



**COLLEGE OF NATURAL AND COMPUTATIONAL SCIENCE  
DEPARTMENT OF ZOOLOGICAL SCIENCE**

**ASSESSMENT ON THE KNOWLEDGE OF CONSEQUENCE AND  
PREVALENCE OF DRUG ABUSE IN ADDIS KETEMA  
PREPARATORY SCHOOL STUDENTS**

**A Thesis Submitted to School of Graduate Studies of Addis Ababa  
University in Partial Fulfillment of the Requirements For the Degree of  
Masters of science in Biology**

**BY:** Wuletaw Dejene

**ADVISOR:** Gurja Belay

**March 2018  
Addis Ababa University**

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## **ACRONYMS**

AIDS	Acquired Immuno deficiency syndrome
AKPS	Addis Ketema Preparatory School
DACAЕ	Drug Administration and Control Authority of Ethiopia
GO	Governmental Organization
HIV	Human Immuno Deficiency Virus
MOE	Ministry of Education
MOH	Ministry of Health
NGO	Non-Governmental Organization
OAU	Organization of Africa Union
UNDP	United Nations Development Programmed
WHO	World Health Organization

## **Abstract**

*Drug abuse is affecting the individual in a negative way socially, cognitively or physically. Substance abuse and problems arising from it are increasing all over the world, and become one of the most threatening and challenging social and public health problems. Drug abuse has continued to affect our youth and subsequently education despite various measures taken to stop.*

*Institutional based cross sectional study design was conducted. Simple random sampling method was used to collect data from students and teachers, and purposive sampling method from the school principal, three vice principals and three students' counselors of Addis Ketema preparatory school. Primary data were collected by using structured questionnaire and secondary data were collected by using interview and focused group discussion.*

*The overall prevalence of drug abuse among Addis Ketema Preparatory School students was (37.7%). The most commonly used drugs by students who ever users of drugs were alcohol (46%), khat (30%) and cigarettes (10.8%). Most of the students abuse more than one substance at the same time. Alcohol and Khat were the highly abused substance by the students. Among the important reasons of students to use drugs for the first time to socialize (26.3%), availability of drugs (19.2%), Peer pressure (18.3%) and to experience pleasure (15.5%).*

*Drug use has encounter health, behavioral, social and psychological effects on students. Based on the findings of the research suggestions were made and intervention were forwarded*

*Key words:- Substance abuse, drug, counseling, Addis Ketema, preparatory school, Prevalence*

## **CHAPTER ONE**

### **1. Introduction**

#### **1.1 Background of the Study**

Drug abuse is the use of drugs for purposes other than medical reasons, thus affecting the individual in a negative way socially, cognitively or physically (Kuria, 1996). Social effects may be reflected in, an individual's friends, teachers, and school authorities. Also Lewinsohn, (2007) defines a drug as any product other than food or water that affects the way people feel, think, see, and behave. It is a substance that due to its chemical nature affects physical, mental and emotional functioning. It can enter the body through chewing, inhaling, smoking, drinking, rubbing on the skin or injection.

Drug abuse amongst the global youth population has become a serious problem affecting everyone .Drug leads many people to addiction, young people prominent amongst them, into downward spiral of hopelessness that in some cases ends fatal. They range from glue-sniffing street children and teenage ecstasy users, to hard core heroin and cocaine addicts. Drug abuse is responsible for lost wages, destruction of property in schools, soaring health care costs and broken families. It is a problem which affects us all as parents, children, teachers, government officials, taxpayers and workers (Mugenda 2005).

Substance abuse and problems arising from it are increasing all over the world, and become one of the most threatening and challenging social and public health problems. According to Davis et al., (1993) Preparatory students are more vulnerable due to the environment with poor protection, age and the need to explore new life, peer pressure and absence of proactive programs.

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 Asia and Europe the most commonly used illicit drugs are cocaine, heroin, cannabis, amphetamines, and multiple drugs such as psychotropic drugs.

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 ( Fantahun , 2013).

Among all stuffs, drug can hold the attention of many young students and it is a major problem in their life and education Andualem (2011). a drug includes all substances and chemicals that should not be used for any purpose other than medical and scientific research.

Mechum (2004) reported Kenya has high rates of substance use among students in public Universities, which rates as high as 42.9%, for alcohol use and 54.7% for tobacco. The rates would continue to rise among students in institutions of higher learning in the near future. For instance, Kuria (1996) found alcohol use prevalence rates of up to 15% among secondary school students, while Kwamanga (2003) found lifetime cigarette smoking rates of 32%. In a study among students in Kenya, Ogwell et al., (2003) found a lifetime cigarette smoking rate of 31%.

Furthermore, despite the fact that the problem is serious among high school students, most of the research conducted in Ethiopia tends to focus primarily on university youth population. Even though there were similar studies made on this area, I believe that it is very important to measure the current magnitude of the problem at Addis Ketema preparatory school level in order to take effective intervention.

## **1.2 Statement of the Problem**

The abuse of drugs is practiced in Ethiopia at earlier times. Wills (1973) 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 study conducted by DACAE (2005) in different parts of Ethiopia also show that there is a prevalence of drug use in high schools. The abuse of substances like alcohol, khat and tobacco has been part of the country's tradition. Home brewed liquor known as Arake, Tella, and Tej (made from honey) are commonly abused substances. Kaht use has been spreading throughout the country at an alarming rate (Tesfahun et al. 2013), and abused especially by youth irrespective of culture, ages, social groups, etc. It is consumed everywhere by people and the prevalence of its consumption has been increasing rapidly over the last few years. Almost every small kiosk in Addis Ababa openly sell khat, people openly chew it, including school boys and girls. (Seyom and Ayalew, 1995).

Using drugs have lots of impact on an individual. As Ray et al. (1999) explained drug use changes the individual's personality in a lasting way, making him or her into a "criminal type." Realizing the fact that drugs impose huge health, economic and social problems to individual users, families, the community and the nation as a whole, the Ethiopian government has ratified international conventions to control drug abuse and has also established organizational structures such as the Ethiopian Drug Administration and Control Authority, the Illicit drug control units in the Federal and Regional police commissions, drug treatment centers to deal with drug issues. Likewise, some subjects have included the issue of drugs in their syllabus to create awareness among students, (DACAE, 2005)

The economic, social and cultural transition that the country is experiencing has created a ground for increased and socially disruptive use of alcohol and drugs. However, with the increasing number of sellers and users of substance abuse, it is not a mere assumption to underline the intense difficulties that the country will face if current practices are not tackled through ongoing empirical research to take effective measure for specific intervention, (Tesfahun et al., 2013).

Due to these reasons, more specifically, the study concentrates to explore knowledge of consequence and the prevalence of drug abuse in Addis Ketema preparatory school. Even though Addis Ketema preparatory school students are considered of being exposed to substance abuse habit due to availability of the drugs around the school, any related study in the prevalence rate of use of substance abuse among Addis Ketema preparatory school students is not made. In addition, most studies use individual factors as a predictor to substance abuse while the behavior of a student is influenced by a multitude of factors.

Therefore, understanding the determinants of drug abuse is crucial. Thus, it is the purpose of this study to explore and describe prevalence of substance abuse practices among Addis Ketema preparatory school students. The study tries to seek answers for the following basic questions:

1. What is the perception of Addis Ketema preparatory school students about drug abuse?
2. What is the current prevalence of substance abuse among Addis Ketema preparatory school students?
3. What are the types of drugs used by students?
4. What are some of pushing factors that are linked to the drug abuse practices?
5. What are the perceived effects that the students encountered as a result of substance abuse?

## **1.3 OBJECTIVES OF THE STUDY**

### **1.3.1 GENERAL OBJECTIVE**

The main objective of this study is to assess knowledge of consequence and the prevalence of substance use in Addis Ketema preparatory school.

### **1.3.2 SPECIFIC OBJECTIVES OF THE STUDY**

1. To examine the prevalence rate of drug abuse among Addis Ketema preparatory school students.
2. To see the relationship between drug abuse behavior and some variables of the study population such as family condition and peer influence.
3. Identify the type of abused substances among Addis Ketema preparatory school students.
4. Identify the reason of substance abuse among Addis Ketema preparatory school students.
5. To identify the perceived effects that the students encountered as a result of substance abuse

## **1.4 Significance of the Study**

The finding is believed to give timely information about the knowledge of consequence and extent of drug abuse and its impact on Addis Ketema preparatory school students. And it is assumed to show the interconnection of drug abuse behavior and educational factors. It may also serve as a reference for further study in this area.

This study has also the potential to make significant contributions to the literature on substance abuse among preparatory school students. In addition the outcome may help to

design effective and appropriate intervention strategies on risk reduction method against substance abuse. Therefore, the result of this study may be beneficial to various stakeholders' who is governmental or nongovernmental organizations working on practices of substance abuse intervention in the study area.

## **1.5 Operational definitions**

1. **Youth:** refer to young preparatory school students between the ages of 15-23.
2. **Substances:** Any non-medical drugs used by study subjects such as alcohol, khat, tobacco, cannabis, heroin, cocaine, and marijuana to alter their mood or behavior.
3. **Drug abuse:** Persistent and periodic use of the substances. It is used with the word substance abuse interchangeably.
4. **Preparatory school:** school of grades 11 and 12.
5. **Lifetime 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.

## **CHAPTER-TWO**

### **2. LITERATURE REVIEW**

#### **2.1 OVERVIEW OF 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 et al., (1999), drug is any substance, natural or artificial, 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, psychological or health. According to WHO, ( 2005) report, drug use can lead to illness and even to death. Alcohol and substance misuse cause significant morbidity and mortality (particularly from injuries) and societal harm such as social disruption from crime, unemployment and marital disharmony.

Drug abuse affects all aspects of abusers' life. It can cause serious health complications by affecting every organ of the body, including the main thinking system of the brain, According to Goel (2009), drug abuse at any age can cause serious health effects, but teens who abuse drugs are at particular risk for negative consequences. Teens who abuse drugs are more likely to struggle with addiction later in life and have permanent and irreversible brain damage, also damages one's emotional stability, finance and ability to build and sustain satisfying relationships with other people. But the problem doesn't stop here it continues crashing family, friends, and even the greater community one lives in.

On the other hand, as Tadesse (2014) revealed that young people particularly those aged 15-24 years are generally at high risk of behavioral problem including substance abuse practices and risky sexual behavior due to their developmental stage. For instance, many youths seem to think of experimentation with substance abuse as an acceptable part of transition into adulthood. Only few take seriously the negative consequences of substance dependency.

## **2.2 Prevalence of Drug Abuse in Ethiopia**

Substance misuse is a growing problem in Ethiopia, as in many developing countries. Alcohol and khat are the most frequent substances of abuse, followed by cannabis and hard drugs such as heroin and cocaine which are rarely used (Fikadu et al., 2007).

Studies on substance abuse in selected urban areas showed that 82% of street children, commercial sex workers and street vendors as having used addictive drugs they also reported that khat alcohol, tobacco, and solvents were the most abused substances. Heroin, cocaine, and other narcotic drugs were not considered to be important (Abrha , 2011).

These days the tendency of man towards the use of drugs that harms the physical, mental, and social wellbeing of the individual, the group or society, has become a social problem to the world. Thus it appears to be logical to argue that Ethiopia as part of the globe could not be out of the arena of drug scene. Ethiopia has a drug problem notably to the abuse of locally grown addictive substances (khat and cannabis), home brewed liquors, inhalants (particularly benzene), tobacco, and other drugs. Cannabis grows and is being cultivated in central, western, and eastern administrative regions. Some of the cultivation areas are hidden among other crops or in the wooded areas. This makes it difficult to detect and destroy the plant, (DACAE, 2011), Ethiopia signed in three international drug conventions. Accordingly, in article 38 of 1961 convention on narcotic drugs, the suggested measures against the drugs are given special attention to prevention of abuse of drugs and early identification, treatment, education, after-care, rehabilitation and social reintegration of the persons involved.

In Ethiopia, alcohol and khat are commonly used drugs in both urban and rural areas. Khat chewing, drinking alcohol and using drugs are taken as means of spending spare time and entertainment (EPHA ,2003). 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 (Rahel, 2009). In addition to khat alcoholic drinks are being

consuming by many individuals in a country. The local homemade drinks like arake, tej and tela have been used starting from earlier times.

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

Other studies, targeting different groups of the population and localities, have also shown similar results. For instance, a study on some correlates of poly drug use behavior among street children (400) in four selected towns in the country showed a current prevalence of 56.2% for khat followed by 51.9%, 46.8%, 28%, and 18% for alcohol, tobacco , benzene and marijuana (cannabis), respectively. Over all, the report figures show that about 58% of the street children in the study reported to use one or a combination of the drug mentioned above on either heavy or experimental level, (Eshetu , 1998).

Study made at a national level from Nov. 1998 to May 1999 on the Prevalence and Impacts of Drug abuse among 1780 randomly selected students from 30 senior secondary high schools in Ethiopia showed lifetime prevalence 49.6%, 40%, 20.7% and 11% for alcohol, khat, tobacco and marijuana respectively.

The investigation has additionally identified that the age of drug experimentation for the majority of the students (63.6%) was from 15-19 years, possibly during their stay in high schools, (Tesfahun et al., 2013). More specific global youth tobacco survey, conducted in 2003 in 25 secondary schools in Addis Ababa indicated a prevalence covered 10.1% among grades 9-12 youths, that is one in ten students have ever tried smoking cigarettes, (DACAE, 2005).

## **2.3 Situations of Khat, Alcohol and Other Drugs in Ethiopia Khat**

The chewing of the stimulant leaf Khat (*Cathus edulis*) is a habit that is wide spread in certain countries of east Africa and the Arabian Peninsula. Abdu (2003) 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.

As Mahlet (2011) reported 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'. 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, ( Dereje et al., 2005). Among students, Khat is used as a source of strength, energy, as a means of relaxation and removal of tension during stressful period and in the process of studying (Abebe et al, 2006).

### **2.3.1 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 among younger people is becoming a common practice, (Epherem , 2012). In USA, young people of junior high school drink largely 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 (Mickele, 1999).

Alcohol consumption has a negative predictive effect on study hours under all definitions of drinking (binge, frequent binge, drunkenness, and frequent drunkenness). More frequent use of alcohol usually produces larger negative effects on study hours, with frequent drunkenness having the largest negative effect. 56.7% of the respondents acknowledged that they spend less time studying because of alcohol drinking, (Wolver, 2002).

Similarly, 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 co ordinations, speed and vision and walking state is progressively lost as greater amount of alcohols consumed.

### **2.3.2 Tobacco**

Cigarette smoking, alcohol and drug abuse are commonly observed behaviors among teenagers. Cigarette smoking is the leading cause 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, (Mickele, 1999).The use of Cigarettes is the most widely practiced habit in the world today. Odejide, (2006) suggested that nicotine is the best candidate that is most capable of producing central nervous system mediated behavioral effects.

A study done on cigarette smoking in Hareri, eastern Ethiopia, 12.2% prevalence of cigarette smoking among school adolescents Andualem (2011). In Addis Ababa school the prevalence of life time smoking was 10.1% to and current prevalence was 3% to 5.6% (DACAE, 2005).

## **2.4 FACTORS ASSOCIATED WITH DRUG USE BEHAVIOR**

### **2.4.1 Drug Use Behavior and Environmental Settings**

Weissbach (1973) indicated that one of the major environmental causes of drug use and abuse is the ready availability of substances. Similarly, 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. Additional factors such as availability price, increasing illegality contribute for the development of drug abuse.

### **2.4.2 Drug Use Behaviour and Social Factors**

According to Bry (1983), the key risk periods for drug abuse are 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( Eneh et al., 2004).

### **2.4.3 Individual Risk Factors**

Personal feeling one develops about the future, self confidence and self esteem has a big role on one's drug usage. Lishner et al., 2003 reported 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.

The 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 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. Przybeck (1987) 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.

### **2.4.4 Family and Peer Factors**

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, (Grand . 1984).

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 children, whose parents smoke and drink or use illegal drugs are more likely to do so than children whose parents do not use any drug.

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 Carol (1992) indicated "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).

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. Naturally, males are superior to their female counterparts in drug use practices by constituting significantly higher proportion Agazi (2009).

## **2.5 CONSEQUENCES OF DRUG ABUSE**

Because the brains and bodies of adolescents are still developing, using drugs can have serious consequences. One is health consequence 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 (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 dysphonic, death from overdose, comma excessive irritability and brain damage.

Similarly, Henok (2015) stated that substance abusers may lie about situations so that they can abuse drugs without being discovered. They may spend their savings to get more drugs. People with addictions often become defensive or angry if the addiction is addressed.

Ethiopia's Ministry of Health (2003) also added to the point that specifically those drugs such as 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. 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.

Wu and Khan (2005) Said that drug abuse results a great risk of suicidal condition which can result in 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.

## **CHAPTER THREE**

### **3. MATERIALS AND METHODS**

#### **3.1 Study Area**

Addis Ketema preparatory school is located in the central part of Addis Ababa in Addis Ketema Sub city. The school was opened in 1954 E.C at the time of Emperor Haile selasse regime. The school is placed in the center of the market place, especially near the biggest market in Ethiopia which we call it Merekato. It also surrounded by compact resident also serving us legal and illegal business (Prostitution and others) .The so called entertainment houses like cafés, restaurants, tea rooms etc under the cover of their names they are actually places where everybody uses khat, drugs, alcohols, shisha and the like which are also attract the young people to join them which have negative impact on students' education.

Based on education profile of Addis Ketema preparatory school, in 2016/17, a total of 2052 students were enrolled in the school in 11 and 12 grades with 43 sections. From these the total numbers of female students were 1042 and males were 1010. (Addis Ketema preparatory school students record office 2017).

The selection of the study area is based on convenient to better access of relevant data depending on the above facts. and have easy communication with participants and school officials because it is the researcher's place of work. Also it is very common to see many people abusing various drugs irrespective of age, gender, and class that make the students to be susceptible to drugs.

#### **3.2 Research design**

Institutional based cross sectional study design was employed. Both quantitative and qualitative research methodologies were employed to determine knowledge of consequence and the prevalence of substance abuse and its consequences among Addis Ketema preparatory school student.

### **3.3 Sample population**

The sample population was all Addis Ketema preparatory school students enrolled in Grade 11<sup>th</sup> and 12<sup>th</sup> in 2016 /2017.

The researcher used simple random sampling method by referring Gay & Airasian (2000) it is described that that simple random sampling method is the best way to obtain a representative sample from a large population. To select participants sections the researcher used a stratum from 11 and 12 grades, so that the researcher can include opinions of students in different sections. There are 43 sections each consisting of an average number of 48 students.

Finally, the participants were selected after having their list from the school principals. Students from each class were determined by lottery method and 6 students from each section were selected as a sample group which altogether made the participants 258. As Gay and Airasian, (2000 ) suggests, it is appropriate sampling 10 to 20% of the total population for a descriptive research 258 students (12.6% ) of the total 2052 students population from all sections of grade 11 and 12 were taken randomly as sample. 43 student participants were also selected randomly for focus group discussion to include the opinion of students with different background.

The School principal, 3 vice principals and 3 students' counselors were included in the study purposefully because they may provide relevant information by virtue of their position. To get the sample number of teachers from each academic departments of the school, the researcher uses quota sampling method. After the departments quota determined, simple random sampling method was used to select two sampled teachers from each departments. By using the above procedure the following sample population was summarized with respect to their representation. The total population data were obtained from Addis Ketema preparatory school record office. (Table 1)

**Table1: Sample population and sample size of the participants**

<b>Representation</b>	<b>Total population size</b>	<b>Sample population number</b>
Addis Ketema preparatory school principal and vice principals	4	4
Addis Ketema preparatory school students counselors	3	3
Addis Ketema preparatory school teachers	134	24
Addis Ketema preparatory school students	2052	258
<b>Total population size</b>	<b>2193</b>	289

(Source –Addis Ketema preparatory school students record office. )

### **3.4 Data collection instruments**

Relevant data were collected by employing different data collection instruments. Questionnaire, focus group discussion and interview with key informants were used.

#### **3.4.1. Questionnaire**

To collect quantitative data, questionnaire designed by the researcher based on theoretical and empirical grounds about knowledge of consequence and the drug use of Addis Ketema preparatory school students. The questionnaire designed in English and then translated into Amharic by an English language teacher to make the items clear, simple and understandable. A total of 258 questionnaires administered to students.

#### **Sex, Age and Grade level of study population**

Out of the total respondents 155(60.1%) were males and 103(39.9%)were females ,most of the respondents 175(67.8%) were age 17 to 19 years old. 71(24.6%) were age 14 to16 years old and 12 (7.6%) were 20 to 23 years old. 78(30.2%) and 180 (69.8%) were from Grade 11 and 12 respectively.

**Table 2: Sex, Age and Grade Level of the study Population**

Variables	Category	preparatory school students	
		Number	%
Sex	Male	155	60.1
	Female	103	39.9
<b>Total</b>		<b>258</b>	<b>100</b>
Age	14-16	71	24.6
	17-19	175	67.8
	20-23	12	7.6
<b>Total</b>		<b>258</b>	<b>100</b>
Grade levels	11	78	30.2
	12	180	69.8
<b>Total</b>		<b>258</b>	<b>100</b>

### 3.4.2. Focus Group Discussion (FGD) Guide

In order to supplement the obtained data through questionnaire, focus group discussion with students of grade 11 and 12 was used.

### 3.4.3. Interview

In order to triangulate the data obtained from questionnaire and focus group discussions, interviews were conducted with teachers, the school principals and counselors. Totally 31 participants were interviewed. The guiding questions focused on the problems knowledge of consequence of drug abuse among Addis ketema preparatory school students, its consequences and come up with discussions with some possible 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.

### **3.5 Ethical Consideration**

By noting the importance of ethics in research work, the researcher tried to keep a high level of ethics as much as possible. The participants who were involved in the study were asked if they are willing to give the information 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.

### **3.6 Methods of Data Analysis**

Quantitative and qualitative methods of data analysis were used. The data obtained through questionnaires was tallied, categorized and coded. Percentage and graphical representations were used.

The qualitative information obtained from participants during interviews and focus group discussions was summarized and analyzed. 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. After the transcription of the recorded information, 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.

All variables of the questionnaire were created in SPSS version 16 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.

## CHAPTER FOUR

### 4.Results

#### Students' residence and habitation

The majority (67%) of the participants reported that they are living with their parents. On the other hand, only 28(10.6%) students are living by themselves. Similarly, the rest of the students 27(10.5%) and 30(11.6%) mentioned that they are living with their guardians and relatives respectively (Table 3).

**Table 3: Students' residence and habitation**

<b>With whom are you living?</b>	<b>Frequency</b>	<b>%</b>
Alone	28	10.9
Parents	173	67
Guardians	27	10.5
Relatives	30	11.6
<b>Total</b>	<b>258</b>	<b>100</b>

#### Prevalence of substance use among students

Out of the total participants, 82.5% reported ever using at least one substance in their lifetime, from which 51.9% were males and 30.6% were females. On the other hand, 37.7% of students were current users of any substance, from which 30.7% were males and 7% were females. Also 17.4% of students (13.6% male and 3.8% female) were current alcohol consumers and 8% of study participants currently chew khat. The percentage of male students 5.6% is higher than females 2.4% for khat chewing. Few students, 6.6% and 0.5% smoked cigarettes and used marijuana respectively.

The lifetime prevalence rates of alcohol 46% (29.6% male and 16.4% female) and khat 30% (13.6% male and 16.4% female) represented the highest proportions. Cigarette smoking was 10.8%. The use of other drugs (marijuana or hashish) (0.4%) was relatively rare (Table 4)

**Table 4. Prevalence of substance use among Addis Ketema preparatory school students**

No	Type of substance use	Sex	Ever Users		Current users	
			Frequency	Percentage	Frequency	Percentage
1	Any substance	Male	134	51.9	65	30.7
		Female	79	30.6	15	7.0
		Total	213	82.5	80	37.7
2	Alcohol	Male	63	29.6	29	13.6
		Female	35	16.4	8	3.8
		Total	98	46.0	40	17.4
3	Khat	Male	35	16.4	12	5.6
		Female	29	13.6	5	2.4
		Total	64	30.0	17	8.0
4	Shisha	Male	9	4.2	6	2.8
		Female	12	5.6	1	0.5
		Total	21	9.8	9	3.3
5	Cigarettes	Male	20	9.4	14	6.6
		Female	3	1.4	1	0.5
		Total	23	10.8	13	7.1
6	Benzene	Male	6	2.8	3	1.4
		Female	–	–	–	–
		Total	6	2.8	3	1.4
7	Marijuana or hashish	Male	1	0.5	1	0.5
		Female	–	–	–	–
		Total	1	0.5	1	0.5

**Responses of students about place of their first time drug use**

Those students who experienced their first time drug usage at khat or shisha houses were 36.6%. Some (27.3%) students reported that they have used their first time drug at their home while 18.8% of them had started at a party (Table 5).

**Table 5. Responses of students about place of their first time drug use**

Places of Abuse	Frequency	%
At home	58	27.3
Khat or shisha store	78	36.6
Party	40	18.8
On the street	1	0.4
Bars or restaurants	24	11.3
Other	12	5.6
<b>Total</b>	<b>213</b>	<b>100</b>

### Possible reasons to use drugs for the first time

As shown in Table 6 below, 56(26.3%) reported that to socialize with their friends was the major reason that made them to use drugs for the first time. Forty one (19.2%) of them responded that they abused drug because of the easy access and 33(15.5%) to experience pleasure whereas 39(18.3%) of the students said that they abused drugs for the first time because of peer pressure (Table 6)

**Table 6. Reasons for use of drugs for the first time**

Statements	Yes		No	
	Frequency	%	Frequency	%
Peer pressure	39	18.3	174	81.7
Availability of drugs	41	19.2	172	80.8
Academic failure	18	8.5	195	91.5
Dissatisfaction with school environment	4	1.9	209	98.1
Relatives with drug abuse	20	9.4	193	90.6
To cope with life Challenges	2	0.9	211	99.1
To experience pleasure	33	15.5	180	84.5
To socialize	56	26.3	157	73.7

### Students' frequency of drug use

From respondents, 40(15.5%) of them abuse drugs repeatedly within some intervals of time, 32(12.4%) of them use drugs weekly while the majority (n= 178, 69%) use drugs rarely during some social occasions (Table 7)

**Table 7. Responses on students' frequency of drug use**

Frequency of use	Frequency	%
Within some ranges of repeated time	40	15.5
Weekly	32	12.4
Rarely during some family occasions	178	69
Unknown frequency	8	3

### Students' attitude on drug abuse

As shown in Table 8 below, 80(31%), 73(28.3%), 31(12%) and 23(8.9%) believed it is acceptable to always use khat, alcohol, cigarette and shisha respectively. It is also found that most of the respondents 251(97.3%), 211(81.7%), 197(76.3%), 117(45.3%) and 91(35.3%) believed that it is not acceptable to use cocaine or heroin , shisha, cigarette, alcohol and khat respectively (Table 8)

**Table 8. Responses of students about their attitude on drug abuse**

Substance to be abuse	Not acceptable		Undecided		Acceptable to use rarely		Acceptable to use always	
	F	%	F	%	F	%	F	%
Khat	91	35.3	34	13.2	53	20.5	80	31
Alcohol	117	45.3	11	4.3	57	22.1	73	28.3
Cocaine or heroine	251	97.3	6	2.3	1	0.4	0	0
Shisha	211	81.7	12	4.7	12	4.7	23	8.9
Cigarette	197	76.3	21	8.1	19	7.4	31	12

### Responses of students about their parental relationship

From the total respondents 70 (27.2%) reported that their parents usually are open to discuss and advice than physical force when they failed to fulfill their expectation. Whereas 157(60.8%) of them explained that they have no such kind of parents. On the other hand, 86(33.3%) of them said that their parents use drugs like khat, alcohol, tobacco, while, 147(57%) said that their parents are not users of drugs.

Some of the respondents (n=21, 8.2%) live through high levels of family conflict but 223 (86.4%) do not face such problems. Seventy (27.3%) students reported lack of positive parental role modeling (Table 9).

**Table 9. Responses of students about their parental relationship**

Statements	No		Undecided		Yes	
	Frequency	%	Frequency	%	Frequency	%
Parent discussion and advice than physical force	157	60.8	31	12	70	27.2
Parents use drugs such as khat, alcohol tobacco, and other drugs	147	57	25	9.7	86	33.3
Live through high levels of family conflict	223	86.4	14	5.4	21	8.2
No positive parental modeling	145	56.2	43	16.6	70	27.2

**Responses of students about peer pressure**

Regarding attachment to peer, 209 (81%) of the students had a strong peer involvement while 39(15.1%) have low attachment. Those whose friends drink alcohol, use tobacco, chew khat and use other drugs were 141(54.6%). Moreover, 89(34.5%) students responded that they have encountered pressure from their friends to use drugs (Table 10).

**Table 10. Responses of students about peer pressure**

Statements	Disagree		Undecided		Agree	
	F	%	F	%	F	%
Strong peer attachment	39	15.1	10	3.9	209	81
Friends use alcohol khat, tobacco and other drugs	83	32.2	34	13.2	141	54.6
Pressure from friends to use drugs	137	53.1	32	12.4	89	34.5

### Responses of students on reasons to chew khat and drink alcohol

From 40 students who drink alcohol, 25(62.5%) and 12(30%) said that they drink alcohol due to peer pressure and pass the time, 3(7.5%) said they drink alcohol because they are addicted. It was also found that from 17 students currently using khat 6 (35.3%) chew khat to fight depression and 5(29.4%) to pass the time whereas (Table 11)

**Table 11. Responses of students on reasons to current use of khat and alcohol**

	Frequency	Percentage (%)
<b>Reasons for drinking alcohol (n=40)</b>		
1. To pass the time	12	30
2. Due to peer pressure	25	62.5
3. I'm addicted	3	7.5
<b>Reasons for chewing khat (n=17)</b>		
1. To pass the time	5	29.4
2. To stay awake	2	11.8
3. To fight depression	6	35.3
4. I'm addicted	4	23.5

### Behavioral consequences of drug abuse on students

Increased demand for money was indicated by 23.9% of cases; loss of interest in daily activities was rated next by 23.6% of respondents. Students who responded to the question of absenteeism from the school were 19.7% and violence/disciplinary problem was reported by 16.4%. (Table 12).

**Table 12: Behavioral Consequences of Drug Abuse on students**

Behavioral consequences	Frequency	Percent (%)
Absenteeism from school	42	19.7
High need for money	51	23.9
Violence/disciplinary problems	35	16.4
Loss of interest for daily activities	50	23.6
Harsh argument with people	18	8.5
Expelled from school	12	5.6
Others	5	2.3

### **Psychological impact of drug Abuse**

From the four most mentioned psychological impacts of drug abusers, psychological distress (37.6%), strong feeling of guilt (31.5%), and feeling of helplessness/hopelessness (24.4%) were reported as the major ones (Table 13)

**Table 13: Psychological Consequences of drug Abuse on Students**

<b>Psychological Consequences</b>	<b>Frequency</b>	<b>Percent (%)</b>
Psychological distress	80	37.6
Strong feeling of guilt	67	31.5
Feeling of helplessness/hopelessness	52	24.4
Others	14	6.5
<b>Total</b>	<b>213</b>	<b>100</b>

### **Health impact of drug abuse on students**

The total number of students who reported they faced health consequence because of abusing drugs are 213. From these 26.8%, 21.7%, 18.7% and 15.4% faced sleep disorder, physical health problem, weight loss, and appetite loss respectively. (Table 14)

**Table 14. Health consequences of drug abuse on students**

<b>Health Consequences</b>	<b>Frequency</b>	<b>Percent</b>
Physically health problems	46	21.7
Sleep disorder	57	26.8
Dizziness	18	8.4
Weight loss	40	18.7
Appetite loss	33	15.4
Over appetite	8	3.8
Weight gain	1	0.4
Mental illness	10	4.7
<b>Total</b>	<b>213</b>	<b>100</b>

### **Social consequences of drug abuse on students**

From 213 responses 88(41.3%) believed that drug abuse caused problems with their parents and 66(31%) lost friends because of drug abusing. Another impact was problem to participate in group activities 40(18.8%) (Table 15).

**Table 15. Social consequences of drug abuse on students**

<b>Social Consequences</b>	<b>Frequency</b>	<b>Percent</b>
Losing friends	66	31
Problem with parents	88	41.3
Unable to participate in group activities	40	18.8
Others	19	8.9
<b>Total</b>	<b>213</b>	<b>100</b>

## 4.2 Results for the Interview and FGDs.

A student in FGDs has 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.”

A 12 grade male student also replied that:

“...in our area there are no enough recreational amenities so like other people I relax and spend my time by using drugs.”

A response from interview suggests most alcohol commercials have very attractive view. The people in the advertisements are very happy and enjoying their drinks. As a result, students take alcohol to experience what they have already seen on television. Another interviewee also suggested that alcohol and khat were the gateway substances for students' drug abuse

One 18years old respondent expressed his experience as follows:

“When I was 12, my elder brother and his friend used to take drugs at home so I became curious and wanted to test the drugs. So when they went out I began to test it. Also my brother often sent me to the shop where khat and cigarette was sold to buy for him. I and most of my colleagues use drugs to create fun and to socialize with others. ”

A student counselor in his interview also explain as,

“Some substances are easily available to find around Addis Ketema preparatory school. Availability of these drugs has an impact to the users and to those who are initiated to experiment it. The case of khat is clear: in the country there are no regulations governing the purchase of khat. As per the availability of substances is concerned, students have easy access to khat, cigarettes, alcohol and cannabis. ”

Principals, teachers and school counselors complained in their interview of causing difficulty as most parents do not confirm whether their children are in the school or not. Despite taking measures like giving warnings and firing them, they are moderate in pre-protection of drug spread among the students.

A teacher in the interview said:

“Some students sometimes sneak out from school to join their friends at khat store to chew khat with them. Then it affects their academic performance.”

## CHAPTER FIVE

### 5. DISCUSSION

In this study the life time substance use prevalence was 82%, which was significantly higher than the prevalence found among Ayer tena high school students 65% Henok, (2013) and among Adama science and technology university 43.9% Tadesse, (2014), This is also higher finding than reported in Mekele university Abrha, ( 2011), that was 74.6%.

The current prevalence of substance use In this study was 31%, which was significantly higher than the prevalence found among Ayer tena high school students 28.6% Henok (2015) .and lower than Adama Science and Technology University which were 43.9% Tadesse, (2014). On the other hand The finding were significant higher comparing with the study conducted by Tesfahun,et al.,(2013) on technical school students showed an overall prevalence of substance abuse was 14.1%. This indicates that the prevalence of substance abuse is variable depending on the geographical location with different cultural background, age, awareness, level of family control, accessibility of substances etc. It can also be interpreted that the varying level of this substance abuse prevalence can be due to the general level of health awareness about the problem of substance abuse among students.

The most commonly used substances in this study in descending order are alcohol 17.4% khat 8% and cigarette 7.1% the sequence of used substance were lower finding than the student of Mekele University Abrha ( 2011) alcohol 16.6%, khat 14.8% , cigarette 8.8%.

Similarly the current prevalence alcohol drinking in this study was 17.4% which was lower than the study done in Woreta high schools 40.9% (Anteneh .et al.,2014).

The life time prevalence of khat chewing in this study was 30%, which was less than two times among high school students in Harari,(57.2%) region (Mahlet , 2013).

The current prevalence of khat chewing in the study was found to be 8% which was lower than a study done among university students in Mekele (14.8%) Abrha ,. (2011).

The life time prevalence of cigarette smoking was 10.8% which was lower than the study conducted among Street Children (28%) Eshetu, (1998),

The current prevalence of cigarette smoking was 7.1% which was lower than the study done among Woreta high school student 6.8% (Anteneh ,.2014).

The reason given for drinking alcohol was due to peer pressure (62.5%), to pass the time (30%) and because of addiction (7.5%). this is in line with other research done in Haramya University students (66.6%) used alcohol to get personal pleasure 18.5% to get relief from tension and 16.9% took it due to peer influence (Andualem ,2011).

The reason by the respondents for chewing khat were to fight depression, to pass the time, because of addiction and due to stay awake were 35.3%, 29.4%, 23.5% and 11.8% respectively. Henok (2015) states that peer pressure, parents drug use and “to get relief from stress occupies 5.1%, 4.2% and 4.2% respectively were main reasons for Ayer Tena high school students to abuse drugs.

The findings of this study revealed that, the commonly abused drugs by current drug user were alcohol 17.4%, khat 8.0%, cigarette 7.1%, shisha 3.3% and benzene 1.4%. Apart the prevalence, this is lower finding than the student of Mekele university (Abrha , 2011) alcohol 16.6 % , khat 14.8 % , cigarette and cannabis 8.8 % .were abused drugs.

The most commonly used drugs by students who ever users of drugs were alcohol (46%), khat (30%) and cigarettes (10.8%). This is consistent with the earlier findings of ( Tadesse , 2014) and (Henok ,2015). Also Mahlet (2013) added that (32.9%) students responded as it is not new to see students of Hareri region drunk, chewing khat and smoking cannabis (marijuana, hashish) at school.

Focus group discussions among students who abuse substance also suggests that, though students have multiple reasons for substance abuse, low concern of the school and province administrations, shortage of proper recreational services, parents living in high level of family conflict are another factors that contribute to exercise students drug abuse. This could be interpreted to mean that the school rule and regulations are not strict when dealing with

students' substance abuse in Addis Ketema preparatory school. Parents were referred as a source of obstacles by key informants. They have weak supervision and control on their children. A process of taking care of children until they become old enough to take care of themselves must be the role parents showed play while raising children.

The interview participants (Teachers, principals and counselors) also added that one of the most common observable problems that students are facing due to drug abuse is behavioral problem. They become late and absent from classes, dismissed from the school, fight each other and behave unpleasantly. The study also discovered students use more than one substance. Specifically the high level of prevalence of alcohol, khat and cigarette abuse may be due to social, cultural and legal acceptability and people use these substances for other ceremonial purposes. Also the cannabis (marijuana, hashish) is used by 1(0.4%) of Addis ketema students it is lower than Hareri students 6.6% as mentioned by (Mahlet, 2013).

Risk factor for drug abuse is significantly associated with behavioral consequences and level of academic performance. High need for money (21.9%), loss of interest for daily activities (21.6%), absenteeism from school (18.6%) and violence/disciplinary problems (17.6%), were the four mentioned behavioral consequences as a result of drug abuse. The focus group participants and interview participants also agreed drug abuse behavior might cause isolation and undermined social status.

Henok (2015) indicated that, (24.6 %) Ayer Tena students habit led them to go through some difficulties in learning their education properly, the students asserted facing a problem of exhibiting psychological problems (6.8 %), quarreling with teachers & other people (5.1%), difficulty in learning (5.1%), and coming late to school (2.5 %).

The social consequences of drug abuse on students were problem with parents (41.3%) losing friends (31%) and unable to participate in group activities (8.9 %). This is consistent with the study done among students of Hareri region (Mahlet, 2013) problem with parents, losing friends were (65.4 %),(33.3 %) respectively.

## CHAPTER SIX

### **6. Conclusion and Recommendations**

#### **6.1 Conclusion**

In this study an attempt was made to assess the knowledge of consequence and prevalence, associated effects of drug abuse, pushing factors for drug abuse, and perceived effects emerged in the sampled subjects.

Accordingly, the current prevalence of drug use in Addis ketema preparatory school is high (37.7%). The most commonly used drugs by students are alcohol, khat, and cigarettes. Alcohol, khat and tobacco are social drugs but cannabis is considered hard drug that involves many problems among users as well as on others. Finally, the most important causes of drug use among students are peer pressure and availability of drugs.

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

## **6.2 Recommendations**

Based on the results of the study, the following possible recommendations are forwarded:

1. Students at high risk for substance abuse should get with special counseling support to control drug use among students.
2. Peer educators should be assigned and strengthened in the school so that they can provide information about drug abuse and their effect in a friendly manner.
3. Awareness creation sessions should be organized about the nature and consequence of drug abuse for students, teachers and parents
4. Parents should monitor and check their children and should have strong partnership with the school and should have communication with their teachers.
5. Anti-drug policy that regulates the use of illicit habit forming and mood altering drugs need to be considered by the government.
  
6. Healthy recreational amenities and youth centers like public libraries by concerned bodies should be given due attention. It helps the youth to spend their free time in a productive manner.
7. Strong youth network should be established in the school under anti drug clubs.
8. Individual, peer and group counseling sessions should strengthened against drug abuse in preparatory schools.

## REFERENCE

- Abebe D., Asfaw D., Amare D. (2006). Is Khat- chewing behavior associated with Hiv risk behavior? African Journal of Aids research. 5(1), 61-69.
- Abdu E. (2003). The Khat chewing Habit and its incidental Interdependence with alcohol drinking Among AAU main campus undergraduate regular students. Ethiopian Journal of Development Research , 25(1),1-9.
- ACDE. (1995). Drug Related Crime: Crime Prevention and Community safety Learning Styles. 17-18.
- Agazi A. (2009). Socio Demographic Correlates of Substance Use and Sexual Behavior of Urban Youth of Northern Ethiopia: Particular Study of Mekelle City. Addis Ababa: Msc Thesis, Addis Ababa University. 29-65.
- Abrha K. (2011). Psychoactive substance abuse and intention to stop among students of Mekele University. MPh thesis presented to the school of graduated studies of Addis Ababa Univresity students .
- Andualem D. (2011).Assessment of substance use and risky sexual behavior among Haramaya university students Msc thesis school of health,Addis ababa university
- Anteneh M .,Tekle A. and Solomon M. ( 2014). High prevalence of substance use and associated factor among high school adolescents in Woreta town, north west Ethiopia
- Bry. B.H, (1983). Empirical foundations of family -based approach to adolescent Substance Drug Abuse. Rockville,MD:National Institute on Drug Abuse: DHHS Publication No.ADM 83-1290.
- Canadian Center On Substance Abuse CCSA. (2007). Attitude and beliefs about the risks of drug use in adolescence. Toronto.Canada.

- Carol J. (1992). Study Examining the Impact of Drug Abuse Resistance Education CD.A.R.E and a Comparison Group in a rural Setting. MA Thesis in Public Health Education . 24-27.
- DACAE.(2005). Hand book on substances of abuse for trainers, Commercial Printing Enterprise, Ethiopia.P 7- 36
- DACAE.(2011). National Drug Control Master Plan of 2010-2014. Addis Ababa: Commercial Printing Enterprise, Ethiopia 12-23.
- Davis, R.C. Roseth, W. David, N and T. J. Roger. (1993). Drug and the Community. New York: University of New York Press. 29-34.
- Derege K., Ataly A., Getnet M., Fikre E., Frehiwot B. (2005). Khat and alcohol use and risky sexual behavior among in school and out of school youth in Ethiopia. BMC Public Health.100-109
- Economic and Social Commission for Asia and the Pacific (2001). Third Asia Pacific Intergovernmental Meeting of Human Resources Development for youth.(Item 4 of the provisional agenda). Bangkok
- Eneh, A.U. Stanley, P,C. and Gills, H. (2004).Pattern of substance use among Secondary School Students in Rivers State, Nigeria. Journal of Medicine, January to march vol.13, (1), 36-39.
- EPHA. (2003). Adolescent Reproductive Health: Global and National Initiatives and Lessons Learned.
- Epherem A. (2012). The problem of Drug Abuse in Nazareth: A Case Study of Thirty Young People who Abuse Drugs. Unpublished Senior Essay, Addis Ababa University.
- Eshetu A. (1998). Some Correlates of Poly-Drug Use Behavior among Street Childeren:The MA Thesis .Addis Ababa University. 8-17.
- Ethiopia's Ministry of Health (2003). Adolescent Reproductive Health Extension Package. Addis Ababa.

- Fantahun A. (2013). Alcohol and Khat use as risk factors for HIV infection. 4-6 .
- Fekadu A., Atalay A. and Charlotte H. (2007). Alcohol and Drug Abuse in Ethiopia: Past, Present and Future. *African Journal of Drug & Alcohol Studies* , 6 (1). 39-53.
- Gay, L.R. and Peter Airasian (2000). *Educational Research: Competencies for Analysis and Application*. Upper Saddle River New Jersey: Prentice-Hall. 270-285.
- Goel, M. A. (2009). Costs, benefits, and cost-effectiveness of comprehensive drug abuse prevention. Washington, D. C: U.S. Government Printing Office. 93-165
- Good, C.V. (1973). *Dictionary of Education*. New York. Mac Graw Hill Book Company 414-423.
- Grand Thomas, p. (1984). Association Among Alcoholism, Drug Abuse, and Anti Social Personality. *Psychological Reports* .
- Henok A (2015). Exploring the trends & challenges of substance abuse among Ayer tena secondary school students. MA thesis [Addis Ababa University](#)..P 27-37
- Kuria M.W. (1996). The prevalence of drug abuse among secondary school students of Kenya. *Educational Research and Reviews*.4(5), 260-266 Kenya.
- Kwamanga E.K, (2003). Alcohol drinking and its association with sexual practices among Nairobi University students. A thesis submitted to the partial fulfillment of MA degree Nairobi university. Kenya.*East Africa med j*. 80(4), 204-220.
- Lewinsohn, D.A. (2007). *Immune dominant tuberculosis CD8 antigens preferentially restricted by HLA-B*. Cambridge University Press.
- Lishner, M. Hawkins, S. and Catalan,N (2003). Illicit drug use, cigarette smoking and alcohol. sDrinking behavior among a sample of high school adolescents in the Pietersburg Area of the Northern Province, South Africa. *Journal of Adolescence*, 26(1), 121-136.
- Maddox, G. (1970). *The Domesticated Drug Drinking Among Collegians*. Newhaven, Conn: College and University Press.13-25.
- Mahlet M, (2011). An assessment of drug abuse among secondary school students of Harari Region. A thesis submitted to the partial fulfillment of MA degree Addis Abeba university. 34-66

- Mechum E, (2004). Substance Abuse and Dependence among Kenyan youth. Nairobi printing press. 14-16.
- Mugenda M. (2005). Developmental Relationships between Substance Use and Risky Sexual Behavior in Young Adulthood .Nigeria.
- Mickele, D. (1999). Risk and Opportunities: Synthesis of Studies on Adolescence. Forum on Adolescence, The National Academy of Science. P 43 52
- Odejide O. (2006). Status of Drug Use/Abuse in Africa: A Review. International Journal of Mental Health and Addiction; 4(2): 87-102
- Ogwell T.,Kwango H. and Nwara B.(2003). Socio-demographic factors of pupils who use tobacco in randomly selected primary schools in Niroby province. Kenya east Africa ,80.235 .241.
- Rahel, A. (2009). The Life Situation of Drug Abusing Women and Men Street Youth in Addis Ababa: The Case of Kirkos Sub-city.MPH thesis presented to school of graduate of Addis Ababa University. 23-26.
- Ray A, John C, and Ksir, C. (1999). Drugs,Society, and Human Behavior(8<sup>th</sup> ed.).Boston: MC Graw.Hill- Company. 260-288.
- Porter S.R., and Pryor J. (2007). The Effects of Heavy Episodic Alcohol Use on Student Engagement, Academic Performance, and Time Use. Journal of College Student Development, 48(4), 455-467.
- Przybeck T.R. (1987). Age of Onset of Drug Use as a Factor in Drug and Other Disorders. DHHS Publications No.ADM. 87-1335.
- Santrock J. (1999). Life Span Development (7th ed), Boston: MCGRAW Hill Companies,Inc.
- Seyoum G and Ayalew, G (1995). Rapid Assessment of the situation of Drug and substance abuse in selected urban areas in Ethiopia. Addis Ababa.16-18.
- Tadesse G. (2014). practice of substance abuse and Risky sexual behavior. Adama. Retrieve from <https://www.researchgate.net/publication/260763248>
- Tesfahun A, Gebeyaw T, Girmay T. (2013). Assessment of Substance Abuse and Associated Factors among Students of Debre Markos Poly Technique College Debre Markos Global Journal of medicine 13(14) P 6 -53

- United Nations Office for Drug Control and Crime Prevention (UNODCCP) (2000): Demand reduction – A Glossary of Terms. United Nations Publication, ISBN 92-1-148129-5, New York, USA
- Wallace, M, John W, Muroff, R, and Jordan, K (2002). Preventing Substance Abuse Among African Children and Youth. The Journal of Primary Prevention .Vol 22 No.3.
- Weissbach, J.A. (1973). The Social and Personality Characteristics of heroin users. Psychological reports, 755-758.
- WHO. (1990). Drugs know no boundary. United Nations Chronicle Quarterly Vol.27 No.2 .
- WHO. (2005). Primary Prevention of Substance Abuse. Geneva.
- Wolaver A. (2002). Effect of Heavy Drinking in College on Student Effort, Grade Point Average, and Major Choice. Contemporary Economic Policy, 20(4), 415-428.
- Wills J. (1973). Addictions :Drug and Alcohol Re-examination . Toronto: Clark Publishing Company.
- Wu, W and Khan J. (2005). Adolescent Illicit Drug Use -Understanding and Addressing the Problem. [www.ag.gov.au/agd/](http://www.ag.gov.au/agd/)
- Yeshalem M. (2013). Khat Chewing and Its Associated Factor among College Students in Bahir Dar Town, Ethiopia. Science Journal of Public Health.; 1(5): 209-214.



5. What is your current status of the magnitude of using drugs?
- A. I used it within some ranges of repeated time
  - B. Undecided
  - C. I use substances in times during rare family based ceremonials.
  - D. I am against

6. What is your attitude to abuse the following listed substance in your life time?

**Put a tick mark (√) to each alternatives which best describes**

Substance to be abuse	Not acceptable	Undecided	It is my pressure to use it rarely.	I am old enough to enjoy it to practice
Khat				
Alcohol				
cocaine or heroine				
Shisha				
Cigarette				

**Part two**

**Student–parent relation ship**

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

**KEY:( 3=Disagree, 2=Undecided, 1=Agree)**

	Statements	3	2	1
8.1	My parents usually are open to discuss and advice than physical force when I failed to fulfill their expectation			
8.2	My parents use drugs such as Khat, Alcohol, tobacco, and other Drugs			
8.3	I live through high levels of family conflict			
8.4	I lack positive parental role modeling			

**Peer pressure**

9. 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:( 3=Disagree,2=Undecided, 1=Agree,**

	Statements	3	2	1
9.1	Many of my friends drink alcohol, use tobacco, chew khat and use other drugs.			
9.2	Strong Peer attachment			
9.3	Have you ever encountered pressure from your friends to use alcohol, khat, tobacco and other drugs			

**Part three**

10. Do you chew khat?                      A. Yes    B. No    if no go to Q 14

11. If yes, why do you chew khat?

- A. To pass the time
- B. To stay awake
- C. To socialize
- D. I'm addicted
- Other (specify) \_\_\_\_\_

12. Do you drink alcohol?

- A. Yes
- B.No    if no go to Q 17

13. Why do you drink alcohol?

- A. To pass the time
- B. To fight depression
- C. To get pleasure

14. Which of the following drugs have you ever used? best response is expected

- A. Alcohol      C. Tobaco      E. Hashish      G. never
- B. Khat          D. Shisha      F, Benzene

15. Which of the following drugs have you used currently ? best response is expected

- A. Alcohol      C. Tobaco      E. Hashish      G. never
- B. Khat          D. Shisha      F, Benzene

15. Where were you the first place you consumed drug?

- A. At home                      B. Khat or shisha store                      C. Party
- D. On street, highways      E. At bar or restaurant                      f. Other (specify) \_\_\_\_\_

16. What are the main factors contributing for the first time drug abuse?

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

**KEY:( 3=Disagree, 2=Undecided, 1=Agree,**

Statements	3	2	1
Peer pressure			
Availability of drugs			
Academic failure			
Dissatisfaction with the school environment			
Having biological relatives with drug abuse			
Unhappiness at home			
To cope with various life challenges			
To experience pleasure			
To socialize			

Other(specify)\_\_\_\_\_

17. Which of the following consequences (behavioral aspect) have you experienced due to drug use?[best response is expected)

- A. Absenteeism from the class
- B. Violence (disciplinary problems)
- C. Loss of interest in daily activities
- D. Harsh argument with people
- E. Expelled from school
- F. Others(specify) \_\_\_\_\_

18. Which of the following consequences (psychological aspects) have you experienced due to drug use? [Best response]

- A. Psychological distress
- B. Strong feeling of guilt
- C. Feeling of helplessness/hopelessness
- D. un decided
- E. Other (specify) \_\_\_\_\_

19. Which of the following consequences (social aspect) have you experienced due to drug use? [Best responses]

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

20. Which of the following consequences (health aspect) have you experienced due to drug use?(Best response]

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

21. What else would you say about the prevalence rate of drug abuse and students' drug usage manner in your school?

\_\_\_\_\_

22. Generally, What do you suggest about the abuse of drug among Addis ketema preparatory school students and its consequences on their education?

\_\_\_\_\_

**THANK YOU**

Appendix -B  
**ADDIS ABABA UNIVERSITY**  
**SCHOOL OF GRADUATE STUDIES**  
**COLLEGE OF NATURAL AND COMPUTATIONAL SCIENCE**  
**DEPARTMENT OF BIOLOGY**

**Focus Group Discussion Guide for Students**

Welcome participants

The purpose of this discussion is to obtain primary information about the knowledge consequence prevalence of drug abuse in Addis ketema preparatory school students, see the relationship of drug abuse with 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 Addis Ketema preparatory school 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), Hashish, Shisha, In benzene), 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 Addis ketema preparatory school students? (Discuss one by one for khat, alcohol, tobacco and other drugs).
2. To what extent do parents supervise and control their children against unwanted characteristics?
3. What are the main factors that force students to use such drugs?
4. What would be the problems and/or benefits of drug use? Why?
5. Do you ever sneak out from school to drug abuse? Mention the place where contributes to drug abuse.
6. What are the consequences of using drugs on students as you observe from practical experience?
7. What kind of measures can/should be taken?
8. Any other views?

**THANK YOU**

**Appendix -C**  
**ADDIS ABABA UNIVERSITY**  
**SCHOOL OF GRADUATE STUDIES**  
**COLLEGE OF NATURAL AND COMPUTATIONAL SCIENCE**  
**DEPARTMENT OF BIOLOGY**

**Interview Guide**

**For School Principals, guidances and Teachers**

Dear respondent,

The purpose of this interview is to obtain some information about the knowledge consequence and extent of drug abuse, to see relations to some variables of the study population such as family condition, peer influence, and to point out the consequences of drug usage among Addis Ketema preparatory school students.

**Remark:**

Your response will be kept confidential and used only for academic purpose

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), Hashish, Shisha, benzene and others.
--

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

# Interview guide

- A. Present job or duty of the interviewee \_\_\_\_\_
- B. Date of interview \_\_\_\_\_
1. How do you rate the problem of drug abuse among Addis ketema preparatory school students? Why?
  2. What are the most commonly used drugs among preparatory school students?
  3. What efforts have been made so far by your institution in order to minimize the adverse effects of drug abuse among preparatory school students?
  4. How do you describe students who are engaged in using drug?(ask in terms of: , grade level, family background, educational status, etc)
  5. 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)
  6. How do you explain the consequences of drug abuse and among students?(From health, Psychological, and social perspectives)
  7. What should be done, in spite of all the efforts made so far?
  8. What else would you like to add as a closing remark?

**THANK YOU!**