



EXAMINE HOW THE PRODUCTIVE AGE GROUP IN LIDATA SUB CITY, ADDIS ABEBA, ETHIOPIA, VIEWS SOCIAL DRUG USE AND BEHAVES IN RESPONSE

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ABSTRACT

Introduction: Substance misuse is the term used to describe drug use that is irregular or ongoing yet unrelated to or inconsistent with accepted medical practice. A maladaptive pattern of substance use causes clinically significant distress, which can be seen in the failure to fulfill significant obligations at home, school, or work, the use of drugs in physically hazardous situations, recurrent legal problems associated with the use of drugs, or the continued use of drugs in the face of persistent or frequent social or interpersonal problems that the drugs' effects only serve to exacerbate. **Objectives:** The objective of this study is to assess the knowledge, attitudes, and practices of the productive age group about social drug use in Lidata Sub City, Addis Abeba, Ethiopia. **Methodology:** From 09 June to 09 July 2023, a cross-sectional study was conducted in the Lidata sub-city to assess the knowledge, attitudes, and usage of social substances among the productive age groups. **Result:** 156 (66%) of the 237 study participants who responded were men, and 81 (34%), were women. The median age of the participants, who ranged in age from 17 to 60, was 36.5. Thirty-eight percent of the productive age group was aware that khat use had negative effects, 39 were unaware, and 168 believed that there were none. Similar to this, 153 (65%) of them are certain that alcohol use has a bad effect on health, causes bad economic repercussions, and increases crime, while 65 (27%) are unsure and 19 (8%) claim it has no bad effect. 16.45%, or 39 respondents, admitted they had ever smoked in their lives. Among smokers, 12 (or 30.76%) of them smoked between three and five cigarettes per day, eight (20.5%) smoked

between six and ten cigarettes per day, six (13.38%) smoked between eleven and twenty cigarettes per day, nine (or 23.07%) smoked two cigarettes per day, and 10.25% smoked one cigarette per day. **Conclusion:** The working-age population in the Lidata sub-city showed low awareness of, acceptance of, and use of social drugs. The age groups with short and frequent trains to community awareness-raising conferences, workshops, and gatherings are the KAP productive age groups in terms of social drug usage.

KEYWORDS: Abuse of drugs, behavior, knowledge, and practice.

1. INTRODUCTION

1.1 Background

As long as humanity has existed, there has been social drug use. Substance misuse is the term used to describe drug use that is irregular or ongoing yet unrelated to or inconsistent with accepted medical practice. a substance use pattern that is maladaptive and causes clinically substantial impairment or suffering, as evidenced by one or more of the following: failure to complete significant responsibilities at home, school, or work; usage of drugs in contexts where doing so poses a bodily risk; frequent drug-related legal problems; and persistent drug use while having ongoing or persistent interpersonal or societal problems that are exacerbated by the drug's effects.^[1] Drug and alcohol misuse is a severe, ongoing public health issue that has an impact on practically every community and family.^[2, 3] Use of drugs like alcohol, khat leaves (*Catha edulis*), and tobacco has grown to be one of the most significant socioeconomic and public health issues in the globe. Recent statistics suggest that drug use has sharply grown, especially in emerging nations.^[4]

Despite the fact that drug use impacts every aspect of society, college and university students are the most vulnerable.

Poor work and academic performance, accidents, intoxication at work, absenteeism, violent crime, and theft are the results of this. in addition Research has shown that substance abuse increases a person's risk of STDs and compromises judgment and decision-making, both of which increase sexual risk-taking.^[5] Among the substances that are often abused in Ethiopia are alcohol, khat, tobacco, hashish, sniffing/inhaling benzene, pethidine, and benzodiazepines.^[6]

Drinking problems among college students are a significant public health problem with a number of negative effects. Additionally, college students have different drinking patterns, risk factors, and concerns about problematic drinking than the general population. Young adults between the ages of 18 and 24 had the highest rates of alcohol usage and the highest percentage of drinking issues, despite problematic alcohol use being prevalent throughout many age groups.^[7] In the USA, a survey of a group of medical students revealed that 34% of them engaged in excessive drinking, with 78% of them reporting having consumed alcohol in the previous month.^[8]

According to a study conducted in Ethiopia on a sizable sample of children between the ages of 15 and 24 years, 9% of adolescents enrolled in school regularly or daily drank alcohol.^[9]

Evergreen khat is a plant that is widely cultivated in Ethiopia, Yemen, Kenya, Sudan, Madagascar, and South Africa.^[10] The alkaloid cathinone, which is contained in the plant's new leaves, is what gives khat its psychostimulant effects.^[11] Similar to amphetamine dependence, cathinone dependence follows a similar path.

So as a result of WHO's recommendation, cathinone is now on the list of pharmaceuticals that are subject to international supervision.^[12] Khat is used by many people for a variety of activities, including socializing, keeping awake while driving a long distance^[13], reducing physical weariness, and working hard for a long time.^[14] Contrary to popular belief, college and university students do not frequently use khat to enhance their academic performance. One study's findings revealed that chewers' mean cumulative outcome was substantially lower than non-chewers'.^[15, 16]

The main risk factor for chronic illnesses like cancer, chronic lung disease, diabetes, and cardiovascular diseases has historically been tobacco use; nevertheless, in many parts of the world, worry over college students using tobacco is growing.^[17, 18] Approximately 90% of people who start smoking cigarettes do so in their adolescent. Parental or elder generation cigarette smoking, tobacco advertising and promotional efforts, the availability of cigarettes, and the social acceptability of smoking are factors that encourage adolescent beginning.^[19]

The use of alcohol, khat and tobacco among adolescents can be harmful, leading to decreased academic performance, increased risk of contracting HIV and other sexually transmitted diseases, or other psychiatric disorders such as lethargy, hopelessness and insomnia.^[20]

Furthermore, it exposes students to legal repercussions, or jeopardizes their enrolment at the university. Additionally, it makes individuals more susceptible to long-term health issues such chronic lung disease, cardiovascular disease, and various malignancies.^[21] Furthermore, the study area, which is also where khat and tobacco abuse are most prevalent, hasn't seen enough research on the topic. Our understanding of social drug usage patterns, as well as local knowledge and attitudes towards substance abuse and social drug abuse, will be aided by the findings of this study. Such information promotes initiatives to encourage a healthy lifestyle among the people in the research region by assisting people in being more conscious of and improving their knowledge, attitudes, and practices about social drug use problems. This study will also provide as a starting point for further investigation.

2. METHODOLOGY

2.1 Study area and period

This study was carried out in the Lidata sub-city at ADDIS ABABA. There were 23, 144 people living in the Lidata sub-city as of today. The study was place from April 14, 2022, through June 14, 2022.

2.2 Study design

Cross sectional study was employed

2.3 Source and study population

The source population was all productive age group in Lidata sub city.

2.4. Study population

Everyone who agreed to answer questions or take part in the study.

2.5 Inclusion and Exclusion criteria

2.5.1 Inclusion criteria:

- All productive age group

2.5.2 Exclusion criteria

- Critically sick people who was unable to write & read
- Blind and deaf individuals

2.6. Sample size determination

2.6.1 Sampling Technique

Cross sectional sampling technique was been used.

Where

$$Z=1.96 \quad d= 50\% (0.5) \quad P= 19\% (0.19), \quad q=1-p=0.81$$

$$N=Z^2 \cdot p \cdot q$$

$$n= (1.96)^2 \cdot 0.19(1-0.19)/ (0.5)^2 = 237$$

Since there are six different wereda in Lidata sub city, this sample was allocated based on the following formula considering the total population of the sub city as a denominator,

$$n_i = N_i \cdot n / N, \text{ where,}$$

- n_i =the sample size from wereda i
- N_i =the total population of the wereda i
- n =the total sample size
- N =the total population of Lidata sub city

= wereda population x sampling\source population divided all Lidata sub city population.

Woreda one, $4499 \times 237 / 23,144 = 46$ productive people. Woreda two, $2853 \times 237 / 23,144 = 29$ productive people. Woreda three, $4228 \times 237 / 23,144 = 43$ productive people. Woreda four, $4455 \times 237 / 23,144 = 46$ productive people. Woreda five, $2722 \times 237 / 23,144 = 28$ productive people. Woreda six, $4387 \times 237 / 23,144 = 45$ productive people.

2.6.2 Sampling procedures

Simple random sampling technique was employed.

2.7 Study variables

2.7.1 Independent variables

- Socio-demographic characteristics: age, sex, residence of the parents of the study subjects, religion, ethnicity

2.7.2 Dependent variables

- Knowledge of khat chewing, cigarette smoking and alcohol drinking,
- Attitude toward khat chewing, cigarette smoking and alcohol drinking
- Practice of khat chewing, cigarette smoking and alcohol drinking

2.8 Data collection and Management

2.8.1. Data collection tools

The information was gathered using a standardized self-administered English-language questionnaire. a survey developed after reviewing relevant literature and using instruments and procedures that have been used before, such as the WHO module on substance misuse and the global youth tobacco survey.

2.8.2 Data collection instrument and procedure

The data collectors were two investigators, trained on data collection procedures, and how to use the tool. The collected data reviewed and checked on a daily base for completeness before data entry.

2.8.3 Data processing and analysis

The collected data was analysed by scientific calculator and the result was presented by charts, tables and figures. Frequency distribution by percentage, mean and median was used to reveal the result.

2.9. Ethics approval and consent to participate

Ethical clearance was obtained from the department of pharmacy The people will be given any information they need, verbally and in writing Participation will voluntary and they can withdraw from the study at any time without explanation Confidentiality will assured and no personal details will record or produce on any documentation related to the study Full written informed consent was obtained from all participants

2.10. Operational definitions

Alcoholic drinks: any drink like “tela,” “tej,” “katicala/areke”, beer, wine or other drinks that can cause intoxication

Attitude: Ways of thinking or feeling, which will drive a person to do or not to do things.

Current prevalence of cigarette smoking: the proportion of population who are smoking cigarettes within 3 months preceding the study

Current prevalence of Khat chewing: the proportion of population who are chewing khat within 3 months preceding the study

Current prevalence of alcohol drinking: the proportion of population who are drinking alcohol within 3 months preceding the study

Ever smoker: An individual is considered as ever smoker even if he/she had smoked only once in his/her life time

Ever khat chewer: An individual is considered as ever khat chewer even if he/she had chewed khat only once in his/her life time

Ever illicit drug user: An individual is considered as ever illicit drug user even if he/she had used only once in his/her life time

Life time prevalence of smoking: the proportion of population who had ever smoked at least one cigarette in his/her life time

Knowledge: Information and skills acquired through experience or education. The participant will be categorized depending on their level of knowledge as per level of correct answer to 10 questions to assess knowledge as

- Highly knowledgeable; if he/she answer (7-10) out of 10 questions
- Fairly knowledgeable; if he/she answer (4-6) out of 10 questions
- Not knowledgeable; if he/she answer (less than 3 or 3) out of 10 questions

Lifetime prevalence of alcohol drinking: the proportion of population who had ever used alcoholic drinks in their life time irrespective of the amount and type

Life time prevalence of khat chewing: the proportion of population who had ever chewed khat in their life time

Substances: Any non-medical drugs used by study subjects such as alcohol, khat, and tobacco to alter their mood or behavior.

2. RESULTS

3.1. Socio-demographic characteristics

Among the 237 participants in the study, 156 (or 66% of the respondents) were men and 81 (34% of the respondents) were women. Participants ranged in age from 17 to 60, with a median age of 36.5. The majority of participants were Orthodox 84 (35.44%) and Bench 65 (27.4%) by religion (Table 1).

Table 1: Frequency distribution of Socio-demographic characteristics of productive age groups, Lidata sub city, 2022.

Socio-demographic characteristics	Frequency	Percent %
Age		
17- 30	119	50
31-45	91	38
46-60	27	12
Sex		
Male	156	66
Female	81	34
Religion		
Orthodox	84	35.44
Muslim	67	28.27
Protestant	72	30.37
Catholic	5	2.11
Others	9	4
Ethnicity		
Oromo	42	17.72
Amhara	45	18.98
Tigre	12	5.06
Bench	65	27.43
Kafa	58	24.47
Others	15	6.33
Monthly income		
150-500	77	32.49
501-1000	58	24.47
1001-2000	53	22.36
2001-3000	34	14.34
3001 and above	15	6.33
Others (specify)		
Family size		
0-2	48	20
3	52	22
4 and above	137	58

3.2. Knowledge of productive age group towards social drug use

Of the entire productive age group that was questioned, 168 (70.8%) of them were aware of the negative effects of khat use, 39 (16.45%) were unaware, and 30 (12.65%) thought that khat use had no negative effects. Similar to this, 153 (65%) of them are certain that alcohol consumption has a negative impact on health, creates negative economic effects, and encourages criminal activity, 65 (27%) are unsure, and 19 (8%) say it has no negative impact. A total of 145 (61%) of the 237 productive age groups that were sampled are very informed, 62 (26%) are reasonably knowledgeable, and 30 (12.65%) are not knowledgeable (Table 2).

Table 2: Level of knowledge of productive age groups toward social drug use with their respective of age, in Lidata sub city, 2022.

Study age	LEVEL OF KNOWLEDGE						Total
	highly knowledgeable (7-10 out of 10)		Fairly knowledgeable (4-6 out of 10)		not knowledgeable (3or less out of 10)		
	Frequency	%	Frequency	%	Frequency	%	
15-30	65	49	35	56	19	63	
31-45	60	41	25	40	6	20	
46 and above	20	10	2	4	5	17	
Total	145	100	62	100	30	100	237

The most common health risks of khat chewing mentioned by productive age groups were loss of appetite 60(36%), constipation 45(27%) and gastritis 30(18%) respectively (Figure 1).

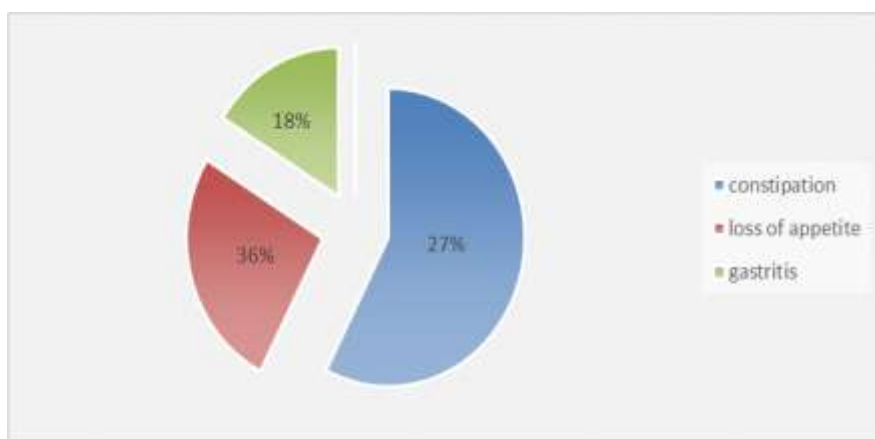


Fig. 1: Health risks of khat chewing mentioned by productive age group of Lidata sub city, 2021/22.

Out of 237, 208 productive age group (88 %) know that smoking have hazard on health and 167(70%) knows second hand smoke have significant hazard on health (Table 3).

Table 3: Smoking related knowledge of productive age group of Lidata sub city, 2021/22.

Questions	True	False
smoking have hazard on health	208(88%)	29(12%)
second-hand smoke (smoke from other people's cigarettes) have no significant hazard on health	70(30%)	167(70%)
If a person has smoked cigarettes for a long time there is no health benefit to quitting smoking then after	111(47%)	126(53%)

Out of 237 questioned productive age group, 45 (%) of participants knew that smoking causes heart attack and 15 of them knew that smoking causes diabetic ulcers, 15 of them

knew bladder cancer and 10 of them knew that smoking causes impotence, 8 of them knew that smoking causes poor wound healing, 125 of them knew that smoking causes all of the choice given and 24 of them did not know the causes of smoking cigarettes (Table 4).

Table 4: Health risks of cigarette smoking mentioned by of productive age group of Lidata sub city, 2021/22

Health risks of cigarette smoking mentiend by productive age group	No (237)	%
Heart attack	45	17
Diabetic ulcers	15	6
Impotence	10	4
Bladder cancer	15	6
Poor wound healing	8	3
All	125	53
None	24	10

3.3. Attitude of productive age groups towards social drug use In Lidata sub city

With regard to attitude of productive age group of Lidata sub city toward social drug use, 204 (86%) were believed that health education is important regarding social drug use. 31 (13%) of them believes who smoke have more friends than those do not smoke while 180 (76%) of them believed those who smoke has less friend than non-smokers and the remaining 26(11%) of them believed there is no difference from non-smoker. The productive age groups were also asked what they think of when they see a man or women smoking and their response analyzed by table below (Table5.7).

Table 5: Attitude of productive age group of Lidata sub city toward social drug use and Smoking regarding friendship of Lidata sub city, 2015/2022.

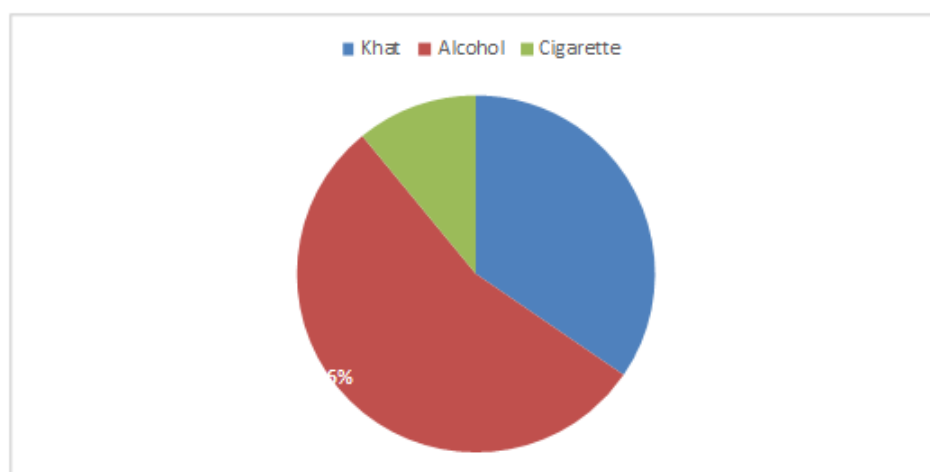
Smoking regarding friendship	No	%
More friend	31	13
Less friend	180	76
No difference	26	11
Health education is important regarding drug use		
Yes	204	86
No	33	14
Feeling	N(237)	Percent
He/she lacks confidence	53	22
He/she is stupid	26	11
He/she is a loser	99	42
He/she is intelligent	3	1
He/she is sophisticated	48	20
<u>Real</u>	3	1
Successfully	5	2
Total	237	

Table 6: Cigarette related attitude of productive age group of Lidata sub city, 2021/22.

Questions	Definitely not	Probably not	Probably yes	Definitely yes
If one of your best friends offered you a cigarette, would you smoke it?	164(69%)	20(8%)	28(12%)	25(11%)
Do you think you will be smoking cigarettes 5 years from now?	167(70%)	25(11%)	16(7%)	29(12%)
Do you agree that it would be difficult to quit once someone has started smoking?	41(17%)	69(29%)	49(21%)	78(33%)

3.4 Practice of social drug use

According to the following graph, 101 (43%), or the productive age groups, chewed khat on a regular basis (twice daily, every day, 2-3 days per week, once a week, or infrequently). Of these, 78 (77%), or the males, and 23 (23%) were females. Males were more common than females overall. Further questions on the respondents' chewing habits were posed. The result showed that 39 (38.6%) of the respondents chewed khat 2-3days/week, 24 (23.7%) of them claimed to chew khat usually (daily), and 11 (10.9%) of them said they did so infrequently. Concerning alcohol drinking habits, 110(46%) of the respondents were reported that they drank alcohol weekly/monthly. Of them 78(%) are males and 32(%) were females. Among alcohol users, 39 (35%) of the participants were using alcoholic drinks 2-3 days per a week and 27(25%) of them were used alcohol once a week, 25(23%) of them were used alcohol occasionally. thirty-nine (16.45%) of the respondents were ever used cigarette in their life. Among smokers, 12(30.76%) of them were used 3-5 cigarettes per a day, 8(20.5%) of them were used 6-10 cigarettes per a day, 6(13.38%) of them were used 11-20 cigarettes per day, 9 (23.07%) of them were used 2 cigarettes per a day, and 10.25% of them were used 1cigarettes per a day (Fig.2).

**Fig. 2: The practice of social drug use among the study subjects n Lidata sub city, 2022.**

3.5. Reasons for using social drug use

Different reasons were mentioned by productive age group for social drug use of substances. The most common reasons mentioned for khat use were: To get relief from tension 24 (23.76%), followed by to increase work performance 22 (21.7%), and to get personal pleasure 20(19.8%), while most common reason mentioned to drink alcohol were ,to get personal pleasure 66(%), followed by, To be sociable 56(51%) and to stay awake 29(26%), (Table 7).

Table 7: Reason for khat chewing and drinking alcohol among productive age group in be Lidata sub city, 2021/22.

Reason for use of substance	Khat chewing		Drinking alcohol	
	N=101	%	N=110	%
To increase academic performance	22	21.7	15	14
To stay awake			29	26
To get relief from tension	24	23.76	25	24
To get personal pleasure	20	19.8	66	60
To get acceptance	8	7.9		
Due to religious practice	14	13.86	7	6
To be sociable	4	3.96	56	51
Due to peer pressure	5	4.95	12	11
Academic dissatisfaction	4	3,96		

Out of the total of the participants 237, 78(33%) males and 32(%) females were ever used alcohol, while, 78(33%) of males and 23 of females were ever chewed khat. Among males 78(50%) were ever drinkers of alcohol and it was 32(29%) for females. Comparing to females, males respondent's accounts for almost 23% &77% ever used of any social drug use respectively. (Table 8)

Table 8: Frequency of ever used social drug use by sex among productive age group in Lidata sub city 2021/22.

Variables		Have you ever used alcoholic drink		Have you ever chewed khat		Have you ever tried cigarette	
		Yes	No	Yes	No	Yes	No
Sex	Male	78(71%)	78(61%)	78(77%)	78(57%)	30(77%)	126(64%)
	Female	32(29%)	49(39%)	23(23%)	58(43%)	9(23%)	72(38%)
Total		110	127	101	136	39	198

4. DISCUSSIONS

One of the most important socioeconomic and public health challenges in the world today is the use of social drugs like alcohol, khat leaves (*Catha edulis*), and cigarettes. According to

recent statistics, social drug use has increased significantly, particularly in developing countries. Alcohol still kills a lot of individuals, especially when used in excess or combined with cigarettes or khat.^[52] The present study showed about 145(61%) of productive age groups are highly knowledgeable, 62(26%) of fairly knowledgeable and 30(13%) of them were not knowledgeable about social drug use and its harmful effect on health. With regard to attitude of productive age group of Lidata sub city toward social drug use, 204 (86%) were believed that health education is important regarding social drug use. 31 (13%) of them believes who smoke have more friends than those do not smoke while 180 (76%) of them believed those who smoke has less friend than non-smokers and the remaining 26(11%) of them believed there is no difference from non-smoker. Out of the total of the participants 237, 78(33%) males and 32(%) females were ever used alcohol, while, 78(33%) of males and 23 of females were ever chewed khat. Among males 78(50%) were ever drinkers of alcohol and it was 32(29%) for females. Comparing to females, males respondent's accounts for almost 23% & 77% ever used of any social drug use respectively.

This study revealed that around 145 (61%) of productive age groups have a high level of knowledge, 62 (26%) have a good level of knowledge, and 30 (13%) have no understanding of social drug usage and its detrimental effects on health. This result is comparable to a study conducted in India among 192 students of working age (92 in high school and 100 in college), which found that most students (91%) possess adequate knowledge^[53], but it is significantly higher than the result of a study conducted on Jimma Comprehensive High School, where only 42.05 percent of the 354 students were literate.^[54] This might be because university students are good at spreading information.

The study also showed 88% of the productive age groups knew that smoking have hazard on health and 70% knows second hand smoke have significant hazard on health, this is s lower than study done among Jordan University students which showed the majority of the productive age group were well aware that smoking causes dangerous diseases (86.7%) and that passive smoking has a negative impact on others (86.9%).^[55] This might be due to the time difference because study was conducted in 2012 which was before three years ago.

With regard to attitude of productive age group of Lidata sub city toward social drug use 204 (86%) were believed that health education is important regarding social drug use and it can help in reducing poly drug use in their area and their country as a whole, this is higher than the finding of study done in Jimma which were 60.5% believes this way. Attitude among

productive age group of Lidata sub city toward the idea that person who smoke has more friend than non-smoker; Fifty eight (15.1%) of them believes who smoke have more friends than those do not smoke this is lower than the finding study done in Jordan university which showed only 19% of students believed in that way.^[56]

In this study, the usage of social drugs by the working age group is becoming an issue. Khat (43%) is the most popular social drug, followed by alcohol (46%) and cigarettes (16%). The study conducted on AU students found that alcohol (22%), cigarettes (9%) and khat (7%) were more prevalent than this outcome.^[57] but less than a comparable study on students at four Kenyan institutions^[58] and high school students in Nigeria.^[59] The socio demographic and cultural variations, as well as the students' lack of awareness of the health concerns associated with social drug use, could all be contributing factors to this wide variance in prevalence. In this study the current prevalence of khat chewing was found to be 36.98%, which is higher than the study done among university students in North West Ethiopia, 17.5% (34) and medical students of AU which was 7%.^[60] This might be due to easily accessibility of social drugs like khat in this study area than Addis Ababa & North West Ethiopia. The study's participants cited improving academic (work) performance, experiencing personal pleasure, staying alert, and peer pressure as reasons for chewing khat. This concurs with past investigations into age groups that are productive, Jimma, and Gondar.^[61] This survey found that 16% of people currently smoke cigarettes, which is a little higher than research done on college students in North West Ethiopia (8.1%) and the medical students at Addis Ababa University (9%), who also smoked cigarettes.^[62] Compared to North West Ethiopia and AU medical students, the research area may not be as aware of the harmful effects of smoking, which could account for the gap.

5. CONCLUSION

The main goal of this study is to assess the major (KAP) of self-reported alcohol and cigarette usage among productive age groups in Lidata sub-city. Therefore, the purpose of this study is to provide answers to the following questions: to assess the beliefs of the Lidata sub-city's working-age population on the use of khat, cigar smoking, and drinking. to find out how the Lidata sub-city's working-age population feels about chewing khat, smoking cigarettes, and consuming alcohol. To determine the prevalence of khat chewing, cigarette smoking, and alcohol consumption among the working age group in the Lidata sub-city. The following conclusion is drawn in light of the key objectives: According to the majority of participants,

the most popular methods they have used to relieve stress, enjoy themselves, improve their academic performance, etc. are drinking alcohol, chewing tobacco, and smoking cigarettes. Alcohol consumption and drug abuse are widespread among the working-age population. Finally, tobacco use, khat use, and alcohol consumption are harming productive age groups and causing them serious socioeconomic, scholastic, physical, and social problems.

Policy makers shall design social drug use policy that governs the overall issues related social drug so as to reduce the easy exposure of productive age group Government should educate productive age groups on the negative effects of social substances on health. The community should get brief but frequent instruction regarding social drug use. The government must create intervention programs to alter public perceptions of the dangers of khat, alcohol, and other drug use. The results of this study were susceptible to a number of limitations: because the participants were community members and were asked about social drug use, it is possible that some factual information was withheld or underreported because of fear, cultural norms, or a lack of openness. Time and money restrictions made it difficult to get and insufficient to study the concerns.

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