

**DRUG ABUSE AND PSYCHOLOGICAL DISORDER AMONG YOUTHS IN BOSASO,  
PUNTLAND, SOMALIA**

**BY**

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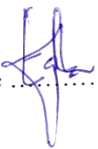
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**DECLARATION**

I'm, Abdisalan Abdullahi Egal, hereby declare that this dissertation is my original work to the best of my knowledge and has not been submitted to any other university to award a Master's Degree in counseling psychology.

Signature 

Date 23/05/2022

ABDISALAN ABDULLAHI EGAL

## APPROVAL

This research work report has been prepared under my supervision and is now ready for progress review by the College of Humanities and social sciences of Kampala International University.

Signature .....  
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Date

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## LIST OF ACRONYMS

MDGs.....	Millennium Development Goals
DSM-IV.....	Diagnostic and Statistical Manual of Mental Disorders
E.F.A.....	Education for All
UN.....	United Nations
TFG.....	Transitional Federal Government
DDR.....	disarmament, demobilization, and reintegration
UIC .....	United Islamic Courts
PTSD.....	Post-traumatic stress disorder
AUD.....	Alcohol use disorders
nAChRs .....	Nicotinic acetylcholine receptors
ETS.....	Environmental tobacco smoke

## **ABSTRACT**

This study sought to examine the relationship between Drug Abuse and psychological disorder among youth in Bossaso, Puntland, Somalia. The study objectives were; To determine the effect of khat chewing and psychological disorders among youth in Bosaso, Puntland, Somalia, and to assess the effect of alcohol and psychological disorders among youth in Bosaso, Puntland, Somalia. To find out the effect of tobacco and psychological disorders among youth in Bosaso, the psychological disorders caused by drug and substance abuse among youth are increasing rapidly and at an alarming rate not just in Bosaso, Puntland, but also throughout much of Somalia, A cross-sectional survey was used in the study. Both qualitative and quantitative data were gathered to establish the relationship between the independent and dependent variables and to examine the relationship between drug abuse and psychological disorder among youth in Bosaso. The target population of 130 was selected and it comprised (53) youth, (36) mental health department in Bosaso, and (9) consist of Islamic rehab, neurologist, and psychologist. Out of 130 respondents, 98 were sampled in the study, A simple random approach was used during the study. Purposive sampling was also used, data were collected from primary and secondary sources using questionnaires and Interviews, after collecting data, the researcher organized a well-answered questionnaire, and data were edited and sorted for the next stage and presented. the study also found out that the level of khat chewing and its related effects seem to be more frequent in Bosaso was very high with an average mean of 3.9 equivalent to very high, according to findings regarding the weakness of the government and armed drug traffickers contributing to the spread and consumption of alcohol among young people. With a mean of 3.45, the standard deviation of 1.216 was interpreted as very high that meaning as a result, everything that the administration and the government do is weak. In conclusion, it was also revealed that Students' and young adult perspectives of drug misuse are in addition to teaching piracy and robbery due to drug overdose by taking advantage of excessive wealth by recognizing the elements that enhance drug and alcohol cases. the study recommended Parents can talk to their children and explain the consequences of drug and alcohol abuse, the most significant role in avoiding drug use should be played by the family as a whole.

# CHAPTER ONE

## 1.0 INTRODUCTION

This chapter focuses on the background of the study, statement of the problem, purpose, research objectives, research questions, scope, the significance of the study, validity, and definition of key operation terms.

### 1.1 Background of the Study

The background of the study is presented in four perspectives, which include historical perspective, theoretical perspective, conceptual perspective, and contextual perspective.

#### 1.1.1 Historical Perspective

Drug abuse is a global problem that poses a great danger to the lives of individuals, society, and political stability and security in many countries. According to the United Nations (2015), the use of illicit drugs has increased throughout the world and the major world trend is the increasing availability of many kinds of drugs among the ever-widening spectrum of consumers (Al-Habori, 2015). Of major concern is that children seem to be targeted as the new market for the drug industry globally. For decades, drugs and substance misuse have been the focus of study and prevention efforts in industrialized countries.

Africa has a large number of young and vulnerable people, making it a prime target for the illicit drug trade. This represents 56 percent of the population aged 14 to 19, which includes secondary school pupils (Skaug & Al-Hebshi, 2015). In Ethiopia, it is estimated that 82% of street youngsters in Addis Ababa use some form of narcotic. Aside from the concern of increased illicit drug usage among young people and children, South Africa is becoming a significant transshipment site in the worldwide drug trade as well as a major producer of Daga. According to United Nations (UN) data from 2013, 37,000 Africans die each year from illnesses connected with drug abuse. According to the UN, there are 28 million drug users in Africa (American Psychiatric Association, 2013).

In Somalia, reports of young people's lives ruined by alcohol and drugs are rampant. The youth, especially, are vulnerable to vice owing to peer pressure, media influence, poor guidance, and role modeling (Anderson et al., 2018). This has taken root in schools leading to high school dropouts and

idleness. Drug consumption has led to unrest and widespread destruction of life and property in Somalia's schools. Somalia was ranked among the top four African Nations notorious for the consumption of narcotics by the United Nations International Drug Control Programme. Drugs such as Khat are major commerce in Somalia has been growing at an exponential rate, costing millions of dollars each year.

Puntland it was estimated that it imported 2,500 tons of Khat (1,088 tons of Meeru and 1,456 tons of Khat). Harari) and grew rapidly into (24,012 tons of Meeru and 91,380 tons of Harari) in the year 2006 (Costello EJ et al., 2019). This is an economic burden on the country's already shaky economy, and it has fueled the youth's desire to chew Khat as its availability in the market has risen. Men and a limited number of women are the primary chewers of Khat. Truck drivers, watchmen, and students chew to keep alert and concentrated, while casual laborers chew to stay awake and focused. Event organizers offer it because attendees like to mainland e, chew to unwind after a hard day.

In Bosaso, two varieties of khat are consumed: the Harari variety from Ethiopia and the miraa type from Kenya. Each kind has a single primary importer. In Bosasso, more than 1000 people are involved in the khat trade (Hejazi -Bazargan et al., 2018). Approximately 98 percent of khat store employees are men, whereas approximately 70 percent are women. Women make up the majority of the retailers. Income is earned daily and is typically a combination of cash and benefits. And khat, with a total daily value of So Sh 50,000 - 1,700,000 depending on the type of work done.[ Njuguna 2012)

If left unaddressed, escalating rate of drug and substance abuse puts the country at risk of losing generations as well as underdevelopment owing to the diversion of resources to address among others; (Boden & Fergusson 2011) basic needs for uneducated and unskilled youth, dependent young adults, increased health care needs among the youth abusing alcohol and drugs, the cost of policing will also be high due to crimes resulting from idleness and youth drinking habits, all those compounded will go a long way in frustrating the attainment of the Millennium Development Goals (MDGs) specifically the Education for All (E.F.A) goal, and the vision 2030 which envisages making Somalia industrial and mid-level income country.

### **1.1.2 Theoretical Perspective**

This study will adapt the expectancy theory developed by Victor H. Vroom in 1964. According to cognitive (or expectancy theory), addictive behaviors are chosen over healthy behaviors due to our expectations. When a person expects the pros and cons of addictive behavior favorably outweigh the pros and cons of healthy behavior, they will choose addiction. For example, someone may (mistakenly) believe that a craving, if not satisfied, will result in harm (Boden & Fergusson, 2011). Or, they may believe that healthier choices will lead to boredom. These expectations about addiction may develop by observing others. This can be through direct or indirect observation. For instance, a movie may portray a drug dealer as someone who is sexually popular with a glamorous and exciting life. Once these expectations develop, they are often resistant to change. This is true even in the face of new, more accurate information.

The expectancy theory explains both the use and abuse of non-medical and illegal drugs, as well as the relationship between use and abuse and psychiatric condition comorbidity (Robinson J. et al., 2019). One of the expectation theory's assertions is that people would comprehend the effect that a specific drug will have on them after use by seeing its effects on other drug users. Individuals are also able to comprehend, confirm, or refute negative and positive attitudes about the use and misuse of nonmedical and illegal drugs via experimentation and observation of the impact of the drug on others (Pedersen et al., 2015).

The expectancy theory can also be cited to explain the relationship between psychological disorders and the use and abuse of nonmedical and illicit substances. The beliefs surrounding the use of the drug play an important role (Brady et al., 2014). For instance, a young person who believes that the use of a drug such as marijuana will attenuate feelings such as social anxiety is likely to use the drug to help combat social anxiety. In this scenario, the use of the drug can be intermittent and predicted by situations where social anxiety is undesirable, such as when talking in public (Pedersen et al., 2015).

However, there is the risk that one can develop an addiction to the substance, especially because the therapeutic effect of the drug in combating social anxiety is only as sustainable as the length of the effect of the drug on the human body. There is a higher likelihood for young people who are afflicted with stressful events to engage in the use of illicit substances. When asked, they attribute the use of

illicit substances such as marijuana to the need to attenuate the stress, depression, and anxiety with which they are afflicted.

### **1.1.3 Conceptual Perspective**

The term "drug" refers to any chemical that, when absorbed into a live body, has the potential to alter one or more of its physiological processes (Brook et al., 2015). It is also known as a drug substance. They are chemicals that influence the body and brain, and various medications may have distinct names that are typically used about a substance used for both medicinal and abused purposes. Some drug impacts include long-term health problems that can even persist after a person has ceased using the substance.

Drug abuse is the use of a drug in amounts or by methods that are harmful to the individual or others. It is a form of substance-related disorder (Brown & Schuckit, 2014). Differing definitions of drug abuse are used in public health, medical and criminal justice contexts. In some cases, criminal or anti-social behavior occurs when the person is under the influence of a drug, and long-term personality changes in individuals may also occur. In addition to possible physical, social, and psychological harm, the use of some drugs may also lead to criminal penalties, although these vary widely depending on the local jurisdiction.

The term psychological disorder is sometimes used to refer to what is more frequently known as a psychological disorder or psychiatric disorder (Chamberlin, 2011). Psychological disorders are patterns of behavioral or psychological symptoms that impact multiple areas of life. These disorders create distress for the person experiencing these symptoms. The description and categorization of psychological disorders are critical issues for researchers, care providers, and people who may be diagnosed. A mental condition must typically produce disruption to be classified as a disorder. Most international clinical texts use the word mental "disorder," while "illness" is frequently used. It has been emphasized that the word "mental" (i.e., of the mind) does not always imply separation from the brain or body.

A mental disorder is a psychological syndrome or pattern which is associated with distress (e.g. via a painful symptom), disability (impairment in one or more important areas of functioning), increased



risk of death, or causes a significant loss of autonomy; however, it excludes normal responses such as grief from the loss of a loved one and also excludes deviant behavior for political, religious, or societal reasons not arising from a dysfunction in the individual (Stein et al., 2010)

DSM-IV predicates the definition with caveats, stating that, as in the case with many medical terms, mental disorder "lacks a consistent operational definition that covers all situations", noting that different levels of abstraction can be used for medical definitions, including pathology (Chilcoat & Breslau, 2014), symptomology, deviance from a normal range, or etiology, and that the same is true for psychological disorder so that sometimes one type of definition is appropriate, and sometimes another, depending on the situation.

#### **1.1.4 Contextual Perspective**

In Bosaso, the contribution of the youths to the society cannot be underestimated; the youths are the most energetic group and therefore form the main source of labor in the whole of

Somalia's economy. It is therefore necessary to study the problems affecting them since this is a critical stage in human development (Collier, 2017). The high rate of drug use among the youths in Bosaso is a major concern and can be a major cause of discontinuity in their personality development. Most youths are the future leaders and if the problem of drug and substance abuse is not checked there will be a big problem, most youths have however fallen into the trap of drug and substance abuse, and any study designed for trying to investigate preventive measures on the practices which are likely to be an obstruction in achieving their desired aspiration like the vice of drugs and substance abuse is worth undertaking (Crum et al., 2018).

Today, the number of drug users in Bosaso is on the increase, especially among the youths and even among the under-aged, there are cases of primary school students that have been reported they are using drugs such as alcohol and smoking tobacco.

The consequences of drug use and substance abuse are fatal it can lead to death, accidents caused due to the influence of drugs, and even drop out of school among the youths. This study will contribute to knowledge by generating and documenting information about drugs and substance abuse in learning institutions in Somalia particularly by identifying the various drugs and substances used by the students in high schools. Also, this study is important because many studies have been done on drugs

but have been on the open society not on the youths in Bosaso, Puntland. It will also be very helpful to the curriculum developers since they will be able to identify the gaps in the curriculum as far as drug abuse is concerned. Drug use and abuse have been a major problem to the youths in Bosaso because of the many negative effects it has on their lives, be it social, academic, or otherwise, yet studies on drug use among the youths/high school students have been neglected.

## **1.2 Statement of the problem**

Controlling drug use is a global challenge international, regional, and local, and measures have not effectively prevented the production, transportation, and consumption of illegal drugs (Davidson, 2016). Drug abuse is quickly rising and claiming the lives of many Somalis, particularly youngsters, resulting in psychological disorders such as depression, apathy, withdrawal, and other psychosocial dysfunctions that are commonly associated with adolescent drug abuse. More concerning is the rising habit of impoverished and uneducated teenagers ingesting alaq, a locally brewed beverage that typically includes hazardous ingredients and can be potentially fatal.

Currently, cases of psychological disorders caused by drug and substance abuse among youth are increasing rapidly and at an alarming rate not just in Bosaso, Puntland, but also throughout much of Somalia. Many Bosaso youths participate in drug and substance addiction for a variety of reasons. They range from broken households to peer pressure, availability of alcohol and drugs, the influence of social media, unemployment, and stress to mention a few hence leading to psychological disorders.

Therefore, If the problem is not treated or left unchecked, there will be an increase in psychological problems, crime, and the loss of future generations. As a result, there is a need to research the variables promoting vice among youths to raise awareness about the consequences of using the same

the study was carried out in Puntland state because the oldest and largest state, Puntland has a large border with Ethiopia, the Gulf of Aden, and most pirates use drugs and destroy the lives of many young people It is in this aspect that the researcher aims at examining the relationship between Drug Abuse and psychological disorder among youth in Bosaso, Puntland, Somalia.

### **1.3 Purpose of the study**

The purpose of the study was to examine the relationship between Drug Abuse and psychological disorders among youth in Bosaso, Puntland, Somalia.

#### **1.3. Specific objectives**

(I)To determine the effect of khat chewing and psychological disorders among youth in Bosaso, Puntland, Somalia

(ii)To assess the effect of alcohol and psychological disorders among youth in Bosaso, Puntland, Somalia

(iii)To find out the effect of tobacco on psychological disorders among youth in Bosaso, Puntland, Somalia.

#### **1.4 Research Questions**

(I)What is the effect of Khat chewing and psychological disorders among youth in Bosaso, Puntland, Somalia?

(ii)What is the effect of alcohol abuse and psychological disorders among youth in Bosaso, Puntland, Somalia?

(iii)What is the effect of tobacco abuse and psychological disorders among youth in Bosaso Puntland Somalia?

#### **1.5 Scope of the Study**

##### **1.5.1. Geographical Scope**

The study was conducted in Bosaso, Puntland Somalia which is a city in the northeastern Ban province of Somalia is the seat of the Bosaso District. Located in the horn of Africa on the southern coast of the Gulf of Aden, the municipality serves as the region's commercial capital and is a major seaport within the autonomous Puntland state.

Bosaso, Puntland Somalia face high levels of khat chewing, alcohol abuse, tobacco abuse, and other drug abuses among the youth, (USAID 2020) Drug use, and abuse have been a major problem to the youths because of the many negative effects it has on their lives, be it social, academic or otherwise yet studies on drug use among the youths/ students have been neglected.

The study was conducted in Bosaso because it is the most populous city in Somalia and the most populous city in the state of Puntland, as well as the main export product for Somalia, Puntland, livestock trade has been central to the rise and maintenance of the port of Bosaso, and Bosaso is also alive to some pirates who use drugs and destroy the lives of many young people. The researcher wants to investigate the link between drug abuse and psychological disorders among young people in Bosaso, Puntland, Somalia.

### **1.5.2. Content Scope**

The study was focused on the effect of Khat chewing and the psychological disorders in Bosaso, Puntland, Somalia, the effect of alcohol and psychological disorder in Bosaso, Puntland, Somalia, and the effect of tobacco and psychological disorders in Bosaso Puntland Somalia.

### **1.5.3Time Scope**

The study covered information from 2009-to 2020 because it was during then when the number of cases of psychological disorders in Bosaso Puntland rapidly increased due to drug abuse. This is the period in which significant disability from common mental health problems such as depression, anxiety, and substance misuse, are linked with the poverty associated with economic fragmentation and with a reduction of basic security functions and safety. The data collection process took three months (September 2021 to December 2021).

## **1.6. Significance of the Study**

researcher to acquire new knowledge and skills in conducting research and to develop a deeper social context in Somalia, especially on drug issues and their impact on Somali youth.

This study was aimed at collecting, processing, analyzing, and presenting information that not only benefits the government and non-governmental organizations but also the community at large. This was going a long way in highlighting the negative effects surrounding drug abuse.

This was aimed at reducing the level at which drugs are abused through sensitization. All this has to be done with the help of the government and the community at large.

The study was intending to come up with solutions and recommendations concerning the effect of drug abuse among youths on social development.

The gathered information was help in reinforcing the effectiveness of equalization of opportunities to all persons in the community regardless of the person's state/conditions.

This study acted as a catalyst in imitating community-based programs in the community.

### **1.7 Operational definition of terms**

The drug is a product other than food or water that affects the way people feel, think, see and behave (Elmi, 2013). It is a substance that due to its chemical nature affects physical, mental, and emotional functioning.

**Drug abuse** is defined as the misuse of any psychotropic substance that causes changes in physical functioning, resulting in an increased tendency to engage in confrontations with friends, teachers, and school officials (Fleming et al., 2018).

**Drug-related problems:** This word refers to all of the negative consequences of drug abuse, including aggression, conflicts with friends or school officials, property destruction, and academic underperformance.

**Illegal/legal drugs:** In this study, illegal drugs refer to substances that the government considers to be damaging to an individual's mental and physical well-being, and hence regulate or prohibit their intake (Flensburg-Madsen et al., 2019). Legal drugs refer to those such as alcohol and tobacco that are potentially dangerous but whose consumption the government allows.

**Intervention:** Attempts to help drug users positively modify their behavior and change their attitude towards the misuse of drugs. It also includes activities and programs put in place to address drug abuse (Rosenheck& Fontana, 2015).

**Psychological disorder:** The term psychological disorder is sometimes used to refer to what is more frequently known as a psychological disorder or psychiatric disorder (Grant & Harford, (2016). Psychological disorders are patterns of behavioral or psychological symptoms that impact multiple areas of life.

**Youth:** Refers to young people between 13 and 25 years or their activities and their characteristics (Grant et al., 2019). The majority of students in secondary schools are between 13 and 19 years, a stage referred to as adolescence.

## **CHAPTER TWO**

### **LITERATURE REVIEW**

#### **2.0 Introduction**

This chapter presents the theoretical review, the conceptual framework, and the related literature as per the objectives. The purpose of the review is to see how earlier researchers reviewed the same problem, and to identify the strengths and weaknesses within the literature.

#### **2.1 Theoretical Review**

This study will adapt the expectancy theory developed by Victor H. Vroom in 1964. The expectancy theory explains both the use and abuse of nonmedical and illicit substances and the linkage between the use and abuse and the comorbidity of psychological disorders (Grant et al., 2019). One of the propositions of the expectancy theory is that people will understand the effect that a certain drug will have on them after consumption by observing its effects on other users of the drug. Using experimentation and by observing the effects of the drug on others, the individuals are also able to understand, reaffirm, or disprove the negative and positive beliefs regarding the use and abuse of nonmedical and illicit substances.

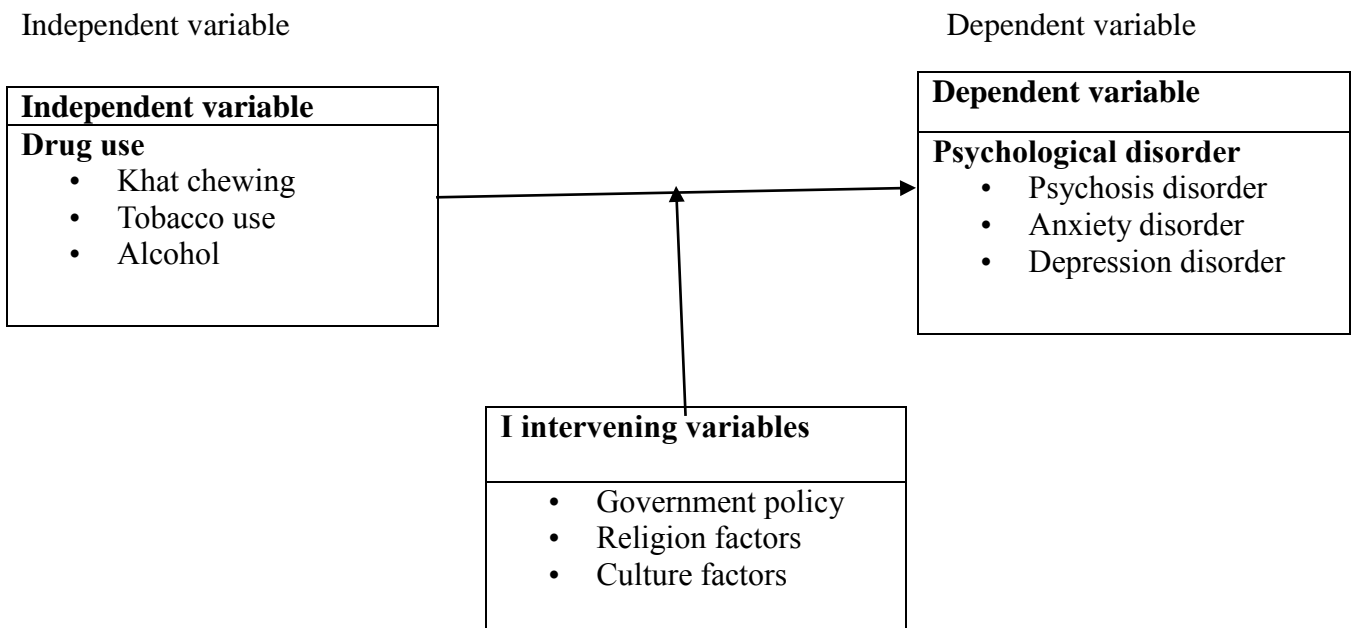
The expectancy theory can also be cited to explain the relationship between psychological disorders and the use and abuse of nonmedical and illicit substances. Researchers such as Gros (2016) have found that the beliefs surrounding the use of the drug play an important role. For instance, a young person who believes that the use of a drug such as marijuana will attenuate feelings such as social anxiety is likely to use the drug to help combat social anxiety. In this scenario, the use of the drug can be intermittent and predicted by situations where social anxiety is undesirable, such as when talking in public, Low et al. (2012)

The association between substance abuse and comorbidity of psychological disorders has been explored from the vantage point of the expectancy theory (Grosse-Kettler, 2014). Positive expectancies relating to the use of nonmedical and illicit substances are predictive factors for the consequences that ensue. The positive expectancies are that the use of nonmedical and illicit

substances will help to attenuate the stress and other psychological disorder such as depression. Conversely, negative expectations result in the reduction of the risk. This often occurs when the young person is concerned that the use of non-medical and illicit substances will diminish their cognitive capabilities and functions (de Dios et al., 2010).

## 2.2 Conceptual framework

Figure 2.1: A Conceptual framework showing the relationship between Drug abuse and Psychological disorders



Source adopted from Tuwei (2014) but modified by the researcher 2022

The conceptual framework above shows the relationship between the study variables about Drug abuse and Psychological disorder among the youth introduction in Bosaso, Puntland Somalia where Drug abuse is the independent variable which is determined by; Khat chewing, Tobacco use, and Alcohol



while Psychological disorder is the Dependent Variable which is indicated by; Psychosis disorder, Anxiety disorder, and depression disorder.

However, both variables are intervened by factors like; Government policy, religious factors, and cultural factors.

## **2.3 Review of related literature**

### **2.3.1 The effect of chewing and psychological disorders**

Khat (*Catha edulis* fork), a psychoactive plant chewed for its stimulating effect, is a mild stimulant ingested by chewing. It is a plant species that belongs to the Plantae kingdom and the Celastraceae family. The origins of the khat tree are debatable. People in East Africa and the Arabian Peninsula chewed the leaves of *Catha edulis* for its stimulating effect, and many believe it originated in Ethiopia (lamina, 2010). Expert reports on khat use in the horn of Africa's hinterland claim that it has been consumed for at least eight centuries. People living in medieval Islamic sultanates of the southern region of what is now Ethiopia, for example, chewed the leaves as a snack. (Gebissa, 2010)

Little is currently known about the prevalence of drug consumption by former combatants in states or countries that can no longer perform basic security and development functions, and that have lost effective control over their territory (Halbach, 2012). Based on interviews of large numbers of combatants, we report on khat and other drug use among active armed forces and militia personnel in Somalia, where decades of civil war have produced a vacuum of state power and wherein some region's law is not enforced. The recently published Failed States Index 2018 ranks Somalia as number three worldwide (behind Sudan and Iraq). To understand the current political situation in Somalia, it is essential to realize that its society is clan-based, with six major clan families and some minority groups (Rosenheck 2017).

Youth khat use can be detrimental, resulting in lower academic performance and an increased risk of psychiatric disorders such as lethargy, hopelessness, and insomnia. In certain circumstances, it might proceed to a hypomanic state (Halikas 2011). Toxic psychosis is another possibility. Youth khat usage

can be detrimental, resulting in worse academic performance and an increased risk of psychological problems such as lethargy, despair, and sleeplessness. In certain circumstances, it might proceed to a hypomanic state. Anxiety, tension, restlessness, hypnagogic hallucinations, violent conduct, or psychosis are all symptoms of khat use.

Early on, the two northern regions, which roughly correspond to the former British protectorate Somaliland in the northwest, and some years later Puntland in the northeast, built up independent administrations and largely managed to restore stability with statelike governmental control (Harrington et al., 2010). In 2013, at the time of our interviews, in the center and south of the country, the situation was much more complex and numerous factions had maintained the armed conflict for more than a decade, rejecting the authority of the Transitional National Government in Mogadishu. The Somali capital, Mogadishu, had been divided among various “warlords,” and their power struggle had completely paralyzed the political and economic development of the country. (Odenwald 2009)

scholars pointing to certain qualities After khat usage, two basic forms of psychosis emerge paranoid or schizophreniform psychosis (akin to amphetamine-induced mental disease) and manic psychology. (Haile. 2015).

Schizophreniform Psychosis, Patients with paranoid delusions, fear, a hostile sense of the environment, and auditory hallucinations (often of a persecutory or threatening nature) are common thinking estrangement and a type), ideas of reference and a predilection to isolate themselves or to demonstrate a hostile attitude toward others are common thinking estrangement and a type), ideas of reference, and a proclivity to isolate themselves or to demonstrate When the drug is withdrawn, the symptoms usually go away if khat intake is high. Although there is a danger of infection, it happens over a short period (3–11 days). The psychosis is more likely to recur if khat chewing is prolonged. restarted. (abbas A et al2014)

A manic-type psychosis has been described by several authors. The first case in the United States was reported (Babor 2011). Hyperactivity, screaming, strained speech, grandiose delusions with a flight of ideas and tangential mental processes, and a labile mood ranging from euphoria to rage were all present in the patient. The patient had chewed roughly 24 leaves of khat for the first time (this is equivalent to a single dose of khat). Symptoms went away on their own after around 8 hours of not

chewing. An instance of mania delusions was also described. detailed an instance in which one of the patient's wives and daughter were murdered.

et al (20) also described a case of simultaneous homicide and suicide in which a patient killed one of his wives and his daughter after consuming large doses of khat. ( SocSci Med.2009)

A session of peace discussions in Mbaghati, Nairobi, in 2004 resulted in the formation of a Transitional Federal Government (TFG). Our evaluation was prompted by the peace negotiations and was intended to help prepare Somalia's disarmament, demobilization, and reintegration (DDR) program. However, following our interviews, the TFG's internal divisions made it difficult to launch a DDR program, and in 2006, an entirely different situation emerged: The United Islamic Courts (UIC) seized the city, pushing away warlords who held posts as ministers and threatening the whole TFG (Hasin & Grant, 2012). As a consequence, Ethiopia started a military intervention with the backing of Western governments to enable the TFG to gain control over Mogadishu. Since then, however, the country has not been stable (for a more detailed report of the current political situation in Somalia. Thus, the current political situation offers little hope for the effective reestablishment of a central government and an end to the armed conflict (Ross, 2016).

After the end of armed conflict, former refugees, internally displaced people, and ex-combatants must be socially and economically reintegrated (Hinkel, 2014). During this process in many countries, ex-combatants were frequently found to have severe adjustment difficulties, e.g., in the form of occupational or marital problems. In particular, ex-combatants who had been exposed to ongoing traumatic stress, which may have resulted in post-traumatic stress disorder (PTSD), were frequently found to have high levels of alcohol consumption as well as the use of other substances.

However, most studies on substance use, readjustment, and treatment of drug-related problems of former combatants have been conducted in Western countries. Information from African post-conflict regions is sparse, especially related to the prevalence of abuse, the type of drugs consumed, and the relation of drug use to other psychiatric conditions and readjustment measures (Jacobsen et al., 2011). This lack of information hinders the efforts made by reintegration programs in many resource-poor posts conflict countries, as unrecognized drug abuse might lead to failure of reintegration in a substantial number of cases, which, in turn, could lead to social problems (e.g., increased criminality or lower returns for the whole national economy. Widespread drug abuse might even affect the

peacebuilding process as a whole e.g. when many ex-combatants turn to drug trafficking or banditry (Schwarcz et al., 2018).

Individuals suffering from traumatic and stressful situations, those with pre-existing mental illnesses attempting to "self-medicate" pre-existing symptoms such as depression, anxiety, and trauma, and those having pharmaceutical side effects are more likely to use khat (Chamberlin 2011). Khat improves the mood of those suffering from mental illnesses, but it also raises the chance of developing further psychotic symptoms. More than 20 case reports indicate psychotic illnesses caused by khat (Odenwald 2009)

There is no systematic data on familial sensitivity to psychosis, however in one instance with a family history, a modest quantity appeared to be adequate for the psychotic reaction. Other distinct traits emerged, including the fact that the majority of patients had used khat extensively before the start of psychotic symptoms and displayed aggressive behavior during the disorder's course. Even without treatment, most instances were remitted within 2–4 weeks of abstinence. However, in the majority of instances, similar events occurred again. Some recent investigations have proven that khat consumption influences pre-existing psychotic illnesses (Kassim S, 2013).

The information currently available concerning drug intake in Somalia is sparse. In the last cross-sectional assessment of khat intake before the collapse of the state, the khat habit was introduced to the southern part of the country only after 1960, in contrast to the north, where its use is a longstanding tradition; his assessment in the 1980s revealed that in the north of the country, 64% of adult males from the general population regularly consumed khat compared to 21% in the south (Kalix, 2011). More recent data from the neighboring countries indicate that khat chewing is frequently comorbid with alcohol consumption, smoking cannabis (which includes both hashish and marijuana), and intake of benzodiazepines. In recent years, there is growing evidence that khat-related business is one source of income for civil war factions in southern Somalia (GrosseKettler, 2014) and that the cultivation and trafficking of cannabis and other illicit drugs constitutes an increasing problem, but available data have remained limited. In all of Somalia, drug control and rehabilitation efforts are not exceeding primary levels: khat is legally traded and little is done to raise public awareness of its potential dangers.

Alcohol is illegal because of religious beliefs; other drugs are not officially acknowledged as a problem (Selassie & Gebre, 2016). This lack of acknowledgment must be understood in context: the former, Siad Barre regime had tried to ban khat, and its trade and import tax are the main sources of income for civil war factions in the south as well as for the regional administrations in the north (Kelly et al., 2012). Nevertheless, various local nongovernmental organizations have started to address khat-related health problems as shown by many hand-painted billboards in Somali towns promoting “khat counseling” together with other psychosocial services such as “HIV counseling” (Gros J 2016)

Psychiatric care for these patients can be difficult, leading to less-than-optimal care. This is because patients with the ‘dual diagnosis’ of khat misuse and a psychotic illness are often not recognized by substance abuse treatment centers. The literature outlining the characteristics of psychoses following the use of khat describes two main types: paranoid or schizophreniform psychosis (similar to amphetamine-induced psychosis) and manic psychosis. (Ndetei,2014)

The patients typically present with paranoid delusions, fear, a hostile perception of the environment, auditory hallucinations (frequently of a persecutory or threatening type), ideas of reference, thought alienation, and a tendency to isolate themselves or display aggressive behavior towards others. If khat consumption is ceased at this time, resolution of symptoms usually occurs within a short period (3–11 days), but there is a tendency for the psychosis to recur if khat chewing is restarted, or April 4, 2011 –

Khat is not the only substance used in Somalia. Hashish (marijuana) is also largely used by youth (note that khat is used by youth, adults, and elderly) especially among those living in the countryside where the illegal plantations are widespread. In the common belief, the use of hashish leads to the development of mental problems (Kendler et al., 2013). Hashish consumers, when found, are often kept in jail with the approval (or request) of the family. No data is available on this phenomenon which is believed to be widespread in the country and not accepted by society, causing stigma and segregation of the young hashish consumers (Kalix,2011)

### **2.3.2 The effect of alcohol abuse and psychological disorders**

Alcohol is a recreational drug containing ethanol (C<sub>2</sub>H<sub>5</sub>OH), a chemical compound produced through the fermentation of sugar by yeast. Alcoholic beverages are categorized into three classes: beer, wines, and spirits, containing approximately 3% to 40% alcohol by volume (Kessler et al., 2015). The effects of alcohol on the brain are dependent upon an individual's blood alcohol concentration (BAC), with low doses producing stimulating effects and high doses depressive effects. Furthermore, the pharmacokinetics of alcohol varies greatly as a function of a variety of situational factors, including time since ingestion, drinking rate, metabolic rate, ingestion with food, the concentration of alcohol, tolerance, subjective, physiological, motor, cognitive, and additional measures such as age, sex or genetic variations.

Ingestion of alcohol has a range of effects, with acute effects including cognitive impairment and impaired motor coordination and chronic effects including tolerance and dependence (Khantzian et al., 2014). Ethanol is water-soluble and therefore rapidly crosses cell membranes, and is primarily absorbed in the proximal intestinal tract. Alcohol influences a variety of neurotransmitter systems. At higher concentrations, alcohol binds to cell membranes subsequently altering phospholipid components of cell membranes, while at intoxication levels alcohol interacts with Methyl D-aspartate alcohol use disorders (AUD) (NMDA) and GABAA receptors to alter ion transport across cell membranes.

Cognitive and behavioral problems experienced by alcohol-and Drug-using youth may interfere with their academic performance and also present obstacles to learning for their classmate (Kigma, 2010). Drug abuse is associated with crime maintenance of an orderly and safe school atmosphere conducive to learning. It leads to the destruction of school property and classroom disorder. Alcohol is a central nervous system depressant with effects similar to those of sleeping pills or tranquilizers. The prevalence of comorbidity of depression has been demonstrated in several types of research (Kingma, 2010). Depression in an alcohol-dependent person has been reported to not only lower the resolve to resist alcohol use but may also lead to the use of alcohol to relieve the depressive symptoms. It is important to understand the significance of co-occurrence of depression and alcohol use disorders since this may explain why the majority of cases relapse after treatment for alcohol dependence. (Boden 2011)

### **2.3.3 The effect of tobacco abuse and psychological disorders**

Tobacco is a recreational drug, whose primary constituent is nicotine (C<sub>10</sub>H<sub>14</sub>N<sub>2</sub>), among other chemicals, heavy metals, and free radicals (Ksir, et al., 2012). Tobacco is primarily smoked in cigarettes, cigars, or pipes although can also be consumed in smokeless forms (e.g. chewing, dipping, snus). Tobacco use is highly addictive; the estimated chances of becoming dependent following the first year of onset is 2%. Tobacco is associated with a range of poor health outcomes, including lung cancer and cardiovascular disease. The

World Health Organization has named tobacco as the world's single greatest cause of preventable death. Acute nicotine intoxication is associated with increased cognitive performance including reaction time, selective attention, working memory, and recognition memory (Kulka et al., 2015). Nicotine enters the brain and binds to presynaptic nicotinic acetylcholine receptors (nAChRs), releasing numerous neurotransmitters involved in cognitive processes including serotonin, dopamine, and glutamate. Additionally, cholinergic neurons in the prefrontal cortex send projections to numerous cortical and subcortical regions, influencing cognitive functioning and motor control.

Tobacco is smoked, chewed, or ground into small pieces and inhaled as snuff. Nicotine is the addicting agent of tobacco (Marmorstein, 2019). The most probable harmful components in the smoke from burning tobacco are nicotine, carbon monoxide, and tar. Cigarettes discolor teeth, affect skin color, and make breath, body, and clothes smell unpleasant. In addition to that, smoking increases heart rate, constricts blood vessels, irritates the throat, and deposits foreign matter in sensitive lung tissues, thus limiting lung capacity. Years of smoking can lead to premature heart attacks, lung and throat cancer, emphysema, and other respiratory diseases. Even moderate smoking shortens a person's life by an average of 7 years. (Brook,2015)

Withdrawal of nicotine produces nervousness, anxiety, lightheadedness, headaches, fatigue, constipation or diarrhea, dizziness, sweating, cramps, tremors, and palpitations. Smokers also become tolerant of nicotine. When the supply of tobacco is curtailed, smokers show unreasonable, antisocial behavior similar to that of heroin dependents (Menkhaus, 2013). Cigarettes are one of the leading causes of premature death. The National Council on Smoking estimates that about 25 000 smoking-related deaths occur annually. The health hazard of smoking is not restricted to those who smoke. The smoke coming from the burning of a cigarette, so-called second-hand smoke, or environmental tobacco

smoke (ETS), contains higher concentrations of ammonia, carbon monoxide, nicotine, and tar than does the smoke inhaled by the smoker (Shipherd e, 2012).

Mental health problems influence and are influenced by other major Non-communicable diseases. Mental health problems, for example can be both the cause and the result of other chronic illnesses including cardiovascular disease, lung disease, diabetes, and cancer. Adults with any mental health issue have a 5–10-year shorter lifetime and are more prone to smoke than the general population. After controlling for other factors influencing smoking behavior, population studies indicate that having a mental health problem renders a person roughly twice as likely to smoke. (Soule EK, 2015).

Environmental tobacco is blamed for more than 50 000 deaths each year (Mogapi, 2014). Nonsmokers are also at great risk of developing cardiovascular disease and lung cancer. Cigarettes remain an alluring symbol of maturity to some adolescents despite overwhelming evidence that cigarette smoking is a serious health hazard and the increasingly negative image associated with smoking in the minds of many young adults. Cigarette smoking is a highly addictive habit that is difficult to break. Once started, it is not a habit that the majority of smokers can break by an effort of will. (Collier P 2017).

## **2.4 Prevalence of Psychological disorders in Somalia**

During the study, no clear national picture of the prevalence of psychological disorders could be collected. Therefore, little data could be discussed to draw the general picture of the worrying situation of mental health in Somalia (Ndetei et al., 2009) It is widely acknowledged that the current prevalence of psychological disorders is quite high, given that the country has suffered not only from the atrocities of the civil war and ineffective foreign interventions but also from a tremendous state of insecurity and violence at all levels of the community.

Furthermore, there is a continual depletion of already depleted resources, terrible droughts, and a lack of authority and government institutions that has lasted more than eighteen years. This scenario is also supported by a recent proclamation by local governments, which identified mental health as one of the critical areas that must be handled within the health system. (Visawanathan P, 2014)



According to Numan (2014), the prevalence of psychological disorders in Somalia is thought to be the highest in the world. It is estimated that at least one person in every two households has some form of psychological disorder. There is no accurate data collected in the entire country, except in Hargeisa. Moreover, a survey conducted by VIVO in Hargeisa in 2002, indicated that 21% of surveyed households care for at least one family member with a severe mental health problem (Menkhaus K 2013).

The figures obtained from a group of 50 persons, indicated that 26.5% of them have at least one person in their household with a mental or behavioral disorder (Nunes & Levin, 2014). GRT data in Puntland confirms these worrying statistics, stating that one person out of three households suffers or has suffered in the past from certain forms of mental distress. As mentioned earlier, the exact number of people with a mental or psychological disorder is unknown. The estimated prevalence of at least one person in every four or five households seems very high when compared to the estimates in the 2001 Mental Health World Report (Levin 2014).

Finally, Somalis are more likely to report physical pain when they are experiencing depression or sadness. Psychological problems are often expressed physically as headaches, chest pain, forgetfulness sleep problems, nightmares, and sweating (Odenwald, 2015). Many Somalis are still unfamiliar with the terms mental health (caafimadka maskaxda) and therapy (daawayn). Depression, for example, has no exact Af-Somali equivalent. It is instead referred to as 'club, qalbi-jab iyo murugo jog to ah.' 'Club' alludes to a camel's sentiments when buddies die. When discussing mental health issues, Somali mental health practitioners must frequently define the condition by its known symptoms rather than by category or name, such as depression.

## **2.5. Gaps in the literature**

The literature reviewed in this section as indicated has a few gaps which require to be addressed in this study. The most significant gap is geographical. No study can show psychological disorders cause drug abuse in Bosaso city. The government of Somalia and Puntland has not fully implemented strong strategies to fight drug abuse and its impact. The available anti-drug laws are weak. Most of the studies were in fact, conducted outside Somalia and can thus not be reliable to explain the situation in Bosaso.

Numerous studies such as Odenwald et al. (2015); Ouimette et al., (2013) have been conducted on drug abuse specially khat chewing however, none of them have focused on some of these aspects of drug abuse on psychological disorders, to prove the views that khat chewing plays an important role health economic problem, therefore the studies did not address drug abuse on psychological disorder the review of these studies reveal geographical and time gaps that this study set to investigate especially given that many of them were done in the environment, not Somalia hence presenting a geographical gap, further still these studies were conducted before 2018 hence providing geographical gap that this study set to investigate.

The current drug policy in Somalia, while the government is weak or powerless to ban or control it, has sought to combat drug addiction or dependence on policies that address both demand and supply of drugs, as well as policies that reduce the harmful effects of drug use., and treatment. These drugs are controllable but require strict strategy and regulation. However, most existing laws regarding abuse are weak or non-existent.

## **CHAPTER THREE**

### **METHODOLOGY**

#### **3.0 Introduction**

This chapter describes the research design, study population, sample selection, research instruments, validity and reliability of the instruments, procedure, and data analysis, ethical consideration, and limitations of the study.

#### **3.1 Research Design**

This study was employing a descriptive cross-sectional design. A cross-sectional study is a type of research design in which the researcher collects data from many different individuals at a single point in time. Cross-sectional studies involve data collected at a defined time. Cross-sectional data cannot be used to infer causality because temporality is not known. Cross-sectional studies may involve special data collection, including questions about the past, but they often rely on data originally collected for other purposes. As cross-sectional studies are cheaper and less time-consuming than many other types of study, they allow one to easily collect data that can be used as a basis for further research. Furthermore, the use of routinely collected data allows large cross-sectional studies to be made at little or no expense. This is a major advantage over other forms of epidemiological study.

The justification for using a cross-sectional survey design in this study was that it provides the possibility of collecting data from Bosaso, Puntland in Somalia, doctors, and patients during a particular period. The data collected was mainly on the characteristics of respondents and their perceptions regarding the extent of drug abuse interventions (doctors) and the extent to which the psychological disorders among the youth (youth). A quantitative approach is used in analyzing primary data from the field using descriptive statistics. Correlation design was used to establish the relationship between variables.

## 3.2 Study Population

### 3.2.1 Target population

The target population was the group of individuals that whom the intervention intends to conduct research and draw conclusions from.

However, the target population of respondents from Isweeto and Arab subdistricts was utilized for the study

target population of the study consists of 130 respondents which are divided into several categories. These were consisting of mental health professionals such as Psychiatrists, Neurologists, and Mental Health Department Bosaso also include respondents' youth and Islamic rehab.

## 3.3 Sample Size

### 3.3.1 Quantitative sample size

Slovene's formula was used to compute the sample size;

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

Where; n = the required sample size; N = the known population size; and  $\alpha$  = the level of significance (0.05).

$$n = \frac{130}{1 + (1300)0.05^2} = \frac{130}{1.325} = 98 \text{ Respondents}$$

**Table 3.1: The selected sample size for the Quantitative and Qualitative sample**

Category	Target population	Sample size	Sampling Technique
	70	53	Random Sampling
Psychiatrist and Neurologist	05	04	Purposive sampling
Mental Health Department Bosaso	48	36	Random Sampling
Islamic rehab	07	05	Purposive sampling
TOTAL	130	98	

Source: primary, (2022)

### **3.4 Sampling Techniques**

Quantitatively, random sampling was used to identify the survey respondents. The research used purposive sampling to select the key informants. This is a sampling technique in which the researcher relies on judgment when choosing members of the population to participate in the study. The purposive sampling method was proving effective since the researcher was using limited numbers of people to serve as primary data sources due to the nature of the research design and objectives.

### **3.5 Data collection methods and instruments**

The following data collection instruments were used:

#### **3.5.1 Questionnaire**

A survey of mental health facilities was conducted; a structured questionnaire was distributed to mental health facilities in the Bosaso district. The questionnaire was more convenient since it makes the respondent feel when filling it out due to its anonymous nature. Questionnaires are also efficient and convenient in the collection of quantitative data making it feasible, it is also less expensive than interviews and many people were being reached in a short period.

#### **3.5.2 Key informant Interviews**

The interviewee and the interviewer interacted face to face during the interview. The interviews were conducted with those respondents who were identified as being particularly important in providing explanations for the topic under investigation. The interview questions were both open-ended and closed-ended. The open-ended questions allowed for greater discussion, whereas the closed-ended questions required specific responses. The interview method was useful in gathering additional perspectives from respondents on the study's issue.

The researcher administered unstructured interviews with key informants in the study including; 4 respondents Psychiatrists and Neurologists and 5 respondents' Islamic rehab who could effectively interpret the information in the interview guide.

### **3.6 Source of Data Collection**

The researcher was collected data from both primary and secondary sources;

#### **3.6.1 Primary Data**

The respondents were interviewed and a self-administered questionnaire was used to collect data for the study, The respondents were be got by first determining the number of the respondents and then taking a physical visit to seek the consent of the respondents to have them answer the set questions in the questionnaire and this was being done through following random sampling techniques in the respondents who were first selected and then approached from mental health facilities and key informant interviews.

#### **3.6.2 Secondary data**

This was sourced by reviewing documented resources such as journals, reports, presentations, and online publications. This was done to first identify the existing information on the research topic and to understand how much the respondents know about the research topic to avoid lies.

### **3.7. Validity and Reliability of Research Instrument**

#### **3.7.1 Validity**

Various researchers and scholars have defined validity in various ways, however, a close examination of these definitions reveals that the term validity has the same meaning. For example, H Mahajan (2017) defines validity as the degree to which the outcomes of data analysis accurately reflect the phenomena under investigation.

After the assessment of the questionnaire, the necessary adjustments were made bearing in mind the objectives of the study. Then a content validity index (CVI) was be computed using the following formula,

$$CVI = \frac{\text{No. of questions declared valid}}{\text{Total no. of questions}}$$

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*totalNo. of questions in the questionnaire*

A minimum of 0.75 of CVI was used to test validity. If CVI is beyond the level of acceptance, hence it was being considered consistent (Amin, 2015).

### **3.7.2 Reliability**

To evaluate the instrument's reliability, the researcher was performing a check of the data gathered by exposing questionnaire guidelines to pre-testing to detect the correlation in the information supplied to pre-testing. The Cronbach Alpha Coefficient was next to be used to assess the surveys' reliability. If the Cronbach Alpha Coefficient is 0.70 or higher, the instrument is considered trustworthy.

The mean for the reliability test was established at 0.9, which is significantly higher than 0.70, indicating that the instrument's internal consistency (reliability) has been confirmed.

### **3.8 Data gathering procedure**

After the approval of the structured instruments by the supervisor, they were pre-tested for reliability and validity. An introductory letter was used from the postgraduate school to allow the researcher to conduct the study from the selected Psychiatrist, Neurologists, and Local traditional healers through interviews and selected mental health facilities through questionnaires.

#### **3.8.1 Before the administration of the questionnaire**

An introduction letter was obtained by the researcher from the University department, requesting to allow the researcher to conduct the study.

Upon approval, the researcher has secured a list of the targeted respondents from the selected mental health facilities to arrive at the minimum sample size. The respondents were briefed about the study and requested to sign the informed consent form. More than enough questionnaires were printed for distribution to the respondents. The Researcher was deploying assistants to assist in data collection; they were present to be consistent in administering the questionnaires.

### **3.8.2 During the Administration of the Questionnaires**

The respondents were being requested to answer all the questions to the best of their abilities. The researcher and research assistants were emphasizing the retrieval of the questionnaires within ten days from the date of distribution

On retrieval, all returned questionnaires were checked to ensure that all are answered.

### **3.8.3 After the administration of the questionnaire**

The data gathered was collected and put in a computer for statistical analysis.

## **3.9 Data Analysis**

Data analysis was mainly done by use of qualitative and quantitative methods. For the qualitative method, data were thematically analyzed from the themes and sub-themes developed from the research objectives. Under the quantitative method, a computer package of SPSS version 21 was used to tabulate data and generate tables with percentages and frequency distributions to analyze quantitative data.

## **3.10 Ethical Considerations**

The research process has been by sound ethical principles which included the following: -

The researcher was attaining an introductory letter from the director of Higher Degrees and Research of Kampala International University.

**Objectivity:** There was ensured objectivity when carrying out the research and any attempt to bias results was considered unethical and therefore was being avoided.

**Respect:** The study was ensuring that respect for the respondents is applied. Respect was be encompassed by respecting the opinion of the respondents including the opinion to terminate the interview whenever they were be feeling uncomfortable continuing, questioning style, especially for very personal and sensitive questions.

Also, the respondent's identities were not disclosed as there was be writing of names on the questionnaires and that information piece of the given anthem was confidential. The researcher has to give the respondents the facts about the research to make informed decisions about participating or not.



### **3.11 Limitation of the study**

the study had the following limitations:

Some responders would be too busy with their daily routines to dedicate time to the survey. In such cases, the researcher would offer those responders more than enough time. This was made feasible since the questionnaires were delivered on time.

The researcher got into financial difficulties, which he overcame by obtaining financial sponsorship from friends and well-wishers.

Another issue was that some of the respondents hardly understand English, so I had to translate for them.

## CHAPTER FOUR

### DATA PRESENTATION, INTERPRETATION, AND ANALYSIS

This chapter presents and analyzes the major findings from the study instruments used to collect data, with a focus on the relationship between drug abuse and psychological disorders among youths in Bosaso, Puntland, and Somalia respondents' characteristics included gender, age, marital status, and level of education, which was filled out on the questionnaire, and interview the findings are provided and examined in tables for clear understanding.

#### 4.1 Response rate

The researcher administered 98 questionnaires for structured interviews and 9 key informant interviews were supposed to be conducted. However, 83 questionnaires were returned and the researcher also managed to conduct 7 respondents Psychiatrists and Neurologists and respondents' Islamic rehab the response rate is presented in table 4.1 below;

**Table 4.1: Response rate**

Category	Questionnaires and Interviews distributed	Collected Questionnaires and interviews	Response rate (%)
Questionnaire	89	83	93%
Interviews	9	7	77.7%
Total	98	90	91.8%

**Source:** Primary data, 2022

The results presented in table 4.1 show that the overall response rate from the study was 91.8% and this response rate is considered appropriate.

**Table 4.2 Demographic Characteristics of the respondents**

MAIN CATEGORY	Sub CATEGORY	FREQUENCY	PERCENTAGE
Gender	Male	49	59
	Female	34	41
	Total	83	100.0
Age	18-29 years	51	61.5
	30-39 years	23	27.7
	40-49 years	4	4.8
	50 above	5	6
	Total	8	100.0
Marital Status	Married	35	42.2
	Not married	40	48.2
	Divorce	8	9.6
	Total	83	100
Educational level	Secondary	17	20.5
	Diploma	15	18
	Degree	29	35
	Master	16	19.3
	Other	6	7.2
	Total	83	100.0
Work experience	less than one year	39	47
	1- 5 years	34	41
	6-10 years	8	9.6
	11 years and above	2	2.4
	Total	83	100.0

**Primary source 2022**

as mentioned above, 49 (59%) were male, while 34(41. %) were female. This indicates that men were the most likely to respond to the survey. Because most of the drugs used are by men, I mostly chose men.

The age of respondents, those between the age brackets of 18-29 years were 51(61.5percent), 30 — 39 years were 23 (27.7 percent), while 50 above years were 5(6 percent) and finally those in 40\_49 years were 4(4.8 percent), indicating that the majority of respondents were in the age group of 18 -29 years.

As is illustrated in the table4.2 above, 40 (48.2%) were not married, 35(42.2%) were married, and 8(9.6%) were divorced. This implies that most of the respondents were not married Which proves that my respondents were mostly young.

In terms of education, 16 (19.3 percent) were Master's degrees, 29 (35 percent) were Bachelor's degree holders, 15 (18 percent) were Diploma holders, 17 (20.5 percent) were level secondary, and 6 (7.2 percent) were others. This implies that the majority of respondents were relatively educated and thus were aware of the effect of drug abuse and psychological disorders among youths in Bosaso, Puntland, Somalia the study findings revealed that the majority of respondents with less than one year of work experience were 39(47 percent), 1- 5 years 34(41 percent), while 8 (9.6 percent)6-10 years' work experience, and finally 11 years and above only 2(2.4 percent); this study revealed that most respondents with less than one year of work experience were young people.

### 4.3 The Effect of Khat Chewing and Psychological Disorders

The first research objectives were to determine the effect of khat chewing and psychological disorders among youth in Bosaso Puntland Somalia. the data collected from the field was presented in the finding below.

**Table 4.3: Descriptive Statistics on Khat chewing and psychological disorders.**

Indicators	Mean	Std. Deviation	Interp ration
The effect of Khat chewing and psychological disorders			
Excessive khat chewing and its related effects seem to be more frequent in your area	3.90	1.001	Very high
The use of khat among youths can be harmful, leading to decreased academic performance, increased risk of psychiatric disorders such as lethargy, hopelessness, and insomnia	2.97	1.005	high
Widespread khat use causes young people to drop out of school.	3.83	1.079	Very high
Many notices warn of the dangers of khat chewing in Bosaso	3.62	1.182	
In your community, some youth engage in Khat Chewing and other substance abuse more	3.72	.94	Very high

**Source: primary data 2022**

Table 4.3 shows the effect of khat use and mental illness in Bosaso, Puntland, Somalia the results of the study revealed that khat use and its effects appear to be most prevalent in Bosaso of 3.90 meaning and standard 1.001 interpreted, as they strongly agree on which shows that respondents indicate that most respondents know prevalence khat chewing in Bosaso.

The use of khat among youths can be harmful, leading to decreased academic performance, and increased risk of psychiatric disorders such as lethargy, hopelessness, and insomnia, which, in turn, could lead to social problems meaning 2.97 standards of 1.005 deviations interpreted as high, therefore, a study shows that respondents are aware of the serious consequences for young people, especially in terms of education and emotional well-being.

The average mean was 3.83 and the standard deviation was 1.079 equivalent to very high. This implies that Widespread khat use causes young people to drop out of school. Furthermore, youth attitude needs also be improved to encourage to avoid drug use.

also, table 4.3 indicates that the Khat-related health problems are shown by There are many notices that warn of the dangers of khat chewing in Bosaso a mean of 3.62 standard deviations of 1.182 which means equivalent to very high or strongly agree.

Finally Results in Table 4.3 show descriptive statistics on the effect of Khat chewing and psychological disorder in Bosaso Puntland Somalia. The study results reveal in your community, some youth engage in Khat Chewing and other substance abuse more than 3.72 mean, the standard deviation was .94 interpreted as very high indicating that the respondents.

The high rate of khat usage among youths needs government engagement to prevent more dangerous types of substance abuse. People who use khat have greater rates of mental distress, according to our research.

#### 4.4: Descriptive Statistics on Alcohol Abuse and Psychological disorder among youth in Bosaso Puntland Somalia

**Table 4.4 result alcohol abuse in Bosaso Puntland Somalia**

INDICATOR	mean	Std deviation	Interpretation
<b>Descriptive statistics on the effect of alcohol</b>			
More efforts need to be put in to sensitize the youth to use alcohol and other drugs.	3.61	1.208	Very high
Drinking alcohol in youth can harm the development of the brain	3.71	1.227	Very high
The weakness of the government and armed drug traffickers contributes to the spread and consumption of alcohol among young people.	3.45	1.216	Very high
If young people drink alcohol, they are more likely to take it carelessly and endanger themselves and others.	3.13	1.140	High
When young people drink, it takes longer for the alcohol to get out of their system than it does in adults.	3.17	.907	High

**Source: primary data 2022**

The results in the table show descriptive statistics on the effect of alcohol and psychological disorder among youth in Bosaso Puntland, Somalia. According to the findings of the study, more efforts need to be put in to sensitize the youth to use alcohol and other drugs 3.61 mean, 1.208 standard deviations was considered a very high indicator.

The outcomes of descriptive statistics on the effect of alcohol and youth in Bosaso Puntland, Somalia show that the mean was 3.71, the standard deviation was 1.227, and the was interpreted as very high. Alcohol consumption during adolescence can hurt brain development.

Another item was the weakness of the government and armed drug traffickers contributing to the spread and consumption of alcohol among young people. With a mean of 3.45, the standard deviation of 1.216 was interpreted as very high that meaning as a result, everything that the administration and the government do is weak

The indicator is that If young people drink alcohol, they are more likely to take it carelessly and endanger themselves and others. at a mean of 3.13 and standard deviation 1.140 an equivalent to good.

It was also found that there were Descriptive statistics for alcohol the mean was 3.17, the standard deviation of .907 interpreted as fairly good meaning that When young people drink, it takes longer for the alcohol to get out of their system than it is done in adults.

mean Range	Response Mode	interpretation
3.26_4.00	Strong agree	Very high
2.51_3.25	Agree	high
1.76_2.5	Disagree	low
1.00_1.75	Strong disagree	Very low



#### 4:5 Descriptive Statistics on Tobacco abuse and psychological disorder among youth in Bosaso Puntland Somalia

**Table 4.5 results in Tobacco abuse among youth in Bosaso Puntland Somalia**

Indicators	mean	Std deviation	interpretation
The effect of tobacco abuse and psychological disorder			
Cigarette smokers are more likely to commit suicide than people who don't smoke.	3.57	1.330	Very high
Young smokers, including school students, are more likely to suffer from mental health problems than a non-smoker	3.79	.898	Very high
Smoking has been associated with a range of mental disorders including, anxiety disorders and depression.	3.44	1.128	Very high
Many people smoke because it's a way they've learned to cope with post-traumatic stress disorder (PTSD) symptoms, negative moods, and the stress of daily life.	3.66	1.148	Very high
Due to the general cigarettes they consume, young people who smoke appear to be physically weaker and less active than their peers who do not.	2.17	1.120	low

**Source: primary data (2022)**

Table 4.5 indicates Tobacco /Cigarette smokers are more likely to commit suicide than don't smoke.

the mean of 3.57, the standard deviation of 1.330 interpreted as Tobacco use is one of the strongest predictors of suicidal behavior in youth and adults It is a good thing that most respondents are aware of this Even after controlling for depressive symptoms, other substance use, and prior suicidal conduct, tobacco smoking is one of the strongest predictors of suicide behavior in teenagers and adults.

Results in Table 4.5 show descriptive statistics on the effect of tobacco abuse and psychological disorder in Bosaso, Puntland Somalia. The study results reveal that Young smokers, including school students, are more likely to suffer from mental health problems than a non-smoker 3.79 means, the standard deviation was 0.898 interpreted as very high.

Smoking has been associated with a range of mental disorders including, anxiety disorders and depression. had a mean of 3.44, the standard deviation of 1.128 interpreted as very high meaning that most respondents understand tobacco affects human health.

The result in table 4.5 shows the effect of tobacco many people smoke because it's a way they have learned to cope with post-traumatic stress disorder (PTSD) symptoms, negative moods, and the stress of daily life had a mean of 3.66 while the standard deviation of 1.148 interpreted as very good Tobacco use reduces bone mass and increases fracture risk in young people.

Results in table 4.5 indicate that respondents' Due to the general cigarettes they consume, young people who smoke appear to be physically weaker and less active than their peers who do not was mean 2.17 standard deviation 1.120 interpreted as low or disagree.

#### 4:6 Descriptive Statistics on Psychological disorder among youth in Bosaso Puntland Somalia.

**Table 4.6 results psychological disorders among youth in Bosaso Puntland Somalia.**

Indicators	Mean	Std derivation	Interpretation
Psychological disorder			
Somalia is estimated to have the greatest frequency of psychiatric disorders in the world	2.51	1.244	high
Withdrawal symptoms occur upon discontinuation of drugs (Insomnia, headache, sweating, anxiety, depression, tremor, agitation, confusion, Hallucinations.	3.73	1.085	Very high
Young adults suffer mental illness problems resulting from drug abuse and discrimination against them.	3.39	1.124	Very high
Some youth engage in antisocial behaviors because of drug abuse (steal, running away from home, sexual activities	3.45	1.148	Very high
Adolescence and early adulthood are connected with a variety of changes in the structure and functioning of the brain.	3.76	.954	Very high

**Source:** primary data (2022)

The results on descriptive statistics and psychological disorders in Bosaso Puntland Somalia reveal that the mean was 2.51, and the standard deviation was 1.244 interpreted as poor meaning that Somalia is estimated to have the greatest frequency of psychological disorders in the world were high.?

Withdrawal symptoms occur upon discontinuation of drugs (Insomnia, headache, sweating, anxiety, depression, tremor, agitation, confusion, Hallucinations with the mean of 3.73, the standard deviation of 1.085 interpreted as very high meaning that some respondents are aware of Withdrawal symptoms in the status among the youth in Bosaso, it's very high.

Their Psychological disorders among youth in Bosaso had a mean of 3.39, the standard deviation of 1.214 interpreted as very good meaning This implies that the majority of the respondents strongly agreed with the statement young adult suffering mental illness problems resulting from g abuse and discrimination against them.

It is observed in Table 4.6 show the researcher realized that the respondents Some youth engage in antisocial behaviors because of drug abuse (steel, gunrunning from home, sexual activities) mean 3.45 while the standard deviation of 1.148 proves that the idea was strong and very good/high.

The study findings indicate that Adolescence and early adulthood are connected with a variety of changes in the structure and functioning of the brain had a mean of 3.76, the standard deviation of .954 interpreted as very high.

### **Interview responses**

The following were recorded they responded to them and agreed to ask this question What are the benefits of counseling for young people who use drugs? *Counseling adds to the success of recovery by identifying situations that may contribute to substance abuse, providing direct support for addiction and co-occurring mental health disorders, facilitating peer support, introducing new behavior strategies for recovery, and lowering the risk of relapse. Self-esteem has improved. Stress management abilities that are positive. For mental health issues, better coping mechanisms are needed.*

*Drugs like khat are very popular among young people, especially in recent years, and there have been different assessments by non-governmental organizations (NGOs), although they are not as effective as they should be.*

*According to Islamic rehab, leaders answered Intervention and prevention are necessary for the use of substances and drug abuse. Drugs like khat and Tobacco have been increasingly common among young adults in recent times, and non-governmental organizations (NGOs) have issued several assessments, however, they are not as successful as they should be.*

### **Interview response**

*According to the interviewer. The education system, peer, or family counseling, drug-free zones, and health care are examples of services provided by a program. as well as parental communication and supervision.*

### **Interview response**

There are no young people who have been infected with mental illness in Bosaso. and What are the most diseases affect? Are services responsive to the needs of youths in different circumstances and at different times

*Yes, the mental problems that affect youth that khat use and other drugs include anxiety, psychosis, and insomnia these services are very important to the needs of young people when they are in the contexts and times.*

*Many members of our diverse society, such as mental health professionals are scarce in the country, especially in the city of Bosaso parents, and some religious leaders, have made efforts to increase awareness of the dangers of drugs, with some young people given jobs and some have started their education. although there are few understanding communities*

### **Interview response**

One of the interview responses When youth become addicted to drugs, it can be difficult to stop immediately; however, there are services available to help them when they reach this point, such as taking them to institutions that deal with them at this level and provide services such as mental health services, education, and lessons about the dangers of drug use. This has helped many of them to step back from using drugs, although others restarted using the drugs.

### **Interview response**

Answered this question, what constitutes good practice among the youths in the community?

*the Youth are commonly described as valuable assets to society and future leaders. In reality, they have the potential to be today's leaders, as well as a key element of family and community decision-making and social, environmental, and economic survival. Rather than considering them as a token voice, they must be seen as partners in a shared process centered on their interests, knowledge, and abilities. I believe that youth's importance has been overlooked everywhere when it comes to "youth making a difference in communities." If they are given the correct opportunity, I believe they can contribute to society's positive spirit.*

**Table 4.7 Correlation effect of n khat chewing and psychological disorders analysis**

**Correlations**

	Khat chewing	psychological
Pearson Correlation Sig. (2-tailed) Khat chewing N	1  83	1.000** .000 83
Pearson Correlation Sig. Psychological (2-tailed) 1 disorder N	1.000** .000 83	1 83

Correlation is significant at the 0.01 level (2-tailed).

**Source; primary data 2022**

Table 4. 7 above shows that the level of significance stood at 0.000 which implies that there is a close relationship between the two variables. The Pearson correlation coefficient was 1.00 which implies that there is a Very strong positive significant relationship between khat chewing and psychological disorder.

**Table 4.8 Correlation effect of alcohol abuse and psychological disorders analysis**

**Correlations**

	alcohol	psychological
Pearson Correlation	1	.278**
Alcohol		.008
Sig. (2-tailed)		83
abuse		
N	83	
Psychological	Pearson Correlation	Sig. 1
disorder	(2-tailed)	.278** .008
(2-tailed)		1
N		83
	83	

Correlation is significant at the 0.01 level (2-tailed).

**Source: primary data 2022**

Table 4.8 reveals that the level of significance was 0.008, indicating that there is a close association between the two variables. The Pearson correlation coefficient was .278, indicating a very strong positive significant association between alcohol abuse and psychological disorder.

**Table 4.9 Correlation effect of Tobacco abuse and psychological disorder**

**Correlations**

	Tobacco	Psychological disorder
Pearson Correlation	1	.365**
Sig. (2-tailed)		.000
N	83	83
Pearson Correlation	.365**	1
Psychological Sig. (2-tailed)	.000	83
1 N	83	

Correlation is significant at the 0.01 level (2-tailed).

Source: primary data 2022

table 4.16 reveals that the level of significance was 1, implying that the two variables have a close association. The Pearson correlation coefficient was 0.365, indicating that there is a substantial positive relationship between the two variables. Tobacco abuse and psychological disorder.



**Table 4.10 Dependent Variable: psychological disorder**

**Coefficients**

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
(Constant)	1.739	.451		3.854 2.480	.000
Khat chewing	.297	.120	.274	.906 1.339	.015
alcohol	.099	.109	.107		.367
Tobacco	.124	.092	.149		.184

a. Dependent Variable: psychological disorder

**Source: primary data 2022**

Table 4. above indicates that the coefficient of khat chewing was .274 whereas the coefficient among youth alcohol abuse was 0.107 and that of Tobacco abuse was -0.149. This implies that the most influential indicator of drug abuse was khat chewing and with a beta coefficient, alcohol abuse was the least influential variable. This indicates that the three variables chosen were highly influential individually and jointly.

## CHAPTER FIVE

### DISCUSSIONS, CONCLUSION, AND RECOMMENDATIONS

#### 5.1 Introduction

This chapter discusses of findings, conclusion, and recommendations of the study based on the data attained in the findings of the study.

#### 5.1 Discussion of Findings

##### 5.1.1 Demographic characteristics

As previously stated, 49 males (59%) and 34 women (41. %) were among the participants. Men were the most likely to answer the survey, according to this. I generally chose men because they take the majority of the drugs.

Respondents' ages ranged from 18 to 29, with 51 (61.5%) in the 30-39-year bracket, 253(27.7%) in the 40 to 49-year bracket, 4 (4.8%) in the 50 above year bracket, and 5 (6%) therefore 18 to 29years, indicating that the majority of respondents.

The findings of the research Other factors included educational attainment. This indicates that the majority of respondents were educated and hence aware of the impact of drug abuse and psychological disorder among youths in Bosaso, Puntland, Somalia.

according to job experience, the majority of respondents with less than one year of work experience were young people, according to this study.

##### 5.1.1 The Effect of Khat chewing and Psychological Disorder

The study findings indicate that Youth khat use can be detrimental, resulting in lower academic performance and an increased risk of psychological disorders such as lethargy, hopelessness, and insomnia. In certain circumstances, it might proceed to a hypomanic state (Halikas et al., 2011). Toxic psychosis is another possibility. Youth khat usage can be detrimental, resulting in worse academic performance and an increased risk of psychological problems such as lethargy, despair, and sleeplessness. In certain circumstances, it might proceed to a hypomanic state. Anxiety, tension, restlessness, hypnogogic hallucinations, violent conduct, or psychosis are all symptoms of khat use.

Those who have been through traumatic or stressful events, those who have pre-existing mental illnesses and are attempting to "self-medicate" symptoms like depression, anxiety, or trauma, and those who are experiencing prescription side effects are more prone to wear hats, Khat helps people with mental diseases feel better, but it also increases the risk of developing more psychotic symptoms. Khat has been linked to psychotic diseases in more than 20 cases (Odenwald M 2009)

According to more recent research from surrounding countries, khat chewing is frequently associated with alcohol usage, cannabis smoking (including hashish and marijuana), and benzodiazepine use. There has been increased evidence in recent years that khat-related activity is one source of funding for civil war factions in Somalia (Grosse-Kettler, 2014), and that cannabis production and trafficking are becoming more of an issue, although available data has remained restricted. Drug control is enforced across Somalia. [Griffiths ,2010].

the study revealed that khat use and its effects appear to be most prevalent in that area of Bosaso 3.90 mean and standard diversion 1.001 as they strongly agree to which shows that respondents indicate that most respondents are concerned about khat use and its problems, this indicates a bad situation that can affect the development of the youth and the county

Patients with paranoid delusions, fear, a hostile perception of the environment, auditory hallucinations (often persecutory or threatening in nature), ideas of reference, thought alienation, a tendency to isolate themselves, or aggressive behavior toward others, are common symptoms. If khat usage is stopped at this time, symptoms normally resolve in 3– 11 days, but if khat chewing is resumed, the psychosis is likely to (reoccur. [www.jmood.org](http://www.jmood.org) 4 April 2011)

Khat is not the only substance used in Somalia. Hashish (marijuana) is also largely used by youth (note that khat is used by youth, adults, and elderly) especially among those living in the countryside where the illegal plantations are widespread. In the common belief, the use of hashish leads to the development of mental problems (Kendler, 2013).

### **5.1.2 The Effect of Alcohol Abuse and Psychological disorder**

Alcohol is a recreational drug containing ethanol (C<sub>2</sub>H<sub>5</sub>OH), a chemical compound produced through the fermentation of sugar by yeast. Alcoholic beverages are categorized into three classes: beer, wines, and spirits, containing between approximately 3% to 40% alcohol by volume (Kessler et al., 2 015)

The maintenance of an orderly and safe school environment conducive to learning is linked to drug misuse. It results in the destruction of school property as well as chaos in the classroom. Alcohol depresses the central nervous system in the same way that sleeping medications or tranquilizers do. Several studies have shown that comorbidity between depression and alcohol use disorders (AUD) is common (Kingma, 2010).

Depression in an alcoholic has been shown to not only weaken one's determination to abstain from alcohol but also to lead to the use of alcohol to alleviate depressive symptoms. Understanding the importance of co-occurring depression and alcohol use disorders is crucial because it may explain why the majority of people relapse after alcoholism treatment. (JM Boden, 2011)

Anxiety, psychosis, and insomnia are among the mental disorders that impact youth who use drugs, according to a study. Mental illness is becoming more prevalent every day, and these services are critical to meeting the needs of young people in the situations and periods they find themselves in. Many members of our diverse society, such as mental health professionals, who are in short supply in the country, particularly in the city of Bosaso, and some religious leaders, have made efforts to raise awareness of the dangers of drugs, with some young people recovery and others beginning their education. Even though few communities understand.

### **5.1.3 The Effect of Tobacco Abuse and Psychological Disorder**

Tobacco usage is highly addictive, with a 2 percent likelihood of getting addicted after the first year. Tobacco use has been linked to several negative health effects, including lung cancer and heart disease. Tobacco has been deemed the world's leading cause of preventable death by the World Health Organization. Acute nicotine intoxication is linked to better reaction time, selective attention, working memory, and recognition memory (Kulka., 2015)

Mental health problems influence and are influenced by other major Non-communicable diseases. Mental health problems, for example can be both the cause and the result of other chronic illnesses including cardiovascular disease, lung disease, diabetes, and cancer. Adults with any mental health issue have a 5–10-year shorter lifetime and are more prone to smoke than the general population. After controlling for other factors influencing smoking behavior, population studies indicate that having a mental health problem renders a person roughly twice as likely to smoke. (Soule EK, 2015).

## **5.2 Conclusion**

The study's purpose was set to assess the effect of psychological disorders among youth in Bosaso Puntland Somalia. The objectives were to examine the effect of Khat chewing and psychological disorder, assess the effect of alcohol and the psychological disorder, and find out the effect of tobacco and the psychological disorder in Bosaso Puntland Somalia.

According to a study drug use among young people in Bosaso is on the rise. Alcohol, cigarettes, and khat are among the drugs and over-the-counter items discovered.

Students' and young adult perspectives of drug misuse are in addition to teaching piracy and robbery due to drug overdose by taking advantage of excessive wealth by recognizing the elements that enhance drug and alcohol cases. Furthermore, kids' drug and drug usage has been shown to hurt their learning and social development.

### **5.3.1 The Effect of Khat Chewing and Psychological disorder among youth in Bosaso Puntland Somalia**

the study found the effect of Khat chewing and psychological disorder among youth Puntland administrations, groups, and organizations working together to combat the growing use of khat, especially among the youth. The study suggests that educating young people about the dangers of khat will lead to solutions and sustainable development.

According to the responders, khat, like any other substance, can cause mental disease, especially when used for a long time. Most respondents agree about the differences or similarities between khat-induced psychosis and other psychotic diseases. Respondents argued that khat causes psychosis as well as alters a person's conduct. It also differs in terms of the how to manage and treat

### **5.3.2 Effect of abuse and Psychological Disorder among youth in Bosaso Puntland Somalia**

The study shows that According to experts, drinking alcohol causes a variety of issues (Khantzian et al., 2014) Alcohol consumption has a variety of consequences, including cognitive impairment and poor motor coordination in the short term, as well as tolerance and dependency in the long term.

According to the study, one of the primary challenges in Bosaso, Puntland, Somalia is alcohol and youth violence.

### **5.3.3 Effect of Tobacco abuse and Psychological Disorder among youth in Bosaso Puntland Somalia.**

Tobacco usage has a substantial impact on the mental and physical health of young people in Bosaso, Puntland, Somalia, according to the study. The study concludes that daily youth events are harmful to the district's and country's growth, but that if they work together, they may improve themselves and the country as a whole, thereby promoting the end of the tobacco crisis.

## **5.4 Recommendations**

### **5.4.1 Effect of Khat Chewing and Psychological disorder among youth in Bosaso Puntland Somalia**

The study recommends that the prevention of drugs and abuse can start at home. Parents can talk to their children and explain the consequences of drug and alcohol abuse. Talking to children while they are young can create a strong foundation for awareness of drug use. This helps parents positively influence their children while also teaching their children about boundaries.

The study also recommends that the parents should help the children to understand when to deny something that can hurt them. Prevention talks also create deeper bonds between children and parents. Parents can establish consistency in communication along with guidance that can be followed for years. Preventative conversations can facilitate trust between the parent and the child and lead to wise decisions when it comes to habits, friends, interests, and influences.

Also, the recommended, diagnosis, management, admission, discharge, and follow-up must all be covered by national guidelines and protocols. In addition to consultation with the court, it is critical to have a nationally required body for which all traditional healing centers will be responsible, such as the ministry of health.

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### **5.5.2 The effect of alcohol abuse and psychological disorder among youth in**

#### **Bosaso Puntland Somalia**

The study further recommends that the act should be dealt with through educational tools that agitate against the act. There should be government agencies, community leaders, and school personnel that attempt to teach children about living a drug-free life. Much of this is to prevent teen drug abuse before teens reach adulthood or go into the “real world.” As a result of these educational tools, teen drug abuse has significantly decreased from previous decades.

The study also recommends educating teens on the effects of drug abuse as also an important alternative. There are presently various educational programs in place for this very reason, including universal, selective, and indicated programs. Universal programs function to teach social, personal, and drug resistance techniques every week. Selective programs are interventions for teens that may be more at risk and have unstable home lives or other risk factors. Indicated educational programs are geared toward teens showing problematic behavior.

### **5.5.3 Effect of Tobacco abuse and Psychological disorder among youth in Bosaso Puntland Somalia.**

The government and community should manage the people who are affected by drugs that cause harmful physiological, psychological, and sociological repercussions.

All experts should speak out against drug misuse, which has negative consequences for human health and, as a result, for long-term development. The family, as a unit, should play the most important role in preventing drug usage. To achieve this, far more sensitization of the family and the community as a whole is required, this can be done through a variety of channels such as mass media, religious intuitions, and the local administration.

Organizing an educational communication forum with the participation of religious leaders, community leaders, health extension workers, youth, adults, and concerned health planners to reach a common understanding and establish common conventions (rules and regulations) that integrate the ideas of various parts of the community about the use of substances, particularly by the younger generation.

#### **5.4 Contribution to existing Knowledge**

This study examined the relationship between Drug Abuse and psychological disorder among youth in Bosaso, Puntland, Somalia. In the due process, it successfully, collected, processed, analyzed, and presented information that was not only beneficial to the government and non-governmental organizations but also to the community at large as it went on a long way in highlighting the negative effects surrounding drug abuse. Before, the study, little was known about the prevalence of drug consumption by former combatants in states or countries that can no longer perform basic security and development functions, and that have lost effective control over their territory (Halbach, 2012). Based on interviews numbers of drug users, the study reports on khat and other drug use among as khat importers are armed and not easy to control in

Somalia, where decades of civil war have produced a vacuum of state power and wherein some region's law is not enforced. In so doing, the study clearly articulates the effect of Khat chewing, alcohol, and tobacco smoking and psychological disorders in Bosaso, Puntland, Somalia which has helped to close the literature gap on the harmful act. Further, the study did not forego the fact that the current political situation and the general society in Somalia are essential clan-based, the study has provided clear explanations regarding drug warning signals and the right strategies and techniques to follow to manage and cope with the consequences of drug usage, such as social networking, the formation of anti-drug organizations, and motivating young adults. Hence, the findings will help in reducing the level at which drugs are abused through literature sensitization.

#### **5.5 Areas for further study**

The study could not explore all the avenues of the topic, therefore prospective researchers and even students are encouraged to research the following areas to provide a more elaborative and concrete understanding of the topic

- (1) effectiveness of drug and substance abuse prevention programs in Bosaso Puntland Somalia.
- (2) factors contributing to substance abuse in secondary schools in Bosaso Puntland Somalia.
- (3) factors contributing to school dropout in Bosaso Puntland Somalia.



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## APPENDICES

### APPENDIX I: QUESTIONNAIRE

#### DRUG ABUSE AND PSYCHOLOGICAL DISORDER AMONG YOUTH IN BOSASO

Please kindly spare some valuable time and respond to the following questions. The questionnaire items are about a study on Drug Abuse and psychological disorder among youth in Bosaso Puntland Somalia.” The researcher has purposely selected you to participate in this study because you work in Drug Abuse and psychological disorder among youth. Results of this study will confidentially be treated and only used for academic purposes.

Your participation is voluntary, and indeed your name may not be required.

#### SECTION A: BACKGROUND INFORMATION

(Please tick the most appropriate)

##### 1. Sex /Gender

Male

Female

##### 2. Age Distribution of Respondents

18-29

30-39

40-49

50 and above

##### 3. What is your highest level of Education?

(1)  Secondary

(2) diploma

(3) Degree

(4) Masters

4. What is the marital Status of respondents?

Married  Not married  divorce

5. Work experience/period of stay of respondents at work

0-less than year   0-5 years 0-less than a year

11 years and above

### SECTION B

Please read the following statements carefully and circle the appropriate response:

(1= Strongly Disagree (SD), 2= Disagree (D), 3 = neutral 4=Agree (A) 5= Strongly Agree (SA))

### **Drug Abuse**

	<b>Khat Chewing</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
1)	Excessive khat chewing and its related effects seem to be more frequent in your area.					

2)	The use of khat among youths can be harmful, leading to decreased academic performance, increased risk of psychiatric disorders such as depression, hopelessness, and insomnia					
No.		1	2	3	4	5
3)	Widespread khat use causes young people to drop out of school					
1	<del>Alcohol impairs one's decision-making capacity. As a result, young people who drink are more likely to engage in risk-taking behavior.</del>					
4)	<del>Many notices warn of the dangers of khat chewing in Bosaso</del>					
2	Drinking alcohol in youth can harm the development of the brain.					
5)	In your community, how often do the youth engage in Khat Chewing and other substance abuse					
3	Drinking alcohol lowers people's inhibitions, and makes them more likely to do things that they would not normally do. Young people are particularly at risk because at their stage of life					
4	If young people drink alcohol, they are more likely to take it carelessly and endanger themselves and others.					
5	Alcohol interferes with the way people think and makes them far more likely to act carelessly. If young people drink alcohol, they are more likely to end up in dangerous situations.					

	<b>Tobacco</b>	1	2	3	4	5
1	Smoking rates are significantly higher in people with mental illnesses than in the general population in Bosaso					
2	Young smokers, including school students, are more likely to suffer from mental health problems than a non-smoker					
3	Smoking has been associated with a range of mental disorders including, anxiety disorders and depression.					
4	Tobacco use reduces bone mass and increases fracture risk in young people.					
5	Due to the general cigarettes they consume, young people who smoke appear to be physically weaker and less active than their peers who do not					

	<b>Psychological disorder</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
1	Somalia is estimated to have the greatest frequency of psychiatric disorders in the world					
2	Withdrawal symptoms occur upon discontinuation of drugs (Insomnia, headache, sweating, anxiety, depression, tremor, agitation, confusion, Hallucinations)					
3	Some youth engage in antisocial behaviors because of drug abuse (steal, run away from home, sexual activities)					
4	Young adults suffering from mental illness problems resulting from drug abuse and discrimination against them					
5	Adolescence and early adulthood are connected with a variety of changes in the structure and functioning of the brain.					

Appendix II: Interview Guide For Key Informants

I. Background

Tick or write where necessary in the space provided the alternative of your choice.

1. Sex(a) Male (b) Female

.....

2. Your highest academic qualification

a. Secondary Education b. Diploma  c. Bachelors   
d. Masters e. Others (Specify).....

3 Designation/Title

A psychologist b leader Islamic rehab

c. d. neu XXXXXXXXXX Officials

Has 4Has a local needs assessment been undertaken about drug and substance use among the youths?

What are the benefits of counseling for young people who use drugs?

.....

.....

What sort of preventive and early intervention services exist, and what evidence is there of the impact?

.....

.....

What services are provided once youths are addicted to drugs and substances and also support has been identified?

.....

There are no young people who have been infected with mental illness in Bosaso. and What are the most diseases affect? Are services responsive to the needs of youths in different circumstances and at different times?

.....

How many services offer a range of interventions, differentiated according to youths?

.....

.....

What constitutes good practice among the youths in the community?

.....

.....

How many of the services have been evaluated? Do we know what works? How do we know?

.....

.....

What are some social services accessed by the youths to change their wellbeing?

.....

.....

What can be done to change the minds of the youth from drug substance abuse?

.....

.....

.....

Thank you for your cooperation