

SAINT PAUL' HOSPITAL MILLENNIUM MEDICAL COLLEGE



**MAGNITUDE AND ASSOCIATED FACTORS OF SUBSTANCE USE
AMONG HIGH SCHOOL STUDENTS IN GULELE SUB-CITY
ADDIS ABABA, 2018**

**STUDENTS RESEARCH THESIS TO BE SUBMITTED TO THE
DEPARTMENT OF PUBLIC HEALTH SPHMMC IN
PARTIAL FULFILLMENT FOR THE REQUIREMENT OF THE DEGREE
OF DOCTOR OF MEDICINE**

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JULY 2018

ADDIS ABABA ETHIOPIA

ACKNOWLEDGEMENT

First of all want to thank my almighty God for all his help and support through all my way who gave strength and patience to get here. Next my great gratitude is to my public health advisor Dr. Yoseph Worku who supported me by showing me a way starting from the very beginning to the end of my research thesis and also for his encouragements, advices and very useful comments. I also want thank SPHMMC and department of public health.

Finally, my deepest thanks shall goes to the study participants, my friends who helped during data collection and data feeding.

LIST OF ABBREVIATIONS AND ACRONYMS

C.I.S	Commonwealth of Independent States
DACA.....	Substance Administration and Control Authority of Ethiopia
FGD.....	..Focus Group Discussion
DACA	Substance Administration and Control Authority of Ethiopia
DSM-IV.....	Diagnostic and Statistical Manual of Mental Disorders 4 th ed.
LSD.....	Lysergic Acid Diethylamide)
MSW.....	Master of Social Work
NIDA.....	National Institute on Substance use
NGOs.....	Non Governmental Organizations
STD.....	Sexually Transmitted Disease
SUD.....	Substance Use Disorder
UNODCCP.....	United Nations Office for Substance Control and Crime prevention
UN.....	United Nations
UNESCO.....	United Nation Educational Scientific and Cultural Organization
UNICEF.....	United Nation International Children's Emergency Fund
UNODC.....	United Nation Office on Substance and Crime
U.S.....	United States
WHO.....	World Health Organization

ABSTRACT

Background: *Substance use is a growing problem in Ethiopia, as in many developing countries. It affects millions of people and places enormous financial and social burdens on society. It destroys families, damages the economy and affects the larger community. Human beings have always had a desire to eat or drink substances that make them feel relaxed, stimulated or euphoric. Humans have used substances of one sort or another for thousands of years. It is as old as mankind. Medical and recreational substance use is not just a phenomenon of the 20th century; many different types of substance have been used throughout recorded history.*

Methods: *School based cross-sectional study design was applied.*

Objectives: *The general objective of this study was to assess the magnitude and factor associated with substance use among high school students in Addis Ababa.*

Result: *The study has indicated that 24.9% of the students have tried different kinds of substances and 20.7% are using substances currently. Among the socio-demographic factors sex, marital status of parents, parent- child relationship and religion have statistically significant association with substance use, whereas the others either has insignificant association or none at all. Chi-Square was applied to test the relation between substance use and these variables.*

Conclusion: *In this study an attempt was made to assess the prevalence, associated effects of substance use, causal factor for substance use. Accordingly, the prevalence of substance use was 20.70% which is lower than the expected (in other studies rate of substance use is higher).*

Recommendations: *-Substance use education should be integrated into the curriculum of all segments of the Educational system (for high schools).*

-Strategies to increase child-parent communication and increased information about substance (for civil societies).

-Use at school are important to deal with the increasing prevalence of substance use among Students (for high schools).

-Students at high risk for substance use should be targeted with special intervention to Control substance use among students (for high schools).

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CHAPTER ONE

INTRODUCTION

1.1. BACKGROUND OF THE STUDY

Substance use is a growing problem in Ethiopia as in many countries. Ethiopia is the second most populous sub-Saharan African country with estimated population of over 80 million majority of whom reside in rural area. As one the ancient nations of Africa Ethiopia has rich cultural heritages and is thought be one of the earliest center producing alcohol. Ethiopia is also credited with being the original source of **coffee and khat**.

Human beings have always had a desire to eat or drink substances that make them feel

Relaxed, stimulated or euphoric. Humans have used substances of one sort or another for

Thousands of years. It is as old as mankind. Medical and recreational substance use is not just a phenomenon of the 20th century; many different types of substance have been used throughout recorded history. Since, before the dawn of civilization, humans have used substances to alter their mood and behavior. The development of substance use has increased at an alarming rate in the past 50 years. Substances are becoming a crucial part for modern society. Nowadays, the use of legal and illegal substances, particularly in young adults and adolescents for non-medical purposes is dramatically increasing and it has become a public concern. [1]

There is an estimated 180 million substance users around the globe, equivalent to 3% of the global population or 4.2% of the population age 15 and above [2]. The trend is increasing as period goes. Use of cannabis, or marijuana is increasingly widespread throughout the world: in both developed and developing countries, intentional inhalation of volatile solvent and other inhalants is an increasing problem especially in marginalized groups as street children and indigenous young people. According to the Rapid Assessment Study Conducted in 1995 in 25 selected urban areas on 3200 respondents and other recent studies, show that cannabis, khat, tobacco and inhalants are used by a significant portion of all segments of the population [3].

Some studies have indicated that substance misuse is associated with psychological distress, suicide attempts functional impairment, physical ill health and risk taking behavior. Khat (an evergreen plant with amphetamine-like properties) and alcohol are among those substances widely consumed among the youth of Ethiopia [3]. Substances are damaging by their nature. These substances produce changes in behavior function by altering the chemistry of the brain. Once brain function is altered, a person experiences physical, psychological, and behavioral changes as a direct result. Changes in physical and psychological functioning cause damage to the mind, body, behavior and can harm the social relationships [4]. The extent to which these consequences may occur depends up on the substance used, the person using the substance, and circumstances under which the substance is used.

People differ in their substance use, some people never experiment; some experiment and never use again. Others use substances irregularly, whereas others develop addiction [5].

According to the United Nations Office report on the practice of substance use, the problem of substance use became worsen by complex psycho-social challenges such as unemployment, poverty, crime, unwanted pregnancy and sexual assault. Despite challenges, substance dealers have exerted a profound influence on young people to take substances so that once they become addicted, they further influence their friends into taking substances. As a result these problems have been overwhelming many families and communities across nations [6].

According to FRDE Substance Administration and Control Authority, although substance use is a common problem among high school and university students in Ethiopia, only limited information is available about the magnitude of substance use and factors contributing for its use

In this segment of the population. Furthermore, despite the fact that the problem is serious among high school students, most of the research conducted in Ethiopia tends to focus primarily on university youth population. Even though there were similar studies made on this area, it is very important to measure

the current magnitude of the problem at high school level in order to take effective intervention. The practice is characterized by habitual persistent substance desire seeking behaviors which lead to the obvious expected negative consequence. These changes are

Maladaptive and inappropriate to the social or environmental setting, therefore may place the individual at risk of harm

1.2. Statement of the Problem

Substances use is becoming a serious ongoing public health problem; it affects almost

Every community and family in some way [7]. Illegal substances are not the only

Substances that can be used. Alcohol, prescription and over-the - counter medications, [18i] inhalants and solvents, and even coffee and cigarettes, can all be used to harmful excess. According to Dawn (2004) “chronic heavy substance using can damage the brain or other part of the body”. While the market availability of substances has been rising, demand has been expanding, especially from urban youth -street children, young people who are marginalized, a prey to boredom and existential problems, especially regarding social integration and finding employment in societies undergoing serious economic crises and offering them little in the way of future prospects [8]

Psychoactive substance use is the devastating consequences for a person, a family and a community as a whole[18]. Many countries including Ethiopia recognize that substance use by young people is a serious health and social problem. According to Kidan [7], youth are among the high-risk population of substance users. If young people increasingly take substance, they are susceptible to serious health problem; their childhood will be meaningless; this practice leaves them little chance to have a healthy lifestyle in the future. [At present, it is very common to observe many people using various substances in cities irrespective of age, gender and class, even though there are health and other pathological consequences to individuals and society as a whole. According to [9]. Illicit substances continue to jeopardize the health and welfare of people throughout the world. They represent a clear threat to the stability and security of entire regions and to economic and social development. In so many ways, illicit

substances, crime and development are bound to each other. Substance dependence is often exacerbated by low social and economic development, and substance trafficking, along with many other forms of transnational organized crime, undermines human development”

Africa remains a region with minimal systematic information available on either the extent

Of or patterns or trends related to substance use [9]. Substance use among young people is to be explained in part by the shortage, or rather the absence, of available information about the dangers of the substances and the risks associated with their consumption [9]. Awareness programmes are few and far between, often too specific, and remote from young people’s experience. Punishment is usually preferred over prevention. The subject is surrounded by a certain taboo [9]. According to James [10] “society shows little tolerance for substance taking, so there is a tendency for people both professional and lay to make value judgment about substance takers. The treatment options for these young people are often limited to hospital psychiatry departments, which unfortunately have neither the expertise nor the resources to help them. Substance use is therefore on the way to becoming a serious problem countries face.”

Like previously mentioned, substance use brings enormous social, economic and health care Problems to a society and a country[4]. It seriously affects the youth who are the major labor Force of a country. The substance use among high school students is widespread in Ethiopia[18]. Unfortunately, studies which emphasize this plague are very limited.

However, the nature of the problem is underestimated and its true extent in Ethiopia is not Fully studied. Thus this research will attempt to explore the status of substance use of high school students in Addis Ababa.

1.3. Significance of the Study

The use of substances has an adverse impact, not only on the individual user, but also on the

Economy and society of a country as a whole. Therefore, this study is intended to create
Clear picture of the living condition of substance using high school students by focusing on the factor,
risks and effects of substance using behavior. The study is expected to make Government and Civil
society agencies to be informed about the existing situation at ground and will serve as
Reference or base while developing **intervention programs**. The result of this study is also expected to
draw the attention of concerned bodies to give more emphasis to the issues by
Giving potential information and recommendations. Furthermore, future researchers will
Benefit from this study as it will provide insight of how the situation looks like.

CHAPTER TWO

LITERATURE REVIEW

2.1. Substance Use, Definition

Defining substance and associated substances is a very complex task, as the definition of substance and its legality varies from country to country. Widely differing definitions of substance use are used in public health, medical and criminal justice contexts. Here 'substance' is meant to describe any psychoactive material and when consumed affects the way people feel, think, see, taste, smell hear or behave. A psychoactive substance can be a medicine or an industrial product, such as glue. Some substances are legal such as approved medicines, alcohol and cigarettes and others are illegal such as heroin and cannabis [9].

2.2. Types of Substances

Although the list is not exhaustive and the classification can vary depending on the country

And legal interpretation of the substances, the WHO categorizes substances as follows:

Alcohol: Alcohol is a depressant which inhibits or decreases some aspects of central. [18]

Nervous system activity (i.e., activity of the brain, spinal cord, and some major nerves).

Substances containing alcohol include the following: wine, beer, spirits, home-brew, some

Medicinal tonics and syrups (e.g. cough syrups), some toiletries and industrial products.

Nicotine: Nicotine is a stimulant; that is any substance which activates, enhances or

Increases central nervous system activity. Nicotine is found in the following substances:

Cigarettes, cigars, pipe tobacco, chewed tobacco, snuff, nicotine gum, spray, skin patches.

Most cigarettes have about 1-2 milligrams of nicotine [18].

Hallucinogens: Hallucinogenic substances can alter a person's mood, the way the person

Perceives his or her surroundings and the way the person experiences his or her own body.

There are many different types of hallucinogens, some of which are chemically produced

And others which are naturally occurring.

Usually made available as dried mushrooms.

Cannabis: The cannabis plant grows in many parts of the world. Preparations containing

Different concentrations of cannabis are consumed. [9]

Marijuana: the leaves and flowers of the marijuana or hemp plant.[17]

Hashish (oil and resin): these forms of cannabis are made from the resin of the flowering

Heads of the plant tablets containing THC (Tetrahydrocannabinol), the main active ingredient

In cannabis)

Benzodiazepines: e.g. alprazolam (Xanax), diazepam (Valium). [18]

Barbiturates: pentobarbital. Other sedatives, such as chloral hydrate. [13]

Stimulants: This group of substances activate, enhance or increase central nervous system

Activity [9]. These includes:

Caffeine: caffeine has been around for thousands of years. It is found in different amounts

In coffee, tea, cocoa, and chocolate. It is also in some soft drinks and in some medicines.

Coca products: coca leaves, coca paste.

Cocaine: cocaine is produced from coca leaves.

Amphetamines: amphetamines are found in prescription substances and included in some diet, Pills, as well as in various forms on the street. On the streets in the Philippines they are called shabby, a Japanese word for fast/quick, and in Australia speed or goby.

MDMA (Ecstasy): this substance is a type of amphetamine which has both stimulant and Hallucinogenic effects. It can be in the form of a tablet, capsule, or oil which is usually Mixed with other substances.

Khat: the leaves and buds of a plant found in East Africa, which are chewed or brewed as a drink.

Inhalants: Inhalants include a wide range of easily available products including aerosols, Volatile solvents and gases. [13]

2.3. Magnitude of Substance use

2.3.1. Global situations

These days the tendency of man towards the use of psychoactive substances, which refers To the taking of illegal substance that harms the physical, mental, and social wellbeing of the Individual, the group or society, has become a social problem to the world. Over the past two Decades, the uses of illegal substances and therapeutic substances have spread at an unprecedented rate and have penetrated every part of the globe. No nation has been spared from the devastating problem caused by substance use. At the same time, broad spectrum of the world community has demonstrated intense concern over the problem. In fact, the problem of substance use was considered as the problem of developed nations, but these days developing nations have been experiencing it. Thus it appears to be logical to argue that Ethiopia as part of the globe could not be out of the arena of substance scene.

According to a United Nations Office on Substances and Crime report on World Substance report 2011, in terms of production in volume is Cannabis that is the production of cannabis herb, followed by

cannabis resin. The second largest illicit substance production is related to cocaine followed by heroin. Amphetamine-type stimulants production seems to be at a comparable level with heroin [11]. The World Substance report further states that Cannabis herb production takes place across all continents and in almost all countries. Indoor production of cannabis, in contrast, is concentrated in developed countries in North America, Europe and Oceania. No reliable trend information of cannabis herb production at the global level is available. Cannabis resin production is geographically more limited.

The World Health Organization [1] estimates that 1.1 billion people, representing a third of the world population above the age of 15 years, use tobacco, principally in the form of the cigarettes. Of these smokers, 700 million of them being males live in developing countries. The common knowledge that youths openly use substances along certain streets in many towns and in recreational places like dancing halls and drinking places. Thus, the major concern of the study was to find out, from secondary students, the extent of knowledge, attitudes, and practices in relation to the use of substances. In 2002 WHO estimated that around 140 million people were alcohol dependent and another 400 million had alcohol related problems.

2.3.2. Extent of substance use in Ethiopia

In Ethiopia commonly used substances were alcohol, cigarettes, khat and cannabis which frequently lead to addiction. Ethiopia is indicated as one of transit Areas for substance on the UNODC World Substance report of 2011. In a report by University of Gondar: the Substance use for the Ethiopian Health Center Team [12] states that Ethiopia is geographically situated in a very strategic place, where there is easy access to Asia, Europe and other parts of Africa. Ethiopia has a substance problem notably to the use of locally grown addictive substances (khat and cannabis), home brewed liquors, inhalants (particularly benzene), tobacco, and other substances. Cannabis grows and is being cultivated in central, western, and eastern administrative regions. Some of the cultivation areas are hidden among other crops or in the wooded areas which makes it difficult to detect and destroy the plant [13].

Ethiopia signed in three international substance conventions. Accordingly, Federal Police Commission, Anti-Narcotics Service of Ethiopia reported that, cannabis 107.9 kg, heroin 21.27 kg and cocaine 11.42 kg were seizure in the past five years. In article 38 of 1961 convention on narcotic substances, the suggested measures against the used substances are given special attention to prevention of use of substances and early identification, treatment, education, after-care, rehabilitation and social reintegration of the persons involved.

Although there is no survey conducted at national level on the extent, trend and pattern of

Substance use, the existence of the problem is a hard fact more than a theory that requires evidence. Khat and alcohol beverages have been part of the country's tradition for centuries. Khat, which was some years back limited to some cultures and regions, is recently spreading throughout the country at an alarming rate and used especially by youth irrespective of culture and religion. Cannabis is the other major substance of use cultivated widely in Ethiopia. The number of cannabis users is also increasing from time to time through the urban areas of the country [14].

Studies conducted on some correlates of poly substance use behavior among street children [5] in four selected towns in the country showed a current prevalence of 56.2% for khat followed by 51.9%, 46.8%, 28%, and 18% for alcohol, tobacco, benzene and marijuana (cannabis), respectively. This study additionally revealed that 32.2% of the street children in the survey were heavy users (consuming the substances several times a week), 28.4% light users (using the substances one or twice a month) and 41.9% were non-users (never consumed or no longer consume). Alcohol, tobacco and khat are the substance shared among heavy users invariably. Over all, the report figures show that about 58% of the street children in the study reported to use one or a combination of the substance mentioned above on either heavy or experimental level [14]

Another study done in Gondar University Atse Fasil campus in 2013 revealed 9.6% of life time prevalence rate of Khat chewing. The current prevalence of Khat chewing was found to be 6.95% at the time of study. There were 6.72% female Khat chewers and 11.7% male Khat chewers according to this study.

2.3.3. High School and Substance Use

Nationwide study on rate of substance use in USA shows that 48.2 % of twelve graders report having used an illicit substance at some point in their lives. In 30 days prior to the survey 41.2 % of 12 graders had consumed alcohol and 19.2% had smoked cigarettes. In 2009 in USA about 21% of high school students have taken prescription substances without prescriptions. In

Ethiopia studies show that there is high prevalence of substance use in high school students. In 2012 school based cross-sectional study was conducted in high school students in Woreta town North West Ethiopia and the prevalence of substance use was 47.9% and the life time prevalence was 65.4% [15]. At that time the life time prevalence of alcohol use was 59% [16].

Another study made at a national level from Nov. 1998 to May 1999 on the Prevalence and Impacts of Substance use among 1780 randomly selected students from 30 senior secondary high schools in Ethiopia showed life time prevalence 49.6%, 40%, 20.7% and 11% for alcohol, khat, tobacco and marijuana respectively. The investigation has additionally identified that the age of substance experimentation for the majority of the students (63.6%) was from 15-19 years, possibly during their stay in high schools [17].

Another survey on tobacco, global youth tobacco survey, conducted in 2003 in 25

Secondary schools in Addis Ababa indicated a prevalence of 10.1% among the youth covering

Grades 9-12, that is one in ten students have ever tried smoking cigarettes, and currently 9%

Students use any form of tobacco, 3% smoke cigarettes and 8% use some other form of tobacco

More recent study on prevalence of substance use among high school students, conducted in Addis Ababa indicated that 24.60% of the students use different kinds of substances. According to this study, the participants use the socially acceptable substances (Cigarettes, Khat, and Alcohol) and a non-socially accepted substance (Cannabis).

2.4. Factors associated with substance use

In the multivariate logistic regression analysis, substance use was associated significantly with gender, mother's education, community norms favorable to substance use, family history of substance use, siblings' use of substances, poor academic performance and low perceived risk of substance use, friend's use of substances, religiosity, and social skill

2.4.1. Socio-demographic Factors

According to research done in Woreta high school, North West Ethiopia in 2012, Male students were 1.52 times more likely to use substances than their female counterparts. Other study done by Henok Assefa in Ayer tena high school shows that students who use substances start to perform it very early [18]. According to this study, the participants were found vulnerable to substance use from as early as age fifteen. For young people to be exposed to the risk of substances (especially to cannabis), is a threat for users and their family. It is quite interesting to note from the study results that students (50%) know

that these substances are harmful. The highest frequency age group is between fifteen and sixteen, which is the minimum age to the sample group for substance use behavior. A large proportion of study subjects (52.5%) fall in the age between 17 to 18 years with mean age of 17, and the rest (41.5 %) occupied 15-16. Most substance users started using substances within the same age category and the most used substances are Khat and Cannabis.

2.4.2. Environmental Factors

According to the study mentioned in previous section [18], the major reasons for substance use by students are peer pressure (which is 5.1%), parents substance use (which is 4.2%) followed by “to get relief from stress (each occupies 4.2%). This might be due to the easy availability of substances.

Participants who related their substance use habit due to the availability of substance were 2.5%. Only 0.8% reported that they take substances just to get along with friends and 1.7% Students responds they are using substances out of curiosity. As it is known, most substance users demonstrate the pushing factor behind substance use is to get relief from stress, frustration and to experience a state of pleasurable. Based on this premises, 2.5% of the respondents states that, they are using substances to get out of frustration and stress.

Sibling’s use of substances is the other strongest predictor of substance use; According the study done in woret town in 2012 [15], odds of substance use increased by almost 3 fold with sibling’s use of substances. This study also shows that, Students with family history of alcohol and substance use had 2.24 times higher risk of using substances as compared to those students with no family history of alcohol and substance use Students who had friends that used substances had 2.14 times higher risk of using substances than those students who had no friends who used substances. Community norms favorable to substance use was 2 times more likely to lead to adolescent substance use than community norms that were not favorable to substance use. Students who had low perceived risk of substance use were 1.73 times more likely to use substances compared to their counterparts who had high perceived risk of substance use. Students who had poor academic performance were 1.67 times more likely to use substances than their counter parts who had good academic performance.

CHAPTER THREE

OBJECTIVES OF THE STUDY

3.1. General Objective

The general objective of this study is to assess the magnitude and factor associated with substance use among high school students in Addis Ababa.

3.2. Specific Objectives

- To assess magnitude of substance use among in high school students
- To identify the factors that contributes to the initiation of substance use among high school students
- To assess identify the reasons why high school students initiate using substances.
- To assess the risks and effects of substance use on academic performances of students

CHAPTER FOUR

METHODS AND MATERIALS

4.1. Study design

School based cross-sectional study design was applied.

4.2. Study area

This study was conducted in Addis Ababa Gulele sub-city .Addis Ababa is the capital and the largest city of Ethiopia which is located in horn of Africa. It is a seat of Ethiopian federal government and also where African union (AU) and its predecessor OAU was based. It also hosts the head quarter of United Nations economic commission for Africa and numerous other continental and international organizations. Addis Ababa is therefore often referred to as the political capital of Africa. According to Ethiopian national statistics authority 2008 Addis Ababa has total population of 3,384,569.The city is sub-divided to in to 10 sub-cities. Which are Addis ketema, akaki kaliti, Arada, Bole, Gulele, kirkos, Kolfe keranio, Lidata, Nifas silk lafto and Yeka.

Gulele sub-city is one of the 10 sub-cities of Addis Ababa which is located in the northern part of the city at elevation of 2700 meters and area in sq.km of 30.18. The sub-city is divided in to 10 woredas. According to Addis Ababa central statistics agency 2007, the sub-city has total population of 284,865. There are total of 15 high schools in the sub-city, 6 of which are governmental and the other 9 are

private. There are total of 13871 high school students in both governmental and private schools, 6228 male and 7648 females.

4.3. Source population

The source population for this study were all high school students (9-12) in Gulele sub-city Addis Ababa, who are attending their school in the year 2010 e.c.

4.4. Study population

The study population are all preparatory students (11&12) in the 4 selected high school in Gulele sub-city (medhanealem high school, Yekatit 12 high school, Lazarist catholic mission school and ENAT secondary school) who are attending their school in a year 2010 Ec.

4.5. Eligibility criteria

- a. **Inclusion criteria:** Students aged 14-19 and who are present at the time of study and also who are volunteers to fill the questionnaire.
- b. **Exclusion criteria:** Students who are out of the mentioned age group and those who are out Addis but came to attend the school only.

4.6. Sample size determination

To determine the sample size for the study, the following assumptions was considered:

According to research done in woreta high school north west Ethiopia in 2012, among total of 651 school adolescent 312(47.9%) reported using substance at the time of study. So we used this as our reference 'p value to calculate the sample size of this study. ($P= 0.47$), Level of confidence, 95%, ($Z_{\alpha/2}$)² = 1.96 A 5% margin of error ($d=0.05$). Additional 10 % for non-response rate and possible absenteeism; and Design Effect of two. The Sample size was calculated by using the formula:

$$n = (Z_{\alpha/2})^2 \cdot P (1-p) / d^2$$

Accordingly, the final sample size obtained for this study was 382.

4.7. Sampling procedure

A multi stage sampling procedure was employed so as to select a fair representative sample of adolescent students in the schools as follows.

4.8. Data collection tools and procedures

Data was collected by using self- administered structured questionnaire in English which is adopted from the Global School- Based Students health Survey (GSHS) .The questionnaire has socio-demographic variables , ten modules (on alcohol use ,dietary behaviors ,substance use , hygiene, mental health, physical activity, protective factors, sexual behavior that contributes to HIV infection, other STI and unintended pregnancy, tobacco use, violence and unintentional injury)and factors. The questionnaire was translated to Amharic language and back to English to check for consistency. The questionnaire was pretested on four similar high schools (two private and two public)

4.9. The study variables

- a. **Dependent variables:** The Dependent Variable explored in this study is **Substance use**
- b. **Independent variables:** The independent variables in this study are socio-demographic characteristics and environmental factors.

4.10. Operational Definitions

Adolescence: The period from age 14-19 years.

Substance: The commonly used psychoactive substances: Alcohol, cigarette, khat shisha and cannabis that produces changes in mood, thinking, feeling, and/or behavior that can cause dependence. [9]

Substance Use: Taking at least two of the above commonly used psychoactive substances: alcohol, cigarette, khat in the past 30 days.

Risk factors: Characteristics or conditions within the individual or in the family, school or community that increase the likelihood that someone will engage in substance use or discourage positive behavior that might prevent them .

Protective factors: Factors, characteristics or conditions within the individual or in the family, school or community that increase the likelihood of positive health behaviors or outcomes or moderate and discourage behaviors that might lead to negative health outcomes .

Lifetime/Ever-use: Adolescents' use of the particular substance at least once in their lifetime [18].

Current use/30-day use: Adolescents' use of the substance at least once in the 30 days prior to data collection, and is a more sensitive indicator of the level of current use of the substance [18].

4.11. Data processing and Quality

In ensuring the quality of data, all the data for each school was checked for completeness, accuracy, clarity and consistency by the principal investigator and the supervisor, immediately after data collected. After the data collected and the responses were coded, the data were entered into a computer and analyzed using IBM SPSS version 20. In the analysis process, frequency distribution of variables were worked out in order to describe them. To ascertain the association between dependent and independent variables, odds ratio with 95% confidence interval was calculated and chi- square was applied.

4.12. Ethical Consideration

The ethical approval and clearance was obtained from Department of community Health, SPHMMC. A letter of cooperation was written from SPHMMC to the selected high school from which the data was collected and permission to obtain was achieved. At all levels, officials was contacted and permission was secured. The necessary explanation about the purpose of the study and about its procedure, assurance of confidentiality, the right not to participate on the study without any consequences was done and consent was obtained from the respondents.

4.13. Dissemination of Findings

The findings of this study will be distributed to different organizations who have helped the project to be carried out, the findings will be presented in different seminars, meetings and workshops and may be published in scientific journals if necessary.

CHAPTER FIVE

RESULTS

5.1. SOCIO-DEMOGRAPHIC VARIABLES

5.1.1. Socio-demographic variables of students

TABLE 1. FREQUENCY OF SOCIO-DEMOGRAPHIC CHARACTERISTIC OF STUDENTS

Variables	Values	Frequency	Percent (%)	Mean
Age in years	16	26	6.6	17.7
	17	105	27.5	
	18	208	54.5	
	19	43	11.3	
Sex	Male	210	55.0	
	Female	172	45.0	
Grade level	11 th grade	210	55.2	
	12 th grade	171	44.8	
Religion	Orthodox	190	49.7	
	Muslim	124	32.5	
Living condition	Protestant	68	17.8	
	With both parents	308	80.6	
	With mother only	20	5.2	
	With grand parents	36	9.4	
	Living alone	18	4.7	

Source of income	My self	53	13.9	
	Mother/mother	270	71.3	
	Brother/sister	16	4.2	
	Relatives	43	10.6	

As shown in the table above, study population consisted of preparatory students (grade 11 &12) from both natural and social field of study. Total of 382 students were included in the study with response rate of 100%. Out of these 382 students, 210 (55 %) respondents were boys and the rest 172 (45%) students were girls. A large proportion of study participants fall in the age range of 17 to 18 years with mean age of 17. Majorities 190 (49.7%) of participants in this study were Orthodox Christian followed by Muslim religion 124 (32.5%) and small number of participants 68(17.8%) are protestants. The majority of the respondent's 308 (80.6%) lives with both parents. As clearly shown in the table, among 382 respondents only 48(13.9%) have their own income. The rest of thee students are dependent on either their families or others.

5.1.2. Socio-demographic variables of parents

From total of 382 respondents, 380(99.5%) of them are urban dwellers. The marital status of the parents shows that the majorities of them 305 (79.8%) live together, 13.6% are living in a divorced/separated household and 3.4 % are widowed. The table also shows majorities of educational status of students' mother are grade 9-12 (28.5%), followed by diploma (25.9%) and only small number of mothers (1.8%) are illiterate. Most of mothers are government employee (35%) followed by housewife (29%).

TABLE 2. SOCIO-DEMOGRAPHIC VARIABLES OF PARENTS

Variables	Values	Frequency	Percent (%)
Current residency place of parents	Urban	380	99.5%
	Rural	2	0.5%
Marital status of parents	Married and living together	305	79.8%
	Divorced	52	13.6%
	Widowed	13	3.4%

Educational status of Mothers	Illiterate	7	1.8%
	Can read and write	71	18.6%
	<=8 th grade	27	7.1%
	9-12 th grade	109	28.5%
	Diploma	99	25.9%
	1 st degree	44	11.5%
	>=2 nd degree	25	6.5%
Employment status of mothers	House wife	110	28.9%
	Government employee	45	11.8%
	Private firm employee	134	35.2%
	Own business	92	24.1%
Average monthly income of family	<2000 birr	25	6.6%
	2000-5000 birr	240	63%
	>5000 birr	116	30.4%

5.2. PREVALENCE OF SUBSTANCE USE

5.2.1. Substance use among respondents

According to this study from total of 382 student who participated in the study, 287 (75.1%) of the respondents replied that they have not tried any substance of which 152(72.4%) are male and 135(75.1%) female students. The rest 95(24.9%) have tried one or more substances in their life time. Among those total of 79(20.7%) students, 67(31.9%) of male and 12(7.1%) of female students are using one or more substances currently. whereas the majorities 303(79.3%) of the students don't use any substance currently.

TABLE 3. PREVALENCE OF SUBSTANCE USE AMONG RESPONDENTS

Variable	Values	Frequency			Percent (%)		
		Male	58			Male	27.6%

Have you ever experimented any Substance?	Yes	Female	37	95	24.9%	Female	21.5%
	No	Male	152	287	75.1%	male	72.4%
		Female	135			Female	75.1%
Are you using any substance currently?	Yes	Male	67	79	20.7%	Male	31.9%
		female	12			female	7.1%
	No	Male	143	303	79.3%	Male	69.1%
		female	149			Female	92.9%

5.2.2. Age at first experimented substance and major types of substances used by students

Most of the Students who uses substance starts at as early as age of 14 years. Majorities of students start substance at age between 16 and 17 and the mean age at starting using substance is 15.5. As shown in the table below, 23.4% chew khat, 15.6% smoke cigarettes, 11.7% smoke shisha, and 28. % drinks alcohol and 10.2% smoke cannabis. Beside this, most of the students use more than one substance at the same time. 3.90% of the students take khat and Alcohol, 9% take khat and Cigarette and 2.60% of the subjects use tobacco and alcohol. The result shows some substances are more commonly used than others. The substance which is most commonly used by students in this study are khat and alcohol. This can be attributed to the fact that among the legal substances, khat and alcohol can be obtained more easily than other substances and cannabis which is illegal substance is not easily obtained by substance users.

TABLE 4. AGE AT FIRST SUBSTANCE USE AND FREQUENCY OF MAJOR SUBSTANCE USED BY STUDENS

Variable	Values	Frequency	Percent (%)
	14	9	10
	15	12	14.5

Age at first experimented substance	16	40	48.2
	17	22	26.5
Types of substances students use	Khat	18	23.4
	Tobacco	12	15.6
	Shisha	9	11.7
	Alcohol	24	28.6
	Cannabis	3	10.2
	Khat and alcohol	4	3.9
	Khat and tobacco	7	9.0
	Tobacco and alcohol	2	2.6

5.2.3. Substance use in families

Among the family members fathers are the most common substance users (15.7%) followed by mothers which is 4.5%. The most frequently used substance by families is alcohol (56.5%) followed by khat and tobacco which is 21.7% and 15.2% respectively.

TABLE 5. FREQUENCY OF SUBSTANCE USE IN FAMILIES

variables	Values	Frequency	Percent
Who uses substance in your family?	I don't know	12	3.1
	No one	278	72.8
	Fathers	60	15.7
	Mothers	17	4.5
	Siblings	10	2.6
	Both parents	5	1.3
Type of substance families use	Khat	20	21.7
	Tobacco	14	15.2
	Shisha	4	4.3
	Alcohol	52	56.5

	Cannabis	2	2.2
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5.3. FACTORS ASSOCIATED WITH SUBSTANCE USE

5.3.1. Socio-demographic factors

Among the socio-demographic factors sex, marital status of parents, parent- child relationship and religion have statistically significant association with substance use, whereas the others either has insignificant association or none at all. Chi-Square was applied to test the relation between substance use and these variables. The result has indicated a statistically significant results ($P < 0.05$) for the above four independent variables. The study shows that from total of 20.7% students who uses substances currently, 31.9% of them are male and only 7.1% of female student's uses substance. There statistically significant relationship between substance uses with respect to condition of the family (p -value < 0.001). This showed that among 52 students whose family are separated 46 of them uses substances. The other factor is religion.

TABLE 6. ASSOCIATIONS BETWEEN SUBSTANCE USE AND SOCIO-DEMOGRAPHIC FACTORS

Variables	Values	Current substance use		COR(95% CI)	P-value
		Yes	No		
Sex of respondents	Male	67(31.9)	143(69.1)	0.161(0.84-0.310)	0.000
	Female	12(7.1)	149(92.9)		
Marital status of parents	Married & Living together	33(10.9)	271(89.1)	0.05(0.026-0.096)	0.00
	Divorced	46(88.5)	6(11.5)		
	Widowed	0(0.00)	13(100.0)		
Parent-child relation ship	Authoritarian	23(13.3)	150(86.7)	0.416(0.244-711)	0.001
	Authoritative	10(7.8)	120(92.2)	0.223(0.110-0.450)	0.000
	Indulgent	46(58.2)	33(41.8)	0.08(0.50-0.156)	0.15
Religion	Orthodox	56(29.6)	133(70.4)	3.094(1.810-5.288)	0.000

	Muslim	21(16.9)	103(83.1)	0.700(0.402-1.216)	0.205
	Protestant	2(2.9)	66(97.1)	10.767(2.576-44.995)	0.001

Chi Square and binary logistic regression were employed to test the relationship and the result demonstrated the connection between substance use with that of the religious affiliation of the respondents is statistically significant (p -value <0.05). The result also revealed that parent child relationship that exists between students and their guardians has a strong association with use of substance.

5.3.2. Substance use and academic performance

It was hypothesized that the use of substance has a relation as a factor with academic performance of students. Chi- Square was employed to test the relation and the outcome has revealed statistically significant result i.e. ($p < 0.001$) for both grade10 and last semester result. Out of 79 (20.7%) students who uses substance currently, 48 (35.6%) of them got less than 3.00 point in grade 10 national exam .similarly 51(38.3%) of them got score of less than 70% in last semester assessment . On the other hand among students who got score of above 3.5 and 90%, none of them uses substance. This means there is a significant association between the practice of substance use and academic performance.

TABLE 7. EFFECT OF SUBSTANCE USE ON ACADEMIC PERFORMANCE

Variables	Values	Substance use		p-value
10 th grade result		Yes	No	0.000
	<3.00	48(35.6)	87(64.4)	
	3-3.5	31(22)	110(78)	
	>3.5	0(0.00)	105(100)	
Average score of last semester	<70%	51(38.3)	82(61.7)	0.002
	70-80%	20(79.6)	6(23.1)	
	81-90%	8(4.2)	182(95.8)	
	>90%	0(0.00)	32(100.0)	

5.3.3. Effect of friends substance use on respondents substance use

Chi Square was employed to test the relationship and the result demonstration is presented as follow.

The above table clearly shows that there is a statistical significant association between friends substance use and respondents use of substances (P-value <0.05 with OR of 0.078). As shown in the above table, among 79 (20.7%) students who are using substances currently, 56(53.8%) of them have two or more friends who uses substances, whereas only 23(8.3) of them do not have any friend who uses substance.

TABLE 7. ASSOCIATION OF RESPONDENTS' USE AND FRIENDS SUBSTANCE USE

Values		Substance use			P-value	COR(95% CI)
Do have a friend who use substance?		Sub.user	Non sub.user	Total	0.002	0.078(0.044-138)
	Yes	56(53.8)	48(46.20)	104(27.2%)		
	No	23(8.3)	254(91.7)	278(72.8)		
	Total	79(20.7)	302(79.3)	382(100.0)		

5.4. POSSIBLE REASON WHY PARTICIPANTS INITIATION AND USING SUBSTANCE, SOURCE OF INCOME TO BUY SUBSTANCE

The major reason why students initiate using substance is friends which accounts for 74.0%. Parents and students contributes little to initiation of using substance which are 13.0% and 5.2% respectively.

Similarly, the main reason most students admit as a reason of their substance use is peer pressure(46.8%).The other reasons includes, families(7.8%),To get relief from stress at home(15.6%),To increase intelligence(11.7%),To stay awake and read(14.3%) .

TABLE 8. FREQUENCY OF MAJOR REASONS OF SUBSTANCE USE AND SOURCE OF INCOME TO BY SUBSTANCE

Variable	Values	Frequency	Percent
Source influence to initiate using substance	Parents	10	13.0
	Students	6	5.2
	Friends	57	74.0
	Others	6	7.8
Possible reason that makes you take Substance	Peer pressure	36	46.8
	Family	6	7.8
	To get relief from stress at home	12	15.6
	To increase intelligence	9	11.7
	To stay awake and read	11	14.3
	A lot of pocket money	3	3.9
Source of income to buy substance	My self	16	17.8
	Parents	66	74.4
	Friend	6	6.6
	Stealing	2	2.2

The table above clearly shows that 74.4% (66 in number) of the respondent's source of money were their parents, 6.6% (6 in numbers) are their friends and 17.5% (16 in numbers) of the sample group do businesses in order to get money. As the result demonstrates, student's major source of money to buy substances is their parents.

5.4. AWARENESS ABOUT SUBSTANCES' HARMFULNESS AND CONSEQUENCES OF SUBSTANCE USE

Fortunately, majorities of the respondents 282 (85.7%) of them believe that all the substances are harmful, 27(8.20%) of the students are in dilemma & responded as "may be harmful", 17 (5.5%) said it is not harmful at all and the remaining 0.6% reported "do not know of its harmful or not". Regarding the effect that using substance has brought to the students, 27.80% of the substance users denied any

problem they encountered as a result of using substance 56.94% decrease in academic performance, 8.30% faced difficulty in learning and the remaining 6.94% quarreling with parents and teachers.

TABLE 9. FREQUENCY OF AWARENESS AND CONSEQUENCES OF SUBSTANCE USE

Variable	Values	Frequency	Percent
Do you perceive substance as harmful?	Yes	282	85.7%
	Not sure	27	8.2%
	No	17	5.5%
	I don't know	2	0.6%
	Total	382	100.0%
What problem did you encounter as a result of substance use?	None	25	27.8%
	Decrease in academic performance	41	56.94%
	Difficulty in learning	6	8.3%
	Querrelling with others	5	6.94%
	Total	77	100.0%

CHAPTER SIX

DISCUSSION

The study has indicated that 24.9% of the students have tried different kinds of substances and 20.7% are using substances currently. This result is similar with the finding attained by Henok Assefa (2015) which stated the prevalence rate of substance use among Ayer tena secondary school students was (24.6%). The participants use the socially acceptable substances (Cigarettes, Khat, and Alcohol) and a non-socially acceptable substance (Cannabis).

On the other hand, from this study, it was found out that more abstainers which account 79.30% were found than substance users. In a similar study conducted by teachers in woreta high school (2012) showed an overall prevalence of substance use was 47.9 % which is higher than the result obtained in this research and another research conducted by Tesfahun Aklog (2013) on technical school students showed an overall prevalence of substance use was 14.1 % which is lower than the result obtained in this research. The difference in prevalence among these studies might be due to several reasons including:-

- ✓ Sample size difference
- ✓ Study setting
- ✓ Study period Access to substances
- ✓ Geographical areas, etc...

It was found in this study, students who use substances start to perform it very early. The

Participants were found vulnerable to substance use from as early as age fifteen. For young people to be exposed to the risk of substances (especially to cannabis), is a threat for users and their family. It is quite interesting to note from the study results that students (85.70%) know that these substances are harmful. Age as a factor in substance use was taken in to account. The highest frequency age group is between fifteen and sixteen, which is the minimum age to the sample group for substance use behavior. Most substance users started using substances within the same age category and the most used substances are alcohol and chat which account for 28.6% and 23.4% of total distribution of substances respectively.

In a similar assessment study conducted by Seyoum and Ayalew (MOH, 1995), it indicated that from a study conducted in 25 selected urban areas in Ethiopia, covering about 3200 respondents revealed that cannabis, khat, alcohol, tobacco and inhalants are used by a significant portion of the population.

The study revealed that among the socio-demographic variables, sex, marital status of parents, and religion has strong association with substance use. Accordingly, male sex, children whose parents are separated and among the religions Muslim and orthodox religion followers are more likely exposed to the problem. On the other hand being female and protestant is considered as protective according to this study. The result suggests that religious affiliation has statistically significant association with substance use unlike the study done by henok Assefa in Ayer Tena high school in 2015, which stated that these two had a weak relation.

According to this study, the commonly used substances are khat (23.4%), tobacco (15.6%), shisha (11.7%), alcohol (28. %) and cannabis (10.2%). This finding is in agreement with the result obtained by Kidan Abraha (2011). The study also discovered students use more than one substance. Accordingly, 3.90% of the students take khat and Alcohol, 9% take khat and Cigarette and 2.60% of the subjects use tobacco and alcohol. This study finding correlates with Tesfahun Aklog (2013) which revealed alcohol prevalence 13.4%, khat 7.8%, cigarette 5.4% and other illicit substances (1.95%).

The finding in this study shows the major risk factors for the students engagement in substance use is due to peer pressure. Students who have friends who uses substance were more likely to

Use substance than that of the students that don't have any user friend or parents. Parents are the Primary responsible body to Shape the conduct of the children and peer pressure is one of

Influential factors that push students to engage in these behaviors. Based on the result acquired, it demonstrates student's major source of money to buy substances is their parents. Parents should be able to identify what amount of money should be given to the child and must specify and identify the needs their children.

A result of this study shows, there is a trend of using the same substances among friends of the students and research participants. Students use the socially acceptable substances, mentioned above, and narcotic substance (cannabis). It seems that friends (both fellow students and friends) played a role of initiating students to take substances. On the other hand, those substances described as socially acceptable and non-acceptable are used. These substances are easily available to find and are cheap. The case of khat is clear: in the country there are no regulations governing the purchase and use of khat. As far as the availability of substances is concerned, students have easy access to most of the commonly used substances in our country. Availability of the substances has an impact to the users and to those who are initiated to experiment it.

The sample groups were questioned about the reasons for using substances. The major identified reasons for substance use by students are peer pressure, parents' substance use, to get relief

From stress and to increase intelligence. About 46.8% of the respondents stated their source of influence to their substance habit due to their friends. Friend's exposure to substances is the risk factor behind the respondent's status of being addicted.

Study subjects who started to engage in the practice due to Parents influence and modeling students in the school compound accounts 13 % and 5.2 % respectively. It is well known that behavior is the interplay of heredity and environment, environment encompasses everything in the surroundings including human interactions and behavior can be learned either through practice or imitation. Therefore the majority imitates the substance behavior of their friends.

Finally, the respondents were asked whether or not they have encountered a problem as a

Result of substances use and the result shows 56.9 % indicated that their academic performances are decreased, and some of them to go through some difficulties in learning their education properly. Likewise, the students asserted quarreling with teachers & other people. This implies substance use has negatively contributed to student's health, education and relationships. The possible reason could be most of students are in adolescent age group so that they are eager and curious to experiment new things. Adolescence is a period where individual's faces stress and anxiety. To deal with these

challenges, they easily engaged in substance use behavior to deal with problems and become a victim of addiction.

CHAPTER SEVEN

STRENGTH, LIMITATIONS, CONCLUSION AND RECOMMENDATION

7.1. Strength

- ✓ Unlike the previous studies which were done in only one school, this study was done in four different high schools so it may reflect the actual prevalence of substance use in the study area.
- ✓ The questionnaire was translated to Amharic by the researchers so that the respondents could understand it easily.

7.2. Limitations

- ✓ The cross-sectional survey could not help establish temporal relationship between the possible determinants of substance use and the outcome of interest.
- ✓ Since some of the commonly used substances are illegal (e.g. cannabis) the respondents might be afraid to tell whether they really use or not which may underestimate the prevalence.

7.3. Conclusion

This study was based on the administration of a questionnaire and so relies on the truthfulness of the students. The sample was drawn randomly so can be seen as reasonably representative. In this study an attempt was made to assess the prevalence, associated effects of substance use, causal factor for substance use. Accordingly, the study has shown the prevalence of substance use at 20.70% is lower than the expected (in other studies rate of substance use is higher).

Despite the low level of substance use, respondents frequented smoking tobacco & chewing khat. The most commonly used substances by students are alcohol, khat, tobacco and cannabis. Alcohol, khat and tobacco are socially acceptable substances but cannabis is considered as illegal substance that involves many problems among users as well as on others. Finally, the most important causes of substance use among students are peer pressure.

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

7.4. Recommendation

Based on the findings in this study, the followings were recommended.

- Substance use education should be integrated into the curriculum of all segments of the Educational system (for high schools).
- Strategies to increase child-parent communication and increased information about substance (for civil societies).
- Use at school are important to deal with the increasing prevalence of substance use among Students (for high schools).
- Students at high risk for substance use should be targeted with special intervention to Control substance use among students (for high schools).
- Peer educators should be established and strengthened in all schools (for civil societies).
- Further large scale research should be carried out in this study area that could resolve the limitation of this study(for researchers)

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ANNEX

CONSENT FORM

This form provides the information related to the study. Please read it carefully and ask

For any unclear data before deciding whether or not to participate in the study. The purpose of the Study is to determine the magnitude and associated factors of substance use among high school

students in Gulele-subcity. If you agreed to participate, you will administer the questioner prepared for this study purpose. Administering the questionnaire will take between 15-20 minutes of your time. You will not be exposed to any risk for participating in this study. Your answers are confidential and will not be linked back to you. The only person who will see your response is the person who is working in this study. Your participation in this study is voluntary. You have the right to choose not to take part in this study. If you choose to take part, you have the right to stop at any time.

ARE YOU WILLING TO PARTICIPATE IN THE STUDY?

1 .YES

2 .NO

If yes, proceed to the next page, if no please stop here.

Data Gathering Tool

Identification No. ____

I. Background information of study participant

SECTION 1:			
MATTERS RELATED TO PERSONAL INFORMATION			
No	QUESTIONS	POSSIBLE ANSWERS	SKIP PATTERN
Questioner Code			
101	Sex	1.male 2.female	
102	Age in completed years		
103	Grade	1.grade 11 2.grade 12	
104	Religious Affiliation	1. Orthodox Christian 2. Protestant 3. Muslim 4. Catholic 5. No Religion	
105	What is your place of origin?	1. Urban 2. Rural	
SECTION 2:			
FACTORS RELATED TO THE FAMILY CONDITIONS			
201	What is the condition of your family?	1. Living together	

		2. Divorced / Separated 3. Either one or both parents dead 4. No response	
202	With whom do you live at present?	1. With Both parents, brother & sister 2. With Father only 3. With Mother only 4. With relatives 5. With peers/ Friends/ Co-workers	
203	What is the Educational attainment Of parent?	1. Illiterate 2. Primary school completed 3. High completed 4. Diploma holder 5. 1 st degree holder 6. 2 nd degree holder & above	
204	Average monthly income of family?		
205	Family occupation	1. Merchant 2. House wife 3. Government employee 4. NGO employee 5. Daily laborer 6. Private Employee	
205	Parent child relationship	1. Authoritarian 2. Authoritative 3. Indulgent 4. Neglective	
206	Do any of your family members use substance?	1. Yes	If NO skip

		2. No	to Q. 301
207	Who uses substance in your family?	1. Father only 2. Mother only 3. Father and mother 4. My brother(s) & sister(s) 5. All of them 6. None of the above	
208	Which Types of substances do your family abuse?	1. Khat 2. Alcohol 3. Cigarettes 4. shisha 5. Cannabis	
SECTION 3: FACTORS RELATED TO SCHOOL ENVIRONMENT			
301	What is score of 10 th grade?		
302	What was your average result out Of the total subject in the previous semester? (Put your average result in the given box on the answer sheet).		
303	Is substance use common in your school?	1. yes 2. No	
304	Do you know of friends who take substances in Your school?	1. yes 2. No	
305	How many of your friends take substances?		

306	Are there “chat House/bets” around your	1. yes 2. No 3. I don’t know	
SECTION 4: FACTORS RELATED TO SUBSTANCE USE			
401	Have you ever tried or experimented substance?	1. yes 2. No	
402	If yes and currently using, for how long have you used the substances? (Tick one)	1. 12 Months 2. 18 Months 3. 24 Months 4. 36 Months	
403	Which one of the substance have you ever tried or experimented	1. Chat 2. Alcohol 3. Cigarettes 4. Cannabis 5. shisha	
404	How often do you take substances?	1. Daily 2. Twice a week 3. Three times a week 4. As needed	
405	At what age did you first have tried substance?(put the age in years)		
406	With whom do you take the substance?	1. With friends 2. With parents 3. With sibling 4. With anyone	

407	What is the source of Influence to your substance habit?	1. Parents 2. Students 3. Friends 4. Teachers 5. Other	
408	Do you perceive substances as harmful?	1. Yes 2. May be 3. No 4. Don't know 5. No response	
409	Do you like to continue taking the substance?	1. Yes 2. May be 3. No 4. Don't know 5. No response	
410	What is your source of income to buy substances?	1. Parents give me 2. Friends give me 3. Do business 4. Stealing 5. Deceiving others	
411	What is the reason to take the substances?	1. Peer pressure 2. Influence of mass media 3. Frustrations and stress at home 4. To increase intelligence 5. Out of curiosity 6. To be sociable with friends	

		7. To get relief from stress 8. To stay awake 9. A lot of pocket money 10. Availability of substances 11. Parents take substances 12. Teachers take substances 13. To be accepted by friends 14. Other: Specify	
412	What is the problem you encountered as a result of substance use?	1. Absenteeism 2. Decrease in academic performance 3. Difficulty in Learning 4. Quarrelling with parents/ teachers 5. Physical and psychological problems	

□ □ □ □ □ □ □ □

ተ.ቁ	የጥያቄ ዝርዝር	መልስ	
101	□ □	1- ወንድ 2- ሴት	
102	እድሜ	-----	
103	የክፍልደረጃ	1- ክፍል9 2- ክፍል10	
104	ሐይማኖት/ህ ምንድን ነጪ	1- ኦርቶዶክስ ክርስቲያን 2- □ ሮቴስታንት 3- አስልምና 4- ካቶሊክ 5- ሃይማኖት የለኝም	
105	የትውልድቦታ	1- ከከተማ 2- ከገጠር	

ክፍል ሁለት			
ቀጣዮቹ ጥያቄዎች በቤተሰብ ዙሪያ ሚያተኩሩ ናቸው፤			
201	አሁን ቤተሰብህ የሚገኝበት ሁኔታ	1- እናት እና አባቱ አብረው ይኖራሉ 2- እናት እና አባቱ ተፋተዋል/ ተለያይተዋል 3- ከእናት ወይም አባቱ በሞት ተለይተዋል 4- መልስ የለኝም	
202	አሁን የምትኖረው/ረወደው ከማን ጋር ነው	1- ከእናት፣ አባቱ፣ እህቱ እና ወንድሜ ጋር 2- ከአባቱ ጋር ብቻ 3- ከእናቱ ጋር ብቻ 4- ከቤተሰብ(ከዘመድ) ጋር 5- ከጓደኞቼ/አብረውኝ ከሚሰሩ	
204	የቤተሰብህ/ሽ የኢኮኖሚ/ የገቢ መጠን ምን ያህል ነው	-----	
205	ቤተሰቦችህ የተሰማሩበት የሰራ ዘርፍ	1- ንግድ/ ነጋዴነት 2- ጡረተኝ/ የቤት እመቤት	
	አይነት ምንድን ነው	3- የመንግስት ሰራተኛ 4- የNGO ሰራተኛ 5- የቀን ሰራተኛ 6- የግል ተቀጣሪ	
206	በቤተሰቦችህ ውስጥ የሚገኘው የወላጅ እና የልጅ ግንኙነት ምን ይመስላል	1- ነፃነት የሚሰጠው እና በንግግር የሚያምኑ 2- የሚያገሉ እና ቁጥጥር ባህሪ ያላቸው 3- ልጆቻቸውን ምንም አይነት ቁጥጥር የማያደርጉ 4- በቤት ውስጥ በጣም ተፈሪ እና ተሰሚነት ያላቸው	
207	ከቤተሰቦችህ/ሽ መካከል እፅ የሚጠቀም አለ?	1- አይደለም 2- አይደለም	መልህ/ሽ አይደለም ከሆነ ወደ ጥያቄ 301 ይሂዱ
208	ከቤተሰቦችህ/ሽ መካከል እፅ ሚታመደ ማን ነው? (ከአንድ በላይ መልስ ካለ መልስ የሆነው ላይ ሁሉ አክብቡ)	1- አባቱ 2- እናቱ 3- አባቱ እና እናቱ 4- ወንድሜ(ሞቹ) እና እህቱ(ቶቹ) 5- ሁሉም 6- ማንም የለም	
209	ቤተሰቦችህ የሚጠቀሙት የእፅ አይነት የትኛው ነው? (ከአንድ በላይ መልስ ካለ መልስ የሆነው ላይ ሁሉ አክብቡ)	1- ጫት 2- አልኮሆል 3- ሲጋራ 4- ካናቢስ (ሐሽሽ)	

ክፍል ሶስት		
ቀጣዮቹ ጥያቄዎች በትምህርት ቤት አካባቢ ስለሚገኙ ነገሮች በተመለከተ፤		
301	ባለፈው የትምህርት አጋማሽ ጠቅላላ ውጤትህ/ሽ ከመቶ ስንት ነበር?	1- ክፍተኛ 2- መካከለኛ 3- ዝቅተኛ
302	በትምህርት ቤታችሁ እፅን መጠቀም የተለመደ ነውን	1- አዎ 2- አይደለም
303	እዕ የሚጠቀሙ ጓደኞች/ኞች አሉህ/ሽ	1- አዎ 2- የሉኝም
304	ምን ያህሉ ጓደኞችህ/ሽ እዕ ይጠቀማሉ	-----

305	ጓደኞችህ/ሽ ሁልጊዜ እፅ ይጠቀማሉን	1- አዎ ይጠቀማሉ 2- አይጠቀሙም	
306	ጓደኞችህ/ሽ አልፎ አልፎ እፅ ይጠቀማሉን	3- አዎ ይጠቀማሉ 4- አይጠቀሙም	
307	ትምህርት ቤታችሁ/አካባቢ ጫት ቤቶች አሉ?	1- አዎ አሉ 2- የሉም 3- አላወቅም	

ክፍል አራት
ቀጣዮቹ ጥያቄዎቹ የሚጠይቁት ስለራስህ/ሽ ☐ ፅሁፍ/ቃትም ይመለከታል፤

401	እፅ ተጠቅመህ/ሽ ታውቃለህ/ሽ	1- አዎ አወቃለሁ 2- አላወቅም 3- አላስታውስም	መልሱአ ☐ ☐ ☐ ከሆነ የቀሩትን ጥያቄዎች ☐ ☐ ☐
402	ለምን ያህል ጊዜያት እፅ ተጠቅመህል?	1- ለ 12 ወራት 2- ለ 18 ወራት 3- ለ 24 ወራት 4- ለ 36 ወራት	
403	የትኛውን የእፅ አይነት ትጠቀማለህ? (ከአንድ በላይ መልስ ካለ መልስ የሆነው ላይ ሁሉ አክብቡ)	1- ጫት 2- አልኮሆል 3- ሲጋራ 4- ካናቢስ (ሐሺሽ)	

404	እነዚህን እያች በምን ያህል የጊዜ ልዩነት ትጠቀማለህ/ሽ	1- በየቀኑ 2- በሳምንት 2 ጊዜ 3- በሳምንት 3 ጊዜ 4- ባስፈለገኝ ሰዓት	
405	መጀመሪያ እፅ መጠቀምስትጀምር/ሪ እድሜህ/ሽስንት ነበር?(አንዴ እንኳን ብትሞክረዉም/ሪ መልሱን ይሙሉት)	-----	
406	እፅ ስትጠቀም/ሚ ከማን ጋር በመሆን ነው	1- ከጓደኛ ጋር በመሆን 2- ከቤተሰብ ጋር በመሆን 3- ከዘመድ ጋር በመሆን 4- ማንም እፅ ከሚጠቀም ሰው ጋር በመሆን	

407	እፅ ለማግኘት ያለው ሁኔታ ምን ይመስላል	1- እፅ ማግኘት አልችልም 2- እፅ ማግኘት ይከብዳል 3- እፅ ማግኘት ቀላል ነው 4- መልስ የለም	
408	ወደ እፅ ሱስ እንድትገባ ያደረገህ/ሽ	1- ቤተሰብ ሲጠቀም ስላየሁ 2- ተማሪዎች ሲጠቀሙ ስላየሁ	
	ምክንያት ምንድን አው	3- ጓደኞች ሲጠቀሙ ስላየሁ 4- አስተማሪዎች ሲጠቀሙ ስላየሁ 5- ሌላ በተለየ ምክንያት	
409	እፅን መጠቀም ጎጂ ነው ብለህ/ሽ ታስባለህ/ሽ	1- አዎ 2- ምንአልባት ሊጎዳ ይችል ይሆናል 3- አላስብም 4- አላውቅም 5- መልስ የለም	
410	እፅ መጠቀም መቀጠል ትፍልጋለህ/ሽ	1- አዎ 2- ምንአልባት መጠቀም እቀጥል ይሆናል 3- አላስብም 4- አላውቅም 5- መልስ የለም	
411	አብዛኛውን ጊዜ የትኑ የምትቅመው/ሟው?	1- መኖሪያ ቤቱ 2- ትምህርት ቤት 3- ጫት ቤት 4- ቪዲዮ ቤት 5- መጠጥ ቤት 6- ጓደኞቼ ቤት 7- ህዝባዊ ቦታዎች (መናፈሻ ውስጥ)	
412	እፅ ለመገዛት የገበ። ምንጭምንድን ነው	1 ወላጅ እየሰጠኝ 2 ጓደኞቼ እየሰጠኝ 3 ሰራ እየሰራሁ 4 በመሰረት 5 ክሌሎችን በመጠየቅ	

413	እጽ ለመጠቀም የገፋፋህ/ሽ ወይም የእፅ ሰሰኛ ያደረገህ/ሽ ምክንያት ምንድን ነው	1- የአቻ ኃደኝ ግፊት 2- የማስ ሚዲያ ግፊት 3- ተስፋ መቁረጥ እና ጭንቀት 4- እውቀት እና ችሎታ ስለሚጨምር 5- ለመሞከር ከነበረኝ ጥልቅ ፍላጎት የተነሳ 6- ተግባቢ ስለሚያደርግ 7- ጭንቀት ስለሚያስወግድ 8- ንቃት ለማግኘት 9- በቂ የኪስ ገንዘብ ስላለኝ 10- በቀላሉ እፅ ማግኘት ስለምችል 11- ወላጆቼ ሲጠቀሙ ስለማይ 12- አስተማሪዎቼ ሲጠቀሙ ስለማይ 13- በጓደኞች ዘንድ ተቀባይነት ይፈጥራል ብዬ ስላሰብኩ 14. ሌላ የተለየ ምክንያት
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414	እፅ በመጠቀምህ/ሽ ያደረሰብህ/ሽ አሉታዊ ጉዳት አለን	1. ከትምህርት ክፍለ ጊዜ በተደጋጋሚ መቅረት 2. የትምህርት ውጤት መቀነስ/ማሽቆልቆል 3. ትምህርት ሂደት ላይ ከፍተኛ ጫና ወይም ችግር ፈጥሮብኛል 4. ከወላጆች እና ከመምህራን ጋር መጋጨት/ መጣላት 5. አካላዊ እና አእምሮዊ ችግሮችን ፈጥሮብኛል	
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