the earlier findings of Yohannes Godana (1999) and Eshetu Alemu (1998). On the other hand, from this study, it was found out that more abstainers which account 75.40% were found than drug users. In a similar study conducted by Tesfahun Aklog, et al, (2013) on technical school students showed an overall prevalence of substance abuse was 14.1 % while result obtained in this research prevalence rate of lifetime drug abuse of alcohol and Khat took the biggest share in their being used 69.2% and 47.4% respectively. The difference in prevalence among these studies might be due to several reasons including sample size difference, access to substances geographical areas, etc... The result points out, more abusers of drugs may be initiated in the school if deliberate drug abuse prevention activities are not employed (in the school).

It was found in this study, students who use drugs start to perform it very early. The participants were found vulnerable to drug abuse from as early as age sixteen. For young people to be exposed to the risk of drugs (especially to Khat and alcohol), is a threat for users and their family. It is quite interesting to note from the study results that the extent of drug abuse problem among secondary school student and the problem was indicated as very serious by 186(57.2%) replied the problem is very high.

Age as a factor in drug abuse was taken in to account. The highest frequency age group is between eighteen and twenty, which is the maximum age to the sample group for drug abuse behavior.

A large proportion of study subjects (78%) fall in the age between 18 to 21 years, and the rest (22 %) occupied 16-17. Most substance users started using drugs within the same age category and the most abused substances are Khat and Alcohol.

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

In this study, three variables gender, age and grade level individually tested only one variable was found to be statistically significant and identified as factor associated with respondents' chewing Khat (drug usage). This is gender of respondents and chewing Khat had better relation. Male (31%) respondents were Chew Khat more than female respondents (18%) and the result indicated that the existence of statistically significant association between sex and chew khat. ($X^2 = 7.613$, $P < 0.05$).

Among the four variables individually tested to identify in factors associated with respondents' smoking cigarette (drug usage) and only two variables were found to be statistically significant and identified as factors these are gender and frequency of Khat chewing that is gender is associated with cigarette smoking. Male (20%) respondents were smoke cigarette than female respondents (11%). The X^2 test result indicated that sex is statistically significant association with smoking cigarette. ($X^2 = 4.598$, $P < 0.05$). Age and grade level have no significant association with smoking Cigarette. As the test result indicated above in the table, both variables (Age and grade level) were insignificant. And the other result shows that the frequency of chewing Khat has association with smoking cigarette. Respondents who chew Khat in the interval of 17 days and above (67%) were more smoke cigarette than respondents who were chew Khat in the interval of 5 days – 16days (29%). The X^2 test result shows that frequency of chewing Khat is statistically significant association with smoking cigarette. ($X^2 = 7.390$, $P < 0.05$).

The result suggests that age and grade level does not have an association on drug use. Students of any age and grade are exposed to the problem.

In this study the most frequented drug abuse includes, alcohol and Khat took the biggest share in their being used 69.2% and 47.4% respectively, Cigarette is 23.1% Shisha is 20.2

percent of cases followed by marijuana or weed which is 10.9% while Hashish took the sixth stage with 21 (8.5%). Next is Heroin which is preceded by 3.6% of the case. The users of Cocaine and other drugs are relatively rare.

In similar study done on Ayer Tena secondary school students by Henok Asefa (2015) the most frequented drugs of abuse includes, 5.90% smoke cannabis, 4.20% chew khat, 0.80% drink Alcohol, and 0.80% smoke cigarettes. This finding is in agreement with the result obtained by Kidan Abrha Teferi (2011). The study also discovered students use more than one substance.

Accordingly 8.50% abuse khat and Cannabis, 2.50% take khat and Alcohol, and the remaining 1.70% abuse khat and Cigarette. This study finding correlates with Tesfahun Aklog et.al 2013 which revealed alcohol prevalence 13.4%, khat 7.8%, cigarette 5.4% and other illicit substances (1.95%). In another similar study by Yigzaw Kebede et.al (2005) disclosed the prevalence of Alcohol, khat and Tobacco was 23%, 30.6% and 13.3% respectively.

The finding in this study indicates students' abuse drugs with their friends to socialize with their friends 128(76.6%) and 112(70%), of the students said that they abused drugs because they want and to experience pleasure whereas 109(64.5%) of the students reported that peer pressure was the major reason that made them to use drugs for the first time.

The finding in Ayere Tena High school study indicates students' abuse drugs with their friends (20.3%). Henok Asefa(2015) For example, Yohannes Godanna (MOE, 1999) revealed many students abuse drugs just because their friends and peers did it and in order to achieve social acceptance. Similarly, in this study, students abuse drugs due to peer pressure, parent's drug use, to get relief from stress (5.1 %, 4.2%, and 4.2 % respectively).

In this result obtained the major push factors for the student engagement in substance abuse is to socialize, to experience pleasure and due to peer pressure and the existence of drug abuser within the family.

Comparing with researches done in Jimma university students shows presence of family members and friends who chew Khat was a risk factor for substance abuse (Ayana and Mekonen, 2004). It showed that parent and friends does have supportive effects for substance

abuse habit of the students. Students who have parent and friend abusers were more likely to abuse drug than that of the students that don't have any user friend or parents. Parents are the primary responsible body to Shape the conduct of the children and peer pressure is one of influential factors that push students to engage in these behaviors.

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

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

The sample groups were questioned about the reasons for using drugs. The major identified reasons for drug use by students were 49.4% and 37.3% said that they chew Khat to pass the time and to stay awake, 13.3% said they chew Khat because they are addicted.

It is found that 63.2% drink to fight depression whereas, 21.1% drink to pass the time and 15.8% of them drink alcohol to socialize. whereas 55.1% and 55.4% and 54.5% students used drugs for the first time, because of having biological relatives with drug abuse and academic failure and the availability of drugs respectively. Among the reasons that were provided for the respondents 24.4% of them said they started to abuse drugs to cope with various life challenges whereas 34.4% of them said their reason was dissatisfaction with the school environment respectively.

A study conducted by Henok Asefa on Ayere Tena High school the major identified reasons for drug use by students were that are peer pressure, parents drug use and “to get relief from stress occupies 5.1%, 4.2% and 4.2% respectively. About 11% (13 students out of 29) of the respondents stated their source of influence to their drug habit due to their friends. Friend’s exposure to drugs is the push factor behind the respondent’s status of being addicted. Study subjects who started to engage in the practice due to Parents influence and modeling students in the school compound accounts 6.8 % and 3.4 % respectively.

It is well known that behavior is the interplay of heredity and environment, environment encompasses everything in the surroundings including human interactions and behavior can be learned either through practice or imitation. Therefore the majority imitates the drug behavior of their friends.

Finally, the respondents were asked whether or not they have encountered a problem as a result of substances abuse. 40.2% of the respondents’ use of drug led to behavioral problem. 26.1%, 25.0, and 8.7% of the respondents use of drug led to psychological, social and health problem respectively. From behavioral problem 47.4% high need for money, violence/disciplinary problem was rated 38.0% of cases, 36.5 % of the case absenteeism from the school was rated and loss of interest in daily activities was rated next by 34.3% of cases. On the other hand harsh argument with people and being late from class or school were the least mentioned behavioral consequences that the drug abusers have faced. The key informants also added that one of the most common problems that students are facing due drug abuse is behavioral problem. They become absent from classes, dismissed from the school, fight with others and behave unpleasantly. Among health consequence because of abusing drugs 16.5%,23.5% and 19.2% of the respondents reported that they faced physical ill health, sleep disorder, dizziness and weight loss respectively.

The four most mentioned psychological consequences that the drug abusers include strong feeling of guilt 35.5%, psychological distress 25.0%, suicide attempt 23.5%, and feeling of helplessness/hopelessness 16%.

On the social consequence from 127 respondents those who are in problem with their parents because of abusing drugs were 51(52.0%) those who lose their friends are 36 (36.7%) followed by being arrested 11(11.2%).

A study at Ayer Tena Secondary school by Henok Asefa, 2015 has showed consequence of drug on respondents. Thus, according to his study result 24.6 % indicated that their habit led them to go through some difficulties in learning their education properly. Likewise, the students asserted facing a problem of exhibiting physical & psychological problems (6.8 %), quarreling with teachers & other people (5.1 %), difficulty in learning (5.1%), and coming late to school (2.5 %). The challenge is characterized by massive physical, emotional and interest changes. This implies drug use has negatively contributed to student's health, education and relationships. The possible reason could be most of students are in adolescent age group so that they are eager and curious to experiment new things. Adolescence is a period where individual's faces stress and anxiety. To deal with these challenges, they easily engaged in drug abuse behavior to deal with problems and become a victim of addiction.

Chapter Six

6. CONCLUSION, RECOMMENDATION AND IMPLICATION

6.1 Conclusions

In this section, in light of the analysis of the information gathered the following results and conclusions were drawn. Based upon the results, the summary, conclusion, and important recommendations were given under the framework of the basic research questions.

This study was based on the administration of a questionnaire and so relies on the truthfulness of the students. The sample was drawn randomly so can be seen as reasonably representative. In this study an attempt was made to assess the prevalence, associated effects of drug abuse, causal factor for drug abuse, and examine the social and behavioral factors emerged in the sampled subjects.

The current drug use prevalence of sampled public and private Secondary School is high. The most commonly used drugs by students are alcohol, cigarettes, khat and Shisha. Alcohol, khat. Finally, the most important causes of drug use among students are peer pressure and availability of drugs. Alcoholic drinks, Khat, Shisha and Cigarette are the most commonly used drugs among both types of secondary school students.

Khat is statistically significant association with smoking cigarette. The result of Chi-square shows that the frequency of chewing Khat has association with smoking cigarette.

Chi-square test result shows sex has significant association with smoking Cigarette.

Life time drug abuse is significantly associated with risk factors for drug abuse such as school environment, family condition, peer pressure and availability of drugs. Level of academic performance is significantly associated with life time drug abuse. sex is not significantly associated with lifetime drug abuse. Having drug using peers, lack of parental/guardians' involvement in students' life, family history of drug abuse, availability of drugs in the school, insufficient youth recreational amenities all contribute for students' drug abuse behavior.

Students abuse drugs at Khat/Shisha store, at their home, in their school compound, at a party and at bar or restaurants.

Students who abuse drugs have been encountering one or more of the following problems behavioral, psychological, health and social problems that have a negative implication on their education.

Students with family members who abuse drugs are more likely to be drug addicts on the other hand students who occupy a secured relationship with their parents are more likely to be protected. This shows the role of family in the behavioral outcome of adolescents. In this study the presences of “khat bet” around school do have association with current substance abuse.

School teachers’ and parents drug abuse of in the compound of schools and at home respectively might have impact on students since parents and school teachers are role models for adolescent students

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

6.2 Recommendations

The results of the study have been presented in the preceding chapter. Based on the research findings, it is recommended that:-

- i. The government should put in place measures of limiting easy access to drugs such as alcohol, cigarettes, khat and other drugs.
- ii. There is need for affirmative policy formulation to provide/encourage use of student friendly disciplinary measures like guidance and counseling by professional teacher counselor. Secondary schools should have qualified guidance and counseling teachers to help students struggling with drugs.
- iii. Drug abuse education should be integrated into the curriculum of all segments of the educational system. In fact, in some specific subjects the issue of drugs are incorporated but not to the desired level in addition teachers training curriculum should be modified to incorporate school discipline studies particularly drug abuse and the Ministry of Education should expand its spheres of coverage to incorporate school principals in addressing the challenges faced in students drug abuse.
- iv. The government should give priority for rehabilitation by design individual, peer and group counseling sessions on drug abuse at schools probably a need for social worker is very high so need to accommodate social workers in school and healthy recreational amenities and youth centers like public libraries by concerned body should be given due attention. It helps the youth to spend their free time in a constructive manner and to draw their attention away from drug abuse.
- v. Building strong youth network at school level that work on the issue of drug use and establishing anti drug clubs and youth association adding school children parents.

6.3 Implication for social work

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

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

6.3.1. Counseling

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

6.3.2. Advocacy

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

create know hoe to the youth on how to resist peer pressure and the influence of social groups.

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

6.3.3. Life skill training

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

6.3.4. Group therapy

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

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Appendix -A

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

DEPARTMENT OF SOCAIL WORK A Questionnaire to be filled by Students

Dear Students:

The purpose of this questionnaire is to obtain primary information about the differences in determinants and associated risks of substance abuse between private and public high school students in Addis Ababa. The objectives of the study are: to explore the determinants and prevalence rate of drug abuse among students, indicate secondary school students' drug usage manner, and to point out the consequences of students' drug usage. You are required to give response for each question genuinely. Therefore you are kindly requested to complete it frankly and responsibly.

Remark

- You are not required to write your name.
- Follow the instructions given for each of the questions.

N.B: Under the phrase Drug Abuse or the word drugs the following are included: Alcohol (like beer, 'tela', and liquor, wine), Khat, Tobacco (Cigarette, Cigar), Marijuana (weed), Hashish, Shisha, Inhalants (aerosol, benzene), Heroin, cocaine, and similar others.

Thank You in Advance for your time and cooperation!

All Responses will be held confidential.

STUDENT QUESTIONNAIRE

Part one: Background information

General Instruction: Please give your responses to the following items by circling or by writing the desired information on the space provided.

APPLICABLE FOR ALL

1. Sex: A. Male B.Female
2. Age: _____
3. Grade level: A. Grade 9 B.Grade10
4. With whom are you living?
A. With oneself C. Guardians E. Other (specify]___ B.
Parents D. Relatives

**APPLICABLE ONLY FOR THOSE WHO MENTIONED code-B IN Q-4 OTHERS
GO TO Q-6**

5. What kind of parental composition is it?
A. Both biological parents D. Biological mother
only B. Biological mother and stepfather E. Biological
father only C. Biological father and mother

APPLICABLE FOR ALL (From Q.6-17)

6. Who is your main source of income?
A. Oneself D. Relatives
B. Parents E. Other (specify) _ C.
Guardians
7. Total numbers of students in your class? __
8. What was your rank in the recent semester?
A.1-10 D.32-40
B.11-20 E.41-50
C.21-30 F.>50 and above

Exploring in Determinants and Associated Risks of Substance Abuse

Part Two: Questions about Risk factors for drug abuse Subsection one: school Environment

Below, there is a rating scale. Put a tick mark (√) on the number which best describes your degree of agreement or disagreement.

KEY:(5=Strongly disagree, 4=Disagree, 3=Undecided, 2=Agree,1=Strongly agree)

	Statements	5	4	3	2	1
9	I know students who abuse drugs in their possession at school					
10	I Have seen drug being used on the compound of my school					

Subsection two: Parental relationship

Below, there is a rating scale. Put a tick mark (√) on the number which best describes your degree of agreement or disagreement.

KEY:(5=Strongly disagree, 4=Disagree, 3=Undecided, 2=Agree,1=Strongly agree)

	Statements	5	4	3	2	1
11	My parents usually are open to discuss and advice than physical force when I failed to fulfill their expectation.					
12	My parents use drugs such as Khat, Alcohol, tobacco, and other drugs					
13	I live through high levels of family conflict					
14	I lack positive parental role modeling					

Sub section Three: - Peer pressure

Below, using the rating scale select your option by using a tick (√) mark on the number which best describes your degree of agreement or disagreement. **KEY:(5=Strongly disagree, 4=Disagree,**

3=Undecided, 2=Agree, 1=Strongly agree)

Exploring in Determinants and Associated Risks of Substance Abuse

	Statements	5	4	3	2	1
15	Many of my friends drink alcohol, use tobacco, chew khat and use other drugs.					
16	Have you ever encountered pressure from your friends to use alcohol, khat, tobacco and other drugs					

Part three: Questions on drug use behaviour and practice, lifetime drug usage and first time drug usage.

Subsection one: Questions regarding drug use behavior and practice

17 Do you chew khat? A. Yes B. No IF NO GO TO Q. 24

18. If yes, why do you chew khat?

A. To pass the time

C. To socialize

B. To stay awake

D. I'm addicted

Other (specify)_____

19. During the past 30days, for how many days did you chew khat?

A. for 5-8 days

D. for 17-20 days

B. for 9-12 days

E. for >21 days

C. for 13-16 days

20. How long have you been chewing khat?

A. For shorter than 6 months

C. For 1-3years

B. between 6 months-1 year

D. For longer than 3 years

21. On average for how many days do you use

A. Less than once per week C. greater than _____ ryday

B. Once per week D. Every day

22. With whom do you chew khat?

A. Always alone

C. Usually with others

B. Usually alone

D. Always with others

23. What other drugs do you use during chewing khat? (Multiple responses are possible) A.

Cigarette

C. Shisha

B. Marijuana

D. I don't use

E. Other specify_____

24. Do you drink alcohol?

A. Yes

B. No IF NO GO TO Q.27

25. Why do you drink alcohol?

A. To pass the time

D. To socialize

B To fight depression

E. I'm addicted

C To forget my problems

F. Other specify_____

Exploring in Determinants and Associated Risks of Substance Abuse

Use a tick (√) mark on the number which best describes your degree of agreement or disagreement.

KEY:(5=Strongly disagree, 4=Disagree, 3=Undecided, 2=Agree, 1=Strongly agree)

	Statements	5	4	3	2	1
32a	Peer pressure					
32b	Availability of drugs					
32c	Academic failure					
32d	Dissatisfaction with the school environment					
32e	Having biological relatives with drug abuse					
32f	Unhappiness at home					
32g	To cope with various life challenges					
32h	To experience pleasure					
32i	To socialize					

Other (specify) _____

33. Which of the following drugs have you used in the past 30 days?

[Multiple responses are possible]

- | | |
|---|-----------------------|
| A. Alcohol (like beer, 'tela', liquor, wine | H. Heron |
| B.Khat | I. Cocaine |
| C. Tobacco (cigarette, cigar) | J.Other specify _____ |
| D.Marijuana (weed) | K.Never SKIP TO Q.35 |
| E. Hashish | |
| F. Shisha | |
| G. Inhalants (aerosol, benzene] | |

34. Why have you used any of those substances in the past 30 days?

(Multiple responses are possible)

- | | |
|--|--|
| A. To have pleasant relaxation | I. To improve performance mental tasks |
| B. To have a state of peace and calm | J. To just alter perception and thinking |
| C. To experience extreme happiness | |
| D. To prevent drowsiness | K. Other (specify) _____ E. To improve performance in physical tasks |
| F. To relieve anxiety G. To induce sleep | H. To reduce fatigue |

Applicable for those who mentioned options from ‘A-J’ for Q.28 those who mentioned option ‘K’ SKIP TO Q.47

42. Which of the following consequences (behavioral aspect) have you experienced due to drug use?

[Multiple responses are possible]

- A. Lateness from the class
- E. Loss of interest in daily activities B.
- Violence (disciplinary problems)
- F. Harsh argument with people
- C. Absenteeism from school
- G. Expelled from school
- D. High need for money
- H. Other (specify) _____

43. Which of the following consequences (psychological aspects) have you experienced due to drug use? [Multiple responses are possible]

- A. Psychological distress
- C. Strong feeling of guilt
- B. Suicide attempt
- D. Feeling of helplessness/hopelessness
- E. Other (specify) _____

44. Which of the following consequences (health aspect) have you experienced due to drug use?

[Multiple responses are possible]

- A. Physically ill-health
- F. Over appetite
- B. Sleep disorder
- G. Weight gain
- C. Dizziness
- H. Mental illness
- D. Weight loss
- I. Other (specify) _____
- E. Appetite loss

45. Which of the following consequences (social aspect) have you experienced due to drug use?

[Multiple responses are possible]

- A. Loosing friends
- C. Being arrested
- B. In problem with parents/guardians
- D. Other (specify) _____

46. In general, to what extent your use of drugs led you to the following problem aspects? Put a tick in front of your answer [Multiple responses are possible]

- A. Health problems
- C. Behavioral problems
- B. Social problems
- D. Psychological problems
- E. Other (specify) _____

47. What else would you say about the prevalence rate of drug abuse and students’ drug usage manner?

48. Generally, What do you suggest about the abuse of drug among secondary school students and its consequences on their education?

አዲስ አበባ ዩኒቨርሲቲ የድህረ ምርቃ ትምህርት ክፍል

ትምህርትና ጥናት ምርምር ተቋም

የሶሻል ወርክ ትምህርት ክፍል

በተማሪዎች የሚሞላ መጠይቅ

ይህ መጠይቅ የተዘጋጀው አደንዛዥ ዕዎች በአዲስ አበባ ከተማ ውስጥ በሚገኙ የግልና የመንግስት የሁለተኛ ደረጃ(11ኛ እና12ኛ ክፍል) ተማሪዎች ትምህርት ላይ የሚያስከትለውን ተጽዕኖ የሚያሳይ ጥናት ለማካሄድ መረጃ ለማሰባሰብ ይረዳ ዘንድ ነው።

የጥናቱ አላማ በአዲስ አበባ ከተማ በሚገኙ የግልና የመንግስት ሁለተኛ ደረጃ ት/ቤት ተማሪዎች ዘንድ የአደንዛዥ ዕዎች ጥቅም ላይ የመዋል መጠነ ስፋት የአጠቃቀም ሁኔታና የሚያስከትሏቸው አሉታዊ ተጽዕኖ ለማጥናት ነው።

ጥናቱ የተሳካ ይሆን ዘንድ የእርስዎ ቀናና እውነተኛ ምላሽ ዋነኛ ነው።

ይህ ቅጽ በታማኝነትና በእውነት እንደሞሉት በትህትና እንጠይቃለን።

- ማሳሰቢያ:-**
- በመጠይቁ ላይ ስምዎትን መጻፍ አያስፈልግም።
 - ለእያንዳንዱ ጥያቄ መመሪያውን በሚገባ አንብበው ይመልሱ።
 - የሚሰጡት መልስ ሁሉ ሚስጥራዊነቱ የተጠበቀና ለጥናቱ አላማ ብቻ የሚውል ይሆናል።

ማስታወሻ:- አደንዛዥ ዕዎች የሚለው ሀረግ የአልኮል መጠጦችን(እንደ ቢራ ፣ጠላ፣ አረቄ የመሳሰሉትን ጫት፣ ሲጋራ፣ማሪዋና(ዕጽ)፣ሃሽሽ፣ሺሻ፣ ወደ ሳንባ የሚሳቡ እንደ ቤንዚን፣ሄሮይን፣ ኮኬይን የመሳሰሉትን ለማለት ነው።

ክፍል አንድ በተማሪዎች የሚሞላ መጠይቅ

ማሳሰቢያ:- ለእያንዳንዱ ጥያቄ ትክክለኛ የሚሉትን መልስ ከጎኑ በሚገኘው ሣጥን ውስጥ (✓) ምልክት ያስገቡ ሁሉም ተሳታፊ ሊመልሰው የሚገባ(ከጥያቄ ቁጥር 1-5)

1. ያታ ሀ) ወንድ ለ) ሴት
2. እድሜ
3. የትምህርት ደረጃ ሀ) 11ኛ ለ) 12ኛ
4. ከማን ጋር ነው የሚኖሩት?
ሀ) ለብቻዬ ለ) ከወላጅ ጋር ሐ) ከአሳዳጊ ጋር መ) ከዘመድ ጋር
ሠ) ሌላ ካለ ግለጹ-----
5. ጥያቄ ተራ ቁጥር 4 ከወላጅ ጋር ብለው ለመለሱ ተሳታፊዎች ብቻ የሚመልሱት.
 ከየትኛው አይነት የወላጅ አወቃቀር?
ሀ) ከወላጅ እናትና አባት
ለ) ከወላጅ እናትና እንጅራ አባት
ሐ) ከወላጅ አባትና የእንጅራ እናት
መ) ከወላጅ አባት ጋር ብቻ
ሠ) ከወላጅ እናት ጋር ብቻ
ለሁሉም ተሳታፊ የሚጠየቅ (ከጥያቄ ቁጥር 6-17)
6. እርስዎ በዋነኝነት ገንዘብ የሚያገኙት ከየትኛው ምንጭ ነው?
ሀ) ከራሴ ለ) ወላጅ ሐ) አሳዳጊ መ) ዘመድ ሠ) ሌላ ካለ
ይግለፁ-----
7. በእርስዎ ክፍል ውስጥ ጠቅላላ የተማሪ ብዛት ምን ያህል ይሆናል?-----
8. ባለፈው ሴሚስተር ከክፍልዎ ስንተኛ ደረጃ አገኙ?
ሀ) 1-10 ለ) 11-20 ሐ) 21-30 መ) 31-40 ሠ) 41-50 ረ) ከ 50ኛ በላይ

ክፍል ሁለት:- የትምህርት ቤት አካባቢ የወላጅ -ተማሪ ግንኙነት እና የጓደኛ/አቻ ተፅዕኖ የተመለከተ ጥያቄ

ንዑስ ክፍል አንድ :- የትምህርት ቤት አካባቢ ሁኔታ

ከዚህ በታች የተጠቀሱት ጥያቄዎች በተሰጠው መመዘኛ መሰረት የመስማማትዎን ወይም ያለመስማማትዎን መጠን ይግለጹ::

ምርጫዎን(✓) ምልክት በማድረግ ይግለጹ::

Exploring in Determinants and Associated Risks of Substance Abuse

መመዘኛ 5 = በጣም አልስማማም 4=አልስማማም 3=ለመወሰን አልችልም
2=እስማማለሁ 1=በጣም እስማማለሁ

		5	4	3	2	1
9	አደንዛኝ ፊት ጉምህርት ቤታችን ግቢ ውስጥ ይዘው የሚመጡ ወይም የሚይዙ ተማሪዎች አይቼ አውቃለሁ።					
10	አደንዛኝ ፊት በጉምህርት ቤታችን ግቢ ውስጥ ጥቅም ላይ ሲውል አይቼ አውቃለሁ።					

ንዑስ ክፍል ሁለት፡- የወላጅና ተማሪ ግንኙነት

ከዚህ በታች የተጠቀሱትን ጥያቄዎች በተሰጠው መመዘኛ መሰረት የመስማማትዎን ወይም ያለመስማማትዎን መጠን ይግለጹ።

ምርጫዎን(✓) ምልክት በማድረግ ይግለጹ።

መመዘኛ 5 = በጣም አልስማማም 4=አልስማማም 3=ለመወሰን አልችልም
2=እስማማለሁ 1=በጣም እስማማለሁ

		5	4	3	2	1
11	ወላጆቹ ከኔ የሚጠብቁብኝን ሳላደርግ ከቀረሁ ከዱላ ይልቅ በመመካከርና በመወያየት ያምናሉ።					
12	ከቤተሰቦቼ ውስጥ አደንዛኝ ፊት የሚጠቀም ሰው አለ ወይም ነበር					
13	ጭቅጭቅና ግጭት ያለበት ቤተሰብ ውስጥ ነው የምኖረው					
14	መልካም አርአያ የሚሆን ወላጅ የለኝም					

ንዑስ ክፍል ሶስት፡- የአቻ/ጓደኛ ግፊት

ከዚህ በታች የተጠቀሱትን ጥያቄዎች በተሰጠው መመዘኛ መሰረት የመስማማትዎን ወይም ያለመስማማትዎን መጠን ይግለጹ።

ምርጫዎን(ህ) ምልክት በማድረግ ይግለጹ።

መመዘኛ 5 = በጣም አልስማማም 4=አልስማማም 3=ለመወሰን አልችልም

2=እስማማለሁ 1=በጣም እስማማለሁ

		5	4	3	2	1
15	አብዛኞቹ ጓደኞቹ የአደንዛዥ ፅዕ ተጠቃሚዎች ናቸው					
16	አደንዛዥ ዕዎችን እንድጠቀም ከአቻ ጓደኛዬ ግፊት ደርሶብኝ ያውቃል					

ክፍል ሶስት :- አደንዛዥ ዕዎችን የመጠቀም ባህሪ፣ በህይወት አንዴ መጠቀምና በህይወት ለመጀመሪያ ጊዜ መጠቀምን በተመለከተ

ንዑስ ክፍል አንድ፡- አደንዛዥ ዕዎችን የመጠቀም ባህሪ

17. እርስዎ ጫት ይቅማሉ?

ሀ) አዎን ለ) አልቅምም ከሆነ ምላሹት ወደ ጥያቄ 24 ይለፉ ካልሆነ ይቀጥሉ

18. ጫት ለምንድን ነው የሚቅሙት?

ሀ) ጊዜ ማሳለፊያ ለ) ለመነቃቃት ሐ) ከሰዎች ጋር ቅርብነትን ለመፍጠር
 መ) ሱስ አለብኝ ሠ) ቅጫ አላውቅም

19. ላለፉት 30 ቀናት ለምን ያህል ቀናት ጫት ቅመዋል?

ሀ) ለ5-8 ቀናት ለ) ለ9-12 ቀናት ሐ) ለ13-16 ቀናት መ) ለ17-20 ቀናት
 ሠ) ለ21 ቀናት

20. ጫት መቃም ከጀመሩ ምን ያህል ጊዜ ሆነዎት?

ሀ) ከስድስት ወር ያንሳል ለ) ከ6 ወር - 1 አመት ሐ) ከ1 እስከ 3 አመት መ) ከ3 አመት በላይ

21. በአማካኝ ለምን ያህል ቀናት ጫት ይቅማሉ?

- ሀ) በሳምንት አንድ ቀንም አይሆንም ለ) በሳምንት አንድ ቀን
- ሐ) በሳምንት ከአንድ ጊዜ በላይ ነገር ግን በየቀኑ አይደለም መ) በሳምንት 2 ቀናት

22. ከማን ጋር ነው ጫት የሚቅሙት ?

- ሀ) ሁል ጊዜ ብቻዬን ለ) ብዙውን ጊዜ ለብቻዬ ሐ) ብዙውን ጊዜ ከሌሎች ጋር
- መ) ሁል ጊዜ ከሌሎች ጋር

23. ጫት በሚቅሙበት ወቅት አብረው የሚጠቀሟቸው ዕቃዎች ከሚከተሉት ውስጥ የትኞቹ ናቸው?

- ሀ) ሲጋራ ለ) ማሪዋና ሐ) ሺሻ መ) አልጠቀምም ሠ) ሌላ ካለ ይግለጹ-----

24. የአልኮል መጠጦችን ይጠቀማሉ?

- ሀ) አዎን እጠቀማለሁ ለ) አልጠቀምም ከሆነ መልስዎ በመቀጠል ወደ ጥያቄ ቁጥር 27 ይለፉ

25. መጠጥ ለምንድነው የሚጠጡት?

- ሀ) ጊዜ ለማሳለፍ ለ) ድብርት ለማባረር ሐ) ችግሮቹን ለመርሳት መ) በአስደሳች ሁኔታ ዘና ለማለት
- ሠ) ሰብስቦ ስላለብኝ ረ) ሌላ ካለ ይግለጹ-----

26. ባለፈው ወር በአማካኝ በምን ያህል ጊዜ የአልኮል መጠጦችን ጠጥተዋል?

- ሀ) ሁል ጊዜ በየቀኑ ለ) አንዳንዴ(1-4 ቀን በወር ሐ) በሳምንት ከ3-4 ቀን መ) በበአል ቀናት አልፎ አልፎ

27. ሲጋራ ያጨሳሉ?

- ሀ) አዎ አጨሳለሁ ለ) አይ አላጨሰም

ንዑስ ክፍል ሁለት:- አደንዛዥ ዕቃዎችን በህይወት ለመጀመሪያ ጊዜ መጠቀምና በህይወት አንድ ጊዜ መጠቀምን የተመለከተ ጥያቄ

28. በህይወትዎ እስከ አሁን አንዴም ቢሆን ከሚከተሉት አደንዛዥ ዕቃዎች መካከል የትኛውን/የትኞቹን ተጠቅመው ያውቃሉ? ከአንድ በላይ ከሆኑ ሁሉንም መመለስ ይቻላል (✓) ምልክት ይጠቀሙ

- ሀ) የአልኮል መጠጦች(እንደ ቢራ፣ ጠላ፣ ወይን፣ አረቄ የመሳሰሉት)
- ለ) ጫት ሐ) ሲጋራ መ) ማሪዋና ሠ) ሃሺሽ ረ) ሺሻ

ሰ)ወደ ሳንባ የሚሳቡ እንደቤንዚል የመሳሰሉ ሸ) ሄሮይን ቀ) ኮኬይን

በ) ሌላ ካለ ይግለጹ-----

ተ) አንድም ቀን ተጠቅሜ አላውቅም ከሆነ መልስዎ ወደ ጥያቄ ቁጥር 35 ይለፉ

29. ከሚከተሉት አደንዛዥ ዕጾች መካከል በህይወትዎ ለመጀመሪያ ጊዜ የተጠቀሙት የትኛውን ነው?

ከአንድ በላይ ከሆኑ ሁሉንም መመለስ ይቻላል (✓) ምልክት ይጠቀሙ

ሀ) የአልኮል መጠጦች(እንደ ቢራ፣ ጠላ፣ ወይን፣ አረቄ የመሳሰሉት)

ለ) ጫት ሐ) ሲጋራ መ) ማሪዋና ሠ) ሃሺሽ
ረ)ሺሻ

ሰ)ወደ ሳንባ የሚሳቡ እንደቤንዚል የመሳሰሉ ሸ) ሄሮይን ቀ) ኮኬይን

በ) ሌላ ካለ ይግለጹ-----

ተ) አንድም ቀን ተጠቅሜ አላውቅም ከሆነ መልስዎ ወደ ጥያቄ ቁጥር 35 ይለፉ

30. በጥያቄ ቁጥር 29 ላይ የተጠቀሱትን አደንዛዥ ዕዕ ለመጀመሪያ ጊዜ የተጠቀሙት በየትኛው ስፍራ ነው?

ሀ) ቤት ውስጥ ለ) ጫት ወይም ሺሻ ቤት ሐ) ትምህርት ቤት ውስጥ
መ) ፑል ቤት ሠ) ፓርቲ ቤት ረ) መንገድ ላይ ሰ) ናይት ክለብ
ሸ) ባር ወይም ሬስቶራንት ቀ) ሌላ ስፍራ ካለ ይግለጹ-----

31. በጥያቄ ቁጥር 30 ላይ የተጠቀሱትን ስፍራዎች የሚገኙት በትምህርት ቤትዎ አቅራቢያ ነበር?

ሀ) አዎ ለ) አይደለም

ከዚህ በታች የተጠቀሱትን ጥያቄዎች በተሰጠው መመዘኛ መሰረት የመስማማትዎን ወይም ያለመስማማትዎን መጠን ይግለጹ።

ምርጫዎን(✓) ምልክት በማድረግ ይግለጹ።

መመዘኛ 5 = በጣም አልስማማም 4=አልስማማም 3=ለመወሰን አልችልም 2=አስማማለሁ
1=በጣም አስማማለሁ

32. ለመጀመሪያ ጊዜ አደንዛዥ ዕዕ እንዲጠቀሙ በዋናነት ያነሳሳዎት ወይም ምክንያት የሆነዎት ምን ነበር?

ሰ) ድካምን ለመቀነስ ለመቀየር

ሸ) የአእምሮ ስራዎችን የመስራት ብቃት

ቀ) ግንዛቤና የአስተሳሰብ ሁኔታን ለመቀየር

35. ከሚከተሉት አደንዛኝ ፊደሎች መካከል ለወደፊቱ የመጠቀም አዝማሚያ ምን ያህል ነው?

ከታች የተሰጠውን መመዘኛ በመጠቀም ተገቢውን መልስ ላይ (✓) ምልክት ያድርጉ

ምርጫዎን(✓) ምልክት በማድረግ ይግለጹ።

መመዘኛ 5 = በጣም አልስማማም 4=አልስማማም 3=ለመወሰን አልችልም 2=እስማማለሁ

1=በጣም እስማማለሁ

	አደንዛኝ ፊደሎች	5	4	3	2	1
36ሀ	የአልኮል መጠጦች እንደ ቢራ፣ ጠላ፣ ወይን፣ አረቄ የመሳሰሉት					
36ለ	ጫት					
36ሐ	ሲጋራ					
36መ	ማሪዋና(ዊድ)					
36ሠ	ሃሺሽ					
36ረ	ሺሻ					
36ሰ	ወደ ሳንባ የሚሳቡ(እንደ ቤንዚን የመሳሰሉት)					
36ሸ	ሄሮይን					
36ቀ	ኮኬይን					

ሌላ ካለ ይግለጹ-----

37. በትምህርት ቤትዎ ከሚገኙ መምህራን አደንዛኝ ፊደሎችን የሚጠቀሙ አሉ?

ሀ) አዎን

ለ) የሉም

ከዚህ በታች የተጠቀሱትን መመዘኛዎች በመጠቀም ተገቢውን መልስ የ(✓) ምልክት በማድረግ ይምረጡ።

መመዘኛ 5 = በጣም አልስማማም 4=አልስማማም 3=ለመወሰን አልችልም 2=እስማማለሁ

Exploring in Determinants and Associated Risks of Substance Abuse

1=በጣም እስማማለሁ

	አደንዛዥ ዕዎች	5	4	3	2	1
38	ትምህርት ቤታችን ውስጥ የአልኮል መጠጥ ጠጥተው የሚመጡ ወይም የሰከሩ ተማሪዎች አይቼ አውቃለሁ					
39	ትምህርት ቤታችን ውስጥ ሲጋራ የሚያጨሱ ተማሪዎች አይቼ አውቃለሁ					
40	ትምህርት ቤታችን ውስጥ ጫት የሚቅሙ ተማሪዎችን አይቼ አውቃለሁ					
41	ትምህርት ቤታችን ውስጥ ማሪዋና(ዊድ) ወይም ሀሺሽ የሚያጨሱ ተማሪዎችን አይቼ አውቃለሁ					

በጥያቄ ቁጥር 28 ላይ ከሁ-በ ያሉትን ምርጫዎች ለመለስ የሚጠየቅ ተ ን የመረጡ ወደ ጥያቄ ቁጥር 47 በቀጥታ ይለፉ

42. አደንዛዥ ዕዎችን በመጠቀም ምክንያት ቀጥሎ ከተዘረዘሩት ውስጥ በባህሪ ረገድ የገጠምዎት ችግር አለ? ከአንድ በላይ መመለስ ይቻላል::

- ሀ) ከትምህርት ክፍለ ጊዜ መዘግየት
- ለ) ወንጀል መፈፀም (የስነ ምግባር ጉድለት)
- ሐ) ከትምህርት ቤት መቅረት
- መ) በከፍተኛ ሁኔታ ብር መፈለግ
- ሠ) የዕለት ተዕለት ተግባራት ለማከናወን ፍላጎት ማጣት
- ረ) ከሰዎች ጋር ግጭት ውስጥ መግባት
- ሰ) ከትምህርት ቤት መባረር
- ሸ) ሌላ ካለ ይግለጹ-----

43. አደንዛዥ እጾችን በመጠቀም ምክንያት በስነልቦና ረገድ የገጠምዎት ችግር አለ? ከአንድ በላይ መመለስ ይቻላል::

- ሀ) የአእምሮ ጭንቀት የጥፋተኝነት ስሜት
- ለ) ራስን ለማጥፋት መሞከር
- ሐ) ከፍተኛ

መ) ረዳት የማጣት/ተስፋ የመቁረጥ ስሜት ሠ) ሌላ ካለ ይግለጹ-----

44. አደንዛዥ ዕዎችን በመጠቀም ምክንያት ቀጥሎ ከተዘረዘሩት ውስጥ በጤና ረገድ የገጠምዎት ችግር አለ? ከአንድ በላይ መመለስ ይቻላል።

- ሀ) በተዳከመ አካላዊ የአቋም ሆኔታ ላይ መገኘት
- ለ) የእንቅልፍ መዛባት
- ሐ) የራስ መክበድ ማዞር
- መ) ክብደት መቀነስ
- ሠ) የምግብ ፍላጎት መጨመር
- ረ) የምግብ ፍላጎት መቀነስ
- ሰ) የክብደት መጨመር
- ሸ) የአእምሮ ህመም

45. አደንዛዥ ዕዎችን በመጠቀም ምክንያት ቀጥሎ ከተዘረዘሩት ውስጥ በማህበራዊ ኑሮ ረገድ የገጠምዎት ችግር አለ? ከአንድ በላይ ችግር ከገጠምዎ ከአንድ በላይ መመለስ ይቻላል።

- ሀ) ጓደኞች ማጣት
- ለ) ከቤተሰብ ጋር አለመስማማት
- ሐ) መታሰር
- መ) ሌላ ካለ ይግለጹ-----

46. በአጠቃላይ አደንዛዥ ዕዎችን በመጠቀም ከታች ከተዘረዘሩት ችግሮች እርስዎ ሌትኛው ችግር ተጋልጠዋል።

- ሀ) የጤና ችግሮች
- ለ) የማህበራዊ ችግሮች
- ሐ) የባህሪ ችግሮች
- መ) የስነ ልቦና ችግሮች

ለሁሉም ተሳታፊዎች የሚጠየቅ

47. በሁለተኛ ደረጃ ት/ቤት ተማሪዎች ዘንድ የአደንዛዥ እዎች ጥቅም ላይ የመዋል መጠነ ስፋትና የአጠቃቀም ሁኔታ ምን ይመስላል?

48. በአጠቃላይ የአደገዛኝ ፅጌችን መጠቀም በሁለተኛ ደረጃ ተማሪዎች ላይ የሚያስከትለውን ችግር እንዲሁም በትምህርታቸው ላይ ያለውን አሉታዊ ተፅዕኖ በተመለከተ ያሎትን ማንኛውም አስተያየት፣ አመለካከት፣ ልምድ ወይም ገጠመኝ ይጥቀሱ (ስምዎን መጥቀስ አያስፈልግም)

አመሰግናለሁ፡፡

Appendix -C

ADDIS ABABA UNIVERSITY SCHOOL OF GRADUATE STUDIES SCHOOL OF SOCIAL WORK

DEPARTMENT OF SOCIAL WORK

Focus Group Discussion Guide for Students

Welcome participants

The purpose of this study is to assess the abuse of drug among private and public secondary school students of Addis Ababa. The objectives of the study are: to examine the prevalence rate of drug abuse, to indicate secondary school students' drug usage manner, see the relationship of life time drug abuse behavior to some variables of the study population such as family condition, peer influence, and level of academic performance, and to point out the consequences of drug usage among secondary schools' students.

Remark:

Your response will be kept confidential and used only for academic purposes.

N.B: Under the phrase Drug Abuse or the word drugs the following are included: Alcohol (like beer, 'tela', and liquor, wine), Khat, Tobacco (Cigarette, Cigar), Marijuana (weed), Hashish, Shisha, Inhalants (aerosol, benzene), Heroin, cocaine, and similar others.

Thank you in advance for your time, effort, and cooperation!

Focus group discussion guide

1. How do you evaluate the situations of drug abuse among secondary school students? (Discuss one by one for khat, alcohol, tobacco and other drugs) and How do you express the situation look like in Harari region?
2. Is drug abuse behaviour a concerning issue in your locality? Why?
3. What are the main factors that force them to use such drugs?
4. What would be the problems and/or benefits of drug use? Why?
5. Can you identify any pattern of addiction to drugs that describe in this school?
6. What are the consequences of using drugs on Education as we observe from practical experience?
7. Can we say the users are problems to our society? How?
8. What kind of measures can/should be taken?
9. Any other views?

THANK YOU!

Appendix -D
ADDIS ABABA UNIVERSITY SCHOOL OF
GRADUATE STUDIES SCHOOL OF
SOCIAL WORK

DEPARTMENT OF SOCIAL WORK

Key informant Interview Guide for School Principals and Teachers

Dear respondent,

The purpose of this interview is to collect first hand information for the study to explore the differences in determinants and associated risks of substance abuse between private and public high school students.

The objectives of the study are: to examine the prevalence rate of drug abuse, to indicate secondary school students' drug usage manner, to see the relationship of drug abuse behavior to some variables of the study population such as family condition, peer influence, and level of academic performance, and to point out the consequences of drug usage among secondary schools' students.

Remark:

Your response will be kept confidential and used only for academic purposes.

N.B: Under the phrase Drug Abuse or the word drugs the following are included: Alcohol (like beer, 'tela', and liquor, wine), Khat, Tobacco (Cigarette, Cigar), Marijuana (weed), Hashish, Shisha, Inhalants (aerosol, benzene), Heroin, cocaine, and similar others.

Thank You in advance for your time, Effort and cooperation!

Key informant interview guide

B. Present job or duty of the interviewee _____ C.

Date of interview _____

1. How do you rate the problem of drug abuse among public and private secondary school students? Why?
2. What are the most commonly used drugs among public and private secondary school students?
3. What does the situation look like among students and youths?
4. What efforts have been made so far by your institution in order to minimize or alleviate the adverse effects of drug abuse among secondary school students?
5. Have your school established links with any concerned body? If yes, what are those? How useful and valuable are they? Describe your experience of working with those concerned bodies?
6. How do you describe students who are engaged in using and/or trafficking drug?(ask in terms of: sex, age, school type, grade level, family background, educational status, popular groups, etc)
7. What are the possible risk factors that make secondary school students to abuse drug? Ask in terms of : family dynamics, parental involvement in their lives, government laws, friends, peers, school environment, means of entertaining like movies, etc)
8. How do you explain the consequences of drug abuse among secondary school students?(From health, Psychological, and social perspectives)
9. Please explain the punishment trend applied in relation to students' drug abuse cases?
10. What should be done, in spite of all the efforts made so far?
11. What do you think should be the contribution of others (government, community, parents, school administrators, teachers, students, NGOs, etc) in order to minimize or alleviate the adverse effects of drug abuse among secondary school students?
12. What else would you like to add as a closing remark?

THANK YOU!

Declaration

I hereby declared that this thesis is my original work, and has not been presented for a degree to any university and that all relevant sources used are acknowledged.

Name_____

Signature_____

Date of Submission_____

This Thesis has been submitted for the examination with my approval as a university advisor.

Name_____

Signature_____

Date_____