

**SUBSTANCE ABUSE AND SOCIAL WELL-BEING OF  
YOUTH: THE CASE OF YIRGALEM TOWN, SIDAMA  
NATIONAL REGIONAL STATE.**

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**MAY, 2024**

**ADDIS ABABA, ETHIOPIA**

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**A THESIS SUBMITTED TO THE SCHOOL OF SOCIAL WORK, IN  
PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE  
DEGREE OF MASTER OF ARTS IN SOCIAL WORK.**

**MAY, 2024**

**ADDIS ABABA, ETHIOPIA**

## DECLARATION

I, Aklilu Altamo, declare that the thesis entitled *Substance Abuse and Social Well-being of Youth: The Case of Yirgalem Town, Sidama National Regional State* is an authentic work of mine. The content of this thesis has not been submitted previously for any degree or diploma. It is submitted in partial fulfillment of the requirements for the Degree of Master of Arts in Social Work.

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Signature

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## APPROVAL SHEET

This is to certify that the thesis prepared by Aklilu Altamo, entitled "Substance Abuse and Social Well-being of Youth: The Case of Yirgalem Town, Sidama National Regional State," has been submitted in partial fulfillment of the requirements for the Degree of Master of Arts in Social Work. It complies with the regulations of the University and meets the accepted standards of originality and quality.

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## ACKNOWLEDGEMENTS

Above all, I thank God for His grace and the precious gift of life bestowed upon me. I would also like to express my heartfelt gratitude to Commander Demmelash Kassaye (PhD, Associate Professor), my thesis project advisor, for his invaluable advice, constructive comments, and willingness to communicate throughout this thesis. Thank you so much, Dr. Comr. Demmelash! I am also immensely grateful to the instructors of the School of Social Work, whose dedicated efforts in equipping me with theoretical knowledge in my field of study have been invaluable.

In addition, I must extend my appreciation to the participants of this study, whose willingness and cooperation in sharing their honest lived experiences about substance abuse have been indispensable. Moreover, I am also grateful to my key respondents, who generously devoted their valuable time and shared insightful information on the subject matter. Furthermore, I owe Bereket Regassa a great deal for his guidance on my thesis project. His advice has been helpful and is greatly valued.

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## **LIST OF ABBREVIATIONS AND ACRONYMS**

AIDS	Acquired Immune Deficiency Syndrome
CSA	Central Statistics Agency
DACA	Drug Administration and Control Authority
EDHS	Ethiopian Demographic Health Survey
EPHA	Ethiopian Public Health Association
HIV	Human Immunodeficiency Virus.
KII	Key Informant Interview
NASW	National Association of Social Work
NIDA	National Institute on Drug Abuse
UNODA	United Nations Office for Drug Administration
UNODC	United Nations Office for Drugs and Crime
UNODCCP	United Nations Office for Drug Control and Crime Prevention
SAMHSA	Substance Abuse and Mental Health Service Administration
WHO	World Health Organization

## ABSTRACT

*The objective of this study was to examine substance abuse and social well-being among the youth in Yirgalem Town. The research employed a cross sectional, descriptive design, and used both quantitative and qualitative approaches. The study involved 339 youth involved in substance abuse and included key informant interviews with six participants. Data were collected through questionnaires and interviews. The data were analyzed using descriptive statistics and thematic analysis. The effects of substance abuse on the social well-being of youth were significant. The study found that 81.8% of respondents experienced discrimination or stigma due to substance abusing behavior they involved. A significant proportion (65.81%) had moderate relationships with their leaders or colleagues, while 72.6% reported poor relationships with the community. Low social trust was noted in 51.5% of participants, and 87.6% received low social support. Additionally, 88.5% experienced illnesses such as stomach ache, typhus, stress, and headaches in the past 30 days due to substance abuse, with 51.5% exhibiting poor behavior or mood and involved in crime act when using substances. The study also examined various aspects of substance abuse, including practice levels, reasons for use, and perceptions of its effects. It found that alcohol (100%), khat (99.7%), and tobacco/cigarettes (90.6%) were the most commonly abused substances among the target youth, with a high prevalence of daily consumption. Key factors contributing to substance abuse initiation were peer pressure (57.5%), the desire for relaxation (77.8%), stimulation or alertness from substances like khat (73.7%), and stress relief (53.7%). These findings suggest significant implications for social work, particularly in the areas of education, policy, practice, and further research.*

**Keywords:** Substance, Substance abuse, Social well-being, Youth, Yirgalem.

# CHAPTER ONE

## INTRODUCTION

This chapter covers the study's background, the problem statement, the study's objectives, research questions, scope, significance, limitations, and the operational definitions of key terms.

### 1.1. Background of the Study

Substance abuse is a pervasive global issue that affects both developing and developed countries, posing significant challenges to youth well-being and public health. According to the UNODC World Drug Report (2022), around 284 million individuals aged 15-64 globally engaged in substance use in the year 2020. In Africa, especially in Sub-Saharan areas, substances like alcohol, tobacco, and cannabis are prevalent. Alcohol, in particular, stands out as a leading cause of admissions to detoxification centers, as highlighted by Solomon (2018). It is notable that among teenagers in sub-Saharan Africa, alcohol and tobacco are the most commonly used substances (Olawole-Isaac et al., 2018).

In Africa, various studies have underlined the prevalent use of different substances, such as alcohol, tobacco, and cannabis. According to Solomon (2018), Alcohol, in particular, is the primary cause for individuals seeking admission to detoxification centers in the Sub-Saharan region. In addition, Olawole-Isaac et al. (2018), also revealed that alcohol and tobacco are the two substances that are used the most frequently among teenagers in sub-Saharan Africa (41.6%), with all other substances having a lower frequency.

A study by Fentaw et al. (2022), revealed that East African countries also had a 43.70% prevalence of substance abuse coverage, among which the prevalence among men was high. When Substance abuse behavior coupled with poverty, profoundly affects the family system and relationships. In regions with high unemployment rates, youth involved in substance abuse may experience behavioral disorders and delinquency, contributing to social disturbance (Ferhiwot, 2019).

Ethiopia, like many parts of Africa, faces the challenges of substance abuse, regardless of the types of substances prevalent in its different areas. Alcohol, Khat, tobacco, Shisha, cannabis, and heroin are commonly used by a significant number of young people in the country.

Studies indicate that substance abuse is increasingly prevalent, even within academic institutions, with high school and college students involved in these practices (Solomon, 2018).

The Sidama regional state is experiencing a significant increase in substance abuse, particularly among the youth population. Several factors contribute to this rise. More and more farmers are shifting into the production of Khat in the region for its high income, making the accessibility so easy. This shift, as noted by Gebrehiwot, et al (2016), began in the 1990s, replacing traditional cash crops (e.g. Inset, meaz, etc.). Unemployment and a decline in adherence to religious values are also additional contributing factors as some participants noted.

Yirgalem town is an old town located 325 km south of Addis Ababa and 45 km south of Hawassa. Yirgalem served as the capital town of the former Sidamo province during Emperor Haile Selassie's rule, the Italian occupation, and the early periods of the Derg regime (Sidama Region Culture and Tourism Bureau, 2021). The town embraces ethnic and religious diversity, with all Ethiopians living harmoniously together. In its current administrative structure, the town is divided into two sub-cities: Arada Sub City and Filwuha Sub City, comprising a total of thirteen Kebeles.

To meet the objectives of this study, a mixed approach is employed for gathering both quantitative and qualitative data through self-administered questionnaires and key interview to explore the experience of the study participants' about substance abuse.

## **1.2. Statement of a problem**

Substance abuse among is a significant health concern in Ethiopia, demanding immediate attention due to its detrimental effects on well-being. The issue is increasingly concerning, particularly affecting the most vulnerable age group: the youth in the society (Woldeyohanins et al., 2021). Substances such as khat, alcohol, and cigarettes are commonly used across the general population, with a notable rise among young people (Roba et al., 2021).

Adolescence and young adulthood are critical for identity formation, social connection development, and life skill acquisition. Substance abuse during these formative years can severely disrupt these processes, leading to social issues, health problems, mental health challenges, and behavioral changes that negatively impact not only the individuals but also their families, friends, and society at large (Jesuraj, 2012).

Research in Ethiopia highlighted that youth are particularly vulnerable to substance abuse. A study in Adigrat town noted an increasing frequency of substance use among young people, with alcohol being the most frequently abused substance (Gebremedhin et al., 2016; Solomon, 2018). Furthermore, Kassew et al. (2023) reported that the prevalence of substance use in Ethiopia is 46.74%, emphasizing the urgency of addressing this issue. Substance abuse among youth leads to various negative consequences. According to Sahu and Sahu (2012), it is linked to behavioral and psychological problems, resulting in physical and mental health issues such as depression, anxiety, heart disease, renal problems, and accidents. This behavior causes strained relationships, delinquent behavior, erodes social trust, and leads to stigmatization, necessitating critical intervention.

Numerous studies have examined the prevalence and risk factors of substance abuse among youths in Ethiopia (e.g., Gemechis et al., 2017; Gezahgn et al., 2014; Mulgeta, 2013; Gebresilasa et al., 2013; Lina, 2019; Wazema and Madhavi, 2015; Ahmed, 2014; Rahel, 2017). However, the effects of substance abuse on the social well-being of youth remain understudied. Therefore, this study aims to fill this gap by examining the effects of substance abuse on the social well-being of youth in the case of Yirgalem town, Sidama Regional State.

### **1.3. Objectives of the Study**

#### **1.3.1. General Objective**

The general objective of this study was to examine the effects of Substance Abuse and Social Well-being of Youth in the Case of Yirgalem Town, Sidama National Regional State.

#### **1.3.2. Specific Objectives**

- 1) To assess the practices of substances abuse by youth in the study area;
- 2) To identify the reasons for substance abuse by youth in the study area;
- 3) To examine the perception of youths on effects of substance abuse in the study area and
- 4) To assess the effects of substance abuse on social well-being of the youth in the study area.

### **1.4. Research Questions**

- 1) What are the practices of substances abuse by youth in the study area?
- 2) What are the reasons for substance abuse by youth in the study area?
- 3) What is the perception of the youth on effects of substance abuse in the study area?
- 4) What are the effects of substance abuse on social well-being of the youth in the study area?

### **1.5. Significance of the Study**

The study can benefit the Yirgalem town offices; such as Office for Women, youth, and Children affairs, the town's police office, health care centers and other relevant offices working with youth development in providing research based information to design appropriate intervention to address youth substance abuse problem. In addition, the study can be utilized by organizations that are aspiring to deal with the issue of substance abuse to provide help to those involved in substance abuse. Moreover, it can serve as a source of reference for future research on the subject matter.

### **1.6. Scope of the Study**

This study is delimited to conceptual, geographical, methodological, and time scopes. Conceptually, the study mainly focused on the effects of substance abuse on youth social well-being. Geographically, the study delimited to Yirgalem town. The researcher purposively selected Yirgalem town as he observed youth involved in substance abuse suffer social quensequence and belvied it is a problem worth to study. Based on this rationale, the research participants are selected to be Youth between the ages of 15-29 as this age group of youth are more venerable to the behavior of substance abuse based on the preliminary observation the researched did. Key informants are selected as they are working closely with youth development and are knowledgeable about Substance abuse of the target youth. Methodologically, this study employed a mixed research approach with a descriptive research design. Timely, the study was conducted from May 1-30, 2023.

### **1.7. Limitations of the Study**

This study has its own limitations. Firstly, the study focused on the practices, reasons, perceptions, and effects of substance abuse among the youth in the study area, thereby excluding other related issues. Although there are more indicators of youth social well-being, this research specifically examined the aspects of relationships, discrimination and stigma, social trust, social support, health, and social participation status of the target youth. Secondly, the scope of the study was geographically limited to Yirgalem town. Consequently, the findings may not be generalizable to other towns within the Sidama region. Thirdly, the research exclusively considered the perspectives of youth engaged in substance abuse, without including input from non-substance-abusing youth or their families within the community due

to time. However, the researcher tried his best to address this limitation by incorporating secondary data sources to gain a more comprehensive understanding of the issues under the study.

### 1.8. Operational Definition of Key Terms

- **Substance:** refers to items used by the Youth of Yirgalem town, which can affect their Social, mental, physical, and emotional wellbeing. These substance include Alcohol, Khat, Cigarettes, 'Cito', and fabricated substances like Cannabis, Heroin, and Dopamine, which can be consumed through chewing, inhaling, smoking, drinking, or injection.
- **Substance abuse:** for the purpose of this study, refers to the harmful or hazardous use of psychoactive substances such as; alcohol, khat, cigarettes, shisha, ganja, or hashish, resulting in negative outcomes. The term 'drug abuse' is also used interchangeably with 'substance abuse at some point in the paper.
- **Substance use:** It refers to occasional or moderate consumption of substances such as; alcohol, khat, Cigarettes or drugs for the purpose of recreational, cultural, or purposes often in social settings..
- **Social well-being:** For this study it refers to the overall quality of social life experienced by youth. For example, quality of social relationships, Social trust, social participation, social support, health and e.t.c.
- **Youth:** For this study the term youth refers to an individuals whose age falls between 15 to 29.,
- **Youth social well-being;** refers to the overall social well-being of the target youth of the study, it consists of a state of having sound relationships, gaining of social trust in family and society, refrain from violent behavior, social participation, motivated to access social supports, maintaining good health.

## **1.9. Organization of the Study**

This study was organized into five chapters. Chapter one presented the background to the study, the statement of the problem, the objectives of the study, the research questions, and significance of the study, the scope of the study, the limitations of the study, the definition of key terms, and the organization of the study. Chapter two presented the literature review on concepts and definitions, theoretical review, empirical review, and conceptual framework of the study. Chapter three presented the research methodology detailing the description of the study area, research design, research approach, target population, sample and sampling procedures, instruments of data collection, data, validity and reliability of the instruments, the procedure for data collection, and method of data analysis and interpretation. Chapter four consisted of data presentation, analysis, and interpretation. Chapter five consisted of the summary, conclusions, and recommendations of the study which were drawn from the data analysis in chapter four.

## **CHAPTER TWO**

### **REVIEW OF RELATED LITERATURES**

This chapter presents a comprehensive review of the literature related to Substance abuse and social well-being of youth. It aims to provide a contextual framework and theoretical background for the study by examining previous research, identifying gaps, and establishing the relevance of the current study. The review encompasses influential works, recent studies, and key theories that inform and underpin the research questions and objectives of this study.

#### **2.1. Concepts and Definitions**

##### **2.1.1. Substance**

Substance is a psychoactive compound that is potentially harmful to health and results in social problems, including addiction. These substances can include legal; (alcohol, tobacco), and illegal; heroin, and cocaine (McLellan, 2017). According to Macionis (2005), Drugs or substances are the items that impact the mind or body, increase alertness, alter mood by boosting energy, and are not food or water are referred to as substances or drugs. In another way, any chemical component that changes the normal functioning of the body, when ingested or introduced to the body is referred to as a substance or drug abuse. The terms substance and drug are sometimes used synonymously. While some chemicals are used medically, others are misused or used recreationally.

Similarly, the World Health Organization (WHO, 2021) defines a drug as a chemical or product that is utilized or is intended to be utilized, to alter or investigate physiological systems or pathological conditions for the advantage of the recipient. The term "substance" is more inclusive than "drug," as it covers substances like caffeine, alcohol, and tobacco in addition to drugs. Among other body processes, drugs and chemicals have the ability to alter mood, perception, consciousness, and behavior. They may also change the core body temperature, blood pressure, and heart rate.

In addition, drugs are any material that has the potential to treat or prevent disease and are referred to as medication in medicine. In everyday speech, the phrase frequently refers to drugs that are very psychoactive and, even more explicitly, to illegal drugs (heroin, cocaine,

cannabis). Tobacco, alcohol, caffeine, and other chemicals that are frequently used for recreational purposes are considered Drugs (UNODCCP, 2000).

### **2.1.2. Substance Abuse**

According to the World Health Organization (WHO, 2011), Substance abuse refers to the harmful or hazardous use of psychoactive substances, including alcohol and illicit drugs. It is also defined as the “use of a drug by an individual when there is no legitimate medical need to do so. In addition, in the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV; American Psychiatric Association, 1994), substance abuse is defined as “a maladaptive pattern of substance use leading to clinically significant impairment or distress, as manifested by one (or more) of the following within a 12-month period:

(a) Regular substance use that prevents a person from fulfilling significant role obligations at work, school, or home.

(b) Persistent or recurrent social or interpersonal issues caused by or worsened by the effects of the substance.

Substance abuse is the intended consumption of substances for purposes other than their intended purpose (Odeside et al., 2006 as cited in Gebremedihin, 2016). In addition, the practice is defined as a maladaptive pattern of substance use resulting in repeated problems and adverse consequences (Rogers, 2011). Similarly, McLellan, (2017) defines substance use as a practice of using alcohol, illicit substances, and/or prescription pharmaceuticals in a manner that causes harm to the individual and people around them.

According to the American Psychiatric Association/APA (2013), substance abuse is the regular use of alcohol or other substances that results in clinically and functionally important impairment, such as health issues, disability, and failure to meet major obligations. The World Health Organization (2018) stated that it is perceived as the harmful or hazardous use of psychoactive substances, including alcohol and illicit drugs.

Furthermore, the National Institute on Drug Abuse (NIDA) defines substance abuse as the practice of using substances in a way that negatively influences a person's health. Similar to substance use, drug misuse is defined as the misuse of prescription medications or the use of illegal drugs for purposes other than those for which they are prescribed, or in a manner or

quantity different from than recommended by the Substance Abuse and Mental Health Services Administration (SAMHSA, 2018).

### **2.1.3. Commonly Abused Substance Types**

#### **A) Alcohol (Ethanol)**

Alcohol, sometimes called ethanol, is one of the commonly used and abused substances that is categorized as a depressant item as it depresses the Central nervous system and results in sedation and sleep. Many people also associate alcohol's initial effects with happiness, altering and energizing type of substance especially when they consume tiny amounts of it. Consumption of alcohol to an extreme degree for a lengthy time is called alcoholism. Its consumption varies between cultures, and because there seems to be a blurry line between responsible or social drinking and alcohol abuse. The precise definitions of alcoholism and alcohol dependency continue to be debated. A study by Yigzaw et al. (2015) reveals that alcohol consumption is a taught behavior.

The youth involved in substance abuse regard alcohol use as a coping mechanism to ease tension and anxiety. It is perceived as the answer, not the issue, to alcoholics. Alcohol is consumed by both genders. Though rates among women are also rising, men consume alcohol at a higher rate than women (2–3:1) (Rehm, 2011). Alcohol consumption affects the health of the drinker and also causes social harm both to the drinkers and to others. Health risk consists, of infectious diseases, diabetes neuropsychiatric, (including alcohol use disorders), Cancer, cardiovascular diseases, liver, and intentional and unintentional injuries. With regards to social harms, alcohol causes family disruption, criminal conviction, financial problems, and social mistrust of the drinker.(Casswell & Thamarangsi, 2009; Klingemann & Gmel, 2001, as cited in Rehm, 2001).

In another study, three categories comprise risk factors for alcoholism. These are peer pressure, work or social context, and family history. The majority of people's lives can be characterized by these three social components. According to Gezaheghe et al. (2014), there is a threefold increase in the likelihood of developing alcoholism if two or more relatives have a family history of alcohol consumption. A study by Yigzaw et al. (2015) also found that the strongest familial association is shown in the case of a male child whose father struggles with alcoholism.

Some studies have indicated that there is a genetic link to alcoholic behavior. For example, identical twins and fraternal twins are compared, and the results show that the former has a higher concordance for drinking habits and may even be alcoholism (Alemnesh, 2014). For instance, a youngster is more likely to consume drugs if there is a family history of substance abuse (Gezaheghe et al., 2014). Furthermore, the influence of a few risk factors might be lessened by the presence of numerous protective factors. Strong protection, such as parental participation and support, might, for instance, lessen the influence of high-risk factors for drug use, like hanging around with peers who abuse substances. Additionally, a person's gender may influence how they react to risk factors for drug use. Adolescent girls respond favorably to parental support and discipline, but adolescent boys may respond unfavorably, according to research on interactions inside a family (Gezahigh et al., 2014).

The effects of alcohol include preoccupation with alcohol, anxiety, self-deception (denial), guilt, loss and impairment of memory, and depression. Alcohol withdrawal symptoms include alcohol craving, tremors, irritability, nausea, sleep disturbance, etc (Yigzaw et al., 2015).

## **B) Khat**

Khat (scientific name: *catha edulis forsk*) is known by a wide range of names, which designate either the shrub or part of the plant. The Arab name "Kaht" is the commonest, with variants that are simply phonetic transcription (*catha, kat, ciat, chat, tschat*). Khat chewing is a typical behavior in Ethiopia, Yemen, South Saudi Arabia, and East Africa. This practice entails selecting tender Khat leaves, placing them on one side of the mouth, chewing for a short period, then storing the chewed leaves on the same side of the mouth to obtain the psychostimulant effect, which manifests as euphoria and excitement from the cathinone contents (Etana, 2018). Heavy use of it can result in dependence and physical and mental problems resembling those caused by other stimulants (UNODCCP, 2000).

Khat is a plant in which the stem tips are used as stimulants. It is widely used in East Africa and the Arabian Peninsula because of its euphoric effects. This use is deeply rooted in the regional customs and traditions. College and university students consume khat to obtain mental alertness and work hard in their academic endeavors (Gemechis et al., 2017).

Many historians have believed that khat is indigenous to Ethiopia. It seems that, as in the case of coffee, the people who cultivated khat started its consumption and then introduced the habit to neighbors, travelers, merchants, etc. (Abebaw et al., 2017). Traditionally, Khat has been primarily used by the Muslim population. However, this is a fact that requires no evidence. Nowadays, many Christians, especially the youth, also engage in its use.

It is usually consumed by chewing of the tender, juicy leaves and stems. It has addictive elements called Cathine, Cathinone, and Methcathinone. Khat consumption over an extended period might cause personality issues and mental health problems. It also has side effects including dependency, insomnia, nervousness, nightmares, impotence, etc. Khat users claim to think more swiftly, clearly, and alertly, even though their attention and judgment are degraded (DACA, 2011). However, regular consumption of Khat is thought to increase the risk of constipation, mental illness, cardiac arrhythmia, tooth decay, and peptic ulcer disease in addition to gastritis and peptic ulcer disease (Ygzaw et al., 2015).

In Ethiopia, the prevalence of khat varies by location. For instance, thirty-six percent of Jimma Town residents reported chewing khat in a 2012 research. Muslims made up 77.1% of the total. Males made up almost two-thirds of the khat chewers. In other comparable studies, the prevalence rates of chewing khat in Adamitulu and Butajira were 31.7% and 50%, respectively (Alem et al., 1999). In a 2001 survey, college students and professors in Northwest Ethiopia reported lifetime prevalence rates of khat use of 26.7% and 42%, respectively. In conclusion, it is thought that a sizable portion of Ethiopians, particularly those in the productive age range, suffer from the practice of chewing khat. It has a detrimental effect on socioeconomic, political, and health issues. This is especially true because the habit of chewing khat encourages the emergence of other behaviors, such as smoking, drinking, and drug addiction (Berihanu et al., 2014).

### **C) Tobacco/ Cigarette**

Tobacco, a plant grown commercially for its leaves and stems, which are rolled into cigars, shredded for use in cigarettes and pipes, processed for chewing, or ground into snuff, a fine powder that is inhaled through the nose (Doweiko, 1999) Tobacco smoke contains noxious and cancer-producing ingredients.

Native Americans taught Columbus how to use tobacco leaf to become addicted to nicotine, and the practice quickly spread throughout Europe. However, the usage of tobacco in cigarettes is mostly a 20th-century phenomenon. Cured tobacco that hasn't been burned contains nicotine, carcinogens, and other poisons that can lead to oral cancer and periodontal disease. When tobacco is smoked, smoke is produced that contains more than 4000 different chemicals in addition to nicotine (Lina, 2018).

Furthermore, smoking causes a host of other illnesses, including arteriosclerotic cardiovascular diseases, peptic ulcer disease, spontaneous abortion, antepartum hemorrhage, female infertility, intrauterine growth retardation, and male sexual dysfunction. Furthermore, disorders linked to cigarette smoking might be brought on by passive smoking. It is anticipated that by 2020, tobacco-related mortality will account for 23% of all deaths globally, up from 14% in 1990 (Abebaw et al., 2017). According to Abebaw et al. (2017), college students in Ethiopia had a lifetime prevalence rate of 379.9% for cigarette smoking. There is a 13.3% current prevalence and a 28.2% lifetime prevalence among Ethiopian university lecturers, according to a 2001 survey. Research has indicated that male smokers had a 2.3-fold increased risk of dying from any cause when compared to non-smokers. Additionally, they suggest that women who smoke cigarettes have a roughly two-fold increased chance of dying from all causes when compared to women who do not smoke. In adolescence, 90% of people who start smoking cigarettes first take up the habit.

The availability of cigarettes, the social acceptability of smoking, tobacco advertising and promotional activities, and parents or other more senior figures are some of the reasons that drive adolescents to start smoking. The degree of acceptance of smoking in the workplace, peer group, household, and community standards all have an impact on smoking behavior. According to several studies, nonsmoking women who live with smoking spouses are 1.2 to 2 times more likely than nonsmoking women who live in smoke-free households to get lung cancer in their lifetime (Yigzaw et al., 2005).

#### **D) Illegal Substances**

It is a general term used to describe the various psychoactive plant preparations. They consist of cannabis, hashish (produced from the resin of the plant's flowering heads), hashish oil, and marijuana leaf. The effects of cannabis intoxication include euphoria, limb lightness, and

typically greater sociability. Driving and other difficult, skilled tasks are made more difficult by it, which also affects short-term memory, attention span, reaction time, learning capacity, motor coordination, depth perception, etc (UNODCCP, 2000). The illegal substances contain over 400 different identified compounds, of which an estimated 61 have some psychoactive effects. Consumption of these illegal drugs involves many problems such as a motivational syndrome or cannabis burnout syndrome, which is characterized by decreased drive and ambition, shortened attention span, poor judgment, high distractibility, impaired communication skills, and diminished effectiveness in interpersonal situations (DACA, 2005).

#### **2.1.4. Causes of Substance Abuse**

Numerous factors have an impact on the complicated causes of substance abuse. Studies show the typical reasons for substance abuse that are backed by research:

**Genetic factor:** Studies revealed that genetics significantly contribute to the emergence of substance Abuse. According to NIDA (2020) in its report revealed that some genes may make people more vulnerable to the negative effects of drugs and alcohol as well as raise their likelihood of being addicted. Other studies also show that a family history of substance abuse can also be a factor in an individual's likelihood of involving in substance abuse. A study by Kendler et al., 2003 found that individuals with a family history of alcohol dependence were at a higher risk for developing alcohol use disorder. Similar results were found in a study by Tsuang et al. (1996) comparing identical and fraternal twins, which revealed a higher concordance rate for alcohol dependence in identical twins.

**Psychological factors:** Substance abuse is a complex issue influenced by various psychological factors. According to Khantzian (2019), stress can lead people to turn to alcohol or other drugs as a form of self-medication to deal with their own emotions. Regarding peer pressure's psychological effect, Galduroz et al. (2021) stress the significance of peer relationships and their impact on adolescent substance misuse. It implies that people may consume drugs to associate with their peers or to be accepted.

**Environmental variables:** Environmental factors play a significant role in the development of substance abuse among youth. One of the things that influence young people's behavior, such as substance use, is the media. Primack et al (2021) examined the relationship between exposure to alcohol portrayals on social media and increasing alcohol intake among young.

They found that there was a positive correlation between these two factors. In terms of community factors, Evans-Polce et al. (2019) investigated the relationship between Youth substance use and local economic conditions. They discovered that there was a link between increasing substance use and higher levels of community poverty, demonstrating the influence of socioeconomic variables on substance misuse. In addition, adverse childhood experiences (ACEs), exposure to violence, deprivation, or neglect are all associated with an increased risk of substance misuse (SAMHSA, 2014).

**Mental health disorders:** Substance abuse and mental health disorders often co-occur, and there is a strong correlation between them. Individuals with mental health disorders such as depression, anxiety, or post-traumatic stress disorder (PTSD) may turn to drug or alcohol use as a way to cope with their symptoms (NIDA, 2020).

**Social factors:** There are several factors contributing to Substance abuse. Social factors such as cultural norms, social acceptance of drug use, and availability of drugs in the community can also contribute to substance abuse. Individuals who are surrounded by people who use drugs or who live in communities where drugs are prevalent may be more likely to engage in substance abuse (SAMHSA, 2014). A study conducted on family dynamics found that family dynamics like Family conflict, poor communication, and lack of support can contribute to substance abuse among family members. Individuals who grow up in households with substance abuse may also be more likely to develop substance use disorders themselves (National Institute on Drug Abuse, 2019).

In Ethiopia, Substance abuse is also accompanied by several risk factors. A study conducted by Awoke et al. (2017) revealed that socioeconomic factors like poverty, unemployment, and limited access to healthcare and education, people from low socioeconomic origins more likely to take drugs. The study by Gebremedhin and Gebreslassie (2011) testify that Peer pressure and peer influence, particularly in urban areas, can be significant risk factors for substance use among Ethiopian teenagers.

### **2.1.5. Common Characteristics and Personality of Drug Users**

According to studies, based on certain behaviors and attitudes, people who abuse substances reflect the following state of existence such as; Suffering from anxiety, depression, appearing anxious, feeling awkward, impatient, arrogant, or angry (BMC Public Health, 2012). Some certain kinds of traits and behaviors that tend to accompany substance abuse are making rush decisions, constantly seeking excitement and new sensations, feeling cut off from society, valuing deviant or nonconformist behavior, lacking patience, having a hard time waiting for delayed gratification and some personality disorders do appear to have a connection to substance abuse.

In addition, for individuals who abuse substances, the substances become more important than almost anything else. They may lie about situations so that they can abuse drugs without being discovered, they may spend their savings to get more drugs, they often become defensive or angry if the addiction is addressed, and they may also feel guilty and go through periods of remorse during which they decide to get help, only to relapse later (UNODCCP, 2000).

### **2.1.6. Substance Abuse among Youth**

Youth substance abuse is a complex issue that calls for a multifaceted strategy that includes education, prevention, early intervention, and treatment. It is a developing public health concern.

According to NIDA (2021), youth substance abuse is a widespread problem with one in every ten seniors in high school admitting to using illicit substances. The two substances that young people use the most frequently are alcohol and marijuana. Substance abuse can have serious consequences for youth, including impaired cognitive development, increased risk of accidents and injuries, mental health problems, and academic difficulties. Prevention initiatives aimed at young people should emphasize lowering risk factors and promoting protective variables such as wholesome coping mechanisms, supportive relationships with others, and parental participation (SAMHSA, 2014).

### **2.1.7. Prevalence of Substance Abuse-Global trend**

According to the United Nations Office on Drugs and Crime report on the World Drug Report (2011), in terms of production in volume, Cannabis is the production of cannabis herb, followed by cannabis resin. Cocaine and heroin are the illicit drugs produced in the second-largest amounts. The generation of stimulants similar to amphetamines appears to be equivalent to that of heroin.

The World Drug Report adds that cannabis herb is produced on every continent and in practically every nation. Contrarily, developed nations like North America, Europe, and Oceania are where the majority of cannabis is produced indoors. On the production of cannabis herb worldwide, there is no credible trend data available. Seizures of cannabis herbs point to a constant level of manufacturing of cannabis herbs worldwide. Geographically speaking, the production of cannabis resin is more constrained.

According to data on the origin of cannabis resin supplied by Member States, this appears to occur mainly in Morocco, which produces mostly for the markets in West and Central Europe and North Africa, and Afghanistan, which produces mostly for the local market and neighboring countries in South-West Asia. The output of cannabis resin has reportedly decreased recently, according to Moroccan officials. Based on collaborative surveys between the UNODC and the Afghan government, the country's cannabis output appears to have stabilized in 2010 as compared to 2009, when it was estimated to have produced 1,500–3,500 MT.

According to the World Drug Report, studies conducted in the primary coca and opium-producing regions between 2007 and 2009 demonstrate a drop in both substances (21% for opium and 13% for coca). Awareness of the prevalence of drugs worldwide requires an awareness of both their distribution and manufacture, which are separate but equally essential factors. According to UNODC's report, the specific pattern of trafficking looks like this: The majority of cannabis herb trafficking occurs inside one region. The majority of cannabis is grown and consumed locally, rarely crossing international borders. The majority of Morocco's cannabis resin production is intended for consumption in North Africa and West and Central Europe. Most of Afghanistan's cannabis resin is exported to its neighbors.

The main markets for the cocaine produced in the three Andean nations—Colombia, Peru, and the Plurinational State of Bolivia—remain in North America and West and Central Europe. After subtracting seizures and consumption inside the Andean area, the actual exports from Andean nations are projected to be 788 MT. 378 MT are thought to have traveled from the Andes to North America in 2009; of this amount, 200 MT—purity adjusted—were intercepted. The importance of North America has declined, however, over the last few years, the countries of West and Central Europe were the next main destinations, receiving the majority of direct shipments, and however some trafficking also occurs via African nations, particularly West Africa (about 13% of all trafficking to Europe). Nearly 100 MT (purity adjusted) of cocaine, which is estimated to have traveled from the Andean region to West and Central Europe, were apprehended during the operation. Additionally, a sizeable portion of the cocaine generated is also smuggled to South American nations in the Southern Cone for domestic consumption. Heroin trafficking is both intra-regional and interregional. Heroin produced in Afghanistan is consumed within the region and/or trafficked to Europe. Some 160 MT of Afghan heroin is estimated to have entered Pakistan in 2009 of which the bulk (some 138 MT.) were for final destinations in Europe, South-East Asia, South Asia, and Africa. Some 145 MT. of heroin is estimated to have been trafficked from Afghanistan to the Islamic Republic of Iran for local consumption and onward trafficking in 2009. Some 75-80 MT. of heroin are estimated to have reached West and Central Europe, mostly trafficked via South-East Europe. About 90 MT. of Afghan heroin is estimated to have been trafficked to Central Asia, mainly for final destinations in the C.I.S countries, notably the Russian Federation. The majority of the heroin produced in Myanmar is sold on the markets of neighboring South-East Asian nations. The majority of the heroin manufactured in Mexico and Colombia is exported to the United States, with a small amount also being used locally.

According to studies done on high school students, the prevalence of tobacco use is thought to be low, but many young people who smoke now risk dying young from tobacco-related diseases and facing a lifetime of addiction if the current trend is not stopped. It is depressing to learn that 17.5% of kids start smoking before they become 10 years old (DACA, 2005).

A study on Substance Abuse in Ethiopia was carried out by King's College London, Health Services Research Department, Institute of Psychiatry London, and Department of Psychiatry Addis Ababa University. The study revealed that Alcohol and Khat are the most frequent substances of abuse followed by cannabis and solvents. According to the survey, alcohol and khat are the most often abused substances, followed by solvents and cannabis. This study indicates that cocaine and heroin are not often utilized. Use in at-risk populations and among the general population.

The study states that cocaine seizures in Africa decreased to less than 1 MT in 2009 from 2.6 MT in 2008 and 5.5 MT in 2007. Seizure records from other locations also indicate a decreasing trend for Africa, particularly West Africa, for cocaine trafficking from South America to Europe, even though this quantity is quite minor compared to the quantities anticipated to be smuggled in and throughout Africa. However, cocaine trafficking continued in West Africa, and the continent of Africa in particular continued to be susceptible to come back. In 2008 or 2009, the following countries were listed as being used as transit nations for people trafficking: Benin, Burkina Faso, Ethiopia, the Gambia, Ghana, Guinea, Guinea-Bissau, Kenya, Mali, Niger, Nigeria, Senegal, South Africa, and Togo.

Ethiopia is indicated as one of the transit Areas for drugs in the UNODC World Drug Report of 2011. According to a 2005 assessment by the Substance Abuse for the Ethiopian Health Centre Team at the University of Gondar, Ethiopia is strategically located in a region with easy access to Asia, Europe, and other parts of Africa.

Additionally, Ethiopia has extensive borders that connect it to around five nations, which raises the risk of drug smuggling. Heroin has been moving from the Indian subcontinent to West Africa in recent years, then to Europe and North America. At Addis Abeba International Airport, heroin traffickers have been stopped numerous times, and on various instances, a sizable amount of heroin (up to 20kg/year) has been seized.

#### **2.1.8. Effects of Substance Abuse**

Substance abuse can have a range of negative effects on individuals, families, and communities. A study by Alebachew (2019) revealed that substance abuse has an impact on health, behavior, and the country's economy and is dire concerning, as particularly the number of youth, who are involved in the practice is rapidly increasing.

Another report disclosed that Substance abuse can lead to a wide range of health problems, including cardiovascular disease, respiratory disease, liver disease, and mental health disorders such as depression and anxiety (NIDA, 2020). Substance abuse can lead to strained relationships with family, friends, and coworkers, and can cause social isolation, financial problems, and legal issues (Samhsa, 2021). Impaired cognitive functioning: Substance abuse can impair cognitive functioning, including memory, attention, and decision-making abilities (NIDA, 2020).

Moreover, Substance abuse can increase the risk of accidents and injuries, including motor vehicle accidents, falls, and burns (CDC, 2021). According to UNDOC (2011), in related to drug, worldwide, drug usage is increasing the rates of sickness, mortality, and criminality. There were 200,000 drug-related deaths in the year.

Similarly, addiction is characterized by compulsive drug seeking and use despite negative consequences (NIDA, 2020). It is important to note that the effects of substance abuse can vary depending on the substance used, the frequency and duration of use, and individual factors such as age and overall health. Substance use has multifaceted consequences on individuals and socially. In showing the effect of substance abuse, the World Health Organization (WHO) report of 2004, revealed that 4% of all deaths resulted from the consumption of alcohol in the same year.

The first effects of inhalants are euphoric, but they can cause chronic depression, nausea, dizziness, poor judgment, altered perception, and speech difficulties. Sudden death and hallucinations have been reported in Street Drug Abuse and Children: Social and Health Consequences High dosages have been associated with adverse consequences. Users claim to be high after using inhalants, and they do it to avoid problems or to avoid feeling depressed or bored. Memory loss, anxiety, sadness, migraines, disturbed sleep, and neurological damage are the outcomes of long-term use.

Research has shown that while ethanol and other central nervous system depressants and inhalants have comparable mechanisms of action, inhalants are far more powerful. While co-morbid conditions may potentially contribute to prenatal exposure, hyperactivity, retardation, and respiratory issues appear to be the outcomes of prenatal exposure (WHO, 2004).

Around the world, smoking is linked to roughly 10% of cardiovascular illnesses, 42% of chronic respiratory conditions, and 71% of lung cancer cases. 12% of deaths in the world are attributed to it, whereas 6% are related to women. Around one in eight deaths among persons 30 years of age and older were attributed to tobacco use in 2004. Tobacco use was estimated to have caused 5.1 million deaths globally. WHO Global Health Hazards, 2005 states that tobacco use was the cause of 11% of deaths among men in India between the ages of 30 and 59. The estimated 245,000 deaths linked to illicit drug use are also subject to significant ambiguity, according to this WHO research, even if it is challenging to gauge the amount of drug use.

The UNODC report states that fatal drug overdoses, suicides, drug-related accidents (like car crashes), infectious disease deaths HIV/AIDS and Hepatitis C among injecting and other drug users from contaminated needle use, and medical conditions (like organ failure) linked to long-term drug use are among the deaths related to or associated with the use of illicit drugs.

Everyday consumption of Khat was linked to unprotected sex in a study by Alexandra and Sharon (2007) involving over 20,000 youngsters, both in and out of school. There was a noteworthy and direct correlation found between alcohol consumption and unprotected sexual encounters; individuals who regularly consume alcohol had a threefold higher likelihood than those who do not.

### **2.1.9. Social Well-being**

Well-being is mostly understood from the perception of individuals' experience and hence it indicates subjective well-being that happens within individuals (Tegne & Rendell, 2005). Psychologists on their part explain the term well-being as a person's status that depends on the strength of the individual. They further argue that there are psychological factors that matter for the well-being of a person in terms of 'happiness'. Psychological well-being is based on self-acceptance, personal growth, positive relationships, self-determination, and a sense of purpose in life. On the other hand, Keyes & Lopez (2002), as cited in Tegne & Rendell (2005), show that well-being has also social dimensions that consist; of social acceptance, social actualization, social coherence, and social integration.

According to Dunaeva (2018), well-being is the status that one feels to belong and feels to have a place in society. The World Health Organization (WHO) on the other hand terms social well-being as an important component of health alongside physical & mental aspects. In addition, it

is the ability to participate, feel valued as a member of, and feel connected to the wider social community (Sinclair, 2021). Furthermore, Dunaeva, (2018), describes well-being that it is the absence of bad feelings and conditions and also a sense of success and personal fulfillment.

According to Ryan and Deci (2001), well-being is frequently viewed psychologically as a good and rewarding experience of life that includes both hedonic (experiencing pleasure) and eudemonic (a sense of purpose and fulfillment) elements. Other Psychologists further argue that there are psychological factors that matter for the well-being of a person in terms of 'happiness'. Psychological well-being is based on self-acceptance, personal growth, positive relationships, self-determination, and a sense of purpose in life. Moreover, in the other study, Keyes and Lopez (2002), as cited in Tegne and Rendell (2005) showed that well-being has also social dimensions that consist; of social acceptance, social actualization, social coherence, and social integration. Furthermore, Dunaeva (2018) describes well-being that it is the absence of bad feelings and conditions and also a sense of success and personal fulfillment.

#### **2.1.10. Substance Abuse and Social Well-being**

Social well-being refers to the quality of relationships and social connectedness that a person has with others, as well as their overall sense of belonging and community involvement. Substance abuse can affect these aspects of the social well-being of the youth in a number of ways. The youth who consume substances are more likely to face social isolation, poor academic achievement, and engagement in criminal activity (Oesterle et al., 2004). Several other studies have also found a correlation between substance abuse and social problems, including isolation, strained relationships, and decreased involvement in social activities.

One study published in the Journal of Substance Abuse Treatment revealed that youth with a history of substance abuse were more likely to report social isolation and poor social support than those without a history of substance use (Vorma et al., 2017). Another study conducted on substance abuse found that individuals with alcohol use disorders reported a lower level of social connectedness and a higher level of loneliness than those without alcohol use disorders (Herchenroedr, 2022).

In addition to social isolation and decreased social support, substance abuse can also lead to strained relationships with family and friends. A study published in the journals of substance abuse found that individuals with substance use disorders were more likely to report conflicts with family members, and friends, as well as decreased trust and intimacy in their relationships (Kelly et al., 2011).

Moreover, a study conducted in Iran found that substance abuse among youth is associated with a lower quality of life and decreased social support. The study also found that youth who are engaged in substance abuse were more likely to report feelings of loneliness and social isolation. Therefore, these studies note that substance abuse has significant negative effects on the social well-being of youth who are involved in substance abuse.

## **2.2. Theoretical Review**

There are a number of guiding theories for social work practice in connection to substance abuse issues. To guide this study, among the others, the researcher examined the following three theories to see how the behavior of substance abuse can be explained in light of the theories.

### **2.2.1 Social Learning Theory**

The foundation of social learning theory is that we acquire knowledge through social interactions with others. People adopt comparable behavior on their own by observing the behavior of others (Razieh, 2012). According to Payne (2005) (as cited in Driaditsile & Mabote, 2019), behaviors are learned in the setting of reciprocal determinism or the interaction between observed behavior, cognitive variables, and external contexts. The social learning theory emphasizes an observational learning and modeling process, people learn by observing and imitating others, as well as through reinforcement and punishment of the behavior (Bandura, 1986).

Learning is a cognitive process that takes place in a social setting rather than being merely behavioral. Observing behavior and the results of the behavior (indirect reinforcement) both contribute to learning. The primary method of learning in the process of learning observations is information extraction from those observations and decision-making regarding the performance of the behavior (observational learning or modeling).

Therefore, learning can take place without a visible behavior change. In addition, the learner is not merely a passive receiver of knowledge; rather, cognition, environment, and behavior all interact with one another to determine behavior (reciprocal determinism).

This theory suggests that people learn by observing and imitating others, as well as through reinforcement and punishment of the behavior (Albert Bandura). In the context of substance abuse, social learning theory suggests that individuals are more likely to engage in drug and alcohol use if they observe others around them engaging in similar behavior or if they perceive that such behavior is rewarded or normalized in their social environment.

Modeling, or learning through behavior observation, is a key component of social learning theory. Three categories of modeling stimuli are listed by Bandura. Specifically, verbal instruction, which involves describing the desired behavior in detail and giving the participant instructions on how to engage in it, live modeling—in which a real person models the desired behavior—and symbolic modeling, which involves using media—such as radio, television, literature, and movies—to model the desired behavior. Characters from fiction or reality could act as triggers (Razieh, 2012). The observed behavior is influenced by several cognitive and behavioral processes, in addition to the types of models.

The social learning theory can also be used to explain how criminal activity, substance misuse, and deviant behavior develop. According to the theory, a person never learns these actions if they are never observed. In theory, a teenager who was never exposed to substance addiction, criminal activity, or excessively dangerous sexual practices would never engage in those behaviors. Adopted conduct has repercussions that eventually lead to favorable results (Theodoros & Olga, 2014).

Research has provided support for the role of social learning theory in substance abuse. For example, a study by Andrew and Hope (2010) found that adolescents were more likely to use alcohol if their peers also use alcohol, and if they perceived that their friends have positive attitudes towards drinking alcohol. Another study conducted by Sussman et al. (2011) found that exposure to smoking in movies was a significant predictor of initiating adolescent smoking among adolescents.

According to the social learning theory, regular use of drugs or alcohol leads to habit formation. It goes without saying that every person's experience with cocaine and alcohol is unique. They may have a particular personality, and the impacts depend on their past and lifestyle choices. When trying to quit, someone who is using it to solve personal issues will face different challenges than someone who is using it to socialize with friends. People who use drugs or alcohol anticipate what they will experience if they use them again. The majority of people might not be aware that variables like dosage, personality, and environment affect how they feel when using drugs or alcohol. Those who use these substances will eventually discover that these elements alter the results in ways that are not anticipated. The degree to which someone's use becomes problematic depends on what they anticipate (Razieh, 2012).

### **2.2.2 System Theory**

As one of the social work theories, system theory also provides a framework as to why a person behaves in a certain way. The theory explains that behavior is influenced by several factors that interact to form a system. The factors may include; social network, family system/dynamics, cultural norms, peer friends, and the environment. The theory helps the social worker to examine the situation of clients through the framework of System theory.

A study conducted by Davies et al. (1994) explored the relationship between System theory and substance abuse. In their study, they found that Substance abuse is not just an individual problem but a systemic problem that requires a systematic approach to address the problem. In Addition, the outcome of the study suggests that system theory emphasizes the interdependence between individuals, their environments, and the larger system they are part of. Interventions aimed at treating substance abuse should take into account the individual's broader social context and involve individual, family, and community-based interventions.

Other studies conducted revealed that family functioning was an important predictor of substance abuse treatment outcomes. The functioning of both individuals and their families was significantly related to the success of the treatment. The study also found that changes in family functioning were associated with changes in individual substance abuse.

Furthermore, Arroyo et al. (2013) examined the impact of social support on the treatment plan for substance abuse. In their study, they found that the treatment success with substance abusers of those who received a high level of social support is higher than with those who

received lower or not any. The study also emphasized the importance of considering the social network of the individual with substance abuse problems and suggests that increased social support intervention brings about significant change in the treatment of individuals with the problem.

Another study shows that the environment that an individual lives in can also influence the behavior of substance-abusing young people. Thus, environmental factors such as; crime and poverty are associated with higher levels of substance use in urban areas (Leukefeld et al., 2017).

### **2.2.3 Cognitive -Behavioral theory**

This theory suggests that the way an individual thinks and processes information can impact their behavior toward drug and alcohol use. This theory suggests that maladaptive thought patterns can contribute to substance abuse and that modifying these patterns can lead to effective treatment outcomes (Rutgers, 2012). The Cognitive-Behavioral Model (CBT), which contends that certain cognitive elements, including the individual's views about themselves, others, and their environment, maintain substance use disorders, is one example of a cognitive theory of substance abuse. This model suggests that people who struggle with substance use disorders may have false ideas about the benefits of drugs or alcohol, lack self-assurance in their capacity to manage unpleasant emotions, and struggle to identify and manage drug use triggers.

In Conclusion, The above theories, for example, social learning theory, has been selected because it helps one to understand substance abuse as a learned behavior through social interactions. The theory guided this study in such a way to investigate how relationships, peer pressure, modeling, and the social environment influence young people's involvement in this behavior. From system theory's perspective, one can understand that substance-abusing behavior is influenced by several factors that interact to form a system or a behaviour. The theory helped the researched as a guide to assess the different factors or reasons that resulted substance abusing behavior in the target Youths' life. Thus, the researcher based this study on these two important theories, social learning theory, and system theory as substance abuse among youth is related to a learned process and influenced by different factors that form a system or behaviour.

### 2.3. Empirical Review

This empirical review examines the impact of substance abuse on the social well-being of youth and critically assesses the existing literature. Numerous academic and other sources have addressed substance use and abuse among Ethiopian youth, especially among students.

For instance, a study conducted in North West Ethiopia focused on cigarette smoking and Khat chewing among college students. The findings revealed a lifetime prevalence of 13.1% for cigarette smoking and 26.7% for Khat chewing. The study also found that 8.1% of the participants were current smokers, while 17.5% were current chewers. Additionally, 31.7% of lifetime smokers and 45.6% of lifetime chewers started these habits during their senior secondary school years (Kebede, 2002).

Similarly, a survey was carried out in Addis Ababa across three public universities from 2005 to 2011, investigating substance abuse practices and their contributing factors (HEIs Partnership Forum, 2012). All groups of respondents acknowledged that the issue of substance abuse practices and its influencing factors was increasingly serious in the country. For instance, a study conducted at Addis Ababa University reported a prevalence rate of 25.7% (Nugussu et al., 2009). Likewise, another study conducted at Haramaya University found that 38% of participants engaged in unprotected sexual activity with a professional sex worker (Tariku et al., 2012).

According to a survey conducted at Haramaya University, more than half of the participants (53.8%) reported using drugs at some point in their lives. Among Haramaya University students, the most commonly used substances were alcohol (41.7%), khat (30.3%), cigarettes (11.3%), and illicit drugs (3.9%). In a study by Andualem (2011), it was found that 33.5% of the respondents had engaged in sexual experiences. Andualem further suggests that dangerous sexual behavior was significantly correlated with the abuse of khat, alcohol, and cigarettes.

A study conducted at Hawassa University (HU) revealed that among the participants, the most commonly abused substances were alcohol (10.0%), cigarettes (3.3%), khat (6.8%), and shisha (2.2%) (HU, 2011). The study also found that regardless of their educational level, students engaged in risky sexual behavior to a similar extent. Another study carried out at Mekele University reported a substance use rate of 20.1% among students (Kidan, 2011).

The most commonly abused substances in this study were alcohol (16.6%), followed by khat (14.8%), cigarettes (8.8%), and cannabis (8.8%). Additionally, the study found that substance abuse was more prevalent among male respondents compared to females. Furthermore, individuals who started abusing substances due to peer pressure were 15 times more likely to continue substance abuse compared to those who did not.

In a study by Girmay et al. (2013), it was found that the overall prevalence of substance abuse was 14.1%. The commonly abused substances in this study were alcohol (13.4%), khat (7.8%), and cigarettes (5.4%). The researchers discovered a strong correlation between students misusing drugs and factors such as sex, peer pressure, drug availability, family drug use, personal enjoyment, and academic discontent.

Berhe et al. (2016) conducted a study on the prevalence of substance abuse and associated factors among university students in Tigray. Their findings indicated that out of 471 students included in the study (with a response rate of 96.8%), 57.2% were males. The study revealed that 43.9% of students were substance abusers, and the main factors leading to substance abuse were the influence of friends who use substances in school and family members who engage in substance abuse.

Similarly, Mahlet (2011) cited khat, shisha, cigarettes, and alcoholic beverages are the most popular drugs used by secondary school students. Risk factors for drug abuse were found to be significantly associated with lifetime drug abuse and the level of academic performance. Students who engaged in drug abuse behavior faced various problems including behavioral, psychological, health, and social consequences, which directly or indirectly affected their education.

In a study conducted by Tesfaye et al. (2014), it was found that approximately two-thirds (62.4%) of individuals had used at least one drug. Among the substances, alcohol was the most frequently consumed, accounting for 50.2% of usage. The researchers discovered a significant correlation between substance usage and gender, with a higher likelihood of substance use among male participants. Furthermore, third-year students were more prone to engaging in substance use behavior. Interestingly, being a follower of Muslim or Protestant religions appeared to have a protective effect against substance use.

On the other hand, married and depressed students were more likely to use substances compared to others. Overall, the prevalence of substance use was found to be quite high.

In a separate study conducted by Henok (2015), the overall prevalence of substance abuse among Ayer Tena secondary school students was found to be 24.6%. The most commonly abused substances included smoking cannabis, chewing khat, consuming alcohol, and smoking cigarettes. Additionally, the study revealed that many students abused multiple substances simultaneously, with khat and cannabis being the most highly abused substances. Gender did not show a statistically significant association with substance use; however, male students were found to be more exposed to the problem compared to their female counterparts. Socio-demographic variables such as family drug use and age showed a significant association with substance use. The majority of participants fell within the age range of 15-16 years, constituting 86.18% of the sample. The study also highlighted the influence of family and peer pressure on drug use behavior. It was observed that drug use was more common among peers than within families, although both factors played a significant role.

According to Rahel (2017), alcoholic drinks, Khat, Shisha, and cigarettes were commonly consumed by secondary school students, both privately and publicly. It was found that smoking cigarettes was associated with gender, with male respondents smoking more than females. Gender was statistically significant in cigarette smoking. The students faced various problems due to their drug abuse behavior, which had negative effects on their education, both directly and indirectly. These problems included behavioral, psychological, health, and social consequences.

In a study conducted by Liranso et al. (2017), it was discovered that the participants abused substances such as alcohol, nicotine, cannabis, and heroin. The reasons for their substance use varied and included individual, family, and environmental factors. However, peer group pressure was identified as the primary factor influencing youth substance use. The study highlighted the negative impact of substance abuse among young people while also providing strategies to address the issue. It emphasized the need for a collaborative effort from all stakeholders in tackling substance abuse.

Ferehiwot (2019) revealed that socialization issues particularly peer pressure, played a central role in initiating substance abuse among youths. Other factors included seeking relief from stress and using substances as energy boosters. The lack of awareness about the risks associated with substance abuse, easy access to substances in their neighborhoods, and unemployment also influenced young people to engage in daily substance abuse. Consequently, these youths were exposed to various risky behaviors, including violence and unsafe sexual practices.

Lina (2019) found that the majority of respondents, in her study, abused substances, with male students exhibiting higher rates of substance abuse compared to females. Khat was identified as a highly abused substance. Substance abuse was a significant contributing factor to illicit drug abuse. Social factors such as a family history of substance abuse, peer pressure, easy availability of substances near the campus, and social acceptance of substance abuse were identified as strong predictors of substance abuse among students. The availability of substances had negative effects on both the student community and the surrounding community. On one hand, easy access to substances increased substance abuse habits among students; while on the other hand, students with substance abuse problems influenced youngsters from the outside community.

According to Meron (2022), the prevalence of current substance use is high in general. Several factors were found to be significantly associated with psychoactive substance use among students, including family members' substance use, relationship status, acceptance of substances in the community, close friends' substance use, marital status of students' families, and year of study or being an intern. Therefore, the study area had a relatively high rate of psychoactive substance use among youth. The most commonly used substances were alcoholic beverages, followed by tobacco products and Khat. Factors such as year of class, relationship status, and marital status of family members, community acceptance, family members' substance use, and close friends' substance use were found to be associated with the use of psychoactive substances.

## 2.4. Conceptual Framework of the Study

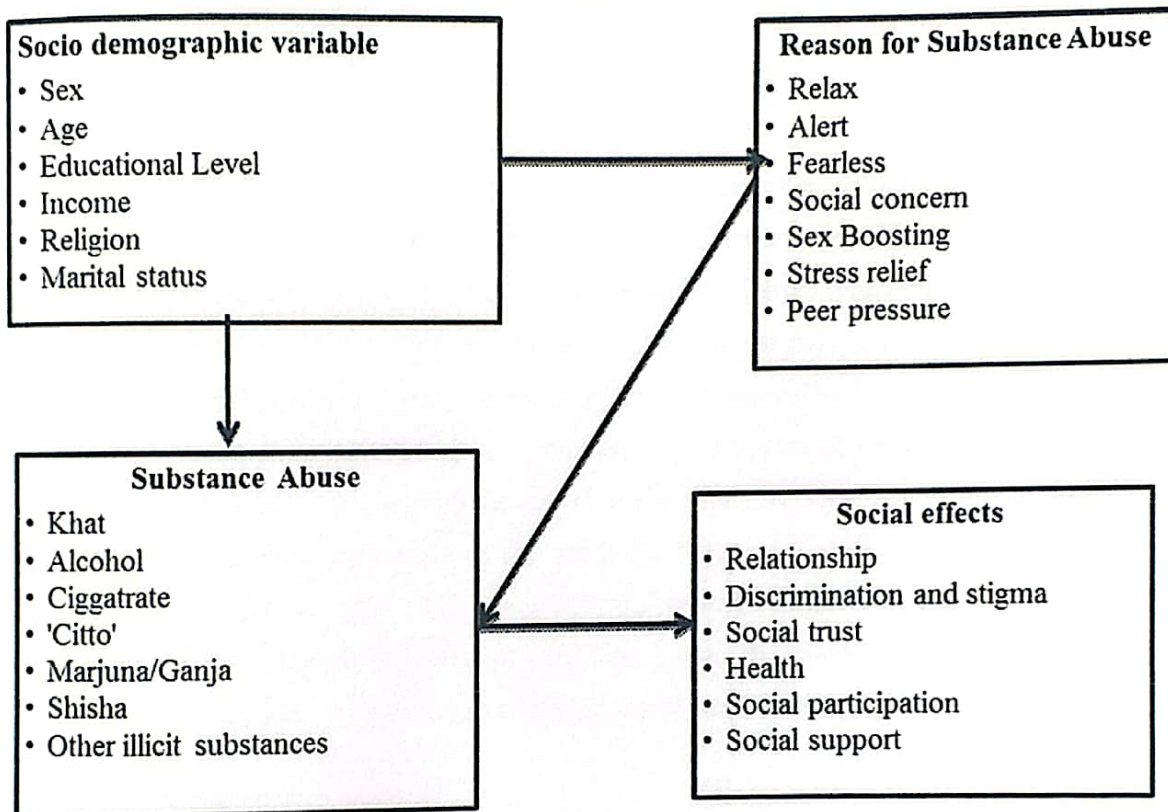


Figure 1: Conceptual framework of the study

The above conceptual frame work of the study was constructed based on the key concepts and variables relevant to the study's research problem to show the relationships among them. Thus, the conceptual framework provides a comprehensive overview of the socio-demographic factors, reasons for substance abuse, and social effects associated with different types of substances. The conceptual frame work can aid in understanding the complex dynamics surrounding substance abuse and inform targeted interventions and policies aimed at prevention and support.

In summary, this empirical review analyzed the impact of substance abuse on the social well-being of Ethiopian youth and evaluates existing literature. The review identifies various studies conducted among Ethiopian youth, particularly with students' experience of substance use and abuse. Findings from these studies reveal high prevalence rates of substance abuse, including cigarette smoking, Khat chewing, alcohol consumption, and illicit drug use.

The studies also highlighted the correlation between substance abuse and risky behaviors such as unprotected sexual activity and engagement in dangerous sexual behavior. Peer pressure, family influence, and easy access to substances are identified as significant factors contributing to substance abuse among youth. The review emphasizes the need for collaborative efforts from all stakeholders to address and mitigate substance abuse issues among Ethiopian youth.

In conclusion of literature review section, the reviewed literatures provide a broad conceptual understanding of substance abuse including the prevalence, factors, perceptions, and effects of substance abuse. The section examines into various theoretical perspectives that underpin the researcher's understanding of youth substance abusing behavior. Furthermore, it addresses the global, national, regional, and institutional prevalence of substance abuse, examining its health, economic, psychological, and some how social implications as documented in the literature. Most studies extensively documented the physical, behavioral and psychological effects of substance abuse. However, this study examined and described effects of substance abuse on social well-being of youth: In case of Yirgalem Town, by employing a mixed research approach aiming to gain a comprehensive insight about the research problem.

## CHAPTER THREE

### RESEARCH METHODOLOGY

#### 3.1. Description of the Study Area

The research was conducted in Yirgalem town, situated in the Sidama regional state. Yirgalem is located approximately 325 km south of Addis Ababa and about 47 km south of Hawassa city. The town is accessible via the Moyale highway in Ethiopia. It is located at 6°4' North latitude and 38°23' East longitude, in the eastern part of Hawassa. Its current population number is estimated to be around 93,472 (Yirgalem City Administration, n.d.). Yirgalem falls in the Weina Dega climate zone (and it is tropical and moderately hot) with mean annual rainfall ranging from 900 mm to 1800 mm and a mean temperature varying from 10°C and 32°C. The elevation of the town ranges between 1600 mm to 1800 mm above sea level.

It is located in a region with two distinct geographical features: the southeastern highlands and the rift valley. It is surrounded by two rivers known as Gidawo in the northeast and Woyima in the southeast. The area's topography is characterized by steep slopes, river valleys, and deposits from river erosion.

Yirgalem's history dates back to 1924 when it was established during the time of Ras Desta Damtew, the governor of Sidamo province. The town witnessed significant development and importance following the end of the Italian occupation. In 1956, piped water and 18 hours of electricity were introduced, and the first primary and secondary schools were established in 1958. Additionally, various government offices and hospitals were built to provide modern administrative services.

However, despite these advancements, Yirgalem's growth has been somewhat limited due to political constraints, which hinder economic development. The town is often referred to as an economic hub because it is located along the road connecting Addis Ababa and Kenya. This road passes through Abosto, which was named "kella" by the Italians during their occupation. Despite its strategic location, Yirgalem faces challenges attracting investors and experiencing sustained economic growth, as the area's cash crops are inconsistent. As a result, many investors choose to invest in more economically advanced cities. Among other social issues, the town struggles with the prevalence of substance use and abuse of its youth's segment, as

mentioned earlier, and the researcher tried to examine the effects of substance abuse on the social wellbeing of these youths in the town by utilizing the following methodologies.

### **3.2. Research Philosophy**

In this study the researcher employed pragmatic research paradigm. Because, as a philosophical underpinning for mixed methods studies, pragmatism dealt with the implementation of “what it works” and find solution for problems. It also provide a freedom for the researcher to select methods, procedures and techniques of study that fit to his objectives. It also opens the door to different worldviews, and different assumptions, as well as different forms of data collection and analysis to gain comprehensive insight a bout the subject matter under study (Hafsa, 2019).

### **3.3. Research Design**

A cross-sectional study with a descriptive research design is employed in this research. The choice of a cross-sectional study was motivated by the need to gather data within a limited timeframe. while the descriptive research design was selected for its capacity to systematically outline and summarize the behavioral characteristics of the participants.

### **3.4. Research Approach**

The researcher in this study utilized a mixed-method approach, which involves gathering both quantitative and qualitative data. Here, the researcher employed explanatory sequential research approach (Quantitative + qualitative). The core basis behind this approach is that using both quantitative and qualitative methods together provides a deeper and more comprehensive understanding of the research subject than using either method in isolation (Creswell, 2005).

### **3.5. Population of the Study**

The population of this study comprises youth involved in substance abuse in Yirgalem Town. According to the Yirgalem Town Administration Youth and Sport Office's half-year report (2023), a significant number of youths in the town are engaged in substance abuse. However, the exact number is unknown and difficult to estimate due to the dynamic nature of substance abuse behaviors, where individuals can start or stop their involvement at any time.

### 3.6. Sampling Technique

The researcher used a multi-stage sampling technique. First, the researcher purposively selected Yirgalem town as his study area. This is because the researcher, through his frequent travel to the study area, observed the prevalence of substance abuse and wondering the associate effects of among youth and the negative effects of the behavior the youth in the town are suffering from.

Second, the researcher used convenience sampling to choose 385 young people who are involved in substance abuse in the Town. The reason for this is as a "Convenience sampling is a technique where a sample is taken from the population that is easily accessible, handy, or near at hand" (Anol, 2012; 69). The data was collected using convenience sampling. This involved visiting popular consumption spots in the town and waiting there to engage with available youth who frequented these spots for substance consumption. Those who were willing to participate in the study were then approached for data collection.

Davis (2000), referenced by Israel (2009), states that the following formula can be used to determine the sample size for unknown population:

$$n = \frac{z^2 p(1-p)}{e^2}$$

$$n = \frac{(1.96 \times 1.96) \times 0.5(1-0.5)}{0.05 \times 0.05} = 385$$

Whereas:-

n=stands for the sample size which is drawn

e = level of precision or sometimes called sampling error

p= population proportion

Z= level of confidence.

The sample drawn from maximum variability of the population (P=0.5) with 95% level of confidence with 5% precision level. Therefore, the sample size of the study is 385 youth substance abusers in town administration.

### **3.7. Data Types and Sources**

There are two categories of data sources: primary and secondary. Primary data are created by the researcher specifically to address the issue at hand (Malhotra, 2005). For this study, the researcher used primary data sources. Primary data was obtained from substance-abusing youths and key informants. In addition, the researcher reviewed secondary sources namely published and unpublished materials like reports, books, journals, articles, and websites, prior the research work.

### **3.8. Tools of Data Collection**

The research utilized two methods for gathering data: structured questionnaires and a guide for key informant interviews.

#### **3.8.1. Questionnaire**

The study employed structured questionnaires to collect data from the target youth. It is among the most crucial research tools for gathering first-hand information. A structured, closed-ended questionnaire served as the study's main source of data. The four sections of the questionnaires were composed. The respondents' demographic data is included in the first section, while questions about prevalence, commonly abused substances, and causes of substance misuse are covered in the second section. Third part of the question related to the perception of youth on the effects and challenges of substance abuse and forth, the effects of substance abuse on the youth wellbeing. A five-point Likert scale ranging from 1 for "Strongly Disagree" to 5 for "Strongly Agree" is employed. The fourth part of the questionnaire deals with the effects of substance abuse on the social well-being of youth. The questionnaires were prepared in the English and translated into the Amharic.

#### **3.8.2. Key Informant Interview (KII)**

To compliment the data obtained through the questionnaire, key informant interviews were conducted to collect qualitative data from six respondents. Some literature recommend that four to six sample respondents for key informant interviews could be enough in certain situations, (Muellmann, et al., 2021). Based on this, key informants who were knowledgeable about the prevalence of youth substance abuse and associated effects they observe in the study

area were selected and interviewed. The interviews were conducted using open-ended probing questions as a guide for the researcher.

The researcher selected the six key informants with purposive sampling technique. This is because of their knowledge and responsibility entrusted them by the government to work on youth issues, including substance abuse. These includes, two police officers, to collect data related to youth delinquency/crime, one mental health specialist, one expert who is working on youth development in the town, Chief of Women, Youth, and children office, and with a founder and managing director of a local NGO called 'Beza New Generation,' working on youth social issues, who play a social worker role. The Interviews were conducted in Amharic and then ascribed into English. Interview conversations were recorded with brief notes taking during the conversations.

### **3.9. Data Collection Procedure**

The researcher, along with two assistants, personally collected the data. This was accomplished through self-administered questionnaires distributed to the target youth and interviews conducted with key informants. For youths who had difficulty completing the questionnaires independently, assistance was provided by the researcher and the assistants. The key informants were carefully chosen individuals from the community with extensive experience working on youth-related issues, providing valuable insights into the research questions. Throughout the data collection process, the researcher maintained close supervision. The researcher also clarified the study's objectives and ensured the questionnaires were properly distributed with the help of the data collectors. For the key informant interviews, the researcher conducted these sessions at the informants' offices, as per their preference.

### **3.10. Methods for Data Analysis**

Both quantitative and qualitative methods were used to analyze the data. Quantitative data collected using questionnaires was cleaned, organized, and coded. Finally, analyzed using descriptive statistic tools like frequency and percentage. Then, analyzed data presented using tables and graphs.

In addition, qualitative data gathered using key informant interview analyzed and interpreted thematically in line with research objective. Here, the researcher followed five steps namely transcription, coding, categorization, themes and write up.

### **3.11. Reliability and Validity test**

To check the validity and reliability of the instruments, a pilot test was conducted before administering the final instrument. The pilot test was conducted on 10% of the total sample i.e. 38 respondents were selected randomly.

#### **3.11.1. Validity of the Instruments**

There are three types of validity tests: content, criterion-related and construct validity. The study adopted content validity to ensure the test items represent the content that the test is designed to measure. Research tools are valid depending on how the data collected is related in terms of how effectively the items have sampled significant aspects of the general objective of the study. An expert, insight full of research issues, looked at the measuring techniques and coverage of the study to determine the content validity of the instrument. The underlying assumption of content validity is that every variable has a content population of an infinite number of items and that highly valid instruments constitute a representative sample of these items. The researcher discussed the instruments with his advisor and one other expert to ensure that it covers all relevant content areas comprehensively. Some vague items were modified and others which have repetitive nature were discarded to improve the quality of the instruments thus increasing the validity.

#### **3.11.2. Reliability of the Instruments**

To check the validity and reliability of the instruments, pilot test was conducted before administering to the final instrument. The pilot test was conducted on 10% (33). Questionnaire content and face validity was checked by advisors and experts in the field. They responded that the contents included in the questionnaire were good and easy to understand implying that the instrument fulfills content validity besides they forwarded constructive suggestions for improvement. Here the researcher mainly used reliability test and inter item correlation.

Reliability test used to measure the degree of internal consistency of an attribute which is supposed to measure. Thus to test reliability the researcher used Cronbach's alpha since it is the most commonly accepted measures of reliability. Beside to this inter item correlation has been checked to see interaction between items.

**Table 1:**  
**Reliability statistics**

No	Constructs	No items proposed	No of items dropped	No items retained	Cronbach's Alpha
1	Frequency of substance abuse	13	0	13	.805
2	Youth perception on substance abuse	11	0	11	.869
3	Effects of substance abuse on youth social wellbeing	17	1	16	.783

As it can be seen from the table above items related with frequency of substance abuse began with 13 items of which no item was dropped because their correlated inter-item correlation were 0.379 which is above the cut point 0.35 as a result, Cronbach alpha for item related with frequency of substance abuse was 0.805. Similarly, items related with youth perception on substance abuse began with 11 items of which no item was dropped because their correlated inter-item correlation were 0.387 which is above the cut point 0.35 as a result, Cronbach alpha for item related with youth perception on substance abuse was 0.869. Finally, items related with effects of substance abuse on youth social wellbeing began with 17 items of which 1 item dropped because their correlated inter-item correlation were 0.271 which is below the cut point 0.35 as a result, Cronbach alpha for item related with Level of involvement in sport betting was 0.783.

Totally, for three item categories, values of Cronbach's Alpha ranged from 0.783 to 0.869. However, due to dictomus nature of items related with practices and reasons of substance abuse, the researcher checked internal consistency of theses items using Kuder-Richardson formula(KR-20) which is  $\alpha = 0.72$  for practices of substance abuse and  $\alpha = 0.80$  for reasons for substance abuse. Thus, the average Cronbach's Alpha of questionnaire equals to 0.819 for the average for entire questionnaire. Thus, based on this result the researcher modified some of the items during final questionnaire preparation.

### **3.12. Ethical Considerations**

According to Fleming & Zegwaard (2018), a researcher needs to give due attention for the importance of research ethics in both the treatment of study participants and the handling of collected data. Thus, the researcher first explained the research participants about the objective and significance of the study and secured their oral consent. Based on the consent the data was collected by utilizing anonymous questionnaire and interview with confidentiality guaranteed. In doing so, ethical issue was observed to comply with ethical principle of the National Association of Social Work as declared as that Social workers should not solicit private information from clients unless it is essential to providing services or conducting social Work evaluation or research, the USA National Association of Social work (NASW, 2017).

## CHAPTER FOUR

### DATA PRESENTATION, ANALYSIS AND INTERPRETATION

This chapter comprises five sections. The first section deals with socio-demographic and economic characteristics of sample respondents, the second section deals with the prevalence of substance abuse among youth, the third section deals with reasons for substance abuse among youth, the fourth section deals with the perception of youth on substance abuse and lastly, on effects of substance abuse on the social wellbeing of youth in Yirgalem town has been discussed in section five.

This chapter also presents the analysis and interpretation of the data gathered by self-administered questionnaires and Key informants interview. The summary of the quantitative data has been presented by the use of tables and figures that incorporates statistical tools such as frequency percentage, mean and Standard deviation. Similarly, the qualitative data were organized according to the themes, analyzed, and used to strengthen or elaborate the quantitative one. Because the research design is descriptive and thus, qualitative data is used to complement the result obtained from the interpretation of the quantitative data.

As mentioned earlier, various data collecting instruments like self-administered questionnaires and in-depth interviews are used to collect necessary information for this study. Thus, a total of 385 questionnaires were distributed to youth substance abusers in Yirgalem Town administration, and 339 questionnaires were filled correctly and returned. The other 46 questionnaires were not filled in or contained incomplete information. Out of 8 total key informants, 6 (75.0 %) key informants were interviewed and gave necessary information on the issue under investigation. Therefore, the response rate of the study is 88.05%, which is considered satisfactory to make conclusions for the study which is confirmed by studies (like Mugenda & Mugenda, 2003; Bailey, 2008) which noted response rate above 70% rated as very good. This implies that based on this assertion, the response rate in this case of 88.05 percent is acceptable.

#### 4.1. Background characteristics of respondents

In this subsection, the respondents' gender, age, educational status, marital status, occupation, and average monthly income of the respondents have been discussed below.

Table 2 :

##### *Socio-demographic and economic characteristics of sample respondents*

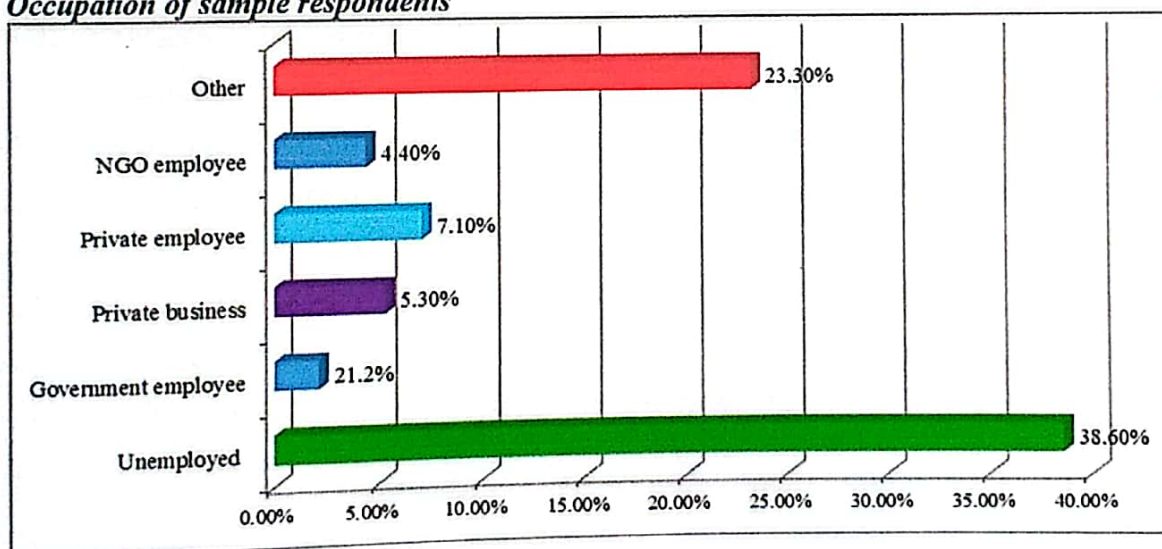
Item	Frequency	Valid Percent
<b>Gender of the respondent</b>		
Male	273	80.5
Female	66	19.5
<b>Total</b>	<b>339</b>	<b>100</b>
<b>Age of the respondents</b>		
15- 20 year	40	11.8
21- 25 year	130	38.3
26-29 year	169	49.9
<b>Total</b>	<b>339</b>	<b>100</b>
<b>Education status</b>		
Did not attained formal education	46	13.6
Primary education	45	13.4
Secondary education	62	18.3
Certificate	18	5.3
College diploma	45	13.4
First degree	109	32.2
Second degree and above	13	3.8
<b>Total</b>	<b>339</b>	<b>100</b>
<b>Marital status</b>		
Single	192	56.6
Married	61	18.0
Separated	47	13.9
Divorced	32	9.4
Widowed	7	2.1
<b>Total</b>	<b>339</b>	<b>100</b>

According to Table 2, out of 339 respondents, 273 (80.5 %) were male and the remaining 66 (19.5 %) were female. It shows that the majority, (80.5 percent), of the respondents involved in substance abuse were male.

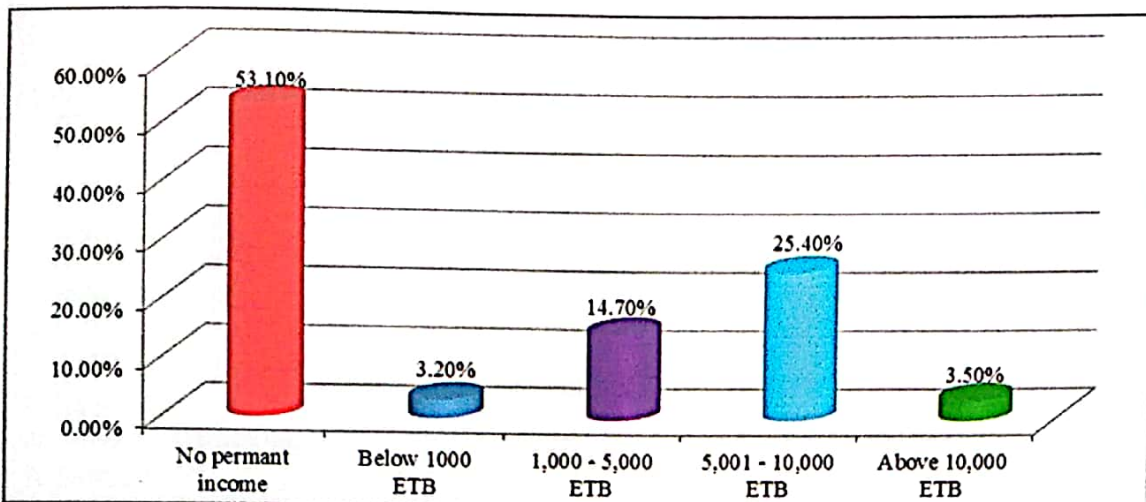
Concerning the age of sample respondents, almost the majority 169 (49.9 %) of the respondents were aged between 26-29 years followed by 130 (38.3%) aged between 21-25 years and the remaining 40 (11.8%) aged between 15-20 years. Thus, almost the majority (49.9 percent) of respondents aged between 26-29 years.

Education status also stated in Table 2 indicated that 109 (32.2 %) of the respondents have first degree followed by 62 (18.3 %) who completed secondary education, 46 (13.6%) did not attain formal education, 45 (23.4%) completed primary education, 45 (13.4 %) were college diploma and the rest 18 (5.3%) were certificate holders, and 13 (3.8%) of them were second degree holders. Thus, most of the respondents (32.2 percent) were first-degree holders who can easily understand the objective of the study and the instrument and easily provide genuine responses. In terms of marital status, 192(56.6%) of them were single followed by 61(18.0%) married ones, 47(13.9%) were separated though not legally divorced, the 32(9.4%) were divorced and the remaining 7(2.1%) were widowed. Based on the data, the majority of respondents were single and this implies that the behavior of substance abuse may delays those interested ones to entering into marriage life. While the age range of the study group might not necessarily be considered late for marriage, those who are employed and earn income, yet struggle with substance abuse, may face delays in getting married even if they want to. This is because their poor financial management due to substance abuse hampers their ability to plan for marriage.

**Figure 2:**  
*Occupation of sample respondents*



Concerning the respondents' occupation above, one-third, 131 (38.6 %), of the respondents were unemployed followed by 79 (23.30%) who were engaged in an informal income generating activities, 72 (21.2%) were government employees, 24 (7.1 %) were private employees and 18 (5.3%) employed by NGO, and 15(4.4%) others like students, Commercial Sex Workers etc. This implies most of the respondents were unemployed.



**Figure 3: Monthly average income of sample respondents**

Regarding respondents' monthly average income, the majority 180 (53.1%) of the respondents had no permanent income followed by 86 (25.4%) earn 5,001 – 10,000 ETB, 40 (14.7 %) earn 1,000 – 5,000 ETB, 12 (3.5%) earn above 10,000 ETB and the remaining 11 (3.2%) earn below 1,000 ETB. This means that the majority of respondents had no permanent income.

#### **4.2. Practices of Substance Abuse among Youth**

In this sub-section, the current practices of substance abuse, commonly used substances, and frequency of substance abuse among youth in Yirgalem town have been discussed. According to the key informants, the practices of substance abuse among youth in the town are alarming. To distinguish between substance use and abuse, the study considered the frequency of substance use among the target youth. As substance abuse is determined by the frequency and excessive amount of using the substances. A significant number of the youths in the study area are currently abusing Khat, Alcohol, and Cigarettes Shisha/Hashish etc. They confirmed this fact as many of the participants of the study were using either of the substances.

**Table 3:***Current practices of substance use among youth*

Substances	Use	
	Yes	No
	F (%)	F (%)
Alcohol drinking	339(100.0)	0(0.0)
Cigarette smoking	307(90.6)	32(9.4)
Khat chewing	338(99.7)	1(0.3)
Citto sniffing	151(44.5)	188(55.5)
Shisha smoking	250(73.7)	89(26.3)
Ganja/Hashish smoking	144(42.5)	195(57.5)
Benzene sniffing	6(1.8)	333(98.2)
'Mastish' sniffing	22(6.5)	317(93.5)
Using fabricated substances(Cocaine, Heroine etc)	14(4.1)	325(95.9)

Out of all respondents who currently use substances, all 339 (100%) of the respondents drinking Alcohol like; Beer, Wine, local drinks like Tela, areki, teje etc followed by 338(99.7%) Chewing Khat, 307 (90.6%) smoking tobacco/cigarette, 250 (73.7%) smoking Shisha, 151 (44.5%) Sniffing Citto, 144 (42.5%) smoking Ganja/Hashish and a few numbers sniffing Benzene 6 (1.8%), sniffing Mastish 22 (6.5%) and Using fabricated substances(Cocaine, Heroin etc) 14 (4.1%).

With regards to the practice of substances one of the the key respondents

(Resp-1) police officer stated;

“There is a prevalence of substance use and abuse in Yirgalem town and the practice is higher among the youth, no denial of the fact. In the town, there are two commonly used substances like Khat and Alcohol followed by Benzene sniffing (with small children coming from rural into the town). Other illegal drugs (Shisha/Ganja), etc are reported rarely practiced by youth.”

Similarly, the mental health specialist (Resp-2) added that

“There is a high prevalence of substance use and abuse among the youth in Yirgalem town, from my observation. We see it as a disabling issue which is not given a due attention to address the problem. Its impact on physical, emotional, and psychological aspect of individuals' health is high including social wellbeing of youth. The impact of substance abuse can be categorized into two. First, its negative impact on the life of substance abuser and the impact the abuser poses on the life of others like; family, friends, or to the community, the absence of rehab center is the major problem also.”

Social worker (Resp-3) also stated that;

*“There is a high prevalence of substance abuse among Yirgalem town’s Youth. There are a significant number of Khat shops, and local alcohol houses in the town, and it is very common to see the youth appearing on the street under the influence of the substances they took, in day or night.”*

Generally, the key informants stated that many youths seem drink alcohol almost daily. As initiating factors, the place they spare their time requires them to booze with their friends and they had a strong desire to try and then started using the substance to find out the reason why people are using it. Their desire to try beer and cigarettes started when they were kids. They grow up watching some of the youth in the town drinking, smoking, and behaving differently in the effect. They also expressed that they chew Khat and use Shisha for alerting and staying active whereas, mostly they drink alcohol, smoke cigarette, and in rare cases use fabricated drugs like heroin, etc.

**Table 4:**  
***Frequency of substance abuse among youth***

<b>Frequency of substance abuse</b>	<b>Frequency</b>	<b>Percentage</b>
<b>Alcohol drinking</b>		
Never use	0	0.0%
Every day	220	64.9%
Once in a week	1	0.3%
Twice a week	22	6.5%
Thrice a week	17	5.0%
More than thrice a week	79	23.3%
<b>Khat chewing</b>		
Never use	1	0.3%
Every day	253	74.6%
Twice a week	12	3.6%
More than thrice a week	73	21.5%
<b>Cigarette/Tobacco smoking</b>		
Never use	32	9.4%
Every day	278	82.0%
Twice a week	1	0.3%
More than thrice a week	28	8.2%
<b>Citto sniffing<sup>1</sup></b>		
Never use	188	55.4%
Every day	83	24.5%
Once in a week	19	5.6%
Twice a week	21	6.2%
More than thrice a week	28	8.2%
<b>Shisha smoking</b>		
Never use	250	73.7%
Every day	72	21.2%
Twice a week	12	3.5%
More than thrice a week	5	1.5%
<b>Ganja/Hasish smoking</b>		
Never use	144	42.7%
Every day	125	36.8%
Once in a week	18	5.3%
Twice a week	31	9.1%
Thrice a week	5	1.5%
More than thrice a week	16	4.7%
<b>Benzene sniffing</b>		
Never use	333	98.2%
Thrice a week	2	0.5%
More than thrice a week	4	1.2%
<b>Mastish sniffing</b>		
Never use	317	93.5%
Twice a week	4	1.2%
More than thrice a week	18	5.3%
<b>Using fabricated substances (Cocane, Heroine etc)</b>		
Never use	325	95.8%
Every day	5	1.5%
Once in a week	9	2.6%

<sup>1</sup> *Cito is a powder mainly produced from dried tobacco leaf mainly used by elders and youth for sniffing when they fill discomfort*

Note: The table presents data on the frequency of substance abuse among youth, highlighting the prevalence of different substances consumed at various frequencies.

In terms of substance abuse frequency among young individuals, the findings reveal the following patterns. Among those who consume alcohol, the majority of drinkers 220 (64.9%) reported daily alcohol use. Additionally, 79 (23.3%) consumed alcohol more than three times a week, and 22 (6.5%) consumed it twice a week.

Regarding the use of Khat, the majority of respondents who chewed Khat 253(74.6%) reported daily usage. Furthermore, 73(21.5%) chewed Khat more than a few days per week, and 12(3.6%) chewed it twice a week.

Similarly, among respondents who smoked cigarettes or tobacco, the majority 278 (82.0%) reported daily smoking. Additionally, 28 (8.2%) smoked cigarettes more than three times a week, and 1 individual (0.3%) smoked twice a week. In terms of Citto sniffing, the majority of youth participants who sniffed Citto 83 (24.5%) reported daily usage. Moreover, 28 (8.2%) sniffed it more than three times per week, 21 (6.2%) sniffed it twice a week, and 19 (5.6%) sniffed it once a week.

Likewise, among respondents who smoked Shisha, the majority 72 (21.2%) reported daily smoking. Additionally, 12 (3.5%) smoked it twice a week, and 5 (1.5%) smoked it twice a week. In terms of ganja/hashish smoking (marijuana or weed, etc.), the majority of respondents 125 (36.6%) reported daily smoking.

Furthermore, 31 (9.1%) smoked it twice a week, 18 (5.3%) smoked it once a week, and 16 (4.7%) smoked it more than three times per week. Among respondents who sniffed Benzene, 4 (1.2%) reported sniffing it more than three times per week, and 2 (0.5%) sniffed it thrice a week.

In general, the youth consume substances regularly. According to key informants, the majority youth consume alcohol, Khat and cigarettes almost everyday and few occasionally use Shisha while chewing Khat or using illegal drugs. The informants stated that alcohol and Khat are the most commonly used substances, followed by Shisha, marijuana, or weed, and Benzene. However, the use of heroin, cocaine, and similar drugs is relatively used less.

Concerning Mastish sniffing, the majority of youth participants 18 (81.8%) reported sniffing it once a week, while 4 (18.2%) sniffed it more than three times per week. Similarly, among respondents who used fabricated substances such as Cocaine, Heroin, and Petidine, the majority 9 (64.3%) reported abusing them once a week, while the remaining 5 (35.9%) used them once a week.

Similarly police officer-2 (Resp-6) stated about the practice of the substances by the youth in the town;-

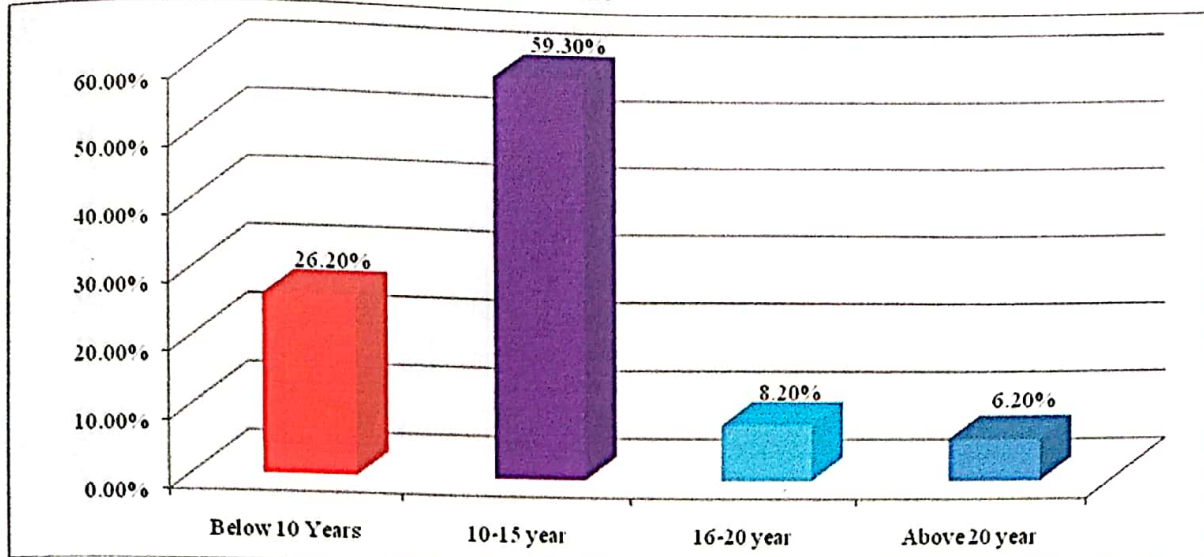
*“Khat, Alcohol drinks mainly local drinks like local Areke, Tella, Tej etc were commonly utilized substances in the town and mainly Benzene and Mastish were common among with small children live in streets which migrated from nearby rural areas”.*

Mental health specialist (Resp-2) also stated that;

“I saw the youth mainly using Khat, alcohol, and cigarettes. However, there are also some individuals who use harder, fabricated drugs. The most common substances available in the town are local alcoholic drinks (Arekie, Teje, tela etc) Benzene, and Khatto the best of my knowldege. Some young people in the town also engage in the illegal use of Shisha.” Improper utilization of prescribed medication is also a big problem.”

According to the informants, most of the target youths in Yirgalem town regularly consume different substances. Alcohol, Khat and Cigarette are mostly consumed Substances. Illegal drugs are taken irregularly. Shisha, marijuana (weed), benzene, Heroin, cocaine, and other drugs are less used used by the Youth.

Figure 4: Age at using substance for the first time



Regarding substance use in the town, the analysis made some interesting discoveries based on the data received from the respondents. It is unexpected that some respondents began consuming substances at an early age. Most respondents (59.3%) reported starting for the first time between the ages of 10 and 15. Additionally, 26.2% reported starting even before the age of 10, 8.2% started between the ages of 16 and 20, and 6.2% started after turning 20.

Thus, it can be concluded that the majority of study participants who currently misuse substances started between the ages of 10 and 15, during their youth years. This information refers to the time when respondents first used one of the substances in their early age, even though the study includes only participants aged between 15 and 29.

**Table 5:**  
*Time of substance abuse*

Time of substance abuse	Frequency	Percentage
1- 3 year	12	3.5
4 - 6 year	178	52.5
7-10 year	57	16.8
Above 10 year	92	27.1

Note: The data table provides an overview of the duration of substance abuse among the respondents.

Accordingly, the majority 178 (52.5%) of the respondents were consuming either of the substances from 4-6 years followed by 92 (27.15%) consume for more than 10 years, and 57

(16.8%) consume for 7-10 years. Others 12(3.5%) stated that they have experienced substance abuse from 1-3 years.

### 4.3. Reasons of Substance Abuse among Youth

In this sub section, reasons and initiators for substance abuse among youth in the town has been discussed.

**Table 6:**

*Main reasons for abusing either of substances among youth*

Reasons	Frequency	Percentage
Relaxing	264	77.8
Alert	250	73.7
Stress relief	182	53.7
Sex boosting	34	10.0
Peer pressure	188	55.4
Life dissatisfaction	115	33.9
Availability of substances with affordable price & near	112	33.0
Lack of awareness	16	4.7

Note. The data in the table represents the main reasons for substance abuse among youth, with frequencies and corresponding percentages indicating the proportion of respondents who cited each reason.

According to the data collected from sample respondents, 77.8 % used for relaxing purposes, 73.7% used for alerting purposes, 55.4% due to peer pressure, 53.7% for getting relief from stress, 33.9% due to life dissatisfaction, 33.0% of them was due to availability of substances with affordable price & easy accessibility everywhere in the town, 10% for sexual boosting and finally 4.7% were due to lack of awareness on long term impacts of substances. Therefore, the major reasons for substance abuse among the youth of the town were relaxation, alerting purpose, and getting relief from stress.

Police officer (Resp-1) expressed that:

“As for Yirgalem, the town's easy access to substances such as khat and alcohol, along with the influence of visitors like university students and businesspeople, have a detrimental effect on the local youth. Based on our knowledge as police officers, the primary causes of substance abuse among the youth are the readily available and accessible khat, which is transported into the town from neighboring khat-producing Woredas. Additionally, the presence of various alcohol establishments, high unemployment rates, and peer pressure contribute to the issue of substance abuse.”

Similarly, the Metal health specialist (Resp-2) also stated;

*“Easy availability and accessibility of the substances, inadequacy of places for recreational and sport activities are among main reasons for youths to involve in substance abusing behavior in Yirgalem town administration”*

Furthermore, social worker (Resp-4) also stated as follows:

“Unemployment coupled with substance abusing behavior is a big problem even for those who are graduated from different colleges and Universities now adays. The youth Center we run, (the Yirgalem Town Youth Economy Strengthening Service), is trying its best to provide the town youths with different services, the critically of the problem of substance abuse demands further collaborated and integrated efforts of community organizations, family, health sectors and other stakeholdres to addressing the issue effectively.”

Generally, the key informants revealed that youth in the town are abusing substances mainly due to the availability of substances with affordable prices and easy availability, peer pressure, and life dissatisfaction. They indicated that the personal desire to experiment with drugs and the environment made them curious and initiated substance usage. Curiosity about drugs is often influenced by modeling or observing peers and people in their surroundings.

The key informants also noted that youth who abuse substances believe that they will experience a positive social mood after taking them. They feel nice, relaxed, and capable of doing anything. Additionally, they perceive drinking alcohol as a means to improve their self-confidence and enhance social interactions. Substance use is associated with increased energy and an active mood among abusers.

**Table 7:**

***Initiators of substances abuse among youth***

<b>Reasons</b>	<b>Frequency</b>	<b>Percentage</b>
Peer groups	195	57.5
Sex partners	16	4.7
Media	59	17.4
Family members	69	20.3

Table 7 displays the initiator of substance abuse among the respondents. About 57.5% of the total respondents who have ever abused substances were initiated by their peers (friends), 20.3% initiated by family members, who are involved in susbtane abusing experiance. 17.4%

initiated by Media, and 4.7% of the respondents were initiated by their sex partners. Of the total participants of the study, the majority were engaged in substance abuse due to peer pressure. In line with this key informants stated that the main initiators of drug use were peers and family members.

#### 4.4. Perception of Youth on Substance Abuse

In this section youths' perception regarding the effect of substances has been discussed since attitude on the effects of substance abuse plays an important role in their consumption. As a result, target youths were asked about their perception of the effects of substance abuse in Yirgalem town. Respondents were required to indicate on a Likert scale of 1-5 where: 1 = Strongly Disagree, 2 = Disagree, 3 = Neutral, 4 = Agree and 5 = Strongly Agree. The computed mean scores were from 1.00 - 1.80 = Strongly Disagree, 1.81 - 2.60 = Disagree, 2.61 - 3.20 = Neutral, 3.21 - 4.20 = Agree and 4.21 - 5.00 = Strongly Agree. Interviewees' results and their opinion were also included along with descriptive analysis. In addition, qualitative data obtained from key informants were included. Thus, the respondents' responses were organized as follows:

**Table 8:**

##### *Perception of youth on substance abuse*

Items	1	2	3	4	5	Mean	SD
	F(%)	F(%)	F(%)	F(%)	F(%)		
Abusing substances helps me to feel good and alert	-	-	17(5.0)	96(28.3)	226(66.7)	3.82	1.15
Abusing substances helps me to feel confident in my communication with others	39(11.5)	-	69(20.4)	98(28.9)	133(39.2)	4.07	1.14
Abusing substances helps me to feel confident to take action courageously	54(15.9)	21(6.2)	64(18.9)	115(33.9)	85(25.1)	3.82	1.11
Abusing substances helps me socially accepted by peers as a sign of civilization	68(20.1)	5(1.5)	32(9.4)	138(40.7)	96(28.3)	3.89	1.04
Abusing substances helps me to feel happy	84(24.8)	221(65.2)	19(5.6)	15(4.4)	-	1.90	1.16
Abusing substances helps me to enhance my performance and creativity	54(15.9)	6(16.5)	27(8.0)	127(37.5)	75(22.1)	3.89	1.26
Abusing substances helps me to easily socialize with users	-	17(5.0)	2(0.6)	207(61.1)	113(33.3)	4.18	1.20
Abusing substances leads me to addiction	-	1(0.3)	85(25.1)	119(35.1)	134(39.5)	3.81	1.13
Abusing substances leads me to health problem	2(0.6)	21(6.2)	84(24.8)	116(34.2)	116(34.2)	3.94	1.17
Abusing substances leads me to crime and social evils	39(11.5)	19(5.6)	30(8.8)	93(27.4)	158(46.6)	3.99	1.06
Abusing substances leads me to poor life management	39(11.5)	24(7.1)	40(11.8)	109(32.3)	127(37.5)	4.14	1.66

Regarding abusing substances helps respondents feel good and alert, the majority 226 (66.7 %) of the respondents strongly agreed on abusing substances helps respondents feel good and alert followed by 96 (28.3%) respond agreed and 17 (5.0%) of the respondents stated neutral on abusing substances helps respondents feel good and alert. This means the majority of participants (95.0%) agreed on abusing substances helps respondents feel good and alert with a mean value of 3.82 and SD of 1.15.

Concerning abusing substances helps respondents feel confident in their communication with others, 133 (39.2 %) of the respondents strongly agreed on abusing substances helps respondents feel confident in their communication with others followed by 98 (28.9 %) respond agree, 69 (20.4 %) respond neutral (neither agree nor disagree), and 39 (11.5 %) of the respondents strongly disagreed on abusing substances helps respondents feel confident in their communication with others. This means the majority of participants (68.1%) agreed on abusing substances helps respondents feel confident in their communication with others with a mean value of 4.07 and SD of 1.14.

On issues in relation to abusing substances helping respondents feel confident to take action courageously, 115 (33.9 %) of the respondents agreed on abusing substances helps respondents feel confident to take action courageously followed by 85 (25.1 %) respond strongly agreed, 64 (18.9 %) respond neutral, 54 (15.9 %) respond strongly disagreed, and 21 (6.2 %) of the respondents disagreed on abusing substances helps respondents feel confident to take action courageously. This means the majority of participants (59.0 %) agreed on abusing substances helps respondents feel confident to take action courageously with a mean value of 3.82 and SD of 1.11.

Concerning using substances helps youth socially accepted by peers as a sign of civilization, most 138 (40.7 %) of the respondents agreed on using substances helps youth socially accepted by peers as a sign of civilization followed by 96 (28.3 %) respond strongly agreed, 68 (20.1 %) respond strongly disagreed, 32 (9.4 %) respond neutral and 5 (1.5 %) of the respondents disagreed on using substances helps youth socially accepted by peers as a sign of civilization. This means the majority of participants (69.0 %) agreed on using substances helps youth socially accepted by peers as a sign of civilization with a mean value of 3.89 and SD of 1.04.

Regarding abusing substances helps youth feel happy, the majority 221 (65.2 %) of the respondents disagreed on abusing substances helps youth feel happy followed by 84 (24.8 %) who respond strongly agreed, 19 (5.6 %) respond neither agreed nor disagreed, and 15 (4.4 %) of the respondents agreed on abusing substances helps youth feel happy. This means the majority of participants (90.0 %) disagreed on abusing substances helps youth feel happy with a mean value of 1.90 and SD of 1.16.

On issues related with abusing substances helps youth to enhance their performance and creativity, most 127 (37.5%) of the respondents agreed on abusing substances helps youth to enhance their performance and creativity followed by 75 (22.1 %) who respond strongly agreed, 56 (16.5%) respond disagree, 54 (15.9 %) respond strongly agreed and 27 (8.0 %) respond neither agreed nor disagreed on abusing substances helps youth to enhance their performance and creativity. This means the majority of participants (59.6 %) agreed on abusing substances helps youth to enhance their performance and creativity with a mean value of 3.89 and SD of 1.26.

Regarding abusing substances helps youth easily socialize with user friends, the majority 207 (61.1%) of the respondents agreed on abusing substances helps youth easily socialize with user friends followed by 113 (33.3%) respond strongly agreed, 17 (5.0%) respond disagreed and 2 (0.6%) of the respondents respond neutrally on abusing substances helps youth easily socialize with user friends. This means nearly the majority of participants (94.4 %) agreed on abusing substances helps youth easily socialize with user friends with a mean value of 4.18 and SD of 1.20.

Regarding abusing substances leads youth to addiction, 134 (39.5%) of the respondents strongly agreed on abusing substances leads youth to addiction followed by 119 (35.1%) who respond agreed, 85 (25.1 %) respond neutral (neither agree nor disagree) and 1 (0.3 %) of the respondents disagreed on abusing substances leads youth to addiction. This means the majority of participants (74.6 %) agreed on abusing substances leads youth to addiction with a mean value of 3.81 and SD of 1.13.

Concerning abusing substances leads youth to health problems, one third 116 (34.2 %) of the respondents both agreed and strongly agreed on abusing substances leads youth to health problems followed by 84 (24.8 %) respond neutral (neither agree nor disagree) and 21 (6.2 %) of the respondents disagreed on abusing substances leads youth to health problem. This means the majority of participants (59.0 %) agreed on abusing substances leads youth to health problems with a mean value of 3.94 and SD of 1.07.

On issues in relation to abusing substances leads youth to crime and social evils, nearly majority 158 (46.6 %) of the respondents strongly agreed on abusing substances leads youth to crime and social evils followed by 93 (27.4 %) respond neutral, 39 (11.5%) respond strongly disagreed, 30 (8.8 %) respond neutral and 19 (5.6 %) of the respondents disagreed on abusing substances leads youth to crime and social evils. This means the majority of participants (74.0 %) agreed on abusing substances leads youth to crime and social evils with a mean value of 3.99 and SD of 1.96.

Finally, with regards to abusing substances leading youth to poor life management, 127 (37.5%) of the respondents strongly agreed on abusing substances leads youth to poor life management followed by 109 (32.3%) respond agreed, 40 (11.8 %) respond neutral, 39 (11.5 %) respond strongly disagreed and 24 (7.1%) of the respondents disagreed on abusing substances leads youth to poor life management. This means the majority of participants (69.8 %) disagreed on abusing substances leads youth to poor life management with a mean value of 4.14 and SD of 1.66.

Generally, the findings of this study show that the majority of respondents perceive that they can experience happiness, good mood, confidence, social intimacy, etc from substance abuse which implies an intervention aimed at improving the risk perception of youths regarding substance abuse in the town.

In this regard social worker (Resp-5) stated as follows:

“In the town, the consumption of substances especially smoking Cigaret, chewing Khat, and drinking Alcohol, is perceived positively among the youth. These substances are seen as a sign of modernization and civilization, a way to spend leuisure time, a means to experience happiness, good mood, confidence, social intimacy, and more.”

#### 4.5. Effects of Substance Abuse on Social Well-being of Youth

In these section effects of youth substance abuse on their social wellbeing has been discussed. Thus, data that obtained from respondents as well as key informants presented as follows.

**Table 9:**

*Perception of youth on discrimination and relationship*

	Option	N	%
Do you experience any discrimination and stigma?	Yes	275	81.1
	No	64	18.9
	<b>Total</b>	<b>339</b>	<b>100</b>
Relationship with family	Very good	23	6.8
	Good	46	13.6
	Moderate	39	11.5
	Poor	102	30.1
	Very poor	129	38.1
	<b>Total</b>	<b>339</b>	<b>100</b>
Relationship with leaders/boss	Very good	-	-
	Good	-	-
	Moderate	223	65.8
	Poor	40	11.8
	Very poor	76	22.4
	<b>Total</b>	<b>339</b>	<b>100</b>
Relationship with colleagues or friends	Very good	-	-
	Good	39	11.5
	Moderate	223	65.8
	Poor	76	22.4
	Very poor	1	0.3
	<b>Total</b>	<b>339</b>	<b>100</b>
Relationship with community	Very good	-	-
	Good	39	11.5
	Moderate	45	13.3
	Poor	246	72.6
	Very poor	9	2.7
	<b>Total</b>	<b>339</b>	<b>100</b>

Note: In the above table, perceptions of discrimination/stigma and relationship dynamics in connection to substance abuse behaviour among youth were investigated.

Regarding youth experience of any discrimination or stigma due to substance abuse behavior, the majority 275 (81.8 %) of the respondents stated that they experience discrimination or stigma due to substance abuse behavior like alienation by former friends, expel from home, dishonesty, conflict with family, negligence, having a lower place, etc and the remaining 64 (18.9%) did not experience any discrimination or stigma due to substance abuse behavior.

Concerning youth relationships with their family, 129 (38.1 %) of the respondents had very poor relationships with their family followed by 102 (30.1 %) poor and 69 (20.4 %) good relationships with their family. This means the majority of participants (68.1%) had a poor relationship with their family.

Regarding youth relationships with their leaders/boss, the majority 223 (65.8 %) of the respondents had moderate relationships with their leaders or boss followed by 76 (22.4 %) very poor and 40 (11.8%) poor relationships with their leaders or boss. This means the majority of participants (65.81%) had a moderate relationship with their leaders or boss.

With regards to youth relationships with their colleagues or friends, the majority 223 (65.8 %) of the respondents had moderate relationships with their colleagues or friends followed by 76 (22.4 %) poor and 1 (0.3 %) very poor relationships with colleagues or friends. These means the majority of participants (65.81%) had a moderate relationship with their colleagues or friends.

Finally, with regards to youth relationships with the community, the majority 246 (72.6 %) of the respondents had poor relationships with the community followed by 45 (13.3 %) moderate and 39 (11.5 %) good relationships with the community. This means the majority of participants (72.6 %) had a poor relationship with the community. Thus, the finding is in line with the studies of Seyoum and Ayalew (2015) which stated substance abuse among youth does not only affect particular individual users but can also have a significant impact on families, friends, and eventually the whole community.

These results can be further complimentary to the qualitative data obtained from key informant as stated as follow. For example,

Mental health professional (Resp-2) stated,

*“Substance abuse creates impaired communication with family and the society, it has a negative impact on day to day activities, on their academics/works, and they may have dysfunctional communications with their family, friends, and the community”*

Similarly, social worker (Resp-5) noted,

*“Substance abuse results in isolation, brings sorrow to the family in many ways, less social interaction and participation and behavior has a negative impact on the community peace and stability”*

Generally, the findings of this study show that the majority of respondents experience discrimination in one way or another and they had a poor relationship with family, friends, colleagues, work leaders, etc in the study area.

**Table 10:**  
*Experience of youth on social trust and acceptance and social support*

	Option	N	%
Social trust and acceptance	Very high	-	-
	High	39	11.5
	Medium	126	37.2
	Low	174	51.3
	Very low	-	-
	<b>Total</b>	<b>339</b>	<b>100</b>
Social support	Very high	-	-
	High	3	0.9
	Medium	39	11.5
	Low	251	74.0
	Very low	46	13.6
	<b>Total</b>	<b>339</b>	<b>100</b>

Concerning youth relationships with their family or community, the majority 174 (51.3 %) of the respondents had low social trust and acceptance from the community followed by 126 (37.2 %) medium and 39 (11.5 %) had high social trust and acceptance from the community. This means the majority of participants (51.5%) of substance-abusing youth had low social trust from the community in the study area.

Social worker (Resp-3) stated that,

*“It's hard to trust those youths dealing with substance abuse. They often struggle to handle money, and their lives are usually filled with misery. This makes it difficult to rely on them for social responsibilities.*

Finally, with regards to youth social support received from the community, the majority 251 (74.0 %) of the respondents received low social support followed by 46 (13.6 %) received very low social support and 39 (11.5 %) received medium social support. This means the majority of participants (87.6%) of substance-abusing youth received low social support in the study area.

In connection social support that is provided to the target youth, from the context of police, which is one of the study key informants in connection to youth delinquency and crime, the Police officer (Resp-1) stated as follow:

“We provide youth with counseling services in the context of police, and the impact of crime. Though the primary role of the police are prevention of crime and holding accountable those involved in Criminal acts, they also work on awareness creation in the community (community policing) about the evil impact of crime and provide counseling service to those young people brought to the police station charged in connection to the effects of substance abuse or other issues.”

Mental Health specialist (Resp-2) also emphasized as follows:

“Problem of youth substance abuse and all its impacts has not been properly addressed by the government and other organizations. As a result, there is no adequate support system other than the regular counseling service at the hospital. There are no rehabilitation centers in Yirgalem and even at the regional level. It seems no attention has been given to address the problem.”

Similarly, social worker (Resp-5) Provided the following information.

They provided the town youth with counseling and other services like; income generating training, library, games, family planning, photocopy service, and community service mini media. With regards to substance use and abuse, the counseling service we proved is not backed up with rehab center or treatment service because of its inavailability, governmental or non governmental one.

**Table 11:**  
***Experience on health problem***

	<b>Option</b>	<b>N</b>	<b>%</b>
Did you experience any illness in relation to Substance abuse in the last one month?	Yes	300	88.5
	No	39	11.5
	<b>Total</b>	<b>339</b>	<b>100</b>

Regarding youth experience of health problem in connection to substance abuse in the last 30 days, majority 300 (88.5 %) of the respondents stated that they experience illness like stomach ache, gastric, typhus, stress, tooth decay, tooth ache, bad odor, head ache etc and the remaining 39 (11.5%) did not experience any illness in the last 30 days due to substance abuse behavior.

Mental health specialist (Resp-2) stated as follows:

“Substance abusers behavior highly affects mental and psychological well-being of the abusers. As a result, their social well-being would be affected in many ways. There are two psychological problems: 1) the problem that affects substance abusers themselves. The behavior kills their valuable productive time in life and 2) family suffers the impact if there is substance abuser member in the family.”

**Table 12:**

*Experience of youth on personal behavior/delinquency*

<b>Own behaviour</b>	<b>Option</b>	<b>N</b>	<b>%</b>
Very good		-	-
Good		84	24.8
Moderate		107	31.5
Poor		137	40.4
Very poor		10	3.0
<b>Total</b>		<b>339</b>	<b>100</b>
<b>Involvement in crimes and social evils</b>			
Yes		223	65.8
No		116	34.2
	<b>Total</b>	<b>339</b>	<b>100</b>

Concerning youth personal behavior, 137 (51.3 %) of the respondents stated that they had poor behavior when they take the substance followed by 107 (31.5 %) moderate and 84 (24.8 %) had good behavior or mood when they take the substance. Thus, the majority of participants (51.5%) of substance-abusing youth had poor behavior or mood when they take the substance. In this regard, the police officer-2 (Resp-6) stated,

“Sometimes we receive robbery reports like; mobile phone snatches, clashes with community, as the result of drunkenness, etc. Sometimes there are incidents of shouting, disturbing others, and fighting among drinkers especially.”

Regarding youth involvement in crimes and social evils due to substance abuse behavior, the majority 223 (65.8 %) of the respondents stated that they are involved in crimes and social evils when they take the substance like fighting, stealing, being unable to return their loan, conflict, disagreement, etc and the remaining 116 (34.2%), did not involve in crimes and social evils when they take the substance rather they became cool and decent.

Police officer (Resp-1) stated,

*“We observe delinquent behavior with substance-using youth. However, unless they commit a crime at the spot, we don't take any measure against them as a police, except giving them a piece of advice”*

Similarly, social worker (Resp-3) stated the following:

“It is common to see the youth conflicting each other in drinking house. Isolation is one of the impacts, they deliberately disassociate themselves from social activities and prefer to stay alone or be only with their peers. Some young ladies are involved in prostitution because of the impact of their substance abuse behavior. Female commercial sex workers influenced by substance abuse may cause HIV/AIDS. In order to satisfy their craving, substance abusers may involve in thief or robbery to get money.”

## CHAPTER FIVE

### DISCUSSION

This chapter begins with discussion of the practices of substances abuse by youth, followed by identifying the reasons for substance abuse by youth in section two and discussion on perception of youths on effects of substance abuse in section three. Finally, discussion on effects of substance abuse on social well-being of the youth presented in the fifth section.

#### **5.1. Practices of substances abuse by youth (Research Question 1)**

Regarding practices of substance abuse by youth in the study area, substance abuse among youth is higher (74.5%) in the study area. Majority (74.6%) of respondents chewed Khat daily, drinking Alcohol daily (64.9%), smoking tobacco/cigarette daily (82.0%), and sniffing Mastish once a week (81.8%). The finding is similar with Gemechis et al. (2017), Gezahgh et al, (2014), Mulugeta (2013), Gebresilasa et al., (2011), Wazema and Madhavi (2015) etc which stated substance abusing prevalence is 65 - 80%. However, in constant with the finding studies conducted by Mulgeta (2013; Lina (2019), Ahmed (2014), Rahel (2017), Bethlehem (2014), Deribachew (2015) etc found that substance abusing prevalence among youth in urban area is greater than 80%.

Concerning age of starting to use substance, majority of the study participants who misused substances did so between 10 and 15 years, or throughout their youth years. This implies that majority of the respondents stated to abuse substance when they are kid which is at the age of did not understand effects of the substances. This finding is consistent with studies conducted in South Africa, where approximately 53% of the population is affected by substance abuse disorders, with onset occurring as early as 15 years of age (Sorsdahl et al., 2012). Similarly, Kassa et al. (2014) reported that mean ages of 15 to 17 years for the initiation of substances use. However, in contradiction with the finding Gebreslassie et al. (2013) found that the mean age of onset for khat, alcohol, and tobacco abuse was 20.1 years. Similarly, Roditis et al. (2015) explain that youth who are in a developmental period characterized by exploration and experimentation are more likely to engage in substance abuse.

Similarly, concerning time for consuming substance among youth, majority 178 (52.5%) of the respondents were consuming either of the substances from 4-6 years.

## **5.2. Reasons of substances abuse among youth (Research Question 2)**

The study indicated that the major reasons for drug abuse were relaxing purposes (77.8 %), alerting purposes (73.7%), peer pressure (55.4%) and getting relief from stress (53.7%). Therefore, the major reasons for substance abuse among the youth of the town were alerting purposes, peer pressure and getting relief from stress. This implies the multifaceted reasons behind youth substance abuse, suggesting that addressing this issue requires a comprehensive approach that includes peer influence management, stress alleviation strategies, and enhanced awareness campaigns. The finding is similar with studies of Seyoum and Ayalew (2015) found that substance abuse linked to the initiation of sexual activity and that substances were also used to lift people's spirits and make them feel happy during celebrations. Similarly, Clark (2009) and Gebreslassie et al. (2013) stated that adolescent substance addiction in metropolitan areas among youth friends strongly predicts their own substance abuse. Compared to late adolescence, young adolescents are more vulnerable to harmful peer pressure. Otieno (2005) and NACADA (2004) reported that the easy access to substances is the primary factor in people's temptation to use illegal drugs.

## **5.3. Perception of youth on substance abuse (Research Question 3)**

Regarding the perceptions of youth on substance abuse, majority of respondents perceive that they can experience happiness, good mood, confidence, social intimacy, etc from substance abuse which implies an intervention aimed at improving the risk perception of youths regarding substance abuse in the town. The finding is consistent with the studies of Kassa et al, (2014) which found adolescents who grow up in households where substance use is prevalent are more likely to perceive it as acceptable behavior. This normalization can lead to higher rates of substance use among youth. Similarly, Deressa and Azazh (2011) found that a youth who received education on substance abuse had more negative perceptions of its use and were less likely to engage in such behaviors. Many young people in Ethiopia view substance use as a means to enhance social interactions and acceptance among peers. For instance, chewing khat, a widely used stimulant in Ethiopia, is often seen as a social activity that facilitates bonding and socializing. A study by Gebrehanna, Berhane, and Worku (2014) found that students who chew khat often do so in groups, perceiving it as a way to strengthen social ties and improve social status. Substances are also perceived to provide psychological relief. Youth facing stress,

anxiety, or depression may turn to substances like alcohol, khat, or tobacco as a coping mechanism. According to Reda et al. (2012), university students in Ethiopia reported using khat and alcohol to alleviate academic and personal stress. This perceived psychological benefit can make substances appealing, despite their negative consequences. Deressa and Azazh (2011) highlighted that medical students often use khat to stay awake and focused during exams, viewing it as a tool to enhance academic performance. While some of respondents perceived that substance abuse has negative effects are substantial and multifaceted, affecting health, academic performance, and social relationships. Substance abuse poses severe health risks, including both physical and mental health issues. Khat chewing, for example, can lead to gastrointestinal problems, dental issues, and cardiovascular complications. Long-term use is associated with psychiatric disorders such as anxiety, depression, and psychosis (Alem & Kebede, 2011). Alcohol and tobacco use contribute to liver disease, respiratory problems, and an increased risk of cancer. Similarly, the impact of substance abuse on academic performance is profound. Students who engage in substance use often experience declining grades, absenteeism, and higher dropout rates. Tesfaye et al. (2014) reported that high school students in Addis Ababa who used substances like alcohol and khat had significantly lower academic performance compared to their non-using peers. The cognitive impairments and reduced motivation associated with substance abuse hinder educational attainment. Substance abuse also affects social relationships and behavior. Youth who abuse substances are more likely to engage in risky behaviors, including violence, unsafe sex, and criminal activities. These behaviors can lead to social isolation, damaged relationships, and legal issues. The study by Kassa et al. (2014) found substance abuse among youth often face social stigma and strained family relationships, further exacerbating their problems.

#### **5.4. Effects of substance abuse on social well-being of the youths (Research Question 4)**

Regarding effects of substance abuse on social wellbeing of the target youths, majority (81.8%) of the respondents stated that they experience discrimination or stigma due to substance abuse behavior such as; alienation by former friends, expel from home, dishonesty, conflict with family, negligence, having a lower place, etc. This show that substance abuse is leading to variouse forms of social exclusion. Similarly, majority of participants (68.1%) had a poor relationship with their family, majority of participants (65.81%) had a moderate relationship

with their leaders or boss, those few who have temporarily or permanent job, and with their colleagues or friends. Furthermore, majority of participants (72.6 %) had a poor relationship with the community. Thus, the finding is in line with the studies of Seyoum and Ayalew (2015) which stated substance abuse among youth does not only affect the individual involved in substance abuse, but it also can also have a significant effects on families, friends, and eventually the whole community.

Similarly, majority of participants (51.5%) of substance-abusing youth had low social trust from the community in the study area. Majority of participants (87.6%) of substance-abusing youth received low social support in the study area. This show that the behavior affects significantly affets their mitivation of connection abilitiy to different support net works that could have benefit them. Majority (88.5 %) of the respondents stated that they experience illness like stomach ache, gastric, typhus, stress, tooth decay, tooth ache, bad odor, head ache etc and the remaining 39 (11.5%) did not experience any illness in the last 30 days due to substance abuse behavior. Similarly, majority of participants (51.5%) of substance-abusing youth had poor behavior or mood when they take the substance. Thus, the findings are consistent with other empirical research, like DACA (2005) found substance abuse contributes to a variety of health problems, such as harm to the growing fetus, problems with physical development, psychological problems, poor academic performance, increased stress in relationships, and other ailments like cancer and heart disease. Reda et al. (2012) on Ethiopian university students found a significant association between mental health problems and substance use. The study indicated that students with higher levels of stress and anxiety were more likely to engage in substance abuse.

Substance abuse tends to damage family relationships, ultimately leading to dysfunction and transforming families from assets to liabilities in society. Financial and mental health stresses can strain the family, often resulting in breakup and negative consequences for the children. Furthermore, the substance-abusing behavior of the target youths has negatively impacted their social participation. Their low motivation to access available social support in the town indicates that their behavior adversely affects their engagement in social activities. Substances have the same influence on social connections as they do on health. The abuse is correlated with crime because the youth who are unable to afford substances to satisfy their urges may

turn to illegal activities such stealing, fraud, forgery, robbery, or snatching (Deressa & Azazah, 2011).

In summary, youth in the study area frequently abuse substances such as alcohol, khat, tobacco, and shisha, with khat being the most commonly used on a daily basis. The initiation of substance abuse typically starts between the ages of 10 and 15. Substances are primarily abused for relaxation, alertness, peer pressure, and stress relief. Additional contributing factors include life dissatisfaction, affordability, easy access, and academic stress.

Youth believe substance abuse enhances mood, confidence, social acceptance, performance, and socialization, despite being aware of the risks like addiction and health issues. This misconception highlights the need for educational programs to address these false beliefs. Substance abuse leads to social exclusion, poor family relationships, and various health problems. It is also linked to crime and strains on family dynamics, which negatively impact social participation. Addressing this issue requires comprehensive support systems and strategies to manage peer influence, alleviate stress, and control substance accessibility.

- Majority of participants (51.5%) of substance-abusing youth had low social trust from the community and the majority of participants (87.6%) of substance-abusing youth received low social support as they are not motivated to access the available supports in the study area.
- Majority 300 (88.5 %) of the respondents stated that they experience illnesses like stomach ache, gastric, Typhus, stress, tooth decay, toothache, bad odor, headache, etc.
- Majority of participants (51.5%) of substance-abusing youth had poor behavior or mood when they take the substance and the majority 223 (65.8 %) of the respondents stated that they were involved in crimes and social evils when they take the substance like fighting, stealing, unable to return you loan, conflict, disagreements, etc.

## 6.2. Conclusions

The main objective of the study was to examine substance abuse and youth social well-being in the case of Yirgalem town, Sidama regional state. To achieve this goal, a self-administered questionnaires and key informant Interview guides were used to collect data and analysed. Based on the analysis, The practice of substance abuse among youth in the town was very alarmig and frequently consumed substances by the youth include Alcohol like beer, wine, Areke, Tela, areki, teje, etc, Whereas, the least frequented substancea are Benzene, 'Mastish', and fabricated substances (cocaine, heroin, etc) and they are using these substances mainly daily.

The major reasons for substance abuse among the youth of the town were peer pressure, relaxation, alerting purpose, and getting relief from stress.

The majority of respondents perceive that they can experience happiness, good mood, confidence, social intimacy etc from substance abuse which implies an intervention aimed at improving the risk perception of youths regarding substance abuse in the town.

The majority of youth had poor relationships with their family, moderate relationships with their leaders or boss, moderate relationships with their colleagues or friends, and poor relationships with the community.

The majority of participants' substance abusing youth had low social trust from the community and the majority of participants of substance abusing youth received low social support in the study area.

The majority of the respondents stated that they experience illnesses like stomach ache, gastric, Typhus, stress, tooth decay, toothache, bad odor, headache and, etc

The majority of participants of substance-abusing youth had poor behavior or mood when they take the substance they were involved in crimes and social evils when they take the substance like fighting, stealing, being unable to return their loan, conflict, disagreement, etc.

#### **6.4. Implications for Social Work**

The complex issue of substance abuse has a significant impact on the social work profession. Social workers are crucial in helping persons who are afflicted by multifaceted problems since they are typically on the front lines of treating several social issues, such as substance abuse and addiction. As the fundamental objectives of social workers, as stated in the Social Work Code of Ethics (2010), Social workers are expected to assist those in need and address societal issues using the social justice and human rights frameworks, the field of social work hence will be affected significantly in the following ways with regards to the effects of Substance abuse on youth social well-being.

##### **Implication to Education**

Social workers can help with efforts to prevent substance abuse by developing and implementing educational programs in collaboration with schools, community organizations, and other stakeholders. By educating people about the risks and effects of substance abuse, social workers can help to stop youth substance abusing behavior from developing.

##### **Implication to Policy**

Promoting for policy formulation or changes that help youths who are battling with substance abuse is a unique responsibility for social workers. They can focus on making policies, arguing for improved healthcare access, increasing funding for addiction treatment, and application of evidence-based practices. By advocating for social justice and policy changes, social workers can assist create a more beneficial and effective treatment program for those who are struggling with substance abuse.

### **Implication to practice**

Social workers also take part in the assessment and intervention processes for youths who are battling with substance misuse. Social workers are equipped to assess situations of substance abuse and take appropriate measures. They can conduct in-depth assessments to understand the underlying reasons for substance abuse and develop therapeutic approaches. Substance abuse affects not only the user but also the user's family. Therefore, Social workers offer services (which is one of core principles of Social work, assistance, and education to families affected by Substance abuse. They educate coping mechanisms, support relationship restoration, and aid families in understanding addiction as an illness.

The core reasons for substance abuse commonly co-occur with other social and mental health issues such as trauma, poverty, and mental illness. Social workers are trained to treat these underlying issues because they are aware that substance abuse and addiction are frequently a sign of more severe social problems. By providing comprehensive care, social workers can help patients/clients overcome drug abuse and other issues.

### **Implication to research**

This research has an implication that future research must be conducted on a larger scale and in more geographically extensive areas in the other towns of the Sidama region. The outcome of a research then benefits in providing a comprehensive understanding in order to investigate how social workers can be more effectively positioned in the educational system, legal system, healthcare settings, and community organizations to deal with the issue of substance abuse directly.

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[URL: "https://www.yirgalem.gov.et"]



## PART TWO: SUBSTANCE ABUSE EXPERIENCE

**Instructions:** Read the questions below and give your answer based on your experience with substance use listed below. Therefore, your response should be mainly based on the Substance usage situation or frequency. Usage standards are provided below.

Level of use: 5 = daily 4 = once a week 3 = twice a week 2 = three times a week 1 = more than three times a week.

1) Do you use any substance?            1. Yes                            2. No

No	The type of Substance	Frequency of use				
		5	4	3	2	1
1	Consuming alcohol eg. beer, wine, liquor					
2	Khat					
3	Smoking cigarettes					
4	'Sitto' /Powdered tobacco					
5	Smoking shisha					
6	Smoking ganja/hashish					
7	Smelling gasoline					
8	Smell the mastic					
9	Use of other synthetic drugs (cocaine, heroin, pethidine, etc.)					

2. If you use any of the substances mentioned above, what is the reason?

No	Reasons	Answers	
		Yes	No
1	To stay alert		
2	To be motivated/work		
3	To relieve my anxiety		
4	To stimulate my sexual desire		
5	Adverse effect		
6	I am not happy with my life		
7	These Substances are easily available in my school/residence area		
8	Not understanding the harm caused by addiction		

9. How long have been consumed the substance? \_\_\_\_\_ (in year)

10. How frequent do you use the substance?

1. Rarely            2. Sometimes            3. Frequently            4. Always

11. When do you use the substance?

1. Daily            2. Weekdays            3. Weekends





## APPENDIX 2: AMHARIC VERSION OF THE QUESTIONAIRE

### በወጣቶች የሚሞላ መጠይቅ ቅጽ

ውድ የጥናቱ ተሳታፊ !!!

ስሜ አከሊሉ አልታሞ ሲባል በአዲስ አበባ ዩንቨርሲቲ በድህረ ምረቃ ፕሮግራም በሶሻል ወርክ ትምህርት ክፍል የሁለተኛ ደረጃ ተመራቂ ተማሪ ስሆን ይህንንም ፕሮግራም ለማጠናቀቅ ይረዳኝ ዘንድ የአደንገዝ ዕጽ ተጠቃሚነት እና የወጣቶች ማህበራዊ ሕይወት ደህንነት ከይርጋለም ከተማ ወጣቶች አንጻር በሚል ርዕስ ጉዳይ የመመረቂያ ጽሁፍ በማዘጋጀት ላይ አገኛለሁ። የዚህ መጠይቅ ዋና ዓላማ ለመረጥኩት ርዕስ ጥናት መረጃ ለመሰብሰብ የተዘጋጀ መጠይቅነው። ይህ መጠይቅ አራት ዋና ዋና ክፍሎች አሉት። ስለዚህ አንተ/አንቺ የምትሰጠው/ጫው መረጃ ለጥናታዊ ዕሁፍ አላማ ብቻ የሚውል ከመሆኑም ባሻገር ሚስጥራዊነቱ የተጠበቀ ነው።

### አጠቃላይ መመሪያ

- በመጠይቁ ላይ ስም መጻፍ ወይም ማንነቱን መግለጽ ያስፈልግም
- ከታች የቀረቡት ሁሉንም ጥያቄዎች በጥንቃቄ በማንበብ ምላሽ በመክበብ እና ምላሽ ይስጡ

ስለ ትብብርህ/ርሽ በቅድሚያ አመሰግናለሁ ::

### ክፍል አንድ: የጥናቱ ተሳታፊዎች ግለሰባዊ መረጃዎች

መመሪያ:- ከዚህ በታች በክፍል አንድ የቀረቡትን ግለሰባዊ መረጃዎች በማንበብ መልስህን/ሽን ትክክለኛ መልስ የያዘውን ሆኖ በማክበብ መልስ ሰጪ/ጥ ::

- 1) አድራሻ -----
- 2) ፆታ:-      1) ወንድ                      2) ሴት
- 3) ዕድሜ -----
- 4) የትዳር ሁኔታ  
 1. ያላገባ      2. ያገባ    3. የተለያየ/ች ግን ያልተፋታ    4. የት/አጋር የሞተበት/ባት    5. የተፋታ/ች
- 5) የትምህርት ደረጃ  
 1.) ማንበብና መጻፍ ያልቻለ/ች                      2.) ማንበብ መጻፍ የሚችል    3. ) የመጀመሪያ ደረጃ  
 4.) ሁለተኛ ደረጃ ትምህርት



5.) ሰርተፍኬት/ዲፕሎማ በላይ

6) የመጀመሪያ ዲግሪ

7) ሁለተኛ ዲግሪ እና

6.) ስራ ሁኔታ

- 1) የመንግስት ሠራተኛ      2.) የግል ስራ/ተቀጣሪ      3.) መንግስታዊ ያልሆነ ተቋም ተቀጣሪ  
 4.) በግል ድርጅት      5.) ተማሪ      6) ሌላ \_\_\_\_\_

7.) ወርሃዊ ገቢ \_\_\_\_\_

**ክፍል ሁለት: የአደንዛዥ አጽ አጠቃቀም ሁኔታን የተመለከቱ ጥያቄዎች**

መመሪያ:- ከዚህ በታች የቀረቡት ጥያቄዎች በማንበብ ከዚህ በታች የተዘረዘሩትን አደንዛዝ እጾች በተመለከተ ያለህን/ያለሽን የአጠቃቀም ልምድ ላይ በመመርኮዝ ምላሽህን/ምላሽሽን ስጥ/ጩ:: ስለሆነም ምላሽህ/ሽ በዋናነት የአጠቃቀም ሁኔታን ወይም ድግግሞሽን ከግምት ውስጥ በማስገባት መሆን ይኖርበታል:: የአጠቃቀም ደረጃዎች ከዚህ በታች ቀርበዋል::

የአጠቃቀም ደረጃ:- 5= በየቀኑ      4 = በሳምንት አንዴ      3 = በሳምንት ሁለቱ  
 2 = በሳምንት ሶስቱ      1= በሳምንት ከሶስት ጊዜ በላይ

ተቁ	የአደንዛዥ አጽ አይነት	የአጠቃቀም ደረጃ				
		5	4	3	2	1
1.	አልኮል መውሰድ ለምሳሌ ቢራ፣ ጠጅ፣ አረቄ					
2.	ጫት መቃም					
3	ሲጋራ ማጨስ					
4	ሲጦ መውሰድ					
5	ሲሻ ማጨስ					
6	ጋንጃ/ሀሺሽ ማጨስ					
7	ቤንዚን ማሽተት					
8	ማስቲሽ ማሽተት					
9	ሌሎች የፋብሪካ ውጤቶችን መጠቀም(ኮኬን፣ ሄሮይን፣ ፔቲዲን ወዘተ)					

2. ከላይ ከተጠቀሱት አጾች መካከል የምትጠቀም/ሚ ከሆነ የምትጠቀምበትን/የምትጠቀሚበትን ምክንያት ምንድን ነው?

ተቁ	ምክንያቶች	ምላሾች	
		አዎ	አይደለም
1	ለመነቃቃት		
2	አራሴን ለማነሳሳት		
3	ከጭንቀቴ ለመገላገል		
4	ወሲባዊ ፍላጎቴን ለማነሳሳት		
5	የጎደኛ ተፅዕኖ		
6	በሀይወቴ ደስተኛ አለመሆኔ		
7	እነዚህ ዕጾች በትምህርት ቤት/በመኖሪያ አከባቢዬ በቀላሉ መገኘታቸው		
8	ዕጽ ተጠቃሚነቱ የሚያስከትለውን ጉዳት አለመረዳት		

3. ለምን ያህል ጊዜ አደንዛዥ ዕጽ ተጠቅመሃል/ሻል? \_\_\_\_\_.

4. አደንዛዥ ዕጹን በምን ያህል ጊዜ ልዩነት ይጠቀማሉ?  
 1. አልፎ አልፎ 2. አንዳንድ ጊዜ 3. በተደጋጋሚ 4. ሁልጊዜ
5. በየትኞቹ ቀናት ነው አደንዛዥ ዕጽ የምትጠቀሙ/የምትጠቀሙት?  
 1) በየቀኑ 2) በሰራ ቀናት 3) ቅዳሜና አሁድ

**ክፍል ሶስት: አደንዛዥ ዕጽ አጠቃቀምን በተመለከተ የወጣቶች አመለካከት**

መመሪያ:- ከዚህ ቀጥሎ የቀረቡት ጥያቄዎች በማንበብ የአደንዛዥ እጹን በተመለከተ ያለህን/ያለሽን አመለካከት በአማራጭ በሳጥን ውስጥ ምልክት በማድረግ መልስ/መልሺ ::

- ቁልፍ:- 5) በጣም አልሰማም 3) መወሰን አልቸልም  
 4) አልሰማምም 2) አሰማምለሁ  
 1) በጣም አሰማምለሁ

No	ጥያቄ	አማራጮች				
		1	2	3	4	5
1	ዕጾችን ስጠቀም ጥሩ ስሜት ውስጥ እና ንቁ አሆናለሁ					
2	ዕጾችን ስጠቀም በራስ መተማመኔ ስለሚጨምር ከሌሎች ጋር ጥሩ ግንኙነት አፈጥራለሁ					
3	ዕጾችን ስጠቀም በራስ መተማመኔ ስለሚጨምር በድፍረት የተለያዩ አርምጃዎችና ውሳኔዎችን አሳልፋለሁ					
4	ዕጾችን ስጠቀም በሌሎች ዘንድ እንደሰለጠነ የመታየትና ተቀባይነት የማግኘት ነገር ይኖራል					
5	ዕጾችን ስጠቀም የደስታ ስሜት ይሰማኛል					





- 11) ለጥያቄ ቁጥር 10 መልስ/ሽ ያውቃል ከሆነ ምን አይነት የጤና አክል ገጥሞት ያውቃል
- 12) ጎደኞች፣ የስራ ባልደረቦች፣ ቤተሰቦች፣ ማህበራሰቡ ወዘተ ጋር ያለህን/ሽን ማህበራዊ ግንኙነት እንዴት ትገልጻለህ/ሽ
1. በጣም ጥሩ 2. ጥሩ 3. መካከለኛ 4. መጥፎ 5. በጣም መጥፎ
- 13) ያለህን/ሽን ግለሰባዊ ባህሪ እንዴት ትገልጠዋል/ሽ
1. በጣም ጥሩ 2. ጥሩ 3. መካከለኛ 4. መጥፎ 5. በጣም መጥፎ
- 14) በተለያዩ ወንጀሎች ተሳትፈህ/ሽ ታውቃለህ/ሽ
1. አውቃለሁ 2. አላውቅም
- 15) ለጥያቄ ቁጥር 14 መልስ/ሽ አውቃለሁ ከሆነ በየትኛው ወንጀል ተሳማርተህ/ሽ ታቃለህ/ሽ
-

## APPENDIX 3: KEY INFORMANT INTERVIEW GUIDE

### Introduction

My name is Aklilu Altamo. I am a graduate student of Social Work at Addis Ababa University. Currently, I am undertaking research on **SUBSTANCE ABUSE AND SOCIAL WELLBEING OF YOUTH: THE CASE OF YIRGALEM TOWN**. It is my privilege that you are one of the respondents to participate in this study, and I appreciate for your willingness for the interview.

Thus, I would kindly ask you to answer some questions I prepared over the topic as I mentioned to you earlier. I am going to interview you and also ask your kind permission to record our conversation. Your answer and the record will not be used for the purpose other than my research. Your honesty and kindness would be of great help in many aspects.

Sex \_\_\_\_\_

Age \_\_\_\_\_

Educational status \_\_\_\_\_

Work \_\_\_\_\_

Residence \_\_\_\_\_

1. How do you see the condition of youth in Yirgalem town?
2. How do you explain current prevalence of substance abuse among youth in Yirgalem town?
3. What are the reasons of using substances and initiators of using substances among youth in Yirgalem town?
4. How do you explain the perception of youth about the effects of substance abuse?
5. How does Substances abuse affect the social well-being of the youth in Yirgalem from your experiance?

- *In terms of social isolation*
- *In terms of relationship (with family, friends, colleagues, community etc)*
- *In terms of participation in the community*
- *In terms of Social trust*
- *In terms of receiving social support*
- *In terms of mental and physical wellbeing*

- *In terms of observing delinquent behavior*
- *In terms of involving crimes and social evils*
- *In terms of Communication (with family, friends, colleagues, community etc)*
- *In terms of social wellbeing*

6. What do you suggest as solution for reducing negative impacts of substance abuse on social wellbeing among youth in Yirgalem town?

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# APPENDIX 4: AMHARIC VERSION OF KEY INFORMANT INTERVIEW GUIDE

(አባሪ 3)

መግቢያ

እኔ አክሊሉ አልታሞ አባላለሁ፣ በአዲስ አበባ ዩኒቨርሲቲ የሶሻል ወርክ የድህር ምርቃ ትምህርት ተመራቂ ተማሪ ነኝ። በአሁኑ ጊዜ የአደንዛዝ ዕጽ ተጠቃሚነት እና የወጣቶች ማህበራዊ ሕይወት ደህንነት ከይርጋለም ከተማ ወጣቶች አንጻር በሚል ርዕስ የመመረቂያ ጥናት እያደረግኩ እገኛለሁ። በዚህ ጥናት ላይ ለመሳተፍ ከተጠያቂዎቹ አንዱ ስለሆኑ እና ለቃለ ምልልሱ ፈቃደኛ ስለሆኑ አመሰግናለሁ። በመሆኑም በርዕሱ በተመለከተ ያዘጋጀኋቸውን አንዳንድ ጥያቄዎች እንዲመልሱልኝ በትህትና አጠይቃለሁ። ቃለ መጠይቁን እንድመዘግብና እንድቀርጽ የእርሶን ፈቃድ አጠይቃለሁ። የእርስዎ መልስ እና ቅጂዉ ከጥናቴ ውጪ ለሌላ ዓላማ አይውልም። ለመልካም ፈቃድዎ አመሰግናለሁ።

የታ \_\_\_\_\_  
ዕድሜ \_\_\_\_\_  
የትምህርት ደረጃ \_\_\_\_\_  
ሥራ \_\_\_\_\_  
አድራሻ \_\_\_\_\_

1. የይርጋለም ከተማ ወጣቶችን አጠቃላይ ሁኔታ እንዴት ያዩታል/ይገልጹታል?
2. በአሁኑ ወቅት በይርጋለም ከተማ የወጣቶች የአደንዛዝ ዕዕ ተጋላጭነት ምን ይመስላል?
3. በይርጋለም ከተማ በወጣቶች የሚታየው የአደንዛዝ ዕጽ ተጠቃሚነት እና ተጋላጭነት ገፊ ምክንያቶቹስ ምንድን ናቸው?
4. የይርጋለም ከተማ አደንዛዝ ዕዕ ተጠቃሚ ወጣቶች ስለ ልምምዳቸው ያላቸው አመለካከት ወይም ዕሳቤ በአረሶ በኩል እንዴት ይገለጻል?
5. በይርጋለም ከተማ የአደንዛዥ ዕዕ ተጠቃሚ ወጣቶች ላይ ተጠቃሚነቱ በማህበራዊ ሕይወታቸው ወይም ደህንነታቸው ላይ ያለው ተጽእኖ ወይም ቀውስ እንዴት ይገለጻል?
  - ከማህበራዊ ህይወት መገለል አንጻር
  - በማህበራዊ ግንኙነት (ከቤተሰብ፣ ከዳደሮች፣ ከስራ ባልደረቦች፣ ከማህበረሰብ ወዘተ ጋር)
  - በማህበረሰቡ ውስጥ ከሚኖራቸው ተሳትፎ አንጻር



- አመኔታ አንፃር
- ማህበራዊ ድጋፎችንን ከመቀበል አንፃር
- ከአእምሮ እና ከአካላዊ ጤንነት አንፃር
- ከባህሪ አንፃር
- ከወንጀል ተሳትፎና ማህበራዊ ቀውሶችን ከመፍጠር አንፃር
- ለማህበራዊ ደህንነታቸው የተወሰዱ እርምጃዎች

6. በይርጋለም ከተማ የወጣት አደንዛኝ ሰው በወጣቶች ማህበራዊ ሕይወታቸው እና ደህንነት ላይ የሚያደርሱትን ተፅእኖ ከመቀነስ አንጻር እንደ መፍትሄ ምን ይጠቁማሉ?

ስም: አክሊሉ አልታሞ፣ ስልክ ቁጥር (0911348988) እና ኢሜል አድራሻ: [aklilualtamo@gmail.com](mailto:aklilualtamo@gmail.com)

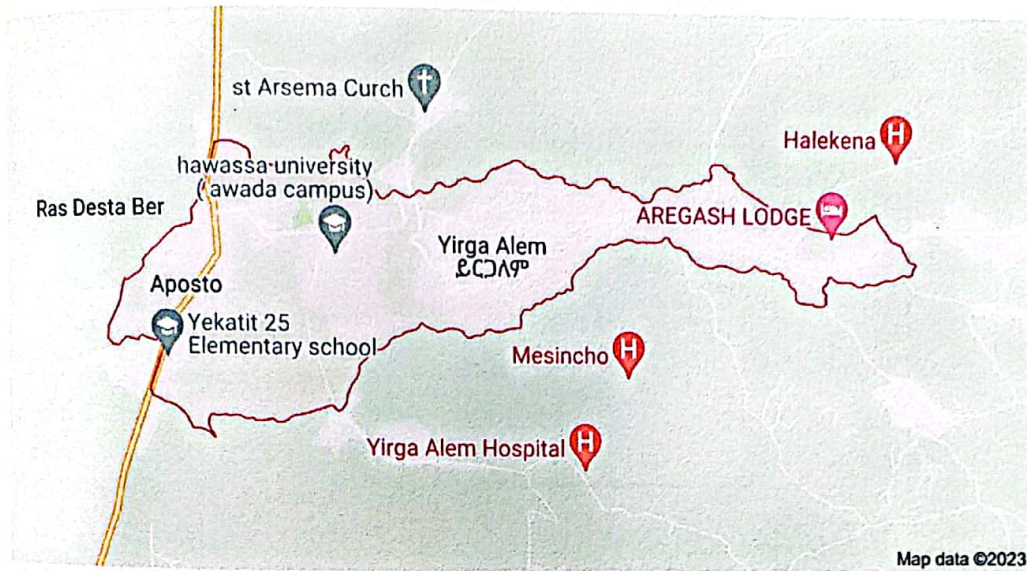
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የአዲስ አበባ የኔቨርሲቲ የሶሻል ወርክ ትምህርት ቤት ስልክ (011225930)

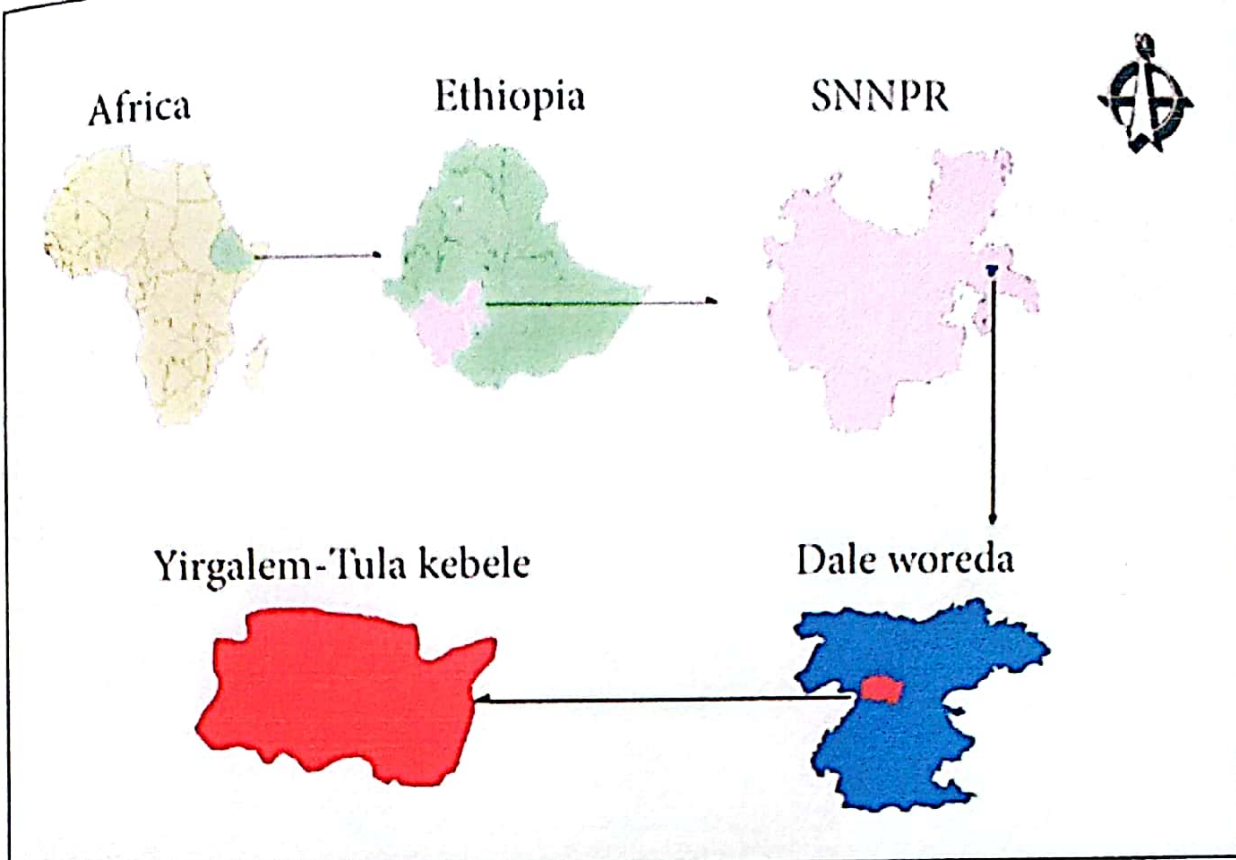
መረጃ ከተሰበሰበ በኋላ ሊኖሩት ለሚችል ማንኛውም ጥያቄ በዚህ አድራሻ ማግኘት ይችላሉ።

## APPENDIX 5: MAP OF THE STUDY AREA

Map 1. Source: Internet



Map 2. Source: Google Mape of Yirgalem Town



Map 3.