

Prevention and Control of Substance Abuse among Youths: An
Exploratory Study in Jimma Town

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A Thesis Submitted to the School of Social Work, in Partial Fulfillment of
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SCHOOL OF SOCIAL WORK


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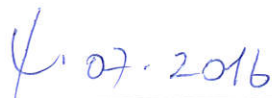
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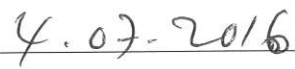
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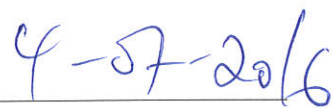
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Acronyms

ATS: Amphetamine-Type Stimulant

CNS: Central nervous system

FMHCACA: The Food, Medicine and Health Care Administration and Control Authority

GDP: Gross Domestic Product

GOs: Governmental Organizations

HIV/AIDS: Human Immune Virus/Acquired Immune Deficiency Syndrome

INCB: The International Narcotics Control Board

JIMIS: Jimma-Minnesota International Symposium on Mental Health and Substance Use

LSD: Lysergic Acid Diethylamide

MDMA: Methylenedioxyamphetamine

NASW: National Association of Social Workers

NGO: Non-Governmental Organizations

NICRO: National Institute for Crime Prevention and the Reintegration of Offenders

NIDA: National Institute on Drug Abuse

SDM: Social development model

SNNP: Southern Nations Nationalities and People

UNDCP: United Nations Drug Control and Prevention

UNODC: United Nations Office on Drugs and Crimes

UNODCCP: United Nations Office for Drug Control and Crime Prevention

US: United States

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WHO: World Health Organization

Abstract

Drug abuse is an international problem, which affects almost every country in the world, both developed and developing countries. This study aimed at examining the mechanisms laid out for the prevention and control of substance abuse among youths in Jimma town. An exploratory type of qualitative research was employed in the study. Ten youths: four drug abusers from Jimma University and six from Jimma town and four officials who work on issues that deal with drug abuse issues from Jimma University Specialized hospital, Jimma town youth center, FMHCACA and Jimma town police administration: a total of fourteen participants were selected by using purposive sampling. In using this technique, it was supplemented by inclusive criteria to make the selection free of the researcher's bias. In-depth interview with key informants interview and observation were employed in collecting data relevant to the study. The recorded data were carefully transcribed, cross-checked and organized into easily retrievable sections. Then familiarization, coding and categorization were the next steps employed in the study. Furthermore the concept of the summarized themes in relation to the study questions were presented thematically and discussed in relation to the literature review and the conceptual framework of the study. The finding of the study indicated that the environment influenced the respondents directly or indirectly to get involved in drug abuse and the most commonly abused drugs in the town were khat and cigarette. The finding of the study also indicated that drug abuse problem and the prevention and control activities and movements were not yet equal or balanced. That means however drug abuse problem is going deep in the town; the prevention activities were not given priority and needs further work. The major findings were discussed in relation with the objective of the study and the reviewed literatures and conclusions were made. The overall risk for addiction is impacted by the biological make up of the individual that can even be influenced by gender or ethnicity, his or her developmental stage and the surrounding social environment like conditions at home, at school and in the neighborhood. The general purpose of substance abuse prevention and control is to promote health and well-being by encouraging a substance-free way of life and by reducing substance use and substance-related harm. Finally the implication for social work education, research, practice and policy was discussed.

Chapter One: Introduction

1.1 Background of the study

Drug abuse is an international problem, which affects almost every country in the world, both developed and developing countries. Drug abuse must be considered as a total community problem and thus it is the responsibility of everyone to tackle it. Alcoholism, cigarette smoking, khat chewing and using other drugs are the day-to-day phenomena seen in our communities (A module on Substance Abuse for the Ethiopian Health Center Team, 2005).

According to United Nations World Drug Report (2014) globally, it is estimated that in 2012, some 243 million people (range: 162 million-324 million) corresponding to some 5.2 per cent (range: 3.5-7.0 per cent) of the world population aged 15-64 had used an illicit drug mainly a substance belonging to the cannabis, opioid, cocaine or amphetamine-type stimulant (ATS) group. The extent of illicit drug use among men and women varies from country to country and in terms of the substances used.

UNODCCP (2002) put that a psychoactive substance is any substance people take to change either the way they feel, think, or behave. This description covers alcohol and tobacco as well as other natural and processed drugs. In the past, most of the drugs that were used were made from plants. That is, plants grown and then converted into drugs such as cocaine, heroin and cannabis (or marijuana). UNODCCP (2002) confirmed that in the 20th century, people found out how to make drugs from chemicals. These are called human-made or synthetic drugs, and include speed, ecstasy, LSD, "batu", "hot ice", "kleenex", "adam" and "meth", etc.

According to Twain (2013), drug abuse or substance abuse is the consistent and compulsive use of drugs that are considered addictive or illegal. The drugs are not used for their intended effects but for their perceived other effects. Drug abuse is taking in drugs not because your body needs the drugs for health but for the personal experience that these drugs stimulate.

Many social, economic and political factors have contributed to the global spread of alcohol and drug abuse. In the nineteenth century drugs tended to be only available where they were produced or very close to the source of production. However, the growth of transportation,

tourism and communications in the twentieth century has made it possible to transport goods and people quickly to any part of the world. Drugs too, are being transported to distant places and are available almost all over the world (WHO, 2000).

According to Drug Administration and Control Authority of Ethiopia (2005) recently renamed The Food, Medicine and Health Care Administration and Control Authority since the beginning of 20th century, the international community has recognized that substance abuse problem is an international concern, which needs an international response through concerted efforts. Since then various international conventions, protocols and strategies have been developed and implemented by the international communities. United Nations Office on Drugs and Crimes (2011-2015) put some of them; The 1961 Single Convention on Narcotic Drugs, the 1971 Convention on Psychotropic Substances and the 1988 United Nations Convention against Illicit Trafficking in Narcotic Drugs and Psychotropic Substances.

FMHCACA (2005) put that there is an estimated 190 million drug users around the globe, which accounts of 3.1% of the world population or 4.3% of the population aged 15 and above. While the majority of illegal drugs are consumed in industrialized nations, drug addiction is no longer the rich nation's problem or the poor nation's affliction. Drug abuse problem crosses national, ethnic, religious class and gender lines. Addicts range from the homeless to white-collar professionals, college students, sex workers, rural farmers and street children. Drug abuse doesn't only affect particular individual users, but can also have a significant impact on families, friends, and eventually the whole community of the world (FMHCACA, 2005).

A finding from a study on Drug Abuse in Adolescents in Swaziland shows that the use of drugs had negatively affected the respondents' relationships with other people and their lives in general (Gladys, 2005). NICRO (2015) put that South Africa faces an ongoing challenge with the prevalence of substance abuse and addiction. Alcohol is the most common primary drug of abuse at treatment centers across South Africa, except for the Western Cape, Limpopo and Mpumalanga. The economic cost of alcohol abuse is estimated to be between 1% and 2% of the annual Gross Domestic Product (GDP). The cost of illicit drug use is estimated to be over 100 million, and the estimated social and economic cost of illicit drug and alcohol abuse is approximately 6.4% of the annual GDP (NICRO, 2015).

A survey conducted in Cape Verde in 2012 found that 7.6 per cent of the population had used an illicit substance at least once in their lifetime, 2.7 per cent had used an illicit substance in the year 2013. Cannabis was the most popular drug (2.4 per cent reporting use in the year 2013) followed by cocaine (0.2 per cent annual prevalence). The survey also reported common use of a “cocktail” containing crack cocaine and cannabis. ATS use although at low levels (0.1 per cent lifetime prevalence) seems to be emerging (United Nations World Drug Report, 2014).

Kenyan youth face the greatest risk, being targets for recruitment into the abuse of drugs by drug barons. Nearly 92% of the youth experiment with drugs during the growing up process. Drug abuse is an issue that not only involves the secondary school students but is also a national issue (Otieno & Ofulla, 2009). A study on drug abuse in Kenya showed that 22% of secondary school students have used drugs and males had a higher exposure to miraa (khat) and inhalants. The prevalence of drug abuse increased from primary to tertiary institutions (Otieno & Ofulla, 2009)

In Ethiopia, levels of drug use continue to rise alarmingly from time to time. The rapid globalization of the drug trade over the past decades has meant that no country is immune from the threat. The drug trade transcends national borders, and Ethiopia continues to serve as a transit route for the drug trade (National Drug Control Master Plan of FMHCACA, 2010-2015).

Khat is one of the leading hard currency earning export commodities of the country. Locally it is a big employer of the working force and main stay of income for millions of farmers and traders. It is grown almost everywhere in the country, especially in the eastern, western and southern regions and sold to consumers in public and in abundant quantities (National Drug Control Master Plan of FMHCACA, 2010-2015).

Ethiopia's strategic location in the horn of Africa, particularly the suitability of its reputed airlines, which runs standing regular flights between many drug producing parts of the world (like in greater Asia) and several marketing destinations have unfortunately rendered its capital, Addis Ababa to become one of the most frequented transit hubs in Africa being used for the trafficking of Heroin, Cocaine and related substances destined to Europe and north America. The international airports at Addis Ababa and Nairobi have emerged as major entry and transit points for the whole of Africa and beyond and this opportunity made the people of the country to engage in drug abuse problems (National Drug Control Master Plan of FMHCACA, 2010-2015).

The annual report of the Ethiopian Federal Police on drug trafficking control shows that in drug trafficking between Africa and different parts of the world most traffickers use Bole international air port for transit. The annual report of the Ethiopian Federal Police on drug trafficking control also shows that in the years between 2008-2015, many people were engaged in drug trafficking. From these 84% were people who are aged between 15 and 30. This is the age group in which youths found and this in turn contributes for the possibility to engage in drug abuse. The drug abuse problem among youths in Jimma town and further in Ethiopia is therefore expected to rise unless the mechanisms for prevention and control of substance abuse are laid out.

1.2 Statement of the problem

National Drug Control Master Plan of FMHCACA (2010-2015) confirmed that the use of illicit drugs is steadily expanding in Ethiopia. The main aspects of the drug problem in Ethiopia include the use of alcohol, tobacco, khat and cannabis, and though limited there is also the use of heroin, cocaine and the use of the country as a trafficking hub. UNODCCP (2002) put that “If you are going to develop a drug abuse prevention program in your community, it is important that you know what the various drugs that are commonly abused in your community, where they come from, what their effects are and by which names they are known etc.”

Khat is currently recognized as one of the substances that are of concern in Ethiopian Universities. Gebrehanna et al.(2014) shows that the prevalence of khat among Ethiopian university students has been reported between 9% and 32%. Khat and alcoholic beverages have been part of the Ethiopia’s tradition for centuries. Khat, which was some years back limited to some cultures and regions, is recently spreading throughout the country at an alarming rate and abused especially by youth irrespective of culture and religion (FMHCACA, 2005).

The pooled prevalence of khat chewing in Ethiopia in the year 2014 was 20% (95%, CI: 19%-21.1%) and the lifetime pooled prevalence was 28.3% (95%, CI: 26.8%-29.8%). Its adverse effects included cardiovascular complications, hypertension, obstetric complications, kidney problems, and intestinal complications like constipation though it might be confounded by pesticides (Jimma-Minnesota International Symposium on Mental Health and Substance Use (JIMIS), (2014).

Khat chewing was also associated with increased absenteeism and unpunctuality of employees. Students, farmers and employees who were mainly at reproductive age were the most at risk population groups (Jimma-Minnesota International Symposium on Mental Health and Substance Use (JIMIS), 2014). According to National Drug Control Master Plan of FMHCACA (2010-2015) tobacco is usually the drug of first abuse among children especially street children and youth population in Ethiopia. Tobacco is known to act as a doorkeeper substance and many graduates from tobacco to 'hard' drugs.

FMHCACA (2005) confirmed that cannabis abuse is becoming a serious problem in Ethiopia. It grows in most regions of the country mainly in Oromia, Amhara, Benishangul Gumuz, SNNP Regional States and Addis Ababa City Administration. And also inhalants abuse like benzene has also been a common observation among street children. Cannabis is cultivated in some parts of the country and is mainly used for domestic consumption. The number of cannabis abusers is also on the increase in both rural and urban areas and among all social groups (National Drug Control Master Plan of FMHCACA, 2010-2015).

UNODCCP (2002) explained that one of the worst things about drug abuse is that it most commonly affects young people who, because they are young, already have problems in their lives. There are many difficult physical and emotional changes that take place when young people move from childhood to the teenage years, a period often called adolescence. This is generally the time when most young people begin experimenting with drugs. However, youth around the world have many different reasons for using drugs. In many cases, young people turn to their friends for support. These friends don't always just pressure them to use drugs but often offer drugs as a solution to their problems.

Literatures show the effects of drug in many directions on the abusers. Unwanted organ system effects: Central Nervous System: Sleeplessness, nervousness and nightmare, Respiratory system: Increased susceptibility to infectious diseases, especially tuberculosis, Psychiatric disorders: Paranoid delusion of persecution often associated with auditory hallucinations, Manic illness characterized by grandiose delusions and others, Social harms: unemployment, crime, Public order violence and family breakdown and income diversion are some effects listed by a module on Substance Abuse for the Ethiopian Health Center Team (2005).

Finding from a study by Mahlet (2011) shows that alcoholic drinks, khat, cannabis and cigarette are the most commonly used drugs among secondary school students. The study also found that the 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.

A study by Megersa Gadissa (2014) shows that the prevalence of Khat chewing was higher as regardless of sex, age, academic status and year of study. Students highly chew Khat; although the tendency to chew Khat is higher in boys than girls. A study by Henok (2015) indicated the overall prevalence of substance abuse among Addis Ababa, Ayer Tena secondary school students was 24.6%. The study also find out the most commonly abused substances, 5.90% smoke cannabis, 4.20% chew khat, and 0.80% drinks alcohol and 0.80% smoke cigarettes. Alongside, the study indicated, most of the students abuse more than one substance at the same time and Khat and Cannabis were the highly abused substance by the students.

Findings from different studies showed that substance abuse has effect on parent child relationship. In a study of the relationship between parental substance abuse and child maltreatment, Medhanit Walelign (2014) shows that parental substance abuse is significant predictor of child maltreatment. The finding also shows that parental substance abuse significantly predicts child maltreatment and in all types of maltreatment, children with substance abusive parents have the highest score. A Study on Substance Use and Associated Factors among University Students in Ethiopia shows that the overall life time prevalence of substance use among university students is high (Gezahegn et al., 2014).

Different studies showed the prevalence, risk factors and the negative effects (health, physiological, psychological, socio-economic, and educational effects) of drug abuse. Most studies also focus on single type of drugs for example; khat, cannabis, alcohol or others giving little or no attention to the mechanisms laid out for prevention and control of substance abuse among youths. However, drug abuse problem is affecting millions of people not only in the study area but also in different parts of the world and the problem is rising from time to time. Substance abuse among youths demands special attention and preventive measures. Therefore the study intended in exploring the mechanisms laid out for prevention and control of substance abuse among youths of Jimma town.

The researcher observed that in Jimma town different substances are abused after using khat as a beginning and many youths and students from the town and Jimma University are exposed to this problem. The researcher selected this study area since she lived in the town during her undergraduate class and had an opportunity to observe substance abuse problem among youths both in the University and the town. Accordingly, the researcher is interested in the area.

1.3 Objective of the study

The general objective of the research was to explore the mechanisms laid out for the prevention and control of substance abuse among youths.

1.3.1 Specific objectives

- ❖ To address some of the risk factors that contributes for substance abuse among youths.
- ❖ To explore the most commonly abused drugs.
- ❖ To explore the mechanisms laid out for the prevention of substance abuse among youths.
- ❖ To explore if there are measures taken to control substance abuse among youths.

1.4 Research Questions

The study was guided by the following research questions.

- I) What are some of the risk factors that contribute for substance abuse among youths?
- II) What are the most commonly abused substances?
- III) ~~What are the mechanisms laid out for the prevention of substance abuse among youths?~~
- IV) What are the measures being taken to control substance abuse among youths?

1.5 Rationale for the study

According to the Code of Ethics for Social Work (2012), the goal of social work profession is to promote social change, address problem solving in human relationships and the empowerment and liberation of the needy people to enhance well-being based on the principles of human rights

and social justice. According to NASW (1999) the primary mission of the social work profession is to enhance human well-being and help meet the basic human needs of all people, with particular attention to the needs and empowerment of people who are vulnerable, oppressed and living in poverty.

In social work, youths are considered as one of social groups that are vulnerable to various forms of problems because there are many difficult physical and emotional changes that take place when young people move from childhood to the teenage years and above. According to a Knowledge Centre for Youth Substance Abuse Prevention (2010) in modern society, youth can be seen as a fairly long phase of life, during which a child gradually disconnects him or herself from the parents and grows independent, obtains an education and prepares him/herself for independent life and takes responsibility for his or her future. And it is the time when most young people begin experimenting with drugs (UNODCCP, 2002). So youths are one of research interest areas in social work.

Youth substance abuse prevention can be seen as part of a larger whole, or along a continuum at one end of which is work aimed at social strengthening of the young person and on the other end of which is work aimed at correcting the young person's life situation, health or position. Substance abuse prevention concentrates on improving young people's understanding of the risks related to substance abuse and on strengthening the protective elements (A Knowledge Centre for Youth Substance Abuse Prevention, 2010).

Everyone should be concerned about substance abuse problem because beyond individual level, it is becoming health, socio-economic and physiological problem at national and international level that affects family and the country. This directly affects the general health condition and development of the country. It is becoming a cause for serious crimes to be committed in different ways. It is also becoming the major reason for decreased academic performance and incompetence of students. Drug abuse affects not only the abusers but also everyone around them beginning from their family and friends and it costs our society in many ways.

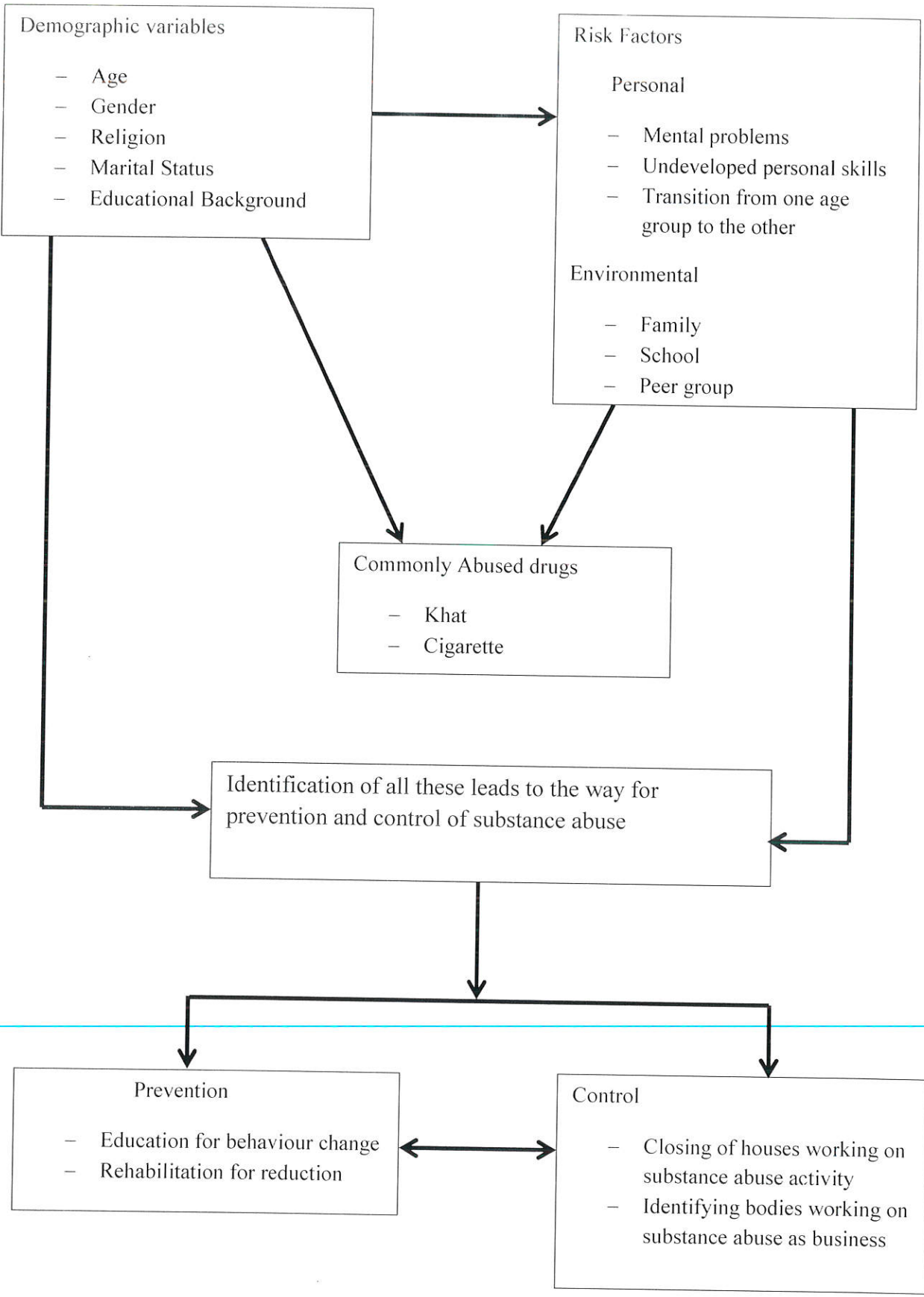
As a social worker the researcher chosen to conduct a research on youths because it is the age in which many responsibilities are expected by the society and this will come true if they are protected from risks. Pope Francis of the Catholic Church always begins his discussion where

ever he moves throughout the world by his everyday saying “Youths are the moving motors of the society and we should take care of them and should be responsible for them”.

Social work education actively help school systems meet expectations of federal, state and local mandates; particularly those designed to promote equal educational opportunity for all, social justice and the removal of barriers to learning. Social work practice is consistent with these mandates and promotes the academic mission of schools by fostering educational environments that are safe; have supportive, fair and responsive policies and emphasize early intervention and positive behavioral interventions. This admirable goal implicitly includes youth issues for social workers that are trying to help youths in desperate situations such as struggling with many pressures that lead them to substance abuse problems.

When you try to conduct any program or study about drug abuse, your program should not be too narrow in its focus; for instance, you should not just say that we are an anti-cannabis program and ignore all the other substances that are abused in your community (UNODCCP, 2002). Different users of drug will have the opportunity in one or different ways to try and then involve in more than one type of drug. For example, individuals chewing khat may have the opportunity to try using other drugs. Thus, the study has focused on the prevention and control of any type of drug. Since all forms of substance abuse are usually related to each other in what causes them and their effects on individuals, families and the community, the study has tried to have a look at the whole range of substances.

1.6 Conceptual Framework of the study



1.6 Significance of the Study

The study has been believed to provide a set of empirical information on the mechanisms laid out for the prevention and control of substance abuse which is becoming a very great problem of almost all people in the town and further in the country. The study can be used as a basis for further studies on drug abuse issues. The findings of this study may also provide good insight to parents, social work practitioners, teachers, researchers, policy makers and other GOs and NGOs working with youths.

1.7 Delimitation of the study

The study has dealt only with exploring the mechanisms laid out for the prevention and control of substance abuse among youths. The study included only youth population and the finding cannot be generalized for all age groups. The study was geographically delimited to Jimma town. Since the study is only in Jimma town, the findings might not be generalized to the larger population of other cities or the whole country.

1.8 Limitation of the study

While conducting the study, there were limitations. To find youth participants, it was difficult because they were not willing to talk about drug abuse issues. Khat being part of the culture of Jimma town made it complicated to discuss about substance abuse in the town. To find the key informants on the appointment time was also difficult that resulted in wastage of time. The other one is because of the study area was far away; the transportation system was somehow difficult. To make youths willing and interested, I explained the purpose of the study clearly in order that they can have confidence on it.

1.9 Operational definitions

Drug: Any substances that bring change whether positive or negative in the body if taken.

Drug/Substance abuse: Is talking drugs beyond the amount needed and the purpose they are intended for.

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Youth: Persons between the ages 18 up to 29.

Drug Addiction: The state of being given beyond the normal or becoming extremely involved in drug abuse.

Drug Dependence: Is the inability to act normal without having or taking the previous things or drugs.

Chapter Two: Review of Related Literature

The researcher conducted a literature review on the prevention and control of substance abuse among youths. According to Boote & Beile (2005) the purpose of literature review is enabling the researcher to learn from previous theory on the subject and to show that the work is adding to the understanding and knowledge of the field.

2.1 The concept of substance abuse

A psychoactive substance is any substance people take to change either the way they feel, think or behave. This description covers alcohol and tobacco as well as other natural and manufactured drugs (UNODCCP, 2002).

Almost everyone uses “drugs” in some form, such as prescribed medications, caffeinated products, and so forth. Clearly, it is not about the use of such substances that is at issue with the majority of society. For the most part, society’s concern is with those who use substances excessively or are involved with illegal drugs (Adelman & Taylor, 2003). Twain (2013) also illuminated that, drug abuse or substance abuse is the consistent and compulsive use of drugs that are considered addictive or illegal. The drugs are not used for their intended effects but for their perceived other effects. Drug abuse is taking in drugs not because your body needs it for health but for the personal experience that it stimulates.

2.2 Overview of substance abuse

2.2.1 Substance abuse as an International problem

Drug abuse is an international problem, which affects almost every country in the world, both developed and developing. Drug abuse must be considered as a total community problem and thus it is the responsibility of everyone to tackle it. Substance abuse occurs in all segments of our societies. Alcoholism, cigarette smoking, khat chewing and using other drugs are the day-to-day phenomena seen in our communities (A module on Substance Abuse for the Ethiopian Health Center Team (2005).

Many social, economic and political factors have contributed to the global spread of alcohol and other drugs. In the nineteenth century drugs tended to be only available where they were produced or very close to the source of production. However, the growth of transportation, tourism and communications in the twentieth century has made it possible to transport goods and people quickly to any part of the world. Drugs too, are being transported to distant places and are available almost all over the world (WHO, 2000).

According to FMHCACA (2005) since the beginning of 20th century the international community has recognized that substance abuse problem is an international concern, which needs an international response through concerted efforts. Since then various international conventions, protocols and strategies have been developed and implemented by the international communities. UNODC (2011-2015) put some of them; The 1961 Single Convention on Narcotic Drugs, the 1971 Convention on Psychotropic Substances and the 1988 United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances.

FMHCACA (2005) put that there is an estimated 190 million drug users around the globe, which accounts of 3.1% of the world population or 4.3% of the population aged 15 and above. While the majority of illegal drugs are consumed in industrialized nations, drug addiction is no longer the rich nation's problem or the poor nation's affliction. It crosses national, ethnic, religious class and gender lines. FMHCACA (2005) also stated that addicts range from the homeless to white-collar professionals, college students, sex workers, rural farmers and street children. Drug abuse doesn't only affect particular individual users, but can also have a significant impact on families, friends, and eventually the whole community of the world.

According to United Nations World Drug Report (2014), globally it is estimated that in 2012, some 243 million people (range: 162 million-324 million) corresponding to some 5.2 per cent (range: 3.5-7.0 per cent) of the world population aged 15-64 had used an illicit drug mainly a substance belonging to the cannabis, opioid, cocaine or amphetamine-type stimulant (ATS) group. The extent of illicit drug use among men and women varies from country to country and in terms of the substances used.

UNODC: Ethiopia National Integrated Program (2011-2015) put that WHO prepared a drafted global strategy to reduce the harmful use of drugs and was endorsed in the sixty-third world

health assembly in January 2010. The strategy calls for community action, drinking-driving policies and counter measures, pricing policies, reducing the negative consequences of drinking and alcohol intoxication, reducing the public health impact of illicit alcohol and informally produced alcohol, strong leadership, a solid base of awareness and political will and commitment. Member states are urged to implement the global strategy to reduce the harmful use of alcohol and strengthen the national efforts to protect at-risk populations, young people and those affected by harmful drinking of others.

With regard to the most serious outcome that can result from illicit drug use, UNODC (2015) estimates that in 2013 there were 187,100 (range: 98,300-231,400) drug-related deaths worldwide, corresponding to a mortality rate of 40.8 (range: 21.5-50.5) drug-related deaths per million people aged 15-64 (UNODC World Drug Report, 2015).

UNODC World Drug Report (2015) put that contributing an estimated 23 percent to the global number of drug-related deaths; North America experiences the highest drug-related mortality rate. Within the region, the United States reports one of the highest drug-related mortality rates worldwide at 4.6 times the global average and, with 40,239 drug-related deaths recorded in 2013, accounts for approximately one in five drug-related deaths globally. The high mortality rate in North America in part reflects better monitoring and reporting of drug-related deaths than in most other regions.

United Nations Office On Drugs And Crime; World Drug Report (2015) also shows that in Europe, the highest drug-related mortality rates are found in the most northerly countries and territories with (in descending order of mortality rates and considering only countries and territories with a population aged 15-64 of 500,000 or greater) Estonia, Scotland, Finland, Sweden, Northern Ireland, the Russian Federation, Norway and Ireland all experiencing mortality rates of over 70 drug-related deaths per million of the wicked population aged 15-64. In all of these countries, opioids were the drug type most frequently mentioned as the primary cause of death.

2.2.2 Substance Abuse in Africa

NICRO (2015) stated that South Africa faces an ongoing challenge with the prevalence of substance abuse and addiction. Alcohol is the most common primary drug of abuse at treatment centers across South Africa, except for the Western Cape, Limpopo and Mpumalanga. NICRO (2015) also put that the economic cost of alcohol abuse is estimated to be between 1% and 2% of the annual GDP. The cost of illicit drug use is estimated to be over 100,000 million, and the estimated social and economic cost of illicit drug and alcohol abuse is approximately 6.4% of the annual GDP.

Kenyan youth face the greatest risk, being targets for recruitment into the abuse of drugs by drug barons. Nearly 92% of the youth experiment with drugs during the growing up process. Drug abuse is an issue that not only involves the secondary school students but is also a national issue (Otieno & Ofulla, 2009). The strategic location of east Africa, on a long and established trading route between Europe and South-West Asia and the extensive flight routes of Kenyan and Ethiopian airlines linking East Africa to the principal Heroin source countries have created favorable conditions for smuggling Heroin from Asia into West Africa and Europe. The international airports at Addis Ababa and Nairobi have emerged as major entry and transit points for the whole of Africa and beyond (National Drug Control Master Plan of FMHCACA, 2010-2015).

2.2.3 Substance Abuse in Ethiopia

~~In Ethiopia, levels of drug use continue to rise alarmingly from time to time. The rapid globalization of the drug trade over the past decades has meant that no country is immune from the threat. The drug trade transcends national borders, and Ethiopia continues to serve as a transit route for the drug trade (National Drug Control Master Plan of FMHCACA, 2010-2015).~~

According to National Drug Control Master Plan of FMHCACA (2010-2015), the use of illicit drugs is steadily expanding in Ethiopia. The main aspects of the drug problem in Ethiopia include the use of alcohol, tobacco, khat and cannabis, and though limited use of heroin, cocaine, and the use of the country as a trafficking hub.

Gebrehananna et al.(2014) shows that Khat is currently recognized as one of the substances that are of concern in Ethiopian Universities and the prevalence of khat among Ethiopian university students has been reported between 9% and 32%. Khat and alcoholic beverages have been part of the Ethiopia's tradition for centuries. Khat, which was some years back limited to some cultures and regions, is recently spreading throughout the country at an alarming rate and abused especially by youth irrespective of culture and religion (FMHCACA, 2005).

FMHCACA (2005) stated that cannabis abuse is becoming a serious problem in Ethiopia. It grows in most regions of the country mainly in Oromia, Amhara, Benishangul Gumuz, SNNP Regional States and Addis Ababa City Administration. FMHCACA (2005) also confirmed that the number of cannabis abusers is also increasing from time to time mainly in the urban areas of the country and inhalants abuse like benzene has also been a common observation among street children.

The pooled prevalence of khat chewing in Ethiopia in the year 2014 was 20% (95%, CI: 19%-21.1%) and the lifetime pooled prevalence was 28.3% (95%, CI: 26.8%-29.8%). Its adverse effects included cardiovascular complications, hypertension, obstetric complications, kidney problems, and intestinal complications like constipation though it might be confounded by pesticides (JIMIS, 2014). JIMIS (2014) also put that Khat chewing was also associated with increased absenteeism and unpunctuality of employees. Students, farmers and employees who were mainly at reproductive age were the most at risk population groups.

Ethiopia's strategic location in the horn of Africa, particularly the suitability of its reputed airlines, which runs standing regular flights between many drug producing parts of the world (in greater Asia) and several marketing destinations, have unfortunately rendered its capital, Addis Ababa, to become one of the most frequented transit hubs in Africa being used for the trafficking of Heroin, Cocaine and related substances destined to Europe and north America (National Drug Control Master Plan 2010-2015 of FMHCACA, 2010-2015). The Ethiopian federal police commission annual report on seized drugs shows that from the year 2006-2015, all of the drug traffickers pass through the Bole international airport of Ethiopia in almost all part of the world.

2.3 Theoretical Perspectives of Substance Abuse

Social workers are best equipped with numerous theories and their corresponding intervention strategies. NIDA Research Monograph 30 (1980) on Theories on Drug Abuse listed and explained theories that are particularly useful in explaining substance abuse. All of these theories can be used for understanding of substance abuse that can provide the way for the prevention and early identification for treatment.

The use of alcohol and drugs by youths is grounded in a number of theories. These theories influence prevention programming and treatment services, by focusing on the possible factors that lead to substance use and how to get a way for prevention and treatment (Washington, D.C Development Services Group, 2015).

2.3.1 Social Development Model

The Social development model was used for understanding drug abuse among youths. NIDA Research Monograph 30 (1980) illuminated that the social development model, a part of the social learning theory, presupposes that children and adolescents learn behavior from four socializing units (1) family, (2) school, (3) peers, and (4) community or religious institutions.

The SDS identifies risk factors that contribute to the development of the five most common adolescent behavioral problems including: substance abuse, delinquency, teen pregnancy, school drop-out and violence. According to this model, risk factors are conditions that increase the likelihood that children will become involved in problem behaviors in adolescence and young adulthood (Hawkins & Catalano, 2005).

According to NIDA Research Monograph 30 (1980) this model is broken into two different perspectives: a social perspective and a developmental perspective. The social perspective is the action of positive reinforcement; youths who receive positive reinforcement from pro-social activities engage in pro-social activities while youth who receive positive reinforcement from antisocial activities will engage in antisocial activities.

The developmental perspective focuses on the “transitional periods” from toddler to child to adolescent. These periods are shaped by changes experienced in one’s social environment that

influence behavioral changes over time. For example, the transition from middle to high school and then latter to universities is a stressful period for many youths, as they try to fit in with other peer groups, which can cause behavioral changes. This in turn contributes for the opportunity to try drugs (NIDA Research Monograph 30, 1980).

This model also provides the factors that can buffer young people from risks and promote positive youth development. The Social Development Strategy guides communities toward their vision of positive futures for young people which begin with the goal of healthy and positive behaviors for young people. The model also discusses about protective factors with the goal of healthy behaviors for all children and youth which start with healthy beliefs & clear standards in families, schools, communities and peer groups to build positive and protective bonding, attachment and commitment with these families, schools, communities and peer groups (Hawkins & Catalano, 2005).

The study is guided based on the idea of the SDM. To provide the mechanisms for prevention and control of substance abuse among youths identifying the way how youths get in substance abuse is the first task. The SDM shows us the process how youths can enter in substance abuse by explaining the risk factors and protective factors. Accordingly, by identifying some of the risk factors and the commonly abused drugs in the town, the study discussed about the mechanisms laid out for the prevention and control of substance abuse among youths.

2.4 Factors associated with drug abuse

2.4.1 Risk and protective factors

NIDA (2010) stated that no single factor determines whether a person will become addicted to drugs. The overall risk for addiction is impacted by the biological make up of the individual that can even be influenced by gender or ethnicity, his or her developmental stage and the surrounding social environment like conditions at home, at school and in the neighborhood. And also as with any other disease, vulnerability to addiction differs from person to person. The more risk factors an individual has, the greater the chance that taking drugs will lead to abuse and addiction.

UNODCCP (2002) put some of the risk factors that contribute for youth substance abuse.

Personal risk factors

- ❖ Being young is in itself a risk factor. Young people are in a constant struggle to establish their identities, and answer questions like, “Who am I? What is my role in society? What do I want to be?” Finding answers to these questions is not an easy thing and it takes some time. Often, during this period, you can start doubting yourself, your ability to achieve and to do things. It is then that you may try to “forget about the world” or “drown your sorrows by abusing different substances.
- ❖ If a person has mental problems s/he is more likely to start using drugs.
- ❖ Undeveloped personal skills like the inability to take decisions, to express what s/he feels, to assert themselves, to solve problems, etc. also put an individual at greater risk of succumbing to substance abuse.

The Environmental Risk Factors

- The young person’s parents may not know how to look after him/her emotionally, physically or in terms of providing the right kind of support and guidance.
- The person may not have a family;
- The person’s parents, brothers or sisters may abuse drugs of any kind;
- The young person is being mentally, physically, sexually or verbally abused;
- The young person is moving around with a group of people who abuse drugs;
- The society that the person is part of has cultural and/or religious values that encourage substance abuse or the media, advertising and attitudes in the society condone abuse;
- The person is homeless and is living with or without his/her family on the streets;
- There are few/no opportunities for education;
- There is a lot of free unstructured time in which there are no constructive, imaginative and challenging activities to take part in;
- There are no job opportunities or even the hope of getting a fulfilling job;
- Health services are not provided or if they are provided, they are not youth friendly;

- There is widespread availability of licit and illicit substances, since laws and regulations that are supposed to discourage or prevent abuse may not be stringent or enforced.
- Association with drug abusing peers is often the most immediate risk for exposing to drug abuse and delinquent behavior.

According to NIDA (2003) some signs of risk can be seen as early as infancy or early childhood, such as aggressive behavior, lack of self-control or difficult temperament. As the child gets older, interactions with family, at school and within the community can affect that child's risk for later drug abuse. Children's earliest interactions occur in the family; sometimes family situations heighten a child's risk for later drug abuse. For example, when there is a lack of attachment and nurturing by parents or caregivers, ineffective parenting and a family or a caregiver who abuses drugs.

Interactions outside the family can involve risks for youths such as: poor classroom behavior or social skills, academic failure and association with drug abusing peers which is often the most immediate risk for exposing adolescents to drug abuse and delinquent behavior. Other factors such as drug availability, trafficking patterns, and beliefs that drug abuse is generally tolerated are risks that can influence young people to start abusing drugs (NIDA, 2003).

National Institute on Drug Abuse (2003), raised the question; "what are the highest risk periods for drug abuse among youth?" and give an answer that, 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. It is at this stage early adolescence that children are likely to encounter drugs for the first time. When they enter high school and then universities youths 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. When young adults leave home for college or work and are on their own way for the first time, the risk for drug and alcohol abuse is very high.

2.4.2 Substance abuse and culture

Drug abusers may be part of a powerful “culture” where drug use is considered as “normal”. They may come from a tradition of social drug use, such as a community of adults who drink home brew, smoke cannabis or chew khat as a social activity, despite the negative effects that this habit has on their health and the well-being of their families. Drug use, particularly drinking, may be part of their family culture. Drunkenness, good natured or violent, may be tolerated within their family. Parental drug use is an especially powerful influence on children’s behavior (UNODCCP, 2002).

Young people may have deep affection, even reverence for figures like Marley and they might try to copy him or follow what some call his “philosophy”. There are some popular musicians who openly admit to drug use – giving young people expectations and misconceptions about the effects of drug use, such as it helps to make you creative, charismatic or popular and these misconceptions influence experimentation and continued abuse (UNODCCP, 2002).

2.4.3 Family and substance abuse

Drug abuse can strain family relationships and ultimately make the family dysfunctional, transforming families from an asset of society into a burden. Effects on the family can include psychological and financial burdens, resulting too often in family breakdown (homelessness), negative impacts on children and involvement in criminal activities. Drug abuse also affects an individual’s employability (Drug Administration and Control Authority of Ethiopia, 2005).

Armethia (2006) stated that parents are children’s first role models and it is important for parents to communicate with children at an early age about concerns over the use of alcohol, tobacco and other drugs. Parents must be willing to discuss and question teens about alcohol and drugs and enforce family expectations concerning no use.

When children choose to use drugs, parents need to find out how involved they are with drugs by getting a substance abuse assessment for the using child. Parents and kids need to know they are not alone when dealing with the challenges of substance abuse. Parents should seek support for

themselves to deal adequately with the issues. A professional counselor can help with intervention of a difficult child in order to get the needed help (Armethia, 2006).

There is a relationship between family and young people's abuse of drugs. While drug abuse negatively affects young people's relationships with their families, problems within the family can also lead young people to abuse drugs (UNODCCP, 2002). As cited in Development Services Group (2015) Cleveland, Feinberg & Jones (2010) said that family-based programs focus on parental influence, parenting skills and family cohesion as major factors in substance abuse prevention.

Cleveland also put that prevention programs aim to provide accurate information to both parents and children about alcohol and drugs and encourage parents to clarify their views about substance use with their children. As cited in the same literature, Haggerty (2007), Cleveland (2010) & Shaw (2006) illuminated that, during the developmental period from child to adolescent, parental influence has a large impact on youths' behaviors.

Motivational parents can greatly impact prevention efforts. Family-based programs are implemented to prepare parents and children for the changes they will experience during the transition from child to adolescent, and offer youths tools to assist in resisting drugs and alcohol. Factors such as family functioning, communication, involvement and supervision are fundamentally important to many programs for adolescents (Washington D.C Development Services Group, 2015).

2.4.4 Substance abuse and crime

As cited by Howard (2012), Stevens (2011) illuminated that a great deal of the concern over drugs is their connection to crime. Through drugs, users can become somebody different from their original personalities. "In a life style of obtaining and spending money of using and selling drugs they can combine the mainstream values of work, success and consumption with the subterranean values of adventure, excitement and hedonism.

The link between drug and crime is another growing concern. Drug related crime can range from acts committed under the pharmacological effect of the drug, actions carried out to support drug

abusing habits, actual possession of illicit substances, and the criminal activities associated with drug supply, such as murder, drug gang warfare and other crimes (Drug Administration and Control Authority of Ethiopia, 2005).

The outlawing of certain drugs makes the people using these chemicals criminals (actually the crime is the possession of these drugs) while substantially inflating the cost of the substances for the consumers. To secure their preferred substance use those using illegal drugs typically target sources of cash or salable property and sell drugs (Howard, 2012).

2.5 Substances most commonly abused

According to WHO (2000), globally cannabis is probably the most widespread and commonly used illicit drug. UNDCP (1997) has estimated the number of cannabis users world-wide to be 141 million people and reported rates of cannabis use are highest in some developed countries.

Illicit drug consumption patterns are quite different between the two sub regions in Europe. The use of cannabis and cocaine is much higher in Western and Central Europe, whereas the consumption of opioids and opiates is much higher in Eastern and South-Eastern Europe (United Nations World Drug Report, 2014). United Nations World Drug Report (2014) also stated that Americas With the exception of opiate use and use of all other groups of substances (cannabis, opioids, cocaine, ATS and “ecstasy”) remains at levels higher than the global average in the region.

WHO (2000) stated that the prevalence rates of cannabis use among young people in the United States have continued to rise since the early 1990s. United Nations World Drug Report (2014) shows that cannabis use notably in west and Central Africa which is about 12.4% is probably higher than the global average (3.8%). In some northern and Sub- Saharan African countries (e.g. Egypt, Kenya, Morocco, Nigeria and Tanzania) there is a long tradition of cannabis use for culinary, medical and ceremonial purposes (WHO, 2000). WHO (2000) also stated that next to tobacco, alcohol is the most widely used and abused substance and is available in all over the world except the most isolated areas of the world or in a few countries with strict religious prohibitions.

In Ethiopia, Khat has multi-dimensional values. Its social value is deep rooted in many parts of the country and nowadays its contribution has become very significant to the national economic growth. Khat is one of the leading hard currency earning export commodities of the country. Locally it is a big employer of the working force and main stay of income for millions of farmers and traders. It is grown almost everywhere in the country, especially in the eastern, western and southern regions and sold to consumers in public and in abundant quantities (National Drug Control Master Plan of FMHCACA, 2010-2015). There are many illegal substances abused today. There are other substances, such as over-the-counter medications, household products and legitimate pharmaceuticals (medicines) that are also abused.

Some of the substances that are commonly abused includes: depressants like; Alcohol, barbiturates and sedative-hypnotics which have effects like: drowsiness and pleasant relaxation. Opiates like: Morphine, and methadone which have effects that includes, relief of pain, pleasant, detached and dreamy euphoria. Stimulants like: Cocaine, khat, amphetamines that results in Exhilaration or excitement, reduced fatigue & hunger. Hallucinogens like: LSD (Lysergic Acid Diethylamide), mescaline, peyote that results in other-worldliness and perceptual distortions. Cannabis is the other one like marijuana and hashish that results in relaxation & hallucinogenic effects. The other is Nicotine for example, tobacco that results in sedation & stimulation (A module on Substance Abuse for the Ethiopian Health Center Team, 2005).

2.6 Prevention and control

2.6.1 Why focus on youths?

Pope Francis of the Catholic Church always begins his discussion where ever he moves throughout the world by his everyday saying “Youths are the moving motors of the society and we should take care of them and should be responsible for them”.

In modern society, youth can be seen as a fairly long phase of life, during which a child gradually disconnects him or herself from the parents and grows independent, obtains an education and prepares for independent life and takes responsibility for his or her future (A Knowledge Centre for Youth Substance Abuse Prevention, 2010).

According to a Knowledge Centre for Youth Substance Abuse Prevention (2010), youth substance abuse prevention can be seen as part of a larger whole, or along a continuum at one end of which is work aimed at social strengthening of the young person and on the other end of which is work aimed at correcting the young person's life situation, health, or position. Substance abuse prevention concentrates on improving young people's understanding of the risks related to substance abuse and on strengthening the protective elements.

UNODCCP (2002) put that one of the worst things about drugs is that they most commonly affect young people who, because they are young, already have problems in their lives. There are many difficult physical and emotional changes that take place when young people move from childhood to the teenage years, a period often called adolescence. This is generally the time when most young people begin experimenting with drugs. However, youth around the world have many different reasons for using drugs. In many cases, young people turn to their friends for support. These friends don't always just pressure them to use drugs but often offer drugs as a solution to their problems.

When asked, young people offer a number of reasons for using drugs; most often they cite a desire to change the way they feel or to "get high." Other reasons include: escape school and family pressures, low self-esteem, to be accepted by their peers, to feel adult-like or sophisticated, curiosity and perception of low risk associated with drugs (A Drug abuse guide for teens, 2008).

According to NIDA (2010), early use of drugs increases a person's chances of more serious drug abuse and addiction. Drugs change brains and this can lead to addiction and other serious problems. So preventing early use of drugs or alcohol may reduce the risk of progressing to later abuse and addiction and if we can prevent drug abuse, we can prevent drug addiction.

In early adolescence, when children advance from elementary through middle school, they face new and challenging social and academic situations. Often during this period, children are exposed to abuse able substances such as cigarettes and alcohol for the first time. When they enter high school and then universities teens may encounter greater availability of drugs, drug abuse by older teens and social activities where drugs are used (NIDA, 2010).

At the same time, according to NIDA (2010), many behaviors that are a normal aspect of their development, such as the desire to do something new or risky, may increase teen tendencies to experiment with drugs. Some teens may give in to the urging of drug-abusing friends to share the experience with them. Others may think that taking drugs (such as steroids) will improve their appearance or their athletic performance or that abusing substances such as alcohol or ecstasy (MDMA) will ease their anxiety in social situations

NIDA (2010) also put that teens' still-developing judgment and decision making skills may limit their ability to assess risks accurately and make sound decisions about using drugs. Drug and alcohol abuse can disrupt brain function in areas critical to motivation, memory, learning and judgment and behavior control. So, it is not surprising that teens who abuse alcohol and other drugs often have family and school problems, poor academic performance, health-related problems (including mental health) and involvement with the juvenile justice system.

NIDA (2010) also described that people of all ages suffer the harmful consequences of drug abuse and addiction. Babies exposed to legal and illegal drugs in the womb may be born premature and underweight. This drug exposure can slow the child's intellectual development and affect behavior later in life. Adolescents who abuse drugs often act out, do poorly academically, and drop out of school. They are at risk of unplanned pregnancies, violence, and infectious diseases. Adults who abuse drugs often have problems thinking clearly, remembering, and paying attention. They often develop poor social behaviors as a result of their drug abuse, and their work performance and personal relationships suffer. Parents' drug abuse often means chaotic, stress-filled homes and child abuse and neglect. Such conditions harm the well-being and development of children in the home and may set the stage for drug abuse in the next generation.

Whoever said that prevention is better than cure definitely got it right. It is much better to prevent young people from starting to use drugs than entering at a later stage and helping them give up drugs. This is important to keep in mind because that 'even though some of your programs will aim at trying to give healthy and creative alternatives to young people who are already using drugs, you must not forget that there is a whole section of your community who might start abusing drugs' (UNODCCP, 2002).

UNODCCP (2002) put that, “you can try and prevent drug abuse by creating healthy and attractive alternatives to substance abuse. Alternatives to substance abuse are attractive if they combine and encourage individual skill development, interesting leisure activities and a supportive attitude in the community”.

Drug addiction is a preventable disease. Although many events and cultural factors affect drug abuse trends, when youths perceive drug abuse as harmful, they can reduce their drug taking. It is necessary therefore to help youth and the general public to understand the risks of drug abuse, and for teachers, parents and healthcare professionals to keep sending the message that drug addiction can be prevented if a person never abuses drugs (NIDA, 2008).

Prevention and control of substance abuse should be a concern of all segments of the population including health workers, policy makers, mass media people etc. There are three levels of prevention. The first one is primary prevention that aims to avoid the appearance of the new case of drug and alcohol through health promotion. Secondary prevention attempts to detect cases early, and to react to them before serious complications cause disability. Tertiary prevention aims to avoid further disabilities, and to reintegrate in to society, individuals who have been harmed by severe drug and alcohol problems (A module on Substance Abuse for the Ethiopian Health Center Team, 2005). Preventing drug abuse and excessive alcohol use improves quality of life, academic performance, workplace productivity, and military preparedness; reduces crime and criminal justice expenses; reduces motor vehicle crashes and fatalities; and lowers health care costs for acute and chronic conditions (US National Prevention Strategy of Drug Abuse and Excessive Alcohol Use, 2014).

According to a Knowledge Centre for Youth Substance Abuse Prevention (2010), the general purpose of substance abuse prevention is to promote health and well-being by encouraging a substance-free way of life and by reducing substance use and substance-related harm.

Substance abuse prevention must be well rooted, a permanent part of youth education, and it must be able to reach each new generation as well. It is not justified to put unfounded blame on young people or vilify them as a special problem group and also it is not necessary to consider young people as a special problem group where substance use problem is concerned (A Knowledge Centre for Youth Substance Abuse Prevention, 2010).

Substance abuse work is an important part of broad-based welfare work, which requires commitment from several administrative sectors and actors along with general common efforts. Substance abuse work is not just municipal social and health-care service. Substance abuse work is carried out in schools, youth work, culture and leisure activities, community planning, and business life. Organizations and other third-sector actors have their own tasks in substance abuse work. Some youth work is carried out in youth work facilities, at rehabilitation centers for young people, and in workshops. Risk prevention is the boundary between, and at the same time the common work field of, preventive and corrective work. It is also worth remembering that, especially, advanced corrective work is preventive work as well, since it aims at preventing return to a lifestyle favoring substance use (A Knowledge Centre for Youth Substance Abuse Prevention, 2010).

2.6.2 Substance abuse and health

Steven (1997) explained that drug abuse is associated with many medical problems and complications stemming both from regular use and from overdoses. Another serious medical complication arising from drug abuse is the withdrawal syndrome which manifests during abstinence from the drug.

Drug abuse affects a number of organ systems. Central nervous system (CNS) symptoms can range from headaches and altered mental status to life-threatening situations like coma and seizures. Cardiovascular manifestations of drug abuse include alterations in blood pressure and heart rate, as well as arrhythmias and organ ischemia. Respiratory arrest and pulmonary edema may occur. Metabolic effects such as alterations in body temperature, electrolytes, and acid-base disturbances are commonly seen. Reproductive consequences, ranging from impaired fertility to intrauterine growth retardation, premature births and neonatal syndromes may also occur. Infectious complications from intravenous drug use include viral infections such as HIV and hepatitis B, as well as bacterial infections (Steven, 1997).

NIDA (2010) confirmed that individuals who suffer from substance abuse often have one or more accompanying medical issues including lung and cardiovascular disease, stroke, cancer and mental disorders. Imaging scans, chest X-rays and blood tests show the damaging effects of drug

abuse throughout the body. From the results of these tests tobacco smoke causes cancer of the mouth, throat, larynx, blood, lungs, stomach, pancreas, kidney, bladder and cervix. In addition, some drugs of abuse such as inhalants are toxic to nerve cells and may damage or destroy them either in the brain or the peripheral nervous system.

Most drugs of abuse target the brain's reward system by flooding the circuit with dopamine. Dopamine is a neurotransmitter present in regions of the brain that regulate movement, emotion, cognition, motivation, and feelings of pleasure. The overstimulation of this system, which rewards our natural behaviors, produces the euphoric effects sought by people who abuse drugs and teaches them to repeat the behavior (NIDA, 2010).

Drugs have a direct correlation with the transmission of HIV/AIDS and other blood born diseases like hepatitis. Hence the issue of drug abuse has been addressed as the issue of HIV/AIDS in many countries of the world. Drugs predispose people to the virus mainly in two ways: Unsafe sexual relationship that may resulted from drug abuse and use of contaminated needle or injecting drug use. Injecting drug use is an important contributor to the spread of HIV/AIDS. Globally up to 5 -10%, and in Asia and Europe up to 70% of HIV/AIDS infections are due to injecting drug use with infected needles (National Drug Control Master Plan of FMHCACA, 2010-2015).

According to National Drug Control Master Plan of FMHCACA (2010-2015) drugs are chemicals. They work in the brain by tapping into the brain's communication system and interfering with the way nerve cells normally send, receive, and process information. Some drugs, such as marijuana and heroin can activate neurons because their chemical structure mimics that of a natural neurotransmitter. This similarity in structure "fools" receptors and allows the drugs to lock onto and activate the nerve cells. Although these drugs mimic brain chemicals, they don't activate nerve cells in the same way as a natural neurotransmitter and they lead to abnormal messages being transmitted through the network.

Other drugs, such as amphetamine or cocaine, can cause the nerve cells to release abnormally large amounts of natural neurotransmitters or prevent the normal recycling of these brain chemicals. This disruption produces a greatly amplified message, ultimately disrupting communication channels. The difference in effect can be described as the difference between

someone whispering into your ear and someone shouting into a microphone (National Drug Control Master Plan of FMHCACA, 2010-2015).

National Drug Control Master Plan of FMHCACA (2010-2015) raised the question ‘How does stimulation of the brain’s pleasure circuit teach us to keep taking drugs?’ and gives an answer that our brains are wired to ensure that we will repeat life-sustaining activities by associating those activities with pleasure or reward. Whenever this reward circuit is activated, the brain notes that something important is happening that needs to be remembered, and teaches us to do it again and again, without thinking about it. Because drugs of abuse stimulate the same circuit, we learn to abuse drugs in the same way.

The other question raised by National Drug Control Master Plan of FMHCACA (2010-2015) was ‘Why are drugs more addictive than natural rewards?’ and the answer given is when some drugs of abuse are taken, they can release 2 to 10 times the amount of dopamine that natural rewards do. In some cases, this occurs almost immediately (as when drugs are smoked or injected), and the effects can last much longer than those produced by natural rewards. The effect of such a powerful reward strongly motivates people to take drugs again and again.

According to Drug Administration and Control Authority of Ethiopia (2005), health problems caused by drug abuse include ill effects on the fetus during pregnancy, problems in physical development, psychological problems and depression, problems in the already difficult adolescent phase of development, low achievement at school, increased strains on the relationships and other diseases such as coronary heart disease and cancer

Many individuals also die as a direct or indirect result of substances of abuse such as Khat, Tobacco, and Alcohol. These deaths include those deaths from physical disorders and injuries such as those incurred as a result of motor vehicle crashes (Drug Administration and Control Authority of Ethiopia (2005).

NIDA (2008) put that as a person continues to abuse drugs, the brain adapts to the overwhelming surges in dopamine by producing less dopamine or by reducing the number of dopamine receptors in the reward circuit. As a result, dopamine’s impact on the reward circuit is lessened, reducing the abuser’s ability to enjoy the drugs and the things that previously brought pleasure.

This decrease compels those addicted to drugs to keep abusing drugs in order to attempt to bring their dopamine function back to normal. And they may now require larger amounts of the drug than they first did to achieve the dopamine high, an effect known as tolerance.

Drugs of abuse facilitate non-conscious (conditioned) learning, which leads the user to experience uncontrollable cravings when they see a place or person they associate with the drug experience, even when the drug itself is not available. Brain imaging studies of drug-addicted individuals show changes in areas of the brain that are critical to judgment, decision making, learning and memory and behavior control (NIDA, 2008).

According to Steven (1997), infectious diseases such as hepatitis or endocarditic may be the result of intravenous drug abuse; cocaine may trigger convulsions or precipitate hypertensive crises and myocardial ischemia.

People with natural disease may intentionally or not abuse drugs which may exacerbate their underlying disease process and significantly contribute to their death. Drugs create pathological states with or without death by their immediate pharmacologic effects the way in which the drug is taken, by the cumulative effects of chronic abuse and by interaction with pre-existing pathologic conditions. Round atrophic scars clustered predominantly on the arms and legs are frequently seen in intravenous drug abusers, particularly cocaine abusers (Steven, 1997).

2.6.3 The Mechanisms for prevention and control of substance abuse

The harmful effect of drug abuse can be reduced if effective actions are taken by countries to protect their populations (WHO, 2010). Today, almost all countries need to consider how best to respond to the abuse of one or more psychoactive substances that are causing problems for individuals, families and communities. Those drugs include cannabis, opioids (such as heroin), cocaine, amphetamine-type stimulants, sedatives/tranquillizers, hallucinogens, solvents/inhalants and alcohol (UNODC, 2003). WHO(2010) also stated that all countries will benefit from having a national strategy and appropriate legal frameworks to reduce harmful use of alcohol, regardless of the level of resources in the country. Depending on the characteristics of policy options and national circumstances, some policy options can be implemented by non-legal frameworks such as guidelines or voluntary restraints.

When working with substance abuse, Springer & Rubin (2009) put that many counseling approaches are based on the idea that if people receive enough information or education about their problem they can change. The substance abuse field has long maintained that most clients are resistant, or “in denial” about their use. On this issue, Jones (2007) explained that it takes two ways to deny. If you approach someone by saying “you are an alcoholic and you had better stop drinking” the natural human response is to deny. If you come to them in a respectful manner that assumes they make choices about their lives and it is in their hands that they are smart people who have some reasons for what are doing and also have within them the motivation for change you get a very different response (Springer & Rubin, 2009). From these concepts the idea is that to do with the ways or mechanisms for the prevention of substance abuse it begins from respecting individuals who suffers from substance abuse problem and considering their problems.

2.7 Summary of the Literature review

The literature review focused on different issues drug abuse. The literature review included the concept of substance abuse, overview of drug abuse. The literature provided an understanding of the factors that could contribute to drug abuse among youths and some of the substances most commonly abused. The literature also put the reasons why the study focused on youths. Substance abuse and health, prevention and control of substance abuse, theoretical Perspectives of Substance Abuse are also issues discussed in the literature. The literature confirmed that drug abuse affects the lives of youths that include their physical, mental, emotional, social, economic and spiritual health. Various key words relevant to the topic were used in the study that includes drug/substance abuse, drug addiction, drug dependence, crime and youths.

An extensive investigation of the relevant literature on this subject was performed. The literature is well documented focusing on risk factors that contribute to substance abuse and the most commonly abused substances that give the way to explore the mechanisms laid out for the prevention and control of substance abuse among youths. Different studies focused on prevalence of substance abuse, risk factors that contribute for drug abuse and health and socio-economic impacts of substance abuse among youths. The implication of the above literature is on

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exploring the mechanisms laid out for prevention and control of substance abuse among youths
which needs further investigation.

Chapter Three: Research methodology

This chapter gives detailed description of the study design, study area, selection of study participants, data collection methods, sources of data, data analysis, trust worthiness and ethical consideration.

3.1 Study design

This research is exploratory type of case study research which aimed at examining the mechanisms laid out for the prevention and control of substance abuse among youths in Jimma town. The researcher preferred to use exploratory type of qualitative research since the movement, activities and programs of prevention and control of substance abuse among youths is not very well dealt with in the study area. This method enables the researcher to discover the deeper meaning or realities embedded in the lives of substance abusers and explore the mechanisms laid out for prevention and control of substance abuse among youths. In this regard, Hancock, Elizabeth, and Kate (2007) stated qualitative research attempts to broaden and/or deepen our understanding of how things came to be the way they are in our social world. In addition to this, Yin (2011) stated that qualitative research involves studying the meaning of people's lives under real-world conditions and also qualitative research also differs because of its ability to represent the views and perspectives of the participants in a study.

3.2 Study area

The area where this research conducted was Jimma town. Jimma is located at 352 km away from Addis Ababa in south-western direction or between 7.4° N latitude & 36.5° E longitudes which is found between 1725-1789 m above sea level. Jimma town has 13 kebeles having total population of 120,600 out of which 49.76% are females and 50.24% are males. Annual growth rate of the population is 4.6% with Population Density of 2007 E.C is $1824.5/\text{Km}^2$. The total youth population of Jimma town is 36300.

Latter on after the increments of the other 4 kebeles the total number of population increased from 164,721 in 2005 E.C. to 182,818 (male 50.24% or 91,848 Female 49.76% or 90970) in 2007 E.C. Different nations and nationalities live in Jimma . Some of them are Oromo, Amhara,

Tigre, Gurage, Yem ,Dawuro, Silxe etc. Similarly these different nations and nationalities worship in different religions. The dominant religions are Christianity and Islam.

3.3 Selection of study participants

Substance users from Jimma town including from Jimma University, concerned officials from Jimma town youth center, Jimma University specialized hospital, Jimma town police office and the Food Medicine and Health care Administration and Control Authority were the participants of the study.

Participants of the in-depth interview and key informant interview were selected by using purposive sampling. As Kreuger & Neuman (2006) stated that purposive sampling uses the judgment of an expert in selecting cases or it selects information rich cases with specific purpose in mind and participants of the study are selected by their practical experiences on the issue. Yin (2011) also stated that the purpose for selecting the specific study units is to have those that will yield the most relevant and plentiful data, given our topic of study. Accordingly, participants for the study were selected with the following inclusion criteria.

- ✓ Concerned bodies who works on issues related to substance abuse
 - From Jimma town youth center
 - From the substance abuse case team in Jimma University specialized hospital
 - From Jimma town police office
 - From Ethiopian food, medicine and health care administration and control authority
- ✓ Youths from Jimma town and Jimma University
- ✓ Individuals who are 18 up to 29 years old
- ✓ Individuals who are willing to participate in the study

3.4 Data collection methods

Hancock (1998) stated that qualitative approaches to data collection usually involve direct interaction with individuals on a one to one basis or in a group setting. And also the benefits of using qualitative data collection methods include richness of data and deeper insight into the

phenomena under study. Accordingly, both primary and secondary sources were used in order to gather pertinent data for the study. To generate primary data in-depth interview, key informant interview and observation were employed. Besides, different sources of secondary data were also used to enrich the study from different views.

3.5 Sources of data

3.5.1 Interviews with key informants

Kikwawila Study group (1994) stated that key informants are persons who are especially knowledgeable at least in some subjects or topics of interest and with whom the interviewer develops an ongoing relationship of information, exchange and discussion. And also a key informant is a kind of expert on some cultural, social, economic, political or health aspects of the community beyond his or her own personal beliefs and behaviors. Based on this, interviews were carried out with medical practitioners who work on issues concerning substance abuse in Jimma University specialized hospital, concerned officials from Jimma town police office, FMHCACA and Jimma town youth center. The total number of the key informants was four.

3.5.2 In-depth interviews

Kikwawila Study Group (1994) stated that an in-depth interview is a repeated face to face encounter between the researcher and the informants directed towards understanding the informants' perspectives on their lives, experiences or situations as expressed in their own words. In conducting the in-depth interview a set of open ended guiding questions were prepared from the objective and research questions of the study. First the guiding instruments were prepared in English and translated in to Amharic. The original and translated questions were checked by different individuals who are fluent in both languages to see the similarity of the meaning. Before conducting the interviews the purpose of the study were explained to the participants and the researcher tried to build trust with them to get detailed information about the study problem. Accordingly, in-depth interviews were carried out with ten youths who abuse substances from the town and Jimma University selected by using the youth center, police office, medical practitioners who work on issues of drug abuse in Jimma University specialized hospital and gate keepers of the town.

3.5.3 Field Observation

The researcher observed issues of participants at their actual place in the study area about their drug related life style. The researcher also observed substance abuse activity in some parts of Jimma town, the places where substance abuse activities are common, the time people engage in khat chewing activity, the market activity for khat and youth participants' willingness and openness to discuss about substance abuse issues in order to collect more firsthand information. I observed for three weeks and the total number of the observation is twelve. This first hand information is expected to provide the way to explore the mechanisms laid out for the prevention and control of substance abuse among youths in the town. It is also expected to compliment and strengthen the data the study participants expressed during the interview. In order to do this the researcher prepared observation check list. In line with this, Yin (2011) stated that "Observing" can be an invaluable way of collecting data because "what you see with your own eyes and perceive with your own senses is not filtered by what others might have reported to you or what the author of some document might have seen. In this sense, your observations are a form of primary data, to be highly cherished".

3.5.3 Secondary sources of data

Secondary sources of information for this study were available materials related to the research topic such as books, related researches and articles, journals, electronic materials and other relevant documents. These were reviewed to show the views of different authors on the study problem and to connect the research with related literatures.

3.8 Ethical Consideration

Ethical clearance was obtained from Addis Ababa University School of Social Work prior to conducting the interviews. The researcher explained the purpose of the study to the participants and made sure that they understood everything. The researcher assured the participants that their privacy and confidentiality was maintained. Moreover, the researcher told them about their right to decline or refuses to answer any question; participate in any activity or discuss on any topic if they felt uncomfortable. The researcher also asked the participants whether they prefer the interview to be recorded or written in a notebook.

3.6 Data analysis

Almost all qualitative research studies involve some degree of transcription – the data may be tape recorded interviews, focus groups, video recordings or handwritten field notes (Lacey & Luff, 2007). Accordingly the recorded data of the study were carefully transcribed. In this process the original collected data and the translated/transcribed one were cross-checked to avoid differences that occur in meaning. The transcribed and cross checked data were organized into easily retrievable sections. Interviews were given a code number; field notes were broken up into sections identified by context. Interviewees were given or referred by a code number. A secure file was prepared that links code numbers to the original informants. But, Lacey & Luff (2007) put that as with any research this file is confidential and would usually be destroyed after completion of the project and names and other identifiable materials should be removed from the transcripts.

Now the process of familiarization began through the process of transcribing and organizing the data. This means the researcher listens to tapes and watches video material, reads and re-reads the data, makes memos and summaries before the formal analysis begins. Next to this repeated reading of the notes were undertaken and central points of the data that goes in line with the objective and research questions were labeled/coded using color coding method. Then code reduction through merging (categorizing) similar primary codes were undertaken by giving common titles or codes. Due to this the primary codes were reduced and condensed. After the coding and code reduction process finished, the condensed codes were categorized into the main research questions. During this process each of the categorized codes were carefully read and the concept of each code written in a paper (memo writing of the concept were undertaken).

Themes or emergent concepts were identified to do re-coding in order to develop better defined categories. Then major themes were developed by summarizing the findings of the codes from different participants in line with the research objective and the research questions. In this process the relationships and differences among different themes were explored. Furthermore the concept of the summarized themes in relation to the study questions were presented thematically and discussed in relation to the secondary data and the conceptual framework of the study.

3.7 Trust worthiness

Different techniques were used to increase the trust worthiness of this study. To maintain the reliability (integrity) of participant information, participants of the study were carefully selected based on the set criteria; the investigator tried to guide the participants to respond open ended information from their own experiences, beliefs and values in detail without generalization. To get accurate and detail information without any fear of losing confidentiality, participants were interviewed in the appropriate or suitable environment. During the process of data analysis, repeated cross checking of the raw data were also undertaken to ensure that the responses of the participants are not changed or taken with different meaning.

Chapter Four

4.1 Findings of the Study

This chapter presents the major findings of the study. The prevention and control of substance abuse among youths were presented in detail. The data presentation is based on the data generated from in-depth interview, key informant interview and observation. The findings are organized into five key themes; socio-demographic data, the risk factors that contribute for substance abuse among youths, the most commonly abused substances, mechanisms laid out for the prevention of drug abuse among youths and measures that are taken for the control of substance abuse among youths. The thematic presentation is supported by illustrative quotations from the interview transcripts.

4.1.1 Background information of the respondents

The participants in this study were ten drug users and four officials who work on issues that deal with drug abuse. Four drug abusers from Jimma University and six from Jimma town: a total of ten youths were participants the study. Ten youths were selected to investigate some of the risk factors that contribute for substance abuse. The officials were from Jimma University Specialized hospital, Jimma town youth center, FMHCACA and Jimma town police administration. Therefore, the total number of the participants in this study was fourteen. The other one was Jimma town health office but they were not willing to participate in the study.

Table-1 Socio-economic background of youths

Code number	Age	Sex	Religion	Status Marital	Educational status
Code-1	21	Male	Muslim	Single	3 rd year university student
Code-2	25	Male	Muslim	Single	Private

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					business worker
Code-3	19	Male	Orthodox	Single	Grade-12
Code-4	19	Male	Orthodox	Single	Grade-12
Code-5	22	Female	Orthodox	Single	2 nd year university student
Code-6	25	Male	Orthodox	Single	4 th year university student
Code-7	25	Male	Muslim	Single	Private business worker
Code-8	29	Male	Muslim	Married	Private business worker
Code-9	26	Male	Muslim	Single	Private business worker
Code-10	24	Male	Orthodox	Single	3 rd year university student

Table-2 Socio-economic background of the key informants

Code Number	Organization/working agency	Position in the Organization
Code-1	Jimma university specialized hospital	Clinician (mental health specialist in MSc level), lecturer in Jimma university psychiatry department, substance abuse case team expert, Ethics officer in the hospital and post graduate program coordinator in psychiatry department.
Code-2	FMHCACA	Coordinator of professionals' case team and pharmacist
Code-3	Jimma town police office	Head of technique examination division of Jimma town police office
Code-4	Jimma town youth and sport center	Vice president of Jimma town youth and sport center

4.1.2 The risk factors that contribute for substance abuse among youths

At the beginning of the interview the participants were asked about some of the risk factors that lead to drug abuse. All of the participants listed many risk factors that lead them to drug abuse. Most of the participants listed risk factors like peer group, family and the environment (culture of the town). Besides listing all these risk factors all of them were thinking and talking about how to get out of it. The age the participants begin taking drugs were also revealed in the study.

According to their response, one can begin taking drug at any age. That means drug abuse does not have any age limit to get involved in it.

According to the participants (four participants) if one begins chewing khat he/she wants to taste other type of drugs and it becomes exciting to taste other new types of drugs after familiarizing oneself with khat.

In line with this one of the participants stated his experience:

I was thirteen when I began chewing khat. It was easy and exciting to taste khat for the first time. All my family members chew khat in home. In our home chewing khat after lunch is just like taking hot drinks after lunch. Beginning from age 11 I was trying to taste it. I was told to pick the garbage after they finish chewing. So taking this advantage I was trying to taste the leaves of the khat selecting from the garbage hiding from my family. I continued this activity until I was thirteen. When I was thirteen I got the opportunity to begin chewing khat because I began to buy khat for them. Then when I was 15 I totally involved in khat chewing activity. Through time I become addicted. And I began to work in different daily labor activities and even steal some coin from family and continued this activity. With my friends we collect coin together and we buy khat in group and we chew it together delaying from school. Our families know that we are in school but we are not there. Then through time I began smoking cigarette and then shisha. Now I can't live without these drugs (code-2).

Another 26 years old participant talking about his experience of drug abuse:

I began using drug at the age of 15. My parents work in khat market in Jimma town. Most of the time my parents want me to go with them to the place where the khat is brought to the town. Then through time they involved me in the market process. My father and two brothers chew khat. So together with them I began chewing khat and through time I tried to taste cigarette and involved in it. Through time I engaged in the work deeply and begin to work independently. Now I'm working in this khat market by myself. Therefore since I am working independently I become the one who can decide on my own issues. So I tasted other drugs shisha and ganja hiding from the police. I stopped my education

because I thought that since I am getting too much money from this khat market it is not needed to learn that much or go for education a long way. But now I think I am dying of addiction. Drug abuse affects me in so many ways. I am not living the way I dreamt to live. I lost many things because of drug abuse; my family, my education, my health and so many things. And also my social life is not good (Code-9)

The participants' response it show that they are suffering too much. They were also listing so many negative effects of drug abuse that includes; addiction and also they are also suffering from economic problems. And also their health condition is getting worse through time because of lack of appetite for food. One of the participants stated that, *"If I chew khat what I want before was to drink coffee and then smoke cigarette but now after chewing khat I want to smoke shisha and then go to take other alcohols. Most of the time when I begin taking drugs, I even didn't remember about any food"* (Code-8).

Another 19 years old participant also talked about his experience that:

I began smoking cigarette at the age of 14. My father died when I was 4. Then I lost my mother when I was 11. After my parents died, I went to the street with my little 6 year old sister for begging. We went to the street because we had no relatives to support us. My parents died because of HIV/AIDS and because of this people stigmatized us. This is the reason why we went to the street. Then through time I got the condition on the street very difficult and to cope with these difficulties I learned to try some types of drug from my friends whom I met there on the street. I began smoking cigarette when I was 14. Then through time I began chewing kaht, and smoking shisha. My sister died when she was 7. She died because since she was too young to adapt the condition on the street. Now I am working as a broker in khat market (Code-4).

According to their responses, many of the participants (eight participants) began drug abuse on early age.

One of the participants, a 22 years old participant speaking about his experience:

I began chewing khat and smoking cigarette when I was 20. When I came in Jimma University I don't have any idea about the taste of any drug. My friends abuse drugs:

khat, cigarette, shisha and alcohol. They tell me to try one of them in order that it can help me to refresh my mind and study effectively. Together with my friends I began chewing khat since we were second year students. We began chewing khat in order that we can study effectively and then relax. But when we become third year students we begin to miss class to go to the place where we can buy khat and chew there. Here in the town there are so many places prepared for people who want to chew khat and everybody can smoke cigarette there. So using this opportunity we began to go there daily in order that we can take these advantages. We didn't even go to our family during break time. We were working there by involving ourselves in different activities to get the income to buy these drugs. Then we began living out of dormitories. Then when time goes we become addicted and even forced to drop some courses (Code-5).

No matter how the pleasure and satisfaction they suppose to get from drug abuse activities, the participants were talking about their experiences being in a big sorrow and regret. They reported that no matter in which condition the person is, he/she can be exposed for drug abuse problem. This shows that people can involve in drug abuse activities intentionally or unintentionally because of so many reasons.

Culture or the environment can be one of the risk factor for drug abuse. Regarding this one of the participant reporting about his experience:

We came here, Jimma town because of my father's job when I was 10. I began taking drug when I was 17. In the town everybody can chew khat as he/she wants and everywhere he/she wants. I become friends with students who were born here and we spent time together in the school and also out of school. They begin chewing khat when they were in high school. I was trying to stop them from the time since we met. But they answered me that it is normal to chew khat here. Nobody will ask and judge you for chewing khat. And you can get khat everywhere in the town so that you shouldn't be afraid of losing it at the time you want to take it. We also chew khat to get confidence in every career including in our education. Through time I become influenced not only by my friends but also by the whole environment. In the town khat is taken to work or not to work; in the morning, at mid day, in the afternoon or at night, by students, employees or

others; it is all normal. Then through time I began chewing khat when I was 17. For the first time I take it to taste and through time I become addicted to it. Then we begin smoking cigarette together with my friends. Then we go to drink at the night by telling our families that we are studying. I continued this activity because I begin my education here in Jimma University [Code-6].

From this report, in drug abuse, risk factors have chain each other in that one factor bears the other and how they affect youths' lives. There is peer group for the new one who came to Jimma town because of his father's job. That means the environment influenced him but there is also the contribution of friends. All of the participants (ten participants) reported that the environment influenced them directly or indirectly to get involved in drug abuse.

4.1.3 The most commonly abused substances in the town

The second theme is related to the most commonly abused substances in the town. This is done based on reports, different studies and other data from the key informants who work on issues concerning drug abuse. According to the response of the key informants of this study, the most commonly abused drugs in Jimma town are khat and cigarette. The key informants also reported that there are also other drugs like 'shisha', 'ganja' and alcoholic drinks.

Regarding this, one of the key informants stated that:

In Jimma town to know about the most commonly abused drugs you shouldn't have to do many activities or to live a long period of time here. Simply go and move in the town for days and you will see everybody chewing khat everywhere. There is no any activity or report done on khat because khat in Jimma town is seen as part of culture and normal. However we always continue giving education about the harmful effect of khat. The other ones are shisha and ganja the so called "drugs of decent ones". There are studies and examinations done on these shisha and ganja in different times. Both males and females abuse these drugs. There are bodies who work on these drugs. They make different studies on issues about where these drugs are being provided, sold and used or every activity done on these drugs. Then together with concerned bodies from law enforcement different actions are taken on these people who are involved in these drug abuse issues

and if we get these drugs we burn them by using different techniques. These prevention activities are done by the town's security together with the community policing (Code-3).

The key informants also reported that khat and cigarette are not taken as bad thing rather are normal and available. Therefore youths in the town use these drugs like any type of food at any time they want. According to the reports, this activity is not only common for youths but also for other age groups including people who work in different offices. One of the key informants from the police office reported that *"regarding our office every member is required to be free from any type of drug as a member of police office. However from our members there are people who use different drugs at different times. I have been here for many years but I never seen everyone fighting to buy orange, banana and other fruits, bread or other vegetables. People always fight here for khat. They are busy for khat everyday here"* (Code-3).

In conclusion regarding the most commonly abused drugs in Jimma town this study revealed from the responses of the key informants (key informants working in offices related to drug abuse issues) that, the most commonly abused drugs in the town are khat and cigarette.

4.1.4 The mechanisms laid out for the prevention of substance abuse among youths

The third theme is related to the mechanisms laid out for the prevention of substance abuse among youths. According to the response of the participants in this study, there are different mechanisms laid out for the prevention of drug abuse. In Jimma town it is reported that different offices are trying to provide the ways for the prevention of drug abuse.

Regarding this one of the key informants stated: *"drug abuse issue includes many parts of the community. That means there are people who are working in it for business and this in turn includes others in the process. Most people use drugs including members from different offices"* (Code-2).

Supporting this idea, a key informant from Jimma University specialized hospital reported that there are prevention activities. *"All health services are now planned to be given under primary health care level. So as a referral hospital, we together with the ministry of health have plans to work on different health issues. Drug abuse is planned to be one component in these issues. First*

health professionals are made to take training and then they teach the community based the way they took the training. For now we are working only with the community school of Jimma University and for the future we have plans to work with health social workers, ministry of education, ministry of health and other concerning bodies” (Code- 1).

Under prevention the issue of rehabilitation was raised to the key informants and the study revealed that there are no activities to prepare rehabilitation center. However, according to the key informant from the hospital, the patients are made to rehabilitate in different ways in the hospital. When a patient is admitted for substance abuse case, there is occupational therapy like different types of plays, recreational activities, food preparation and easy sanitation works and other related movements. There is a garden in the hospital which is not only for patients admitted for substance abuse but also for all of the patients. On this garden there are different activities done like tennis sport. According to the key informant, the hospital has a plan to work with the FM radio of Jimma town. The hospital has planned to ask them to have air time to work on prevention issues by giving different lessons on this radio air time. These lessons will include about the risk factors of drug abuse, effects of drug abuse, the relationship between drug abuse and mental health and other related issues. This is done because it is difficult to meet all youths at one time and therefore it is better to give education on radio for the whole community. These activities are also done in Jimma University. First some students are selected to learn and made to transfer these lessons in the dormitories and wherever they move in the university and in the town. This is done by preparing different programs like workshops, seminars and other activities in the University.

In line with this another key informant from the FMHCACA mentioned about prevention activities. *“Youths are selected by using youth center of the town and made to take training on drug abuse issues side by side with food and medicine issues.”* First according to the key informant, the selected members of FMHCACA are made to take training by trainers from Addis Ababa FMHCACA on food and medicine issues including drug abuse. Then by using these members youths of the town are made to take training by using different opportunities where youths are found in groups.

Regarding the activities done to bring behavioral change among youths against substance abuse, a key informant from the youth center was asked about the activities being done in the town regarding substance abuse among youths. It was reported that there are activities to bring behavioral change in the town. The youth center has branches at kebele level. By using these branches different youths are selected from the town. There are criteria for selecting these youths like: youths who were refugees, youths who are willing to work in groups in different types of jobs and youths who are not employed but have different certificates. The activities include programs held in three months that includes youths selected by the offices at kebele level. In a way, regarding drug abuse, youths are made to learn some lessons to be free from any types of drugs.

There is stadium for sport and other recreational activities in the town under the town's youth and sport center. It is open for everyone in order that everyone can come there and relax and can do sport activities and spend time rather than spending time by using different drugs. This is done for the town's youths in order that they can be kept free from different activities that are supposed to be harmful to them including substance abuse problem. But in all these activities there are no independent activities being done regarding substance abuse.

Regarding this, another key informant from the police office reported that there was a unit in community policing who works on drug abuse issues before but now it has stopped working. The key informant from the police office stated that:

In the town there are people who prepare places for youths including students to have a time for using different drugs. They are making this activity as part of their business activity. It is also reported that nowadays in Jimma town drug abuse problem is making youths jobless and pushes them to commit different crimes. However this activity doesn't include khat because it is seen as part of culture and one type of food. In the town if somebody begins to talk about the harmful effect of khat it seems that he/she is kidding. Therefore taking this into consideration, there are bodies who work on issues of drug abuse that includes heavy drugs like cannabis and other drugs by using khat and cigarette as a covering drugs. Youths who use drugs are selected first. Then they are made to take lessons on drug abuse. By differentiating these youths who abuse drugs

different lessons are given. These lessons are given by using different opportunities in which youths are gathered together in groups (Code-3)

The key informant from the police office reported that the police office is making these activities in order to reduce criminal activities. It is also reported that however it is not for the purpose of drug abuse problem, if there is any meeting of youths, by using these opportunities different lessons are given about the negative effect of drug abuse.

Supporting this idea another key informant from FMHCACA reported that they have plan for the future to work on drug abuse together with concerning bodies. There were activities done regarding food and medicine to bring behavioral change. Under this drug abuse issues are also part of the activities and were mentioned. He also reported that they are working in different parts of territories under their control. Under their control they move on some parts of Oromia including Jimma, SNNPR, Benishangul Gumuz and Gambella. He also stated that *“When we move to teach about food and medicine issues we also mention about drug abuse issues.”*

Another key informant from Jimma University Specialized hospital reported on this that they are working on some activities in Community School of Jimma University. In the school, together with different management bodies they give some lessons on drug abuse problems. He said that *“we are working here in the community school as a beginning and for the future we will continue in different high schools in the town. And we have a plan to do different studies regarding substance abuse in the town under psychiatry department. This may help us as an input to give lessons that can help to bring behavioral change” (Code-1).*

In conclusion, regarding activities done to bring behavioral change, the study revealed that activities which tend to bring behavioral change regarding drug abuse are not in a good progress. However this doesn't mean that there are no activities but even drug abuse issue is an issue to be given attention, there are no strong activities being done in the town. Drug abuse issue is mentioned under other activities and needs to be prioritized.

When we came to the responsibilities of the offices included in this study for the prevention of substance abuse problem among youths, the key informants reported the responsibilities of different offices they are working in on issues regarding drug abuse. A key informant from the

youth center has mentioned different responsibilities of the town's youth center in prevention of drug abuse problem. These responsibilities are: working for the youths of the town, providing services for youths of the town, giving education for the youths to bring behavioral changes.

Another key informant from FMHCACA mentioned the responsibilities of the office regarding drug abuse.

“Supporting health office of the town on different drug abuse issues, giving trainings for youths and women on different health issues are some of our responsibilities. Our mandate is for region (Oromia Region at federal level) and we support them in every activity. There is free phone service for the community to call for any problem related with food and medicine including drug abuse issues. Regarding drug abuse issues if there are places forbidden for smoking and if somebody smoke there people are told to call on this free service call. And if people are found abusing or transferring drugs like cannabis and other heavy drugs from place to place in or out of the town, people are told to call on these free call services. We have the responsibility to run the laws implemented at national level regarding food and medicine issues including drug abuse issues. For example to control the ban of public smoking, control of cannabis and other heavy drugs. The largest and foremost duty we have is to motivate people to have understanding on food and medicine issues including drug abuse. This is about making the community know and differentiate about good and bad issues of drug abuse. We have air time on Jimma town radio on Monday for 30 minutes. On this air time different points are raised on food and medicine issues and for the future we have a plan to do on substance abuse issues. The office has two wings: environment and pharmaceutical issues. Both of these wings for the future have plans to work on different issues of drug abuse” (Code-2).

Another key informant from Jimma University hospital who is working as a leader of substance abuse case team stated on this issue from his work experience by saying that *“our main responsibility is providing treatment for the patients. Regarding substance abuse, we give treatment for the patients admitted with drug abuse problem directly or indirectly. We also work on prevention issues. As a teaching or specialized hospital we give education on different health*

issues including drug abuse problem by going in the community. We try to work on prevention before the problem occurs in the community” (Code-2).

From the police office, a key informant who is the leader of technique division and works on issues related to drug abuse stated about the responsibility of Jimma town police office regarding drug abuse. *“The police office has no its own rules, and movements on issues regarding substance abuse in the town. Our responsibility regarding drug abuse is prevention of crime which is caused by drug abuse in every dimension” (Code-3).*

Regarding the challenges that made substance abuse prevention activities difficult, the key informants mentioned some of them from their experience. A key informant from the FMHCACA mentioned challenges that made drug abuse prevention activities difficult from his work experience that khat being part of the town’s culture made the prevention activities difficult. To break this culture and work in the community become difficult and even in their office there are members who use khat. The other one is nowadays cannabis is becoming common not only in youths but also in other age groups. Therefore, however it needs a wide movement to work on prevention issues, there is shortage of human resource in their office. Lack of awareness is the other problem. For example, if people get any information on cannabis even there is free service phone number, they are not willing to call and inform about it.

Another key informant from the police office supported this idea by saying that

khat is not only part of the culture here but also most of the family get income source from khat market directly or indirectly. You become stigmatized if you do not use khat in this town. I faced many challenges in my work time for not chewing khat. The culture is dominated by this which makes the prevention works difficult. Cannabis is now becoming dominant drug in youths and also other age groups both in males and females. Simply walk in the town around 7:00pm local time in different places where there is khat market and you will see it. I have lived and worked here in Jimma town since long time ago. I didn’t see here people fighting for fruit, bread or other food types that are needed for health. From my work experience I saw people here fighting and dying for kaht. Now not only for khat but also they die because of cannabis, alcohol or cigarette. This happens because of whether they die arguing each other there in the market or during they take

these drugs in groups and in the process of hiding these cannabis issues from police eyes. Therefore because of these and other related problems even there are some activities and movements of prevention, it is not becoming effective. But when we compare khat and other drugs, khat is more difficult for prevention work here (Code-3).

Another key informant from Jimma University specialized hospital reported that one of the challenges in the process of prevention is lack of human resource. *“To do on prevention issues we have to go in the community level and work in a wide and effective manner. And to do this we have to work together with different bodies concerning drug abuse like education office and health office. And also since substance abuse issues are under psychiatry department there is a challenge because there is shortage of professionals in psychiatry department and specifically in substance abuse”(Code-1).* Supporting this idea, from the youth center a key informant mentioned about the challenges like lack of attention from the concerning bodies, lack of service provision to work on prevention activities effectively are some of the challenges.

The participants mentioned different mechanisms they tried to manage these challenges. By making discussion with different concerning bodies and taking the necessary actions they try to manage these problems. Key informant from the FMHCACA stated that they try to manage these problems by giving education for the youths and for the whole community by using different ways.

In summary regarding the mechanism laid out for the prevention of drug abuse, the study revealed that drug abuse problem and the prevention activities and movements are not yet equal or balanced. That means however drug abuse problem is going deep in the town; the prevention activities are not given attention. And also drug abuse issues are being worked under other issues but not independently. However there are activities and movements these may not be adequate and able to prevent youths from drug abuse. That means while working on other issues like prevention of crime, drug abuse prevention become one of the points under this crime prevention. Therefore, in conclusion, drug abuse problems among youths are not given attention and worked on deeply and independently.

4.1.5 Measures taken to control substance abuse among youths

The fourth theme is related to the measures taken to control substance abuse among youths. Key informants from the concerning offices were asked about measures taken to control substance abuse among youths. Regarding control, key informants were first asked about legislations or rule the offices or organizations follow to control substance abuse. A key informant from the FMHCACA mentioned that *“there is a rule on cigarette but it is not yet implemented in Jimma town.”* All other key informants reported that there is no rule or strategies in the offices working on issues related with drug abuse.

Regarding the activities done to control substance abuse, it is reported that, side by side with prevention activities, there are also control activities. That means when doing prevention, in a way they also do control activities. Key informant from the police office said that *“the police office first differentiates where the drug abuse activities are done.”* Then by communicating with the law bodies of the town they bring these people who are involved in this drug abuse issues. And then they collect all the drugs they caught and all the materials that are used for the purpose of drug abuse and burn them together with concerning bodies.

Supporting this idea a key informant from Jimma University specialized hospital stated that the hospital do control activities in the hospital on patients. According to the response of the key informant, patients even after they are admitted in the hospital use different drugs inside the hospital. These patients do this by the help of their family members or friends. They select these people and give them advice and teach them not to repeat the activity. And then if the patients do this again, together with security of the hospital they make these patients who use different drugs to be under their control every hour and punish them.

Another key informant from the police office mentioned about activities and measures taken to control substance abuse:

Everybody involved in drug abuse issues are selected and asked about it. However these control activities are only on heavy drugs like cannabis. Like other countries and towns there are no rules and strategies implemented about drug abuse in Jimma town and there is nothing done yet here. Around cafeteria for example, we simply tell people not to

smoke but there are no rules and strategies regarding drug abuse like public smoking in the town. Everybody can find cannabis in shops easily in secret way and therefore we are trying to have rules regarding this. On drugs like cannabis and other heavy drugs we do control activities. When we found out people who are involved in these heavy drug issues like cannabis we investigate the issue carefully and through different process we arrest those who are working in it according to the law (Code-3).

Another key informant from FMHCACA also stated that they are working on issues related to food, medicine and also drug abuse issues. The office has a radio program in Jimma FM radio and tobacco is one of the points in the discussion. Side by side with prevention they also discuss about control mechanisms in this program.

There are some activities on tobacco that is banning of smoking around some areas like in hotels and air port by using posters that says 'no smoking'. But people smokes even looking these posters face to face and others who don't smoke also do not want to fight and report these problems. So recently we are working with hotels and other concerning bodies to prepare closed places for smokers in order that people do not suffer from passive smoking. The other is we do control activities on heavy drugs like cannabis. We take measures on people who are involved in cannabis and other heavy drug issues and we report it to the concerned bodies. If we found out houses working on these heavy drugs we together with law bodies order these people to be asked and close these houses"(Code- 2).

Regarding the implementation of international, national and regional legislations and rules on substance abuse specifically in Jimma town, key informants from two offices stated their experience. A key informant from the police office stated that *"in Jimma town we are working to fulfill the laws, rules and regulations that are enforced at national level regarding every crime."* Another key informant from FMHCACA also stated that the office is working on issues implemented at federal level by Ethiopian food, medicine and health care administration and control authority on different food and medicine issues.

All the key informants were asked about the relationship they have in working together regarding substance abuse issues. Key informant from the youth center reported that the youth center is

working together with FMHCACA on issues related with youth. By using the branches at kebele level, the youth center select youths from the town and give to the FMHCACA in different issues where youths are needed. Supporting this idea a key informant from the FMHCACA reported that if there are different discussions, workshops or other issues concerning youths the FMHCACA communicate with the youths via the youth center.

A key informant from the FMHCACA stated on the relationship with the police office of the town: *“As a control we never do any activity alone but with the police office. If there are substance abuse issues we call them and go for it together. Regarding food and medicine to check whether it is legal or illegal, expired or not we need them in the process of investigation activities.”*

Contrary to the above issues, key informants from Jimma University specialized hospital and Jimma town Police office stated that there are no activities they are working together with FMHCACA regarding substance abuse. Supporting this, a key informant from the police office stated that:

For the first time, I saw here on your interview that FMHCACA works on issues related to drug abuse. I didn't have any idea about that office works on substance abuse issues. In fact there are activities we do together with them on food and medicine issues but it is not on issues related with drug abuse. I don't want to tell you false information to cover my office or other offices in the town. I am the one who leads and works here in Jimma town police office regarding substances abuse specifically on heavy drugs but I don't have any idea this issue concerns FMHCACA. I by myself call them if there are activities on different food and medicine issues (Code-3).

Supporting this idea a key informant from Jimma University specialized hospital stated that there are no activities the hospital is working with Police office, FMHCACA or the youth center regarding drug abuse issues. However he told me that they have a plan to work together for the future.

Regarding challenges in the process of control activities, it is reported that there are different challenges in the process of drug abuse control activities. Key informant from the police office mentioned that people who are involved in activities of heavy drugs have chain together.

When one person who works on these heavy drugs is held others involved in these issues get the information immediately and hide. And also when we find out a house that works business on these heavy drugs and while we are trying to investigate in order to close this house and arrest the people who are involved in these activities others are informed immediately and we are not being able to find them. And also many people are involved in these drug abuse activities directly or indirectly. Therefore since these people who are involved in drug abuse activities support each other it makes the process of investigation to be complicated and difficult (Code-3).

It is also reported that in Jimma town if control activities are to be done on drugs including khat it can affect many people directly or indirectly. A key informant from the police office speaking on this issue that: *“Khat in Jimma town is a source of income directly or indirectly. If we begin control activities on khat people who are involved in these activities may go out on street. And at the same time others who abuse this khat and other drugs are in health problems. So this makes control activities difficult and even impossible.”*

Supporting the issue raised above the same idea was raised by key informant from FMHCACA.

Control activities are not easy because even from our members in the office there are people who are involved in drug abuse issues directly or indirectly. So it becomes difficult to cooperate and work together in control activities. And also in Jimma town khat become dominant and common just like food and also is part of business activities and source of income. That means people who begin chewing khat are likely to abuse other drugs and they are not willing and happy to support the concerning bodies in control activities. Therefore it becomes difficult and complicated to break the culture and work in the community on control of substance abuse (Code-2).

The other is key informants' responses about the responsible bodies expected to involve and work in drug abuse issues among youths. A key informant from Jimma town police office stated

on this: *“now a day there is no office without youths. That means youths are getting involved in almost all issues and offices. These youths are required to be free from drug abuse in order to be effective in every career they are involved in. Therefore I can't select people or offices but everybody and all offices have to involve and work in drug abuse issues.”*

Another key informant from FMHCACA mentioned that police office, universities, health offices and others have to involve in drug abuse issues among youths. He also mentioned that there is drug information center which is supposed to work deeply on substance abuse issues but even in this center there are members who abuse drugs.

In conclusion regarding measures taken to control substance abuse among youths, the study revealed that control activities are weak in Jimma town and needs further work. The study also revealed that there are different problems that make control activities to be difficult and complicated.

Observation

The researcher observed the substance abuse activity in some parts of Jimma town, the places where substance abuse activities are common, the time the people engage in khat chewing activity, the market activity for khat and youth participants' willingness and openness to discuss about substance abuse issues, the prevention and control activities for substance abuse among youths as a complete observer.

Substance abuse activity is common especially activities on khat. Everywhere there are khat shops equally with other normal shops or mini markets. The researcher observed that many youths sit there the whole day and chew khat and also works in the market. Khat market is common like another normal food or furniture market. Both male and female, youths and people in old age merchants are involved in it. Khat is the source of income for most of the people directly or indirectly. Around Mercato there is a place reserved for khat market and everyone can get it from there. There is nearby small kebele called 'Tele' from where khat comes to Jimma town. I observed this while I was moving to other town next to Jimma. In the transport process from Jimma to other neighbor towns or from these towns to Jimma, most of the travelers buy from that area to chew or sell it in Jimma town. In Jimma town and around khat is dominant drug

type and commonly abused type of substance. There are places where substance abuse activities are common. For example for kaht and cigarette there are so many places in the town where youths spend their time: nearly everywhere in the town is available and possible. For other heavy drugs the researcher didn't get the opportunity to observe activities because people are working in these drugs in a secret way very carefully.

The time for chewing khat and smoking cigarette is nearly anytime: in the morning, mid day, afternoon or at night. The researcher observed this by moving in the town in different hours. Regarding the youth participants' willingness and openness to discuss about substance abuse issues the researcher observed that youths who abuse drugs never want to discuss about drug abuse issues. Even knowing the negative effects of substance abuse still they feel comfortable with it. The key informants from different offices working on issues regarding substance abuse and that are included in the study are tried to mention about the prevention and control activities. However, in concrete there are no movements regarding on prevention and control of substance abuse and all the points raised in the interview needs to be worked on yet. There are no any chain and relationship between the offices included in the study that are expected to be working on substance abuse issues. However to work on the mechanisms of prevention and control activities it needs these offices to cooperate together. There are no activities worked regarding substance abuse issues. That means there are no activities done purposely for the prevention of substance abuse. Substance abuse issues are raised only by using opportunities got from different meetings, discussions or workshops no matter how in Jimma town substance abuse prevention among youths is an issue to be prioritized and worked on independently.

Chapter Five

5.1 Discussion of Findings

In this section the results of the study are critically analyzed and discussed in line with the objective of the study and the reviewed literatures. The first section of the discussion deals with the risk factors that contribute for substance abuse among youths while in the second part the most commonly abused substances are discussed. The third part discusses about the mechanisms laid out for the prevention of drug abuse among youths and lastly, measures that are being taken to control substance abuse among youths are discussed.

5.1.1 The risk factors that contribute for substance abuse among youths

Regarding the age in which the youths begin drug abuse, some of them stated that they began around fourteen and fifteen and some of them in between sixteen and seventeen. There are also participants who mentioned that they began drug abuse when they were around eighteen up to nineteen and others 20 and above. This goes in line with the idea of NIDA (2003) which stated that 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 and 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. It is at this stage early adolescence that children are likely to encounter drugs for the first time. The study found that most of the participants begin drug abuse in between fourteen and twenty one which is the main transition period.

Studies have indicated that many factors contribute for a person to be involved in drug abuse. The overall risk factors for drug abuse is impacted by the biological make up of the individual that can even be influenced by gender or ethnicity, his or her developmental stage and the surrounding social environment like conditions at home, in the neighborhood and at school (NIDA, 2010). Considering this, participants were asked about the risk factors that led them to be involved in drug abuse activities. The finding of the study shows that all of the participants of the study get involved in drug abuse because of one of the risk factors that are listed above. Some of

the participants get involved because of the pressure from the environment: home or their families, neighborhoods, school and culture of the environment they are living in.

Many of the participants mentioned that they are influenced by the culture of the town and forced to begin drug abuse which goes in line with UNODCCP (2002) idea that is drug abusers may be part of a powerful “culture” where drug use is considered as “normal”. They may also come from a tradition of social drug use, such as a community of adults who drink home brew, smoke cigarette and cannabis or chew khat as a social activity, despite the negative effects that this habit has on their health and the well-being of their families.

The study also found that participants get involved in drug abuse activities because their families abuse drugs and the carelessness of these families. This is consistent with the idea of Armethia (2006) which states that parents are children’s first role models and it is important for parents to communicate with children at an early age about concerns over the use of alcohol, tobacco and other drugs.

The study found that there is importance that many of the participants suppose to get from drug abuse. That is some of the participants abuse drugs for the supposed purpose that may be to get satisfaction, to make their work easy and fast and to be strong in their career, to make the social life strong and to spend time together with friends. In addition other than these purposes people also abuse drugs in order to commit different crimes however crime can be both the risk factor for substance abuse and also the consequence of substance abuse. That means there is a direct relationship between crime and drug abuse. This is similar with the idea or concept of Stevens (2011) as cited by Howard (2012) who illuminated that a great deal of the concern over drugs is their connection to crime. Through drugs users can become somebody different from their original personalities. “In a life style of obtaining and spending money of using and selling drugs they can combine the mainstream values of work, success and consumption with the subterranean values of adventure, excitement and hedonism. The other one is effects on the family can include psychological and financial burdens, resulting too often in family breakdown (homelessness), negative impacts on children and involvement in criminal activities. Drug abuse also affects an individual’s employability (Drug Administration and Control Authority of Ethiopia, 2005

5.1.2 The most commonly abused substances in the town

Regarding the most commonly abused substances in the town, the study revealed that the most commonly abused drugs in the town are khat and tobacco. All of the key informants (four key informants) answered that the most commonly abused drug in Jimma town is khat and additionally other drugs: cigarette and cannabis. It is illustrated that khat become part of the town's culture and is seen as normal.

5.1.3 The mechanisms laid out for the prevention of substance abuse among youths

UNODCCP (2002) stated that whoever said that prevention is better than cure definitely got it right. It is much better to prevent young people from starting to use drugs than entering at a later stage and helping them give up drugs. This is important to keep in mind because that 'even though some of your programs will aim at trying to give healthy and creative alternatives to young people who are already using drugs, you must not forget that there is a whole section of your community who might start abusing drugs'. In view of the key informants from offices that are working on issues related to drug abuse and included in this study were asked about the mechanisms laid for the prevention of drug abuse among youths. The result of the study shows that these offices are working on different prevention activities more than control and these activities are being done currently and also there are activities put as a plan for the future.

Regarding the way how the offices are working to prevent youths from drug abuse problem, the result of the study shows that the ways they are working on prevention activities are by using education and awareness creation. Education is being given by preparing different programs and creating sport academy. This goes in line with the concept of UNODCCP (2002) that is "you can try to prevent drug abuse by creating healthy and attractive alternatives to substance abuse. Alternatives to substance abuse are attractive if they combine and encourage individual skill development, interesting leisure activities and a supportive attitude in the community".

Regarding the activities done to bring behavioral change among youths against substance abuse, all of the key informants mentioned that the offices working on drug abuse issues are working mainly on education of youths about the harmful effects of drug abuse to bring behavioral change among youths by using different schools and concerning bodies. This goes in line with

the idea of NIDA (2008) that is drug addiction is a preventable disease. Although many events and cultural factors affect drug abuse trends, when youths perceive drug abuse as harmful, they can reduce their drug taking activities. It is necessary therefore to help youth and the general public to understand the risks of drug abuse and for teachers, parents and healthcare professionals to keep sending the message that drug abuse problem can be prevented if a person reduces or even never abuses drugs (NIDA, 2008).

The result of the study shows that all of the key informants believe in giving education and have planned to do for broad education for the future. This is similar with the concept that is, it is substance abuse prevention must be well rooted, a permanent part of youth education, and it must be able to reach each new generation as well. It is not justified to put unfounded blame on young people or vilify them as a special problem group and also it is not necessary to consider young people as a special problem group where substance use problem is concerned (A Knowledge Centre for Youth Substance Abuse Prevention, 2010).

Regarding the responsibilities of the offices included in this study that are working on issues concerning drug abuse for the prevention of substance abuse problem among youths, all of the key informants from these offices mentioned different responsibilities. The result of the study shows that prevention of youths from every problems that may affect their life including substance abuse problem; providing treatment for all types of diseases the community faces and under this prevention of substance abuse among youths and the whole Jimma community; prevention of crime as general and prevention of drug abuse problems that may result in criminal activities are the responsibilities mentioned by the key informants.

This indicates no matter how the offices are working separately and independently on different issues the purpose is prevention of drug abuse among youths and the whole community which in turn is for the purpose of creating healthy environment. This is consistent with the concept of a Knowledge Centre for Youth Substance Abuse Prevention (2010) that states, the general purpose of substance abuse prevention is to promote health and well-being by encouraging a substance-free way of life and by reducing substance use and substance-related harm.

When we come to challenges that made substance abuse prevention activities difficult all of the key informants mentioned different challenges that made the process of drug abuse prevention

difficult and even to look impossible. From the result of the study, the very big challenge is one of the types of drugs, that is khat being part of the culture of the town that made it difficult and challenging to break out and enter and work deeply in the community on drug abuse problems.

In every activity that is done in the community it is a must to face different problems or challenges. Drug abuse issues concerns almost everybody directly or indirectly. So to deal with different bodies on different issues it needs an effort and cooperation. This is consistent with the idea of a literature by a Knowledge Centre for Youth Substance Abuse Prevention (2010) that is substance abuse work is an important part of broad-based welfare work, which requires commitment from several administrative sectors and actors along with general common efforts.

Regarding the responsible bodies that are expected to involve and work in substance abuse prevention activities it is found that almost all of the community members are mentioned by the key informants and have the responsibility in these issues. This goes in line with the concept that prevention of substance abuse should be a concern of all segments of the population including health workers, policy makers, mass media people and the public (A module on Substance Abuse for the Ethiopian Health Center Team; 2005).

5.1.4 Measures taken to control substance abuse among youths

In this study control of substance abuse activities among youths is found to be an activity which is not worked on very well and needs an attention, additional movement, more effort and cooperation among different concerning bodies. Key informants from different offices included in this study mentioned about different measures regarding control of drug abuse that are arresting those who are involved in heavy drug businesses, closing houses that are working on these heavy drugs. It is found that there is no rule or regulation that is implemented and being working on drug abuse among youths in Jimma town.

5.2 Observation

Youths of the town are highly exposed for substance abuse problem. Khat issue needs to be given attention and worked on. It is a door opening substance for youths of the town and a broad awareness creation is needed in the town. This goes in line with the idea of UNODCCP (2002)

concept that is drug abuse prevention programs should be community based, that is, they should involve the whole community or at least the most important parts of it. This includes that to do on prevention activity the concerning bodies are needed from the dominant drug in the town.

That doesn't mean that the concerning bodies that are expected to work on substance abuse issues have to focus to only on khat and ignore other drugs rather begins their work from the near activity. This is consistent with the concept of UNODCCP (2002) that is "your program should not be too narrow in its focus; for instance, you should not just say that we are an anti-cannabis program and ignore all the other substances that are abused in your community. Since all forms of substance abuse are usually related to each other in what causes them and their effects, you should look at the whole range of substances on a broad scale."

Chapter Six: Conclusion and Social Work Implication

6.1 Conclusion

Substance abuse among youths is a health, psychological, economic, social problem that needs to be addressed. According to a Knowledge Centre for Youth Substance Abuse Prevention (2010), youth substance abuse prevention can be seen as part of a larger whole, or along continuum at one end of which is work aimed at social strengthening of the young person and on the other end of which is work aimed at correcting the young person's life situation, health or position. Substance abuse prevention concentrates on improving young people's understanding of the risks related to substance abuse and on strengthening the protective elements.

From the findings of the study, it is concluded that drug abuse among youths was determined by existence of different risk factors such as, coming from family who abuses different drugs, having drug taking peers, being in the environment where chewing khat is seen as a normal activity and which contributes for easy access to Khat shopping centers. That means getting easy access to khat, they involve in abusing other types of drugs through time. The more the easier to access substances the more the probability to start or continue abusing substances.

According to the findings of the study, the most commonly abused substances in Jimma town are khat and cigarette. The consequence of Khat chewing and smoking cigarette goes to concurrent engagement in other drugs which in turn leads to other problems; health, psychological, economic, academic and social life of students.

Prevention and control activities are not balanced with the drug abuse problem in the town. Khat becomes the main problem of the town that made the prevention and control difficult. Khat chewing is part of the culture and this made the condition difficult to bring behavioral change. The prevention of drug abuse among youths in Jimma town is an issue which needs to be given priority. Most people including students, private business workers and government employees are in drug abuse activities and this makes the prevention and control substances not to be effective.

6.2 Social work implication

According to the Social Work Code of Ethics (2012) Social work in its various forms addresses the multiple complex transactions between people and their environments. Its mission is to enable all people to develop their full potential, enrich their lives and prevent dysfunction. Professional social work is focused on problem solving and change. As such, social workers are change agents in society and in the lives of the individuals, families and communities they serve. Social work is an interrelated system of values, theory and practice. Substance abuse among youths has many negative impacts on the society as a whole and for the youths in particular. This knowledge is important for the profession of social work because it will create more effective social work education, research, practice and policy in addressing barriers those youths who abuse substances experience.

6.2.1 Implication to Social Work Education

Education for developing countries like Ethiopia is the first important tool of achieving accelerated development for the wellbeing of people. The curriculum should be designed in the context of the country and should be relevant to the economy. In spite of the large population proportion of youths in Ethiopia, the effectiveness of youths in most carriers is not often stated in a good manner. For example if joblessness, drug abuse or crime is mentioned, the age groups mentioned first are youths. Therefore this particular study notifies that youths are the main part of the population to be supported by being included in different aspects of the curriculum rather than being mentioned in different problems.

This particular study notifies that the social work education system in general and courses related to youth substance abuse in particular are supposed to reflect mainly about substance abuse condition in Ethiopia that includes: the risk factors that contribute for substance abuse among youths, the different drugs abused by Ethiopian youths and focuses on prevention and control mechanisms. This is because the type and reasons for using drugs vary from country to country.

6.2.2 Implication to Social Work Practice

The finding of this study showed that substance abuse has much negative effect for individuals who are afflicted in the behavior. Having knowledge about the major risk factors that contribute for drug abuse, its negative effects and the mechanisms laid out for the prevention and control of substance abuse among youths, it would be helpful for the profession of social work practice to undertake an effective intervention strategy and to give proper service provision.

The prevention and control of substance abuse needs the responsibility of everyone to be effective. Addressing the issues about the prevention and control of substance abuse is most effectively done through multidisciplinary approaches. The incorporation of the efforts of multiple disciplines, including those represented by the health community, youth and sport center, law enforcement agencies, Police office, , educational organizations specially Universities, the food, medicine and health care administration and control authority, every office that works on youth protective services including nonprofit organizations, and the whole community will be the most promising approach to address this persistent and challenging social problem. This can be done by giving serious emphasis to the issue by involving youths in different seminars in order to overcome the problem of youth substance abuse and to promote cultural norms that discourage substance abuse behavior.

On a micro level of practice, social workers can use the information in the study to understand issues regarding the prevention and control of substance abuse among youths to consider these points in their intervention plan, and to focus on prevention activities at home based level beginning from the youth themselves and health care centers in order to reduce problems caused by substance abuse. On a mezzo level of practice, social workers need to include the parents' support systems or interrelationships. These relationships include family members, neighbors, friends, and associates with whom youths interacts on a daily basis because child substance abuse is highly connected with family and friend context. In this level every activity that helps to create awareness should be given by using different opportunities in which these groups can be benefited. On macro level, social workers can become agents for change when it comes to improving the policies related to substance abuse prevention and control among youths.

6.2.3 Implication to Social Work Policy

The government of Ethiopia has formulated policies and is a member of different international policies regarding drug abuse. As one of developing countries, Ethiopia should fight for substance abuse problem equally with other issues. Since most of the Ethiopian population is youth and main part of the country's economy, substance abuse among youths should be given priority. So policies should clearly be formulated regarding substance abuse among youths that critically includes prevention and control.

6.2.4 Implication to Social Work Research

For appropriate and successful intervention, longitudinal, intergenerational, multidisciplinary, community based studies, examining the interaction of many variables about the prevention and control of drug abuse among youths are desperately needed. Evaluating substance abuse with a higher degree of specificity will also help to elucidate the ways and mechanisms for the prevention and control of substance abuse. Further research should be carried out to build upon the findings of this study and incorporate its limitations.

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Running head: PREVENTION AND CONTROL OF SUBSTANCE ABUSE AMONG YOUTHS: AN EXPLORATORY STUDY IN JIMMA TOWN

Yigzaw Kebede, Tefera Abula, Belete Ayele, Amsalu Feleke, Getu Degu, Abera Kifle, Zeleke Alebachew, Endris Mekonnen, and Belay Tessema. (2005). A module on Substance Abuse for the Ethiopian Health Center Team. University of Gondar In collaboration with the Ethiopia Public Health Training Initiative. The Carter Center, the Ethiopia Ministry of Health and the Ethiopia Ministry of Education. Addis Ababa, Ethiopia. Funded under USAID Cooperative Agreement No. 663-A-00-00-0358-00.

Appendix 1 Consent Form

Addis Ababa University

College of Social Sciences

Graduate School of Social Work

Consent Form

Greeting ... good morning/good afternoon

My name is Rahel G/Michael and I am a student in Addis Ababa University School of social work. Currently I am conducting research on the topic “prevention and control of substance abuse among youths: An exploratory study in Jimma town” which is required in partial fulfillment of the degree of masters of social work. The focus of this interview will be on drug abuse and related issues.

Participating in the study is voluntary and you can refuse to take part in the study. You are free to terminate the interview or decline to answer any question, participate in any activity or discuss about any issues if you feel uncomfortable with it. I assure you that there will be no negative consequence you incur from anybody for participating or not participating in the study.

Any information you provide including your name will be kept confidential. That means only the researcher will know that and no information will be disclosed without your full consent. To help me grasp the information you provide well, I will either tape record or write your responses on note book based on your preference. If you have any question related to the study please don't hesitate to ask me. If you agree to take part in the study by giving information for the interview question, you have to sign below. Your sign below indicates your consent to participate in the study.

If yes, you will sign the agreement below.

Signature of the interviewee (participant) _____

Signature of the interviewer (researcher) _____

Appendix 2: Interview Guide

Introduction: Greeting ... good morning/good afternoon

This interview is prepared in order to explore the mechanisms laid out for the prevention and control of substance abuse in Jimma town. First of all I want to express my heartfelt thanks to you for you are voluntary to do this interview with me. This interview will not take long time. Your contribution for the comprehension of this research is so important that I believe you will cooperate by giving the necessary information.

Interview guide-one for youths

I) Background information of the respondents

- 1) Age: _____
- 2) Gender: _____
- 3) Religion: _____
- 4) Marital Status: _____
- 5) Educational background: _____

II) Risk factors that contributes for substance abuse among youths

- 1) In which age did you start using drugs?
- 2) How did you start using drugs?
- 3) Did the environment influence you to start using drugs?
- 4) If yes, how did the environment influence you to start using drugs?
- 5) For what purpose did you use drugs?
- 6) How did you get the income to get the drugs?

Interview guide-two for key informants

For key informants in Jimma town youth center

The guiding questions for the key informants were prepared separately for all of the key informants in order to make the communication clear.

I) Personal information

Name _____

Position in the organization _____

II) What are the most commonly abused substances in the town?

- 1) What are the most commonly abused substances in the town?
- 2) How do you know that?

III) The mechanisms laid out for the prevention of substance abuse among youths.

- 3) What are the activities being done by the youth center regarding substance abuse among youths?
- 4) How could the youth center try to prevent youths from drug abuse?
- 5) What are the activities done to bring behavioral change among youths against substance abuse?
- 6) How do the youth center made these activities to teach youths regarding substance abuse problem?
- 7) What are the responsibilities of the youth center for the prevention of substance abuse problem among youths?
- 8) Are there challenges that made substance abuse prevention activities difficult?
- 9) If yes, would you please explain them?

- 10) How do you try to manage these challenges?
- 11) What is the relationship or chain do Jimma town youth center has with the police office of Jimma town, FMHCACA and Jimma University Specialized hospital regarding the prevention of substance abuse among youths?
- 12) Who do you think are the responsible bodies that are expected to involve and work in substance abuse prevention activities?

IV) Measures taken to control substance abuse among youths

- 13) What actions/measures does the youth center take to control substance abuse among youths?
- 14) Does the youth center have strategies or rules to control substance abuse in the town?
- 15) If yes, what are these strategies or rules?
- 16) Who do you think are the responsible bodies that are expected to involve and work in substance abuse control activities?

For key informants from Jimma University Specialized Hospital

I) Personal information

Name _____

Position in the organization _____

II) What are the most commonly abused substances in the town?

- 1) What are the most commonly abused substances in the town?
- 2) How do you know that?

III) The mechanisms laid out for the prevention of substance abuse among youths.

- 3) What activities are being done by the hospital regarding substance abuse prevention among youths?
- 4) What are the activities being done by the hospital to bring behavioral change about drug abuse among youths?

- 5) What activities have the Hospital done to teach youths regarding substance abuse problem?
- 6) In what way did the hospital undertake these activities?
- 7) Are there challenges that made substance abuse prevention activities difficult?
- 8) If yes, would you please explain them?
- 9) How do you try to manage these challenges?
- 10) What is the relationship or chain do Jimma University Specialized hospital has with the police office of Jimma town, FMHCACA and Jimma town youth center regarding the prevention of substance abuse among youths?
- 11) Who do you think are the responsible bodies that are expected to involve and work in substance abuse control activities?

V) Measures taken to control substance abuse among youths

- 12) What actions/measures does the Hospital take to control substance abuse among youths?
- 13) Does the Hospital have strategies or rules to control substance abuse in the town?
- 14) If yes, what are these strategies or rules?
- 15) Who do you think are the responsible bodies that are expected to involve and work in substance abuse control activities?
- 16) Are there challenges that made substance abuse control activities difficult?
- 17) If yes, would you please explain them?
- 18) How do you try to manage these challenges?

For officials from Jimma town police office

I) Personal information

Name _____

Position in the organization _____

II) What are the most commonly abused substances in the town?

- 1) What are the most commonly abused substances in the town?

2) How do you know that?

III) The mechanisms laid out for the prevention of substance abuse among youths.

3) What are the activities being taken by the police office for the prevention of substance abuse problem in the town?

4) What are the activities being done by Jimma town police office to bring behavioral change about drug abuse among youths?

5) What activities have the police office made to teach youths regarding substance abuse problem?

6) In what way did the police office undertake these activities?

7) How could the police office try to prevent substance abuse problem?

8) What responsibilities do the police office has to prevent youths from substance abuse problem?

9) Are there challenges that made substance abuse prevention activities difficult?

10) If yes, would you please explain them?

11) How do you try to manage these challenges?

12) What is the relationship or chain do the police office of Jimma town has with Jimma town youth center, FMHCACA and Jimma University Specialized hospital regarding the prevention of substance abuse among youths?

13) Who do you think are the responsible bodies that are expected to involve and work in substance abuse prevention activities?

V) Measures taken to control substance abuse among youths

14) What actions/measures do FMHCACA takes to control substance abuse among youths?

15) Are there legislations or rules your organization follows to control substance abuse?

16) If yes, what are these legislations or rules?

17) How do these strategies and rules being enforced?

18) How do the international, national and regional legislations and rules on substance abuse being implemented specifically in Jimma town?

19) What chain do you have with the Food, Medicine and Health Care Administration and Control Authority of Ethiopia regarding substance abuse?

- 20) Are there challenges that made substance abuse control activities difficult?
- 21) If yes, what are these challenges?
- 22) How do you try to manage these challenges?
- 23) Who do you think are the responsible bodies that are expected to involve and work in substance abuse control activities?

For officials from the FMHCACA

I) Personal information

Name _____

Position in the organization _____

II) What are the most commonly abused substances?

- 1) What are the most commonly abused substances in the town?
- 2) How do you know that?

III) What mechanisms are laid out for the prevention of drug abuse among youths?

- 3) What are the activities being done by the Food, Medicine and Health Care Administration and Control Authority of Ethiopia regarding substance abuse prevention?
- 4) What are the activities being done by FMHCACA to bring behavioral change about drug abuse among youths?
- 5) What activities have the FMHCACA made to teach youths regarding substance abuse problem?
- 6) In what way did the FMHCACA undertake these activities?
- 7) What are the responsibilities of the Food, Medicine and Health Care Administration and Control Authority of Ethiopia to prevent youths from substance abuse problem?
- 8) What are the activities being done by the FMHCACA together with Jimma Town youth center in prevention of drug abuse among youths?
- 9) Are there challenges that made substance abuse control activities difficult?
- 10) If yes, what are these challenges?

- 11) How do you try to manage these challenges?
- 12) What is the relationship or chain do the FMHCACA has with the police office of Jimma town, Jimma town youth center and Jimma University Specialized hospital regarding the prevention of substance abuse among youths?
- 13) Who do you think are the responsible bodies that are expected to involve and work in substance abuse prevention activities?

V) What measures are being taken to control substance abuse among youths?

- 14) What actions/measures do FMHCACA takes to control substance abuse among youths?
- 15) Do the Food, Medicine and Health Care Administration and Control Authority of Ethiopia have strategies or rules to control substance abuse in Jimma town?
- 16) If yes, what are these strategies or rules?
- 17) How do the international, national and regional legislations and rules on substance abuse being implemented specifically in Jimma town?
- 18) What are the activities being done by the FMHCACA together with Jimma Town police office in control of drug abuse among youths?
- 19) Are there activities being done by the FMHCACA for banning the use drugs in Jimma town?
- 20) If yes what are the types of drugs that are planned to be banned?
- 21) In what way do the FMHCACA is working to take these activities?
- 22) Are there challenges that made substance abuse control activities difficult?
- 23) If yes, what are these challenges?
- 24) How do you try to manage these challenges?
- 25) Who do you think are the responsible bodies that are expected to involve and work in substance abuse control activities?

Observation check list

- 1) What does the substance abuse activity seems like in some parts of Jimma town?
- 2) What are the places do substance abuse activities are common?
- 3) At what time do the people regularly engage in substance abuse activity?

- 4) The youth participants' willingness and openness to discuss about substance abuse issues?
- 5) What does the prevention and control activities seem like in Jimma town?

Appendix 3: Amharic Version of the Consent Form

አዲስ አበባ ዩኒቨርሲቲ

የ ማህበራዊ ሳይንስ ኮሌጅ

የ ሶሻል ወርክ የ ድህረ-ምረቃ ት/ት ቤት

የ ትምህርት ቤት ስምምነት ትና ፈቃድ መጠየቂያ ቅፅ

ስላምታ ... እንደምን አደሩ/ዋሉ?

ራሳችሁን /ሙሉ ስምዎን አባላለሁ፡፡ የ አዲስ አበባ ዩኒቨርሲቲ የ ሶሻል ወርክ የ ድህረ-ምረቃ ትምህርት ስምምነት ትና ፈቃድ መጠየቂያ ቅፅ ነኝ፡፡ በአሁኑ ሰዓት ጥናታዊ ፅሁፍን በጅምር ከተማ ወጣቶች ዘንድ የ አደንዛኝ ፅፅ መጠቀምን መከላከልና መቆጣጠር በሚል ርዕስ/ሀሳብ ላይ እየሰራሁ እገኛለሁ፡፡ ይህ ጥናት በሶሻል ወርክ የ ድህረ ምረቃ ድግሪ ማግኘት የሚሆን ነው፡፡ የዚህ ቃለ መጠይቅ ዋና ትኩረት ከአደንዛኝ ፅፅ መጠቀም ጋር የተያያዙ ሀሳቦች ላይ ይሆናል፡፡ በዚህ ቃለ መጠይቅ ላይ መሳተፍ በፈቃደኝነት ላይ የተመሰረተ ነው፡፡ በመሆኑም በማንኛውም ሰዓት ምቹነት ካልተሰማዎት ቃለ መጠይቁን ማቆም ወይም ማቋረጥ ይችላሉ፡፡ በዚህ ቃለ መጠይቅ ላይ በመሳተፍ ወይም ባለመሳተፍ ምንም አይነት ችግርም ሆነ ጉዳት እንደማይደርስዎት አረጋግጥሎታለሁ፡፡ እርስዎ የሚጠበቅ ማንኛውም መረጃ ስምምነትን ጨምሮ ምስጢርነቱ የተጠበቀ ይሆናል፡፡ ይህ ማለት ከርስዎ ፈቃድ ወጪ ማንኛውም መረጃ ይፋ አይደረግም፡፡ በተጨማሪም ጥናታዊ ፅሁፍን ከማይደርገው አካል ወጪ መረጃው ለማንም ተላልፎ አይሰጥም፡፡

እርስዎ የሚጠበቅ መረጃ ለማግኘት እንዲረዳኝ በፈቃደኝነት መሰረት የቃለ መጠይቁን ሂደት በመቅረፅ-ደምፅ እንድቀዳ ይፍቀድልኝ፡፡ በጥናታዊ ፅሁፍ ላይ ማንኛውም ዓይነት ጥያቄ ካለዎት እባክዎን ከመጠየቅ ወደኋላ አይበሉ፡፡ በመጨረሻም በዚህ ቃለ መጠይቅ ላይ ለመሳተፍ ፈቃደኛ ከሆኑ በማስተላለፍ የፈቃደኝነት ማረጋገጫ ማረጋገጫ በቃለ መጠይቅ ፊርማዎን በማስቀመጥ ያረጋግጡ፡፡

የ ተሳታፊው ፊርማ

የ ጥናታዊ ፅሁፍ አድራጊው ፊርማ

Amharic Version of the Interview Guide

ይህ ቃለ መጠይቅ የ ተዘጋጀው በጅምር ከተማ ወጣቶች ዘንድ የ አደንዛኝ ፅፅ መጠቀምን ለመከላከልና ለመቆጣጠር የሚደገፍ የ ማግኘት ዘዴዎችን ለመመርመር ተብሎ ለሚከናወነው ጥናት መረጃ መሰጠት ነው፡፡ በቃለ መጠይቅ ላይ ለመሳተፍ ፈቃደኛ ስለሆኑ ላቅ ያለ ምስጋናዬን እያቀረብኩ ቃለ መጠይቁ ረዥም ጊዜ እንደማይወስድ አሳስቦታለሁ፡፡

Running head: PREVENTION AND CONTROL OF SUBSTANCE ABUSE AMONG YOUTHS: AN EXPLORATORY STUDY IN JIMMA TOWN

እርስዎ የሚጠቅሙት መረጃ ለዚህ ጥናታዊ ዕላማ መሳካት መረጋገጥ ነውና እስፊላጊውን መረጃ በመስጠት እንዲተባበሩ በትህትና አጠይቃለሁ፡፡

ቃለ መጠይቅ 1

ለወጣት ተሳታፊዎች

ሀ) ግላዊ ሁኔታዎች

1. ዕድሜ _____
2. ጾታ _____
3. ሒይማኖት _____
4. የጋብቻ ሁኔታ _____
5. የትምህርት ሁኔታ _____

ለ) በወጣቶች ዘንድ የአደንዛኝ ዕፅ መጠቀም የሚደርጉ ምክንያቶች

1. የአደንዛኝ ዕፅ መጠቀም በየትኛው ዕድሜ ጀመርኩ/ሽ?
2. የአደንዛኝ ዕፅ መጠቀም እንዴት ጀመርኩ/ሽ?
3. የአደንዛኝ ዕፅ እንዴት ጠቀም/ሚረከብኩ/ሽ ወይም ደረገው ተፅዕኖ አለ?
4. ለጥያቄ ቁ.3 መልሱ አዎ ከሆነ እንዴት ነው አካባቢው ተፅዕኖ ያደረገብህ/ሽ?
5. ለምን አይነት አላማ ነው የአደንዛኝ ዕፅን የምትጠቀሙ/ሚረከቡ?
6. የአደንዛኝ ዕፅን ለማግኘት የሚያስችል ህንፃ/ሽንገል እንዴት/ከየት ነው ምታገኘው/ኘው?

ቃለ መጠይቅ 2

ለዋና መረጃ ሰጪዎች

ከጅምርተኛዎች ማኅበር ለጉዳዩ ለተመረጡት ሰጪዎች

ሀ) ግላዊ መረጃዎች

የስራ መደብ _____

ለ) በከተማው የሚዘወተሩ የአደንዛዥ ዕፅ ዐይነቶች

- 1) በጅም ከተማ አብዛኛውን ጊዜ ወጣቱ የሚጠቀሙት ወይም የሚያዘወትራቸው የአደንዛዥ ዕፅ ምን ምን ድንኳቸው?
- 2) እነዚህ በከተማው የሚዘወተሩ የአደንዛዥ ዕፅ ምን ዓይነት አወቁ? የተጠኑ ጥናቶች ካሉ

ሐ) ወጣቶችን ከአደንዛዥ ዕፅ ማጠቀም ለመከላከል የተቀረጹ ደዎች/ መንገዶች

- 3) የወጣቶች ማዕከል በወጣቶች ዘንድ የአደንዛዥ ዕፅ ማጠቀም ለመከላከል ምን ዓይነት እንቅስቃሴዎችን ያደርጋል?
- 4) የወጣቶች ማዕከል የከተማ ወጣቶችን ከአደንዛዥ ዕፅ ማጠቀም ለመከላከል እንዴት ወይም በምን ዓይነት መልኩ ጥረት ያደርጋል?
- 5) የጅም ከተማ ወጣቶች ማዕከል በወጣቶች ዘንድ ስለአደንዛዥ ዕፅ ማጠቀም የባህሪ ለወጥ እንዲመጣ ምን ዓይነት ደጋግታል?
- 6) ስለአደንዛዥ ዕፅ አስከፊነት ለወጣቶች የግንዛቤ ማስጨበጫ ትምህርት ለመስጠት የጅም ከተማ ወጣቶች ማዕከል ምን ዓይነት እንቅስቃሴዎችን ያደርጋል?
- 7) እነዚህን እንቅስቃሴዎች በምን ዓይነት መልኩ ወይም እንዴት ያከናወናቸዋል?
- 8) በወጣቶች ዘንድ የአደንዛዥ ዕፅ ማጠቀም ለመከላከል የወጣቶች ማዕከል ኃላፊነቶች ምን ምን ድንኳቸው?
- 9) የአደንዛዥ ዕፅ መከላከል እንቅስቃሴ ሂደት ላይ የሚያጋጥሟቸው ችግሮች አሉ?
- 10) በጥያቄ ቁ.9 ላይ ለተቀረጹ ጥያቄ መልሱ አዎ ከሆነ እባክዎ ያብራራቸው?
- 11) እነዚህ ከላይ የተጠቀሱ ችግሮችን እንዴት ወይም በምን ዓይነት መልኩ ለፈቱ ሞክሩ?
- 12) በወጣቶች ዘንድ የአደንዛዥ ዕፅ ችግሮችን በመከላከል ሂደት ወስጥ መሳተፍና መስራት ይጠበቅባቸዋል የምትሏቸው አካላት እነ ማን ናቸው?

መ) በወጣቶች ዘንድ የአደንዛዥ ዕፅ ማጠቀምን ለመቆጣጠር የተወሰዱ እርምጃዎች?

- 13) በወጣቶች ዘንድ የአደንዛዥ ዕፅ ማጠቀምን ለመቆጣጠር የጅም ከተማ ወጣቶች ማዕከል ምን ዓይነት እርምጃዎችን እየወሰደ ይገኛል?
- 14) በወጣቶች ዘንድ የአደንዛዥ ዕፅ ማጠቀምን ለመቆጣጠር የጅም ከተማ ወጣቶች ማዕከል ዕቅዶች አሏቸው?
- 15) ለጥያቄ ቁ.14 መልሱ አዎ ከሆነ እነዚህ ዕቅዶች ምን ምን ድንኳቸው?

Running head: PREVENTION AND CONTROL OF SUBSTANCE ABUSE AMONG YOUTHS: AN EXPLORATORY STUDY IN JIMMA TOWN

16) በወጣቶች ዘንድ የአደንዛኝ ፅፅ ችግሮችን በመቆጣጠር ሂደት ወስጥ መተግበርና መስራት ይጠበቅባቸዋል የምትሏቸው አካላት እነ ማን ናቸው?

ከጅምዩኒቨርሲቲ ሆስፒታል ለጉዳዩ ለተመረጡ ህላጊዎች የተዘጋጀ ቃለ-መጠይቅ

ሀ) ግላዊ መረጃዎች

ስም _____

የስራ መደብ _____

ለ) በከተማው የሚጠየቀው የአደንዛኝ ፅፅ ዐይነቶች

1. በጅምዩኒቨርሲቲ ወስጥ አብዛኛውን ጊዜ ወጣቱ የሚጠየቀው ወይም የሚያዘወትራቸው አደንዛኝ ፅፅ ምን ምን ድን ናቸው?
2. እነዚህ በከተማው የሚጠየቀው አደንዛኝ ፅፅ ምን እንዴት አወቁ? የተጠኑ ጥናቶች ካሉ

ሐ) ወጣቶችን ከአደንዛኝ ፅፅ መጠቀም ለመከላከል የተቀመጡ ደዎች/ መንገዶች

- 3) በወጣቶች ዘንድ የአደንዛኝ ፅፅ አጠቃቀም ሆስፒታሉ ምን ዓይነት እንቅስቃሴዎችን ያደርጋል?
- 4) የጅምዩኒቨርሲቲ ሆስፒታል በወጣቶች ዘንድ የአደንዛኝ ፅፅ መጠቀም የባህሪ ለወጥ እንዲመጣ ምን እያደረገ ይገኛል?
- 5) የአደንዛኝ ፅፅ አስከፊነት ለወጣቶች የግንዛቤ ማስጨበጫ ትምህርት ለመስጠት የጅምዩኒቨርሲቲ ሆስፒታል ምን ዓይነት እንቅስቃሴዎችን እያደረገ ይገኛል?
- 6) እነዚህን እንቅስቃሴዎች በምን ዓይነት መልኩ ወይም እንዴት ያከናወናቸዋል?
- 7) በወጣቶች ዘንድ የአደንዛኝ ፅፅ መጠቀምን ለመከላከል የሆስፒታሉ ኃላፊነቶች ምን ምን ድን ናቸው?
- 8) በአደንዛኝ ፅፅ መከላከል እንቅስቃሴ ሂደት ላይ የሚያጋጥሟቸው ችግሮች አሉ?
- 9) በጥያቄ ቁ.14 ላይ ለተቀመጠው ጥያቄ መልሱ አዎ ከሆነ እባክዎ ያብሯቸው?
- 10) እነዚህ ከላይ የተጠቀሱ ችግሮችን እንዴት ወይም በምን ዓይነት መልኩ ሊፈቱ ሞክሩ?

11) በወጣቶች ዘንድ የአደንዛኝ ፅፅ ችግሮችን በመቆጣጠር ሂደት ወስጥ መሳተፍና መስራት ይጠበቅባቸዋል የምትሏቸው አካላት እነ ማን ናቸው?

12) የጅም ዩኒቨርሲቲ ሆስፒታል የአደንዛኝ ፅፅ መከላከል እንቅስቃሴ ላይ ከጅም ከተማ ፖሊስ ቢሮ; ከኢትዮጵያ የምግብ የመድሃኒትና ጤና እንክብካቤ አስተዳደርና ቁጥጥር ባለስልጣንና የጅም ከተማ ወጣቶች ማዕከል ጋር ምን ዓይነት ገንኙት አለው?

መ) በወጣቶች ዘንድ የአደንዛኝ ፅፅ መከታተያ ለመቆጣጠር የተወሰዱ እርምጃዎች?

12) በወጣቶች ዘንድ የአደንዛኝ ፅፅ መከታተያ ለመቆጣጠር የጅም ዩኒቨርሲቲ ሆስፒታል ምን ዓይነት እርምጃዎችን እየወሰደ ይገኛል?

13) በወጣቶች ዘንድ የአደንዛኝ ፅፅ መከታተያ ለመቆጣጠር የጅም ዩኒቨርሲቲ ሆስፒታል ዕቅዶች አሏቸው?

14) ለጥያቄ 18 መልሱ አዎ ከሆነ እነዚህ ዕቅዶች ምን ምን ድናቸው?

15) የአደንዛኝ ፅፅ መከታተያ ቁጥጥር በምታረጉበት ሂደት ወስጥ የማይጋጥሟቸው ችግሮች ወይም እንቅፋቶች አሉ?

16) እነዚህ ችግሮች ወይም እንቅፋቶች ምን ምን ድናቸው?

17) እነዚህን ችግሮች ወይም እንቅፋቶች በምን ዓይነት መልኩ ወይም እንዴት ለመወጣት ሞከራችሁ?

18) በወጣቶች ዘንድ የአደንዛኝ ፅፅ ችግሮችን በመከላከል ሂደት ወስጥ መሳተፍና መስራት ይጠበቅባቸዋል የምትሏቸው አካላት እነ ማን ናቸው?

19) በወጣቶች ዘንድ የአደንዛኝ ፅፅ ችግሮችን በመከላከል ሂደት ወስጥ መሳተፍና መስራት ይጠበቅባቸዋል የምትሏቸው አካላት እነ ማን ናቸው?

ከጅም ከተማ ፖሊስ ቢሮ ለጉዳዩ ለተመረጡ ላላፊዎች የተዘጋጀ ቃለ-መጠይቅ

ሀ) ግላዊ መረጃዎች

ስም

የስራ መደብ _____

ለ) በከተማው የሚገኘው የአደንዛኝ ፅፅ ዓይነቶች

Running head: PREVENTION AND CONTROL OF SUBSTANCE ABUSE AMONG YOUTHS: AN EXPLORATORY STUDY IN JIMMA TOWN

1. በጅም ከተማ አብዛኛውን ጊዜ ወጣቱ የሚጠቀሙት ወይም የሚያዘውትራቸው አደንዛዥ ዕቃዎች ምን ምን ድንጋጌዎች ናቸው?
2. እነዚህ በከተማው የሚዘወተሩ አደንዛዥ ዕቃዎችን እንዴት አወቁ? የተጠኑ ጥናቶች ካሉ

ሐ) ወጣቶችን ከአደንዛዥ ዕቃ ማጠቀም ለመከላከል የተቀመጡ ደጋግ/ መንገዶች

- 3) በከተማው የአደንዛዥ ዕቃ ችግሮችን ለመከላከል የሚጠቀሙ ድርጊቶች ምን ምን ድንጋጌዎች ናቸው?
 - 4) እነዚህን እንቅስቃሴዎች በምን ዓይነት መልኩ ወይም እንዴት ያከናወናቸዋል?
 - 5) የጅም ከተማ ፖሊስ ቢሮ በወጣቶች ዘንድ ስለአደንዛዥ ዕቃ ማጠቀም የባህሪ ለውጥ እንዲመጣ ምን እያደረገ ይገኛል?
 - 6) ስለአደንዛዥ ዕቃ አስከፊነት ለወጣቶች የግንዛቤ ማስጨበጫ ትምህርት ለመስጠት የጅም ከተማ ፖሊስ ቢሮ ምን ዓይነት እንቅስቃሴዎችን ያደርጋል?
 - 7) የጅም ከተማ ፖሊስ ቢሮ የአደንዛዥ ዕቃ ችግሮችን ለመከላከል እንዴት ወይም በምን ዓይነት መልኩ ጥረት ያደርጋል?
 - 8) ወጣቶችን ከአደንዛዥ ዕቃ ማጠቀም ችግር ለመከላከል የከተማው ፖሊስ ቢሮ ሃላፊነቶች ምን ምን ድንጋጌዎች ናቸው?
 - 9) በአደንዛዥ ዕቃ መከላከል እንቅስቃሴ ሂደት ላይ የሚያጋጥሟቸው ችግሮች አሉ?
 - 10) በጥያቄ ሽላይ ለተቀመጠው ጥያቄ መልሱ አዎ ከሆነ እባክዎ ያብሯሯቸው?
 - 11) እነዚህ ከላይ የተጠቀሱ ችግሮችን እንዴት ወይም በምን ዓይነት መልኩ ሊፈቱ ሞክሩ?
 - 12) በወጣቶች ዘንድ የአደንዛዥ ዕቃ ችግሮችን በመቆጣጠር ሂደት ወስጥ መሳተፍና መሰረት ይጠበቅባቸዋል የምትሏቸው አካላት እነ ማን ናቸው?
 - 13) የጅም ከተማ ፖሊስ ቢሮ; በአደንዛዥ ዕቃ መከላከል እንቅስቃሴ ላይ ከጅም ዩኒቨርሲቲ ሆስፒታል ከኢትዮጵያ የምግብ የመድሃኒትና ጤና እንክብካቤ አስተዳደርና ቁጥጥር ባለስልጣንና የጅም ከተማ ወጣቶች ማኅከል ጋር ምን ዓይነት ገንኙት አለው?
- መ) በወጣቶች ዘንድ የአደንዛዥ ዕቃ ማጠቀም ለመቆጣጠር የተወሰዱ ደጋግ/ መንገዶች?
- 14) በወጣቶች ዘንድ የአደንዛዥ ዕቃ ማጠቀም ለመቆጣጠር የጅም ከተማ ፖሊስ ቢሮ ምን ዓይነት እርምጃዎችን እየወሰደ ይገኛል?

- 15) የአደንዛዥ ዕፅ ቸግር ለመከላከል የጅምርተማ ፖሊስ ቢሮ ህጎችና ደንቦች አሉት?
- 16) ካሉ እነዚህ ህጎችና ደንቦች ምን ምን ድናቸው?
- 17) እነዚህ ህጎችና ደንቦች በምን አይነት መልኩ ወይም እንዴት ነው ተጠናክረው ስራ ላይ እየዋሉ ያሉት?
- 18) በአለም አቀፍ፣ በሀገር አቀፍና በክልል አቀፍ ደረጃ ስለአደንዛዥ ዕፅ የሚጠቀሙ ህጎችና ደንቦች በጅምርተማ ደረጃ እንዴት ነው ስራ ላይ እየዋሉ ያሉት?
- 19) አደንዛዥ ዕፅን በተመለከተ ከኢትዮጵያ የምግብ የመድሃኒትና ጤና እንክብካቤ አስተዳደርና ቁጥጥር ባለስልጣን ጋር ምን አይነት ትስስር አላችሁ?
- 20) የአደንዛዥ ዕፅ መጠቀም ቁጥጥር በምታረጉበት ሂደት ወስጥ የሚያጋጥሟቸው ችግሮች ወይም እንቅፋቶች አሉ?
- 21) እነዚህ ችግሮች ወይም እንቅፋቶች ምን ምን ድናቸው?
- 22) እነዚህን ችግሮች ወይም እንቅፋቶች በምን ዓይነት መልኩ ወይም እንዴት ለመወጣት ሞከራችሁ?
- 23) በወጣቶች ዘንድ የአደንዛዥ ዕፅ ችግሮችን በመቆጣጠር ሂደት ወስጥ መሳተፍና መስራት ይጠበቅባቸዋል የምትሏቸው አካላት እነማን ናቸው?

ከ ኢትዮጵያ የምግብ የመድሃኒትና ጤና እንክብካቤ አስተዳደርና ቁጥጥር ባለስልጣን ለጉዳዩ ለተመረጡ ህላጎች የተዘጋጀ ቃለ-መጠይቅ

ሀ) ግላዊ መረጃዎች

ስም

የስራ መደብ _____

ለ) በከተማው የሚዘወተሩ የአደንዛዥ ዕፅ ዐይነቶች

- 1) በጅምርተማ አብዛኛውን ጊዜ ወጣቱ የሚጠቀሙት ወይም የሚያዘውትራቸው አደንዛዥ ዕፅ ምን ምን ድናቸው?
- 2) እነዚህ በከተማው የሚዘወተሩ አደንዛዥ ዕፅ ምን ምን አይነት አወቁ? የተጠኑ ጥናቶች ካሉ

ሐ) ወጣቶችን ከአደንዛዥ ዕፅ መጠቀም ለመከላከል የተቀመጡ ደጋግ/ መንገዶች

- 3) በጅምርተማ የአደንዛዥ ዕፅ ችግሮችን ለመከላከል የሚወሰዱ እንቅስቃሴዎች ምን ምን ድናቸው?
- 4) እነዚህን እንቅስቃሴዎች በምን ዓይነት መልኩ ወይም እንዴት ያከናወናቸዋል?
- 5) የጅምርተማ ፖሊስ ቢሮ በወጣቶች ዘንድ ስለአደንዛዥ ዕፅ መጠቀም የባህሪ ለወጥ እንዲመጣ ምን እያደረገ ይገኛል?
- 6) ስለአደንዛዥ ዕፅ አስከፊነት ለወጣቶች የግንዛቤ ማሳሰቢያ ጫትምህርት ለመስጠት የጅምርተማ ፖሊስ ቢሮ ምን ዓይነት እንቅስቃሴዎችን ያደርጋል?

- 7) በጅም ከተማ ወጣቶች ዘንድ የአደንዛዥ ዕፅ ማጠቀምን ለመከላከል የኢትዮጵያ የምግብ የመድሃኒትና ጤና እንክብካቤ አስተዳደርና ቁጥጥር ባለስልጣን ኃላፊዎች ምን ምን ድናቸው?
- 8) በጅም ከተማ ወጣቶች ዘንድ የአደንዛዥ ዕፅ ማጠቀምን ለመከላከል የኢትዮጵያ የምግብ የመድሃኒትና ጤና እንክብካቤ አስተዳደርና ቁጥጥር ባለስልጣንና የጅም ከተማ ወጣቶች ማዕከል በጋራ የሚደረጉባቸው እንቅስቃሴዎች ምን ምን ድናቸው?
- 9) በአደንዛዥ ዕፅ መከላከል እንቅስቃሴ ሂደት ወስጥ የሚያጋጥሟቸው ችግሮች አሉ?
- 10) በጥያቄ ቁ.9 ላይ ለተቀመጠው ጥያቄ መልሱ አዎ ከሆነ እባክዎ ያብሯቸው?
- 11) እነዚህ ከላይ የተጠቀሱ ችግሮችን እንዴት ወይም በምን ዓይነት መልኩ ሊፈቱ ሞከሩ?
- 12) የኢትዮጵያ የምግብ የመድሃኒትና ጤና እንክብካቤ አስተዳደርና ቁጥጥር ባለስልጣን በአደንዛዥ ዕፅ መከላከል እንቅስቃሴ ላይ ከጅም ከተማ ፖሊስ ቢሮ; ከጅም የኒቨርስቲ ሆስፒታልና ከጅም ከተማ ወጣቶች ማዕከል ጋር ምን አይነት ገነኘት አለው?
- 13) በወጣቶች ዘንድ የአደንዛዥ ዕፅ ችግሮችን በመቆጣጠር ሂደት ወስጥ መሳተፍና መሰራት ይጠበቅባቸዋል የምትሏቸው አካላት እነ ማን ናቸው?

ሠ. በወጣቶች ዘንድ የአደንዛዥ ዕፅ ማጠቀምን ለመቆጣጠር የተወሰዱ እርምጃዎች?

- 14) በጅም ከተማ ወጣቶች ዘንድ የአደንዛዥ ዕፅ ማጠቀምን ለመቆጣጠር የኢትዮጵያ የምግብ የመድሃኒትና ጤና እንክብካቤ አስተዳደርና ቁጥጥር ባለስልጣን ምን ዓይነት እርምጃዎችን እየወሰደ ይገኛል?
- 15) በጅም ከተማ ወጣቶች ዘንድ የአደንዛዥ ዕፅ ማጠቀምን ለመቆጣጠር የኢትዮጵያ የምግብ የመድሃኒትና ጤና እንክብካቤ አስተዳደርና ቁጥጥር ባለስልጣን ምን ዓይነት ህጎችና ዕቅዶች አሉት?
- 16) በአለም አቀፍ፣ በሀገር አቀፍና በክልል አቀፍ ደረጃ ስለ የአደንዛዥ ዕፅ የሚወጡ ህጎችና ደንቦች በጅም ከተማ ደረጃ እንዴት ነው ስራ ላይ እየዋሉ ያሉት?
- 17) በጅም ከተማ ወጣቶች ዘንድ የአደንዛዥ ዕፅ ማጠቀምን ለመቆጣጠር የኢትዮጵያ የምግብ የመድሃኒትና ጤና እንክብካቤ አስተዳደርና ቁጥጥር ባለስልጣንና የጅም ከተማ ፖሊስ መምሪያ በጋራ የሚደረጉባቸው እንቅስቃሴዎች ምን ምን ድናቸው?
- 18) በጅም ከተማ ወስጥ የአደንዛዥ ዕፅ ማጠቀምን ለማስደገብ የሚደረጉ እንቅስቃሴዎች አሉ?
- 19) ለጥያቄ ቁ.15 መልሱ አዎ ከሆነ በጅም ከተማ እንዲታገዱ የታቀዱት የዕፅ አይነቶች ምን ምን ድናቸው?
- 20) የዚህን የማገድ ስራ የኢትዮጵያ የምግብ የመድሃኒትና ጤና እንክብካቤ አስተዳደርና ቁጥጥር ባለስልጣን እንዴት ለማስፈፀም እየሰራ ይገኛል?
- 21) የአደንዛዥ ዕፅ ማጠቀም ቁጥጥር በምታደርጉበት ሂደት ወስጥ የሚያጋጥሟቸው ችግሮች ወይም እንቅፋቶች አሉ?
- 22) ካሉ እነዚህ ችግሮች ወይም እንቅፋቶች ምን ምን ድናቸው?
- 23) እነዚህን ችግሮች ወይም እንቅፋቶች በምን ዓይነት መልኩ ወይም እንዴት ለመቆጣጠር ሞከራችሁ?

24) በወጣቶች ዘንድ የአደንዛኝ ፊት ችግሮችን በመከላከልና በመቆጣጠር ሂደት ወስጥ መሳተፍና መሰራት ይጠበቅባቸዋል የምትሏቸው አካላት እነማን ናቸው?

Amharic version of the observation checklist

1. በጅም ከተማ የአደንዛኝ ፊት እንቅስቃሴ ምን ይመስላል?
2. በጅም ከተማ የአደንዛኝ ፊት የሚዘወተርባቸው ቦታዎች የት የት አካባቢ ናቸው?
3. በጅም ከተማ ሰዎች ቤተኛው ሰዐት ነዉ አደንዛኝ ፊት የሚቆሙት?
4. የጅም ከተማ ወጣቶች ስለ አደንዛኝ ፊት ለመወያየት ፈቃደኝታቸው ምን ይመስላል?
5. በጅም ከተማ የአደንዛኝ ፊት መከላከል እና መቆጣጠር እንቅስቃሴ ምን ይመስላል?