SOCIAL INFLUENCE AND DRUG ADDICTION AMONG ADOLESCENTS IN NYARUGENGE DISTRICT, RWANDA

By:

DUKUZE Nadine

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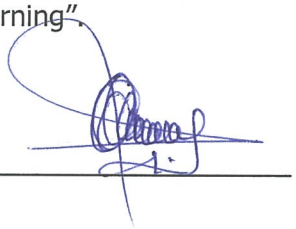
DECLARATION

"This report is my original work and it has never been presented for a Degree or any other academic award in any University or Institution of Learning".

DUKUZE Nadine



Name and Signature of Candidate

Date 13th / Dec / 2013

APPROVAL

"This dissertation was carried out by the candidate under my supervision and it is ready for examination".

DR. IMBUKI Kennedy

Name and Signature of Supervisor

Date 13/12/2013

DEDICATION

To my beloved parents,

To my brother and sisters,

To my friends,

I dedicate this research study.

ACKNOWLEDGEMENTS

I give thanks the Almighty God for guiding me and granting me the opportunity, grace, and strength to complete this study.

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I sincerely appreciate the efforts of colleagues and friends especially Aloys TWAGIRIMANA for their great help and inspiration. Everyone, whatever he /she has contributed towards this study May the almighty God bless you.

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LIST OF ABBREVIATIONS

AIDS	:	Acquired Immunodeficiency Syndrome
MYICT	:	Ministry of Youth and Information, Computer and Technology
NIDA	:	National Institute on Drug Abuse
NCTSN	:	National Child Traumatic Stress Network
ICT	:	Information, Computer and Technology
TV	:	Television
WHO	:	World Health Organization
RNP	:	Rwanda National Police.
SPSS	:	Statistical Package for Social Scientists
SA	:	Strongly Agree
A	:	Agree
D	:	Disagree
SD	:	Strongly Disagree
KIU	:	Kampala International University
UN	:	United Nations
UNODC	:	United Nations Office on Drugs and Crime

ABSTRACT

Drug addiction is when an individual persists in use of alcohol or other drugs despite problems related to use of the substance, substance dependence may be diagnosed. Compulsive and repetitive use may result in tolerance to the effect of the drug and withdrawal symptoms when use is reduced or stopped (Passer & Smith, 2009).

The purpose of this study was to examine the relationship between social influences and drug addiction among adolescents in Nyarugenge District. It was guided by four specific objectives namely: Identify common types of drugs adolescents are abuse to, determine the level of social influences, determine the level of drug addiction and establish the significant relationship between social influences and drug addiction among adolescents in Nyarugenge district.

The study used a descriptive correlation design that employed both qualitative and quantitative methods of data collection. The research tool that was applied in this study was devised questionnaires to determine level of social influences and drug addiction. The findings indicated that social influences was generally high with average mean of (2.671), drug addiction was found to be high on almost all aspects of signs of drug abuse including the average mean (2.518) and basing on the results, the null hypothesis was rejected and conclusions made that social influences and drug addiction among adolescents in Nyarugenge District are significantly correlated using Pearson where r=(.994) and significant-value (.000), This is shown by the fact that the sig. value was less than the maximum sig. value of 0.05 considered in social sciences.

Therefore, the researcher recommended the following: There is need to educate youth in Nyarugenge district and the society at large about dangers of consuming drugs. Researcher also recommends education ministry in Rwanda change the curriculum in schools to incorporate lessons on drug abuse. Parents, educators and communities need to play a leading role by protecting children against exposure to drug substances at a tender age.

CHAPTER ONE

This chapter includes the following: Background of the study, statement of the problem, purpose of the study, research objectives, research questions, null hypothesis, scope of the study and significance of the study.

Background of the study

Drug abuse and drug dependence are often the major concerns of the world. Since these items have negative effects on development of communities, they are considered as worrying social topics. Addiction to natural and synthetic agents has increased in the recent decade. As a result, it has become a serious problem in social and psychological health issues. According to the report of the World Health Organization, there were 200 million of drug addicts through the world in 2005. The age of the onset in most cases is adolescence (Geramian et al, 2012).

Africa now occupies second position worldwide in the trafficking and consumption of illegal drugs. According to UN statistics 37,000 people in Africa die annually from diseases associated with the consumption of illegal drugs.. Young people in consumption countries were identified as the most vulnerable section of the population, especially those who were unable to resist peer pressure and start experimenting with drugs (UNODC, 2004).

Humans have searched for substances that would sustain and protect them and also act on the nervous system to produce pleasurable sensations. Smoking, drinking, and taking drugs reduce tension and frustration, relieve boredom and fatigue and in some cases help adolescents to escape the rash realities of their world (Santrock, 2008).

Drug use in adolescent is high in the United States, in one national survey, approximately 11 percent of adolescent reported recent illicit drug use (Substance abuse and mental health services Admnistration, 2005). A higher percentage of U.S. adolescents have used an illicit drug than adolescents in most European countries. In most instances, the illicit drug used by adolescents in those countries was marijuana (Hibell et al, 2005).

According to Kofi Annan, the former Secretary General of the United Nation, drug rips our society generates crime, spread of diseases like HIV/ AIDS and kills our youth and our future. One aspect that is increasingly worrying, it is that most often, young people are engaged in drug acts both sordid and illicit inter alia, vandalism, drug trafficking and homicide without forgetting all times that many of them suffer violence, injured or engage in unsafe sex. However, drugs are not only the privilege of the poor, minorities and disadvantaged areas, but addicts come from all social classes and regions of any country.

According to UNODC in its report published in (2004), the use of drugs remains at an unacceptable level and continues to be a source of unhappiness for humanity. It also supports criminal activities and terrorist measures.

A study led by WHO (2000) conducted in 14 countries shows that attitudes about disability under 18 showed that consumption of additive substances comes first, the use of alcohol , tobacco and substance regulated is growing rapidly and contributes significantly to global of burden disease.

According to Rwanda National Police (RNP) quoted by A. Twizeyimana (2009), many of those who commit premeditated crimes such as rape, murder, armed robbery, do after taking drugs as a stimulant. This was also demonstrated by the Senate of Rwanda in its report on the situation and monitoring of drug use among young people, published in 2008.

Drug abuse and alcohol consumption have also been linked to various illnesses, crimes, prostitution, HIV/AIDS prevalence, robbery, suicide, psychiatric problems, and unwanted pregnancies, homelessness (Ministry of Youth & ICT; 2012).

The New Times (2012) cited a study that was conducted by the Ministry of youth in 20 districts has revealed that 52.5 per cent of the youth in Rwanda have at least once taken drugs, and 92.7 per cent of that population group kept on consuming them. Only 7.46 % are dependent on alcohol, 4.88 % on tobacco and 2.54 on Cannabis. Though use and abuse increase with age, the age of onset is as low as 11 years of age. Youth who did not have a chance to go to school were highlighted to be using/abusing drugs more than others (Kanyoni & Gishoma, 2012). This survey, which was presented on March 15, 2012, was commissioned and conducted by the Ministry of Youth.

Steinberg (1998) notes that adolescents who are frequent users of drugs score low on measures of psychology adjustment as teenagers and were more likely to be maladjusted as children. He continues to say that, during adolescence itself, drug and alcohol abuse is associated with a lot of problems. Young people who abuse drugs and alcohol are more likely to experience problems at school, to experience psychological distress, depression, to engage in unprotected sexuality, to become involved in deviant activities including crime delinquency and truancy.

In Rwandan tradition, drugs such as beer and tobacco have a high cultural value and its use was and remains duly respected. This has been invaluable in wedding celebrations and parties. Drugs that are used by Rwandan youth are: cocaine, heroin, cannabis, marijuana, glue and local brews: Kanyanga, nyirantare, muriture, yewemuntu. (RNP, 2011).

Steinberg, (1998) says:" Adolescent substance abusers expose themselves to the long-term health risks of excessive drug use that stem from addiction or dependency; in the case of cigarettes, alcohol and marijuana , these risk are substantial and well documented- among them, cancer, heart disease, kidney and liver damage".

However, addiction affects both brain and behavior. Biological and environmental factors have been identified, and scientists are beginning to search for the genetic variations that contribute to the development and progression of the disease. Scientists use this knowledge to develop effective prevention and treatment approaches that reduce the toll drug abuse takes on individuals, families, and communities.

Statement of the problem

Drug abuse among youth in Rwanda is a serious problem: 52.5 per cent of youth in Rwanda have at least once taken drugs, and 92.7 per cent of that population group kept on consuming them. This would imply that 48.66 per cent of all Rwandan youth consume drugs (RNP, 2012). The onset age among the consumers and traffickers is as low as 11 years of age.

In order to fight against this problem the ministry of youth and ICT in collaboration with Imbuto foundation and Rwanda National police initiated the campaign for drug eradication and Neighbor's eye program (Ijisho ry'umuturanyi) which aims at pushing the campaign to the village level (umudugudu). The biggest age group of drug users is between 18 and 35, most of them in schools. Statistics availed by the Police Anti Narcotics Unit show that 22.6 per cent of all patients received last year by the psychiatric hospital of Ndera had mental problems caused by drug use (Kanyoni and Gishoma, 2012).

Drug addiction is the result of interaction among the individual, peer influence, parental influence, and the environment, health conditions, knowledge and attitude of the

individual toward the drug and the drug effect is effective in its abuse. Another important factor in this respect is availability and nature of the substance. Some environmental factors that contribute to drug abuse are cultural factors, peer attitude toward drug abuse, parents' behavior, and regulations and policies, which restrict access to the drugs poor parenting, family conflict, culture norms, peer influence, genetic factors and environment.

Factors increase the vulnerability of a person to drug abuse includes: Family history of drug use; abuse, neglect, or other traumatic experiences in childhood; mental disorders such as depression and anxiety; early use of drugs and method of administration.

The causes of drug use among young people are: curiosity, escape the reality, forget the problem to feel cool and impress their friends, social influence.

Drug addiction is a brain disease because the abuse of drugs leads to changes in the structure and function of the brain. Over time the changes in the brain caused by repeated drug abuse can affect a person's self-control and ability to make sound decisions, and at the same time create an intense impulse to take drugs. Adolescents who abuse drugs often act out do poorly academically, and drop out of school. They are at risk of unplanned pregnancies, violence, and infectious diseases.

There are treatments that help people to counteract addiction's powerful disruptive effects and regain control. Research shows that combining addiction treatment medications, if available, with behavioral therapy is the best way to ensure success for most patients. Treatment approaches that are tailored to each patient's drug abuse patterns and any concurrent medical, psychiatric, and social problems can lead to sustained recovery and a life without drugs. In this scenario, therefore, researcher examined the effect of social influences on drug addiction among adolescents, in Nyarugenge District.

Purpose of the study

This study intends to analyse social influence and drug addiction among adolescents in Nyarugenge District.

Research objectives

General: This study intends to examine the correlation between social influences and drug addiction among adolescents in Nyarugenge District.

Specific:

1. To identify common types of drugs adolescents are abused.
2. To analyse the effect of social influence among adolescents in Nyarugenge District
3. To investigate drug addiction among adolescents in Nyarugenge District.
4. To explore the relationship between the levels of social influences and drug addiction among adolescents in Nyarugenge district.

Research Questions

This study sought to answer the following research questions:

1. What are the common types of drugs adolescents are abused to?
2. What are the levels of social influences among adolescents in Nyarugenge District, Rwanda?
3. What are the levels of drug addiction among adolescents in Nyarugenge District, Rwanda?
4. Is there a significant relationship between the level of social influences and the level of drug addiction among adolescents in Nyarugenge District, Rwanda?

Null Hypothesis

There is a significant relationship between the level of social influences and the level of drug addiction among adolescents in Nyarugenge District.

Scope

Geographic scope

The study was conducted in rehabilitation centers in Nyarugenge District, Kigali-Rwanda. Nyarugenge District has two centers; the research involved the two centers.

Content scope

The study intended to examine the level of social influences, the level of drug addiction among adolescents and the relationship between the independent variable (social influences) and dependent variable (drug addiction among adolescents).

Theoretical scope

The social learning theory by Albert Bandura was proven in this study.

Significance of the study

The following disciplines will benefit from the findings of this study:

The **adolescents** of Nyarugenge District will understand the impact of social influences on drug addiction and the consequences resulting from drug addiction.

Parents of adolescents who have a responsibility guiding their children will learn how to help their children towards a drug free life style.

Counselors and **Psychologists** will be able to adopt appropriate methods of rehabilitating drug addicted adolescents.

The future researchers will utilize the findings of this study to embark on related studies.

Operational Definitions of the Key Terms

For the purpose of this study, the following terms are defined as they are used in this study:

Drug is a substance which may have medicinal, intoxicating, performance enhancing or other effects when taken or put into a human body.

Addiction is the continued use of a mood altering substance or behavior despite adverse consequences.

Drug addiction in this study refers to a state when a person cannot do without a drug.

social influence refers to occurrence of when one's emotions, opinions, or behaviors are affected by others .

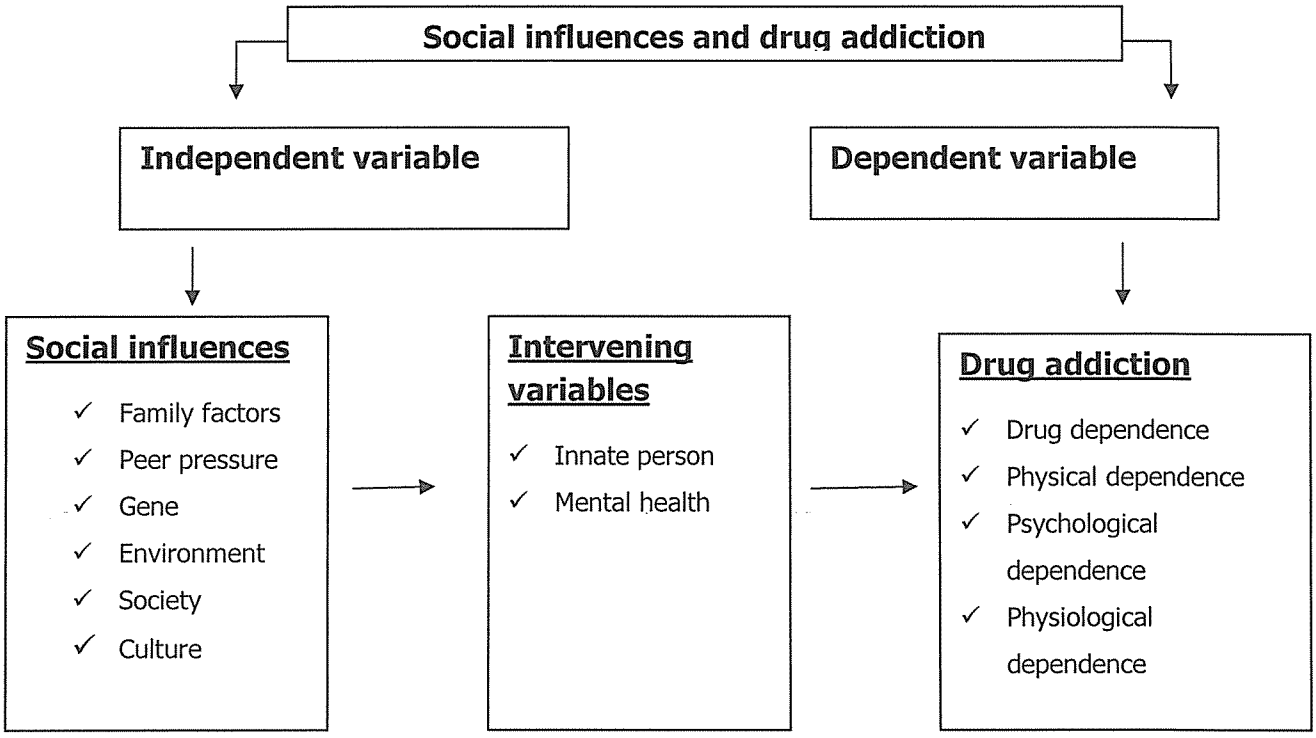
Adolescent in this study refers to boys and girls who are in the period of development between the onset of puberty and adulthood. This period is generally marked by the appearance of secondary sex characteristics, usually from 11 to 13 years of age, and spans the teen years. In this study will be based on adolescents between 11-20 years old.

Summary

This study has been historically presented; theoretically verified and conceptually done that is to say it has shown how drug addiction was, has been in global, regional and local context among adolescents.

Adolescents who use alcohol and other drug are more likely to come from hostile family environments, to have friends who use drugs and to have other problems in school as well as in interpersonal relationships. The most interventions for substance abuse problems are those that target the adolescent's social environment as well as the individual.

CONCEPTUAL FRAMEWORK



The study was carried out basing on the interrelations between the variables in the research problem. It explored the connection between the independent, dependent and the intervening variables.

The conceptual framework examined how social influences lead to drug addiction. In this study, the independent variable which is Social influences considered constructs such as family factors, peer pressure, genetic makeup, environment, society and culture. On the other hand the dependent variable which is Drug addiction considered constructs such as drug dependence, physical dependence, psychological dependence and physiological. In addition, the intervening variable considered constructs such as innate person and mental health.

CHAPTER TWO

REVIEW OF LITERATURE

Concepts, Opinions, Ideas from Authors/ experts

This chapter analyzes how other scholars or experts viewed about the concepts of drug addiction, social influences, theoretical perspectives and related studies.

Social influences

Feldman (2009) defines social influence as the process by which the actions of an individual or group affect the behavior of others. Many factors influence drug dependence including genetic predispositions, personality traits and religious beliefs (Passer and Smith, 2009).

A combination of personal and familial factors, and the conditions of school and the society play an important role in substance abuse in adolescents. Presence of a substance abuser in the family, the ways the family controls the adolescent, interpersonal communications in the family, level of emotional dependence between parents and children, and the expectations of parents from their children are factors effective on substance abuse by adolescents (Geramian et al, 2012).

Social influence refers to a state where by a person's social context. The behavioural social context can be represented by the behaviors of individual peers or family members (smoking) with whom the person interacts regularly or by behaviors observed in a larger social environment such as the neighborhood in which a person lives. The normative social context is represented in an individual's perceptions about the acceptability of a behavior (alcohol use), derived from communications from network members, or by portrayals of behaviors in mass media such as TV or movies that the person watches.

Drug use in adolescents can occur as a result of a dysfunctional dynamics within the home and most often in homes characterized by poverty, disruption and conflict. Parental failures, fighting, extreme or inconsistent discipline of children, lack of communication, physical and sexual abuse, emotional distance and disrupted marriages all take their roll on children. Drug use may help ease the pain of criticism and serve as an escape from fears of the next assault by an abusive parent. Adolescent drug use is associated with strict or inconsistent parental discipline. Anthony Jurich and his colleagues found that adolescents who use illegal drugs daily are more likely to have parents with laissez-faire or authoritarian patterns of discipline rather than democratic ones or to have parents who were inconsistent in their patterns (Regoli et Al, 2008).

Peer influence plays an important role in drug abuse among adolescents. Peer group is especially important in adolescent and emerging adult alcohol abuse. Exposure to peer use and misuse of alcohol, along with susceptibility to peer pressure, were strong predictors of adolescent alcohol abuse (Dielman & others, 1990). Peers play an important role in smoking (Picotte & others, 2006). In one study, the risk of current smoking was linked with peer networks in which at least half of the members smoked, one or two best friends smoked and smoking was common in a school (Alexander & others, 2001).

The genetic makeup of individuals predisposes them toward drug abuse and alcoholism. A gene or combination of genes influences the specific biological mechanisms relevant to substance abuse such as being able to achieve a certain level of intoxication when using drugs, becoming ill at low doses as opposed to much higher doses, lowering or not lowering anxiety levels when under the influence, or having the capacity to metabolize chemical substances in the body.

Any and all these factors could vary from one individual to another or from one racial or national group to another, and could influence continued use.

This genetic loading in combination with environmental and personality factors could make for a significantly higher level of drug abuse or alcoholism in certain individuals or groups in the population (Uhl et Al 2000).

Steinberg (1998) notes that our society sends young people mixed message about drugs and alcohol. Television, media and adult situation show them that having a good time with friends is virtually impossible without something alcoholic to drink.
Many celebrities who are idolized by teenagers speak out against cocaine and marijuana but many equally famous stars admit to using these same drugs. Culture as the behavior, patterns, beliefs and all products of a particular group of people that is based on from generation to generation (Myers, 2008); is one the social influences. The products results from the interaction between groups of people and their environment over years.
In Rwandan society, tobacco and alcohol (Urwagwa) have their value especially in ceremonies (introduction ceremony of dowry). This issue makes adolescent to take the consumption of alcohol and tobacco as normal and they do not consider them as drugs.

Drug addiction

The term drug is typically defined as any substance other than food which by its chemical nature affects the structure or function of the living organism (National Commission on Marijuana and Drug Abuse quoted by Neubeck, 2007). When drug is used repeatedly, the intensity of effects produced by the same dosage level may decrease over time (Passer & Smith, 2009). As adolescents continue to take drug, their bodies develop tolerance.

Drug addiction refers to the state of a periodic or chronic intoxication produced by the repeated consumption of a drug (natural or synthetic). Its characteristics include: (i) an overpowering desire or need (compulsion) to continue taking the drug and to obtain it by any means; (ii) a tendency to increase the dose; (iii) a psychic (psychological) and generally a physical dependence on the effects of the drug; and (iv) detrimental effects on the individual and on society (Passer & Smith, 2009).

Drug addiction which is formally called substance abuse is a maladaptive pattern of substance use that causes a person significant distress or substantially impairs that person's life. Substance dependence is diagnosed as occurring with physiological dependence if drug tolerance or withdrawal symptoms have developed (Passer and Smith, 2009). Withdrawal syndrome occurring upon discontinuation of product, this syndrome consists of various disorders such as: insomnia, headache, sweating, anxiety, depression, tremor, irritability, agitation or confusion with hallucinations.

Physical dependence is the physical need for a drug that is accompanied by unpleasant withdrawal symptoms when the drug is discontinued. The psychological dependence is the strong desire and craving to repeat the use of a drug because of various emotional reasons, such as a feeling of well being and reduction of stress. Both physical and psychological mean that the drug is playing a powerful role in the adolescent's life (Santrock, 2008).

According to Feldman (2009), the most dangerous drug are addictive. Addictive drugs produce a biological or psychological dependence in the user and withdrawal from them leads to a craving for the drug that in some cases may be nearly irreversible. In biological based addictions, the body becomes so accustomed to functioning in the presence of a drug that it cannot function without it. Psychologically based addictions are those in which people believe that they need the drug to respond to the stresses of daily living.

Classification of drug

Legal drugs

These product consumption free sales and use does not constitute a crime. These drugs are called legal and are used by a large number of individuals. Among them there are: Ethanol (or ethyl alcohol) of alcoholic beverages: wine, beer, aperitifs, liqueurs; Nicotine from tobacco; The caffeine in coffee, tea, some soft industrial The psychoactive drugs prescribed as sedatives, analgesics, stimulants, tranquilizers, anxiolytics, antidepressants, hypnotics.

According to Neubeck et al (2007), among the legal drugs being abused are pain relievers, stimulants, barbiturates and tranquilizers. Stimulants act on the central nervous system, producing arousal and intense hyperactivity. Barbiturates and tranquilizers relax users; in larger doses they may produce loss of consciousness. Large doses of some depressants particularly barbiturates may cause death.

Illicit drugs

Neubeck et al (2007) define illicit drugs as drugs that have been declared by the government as illegal. Common illegal drugs are: Cannabis, Marijuana, Heroin, Cocaine, LSD or lysergic acid diethylamide, Ecstasy, Ketamine and Amphetamines.

Speaking of the case of Rwanda, Legislative Decree N0 21/77du August 18, 1977 on the Criminal Code sets out the offenses and their punishment to the respective against those product, the simple use of these products is an offense by including the production, sale, trafficking. In any event, consumption of these products is not accepted.

Types of drugs commonly used

Marijuana/Hashish

The source of marijuana is the cannabis sativa plant. Some users ingest the drug orally.

Marijuana often causes mild euphoria, stimulation of the central nervous system and increased conviviality. The user experiences a pleasant heightening of the senses and relaxed passivity. In moderate doses the substance can cause short lapses of attention and slightly impaired memory and motor functioning. Heavy users have been known to become socially withdrawn and depersonalized and have experienced distortions of the senses (National Commission on Marijuana and Drug use in America quoted by Neubeck et al, 2007).

Barbiturates and tranquilizers

Physicians prescribe barbiturates (sleeping pills) and tranquilizers (antianxiety drugs) as sedative and relaxants. They depress the nervous system by increasing the activity of the inhibitory neurotransmitter GABA (Nishino et al, 2001).

The short term effect of barbiturates is relaxation and sleeping; for tranquillizers is relaxation and slowed behavior (Santrock, 2008).

Mild doses are effective as sleeping pills but are highly addictive. As tolerance builds, addicted people may take to 50 sleeping pills a day. At high doses, barbiturates trigger initial excitation, followed by slurred speech, loss of coordination, depression and memory impairment. Overdoses particularly when take with alcohol may cause unconsciousness, coma, even death. Barbiturates and tranquillizers are widely overused and tolerance and physiological dependence can occur. Users often don't recognize that they have become dependent until they try to stop and experience serious withdrawal symptoms such as anxiety, insomnia and possibly seizures (Passer and Smith, 2009).

Alcohol

Alcohol is an extremely potent drug. It acts on the body as depressant and slows down the brain activity. In short term effect, it produces relaxation, depressed brain activity, slowed behavior, reduced inhibitions. Initially adolescent fell more talkative and more confident when they use alcohol. However skilled performances become impaired and as more alcohol ingested, intellectual functioning, behavioral control and judgment become less efficient (Santrock, 2008).

At higher doses, however, the brain's control become increasingly disrupted, thinking and physical coordination become disorganized and fatigue may occur as blood alcohol level (BAL) rises (Passer and Smith, 2009) .

Alcohol drugs commonly consumed in Rwanda are: Kanyanga, Muriture, yewemuntu, Nyirantare and Waragi.

Tobacco/ Nicotine

Nicotine is found in cigarettes smoking. According to Lefton & Brannon (2003), nicotine is the addictive drug in tobacco and it is the major health problem. Nicotine is not the main health risk associated with tobacco but it is the ingredient that makes quitting tobacco use so difficult. Nicotine does not have very strong tolerance properties but dependence on it is strong and withdrawal symptoms are unpleasant.

Nicotine produces physical reactions similar to those produced by heroin and cocaine: enhanced stimulation of pleasure centers in the brain, a rush of adrenaline, suppressed insulin production, increases in blood pressure, heart rate and respiration (Society For Neuroscience, 2002).

Higher tolerance levels of nicotine produce withdrawal symptoms of slower brain activity, interruptions of sleep patterns, decreased heart rate and increased anxiety, anger, appetite and difficulty concentrating (Hughes, 1990).

Santrock (2008) notes that the devastating effects of early smoking were brought home in a research study found that smoking in adolescent years causes permanent genetic changes in the lungs and forever increases the risk of lung cancer even if the smoker quits.

Cocaine

According to Neubeck et al (2007) Cocaine is a drug derived from leaves of the coca plant, Erythroxylon coca. It quickly acts on the central nervous system to produce a sense of euphoria, feelings of power and mastery, replacement of fatigue with limitless energy and heightened sexual drive. Regular users develop in many cases tolerance to the drug and they require lager, more frequent or more purified dosages to obtain the desirable results and to escape the anxiety and agitation that follow the cocaine high.

Cocaine can have a number of seriously damaging effects on the body including damage of nasal membranes and lung, possible neural damage, seizures, undiagnosed epilepsy, angina, irregular heartbeat, ruptured blood vessels, strokes and liver damage. Negative psychological effects are: depression, anxiety, short- temperedness, irrational suspicion of others, impaired concentration and loss of interest in work and home responsibilities (Neubeck et al, 2007).

Opiates/Heroin

Heroin is a derivative of morphine which itself is derived from opium, a substance found in Papaver somniferum poppy plant. Opiates produce a high tolerance and dependence, and many of those who use these drugs for pleasure become addicted (Lefton &Brannon, 2003).

Opiates have two major effects: they provide pain relief and cause mood changes which may include euphoria. Opiates stimulate receptors normally activated by endorphins, thereby producing pain relief (Passer & Smith, 2009). An overdose of Opiates can cause convulsions, coma and possible death (Santrock, 2008).

Inhalants

Inhalants are ordinary household products that are inhaled or sniffed by children and adolescents to get high. Examples of inhalants include glue, nail polish remover and cleaning fluids. Short-term, inhalants can cause intoxicating effects that last for several minutes or even several hours if the inhalants are taken repeatedly. Initially, users feel slightly stimulated and then with successive inhalations they may feel less inhibited. Long-term use of inhalants can lead to heart failure and even death (Lefton & Brannon, 2003).

Cannabis

Cannabis come from cannabis sativa plant, THC is the active ingredient. Consummation is through leaves or more often other buds of the plant are dried and smoked form of marijuana joints. They can also be mixed with the food.

Godefroid (2001) says that more than almost exclusively smoked form of cigarettes or the using of a pipe, cannabis is probably the most popular drug. In addition, it is unclassifiable due to its hallucinogenic state, stimulating and euphoric.

Physical effects of cannabis include increase in pulse rate and blood pressure, reddening of the eyes, coughing and dryness of the mouth. Psychological effects include a mixture of excitatory, depressive and hallucinatory characteristics. The drug can produce spontaneous and unrelated ideas, distortion perceptions of time and place and impair attention and memory.

Ecstasy

Ecstasy is commonly referred to as a club drug and is often found at night clubs or underground parties called raves. Its chemical structure is similar to methamphetamines form. Ecstasy produces euphoric feelings and heightened sensations. Users become hyperactive and sleepless.

After using, an individual is likely to feel lethargic, sad, or depressed. These unpleasant morning after effects intensify with increased use. Longer-term effects can include depression, trouble sleeping, paranoid or confused thoughts, and anxiety weeks after taking the drug (NCTSN, 2000). According to Santrock (2010), repeated ecstasy use may damage the areas of the brain that involve in learning and memory, regulation of mood, sexual response, sleep and pain sensitivity.

Phencyclidine (PCP)

PCP comes in tablet, liquid, and powder form. It can be ingested orally, snorted, injected, or smoked. PCP is associated with many risks and is considered by some to be one of the most dangerous drugs of abuse. PCP is known for inducing violent behavior and negative physical reactions such as seizures and coma. Its use can lead to death from respiratory repression. Altered perception of the mind and body can lead to reckless behavior and/or loss of touch with reality which can lead to self mutilation, injury, or death.

Methamphetamines

Methamphetamine comes in many forms and can be taken orally, snorted, smoked, or injected. Symptoms of overdose include a sudden increase in blood pressure and body temperature, sweating and a high fever, seeing spots, rapid breathing, dilated pupils, and convulsions. Overdose can result in cardiovascular failure, and increases in body temperature and convulsions can result in death.

Theoretical perspective

Social learning theory

According to Social Learning theory, models are an important source for learning new behaviors and for achieving behavioral change in institutionalized settings. Social learning theory is derived from the work of Albert Bandura which proposed that observational learning can occur in relation to three models: live model in which an actual person is demonstrating the desired behavior; verbal instruction in which an individual describes the desired behavior in detail, and instructs the participant in how to engage in the behavior; symbolic in which modeling occurs by means of the media, including movies, television, Internet, literature, and radio. This type of modeling involves a real or fictional character demonstrating the behavior. (http://en.wikipedia.org/wiki/Social_learning_theory)

An important factor of Bandura's social learning theory is the emphasis on reciprocal determinism. This notion states that an individual's behavior is influenced by the environment and characteristics of the person. In other words, a person's behavior, environment, and personal qualities all reciprocally influence each other (Berger ,S. K.; 2000) .

Bandura proposed that the modeling process involves several steps (Boyd, D. et Bee, H.; 2006):

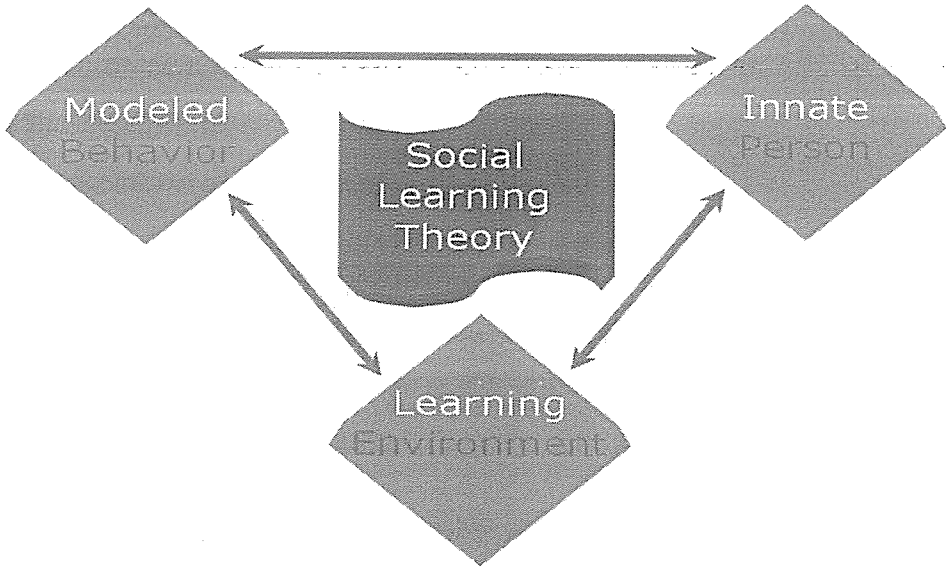
Attention: In order for an individual to learn something, they must pay attention to the features of the modeled behavior.

Retention: Humans need to be able to remember details of the behavior in order to learn and later reproduce the behavior.

Reproduction: In reproducing a behavior, an individual must organize his or her responses in accordance with the model behavior. This ability can improve with practice.

Motivation: There must be an incentive or motivation driving the individual's reproduction of the behavior. Even if all of the above factors are present, the person will not engage in the behavior without motivation.

Diagram



Source:

http://www.southalabama.edu/oll/mobile/theory_workbook/social_learning_theory.htm

According to Lee, Akers and Brog (2004), Social learning theory holds that behavior is molded by rewards and punishment, or reinforcement. Past and present rewards and punishments for certain actions determine the actions that individuals continue to pursue. Reward and punishment structures are built into specific groups. By interacting with members of certain groups or social circles, people learn definitions of behaviors as good or bad.

It is in the group setting, differentially for different groups, where reward and punishment take place, and where individuals are exposed to behavioral models and normative definitions of certain behaviors as good or bad.

Social learning theory has a clear-cut application to drug use: It proposes that the use and abuse of psychoactive substances can be explained by differential exposure to groups in which use is rewarded. These groups provide the social environments in which exposure to definitions, imitations of models, and social reinforcements for use of or abstinence from any particular substance take place. The definitions are learned through imitation and social reinforcement of them by members of the group with whom one is associated. Drug use, including abuse, is determined by the extent to which a given pattern (of behavior) is sustained by the combination of the reinforcing effects of the substance with social reinforcement, exposure to models, definitions through association with using peers, and by the degree to which it is not deterred through bad effects of the substance and/or the negative sanctions from peers, parents, and the law (Akers, 1992).

Social learning theory, then, proposes that the extent to which substances will be used or avoided depends on the extent to which the behavior has been differentially reinforced over alternative behavior and is defined as more desirable.

Additionally, according to Erich Goode, adolescents learn to define behaviors as good or bad through their intimate interactions with other youths in certain groups. Adolescent drug use, then it is positively reinforced by exposure to drug using role models, approval drug use by peers and then perceived positive or pleasurable effects of the drug itself (Regoli et al, 2008).

Related studies

Social influences and drug addiction

According to National Institute on Drug Abuse (NIDA, 2012), in 2010, about 2.6 million American adolescents (aged 16-20 Years) reported using a tobacco product in the month prior to the survey. In that same year it was found that nearly 60 percent of new smokers were under the age of 18 when they first smoked a cigarette. Of smokers under age 18, more than 6 million will likely die prematurely from a smoking-related disease. Tobacco use in teens is not only the result of psychosocial influences, such as peer pressure; recent research suggests that there may be biological reasons for this period of increased vulnerability. There is some evidence that intermittent smoking can result in the development of tobacco addiction in some teens.

According to HealthDay (2012), In the study, Joel Swendsen, of the University of Bordeaux in France, and colleagues analyzed data from a U.S. survey of more than 10,000 teens between the ages of 13 and 18. They found that more than 78 percent of the oldest teens had consumed alcohol, about 47 percent consumed at least 12 drinks a year, and about 15 percent met the criteria for alcohol abuse. The study also found that 81.4 percent of the oldest teens reported the opportunity to use illicit drugs, 42.5 percent used drugs, and 16.4 percent were drug abusers. The median age when teens started substance use was 14 for regular alcohol use or abuse with or without dependence, 14 for drug abuse with dependence, and 15 for drug abuse without dependence.

A team of researchers who had followed a sample of individuals from preschool into adulthood report that at age 7, individuals who would later become frequent drug users adolescents were described as not getting along well with other children, not showing concern for moral issues, not planful or likely to think ahead, not trustworthy or dependable and not self reliant or confident (Steinberg, 1998).

As 11 year olds, these individuals were described as deviant, emotionally labile, stubborn and inattentive, this study suggests that drug and alcohol abuse during adolescence is probably a symptom of a prior psychological disturbance.

Santrock (2008) said that a recent research examined the motives and personality traits that are linked to drinking in adolescence and emerging adulthood. Extraverted, sensation- seeking males were more likely to drink for self-enhancement motives, whereas neurotic, anxious females were more likely to drink for social coping motives.

In a study performed in Tabriz, the attitude toward drugs as a pleasuring factor for adolescents, curiosity of adolescents, and inability to resist peer pressure have been considered as the reasons for inclination of students to drug abuse. Furthermore, in a study on effective factors on cannabis inclination in adolescents, some factors such as family problems, low levels of self-confidence, peer influence, and availability of the drugs were the main reasons for drug abuse. Families, as the main place for individuals' behavior control, have a particular position among the reasons for inclination to drug abuse. In this regard, parents' divorce, familial conflicts, and children neglect have been always considered among the factors effective in children's addiction (Geramian et al, 2012).

Scott Menard and his colleagues explored the relationship between drugs and crime from adolescence into adulthood and reported that the drug crime relationship is different for different ages and for different stages of involvement in crime and drug use and that initiation of substance use apparently is preceded by initiation of crime for most individuals. However, they note in later stages of involvement in serious illicit drug use appear to contribute to continuity in serious crime, and serious crime contributes to continuity in serious illicit drug use (Regoli et Al, 2008).

Summary

Drug addiction or dependence is the situation that occurs when drug becomes part of the body functioning and produces withdrawal symptoms when the drug is discontinued.

Factors that influence the risk of addiction is: i) Home and Family: Parents or older family members who abuse alcohol or drugs, or who engage in criminal behavior, can increase children's risks of developing their own drug problems. ii) Peer and School: Friends and acquaintances have the greatest influence during adolescence. Drug-abusing peers can sway even those without risk factors to try drugs for the first time. Academic failure or poor social skills can put a child further at risk for drug abuse.iii) cultural environment that extols drug use in general.

Social learning theory holds that we learn by observing what others do. Through observational learning also called modeling or imitation, we cognitively represent the behavior of others and then possibly adopt this behavior ourselves.

The gaps were identified in two ways 1) temporally (period) it was done by Am J Health Behav, 2007 on the social influences on adolescent substance use and in 2013 it is carried out in 2013 on social influences of drug addiction. 2) contextually where different studies we have seen above were done in Europe, States of America However, little has been done in this area of study in Rwanda.

CHAPTER THREE

RESEARCH METHODOLOGY

This chapter consists of research design, population, and sample size, sampling procedures, instruments, validity and reliability of the instruments, data gathering procedures, data analysis, ethical considerations and limitations of the study.

Research Design

The study used *descriptive correlation design* that use both qualitative and quantitative methods of data collection. It is Quantitative in the sense that it will be based on methodological principles of description, and use of statistical measurements. Qualitative data will be presented on tables (Wildler, 2002. It deals with the relationship between variables, testing of hypothesis and development of generalizations and use of theories that have universal validity. It also involves events that have already taken place and may be related to present conditions (Kothari, 2004).

Research Population

The target population included a total of 266 adolescents drawn from selected rehabilitation centers in Nyarugenge District. It was comprised by 126 adolescents from rehabilitation A and 140 adolescents of rehabilitation center B. These are drug abuser.

Sample Size

In view of the nature of the target population where the adolescents are two hundred sixty six, a sample was taken from each centre. The Sloven's formula is used to determine the minimum sample size.

$$n = \frac{N}{1+Ne^2}$$

Where

N= Target population

N= Sample size

e^2 = 0.05% (level of significance)

Table 1:Respondents of the study

CENTER CODE	ADOLESCENTS		PERCENTAGE
	TARGET POPULATION	SAMPLE SIZE	
A	126	76	47.5%
B	140	84	52.5%
TOTAL	266	160	100%

Sampling Procedure

The simple random sampling was utilized to select the respondents based on these criteria:

1. Adolescents between 11-20 years old

2. Male or female respondents in any of the center included in the study.

3. Being a drug abuser

4. Able to communicate.

From the above list of qualified respondents chosen based on the inclusion criteria, the systematic random sampling was used to finally select the respondents with consideration to the computed minimum sample size.

Research Instrument

The main method of data collection the researcher used was questionnaire. *(1) Face sheet* to gather data on the respondents' demographic characteristics such as gender, age, education level and occupation, (2) *researcher devised questionnaires* to analyse the effect of social influences; (3) researcher *devised questionnaire* to investigate drug addiction among adolescents in Nyarugenge district.

The scoring system of these instruments were based on four likert Scale, ranging from one to four where strongly agree (4); agree (3); disagree (2); strongly disagree (1).

Validity and Reliability of the Instrument

Content validity was ensured by subjecting the researcher devised questionnaires on social influences and drug addiction to judgment by the content experts (who shall estimate the validity on the basis of their experience) such as professors (1), associate professors (2) and senior lecturers in Counseling Psychology (3).

In addition the test-retest technique was conducted to determine the reliability of the researcher devised instruments to qualified respondents. The respondents were not included in the actual study. In this test- retest technique, the questionnaires were administered twice to the same subjects.

If the test is reliable and the trait being measured is stable, the results will be consistent and essentially the same in both times (Treece and Treece, 1973). The content validity index was calculated and obtained 0.9, were above the required 0.7 scores. Hence, the instrument used was valid. (CVI=n/N, where CVI= Content Validity Index, N= Total number of items in the questionnaire, n=number of relevant items in the questionnaire.

Data Gathering Procedures

Before the administration of the questionnaires

1. An introduction letter was obtained from the College of Higher Degrees and Research for the researcher to solicit approval to conduct a study from respective institutions.
2. The respondents were explained to about the study and will be requested to sign the Informed Consent Form (Appendix 3).
3. Selected research assistants who would assist in the data collection; brief and orient them in order to be consistent in administering the questionnaires.

During the administration of the questionnaires

1. The respondents were requested to answer completely and not to leave any part of the questionnaires unanswered.
2. The researcher and assistants emphasized retrieval of the questionnaires within five days from the date of distribution.
3. On retrieval, all returned questionnaires were checked if all are answered.

After the administration of the questionnaires

The data gathered was collated, encoded into the computer and statistically treated using the Statistical Package for Social Sciences (SPSS).

Data Analysis

The frequency and percentage distribution were used to determine the profile of the respondents.

The means and interpretations were applied for the levels of social influences and drug addiction.

The following mean ranges were used to arrive at the mean of the individual indicators and interpretation:

Mean Range	Response Mode	Interpretation
3.26-4.00	Strongly Agree	Very high
2.51-3.25	Agree	High
1.76-2.50	Disagree	Low
1.00-1.75	Strongly Disagree	Very low

Ethical Considerations

To ensure confidentiality of the information provided by the respondents and to ascertain the practice of ethics in this study, the following activities were implemented by the researcher:

1. The respondents and centers were coded instead of reflecting the names.

2. Solicited permission through a written request to the concerned officials of the universities included in the study.

3. Requested the respondents to sign in the *Informed Consent Form* (Appendix 3)

4. Acknowledged the authors quoted in this study and the author of the standardized instrument through citations and referencing.

5. Presented the findings in a generalized manner.

Limitations of the Study

In view of the following threats to validity, the researcher claimed an allowable 5% margin of error at 0.05 level of significance. Measures are also indicated in order to minimize if not to eradicate the threats to the validity of the findings of this study.

1. Intervening or confounding variables which were beyond the researchers control such as honesty of the respondents and personal biases. To minimize such conditions, the researcher requested the respondents to be as honest as possible and to be impartial / unbiased when answering the questionnaires.

2. Fear of respondents to reveal the right information, while collecting data, many respondents feared to reveal the right information. The researcher solved this problem by showing the respondents the university identity card and the recommendation letter from the university.

3. Attrition/Mortality: Not all questionnaires were returned completely answered due to circumstances on the part of the respondents such as travels, sickness or withdrawal to participate. In anticipation to this, the researcher reserved more respondents by exceeding the minimum sample size.

CHAPTER FOUR

DATA PRESENTATION, INTERPRETATION AND ANALYSIS OF RESULTS

This chapter shows the demographic characteristics of the respondents in terms of gender, age, level of education and occupation; common types of drugs adolescents are addicted to, the levels of social influences and drug addiction among adolescents and the relationship between the level of social influences and drug addiction among adolescents in Nyarugenge district.

Demographic characteristics of respondents

Respondents were asked to provide information regarding their age, gender, education level and occupation. Their responses were summarized using frequencies and percentage distributions as indicated in table 2 below:

Table 2: Demographic characteristics of the respondents

Demographic characteristics	Frequency	Percentage
Gender		
Male	120	75.0
Female	40	25.0
Total	160	100.0
Age		
11-15 Years	73	45.6
16-20 Years	87	54.4
Total	160	100.0
Level of education		
Primary school	38	23.8
Secondary school (O- level)	34	21.2
Secondary school (A- level)	28	17.5
Post primary	30	18.8
Illiterate	30	18.8
Total	160	100.0
Occupation		
Student	51	31.9
Cultivator	22	13.8
Conductor	15	9.4
Stone work	14	8.8
Other work	27	16.9
No occupation	31	19.4
Total	**160**	**100.0**

Results in Table 2 indicated that male respondents over 75% were more than female respondents over 25%. This indicates male adolescents in Nyarugenge district dominated in the sample and they are addicted than females.

Regarding age group, respondents in this sample were dominated by those between 16-20 years (54%), then followed by those between 11-15 years (46%)suggesting that most of drug abusers in Nyarugenge district are youth. This also indicates that most of the adolescents in Nyarugenge district have involved themselves so much in abusing drugs.

With respect to education qualification, majority of the respondents (24%) were primary level, followed by those of O level with (21%) indicating that respondents (adolescents) in Nyarugenge are relatively less qualified. Illiterates of (19%) were followed by those who stopped in post primary (19%) confirming the relatively low level of qualification, yet those with A level certificate were less meaning that those who mostly abuses drugs are those with low education levels.

Concerning respondents' occupation, majority (32%) were students, indicating that schools have to sensitize their students about the consequences of drug abuse. This was followed by those with no occupation implying that idlers engage themselves in drug abuse since they lack what to do during day hours.

Common types of drugs adolescents are abused to

Respondents were asked to provide information regarding on the type of drugs or alcohol they were used to. Their responses were also summarized using frequencies and percentage distributions as indicated in table 3 below:

Table 3: Common types of drugs adolescents are abused to

	Frequency	Percent
Types of drug		
Marijuana/hashish	5	3.1
Cannabis/urumogi	59	36.9
Mugo	32	20.0
Tobacco	34	21.2
Cocaine	2	1.2
Heroin	1	.6
Inhalants	27	16.9
Total	**160**	**100.0**
Alcohol		
Local beers	40	25.0
other alcohol	53	33.1
Tranquilizer	1	.6
Total	**94**	**58.8**

Source: Primary data, 2013

Results in table 3 indicate that respondents taking drugs in this sample were dominated by those taking cannabis/urumogi (37%), these were followed by those taking tobacco (21%) then those taking mugo (20%), yet those taking inhalants were very few (0.6%).

Regarding alcohol, results indicated that respondents (over 33%) were taking other types of alcohol, this was followed by those taking local beers (25%) higher than those taking tranquilizer (over .6%). This indicates that a big number of adolescents are taking other types of alcohol.

Level of social influences among adolescents

The independent variable in this study was social influences among adolescents, for which the researcher wanted to determine its level. Social influences were operationalised into 14 questions in the questionnaire. Each of these questions was based on the four Linker scales, where 1= strongly disagree, 2= disagree, 3= agree and 4= strongly agree. Respondents were asked to rate the extent to which there is social influence among them by indicating the extent to which they agree or disagree with each question. Their responses were analyzed using SPSS and summarized using as indicated in table 4 below:

Table 4a: Level of social influences among adolescents in Nyarugenge District

Categories	Mean	Interpretation	Rank
Family			
I learnt to use drug from home	3.30	Very High	1
My family are low income ear	2.90	High	2
My parents are not employed	2.67	High	3
I do what I want, nobody cares at home	2.61	High	4
I abuse drugs to escape family conflicts	2.59	High	5
My parents are authoritative	2.34	Low	6
My siblings are addicted to drug	2.29	Low	7
My Parents are addicted to drugs	2.17	Low	8
I am abused physically or/ and verbally at home	1.96	Low	9
Average mean	**2.512**	**High**	
Peer influences			
When a person stops using drugs he/she is out of the group	3.36	Very High	1
Drug use is important for your peer group	3.13	High	2
Drug use helps you to get more friends	2.63	High	3
My friends are addicted to drugs	2.53	High	4
I have been forced to use drugs by peers	2.41	Low	5
Average mean	**2.811**	**High**	
Over all mean	**2.650**	**High**	

Source: primary data, 2013

Results in Table 4a) indicate that the level of social influence is generally High on most of the items and this is confirmed by the average means of family 2.512 and on peer influences 2.811. The results indicate that the highest aspect of family was I learnt to use drug from home with a mean of 3.30. This was followed by My family are low income earner with a mean of 2.90 and so on, while the lowest aspect of family was on I am abused physically or/ and verbally at home with a mean of 1.961.

Yet the highest aspects on peer influences was When a person stops using drugs he/she is out of the group with a mean of 3.36, followed by Drug use is important for your peer group with a mean of 3.13 while the lowest aspect was I have been forced to use drugs by peers with a mean of 2.41.These results are as a result of social influence where by some were influenced by groups.

Table 4b: Level of social influences among adolescents in Nyarugenge District

Categories	Mean	Interpretation	Rank
Environment			
Drug is easy to found	3.59	Very high	1
Drugs are cheaper to your place	2.79	High	2
I live in crime prone area	2.69	High	3
I am a street kid	1.76	Low	4
I do not have a family	1.73	Low	5
Average mean	**2.514**	**High**	
Culture norms			
Rwandan culture does not allow drug use	3.29	Very high	1
Smoking and drinking means being an adult person	3.09	High	2
Tobacco and beer are most important during parties	2.88	High	3
Drugs have a value in Rwandan culture	2.05	Low	4
Average mean	**2.828**	High	
Over all mean	**2.671**	**High**	

Source: Primary data, 2013

Table 4b is still under the independent variable that was social influences among adolescents, and this included the environment and cultural norms for which the researcher wanted to determine its level.

Results in Table 4b indicate that the level of environment and cultural norms under social influence is generally good and this is indicated by the total mean of 2.51 for environment and 2.82 for cultural norms. The highest rated aspect of environment was; Drug is easy to found (mean=3.59) and this was followed Drugs are cheaper to your place (mean=2.79); and the lowest rated aspect on environment was; I do not have a family (mean=1.73). Under cultural norms the highest aspect was Rwandan culture does not allow drug use which was rated as very good (mean=3.29); followed by Smoking and drinking means being an adult person (mean=3.09) and the lowest aspect was Drugs have a value in Rwandan culture which was rated as poor (2.05).

Level of drug addiction among adolescents

The dependent variable in this study was drug addiction in Nyarugenge District, which was broken into two parts; signs of drug abuse (measured by 10 questions) and consequences of drug abuse (measured by 9 questions). All the questions were based on the four point Likert scales, ranging between one to four, where 1= strongly disagree, 2 = disagree, 3 = agree and 4 = strongly agree. Respondents were asked to rate their level of drug addiction by indicating the extent to which they agree or disagree with each question. Their responses were analyzed using means as indicated in table 5 below:

Table 5: Level of drug addiction among adolescents in Nyarugenge District.

ategories	Mean	Interpretation	Rank
igns of drug abuse			
ɔu feel anxious, stressed when you did not take a drug	2.92	High	1
ɔu always have a desire of using drugs	2.90	High	2
ɔu use drug daily	2.67	High	3
ɔu are unable to stop taking drug when you want to	2.63	High	4
'ithout drug you cannot do your daily activities	2.63	High	5
·12 months	2.63	High	6
ɔu have been engaged in illegal activities in order to obtain drug	2.54	High	7
·6months	2.19	Low	8
ɔu can do anything to get a drug	2.08	Low	9
Year and above	2.06	Low	10
verage mean	**2.518**	**High**	
onsequences of drug abuse			
'ithdrawal symptoms occur upon discontinuation of drugs	3.12	High	1
ıe society consider you as a delinquent child	2.81	High	2
ɔur income is low as a result of being addicted to drugs	2.64	High	3
ɔu have been engaged in antisocial behaviors because of drug ɔuse	2.59	High	4
ɔu have been in trouble at work/ school because of drug abuse	2.54	High	5
·ug abuse create problems between you and your parents	2.47	Low	6
ɔu have lost a job or drop out school because of drug abuse	2.46	Low	7
ɔu committed a crime as a result of abusing drugs	1.47	Very low	8
ɔu have been admitted in a psychiatric hospital	1.13	Very low	9
verage mean	**2.359**	**Low**	
ver all mean	**2.436**	**Low**	

The means in Table 5 indicate that adolescents rated themselves as low on some aspects of drug addiction. This is indicated by the overall mean of 2.436, which falls under low in the mean range. But on signs of drug abuse, adolescents rated themselves as highly having sings of drug abuse and this was indicated by the average mean (average mean=2.518). This implied that adolescents especially students in Nyarugenge are highly having signs of drug abuse at them felling anxious, stressed when you did not take a drug and always have a desire of using drugs. The highest aspect was you feel anxious, stressed when you did not take a drug (mean=2.92) followed by you always have a desire of using drugs (mean=2.90) and then you use drug daily (mean=2.67) which were rated as high.

Concerning the consequences of drug abuse among adolescents was low as indicated by its average mean of 2.359 yet the highest aspect was Withdrawal symptoms occur upon discontinuation of drugs (mean=3.12) followed by the society consider you as a delinquent child (mean=2.81) and Your income is low as a result of being addicted to drugs (mean=2.64).

Relationship Between social influences and drug addiction among adolescents in Nyarugenge district

The last objective in this study was to establish whether there is a significant relationship between social influence and drug addiction among adolescents. On this, the researcher stated a null hypothesis that there is no significant relationship between social influence and drug addiction. To achieve this last objective and to test this null hypothesis, the researcher correlated the means all aspects for social influence and means for drug addiction using the Pearson's Linear Correlation Coefficient, as indicated in table 6.

Table 6: Significant relationship between the levels of social influences and drug addiction among adolescents in Nyarugenge district

Variables correlated	R –value	Sig.	Interpretation	Decision on Ho
Social influences Vs Consequences of drug abuse	.993	.000	Significant relationship	Rejected
Social influences Vs signs of drug abuse	.992	.000	Significant relationship	Rejected
Social influences Vs over all drug addiction	.994	.000	Significant relationship	Rejected

Source: Primary data, 2013

Results in Table 6 indicated a positive significant relationship between the level of social influence and level of drug addiction, since the sig. value (0.000) was far less than 0.05, which is the maximum level of significance required to declare a significant relationship. This implies that higher social influence leads to drug addiction and low social influence reduces it. The results indicated that social influence is more effective in improving drug addiction in Nyarugenge District. Based on these results the stated null hypothesis was rejected and a conclusion is made that high social influence, enhances drug addiction.

Discussion of findings

This study was set to find out the relationship between the level of social influences and the level of drug addiction among adolescents in Nyarugenge District. It was guided by four specific objectives, that included i) identify the common types of drugs adolescents are addicted to; ii) determining the level of social influence; iii) determining the levels of drug addiction among adolescents and iv) establish the relationship between social influence and drug addiction among adolescents.

Profile of respondents

The findings indicated that majority of respondents were male 75%, the large numbers of respondents are between 16 – 20 years with 54.4%. Most of respondents are students 31.9%. The figures indicate that male abuse drugs than female and students are more affected. These findings are in line with those of RNP, 2012 where they found that the biggest age group of drug users is between 18 and 35, most of them in schools.

Common types of drugs adolescents are abused to

The first objective of this study was to identify common types of drugs adolescents are abused to. Results indicate that respondents in this sample were dominated by those taking cannabis 37%, these were followed by alcohol 33.1%, tobacco 21% yet those taking inhalants (0.6%) and tranquilizers (0.6%) were few.

The researcher noticed that cannabis, alcohol and tobacco have the high rate because there are cheaper and easy to find. Results are in line with Rwanda National Police who found that more than half of the youth use substance/drug (52.4%), but only 7.46 % are dependent on alcohol, 4.88 % on tobacco and 2.54 on Cannabis.

Level of social influences

According to the findings the level of social influences is generally high in all items. The average mean of family factors is 2.512, on peer influences the mean is 2.811, and environment factors have a total mean of 2.514 and a mean of 2.828 for culture norms. The lowest of social influences was (I do not have a family) with the mean of 1.73. While the highest aspect of social influences was (drug is easy to found) with the mean of 3.59.

Bruce Simons (2013) said that most studies that have examined both peer and parent influences have found peer influences to be substantially more important. The positive

relationship between adolescent and peer substance use has been well established for smoking, drinking, and measures combining multiple substances.

Level of drug addiction

The level of drug addiction was found to be high on almost all aspects of signs of drug abuse including the average mean=2.518. Yet under the consequences of drug abuse was found to be low and this was indicated by the average mean of (2.359), and in generally the level of drug abuse was low depending on the overall mean of (2.433).

The research noticed that adolescents in Nyarugenge district have signs of drug addiction but they do not take it as a problem because most consequences come as long-term effects. This is implying a need to sensitize adolescents on consequences of drug and alcohol consumption.

Relationship between the level of social influences and drug addiction among adolescents

The findings of the study show a positive significant relationship between the level of social influence and level of drug addiction among adolescents. This is shown by the fact that the sig. value was less than the maximum sig. value of 0.05 considered in social sciences. These finding are in line with HealthDay (2012), In the study, Joel Swendsen, of the University of Bordeaux in France, and colleagues analyzed data from a U.S. survey of more than 10,000 teens between the ages of 13 and 18. They found that more than 78 percent of the oldest teens had consumed alcohol, about 47 percent consumed at least 12 drinks a year, and about 15 percent met the criteria for alcohol abuse. The study also found that 81.4 percent of the oldest teens reported the opportunity to use illicit drugs, 42.5 percent used drugs, and 16.4 percent were drug abusers.

The median age when teens started substance use was 14 for regular alcohol use or abuse with or without dependence, 14 for drug abuse with dependence, and 15 for drug abuse without dependence and it was positively correlated where adolescents are addicted to drugs depending on the causes like environment, peer influence, lack of parental guidance and cultural norms.

CHAPTER FIVE

CONCLUSION AND RECOMMENDATIONS

This chapter presents conclusions and recommendations following the study objectives and study hypothesis. The researcher also suggests areas for further research here.

CONCLUSION

The purpose of this study was to test the null hypothesis of no significant relationship between Social influences and drug addiction among adolescents in Nyarugenge district. Considering the results, they indicate that the null hypothesis has been rejected and the results affirmed that there is positive relationship between Social influences and drug addiction among adolescents in Nyarugenge District.

From the findings of the study, the researcher concluded that most respondents in selected areas of Nyarugenge district were male, between 16-20years of age, majority are students.

The study revealed that cannabis/urumogi and alcohol were the most consumed by adolescents of Nyarugenge district. Regarding the level of social influences, it is rated high in all aspects, an indication that adolescents learnt to use drugs from home, fiends/peers and the society they live in (environmental factors). But Rwandan culture does not allow drug use, implying that the cultural norms limit them in the use of drugs.

The level of drug addiction found to be generally high under signs of drug abuse in Nyarugenge district, here education on drug abuse and its consequences should be emphasized and the relationship had a positive significant correlation, implying that the higher the social influences the higher the level of drug addiction among adolescent in Nyarugenge District.

RECOMMENDATIONS

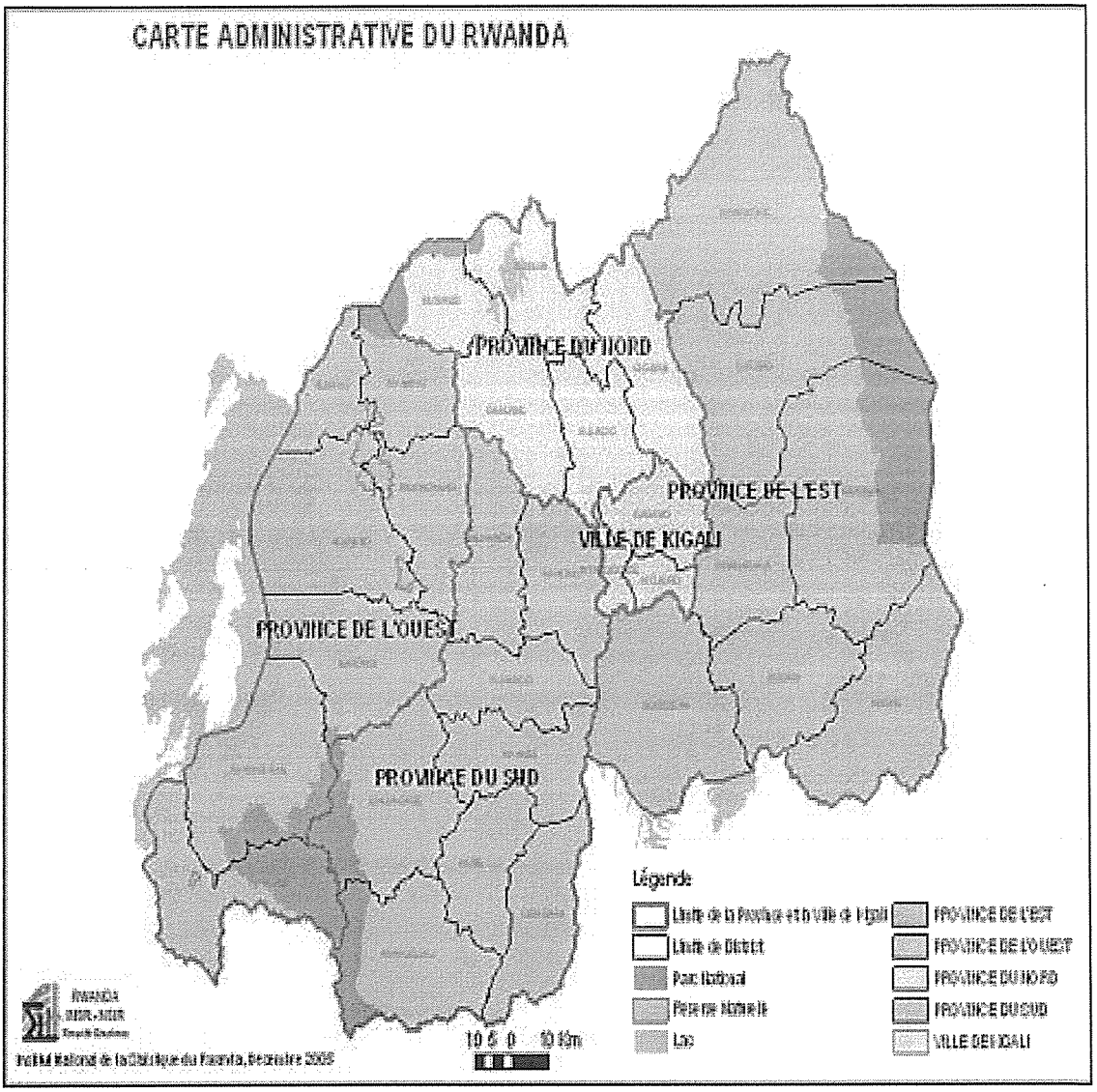
From the findings and the conclusions of the study, the researcher recommends that:

1. There is need to introduce new training concerning parenting; this will reduce on the high levels of adolescents involved in drug abuse in Nyarugenge district.
2. The researcher suggests there is need to uplift the education level or qualification of adolescents in Nyarugenge district since most of the adolescents were found to been stopped in primary.
3. There is need to educate youth in Nyarugenge district and the society at large about dangers of consuming drugs. Institutions frequented by youth like churches, mosques and schools/universities should be actively involved in passing on this information.
4. Researcher also recommends education ministry in Rwanda change the curriculum in schools to incorporate lessons on drug abuse.
5. Parents, educators and communities need to play a leading role by protecting children against exposure to these substances at a tender age.

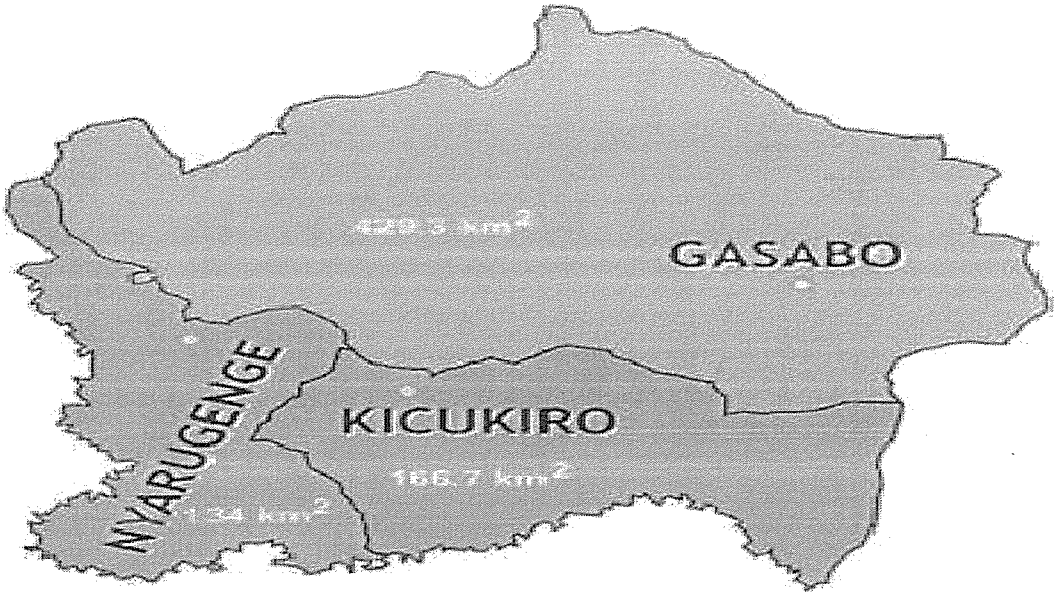
Areas for Further Research

Prospective researchers and even students should be encouraged to research on the following areas:

1. Impact of youth drug abuse on social development in Nyarugenge district.
2. Culture norms on adolescents drug abuse among the adolescents in Nyarugenge district.
3. Peer group influences and drug abuse in Nyarugenge district.


CARTE ADMINISTRATIVE DU RWANDA
PROVINCE DU NORD
PROVINCE DE L'EST
VILLE DE KIGALI
PROVINCE DE L'OUEST
PROVINCE DU SUD
Légende
PROVINCE DE L'EST
PROVINCE DU NORD
PROVINCE DU SUD
VILLE DE KIGALI
Lac

Map of Kigali City



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APPENDICES

APPENDIX I: TRANSMITTAL LETTER

KAMPALA INTERNATIONAL UNIVERSITY

Ggaba Road - Kansanga
P.O. Box 20000, Kampala, Uganda
Tel: +256 - 414 - 266813 / +256 - 772 - 322563
Fax: +256 - 414 - 501 974
E-mail: admin@kiu.ac.ug
Website: www.kiu.ac.ug

OFFICE OF THE HEAD OF DEPARTMENT, ECONOMICS AND MANAGEMENT SCIENCES
COLLEGE OF HIGHER DEGREES AND RESEARCH (CHDR)

DISTRICT DE NYARUGENGE
SECRETARIAT
07 MAR 2013
DATE RECEPTION
N° ENREGISTREMENT
SIGNER PAR

Date: 21st February,2013

RE: REQUEST OF DUKUZE NADINE MGC/35665/113/DF TO CONDUCT RESEARCH IN YOUR ORGANIZATION

The above mentioned is a bonafide student of Kampala International University pursuing Masters in Counseling Psychology.

She is currently conducting a research entitled " **Social Influences and Drug Addiction Among Adolescents in Nyarugenge District, Rwanda."**

Your organization has been identified as a valuable source of information pertaining to her research project. The purpose of this letter is to request you to avail him with pertinent information she may need.

Any information shared with her from your organization shall be treated with utmost confidentiality.

Any assistance rendered to her will be highly appreciated.

Yours truly,

Dr. Malinga Ramadhan
Head of Department,
Economics and Management Sciences, (CHDR)

NOTED BY:

Dr. Sofia Sol T. Gaite
Principal-CHDR

APPENDIX II: CLEARANCE FROM ETHICS COMMITTEE

Date_____

Candidate's Data

Name_____

Reg.# _____

Course _____

Title of Study _____

Ethical Review Checklist

The study reviewed considered the following:

___ Physical Safety of Human Subjects

___ Psychological Safety

___ Emotional Security

___ Privacy

___ Written Request for Author of Standardized Instrument

___ Coding of Questionnaires/Anonymity/Confidentiality

___ Permission to Conduct the Study

___ Informed Consent

___ Citations/Authors Recognized

Results of Ethical Review

___ Approved

___ Conditional (to provide the Ethics Committee with corrections)

___ Disapproved/ Resubmit Proposal

Ethics Committee (Name and Signature)

Chairperson _____

Members _____

APPENDIX III: INFORMED CONSENT

I am giving my consent to be part of the research study of **Ms. DUKUZE Nadine** that will focus on **Social influences and drug addiction among adolescents.**

I shall be assured of privacy, anonymity and confidentiality and that I will be given the option to refuse participation and right to withdraw my participation anytime.

I have been informed that the research is voluntary and that the results will be given to me if I ask for it.

Initials:_____

Date_____

APPENDIX IV: RESEARCH INSTRUMENT

SECTION I: Face sheet to determine the profile of respondents

Direction: Please tick where appropriate

Gender:

_____1. Male

_____2. Female

Age:

_____3. 11-15 Years

_____4. 16-20 Years

Level of education:

_____5. Primary school

_____6. Secondary school (O- level)

_____7. Secondary school (A- level)

_____8. Other

Occupation:.

_____9. Student

_____10. Other job (specify)

_____11. No occupation

SECTION II: Types of drug

Direction: On the space provided before each option, indicate your best choice by tick where appropriate.

_____12. Marijuana/ Hashish

_____13. Cannabis/urumogi

_____14. Mugo

_____15. Tobacco

_____16. Cocaine

_____17. Heroin

_____18. Inhalants (glue, aerosol, nail polish remover, cleaning fluid)

19. Alcohol

_____19.1. Local brews (Muriture, Nyirantare, Yewemuntu, Kanyanga)

_____19.2. Other beer/alcohol

_____20. Tranquilizer (Valium, Librium, Halcion, Xanax, Diazepam)

_____21. Barbiturates

SECTION III: SOCIAL INFLUENCES

Direction: On the space provided before each option, indicate your best choice by using the rating system below:

Response Mode	Rating	Interpretation
Strongly Agree	(4)	You agree with no doubt at all
Agree	(3)	You agree with some doubt
Disagree	(2)	You disagree with some doubt
Strongly disagree	(1)	You disagree with no doubt at all

Family

_____22. I learnt to use drug from home

_____23. My Parents are addicted to drugs

_____24 My siblings are addicted to drug

_____25. I abuse drugs to escape family conflicts

_____26. I am abused physically or/ and verbally at home

_____27. I do what I want, nobody cares at home

_____28. My parents are authoritative

_____29. My parents are not employed

_____30. My family are low income ear

Peer influences

_____31. My friends are addicted to drugs

_____32. I have been forced to use drugs by peers

_____33. Drug use helps you to get more friends

_____34. Drug use is important for your peer group

_____35. When a person stops using drugs he/she is out of the group

Environment

_____36. Drug is easy to found

_____37. Drugs are cheaper to your place

_____38. I do not have a family

_____39. I am a street kid

_____40. I live in crime prone area

Culture norms

_____41. Drugs have a value in Rwandan culture

_____42. Tobacco and beer are most important during parties

_____43. Smoking and drinking means being an adult person

_____44. Rwandan culture does not allow drug use.

SECTION VI: DRUG ABUSE

Direction: On the space provided before each option, indicate your choice by using the rating system below:

Response Mode	Rating	Description
Strongly Agree	(4)	You agree with no doubt at all
Agree	(3)	You agree with some doubt
Disagree	(2)	You disagree with some doubt
Strongly disagree	(1)	You disagree with no doubt at all

Signs of drug abuse

46. Time u have been using drugs

_____46.1. 1-6months

_____46.2. 6-12 months

_____46.3. 1 Year and above

_____47. You use drug daily

_____48. You always have a desire of using drugs

_____49. You feel anxious, stressed when you did not take a drug

_____50. Without drug you cannot do your daily activities

_____51. You can do anything to get a drug

_____52. You are unable to stop taking drug when you want to

_____53. You have been engaged in illegal activities in order to obtain drug

Consequences of drug abuse

_____54. Withdrawal symptoms occur upon discontinuation of drugs (Insomnia, headache, sweating, anxiety, depression, tremor, agitation, confusion, Hallucinations).

_____55. Drug abuse create problems between you and your parents

_____56. You have been in trouble at work/ school because of drug abuse

_____57. You have lost a job or drop out school because of drug abuse

_____58. The society consider you as a delinquent child

_____59. You have been engaged in antisocial behaviors because of drug abuse (steel, run away from home, sexual activities).

_____60. You committed a crime as a result of abusing drugs

_____61. Your income is low as a result of being addicted to drugs

_____62. You have been admitted in a psychiatric hospital

APPENDIX V: BUDGET

Particular	**Quantity**	**Amount**
Stationary	Paper 4 Reams Ink 1 Cartridge Binding materials 10	40,000/= 35,000/= 250,000/=
Research Assistants	3 @ 100,000	300,000/=
Transport costs		500,000/=
Data Analysis		100,000/=
Up keep		300,000/=
Miscellaneous		200,000/=
	Total	**725,000**

APPENDIX VI: TIME FRAME

Activity	Jan	Feb	March	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
1. Conceptual Phase												
Chapter 1												
2. Design & Planning Phase												
Chapter 2-3												
3. Thesis Proposal												
4. Empirical Phase												
Data Collection												
5. Analytic Phase												
Chapter 4-5												
6.Dissemination Phase												
7. Viva Voce												
8. Revision												
9. Final Book Bound Copy												
10. Clearance												
11. Graduation												