

Addis Ababa University
College of Social Sciences
School of Social Work

**Exploring Legal Drugs Harm Minimization Strategy among the Youth:
A Case Study of Selected Bureaus of Addis Ababa City Government**

By: Moges Werede

Advisor: Comdr. Demelash Kassaye(Ph.D)

May, 2016
Addis Ababa, Ethiopia

Drug Harm Minimization Strategy

**Exploring Legal Drugs Harm Minimization Strategy among the Youth:
A Case Study of Selected Bureaus of Addis Ababa City Government**

By

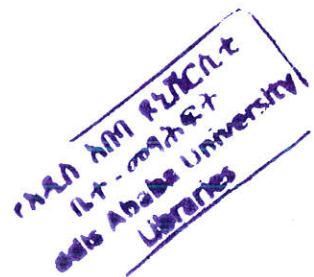
Moges Werede

**A Thesis Presented as a Partial Fulfillment for the Degree of Masters of
Social Work at Addis Ababa
University**

**Addis Ababa University
School of Graduate Studies**

May, 2016

Addis Ababa



Addis Ababa University

School of Graduate Studies

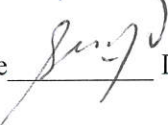
This is to certify that the thesis prepared by Moges Werede, entitled: Exploring Legal
Drugs Harm Minimization Strategy among the Youth:

A Case Study of Selected Bureaus of Addis Ababa City Government, which is submitted in
partial fulfillment of the requirements for Degree of Master of Social Work complies with the
regulations of the University and meets the accepted standards with respect to originality and
quality.

Signed by the Examining Committee:

Advisor Demelash Kassam (Dr.) Signature  Date June 30 2016

Internal Examiner Abebe Aksefu Signature  Date June 30/2016

External Examiner Habteam Mek. Signature  Date June 30/2016

DEDICATION

THIS THESIS IS DEDICATED TO IN MEMMORY OF MY FATHER ATO WEREDE
HAILU.

FATHER ! I NEVER FORGET YOUR DEVOTION FOR WHAT I AM TO BE NOW.THAT IS WHY
YOU ARE ALWAYS IN MY HEART DESPITE I MISSED YOU BADLY. BUT LOVE YOU
EVER!!!MAY THE ALMIGHTY REST YOUR SOUL IN PEACE. AMEN.

Table of Contents

Contents	Page
Acknowledgement	8
Acronyms.....	9
Abstract.....	10
CHAPTER ONE.....	11
INTRODUCTION	11
1.1. Background of the Research Topic.....	11
1.2. Research Problem.....	13
1.2.1. Statement of the problem.....	13
1.2.2. Research questions	16
1.3. Objectives of the Research.....	16
1.3.1. General Objectives	16
1.3.2. Specific Objectives	16
1.4. Significance of the Research.....	17
1.5. Delimitation/Scope of the Research.....	17
1.6. Limitation of the Research	18
1.7. Operational Definitions	18
1.8. Organization of the Research Paper.....	19
CHPATER TWO	21
RELATED LITERATURE REVIEW	21
2.1. Harm of Legal Drugs.....	21
2.2. Harm Minimization	23
2.3. Harm Minimization Strategy.....	24
2.3.1. Supply Reduction Strategy	25

Drug Harm Minimization Strategy

2.3.2. Demand Reduction Strategy	26
2.3.3. Harm Reduction Strategy	29
2.4. Harm Minimization Principles	31
2.5. Conceptual Framework of the Research	33
CHAPTER THREE	35
RESEARCH METHODS	35
3.1. Philosophical Stance	35
3.2. Research Design	35
3.3. Sampling Techniques and Sample Size	36
3.4. Study Setting	36
3.5. Sources of Data	37
3.6. Study Participants Selection Criteria	37
3.7. Data Collection Methods	38
3.7.1. Key Informant Interview	38
3.7.2. Focused Group Discussion	38
3.7.3. Archival Survey	39
3.8. Data Analysis Methods	39
3.9. Trustworthiness and Ethical Consideration	40
CHAPTER FOUR	41
FINDINGS	41
4.1. Background Information	41
4.2. Data Presentation	43
4.2.1. Agenda Setting and Sensitization on Legal Drug Harms	46
4.2.2. Harm Minimization Strategies Employed	47
4.2.2.1. Regulation and Restriction as a Strategy	48

Drug Harm Minimization Strategy

4.2.2.2. Primary and Secondary Prevention as a Strategy	56
4.2.2.3. Tertiary Prevention as a Strategy	64
4.2.3. The Resources Deployed for Implementation of such Strategies.....	69
4.2.4. The Effectiveness and Best Practice of such Strategies	74
4.2.5. Limitations, Challenges and Setbacks of the Strategy	75
CHAPTER FIVE	76
DISCUSSION.....	76
CHAPTER SIX.....	88
CONCLUSION AND IMPLICATION	88
6.1 Conclusion.....	88
6.2 Implications.....	90
References.....	95
Appendices.....	100
Appendix I: Letter of Introduction	
Appendix II: Informed Consent Form	
Appendix III: Key Informants Interview Questions	
Appendix IV: Focused Group Discussion Guide	
Appendix V: Letter of Declaration	

Acknowledgements

First I would like to thank my advisor, Dr. Commander Demlash Kassaye, for closely following up every progress and the constructive comments he provided at each stage of the thesis work. I am also indebted to Dr. Messay G/mariam(AAU) who provided me a genuine comment upon my research proposal.

My deepest gratitude also goes to my wife Teblets Petros who gives me support behind my success and on top of this my daughters Abigiya and Hellina Moges deserves to be mentioned here because they always feed me joy and love, and I would like to assure you that without your springs of love I can't live. Finally I am extremely grateful to my research participants for generously sharing their ideas on the research topic.

Thank you

Acronyms

A.A	Addis Ababa
AKT	Alcohol, Khat, Tobacco
AOD	Alcohol and Other Drugs
CDC	Center for Disease Control
DSA	Drug and Substance Abuse
ESDP	Education Sector Development Program
EDHS	Ethiopian Demographic and Health Survey
EFDR	Ethiopian Federal Democratic Republic
EFMHACA	Ethiopian Food, Medicine and Healthcare Administration and Control Authority
ERCA	Ethiopian Revenue and Customs Authority
EU	European Union
FGD	Focused Group Discussion
FMOH	Federal Ministry of Health
GTP	Growth and Transformation Plan
IDP	International Drug Policy
FMHACA	Food, Medicine, Healthcare Administration, and Controlling Authority
NDS	National Drug Strategy
PAS	Psycho-active Substance
PLWD	People Living with Drug
UNODC	United Nations Organization on Drug Control
UNAIDS	United Nations Acquired Immune Deficiency Syndrome
USAID	United States Agency for International Development
WHO	World Health Organization
WHO FCTC	World Health Organization Framework Convention on Tobacco Control

Abstract

The aim of this research was to explore legal drugs harm minimization strategy. This research tried to answer questions of; how do these bureaus recognize the potential and current harm of legal drugs and devise a strategy to address the problem? What are these strategies employed to deal with the potential and current harm of such drugs? To what extent resources are deployed for implementation? A qualitative exploratory study research design with a purposive sampling technique was used. Interview, focused group discussion, and archival records survey were the data collection tools. The finding indicated that, the city government has no balanced and integrated city level drug strategy for combating legal drug use and abuse, for promoting responsible behavior, and for minimizing legal drug harms inflicted among the potential and current drug users at a strategic level. There are some activity level interventional efforts done scantily without having strategic intention. These activity level interventions have different problems. Lack of modal coordination in process and goal among different stakes, lack of legal enforcement, lack of detail directives and specific objectives to what they could achieve and are intermittent. Resources are inadequate for implementation, and there is no evaluating systems and no independent advisory organ on such drugs. Advocacy for having national drug strategy at strategic level and providing services at activity level is advisable.

Key words: Legal Drugs, Harm, Harm Minimization, Strategy, Harm Minimization Strategy, Youth

CHAPTER ONE

Introduction

1.1. Background of the Research

Drug use and abuse is a major public health problem all over the world. Such use and abuse of drugs among the youth have become one of the most disturbing health problems in the world (UNODC, 2005, p.35). Drug use and abuse continues to have a significant toll and slate of death and physical disabilities of human persons (UN Drug Report, 2010, p.12). Currently drugs including alcohol, Khat and tobacco products are a major cause of health harms to individuals and society in the world (UK, Alcohol and Other Drugs Report, 2013, p.26).

The prevalence of the health problem of drugs in Africa is devastating, that is, the trend of drug consumption is continuing at an alarming rate particularly the youth (Kett, 2010, p.19).

Similarly in Ethiopia, research showed that, legal drugs consumption among the young population in the country is very vivid (Desalegn Birara, 2010, p.65). This is true of practicing in urban areas, among these; Addis Ababa is the place that where many young people particularly students abuse legal drugs like alcohol, khat, and tobacco.

In order to tackle this problem, many countries of the world formulate different strategies and these strategies differ from country to country. Some of these strategies prohibit and ban from using, others regulating and restricting from consumptions and some other strategies do aware and warns people of its health effect with no prohibition and even with no restriction; and other focus simply on harm reduction and others use all sort of strategies in one umbrella from prohibiting to controlling and to harm reduction (Nader, 2010).

However, in the field of drug use and abuse, it is generally accepted that no single approach such as criminalizing or decriminalizing drugs or users and abusers would solve the problem of drug use and abuse. Instead a balanced approach that uses an integrated combination of strategies is advocated (Ericson & Ottaway, 2010, p.54). Given the great diversity of circumstances, client needs, and social and personal problems that prevail in relation to widespread drug abuse, it makes sense to have a comparable diversity of interventional activities, each with its own specific methods and objectives (Newcombe, 2011, p.10). The fact that different objectives operate at different levels of a drug strategy should not be a problem, as long as the strategy as a whole is integrated and the intended outcomes of the specific activities contribute effectively to the achievement of the strategy's underlying primary goal(s).

For instance, Australia, New Zealand and Canada have National drug strategy which aims to address both the causes and the consequences of drug use in ways that maximize the positive outcomes and minimize the negative impacts of the individual, family, community and population. This strategy is implemented inclusive of all relevant sectors (public health, law enforcement, education, social welfare) and provides a balance of strategies across them all mainly focused on harm minimization as an overarching strategy (Siggins, 2012,p.39).

Recognizing the Problem of legal drug use and abuse impacts on society as a whole and is a major issue of public health concern on focus, the government of Ireland has a national drug strategy (NDS) which is aimed to regulate and reduce the supply, prevent the use and abuse, provide treatment and reintegrate into the society and reduce further harms for those who continue to use and abuse for life long (National Drugs Strategy of Ireland, 2009-2016, p.15).

South Africa has a national alcohol and other legal drugs strategy which aims to retain people from using such drugs by creating a safe environment to actual and potential users and

encourages people to live drug free so as to be healthy as a long mission of such strategy (South Africa: Alcohol and other legal drugs national strategy, 2009, pp, 10).

Drug strategy, a mechanism of dealing with such global and national problem of drugs, ranges from as to how the user and abuser minimizes her/his consumption and further how to minimize the harms inflicted to himself/herself as an individual, community and society at large.

Most studies on drug issues are related to measures of extent such as prevalence and trend, impact and implication, factors and behaviors, risks and harms. There is no as such any more studies devoted on means, methods and mechanisms and approaches to deal with such prevalence and trend, impact and implication, factors and behaviors, risks and harms. Therefore, the researcher is interested to explore specific to legal drugs harm minimization strategy among adolescents in relevantly selected bureaus of Addis Ababa city government.

1.2. Research Problem

1.2.1. Statement of the problem

A number of studies, working papers and reports by international, regional and national individuals or institutions have been conducted depending on various areas of category and dimensional points in relation with Drugs.

The researcher has categorized these studies, working papers and reports mostly in to three parts. The first one is these of studies, working papers and reports which focused on illegal(illicit) drugs and the second one is, on legal drugs and the third one is alcohol and other drugs (which could be legal or illegal).

The dimensional context and content of these studies, working papers and reports conducted by international, regional and national individuals or institutions focused on patterns and trends of drug use and abuse, the types of drugs either legal or illegal be mostly consumed

and abused, factors that influence people to use and abuse drugs, the drugs abuse behavior, the health and economic harms of drug at individual, community and society level.

These different studies, working papers and reports on drugs based on their dimensional context and content are assessed at international, African level and at Ethiopian level.

To mention at the international level, a research conducted by Prevention Research Committee for Behavioral Health (2010), focused on a prevalence, trend and impact of illegal drugs among the users and nonusers. Another research conducted by the Drug and Health Epidemiological Outcomes Workgroup (2011), focused on factors that influence people to use and abuse drugs. A research carried out by Kimberly and Rebecca (2012) of Aberdeen University focused on the harms of drugs among the users.

At Africa level, there are many papers conducted on drug and drug related issues. But these researches are also depending on issues of prevalence, trend, impact, factors, harms and risks, To mention typically Ngong(2009) of the University of Zambia conducted a research on factors of drug abuse behavior among the university students.

Once again a research was conducted by John Opondo(2010),among the residence of the Nairobi on the prevalence and risk factors of alcohol and other related drugs. Another research conducted by Idris Osansi(2011) of Nigeria focused on illicit drugs and addiction behavior; the risk and preventive factors among economically marginalized society of Lagos state.

In Ethiopian level there are some papers regarding drugs. A research conducted by Meklit Misganaw(2010),focused substance abuse treatment. Another similar research done by, Desalegn Mamo(2013),focused on the prevalence and contributing factors of social drugs utilization among university of Gondar regular undergraduate students.

Again a research by Kidan Abreha, (2012), was conducted on a title, psychoactive substance abuse and intention to stop, among students of Mekelle University. Andargachew Kassa (2014), conducted on the issue of prevalence and factors determining psychoactive substance (PAS) use among the Hawassa university students.

Another research on, the prevalence and pattern of social drug abuse, among students of Rift Valley University College was conducted by Sisay Tamru(2014). Tesfahun Aklog(2014) conducted a research on substance abuse and associated factors, among students of Debre markos polytechnic college. Ephrem Mengstu(2014), also conducted a research on determinants and associated risks of substance use, among students of University of Gondar. Ewenat Gebrehana(2014), also conducted a research on Prevalence and Predictors of Harmful Khat Use Among University Students in Ethiopia. Another research also conducted by Maregion Tilahun(2014), which focused on factors associated with alcohol use among youths in Gamo Gofa.

As we see that, the above international, regional and national researches on drug and drug related issues have tended to focus on the prevalence, trends and patterns, impacts and implications, factors and behaviors, and risks and harms. Whereas the issues of drug and drug related harms minimization strategy is not adequately assessed even not touched any more in few of these researches. Therefore, this research attempts to fill this knowledge gap by exploring legal drug harms minimization strategy among the youth in a case of selected bureaus of Addis Ababa city government.

1.2.2. Research questions

1. Do these bureaus recognize the potential and current harm of legal drugs among the youth users and nonusers?
2. Do they reflect such harm and formulate a strategy to address the problem?
3. What are the strategies employed to deal with the potential and current harm of such drugs
4. To what extent resources are deployed to deal with the potential and current harm of such drugs?
5. How is the effectiveness and what best practice of strategies already in practice
6. What are the limitations of these bureaus associated with the harms and the mechanisms of dealing with it

1.3. Objectives of the Research

1.3.1. General Objectives

The general objective of this research is to explore the legal drugs harm minimization strategy among the youth in a case of selected bureaus of Addis Ababa city government.

1.3.2. Specific Objectives

- To know the level of recognition and reconsideration of the potential and current harms of legal drugs by the city government.
- To know whether the city government express the harm of such drugs and formulate a strategy to solve such problem
- To know the strategies practicing in each respective bureaus
- To know the resources deployed to deal with the potential and current harm of such drugs
- To identify the effectiveness and best practice of strategies for recommendation

- To identify the limitations, challenges of these bureaus associated with the harms and the mechanisms of dealing with it

1.4. Significance of the Research

This is supposed to have its own importance in providing information to strategy drafters and implication to social work interventional practices at the end. Many strategy drafters and advocates lack tangible and research based evidence for their decision making upon the issue at hand. Therefore, this research is expected to come up with results as to how the city government and relevant bureaus discharge their duty in minimizing the harms of legal drugs among the youth of the city.

The researcher believes that, by implementing an appropriate strategy, we can minimize different harms of the legal drug inflicted upon the users and non-users, and by doing this, we save the life of the youth who are actually engaged or potentially to be engaged in legal drug use and abuse. So the importance of the strategy shall be making people free of risk, healthier and more productive part of the society.

It could have also a significant contribution to program designing for intervention in each bureau as appropriate.

It is also important to give further information to any drug and drug related strategy researchers mainly dealing with such given situation in order to answer with as much as possible with different intervention programs, strategies, and policies options for further alleviating such an ever increasing social evil particularly among the young population of Ethiopia in general.

1.5. Delimitation/Scope of the Research

This research is intended to explore whether there is a strategy that is in place intended to minimize harms of legal drugs in Addis Ababa city government by taking relevantly selected

bureaus of the city government. In this research the legal drugs are alcohol, khat, and tobacco (AKT). The word strategy here in this study could mean any means and mechanisms that are used, if any, by the city government in order to minimize the harms. Therefore this research touches the harm minimization strategies of supply, demand, and harm reduction approaches. The harms caused by the legal drugs are actual or potential health harms among the youth as users and non-users.

1.6. Limitation of the Research

The research has its own limitation in a way that, researching in the world of drug particularly on strategies to minimize harms of legal drugs in these selected bureaus of Addis Ababa city government is further difficult in a way that, there is shortage of recorded materials used as secondary resources in the bureaus under study.

Therefore, despite the fact that, exploring the strategy in these relevantly selected bureaus in the effort to minimize legal drug harms on the youth as users and non-users could not be an exhaustive research on it and can't be an end itself. Second, there exists resources shortage for reading such material particularly on harm minimization strategy to drugs, particularly on legal drugs.

1.7. Operational Definitions

The following are the operational definitions of terms used in this study presented in alphabetical order

Harm The potential and current health (physical, psychological, and social/bio-psycho-social) and economic harms of legal drugs on youth as an individual users and abusers. Harms could also refer to direct harm of drugs and indirect harms of drugs as a consequence of using or abusing of them.

Harm Minimization A continuous process which aims to cut-off the supply, to abstain from the demand and to lessen from suffering of such drugs through different strategic and activity level interventions.

Harm Minimization Strategy A strategy which includes demand reduction, supply reduction and harm reduction strategies of legal drugs

Harms of Legal Drugs The potential and current health and economic harms of such drugs imposed upon the user and non-user at individual, group and society level among adolescents

Legal Drugs Drugs which are not banned or prohibited by the laws of Ethiopia from total using, sometimes known by licit drugs or social drugs. And in this study particularly legal drugs means Alcohol, Khat, and Tobacco (AKT)

Strategy Any means, method, system and mechanisms that are used by the city government in order to minimize the harms.

Youth Despite the age group of youth differs from country to country; however, Ethiopia defines youth in its national youth policy as part of the larger society who are between 15-29 years old. Therefore, this study is based on such category thereof.

1.8. Organization of the Research Paper

The overall, this research is organized in two six chapters. Chapter one is the introduction part which includes the background of the research problem, statement of the research, research questions, objectives, significance and delimitation of the research. Chapter two contains related literature review in support to chapter one. The next is research methodology which is titled under chapter three which shows as to how the research designs to come up with intended objective. Next to this, chapter four deals with the findings of the research which presents the idea of the research participants. After this, chapter five is the

discussion part of the research where the data, literature review and the researcher's skill to synergize such views is reflected. And the last chapter is the conclusion and the implication of the research.

CHPATER TWO

Related Literature Review

2.1. Harm of Legal Drugs

Legal drugs inflicted harm both to the user individual and nonuser party including the family, group and the community at large. The harms to both parties could be seen as health and economic harms. The health harms of the user and non-user of legal drugs could be physical, psychological, social and economic harms.

The physical, psychological health harms of the user could be acute and chronic which could be determined by the dosage of drugs taken-up at a time and tolerance of the user. The physical harms of legal drugs to both those direct users and indirect non users could result in mortality, morbidity and damage. The mortality, morbidity and damage could be because of the drug itself that is drug specific and because of the effect of the drug that is, drug related.

The psychological harms of legal drugs to both those direct users and indirect non users could also result in drug specific impairment of mental functioning and drug related impairment of mental functioning. When we see the social aspect of harms of these drugs to both the user and nonusers, there are harms loss of relationships, crimes, family adversities etc. The other major harm is the economic harm of the user and non-user individual and this includes of loss of tangibles, environmental damages, and other economic costs (Drug harms in the UK: a multi-criteria decision analysis, 2010, p.23).

Drug Harm Minimization Strategy

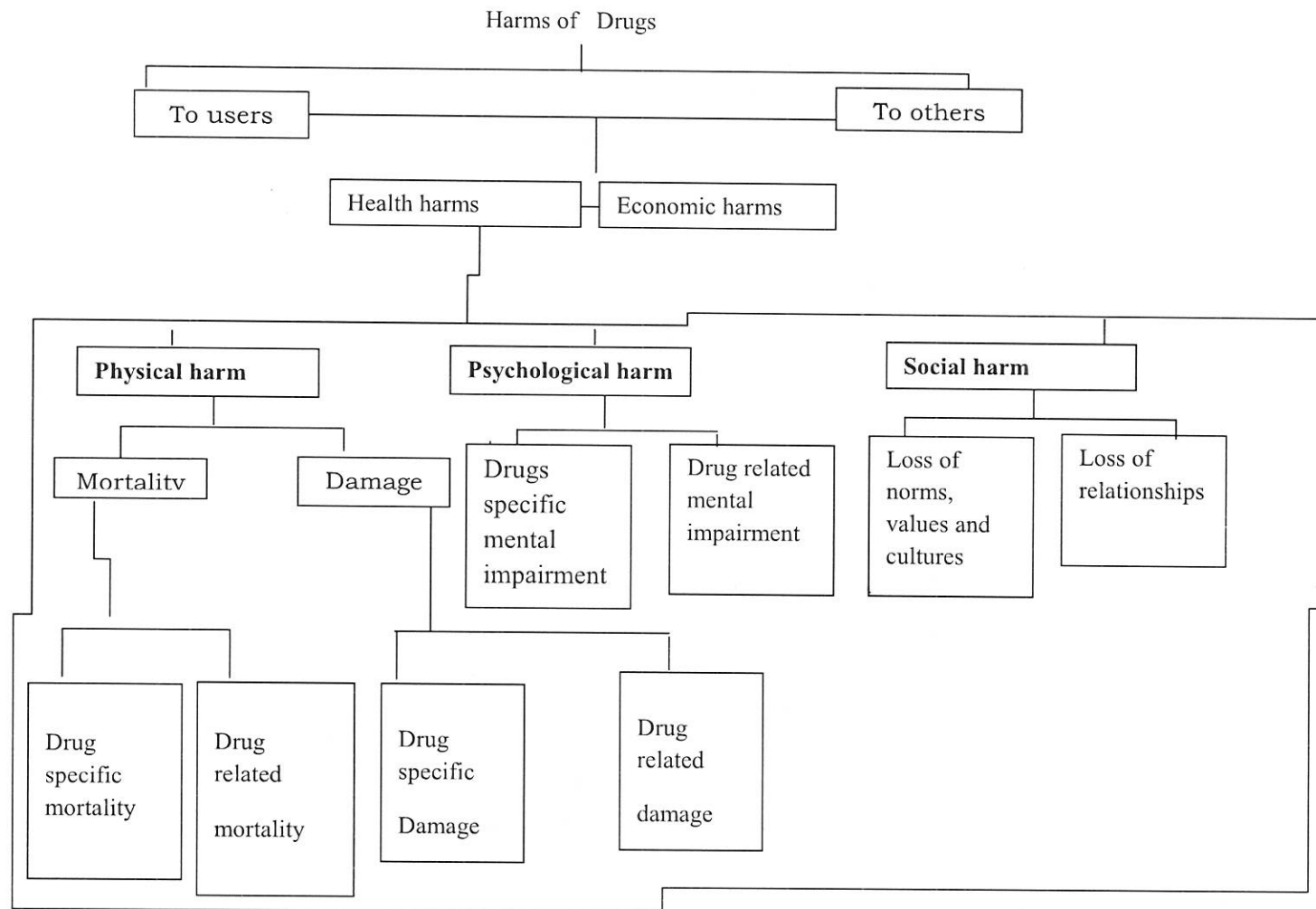


Fig.1.Harms of Drugs, Source: Drug harms in the UK: a multi-criteria decision analysis, 2010, p.23)

2.2. Harm Minimization

Harm minimization is a process of many stages which aims to ensure that an individual or a family or a society should save from use and the ultimate harm of any drugs especially from those of legal drugs like Alcohol, Khat and Tobacco. It is a continuous spectrum of harm protection as a result of these drugs (WHO Regional Office Eastern Mediterranean, 2011).

Harm minimization is the official policy concept and at the same time an intervention typology underpinning national public health strategies. Harm Minimization is consistent with a comprehensive approach to reducing drug-related harm, and involves supply reduction, demand reduction and harm reduction strategies. Therefore, harm minimization is a strategy which is based on the public health model (Lopez, 2013, p.92).

A harm minimization is both a policy and strategy and, also a specific intervention method or program which considers the health and economic, consequences of both legal and illegal drugs use and abuse on the user and nonuser and reduce this harm through supply, demand and harm reduction approaches (Galambos, 2013).

Harm minimization aims to reduce the harmful health, social and economic consequences of alcohol and other drugs on individuals and society. It is based on the Public Health model. Goals and strategies/approaches for harm minimization are wide ranging. The strategies/approach is broad enough so that the goals of controlled use, abstinence, and safer use can all be accommodated (Dorson, 2014, p.29).

Harm minimization seeks a balance between these elements, and is regarded as an evidence-based and pragmatic approach (Ritter, 2014, p.125). This approach has facilitated collaboration across health, law enforcement and education, as well as partnerships between governments and with non-government agencies and community stakeholders.

2.3. Harm Minimization Strategy

Harm minimization strategy is a holistic perspective strategy which embraces different means, methods and mechanisms of minimizing harm of drugs among users and non-users. The harm minimization strategy neither condones nor condemns drug use. It acknowledges that some people in societies will use alcohol and other drugs and therefore incorporates policies and/ strategies which aim to prevent or reduce drug related harms.

The harm minimization strategy/approach is based on the following assumptions;

- Drug use, both licit and illicit, is an inevitable part of society
- Drug use occurs across a continuum, ranging from occasional use to dependent use
- A range of harms are associated to different types and patterns of AOD use
- A range of approaches can be used to respond to these harms.

Before decades countries of the world have formulated a single approach strategy to a single primary goal on drug problems. However, today it is noticed that in the field of drug use and abuse it is generally accepted that no single approach, such as criminalizing or decriminalizing drugs or users and abusers would solve the problem. Instead a balanced approach that uses an integrated combination of strategies is advocated (Ericson & Ottaway, 2010, p.54). Given the great diversity of circumstances, client needs, and social and personal problems that prevail in relation to widespread drug abuse, it makes sense to have a comparable diversity of interventional activities, each with its own specific methods and objectives (Newcombe, 2011, p.10).

Therefore harm minimization strategies have the following three pillars with multiple interventional approaches applied in different sectors with its own specific objectives.

2.3.1. Supply Reduction Strategy

Supply reduction strategies are directed toward enforcing the prohibition of illegal drugs and regulating and enforcing access to legal drugs, including alcohol, tobacco, pharmaceuticals and other drugs (Siggins, 2012).

Supply reduction strategies for alcohol, tobacco and other legal drugs involves activities targeted towards the regulation of legitimate supply and the detection and interruption of illegal markets.

Reducing the supply of drugs requires the collaborative participation of all levels of government including law enforcement and the health sector (public and private), industry and regulatory authorities to minimize the negative social impact of such drugs.

For alcohol, tobacco, pharmaceuticals and other legal drugs, government authorities, and community and business organizations need to collaborate to regulate access to these drugs based on community expectations and standards, and the costs and benefits of their use.

2.3.1.1. Theories Related to Supply Reduction Strategies

Punishment theory

One reason for the enactment of laws, rules and regulations is to safeguard public health and the wellbeing of individuals. Failure to observe the rules may attract sanctions or punishments. There are two distinct types of punishment theory — absolute and relative — concerning the legitimacy and purpose of punishment. While the ‘absolute’ theory of punishment contends that punishment furthers no purpose and that penalties merely serve to restore justice, the so-called ‘relative’ theory of punishment is concerned with prevention (Ostendorf, 1999).

All this suggests that society can be protected from behavior that is damaging (in this case to health) through the introduction of legal measures (age restrictions for consumption and

purchase of substances, for example, or advertising bans and blood/alcohol limits for drivers) and the monitoring of their observance. The design of prevention measures would be assisted by research to indicate how laws should be formulated in order to make prevention effective.

Economic perspective

It is possible to influence the price of substances through legal measures, including increases in rates of duty. The economic perspective on substance consumption predicts future consumer behavior on the basis of pricing (Chaloupka,2002). The concept of price elasticity assumes that consumption falls when prices rise. Becker and Murphy (1988, quoted in Chaloupka,2002) extended this perspective to embrace addiction as an aspect of substance consumption. They postulate that current consumer behavior depends on previous behavior and influences future behavior. This means that a price increase will affect not only current but also future consumption, and this in turn will be reflected in greater price elasticity.

2.3.2. Demand Reduction Strategy

Demand reduction strategies aimed to prevent the uptake of drug use, delay the first use of drugs, and reduce the abuse of such drugs. Drug demand reduction strategy consists of a range of equally important and mutually reinforcing measures, including prevention (environmental, universal, selective and indicated), early detection and intervention, risk and harm treatment, rehabilitation, social reintegration and recovery(European Union drugs strategy 2012–20).

Demand reduction strategy should include as essential elements universal, selective and indicated early intervention on prevention, treatment, rehabilitation and related recovery support services, with the goal of promoting the health and social well-being of individuals, families and communities, and reducing the adverse consequences of drug abuse(Organization of American States, Hemispheric drug strategy 2011–15).

Evidence based early intervention programs like education and awareness, diversion programs, counseling, treatment, rehabilitation, relapse prevention, aftercare and social integration can help drug users reduce or cease their drug use. No one strategy on its own can prevent and reduce the demand for drugs. Rather, broad-based, multidisciplinary and flexible strategies are needed to meet the varied needs of individuals and communities.

Demand reduction requires the cooperation, collaboration and participation of a diverse range of sectors. It is important to recognize the range of sectors that can influence drug demand and to develop closer links with them (Thomas, 2003).

2.3.1.1. Theories Related to Demand Reduction Strategies

Theory of planned behavior and social-cognitive learning theory

The immediate circumstances in which substance consumption occurs are modeled by the theory of considered action or planned behavior (Ajzen, 1985) and by social-cognitive learning theory (Bandura, 1986), cited in (Christoph Kröger, 2006, p.28). According to these theories, consumption is determined by the intention to consume, which depends on a) expectations of the physical and social effects and b) their value, as well as c) subjective expectations of norms and d) personal effectiveness in relation to consumption behavior. These cognitive steps are learned through modeling (on the example of friends, family and the media) and social reinforcement and are influenced by personal experiences of consumption.

An intervention model that reflects the theory of planned behavior and social-cognitive learning theory will ensure that decisive consumption-prevention content is transferred into any measure implemented: accurate information needs to be supplied about the effects of substances; effects need to be assessed critically; distorted expectations about norms need to be corrected; and personal effectiveness in remaining a non-consumer or a responsible consumer needs to be

promoted. Through such measures, young people learn by means of models how people behave if they do not wish to consume psychoactive substances, or how they can achieve desired goals by means other than substance consumption.

The model of risk and protective factors

Risk and protective factors are factors that influence substance consumption/use. Risk factors are associated with an increased likelihood of consumption/use. Where risk factors are present, the simultaneous presence of protective factors reduces that likelihood. For example, the impact of parental separation as a risk factor for subsequent substance consumption could be mitigated by the protective factor of inter-sibling bonding (The Australian government, Department of Health, 2004).

An intervention strategy built on the risk-and-protective-factors model assumes that the consumption prevention measure in question will weaken risk factors and promote protective factors, with the ultimate aim of preventing drug use (Anneke, 2014).

The life-skills model and the theory of problem behavior

The life-skills approach (Botvin, 1996) is heavily influenced by the risk-and-protection-factors model and the theory of problem behavior (Jessor & Jessor, 1983,p.148). It is a tenet of the latter that there is a connection between different types of problem behavior and that certain risk-imbued behavior patterns are caused by identical factors. That being so, prevention measures under the heading of 'life skills' should also be directed at these general social and psychological factors. According to WHO (1994), definition, people may be said to have life skills if they know and like themselves, think critically and creatively, are capable of communicating and of forming and sustaining relationships, take considered decisions, solve problems successfully and are able to cope with emotions and stress.

This has significant implications for intervention aimed at preventing using drugs, which, rather than concentrating on health-related messages, should take account of the factors influencing problem behavior among young people (Jorgen, 2000).

2.3.3. Harm Reduction Strategy

Harm reduction strategies work to reduce the adverse health, social and economic impacts of drug use on communities, families and individuals. These consequences extend to family, the workplace, neighborhoods, and the community beyond the individual. For instance in relation to alcohol, efforts to prevent drink driving and reduce the incidence of alcohol-related road accidents have been a key harm-reduction strategy over a long period (Harm reduction international, 2009).

In relation to tobacco, harm-reduction efforts have included minimizing exposure to secondhand smoke through bans on smoking in workplaces and enclosed public spaces and, in some jurisdictions, bans on smoking in cars where children are present (Sanders, 2010).

Harm reduction strategies do not necessarily aim to stop drug use, however, try to reduce the further harm of such drugs and their related effects. Because of this, these strategies are known by tertiary prevention strategies (Harm reduction strategy, 2014).

2.3.3.1. Theories Related to Harm Reduction Strategy

Zinberg's interaction model /the public health model

The Public Health model can be used to understand drug-related harm. According to this model three areas determine the drug experience, that is, the drug, the individual and the environment. Harm from drug use can fall into each of these three areas. This can be a helpful way of identifying the range of harms that young people can experience due to their drug use. Similarly each of these areas can be the focus of strategies to reduce harm related to drug use.

therefore, be understood as a personality trait but rather as a number of processes that can be conclusive when the system in question holds together effectively despite severe difficulty or sustained risk. Luthar (2000) has suggested that the positive converse of a risk factor should be termed a 'compensation factor' inasmuch as it reduces probability irrespective of the presence of risk factors. Protective factors, by contrast, mitigate risk factors.

2.4. Harm Minimization Principles

The concept harm minimization has its own guiding principles and works based on the following assumptions (occasional paper one, parliament of Victoria, 2011).

- Pragmatism

Harm minimization recognizes that there will always be a percentage of the population who will engage in higher risk behavior, for a range of social, economic, mental health and personal reasons. Harm minimization recognizes that drug use is a complex and multifaceted phenomenon that encompasses a continuum of behavior from abstinence to chronic dependence, and produces varying degrees of personal and social harm.

- Focus on harm

The priority for harm reduction is to decrease the negative consequences of drug use to the user and others, rather than to decrease or eliminate drug use itself. While harm reduction emphasizes a change to safer practices and patterns of drug use, it does not rule out the longer-term goal of abstinence. In this way, harm reduction is complementary to the abstinence model of addiction treatment.

- Human rights

Harm reduction respects the basic human dignity and rights of people who use drugs. It accepts one's decision to use drugs as fact; no judgment is made either to condemn or support the use of

drugs. Harm reduction acknowledges the individual's right to self-determination and supports informed decision-making in the context of active drug use. Emphasis is placed on personal choice, responsibility and self-management.

- Maximizing intervention options

Harm reduction recognizes that people with drug use problems benefit from a variety of approaches. There is no one prevention or treatment approach that works reliably for everyone. It is choice and prompt access to a broad range of interventions that help to keep people alive and safe, and promote health.

- Priority of immediate goals

Harm reduction recognizes readiness to change as key to the process of individuals leading healthier lives. People may be anywhere along a continuum – from not thinking about change, to contemplating it, to taking action, to maintaining change – moving forward and back.

Harm reduction starts with “where the person is” with their drug use, with the immediate focus on the most pressing needs. Harm reduction is based on the importance of incremental gains that can be achieved over time.

- Involvement of people who use drugs

The active participation of people who use drugs is at the heart of harm reduction. People who use drugs are seen as the best source of information about their own drug use, and are empowered to join with service providers to determine the best interventions to reduce harm from drug use. Harm reduction recognizes the competency of people who use drugs to make choices and change their lives.

2.5. Conceptual Framework of the Research

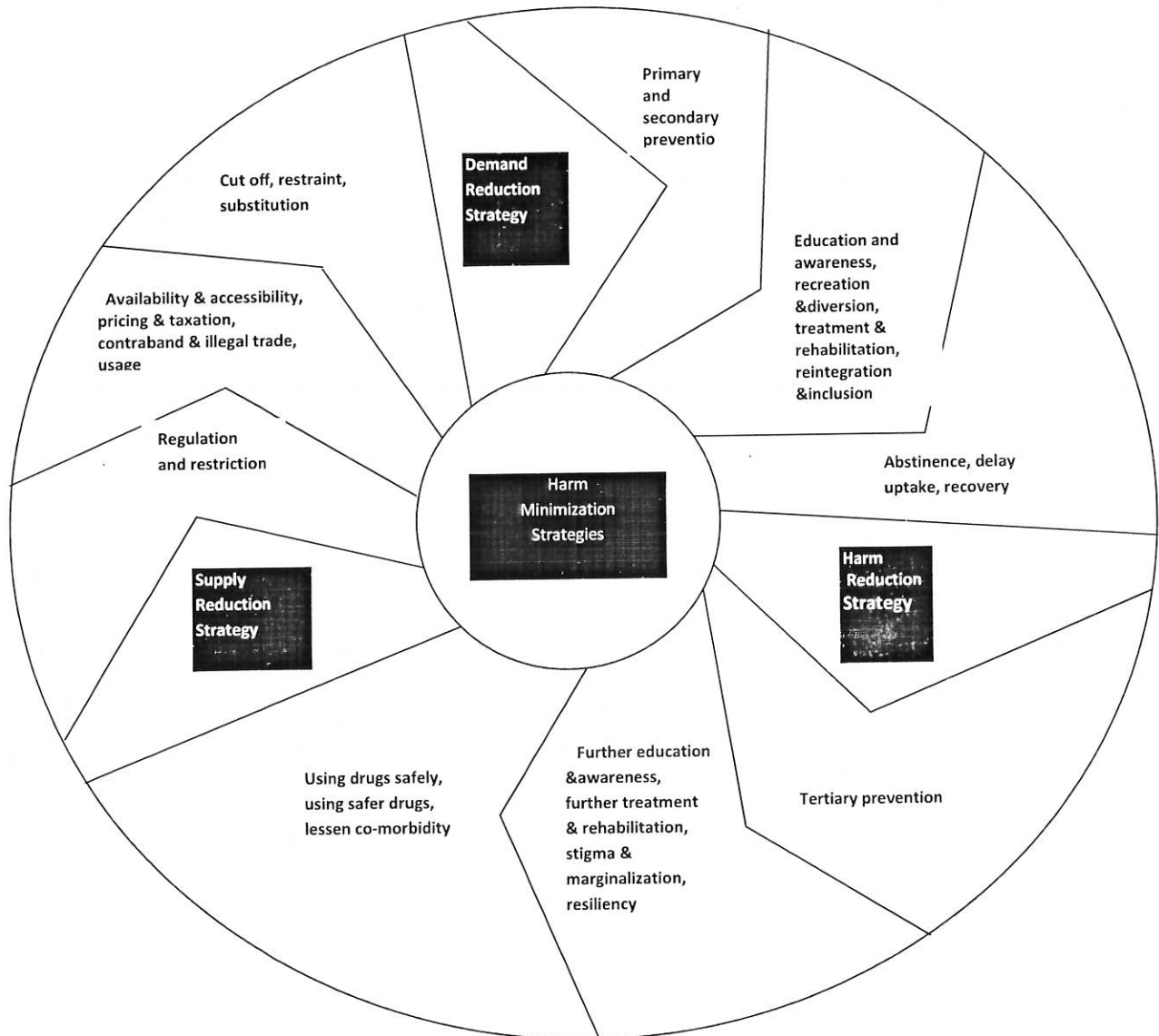


Fig.2 Conceptual framework, Source: Developed by the researcher (2016)

As shown on the above figure, harm minimization strategy as a combating of legal drug use and abuse is a continuum approach. This is because one philosophy of harm minimization is that, since drug is ever, then harm of drug is also ever as a result of drug use and abuse.

Therefore, the only option that we have is not to eradicate the drug but also to abstain people

from using, to treat people from use disorder, to reduce the suffering and complications from use and abuse.

To do this, there needs to have an integrated and holistic approach which includes the supply, demand, and harm reduction strategies.

The supply reduction strategy as one strategic pillar of legal drug harm minimization targets to regulation and restriction through legal means. These legal means explored in the study under the thematic issue of regulation and restriction is availability & accessibility, pricing & taxation, contraband & illegal trade, usage. These are activity level interventional options with the objective to cut off, restraint, and substitute the supply of such drugs in the long-run.

The other pillar of harm minimization strategy is the demand reduction strategy, targets to primary and secondary prevention through activity level interventional options such as education and awareness, recreation & diversion, treatment & rehabilitation, reintegration & inclusion in the selected bureaus of the city government among adolescents with objective of abstinence, delay uptake/onset, and/or recovery from legal drug use and abuse disorder.

The third pillar is the harm reduction which is solely devoted to tertiary prevention of legal drug use and abuse through further education & awareness, further treatment and rehabilitation, stigma & marginalization avoidance, and building resiliency in order to ameliorate the sufferings and further health complications among the user and non-user adolescents with specific objectives of using drugs safely, using safer drugs, lessening co-morbid cases.

Based on the above depicted conceptual flow, the researcher has conducted the study and presented his findings and discussions in chapter 4 and 5 respectively.

CHAPTER THREE

Research Methodology

3.1. Philosophical Stance

This research is dependent on the stance that the reality of the world we live in is subjective and contextual and therefore, the research method that the researcher uses to examine the research questions following the objectives is basically qualitative in type. By point of view of and the understanding of the world is socially constructed.

As Creswell (2009) noted the goal of a research written under constructivist world view is to rely as much as possible on the participants' views of the situation being studied. And there is no particular sense in limiting the facilities of the mind in any inquiry. Despite a subjective reality and the need to see life as they live it, there is always a room for a reasonable judgment by the researcher particularly in the course of analysis whilst developing this study.

3.2. Research Design

A qualitative research design is selected to guide this enquiry. The core reason which leads to the selection of this particular design is the need to perform an exploratory enquiry of legal drugs harm minimization strategy in selected bureaus of Addis Ababa city government.

Creswell (2009) confirms that selection of a particular research design is based on three important elements. These include philosophical assumption of the researcher, strategies of enquiry; and specific research methods. Therefore, the decision to follow a qualitative research design is the sum of the aforementioned elements. Accordingly, this research is based on a constructivist worldview which makes a case study as a core research design or approach.

Being an exploratory enquiry, this research has tried to uncover the unique experiences of strategies of these governmental bureaus in the effort to discharge their responsibilities on minimizing the harms of legal drugs as well as the key features and challenges and practices to curb such harms. In reference to time, this research is a cross-sectional study type.

3.3. Sampling Techniques and Sample Size

This research has used a purposive sampling technique. A purposive sampling occurs when items for the sample are selected deliberately by the researcher (Patton, 2002, p.374). The criterion used to select such technique is that, because of the research topic, philosophical stance, and research design that lead to assess a specific unit of analysis to a specific issue by selecting intentionally.

Concerning the sample size of the research, Creswell (2009) suggests that commonly five to six samples are identified during a case study approach, provided the samples are homogeneous, and wants to increase the number of participants. Therefore, from the four bureaus 8 people were taken for key informant interview, that is 2 for each and 12 people were taken for group discussion that is 3 for each.

3.4. Study Setting

The research is conducted in Addis Ababa city government in four selected bureaus. These bureaus are education, health, youth and sport, and justice. The city government has 14 bureaus, 14 agencies, 9 authorities, 2 commissions, 12 offices, 4 centers, and 6 institutions.

This city is naturally a melting point city where all nationals of the country with diverse socio cultures and languages live in. On top of this, we all know that Addis Ababa is also the seat of international diplomatic missions and embassies, and multi-national companies. Today, it is at

a turning point of trajectory development in all aspects; however, there is evidence that social evils are increasing such as drug use and abuse particularly among the youth of the city.

As result of using and abusing of drugs especially legal drugs like alcohol, khat, and tobacco is increasing from day to day, their health harms also increasing among the youth in Addis Ababa. Therefore, the researcher is interested to explore the harm minimization strategy used by the city government in order to address such problem.

3.5. Sources of Data

The sources of data are dependent upon primary data sources which were obtained directly from the key informants and focused group discussants. In addition to this, the researcher has used relevant documents and records, as secondary sources of data in order to verify the data obtained from the primary resources, that is, virtually anything that supports the questions asked, in the research questions for rectifying the objective that helped assure my research. The secondary sources of data could be strategic plans, performance reports, best practices, and other researches and statistical bulletins.

3.6. Study Participants Selection Criteria

The research topic is focusing on exploring the legal drugs harm minimization strategy in a selected bureau of Addis Ababa city government. Therefore, although, harms of legal drugs are a cross-cutting issue of many governmental and non-governmental agencies, there are organs that are mainly vested with this power. These government organs are justice, education, health, sport and youth bureaus of the city. Therefore, the participants of this research remained and depend on these four bureaus. The main selection criteria for these bureaus are, they are close responsible and bestowed with power on the issue and the other criteria are that they are supposed to have more data sources to the research topic.

3.7. Data Collection Methods

Among the data collection procedures, discussion about the participants and the site is the most important (Creswell, 2009). According to him, this discussion may include four aspects: the setting (the site where the research takes place), the actors (those who interviewed), the event (what the actors will be interviewed about), and the process (the evolving nature of the events undertaken by the actors within the setting). After identifying these and due to these cause the following instrument were be employed for the data gathering of the research in order to rectify the research topic.

3.7.1. Key Informant Interview

An interview is conducted for the key informants with open ended and probing questions in reference to the research objectives. The key informants are experts and senior officers of the bureaus. This tool was helpful to tap and get the most important information from such people who have special knowledge in the issue at hand.

3.7.2. Focused Group Discussion

A group discussion session was held with the people who are working in these bureaus who are assumed in senior position also who are well versed with the issue at hand. The participants of this discussion were heads, process owners, team leaders, and special advisors. During this session the researcher started with the starting questions. Based on the responses several issues were probed further.

The Focused group discussion was used to this research as a process and result quality control because participants tend to provide checks and balances on one another that can serve to alleviate distorted or extreme views.

3.7.3. Records and Archival Survey

Government and non-government documents and records which were printed and non-printed, official and non-official written materials of the bureaus produced in the area of the research topic were reviewed, analyzed and compiled. Such documents were policy and strategies, directives and operational manuals, evaluation reports, notes and minutes.

3.8. Data Analysis Methods

The research questions, derived from the research objectives, under investigation should shape the selection of an analytic approach, but the researcher's preferences and experiences also inevitably have an important influence on the method chosen (Patton, 2002, p.279).

Like many qualitative approaches, a case-oriented understanding attempts to understand a case under study from the standpoint of the participants using an inductive process during the analysis procedure

After the activities of data collection was over; the researcher has transcribed ,coded and kept the data that are obtained from the interviews of key informants, and focus groups into verbatim and sentences. After this, the researcher has organized the data into easily retrievable sections identified by context who said what during the discussion.

The notes and transcription of the interviews and discussions were classified into thematic categories as per the concept naturally emerges and evolves. Finally the findings of the research were presented under each category .While the findings of the interview and group discussion were presented data obtained from record reviews and supportive documents found in the bureaus were incorporated. Finally the researcher wrote-up and built in a systematic, coherent and consistent flow of issues that gave-birth to a meaningful report.

3.9. Trustworthiness, and Ethical Consideration

In order to keep the trustworthiness of the data or to ensure the vigorousness of the data (that is to keep its reliability and validity), the researcher used more participants as sated at the sampling technique section and this helped to triangulate the data obtained from each participants for better understanding on the situation. For this, the researcher has used different data collection tools such as key informants interview, focused group discussion, and archival surveys as much as possible.

In a social work research, ethical sensitivity to and concern for is necessary (Rebecca, 2009, p.487). Therefore, the researcher has tried to establish confidentiality by keeping the names of participants of the research from being disclosed and they have been informed the purpose of the interview through informed consent as well as the researcher has agreed with the bureaus that the secondary data that he used are fully for the purpose of academic not on the other way.

CHAPTER FOUR

Findings

4.1. Background Information

The following table is the supervisory organs and their subsidiary operational entities of the city government selected for the research intended to provide information to the reader of this thesis.

S/n	Name of Supervisory Organs	Establishment proclamation	Vested duty and responsibility(Among other things)	Name of Operational Organs directly responsible to the supervisory organ
1	Justice Bureau	Established in 1995 E.C . pursuant to the proclamation no. 15/2001	This bureau is authorized to assure the rule of law in the city by enacting laws which help good governance and creating law of awareness; providing fast and reachable justice to the society and ensuring peace and security through preventing crims. ---Keeping justice of the city government which ranges from law enforcement to investigation and prosecution to law drafting for responsible behavior of citizens---	-Code Enforcement Service Agency -A.A Police commission(by defacto)
	Health Bureau	Established in 1985 E.C. pursuant to the proclamation number 311/95	The bureau is authorized to organize, co-ordinate and regulate public health activities in the city. ---Administering the primary, secondary and tertiary health care system of the city in order to keep the health and wellbeing of the society---	-6 hospitals, -Yekatit 12 Hospital Medical college Addis Ababa Health science college -Public pharmacy(Kenema) -FMHACA
3	Youth and sport Bureau	Established in 2007 E.C. pursuant to the proclamation number 519/2015	---Vested to spearhead the youth affairs on one hand and sport and sport expansion among the youth on the other hand in order to keep the health of the youth---	-A.A Youth sport academy -Janmeda sport center -Abebe Bekila stadium -Ras Hailu multipurpose youth center
4	Education Bureau	Established in 1986 E.C. pursuant to the proclamation number 111/86	---Working on the accessibility, quality and infrastructure of education from kindergarten to grade 8.This organ has also given power to supervise the health and behavior of students---	-Kotebe University college -Office of Education on Radio -Braille Library

Table 1. Profile of Supervisory and Operational Organs of the City government Selected for the

Study, Source: By the researcher (2016)

Profile of Research Participants'

It is remembered that in chapter 3, the researcher has mentioned that Key informant interview and Focused group discussion are used as data collection methods. And according to the sampling techniques and sample size aforementioned at chapter 3, from the four bureaux 8 people will be taken for key informant interview, that is 2 for each, and 12 people will be taken for group discussion that is 3 for each representing their bureaux.

When we look at the positions of the key informants, they are all experts, officers and senior officers. Three of them have master's degree and the rest are first degree holders. Their educational qualification ranges from law to education and from sociology to biology. And their work experience ranges from 5-20 years in different positions but similar occupation who also have a deep knowledge on the subject-matter. In terms of sex category except two of these the rest are males.

When we see the second category participants, they are divided into two sub-categories. These are the leaders, special advisors, deputy head and delegated once to their respective bureau. Except four of them the rest have master's degree and their educational qualification is diverse as the key informants from Public administration to educational leadership from this to economics and so forth. And the work experience range goes from 6 to 12 years. Here in this category there is only female participant among the rest 11 individuals.

Drug Harm Minimization Strategy

S/n	Code	Position	Educational level	Professional qualification	Work experience	Sex
Key informants						
1	H	Expert	LLM	Law	6	M
2	G	Coordinator	LLB	Law	5	M
3	F	Officer	BA	Applied sociology	20	M
4	E	Expert	BA	Psychology	4	F
5	D	Senior officer	MPH	Public health	7	M
6	C	Officer	BSc	Nursing	9	F
7	B	Coordinator	BSc	Biology	7	M
8	A	Expert	MA	Educational Curriculum	8	M
Focused group discussants						
1	H	Process owner	MA	Public admin.	9	M
2	G	Delegated process owner	LLM	Law	12	M
3	F	Case Team leader	BA	Management	8	M
4	E	Process owner	MA	Special education	7	M
5	D	Case Team leader	MSc	Education	6	M
6	C	Process owner	MPA	Public Admin.	11	M
7	B	Case Team leader	BSc	Health education	8	F
8	A	Case Team leader	BA	Economics	7	M
9	EX1	Special advisor	MBA	Management	8	M
10	EX2	Special advisor	MSc	Health science	7	M
11	EX3	Deputy head	BA,LLB	Accounting ,law	11	M
12	EX4	Delegated as a head	MA	Educational leadership	9	M

Table 2. Profile of Research Participants, Source: By the researcher (2016)

4.2. Data presentation

According to the data analysis methods presented in the research methodology in chapter 3, the researcher has tried to organize the data gained from key informants, group discussants and review of records, and then familiarize them, and finally tried to put them into themes in order to have a developed and well defined categories.

Accordingly the researcher has developed 5 themes as per the data naturally evolved and emerged from. These are agenda setting and sensitization of legal drug harms, the harm

minimization strategies employed, the resources deployed for implementation of such strategies, best practices and effectiveness of the strategies, limitations, challenges and setbacks of the strategies. Some of these themes have sub themes under them.

The following table shows summarized information as a rehearse to the reader about the research process tracing back to the research objectives, questions, to data collection methods in order to give a highlight to the reader as to how the research flows from the initial point to the themes produced as a result of the immediate questions and responses of the participants.

Drug Harm Minimization Strategy

Information for Rehearsing

Data collection methods	Research Objectives	Research questions	Probing questions(highlighted)	Produced theme
Key informant interview	To know the level of recognition and reconsideration of the potential and current harms of legal drugs by the city government.	Do these bureaus recognize and reconsider the potential and current harm of legal drugs among adolescent users and nonusers?	Do you think there is a problem-- - How do you see the problem-- what seems like the situation of such problems in terms harms inflicted among the youth in the city---	Agenda Setting and Sensitization
Focused group discussion	To know whether the city government express the harm of such drugs and formulate a strategy to solve such problem	Do they reflect such harm and formulate a strategy to address the problem?	What are the strategies in your bureau--- Can you briefly describe it--- To whom this strategy mainly serves for Who are vulnerable most---	Harm Minimization Strategies Employed
	To know the strategies practicing in each respective bureaus	What are the strategies employed to deal with the potential and current harm of such drugs	Mechanisms for dealing---in respective your bureaus and given power to do so---in terms of supply reduction (availability and accessibility, pricing and taxation, contraband and illegal trading, usage), demand reduction (education and awareness, recreation and diversion, treatment and rehabilitation, reintegration and inclusion), harm reduction (further education and awareness, further treatment and rehabilitation, stigma and marginalization, resiliency)?	
Archival survey	To know the resources deployed to deal with the potential and current harm of such drugs?	To what extent resources are deployed to deal with the potential and current harm of such drugs?	Resources deployed in terms of system, physical, human, financial and informational resources---	The Resources Deployed for Implementation of such Strategy
	To identify the effectiveness and best practice of strategies for recommendation	what are the effectiveness and best practice of strategies already in practice	Expected out come--- The impact --- Things that we will do from this experience-----	Effectiveness and Best practices of the strategy
	To identify the limitations, challenges of these bureaus associated with the harms and the mechanisms of dealing with it	What are the limitations, challenges and setbacks of these bureaus associated with the harms and the mechanisms of dealing with it	Most facing difficult issue---- -constraint issues	Limitations, challenges and setbacks of the strategy

Table 3. Information for Rehearsing. Source: by the researcher (2016)

4.2.1. Agenda Setting and Sensitization on Legal Drug Harms

The researcher forewords questions to both key informants as an individual and discussants as a focused group, whether their bureaus representing each, recognize and reconsider the current and potential harms of such legal drugs to the user and non-user youth population. And subsequently asked them what seems like the situation of such harms in the city. Accordingly both the informants and discussants unanimously expressed that,

“The prevalence and trend of drug consumption and its subsequent harms as a result of such use in Addis Ababa is more than any time increasing at an increasing rate. Further explained that, even though the harm of these drugs do not specify age, gender and status like the nature of HIV/AIDS, however, it is evidenced that, most victims of such harms are the young generation who is expecting the tomorrow nation builder.”

According to a key informant in the bureau of health bitterly told that;

“---the harms that come as a result of regular and excessive use of such drugs don't last only on the user but also extends to the non-users too. For instance, when we consider a case of smoking cigarettes, the effect goes to the non-user and it is the most dangerous, as being a passive smoker.”

When probed an additional question to explain as much as he knows about harms of such drugs, he explained that;

“There are direct and indirect harms inflicted upon a person because of either of the use of such drugs. The direct harm is a drug specific harm inflicted upon the user and the indirect harm is drug related harm due to the non-user. For instance, a driver who is addicted of Khat or drunk of alcohol or both may cause

a car accident and harms innocent individuals including himself and damages property valued in millions.”

Both the key informants and focused group discussants from all inter-bureaus, attested that;

“The city including the federal government, recognizes and senses the harm of these drugs, however, as it is a cross-cutting issue, it is not yet consider and given as a prior agenda as the degree of severity such drugs have.”

One among the group discussant from the bureau of youth and sport boldly pointed out that;

“Alcohol, Khat, and Tobacco(AKT) have similar nature in a sense that, they are not prohibited drugs, again most of the time; they are used simultaneously, as the user tries to get more euphoric from such drugs and because of this, the direct and indirect harm is increasing by far parallel to HIV/AIDS. But the government is not yet explicitly set into an agenda and mainstreamed into different stakes as HIV/AIDS did, even though there are some starting efforts.”

Adding to this,

“Drug use and abuse is a common habitual practice of the youth today and it is an established fact that the health and economic harm of these drugs particularly because of the use of the so called legal drugs on users and non-users in Addis Ababa is immense but the government is reluctant to take active and tough measures against such issue.”

4.2.2. Harm Minimization Strategies Employed

The researcher has tried to dig out using explorative questions whether these governmental bureaus have any strategies employed as a means and mechanisms to tackle and

minimize the current and potential harms of legal drugs to the youth in their respective bureaus. The same question is forwarded to all bureaus; however, they did come with different answers what they consider strategies for them as these bureaus are bestowed with power differently for handling these drugs. For this reason, the researcher has developed them into sub themes in the way the participants have given an attention in relation to their duty.

4.2.2.1. Regulation and Restriction as a Strategy

We know that laws, regulations and directives have passed by the relevant organs for two purposes, these could be either to prohibit and control or to regulate and restrict a certain behavior. Therefore, under this research topic, the researcher considered only to these laws, regulations and directives passed to regulate and restrict the use of legal drugs which are not under control and prohibition in the country or in the city in particular. Regulation and restriction as a strategy has sub-strategies included under it, these are, availability & accessibility, pricing & taxation, contraband and illegal trade, and usage.

1. Availability and Accessibility

One part of regulating or restricting the drug is determining the availability and accessibility of a drug to the user and abuser population. Therefore, concerning the availability and accessibility of such drugs, the informants and discussants attested that,

“The city government has given power to MHACA to regulate the availability and accessibility of such drugs, and to the city government code enforcement service agency(in a very limited way, however both these government agencies put little effort in regulating the availability and accessibility of these drugs.”

The group discussants also added to this point that;

“In the city the means used to regulate and restrict the availability and accessibility of drugs is very loose and that is why it is common to see many tobacco smoking, khat chewing and alcohol drinking places around every part of the city including near lower and higher educational institutions where vulnerable groups are gathered around.”

They further added;

“One reason for the enactment of laws, rules and regulations is to safeguard public health and the wellbeing of individuals by minimizing the health and economic harms of such drugs. But the government is reluctant in enacting tough laws on this issue and incompetent to enforce such related and scattered laws.”

2. Pricing and Taxation

One factor that is expected to determine the supply of drugs on the market is the regulation and restriction of pricing and taxation of a certain product, in this case, the drug. Many countries have achieved substantial reductions in using rates through tax increases, this is because, the higher the price through taxation, the lower the user, and the lower the user, the lower the supply to the market.

According to the informants and discussants;

“There are different tax systems in the country and such tax systems are imposed according to their utility provided to the general population. That is the fancy and luxurious product it is, there exists the higher tax imposition on it. And on the reverse the basic and necessary product to majority it is, the less tax imposition it is.”

Therefore, both the key informants and the group discussants underscored that;

“---to such drugs imported from or produced here in, levied very limited tax compared to other African countries and for this reason they are affordable and everybody particularly the youth can use and abuse such drugs.”

The focus group discussants also added that,

“The government has to increase the tax on non-basic products like tobacco, alcohol, and khat so that the user as an individual and non-user as other individual or society can be protected from behavior that is damaging (in this case to health and economic harms) by diverting the interest to use through taxation and price hiking.”

3. Contraband and Illegal trade

Illegal product entry route to the country and illegal trade within the country is the most devastating issue that questions the security of the nation. And if this is the issue of drugs, it is much worse than anything else. Contraband and illegal trade in a certain time and place determines the supply of drugs and by the same token its demand correlates positively.

Concerning this issue a key informant from the justice bureau reflected that,

“---today contraband and illegal trade is expanding in the country and in the city in particular. Many products including drugs enter every day without legal requirement via borders and many illegal trading is practicing in the city and these things increase the supply of the product, in this case the drugs.”

An informant from the youth and sport bureau annoyingly told on a specific issue of tobacco, is that,

“The issue of illicit trade and brand trade in tobacco is some of the issues that the Ethiopian policy makers are shying away from. Both have been adopted by many countries in the world as the most effective way of reducing smoking prevalence, especially in children and youth. The WHO has produced a new treaty, the WHO Protocol to Eliminate Illicit Trade in Tobacco Products, which helps countries, tackle specifically the extensive problem of illegal tobacco practices. However Ethiopia doesn't ratify this protocol.”

4. Usage

Regulation and restriction as to where, how, and who to possess, and/or use these drugs for the safety of the user and non-users has, among other things, an impact on harm minimization effort.

In this regard the informants and discussants told that,

“---there are no time and place restrictions on sales, no age limits ,no media restrictions especially on alcohol producers and their advertisement or sponsorship practices. Breweries sponsor a lot of sports and youth events, promotional events, and advertise on billboards and mass media which indiscriminately reach many youth including minors and children.”

Adding to this, an informant from the health bureau raised one typical incident on alcohol and tobacco said like this,

“In our country the legal age limit for purchasing alcohol is 18, yet this law is rarely enforced and although there is an advertising proclamation of tobacco, however to the contrary, sturdy plastic posters have littered many parts

of the capital in public and resident areas, promoting the British American Tobacco's Rothman cigarettes. Their slogans read: DISCOVER OUR LEGACY: TRUE TOBACCO TASTE."

A participant among the discussants told that,

"Ethiopia has ratified the World Health Organization Framework Convention on Tobacco Control (WHO FCTC) treaty, which provides guidelines to regulate such issues as tobacco advertising, promotion and sponsorship, sales of single cigarettes, sales to minors, protecting people from passive smoking, tobacco prices and taxes, health warnings on tobacco packs, reporting of tobacco constituents such as additives and nicotine levels, illicit trade of tobacco products and economically viable alternatives to tobacco, however, despite efforts not yet enforced in the city."

Concerning khat, a key informant from the youth and sport bureau explained that,

"---today it is common to observe the youth chewing khat on the streets of the city in a blatant open public places without limitations and it is sorrowful that, this practice is becoming normal way of life of the society."

According to the key informants of the justice bureau,

"There is no law or any directive on how to use khat, shisha and other related drugs but still they are continuously confronting with the users of khat not to chew in a group even in private houses and traders of shisha not to sell shisha to users on the other side the users complain that they do have the right to do so and acting this way without law is a violation of human rights."

The researcher has further reviewed different but related archival documents.

These documents were laws, regulations and directives which are supposed to regulate and restrict the use of such drugs and accordingly presented as follows;

The Federal Criminal Code of Ethiopia (2004), under Article 531, entitled Endangering the Health of Another by Alcoholic Beverages or Spirituous Liquors, stipulated that;

(1) Whoever endangers the health of another, intentionally and unscrupulously, by administering or serving, or by causing or permitting to be administered or served, to minors or to persons already manifestly suffering from excessive consumption thereof, alcoholic beverages or spirituous liquors of such kind or in such quantity as to make their injurious effect certain or probable, is punishable with simple imprisonment not exceeding one year, and fine. Article 818.Measures against Alcoholism,

Whoever, apart from the cases punishable under the Criminal Code:(c) Sells, offers, serves or allows to be served in a public place alcohol in substantial quantities to infants or young persons, persons who are irresponsible, or are manifestly drunk or dangerous; or is punishable with fine or arrest not exceeding one month[Note that: A young person in the criminal code Article 53,Means a person between the ages of nine and fifteen years and according to The Revised Family Code, 2002 Article 215,A minor is a person of either sex who has not attained the full age of eighteen years].

The Federal Advertising Proclamation (Proc.No. 759/2012), part six, section 25, item 1 (i), stated that: “advertisement of cigarette or other tobacco products.....through the use of any means of dissemination shall be prohibited”. In addition to this proclamation,

The World Health Organization Framework Convention on Tobacco Control (WHO FCTC) treaty ratified by the country, provides guidelines for governments to regulate such issues as tobacco advertising, promotion and sponsorship, sales of single cigarettes, sales to minors, protecting people from passive smoking, tobacco prices and taxes, health warnings on tobacco

packs, reporting of tobacco constituents such as additives and nicotine levels, illicit trade of tobacco products and economically viable alternatives to tobacco. Based on this convention, The Ethiopian Food, Medicine and Healthcare Administration and Control Authority/EFMHACA released its directive on tobacco which prohibits smoking in indoor public places, including restaurants, hotels, bars, nightclubs, cafes, factories and shopping malls, public work places, health and education institutions, on public transport, in prisons, police stations and in government offices.

Customs proclamation (Proc.No.622/2009),sub article 1 of article 92 stipulated in proclamation no.622/ 2009 any person who, in contravention of this proclamation or the other laws enforced by ERCA, including regulations and directives issued there under, imports or exports prohibited or restricted goods or without customs clearance or illegally imports dully exported goods, without prejudice to the forfeiture of the goods and equipment used in the commission of the offence and the proceeds thereof, be punishable with fine equivalent to the amount of the customs duties and taxes payable on the goods and with rigorous imprisonment from 7 to 15 years.

According to sub article 2 of article 92, any person who transports, stores, offers for sale or buys goods referred to in sub article 1 of this article while being or ought to have been aware of the illegality of their acquisition shall without prejudice to the forfeiture of the goods and equipment used in the commission of the offence and the proceeds thereof without affecting the right of third parties who transacted in good faith, be punishable with a fine equivalent to the amount of the customs duties and taxes payable on the goods and with rigorous imprisonment from 7 to 15 years.

According to sub article 3 of article 92 stipulated in proclamation 622/2009, where the offence is committed by the use of force or by an organized group with the offender of the punishment shall be, without prejudice to the forfeiture of the goods seized and fine from 15 to 20 years, rigorous imprisonment.

Excise Tax Proclamation (Proclamation No. 307/2002) under the schedule goods that shall be liable to excise tax when either produced locally or imported, imposed different excise tax rates. To mention; alcoholic drinks(All types of beer & stout 50%, all types of wine 50%,whisky 50% ,others alcoholic drinks 100%), all types of pure Alcohol 75%,tobacco & tobacco Products(tobacco leaf 20%,cigarettes, cigar, cigarillos, pipe tobacco, snuff and other tobacco products75%).

City Government Code Enforcement Service Regulation (Regulation No.54/2012(penalty schedule 4)),stated that for the violation of causing for the chewing of khat(ጫት ማስቃም) 1500 birr, causing for the smoking of shisha(ሺሻ ማስጨስ),1000 birr, selling any kind of beverages around any educational institutions (በትምህርት ተቆማት ዙርያ ማንኛው ዓይነት የአልኮልን መጠጥ መሸጥ),3000 birr fines.

Despite these laws, regulations and directives, both key informants and group discussants pointed out that;

“There are problems in relation to regulation and restriction of such drugs, such problems are, the laws, regulations and directives are less harsher than any other laws, lack of modal coordination among different stakes, lack of enforcement, lack of detail directives, lack of integrated and holistic approach, that is, the nation as a whole and the city in particular has no formal, proactive, permanent, universal and explicit drug strategy particularly on alcohol, khat and

tobacco either under the same umbrella or separately in order to create for responsible behavior among the users."

4.2.2.2. Primary and Secondary Prevention as a Strategy

It is noted that a primary prevention aims to avoid the incidence of the new case of drug use and abuse and its harm from the very beginning through health promotion and education. However, the secondary prevention attempts to detect cases early, and to react to them before serious complications and before causing personal and social problems through treatment and reintegrate the person into the normal life track back through social support. Therefore, based on this, the researcher has tried to explore the primary and secondary prevention as a strategy which includes education & awareness, recreation & diversion, treatment & rehabilitation, and reintegration & social inclusion as activity level interventional options under this strategy.

5. Education and Awareness

Education and awareness make changes in health behaviors of people, particularly on drug use behaviors through knowledge, attitude and skill development, and identified as a contributing to the achievement of the broader public health goals of preventing strategy in order to abstain or delay uptake or decrease the number of drug users and abusers among the youth. In this sense of understanding, the key informants and group discussants from the education bureau explained that;

"They have employed primary prevention as a strategy to minimize harms of legal drugs and further the key informant from this bureau detailed about the activities of prevention. Adding; the primary prevention of drug use is dependent upon education and public awareness creation to the society and to the student community in particular through formal and informal sessions."

From the group discussants added that;

“--- through education and public awareness creation, there is a contribution to the achievement of broader public health goals of preventing and reducing drug use and drug related harms in order to abstain from using or least to uphold from early experimentation of drugs.”

Both the key informant and group discussant from this bureau do believe that;

“---these educational programs, mass-media campaigns in combination with other components (school-based, community-based and national programs) have preventive effects on consumption behavior in a way that does not arouse curiosity, glamorize drug use or lead to increased experimentation. And minimize the possible aspect of drug related harms in its long impact. Adding to this, education and awareness as an activity level intervention to the youth lacks consistency and continuity as a result remarkable result is hard to achieve. And further added this type of responsibility needs the hands of many stakeholders but not acting in a coordinated manner. This all makes education and awareness creation less effective.”

As part and parcel of their statement; the researcher has triangulated this strategy from document reviews. For instance the Health Policy of the Transitional Government of Ethiopia (1993), mentioned health education under the title of general strategies, as an important tool for; ‘Discouraging the acquisition of harmful habits such as cigarette smoking, alcohol consumption, drug abuse and irresponsible sexual behavior, and Creating awareness in the population about the rational use of drugs’.

And the Educational Sector Development Program⁵ (ESDP-5-2015/16-2019/20), and education sector GTP 2(2008-2012), spell out DSA mitigation mechanisms under the title of Drug and Substance Abuse prevention, as follows;

‘To reduce the immediate and long consequence of the drug and substance abuse/DSA in young pupils in school; the city government of Addis Ababa Education Bureau has implemented various DSA mitigation mechanisms. Among the mechanisms, awareness creation workshops, forming of anti-DSA clubs, mobilizing key stakeholders on findings of DSA effects on children by minimizing DSA sites(alcohol, khat, tobacco, cannabis and hashish shops) around the schools and diminish the direct and indirect effects of DSA. To ensure this, the negative effect of DSA on health, education, social cohesion and productivity in general has addressed on four formal education text books, trainings, awareness raising campaigns in posters and media has done in collaboration with different organ’.

6. Recreation and diversion

Recreation and diversion programs have a significant impact on the use and abuse behaviors of drug among the youth through diverting the mind of such potential or actual users and abusers. And this activity level interventional option is important to abstain or delay the onset or minimize the probability of use and abuse and there by minimize the harm of drug to the user and non-user individuals.

In this sense of understanding, the key informants from the youth and sport bureau explained that;

“The city has no adequate recreation facilities which fully address the interest of the youth and as a result many youth in the city have spent their time in places where bawdy things have been practiced such as drug abusing places, prostitution, gang places etc.”

Further the key informants and group discussants from this bureau added that;

“---of course, there are youth recreation centers in different woredas and there are different mind diverting sport programs of the youth however, there is lack of adequacy and accessibility such centers near by the dwellers, and most youth centers have basic facilities for accommodation.”

The researcher has further reviewed related archival documents on educational & awareness, recreation & diversion activities of the government invested or intended to invest on the youth so as to protect from drug harm and promote good health among the youth.

Therefore, according to the national youth policy of Ethiopia (2004), Section 6 implementation strategies, 6.2 capacity building states,

‘---The necessary phase by phase efforts shall be made to construct and strengthen youth-focused recreational, cultural, sports, information and communication and similar learning centers as well as youth to youth services by making them accessible at residential and working places of different administrative levels at both urban and rural settings in order to nurture personal contacts amongst the youth, educational development, participation and benefits there from’.

And 6.3 Information, awareness, and advocacy further states that;

‘---awareness creation and advocacy activities shall be undertaken to bring about behavioral change amongst the government bodies, civil society, the private sector, the general public, the family and youth on the rights and duties of the youth; their participation and proper upbringing, modern and traditional harmful practices that have negative impacts on their personalities and measures that should be taken to reduce and eliminate these practices’.

The city government of Addis Ababa has 116 woredas. Without taking other non-governmental recreational and sport centers into account, each woreda has one youth center

which is under the administration of the woreda youth and sport office. There are also four youth and sport centers directly responsible for the bureau in addition to the above woreda based youth centers.

As a continuation of primary prevention, a secondary prevention includes mainly treatment and rehabilitation, reintegration and inclusion, of the drug user and non-user victim back to normal life. Therefore, the following are secondary prevention activity level intervention options which the researcher has explored in detail.

7. Treatment and Rehabilitation

Treatment and rehabilitation as an intervention options under the secondary prevention strategy attempts to detect cases of drug use problem early, and to react before serious complications and before causing personal and social harms. Here under this strategy, treatment and rehabilitation does mean, clients are allowed to enter treatment and rehabilitation to discontinue using drugs when they are ready. This known by an abstinence-based substance treatment and rehabilitation.

Based on this a key informant from the health bureau stated that;

“--- the national health policy of the country in general is dependent on prevention for both communicable and non-communicable diseases, particularly on primary prevention through health education, however, if the worst comes, there has to be a secondary prevention, that is, providing a treatment and support to the victim and ensuring such victim to reintegrate to the society. He added the same analogy holds true for the case of drug cases.”

Further this participant explained that,

“As far as drugs and substance abuse is concerned, they don't have an explicit and separate national, city level or bureau level strategy as to how they minimize the health and economic harms of such drugs and substances use. However, they stated that, the issue of substance abuse is addressed as the co-occurring disease of mental health in the national mental health strategy of the country but they feel that substance use and abuse problem is the most rampant issue today especially in the city among the youth, so that it must be separately addressed adequately.”

The group discussants told that,

“---substance abuse problem is a preventable disease however due to lack of serious attention; more people are becoming direct and indirect victim of such disease. It is an everyday experience that a khat-chewing driver drives his car; it is a fact that most drivers are poly-drug users and addicted, for this reason, people are dying of car accidents every day.”

Adding an informant from the youth and sport bureau,

“Except very few hospitals, the city has no substance abuse treatment facilities like separate unit in the hospital or specialized center purposely established to treat drug addicted individuals.”

Depending on the above ideas of the participants, the researcher has tried to scan-out some documents in relation to treatment and rehabilitation of drug addicted persons.

According to the performance report review from the health bureau(2015),only three hospitals, these are Amanuel, St.Paul's,and Zewditu provide the treatment service in the country,

all being situated in the capital, and the first two opened in 2005 and the last one being opened in march,2016 this year. Despite lack of facilities, these hospitals provide an out-patient and in-patient services and the mode of treatment is both psychiatric and psychotherapy type as per the health condition of the client.

The national youth policy of Ethiopia (2004), Section two, page 14 states that;

‘--- as is well known, youth are in a state of rapid physical and psychological change. Because of their curiosity, enthusiasm and urge to try and see new phenomenon, a considerable number of youth have become addicted to alcohol, smoking, chat, dangerous medical drugs and narcotics drugs all of which are detrimental to health. These and many similar health hazards challenge the youth's proper physical, mental and psychological development. As a result, the youth are being exposed to unwanted pregnancy, unsafe abortion, various venereal diseases and most of all, to HIV/AIDS pandemic---’.

The Federal Democratic Republic of Ethiopia Ministry of Health, NATIONAL MENTAL HEALTH STRATEGY 2012/13 - 2015/16, mentioned People with Substance Abuse Disorders, under Special Vulnerable Populations, by stating that,

‘---Substance abuse and mental illnesses are frequently co-occurring disorders and services and programs should acknowledge the strong link that exists between them---.

---Young people should be a main target of services, not only with the aim of reducing their substance abuse, but also including them in social and income generating activities.

---Strategies to control production and consumption of substances require collaboration between the health sector and other governmental sectors.

Strategic partnerships will also be developed between FMOH and Ministries of Education, Sports and Youth, Labor and Social Affairs in order to focus on high risk populations

for substance abuse. Depending on the topic area and level of interest international organizations such as WHO, UNODC, UNAIDS and international partners such as USAID, CDC, etc. will also be engaged to enrich various programs’.

8. Reintegration and Inclusion

An individual or group who are victims of any social or natural action must be rehabilitated, reintegrated and finally included to the majority as its norm required. A victim of drug abuse and addiction has complicated biological, psychological and socio-economic problems. So after being medically or psychologically treated or rehabilitated, such victim should receive a socio-economic support in order to reintegrate and included to the society. Concerning this, the participants of the research including the informants and discussants told that,

“---believing that human beings who are in need must be helped and dignified but in Ethiopia much has been left to provide such kind of service because of chronic poverty.”

Adding that,

“They know that there are people especially the youth who are directly or indirectly victims of drug abuse and addiction, however, these societal segments has not yet addressed their problem by the government and other stakeholders.”

A key informant from the bureau of youth and sport told that,

“So far there is no any special support done for the victims of drug abusers and addicted individuals and there is no any government procedural policy, strategy and directive targeted to this kind of problem.”

4.2.2.3. Tertiary Prevention as a Strategy

Tertiary prevention aims to avoid further complications, disabilities and harms as a result of the use of such drugs by insisting to use safer drugs or to use drugs safely or to reduce co-occurred harms or to lessen life sufferings through further education & awareness, further treatment & rehabilitation, and to avoid any form of stigma & marginalization, and aimed to build resilience among the youth. Therefore, based on this, the researcher has tried to explore tertiary prevention as strategy and the interventional activities included under them presented as follows.

9. Further Education and Awareness

Harm minimization accepts that, despite our best efforts, some young people will choose to use drugs, even some illegal drugs. It does not mean that we, as individuals or as systems, condone or condemn that use. Abstinence messages in the form of support for the decision not to use drugs, or not to use drugs unlawfully, should always be a significant component of any drug education and awareness programs. However, further education and awareness has an important role of keeping communication about drug use open to those who may be currently using and opt to use for life.

According to the informants and group discussants,

“---legal drugs are drugs which are not banned by the law, and therefore people allowed to use it, however, there are health and economic problems that come as a result of such use. The problems could be because of the drug itself or because of its consequence that the drug has impacted.”

Adding to this a key informant from the justice bureau said,

“A person has a right to use such drug for life-long; therefore, if we allow him to use it for life, we have to teach him for life to use such drug safely and we have the duty to further protect from related harms as a result of such use.”

The group discussants anonymously told that,

“Most drug users highly exposed to use unsafe drugs and use non-safely as time goes up, therefore, life-time education and awareness for these life time users is costly and unbearable in our country. But this is what should be, if you allow a person to do something for life, you are expected to teach and aware him how to do it for life continuously.”

The informants and discussants finally attested that,

“So far there is any program or strategy aimed to educate or aware as a special for these life drug users as a target, except as a general education and awareness with whole population in different programs. But they do believe that, there must be separate education and awareness for these who use drug for life.”

10. Further Treatment and rehabilitation/After care

This kind of treatment and rehabilitation is provided to these people who are living with drug/PLWD. Further treatment and rehabilitation as an intervention option under the tertiary prevention strategy attempts to lessen or ameliorate the direct or indirect harms as well as further health complications happened as a result of this. Here under this strategy, further treatment and rehabilitation does mean, clients enter for treatment and rehabilitation not to discontinue using such drugs rather helping them to live safely with such drugs. This kind of treatment is known by a harm-reduction based substance abuse treatment.

According to the health bureau key informant,

“This kind of treatment is life prolonging treatment and support like in the case of HIV/AIDS. The treatment is based not to abstain but to reduce the suffering of such abuse and addiction.”

Adding to this,

“Despite its name does not mentioned like this, it has been practiced that, we distributed condoms in every hotels in order to protect the life of people from HIV/AIDS especially to those of drunkard people to perform safe sex and this a kind of related harm reduction. And this is taken as treatment and support for those who are once unable to do so.”

The informants and group discussants said that,

“---treatment of this kind is not of a target to the abuse and addiction problem treatment, but rather targets to the co-morbid disease and related harm in consequence of such use and addiction problem. Therefore, these individuals are people who do not need any special hospital because their problem is quite different as per the resistance of the person and the casualties inflicted to another. However there is one thing in common that need to have for these people that is continuous bio-psychological rehabilitation and for that, the city has no full facilities.”

11. Stigma and Marginalization

Stigma and marginalization of drug users and abusers is a problem among the youth and this exacerbated the problem of drug use and abuse into life complications due to being ostracized from families and their communities. One of the guiding principles of harm

minimization is respecting human rights that ensure issues that influence the acceptance of people living with drug/PLWD.

Concerning this, the informants and group discussants said that,

“Stigma and discrimination is common among the habitual drug users and addicted individuals. Sometimes People do not consider them as if they think normally and this is a serious issue.”

Adding to this,

“---of course these habitual drunkards or any other poly drug users may have limitations; however, socially they are highly subject to stigma and discrimination. Such as social activities like marriage, and economic activities like entering into contractual work etc.”

A key informant from the youth and sport bureau told that,

“Drug use has a multiple factor problems; one such thing is biasness and prejudice upon the person who use drug, for instance, a person who use and abuse drug is labeled as ደባል ሱስ ያለበት ሰው. And therefore such person is believed that he/she can no longer hold any responsibility or can't be trusted to provide any duty to perform.”

Adding to this, a key informant from the health bureau explained,

“In this regard despite other like HIV/AIDS stigma and discrimination avoidance strategy, so far the city government has no any separate or part of any strategy or working manual to avoid or minimize the stigma and discrimination of drug using and addiction and mainstreaming to the larger society. Of course it is known that this is a difficult job.”

12. Resiliency

Resiliency refers to an individual, a family or a community confronted by severe damage or high risk can nonetheless adapt or function successfully. It is a process of assimilating and adapting the situation through coping mechanisms for a problem confronted. In this regard life drug users need to adjust themselves in a way that prolongs their life by turning unfavorable experiences into positive conditions.

In this regard the key informant from the youth and sport bureau said that,

“Providing support to the vulnerable in order adjust life in a way the reality does, is quite important but this kind of intervention option is little bit new in our case and not yet be realized.”

Adding to this,

“---there is no any effort on drug using and abusing adolescents done intended to build a coping mechanisms to avert risk and harm as a result of using or abusing it or related to this case. And there is no any rules and procedures in the bureau to do so for special case unless as a general social protection policy and strategy. And therefore, as a there is no any visible program performed on resiliency issues.”

According to key informants and focused group discussants,

“---there is no any standing program except some times, intending to build resilient individual with drugs especially to these of street children who are using and abusing drugs.”

4.2.3. The Resources Deployed for Implementation of such Strategies

Whether a strategy is imposed, proactive or reactive, standing or temporary, implicit or explicit or as an outcome of cultural and political process, it calls for is the same, determining the means for the ends. To do this, it requires resources in order to meet its objectives.

Understanding this, the researcher has forwarded questions on the resources and facilities deployed to implement drug harms minimization efforts in order to know the readiness and commitment of the city government for the problem at hand. And accordingly the idea of the research participants is presented as follows.

1. System Resources

In this case, system resources include, follow up mechanisms, case reporting and referring systems, out-reach educational programs, controlling and evaluating techniques, data collection systems, regular forums and advocating plat forms for an integrated work on drug and drug abuse problems either in a cluster or separate case.

Each of the representatives of these bureaus both the key informants and focused group discussants told that,

“There is no any separate system formulated to deal with legal drugs and associated problems inflicted among the youth as bureaus or as a city in general.”

Adding to this a key informant from the justice bureau explained,

“---it is impossible that, with no explicit strategy created by the government, to imagine a system to handle and follow up cases of drug problems. For this reason, the problem of drug abuse and addiction is undermining.”

A group discussant told that,

“---since the issue is a cross-cutting issue, involving all sectors of government, then there is a confusion to whom a drug problem falls on. On top of this, there is no coordination among the relatively concerned organs of the government to deal with the problem.”

Adding to this,

“Despite there is no coordinated, synchronized and planned systems, there are some systems already established and other encouraging initiatives that have already begun. There is a system to regulate and restrict the supply of legal drugs proclaimed in different laws of the country but lacks rigorous enforcement; there is an encouraging effort on primary and secondary prevention as well as tertiary prevention initiatives on drugs but lacks to run as a system because most prevention activities performed by these bureaus have no sustainability, they are most of the time campaigns and finally intermittent.”

Adding to this however in terms of treatment services, they explained,

“There is no treatment system organization for substance use disorder, that is to say government treatment service is organized into four tiers from lower health post to specialized hospitals. Therefore, there is no system established for substance use disorder to be treated in lower tiers such as healthcare center, district hospital or zonal hospitals and finally referred to specialized hospitals as other cases do.”

On top of this, the key informants and focused group discussants told that,

“---since there is no coordination and integration system and effort to tackle the problem of drug use and abuse among the youth in the city government and in relevant sectors in particular, there is no established evaluating and follow-up systems and independent advisory organs, such as, either evaluating and controlling board, steering committee, advisory board on drug or any other organ.”

2. Physical Resources

The physical resources could include educational materials, recreational areas, treatment facilities and infrastructures.

In this regard, both the key informants and focused group discussants explained that,

“There are no enough physical resources to deal with legal drugs and associated problems inflicted among the youth as bureaus or as a city in general.”

A group discussant among others told that,

“---there are problems in relation to educational materials, recreational areas and facilities, treatment and infrastructures intended to minimize drug harms among users and non-users.”

Adding to this the key informant from the health bureau said,

“In Ethiopia and in the city in particular, drug use disorder is not yet considers like a disease and that is may be the reason,, the problem of drug abuse and addiction is undermining in terms of treatment and its facilities.”

Adding to this, the some of the group discussants told that,

“---the Ethiopian health policy (of course now it is on process to be revised), mainly focuses on prevention of communicable diseases, setting aside other non-communicable diseases like substance use disorders. May be for this reason, there is no enough treatment facilities and infrastructures.”

The researcher has further explored archival documents and found that there are no private or nongovernmental treatment facilities and service of substance use disorders in the city except the government in few hospitals, this shows despite there is high prevalence of such disease the availability, coverage and capacity to entertain such demand is inadequate.

3. Manpower Resources

Manpower resources include the capacity, competency and number of trained human resources as well as number of staff placed to run the strategies intended to minimize legal drug harms on users and non-users of the youth in the city.

According to the key informants and focused group discussants,

“---the issue of drug problem is not yet well-recognized by the government and even if known not yet taken any more measures as compared to other social issues. For this reason, most bureaus don't include in their organizational structure.”

According to the key informant of education bureau,

“There is a cross-cutting issues department (ዘርፈ-ገዛ ማዕከል) directly responsible for the bureau head. This department includes gender issues, special need, environmental protection, students feed and health each has their own manpower staffs but there is no drug and drug related issues included here in this department despite high negative impact among the youth.”

In addition to this idea, a key informant from the youth and sport bureau said,

“---there is no structure and manpower recruited for the purpose of drug problem issues but this problem now becoming an overhead issue in our city and as a country especially the youth.”

When we see the treatment case, a key informant from the bureau of health told that,

“---psychiatrists, (psychiatric) nurses, psychologists are the most important health professionals for treatment of persons with drug abuse problems, however, most hospitals have no such professionals, and this is not because of lack of trained manpower despite the competency but there is no treatment facility centers and units in such hospitals except the few once and these few hospitals also are under staffed.”

4. Financial Resources

These resources include funds, budgets and monetary coverage to the strategy which is intended to be or which is already in place.

The key informants and group discussants told that,

“There is no government budget line separately allocated to drug and related problem minimization and for this reason the performance on drug use and abuse prevention is very weak.”

Further they added to this,

“In the city there is no government or non-government organ devoted to fund or donate money or its kind to this purpose, this is particularly because of the absence of coordinating organ to this issue.”

5. Information Resources

Information resources include the trend and prevalence of drug use and abuse, the incidence and harms of such drugs directly and indirectly to the user and other individuals. The key informants and group discussants told that,

“---as far as they know there is lack of coordinated, and timely available information on drugs and their harm for decision making of the government and for other stakes in the city.”

Further according to these participants,

“The city government has no any resource center used as information incubation and expansion either under any of these bureaus or other governmental or non-governmental organs of the city.”

4.2.4. The Effectiveness and Best Practice of such Strategies

Effectiveness shows the positive impact of the strategy implemented in a target and is measured according to its performances desired to achieve in a certain time and sector. And if there are comparatively excelled results, the way for that excellence could be considered as best practices in relation to other performances.

In this regard the participants both the key informants and focused group discussants told that,

“In relation to drug abuse and its problems, the government as whole and the city in particular has no national or city wise strategy on drugs aimed at the youth and if there is, it is impossible to say such and such strategy is effective and the other is not. And also difficult to have and learn best practices from nothing because the government organs responsible for this case have no evaluating and follow-up systems.”

Adding to this, the group discussant expressed their idea that,

“---despite there is no explicit formulated strategies as a direction intended to keep the health risks and harms of the youth, there are activity level interventions in practice however, they do have problems in implementation, or in coordination and there are still problems as a result of drug use and abuse not yet addressed through any action. Therefore, from such condition, it is impossible to have best practices to learn from.”

4.2.5. Limitations, Challenges and Setbacks of the Strategy

Limitations, challenges and setbacks include internal and external difficulties that hinder the strategy from implementation and from meeting its intended purpose.

Accordingly the key informants and focused group discussants told that,

“Even though there are still drug use and abuse problems not yet addressed by any means and mechanisms and by any governmental organs, there are some, activity level interventions which works on harm and risk minimizations efforts among the youth of the city. More or less these activities could be grouped into regulation and restriction, primary and secondary prevention, tertiary prevention measures as a strategy. These are provided by the different bureaus of the government selected for this research with different objectives among them.”

On top of this, they attested that,

“These activity level interventions performed everywhere have basic problems; these are lack of enforcement, coordination and synchronization, consistency and continuity, lack of facility and infrastructures, resources and budget allocations.”

CHAPTER FIVE

Discussion

Agenda Setting and Sensitization on legal drug harms

As noted in the problem statement of this research in chapter one, the impact of legal drugs use and abuse continues to ravage individuals, families, communities and society in Ethiopia particularly in cities and Addis Ababa is one among these cities. The youth are particularly hard hit due to increases in the harmful use and abuse of alcohol, khat, and tobacco. The use and abuse of these drugs impact negatively on the health of users directly, and are linked to rises the indirect risk and harm to others.

Accordingly the researcher has interested to know whether the government has recognized and reconsidered such current and potential harms of legal drugs to the user and non-user individual or society at large. And found, however the government and its stakeholders do not put the issue into their table as an agenda to minimize such harms by mainstreaming as a cross-cutting issue in all or relevant sectors as other social problem issues despite the fact that its huge negative impact inflicted upon the youth's health and economic loss is known.

FMHACA, which is under the health bureau, is given authority to control, administer drug and drug related issues. However, it has no power to coordinate other stakeholders centrally to such drugs and others. Moreover this government organ has no either legal drug specific, or integrated legal drugs strategy as a city level.

Harm Minimization Strategies Employed

Before decades countries of the world have formulated a single approach strategy to a single primary goal on drug problems. However, today it is noticed that in the field of drug use and abuse it is generally accepted that no single approach, such as criminalizing or

decriminalizing drugs or users and abusers would solve the problem. Instead a balanced approach that uses an integrated combination of strategies is advocated (Ericson & Ottaway, 2010,p.54). Given the great diversity of circumstances, client needs, and social and personal problems that prevail in relation to widespread drug abuse, it makes sense to have a comparable diversity of interventional activities, each with its own specific methods and objectives (Newcombe, 2011,p.10).

The fact that different objectives operate at different levels of a drug strategy should not be a problem, as long as the strategy as a whole is integrated and the intended outcomes of the specific activities contribute effectively to the achievement of the strategy's underlying primary or central goal(s).

Based on the above notion and the result of the research, the following table summarizes the idea as to how the strategic ways of combating drug use and abuse with balanced and integrated approach to specific interventional options with their related objectives to bring about harm minimization as an umbrella strategy and as a central goal.

Drug Harm Minimization Strategy

Balanced integration of harm minimization strategy matrix

Strategic level intervention options	Thematic issues from the research	Activity level Intervention options	Specific objectives
Supply Reduction	Restriction & Limitation	• Availability & Accessibility • Pricing & taxation • Contraband & Illegal trades • Usage	• Cut off • Restraining • Substitution
Demand Reduction	Primary & Secondary Prevention	• Education & Awareness • Recreation & Diversion • Treatment & Rehabilitation • Reintegration & Inclusion	• Abstinence • Delaying uptake • Recovery
Harm Reduction	Tertiary Prevention	• Further Education & Awareness • Further Treatment & Rehabilitation • Stigma & marginalization • Resiliency	• Using drug safely • Using safer drugs • Lessening suffer from
Balanced Integration			Harm Minimization

Table 4. The balanced integration of harm minimization strategy matrix, Source: By the researcher (2016)

As indicated in the above table, the research has found that, the way the bureaus of the city government have dealt with legal drugs is not a single approach instead it is a multiple approach. It is also understood that, these approaches have different specific objectives determined by the nature of interventional activities or programs. However they lack balanced integration, strategic ways of combating drug use and abuse, and as a result they lack central or primary leading goal

in common, that is, harm minimization. This suggests that the primary goal(s) of a drug strategy should be comprehensive enough to encompass the diversity of lower-level interventions, activities and objectives needed to address the range of problems that the strategy hopes to deal with. The goal(s) should also be comprehensive enough to be relevant to all domains of the strategy to activity and practice in the drug world, such as health, education, law enforcement, justice administration, and so on.

Therefore, understanding the intention of these different activity level interventional options carried out by the selected bureaus of the city government under study, the researcher has put them as follows in congruence with the literature review in chapter 2 vis-à-vis to the gist findings in chapter 4.

Regulation & restriction as a strategy

Regulation & restriction of drugs through physical availability & accessibility, pricing & taxation, contraband & illegal trade, and usage. Regulation and restriction and its interventional activities are grouped into common strategic category of supply reduction.

The main objective of regulation and restriction as a strategy through laws, regulations and directives, is to cut off the availability or accessibility, to increase the price of the product, to control contraband and illegal trade, to limit time, place, age and situation of the usage of such drugs, so that the physical supply of these drugs will decrease.

Regulation and restriction as a strategy could be equated with punishment theory and economic perspective. According to the Punishment theory, one reason for the enactment of laws, rules and regulations is to safeguard the public health and the wellbeing of individuals. Failure to observe the rules may attract sanctions or punishments. All this suggests that society can be protected from behavior that is damaging (in this case to health) through the introduction

of legal measures(Ostendorf, 1999). Also the economic perspective on substance consumption predicts future consumer behavior on the basis of pricing (Chaloupka, 2002). The concept of price elasticity assumes that consumption falls when prices rise. Therefore, it is possible to influence the price of substances through legal measures and cause consumption increase or decrease.

However, this research found that, there are problems in relation to regulation and restriction (the supply reduction strategy aspect) of such drugs. The problems are, the laws, regulations and directives are less harsher than any other laws, lack of modal coordination among different stakes, lack of enforcement, lack of detail directives, lack of integrated and holistic approach, that is, the nation as a whole and the city in particular has no formal, proactive, permanent, universal and explicit drug strategy particularly on alcohol, khat and tobacco either under the same umbrella or separately in order to create for responsible behavior among the users.

Primary and secondary prevention as a strategy

Primary and secondary prevention of drugs through education & awareness, recreation & diversion and treatment & rehabilitation, reintegration & inclusion. Similarly Primary and secondary prevention and its interventional activities are grouped into common strategic category of demand reduction.

The main objective of this strategy is to abstain, delay the uptake, and to recover from drug use and abuse of the youth.

The primary and secondary prevention as a strategy reflects the theory of planned behavior and social-cognitive learning theory. According to planned behavior theory, consumption is determined by the intention to consume, and social-cognitive learning theory

explained to consume or not to consume of drugs is influenced by social reinforcements. These theories are also expressed by the model of risk and protective factors, which says, risk and protective factors are factors that influence substance consumption either to increase or decrease. In addition to this, The life-skills model and the theory of problem behavior, which is, is heavily influenced by the risk-and-protection-factors model and the theory of problem behavior (Jessor & Jessor, 1983), is a tenet of the latter that there is a connection between different types of problem behavior and that certain risk-imbued behavior patterns are caused by identical factors.

The research found that beginning efforts are seen, such as in education & awareness, recreation and diversion programs as a primary prevention and treatment & rehabilitation, and reintegration & inclusion supports as a secondary prevention in the city government.

However, these efforts do not specify target groups to who they serve, they do not have specific objectives to what they could achieve, in addition to this, and efforts that are exerting so far in the name of prevention at different government organs lack central coordination and integration in process and goal. Most activities in primary and secondary preventions are intermittent, that is, they do not have continuity and sustainability. Especially in secondary prevention, particularly on treatment and rehabilitation of addicted youth, there evidences a huge gap on treatment facilities and infrastructures as substance addiction treatment is a recent and humble phenomenon in Ethiopia.

Therefore, the study found that, both the primary and secondary interventional activities are not enough to address the problem of legal drugs despite the fact that efforts are there.

Tertiary prevention as a strategy

Tertiary prevention of drugs through further education & awareness, further treatment & rehabilitation, stigma and marginalization, and resiliency. Again the tertiary prevention and its interventional activities are grouped into common strategic category of harm reduction. The main objective of this strategy is to use drugs safely, to use safer drugs, to lessen co-morbidity and hardship.

In relation to the tertiary prevention as a strategy, there are different models which help for harm reductions intervention programs. These are, according to Zinberg's interaction model /the public health model; three areas determine the level of harms. These are the drug itself, the individual and the environment. And according to Thorley's model harm rely on the level of dependence, regular use and intoxication and the overlap between these factors. And Schaeffer's model explains harm depends on the pattern of use such as experimental, recreational, situational, intensive and compulsive use. And the rest is the resilience perspective. This perspective describes the processes whereby an individual, a family or a community confronted by severe damage or high risk can nonetheless adapt or function successfully (Luthar, 2000,p.138). Resilience should not, therefore, be understood as a personality trait but rather as a number of processes that can be conclusive when the system in question holds together effectively despite severe difficulty or sustained risk.

However the study found that, so far there is any program or strategy aimed to continuous re-education & awareness as a special case for life drug users as a target, except as a general education and awareness with whole population in different programs. And in terms of further treatment and rehabilitation, as there is few treatment and rehabilitation facilities and infrastructure in the city people of this kind are not considered separately from those who treated

Drug Harm Minimization Strategy

and rehabilitated to abstain using drugs. In regard to stigma and marginalization avoidance intervention option, so far the city government has no any separate or part of any strategy or working manual and in terms of resiliency there is no any visible program performed on resiliency issues.

The following table presents the connection among the strategic level interventions, the theories, the practice on the ground and the gap identified on both levels on harm minimization strategies employed in the respective government organs.

Strategy-Theory-Practice nexus and identified gap

Strategic level intervention option	Theory	Main idea	Practice/Action level intervention options	Identified gap	
				Strategic level gap	Action level gap
Supply Reduction	-Punishment theory -Economic perspective	-Sanctions or Punishments -Price determines the purchasing power	Availability & Accessibility Pricing & taxation Contraband & Illegal trades Usage	No balanced integrated and holistic approach Absence of strategic combating on drug	Less harsher than any other laws No modal coordination Lack of enforcement Lack of detail directives,
Demand Reduction	-Theory of planned behavior and social-cognitive-learning theory, -Model of risk and protective factors -The life-skills model and the theory of problem behavior	-Drug consumption is determined by the intention to consume, -To consume or not to consume of drugs is influenced by social reinforcements -Risk and protective factors influence substance use and abuse for both negative and positive impact -Increases awareness and modifies distorted behavior	Education & Awareness Recreation & Diversion Treatment & Rehabilitation Reintegration & Inclusion	lack central or primary leading goal	No target, and objective specification, Lack central coordination and integration in process and goal. Intermittent(have no continuity and sustainability)
Harm Reduction	Zinberg's model Thorley's model Schaeffer's model Resilience perspective.	-The drug, the individual and the environment interaction determines the level of harm. -The level of dependence, regular use and intoxication determines the level of harm -Harm depends on the pattern	Further Education & Awareness Further Treatment & Rehabilitation Stigma &		Nothing is done in relation to these purposely tailored for such condition except as others

		of use -Adopting to the problem to overcome it	marginalization Resiliency		
--	--	--	-------------------------------	--	--

Table 5. Strategy-Theory-Practice nexus and identified gap, Source: By the researcher (2016)

The Resources Deployed for Implementation of such Strategies

Resource is an important thing to implement the strategy formulated, the intervention options identified, and the activities to be conducted in order to meet the primary or central goal of the strategy or the objectives of each of the interventional actions or programs. The resources could be system, physical, financial, and human resources, and information resources.

In this regard we can understand from the research that, there is no any separate system formulated and it is impossible that, with no explicit strategy to handle and follow up cases of drug problems. For this reason, the problem of drug abuse and addiction is undermined and understated. On top of this, there is no coordination among the relatively concerned organs of the government to deal the problem, and as a result, there has no evaluation and follow-up systems, and evaluating and controlling special organs to their performances responsible to these supervisory organs in common, such as, evaluating and controlling board, steering committee, advisory board on drug or any other organ.

Despite there is no coordinated, synchronized and planned systems, there are some systems already established and other encouraging initiatives that are establishing in place. There is a system to regulate and restrict the supply of legal drugs proclaimed in different laws of the country but lacks rigorous enforcement; there is an encouraging effort on primary and secondary prevention as well as tertiary prevention initiatives on drugs but lacks to run as a system because most prevention activities performed by different agencies have no strategic goals and have no sustainability, they are most of the time campaigns and finally intermittent.

And there is no treatment system organization for substance use disorder, that is to say government treatment service is organized into four tiers from lower health post to specialized hospitals. Therefore, there is no system established for substance use disorder to be treated in lower tiers facility such as healthcare center, district hospital or zonal hospitals and finally referred to specialized hospitals as other cases do.

In terms of physical resources, the problem of drug abuse and addiction is undermined and understated such as there is no recreational and diversion programs, treatment and rehabilitation facilities and infrastructures provided to the youth.

In relation to human resources, which includes the staff and competency of manpower assigned for in relation to drug and drug related issues in each respective bureaus.

There is no enough/or no manpower especially recruited for drug prevention activities, even no organizational structure to hire such manpower intended to minimize the harm of drugs. Again when we see the financial resources case, there is no government budgets and fund line allotted in specific to drug problem either by the city level or bureau level.

When we see manpower resources most bureaus don't include in their organizational structure and manpower recruited for the purpose of drug problem issues. When we see the treatment case, most hospitals have no such professionals, and this is not because of lack of trained manpower despite the competency but there is no treatment units in such hospitals except the few once and these few hospitals also are under staffed because of budget shortage and lack of funds from donations.

In terms of information resources except FMHACA, Ethiopia doesn't have any nongovernmental institute or any drug resource center or any other think thank authoritative body established to answer for the questions based on research and development such drug and

Drug Harm Minimization Strategy

drug related issues like the epidemiology of drugs(prevalence, trend and incidences),the national data base on drugs(providing processed information on drugs), which is, important for estimating and projecting the current and future drug trends, advocating on behalf of the victims on national and international forums through research, publications, training and for the input for right decision making upon drugs.

The following table shows the strategy-resources-practice nexus and gap identified summary

Resources	Strategic level gap	Activity level gap
System	No written, objective driven, timed, overall drugs strategy as a system in the city, no evaluating and systems	No coordination system among the relatively concerned organs No evaluation and follow-up systems No performance indicators
Physical	No facilities and infrastructure No government budgets and fund	Despite legal systems but lack rigorous enforcement Primary and secondary prevention activities are campaigns and finally intermittent
Financial	line allotted in specific to drug problem either by the city level or bureau level	Lack of recreation and diversion and treatment and rehabilitation facilities
Human	No evaluating and controlling special organs of the government except MHACA and this authority	No regular and specific budget slated to the drug problem prevention No organizational structure and manpower for legal
Information	has no legal drug strategy Lacks manpower, no organizational structure set to accommodate professionals No city or national level drug epidemiological data collection system and resource center used for research and decision making for the government	drug sector among the bureaus except health bureaus in hospitals and these also are understaffed

Table 6. Strategy-Resources-Practice nexus and Gap identified, Source: By the researcher (2016)

Effectiveness and Best Practice

From a situation of none or few and very disorganized and from the point where the government is not yet taken the issue as a serious governmental agenda and from the point where is performance indicators and criteria and from the point where there is no of evaluation and follow-up systems, we can imagine that, despite the fact that there are activity level interventional options, again such have problems in implementation, consistency and continuity, it is hardly to see effectiveness of legal drug harm minimization.

Therefore, it is almost impossible such and such strategic interventional options with no official strategy and such and such action level interventional option with full of problems are effective. As a result, it is difficult to have or to learn best practice to be recommended for expanding and extension for multiplication effect with such intermingled situations on drug issues in city government. But the researcher does not totally deny that there is no any effort on legal drugs prevention and treatment but totally lack the strategic approach toward solving the problem of drug use and abuse among the youth.

Limitations, Challenges and Setbacks of the Strategies

On the eye of the researcher, the existing activity level interventions identified in the study from the selected government organs in city have basic problems; these are lack of enforcement, coordination and synchronization, consistency and continuity, lack of facility and infrastructures, lack of resources and budget allocations and lack of involvements from non-government stakes on drug and drug problems.

CHAPTER SIX

Conclusion and Implications

6.1 Conclusion

This research was conducted to explore the legal drugs harm minimization strategies among the youth in selected bureaus of the city government of Addis Ababa. Accordingly it has generated good understanding of legal drugs and their harms, minimization efforts of harms and the strategy employed and the resources deployed to minimize such harms.

It found out that, whether legal drugs harm minimization interventional activities used at each of the bureaus selected for the research have strategic in nature or not, and also explored whether these have brought a positive impact on responsible behavior among the youth and thereby minimize the harms inflicted to themselves and others. It has revealed whether such activity level interventions have limitations, gaps and setbacks or not.

The research was conducted in four purposely selected bureaus of Addis Ababa city government based on the criteria of proximity to their duty and responsibility to the case in point. The data was gathered through key informants, focused group discussants and archival surveys in order to supplement with documents written on drug strategies intended to minimize harms.

The city government and its stakeholders do not sense the issue as an agenda to minimize the direct and related current and potential harms of such drugs by mainstreaming the issue in all bureaus. And this is once again given a stress by the participants, that the issue is national issue waiting be called for sensitization and increased awareness of drug and its direct and related health problems.

The city government has no balanced and integrated official drug strategy for combating legal drug use and abuse at strategic level, that is, the city in general has no either formal,

proactive, permanent, or universal, or explicit drug strategy particularly on alcohol, khat and tobacco either under the same umbrella or separately in order to create for responsible behavior among the users intended to minimize the harms of such drugs among the youth.

The research revealed that, there are some activity level interventional efforts done scantily without having strategic level interventions by the respective bureaus. However, the research also found these activity level interventions performed by the bureaus have myriad problems.

There are problems in relation to regulation and restriction,(in supply reduction strategy aspect),of such drugs. The problems are the laws, regulations and directives are less harsher than any other laws, lack of uniformity and modal coordination, lack of enforcement, lack of detail directives.

Beginning efforts are seen,(in the demand reduction strategy aspect),such as in education & awareness, recreation and diversion programs as a primary prevention, and treatment & rehabilitation, and reintegration & inclusion supports as a secondary prevention in the city government. The primary and secondary prevention efforts do not specify target groups to whom they serve, they do not have specific objectives to what they could achieve, in addition to this, the efforts that are exerting so far in the name of prevention at government organs lack central coordination and integration both in process and goal. Most activities in primary and secondary preventions are intermittent, that is, they do not have continuity and sustainability except as a campaign level. Especially in secondary prevention, particularly on treatment and rehabilitation of addicted youths, the research found that there is a huge gap on treatment facilities and infrastructures as compared to the need of treatment on drug addiction or substance use disorder among the youth in the city.

In tertiary prevention,(the harm reduction strategy aspect), so far there is no any program or strategy aimed to provide continuous education & awareness as a special case for life drug users and abusers as a target in order to withstand themselves from drug harm and care for others, except as a general education and awareness with the whole population in different programs. In further treatment and rehabilitation, as there is few treatment and rehabilitation facilities and infrastructure in the city, people of this kind are not considered separately in the aim to use drugs safely or use safer drugs from those who treated and rehabilitated to abstain using drugs at all. The city government has no any separate or part of any strategy or working systems on stigma and marginalization avoidance and there are no any formal activities on building resiliency among the drug victim youths in order to withstand their health harms.

The research revealed that, there is no written, objective driven, timed, overall drugs strategy as a system in the city and even at activity interventional level, there lacks recruited staffs, no facilities and infrastructure and no government budgets and fund line allotted in specific to address the problem of drug either by the city or bureau level. There is no independent advisory organ of the government on drugs and this result in poor evaluating systems. And the city has no city level drug epidemiological data collection system and resource center used for research and decision making for the government and other interested stakes.

6.2 Implications

This research indicated that there are two main issues identified on legal drug harm minimization efforts through creating responsible behavior among the youth; the first one is the strategic level intervention issue and the second is activity level intervention issues. Therefore, these two things have an implication on three others. The first one implies for social and health

strategy, the second one is also for social work practice and intervention and the last one is a quest for further social work research and enquiry.

Implication for social and health strategy

Except other African or the westerner's experiences, so far at strategy level, the Ethiopian government seems to have not introduced any kind of measures in response to drug use and abuse followed by risky and irresponsible behaviors. There is no an integrated national or city level strategy on legal drugs or there is no even a sustainable activity level interventions among the bureaus. A strategy either national or city level on drug particularly on legal drugs can help promote the concept of harm minimization at macro level in order to create a responsible behavior for minimizing the health harms of legal drugs experienced by the victims and cause for the best social functioning of the youth.

It is noted that a drug strategy based on harm minimization approach do not try to end drug use and abuse at all and it does not condones or condemns rather with multiple options working as a continuum with an aim to create responsible behavior among the youth and its ultimate goal is to minimize the net negative effect of such act (use and abuse).

The concept of harm minimization is good-fit for having a strategy for legal drugs based on harm minimization for two reasons. The first one is that, these drugs are non-controllable by the law, that means, everybody can use and to that extent abuse them and the subsequent is causing irresponsible behavior followed by harms, therefore, harm minimization is the means to address this problem, because its philosophical stance is neither to condones nor condemns such drug use and abuse. The second is that, most of the time these drugs have taken simultaneously. One uses and abuses alcohol, then to khat and tobacco or vice-versa and finally becomes poly drug user and abuser and if continues like this, it is sure s/he, to become addicted or dependent of

such drugs. Therefore, these drugs can be embraced under the umbrella of a single drug strategy because of the similarity of their feather that goes together.

The findings could possibly use as an input to strategically address the issue of drug use and abuse which leads eventually to minimize the health harms of such drugs among the youth. Therefore it is advisable to develop a national or city level drug strategy and cascade down to the responsible bureaus and other non-governmental organs that could begin to have an impact on drug use and abuse problem among the youth in the city. In addition to this, the strategy should be holistic in approach with multiple options of addressing such issues.

Implication for social work practice and intervention

According to Bigler (2005), the concept of harm minimization, known primarily for its application in the area of substance abuse, reflects the most fundamental idea that mirrors the ethical values of service, dignity and worth as a person, and importance of human relations, and self-determination (p.56). Harm minimization and social work practice both have congruent principles. To mention a point, the harm minimization based strategic approach do not determine upon the right to use or not use these drugs, that is, it can't accept or reject the decision of the individual and one of the social work values provided to the client after a session is eventually to let for self-determination upon the issue.

Therefore, the issue of legal drug harm inflicted among the youth, needs social work intervention with such professional requirements and ethical standards in order to minimize the current and potential harms of legal drugs at different level of interventions, methods, and variety of settings appropriate to the victims, keeping the right for self-determination.

As the research found out that, the level of intervention could be at macro level, that is, a strategic intervention and at micro level, that is, an activity intervention in each bureau. And this could be practiced in a wide variety of settings.

At macro level a professional social worker could intervene in advocacy on behalf the youth to have national or regional or city level drug strategy based on harm minimization approach in a way that could not compromise the person's dignity and worth, and the right to self-determination.

At micro level also, social workers have many activity level interventional options that could provide services and work upon to minimize the harm of legal drugs, such as on education and awareness, youth mind diversion programs, treatment and rehabilitation services, stigma and marginalization avoiding campaigns, and withstanding and resiliency building issues.

Implication for social work research

In Ethiopia, it seems that, despite physical growth and development, due attention is not yet paid to social development. Today it is a common knowledge that there are social ills and devils that intrudes and invades our country. Such among these social ills and devils is the problem of drug use and abuse most noticeable among the youth in cities like Addis Ababa.

This problem has a torrential effect on the social development process of the nation. Therefore in order to tackle such problem one has to raise a question why Ethiopia or its regional states or city governments haven't a national or regional drug strategy at macro level for strategic intervention for the purpose to encourage responsible behavior and save the youth from drug harms? Why drug related activity level intervention are understated and undermined in their financial resources, staffs, infrastructure and facilities? These all are required to be studied at

both levels and the researcher kindly invited for other potential researchers on such forgotten issues for further quest to the government and other stakeholders.

References

- Andargachew Kassa (2014).Prevalence and factors determining psychoactive substance use among the Hawassa university students, Hawassa, Ethiopia
- Anneke, F.O.(2014). Intervention strategy on drugs, Sydney, Australia
- Bigler,A.(2005).Harm minimization and substance abuse, Quebec, Canada
- Botvin, R.J.(1996). The life-skills approach to drug prevention, Seattle, USA
- Central statistical agency of Ethiopia. (2012). *Federal Democratic Republic of Ethiopia Population Census*, Addis Ababa, Ethiopia
- Chaloupka, F.K , Grossman, M.G, Saffer, H.N. (2002).The effects of price on alcohol consumption and alcohol-related problems, Alcohol research and health,London,UK
- Chandler,F.J (1962). *Organizational strategy and resources allocation*,(4th ed.),NewYork,USA,Mcgraw hill
- Creswell, J.W.(2009).*Research design, qualitative, quantitative, and mixed approaches*,(3rd ed.),London, UK, sage
- Desalegn Birara(2013).The prevalence and pattern of social drug abuse among students in universities of Ethiopia.
- Dorson,M.(2014).The concept of harm minimization, Macquale University,Perth Australia
- Discussion paper presented by Drug Advisory.(2010). Drug and use pattern , Geneve, Switzerland
- Drug control and health impact.(2009).Ottawa, Canada
- Drug and health epidemiological outcomes workgroup.(2011). Drug factors that influence people to use and abuse, Queensland, Australia

- Drug harms in the UK: a multi-criteria decision analysis.(2010).UK,London
- Ephrem Mengstu (2014).The determinants and associated risks of substance use, among students of University of Gondar, Gondar Ethiopia
- Ericson, F.S., & Ottaway,O.P.(2010).Drug strategy, an option for controlling drugs from abuse and addiction among adolescents, West Virginia University, state of Virginia
- European monitoring center for drugs and addiction. (2010).Evidence, impact and challenges, Lisbon, Portugal.
- European Union drugs strategy (2012–20).(2011).Brussels,Belgium
- Ewenat Gebrehana(2014). Prevalence and Predictors of Harmful Khat Use Among University Students in Ethiopia.
- Fitzgerald,B.C , & Sowards,R.O.(2002).Harm minimization: Policy and strategy of drug prevention,pp.17-20
- Galambos, T.D.(2013).Substance use harm minimization ways, Mexico,Mexico City
- Hamilton, S. B ,& ,Rumbold,S.L.(2004).The trend of treatment of substance misuse, London,UK
- Harm reduction international.(2009).London UK
- Harm reduction strategy.(2014).Melbourne,Australia
- Hilton ,T.W.(2000).*Legal drugs and harm minimization approach*, Wisconsin university, USA
- Jessor, N.H., & Jessor,B.F.(1983). The risk-and-protection-factors model and the theory of problem behavior among teens,Chicago,USA
- Johnson ,N.(1997).*Strategy development process*(4th ed.),Melbourne,Australia
- Jorgan,K.S.(2000).Drug and health related damages in older people, Heuston, USA

- Kalix, N. C, & Braenden, D.K.(2013).Alcohol and other drugs prevalence and trend among the Hispanic, USA
- Kett, W.(2010).Drug use and abuse among the youth, Brisbane,Australia
- Kidan Abreha(2012).Psychoactive Substance Abuse and Intention to stop, among students of Mekelle University,Mekelle Ethiopia
- Kimberly,R. F.,& Rebecca, M.H. (2012). The Harms of drugs among the users, Aberdeen University, Ireland.
- .Kroger,C.(2006).Insights: Prevention of substance abuse, Federal Centre for Health Education, Cologne,Germany
- Meressa Kahsay(2009),Effect of substance use on academic achievement of health officer and medical students of Jimma university, southwest Ethiopia
- Lopez, G.(2013).Anti-social Behaviour and alcohol consumption by school adolescents,Saopolo,Brazil
- Luthar,M.F.(2000). Resilient strategy perspective in Drug addicted people ,Wellington,Newzealand
- Marealign Tilahun(2014) Factors associated with alcohol use among youths in Gamo Gofa,GamoGofa,Ethiopia
- Meklit Misganaw(2010),Substance abuse and its treatment, a case study among substance users, Addis Ababa
- Michel, R.G.(1993).*Strategy: Pure and Simple*, USA, McGraw-Hill publishing
- Mintzberg,G.(1994).*Strategy formulation*(6th ed.),University of Wisconsin state,USA, Apprentice hall publishing
- National Drugs strategy of Ireland(2009-2016),pp.15,Ireland Dublin

- Newcombe, H.B.(2011).Drug strategy for the youth, Washington, USA
- Nader,B.(2010).Drug and intervention methods, Los Angeles, USA
- Ngong, S.(2009).Factors of drug abuse behavior among the university students, University of Zambia, Zambia.
- Occasional paper one on harm minimization.(2011).Parliament of Victoria, Australia
- Odejede, M.(2006).The merging incidence of drug use in Africa, Abuja, Nigeria
- Office of the United Nations High Commissioner for Human Rights(2009),Human rights and harm reduction in international drug policy, Geneva, United Nations
- Opondo,J.(2010).The prevalence and risk factors on alcohol and other related drugs among the residence of the city on, Nairobi, Kenya.
- Organization of American States, Hemispheric drug strategy (2011- 15),(2010),Washington D.C,USA
- Osansi,I,(2011). The risk and preventive factors among economically marginalized society of the state of Lagos, Lagos, Nigeria.
- Ostenderf, B. T.(1999), Approaches of supply reduction to punishment theory, A prevention on addictive behaviors,Maryland,USA
- Paton, F.G.(2002). *Qualitative research methods*, (5th ed.), USA
- Porter, M.S. (1996). "*What is Strategy?*" *Harvard Business Review*,vol.34 series,USA
- Rebecca, L.C (2009).*Social work and ethical values (3rd ed.)*,Howard university,USA
- Ritter, P.T.(2014). Harm minimization and its pragmatic approach, University of the state of Texas, USA
- Sanders,G.D.(2010). The health harm of tobacco among users and non-users,Toroento,Canada
- Siggins M.J.(2012).Evaluation of the national drug strategy, perth, Australia

- Single, E.N.(1997).Social work perspective on drug policy reform,USA
- Sisay Tamru(2014). The Prevalence and pattern of social drug abuse, among students of Rift Valley University College,Adama,Ethiopia
- South African Alcohol and other legal drugs national strategy,(2009),South Africa,Pretoria
- Target, S.R.(2002).The control of alcohol and other drugs: A policy option to regulation and demand reduction in California, USA
- Tesfahun Aklog(2014). Substance abuse and associated factors, among students of Debremarkos polytechnic college, Debremarkos,Ethiopia
- The Australian government, department of health,(2004).Melbourne, Australia
- The prevalence, trend and impact of illegal drugs among the users and nonusers, Prevention Research Committee for Behavioral Health (2010),Alaska state, USA
- Thomas, R. E.(2003),Sector cooperation of the war on drug,NewYork,USA
- UK, Alcohol and Other Drugs Report(2013),London,UK
- United Nations Organization for Drug and Control(2005),drug report, Genève,
- United Nations Drug Report(2010),NewYork, USA
- Watson, J.(2002).Assessing the potential for alcohol related issues among college student athletes, Oslo, Sweden
- World Health Organization.(2014).Drug and crime control policy,Geneve
- World Health Organization regional office eastern Mediterranean.(2011).The Health hazards of smoking shisha, Cairo,Egypt

Appendices

Appendix I: Letter of Introduction

Addis Ababa University

Social Sciences College

School of social work

Graduate program

**Study Title: 'Exploring Legal Drugs Harm Minimization Strategy among the Youth: A
case Study of Selected Bureaus of Addis Ababa City Government'**

Dear participant,

My name is Moges Werede. I am studying Master of Social Work in Addis Ababa University
School of Social Work.

This is to conduct an exploratory research on; Legal Drugs Harm Minimization Strategy among
the Youth: A case Study of Selected Bureaus of Addis Ababa City Government'

The research has been approved by Addis Ababa University, School of Social Work to be
conducted in partial fulfillment of the requirements for the award of Master of Arts in Social
Work. The genuine information you will provide to me is very essential for this study. All the
information you will provide will be kept private and confidential. If you will not be willing to
participate in the study you have the right to stop. Confidentiality and privacy will be maintained
by ensuring that your answers put on a separate place where no one can see them. Therefore, I
really need your honest and genuine response to my questions so as to attain the objectives of the
study.

If you have any question after the interview, be free to contact me via+251-914768779,

Email: moges.werede@gmail.com

Thank you

Appendix II: Informed Consent Form

I, the undersigned have been informed that this research is going to be conducted for the purpose of exploring Legal Drugs Harm Minimization Strategy among the Youth: A Case Study of Selected Bureaus of Addis Ababa City Government’.

I am also informed that the information I give will be kept confidential and only used for the purpose of this study. The researcher have made clear to me that I have the right not to respond to any question without my interest and also withdraw from the participation at any stage if I like to do so. Hence I agree to participate in the research voluntarily with the hope of contributing something good to the effort of this research.

Signature of the participant _____

Date _____

Name of the Interviewer: _____

Signature: _____

Date: _____

Appendix III: Key Informants Interview Questions

Addis Ababa University

Social Sciences College

School of social work

Graduate program

In-depth interview guide to key informants (interviewees) of the respective bureaus

understudy in Addis Ababa, Ethiopia, Feb.2016

1. Sex
2. Position
3. Educational level
4. Professional qualification
5. Work experience
6. Bureau
7. Do these bureaus recognize and reconsider the potential and current harm of alcohol, khat and tobacco?
8. What is the situation of such harms in city?
9. What are the strategies used to employ to deal with the potential and current harm of such drugs?
10. What are the resources and facilities deployed to implement such drugs for harm minimizing efforts (Physical and manpower resources)?
11. What are the evaluating and follow-up systems of such strategies?
12. What are the best lessons learnt from such strategies if any
13. What are the challenges of these bureaus associated with the harms and the mechanisms of dealing with these situations?
14. What could be the way outs and way forwards of such challenges and perseverance?

Appendix IV: Focused Group Discussion Guide

Addis Ababa University

Social Sciences College

School of social work

Graduate program

**Focused group discussion (FGD) guide to group discussants of the respective bureaus
understudy in Addis Ababa, Ethiopia, Feb.2016**

1. Sex
2. Position
3. Educational level
4. Professional qualification
5. Work experience
6. Bureau
7. Do these bureaus recognize and reconsider the potential and current harm of alcohol, khat and tobacco?
8. What is the situation of such harms in city?
9. What are the strategies used to employ to deal with the potential and current harm of such drugs?
10. What are the resources and facilities deployed to implement such drugs for harm minimizing efforts (Physical and manpower resources)?
11. What are evaluating and follow-up systems of such strategies?
12. What are the best lessons learnt from such strategies if any
13. What are the challenges of these bureaus associated with the harms and the mechanisms of dealing with these situations?
14. What could be the way outs and way forwards of such challenges and perseverance?

Appendix V: Letter of Declaration

I, the undersigned, declare that this study entitled 'Exploring Legal Drugs Harm Minimization Strategies among the Youth: A case Study of Selected Bureaus of Addis Ababa City Government' is my original work and the data used in this study is dully acknowledged.

Name: Moges Werede

Signature: 

Date: June 30, 2016

AMBA
UNIVERSITY
ADDIS ABABA
JUNE 30, 2016