

**SOCIAL FACTORS CONTRIBUTING TO STUDENTS'
SUBSTANCE ABUSE IN DIRE DAWA UNIVERSITY**

MA THESIS

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DEDICATION

I dedicated this thesis to my Father and mother Deribe Shiferaw and Alemitu Tesfaye and to my beloved brothers for their extraordinary scarifies and partnership in the success of my life.

STATEMENT OF THE AUTHOR

By my signature below, I declare and affirm that this thesis is my own work. I have followed all ethical and technical principles of scholarship in the preparation, data collection, data analysis and compilation of this thesis. Any scholarly matter that is included in the thesis has been given recognition through citation.

This thesis is submitted to in partial fulfillment of the requirements for master of social psychology degree at Haramaya University. The thesis is deposited in the Haramaya university library and is made available to borrowers under the rule of the library. I solemnly declare that this thesis has not been submitted to any other institution anywhere for the award of any academic Degree, diploma or certificate.

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ABBREVIATIONS AND ACRONYM

ADA	Assessment of Drug Abuse
CAGE- AID	Cut down, Annoyed, Guilty, Eye-opener-Adapted to Include Drug Use
DACA	Drug Administration and Control Authority of Ethiopia
FDRE	Federal Democratic Republic of Ethiopia Prevention
FMHCACA	The Food, Medicine and Health Care Administration and Control Authority
GDP	Gross Domestic Product
JIMIS	Jimma-Minnesota International Symposium on Mental Health and Substance Use
MOH	Ministry Of Health
NICRO	National Institute for Crime Prevention and the Reintegration of Offender
SPSS	Statistical Package for Social Science
UNODCCP	United Nation Office for Drug Control and Crime Prevention
WHO	World Health Organization

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Social Factors Contributing to Students' Substance Abuse in Dire Dawa University

Lina Deribe

ABSTRACT

The purpose of this study was to assess Social Factors Contributing to Students' Substance Abuse in Dire Dawa University. This study employed descriptive survey Research design. The participants of the study were 383 students and 9 key informants. The stratified random sampling and purposive sampling techniques administered to select students and key informants respectively. The data were collected by questionnaire, interview and document review. The data were analyzed using frequency, percentage, mean, standard deviation, chi-square test, binomial logistic regression and narrative description. The finding of the study revealed that 66.6% of respondents abused substance. Male students were highly abuse substance than female students. Besides, khat was highly abused substance. Majority of the respondents abuse substance usually. In addition, the study revealed that substance abuse was a leading factor toward illicit drug abuse. Furthermore, the study indicated that social factors such as family substance abuse history, peer pressure, availability of substance in close distance around the campus and social acceptance of substance abuse were highly predictor of substance abuse among students. The availability of substance had mutual side effect on community and students at the same time. In firsthand, the easily accessibility of substance were increased the students substance abuse habit whereas the students with substance abuse were easily imitated by the youngster from the outside community. Therefore the study, recommend the city administration and other stakeholders should have to design regulatory law to avoid substance selling out of substances around the campus with close distance and further study should have to conduct on illicit drug abuse.

Key words, Social Factor, Substance Abuse

1. INTRODUCTION

This part of the thesis mainly deals with the basic components of the introduction of the research. The components include background of the study, statement of the problem, objective of the study, research questions, and significance of the study, delimitation of the study and the definitions of key terms.

1.1. Background of the Study

Human history of drug use correlated with substance abuse. Human beings were using substances for different medication purposes. According to the report of United Nations Drug Control and Prevention Office (2008), explained Marijuana was used for medical purpose starting from 2737 B.C. Due to this reason, substance abuse became a trend within the human kind. The abuse of substance such as alcohol, khat and tobacco has become one of the major rising public health and socio-economic problems (Henok, 2015).

According to UNDCP (2008), the prevalence of substance abuse among young people is becoming an increasing phenomenon. As the world, report explained around 180 million people abuse substances. Among them 90% of substance abusers are young people. Substance abuse that initiated at early age is commonly associated with variety of problem. This problem can be physical, psychological, interpersonal, social, academic, legal or spiritual (Anju, Chandrakala, Sital and Amrit, 2016).

Even though the problem is serious, the prevalence of substance abuse is showing increment from year to year. The study conducted in India University in College of medicine showed, the prevalence increased two-fold from the previous years (Arora, Kono, Chadeny, and Khasla, 2016). Support of this idea the study conducted in Pakistan revealed that substance abuse is growing phenomena in the university of Pakistan particularly marijuana and cocaine are the most commonly abused substances (Muhammad, Sobia, Robia, Junaid, Mohamed and Fazal, 2015).

The prevalence of substance abuse is becoming a major concern in sub-Saharan African countries. Most of students engage in substance abuse at their early age. The study conducted in Kenyan secondary school shows khat (miraa) is highly abused substance followed by alcohol

and cigarette (Komen, 2014). Similar to this finding, the study conducted in Addis ababa Ayer Tena secondary school also shows high prevalence of alcohol, khat and cigarette abuse among the students (Henok, 2015). This show the substance abuse prevalence at early age as became an alarming issue.

Moreover, there is higher prevalence of substance abuse in Ethiopia higher educational institutions. The Study conducted in Axum University shows, the prevalence of substance abuse is 45.9% (Gebreslassie, Feleke and Melese, 2013) which is lower than Haramaya University (60%) (Gezahegh et al; 2014). The societal acceptance of substance abuse and accessibility of substances are the major reasons for difference in prevalence of substance abuse among universities. In addition to that, family's substance abuse experience also has its own influence in prevalence. For instance, the students from the family with substance abuse history are more likely involved in substance abuse (Alemu, Animut, Abriham and Bekele, 2018).

Even though studies conducted in different secondary schools and universities such as Jimaa, Addis Ababa, Mizan-tepi, makele and Haramaya (Wazema And Madhavi, 2015; Derese and Azazh, 2011; Andualem, 2012; Gezahegn et al; 2014) most of them were studied by public health professionals and individual factors have got huge emphasis in prediction of substance abuse. The social factors contribution has got little weight. The case in Dire Dawa University also treated similarly. Therefore, in order to fill this gap the current study conducted merely on social factors contribution on substance abuse of regular undergraduate students of Dire Dawa University.

1.2. Statement of the Problem

The increased abuse of substance among young people particularly among university and college student is became a worry of government. The prevalence is showing increment from year to year. Beside that there are problems associated with substance abuse which include interpersonal problems that influence adversely on relationship with others, family, colleges and friends (Jacquelyn and Mary, 2002). According to Abebaw, Atalay and Charlotte (2007), substance abuse leads to high rate of crime, fuel conflict, political, religious intolerance, raping, domestic violence, suicide, etc in the society. It also affects the psychological and physical conditions of abusers.

Even though the side effect of substance abuse is very harsh, the prevalence is still increasing. There are different factors that provoke substance abuse among students. Different theories give disparate explanation about substance abuse. For instance, moral model of addiction explains substance abuse is caused by weakness and character defect of the person. The person with strong moral value can resist addiction whereas the disease model explains substance abuse as diseases that dominate a person. Differently, social learning theory explains substance abuse as learned behavior through observation. This thesis gives more focus on the social learning theory, which emphasizes on social factors (Nora, 2013). Social factors are including family background, peer pressure, substance availability and community influence.

Regarding to the influence of social factors, different studies tried to explain in different dimension. The studies conducted in Jimma and Makele universities indicate that the accessibility of substance around the campus were the contributory factor for increment of substances abuse (Wazema and Madhavi, 2015; kidan, 2011). Supporting this idea, the study in Haramaya University states that accessibility of khat is high in East Harerge region that make the prevalence of Khat higher than other universities (Gezahgn, Andualem and Mitiku, 2014). The other contributory factor for Khat prevalence is social acceptance of the substance. Chewing Khat is acceptable by the majority of Ethiopian people. Many Ethiopians chew Khat for recreation particularly at weekends and for conforming people who lost their family members (Abebaw, Atalay and Charlotte, 2007). This social acceptance creates favorable environment to its prevalence.

Besides students, chew khat to stay alert, this has been associated with poor academic performance (Gebrehana et al., 2014). Moreover, its adverse effects included cardiovascular complications, hypertension, obstetric complications, kidney problems, and intestinal complications like constipation though pesticides might confound it (JIMIS, 2014). In addition, Khat chewing was also associated with increased absenteeism and unpunctuality of employees.

Another growing problem in universities is tobacco abuse. Students abuse tobacco at early age of secondary school. The study by Henok (2015), in Ayer Tena secondary school at Addis Ababa shows the prevalence of cigarette smoking was 5.9%, which shows high prevalence of substance abuse at early age. Besides, the family substance abuse history has high effect on the profound

Abuse of substance among students. The students stay long in substance abuse provoking environment may increase magnitude of substance abuse. The finding of Haramaya university survey reveals that the magnitude of substance Abuse is higher in third year than first and second year students (Gezahegn et al., 2017).

Alcohol is the highly abused substance among university students (Alemu, Anmut, Abriham and Bekele, 2018). The level of consumption is varying from university to university. The study conducted in Haramaya University shows the prevalence of alcohol is 50.2%, which is greater than other substances like Khat (41%) and cigarette (22%) (Gezahegn et al., 2014). Alcohol consumption and dependence of university students damage their academic performance, social relationships, psychological status and sexual condition (Guillermo, 25014). Most students start alcohol in their early age. Study conducted at Harrai region secondary schools shows that alcohol is commonly abused substance among secondary school students (Mahlet, 2011). The family alcohol drinking experience is mentioned as one of the contributory factors among substance abusers (Yigzaw et al., 2005). In Addition, homemade alcoholic drinks accepted by majority of the people and experienced at public holidays and different rituals (Gezahegn et al., 2014; Abebaw et al., 2007). This also has its own contribution for exceeding of alcohol drinking habit among students.

Gender difference in substance abuse is another focus area. As the study conducted in Ayer Tena secondary school shows, male students abuse substances more than female (Henok, 2015). In the support of this idea, The study conducted at Jimma and Haramaya universities show high prevalence of substance abuse on male than female students (Wazema and Madhavi, 2015; Andualem, 2011). Following that, the study revealed social acceptance toward male substance abuse is the contributory factor for increased prevalence (Gezahegn et al., 2014).

Furthermore, family history and peer influences have contributions in prevalence of substance abuse (Yigzaw et al., 2005, p. 8-10). Adolescents are more dependent on friends. Popularity need among the group and group conformity is another issue that drives adolescents toward their peer (Jacquelyn and Mary, 2002). In addition, the modeled person affect also unforgettable one as driving force of youth to substance abuse. In addition, increment of substance abuse is subjecting students to different problems that affect them physically, mentally, emotionally and academically. Regarding to academic performance, the students within substance abuse history

are more likely to own low performance. Concerning to the study conducted at Addis Ababa, Harari secondary schools explained increased Abuse of substance resulted with frequent absent from class (Mahalet, 2011; Betelihem, 2014.). Similar to this, Kenya studies also revealed the strong negative relationship between class attendance and substance abuse of students (Komen, 2014). For that reason, the issue highly draws the concern of the higher institution and the government towards the causes for prevalence.

Ethiopia is one of the countries under the influence of traditional society, where more or less everything is owned collectively, where neighborhoods live in unison sharing the pleasure and toil of life, and where interests seemed to converge and overlap. Because of this, the whole community rigidly tied together with socio- economic and cultural cohesion, that sharing the same idea, shelter and neighborhood, images and feeling, stories, myths, values and traditional cults became the norm (Nora, 2013). Due to that, the societal acceptance is the vital one in determining once behavior.

Therefore, according to Yohans (2017), the university students are highly exposed for different social settings. For instance, free from family control, new environment, Peer group, senior students and Get together (social events). In addition, the needs of curiosity within the students for new environment create high probability to the learning of new behavior. Even though the social factors have huge contribution to individual behavior, most of studies conducted on students' substance abuse at university level gave a little concern for social Factors. In order to fill this gap this study was designed to assess the contribution of social factors (peer pressure, family history, and social acceptance of substance abuse and availability of substances in close distance) in substance abuse of Dire Dawa University under graduate students.

1.3. Research Questions

This study attempted to give response for the following research questions.

1. What were the major types of substance abused by students in Dire Dawa University?
2. What was the magnitude of substance abuse practiced among students of Dire Dawa University?

3. To what extent did the social factors contribute to substance abuse of students in the university?
4. What kinds of relationship were found between demographic variables and substance abuse?

1.4. Objective of the Study

The researcher has tried to indicate both general and specific objectives to identify the relationship between social factor and substance Abuse among students at Dire Dawa University.

1.4.1. General objective

The general objective of the study was to assess social factors contributing to substance Abuse of students in Dire Dawa University.

1.4.2. Specific Objectives

The specific objectives that this study sought to achieve were to:

1. Identify Major type of substance Abused among students in Dire Dawa University.
2. Assess the magnitude of substance abuse among students of Dire Dawa University
3. Explain the social factors that contribute to substance abuse of students in Dire Dawa University.
4. Determine the relationship between demographic variables and substance Abused at Dawa University

1.5. Significance of the Study

Substance abuse is a burning issue in Ethiopia and shows rapid increment in universities and colleges. Youths joining higher institution increased in number from year to year (Alemu, Animut, Abriham and Bekele, 2018). For this reason, this study might help the government to work in early age of the students to build their capacity in resisting social factors, which has negative influence as protective factor. Moreover, it may help as an input for policy makers.

It is hoped that the finding of the study might help the university to design approaches that are responsive to influences of social factors. In Addition, instructors and concerned bodies

counselors, cross-cutting issues officers, discipline committee and student dean might start to understand the students in terms of social setting and also help to know the magnitude of substance Abuse within the University and design effective, curative and preventive strategy.

Furthermore, the study may help the students to be aware of social factors that have influence on substance abuse behavior and help them to resist the influence. The finding may help the parents to know about the social factors that influence student's substance abuse and to be a good model. Moreover, it may help the parents to work on their youth's attitude and assertive skill. Lastly, the publication of the finding may be used as the reference for other research works.

1.6. Delimitation of the Study

This study focused on assessment of social factors contribution on substance abuse of students. Geographically, this study was delimited only in Dire Dawa University because of prior experience of the researcher. All undergraduate students of Dire Dawa University, from all colleges (medicine, engineering, Social science, Natural and computational science, business and economics and law) were included in the study. Furthermore, the researcher used stratified random sampling to select students from departments and employed purposive sampling to select key informants. Methodologically, the researcher included both qualitative and quantitative types of data with primary and secondary sources. The study used questionnaire, interview and document analyses. Questionnaire was used for sample respondents from Dire Dawa University undergraduate students enrolled under regular program and interview was used for sample key informants. In terms of data analysis, the questionnaire analyzed in quantitative way with Binomial logistic regression, chi square and descriptive analysis such as, mean, standard deviation, percentage and frequency distribution. The interview analyzed qualitatively through means of narrative analysis.

1.7. Limitation of the Study

As a part time student who needed to balance the studies with full time employment, the researcher was limited by inadequate time to undertake an extensive and exhaustive research limiting the researcher to a small sample and less research time. The researcher was self-sponsored student relying on savings to progress her studies and therefore limited by financial

resources. The researcher also anticipated challenges during data collection where some respondents gave non-required information. The researcher however worked at winning the confidence of those involved in the study by giving them the reasons for the research and assuring them of confidentiality.

1.8. Operational Definition of Key Terms

For the purpose of this study, there are different terms that need to be defining in order to understand and recognize these terms in this review of literature.

Social factor are variables, which arises from culture, environment, community, family, religion and which influence the individual to think and act in certain way. So factors which serve to inform or constitute individual identity (Jacquelyn and Mary, 2002).

Student refers to the students of Dire Dawa university enrolled under regular program of undergraduate studies in year 2018/2019.

Substance refers to an item that alters or affects the mental, physical and emotional functioning of a person. These include Alcohol, khat, and cigarettes that can be taken through chewing, smoking or drinking (WHO, 2000).

Substance user refers to as use of at least one of the substances (Alcohol, Khat, and Cigarettes) in an individual's lifetime to alter mood or behavior.

Substance Abuse refer someone fulfills the criteria of CAGE greater than or equal to two score.

2. REVIEW OF RELATED LITERATURE

The purpose of this chapter was to assess related researches in relation to the contribution of social factor on substance abuse behavior of university students. Research and review materials contributed to identify gap and building a foundation for the current study. The review focused on the theoretical explanation of substance use and social factors contribution on substance use behavior of students. This study employs basic terms that require conceptual clarification. This section presents a brief explanation of the major terms and concepts related to this study.

2.1. Substance

Substance is generally defined as substances other than food, taken to change the way the body or the mind functions. These substances could come from plants growing wild in the fields or they could be manufactured in the laboratory. They could also be categorized into legal, illegal, or harmful. These substances are considered as abuse when the user deliberately uses it for non-medical purposes, as well as the arbitrary use without medical prescription (UNODC, 2008).

Substance abuse is consuming alcohol or drugs regularly, despite the fact that it causes issues in their life. The issues caused by abuse may be relating to job, personal life, or even safety. People who abuse drugs and alcohol continue to consume them, regardless of the consequences (Odejide, 1994). Therefore, mood altering and psychoactive substances are abused substances. Some of the drugs most often associated with this term include alcohol, Khat, Cigarette (tobacco), amphetamine, MDMA, barbiturates, benzodiazepines, cocaine, methaqualone, and opioids. Use of these drugs may lead to criminal penalty in addition to possible Physical, Social, and Psychological harm (yigzaw et al., 2005).

2.1.1. Substance Abuse as Worldwide Problem

Substance abuse is an international problem, which affects almost every country in the world, both developed and developing. Substance abuse must be considered as a total community problem and thus it is the responsibility of everyone to tackle it. Substance abuse occurs in all segments of our societies. Alcoholism, cigarette smoking, khat chewing and using other drugs

are the day-to-day phenomena seen in our communities (Yigzaw et al., 2005). Many social, economic and political factors have contributed to the global spread of alcohol and other drugs. In the 19th century, drugs tended to be only available where they were produced or very close to the source of production. However, the growth of transportation, tourism and communications in the twentieth century has made it possible to transport goods and people quickly to any part of the world. Substances were being transported to distant places and available almost all over the world (WHO, 2000).

According to FMHCACA (2005), since the beginning of 20th century, the international community has recognized that substance abuse problem is an international concern, which needs an international response through concerted efforts. Since then, various international conventions, protocols and strategies have been developed and implemented by the international communities. There is an estimated 190 million drug users around the globe, which accounts of 3.1% of the world population or 4.3% of the population aged 15 and above. While the majority of illegal drugs consumed in industrialized nations; drug addiction is no longer the rich nation's problem or the poor nation's affliction. It crosses national, ethnic, religious class and gender lines. In addition, the report stated that addicts range from the homeless to professionals, college students, sex workers, rural farmers and street children. Substance abuse does not only affect particular individual users, but can also have a significant impact on families, friends, and eventually the whole community of the world (UNODC, 2008).

According to the United Nations World Drug Report (2014), globally it is estimated that in 2012, some 243 million people (range: 162 million-324 million) corresponding to some 5.2 per cent (range: 3.5-7.0 per cent) of the world population aged 15-64 had used an illicit drug mainly a substance belonging to the cannabis, opioid, cocaine or amphetamine-type stimulant (ATS) group. The extent of illicit substance abuse among men and women varies from country to country and in terms of the substance abused. Ethiopia National Integrated Program 2011-2015, put that World Health Organization prepared a drafted global strategy to reduce the harmful Abuse of substance and was endorsed in the sixty-third world health assembly in January 2010. The strategy calls for community action, drinking-driving policies and counter measures, pricing policies, reducing the negative consequences of drinking and alcohol intoxication, reducing the public health impact of illicit alcohol and informally produced alcohol, strong leadership, a solid

base of awareness and political will and commitment. Member states urged to implement the global strategy to reduce the harmful use of alcohol and strengthen the national efforts to protect at-risk populations, young people and those affected by harmful drinking of others. With regard to the most serious outcome that can result from illicit drug use,

UNODC (2008), estimates that in 2013 there were 187,100 (range: 98,300-231,400) substance-related deaths worldwide, corresponding to a mortality rate of 40.8 (range: 21.5-50.5) substance related deaths per million people aged 15-64. In addition, the report put that contributing an estimated 23 percent to the global number of substance-related deaths; North America experiences the highest substance-related mortality rate. Within the region, the United States reports one of the highest substance-related mortality rates worldwide at 4.6 times the global average and, with 40,239 substance-related deaths recorded in 2013, accounts for approximately one in five drug-related deaths globally. The high mortality rate in North America in part reflects better monitoring and reporting of Substance-related deaths than in most other regions (UNODC World Drug Report, 2015).

According to United Nations Office On Drugs And Crime (2008), Report Europe, the highest substance-related mortality rates are found in the most northerly countries and territories with (in descending order of mortality rates and considering only countries and territories with a population aged 15-64 of 500,000 or greater) Estonia, Scotland, Finland, Sweden, Northern Ireland, the Russian Federation, Norway and Ireland. In all of these countries, opioids were the type of substance most frequently mentioned as the primary cause of death.

2.1.2. Substance Abuse in Africa

According to NICRO (2015), stated that South Africa faces an ongoing challenge with the prevalence of substance abuse and addiction. Alcohol is the most common primary substance of abuse at treatment centers across South Africa, except for the Western Cape, Limpopo and Mpumalanga. In addition, the economic cost of alcohol abuse estimated to be between 1% and 2% of the annual GDP. The cost of illicit substance abuse estimated to be over 100,000 million, and the estimated social and economic cost of illicit substance and alcohol abuse is approximately 6.4% of the annual GDP.

Kenyan youth face the greatest risk, being targets for recruitment into the abuse of substance by drug barons. Nearly 92% of the youth experiment with substance during the growing up process. Substance abuse is national issue that involves students from secondary school and higher educational institutions the secondary school students (Otieno & Ofulla, 2009). The strategic location of east Africa, on a long and established trading route between Europe and South-West Asia and the extensive flight routes of Kenyan and Ethiopian airlines linking East Africa to the principal Heroic source countries have created favorable conditions for smuggling Heroin from Asia into West Africa and Europe. The international airports at Addis Ababa and Nairobi have emerged as major entry and transit points for the whole of Africa and beyond (FMHCACA, 2010-2015).

2.1.3. Substance Abuse in Ethiopia

In Ethiopia, levels of substance abuse continue to rise alarmingly from time to time. The rapid globalization of the substance trade over the past decades has meant that no country is immune from the threat. The drug trade transcends national borders, and Ethiopia continues to serve as a transit route for the substance trade (National Drug Control Master Plan of FMHCACA, 2010-2015).

According to National Drug Control Master Plan of FMHCACA (2015), the abuse of illicit substance is steadily expanding in Ethiopia. The study of Gezahagh et al., (2014) shows that, Khat currently recognized as one of the substances that concerned Ethiopian Universities. The prevalence of khat among Ethiopian university students has reported between 9% and 32%. Khat and alcoholic beverages have been part of The Ethiopia's tradition for centuries. Khat, which was some years back limited to some cultures and regions, is recently spreading throughout the country with alarming rate and abused especially by youth irrespective of culture and religion. Moreover, cannabis abuse is becoming a serious problem in Ethiopia. It grows in most regions of the country mainly in Oromia, Amhara, Benishangul Gumuz, SNNP Regional States and Addis Ababa City Administration (FMHCACA, 2005).

The numbers of cannabis abusers are also increasing from time to time mainly in the urban areas of the country and inhalants abuse like benzene has been a common observation among street children (FMHCAC, 2005). The pooled prevalence of khat chewing in Ethiopia in the year 2014

was 20% (95%, CI: 19%-21.1%) and the lifetime pooled prevalence was 28.3% (95%, CI: 26.8%-29.8%). Its adverse effects included cardiovascular complications, hypertension, obstetric complications, kidney problems, and intestinal complications like constipation though pesticides might confound it. In addition, Khat chewing is also associated with increased absenteeism and unpunctuality of employees. Students, farmers and employees who were mainly at reproductive age were the most at risk population groups (JIMIS, 2014).

Ethiopia's strategic location in the horn of Africa and the suitability of its reputed airlines, which runs standing regular flights between many substance producing parts of the world (in greater Asia). Several marketing destinations have unfortunately rendered its capital, Addis Ababa, to become one of the most frequented transit hubs in Africa used for the trafficking of Heroin, Cocaine and related substances destined to Europe and North America. The Ethiopian federal police commission annual report on seized drugs shows that from the year 2006-2015, all of the drug traffickers pass through the Bole international airport of Ethiopia in almost all part of the world (FMHCACA, 2010-2015).

2.2. Unique Features of Substance Abuse

According to the report of FDRE Substance Administration and Control Authority, around the Globe, there are an estimated 3.1 % the world population or 4.3% of the population aged 15 and above abuse substances. While the majority of illegal substance are consumed in industrialized nations, drug addiction is no longer the rich nation's problem or the poor nation's affliction; it crosses nation, ethnic, religious class and gender lines. Addicts range from the homeless to white-collar professionals, college students, sex workers, rural farmers and street children (DACA 2005, p.10). Results from the 2008 national survey on substance abuse and health conducted by Drug Administration and Control Authority revealed that current abuse of illicit substance was higher for young adults aged 18 to 25 than for youths aged 12 to 17 and adults aged 26 or older. The research that made on substance abuse revealed common and unique features of drugs. The common Features of substances include. They are potentially capable to produce addiction, they are open to abused potentially, they led to multifaceted consequences, they produce tolerance and withdrawal syndrome and they create physical and psychological dependence on those individuals who abuse these substances.

2.3. Progressive Stages of Substance Abuse

According to a model developed by Jossor & Jossor, (1975) there are stages to be experienced by an individual to continue abusing substance. He had identified a progressive model for the acquisition and maintenance of substance abuse. In the model, he identified six common stages for substance abuse acquisition, initiation, experimentation, habit formation, dependency and obsessive-compulsive use.

Acquisition-begins with priming, this is the stage that young person learn about the existence of substances through friends, family, media or other means and acquire early notions about the acceptability or unacceptability of substance abuse. Initiation- This stage follows when a young person tries a substance for the first time. Experimentation-This stage occurs in which a young person willingly abuse substances occasionally as an end in itself. At this stage, the user generally regards substance abuse as an enjoyable experience with no significant negative consequences. If uses continues, which is specially the case if an individual feels incapable of getting a desired mood change in other ways the individual can progress from acquisition to maintenance.

The first stage during maintenance is habitual use, marked by repeated use of a favored substance. The user has come to believe that substance use can reduce stress, provide excitement or facilitate social acceptance. These effects have become a means that enables the user to cope with life's problems or better experience life's joys. At experimentation stage, the individual tends to switch from a peer group of casual users to one of habitual substance abusers. If substance use continues, it leads inevitably to dependency when brain functions have changed and call for continued use (Gezahegn, Andualem and Mitiku, 2014).

This stage is a stage the individual has lost control over the substance use and experiences a series of grave physical and psychological problems. This individual is most likely encountering difficulties with finances, relationships, and job or school performance. This may lead obsessive-compulsive use, in which the individual driven by pursuing substance use behavior as the dominant activity in his or life, even if it no longer produces the desired effects (Jossor and Jossor, 1975).

2.4. Consequences of Substance Abuse

Some studies have indicated that substance misuse is associated with psychological distress, suicide attempts functional impairment, physical ill health and risk taking behavior. Khat (an evergreen plant with amphetamine-like properties) and alcohol are among those substances widely consumed among the youth of Ethiopia. In a study of over 10,000 adults in Butajira, a higher prevalence of mental distress and suicide attempt found in those using alcohol and khat. In a case-control study, khat abuse has also found to be a risk factor for HIV Infection. In a study of over 20,000 in school and out-of school youths, daily khat intake was also associated with unprotected sex (Alem, Kebede and Kullgren, 1999).

There was also a significant and linear association between alcohol intake and early initiation of sex, with those using alcohol daily having a three-fold increased odds compared to those not using alcohol. In this study, abuse of substances other than khat was also strongly associated with sex initiation (DACA, 2011 p.32). It has always been part of universal human culture and civilization for people to use plant and animal extracts as remedies against a variety of diseases, as well as means of relieving psychological and emotional pain. Substances were also used for the purpose of uplifting depressed spirits and creating jovial moods in celebrations (Seyoum and Ayalew, 1995).

Over the past two decades, the abuse of illegal substances has spread at an unprecedented rate and has reached to every parts of the globe. No nation has been immune to the devastating problems caused by substance abuse involving accidents, crime, learning disabilities, mental health problems, family disruptions, damage to the brain, heart and lungs. Continuing its explanations, the insidious spread of substance addiction is seriously affecting the youth of rural communities in both developed and newly emerging states (UNDCP, 2008).

The increased exposure of young people to western life styles through movies and direct contact with young people from those cultures who travel to their world countries with their icon oclastic behavior has stimulated demand for items of conspicuous consumption like fast music, alcohol and drugs. Substances abuse produces grave consequences, which are extensive and multi-sectorial in nature; include HIV/AIDS, health, economic and social problems. Substances abuse does not only affect particular individual users, but can also have a significant impact on

families, friends, and eventually the whole community of the country. Substances predispose people to HIV virus, for example, unsafe sexual relation, when people took drugs, they exposed for impaired judgment hence unable to make correct decisions and fail to stick to any one of the three main principles of HIV/AIDS (ABC) prevention: abstinence, be faithful, and use of condoms (Seyoum and Ayalew, 1995).

According to DACA (2005), Health problems caused by substances abuse include ill effects on the fetus during pregnancy, problems in physical development, psychological problems, low achievement at school, increased strains on the relationships and other diseases such as heart disease and cancer. Just like health effects, substances have an impact on economy and social relationships. Substances abuse also involve crime, in the sense that an addict who does not have money to buy drug and satisfy the craving need may commit crime such as robbery, snatching, stealing, fraud, forgery, etc (Deressa and Azazah, 2011). Substances abuse can strain family relationships and ultimately make the family dysfunctional, transforming families from an asset of society into burden. Effects on the family can include psychological and financial burdens, resulting too often in family breakdown, negative impacts on children and involvement in criminal activities. Substances abuse also affects an individual's employability

2.5. Substances Abuse and Associated Factors

According to ygzaw et al., (2005), on substance abuse module for Ethiopian health, centre the epidemiology of some substances are explained below

2.5.1. Alcohol

Alcohol, a central nervous system depressant and intoxicant, is the most commonly used psychoactive substance in both the mentally healthy and the mentally ill. Alcoholism is the excessive use of ethanol-containing beverages. The exact nature of alcoholism and alcohol dependency remains controversial, because of socio-cultural variability in the use of alcohol and the apparent overlap between normal drinking behavior and alcohol abuse. Drinking alcohol beverages is a learned behavior (Yigzaw et al., 2005).

Since the drunker has learned that alcohol relieves tension and anxiety, he/she turns to alcohol to alleviate his/her pain and guilt. To the alcoholic, alcohol becomes the solution, not the problem.

Alcohol intake is more prevalent in men than in women (2-3:1), but rates for women are also increasing nowadays. Youth of alcohol-abusing parents are at high risk of developing alcohol abuse. The familial association is strongest for the male child of an alcohol-dependent father (Yigzaw et al., 2005).

The Risk factors for alcoholism fall into three categories: family history, peer pressure and occupation or social milieu. These three factors describe the social fabric of most people's lives. As such, it is difficult to ascertain the relative weight of these risk factors, but the composite picture enables the health worker to measure a patient's risk for alcohol abuse (Henok, 2015).

A family history of alcohol abuse in two or more relatives increases the risk of developing alcoholism by a factor of three (Gezahegh et al; 2014). Whether this difference is the result of heredity or environment needs to be answer. The genetic evidence comes from studies designed to separate nature from nurture. Comparisons of identical and fraternal twins indicate that identical twins have a higher concordance for drinking behavior and possibly alcoholism (Alemnesh, 2014).

Having a family history of substance abuse, for example, puts a child at risk for drug abuse (Gezahegh et al; 2014). In addition, the presence of many protective factors can lessen the impact of a few risk factors. For example, strong protection such as parental support and involvement can reduce the influence of strong drug use risks, such as having substance-abusing peers. Gender may also determine how an individual responds to drug use risk factors. Research on relationships within a family shows that adolescent girls respond positively to parental support and discipline, while adolescent boys sometimes respond negatively (Gezahigh et al; 2014).

2.5.2. Khat

Khat is a plant whose leaves and stem tips are used as a stimulant. It is widely used in East Africa and the Arabian Peninsula for its euphoric effect. The use is deeply rooted in the regional customs and traditions. College and university students consume khat to get mental alertness and to work hard in their academic endeavors (Gemechis et al; 2017). Many historians believe that khat is a plant indigenous to Ethiopia. It seems that as in the case of coffee the people who

cultivated Khat started its consumption and then introduced the habit to neighbors, travelers, merchants, etc. (Abebaw et al., 2007).

Compared to coffee production the labor requirement for khat cultivation and harvest is very low. On the other hand, the yield is quite the opposite. This is the most probable reason that farmers uprooted coffee plant and planted khat instead in some parts of the country. Regular khat chewing thought to be a predisposing factor for gastritis and peptic ulcer disease, mental illness, cardiac arrhythmia, tooth decay and constipation. Traditionally khat used mainly among the Muslim populations. However, nowadays, many Christians especially the young also use it. (Ygzaw et al., 2005).

The prevalence rate of khat is different from place to place in Ethiopia. In a study conducted in Jimma Town in 2012, the prevalence of khat chewing was 30.6%. Out of which Muslims constituted 77.1%. About two-thirds of the khat chewers were males. In other similar studies, the prevalence rates of khat chewing in Butajira and Adamitulu were 50% and 31.7% respectively (Alem, Kebede and Kullgren, 1999). In a study conducted in 2001 among college 12 students and instructors in Northwest Ethiopia, the lifetime prevalence rates of khat chewing were 26.7% and 42% respectively. In conclusion, the habit of khat chewing believed to affect a large segment of the Ethiopian population, especially the productive age group. It has negative impact on health, socio economic and political matters. This is particularly true because the habit of khat chewing reinforces the development of other habits, such as cigarette smoking, alcohol intake and addiction with narcotics (Berihanu, Berhanu and Bewket, 2014).

2.5.3. Tobacco

The use of tobacco leaf to create and satisfy nicotine addiction introduced to Columbus by Native Americans and spread rapidly to Europe. The use of tobacco as cigarettes, however, is predominantly a twentieth century phenomenon. Unburned cured tobacco contains nicotine, carcinogens, and other toxins capable of causing gum disease and oral cancer. When tobacco burned, the resultant smoke contains, in addition to nicotine, carbon monoxide and more than 4000 other compounds (Wikipedia, 2018).

Cigarette smoking causes lung cancer, chronic obstructive lung disease, arteriosclerotic cardiovascular diseases, peptic ulcer disease, intrauterine growth retardation, spontaneous

abortion, antepartum hemorrhage, female infertility, sexual dysfunction in men, and many other diseases. Passive smoke can also lead to diseases associated with cigarette smoking. Tobacco attributed mortality is expected to increase from 14% of total mortality worldwide in 1990 to 23% in 2020 (Abebaw et al., 2007).

In Ethiopia in 1983, lifetime prevalence rate of cigarette smoking among college students reported to be 31.9 % (Abebaw et al., 2007). In 2001, the lifetime prevalence among college students decreased to 13.1%. A study done among Ethiopian university instructors in 2001 revealed a lifetime prevalence of 28.2% and current prevalence of 13.3%. Studies have shown that the probability of dying from all causes is 2.3 times higher for current male smokers of cigarettes than males who are non-smokers. These same studies indicate that the risk of dying from all causes is about two times higher for current female smokers compared to those females who do not smoke cigarettes. Ninety percent of individuals who become cigarette smokers initiate the behavior during adolescence (Abebaw et al., 2007).

Factors that promote adolescent initiation are parental or older generation cigarette smoking, tobacco advertising and promotional activities, the availability of cigarettes, and the social acceptability of smoking. The smoking behavior influenced by level of acceptance of smoking in the home, peer group, workplace, and community norms. A number of studies have shown that non-smoking women living with smoking spouses have a 1.2 to 2 times the risk of developing lung cancer during their lives than non-smoking women in smoke-free homes (Yigzaw et al; 2005).

2.6. Social Factors Contributing for Substance abuse

Social factors are any variable which arises from culture, environment, community, family, organization, society, government, the state, the media, technology, religion, ideology, discourse, language, communication, and which influences the individual to think and act in a certain way. So factors which serve to inform and/or constitute individual identity (Daved and Rick, 1994). According to adolescents developmental book of APA (2002) , The social development of adolescents is best considered in the contexts in which it occurs; that is, relating to peers, family, school, work, and community .Many variables operate simultaneously to influence the likelihood of any given person becoming a drug abuser or an addict. Family history, community attitude toward the substance, peer pleasure and role model are some of them.

Regarding to social factor collectivist culture is the major one relatively mentioned. Collectivism is a cultural value that characterized by emphasis on cohesiveness among individuals and prioritization of the group over self. Individuals or groups that subscribe to a collectivist worldview tend to find common values and goals as particularly salient and demonstrate greater orientation toward in-group than toward out-group. The term “in-group” is thinking to be more diffusely define for collectivistic individuals to include societal units ranging from the nuclear family to a religious or racial/ethnic group. Meta-analytic findings support that collectivism shows a consistent association with discrete values, interpersonal patterns of interaction, cognition, perception and self-construal. Collectivism is often defined in contrast to individualism Social factors are any variable which arises from culture, environment, community, family, organization, society, government, the state, the media, technology, religion, ideology, discourse, language, communication, and which influences the individual to think and act in a certain way. So factors which serve to inform and/or constitute individual identity (Vasko, kjisik, salo-lee, 1998).

2.6.1. Family risk factors

Familial risk factors include parental or familial substance abuse, marital status of parents, and level of parental education, parent-child relationships, familial socioeconomic status, and child perception that parents approve of their substance use (Alemnesh, 2014).

2.6.2. Peer pressure

A peer group refers to a group of people of roughly the same age and status who spend time together (Jacquelyn and Mary, 2002). Peer pressure is the influence these people have on the life of the individual. If members of the group value particular behavior, there will be a kind of pressure to conform to this. Therefore, if friends drink alcohol, or use drugs, it can be hard to say no. Peer pressure can be a force for good or bad (Harper, 2001). Peer pressure is bound to affect most adolescents positively or negatively. Peer pressure can be a good thing. Students learn social norms from their peers. Socially awkward kids can learn how to fit in and communicate well with others by observing and emulating other teenagers. Similarly, self-confident teens can act as positive mentors and set good examples for others (Jacquelyn and Mary, 2002).

A positive peer group that teen fits into well and can help boost her/his self-esteem; it might prevent her/his from engaging in harmful or risky behaviors (Burack, 1999). Besides, positive peer pressure encourages adolescents to study hard and to be competent at school and can help them think more creatively (Oak, 2009). He also stated that students with friends who like school, get good grades, and are interested in school are more likely to graduate high school. Negative peer pressure on the other hand is a situation when someone is persuaded by his/ her friends to do something which is unacceptable by a society and he/she really do not want to involve in or is not in his/ her best interest. This include: taking illegal drugs, drinking alcohol, shoplifting, engaging in sexual activities and destroying property which have severe consequences including getting addicted to drugs or alcohol, damaging your body and possibly even resulting in death (Burack, 1999).

Therefore, according to Clark (2009), Peer pressure is one of the most common influential factors in determining adolescent substance abuse. Peer pressure and peer substance abuse both contribute heavily to substance abuse in urban high schools, as they both increase the frequency of substance abuse. Adolescent students without close interpersonal relationships or those without close family members tend to be more susceptible to peer pressure and, consequently, more likely to abuse substance. The level of peer influence generally increases as children gain independence from the family or caregivers, and before they fully form an adult identity. Pre-schoolchildren tend to be the least aware of peer pressure, and are the least influenced by the need to conform. However, the influence of peer increases by more outside home social interactions and awareness of others (Clark, 2009).

Studies have shown that young adolescents to be more susceptible to negative peer pressure than those in late adolescence (Clark, 2009). The researcher also stated that adolescents are particularly vulnerable to negative peer, because, they are at a stage of development that have not yet established their own values or understanding about human relationships or the consequences of their behavior. They are also typically striving for social acceptance at this stage and may be willing to engage in behaviors that will allow them to accept that are against their better judgment.

The effects of peer pressure usually begin to see heavily by grade 7&8 and through high school. As children turn into adolescents, involvement with their peers and the attraction of peer identification increases. Teens begin to experience rapid physical, emotional, and social changes, and they begin to question adult 'standards and the need for parental guidance. It is reassuring for adolescents to turn for advice to friends who understand and sympathize with them (Harper, 2001). Adolescents expand their peer relationships to occupy a central role in their lives, often replacing their parents and family as their main source of advice, socializing, and entertainment activities. The peer group is a source of affection, sympathy, and experimentation. It is also a supportive setting for achieving the two primary developmental tasks of adolescents: finding answers to questions about their identity and discovering their autonomous self that is separate and independent from their parents (Clark, 2009).

2.6.3. Community

The community is an agent of socialization in which an adolescent life can have a profound impact on the adolescent's development. The community attitude toward substance abuse is the most influential thing in the prevalence of substance abuse among students. Study conducted in Makele University, Addis Ababa University, Haramaya University shows that the societal acceptance of substance abuse is one of the reason for increased prevalence of substance abuse among students (Kidan, 2011; Deresaa and Azazha, 2011; and Gezahagh et al; 2014)

2.6.4 Substance Availability

Availability means that the drug must be obtainable within the community where the adolescent lives. Drugs are most often acquire from adults and peers in the immediate social environment. The drug must be obtainable at a cost the adolescent can afford. Furthermore, the adolescent must know how to obtain the drug in a relatively risk-free manner. Risk assessments are based primarily on perceived ability to avoid negative legal or social consequences (davis and rick, 1994).Several studies have reported that availability and accessibility of drugs contribute to the abuse of drugs (Otieno, 2005). According to NACADA (2004), the main explanation why people are tempted to use illegal drugs is the ready availability of drugs. In addition the report explain, availability of drug peddlers cheaply selling Miraa, tobacco, alcohol and marijuana locally in shops encourage students to engage in drug abuse.

According to Kome (2014) reports, it is more serious in a school situation where the public or day scholars easily walk into school and sell their commodities, drugs included. Some studies have reported mushrooming of wine and spirit shops and dubious kiosks that make drugs easily available to the youth. In Kenya, some of the most commonly cited effects of drug abuse in school are poor health, exam failure; drop out from schools, truancy and violence (Otieno, 2005). Considerably, these effects would lead to poor performance at the end of secondary course. There reasons for drug abuse among students include ignorance of harmful effects of drug abuse, lack of parental guidance, imitation of heroes or role models and failure in schools (henok, 2015). However, mahalet (2011), reports that failure in school increases the risk of substance abuse. It is important to note that satisfaction with school reduces the risk of drug abuse. However, some views pursuit that satisfaction and good performance reduces the risk to drug abuse.

UNCDO (2008), reports a study done in USA with findings that repeating a class in school increases youth's risk of cigarette use in grade 7 –8 but not in grade 9 –12. However, some studies have shown that drug abuse leads to poor performance in academics, which may then result in repetition of a class or grade (Kome, 2014). Other findings have also shown that by nature, youth are risk-takers and are adventurers. Therefore, they easily fall prey to the wrong notion that drugs are answers to feeling of depression and hopelessness (Mahalet, 2011). These views are conflicting and therefore, there is urgent need to investigate if there is association between repeating a class and Substance abuse.

The availability of substances is the other factors always rise in relation with substance abuse prevalence. As different studies, show substance abuse is higher on students from places where substance is easily available. The study conducted at Kenya secondary school show substance students from school where substance are available in cloth distance are highly risk to substance abuse (Mukhandia, 2014). The study conducted in east Hararge such as Harari a, Haramaya and Dire Dawa also show that the social acceptance is as one of reason for increase substance abuse among university and secondary school students (Mahalet, 2011; Andualem, 2011; Gemechis et al; 2017).

2.7. Theoretical Frame work of the Study

There are various theories of social psychology about the issue of contribution of social factors in substance use behavior. For this study, the researcher selected social learning theory of Albert Bandura.

2.7.1. Social Learning theory

Social learning theory is based on the idea that we learn from our interaction with others in a social context. Separately by observing the behavior of others, people develop similar behavior (Razieh, 2012). Social cognitive theory, firstly known as social learning theory, introduced in 1960s by a Canadian psychologist Albert Bandura and described in his own words as:

Learning would be exceedingly laborious, not to mention hazardous, if people had to rely solely on the effects of their own actions to inform them what to do. Fortunately, most human behavior is learned observationally through modeling: from observing others, one forms an idea of how new behaviors are performed, and on later occasions, this coded information serves as a guide for action. 1960, pp 2-3.

Basic principles of social cognitive theory were set in earlier works of Julian Rotter, Neal Miller and John Dollard. Bandura's social learning theory starts from evolved assumption that we can learn by observing others. Key processes during this type of learning are observation, imitation, and modeling which as such involve attention, memory, and motivation. People learn through observing others' behavior, attitudes, and outcomes of those behaviors (Encyclopedia, 2016). Social learning theory integrated behavioral and cognitive theories of learning in order to provide a comprehensive model that could account for the wide range of learning experiences that occur in the real world. As initially outline by Bandura and Walters (1963) and further detailed in (1977), key tenets of social learning theory are as follows:

Learning is not purely behavioral rather a cognitive process takes place in a social context. Learning also occurs observing behavior and by observing the consequences of the behavior (vicarious reinforcement). In the process of learning observation, extraction of information from those observations and making decisions about the performance of the behavior (observational learning or modeling) are main source of learning. Thus, learning can occur without an

observable change in behavior. Besides, the learner is not a passive recipient of information rather Cognition, environment, and behavior all mutually influence each other (reciprocal determinism).

Social learning theory draws heavily on the concept of modeling, or learning by observing behavior. Bandura outline three types of modeling stimuli. Namely live modeling which an actual person is demonstrating the desired behavior, verbal instruction in which an individual describes the desired behavior in detail and instructs the participant in how to engage in the behavior and symbolic in which modeling occurs by means of the media, including movies, television, Internet, literature, and radio. Stimuli can be either real or fictional characters (Razieh, 2012).

The types of model, as well as a series of cognitive and behavioral processes influence the observed behavior. Most famous Bandura's experiment is the *Bobo doll experiment*, conducted in two forms in 1961 and 1963. The results showed how children imitated observed behavior, both boys and girls (although boys in greater percentage). The children imitated behavior mostly than from the group, where violent behavior rewarded in the video. As Bandura assumed, behavior was most likely to adopt if its result observed as valuable (Wikipedia, 2018).

Social learning theory can be used to explain the development of deviant behavior, substance use and abuse, and criminal conduct. Theoretically, if an individual never observed these behaviors, then those behaviors never learned. If adolescent never exposed to substance abuse, to individuals committing crimes, or to risky sexual practices, theoretically the individual would never adopt the behavior. Once it adopted, the behavior leads to consequences that lead to some kind of positive outcomes (e.g., acceptance by the group, sense of power, attention of peers, establishment of a group role that installs a sense of pride, etc.) (Theodoros and Olga, 2014). Additional to that the study explains the degree of positive reinforcement will determine whether the behavior is continued. Group norms become a power base for this reinforcement. The observed behavior, which is reinforced, by parent or community have high incidence to be learned by children. So that substances used within family members have high probability for reoccurrence in the life of adolescents (Razieh, 2012)

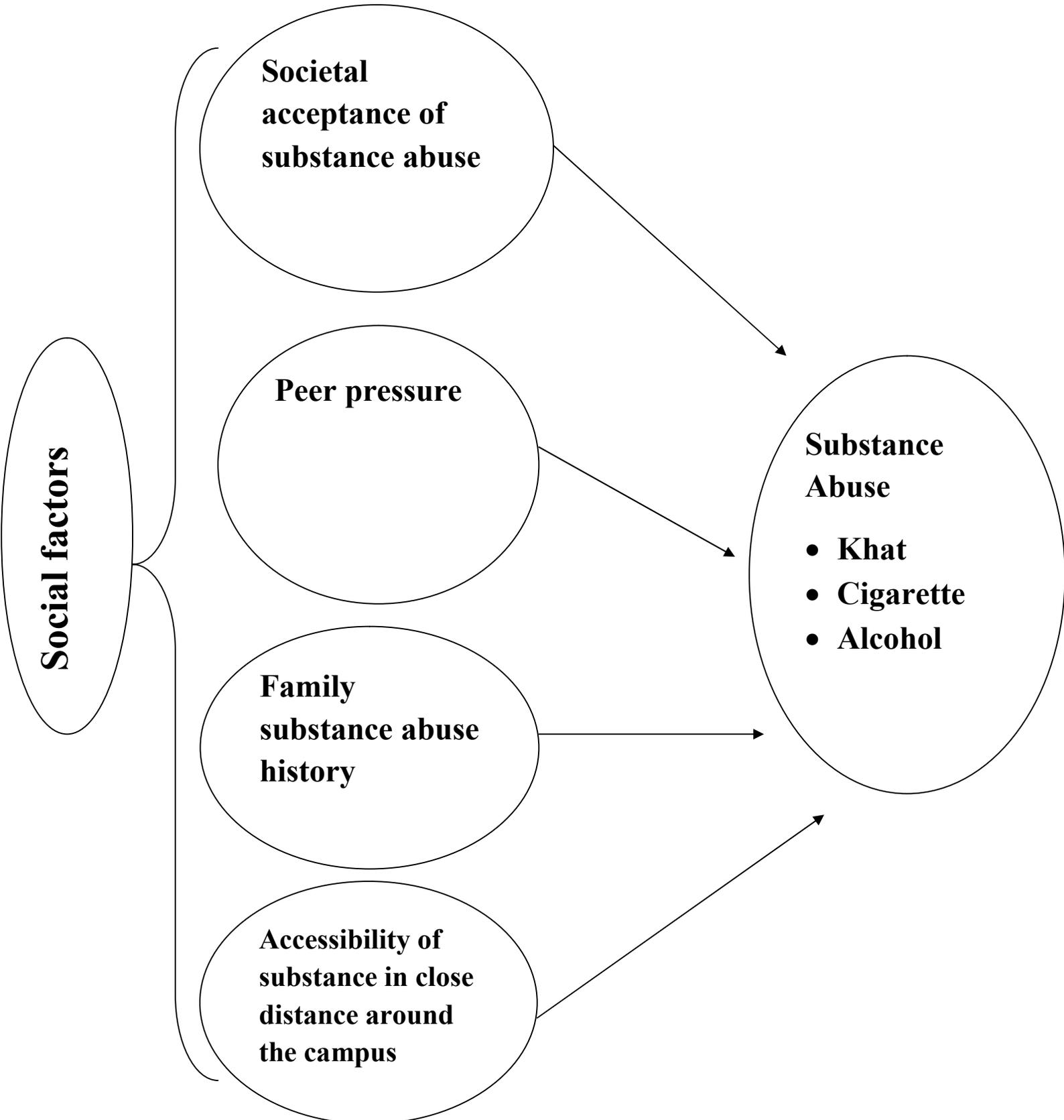
Social Learning Theory, (SLT), describes the effect of thought process on goal-oriented behavior. It considers the capability of an individual to learn within a social environment through study and verbal interaction. This model forms basis for remedial intercessions such as coping skills training and prompt exposure therapy. A key element of SLT is reinforcement. Any behavior is copy by individual when they rewarded for it. Some of the examples for positive reinforcement are when an individual feels the pleasure and rush of using cocaine or their anxiety and stress they are feeling seem to diminish while drinking alcohol (Nora, 2013).

In Social learning theory, the more substance or alcohol is becomes habit when used more. Of course, the effects of using cocaine and alcohol are different in each individual. The affects based on what personality they may have, their history, and what type of lifestyle they are living. If an individual is using to overcome personal problems, they will have different problems in trying to stop than an individual that is using to be social with their friends. When individuals use alcohol or drugs, they expect the experience they will have when they use again. Many people do not know their experience based on dose of substance or amount of alcohol, personality and environment. The way they are feeling and the environment they are in. In time, the individual who is using will realize these factors will influence the effects compared to what they expect. The effects that an individual expects will determine how much of a problem their use will be (Razieh, 2012).

2.7.2. Conceptual Framework of the Study

As being identified in the previous reviewed literatures different studies has been made worldwide portraying the factor that contributing for substance use behavior of student's particularly social factors contribution for substance abuse of university students (Theodoros and Olga, 2014; Razieh, 2012). Then the conceptual framework of the study that emphasize on the contributing social factors and substance abuse behavior. The variables drown in the most of reviewed literature found them to be the most affecting social factors have listed below.

Figure 1; Conceptual Frame Work



3. RESEARCH DESIGN AND METHODOLOGY

This part of the thesis mainly deals with the following components the research design and methodology such as research design, description of the study area, source of data, population sample size and sampling techniques, data collection instruments, data collection procedures, methods of data analysis and ethical considerations.

3.1. Description of the Study Area

Dire Dawa is a one of city Administration found in Ethiopia. The city firstly found by the year 1902G.c. The city has known by its hot temperature. It is located 9.59 latitude and 41.87 longitudes and it situated at elevation 1204 meters above sea level. Beside, different infrastructure was build inside the city.

The economic status of the city shows that 50% of the populations are economically active whereas 29% are with low income and the rest 21% are economically in active. Proceeding to that, the government designs different strategies in order to increase the socioeconomic status of the inhabitants. Establishing privet and public school, college and universities are one of the strategies. Dire-Dawa University is a public university located in Dire-Dawa, Ethiopia. It opened for the 2006–07 academic year with 754 students, as one of 13 new universities started by the Ministry of Higher Education, Federal Democratic Republic of Ethiopia. Currently more than 12,000 students enrolled in the university. There are 6 college and 33 departments (Wikipedia, 2018)

3.2. Research Design

The study planed to investigate social factors contributing to students' substance abuse. For this purpose, the study employed Descriptive survey design. Descriptive survey design was preferred in the study because it enables the current researcher to make investigation with description of events and drawn conclusion based on the information obtained from relatively representative sample of the population. According to Cohern (1994), descriptive survey research design helps the investigator to gather data at a particular point in time with the intention of describing the nature of existing condition or identifying the standard against which existing condition can be compared or determining the relationship that exist between specific events. The design was a

mix of quantitative and qualitative element in such a way that qualitative element included the questioner, and the quantitative element included the interview and document analysis.

3.3. Sources of Data

The researcher employed primary and secondary sources of data. In order to have genuine information about the influence of social factors to substance abuse of students; Primary source of data were utilized. Moreover, secondary sources of data used for the further supports of the research idea.

3.3.1. Primary source

In order to get important and valid data the researcher has used primary source of data from questionnaire administered to students of Dire Dawa University. Beside elaborated interview conducted with Key informants.

3.3.2. Secondary source

As the secondary source of data, the researcher has used the students' discipline record which contain list of students penalized due to disciplinary problem from 2013—2018.

3.4. Population, Sample Size and Sampling Techniques

During the year 2018/2019, 10,736 students were enrolled in regular under graduate program within 6 college and 33 departments. The target population of this study was all regular students of Dire Dawa University and key informants. The researcher has employed both stratified random sampling and purposive sampling to select students and key informants respectively. In order to select students from colleges, first of all, students were categorized under six schools (school of medicine, school of social and behavioral science, school of engineering, school of law, school of natural science and school of business and economics). Then, further stratification was done based on year of study and sex. Finally, systematic random sampling technique applied to select 383 students from each year of study. Students from each year of study allocated proportionally to their class size.

In addition, purposive sampling technique employed to select nine key informants. Such as proctors (dormitory security), University main gate way securities, student dean president, guidance and counseling office chairperson, crosscutting issues directorate , community engagement directorate, discipline committee, community police and student president office/anti- drug club representative. Beside, for the purpose of document review recorded document of students with behavioral problem due to substance abuse selected by using purposive sampling from year 2013—2018.

Moreover, the sample size for the study was determined using sample size determination formula, which stated by Yamane (1967). According to him, for a 95% confidence interval and level of precisions 0.05, size of the sample should be

$$n = \frac{N}{1 + N(e^2)}$$

Where, N = Population size

e = level of precision

n = sample size

Therefore, the sample size will be

$$n = \frac{10,736}{1 + 10,736(0.05^2)}$$

$$n = 383$$

Finally, to allocate sample size of n to different stratum proportional allocation method was used which Bowley (1926) originally proposes. the required sample of study subjects were calculated using proportional to size allocation technique from each study year and sex stratum by using the calculated sample ($n=383$), which is presented in the table below. Sample size of each stratum (n_i) should be

$$n_i = (n)N_i/N$$

Where, n = sample size

N_i = population size of the i^{th} stratum

N = Population size

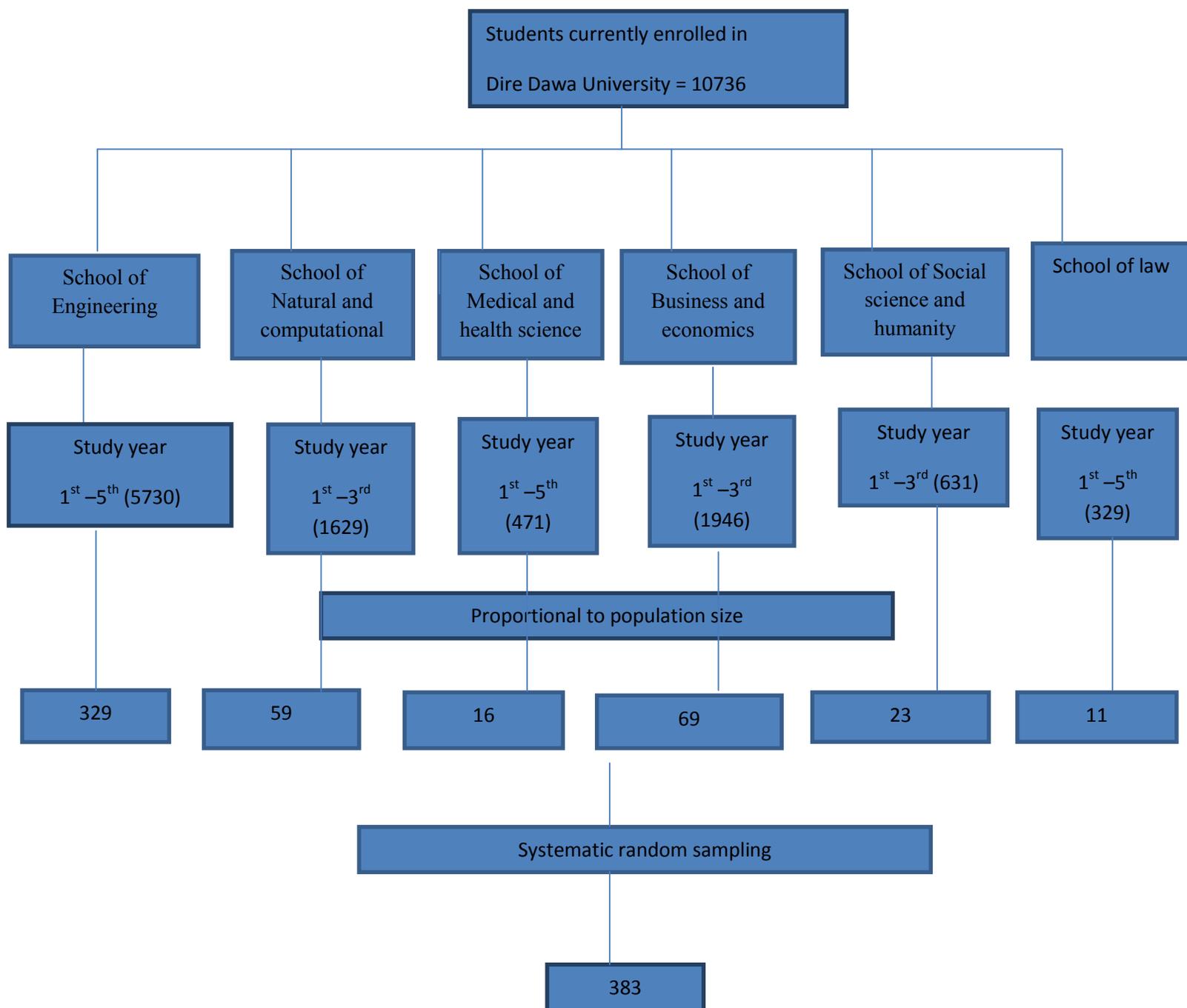


Figure 2: The schematic presentation of the sampling procedure employed to select participants in Dire Dawa University, December 2018.

Table 1: summary of Population, sample and sampling technique

Dire Dawa university regular undergraduate students							
Name of Schools	Study year	Population N= (10736)			Sample n= 383 $n_i = (n)N_i/N$		
		M	F	Total	M	F	Total
Engineering	1 st year	1269	505	1774	42	18	63
	2 nd year	710	241	951	25	9	34
	3 rd year	625	233	858	23	8	31
	4 th year	772	331	1103	27	12	39
	5 th year	760	284	1044	27	11	38
Natural and computational science	1 st year	287	346	633	10	13	23
	2 nd year	317	339	656	12	12	24
	3 rd year	148	192	340	5	7	12
Medical and health science	1 st year	55	35	90	2	1	3
	2 nd year	74	49	123	2	2	4
	3 rd year	53	36	89	2	1	3
	4 th year	91	31	122	3	2	4
	5 th year	41	6	47	2	0	2
Business and economics	1 st year	441	265	706	16	9	25
	2 nd year	425	286	711	15	10	25
	3 rd year	175	354	529	6	13	19
Social science and humanity	1 st year	113	109	222	4	4	8
	2 nd year	90	136	226	3	5	8
	3 rd year	94	89	183	4	3	7
Law	1 st year	57	38	95	2	1	3
	2 nd year	38	22	60	1	1	2
	3 rd year	37	15	52	1	1	2
	4 th year	41	21	62	1	1	2
	5 th year	51	9	60	2	0	2
Total		6764	3972	10736	237	146	383

3.5. Data Collection Instruments

The study used both quantitative and qualitative data collection techniques to achieve both general and specific objectives. The researcher utilized three data collection techniques such as questionnaire, interviews and Document analysis. The researcher did not develop the questionnaire. Instead, adapted from different studies and made little amendment according to the studies area and study participants. Interview items developed in relation with the research objectives by researcher. The quantitative data collected from respondents by using questionnaires. Qualitative data collected from key informants through interview. Moreover, previous punishment records of students analyzed by using checklist. This information used to find out the extent of social factor influence on students' substance abuse.

3.5.1. Questionnaire

The need to use questionnaire as an instrument in the study related with the following reasons: first, the researcher used questionnaire because it can enable her to obtain information about thought, feeling, belief, values, and practice of research participants (Cohen, 1994). As a result, different type of characteristics can be measure by questionnaires. Second questionnaires enable the researcher to collect data from large number of participants in an effective way. The researcher used the questionnaire tool in order to gain genuine data about association of social factor with substance abuse in line with research objective. Using the questionnaire tool four-research objectives answered. The questionnaire had four parts. The first part assessed the socio demographic characteristics of respondents followed by substance abuse history of respondents, CAGE-AID inventory and social factor contribution on substance abuse of students. The item of the questionnaire adopted from the study of Betelhem, (2014), Kidan, (2011) and Henok, (2015). The researcher modified the questionnaire in the context of the current study. The CAGE-AID used to assess the magnitude of substance abuse among students with four area feeling Guilty, being annoyed, try to cut off and hangover in relation with substance abuse. The Item responses on the CAGE questions are scored 0 for "no" and 1 for "yes" answers. A total score of two or greater positive answers of the above four questions is considered as fulfill the criteria of substances abused.

Besides, the questionnaire administered to 383 students of Dire Dawa University selected by stratified random sampling. The questionnaire used both Likert and dichotomous scale. All of the questionnaires developed in English, as the researcher believes that the respondents can understand the item. In order to make sure the content validity of the questionnaire the advisors examined the modified version of the questionnaire before the pilot test was conducted. The comments were used to improve the clarity of statements, grammatical and typographical errors and difficulty of interpretation of the instructions. To make necessary corrections and maintain the validity of the questionnaire, the adopted questionnaires were pilot tested before the final study. The pilot study was performed at Dire Dawa University on a section of five students from the first year pre-engineering department, which did not incorporate in the final data collection. The researcher calculated the Cronbach's alpha scores for the Likert scale and Guttman split-half for the dichotomous scale. The Cronbach's coefficient alpha score was used to check the reliability and scored 0.82 because it was greater than 0.65 it was accepted that the items of all the questionnaires. In addition, the Guttman split – half test scored 0.89 for the dichotomous variable.

3.5.2. Interview guide

Interview allows getting deep feeling, fact and practical work of the past events that was impossible to replicate. In light of this, to supplement the data obtained through questionnaire, the researcher prepared semi-structured interview for key informants. According to Kumar (2005), semi-structured interview makes it possible for the researcher to obtain in-depth information by probing. The researcher has used interview tool for collecting data.

The interview items were administered to nine Dire Dawa University administration staffs that have close contact with students such as proctors (dormitory security), University main gate way securities, student dean precedent, discipline committee, guidance counseling office chairperson, crosscutting issues, community police and student president office. These informants were selected purposively because of their close contact with students. The interview items were developed by the researcher based on different literature. The items were developed with English language and translated to local language (Amharic). Some of the key informants were at a lower level of education, which hindered them to communicate English language fluently. Therefore, the

interview administered by Amharic language. The data recorded both in written documents and in audio by using mobile apparatus.

3.5.3. Document Review

In order to gather sufficient information related with substance abuse and corrective measures the researcher used Dire Dawa University students discipline recorded from 2013—2018 only. During the observation of the document the researcher was trying to focus on substance abuse induced behavioral problem. In reviewing the document, the researcher prepared checklist and carefully assessed the document based on the objective of the study.

3.6. Data Collection Procedure

The data collection procedure refers how and when the data were collect. To answer the raised research questions, the researcher went through series of data gathering procedure. The expected relevant data gathered by using questionnaire, interview and Document analysis. In doing so, having a letter of authorization was the first step. In the data collection process, the official letter, this state's about the purpose of the study that was prepared by school of postgraduate studies of Haramaya University, was submit to Dire Dawa University. Following that, the researcher discussed about the purpose of the study and the general process with academic vice president.

Preceding to that the volunteer Graduate students communicated to administer the questionnaire and orientation provided to them on general content of the questionnaire. During the administration of the questionnaire, the informed consent read for all who were in one setting to answer the questionnaire orally. Those students who were willing to participate on the study filled the questionnaire and submitted to the data collectors. In the case of the interview, the key informants that selected by non-probability Purposive sampling interviewed on the agreed day by the interviewer. During the interview, documents recorded by audio for translation. Besides that, the students' discipline records observed accordingly.

3.7. Methods of Data Analysis

After collecting the necessary data through questionnaire, interview and document review, the data edited to present in manageable way. The data acquired from questionnaire fed to SPSS

version 20 for further quantitative analysis. The study had both independent and dependent variables. Social factor (family history, peer pressure, substance accessibility with close distance and societal acceptance of the substance abuse) was an independent variable and the dependent variable was student's substance abuse (alcohol, khat and tobacco).

Furthermore, in order to see association and contributions, the following methods implemented. To identify whether mentioned social factor significantly predict the students substance abuse Binomial logistic regression used. By using Binomial, logistic regression research objective three which state about influence of social factor on substance abuse answered. Moreover, in order to see independence between socio-demographic variable (sex, café service utilization, place of residence and religious affiliation) and substance (khat, Alcohol and cigarette) abuse of students chi-square test of independence was implemented. The test answered research question four.

The study used Descriptive statistical analysis of mean, standard deviation, percentage and frequency. Frequency distribution and percentage used to analyze socio- demographic profile of the participants. Besides that, the descriptive statics of frequency distribution and percentage used also to analyze the first research question, which state about prevalence of substances abuse among students of Dire Dawa University. Whereas the mean and standard deviation employed to analyze the second research question which focus on magnitude of substance abuse among students. Descriptive frequency tables applied to observe the patterns of study respondent response to each of the study variables. On the other hand, Data Gathered from Key informants through interview and Document review presented by narration and interpreted on key points that were the objective of the study.

3.8. Ethical Considerations

Human researches carried out with ethical approval. In order to make the study ethical, letter of permission asked from Haramaya University College of Education and Behavioral Science of psychology. After the permission, the letter of permission submitted to Dire Dawa university president office. Proceeding to that, the student service office communicated about the overall process of the research and data collectors were select and orients about the aim of the study.

The next step was informing the consent to respondents. The objective, planned activity and risk benefits of their participation explained clearly to them. Hence, maximum effort implemented to ensure confidentiality. During the interview, the participants name or position was not used to ensuring the confidentiality. In addition, for document review the researcher only focused on cases for confidentiality. The participants cleared, as they were not trace back. It would protect the privacy of research participant and make guarantee and confidentiality in risk of harm because of their participation. In addition, the study was conducting all actions according to Haramaya university rule, policy and codes relating to research ethics.

4. RESULTS AND DISCUSSION

This chapter is concerned with data presentation, analysis, and interpretation of data collected through questionnaire, interview, and document analysis. The quantitative data as well as qualitative data integrated into this chapter. The qualitative data utilized as complementary to the quantitative data. Therefore, the qualitative data includes the data collected through interview and document analysis whereas the quantitative data includes the data, which collected through questioners.

The questionnaires administered for 383 students starting from the first year up to the fifth year. In addition, an interview was made with nine key informants. In the document, review all written documents about disciplinary record and the corrective the discipline committee checked and analyzed took measure. Finally, the collected data through questioner, interview and document review organized according to their similarity and appropriateness.

4.1. RESULTS

This section emphasized on the findings of the study. It began with the description of the participants' socio-demographic characteristic and proceeds with prevalence of substance abuse, magnitude of substance abuse, social factor influences and association of socio-demographic variable with substance abuse of students.

4.1.1. Socio Demographic Characteristics of Study Participants

Out of 383 students who invited to fill questionnaire 350 students completed the questionnaire with a response rate of 91.4%. The remaining questionnaires were discarded due to inappropriate filling of the questionnaires. The overall socio-demographic characteristics of the student such as sex, age, student service status, religious affiliation, place of origin, year of study and college discussed on table 1

Table 1: Socio- demographic characteristics of students

Variable		Frequency (n = 350)	Percent
Sex	Female	127	36.3%
	Male	223	63.7%
	Total	350	100%
Age of respondents	<19	94	26.85 %
	20-23	233	66.57%
	24<	23	6.57.2%
Student service status	Use café service	130	37.1%
	Does not use café service	220	62.9%
	Total	350	100%
Religious affiliation	Orthodox	105	30.0%
	Protestant	54	15.4%
	Muslim	95	27.1%
	Catholic	37	10.6%
	No religion	25	7.1%
	Other	34	9.7%
	Total	350	100%
place of residence before	Urban	198	56.6%
	Rural	152	43.4%
	Total	350	100%
Year of study	1 st year	100	28.6%
	2 nd year	87	24.9%
	3 rd year	80	12.%
	4 th year	42	11.7%
	5 th year	41	14.6%
	Total	350	100%
College /school	Social science	47	13.4%
	Business and economics	46	13.1%
	Law	58	16.6%
	Medicine	42	12%
	Natural science	40	11.4%
	Engineering	117	33.4%
	Total	350	100%

As shown in table 1, the number of male students participated in the study was higher than their counterparts with proportion of 63.7%. Besides, the participants age ranges from 20—23 (66.57%) were higher with the mean of 20.4 (Sd + 1.66 Year). Most of the participants were orthodox Christian (30.0%) followed by Muslim (27.1%). Concerning the study year and college most of the participants were from first year (28.6%) and higher number of participants were from college of engineering (33.4%).

4.1.2. Prevalence of substance abuse and Main Abused Substance

Under this topic, the research question one that focuses on prevalence of substance abuse among students analysis result listed below in table 2.

Table 2: Lifetime prevalence of substance abuse among students

Substance	Sex of respondents		Total
	female	male	
Any substance abuse			
No	34(29%)	83(70.9%)	117(33.4%)
Yes	93(39.9%)	140(60.08%)	233(66.6%)
Current cigarette abuse history			
No	85(35.7%)	153(64.3%)	238(68%)
Yes	42(37.5%)	70(62.5%)	112(32%)
Current alcohol abuse history			
No	82(38.3%)	132(61.7%)	214(61.1%)
Yes	45(33%)	91(67%)	136(38.9%)
Current khat abuse history			
No	51(40.2%)	103(46.2%)	154(44.0%)
Yes	76(38.8%)	120(61.2%)	196(56%)

Regarding lifetime abuse of substance 233(66.6%) of students responded for substance abuse. Among them, 140 (60.08%) were male. Furthermore, within substance abusers, Khat (56%) was highly consumable substance followed by alcohol (38.9%) and cigarette (32%). As the finding indicates, the prevalence of substances abuse among study year was higher on students of fifth

year, which followed by 4th and 3rd years students with the proportion of 64%, 62% and 58% respectively. In addition, the perception of students toward substance abuse also contributes to prevalence of substance abuse. Among the substance abusers 64.4% had perceived substance abuse as a useful practice.

The in-depth interview records also support the quantitative result. All of the participants explained, as there was a high prevalence of substance abuse among Dire Dawa University students. The prevalence was very high on male students than female students. Furthermore, the university declared rule and regulations, which withhold substance abuse within the university compound. However, the students were using secretly. Moreover, increased number of students, thinking of substance abuse as manifestation of modernization and inter-connectedness among abused substances raised as aggravating reasons for prevalence and new incidence of substance abuse. One of the interview participant explained that :

In the previous year's using substance was considered as taboo and students were abused secretly. Nowadays they thought about substance abuse as modernization and made it publicly. At this time, taking substance within the university compound is forbidding. Perhaps we found students take khat into the university by hiding in different part of their body. For instance, they cut off the fertile part of khat which is called (atterera), rolled it with a wrapper and hide it in their underwear or within their socks.

In addition to that, the result of the interview showed prevalence of substance abuse was causing different problems. substance abuse was raised as a leading factor toward illicit drug use. As one of the participant explained that:

I remember one student from the Law department in year 2010G.C. He started abusing substances within the campus by the influence of his peer. Through time, they introduced him with illicit drug and he became a seller of an illicit drug. Due to that reason, he sentenced in correction center for 4 year. After his release from correction center, he started to abuse substance again and finally he lost his normality.

The student discipline record review also support the quantitative result. 71% of disciplinary records were related with substance abuse.

4.1.3. Magnitude of Substance Abuse among Students

The second objective of the research, which states about the magnitude of substance abuse among students analyses result presented in table 3 and 4 as follows:

Table 3: magnitude of substance abuse among students

Variable (substance)	Frequency of students substance abuse pattern (n=350)					Mean	Standard Deviation	Ran k
	Never	Rarely	occasionally	Usually	Often			
Khat	154(44%)	26(7.4%)	45(12.9%)	35(10%)	90(26%)	4.78	0.57	1
Alcohol	214(61%)	10(2.8%)	25(7.14%)	20(5.7%)	80(30%)	4.23	0.68	2
Cigarette	238(68%)	10(2.8%)	22(6.3%)	20(5.7%)	60(17%)	4.01	0.81	3

As table 3 reveals, the rating scale was employed to indicate the frequency of substance abuse within the last 12 months. 1 for never, 2= rarely, 3= occasionally 4= usually and 5= often. As the findings show, khat was frequently abused substance with mean of 4.78 (Sd + 0.57) followed by alcohol and cigarette with mean of 4.23 and 4.01 respectively. Besides, according to the finding, the standard deviation of cigarette (SD= 0.81) was higher than alcohol (SD = 0.68) and khat (SD = 0.57) which slightly higher dispersion from the mean score.

Table 4: student's substance abuse status

Variables	CAGE-AID criteria		Total
	\geq	\leq	
Cumulative result of substance abuse status measuring items (Q10+Q11+Q12+Q13)	91(39%)	142(61%)	233(66.6%)

As table 4 reveals, 39% of the respondents were fulfilled the criteria of substance abuse (CAGE ≥ 2).

The qualitative data result also supports the quantitative finding as there was high frequency (magnitude) of substance abuse among students. As the interview result shows, the extension of staying year within the campus and need of socialization with the outside community for the sake of acceptance were raised as a factor for increased magnitude of substance abuse among the students. As one of the discipline committee member, explained:

Most of the time youths from the outside community were observed abusing substance in relation to this need of Mixing up with the outside community to had a resemblance and group conformity Fourth and fifth- year students were highly immersed in substance abuse. Besides, staying mostly in the environment which provokes substance abuse was also another factor for the increment of substance abuse among students.

In addition, students affected by the increased magnitude also affecting the severely. as the result of the interview shows, class absentee raised as one major substance abuse related problem among students. As one of the interview participants explained:

Most of the time morning first class and afternoon class were missed. As a teacher, I know the students with repeated absentee in my class. Student's abuse of alcohol faced a difficulty to wake early morning. Due to that, they miss classes. Those students who chew chat miss the afternoon class most frequently. Because during chewing their mood reached on climax. In order to break the climax, they were drinking alcohol, which is called 'chebsi'. For that reason, they exposed to frequent class missing than other students. Sometimes I try to advise them not to do so. But they were unable to do it.

The document review result also support quantitative finding. 34% of the students record show late arrival to campus at night resulted due to excessive alcohol drinking.

4.1.4. Social Factors Contributing to Students Substance Abuse

Under this topic, the research objective three which focuses on social factors such as family substance abuse history, peer pressure, social acceptance of substance abuse and availability of substance in close distance discussed in detail in table 4 as follow.

Table 5: Binary logistic regression analyses table shows prediction of social factors on substance abuse of students

Variable	substance abuse history of respondents		Crude OR (95% CI)
	No	Yes	
Family substance abuse history			
No	56(47.9%)	48(20.6%)	1.00
Yes	61(52.1%)	185(79.4%)	3.07 (1.74,5.41)
Peer pressure			
No	86(73.5%)	94(52.2%)	1.00
Yes	31(26.5%)	139(59.7%)	2.3 (1.79, 5.22)
Substance availability			
No	0(0%)	42(18%)	1.00
Yes	117(100%)	191(82%)	6.52(2.76, 7.92)
Societal acceptance of substances			
No	50(42.7%)	50(21.5%)	1.00
Yes	67(57.3%)	183(78.5%)	3.04(4.56, 5.21)

As table 5 shows, in a binary analysis, social factors were significantly associated with substance abuse of students. The odd ratio of experiencing substance abuse was higher on students from substance abusive family. Similar to this the odd ratio of experiencing substance abuse was 6.52 times higher on availability (COR= 6.52: 95% CI 2.76, 6.92) and 3.04 times higher on social acceptance of substance (COR= 3.04: 95% CI 4.56, 5.21). That means the availability of substances was highly predictor of substance abuse. The odd ratio of Peer pressure (COR= 2.3: 95% CI 1.79, 5.22) was higher than the students with low peer pressure.

The interview result also supports the idea that social factor contribute to substance abuse of students. The respondents raised different ideas in relation to the social factor contribution. The frequency of family substance abuse, previous student's substance buying experience for family

consumption and approval that the family gave toward substance abuse of students rose as one of the influential factors for increased abuse of substance among students. Regarding family approval, one of the participant explains:

One of the students with a repeated record of disciplinary case of substance abuse said as his father was a farmer and had a farm of khat. His father and older brother chew khat together most frequently. This practice considered a normal deed within his family. Every month his parents sent him money for the sake of khat. They think chewing khat increase studying habits.

In contrary to the above finding, the interview data also showed that the students from non-substance abusive family were also involved in to substance abuse. As one of the proctor explained:

There was a student from a very religious family and he was also highly attendant of church. However, when he joins university, he was involved in substance abuse. Following that, he was involved into illicit drug abuse. Then after, he arrested while using an illicit drug and sent to correction center. Finally, his family called to student service to know where about of their child. The student service found out where the student was. But the student beg the officers to cover the situation from his family.

Furthermore, peer influence also mentioned as another factor by the majority of respondents. Most of the students with substance abuse had friends abuse substance. Due to that, the need for having maintained friendship also another reason that forces the students to involve in substance abuse. Regarding to this one of the interviewee explains:

There was one student. She was new to the university and she went out spending the night with her class mate. Her class mate was inviting her to a birthday party where they celebrate by chewing khat and smoking 'shisha'. They invited her to do it once. Then after she smokes and chews khat until she exhausts. Finally, they went to a bar, got drunk and was dropped in one of the other friend's home. Unfortunately, she was exposed for gang-raping by many boys and they recorded the situation and kept the situation to disseminate it to social media.

Moreover, the interview result showed that substances especially alcohol and khat were highly acceptable by society and used in different social event and ritual ceremonies. The accessibilities of substance around the campus also show increment from year to year. Currently, more than 40 khat houses are found around the university that provides Khat, alcohol, cigarette, and other

substances. Lack of regulatory law and regulation on services providers rose as a factor for increased availability. As one of the community police explains:

If you go inside the village which is found around the campus, you may observe many Khat Houses. Some of the sellers prepare a place for khat chewing or 'bercha bet' inside their homes. It was very hard for the university and community police. Last time I found those who afforded this service for students and we took a measure with the burning of materials they used for any substance abuse purpose. After a short break, they also start service provision in another home where they can't be traced easily.

Besides, the finding shows the accessibility of substance benefit the community with profit making and on the contrary lead the students to develop misconduct in order to address their abuse need. One of the security guard plains:

The service providers just focused on their benefit than students. When the students lost money to buy substance, they start to sell mobile scratch cards which their family send to communicate with them or stolen from their friends. The students sent 50-birr cards with a great discount from 30 --- 40 birr. This is known by all of the community residing around the campus.

In another, dimension the community also affected by the prevalence of substance abuse. Students from the outside community may develop wrong image toward campus and the university students may become a wrong model. Focused on this as one of the community engagement program Directorate explained:

The community is highly harmed than the benefit they gain. Most of the time students use abuse substance out of the campus where most children and youths observed them. Due to that youths may lose interest to join university or imitate their deed easily as good practice.

4.1.5. Socio-demographic factor association with substance abuse of students

The research question four that focuses on association of demographic variables (sex, student service status, religious affiliation and place of origin) with substance abuse is described below in table 5.

Table 6: the association of demographic variable with substance abuse students

Variable	Category	substance abuse history of respondents		Total	χ^2	Sig
		Frequency (%)				
		No	yes			
Sex of respondents	Female	34(29.1%)	93(39.9%)	127(36.3%)	$\chi^2 = 3.514^b$.61
	Male	83(70.9%)	140(60.1%)	223(63.7%)		
student service status of respondents	cafe service	58(49.6%)	72(30.9%)	130(37.1%)	$\chi^2 = 10.844^b$.001
	none cafe users	59(50.4%)	161(69.1%)	220(62.9%)		
Religious affiliation	Orthodox	35(29.9%)	70(30.0%)	105(30.0%)	$\chi^2 = 6.920^a$.70
	Protestant	20(17.1%)	34(14.6%)	54(15.4%)		
	Muslim	25(21.4%)	70(30.0%)	95(27.1%)		
	Catholic	14(12.0%)	23(9.9%)	37(10.6%)		
	No religion	13(11.1%)	12(5.2%)	25(7.1%)		
Place of origin	Other	10(8.5%)	24(10.3%)	34(9.7%)	$\chi^2 = 8.414^b$.004
	Urban	145(62.2%)	198(56.6%)	53(45.3%)		
	Rural	88(37.8%)	152(43.4%)	64(54.7%)		

As the above table 6 indicates, there is no preference among male and female students in substance abuse even though the prevalence is high on male students (60.1%). The chi-square test indicated that there is no significant preference between both sexes with regard to substance abuse, $\chi^2 (1) = 3.514$, $P > 0.05$, one-tailed. In addition, the result shows non-café users found to be more exposed to substance abuse than café users, which was 69.1% & 50.4% respectively. The chi-square test analysis indicates that café service status has a significant preference among students substance abuse, $\chi^2 (1) = 10.84$, $P < 0.05$, one-tailed. Regarding religious affiliation, the result shows students from different background abuse substances. The students from Muslim

and orthodox religion take the first and the second place with 30.5% and 30% respectively. Besides that, the chi-square test analysis indicates there is no significant preference in religious affiliation regarding substance abuse, $\chi^2 (5) = 6.920$, $P > 0.05$, one-tailed. Concerning place of origin, high numbers of the students who abuse substance were from urban with 56.6%. In addition, the chi-square test analysis indicate that place of origin has a significant association with students' substance abuse, $\chi^2 (2) = 8.41$, $P < 0.05$, one-tailed.

The qualitative data also support the quantitative result. As the finding explains student's religion does not matter on substance abuse of students. Perhaps students with the experience of frequent attendance of religious service were more likely not to be involved in substance abuse. In addition, non-cafe service preference explained as no problem. However, due to searching cheap meal the students expose to different problems in relation to substance abuse. Besides, the students with high monthly income additional to money provided by the government for non-Cafe users more likely exposed to substance abuse. One of the students' service officers explains concerning non- cafe service utilization:

I have heard one of the students explain the problem related with cheap cost meal. She said the amount paid for non-cafe service is very low. With this amount, feeding oneself properly was very difficult so that we need have to share with friends. Nevertheless, sometimes the friends needed to chew khat with them after lunch, which I do not want to do most. They always nag me to drunk at least one bottle of alcohol. For the sake of their happiness and to maintain my friendship I sometimes drink just one bottle alcohol.

The document review also supports the quantitative result. 60% of the students with disciplinary recorded were non-café users.

4.2. DISCUSSION

This part of the thesis mainly deals with the discussion of the finding. The discussion organized under three themes such as prevalence of substance abuse, Magnitude of substance abuse and social factor association with substance abuse, which discussed in detail below.

4.2.1. Prevalence of Substance Abuse

The finding of the study reveals that 66.6% of the participants were abuse substance, which shows a high prevalence of substance abuse among students. This study is relatively closer with findings conducted in Haramaya University with 62.4% (Gemechis, Atinafu and Bedasa, 2017; Gezahgh, Andualem and Mitiku, 2014). The geographical area similarity contributed to the resemblance of the finding. In addition to that, the current finding is higher than the study conducted in Bahr Dar College (19.6%), Axum University (27.9%), and Mekele University (32.5%) (Mulgeta, 2013; Gebresilasa, Feleke and Melese, 2013; Kidan, 2011). The difference is due to accessibility and social acceptance toward substances abuse. Substance especially khat is highly accessible in the east Hararge region where the current study conducted.

Among substances, Khat was highly abused substance among students. (56%) which is slightly closer to similar finding in Harar secondary school with a prevalence rate of 59% (Mahalet, 2011). the reason for the similarity is the resemblance within the geographical area and social acceptance toward substance abuse. Besides, this study is higher than the finding in Addis Ababa University (31.4%) Mekele University (25.4%) and Mizan-tepi University (21.6%) (Deresa and Azazh, 2011; kidan, 2011; Andualem, 2012). The possible justification for this high prevalence in our study could be, as explained by interview respondents khat is highly accessible in close distance around the university and chewing khat is a highly accepted practice within the community inside and outside the campuses.

Additionally, the Prevalence of khat was more on male (61.2%) than female (38.8%). Regarding female khat chewing the current finding is higher than the study conducted at Jima University on female students (2.4%), Addis Ababa University study on medical college students (6%), and study on south east Ethiopia in Ginnier town (8%) (Wazema And Madhavi, 2015; Derrasa and azazh, 2011; Ahmed, 2014). The reason for the difference attributed to the accessibility of substance and social acceptance of substance abuse. The current study area is the eastern part of Ethiopia, known by its culture of chewing. Unfortunately, females also provided with khat even by family members. As the interview, Result explains in east Hararge chewing khat is the usual practice among women. Especially married women invited to chew khat by the husband. There are two purposes the woman chew khat. The first one is to generate energy to work high in

energy demanding household activities and to recreate with their peers. Due to this, the female students of Dire Dawa University are highly influenced in relation to others.

In line with this, the prevalence of khat chewing was 61.2% among male substance abusers. This study is higher than findings of secondary school of Addis Ababa (37.3%), and in Kisumu town east, Kenya (52%) (Alemnesh, 2014; Nyatuoro, 2012). The reason for the difference is age and family control. The students join universities who are the focuses of the current study are older, relaxed and out of family control than students enrolled in secondary school. In addition, the current study is higher than the study conducted at the University of Makele, Debre Birhan, and Addis Ababa with 16.6%, 62.7% and 17% respectively (Kidan, 2011; Bethlehem, 2014; Deresa and Azazh, 2011)

The study further reveals that proportion of alcohol drinking with 38.9% that is slightly closer to study of Haramaya University (41.7%), Mekele University (41.1%) and Addis Ababa public and private school (37.8%) (Andualem, 2011; Kidan, 2011; Rahel, 2017). Besides, the finding is lower than the study at Haramaya University (50.2%), and Debre Birhan University (62.7%) (Gezahagh et al, 2014; Bethlehem, 2014). The difference among the studies could be occurring due to the source population and high production of homemade alcoholic drinks than the current study area. The current finding is higher than the result from secondary school of Addis Ababa (30.6%) (Alemnesh, 2014). The difference is attributing to age difference and diversity in study area.

Preceding to that the finding shows alcohol drinking was higher among male a student (38.9%) which is greater than the study conducted at Ginier town (31.2%) and Haramaya University (39.7%) (Ahmed, 2014; Andualem, 2011). The reason for the difference is due to year gap among studies and sample size variation. Whereas the finding on drinking habit of female students (33.5%), the result is higher than the study conducted at Addis Ababa university medical college (6%) and Guiner town At south east Ethiopia (8.4%) (Deresaa and Azazha, 2011; Ahmed, 2014). The possible justification for this high prevalence in our study could be, as explained by interview respondents the interconnectedness among substance was the reason for increased substance abuse. The students with chewing habit most probably go to a bar to drink alcohol.

Moreover, concerning cigarette smoking, 32% of respondents smoke cigarette which is prevalence was ranked in the third level. Similar to this funding studies from most universities such as Haramaya, Mizan-tepi, Addis Ababa, Mekale and Debre Birihan explain cigarette smoking as the third prevalent substance among students (Andualem, 2011; Andualem, 2012; Deresa and Azazh, 2011; kidan, 2011; Betelihem, 2014). Even though cigarette smoking is ranked in the third place, the prevalence is different from study to study. The current finding was similar with the prevalence rate of Harari region secondary school study with 30% (Mahalet, 2011) but different with the study conducted in Makele university 19.6%, Addis Ababa university 8.8%, Haramaya University 11.3% (kidan, 2011., Deresa and Azazh, 2011; Andualem, 2011). The reason for difference is due to different Geographical area, high accessibility of substance around the campus and sampling size.

Furthermore the finding reveals that cigarette smoking of female students (22%) was higher than the study conducted at Giunire town, mizan tepi university and secondary and preparatory school of Addis Ababa with proportion of 7%, 12.5% and 14.&% respectively (Ahimed, 2014; Andualem, 2012; Alemnesh, 2014). The reason for the difference is the age of the participants and knowledge about the side effect of cigarette Abuse. The smoking report of male (50.8%) from the current study is higher than the report from Adis Ababa University, Mekele university and Gondar university (Deresaa and Azazha, 2011; kidan, 2011). The reason attributes toward the difference the interconnectedness of substance among each other. The one abuse khat more likely starts smoking.

Besides, the study found out the religious affiliation has no significant association with substance abuse, $\chi^2(5) = 6.920a$, $P > 0.05$. The students from different religious background abuse substance. The finding is similar with the study conducted at Jimma University, Mekelle University, Mizan-tepi University and Addis Ababa University (Deribachew, 2015; Kidan, 2011; Andualem, 2012; Derrasa and azazh, 2011). In addition, the study reveals that 69.1% of substance users were non-cafe service utilize. The non-cafe service also rose as the factor for increased prevalence. Similar to this, the study conducted in Makele also rose non-cafe service utilization as one of the contributory factors for increased substance abuse (Kidan, 2011).

4.2.2. Magnitude of Substance Abuse

The finding of the study reveals that the magnitude of substance abuse was higher among students. The Substance abuse assessment result also shows 39% of the substance abusers displayed the sign of Addiction with score of CAGE ≥ 2 . This result is slightly higher than from Makale University 20.1% (Kidan, 2011). The reason for difference attributed due to sample size and Geographical area difference in terms of substance availability. Substance is highly available in the current study area. Among substances, Khat was with high magnitude followed by alcohol and cigarette with mean of 4.78, 4.23 and 4.01 respectively. Regarding to pattern of substance abuse the participants chew khat daily (61.3%) is more in number than those chew khat occasionally (20.6%). The finding is higher than the finding of Jimma University with proportion of 45.9% daily base and 2.7 % occasionally chew khat (Wazema And Madhavi, 2015). whereas the finding is lower from study of Haramaya university students those chew khat occasionally were 71% and daily were (29%) (Gezahagn et al; 2014). The difference is due to gap in year of study, accessibility and sample size. The substances especially khat is more accessible with cheap cost around Haramaya University. Beside that the finding is higher than the study of Addis Ababa secondary school proportion of 6.5% daily and 10% occasionally (Alemnesh, 2014). the difference is attributed to age variation among sample population and accessibility of substance.

Concerning to the pattern of drinking alcohol 40% of students daily and 20.6%, students were occasionally drunk alcohol. The finding is lower than Haramaya University finding with 66.2% daily and 33.8% occasionally drinking pattern (Gezahgn, 2014). The difference is due to sample population deference and year of study distinction. Henceforth, the study is higher than the secondary school finding of Addis Ababa (daily 8% and 16.2% occasionally) and south east Ethiopia (24% daily and 21% occasionally) (Alemnesh, 2014., Ahmed, 2014).

In addition to that the finding reveal that 32.6% of the students were smoke cigarette daily and 4.6% were smoke cigarette occasionally which is lower than Haramaya study and higher than the study of South east Ethiopia (Andualem, 2014; Ahmed, 2014). Moreover, study reveals that substance abuse magnitude increase as long as the study year increases. The magnitude is higher on 4th and 5th year. Whereas the study conducted in Haramaya university explain that the magnitude increase at 3rd year (Andualem, 2014). The possible justification for this high prevalence in our study could be, as explained by interview respondents staying more years in

university create need of Mixing up with the outside community to had resemblance and group conformity lead students more in sever abuse of substance.

4.2.3. Social Factor and Substance Abuse

Regarding social factor, the finding reveals that there is an association between social factors and substance abuse of students. As the finding shows, 70% of students have a family with substance abuse and among substance users, 79% of them have family with substance abuse. Family substance abuse experience is one of the contributory factors for substance abuse of the students. Similar to this study conducted at secondary school of Uasin Gishu East Sub-County, Kenya reveals that student who have a family with substance abuse are 2times more exposed for substance abuse than those students who have no family with substance abuse experience (komen, 2014).

The studies conducted at Addis Ababa secondary school (58.6%) and Southeast of Ethiopia (41.3%) also support this finding (Henok, 2015; Ahmed, 2014). perhaps the extent of influence is lower than the currents study. The difference is due to age difference among the sample population and the secondary school students are under the control of the family. In addition to that, the family substance abuse frequency also contributes to substance abuse of students. The current study reveals that 54.5% of the students abusers have family who abuses substance usually and often.

On the topic of peer influence, the finding indicates 59.7% of substance abusers influenced by pear to start substances. The study conducted at Mekele University is similar to the current finding with the proportion of 58.8% (kidan, 2011). Study conducted at Kenya secondary school students in Uasin Gishu east sub-country and Nairobi west district show high influence of peer on students substance abuse with 88.3% and 68% respectively (komen, 2014; Niatuoro, 2004). The difference attributed due to the difference in the study area and socio-cultural deference. The study is greater than the finding of at Gonder university Maraki campus (12.4%), India (42.6%) and Southeast Ethiopia (31.6%) (Desalegh, deribew, Belayneh and Gobeze, 2013).

Regarding to availability of substance 88% of students explained substance is available around the campuses. The odd of experiencing substance abuse is higher on availability with (COR=

6.52: 95% CI 2.76, 6.92). This finding is higher than study at Addis Ababa secondary school and Makale Campus with 21.2% and 22.3% respectively (Henok, 2015; Kidan, 2011). The differences due to the lack restricted rules regarding to providing substances at close distance to the schools and university. As the qualitative findings show more than 40, Khat bets around the campus, which increases accessibility with great speed. The finding is comparable with Kenya study at case of Bomburi location which state availability of substance with close distance around schools is highly influential on substance abuse (Boscow, Moses, Paul and Priscillah, 2012)

Moreover, the social acceptance of substance abuse is the other influential factor in the prevalence of substance abuse. The finding shows 71% of the respondents explain substance abuse as socially acceptable. Similar to the current finding the study conducted in Haramaya University also explain social acceptance is predictor to substance abuse (Gezahigh et al., 2014).beside that the finding is higher from the study conducted at Mekale University (10.2%) and india (10.2%) (Kidān, 2011; Arora et al; 2014). The difference attributed to the difference in geographical location and East Hararge known by the culture of substance abuse especially chewing khat.

5. SUMMARY, CONCLUSION AND RECOMMENDATIONS

This chapter deals with summary, conclusion, and recommendations. In the first part of this section summary of the study and major finding explained. Secondly, the conclusion of the finding was drawn. Lastly, some possible recommendations made on the basis of the finding.

5.1. Summary

The main purpose of this study was to examine Social Factors Contributing to Students Substance Abuse in Dire Dawa University. To achieve this purpose, basic questionnaire was raised, the general and specific objectives were identified and significance of the study, delimitation of the study, the population that involved in the study and methods of data analyses used in this study were identified. Therefore, the study tried to answer the following basic research questions.

1. What are the major types of substance abused by students in Dire Dawa University?
2. What is the magnitude of substance abuse practiced among students of Dire Dawa University?
3. To what extent do the social factors contribute to the substance use of students in the university?
4. What kinds of relationship are found between demographic variables and substance use?

To conduct this study, descriptive survey method was employed. A total of 350 respondents 223(63.7%) male, 127(36.3%) female students and 9 key informants 3 female and 5 male were included in the study. The key informants selected from Dire Dawa university administration on non-Administration staff using purposive sampling whereas the students were selected from all undergraduate regular students regardless of their sex, department, and college of study using stratified simple random sampling. The data gathered through questionnaire, interview and document analysis. Data gathered through questionnaire analyzed using Frequency, Percentile mean, standard deviation, Ch-square test analysis, and Binomial logistic regression. The data obtained from the interview and document analysis qualitatively analyzed. Based on the analyzed data, the following finding obtained.

- The study shows that 66.6% of the respondents were abuse substance. khat was highly abused (56%) by students followed by alcohol (38.9%) and cigarette (32%). Besides, the result reveals the 140 male and 93 female students abuse. In addition, the study shows the respondents who frequently abuse substance were among 3rd, 4th and 5th-year students with proportion of 39%, 42% and 43% respectively. In relation to the usefulness of substance abuse majority of students responded as a useful practice. Furthermore, the study explained substance abuse was a leading factor toward illicit drug abuse.
- Regarding magnitude of substance abuse study reveals, khat is consumed usually with the mean score of 4.78(SD+ 0.57). Alcohol and cigarette also were consumed usually with mean score of 4.23(SD+ 0.68) and 4.01(SD+ 0.81) respectively. In addition, 39% of the substance abusers fulfilled the criteria of substance abuse (CAGE ≥ 2). Besides, the finding of the interview reveals that staying long in the campus raised as the reason for the increased pattern of substance abuse among students. In addition, the result shows students exposed to frequent class absenteeism due to substance abuse.
- Concerning social factor influence on substance abuse of students the finding shows, among substance abusers 79% were from substance abuser family. Besides 59% of respondents explain start abusing due to peer pressure. Regarding to social acceptance 78% of students with substance abuse history explain substance abuse as an acceptable practice inside the community. Besides, the finding shows 82% of respondents reflected substances were easy to get around the campuses. In light of this the interview result shows more than 40 khat bet found around the campuses. The increased access for substance abuse affects both the community and students reciprocally. Moreover, the study reveals that 64.4% of respondents perceive substance abuse as a useful practice.
- To examine the association of demographic variable with substance abuse, the finding revealed that there were no preference among both sex, (χ^2 (1) = 3.514, P > 0.05, one-tailed) and religious affiliation, χ^2 (5) = 6.920, P > 0.05, one-tailed in substance abuse. Whereas there was preference in place of origin, χ^2 (2) = 8.41, P < 0.05, one-tailed, and

student cafe service utilization, $\chi^2 (1) = 10.84$, $P < 0.05$, one-tailed in line with substance abuse.

5.2. Conclusion

The purpose of the research in this study deal with the finding assesses social factors contributing to substance Abuse of students in the study area. The study identifies the Prevalence of substance abuse and major abused substance among students, the magnitude of Substance Abuse among students, social factors prediction on the students' substance abuse and the association of a demographic variable with substance abuse. Therefore, depending on the above finding of the study, the following conclusion was drawn:

1. The finding shows, there was a high prevalence of substance abuse among Dire Dawa university students. Male students abuse substance more than female students. Relatively to other findings of different, study the current finding show a high prevalence of substance abuse among female students. There is social acceptance for female substance abuse within the study area which was raised as reason for high prevalence. Besides, Khat was highly abused substance followed by alcohol and cigarette. The reason for the increased prevalence of khat was high accessibility of khat around the campus with close distance. In addition, the non-cafe utilization also creates a favourable environment for the new incidence of substance abuse among students.

The prevalence was showing increment among 3rd, 4th and 5th-year students. The long stay within the campus was the reason for increased abuse of substance within the study year. Moreover, the result also reveals the perception of students toward substance abuse as useful practice, Interconnectedness among abused substances and thinking of substance abuse as the sign of modernization were aggravating reason for increased prevalence and new incidences. Further, the study shows, substance abuse was as a leading factor toward illicit drug abuse.

2. Regarding the magnitude of substance abuse among students within the last twelve month, the study shows khat usually chewed by most of the students followed by

- alcohol and cigarette. Besides, the finding reveals long stay within substance abuse provoking environment and need of social acceptance and need of group conformity with youths from outside community and the family approval toward students habit of substance abuse was raised as a reason for increased magnitude of substance abuse. In addition, the study shows, the increment of substance abuse among students has resulted in a high level of class absenteeism.
3. Concerning to social factors influence on substance abuse, the study reveals, social factors (I.e. family substance abuse experience, peer pressure, substance availability and social acceptance toward substance abuse) were highly predictor of substance abuse among students. Students with experience of buying substance for family consumption exposed more for substance abuse. In contrary, the finding reveals the students from non-substance abusers family were also abuse substance with high magnitude. The reason for the increased magnitude of substance abuse is the high level of substance accessibility and need of resemblance with the community outside of the campus. Besides, the finding shows, Most of the students who had friends with substance abuse history are more likely involved in substance abuse. Regarding social acceptance and availability of substance the finding reveals that substance abuse has high social acceptance and used for different social event and ritual service. Especially khat is highly socially acceptable substance in the study area. Furthermore, substance was more available around the campus. The availability of the substance was affecting the students and the community reciprocally. The students were exposed for increased abuse due to the availability of the substance were as the youths from the community outside the campus wrongly modelled the university students and exposed to different substance abuse behaviour at an early age.
 4. The result show, regarding the association of demographic variable (Sex, Religious Affiliation, Café service utilization and Place of residence) with substance abuse, sex, and religious affiliation does not have a significant preference in terms of substance abuse. Students from both sexes were abused substances. The same was true for religious affiliation; students from different religious background were abused substances. Furthermore, non-café service users' were more exposed to substance

abuse. The students who received more monthly income were highly exposed to substance abuse. Finally, the students raised in urban cities were more exposed for substance abuse than from rural cities.

5.3. Recommendation

Based on the major finding and conclusion drawn with social factors contributing to student's substance abuse in Dire Dawa university the following recommendations were suggested.

1. The city administration and other stakeholders should have to design regulatory law to avoid substance selling out around the campus with close distance.
2. The university should prepare assertiveness training to enhance the capacity of students to resist peer pressure.
3. The university also should have to re-organize counseling centers, particularly on substance abuse related problem.
4. The cross cutting issues office should have to design life skill and self-worthiness and confidence enhancing training for students stay long in campus.
5. The university should have to design a training on observational learning impact on students substance abuse behavior to address the outside community in relation to the reciprocal effect of substance abuse in community and Dire Dawa University student's.
6. Others should have to conduct further study on illicit drug and determinant factors.
7. Others should have to conduct further study on cause of increased prevalence of substance abuse among female students east Harerge region

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APPENDIX I.

HARAMAYA UNIVERSITY

COLLEGE OF EDUCATION AND BEHAVIORAL SCIENCE

QUESTIONNAIRE TO BE FILLED BY STUDENTS

Introduction

Dear student,

The purpose of this questionnaire is to gather data for study of *assessing Social Factors Contributing to Students' Substance Abuse in Dire Dawa University*. The success of the study highly depends on your genuine response for the items in this questionnaire. Assuring you that the response you provide in this Questionnaire is kept confidential and used only for research purpose, I kindly ask your Cooperation in filling the questionnaire honestly and completely.

QUESTIONER INSTRUCTIONS

- ✓ Please read each question carefully before answering
- ✓ Choose that best describes what you believe and feel to be correct
- ✓ Choose only one answer for each question unless you are given different instruction
- ✓ If you don't understand a question, please raise your hand and ask the coordinator

Part 1: Socio Demographic Characteristics

Instruction: After reading the following questions carefully, please put (✓) to your answer and for the open ended question please write your answer on the blank space provided in front of the question

No.	Question	Answers and Alternative Choices for Responses
1.	Age	
2.	Sex	1. Male

		2. Female
3.	Student service status	1. I use café service 2. I don't use café service
4.	Religious affiliation	1. Orthodox Christian 2. Protestant 3. Muslim 4. Catholic 5. No Religion 6. Others
5.	What is your place of origin?	1. Urban 2. Rural
6.	Year of study	1. 1 st year 2. 2 nd year 3. 3 rd year 4. 4 th year 5. 5 th year
7.	What is your college/school?	1. Social science 2. Business and economics 3. Law 4. Medicine 5. Natural 6. Engineering

Part 2: A. Substance Abuse History

No.	Question	Possible answer	
8.	In your life, which of the following Substances have you ever used?	Yes	No
	a. Cigarettes		

	b. Alcoholic beverages (beer, wine, areke, tej, etc.)		
	c. Khat		

If your answer for question no. 8 is “yes” pass to questions no 11.

9.	In the 12months, how often have you used/abused the Substances you mentioned?	Never	rarely	Occasionally	Usually	Often
	a. cigarettes,					
	b. Alcoholic beverages (beer, wine, areke, tej, etc.)					
	c. Khat					

Part 2:B substance abuse screening test (CAGE-AID)

No.	Question	Possible answer	
		Yes	No
10.	Have you ever felt you ought to cut down on your drinking or drug use?		
11.	Have people annoyed you by criticizing you’re drinking or drug use		
12.	Have you felt bad or guilty about your drinking or drug use?		
13.	Have you ever had a drink or used drugs first thing in the morning to steady your nerves or to get rid of a hangover (eye-opener)?		

Part 3: Social Factors Related with Substance abuse

14.	Does your family abuse substances?	1. Yes 2. No
15.	How often your family abuse substance (khat, alcohol or cigarette)?	1. Never 2. rarely 3. occasionally 4. usually 5. often
16.	Dou you think your friend influence you to take substance?	1. yes 2. no
17.	Do you have friend with substance abuse?	1. Yes 2. No
18.	What is the availability of substance?	1. Easy to get 2. Difficult to get
19.	Do you perceive substance as harmful?	1. Yes 2. May be 3. No 4. Don't know 5. No response
20.	Do you think abusing substance is socially acceptable?	1. Yes 2. No

APPENDIX II.

HARAMAYA UNIVERSITY

COLLEGE EDUCATION AND BEHAVIORAL SCIENCE

SEMI STRUCTURED INTERVIEW GUIDE TO BE ADMINISTERED FOR KEY INFORMANTS

Introduction

The purpose of this interview is to gather data for study of *assessing Social Factors Contributing to Students' Substance Abuse in Dire Dawa University*. The success of the study highly depends on your genuine response for the items in this interview. Assuring you that the response you provide in this interview kept confidential and used only for research purpose, I kindly ask your Cooperation for interview session.

Part 1: General Information

1. Sex: _____
2. Position _____
3. Working year in university_____

Part 2: Interview guide

1. What do you think about prevalence of student's substance abuse in Dire Dawa University?
2. What do you think about substance abuse influence on student's class attendance?
3. What is the influence of social factor on students' substance abuse?
4. What do you think about other related factors contribute for substance abuse among students?
5. What should be done to manage social factors influence on student's substance abuse?

APPENDIX III.

ሀሮማዎ ዩኒቨርሲቲ

የትምህርትና የሥነ-ምግባር ሳይንስ ኮሌጅ

ከተማዎች ጋር ከፍተኛ ግንኙነት ላላቸው አካላት የተዘጋጀ ቃለመጠይቅ

መግቢያ

ይህ መጠይቅ የተዘጋጀበት አላማ በድሬዳዋ ዩኒቨርሲቲ የሚሹ ተማሪዎች የአደንዛዥ ዕዕ አጠቃቀም ላይ ማህበራዊ ጉዳዮች ያላቸውን ተዋፅኦ ለማትየት ሲሆን እውነታ ላይ የተመሰረተ ምላሻችሁ ለጥናቱ ወጠታማነት ከፍተኛ ጠቀሜታ ስላላው የምትሰጡት እንዳንዱ ምላሽ ማስትራዊነቱ ተጠብቆ ለጥናቱ አላማ ብቻ የሚወልድ መሆኑን እያሳወቅን ለቃለ መጠይቁ ፍቃደኛ ስለሆኑ ልባዊ ምስጋናችን እናቀርባለን፡፡

ክፍለአንድ፡ -አጠቃላይ መረጃ

- 1. ስም _____
- 2. የስራ መደብ _____
- 3. ያገለገሉበት ግዜ _____

ክፍለሁለት፡ - ለቃለ መጠይቁ አቅጣጫ ጠቋሚ

- 1. በድሬዳዋ ዩኒቨርሲቲ ተማሪዎች መካከል ያለው የአደንዛዥ ዕዕ ስርጭት ምን ይመስላል?
- 2. በግቢው ላይ አደንዛዥ ዕዕ ስርጭት እዲጩም ማህበራዊ ጉዳዮች ያላቸው ተፅዕኖ ምን ያህል ነው?
- 3. በግቢው ላይ አደንዛዥ ዕዕ ስርጭት እዲጩ ምር ተዋፅኦ የሚያደርጉ ሌሎች ጉዳዮች ካሉ ዝርዝር፡፡
- 4. አደንዛዥ ዕዕ መጠቀም በተማሪዎች ክፍል መከታተል ላይ ምን ተፅዕኖ አለው ብለው ያስባሉ?
- 5. ስርጭቱን ለመቀነስ እና ምህግበራዊ ተፅዕኖዎችን ለመቀነስ ምን ቢደረግባት መከራለህ/ሪያለሽ

APPENDIX IV.

HARAMAYA UNIVERSITY

COLLEGE EDUCATION AND BEHAVIORAL SCIENCE

Document Analysis check list assessing Social Factors Contributing to Students' Substance Abuse in Dire Dawa University

No.	Type of disciplinary problem	Category (induced by khat chewing, alcohol drinking or cigarette smoking)	Reason for abuse substance	Repeated record
1.				
2.				
3.				
4.				
5.				
6.				