

DRUG ABUSE AMONG STREET YOUTH IN ADDIS ABABA:

THE CASE OF YEKA SUB-CITY

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INDRA GANDHI NATIONAL OPEN UNIVERSITY (IGNOU)

SCHOOL OF SOCIAL WORK

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DECLARATION

I hereby declare that the dissertation entitled **Drug Abuse among Street Youth in Addis Abeba: The case of Yeka Sub-City** submitted by me for the partial fulfillment of MSW to Indira Gandhi National Open University (IGNOU) Addis Ababa is my own original work and has not been submitted earlier either to IGNOU or to any other institution for the fulfillment of the requirement for any other program of study. I also declare that no chapter of this manuscript in whole or in part lifted an incorporated in this report from any other work done by me or others.

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List of Abbreviation

C.I.S	Commonwealth of Independent States
DACA	Drug Administration and Control Authority of Ethiopia
FGD	Focus Group Discussion
HIV/ AIDS	Human Immunodeficiency Virus/ Acquired Immune Deficiency Syndrome
INDA	Investigational New Drug Application
LSD	Lysergic Acid Diethylamide)
MSW	Master of Social Work
NIDA	National Institute on Drug Abuse
NGOs	Non Governmental Organizations
PCP	Phencyclidine
STD	Sexually Transmitted Disease
SUD	Substance Use Disorder
THC	Tetrahydrocannabinol
UN	United Nations
UNESCO	United Nation Educational Scientific and Cultural Organization
UNICEF	United Nation International Children's Emergency Fund
UNODC	United Nation Office on Drug and Crime
U.S	United States
WHO	World Health Organization

List of tables

Table 1: UNODC’s World Drug report for 2011 states prevalence of drug users as follows.

Table 2: Reasons why children take drugs and their desired effect

Table 3: Risk factor associated for drug abuse

Table 4: Global drug-related deaths

Diagram 1: components of comprehensive drug abuse treatment

Glossary

Areqe	house made alcohol
BahrdarKhat	another type of khat leave which is cheaper than other kind of khat
Hashish	illegal leaf that people smoke to get high
Gelemso	type of Khatleaf
Khat	green leaves which give energy after chewed
Khat bet	a place where people gather and chew the khat leave
Merqana	the feeling of getting high after chewing khat
SukeBederet	moveable shop by holding it emstied on the nick and chest
Teje	homemade beer made from honey and different leaves
Tela	homemade drink from grains and different leaves.

Abstract

Drug abuse 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. In Ethiopia, street youth involved in drug abuse also constitute considerable portion of the bigger drug abusing community. Although it has been known that this problem is a pressing issue, the real extent and magnitude of the drug abuse is not yet properly explored. The overall objective of this study is to identify and understand the living condition of drug abusing street youth in Yeka sub city special area Kotebe College, Addis Ababa. It also aim to specifically identify factors that contributes to the initiation of drug abuse, risks and effects of it, the types of drugs abused, reasons for continuing drug use and their intention to stop. Qualitative research method was deployed to gather and analyze the required data. 13 male and female street youth participated in the depth interview and 8 female and male youth took part in the FGD. In-depth interviews and FGD, key informants interview and observation techniques were used as a source of data collection method. Individual case histories were also featured along with the data to supplement the findings. The findings of the study reveals the invisible fact behind the street youth's drug abusing behavior. Majority of the study participants joined street due to insufficient family income and peer pressure. Cigarette, alcohol, khat, sniffing gasoline and hashish are the drugs abused by the study participants. Curiosity, family factor, peer influence, positive enforcements of drug, availability and normalization among the street youth encouraged the street youth to try drugs at the beginning. Pleasure seeking, relief from stress, to increase physical strength, fear of withdrawal feeling, to kill time and to resist cold and hanger are the main reasons that they are using drug regularly. From this finding, it is possible to conclude that, drug abuse is big problem among the street youth and their intention to stop is low. Finally, in line with the above problem, the researcher recommended strong law enforcements against drug abuse, integrated community awareness raising and prevention program an involvement of Social workers in addressing such issue. Building rehabilitation center and psychiatrist treatment and establishing youth centers were also needed to address the issue

Chapter One

1 Introduction

1.1 Background of the Study

Human beings have always had a desire to eat or drink substances that make them feel relaxed, stimulated or euphoric. Humans have used drugs of one sort or another for thousands of years. It is as old as mankind (Yigzaw, 2001). Medical and recreational drug use is not just a phenomenon of the 20th century; many different types of drug have been used throughout recorded history. Since, before the dawn of civilization, humans have used drugs to alter their mood and behavior. The development of drug use has increased at an alarming rate in the past fifty years. Drugs are becoming a crucial part for modern society (Parrott, 2004). Nowadays, the use of legal and illegal drugs, particularly in young adults and adolescents for non-medical purposes is dramatically increasing and it has become a public concern (WHO, 2002).

Globally, there were about 190 million substance abusers. Out of these substance abusers, around 40 million serious illnesses or injuries were identified each year. The trend is increasing as period goes (Kidān, 2011). 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 (Vincent, 2002).

On the extent, trend, and pattern of drug abuse, there have been no current and comprehensive surveys conducted at the national level in Ethiopia but the existence of the

problem is a hard fact. 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 abused by a significant portion of all segments of the population (DACAE, 2005). 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 (Tesfahun, Gebeyaw& Girmay,2013).

Many children and youth live their lives on the street with unmet basic needs, such as essential resources, protection and social security. In 1989, UNICEF estimated 100 million children were growing up on urban streets around the world. 14 years later UNICEF reported: 'The latest estimates put the numbers of these children as high as 100 million'. And even more recently: 'The exact number of street children is impossible to quantify, but the figure almost certainly runs into tens of millions across the world. It is likely that the numbers are increasing' (Consortium for Street Children, 2001).

The street children living conditions are rough, and the threats hanging over them endanger their survival all the time. Being a street child means not eating one's fill, sleeping in unsanitary places, confronting violence and sometimes becoming a sacrificial victim, as well as growing up without support, love or protection, having no access to education or health services, losing all dignity, and becoming an adult before knowing what it is to be a child. In such circumstances drugs, HIV/AIDS, STD, unwanted pregnancy doesn't represent a danger. Drugs "help" to cope with everyday life (UNESCO, 2000).

Due to harsh living conditions and social alienation, these children find odd jobs to survive and engage in anti-social and criminal activities like drug abuse, prostitution and theft. According to WHO (2004) studies show that sexual exploitation, police violence and use of drugs are major problems of street children and youth in Africa, Latin America and North America.

1.2 Statement of the Problem

Substances abuse is becoming a serious ongoing public health problem; it affects almost every community and family in some way (Kidan 2011). Illegal drugs are not the only substances that can be abused. Alcohol, prescription and over-the - counter medications, inhalants and solvents, and even coffee and cigarettes, can all be abused to harmful excess. (Yigzaw, 2001). According to Dawn (2004)“chronic heavy drug abusing can damage the brain or other part of the body”.

While the market availability of drugs 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 (UNESCO, 2000).

Psychoactive substance abuse is the devastating consequences for a person, a family and a community as a whole. Many countries including Ethiopia recognize that substance abuse by young people is a serious health and social problem. According to Kidan (2011),“youth are among the high-risk population of substance abusers”. If young people increasingly take

drug, 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 abusing various drugs 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 UNODC (2013)“illicit drugs 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 drugs, crime and development are bound to each other. Drug dependence is often exacerbated by low social and economic development, and drug 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 drug use. Drug 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. 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 (UNESCO, 2000). According to James (1973) “society shows little tolerance for drug taking, so there is a tendency for people both professional and lay to make value judgment about drug 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. Drug abuse is therefore on the way to becoming a serious problem countries face.”

Like previously mentioned, drug abuse brings enormous social, economic and health care problems to a society and a country. It seriously affects the youth who are the major labor force of a country. The drug abuse among street youth is widespread in Addis Ababa. Those unemployed, homeless, and drug abusing youth are a burden for the country. 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 and realized by the concerned bodies (Abebaw, Atalaye, Charlotte, 2007). Thus this research will attempt to explore the life condition of drug abusing street youth in Yeka Sub city and put forth recommendation for concerned bodies.

1.3 Basic Research Questions

1. What are the factors for street youth to initiate abusing/ using drugs?
2. What are the types of drug abused by the street youth?
3. What are the reasons for street youth to abuse drugs on a daily bases.
4. What is their intention towards stopping drug abuse?
5. What are the different problems and risks encountered by drug abusing street youth?

1.4 General Objective

The general objective of this study is to identify and understand the living condition of drug abusing street youth in Yekasub city special area Kotebe College, Addis Ababa.

1.5 Specific Objectives

- To identify the factors that contributes to the initiation of drug abuse among street youth.
- To find out the types of drugs abused by street youth.
- To assess street youth's reasons for drug abuse on daily bases.

- To assess the youth's intention to stop abusing.
- To assess the risks and effects of drug abuse on street youth

1.6 Significance of the Study

The abuse of drugs has an adverse impact, not only on the individual abuser, 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 drug abusing street youth by focusing on the factor, risks and effects of drug abusing 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.

1.7 Scopes of the Study

This research was conducted in Addis Abeba, Yeka Sub City with special area name Kotebe College. The researcher undertook the assessment among street children who are living in this specific area. At the proposal stage the plan was to select 15 – 20 street youth for the in depth interview and 14 for focus group discussion , however due to limiting factor explained below, the researcher only managed to get 13 and 8 drug abusing street youth to take part in the in depth interview and FGD respectively. The researcher purposely selected this study group with age range 15 - 29 years and with drug abuse problem. Individual interview with each participant and FGD with mixed sex groups used to gather the information on their life situation with regards to drug abuse. The researcher also undertook key informant interview

with health professional and representative of local administration to receive their feedback on the topic and to seek their professional recommendation.

1.8 Limitations of the Study

The expected limitation at the beginning of the study was lack of available local literature and statistics concerning drug abuse in Ethiopia generally and street youth particularly. As anticipated, it was challenging for the researcher to get relevant literature in relation with the topic under study. As expected the street youth were reluctant to participate in the study and to provide accurate information by fear of accusation. Even though it was time taking, the researcher managed to break in the street youth group by using two street youth who have good acceptance among the group. The other limitation of the study was the mobile nature of the study participants. Most of the time, the researcher usually wait 1 to 2 hrs to meet the appointed study participant or might even leave without meeting anybody. It was also challenging to conduct the FGD with full attention of the discussion. The researcher tried to draw the attention of the participants by calling names and other activities.

1.9 Conceptual and Operational Definition of Key Terms Used

In this paper there are some concepts which need operational definitions so as to avoid confusion that the readers may encounter.

Drug: World Health Organization (1969) defines a drug as “any substance that, when taken into the living organism, may modify one or more of its function.”(James, 1973).

- For the purpose of this study the drugs are those drugs which may be abused or misused because they have specific effect on a person’s mental state. The researcher

used substance, drug and psychoactive substance interchangeably since they have more or less the same meaning according to the researcher's knowledge.

Drug abuse: the World Health Organization (1969) defines drug abuse as “persistent or sporadic excessive drug use inconsistent with or unrelated to accepted to acceptable medical practice.”(James, 1973).

- For the purpose of this study, drug abuse is the use of a drug in continues manner and with huge amount to the extent of causing psychological, physical and economical problem on the user.

Street Children: The United Nations (2000) defined the term ‘street children’ to include “any boy or girl... for whom the street in the widest sense of the word... has become his or her habitual abode and/or source of livelihood, and who is inadequately protected, supervised, or directed by responsible”(Adebiyi, 2009).

- The operational definition of street children for this study are any individual who reside and make his/her livelihood on street with no or minimal contact with their parents and guardian.

Youth: According to Ministry of Youth Sport and Culture (1996), “youth are the part of the population that constitutes individuals between the age group of 15 and 29 years”.

- For the purpose of this study, youth is defined as any individual with the age range of beyond 15 and less than 30 years old.

CHAPTER TWO

2 Literature Review

2.1 Definition of Drug

Defining drug and associated substances is a very complex task, as the definition of drug and its legality varies from country to country. According to the WHO (2004), understanding substance use among street children, between 25% and 90% of street children use psychoactive substances of some kind. 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.

2.2 Types of Drugs

Although the list is not exhaustive and the classification can vary depending on the country and legal interpretation of the substances, the WHO, understanding substance use among street children, categorizes substances as follows:

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

Hallucinogenes: 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.

LSD (Lysergic Acid Diethylamide): in its pure state LSD is a white, odorless powder. It is usually mixed with a lot of other ingredients. It is often put into capsules, liquids, tablets, and as small spots on absorbent paper.

Mescaline: made from the pulp of the peyote cactus.

Psilocybin mushrooms: Psilocybin is the hallucinogen found in some mushrooms. It is usually made available as dried mushrooms.

PCP (phencyclidine): this substance was used as an animal tranquilizer.

Cannabis: The cannabis plant grows in many parts of the world. Preparations containing different concentrations of cannabis are consumed.

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

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)

Hypnosedative: The drugs in this group are made synthetically and do not occur naturally. There are a large number of different drugs in this group. All are slightly different, but all subdue the body's nervous system.

Benzodiazepines: e.g. alprazolam (Xanax), diazepam (Valium), flunitrazipam (Rohypnol), oxazepam (Serepax), temazepam (Normison)

Barbiturates: pentobarbital. Other sedatives, such as chloral hydrate and methaqualone (Mandrax)

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

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 drugs and included in some diet pills, as well as in various forms on the street. On the streets in the Philippines they are called shabu, 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. The following substances can all be inhaled: aerosol sprays, butane gas, petrol, glue, paint thinners, solvents, amyl nitrite (poppers)

Other psychoactive substances

Some substances do not neatly belong in any of the categories above.

kava: a drink made from the roots of a shrub, which is used in the South Pacific for social and ceremonial purposes.

Betel nut: this substance is the seed of an Asian palm tree.

2.3 Review of research findings on drug abuse

On a paper, a Cultural-identity Theory of Drug Abuse by Tammy L. Anderson (1998) states the persistent focus in etiological theory on drug use instead of drug abuse may be due, in part, to complications that arise from attempts to identify a large enough pool of drug abusers through survey research methods that employ a prospective design with national population samples. Scholars investigating the four theories mentioned above have typically employed this kind of theology. Such population studies tend to focus on drug use while clinical studies focus more on drug abuse (Institute of Medicine 1996). The result is that most studies of psychosocial etiological factors do not distinguish between the two.

Moreover, Anderson states there seems to be a tendency in etiological theory to use the words "use" and "abuse" together or interchangeably. Many also attribute credibility to the "gateway" theory of drug use (i.e., that the use of "softer" drugs eventually leads to the abuse of "harder" ones) without discussing the processes involved in that transition. This assumption or oversight is repeatedly called into question by other research. For instance,

the Institute of Medicine (1996, p. 117) has noted that it may be incorrect to assume that the factors involved in the initiation of drug use are important in the escalation of it. Also, Johnston and colleagues show large discrepancies between monthly or annual use and daily use rates (which can serve as a proxy for abuse) and suggest that only a small portion of eighth graders, for instance, who use drugs (about 21 % in 1995) would likely become daily abusers of them by twelfth grade (4.6%), all else being equal (Johnston, O'Malley, and Bachman 1995). Furthermore, Waldorf, Reinerman, and Murphy (1991) reported that the NIDA surveys, for example, show that the majority of cocaine users in the U.S. are "ceremonial" users (i.e., they use it occasionally) and do not become abusers. Drug prevention strategies would be greatly improved if "risk" or "protective" factors that distinguished between drug *users* and drug *abusers* in the larger population could be identified.

The cultural-identity threat, according to Anderson, drug use and abuse as separate phenomena. The theoretical tenets described below are meant to explain how certain environmental and individual factors interact to influence drug-related identity change for people who *abuse or reach crisis points with drugs*. The theory does not propose to do the same for those who use drugs in a non-abusive or unproblematic fashion, which several studies (Waldorf et al. 1991; Granfield and Cloud 1996) have shown is possible over an extended period of time. It would, therefore, be inaccurate to call the cultural-identity theory an explanation of drug use. On the contrary, the theory seeks to address the scholarly inattention to diverse etiologies for drug use and abuse by simply focusing on drug abuse.

2.4 Prevalence of Drug Abuse Global and Ethiopia Overview

According to a United Nations Office on Drugs and Crime report on World Drug 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 drug production is related to cocaine followed by heroin. Amphetamine-type stimulants production seems to be at a comparable level with heroin (UNODC, 2011).

The World Drug 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 herb seizures suggest a stable level of cannabis herb production globally.

Cannabis resin production is geographically more limited. Based on information on the origin of cannabis resin, supplied by Member States, this seems to take place primarily in Morocco – mainly producing for the markets in West and Central Europe and North Africa – and Afghanistan – mainly producing for neighboring countries in South-West Asia and for the local market. Moroccan authorities report that cannabis resin production has declined in recent years. Cannabis production in Afghanistan – based on joint surveys conducted by UNODC and the Government – seems to show a generally stable level in 2010, compared to a year earlier (which was 1,500-3,500 MT. in 2009).

With regards to opium and cocaine the World Drug report states that the surveys in the main opium and coca producing areas show a clear decline over 2007-2009 period (-21% for opium and 13% for coca).

While the production is one part the distribution of the drugs is an important factor in understanding drug prevalence across the world. UNODC's 2011 World Drug Report outlines the trafficking distinct pattern as follows:

Most of the cannabis herb trafficking is intra-regional. In fact, most cannabis is locally produced and locally consumed and thus does not generally leave domestic frontiers. • Most of the cannabis resin produced in Morocco is destined for consumption in West and Central Europe and North Africa. Cannabis resin produced in Afghanistan is primarily destined for neighboring regions.

Cocaine trafficking is both intra-regional and inter-regional. Cocaine produced in the three Andean countries (Colombia, Peru and the Plurinational State of Bolivia) continues to be primarily destined for North America and West and Central Europe. Actual exports out of Andean countries (after deducting seizures and consumption in the Andean region) are estimated at 788 MT. 378 MT. are estimated to have left the Andean region for North America in 2009, of which some 200 MT. – purity adjusted – were seized in the process. The importance of North America has declined, however, over the last few years. The next main destinations were the countries of West and Central Europe, mostly direct shipments, though some trafficking also takes place via countries in Africa, notably West Africa (around 13% of all trafficking to Europe). About 217 MT. of cocaine are thought to have left the Andean region for West and Central Europe, of which almost 100 MT. (purity-adjusted) were seized in the process. In addition, a significant share of the cocaine produced is also trafficked to the Southern Cone countries of South America for domestic consumption.

Heroin trafficking is both intra-regional and interregional in nature. Heroin produced in Afghanistan is consumed within the region and/or trafficked to Europe. Some 160 MT. of Afghan heroin are 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 are estimated to have been trafficked to Central Asia, mainly for final destinations in the C.I.S countries, notably the Russian Federation. Heroin manufactured in Myanmar is primarily for the market in other South-East Asian countries. Heroin produced in Mexico and Colombia is mainly destined for the United States and some limited local consumption.

- Trafficking in amphetamines continues to be mainly intra-regional, while the trafficking in amphetamines precursor chemicals continues to be largely inter-regional.
- Ecstasy-trafficking has – traditionally – been intraregional within Europe (as the origin of most of the ecstasy used to be Europe) and inter-regional for other regions. In recent years, the importance of Europe as a source region has clearly declined. Production has shifted to other regions, notably North America and South-East Asia. Exports from the latter regions to other regions are, however, still very limited.

On a research conducted on high school students, the prevalence rate [of Tobacco use] is considered to be low but if the current trend is not arrested many of youths who currently smoke have to endure a lifetime of addiction and may die prematurely from tobacco related

disease. Disheartening is the realization that 17.5% children initiate cigarette smoking before the age of 10 years. (DACA, 2005).

The research conducted by King's College London, Health services Research Department, Institute of Psychiatry London and Department of Psychiatry Addis Ababa University outlines the Substance Abuse in Ethiopia. The study states that Alcohol and Khat are the most frequent substances of abuse followed by cannabis and solvents. According to this study Heroin and Cocaine are rarely used. The prevalence of substance use is discussed in two sections. Use in at-risk populations and among the general population.

According to the report Cocaine seizures remained limited in Africa, amounting to less than 1 MT. in 2009, down from 2.6 MT in 2008 and 5.5 MT in 2007. Although this quantity is very small in comparison with the quantities likely to be trafficked in and via Africa, seizure data from other regions also point to a decreasing trend for Africa, notably West Africa, for cocaine trafficking from South America to Europe. Nevertheless, cocaine trafficking in West Africa persisted, and Africa, especially West Africa, remained vulnerable to resurgence. Benin, Burkina Faso, Ethiopia, the Gambia, Ghana, Guinea, Guinea-Bissau, Kenya, Mali, Niger, Nigeria, Senegal, South Africa and Togo were all mentioned as transit countries for trafficking in 2008 or 2009. UNODC's World Drug report for 2011 states prevalence of drug users as follows.

Table1: Annual prevalence and estimated number of cocaine globally 2009

Region/subregion	Estimated number of users annually (lower)	-	Estimated number of users annually (upper)	Percent of population age 15-64 (lower)	-	Percent of population age 15-64 (upper)
Africa	940,000	-	4,420,000	0.2	-	0.8
East Africa	-	-	-	-	-	-
North Africa	30,000	-	50,000	0.03	-	0.04
Southern Africa	270,000	-	730,000	0.3	-	0.9
West and Central Africa	550,000	-	2,300,000	0.3	-	1.1
Americas	8,280,000	-	8,650,000	1.4	-	1.4
Caribbean	110,000	-	330,000	0.4	-	1.2
Central America	120,000	-	140,000	0.5	-	0.6
North America	5,690,000	-	5,690,000	1.9	-	1.9
South America	2,360,000	-	2,480,000	0.9	-	1.0
Asia	400,000	-	2,300,000	0.02	-	0.2
Central Asia	-	-	-	-	-	-
East/South-East Asia	400,000	-	1,070,000	0.03	-	0.2
Near and Middle East	40,000	-	650,000	0.01	-	0.3
South Asia	-	-	-	-	-	-
Europe	4,300,000	-	4,750,000	0.8	-	0.9
East/South-East Europe	310,000	-	660,000	0.1	-	0.3
West/Central Europe	3,990,000	-	4,090,000	1.2	-	1.3
Oceania	330,000	-	400,000	1.4	-	1.7
Global	14,250,000	-	20,520,000	0.3	-	0.5

Source: United Nations office on Drugs and Crime; World Drug Report (2013)

Ethiopia is indicated as one of transit Areas for drug on the UNODC World Drug report of 2011. In a report by University of Gondar: the Substance Abuse for the Ethiopian Health Center Team (2005) states that Ethiopia is geographically situated in a very strategic place, where there is easy access to Asia, Europe and other parts of Africa. Moreover Ethiopian frontiers are vast and link it with about five countries, which increase the potential for drug smuggling. In the past few years there has been movement of heroin from the Indian subcontinent to West Africa and then to Europe and North America. Heroin traffickers have repeatedly been intercepted at Addis Ababa International airport and a considerable amount of heroin (up to 20kg/year) has been seized on different occasions.

The report by University of Gondar (2005) outlines further the severity and reasons as follows

- The rail connecting Addis Ababa, Dire Dawa and Djibouti creates a fertile ground for smuggling and trafficking cannabis and exporting Khat.
- In the country Cannabis sativa is being cultivated in central, western and eastern administrative regions. Some of the cultivation areas are hidden among other groups or in wooded areas. This makes it difficult to detect and destroy the plant.
- Young people consume the plant for recreational purposes and in certain monasteries for religious as well as curative purposes.
- From 1987 to 1990 seventy-nine cases of cannabis sativa had been investigated. The trend of cannabis abuse by youngsters is increasing. Smoking is the usual route of abuse, but cannabis is occasionally ingested, or made into a “tea” and injected intravenously. Cannabis is a group activity.
- Cannabis (hashish) smoking is also escalating in the urban areas. In Addis Ababa, the police already know some hashish selling areas and some of the dealers as well as abusers are apprehended repeatedly.

2.5 Street Children and Drug Abuse

Different assumptions are made in the use and problem of drugs. Vulnerable children and youth frequently abuse inhalants. Unlike other drugs of abuse inhalants are defined by their route of administration are mostly legal substances (such as paint and office supplies industrial chemicals or aerosol propellants) which are easily available, inexpensive and used primarily by disadvantaged groups (WHO & INDA, 2000, p. 2).

Behavioral modeling of substance use through exposure to parental substance use early in life also accounts for part of the familial association in substance use disorders. The

association between exposure to parental SUDs and the development of an SUD in offspring is consistent with social learning theory (Amy & Timothy, 2011).

The feeling that a psychoactive substance temporarily solving problem creates a connection the abuser and the substance. The following are stated as the reasons why children take drugs and their desired effect

Table 2: Reasons why children take drugs and their desired effect

Problems on the street	Possible effects of use
Hunger	Lessens hunger pains
Boredom	Adds excitement
Fear	Provides courage
Feelings of shame, depression, hopelessness	Helps to forget these feelings
Lack of medicine and medical care	Self medication
Difficulty falling asleep because of noise and overcrowding, cold or heat, mosquito bites	Produces drowsiness
Being tired from lack of sleep because of noise or overcrowding	Increases energy to work
Risk of being attacked and abused	Improves alertness
No recreational facilities	Offers entertainment
Social isolation	Provides a sense of connection with other substance users
Loneliness	Promotes socializing
Physical pain	Relieves physical pain
No money for food	Makes it easier to steal

Source: WHO Working with street children (2000)

2.6 Risk Factor for Drug Abuse

According to WHO, the risk factor associated for drug abuse is summarized in the table below.

Table 3: Risk factor associated with drug abuse

Substances	Withdrawal symptoms
Alcohol	Anxiety, tremors, vomiting, sweating, convulsion, delirium (confusion & hallucinations)
Nicotine	Nervousness, sleep difficulty, abdominal pain, poor concentration, muscle spasms, headaches, cough, changes in appetite
Opioids	Anxiety, sweating, muscle cramps, runny nose, vomiting, diarrhea, sleep difficulty
Hallucinogens	No significant withdrawal symptoms
Cannabis	No or mild withdrawal symptoms
Hypnosedatives	Anxiety, irritability, inability to sleep, muscle cramps, convulsions, delirium
Stimulants Caffeine	Caffeine: headaches, tiredness, aches and pains, anxiety Amphetamines: fatigue, hunger, irritability, depression, suicidal feelings, sleeplessness Cocaine: fear, depression, nausea, vomiting, tremors, muscle pain, tiredness
Inhalants	No significant withdrawal symptom

Source: WHO Working with street children (2000)

2.7 Effects of Drug Use

Research has found that inhalants produce an initial euphoria followed by prolonged depression, dizziness, nausea, impaired judgment, changes in perception, and speech problems. Hallucinations and sudden death have Street Children and Drug Abuse: Social and Health Consequences been reported with high doses. Users report experiencing a high and say they use inhalants to prevent sadness or boredom or to avoid a problem. Chronic use results in memory loss, paranoia, depression, headaches, sleep disruption, and neurological damage. Dr. Cruz warned that researchers must take into account the co-morbid conditions that affect vulnerable children and youth, such as age, gender, poverty, malnutrition, lack of services, and other health problems. Researchers have determined that inhalants, ethanol, and other central nervous system depressants have similar mechanisms of action but that inhalants are much more potent. Prenatal exposure appears to result in hyperactivity, retardation, and respiratory problems, although the co-morbid factors may also play a role in prenatal exposure. (WHO & INDA, 2000).

Globally, smoking causes about 71% of lung cancer, 42% of chronic respiratory disease and nearly 10% of cardiovascular disease. It is responsible for 12% of male deaths and 6% of female deaths in the world. Tobacco caused an estimated 5.1 million deaths globally in 2004, or almost one in every eight deaths among adults aged 30 years and over. In India, 11% of deaths in men aged 30–59 years were caused by tobacco smoking (WHO global health risks 2005). Further this WHO publication states that although it is difficult to estimate extent of illegal drug use there is a considerable uncertainty in the estimated 245,000 deaths attributable to illicitly drug use.

According to UNODC’s World Drug report 2011 Deaths related to or associated with the use of illicit drugs may include: fatal drug overdoses; suicide; accidents (such as motor vehicle accidents) while under the influence of illicit drugs; deaths among injecting and other drug users from infectious diseases such as HIV/ AIDS and Hepatitis C transmitted through the use of contaminated needles; or from medical conditions (such as organ failure) associated with long-term drug use. The information on the number of drug-related deaths reported to UNODC is often based on different criteria of classification of diseases and may include some or all of these categories.

Table 4: Estimated number of global drug-related deaths

Region	Number of drug-related deaths		Mortality rate per million aged 15-64	
	Lower estimate	Upper estimate	Lower estimate	Upper estimate
Africa	13,000	41,700	22.9	73.5
North America	45,100	45,100	147.9	147.9
South America*	2,200	6,300	7.0	20.5
Asia	15,300	140,200	5.6	51.5
Europe	25,200	26,700	45.6	48.4
Oceania	2,800	2,800	118.9	118.9
Global	104,000	263,000	23.1	58.7

* incl. the Caribbean and Central America.

Source: United Nations office on Drugs and Crime; World Drug Report (2013)

In a study conducted in Ethiopia by King's College London and Addis Ababa University on over 20,000 in school and out of school youths, daily Khat intake was associated with unprotected sex. This was also a significant and linear association between alcohol intake and unprotected sex with those using alcohol daily having a threefold increased odds compared to those not using alcohol (Alexandra & Sharon, 2007).

2.8 Available Social Services for Drug Addicts Worldwide and in Ethiopia

The availability of social services for drug addicts varies in capacity, available facility, and follow-up varies from country to another country. Culture and attitude towards drug abuse, economic development and its prevalence.

The National Institute on Drug Abuse (NIDA, 2011) of USA states the goal of drug abuse treatment is to stop drug use and allow people to lead active lives in the family, workplace, and community. One continual challenge, however, is keeping patients in treatment long enough for them to achieve this goal.

According, to NIDA that is the reason why finding the right treatment for a person's specific needs is critical. Drug abuse treatment is not "one size fits all." Treatment outcomes depend on the:

- Extent and nature of the person's problems;
- Appropriateness of treatment;
- Availability of additional services; and
- Quality of interaction between the person and his or her treatment providers.

Diagram 1: components of comprehensive drug abuse treatment



Source: National Institute Drug Abuse, Seeking Drug Abuse Treatment (2011).

The potential consequences of substance abuse have been well recognized by successive Ethiopian governments and necessary legislations have been adopted. Ethiopia is signatory to the single convention on Narcotic Drugs of 1961 as amended by the 1972 Protocol the convention on psychotropic substances of 1971 and the UN Convention against Illicit Traffic in Narcotic drugs substances of 1988. The study further states that there are only two facilities for the treatment of patients who abuse substance. Both opened recently within the capital city Addis Ababa. An inpatient detoxification unit operates at St. Paul's inpatient hospital and inpatient unit dedicated for treatment of drug dependants patients was opened in Amanuel hospital in 2005. Alcoholics' Anonymous group is also active in Addis Ababa (Abebaw, Atalaye, Charlotte, 2007)

2.9 Over view of Theories on Drug abuse

Biological models As NIDA (1980), biological model of addiction emphasize the importance of genetics and the biological forces of nature: According to the biological model, each person's unique physiology and genetics causes addiction. People differ in the degree to which they like or dislike a particular addictive substance or activity. Some people may enjoy a substance or activity so much that it becomes very tempting and difficult to resist. Another person would not experience this difficulty because they do not experience a similar enjoyment. Likewise, the ability to temper impulsive desires with rational thought is a brain function that varies among different people. Some people may have a deficiency in their capacity to resist certain types of impulses. Thus, these folks would be at greater risk for developing an addiction because of their genetic vulnerability.

As NIDA (1980), theories relying on psychological factors fall into two basic varieties: those emphasizing the mechanism of reinforcement, and those stressing that the personalities of the drug user, abuser, and especially addict are different from those of the abstainer, and are causally related to use and abuse. The mechanism of reinforcement is fairly straightforward: People tend to maximize reward and minimize punishment; they continue to do certain things because they have a past history of being rewarded for doing them. Drug users are individuals who have been rewarded for use, and hence they continue to use. While reinforcement theories underplay personality factors, personality theories, as you might expect, emphasize their important role in causing drug use and abuse. The precise personality configuration that is said to determine drug use and abuse varies with the theorist; a range of personality factors is invoked here. The key factor that binds these psychodynamic theories together, however, is that they postulate that certain individuals have a type of personality that impels them to drug use and abuse. Biological and psychological theories tend to emphasize individualistic factors, although the researchers who propose them usually indicate that broader factors are at work. In contrast, **sociologists** tend to make broader, structural factors the focus of their theories. For most sociologists, the crucial factor to be examined is not the characteristics of the individual, but the situations, social relations, or social structures in which the individual is, or has been, located. More specifically, it is the individual *located within* specific structures.

According Travis (1980), “social control theory, what causes drug use, like most or all deviant behavior, is the absence of social controls encouraging conformity. Most of us do not engage in deviant or criminal acts because of strong bonds with or ties to conventional, mainstream persons, beliefs, activities, and social institutions. If these bonds are weak or broken, we will be released from society’s rules and free to deviate—and this includes drug use. It is not that drug users’ ties to an unconventional subculture attract them to drugs; it is their *lack* of ties to the conforming, mainstream sectors of society that frees them from the bonds keeping them from using drugs. It is the absence of these bonds that explains illicit, recreational drug use. Social control theory emphasizes the actor’s stake in conformity. The more we have “invested”—with respect to time, emotion, energy, money, and so on—in conventional activities and involvements, the more conventional our behavior is likely to be”.

CHAPTER THREE

3 Research Methodology

3.1 Research Design

Qualitative research method was used to conduct this particular study. The researcher found exploratory and descriptive methods more applicable to study this specific group life situation. The qualitative method of research describes the experience of people in depth and permits the researcher to study and understand people in depth in their own perception. (Manjit, 2008). Likewise, this approach allowed the researcher to capture participant's experience by their own words from their perspective without any limitation. The qualitative nature of the study also helped the researcher to engage in the process and tried to gather quality data through probing method.

3.2 Universe of the Study

The universe of the study was focused on drug abusing street youth who are residing in Yeka Subcity special area called Kotebe Collage. The key informants from health institution and local administration provided the required information for the successful completion of the research.

3.3 Sampling method

Purposive and snowball sampling methods were used to identify 13 drug abusing street youth to take part in the in depth interview. The same methods were also used to identify participants in the focus group discussion. The location where the street youth residing is purposely selected because from the researcher previous observation many street youth were

settled in the area and the researcher is familiar with the neighborhood. Purposive and snowball sampling methods helped the researcher to be flexible to use its own judgment and select sample units that fulfilled minimal requirement. This method also allowed the researcher to study sensitive topics like the one under discussion – drug abuse. The snowball sampling method helped the researcher to reach the target number of participants through building trust and reducing the participant’s hesitance to take part in the study while approached by someone whom they know.

3.4 Data Collection Tools and Procedures

Through using different data collection tools, primary and secondary data on the subject matter was collected. In-depth interview with selected samples and key informants; FGD with selected FGD participants and observation check list were deployed to collect primary data. Available literatures on the subject of drug abuse and street youth, social system and other related issues were reviewed from different published and unpublished reports, guidelines, policies, online journals, researches etc

Based on the research objective, the in depth interview questions and FGD topics were structured focusing on the background history of the respondents, the types of drug they used, the risk factors that triggered them to drug abuse, the reasons to use drugs and the challenges encountered due to drug abuse. The key informant interview also conducted among the local organization administrator and health professional. The observation check list guided the researcher to observe the physical and psychological effect of the drug on the participants.

The data collection started once the proposal is approved. The data collection took place from March 15 –April 20, 2014. As planned, the researcher visited the study area more

frequently and identify key figure in the street youth group who can serve as link between the researcher and street youth group. The researcher managed to meet two street youth with drug abuse behavior and clearly explain the research aim and some ethical issues for the respondent so they support in liking the researcher with the required group. After frequent trial and through time, the researcher managed to get 13 in depth interview participants. Even though the sample was under the plan (15 -20) but the information gathered were sufficient to undertake the analysis of the study. Prior to the actual data gathering, the in-depth interview tool was tested by one participant to ensure that the tool captured the required questions and easily communicable with the participants. After this exercise, the researcher refined the tool as per attached.

3.5 Ethical Consideration

Considering the importance of ethics in research work, the researcher ensured that high level of ethics is reflected as much as possible. The participants were approached and requested their willingness to involve in the study before the actual data gathering date. The researcher ensured that participants bought the idea of the study and its purpose beforehand. Furthermore, the researcher maintained the respondents' right to decline to answer a question or to participate in any activity or to refuse to discuss any topic if they had felt uncomfortable. Whatever information in the interviews and discussions were also kept confidential.

CHAPTER FOUR

4 Discussions

4.1 Discussion of Findings

a) Socio-demographic Characteristics of Study Participants

As to understand the study participant's existing drug abuse behavior with their previous life history, background of the study participants assessed during the data gathering process.

The study is conducted among street youth who are currently residing in the road side of Yeka sub-city special name called Kotebe College. Eight male and five female street youth participated in the depth interview and six male and two female youth took part in the focus group discussion. The researcher targeted the study participants whose age range falls in 15 – 29 years old. Out of thirteen in-depth interviewee, three of them are under 20 years and eight of them are between the age of 21 – 29. From the focus group participants five of them are between age range of 20 – 25 and three of them are 27 years old. Surprisingly, the female study participants are in the older age range.

The origin of the study participants of in-depth interview is very diverse. Five of them are from Addis Abeba but from different locations and only two of them are from Yeka sub city. Two came from the nearby town Legetafo, one from Debrebrihan, three from Southern Nations Nationality and two from Amhara region. Majority of the FGD participants are from Addis Abeba and few from Amhara region. They started living around kotebe college area due to the availability of different income generation activities as there is a bus and taxi station and sometimes they get left over food from the college.

Regarding the educational level of the in-depth interview study participants, three of them completed primary school, four completed upper primary school and five of them drop out after they joined secondary school and one completed the secondary school. The FGD participants were unwilling to tell their educational level in the presence of others due to fear of unkind remarks and jokes about their educational status.

Before they joined street life, six of the in-depth interview participants used to live with single parent, two with their biological parents, two with their relatives, one with biological mother and step father, and two of them lived in the orphanage center after they lost both parents. As to the family situation of the FGD discussants they used to live with single parent, with biological parents, in orphanage center, with biological father and step mother and with their relatives. 10% of the study participants have contact with their family in rare occasions and the rest didn't have any contact at all. The prominent parent occupation of the study participants is petty trader next to daily laborer. Some of the families were also engaged in farming, government and private employee, beggary and financial support by other family members.

According to the study participants, there are different pushing and pulling factors for them to end up on street. From the in-depth interview participants, four of them started street life due to their family's insufficient earning to fulfill the household basic needs. Two of them came to Addis in search of better job but end up living on street and ultimately apart from their families. Two of them left their home due to frequent fight with family members and one of them joined street life after the death of parent. Two study participants separated from their families due to peer pressure coupled with upheaval in the family. Two of the street youth escaped from orphanage center joined the street youth group. From eight FGD

discussants, s of them stated that their family's income was insufficient to address family members need so they forced to start street life. Four of them said that conflict with parents as the main reason to begin street life and drawn in this life. Peer influence was also one reason for two street youth to begin life on street. Except those who came from outside of Addis Abeba, majority of the study participants did not run-away from their family and start street life, rather it happened through time and bit by bit. Thus, family intense poverty is one reason for children being on the street.

As to the length of stay in street life, among thirteen in-depth interview participants six of them lived for 2 – 5 years, three of them lived 6 – 10 years and four of them lived more for than 10 years. From FGD discussants 6 of them lived on street for 5 – 10 years and two of them lived more than 10 years. The maximum length of stay of the study participant is 15 years.

The study participants were asked what type of work they do on the street in order to feed and clothe themselves. All of the female in-depth interview participants said that the money they get by begging is their main source of income. One of the respondents said that, *"I usually go to the churches in the morning and get my daily subsistence in the form of food and money"* and the other respondent said, *"I beg drivers when they stop at traffic lights"*. One woman only said she begs and sales chewing gum at the same time. Male respondents also said, in addition to begging, they engaged in different daily labor work like carrying loads for the public, car wash, shoe shine and parking. The FGD discussant also engaged in more or less similar income generating activities. One of the FG discussant said with laughter *"pocket picking is also good source of income"*. In general, majority of the study

participants depend on begging as their main source of income and supplement it with unskilled daily labor work.

The detail of study participants socio-economic background and analysis is annexed at the end of this study.

b) Factors to Start Drug Abuse

The researcher tried to explore the main factors that contributed for the street youth to start abusing drugs. Different reasons were mentioned by the study participants for them to begin using drugs. The prominent reasons to start using drugs are peer influence and curiously to test drugs. None of the respondents pointed to one single factor that initiated their drug abuse. All study participants responded that multiple factors encouraged them to start abusing drug. Those factors are also related with one another. However the factors that contributes to the initiation of drug abuse is different from one respondent to other among the participant of this study.

Youth is a time of experimentation, exploration, and a search for identity. And such a process by its very nature involves risk taking. In a milieu where social and peer influence are critical and drugs are easily available, drug use becomes one aspect of the child's developmental process and even a part of life (Vivek, Kul, Shekhar, Mani, 1998). The key informants of this study shares this fact that peer influence, availability of drug, family factor, curiosity and the environment as the main factor for the youth to start using drug.

Experimentation factor: adults who associate with adolescents are likely to influence the attitudes and behaviors of the adolescents. If adolescents see their parents or other significant adults using drugs or if the attitudes of the adults are tolerant of drug use, adolescents may be inclined to experiment with drugs, acquire accepting attitudes towards

drug use, and choose friends who use drugs. (Stephen, John, Xiaoyan, 2005). The finding of this study also shows that the curiosity to try has been one of the major factors for street youth to use drugs. Because of the curiosity towards drug use and the strong feelings to test the drug, some street youth mentioned that they are able to start drug abuse. One of the respondents expressed her curiosity before she started using drug:

Back home, there was a wealthy young man who smokes cigarette and do chat every day. I always wish to be like him and thought smoking and chewing chat as sign of rich person. Whenever I got a chance to go to his house, I stand at the gate of his room and watch him doing the chat ceremony and he sometimes gives me sugar and peanut.

One woman respondents in this research have also mentioned that the interest she had to try drug before she started it as;

When I see woman smoking in the movies, it was my dream to start smoking ever since. I used to tell to my friends how curious I am to try smoking and be like those women in the movie and unlike new street youth who refused to try drug at the first instance, I didn't hesitate to try smoking when one of my street friend offered me one.

Most of the respondents in both FGD have also reported that they had a strong desire to try and start using the drug and find out the reason why people use it. In relation to this, one of the focus group discussants has explained as follows:

My desire to try beer and cigarette started since I was kid. I can say I was raised in bar house as my mother sells Areqe in the same room where we sleep and study. I grow up watching her customers drinking, smoking and dancing through the curtain which barely splits the bed from the Areqe house. I tell you I was very jealous of those people especially the one who pay for other customers.

The response received from the key informant supported the above finding by emphasizing that curiosity of the drug is related to individuals' modeling or observing of peer, family/guardians and people who live around the individuals. Therefore, this indicated that the personal desire to experiment drugs and the environment the street youth exposed made them to be curious and initiate drug usage.

Family Factors: adolescents are likely to listen to and give priority to individuals who they admire and look up to. If those individuals have attitudes favorable to drug use and use drugs themselves, adolescents are likely to imitate and internalize those attitudes and behaviors. (Stephen, John ,Xiaoyan, 2005) Likewise the finding of this study indicated that living in and observing a drug abusive family is one contributing factor for the street youth to involve in drug using behavior. Almost half of the study participants said that either their father, step father, in some cases both parents or relatives whom they used to live had been using drugs.

My uncle was truck driver and whenever he came to Wolayita he stayed in our house. He chews chat and smokes ganja. My father always joins him while he chews chat and drink beer to get away from "Mirkana". I clearly remembered the smoke coming from the ganja and wondered how they do it.

The other informant also said that:

My father was chain smoker. He prefers to smoke than eating. My mother always nagged him to stop smoking but he couldn't. I remember, one day me and my cousin tried smoking the left over cigarette by taking it from the ash tray. We also try smoking by rolling paper and lighting it the tip.

One group discussant said that she started chewing chat with her relatives. She explained the situation as follows:

My older brother and cousins used to chew chat in our house. I was in charge of preparing the coffee ceremony. They always tempted me to try the chat by giving me one twig of the chat..... time after time I started chewing by hiding from my step father.

As it is mentioned in the literature review Amy(2011), stated that “behavioral modeling of substance use through exposure to parental substance use early in life also accounts for part of the familial association in substance use disorders. The association between exposure to parental substance use disorders and the development of substance use disorders in offspring is consistent with social learning theory which says humans usually learn by observing others”.

The key informants also agreed with these facts that children model their behavior on people who are important to them and those they frequently interact with them like parents and siblings. Similarly, this study has also showed that there are youths who had drug abusing family and who started using drugs because of family pressure.

Peer Group Influence: data received through the interviews and FGD indicated that peer influences coupled with other risk factors have been the main reason for the street youth to start using drugs. All study participants said that their friends and relatives at their age initiated them to test drugs by modeling the drug-usage. This analysis also supported by the research findings of Bahr, Hoffmann and Yang, 2005 which says that peers have a strong influence on adolescent decisions to use drugs.

In almost all respondent's response there is a phrase "my friend, my friends"

When I was student, I used to sneak out from school to join my friends from the neighborhood, and they took me to a "tella bet" with them. We used to drink "tella" and "areke". Then they also took me to a "khat bet" to chew khat with them. Then I kept sneaking out from school and would go to the "khat bet" and "tella" bet without my friend's help.

Some of the respondents stated that they started using drugs before they began life in the street. Others said that they started in the street. In both cases the street youth responded that their peers were an influence in their drug abuse.

When I was in Bahidrar, it was shame/taboo for young people to chew and smoke in front of other people so, me and my friends arranged a way to try chewing and smoking by going away from home. I tried it for the first time and it was meaningless, however after frequent trial I started liking it. Money was an issue for us to do it more often and that is why I started working by missing my class and finally came to Addis Abeba with one of my friend to get more money but what we found here is hard situation

WHO PSA (195) report stated that, street children want to be accepted by their peers even more than the typical adolescent. Joining in when their companions use substances or engage in other activities that can harm health are ways to be accepted more easily. The study participants also confirmed that there is pressure on the new comers to start using drugs to mix with the group because they believe that it creates the same feelings and moods within the group.

The FGD participants also share the same idea with key informants about the huge contribution of peer influence to initiate abusing drugs and keep doing it to get more acceptance and get along with drug abusing groups.

Key informant also stated that peer influence to drug abuse initiation is much greater than the other factors. Majority of the clients they have been treating confessed that their friends tricked them to try and immersed in the drug abusing behavior.

Positive enforcement: As WHO PSA report (1995), it is stated that any substance can be harmful to a human body if taken in large enough doses, too frequently or in an impure form. Contrary to this fact, the study participants were told the positive effect of drugs if taken in large doses. The perception towards drugs' effects is also positive that it encourages the new beginner to use drug .The positive enforcements were: getting away from stress, pleasure, stimulation, raising interest for job, awake and energetic, breaks the cold, getting along with the rest of the group etc.

The first reason that my street friends told me to use cigarette and areqe is that it keeps me warm and didn't hesitate to try it and it worked.

The other informant added that,

When I joined the street life, one girl told me to chew khat at night so that I will be awake the whole night and protect myself from sexual molestation attempts by street boys.

Described what his friends told him about the drugs they use:

Chewing khat will help me to forget about food and gives me energy to wash many cars with energy.

The focus group discussants also said that they had been told about the positive effect of drug while their models convinced them to try drugs.

Availability and normalization of the Drug: the other factor that the study participants gave as a reason for them to initiate the usage of drug was the availability and normalization of drug use in their surroundings. . Study conducted at Mekele University stated that next to peer influence, drug availability was other contributing factor for drugs to be abused by the students. (Kidan, 2011).

One of the informants said: *“cigarette and khat are easily available in the nearby shops and there is no need to hide from the police to access them. What you are expected from us is the money to buy them.”*

The other informant also said *“it is normal for street boys to smoke, chew and drink anywhere and anytime, there is no shame to do it in public as long as we have the money to buy.”*

The researcher observed street youths while using drug in public places like bus stations, roadsides, in bar as normal course. The researcher also observed many retailing shops and walking shops “sukebederete” which sales cigarette and khatretailers and bar houses which makes all type of drugs available for the street youth group.

Another in-depth interview participant reflected that:

In this area, there is sufficient supply of alcohol, cigarette, khat ...we don't worry about availability....

The data from key-informant also showed that, availability of legal and illegal drugs in the street is one of the major causes for the youth to engage in drug abusive behavior. The

normalization of drug use in some community also contributed for the youth group to take drug use as habit.

c) Type of drug abused and pattern of use

The study participants stated that they use cigarette, alcohol, khat, sniffing gasoline and hashish in particular order. According to (UNESCO report 2000), drugs are chosen according to their desired effects and group habits, which are largely determined by the users' resources. This study finding shows that because cigarette and homemade brews are easily available and relatively affordable, the consumption of these drugs is more common among the youth. Khat is also habitually consumed by majority of the study participants on the bases of their income. Gasoline sniffing and hashish are consumed occasionally on the basis of their income and availability of these drugs.

One of the in-depth interview respondents said that

I smoke, chew and drink: this is what I do every single day. The issue here is money, so the quality of the khat and alcohol depends on my pocket. Sometimes I chew good quality khat like "gelemiso" and good alcohol like beer and Jeen but most of the times I chew poor quality chat like "bahirdar" and drink "areqe" or "tella" to break my mirqana...

Similarly another respondent said that

I use all kind of drug be cigarette, khat, alcohol.....but I really like hashish and work hard to get them. You don't have any idea how it feels to be high with hashish. What I don't like about hashish is you feel hungry immediately.

Different opinion was also received from another in-depth interviewee

There is nothing like sniffing gasoline, it gives you real pleasure, I tried all types of drug but gasoline is different and enjoyable.

Two female respondents give priority for chewing khat and smoking cigarette

Khat and cigarette is my favorite drugs, the “mirqana” lasts for long time and the talks during chewing ceremony is wonderful. If you chew khat you forget about food for 24 hrs.....if I chew I eat once per a day.

According to the data received through the interviews, the youth group has more or less similar drug preference and would like to take the drugs every day. Surprisingly, there are different opinions on how they would like to take the drugs. Some of them prefer to smoke cigarette while they chew, others want to smoke cigarette after smoking hashish, some others like to smoke while taking alcohol. There is also difference on preference of the timing for chewing, smoking and drinking. Some portion of the group like to smoke every hour and even in the evening, others want to drink at night but some others would like to drink any time of the day until they get drunk. When it comes to hashish, some group prefer to smoke it after “mirqana”, some in the middle of the day, some others want it to accelerate the function of the alcohol that they are drinking. One respondent commented that he likes hashish when he wants to have sexual intercourse.

Seven respondents from the in-depth interview stated that the pattern of their drug taking behavior started with alcohol then cigarettes and then khat. Four of the in-depth interview said that they started the patter of drug taking by cigarette, then alcohol then khat. Two participants from the in-depth interview claimed that they started drug abuse by khat followed by alcohol and cigarette. For most of the study participants, those drugs are followed by gasoline and hashish. Thirteen and two years are the maximum and minimum

years that the study group abused drug respectively. Likewise, majority of the FGD participants started drug taking behavior with alcohol then cigarettes and then khat and in the other hand some of the participants started drug abuse by khat followed by alcohol and cigarette

The researcher observed the study participants while taking all types of drugs in different occasions. Those youth who consume inhalants use different methods to inhale the benzene. Some of them directly sniff it from the bottle and some preferred to breathe it in after soaking it on cotton materials.

The study participants were inquired how much they spend each day to fulfill their drug habit. Majority of the in depth interview and FGD participants said that the amount of money they spend on drug is depend on the amount of money they got per day. If they earn more money through day labor or begging, they will spend more than 80% of their income on drug. The amount of money they earn fluctuate depending on their luck. Those who engaged in begging get more money during holidays and by going to the churches where there is annual celebration. Those who engaged in shoeshine activities earn more money during the rainy seasons. Daily laborers income depends on the individual effort, if he/she spent more time in search of daily work they earn good money but if they are lazy to look for job they will end up begging people or their friends. As sated above, the daily income of the study group is very different and has direct relationship with the individual effort. The trial of the researcher to know the average income of the respondent failed as majority of the youth didn't really know how much they earn during high and low seasons. But they said; they try to get food for free so that they will use almost all of their money for drug.

There is no fixed thing in street life, you get what your luck gave you. If we get money we spent almost all of it on our drug and look for free food from churches or from the college. But at the time we don't have money we go to shops where we are customer and ask for credit to buy cigarette. But no one will give you khat for credit so what we usually do is go to khat houses where wealthy people chew and wait until their leftover khat is damped in the garbage.

Other respondent explained how they get alcohol when they are broke:

The amount and quality of alcohol that we consume deteriorate when we are broke. These days, the bar tenders collect the leftover of their customers alcohol in one bottle and sell for us for cheap price even less than "tella" price. But they usually do this on Saturdays and they sometimes add water so we don't rely on this supply.

d) Risks Encountered due to Drug Abuse

As stated in the background of this study, drug abuse brings enormous social, economic and health care problems on the people who used it in particular and to a society and a country in general. The finding of this study also shows that street youth who participated in this study encountered various risks due to their drug abusing behavior. Even though the effects of drug abuse on street youth are enormous, the researcher tried to summarize the various effects of drug as health, economic and social problems.

Health Problems: WHO in its module stated that, using a psychoactive substance can have many different consequences. Some of the consequences are insignificant and some are extremely serious. Psychoactive substances have effects on the body of the user as well as consequences on the life of the user and the whole community. This study also revealed that there are many health factors which are associated with drug abuse among the street youth

under study. Drugs affect not only their physical well-being but other aspects of overall wellbeing as well, including emotional and psychological health. The psychological risk factors as explained by street youth themselves, included bored, mood swings, depression, anxiety, aggression/ violent, sleeplessness and loss of motivation to do any activity. The physical risk factors are short term and long term. The short term problems shown when the youth didn't use the drug for certain period of time which includes restlessness, frequent yawning, dizziness, physically incapable to carry things, physical pain like headache and hand shaking etc. The long run risks that they study participant experienced after long time consumption of drug includes, headache, stomachache, gastric problem, bloody diarrhea, bloody vomit, respiratory system disorders, liver problem, skin diseases, dental problem, loss of weight etc.

Both in depth interview and FGD participants explained that sometimes, drugs make them to be emotionally unstable and mentally disturbed. Majority of the respondents said that, when they chew khat alone and when they get at the stage of "miriqana" they start to think deeply about the past and future and gets depressed and sometimes cried which makes them to be even more miserable and emotionally unstable until they get away from the feeling of "miriqana". They also said that sleepless nights due to "miriqana" are even more depressing and full of anxiety which also disturbs them in the morning.

One respondent stated the feeling he has after he chews khat:

Mostly I get depressed if I chew khat alone because I think about a lot of thing like my family, my friends in Debrebrihan who are living in good condition and I also fight with myself by the thought of going back to home etc. so I tried to avoid chewing alone or run to "areqe" house to run away from this depression feeling.

Similarly other respondent from FGD said:

Miriqana makes me to hate seating and talking with my friends. Any noise makes me disturbed as it gets in the middle of my thoughts. When I recognize that somebody is talking or laughing so laude I get mad and leave the group to sit alone. Seating alone in silence helps me to think different issues and when I get drunk this thought keeps coming and disturb me even more so I release my fear and tension by crying.

Not chewing khat hinders all respondents to perform their work well and make them to lose their motivation for work. But after they get high with khat respondents responded that they would be wakeful and perform their work very well and they also stated that it motivated them and gave them extra energy to work.

When one respondent explained how his psychology depends on khat and cigarette

To chew and smoke, I have to work and for me to work I have to chew khat and smoke cigarette, otherwise it is difficult for me to perform any kind of activity.

Some other respondents also said that when they get drunk, they turn to be evil and aggressive especially to non-likeminded people. According to them non-likeminded people are those who have been in quarrel with the youth group, those who tried to abuse them just because they are from street, those who do not respect them etc.

One informant said that *“after we get drunk at night, we always beat police men and run away if we found them without gun and in small numbers because they are the one who don’t trust us and point finger on us without our fault.”*

In contrary to these youths, some of them said that after they take alcohol, they become depressed and ignorant about everything. Getting sleep is the only option for this group to get away from the feeling of depression and anxiety.

When I get drunk, all I am thinking of is how desperate and miserable I am which I don't feel in my normal state of mind. All the problem of street life comes in my mind after drinking alcohol.

The study participants also experience mood swing in the process of hashish, alcohol and khat taking. Some of them feel good at the beginning and get depressed at later stage and for some of them the enjoyment comes in the middle or at the last stage. This implies that drug effect differs from person to person and not all drug abuser are alike.

One of the respondent who consume all types of drugs explained the different feelings he experience whenever he took cigarette, hashish, khat and alcohol like this:

I don't like the mood swing I experience whenever I get high with hashish.. I am always eager to smoke hashish especially in the morning, at first I feel like the world is rotating and after a while I start enjoying it. I laugh with silly things but finally when I get sober I start to feel tired and depressed. When it comes to khat, if we are doing it in group it is very enjoyable but lastly I don't even want to hear any talk I preferred silence so I yell at my friends to keep their voices down. For me the effect of alcohol depends on the mood I started drinking, if I start drinking with laughter I finish it with laughter but if I started it with anger I usually end up being sad or even sometimes with cry. Cigarette is like spice for my life, if I don't smoke, I don't even want to talk anybody because of my headache but whenever I smoke at the time that I am thirsty I feel good.

Majority of the participants from in depth interview and FGD also provided more or less similar feedback on the mood swing effect of drugs.

The researcher observed different behavior on the respondents when they get high with hashish and khat. The researcher also observed wide open eyes and loss of interest to communicate with the researcher and the friends from the respondents while they get high with khat and blurred eyes and full of laugh when they get high with hashish.

When it comes to physical problems of drug on street youth, the study finding shows that different types of drug create different physical effects on the user's body. The street youth respondents shared their experience on the kinds of short term and long term physical effects of the different drug they abuse. The researcher also tried to observe some short term physical and emotional changes of the respondents by presenting on the place they abuse different types of drug.

According to the study participants description khat chewing created wakefulness, restlessness, a sense of energy, sweating and loss of appetite while they are abusing the khat and get high by it. They also informed that if the amount of khat they chew is high they felt nausea. And to get sleep they must drink alcohol or get high.

In the case of smoking cigarettes and hashish, the physical change informed by the respondents of this study is the withdrawal symptom they faced if they don't take the drug. Yawning, headache, watering of their eyes and loss of appetite are the feeling of the respondents if they don't use cigarettes or hashish.

Regarding inhalants majority of the respondents explained that they used it while they start living in the street. At the time of data collection the researcher met two street youth who sniffs benzene. The physical effects of the inhalants reported by the informants are, light

headedness, nausea, vomiting, extreme hunger and feel hot even in the rain. But in the long run headache, stomachache, bloody diarrhea, gastric, bloody vomit and respiratory and liver problem has been experienced by the respondents. Inability to walk or do their job, strong headache and sleepiness are the withdrawal symptoms of inhalants informed by the respondents.

One interviewee stated his health complication due to his gasoline use:

I used to use benzene but after I get sick one time I stopped it but I started again as I could not resist the temptation when my friend use it.

Alcohol creates a physical problem on the respondents of this study like, vomit, increasing sexual drive, uncoordinated movement, and unconsciousness. It also creates hangover and strong headache during and after they sober. The withdrawal symptom informed by some of the respondent is shaking of hands and body.

The respondents of this study inquired if they are currently experiencing some kind of physical/ functional problem due to prolonged drug use. They stated that they faced high loss of weight, respiratory tract problem and gastric as the most repeated physical problem.

Social Problems: according to the finding of this study, their drug abusing behavior created a problem on the social life of the street youth. They experienced social alienation like avoidance from their family and the society, due to their drug abusive behavior. Their families don't want to accept them with their drug habit. Most of the respondent's family disapprove their drug behavior and don't accept them to live together. The street youth informants also couldn't stay with their parents after they get used to living in the street with their drug abusive behavior. Due to this, their relationship with their family faced a strain. Some of the respondents back to their home repeatedly and started to live with their family

but they couldn't live with their family's rules and stand the drug carving. Hence, they go back to the street life and their drug habit. This implies that drug using behavior has made difficulties on their social life or relationship with their family and their future life also.

One study participant who came from Bahirdar described his family repeated efforts to back him home as:

My father tried many times to take me back home. He came three times tried to convince me to return me back home. However, I was too scared to go back home with my drug habit so I insisted to stay here until I get away my drug habit and become good person.

Other respondents also stated her family effort to back her home like this:

Though my mother has no money and couldn't support my need, she tried to take me back home repeatedly. But I can't live there. I miss the life in here. Beside the moment I wake up I need cigarette. Can you imagine what my mother would say if I ask her to bring me cigarette? So it is better for me to live here since I can maintain my habit in here. Now my mom is hopeless about me and took my baby girl with her.

The focus group discussants also agreed with the idea that their drug abusing behavior somehow hinders them from making frequent contact with their family and makes them to live in the street. It also makes them to face stigma from their family and undermined by the society.

Their limited income to fulfill their drug needs also created a problem on their social life. Since the street youth informants need money to maintain their drug habit, they ask money from the people they know by telling different lies. Therefore people avoid them and even hide from them not to be asked the money. Theft has been experienced by few informants.

They had stolen money or sold possessions of family member to obtain drug. This created a fight with their family members. As a result family members lose a trust and being hopeless and avoid them at all.

One of the participants expressed his reason for his family's avoidance of him:

The last time I went to Debrebrihan is for my sister's wedding. Once I attend the wedding, I stole and sold tape recorder to get money for my transportation and khat. After that time none of my family members tried to approach me as they use to. They finished their patience on me.

On the other hand, majority of respondents stated that the drug they took encouraged them to engage in delinquent activities like stealing, fighting, harassing or abusing others verbally and physically. All of the respondents stated that they fight with people when they got drunk. Some respondents had fought with their family member when they drunk at the time they lived with their family. And now, they still fight with their friends or stranger when they get drunk. This is also mentioned by the FGD participants where alcohol encourage for fighting and they confirmed that they are disadvantage with the social relationship they have with their family and the community since their drug abusing behavior lead them all those stated delinquent behavior.

The key informants of the study also emphasized that the negatively experienced symptoms which can affect the social life of the individuals are violence, theft, sexual promiscuity and financial instability.

Three male respondents said that hashish encouraged them to steal because they think they feel smart and creative and one female respondent said alcohol encourages her to involve in commercial sex work to get enough money and buy the drug she wanted.

As stated above, excessive consumption of alcohol and hashish makes the street youth aggressive and violent. Violence connected to drug and alcohol use has had a significant impact on society. According to the informants, by the time they consume excessive amount of alcohol and hashish, they don't even know themselves and don't remember what they have done in the next morning.

Some of the study participant informed that the likelihood to commit crimes after they consume drug is high then they are under normal state of mind. To the contrary some of them said the, need for money to buy drug triggered them to engage in crimes like petty theft and gambling.

The key informants also agreed with the alcohol effects. They informed that alcohol impaired judgment and lead people for aggressive behavior. A drunken person is more violent and might have a potential to do violent action on people including verbal and physical abuse and sexual harassment.

Economic Problems: one of the consequences of drug abuse is that it affects the economic status of the individual for worse. People who abuse drug spend lots of money to meet their drug need. Street youth respondents lead their life by insufficient income they get from begging and labor works.

The researcher learned that they prefer to spend the money they get for the drug rather than for food and saving for future. Therefore they eat little but abuse the drug more which will affect their health condition since they lose their resistance.

One of the respondents from the interview stated how often they abuse drug as:

We eat once in a day. After we eat our breakfast and lunch together, we start chewing right away. We don't get enough money to fulfill our food and addiction. So we often left the food and spend the money for our addiction since the craving is strong.

As reported above, most of the study group mentioned that they abuse drug to kill their time. They spend more time on khat chewing and also drinking. Consequently they waste their time on drug abusing rather than engaging on productive work which has direct impact on their financial status.

One interviewee stated the situation like this:

I used to sell, soft paper, gum and candy on street but when I compared the amount of profit that I get out of this trade is incomparable with what I get by begging so I shifted to begging which I found profitable. I can do the begging and khat chewing simultaneously.

The FGD respondents also described that chewing khat is a good means to spend their time since they have plenty of time and majority of them do nothing. Moreover all respondents of this study also have a problem on saving of the money they get since they spend the money on the drug.

One respondent explained how he failed to save money repeatedly and he described his experience:

I used to save some money which I earn by working as shoeshine and car wash. But one my drug addiction level increased I stopped saving finally finished what I have save for seven months. After that time I didn't think of saving at all.

Some of the in depth interviewee acknowledged the importance of saving to improve their lives however they rarely save money since they have no safe place to keep their money and because it is too dangerous to walk or sleep on the street with money in their pockets that could easily be stolen, especially at night when they sleep. Therefore, due to this fear they preferred to live today by satisfying their addiction.

The focus group discussants also informed that they are affected very much from different angles. Economic wise, they also claimed that since they don't save the money they got from any means, it is hopeless for them to plan their future life.

The economic problems also lead the street youth to social problem. They engaged in antisocial behavior/ delinquent behavior like begging and stealing and women to involve in prostitution which exposes them to more violent victimization. Female respondents said that consuming drug in high amount makes them not to feel guilty while they exchange sex for money.

This data implies that the effects of drug related with each other. In this context economic problem lead the street youth to engage in anti- social behaviors which affects the individual and the society as a whole. . The key informants added that the need for illegal drugs by drug abusers increased the number of illegal drug dealers which has direct impact on the economy of the country and aggravates cases of violence.

e) Street Youth perception towards drug

As part of this study, the perception of the study group towards drug was assessed. The finding shows that out of the thirteen in depth interview participants eight of them have positive opinion about drug, three of them have negative perception and two of them said it is not good but it is not bad too. Those youth group who have positive perception towards

drug said that, drugs benefited them in different way. They use drug as main means of entertainment and source of energy to do any kind of activity.

One of the respondents who has positive attitude towards drug said that:

In street life, khat and hashish are like precious things which you cannot replace by anything. I can say I love them like my mother.

Another respondent from this group who has favorable attitude towards drug said

You will not get the same kind of energy that you got out of khat if you eat any kind of food. "Injera" goes to your stomach and makes you feel board but khat goes to your head and makes you feel wonderful and energetic.

Women study participants who have positive attitude towards drug also said that khat, cigarette and alcohol are like pain reliever for them. Since they face different harassment and abuse including frequent rape, they make themselves dependent on these drug to forget the entire trauma in the past and handle problems ahead of them.

Female respondent of the in depth interview said that:

These days' alcohol and hashish are my only options to entertain myself. I enjoy drinking alcohol and then smoking hashish as the effect makes me to forget this world until the sober feeling comes. Once I experience the effect of drug, I start wondering how people enjoy by watching movie or talking walk with their boyfriend.

The other group who has negative perception about drug stated that, they are using drug because they don't have other option and because the withdrawal effect is full of pain.

I have been using drug for more than 10 years and I witness the negative impact of drug on me. My addiction tied me up from being good person like my friends. I am

always jealous of young people who dressed good and drive car and I always get mad at myself for being street children. I am sure one day I will be one of those guys.

Half of FGD participants have negative attitude towards drug and the other half have positive perception about drug. Similar feedback was received from both groups as to why they have negative and positive perception towards drug use.

When it comes to the question of whether they want to quite drug use or not, two participants from in depth interview and one participant from FGD expressed that they want to quite drug if they got some kind of miracle to make the withdrawal pain minimal. Surprisingly, three of these study participants who wants to quite drug are female and used drug for about fifteen years. The reason behind that they want to quite drug is that; they want to use the money that they are spending on drug to fulfill their children's need for food and cloth. Their failure not to do this always makes them to feel bad about themselves and wish to quite taking drug but their trial to stop using drug was not successful as the withdrawal pain was unbearable.

One of these women said:

I wish I to go somewhere with my children where there is no khat and hashish, otherwise, I don't think I can handle the temptation and craving.

The second woman described her effort she put to stop drug taking like this,

I tried different church's holly water to help me stop using drug but vain, I immediately start smoking cigarette when I return from the churches. I think there got to be some power to separate me and drug forever.

The third woman also said that

One time I was in prison for one and half years and I almost forgot all kinds of drug. But after I released I didn't have any place to go so I came back here and immersed again in my drug habit. Sometimes when am broke and suffer from withdrawal feeling, I wish to go back to prison.

Contrary to these three women, majority of the study participants didn't even want to think about quitting drug use. According to this group, it is impossible to them the live on street without using any kind of drug as drug is their main source of entertainment and time killing activity.

Key informants also reflected that the fear of withdrawal symptom makes drug abusers to ignore about the negative consequence of drug on their health and preferred to keep using drug until some major problem happen in their life. They noted that, since some of the street youth are desperate about life, they would continue using drug even if they knew that it will kill them.

The study participant's response for the question "Have you ever been approached by any government or civil society agencies in an attempt to support you to stop drug abuse?" was no for all respondents. One study participant said that "*there have been many individuals come here and talk to us about our living situation but we haven't seen any change in our life, but no one talked to us about our drug habit.*"

CHAPTER FIVE

5 SUMMARY, CONCLUSION AND RECOMMENDATION

5.1 Summary

Drug abuse 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. It is now becoming common to observe many people abusing drug in public places without any limit. Street youth involved in abuse also constitute considerable portion of the bigger drug abusing community in Ethiopia.

This study tried to explore the life situation of drug abusing street youth who are residing in Yeka sub-city special area name Kotebe College. The factors for the street youth to start abusing drug, the type of drug they are abusing and the risks they have encountered due to their drug abusing behavior was assessed and analyzed.

Qualitative research method was deployed to gather and analyze the required information about the topic under discussion. In-depth interviews and FGD with the street youth, key informants interview and observation techniques were used as a source of data collection method. Relevant individual case history were also noted from the interview and discussion and incorporated along with the data to supplement the findings. This helped the researcher to triangulate the data from different sources and angles. Thirteen youth took part in the in-depth interview and Eight street youth were involved in focus group discussion.

The finding of the study reveals the invisible fact behind the street youth's drug abusing behavior. Majority of the study participants end up on street due to insufficient family

income and peer pressure. One participant has completed high school and the rest of the study participants are primary and high school dropout. Majority of the study participants have been living on street for more than five years and their drug abuse experience has more or less similar age. Begging and daily labor works are the main means of income in addition to petty theft and gambling.

Multiple factors encouraged the study participants to try and immerse in the drug abusing behavior. Curiosity about the drug and its effects, family factor, peer group influence, positive enforcements about the drug benefit, availability of the drugs and normalization of the drug use habit among the street youth encouraged the street youth to try drugs at the beginning. According to the study participants, they happen to be drug addict with short period of time and realized their dependence on stimulants when they are in short of money could not satisfy their need. Cigarette, alcohol, khat, sniffing gasoline and hashish are the drugs abused by the study participants in particular order. The study participants also claimed that pleasure seeking, relief from stress, to increase physical strength, fear of withdrawal feeling, to kill time and to resist cold and hanger are the main reasons that they are using drug regularly.

The data with regards to the street youth's perception towards drug and intention to stop drug abuse shows that majority of the study participant believed that drug benefited them in many ways and didn't have intention to stop abusing drug. Those respondents who have negative attitude towards drug admitted that drug affected them in many ways and wanted to quite drug abuse. On the other hand, all study groups stated that the effect of drug abuse is enormous and affects their health, social relation and economy significantly.

5.2 Conclusion

The study has identified that drug abuse is a serious problem among the street youth who are living in Yeka sub-city especial area name Kotebe College. Those study groups are addicted to different kinds of drug and interwoven their day to day live with drug usage. Next to peer pressure, the youths' exposure to drug at their early age coupled with curiosity to try drug are the top factors for the study groups to try drug for the first time.

The type and preference of drug is also limited to the availability and income of the street youth, therefore it can be concluded that the availability and affordability of drug in the area increased the vulnerability of the street youth to different drug without any constrain. The normalization of drug consumption among street youth makes it easy for the youth to initiate and drawdown in the drug habit.

These street youth also associated drug positively with recreation, losing of appetite, physical energy, and emotional wellbeing. Therefore, it can be concluded that, these reasons coupled with their living situation on street increased their vulnerability towards drug usage in a daily bases.

These street youth are extremely exposed to many risks due to their drug abuse behavior which makes their life even more difficult. They risked their psychological, physical, social and economic wellbeing which have direct impact on the life of any individual if either of them malfunctioned. Nonetheless, the intention to quite drug abuse among this group was low as the unbearable symptom of withdrawal will knock their doors up on the decision to stop made. From this, it can be generally said that street youth who are abusing drug are passing through hard time to fulfill their drug abuse habit by ignoring the consequences on their life.

5.3 Recommendations

As this study shows, drug abuse is not only problem in Ethiopia but a worldwide concern of the society and governments. The problem in a developing country like Ethiopia is very serious. It affects the young and productive part of the society. There are no enough healthcare facilities as well as relevant medical practitioners to address the issue.

The study has also detailed how the respondents' life is negatively affected due to drug abuse. Based on the actual observation, data collected through interview, the researcher has put forth a series of recommendations to tackle the problem specifically among the Yeka sub city street youth and affected youth in Ethiopia.

Problems of such magnitude and complexity need a concerted effort to effectively reduce its prevalence and effect on the society and the country at large. This cannot be left to the one party alone; all stakeholders including government agencies, civil society, the bigger community, NGOs and different institutions. The following are recommended to effectively reduce problem of drug abuse

- All stakeholders should work in an organized manner in order not to duplicate effort and misuse resources.
- In view of the danger, the government should allocate adequate budget, formulate a national strategy to tackle this problem.
- In depth research and survey has to be conducted on the subject to better understand the level of the problem suggest a pragmatic and effective solution.
- A coordinated effort in the prevention rather than treating rampant drug abuse is less costly. Based on this study it is suggested for government to provide adequate youth

centers for the young to participate in extracurricular activities, create and pursue passions,

- As abuse of drug starts at the early stages, the government should take immediate action to enforce legislation already in place to control the sale of alcohol and other addictive substances to underage children.
- Strict control has to be enforced in the sale of prescription drugs that have potential addictive nature.
- Since availability, access and affordability are the main reasons that the street youth become regular users of drug, controlling the chain of abused substances in the country is highly recommended. Raising the duty on the legal substances will reduce the level of drug consumption as affordability will become an issue among the street youth.
- In addition to the efforts done by the police, it is recommended to involve Social Workers in awareness raising programs to targeted parts of the society and treatment and rehabilitation of the youth involved in drug abuse.
- Community based massive awareness raising program on the negative impact of substance use through mass media, posters and all sort of communication facilities which is accessible to the street youth is also recommended. The content of the awareness campaign, rather than mere advertisements, should be based on facts. It has to consider cultural and social factors. The campaign with need not scare the young but clearly show the dangers of drug abuse. There should be an ownership of this campaign to coordinate and sustain its gains.
- Government agencies and NGOs have to work to strengthen existing rehabilitation centers or establish new treatment centers to treat youth with drug abusing problems.

- Attempt has to be made to better understand the extent of drug abuse among street youth in all sub cities in Addis Ababa and in other big cities in Ethiopia and design multiyear programs to prevent/control drug abusing program in Ethiopia.

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ANNEX

Data Gathering Tool

Identification No. ____

I. Background information of study participant

Sr.	Question	Response
1	Sex	
2	Age	
3	Where he/she used to live before/place of birth	
4	Level of education	
5	Living situation with their family and family occupation/income source	
6	Reason for leaving their home or their original place	
7	How long has it been since he/she started street life	
8	What do you do for living?	

Additional Information

II. Questions in relation with drug abusing behavior

Sr	Question	Response
1	What are the factors that lead you to start using /abusing drug?	
2	What type of drug you abuse, how often and for how long?	
3	How is the availability of drug in the street and how much you spend per day?	
4	Why do you abuse drugs in a daily bases (regularly)?	
5	What are the benefits you	

	get from using drugs?	
6	What are the risks/ problems you faced so far related to drug?	
7	How are your personality/ behavioral change after you take drugs?	
8	Do you think drugs affect and have consequences /risks on your health, social, economic and psychological situation?	
9	What is your perception towards drug?	
12	Do you want to stop using	

	drug?	
13	Have you ever been approached by any government or civil society agencies in an attempt to support you to stop drug abuse?	

Additional Information