

**HORN INTERNATIONAL COLLEGE**

**DEPARTMENT OF PUBLIC HEALTH**

**ASSESSMENT PREVALENCE OF SUBSTANCE USE AND ASSOCIATED FACTORS**

**AMONG HORN COLLEGE JIJIGA CAMPUS STUDENTS IN SOMALI REGIONAL STATE , JIJIGA TOWN, ETHIOPIA 2025GC**

SEP 2025GC

HORN INTERNATIONAL COLLEGE

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**DEPARTMENT OF PUBLIC HEALTH**

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# Abstract

Being a global burden of youths, substance use is an unhealthy behavior that exposes youths to health and social problems. Knowledge of the prevalence and predictors of substance use behavior among college students is important for designing periodic and locally appropriate interventions. Substance use has varying impacts on the health and socio-economics of countries and is a major public health concern globally. Currently, substance use is a common public health concern among the youth of Ethiopia, mainly in HORN INTERNATIONAL COLLEGE.

The aim of this study is to assess the prevalence of substance use and associated factors among HORN INTERNATIONAL COLLEGE students.

A cross-sectional quantitative study will be conducted. Stratified multi-stage sampling technique will be applied to choose 403 students. Substance use behaviors will be assessed using a self-administered structured questionnaire. Systematic random sampling technique will be used to reach individual students, and the first student will be selected by the lottery method. Data will be collected through self-administered structured questionnaires. After the data collection, data will be checked for completeness, edited, and analyzed. Descriptive statistics such as tables, graphs, and charts will be used to present the data.

The study will follow a structured timeline that includes topic approval, proposal preparation, advisor consultation, proposal submission, data collection, data analysis, thesis preparation, and final presentation.

# CHAPTER ONE

# INTRODUCTION

## 1.1 Back ground of the study

Psychoactive substances such as khat, alcohol and cigarette are substances when taken into the body have a major effect on the brain and can alter physical and psychological functioning [1]. Many people enjoy the psychological changes in mood and thoughts felt after taking psychoactive substances. There are many reasons why people start to use and continue to use substances. These substances may be taken to reduce stress and alleviate pain, or alternatively to stay alert, to stimulate the mind in order to study or to better perform some task, or simply to have fun with friends [1]. Use of psychoactive substances has formed an integral part of human society for years but there are considerable differences in the nature of substances used and the reasons for their use. Worldwide, 43% of the total adult population (2.6 billion people) consumes these substances at least occasionally. Similarly, 22% (1.25 billion people) smoke tobacco and 6.3% of adults (316 million people) use illicit drugs [2]. The pattern of substance use involves the use of multiple substances, often with different pharmacological effects [2]. Young people including university students are likely to be the most at risk of using substances like alcohol, khat*,* tobacco and other drugs. This might be due to the fact that, joining university often leads to new opportunities, independence from family control, self-decision aking and peer-pressures to use these substances [2]. It is generally acknowledged that several factors are involved in the initiation of substance use among young people.

The use of substances such as alcohol, khat, and tobacco and etc .Has become one of the rising Major public health and socio economic problems worldwide [ 3 ].The global burden of disease attributable to alcohol and illicit drug accounts 5.1%, WHO of the total burden of disease. Another 4.2% of the global burden of disease is attributable to tobacco use. And disorders due to psychoactive substance use including alcohol, drug, and tobacco dependence are the main underlying Conditions ultimately responsible for the largest proportion of the global burden of disease attributable to substance use [4].

The rapid economic, social, and cultural transitions that most countries in sub-Saharan Africa are now experiencing has created a favorable condition for increased and socially disruptive use of drugs and alcohol [5]

Substance misuse is a growing problem in Ethiopia, as in many developing countries.

Alcohol and khat are the most frequent substances of abuse [6]

According to the Ethiopian Demographic and Health Survey (DHS) 2011, the prevalence of alcohol use among men and women is 46.6% and 36.34%, respectively, and 12% of women and 27.0 % of men ever chewed khat [ 6].

Studies indicate that substance use among Ethiopian adolescents is considerably rising [ 8][ 9 ].Of the young segment of the Ethiopian population, college and university students are at the highest risk of substance Use. Joining university often leads to new opportunities, independence from family control, self- decision-making, and peer-pressures to use or abuse alcohol or other drugs [ 8].

Among some studies done in Ethiopian universities and colleges, a study in Axum University[2013 GC] showed a lifetime prevalence of khat chewing 28.7%, alcohol drinking 34.5%, and cigarette Smoking 9.5% [9]. A study in Debra Markos[2013GC] , Northern Ethiopia, found the life time prevalence of substance use to be 14.1% [10].

A study done among college students in Northwest Ethiopia collage [2014GC] revealed a lifetime prevalence of 13.1% For cigarette smoking and 26.7% for khat chewing [8].

A study in Addis Ababa University showed that 31.4% ever drunk alcohol, 14.1% ever chewed

Khat, 8.7% ever smoked cigarette [8]. A study in Jima University showed prevalence of khat chewing, Cigarette smoking, and alcohol intake to be33.1%, 21.3%, and 36.4%, respectively [11].Even if substance use has become a common problem among university students in Ethiopia, only scant information is available about the magnitude of substance use and factors contributing for its use in this segment of the population.

Furthermore, the effect of mental health status of students such as depression on substance use was not well explored. Therefore the aim of this study was to assess the magnitude of substance use and associated factors among university students in Ethiopia

## 1.2 Statement of the problem

Substance use and associated factor that persuasive in the world and affects us all. It is a significant contributor to the global burden of effect and affects people in all communities across the world. Today, those use different kinds of substance is estimated to affect 296-350 million people. Aged 15-64 used drugs The world mental health Survey conducted in 17 countries found that on average about 1 in 20 people reported having an episode of depression in the previous year. One out of ten people suffer from major substance use and almost one out of five persons has suffered from this effect during his (or her) lifetime (one-year prevalence is 10% and lifetime prevalence 17%(4).

Who uses substance varies considerably across the populations of the world. Lifetime prevalence rates range from approximately 3 percent in Japan to 16.9 percent in the United States, with most countries falling somewhere between 8 to 12 percent. While substance use is the leading cause of disability for both males and females, the burden of substance is 30% higher for male than females. It also have link with chronic illness (5).

Substance use is currently the leading cause of non-fatal burden when considering all mental and physical illnesses, accounting for approximately 10% of total years lived with disability (YLD) in Low and Middle Income Countries (LMICs) (3), (5), (11)

Adolescent substance use continues to be a growing major public health concern in Africa

Recent studies infer an overall estimated prevalence of 42% among adolescents in sub Saharan Africa unfortunately those phenomenon is not adequately documented across many settings in the continent despite known negative health and social consequences on affected individuals and their communities (3).

Recent studies in Africa indicate a high prevalence of substance use among young people when compared to the general population, with associated physical and psychosocial problems such as fighting, vandalism, theft, engaging in unprotected sex, personal injury, medical problems and impaired relationships with family and friends (11) (12). A recently published systematic review found that the overall prevalence of ‘any substance use’ among adolescents in sub-Saharan African is 41.6%, with alcohol and tobacco being the highest prevailing substances (i.e. 40.8% and 45.6%, respectively) across the continent compared to any other substance use (13). More interestingly, a few region-specific patterns of substance use were identified, highlighting the need for region (or country)-specific and culturally appropriate interventions and policies, for example, chat use only in East Africa (14)

and using tranquilizers in South Africa (13).

In Ethiopia, substance use is the leading non-communicable disorder in terms of burden. Indeed, in a predominantly rural area of Ethiopia, substance use included in the top ten most burdensome conditions, out-ranking HIV/AIDS (7).

A particular tragic potential outcome of substance use. Most people who die are depressed. 7.7person/100000/year completed Suicide in Ethiopia. These startling statistics show that depression have been overlooked as a major health priority in Ethiopia and other LMICs, and underscore the need for public health programs targeting depression (7).

In fact, substance use is important for achievement of MDG 6 (combating HIV/AIDS, malaria and other diseases). HIV/AIDS is commonly complicated by substance users. In Ethiopia,

Although substance use is common and it associated with a high burden due to disability, only a small percentage of these users are recognized and prevented (4, 22-24).

Data on substance use at Horn College students in Ethiopia are scarce particularly in the study area. Therefore, the major aim of this study was to investigate the prevalence and associated factors leading to substance use among Horn College students.

## 1.3 Significance of the study

Currently, substance use is one of the leading cause of disability worldwide in terms of total years lost due to disability on youth setting. Therefore, this study would be helpful to provide basic information for health care practitioners on prevalence of substance use and factors associated to it among Horn College students. It might be also helped to initiate early avoiding, and management of the use of substance on the students based on the finding.

Additionally it could be contributed to a body of knowledge to further study and other researchers who might be to conduct a study on related topic and also for organizations working on depression.

# CHAPTER TWO

# OBJECTIVES OF THE STUDY

## 2.1 General objective of the study

To assess the prevalence of substance use and associated factors among Horn College students eastern Ethiopia 2025

## 2.2 Specific objectives of the study

* To determine the prevalence of substance use among Horn College students
* To identify factors associated to substance use among Horn College students

# CHAPTER THREE

# LITERTURE REVIEW

Substance use has become one of the rising major public health and socio-economic problems worldwide. Hard drugs like cocaine are rarely available in Ethiopia where as Khat, alcohol and cigarette are commonly available and used substances [1]. Khat is originated from Ethiopia, especially in Hararghe region with the gradual expansion to the different parts of the country and other nations in Africa and Arabia [1][6]. According to the world health organization (WHO) estimation, approximately

47% of men and 12% of women smoke cigarette worldwide in 2017.The WHO regards smoking as pandemic while attributing more than 4 million deaths in a year to tobacco and it is expected that this figure will rise to 10 million deaths by the year 2022. More people smoke today than any other time in human history. Substance use has varying impacts on the health and socio-economics of countries, and is a major public health concern globally [3]. Currently, substance use is a common public health concern among the youth of Ethiopia, mainly in Jigjiga town [6]. Smoking is practiced together with khat chewing and drinking alcoholic beverages that have many consequences [8].

Annually, in the United States, about half million people die of different diseases attributable to cigarette smoking. Thus, nearly 6 million years of potential life loss, $82 billion economic mess and $ 75 billion

Direct medical expenses were reported from the country. Furthermore, cigarette smoking has been considered as “an entry point” towards forbidden drug use among adolescents [9].Globally, 9% of the major non communicable diseases and 71% of lung cancer deaths are attributed to tobacco alone. These major non communicable diseases include atherosclerotic heart disease, myocardial infarction, heart failure, malignancy and diabetic mellitus that have paramount association and causal linkage with oral consumption of tobacco. Besides, socio-economic factors like education and occupational status were considered to be possible risk factors of these chronic non-communicable diseases. Therefore,

Practical consideration of efforts to modify these factors can bring a multitude of positive outcomes [10][13]. Alcohol drinking is spreading in universities and other tertiary academic institutions. In terms of gender, though men appear to drink more, women are also increasingly taking on this habit. Households are spending quality time in drinking and less on agricultural production [2]. Existing literature on alcohol consumption among adolescents in sub-Saharan Africa suggests that a substantial proportion of adolescents has consumed or currently consumes alcohol [3][14] and alcohol use is generally believed

to be the most important for sexual risk behavior in HIV/AIDS transmission because those addicted substances cause behavioral addictions like sex addictions resulting in important social and medical consequences [3]. High risk sexual behavior under the influence of alcohol is common in teenagers because alcohol is thought to fuel HIV transmission by blunting one’s behavioral self-monitoring and increasing the likelihood of multiple sexual partners, unprotected sex, intergenerational

sex and commercial sex [15][13].

## 3.1 Prevalence of substance use

Substance use globally in 2010, 38.3% of the global population consumed alcohol. In 2012, about 3.3 million deaths or 5.9% of all global deaths were attributable to alcohol Consumption, 139 million DALYs (disability-adjusted life years) or 5.1% of the global burden of disease and injury were attributable to alcohol consumption [6].

In 2013, 21% of adults globally were current smokers – 950 million men and 177 million women.

Tobacco kills up to half of its users accounting more than 7 million people each year.

More than 6 million of those deaths are the result of direct tobacco use while around 890,000 are the result of non-smokers being exposed to second-hand smoke. Nearly 80% of the world’s more than 1 billion smokers live in low- and middle-income countries [6].

Studies conducted among out patients in France, China, Australia, revealed that the prevalence of substance use was among 21%, 14.39% and 15.7% respectively [23] [24].

The use of alcohol, khat and tobacco among adolescents can be harmful, leading to increased

Health problems decreased academic performance, reduced productivity, hopelessness and increased risky sexual behaviors [6][9].

Many young people are also suffering from lack of self- esteem and future hope, victims of different forms of violence and abuse, or obliged to live with harmful habits like smoking, drug abuse and alcoholism [8].

Despite their large proportion and huge economic potential, adolescents and youths are vulnerable to variety of psychological, physical, social and sexual risky behaviors. Consumption of licit and illicit substance and its multidimensional consequence is one of the current challenges of young population group[20].

Currently, significant numbers of youths are located in higher institutions where they are exposed to different new risky behaviors. Beside the individual biological and psychological vulnerability, Peer pressure, social, environmental, academic pressures and being free of their parental influences May aggravate university students’ engagement to risk behaviors like substance use[19].

Researches indicated that the use of substances among young population is high.

Substance use Survey in Sudan reported an overall prevalence of substance use as 31%. The study reported Current prevalence of tobacco, cannabis, cocaine, and heroin use at 13.7%, 4.9%, 0.7%, and 0.5% respectively. Being a male student was the principal predictor for substance use [9].

Lifetime prevalence rate of any substance use in Kenya was reported as 69.8% for alcohol, 51.9%for cigarette, 42.8% for cannabis, and 2% for cocaine). Males having statistically significantly higher rates than females[10].

The 2016 Ethiopian Demographic and Health Survey showed that 35% of women and about

Half of men (46%) reported drinking alcohol at some point in their lives. It also reported that

12% of women and 27% of men report having ever chewed chat. About 4.2% of men aged 15– 59 years and 0.6% of women aged 15–49 years are cigarette smokers. Smoking in younger men population (age 20–24 years) is as low as 2.6%[11].

The 2015 Ethiopian national STEPS survey on risk factors for non-communicable disease reported that 4.2% of the survey participants were current (30 days) smokers. Only 3.1% young people aged 15–29 are current cigarette smokers. The survey revealed that, over all, mean age of smoking started among smokers was 21 years [12].

With regard to alcohol consumption, nearly 41% had consumed alcohol during the past

30 days prior to the survey. About 36.6% of young people aged 15–29 years are current alcohol users.

The proportion of men who consumed alcohol (46.6%) was higher than that of women (33.5%).

The survey also reported that 16% of respondents were current khat chewers and 7% of current

khat chewers drank alcohol while using khat [12].

Of the young segment of the Ethiopian population, college and university students are at risk of

such problems such as alcohol, khat and tobacco abuse. The lifetime prevalence of alcohol drinking,khat chewing, and cigarette smoking among Axum university students were 34.5%, 28.7% and 9.5% respectively. Similarly, the current prevalence of khat chewing, alcohol drinking and cigarette smoking were 27.9%, 32.8% and 9.3% respectively. The commonest reasons for khat, alcohol and cigarette Using were to keep alert while reading, for relaxation and to relief stress respectively. Having peer friends who chew khat and family members who use alcohol were strongly associated with substance use [13].

# 

## 3.2 Associated factors substance use among Horn International College students

Based on WHO 2012 report Worldwide, there are certain risk factors that make some persons more likely to get substance use than others. This includes Being male , family history of substance use , depression, poverty, low education, genetics, exposure to violence, being separated or divorced, had chronic illness[4].

According to study conducted in Gondar University, northwest Ethiopia, people who had formal education are less likely to use substance use than those who are unable to read and write (23).

Another study conducted on prevalence of substance use and associated factors among people who were divorced use substance than others higher than 3

Concerning to socio demographic variables, studies conducted in Ethiopia, Saudi, Pakistan, Iran, France, Sri lank showed sex, age marital status, employment and educational status were associated with substance use [11, 15, 16, 18, 24].Odds ratios for depression were significantly higher for older age, divorced and widowed and unemployed. Income were significantly associated with substance use in most studies [11, 16, 24] while few of the studies ignore its association with substance use [6, 19].

An important behavioral predictor variable for substance use is depression (Khat chewing, alcohol drinking and cigarette smoking) as indicated by various studies conducted in Ethiopia, Nigeria and Uganda (21, 33, 50, 51). Patients who had depression mosly used tobacco and had significantly associated at [AOR=4, 95% CI (1.1, 15.2)

## 

## 

## 3.3 Conceptual frame work

**Socio-demographic (independent factor).**

Age

Sex

Family support

Relationship

Monthly income

**Behavioral factor.**

Depression

Family history

# CHAPTER FOUR

# METHODOLOGY

## 4.1 Study Area and period

This study area is conducted in the somali region kebelle o6 which is 606km away from the capital city of the country ADDIZ ABABA

## 4.2 Study design

An institutional-based quantitative cross sectional study

## 4.3 Source of population

All students in Horn College

4.4 Study population

All students who randomly selected by multistage sampling from source population those regular undergraduate students who is not critically sick during data collection

## 4.5 Inclusion and exclusion criteria

### 4.5.1 Inclusion criteria

 All undergraduate regular students in Horn College who are present during data collection

### 4.5.2 Exclusion criteria

* all students attending weekend and distance extension and diploma program are excluded

## 4.6 Study variables

### 4.6.1 Dependent variable

* Substance use

### 4.6.2 Independent variable

* Age
* Sex
* Religion
* Ethnicity
* Monthly Income
* Marital status
* Living alone
* level of education
* Family history of substance use
* Substance use history
* Associated factors

## 4.7 Operational definition

**Substances:** Any non-medical drugs used by study subjects including alcohol, khat, tobacco, to alter their mood or behavior

**Substance use:** using one or many psychoactive substances (alcohol, khat, cigarettes) to alter mood or behavior.

**Current use: c**onsuming any substance within the last one month/30 days

**Life time use**: refers use of any of the substances at least once in an individual’s life time.

**Psychoactive substances:** Substances that can alter the consciousness, mood and thoughts of those who use them.

## 4.8 Sample size determination and sampling procedure

The sample size determined using a single population proportion formula considering the following assumptions: standard normal distribution with confidence interval (CI) of 95% (Z=1.96), absolute precision or tolerable margin of error (d=0.05), and anticipated proportion of patients who experience depression =50 % (P) and added 5 % non-response rate; so, the final sample size was 424.

n= (zα/2)2 x p (1-p)

d2

n = (1.96)² x 0.5(0.5)

(0.05)²

n=384

Where

n=minimum required sample size

Z=z-score at a given percent of confidence interval (95%)

P=population proportions= 50%

d=margin of error =5%

By considering 5% of non-responses then, the final sample size will be 403.

## 4.9 Sampling Technique and procedure

We selected randomly two departments to present with entire students of the collage and these two departments are the Lab department and Nursing Department.

Horn College

N=201 L=202

N=1654

Proportion allocation of sample size

**N=202**

**L=202**

2ndyear

N= 249

nf= 67

n= 411

4thyear+

N= 359

L=100

3rdyear

N= 61

L= 50

4thyear

N= 264

L= 67

3rdyear

N= 150

L= 68

2nd year

N=207

L= 51

n=403

Figure 2 Schematic presentation of sampling procedure of the study of substance use among Horn College Ethiopia oct /2025(n=403)

## 4.10 Method of data collection

Data will be collected by 5 public health’s using pretested interviewer administered questionnaire. Depression was assessed using the Patient Health Questionnaire 9. PHQ-9 is a 9-item questionnaire, commonly used to screen for symptoms of substance use in Horn College students. It will be translated (local language Somali) and validated in Ethiopia with sensitivity=86%

## 4.11 Ethical consideration

Ethical clearance was obtained from Horn College Department of public health. A formal letter was given and permission was obtained from collage College Department of public health. After a detail explanation of the purpose of the study, verbal and written consent was obtained from each study participants. Participants who may refuse to participate in the study will not be forced and participants can withdraw from the study at any time. Those study participants who use substance like smoking khat based on PHQ 9 and suicidal ideation symptom will be linked to the respective health care provider for further diagnosis and treatments.

# Chapter five

# Work plan and budget breakdown

## 5.1 work plan

Table 1: work plan

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| s/n | Activities | Responsible body | Activities break down by months | | | |
| In the year 2023 | | | |
| 6OC | | 23OCT | 30NOV | | 20DEC |
| 1 | *Proposal Approval* | Investigators |  |  | |  | |  |
| 2 | First draft proposal submission | Investigators |  |  | |  | |  |
| 3 | Questionnaire | Investigators |  |  | |  | |  |
| 4 | *Data Collection* | Investigators |  |  | |  | |  |
| 5 | *Thesis Write-up* | Investigators |  |  | |  | |  |
| 6 | *Thesis Submission* | Investigators |  |  | |  | |  |

## 5.2 Budget breakdown

Table 2: distribution of budget breakdown

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| s/n | Item | Unit | Total unit | Price | Total price |
| 1 | Paper | Pack | 2 | 350 | 700 |
| 2 | Pen | Pack | 3 | 15 | 45 |
| 3 | Pencil | Pack | 3 | 10 | 30 |
| 4 | Pencil eraser | Pieces | 6 | 15 | 90 |
| 5 | Sharper | Pieces | 4 | 10 | 40 |
| 6 | Stapler | No | 3 | 350 | 1050 |
| 7 | Marker | No | 6 | 40 | 240 |
| 8 | Photo copy | Page | 1 | 150 | 150 |
| 9 | Internet | Minute | 7 | 50 | 350 |
| 10 | Transportation | Tax | 7 | 100 | 700 |

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# . Question form

Dear respondent I am from department of public health in Horn international college.

The aim of this study is to generate information on the prevalence of substance use and associated factors among Horn international college students in jigjiga Somali region Ethiopia oct 2023.

In order to attain effectively the goal, we are asking you for your generous help. Your genuine response contributes a lot to the success of the research to be undertaken. Hence, you are requested to kindly fill the questionnaire. Here is a format for you complete by the data collector. There is no need to put your name on the format. No individual response will be reported. It is your full right to participate or refuse in the study. If you don’t want to participate in the study you can put the format on the table upside down. But your honest participation will have a great contribution. So please take a few minute to answer this question. If there is anything that requires clarification, please don’t hesitate to ask the facilitator for clarification.

Do you wish to participate in the study?

Yes

No

|  |  |  |  |
| --- | --- | --- | --- |
| S/N | | VARIABLES |  |
| 1 | | Sex | *Male* |
| *Female* |
| 2 | | Age |  |
| 3 | | Marital status | * *Single* * *Married* * *Divorced* * *Windowed* |
| 4 | | Ethnicity | * *Somali* * *Amharic* * *Oromo* * *Debub*   *Others specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |
| 5 | | Religion | * *Muslim* * *Orthodox* * *Protestants* * *Catholic* * *Others specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |
| 6 | | What is your educational level(years) | *1st*  *2nd*  *3rd*  *4th*  *5th* |
| 7 | | Do You have an occupation other than being a student | *Yes* |
| *No* |
| 8 | | Are you living with your parents | *Yes* |
| *No* |
| 9 | | Your monthly income(family support ) | *<1000* |
| *>1000* |
| 10 | | Have you ever use any psycho active substances after joining the campus? | *Yes* |
| *No* |
| 11 | | If yes what kind of substance? | * *Chat* * *cigarette* * *hashish* * *alcohol*   *others specify* |
| 12 | Are you current use(within 30days)  If yes what kind of substance? | | * *Chat* * *cigarette* * *hashish* * *alcohol*   *others specify* |
| 13 | How many times per week? | | * *Ones* * *twice* * *quarter*   *others specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_* |
| 14 | Why do you use this substance? | | * *being alert/stimulation* * *recreation* * *to relief stress* * *for social purpose* * *to be effective in the study*   *others specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |
| 15 | Have you ever used any psycho active substance before joining the campus if yes what kind of substance? | | * *Chat* * *cigarette* * *hashish* * *alcohol*   *others specify* |
| 16 | Do you have friends who use substances? | | *Yes* |
| *No* |
| 17 | Do have family history of substance use? | | *Yes* |
| *No* |
| 18 | Do your environments feel as such conductive? | | *Yes* |
| *No* |
| 19 | Do you have any history of depressive symptoms? | | * *Hopelessness* * *Feelings of sadness* * *Tearfulness* * *Frustration* * *Loss of interest*   *Others specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |
| 20 | Do you have any chronic illness? | | *Yes* |
| *No* |
| 21 | If there is any chronic illness mention? | | *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |

THANKS FOR YOUR COOPERATION!!!