



ST. MARY'S UNIVERSITY

INSTITUTE OF AGRICULTURE AND DEVELOPMENT STUDIES

**ADDICTION AND HEALTH RELATED PROBLEMS OF STREET
CHILDREN THE CASE OF ADDIS ABABA SUBCITY, CHURCHIL ROAD**

BY: REIHAN JEMAL (ID NO SGS/0434/2013A)

A THESIS SUBMITTED TO ST. MARY'S UNIVERSITY

**INSTITUTE OF AGRICULTURE AND DEVELOPMENT STUDIES
DEPARTMENT OF SOCIAL WORK IN PARTIAL FULFILLMENT OF THE
REQUIREMENTS FOR THE DEGREE OF MASTER OF SOCIAL WORK**

MAY, 2022

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APPROVED BY BOARD OF EXAMINERS

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ADVISOR: Dr. Telahun Gebrehiwot

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DECLARATION

I hereby declare that the dissertation entitled **Addiction and Health Problems of Street Children in the Case of Addis Ababa, Arada Sub-city, Churchill Road**, submitted by me for the partial fulfillment of St. Mary's University, Addis Ababa, Ethiopia is my own original work and has not been submitted earlier at any other institutions for the fulfillment of the requirement for any other program of study.

Place: Addis Ababa, Ethiopia

Signature _____

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CERTIFICATE

This is to certify that Mrs. Reihan Jemal, student of MSW of St. Mary's University, Addis Ababa, Ethiopia was working under my supervision and guidance for her project work for the course of Social Work. Her project work entitled **Addiction and Health Related Problems of Street Children in the Case of Addis Ababa Arada Sub-city, Churchill Road**, which she is submitting, is her genuine and original work.

Place: Addis Ababa, Ethiopia

Signature _____

Date: May, 2022

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ABSTRACT

In Ethiopia, there are so many addiction types but the visible one is Drug addiction, as it is in many other developing countries. Millions of people are affected and society is burdened financially and socially. It destroys families, harms the economy, and has a negative impact on the community as a whole. In Ethiopia, especially drug addicts of street children make up a significant fraction of the larger drug-abusing community. Although it is well understood that this is a serious problem, the true scope and magnitude of drug addiction has yet to be fully investigated. The general goal of this research is to identify and comprehend the living conditions of drug-addicts of street children in Arada sub-city at a special area of around Churchill Road. It also aims to pinpoint variables that contribute to the initiation of drug abuse, as well as the risks and health consequences of doing so.: the types of substances taken, the reasons for continuing to use drugs, and their desire to stop. To collect and analyze the relevant data, a qualitative research method was used. The depth interview included 21 males and females street children, while the focus group discussion included adolescent: 14 females and males. In-depth interviews and focus groups, as well as key informant interviews and observation techniques, were employed to collect data. To supplement the findings, individual case stories were included alongside the data. The study's findings show the hidden truth behind the drug-abusing behavior of street adolescents. Due to a lack of family finances and peer pressure, the majority of the study participants took to the streets. The study subjects abused cigarettes, alcohol, Khat, inhaling gasoline or glue, and hashish. Curiosity, parental influence, peer pressure, positive drug enforcement, drug availability, and normalization among street adolescents all encouraged them to explore drugs at first. Pleasure seeking, stress alleviation, increased physical strength, dread of withdrawal symptoms, passing the time, and resistance to cold and discomfort are the main reasons they use drugs on a daily basis. This data leads to the conclusion that drug abuse is a major problem among street adolescents, and their willingness to stop is low which also taking them to death because of their health problem.

Finally, in light of the aforementioned issues, the researcher recommended that strong police enforcement against drug use, an integrated community awareness rising and prevention campaign, and the involvement of social workers in dealing with the problem. Rehabilitation institutes and psychiatrist treatment, as well as the construction of juvenile centers, were required to remedy the problem

CHAPTER ONE

1. Introduction

1.1 Background of the Study

Addiction is a complex, chronic brain condition influenced by genes and the environment that is characterized by substance use or compulsive actions that continue despite harmful consequences. Specially, drug addiction all over the world continues to maintain a stranglehold on adolescences stripping away their chances for stable, happy and productive life.

The history of drug is as old as mankind. Humans have long desired to consume substances that make them feel calm, stimulated, or ecstatic (Yigzaw, 2001). The discovery of fermentation and farming since 6000BC is when people started to use drugs. (Bah, 2018).

Essentially, drug abuse started to be high through various experimentations and people diverted the use of drugs for money generating activities. However, recognizing the effects was noted and restriction to abuse legalized but the problem still goes high. While In 2015 about a quarter of a billion people used drugs, United Nations Office on Drugs and Crime (UNODC). In 2016, according to UN 250 million people between the ages of 15 and 64 used at least one drug , in 2014 more than 29 million are suffering drug use disorders compared with 27 million in 2013. Of the 12 million people who inject drugs 14% are now living with HIV (Rt, 2016)

Africa now occupies second position worldwide in the trafficking and consumption of illegal drugs. The UN estimate in 2014, there were 30 million drug users in Africa and 42,000 people die annually from diseases associated with the consumption of illegal drugs. The children are identified as the most vulnerable, especially those who cannot resist peer pressure. (UNODC)

Therefore, it seems drug addiction has reached epidemic levels across the world and the spectrum of the drug on the drug market has widened considerably, becoming one of the social problems that affect everyone, everywhere, either directly or indirectly and children are no exception.

Children are a valuable asset and pride, not only to their family but to the nation. Similarly, today's children are tomorrow's adults and builders of the nations and deserve all protection.

Therefore, the use of substances among adolescents is not only a public health concern but equally socio-economic one.

Ethiopia, like all developing countries has many problems which one of it is drug abuse and associated problems. There have been no recent and thorough surveys undertaken at the national level in Ethiopia on the extent, trend, and pattern of drug abuse; although the existence of the fact is that there is an issue.

According to the Rapid Assessment Study conducted in 1995 in 25 selected urban districts with 3200 respondents and other subsequent studies, a considerable fraction of the population abuses cannabis, Khat, cigarettes, and inhalants (DACAE, 2005).

Substance abuse has been linked to psychological suffering, suicide attempts, functional impairment, physical ill health, and risk-taking behavior in several researches. Khat (an evergreen herb with amphetamine-like characteristics) and alcohol are two of the most commonly taken stimulants among Ethiopian adolescents (Tesfahun, 2013) .

Amongst children in the Ethiopia have been around for some years and is estimated that more than 40% of illicit drugs users are under the age of 20 years to escape problems such as poverty, failure in school and unemployment ((State house, United Nations, & International Youth Parliament, 2004) as cited. Because children are the source of hope and inspiration for the society, they have the right to be protected, supported and brought up in a positive environment. Unfortunately, children do not only live in poverty but tens of millions of them around the world find themselves living or working in the streets as street children. A street child is a growing global phenomenon that is characterized by vulnerable children migrating to the streets in the urban areas in developed and developing countries.

The living conditions for street children are dreadful, and the constant threats that loom over them put their lives in jeopardy. Growing up without support, affection, or protection, having no access to school or health services, losing all dignity, and becoming an adult before knowing what it is to be a child are all aspects of being a street child. In that process so many kind of health conditions will appear like mental disorders such as anxiety, depression, or schizophrenia, Stroke, Cancer, HIV/AIDS, Hepatitis B and C, Lung Disease may come before addiction.

In other cases, drug use may trigger or worsen those mental health conditions, particularly in people with specific vulnerabilities.

As a result of the severe living conditions and social isolation, many children take on odd jobs to make ends meet and engage in anti-social and criminal behaviors such as drug abuse, prostitution, and stealing.

1.2 Statement of the Problem

Many street children as there are in the world there are as many reasons for them being there. Every single child has their own unique story. The reasons for their connection to the streets will vary from country to country, city to city, and from person to person.

These factors will also vary over time, such as poverty, displacement due to natural disasters and conflicts or family breakdown all lead to increases in the numbers of street children in a given area.

Economic poverty plays a major role, although other factors are of equally high importance. These can include: parental deaths, parental neglect and other social factors such as violence and abuse of children at home or within communities.

Discrimination, lack of access to justice, a lack of legal status (due to a lack of birth registration for example) all contributes to a situation where a child is living or working on the street.

It is found that children may migrate to the streets for some reasons as well, including:

- Sexual, physical or emotional abuse
- HIV / AIDS
- Being forced into criminal activity
- Being rejected from their family for so called “moral” reasons
- Mental health issues
- Substance abuse
- Sexual orientation or gender identity

While there is no doubt that there are common themes and reasons that push children onto the street, dealing with each child as an individual, with their own back-story and identity is key to understanding their situation.

Drug addiction is denoted as the substance use of disorder considered as diseases affecting the brain, behavior, and incompetence to consume legal or illegal drugs or medication. Drug addiction is a situation when the human body gets dependent habitually on stimulating things that affecting the nerve system, other organisms, and human behavior. According to (WHO, 1994) drug addiction is a condition of dependency of a chemical substance of synthetic, semi-synthetic or natural origin accounting for physiological and psychological disorder leads to contain risks on the human body.

Even though there are health and other pathological implications for individuals and society as a whole, it is typical to see many people taking various substances in cities today, regardless of age, gender, or social class. "Illicit substances continue to harm the health and wellbeing of people all across the world," according to (UNODC, 2013). They pose a clear threat to entire areas peace and security, as well as economic and social progress. Illicit substances, crime, and development are all intertwined in so many ways.

Low social and economic development often exacerbates drug addiction, and drug trafficking, like many other types of transnational organized crime, harms human development."

It is revealed that most of the street children from developing countries addicted to different types of dangerous drugs due to the deprivation of fundamental socio-economic rights.

Like previously mentioned, drug addiction 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. However, the nature of the problem is underestimated and its true extent in Ethiopia is not fully studied and realized by the concerned bodies.

Thus this research will attempt to explore the life conditions of drug addicts of street youth in Arada Sub city around Churchill Road and put forth recommendation for concerned bodies.

1.3 Research Questions

1. What are the main reasons for street children that make them to use drugs?
2. What are the many types of drugs that street kids use?
3. What are the most common reasons that street kids use drugs on a daily basis?
4. What are their thoughts on drug use cessation?
5. What are the many health issues and risks associated with street children using drugs?

1.4 General Objectives

The overall goal of this research is to discover and comprehend the living conditions of drug users and associated health issues among street children in Arada sub city special area churchil road

1.5 Specific Objective

- Determine the elements that lead to the start of drug usage among street children.
- Learn about the various types of drug addiction that are prevalent among street children.
- On a daily basis, assess the reasons for drug misuse among street children.
- Evaluate their physical and mental health
- Evaluate the adolescent's desire to stop misusing.
- Evaluate the dangers and consequences of drug misuse among street Children.

1.6 Significance of the Study

Because there isn't much research in Ethiopia on children and drug use, particularly among street children, in terms of their drug use, attitudes toward it, understanding of their own dosage, and health consequences, this study aims to shed light on street children and drug use, as well as their health.

The goal of this study is to paint a detailed picture of the living conditions of drug-addicted street kids by concentrating on the factors, hazards, and consequences of drug use.

The study is expected to inform government and civil society agencies about the current situation on the ground and to act as a reference or basis for creating intervention and program intervene.

The findings of this study are expected to pique the curiosity of those who are interested in the issues and motivate them to pay more attention to them by offering useful information and recommendations.

Future researchers will benefit from this research since it will provide insight into the current situation.

1.7 Scope of the Study

This research was conducted in Addis Ababa, Arada Sub City with location of Churchill Road. The researcher conducted an assessment among street youngsters that live in the Churchill Road area.

The objective was to pick 22–25 street youth for the in-depth interview and for the focus group discussion at the proposal stage, but owing to a limiting factor stated below, the researcher was only able to acquire 21 drug dependent street children to participate in the in-depth interview and 14 FGD.

The researcher purposefully chose this study group, which ranged in age from 15 to 25 years old and had a history of drug misuse.

Individual interviews with each participant and focus groups with mixed sex groups were employed to gain information on their drug misuse situation. The researcher also conducted key informant interviews with people who work in the field and health professionals to receive their feedbacks and recommendations.

1.8 Limitation of the Study

The dearth of relevant local literature and statistics on drug addiction in Ethiopia in general, and street adolescents in particular, was an expected restriction at the beginning of the course. It was difficult for the researcher to find relevant material in relation to the topic under investigation. The street children, as expected, were hesitant to engage in the study and then provide correct information for fear of being labeled, always needed some kind of money for responding to the researcher. Despite the fact that it took time, the researcher was able to approach the street children by bringing breakfast sometimes lunch foods for those who were willing to give information by the

group. The study's other disadvantage was the researcher normally had to wait long hours till they come or wake up because of their usual feeling of dizziness till they wake up and get their drugs to feel warmed up and if it is noon also it was hard to wait till they come to their places even if they were told they will meet the researcher.

1.9 Definitions of Key Terms (Conceptual and Operational)

There are various ideas in this work that require operational definitions in order to avoid reader confusion.

Drug: Drugs are substances that change a person's mental or physical state. They can affect the way brain works, how it feels and behaves. (WHO, 2019)

- For this purpose of the study this makes it unpredictable and dangerous, misused because they have specific effect on a person's mental state especially for young people because they have specific effect on a person's mental state.

Drug abuse: Substance abuse, also known as drug abuse, is the use of a drug in amounts or by methods which are harmful to the individual or others. It is a form of substance-related disorder.

- For the purposes of this study, substance abuse is defined as the repeated and excessive use of a drug to the point where it causes psychological, bodily, and financial harm to the user.

Street Children:

- 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 25 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.

Hallucinogens: Hallucinogenic substances can alter a person's mood, the way the person perceives his or her surroundings and the way the person experiences his or her own body. There are many different types of hallucinogens, some of which are chemically produced and others which are naturally occurring.

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 (Tetra hydrocannabinol, the main active ingredient in cannabis)

Hypnotic: 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), flunitrazepam (Rohypnol), oxazepam (Serepax), temazepam (Normison)

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

Stimulants: These groups 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, and 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. Anderon (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 use are 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; Grandfield 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 Plural national 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 heroines 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 heroine 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

wooden 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 part and office supplies industrial chemicals or aerosol propellants) which are easily available, in expensive and used primarily by disadvantage 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 solves problems and also creates a connection with 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
Hypnos datives	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	45.5	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 Overview 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

The study was conducted using a qualitative research method. The qualitative research method depicts the children's experiences in detail and allows the researcher to examine and comprehend individuals by the own way. it also enabled to discover problems and opportunities from respondents, Open-ended in nature. Easy to understand and digest with no need for clarification.

This study also allowed the researcher to record the participant's experience in their own words and from their own point of view. The qualitative feature of the study helped the researcher participate in the process and try to acquire excellent data utilizing by common techniques.

The study's scope was focused to drug-addicts of street children in Arada Sub-city, Churchill Road. The information needed for the research to be completed was provided by key informants from the health institution and the local administration.

3.2 Sampling Method

The in-depth interview was conducted utilizing purposive and snowball sampling methods to identify drug-addicts street children. Participants in the focus group discussion were identified using the same ways.

The place where the street children lives was purposefully chosen since, according to the researcher's earlier observations, numerous street youth had lived in the region and the researcher was familiar with the area because the living area was around that.

Purposive and snowball sampling approaches allowed the researcher to be more flexible in their decision-making and sample unit selection. This strategy enabled the researcher to

investigate delicate topics such as drug usage and health conditions, which were currently being discussed.

The snowball sampling approach allowed the researcher to attain the desired number of participants by gradually increasing the number of participants.

3.3 Data Collection Tools and Procedures

Primary and secondary data on the topic matter were acquired utilizing various data gathering tools. To collect primary data, in-depth interviews with selected samples and key informants were conducted, as well as focus groups with selected FGD participants and an observation check list.

Secondary sources on the topic matter were acquired utilizing various data gathering tools. Different published and unpublished reports, guidelines, policies, online journals, researches, and other related issues were reviewed from various published and unpublished reports, guidelines, policies, online journals, and researches on the subject of drug abuse as well as street youth, social system, and other related issues.

The in-depth interview questions and FGD topics were structured based on the research objective, focusing on the respondents' background history, the types of drugs they used, the risk factors that led to drug abuse, the reasons for using drugs, and the challenges they faced as a result of drug abuse.

As significant informants, the local organization administrator and a health professional were also interviewed. The researcher observed the drug's physical and psychological effects on the participants using the observation check list. The data gathering began when the proposal was approved. The data had been gathered. Between the 10th of March and the 7th of May in the year 2022. As scheduled, the researcher returned to the study area.

Determine a prominent figure in the street youth group who can serve as a regular contact between the researcher and the street

The researcher was able to meet two drug-abusing street youths and properly explain the research purpose as well as certain ethical issues to the respondents, which resulted in the needed group liking the researcher. After much trial and error, the researcher was able to recruit 21 people for in-depth interviews, 14 FGD. Despite the fact that the sample size was fewer than anticipated (21-25), the data gathered was sufficient for the study's analysis.

Prior to the actual data collection, one participant tested the in-depth interview tool to ensure that it captured all of the necessary questions and was easy to communicate with the participants. The researcher improved the tool as a result of this activity, as can be seen in the attachment.

3.4 Ethical Consideration

Given the importance of ethics in research, the researcher made every effort to guarantee that a high degree of ethics is reflected. Before the actual data collection date, the participants were approached and asked if they would be willing to participate in the study. The researcher made sure that participants were presented on the study's concept and objective before they started.

In addition, the researcher upheld the respondents' freedom to refuse to answer a question, participate in any activity, or discuss any issue if they were uncomfortable. Any information obtained during the interviews and discussions was likewise kept private.

CHAPTER FOUR

4 Discussions

4.1 Discussion of Findings

4.1.1 Study Participants' Socio-demographic Characteristics

The background of the study participants was analyzed during the data collection procedure in order to understand their current drug addiction behavior in relation to their previous life history. The research is being carried out among street youth who are currently dwelling in the Churchill road area.

The depth interview included thirteen male and eight female street kids, while the focus group discussion included eight male and six female adolescents. The study participants were chosen by the researcher to be between the ages of 15 and 25.

Thirteen of the twenty One in-depth interviewees are under the age of 20, while eight are between the ages of 21 and 25. Eight of the participants in the focus group are under 20 years old and six of them were 20-25 years old. From the focused groups the researcher found. 9 of them are from Addis Abeba, from different parts of the city, while just two are from Sheno. Three people came from Debu which they are siblings. The majority of the participants in the focus group are from Addis Abeba. As they explained to the researcher they used to live in different kinds of locations in Addis Ababa but here they started get know each other after located at Churchill road for the last 1 and half years.

Concerning the educational degree of the in-depth interview look at contributors, 6 of them completed primary school, 8 doesn't even completed primary school, and seven of them drop out after they joined secondary level. The FGD groups' claims that eight of them was in primary school, three were at secondary and the two has never been in school at all.

Their previous life before coming out on the streets from the in-depth interview participants used to live with single parents, step fathers, with biological mother and father .The FGD groups was that Six of them used to live with their single parents but which their parents were beggars , two of them with their actual biological parents but their relationship with their parents was not good and their life style was so much under affordable, four of them used to live with the aunt and uncle because they were orphans but went out to the streets because their aunts and uncles were not happy because of their low income for them and the whole family, Two of them has parents which are out of the city but went out to find their path but stuck at the streets .

Participants in the study agreed that there are a number of pushing and pulling factors that lead to people ending up on the street. The inability of 21 of the in-depth interview participants' families to meet the household's basic needs led them to the streets. Three of them came to Addis Ababa in search of better work, but ended up on the streets and separated from their families.

From this we can recognize that the main problem for children for bring out on the streets is that Low life and unstable financial status.

The duration stay in street life among the in depth interview participants 9 of them lived 2-5 years .11 of the more than 5-10 years. From the FGD participants 8 of them lived 2-5 years then the 6 of them 5-10 years.

Participants in the survey were asked what kind of labor they conduct on the street to eat and clothe them. The money they obtain from begging is their main source of income, according to all of the female in-depth interview participants.

They usually beg for food at the restaurants and cafes around Churchill to ask for if they have some leftovers, sometimes they will even go to piazza searching for food and money. Most of the responder stated, that they beg for drivers when they stop at traffic light around Churchill on the Meskel traffic light road.

One woman just stated that she begs while selling chewing gums. In addition to begging, male respondents indicated they try to work as labor tasks such as carrying weights for the public specially for people around piazza that holds large vegetables from the market or if there is anything that will be unload from the car in fruit marts when fruits and vegetables are

unloaded from lorries just to meet their food and drug needs .They even claimed that if they got the chance they will rob any body's pockets or snatched cell phones from young girls specially. The FGD respondents were also involved in similar income-generating activities.

The majority of the research was conducted in this manner. Participants rely on begging as their primary source of income, with unskilled daily labor work as a supplement and put their life at risk by robbing.

The socioeconomic background and analysis of study participants is attached at the end of this study.

4.2.2 Factors to Start Drug Consumptions

The researcher attempted to identify the major characteristics that influenced street adolescents to begin taking drugs. The survey participants cited a variety of reasons for starting to use drugs.

Peer pressure and the desire to try new drugs are two of the most common motivations for starting to use drugs .None of the interviewees could pinpoint a single factor that led to their drug addiction. Multiple reasons influenced all of the study subjects to begin misusing drugs.

Those elements are also linked to one another. However, among the participants in this study, the factors that contribute to the initiation of drug usage range from one respondent to the next.

Experimentation, discovery, and the search for identity are all hallmarks of adolescence. And, by definition, such a process entails taking risks.

Drug use becomes a part of a child's growing process and even a part of life in an environment where social and peer influence is important and drugs are readily available. Peer influence, drug availability, family aspect, curiosity, and the environment are all factors that lead to children starting to use drugs, according to the key informants in this study.

Factor of Experimentation

Adolescents' attitudes and behavior are likely to be influenced by adults who interact with them. Adolescents may be influenced to experiment with drugs or develop accepting attitudes about drug use if they see their parents or other significant adults using drugs or if the adults' attitudes are tolerant of drug usage and drug use, and hang out with drug users. The findings of

this study also suggest that one of the primary causes driving street adolescents to take drugs is their desire to explore new things.

Some street children have stated that they are capable of beginning drug use due to their curiosity in drug usage and strong feelings to test the drug.

Before she started using the substance, one of the responders stated her curiosity:

- "Next to our home there was this neighbor, who smoked shisha cigarettes and did chat every day. I've always wished I tried it because he has so many friends and his house was full of people and I felt like friends will like me or show appreciation when chat, cigarettes are at home and when their vibe matches mine"

One of the women who took part in the trial stated that she wanted to try the treatment before commencing it:

- Since I first saw my neighbor smokes every time she is mad, or get in fight with somebody i felt like the cigarette will make her better and , I used to think like it will make things and me calm"

The majority of those who participated in both FGDs expressed a significant desire to test out the cigarette, chat, alcohol and glue and learn more when they see other people connected to them use it.

The key informant's reaction backed up the previous finding, underlining that drug curiosity is linked to individuals' modeling or observing of peers, family/guardians, and persons in their immediate environment.

As a result, this suggested that the street youth's personal desire to experiment with drugs, as well as the milieu in which they were exposed, caused them to be intrigued and commence drug use.

Family Factors

Individuals whom children like and look up to are more likely to be listened to and given importance. Adolescents are likely to copy and internalize those attitudes and actions if those persons have favorable attitudes toward drug use and use drugs themselves.

Similarly, the findings of this study revealed that growing up in and watching a drug-abusing household is one factor that leads to street adolescents engaging in drug use.

The response received from the key informants supported the finding by claiming Children who grow up in a home with parents who are addicted to drugs or alcohol are three times more likely to suffer physical, sexual and emotional abuse. The addiction reverberates in every part of society, across cultures, socioeconomic levels, and age groups. When parents become addicted to drugs and alcohol, it impacts their physical and emotional health, behaviors, and ability to effectively parent their kids. Parental substance abuse severely impacts children's health and development; it establishes an unspoken understanding of the role substances play in being an adult. Norms are established from a young age, and when addiction and substance abuse are part of those norms, children learn to follow suit, often from a young age. Genetic factors also contribute to a child's likelihood for addiction. The combination of childhood experiences, environment, and genetic factors can increase children's likelihood of having addiction at some point in their lives. Children who come from homes in which parents were addicted to drugs or alcohol are more likely to start using drugs earlier in their lives and become addicted more quickly than peers from homes without substance abuse.

Almost half of the participants in the survey reported that either their father, stepfather, or, relatives in some circumstances, both parents and relatives with whom they used to live had used drugs.

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 link between parental substance abuse and the development of substance abuse disorders in offspring

is compatible with social learning theory, which states that "people learn by watching others."

Children mirror their conduct on persons who are significant to them and with whom they frequently interact, such as parents and siblings, according to the key informants.

Similarly, this study revealed that there are teenagers who grew up in a drug-abusing family and began using drugs as a result of family pressure.

Influence of Peer Groups and Positive enforcement: The results of the interviews and focus groups revealed that peer pressure, in combination with other risk factors, was the primary cause for the street youth's decision to start taking drugs. All of the survey participants reported that when they were younger, their friends and relatives encouraged them to try drugs by modeling drug use. This analysis is backed up by the findings of a study conducted by (Bahr, 2005) which says that peers have a strong influence on adolescent decisions to use drugs.

Some of the respondents who responded said they started using drugs before they started living on the streets even if they didn't start they had the wish to try out drinks, shisha, Khat, but so many of them claimed they began in the street with the peer they have next to them. In both cases, the street kids said their classmates were a factor in their drug consumption.

➤ *After I went on the streets my street friends pushed me and convinced me that cigarette and chat will make me feel good and glue will make me feel warm and makes me to forget about the problems I tried all of them and for the time being i found it very satisfying so now I can't even go half a day with our using it even with my empty stomach.*

As per the report of WHO PSA (195) stated that, Street kids want to be accepted by their peers much more than the ordinary adolescent.

One way to obtain acceptance is to join in when their peers use substances or engage in other potentially harmful behaviors.

Newcomers are also under pressure to start using drugs in order to blend in with the group, according to survey participants, because they believe it produces the same sentiments.

Both the FGD participants and key informants agree on the relevance of peer influence in

influencing people to start taking drugs and to keep taking them in order to achieve acceptance and get along with drug-abusing groups.

The majority of the people they were treating admitted that their friends had dumped them into engaging in drug-abusing behavior.

When it comes to positive enforcement As (PSA)report it says that every substance can be harmful to the human body if used in large enough dosages, too frequently, or in an impure form . Despite this, trial participants were advised that taking drugs in excessive amounts had a positive effect. The public's perception of drug effects is likewise favorable, encouraging new users to experiment with substances.

Getting away from tension, pleasure, stimulation, boosting job interest, being awake and energetic, breaking a cold, and getting along with the rest of the group were all examples of positive enforcements.

➤ *My street companions originally recommended that I smoke a cigarette and smell glue to get warm. I didn't think twice about doing it, and it worked.,*

The other street youth responded that

➤ *Chewing Khat will help me to forget about food and gives me energy not to think or want food so that my appétit will diaper*

Availability and Normalization of the Drug: In Ethiopian even though there are restrictions on alcohol and cigarette there seems no body that cared to apply the rule.

The approach of the Government of Ethiopia to the regulation of Khat is characterized by a policy dilemma. On the one hand, the Government includes Khat in its annual earnings plan as one of its sources of foreign exchange earnings and source of tax- based revenue. On the other hand, the government exhibits disapproval towards the cultivation and consumption of Khat that it has not addressed Khat in its agriculture sector policy and strategy documents. It is not covered by the agricultural extension services package.

So even if there are restrictions but the government could take serious punishment for anybody who doesn't obey the rule rather everything is easy to get and buy.

As a factor cited by survey participants as a rationale for starting drug use was the availability and normalcy of drug use in their environment.

- One of the informants said: *“cigarette and Khat, glue are easily available in the nearby shops and easy to access them. What you are expected from us is the money to buy them.” even though it is hard to get the money ,they get it no matter what.*

The other informant also said

- *“It is common for street guys to smoke, chew, and drink anywhere and whenever they choose; there is no shame in doing so in public as long as we have the means to do so.”*

The researcher observed street youths while using drug in public places like bus stations, roadsides, many retailing shops and walking shops “Suq Bederete” which sales cigarette and Khat retailers 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.

4.2.3 The Frequency of Drug Use and Addiction

Participants in the poll said they smoked cigarettes, drank beer, used Khat, sniffed gasoline, and used hashish in particular order.

According to the authors, drugs are chosen depending on their desired effects and group habits, which are mostly determined by the users' income. (UNESCO report 2000).

The findings of this study show that young people are more prone to consume cigarettes and homebrew brews since they are widely available and reasonably inexpensive price.

The majority of study participants chew Khat on a regular basis based on their income. Gasoline sniffing and hashish consumption are uncommon due to the profitability and availability of these substances.

According to one of the respondents to the in-depth interview,

- Every day, I smoke, but some days i chew Khat, and consume alcohol to break my addiction, I occasionally chew excellent quality Khat like "Gelemiso", but most of the time I chew poor quality Khat for my satisfaction.

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 foodfor 24 hrs.....if I chew I eat once per a day.*

According to the information gathered during the interviews, the youth group has a similar drug preference and would like to use the substances on a daily basis.

Surprisingly, some of them have varied ideas about how they want to take the medications.

Some of them prefer to smoke while chewing, while others prefer to smoke after smoking hashish, and yet others prefer to smoke while sniffing alcohol.

Timing preferences for eating, smoking, and drinking are also different. Some members of the group enjoy smoking at all hours of the day and night, while others

prefer to drink at night, while yet others prefer to drink at any time of the day until they become inebriated.

When it comes to hashish, some people want to smoke it after "mirqana," others in the middle of the day, while still others want it to help their alcohol perform better.

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 90% 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 lookfor 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.

In street life, nothing is set in stone; you get what your luck hands you. We spend practically all of our money on drug and hunt for free food from churches or different cafes and restaurants if we have any. When we don't have any money, we go to shops where we are regular customers and ask for a credit to purchase cigarettes. But when it comes to Khat on credit, we normally go to Khat houses where wealthy people chew and wait for their leftover Khat to be thrown away.

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

- *When we are broke, the amount and quality of alcohol we consume deteriorates. These days, bartenders collect the leftover alcohol from their clients in one bottle and offer it to us for a low price.*

4.2.4 .Risks Associated with Drug Abuse

As stated in the introduction of this study, drug addiction causes significant social, economic, and health-care difficulties for those who use it, as well as for a society and a country as a whole.

The findings of this study also demonstrate that the street adolescents who took part in it faced a variety of dangers as a result of their drug-abusing conduct. Despite the tremendous effects of drug addiction on street youth, the researcher attempted to outline the many effects of drugs as health, economic, and social issues.

Health Problems: WHO in its module stated that, using a psychoactive substance can have many different consequences?

Drug use disorders are associated with a wide range of short- and long-term health effects. They can vary depending on the type of drug, how much and how often it's taken and the person's general health. Overall, the effects of drug abuse and dependence can be far-reaching. They can impact almost every organ in the human body.

Side Effects of Drug Addiction May Include:

- A weakened immune system, increasing the risk of illness and infection
- Heart conditions ranging from abnormal heart rates to heart attacks and collapsed veins and blood vessel infections from injected drugs
- Nausea and abdominal pain, which can also lead to changes in appetite and weight loss
- Increased strain on the liver, which puts the person at risk of significant liver damage or liver failure
- Seizures, stroke, mental confusion and brain damage
- Lung disease

- Problems with memory, attention and decision-making, which make daily living more difficult
- Global effects of drugs on the body, such as breast development in men and increases in body temperature, which can lead to other health problems

One respondent stated the feeling he has after he sniffs glue:

Mostly I get long minutes coughs everyday specially in the morning when i wake up from sleep, i feel like there is some kind problems internally because most of my friends has the same coughs and even i had a friend who passed away from smoking and sniffing glue for so many years , just because he took so much of it without having enough meal everyday so got sick one time and they didn't have money to take him to hospital and thought it was some kind cold thing so it got worse and passed away .

When people get high on cigarettes, Khat, or hashish, the researcher noticed that they behave differently. When the respondents were high on Khat, the researcher saw wide open eyes and a loss of interest in communicating with the researcher and their friends, and unfocused eyes and a lot of laughter when they were high on hashish. When it comes to the physical impacts of drugs on street kids, the findings of the study reveal that different types of drugs have distinct physical consequences on the body of the user.

The short- and long-term bodily effects of the numerous drugs they use were described by the street juvenile respondents. By presenting on the location where the respondents consume various sorts of drugs, the researcher attempted to examine certain short-term physical and emotional changes in the respondents. According to the study participants, chewing Khat causes drowsiness, restlessness, a surge of energy, perspiration, and a loss of appetite while misusing the drug and getting high.

They also said that if they ate a lot of Khat, it made them feel sick and in order to sleep, they must consume alcohol or become inebriated.

The physical alteration reported by the study participants in the case of smoking

cigarettes and hashish is the withdrawal symptom they experienced if they stopped using the drug.

The responders report drowsiness, headaches, damp eyes, and a loss of appetite if they don't smoke or use hashish.

When they initially started living on the streets, the majority of respondents used inhalants. The researcher came across two street youngsters inhaling benzene while gathering data. The physical effects of the inhalants, according to the informants, are light.

Even when it's pouring, you'll get headaches, nausea, vomiting, strong hunger, and a burning sensation. Headaches, stomachaches, bloody diarrhea, gastrointestinal, bloody vomit, and respiratory problems are more likely to occur in the long run.

One interviewee stated his health complication due to his sniffing benzene or glue use:

- I used to sniff benzene but quit after becoming sick one time, but I restarted after succumbing to the temptation when a friend did.

Vomit, increased sexual drive, clumsy mobility, and unconsciousness are some of the physical problems that alcohol causes in this study's participants. It also causes a hangover and a severe headache while they are sober.

Some respondents reported shaking of their hands and bodies as a withdrawal symptom.

The participants in this study were asked if they are currently suffering from any physical or functional issues as a result of their long-term drug use. They indicated that the most common physical problems they had were weight loss, respiratory tract problems, and gastrointestinal problems and coughs.

Social Problems

According to the findings of this study, their drug-abusing behavior harmed the street youth's social lives. Due to their drug-abusing behavior, they experienced social alienation, such as being shunned by their family and society. Their families refuse to accept them because of their drug addiction. The majorities of the respondents' family members disapprove of their drug use and refuse to allow them to live together. After becoming accustomed to living on the street and engaging in drug-abusing conduct, the street youth informants were unable to stay with their parents. Their relationship with their family suffered as a result of this. Some of the interviewees returned to their home at some time and began living with their family, but they were unable to live with their family's standards and tolerate the drug craving. As a result, they return to the streets and their drug addiction.

This indicates that their drug-abusing conduct has harmed their social lives, family relationships, and future prospects.

One of the respondents who used to live with his single mother described

- my mother wanted me to come back home even if she had nothing to offer me or feed me but was too scared that my addiction will bother her so much and i couldn't live there so I chose the free street life.

Two of the respondents who came from Dehub said that

- They first came here to have better life because they had law life while they were there with their single father and they used to hear Addis Ababa is a good working place to be rich person and they came here watching some people around their neighborhood and after they came here they used to work weight lifting people but the guy that makes them work couldn't pay them what the work so they just left and started living on the street and sometimes they think about going back but they don't want because they don't want to be ashamed their father and they couldn't get out of their addiction habit.

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

➤ *Though my uncle was so broke that he couldn't afforded any money to make me live with him, I just stayed because I lost my single father though he was sober person and we had nothing to eat at our hut so i left him to find myself but got stuck in drug myself ,once i got him by the road and he just said that he is living a little bit better life so offered me to come back to him but i couldn't with all the problem of my addictions*

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 her family's avoidance of her:

➤ After I started drug with my friends back in the days i used to live with my parents , I couldn't get money to buy Khat so I stole the bed sheets and comforts of mine just to get money then my mother found out about it and we got in to really big fight"

The majority of respondents, on the other hand, claimed that the substance they were using encouraged them to participate in delinquent acts such as stealing, fighting, harassing, or physically abusing people.

When people get intoxicated, they fight with each other, according to all of the respondents. Some respondents admitted to fighting with a family member when inebriated while living with their family. When they get intoxicated, they still fight with their buddies or strangers. This was also emphasized by the FGD participants, who claimed that alcohol encourages fighting and that they are at a disadvantage in their social relationships with their family and community as a result of their drug-abusing conduct, which led to all of the above-described delinquent behavior.

. Violence, theft, sexual promiscuity, and financial instability are among the negatively experienced symptoms that can influence an individual's social life, according to the study's key informants.

Participants in the Focus Group

Two male respondents claimed when they take hashish it inspired them to steal because it made them feel smart and creative, while one female respondent said alcohol encouraged her to engage in commercial sex work in order to save enough money to get the substance she desired.

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 pettytheft 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

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 twenty one in depth interview participants eleven 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 drugs 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.

Most 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 quit drug use or not, two participants from in depth interview and one participant from FGD expressed that they want to quit drug if they got some kind of miracle to make the withdrawal pain minimal. Surprisingly, three of these study participants who want to quit drug are female and used drug for about fifteen years. The reason behind that they want to quit 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 quit 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 holy 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 to 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 RECOMMENDATIONS

5.1 Summary

Drug consumption is on the rise in Ethiopia, as it is in many other developing countries. Million people are affected, and society is taxed financially and socially. It destroys families, harms the economy, and has a negative impact on the community as a whole. It is now usual to see a large number of people consuming drugs in public areas without regard for the consequences.

In Ethiopia, street children who take drugs make up a significant fraction of the larger drug-abusing community.

The purpose of this study was to learn more about the lives of drug-abusing street children in the Arada Sub-city around Churchill Road.

The factors for the street children to start taking drug, the type of drug they are abusing and the risks they have met owing to their drug abusing conducted and analyzed.

To obtain and analyze the necessary information on the topic under discussion, a qualitative research method was used.

In-depth interviews and focus groups with street adolescents, as well as key informant interviews and observation techniques, were employed to collect data. Individual case histories were also taken down during the interview and conversation and merged with the data to round out the conclusions.

This allowed the researcher to triangulate data from many sources and perspectives. Twenty one kids were interviewed in depth, and eight street youth participated in a focus group discussion.

The study's findings show the hidden truth behind the drug-abusing behavior of street adolescents. .Due to a lack of family resources, the majority of the study participants end up on the street income and peer pressure.

The majority of the study participants have been living on the streets for more than two and three some more than 5 up to years, and their drug abuse history is similar in age.

Along with petty theft and gambling, the most common sources of income are begging and theft

.Several factors encouraged the participants in the study to try to immerse themselves in the drug-abusing behavior.

Curiosity about the drug and its effects, family factors, peer group influence, positive enforcements about the drug benefit, drug availability, and normalization of the drug use habit among street youth all influenced street youth to try drugs at first.

According to the study participants, they became drug addicts over a short period of time and realized their addiction to stimulants when they ran out of money and couldn't meet their needs. The narcotics misused by the study participants in order were cigarettes, alcohol, khat, sniffing gasoline, and hashish.

Pleasure seeking, stress alleviation, increased physical strength, dread of withdrawal symptoms, passing the time, and resistance to cold and discomfort are among of the main reasons that research participants use drugs on a daily basis.

The results with respect to the street youth's view towards drug and intention to stop drug misuse demonstrates that majority of the study participant believed that drug benefitted them in many ways and didn't have intention to stop abusing drug.

Those who have a negative attitude toward drugs admit that drugs have affected them in a variety of ways and that they want to stop abusing them.

On the other hand, all of the study groups agreed that drug misuse has a huge impact on their health, social relationships, and economy.

5.2 Conclusion

Drug addiction is a severe concern among street adolescents in Arada sub-city, particularly in the Churchill Road, according to the study.

Those in the study groups were addicted to various types of drugs and their daily lives were intertwined with their drug use.

In addition to peer pressure, the study groups' exposure to drugs at a young age, as well as their curiosity to try drugs, are the most important variables in their decision to use drugs for the first time.

The type and preference of drug is also limited by the street youth's availability and income, therefore it can be inferred that drug availability and affordability in the neighborhood boosted the street youth's vulnerability to various drugs without any adverse effects.

The normalization of drug use among street adolescents makes it simple for them to begin and maintain a drug habit.

Drug use was also connected with recreation, loss of appetite, physical energy, and mental well-being among these street adolescents.

As a result, it may be argued that these factors, in combination with their street living circumstances, increased their vulnerability to drug use on a daily basis.

These street kids are very vulnerable to a variety of dangers as a result of their drug usage, making their lives even tougher.

They put their psychological, physical, social, and economic well-being at stake, which may have a direct impact on anyone's life if one of them failed.

Nonetheless, this group's intention to stop abusing drugs was low, as the painful withdrawal symptoms would knock on their door if they made the decision to stop.

As a result, it can be concluded that drug-abusing street children are having a difficult time fulfilling their drug-abusing habit while ignoring the implications on their lives.

5.3 Recommendations

As this report demonstrates, drug misuse is a global concern for society and governments, not just in Ethiopia.

In a developing country like Ethiopia, the problem is extremely significant.

It has an impact on the society's young and productive members.

There are insufficient healthcare facilities and medical practitioners to solve the problem.

The study also revealed how drug misuse has significantly impacted the respondents' lives.

The researcher has put out a number of proposals to address the problem specifically among the Arada sub city street young and affected youth in Ethiopia, based on real observation and data acquired through interview.

Problems of this scale and complexity necessitate a concerted effort to successfully diminish their prevalence and impact on society and the country as a whole.

All stakeholders, including government agencies, civil society, the larger community, NGOs,

and various institutions, cannot be left to their own devices.

To successfully address the problem of drug usage, the following suggestions are made.

- Given the threat, the government should devote enough budgets and establish a national plan to address the problem.

- In-depth research and survey should be undertaken on the subject to better understand the magnitude of the problem and suggest a pragmatic and effective solution.

- It is less expensive to make a concerted effort to prevent drug usage rather than to cure it once it has become widespread.

- Substance abuse control comprises control of supply, production, availability, crop eradication, provision of suitable alternative sources of income, crop substitution, control of access, and distribution. Demand reduction, reducing consumption, increase prices, control of advertising and promotion, and increase individual resistance from social pressure through health education are among the possible control methods. Ethiopia is a party to the single convention on narcotic drugs of 1961 and the 1971 convention on psychotropic substances. As per the stipulations of the conventions, the Ministry of Health, Pharmacy Department is the central body to exercise all control actions to decrease the demand and supply of drugs and thereby limit the use of drugs to entirely scientific and medical purposes.

According to the findings of this study, the government should provide enough youth services.

Venues for young people to engage in extracurricular activities create and follow their passions

- Because drug abuse begins at a young age, the government should take prompt steps to enforce existing laws prohibiting the sale of alcohol and other addictive substances to minors.

- Prescription medications with the potential to be addictive must be sold under strict supervision.

- Controlling the chain of misused substances in the country is strongly advised, as availability, access, and cost are the primary reasons that street children become habitual users of drugs.

Raising the tariff on legal substances will lower drug consumption since affordability would become a problem for street youngsters.

In addition to police efforts, it is recommended that Social Workers be involved in community-based massive awareness raising programs on the negative effects of substance use through mass media, posters, and other forms of communication that are accessible to street youth.

- A community-based massive awareness raising program on the negative effects of substance use through mass media, posters, and other forms of communication that are accessible to the street youth is also recommended.

Rather than just marketing, the content of the awareness campaign should be founded on facts. It must take cultural and social variables into account.

The ad does not need to intimidate the young, but it does need to clearly demonstrate the hazards of drug abuse.

This campaign should be owned in order to coordinate and sustain its gains.

- Government agencies and non-governmental organizations (NGOs) must collaborate to improve existing restoration efforts.

To treat drug-abusing kids, existing treatment clinics or new treatment centers should be established.

- An attempt must be made to better identify the level of drug misuse among street kids in all sub-cities of Addis Ababa and other major Ethiopian cities, as well as to establish multi-year drug abuse prevention and control initiatives in Ethiopia.

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ANNEX

Data Gathering Tool

Identification No. ____

I. Background information of study participant

No.	Question	Response
1	Gender	
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

No.	Questions	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?	