



Association
des Guides du Rwanda

**INFLUENTIAL FACTORS OF
ALCOHOLISM AND DRUG
ABUSE AMONG YOUTH IN
RWANDA**

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Final Report

**Submitted by
ELCG Ltd**

TABLE OF CONTENTS

TABLE OF CONTENTS.....	II
LIST OF TABLES	IV
LIST OF FIGURES.....	V
ABBREVIATIONS AND ACRONYMS	VI
EXECUTIVE SUMMARY	VII
ACKNOWLEDGEMENT.....	ERROR! BOOKMARK NOT DEFINED.
CHAPTER 1: BACKGROUND	1
1.1. INTRODUCTION.....	1
1.2. OBJECTIVES OF THIS STUDY	1
CHAPTER 2: LITERATURE REVIEW	2
2.1. DRUGS USE AND RELATED HARM AMONG ADOLESCENTS.....	2
2.2. EFFECTIVE PREVENTION INTERVENTIONS WITH RWANDAN ADOLESCENT POPULATIONS.....	4
2.3. DEFINITION OF KEY CONCEPTS.....	6
2.3.1. <i>Substance Use Disorder</i>	6
2.3.2. <i>Alcohol Use Disorder</i>	6
2.3.3. <i>Drug Use</i>	7
2.3.4. <i>Drug Abuse</i>	7
2.3.5. <i>Drug Dependence (DSM-V)</i>	7
CHAPTER 3: METHODOLOGY.....	8
3.1. INTRODUCTION.....	8
3.2. QUALITATIVE METHOD	8
3.2.1. DESK REVIEW	8
3.2.2. INTERVIEWS WITH KEY INFORMANTS	8
3.2.3. FOCUS GROUP DISCUSSIONS.....	8
3.3. SAMPLING AND SAMPLE SIZE.....	9
3.4. PILOT STUDY.....	11
3.5. LIMITATIONS	11
CHAPTER 4: DATA ANALYSIS AND FINDINGS.....	11
4.1. SOCIO-DEMOGRAPHIC CHARACTERISTICS	11
4.2 KNOWLEDGE	13
4.2.1 <i>Hearing of drugs</i>	13
4.2.2 <i>Heard Drinks</i>	14
4.2.3 <i>Heard Spirit Drinks Little Bottles</i>	15
4.2.4 <i>Heard Liquor Drinks Big Bottle of 65 l</i>	16
4.2.5 <i>Discussion about alcohol consumption and drug abuse</i>	17
4.2.6 <i>Signs of Drug consumer</i>	18
4.3. USAGE OF DRUGS AND ALCOHOL CONSUMPTION.....	18
4.3.1 <i>Consumption of Smoking Products</i>	18
4.3.2 <i>Consumption of Local Beer</i>	19
4.3.3 <i>Consumption of Small Spirits</i>	19
4.3.4 <i>Consumption of Big Spirits</i>	20
4.3.5 <i>Consumption of Industrial Beer</i>	20
4.3.6 <i>Relatives to suffer from substance use</i>	21

4.4. CAUSES / FACTORS	21
4.4.1 Causes of alcohol consumption and drug abuse	21
4.4.2 Facility for accessibility	22
4.4.3 Places for accessibility.....	23
4.5. CONSEQUENCES / GAPS.....	24
4.5.1 Alcohol and drug abuse are a problem: At how extent.....	24
4.5.2 Consequences of alcohol consumption and drug abuse	25
4.6. PREVENTION MECHANISMS.....	26
4.6.1 Mechanisms to avoid alcohol consumption and drug abuse	26
4.6.2 Injuries and death as a result from alcohol consumption and drug abuse	27
4.6.3 Support services to manage alcohol consumption and drug abuse.....	28
4.6.4 Alcohol addiction and treatment	28
4.6.5. Treatment centers.....	29
CHAPTER 5: CONCLUSION AND RECOMMENDATIONS	30
5.1 CONCLUSION	30
5.2 RECOMMENDATION	32
5.2.1 Recommendations to Parents	32
5.2.2 Recommendations to Youth	32
5.2.3 Recommendations to Local Government authorities.....	32
5.2.4 Recommendations to the community.....	33
REFERENCES.....	34
ANNEX 1 : QUESTIONNAIRE DESIGNED FOR YOUTH AND PARENTS	35
ANNEX 2 :KII & FOCUS GROUP DISCUSSION GUIDE.....	41

LIST OF TABLES

TABLE 1: SOCIO-DEMOGRAPHIC CHARACTERISTICS OF RESPONDENTS (N=402)	12
TABLE 2: USAGE OF SMOKING PRODUCTS	18
TABLE 3: USAGE OF LOCAL BEERS.....	19
TABLE 4: USAGE OF SMALL SPIRITS.....	19
TABLE 5: USAGE OF BIG SPIRITS	20
TABLE 6: USAGE OF INDUSTRIAL BEER	20

LIST OF FIGURES

FIGURE 1: HEARD DRUGS (N=402)	13
FIGURE 2 : HEARD DRINK (N=402)	15
FIGURE 3: HEARD SPIRIT DRINKS LITTLE BOTTLES (N=402)	16
FIGURE 4: HEARD LIQUOR DRINKS (N=402).....	16
FIGURE 5 : DISCUSSION WITH YOUTH ABOUT ALCOHOL CONSUMPTION AND DRUG ABUSE (N=402)	17
FIGURE 6: TYPES OF SIGNS OF DRUG CONSUMERS (N=402)	18
FIGURE 7: CAUSES OF ALCOHOL CONSUMPTION AND DRUGS ABUSE (N=402).....	22
FIGURE 8: FACILITY FOR FINDING (N=402)	23
FIGURE 9: PLACES WHERE TO FIND ALCOHOL AND DRUGS (N=402)	23
FIGURE 10: HOW MUCH ALCOHOL CONSUMPTION AND DRUG ABUSE ARE PROBLEMS (N=402)	24
FIGURE 11: PERSONS PUNISHED FOR DRUG USE FROM 2012 TO 2017, RBC	25
FIGURE 12: CONSEQUENCES OF ALCOHOL CONSUMPTION AND DRUG ABUSE (N=402)	25
FIGURE 13: MECHANISMS TO AVOID ALCOHOL CONSUMPTION AND DRUG ABUSE (N=402)	26
FIGURE 14: INJURIES AND OR DEATH AS CONSEQUENCES OF ALCOHOL AND DRUG ABUSE (N=402)	27
FIGURE 15: PLACES WHERE TO LOOK FOR SUPPORT SERVICES (N=402)	28
FIGURE 16: SOMEONE ADDICTED AND HAD A TREATMENT (N=402)	29
FIGURE 17: WHERE ADDICTED HAD A TREATMENT (N=113)	29

ABBREVIATIONS AND ACRONYMS

AGR	Association de Guide du Rwanda
AIDS	Acquired immunodeficiency syndrome
DRC	Democratic Republic of Congo
DSM V	Diagnostic and Statistical Manual of Mental Disorders, 5th Edition
ELCG	Effective Logistic and consultant Group
etc.	Et cetera
FGD	Focus group discussion
HIV	Human immunodeficiency virus
ID	Identification
KII	Key informant Interview
MOH	Ministry of Health
RBC	Rwanda Biomedical Center
RNP	Rwanda National Police
SPSS	Statistical Package for the Social Sciences
TVET	Technical and Vocational Education and Training
WHO	World Health Organization

EXECUTIVE SUMMARY

The study “Influential Factors of Alcoholism and Drug Abuse among Youth in Rwanda” occurred in 2019. This survey among parents and youth intends to solicit responses that reflect the alcohol and drug consumption among youth, the causes and gaps risks, protective and contributing factors in existing mechanisms to prevent their harm and propose long-term solutions.

This is a cross-sectional study with a mixed-method, qualitative and quantitative. Data collection took place in four districts (Nyagatare, Burera, Rubavu, and Bugesera) that are across the border of neighboring countries as detailed in methodology. The researcher combined the quantitative and qualitative approach focusing on five specific objectives i.e. (1) to identify the level of alcohol and drug consumption among youth (2) to identify and analyze the causes of the alcohol and drug abuse among youth. Furthermore, (3) to collect and analyze views and information on gaps, risks of the alcohol and drug abuse among youth; (4) to assess the protective and contributing factors in existing mechanisms to prevent their harm, and (5) to formulate and propose long-term solutions for future actions in line with this mission. Qualitative responses were coded through Word and Excel and subsequently analyzed based on content analysis in order to measure the frequency of different themes that emerged. Quantitative data analysis occurred through Excel or SPSS.

In terms of findings, almost all respondents have heard about cannabis or marijuana (96.3%), cigarette (94.3%), and have heard tobacco leaves in 82.3% of cases and have heard about banana beer and sorghum beer (96.3% and 96.8% respectively). Moderately known spirit drinks include waragi (88.6%), Siriduwire (83.6%), and Kanyanga (81.6%) and the moderately heard liquor drink is Uganda Warage (84.6%) whereas Bond 7 occupies the second rank (72.1%) and Whisky the third rank (69.7%).

The study results revealed that 64% of respondents have discussed with youth and parents about alcohol consumption and drug abuse. The majority of drug consumers have excessive aggression (85.3%). Study participants use smoking products in 14.2% of cases, and use banana beer and sorghum beer in 37.1% and 41.0% respectively. More so, they use Uganda Waragi as big spirit in 19.4% of cases.

Study participants use frequently Primus (33.6%), Mützig (31.8%), Skol (23.6%), and Turbo (17.9%) at least once a week in more than 62 % of cases and some of the participants in the study confirmed that they know, either a relative or a neighbor who suffered from alcohol consumption or / and drug abuse. Results of the study reveal that 71.9% of causes of alcohol consumption and drugs abuse is peer groups.

However, family conflicts and poverty rank second and third causes in 64.4% and 61.7% of cases respectively and they confirmed that the irregular vendors keep secret in 65.2% of cases whereas frequent on frontiers (59.7%), affordability (55.2%), given to whoever buys (52.5%) occupy important roles in facility to accessibility. Study participants stipulate that bars and

irregular vendors constitute places where to find alcohol and drugs in the respective order of 69.4% and 68.9%. Boutiques and friends come third and fourth to constitute such places.

The consequences of alcohol consumption and drug abuse include among others poverty (79.1%), imprisonment (70.4%), mental health disorder (69.7%), and death (67.9%). Study participants propose to avoid peer group with vendors and consumers in 58.2% of cases and to avoid curiosity and desire in 57.2% of cases in addition to peer group pressure in 54.7% of cases and they confirm that injuries and or death occurred due to alcohol and drug abuse last year in 44% of cases. Pregnant women who use drugs may be more likely to harm the fetus with risky behaviors and poor nutrition. Drug use can lead to premature birth or low birth weight.

More so, they mention that health facilities and community health workers are well suited to support victims of alcohol consumption and drug abuse in the majority of cases (68%). The respondents in the sampled population reported that they could confirm that someone being addicted had a treatment at the proportion of 28.1%. Once an individual recognizes the negative impact of a substance on their life, a wide range of treatment options is available.

In general, the common drugs are well known by the sampled population which means that their use is deliberated and conscient. The consumption of alcohol and drug abuse is for advertisement, as they are cheap and available. The drugs consumed are from frontier foreign industries and the acquisition is very easy. The alcohol consumption and drug abuse is a public health concern for everyone: youth, parents, teachers, security forces, community health workers, local authorities and healthcare providers. Human beings have always had a desire to eat or drink substances that make them feel relaxed, stimulated or euphoric. Drug abuses affect almost everybody in the society but the most vulnerable groups are children between ten and under eighteen years. The study identified peer pressure as a cause of initial drug use, and poverty is a crosscutting issue of alcohol consumption and drug abuse because it is among the causes and the consequences. All drugs affect the brain's "reward" circuit, which is part of the limbic system, longer-term effects can include heart or lung disease, cancer, mental illness, HIV/AIDS, hepatitis, and others. The best way to avoid addiction is to prevent it from becoming a problem by abstaining from the beginning.

The research on alcohol use examined the evolution of alcohol and drugs and their determinants, interrogated the recurring themes, gaps, and best practices. These findings will help policy-makers to strengthen the preventive measures for substance use and co-morbidities especially in young people. They will also be useful in making informed decisions regarding the drug policies and improved access to drug treatment services for young people. Further studies are required to address this issue countrywide.

FORWARD

The deepest appreciation is addressed to all people who contributed to the success of this study and whose names were not all specified on the list. The staff of IOGT-NTO Movement Sweden provided a very conducive working environment and high professional standards to inspire and to motivate AGR throughout the completion of this scientific work.

To conduct this study, the Association des Guides du Rwanda (AGR) was seeking to place a greater focus on advocacy for Alcohol Law Formulation to enhance regulation of these substances and their impact on youth lives in partnership with governmental and non-governmental institutions. The Alcohol Law formulation will contribute to one of AGR's desired outcomes, which is to assist the Government of Rwanda set up tangible and long-term solutions to alcohol and drug abuse. The National Alcohol Survey is one of the activities envisaged under this work area. The research on alcohol use examined the evolution of alcohol and drugs and their determinants, interrogated the recurring themes, gaps, best practices and findings oriented a policy paper with effective recommendations for action.

Specifically, the study aimed to identify the level of alcohol and drug consumption among youth in addition to identify and analyze the causes of the alcohol and drug abuse among youth. Furthermore, the study emphasized on collecting and analyzing views and information on gaps, risks of the alcohol and drug abuse among youth. Moreover, the study assessed the protective and contributing factors in existing mechanisms to prevent their harm, and, went for to formulate and propose long-term solutions for future actions in line with this mission. Drugs use and abuse among the adolescents affect the individual, family and community in Rwanda. However, the current arsenal of effective approaches to increase adherence to risk-reduction strategies and communication with Rwandan adolescents remains insufficient.

Based on the findings, we are grateful to parents who would avoid quarrels, separation and divorce that lead to drug abuse and alcohol consumption among their children, and by getting enough time for socialization of their children in order to impart good morals ethics and ideals. Those who drink alcohol or take drugs at homes should educate their children on the adverse effects of alcohol and drug abuse, if possible stop drinking or smoking before their children and

then encourage the children to actively participate in religious affiliations and have time to pray, go to school and provide them occupation after the school.

Furthermore, we are grateful to youth who are taught how to select their peers and avoid bad companion and should be encouraged to good manners, ethics, ideals and discipline from parents, teachers and other behavior shapers. They are encouraged to participate in anti-drug clubs to understand the dangers of drug abuse and the associated heart or lung disease, cancer, mental illness, HIV/AIDS, hepatitis, and others. They are also encouraged to be busy by studying and assisting parents with light duties in order to avoid joblessness and provide earlier information on alcohol consumption and drug abuse.

Moreover, we are grateful to local authorities who are committed to include their knowledge of harm of drug abuse and alcohol consumption in primary schools 'curricula. They have also to teach children how to keep themselves busy either through sports/games, gardening, fine arts, cooking, studying, assisting parents with light duties in order to avoid joblessness which sometimes results into idling that incline children towards engaging into the readily available means of socialization and social enjoyment and others. They have mandate to control production and trafficking of drug and alcohol, put in place serious punishment for illegal drug vendors, and provide enough rehabilitation centers. They finally have to increase the taxes on the drugs (manufactured locally or foreign drugs) and they have to provide more training opportunities for vocational skills to the available TVET schools to absorb maximum number of children who complete their primary education and secure no chances of secondary education.

In fine, we are grateful to the community who will be able to identify drug dependence individuals, and refer them to health facilities for treatment.

Executive Secretary
Association des Guides du Rwanda (AGR)

Chapter 1: BACKGROUND

1.1. Introduction

The 2014 global status report on alcohol and health by the World Health Organization indicated that consumption of beer and spirits among Rwandans accounted for only 11 percent and one percent respectively. The figure suggests that 89 percent of the consumed alcohol either brewed through unregulated traditional means or illegally sold. Examples are the likes of the infamous *Muriture*, *Bareteta*, *Yewe Muntu*, *Ibikwangari*, *Kambuca*, *Akayuki*, *Imbutabuta*, and others. Few studies are conducted in Africa in general and in Rwanda in particular. However, carried out studies employed closed questions on the of substance use among youth.

While these results provide an initial context for the types and of substance use in Rwanda, their determinants are not well defined to provide tangible and long-term solutions to alcohol and drug abuse among youth/adolescents. AGR has further interest in identifying how substance users among youth procure their drugs and/or alcohol, how they perceive their substance use.

To conduct this study, the Association des Guides du Rwanda (AGR) was seeking to place a greater focus on advocacy for Alcohol Law Formulation to enhance regulation of these substances and their impact on youth lives in partnership with governmental and non-governmental institutions. The Alcohol Law formulation will contribute to one of AGR's desired outcomes, which is to assist the Government of Rwanda set up tangible and long-term solutions to alcohol and drug abuse. The National Alcohol Survey is one of the activities envisaged under this work area. The research on alcohol use examined the evolution of alcohol and drugs and their determinants, interrogated the recurring themes, gaps, and best practices; and findings oriented a policy paper with effective recommendations for action.

1.2. Objectives of this Study

The aim of this study is to contribute to a better understanding of substance use among youth in Rwanda. Specifically, the study seeks to:

- (1) Identify the level of alcohol and drug consumption among youth,
- (2) Identify and analyze the causes of the alcohol and drug abuse among youth,
- (3) Collect and analyze views and information on gaps, risks of the alcohol and drug abuse among youth,

- (4) Assess the protective and contributing factors in existing mechanisms to prevent their harm, and,
- (5) Formulate and propose long-term solutions for future actions in line with this mission.

Chapter 2: LITERATURE REVIEW

Drugs use and abuse among the adolescents affect the individual, family and community in Rwanda. However, the current arsenal of effective approaches to increase adherence to risk-reduction strategies and communication with Rwandan adolescents remains insufficient.

2.1. Drugs Use and Related Harm among Adolescents

The quality of parenting and nurturing in Rwandan families is under severe threat as the findings demonstrates that tobacco, alcohol, marijuana and other substance use are realities in the daily lives of youth in Rwanda (Kanyoni, Gishoma & Ndahindwa, 2015), worsening the existing socio-economic problems experienced in the mostly disadvantaged communities by contributing to the destruction of individuals, families and communities (Jackson, Usher,& O'Brien,2006).

The rate of substance uses among the youth ranging, in age from 14-35 years was 34% for alcohol and 8.5 % for tobacco smoking (Kanyoni, Gishoma & Ndahindwa, 2015). Despite the fact that the statistics of illicit drugs use among the youth is pale with 2.54 % dependent on cannabis and 0.1 % of youth using diazepam to the region and the world, condition that expose them to this issue are present. The presence of direct and indirect impact of genocide against the Tutsis and related consequences, such as being orphans of one or two parents, being neglected, destitute, abandoned, or abused, or having a parent or guardian with mental health problem due to exposure of organized violence, suffered increased poverty levels; being a victim of organized violence and family violence or is alcohol or drugs abuse themselves (Rieder & Elbert, 2013) may contribute to drugs use and abuse behaviours among the youths. It is evident that the above conditions could apply to the majority of Rwandan youth. For parents and other caregivers, therefore, there is no escaping the impact of the alcohol and other drugs use on the lives of their children and adolescents, resulting from an increased incidence of social, emotional, physical, economic problems (Velleman et al., 2005; Griffin & Botvin, 2010). The consequences of such problems are played out in the home setting (Velleman et al., 2005), as Rwandan parents struggle

to balance the already challenging role of parenting in post genocide against the Tutsi worsened by the globalization and new technology bringing new culture and family stressors with the additional demands imposed by increased levels of anxiety, severe trauma, stigma, and increased poverty experienced by youth involved in drugs abuse (Rieder & Elbert, 2013).

Given their unique relationship with adolescents, it has long been internationally recognized that parents and families have the ultimate responsibilities to protect and educate their own children about drugs (Velleman et al., 2005; Vimpani, 2005), and hence the government's role to equip parents and families in performing this task. However, although many countries have developed schools, families, media and community responses to meet the needs of children and adolescents at risk of drugs abuse (Velleman et al., 2005; United Nations' Office on Drugs and Crime (UNDOC,2009), few family intervention if not in Rwanda seem to have directed attention to, or invested resources in parenting skills and drugs education for this purpose.

In Rwanda, a study conducted by the Ministry of Youth and ICT in collaboration with Kigali Health Institute (KHI) in 2011, revealed that 52.5% of Rwandan youth aged between 14 and 35 years had consumed or abusing alcohol, tobacco and cannabis at least once in their lifetime. In a nationally representative sample survey, overall the past-30 days (whether the youth has used the drug within last month)8.5% were current cigarette smokers, 34% had consumed at least one alcoholic beverage within the previous month and 2.7% had used cannabis within the previous 30 days, 0.2% for glue and 0.1% for medicine like diazepam (Kanyoni, Gishoma and Ndahindwa,2011).

It is further estimated that one young man or woman out of every 13 is alcohol dependent (Kanyoni, Gishoma&Ndahindwa, 2011). In Ndera Neuropsychiatric Hospital, patients with alcohol and drugs induced mental illness ranged from 440(2.8) in 2009, 994 (7.6) in 2010, 989(7.7) in 2011, and 1099(8%) in 2012(Rwandan Biomedical Center, n.d).

The anti-drug policy in Rwanda encompasses the following areas: preventive education and policy, treatment and rehabilitation, legislation and law enforcement. There may be persistent believe that the campaign for drugs eradication launched by the Ministry of Youth and ICT in response to the demand by Her Excellency the First Lady Jeannette Kagame in December 2011, the Neighbour's eye' programme was designed to push campaign to the village level throughout

the country is sufficient. In his article, ‘winning the fight against drugs abuse among the youth, the Minister of Youth and ICT Jean Philbert Nsengiyumva said that to win the battle against alcohol, tobacco and illicit drug use among youth Rwandans, it needs much more than policy, government backed programmes and law enforcement. The success will depend on mind-set change towards the traditional and cultural value of these substances and urged parents, educators and communities to play a leading role by protecting children against exposure of these substances at a tender age (Nsengiyumva, 2012).

2.2. Effective Prevention Interventions with Rwandan Adolescent Populations

In the development of adolescent risk health behaviors interventions, family has been described as having a pivotal role in the etiology of adolescent risk health behaviors such as alcohol and other drugs abuse (Vimpani and Spooner, 2003). However, parental or family influence, does not occur in a vacuum as there are multiple determinants of alcohol and drug use and abuse such as intra-personal factors, peer influence, and wider community and environmental factors such as media influences, advertising, availability and environmental deprivation needed to consider in any broad analysis of etiology and equally of prevention and intervention strategies (Velleman et al., 2005). Imbuto foundation in collaboration with multiple partners felt a need for promoting the family involvement in children and young people health particularly risk behavior prevention and interventions aimed at helping the family/parents prevent adolescent risk health behaviors among adolescents. In addition, they found interest in integrating parent-adolescent communication (PAC) programme as a means to effectively prevent or reduce adolescent’ risk health behavior particularly prevention of HIV/AIDS. PAC’s are programmes that have been rigorously tested in various studies, and have proved to effectively address not only sex-related behaviors and alcohol and drugs abuse, but also, other risk behaviors, and psychosocial adjustment such as the development of depression and anxiety and engagement in antisocial activities (Barnes and Olson, 1985), the development of the adolescent’s moral reasoning, academic achievement and self-esteem (Holstein, 1972; Hartos and Power, 2000), mental health (Collins, Newman and Mckenry, 1995), depression (Brage and Meredith, 1994), delinquency (Clark and Shields, 1997) both causes for drug abuse (Faroe, 2012).

In a recent survey conducted by the Ministry of Health, Rwanda Mental Health Survey (2018), the study of disorders related to alcohol estimated the use at 1.6% of the Rwandan population. In

2015, researchers conducted a cross-sectional home survey in Rwanda among 2,479 youth, aged 14 to 35 years-old (Kanyoni, M., Gishoma, D., & Ndahindwa, V. (2015). Youth were asked to self-report their substance use through the Alcohol Use Disorders Identification Test (AUDIT), the Cannabis Abuse Screening Test (CAST), and the Hooked on Nicotine Checklist (HONC). The study ascertained that over the past month, 34% of youth used alcohol and 7.5% were alcohol dependent; 8.5% smoked tobacco and 4.9% were nicotine-dependent; 2.7% used cannabis and 2.5% were dependent on the drug, and 0.1% used drugs such as diazepam.

Even although research has shown that communication alone have not been successful in reducing risk behaviors such as drugs use (Williams et al., 2010), Kelly at al (2002) found that having someone to talk about substance use greatly enhanced the adolescents' perceived restrictions were associated with lower alcohol, tobacco and other drugs use. In keeping with most drugs prevention programmes, the family has been described as having pivotal role and key player in both prevention and intervention to encourage and promote protection and resilience (Velleman et al., 2005; UNDOC, 2009). Based on this evidence, we hypothesize that parent-adolescent communication alone are not sufficient to influence adolescent drugs use behaviour. In order to further investigate this issue, this study evaluates parental attitude towards parent adolescent communication(PAC) as this regard do not seem to have received much attention in developing country in general and in Rwanda in particular, nor has the parenting skills and education about drugs gained from personal experience of parents been examined in the training.

Although parents have been considered an underutilized resource for educating their children adolescents about risk behaviors, the Eco-developmental. Theory also posits that as parents play a primary role in the socialization of their children they can exert a strong impact in preventing adolescent risk behaviors. In this study, the framework is derived from Eco developmental Theory as it investigates risk and protective factors in Rwandan youths' drug use as well as counting for the role of family and parent – adolescent influences as they are exposed to family issues, deviant peers and mass media. However, there two broad parental factors associated with risk for alcohol and drugs abuse among adolescent that need to be examined. The first relates to socioeconomic disadvantage where, despite some motivation to protect their children from drugs use, parents or caregivers (hereafter referred to as 'parents') in Rwanda may lack access to adequate resources and support to reduce drugs use and related harm among the adolescents such

as training on parenting skills and lack of time for their children. The second factor relates to parents' concern about the building of trust and communication about drugs use (Hurt et al., 2013).

These past studies had not adequately researched and reported on relationships between youth and substance use. Existing literature presents scant information on their substance use behaviors and consequences.

2.3. Definition of Key Concepts

2.3.1. Substance Use Disorder

DSM V (2013) defines substance use disorder as a group of cognitive, behavior, and physiological symptoms indicating that an individual continues using substances despite the fact that these substances are causing him /her problems. We defined several criteria in order to satisfy a diagnosis of substance use disorder.

Among these are impaired control and social impairment, risky use of substances and increased consumption of substances over time.

Impaired control is the first criterion and is manifested when an individual takes a substance in large amounts or for long periods, reports multiple unsuccessful attempts to quit using substances, spends a large amount of time trying to obtain substances and their daily activities revolve around substance use. We characterized social impairment criteria with an individual's failure to fulfill his or her responsibilities at the work place, personal problems as well as reduced participation in social events that are aggravated by the effects of substance use. Risky use of substances is the third criteria, to characterize an individual who keeps using despite physiological and psychological problems caused by substance use. The last criteria are pharmacologic criteria, which deals with an increase of dosage in order to satisfy a desire (DSM-V, 2013).

2.3.2. Alcohol Use Disorder

The WHO defines alcohol as a psychoactive substance with dependence-producing properties (WHO, 2014). According to the DSM V (2013), alcohol use disorder is a cluster of behaviors and physical symptoms that can include tolerance and craving. In order to diagnose alcohol addiction, an individual must have consumed large quantities of alcohol over a prolonged period

with persistent or unsuccessful efforts to control consumption. Furthermore, such an individual continues to use alcohol despite physical, psychological and/ or social interaction problems.

For the purpose of this study, alcohol use disorder and substance use disorder are simply 'substance abuse' throughout.

We defined the concept of "drug" as any chemical substance that affect living organism. We used such a substance to fight infections and illness or minimize pain, fatigue, anxiety or at times to achieve certain level of euphoria. WHO (1952) defined "drugs" as any substances that when taken into a living body produce reactions or modify its psychological and physiological functioning.

2.3.3. Drug Use

Taking a psychoactive substance for non-medical purposes (**DSM-V**)

2.3.4. Drug Abuse

Drug use that leads to problems such as loss of effectiveness in society, behavioral psychopathology, and criminal acts (**DSM-V**)

2.3.5. Drug Dependence (DSM-V)

A maladaptive pattern of drug use leading to clinically significant impairment or distress, associated with difficulty in controlling drug-taking behavior, withdrawal, and tolerance.

Chapter 3: METHODOLOGY

3.1. Introduction

Four techniques were used to collect both qualitative and quantitative data, namely the desk review, interviews, focus group discussion (FGDs) and questionnaire survey. Data collection took place in four districts (Nyagatare, Burera, Rubavu, and Bugesera) that are across the border of neighboring countries.

3.2. Qualitative method

3.2.1. Desk review

This technique enabled researchers to gather and make use of various specialized reports, scientific works as well as reports of activities, especially those dealing with issues related or associated to alcohol and drugs abuse in youth. The desk review aimed at equipping the researchers with a general overview of the topic under research, to gain a deep understanding of the issues involved and supplement other research instruments.

3.2.2. Interviews with key informants

In order to gain more information and critical data that was emerged from the quantitative survey, researchers identified a number of resource persons to give interviews. These people included key knowledgeable of drugs use from RBC, AGR, youth representatives in district and sector, youth clubs' representatives and Head masters of the schools in the visited sectors.

3.2.3. Focus Group Discussions

Even though the questionnaire and desk review provided plenty of useful information, the survey used FGDs to assess perceptions, experiences. impact and challenges about the drug use and alcohol consumption among youths and after made the discussion on what to do as big recommendation to undertake, to improve or orient decision making about whether to prevent, replicate or scale up in making a necessary intervention.

In each of the two sectors sampled in each district, two FGD were conducted, one for youth and another for parents. In total, sixteen (16) FGD were conducted in the four (4) districts sampled.

Each FGD was composed of 8 – 12 participants selected among the respondents of the quantitative survey.

3.3. Sampling and Sample Size

A number of factors, including the purpose of the study, the risk of selecting a bad sample, and the allowable sampling error, usually influence the sample size. In addition, three criteria needed to determine the appropriate sample size, namely, (1) the level of precision, (2) the level of confidence, and (3) the degree of variability in the attributes (Miaoulis and Michener, 1976).

The Level of precision: The level of precision, sometimes called sampling error, is the range in which the researcher estimated the true value of the population. This was expressed in percentage points (e.g. +5 percent). In the this study, the researcher preferred a high precision of results as 2%.

The confidence level: In the present study, the population size implies that the assumption of normal populations is straightforward for both strata. Therefore, approximately 95% of sample typical values are within two standard deviations of the true population values. the researcher applied this confidence level to this study.

Degree of variability: It refers to the variation of the distribution of attributes of interest in the population. The more heterogeneous a population is, the larger the sample size is required to obtain a given level of precision. A proportion of 50 % indicate a greater level of variability than either 20% or 80%. This is because 20% and 80% indicate that a large majority do not or do respectively, have the attributes of interest. The previous studies indicator values will allow the present study to choose an appropriate degree of variability. Therefore, the degree of variability provisionally adopted for this study is 50%. Based on the above factors, the sample size statistically accepted for the study determined using the following formula:

$$n = \frac{z^2 pq}{e^2}$$

Applying the following finite population correction factor

$$pcf = \sqrt{\frac{N-n}{N-1}}. \text{ Then the final sample size will be}$$

$$n_f = \frac{n \cdot N}{n + (N - 1)};$$

Where $n = \frac{z^2 pq}{e^2}$; N is the population size; n the infinite population sample size

p is the proportion of people satisfied with the desired characteristics;

$q(1 - p)$ is the proportion of people not satisfied with the desired characteristic;

e is the acceptable margin of error or the level of precision required;

For this particular study, z is the value of the standard normal random variable at 95% level of confidence.

z	1.96
q	0.5
p	0.52
e	0.06

The study population was the population of the eight sectors selected as indicated in the table below.

District	Sector	Population
Nyagatare	Matimba	23,704
	Rwimiyaga	57,527
Burera	Cyanika	37,618
	Butaro	31,520
Rubavu	Gisenyi	53,603
	Mudende	26,031
Bugesera	Kamabuye	20,843
	Ntarama	17,978
Total		268,824

Source: Rwanda 4th Population and Housing Census, 2012 (NISR)

The minimum sample size for study is $n \geq 1.96^2 * 0.52 / 0.052 = 384$ participants. So, to improve estimation results, adjust for potential non-response, and invalid questionnaires the minimum sample will be increased around $n = 400$ respondents.

The overall sample size was 400 respondents from four districts with 100 persons/district in the implementation area of the AGR project. Among them, 120 respondents were parents and 280 respondents were youths. The data collection occurred in October 2019, in each sector, parents and youths aged between ages 15 and 36 years old were systematically sampled. A team of two (2) enumerators conducted the survey in the selected sector for two (2) days. That means that we conducted the survey during four (4) days including FGD and KII.

3.4. Pilot Study

The researcher conducted a pilot survey to test questionnaires and responses. They discussed the feedback from the pilot study. In this, the researcher carried out the pilot test with youth in Gikondo sector, District of Kicukiro. This allowed him to test the purposive sampling approach and the safe place to conduct interviews. The pilot helped really to test the questionnaire among the same populations and to readjust the demographic backgrounds to ensure the appropriateness of the questionnaire. The researcher tested the consent procedure to ensure voluntary participation and to provide all information needed related to the study.

3.5. Limitations

There are several limitations to this study. Due to the sensitive aspect of the study, it was not possible to convince the respondents to adhere to the interview because of fearing the pursuit. Moreover, because all participants reported on the alcohol consumption and drug use, the findings are based on personal perception not scientific proof.

Chapter 4: DATA ANALYSIS AND FINDINGS

The study focused on the views of the community mainly the perception of the drug knowledge, influence, usage, causes, consequences and also prevention mechanisms.

This section compiles results from the field work done in sampled four (4) Districts and summarizes responses given by citizens, local leaders and other stakeholders to the research questions.

Therefore, the researcher administered interview questions to respondents and conducted FGDs in Kinyarwanda, as the preferred language of participants, an English version was included in the ODK system. Interviewers took notes during the interviews to capture verbal and non-verbal communication as well as additional observations. Qualitative data analysis occurred in Word and Excel and Quantitative data analysis occurred in SPSS.

4.1. Socio-Demographic Characteristics

Whereas more than a half of respondents are male and single (55.0% and 55.5% respectively) , almost four out of ten have both parents (37.1%), and 41.3% have attained at least high school. However, 44.6% are either unemployed or student. Table 1 provides details.

Table 1: Socio-Demographic Characteristics of Respondents (n=402)

Variable	n (%)
Gender	
Male	221 (55.0)
Female	181 (45.0)
Marital Status	
Single	223 (55.5)
Married	163 (40.5)
Separated	5 (1.2)
Widow	11 (2.7)
Age Group	
15-20	129 (32.1)
21-25	90 (22.4)
26-30	53 (13.2)
31-35	32 (8.0)
36-40	40 (10.0)
>=41	58 (14.4)
Education	
None	52 (12.9)
Primary	166 (41.3)
Secondary/Higher	121 (30.1)
Vocational	25 (6.2)
Diploma/Degree	20 (5.0)
Drop out at primary'	7 (1.7)
Drop out at Secondary level	11 (2.7)
Occupation	
Unemployed	106 (26.4)
Student	73 (18.2)
Farmer	85 (21.1)
Self employed	81 (20.1)
Other	57 (14.2)
Ever having parents or not	
I lost my father	57 (14.2)
I lost my mother	16 (4.0)
I lost both parents	42 (10.4)
I have both parents	149 (37.1)
NA	138 (34.3)
Living with	
Parents	158 (39.3)
Relative	29 (7.2)
Youth alone	30 (7.5)

Wife/husband	39 (9.7)
Children	1 (0.2)
Other	7(1.7)
NA	138(34.3)

Source: Primary data

At the sight of the table above, all categories of Rwandan population have taken account. Among them, the reasearcher found youth and adults, female and male, educated and non-educated, employed and unemployed, married and single, etc.

4.2 Knowledge

4.2.1 Hearing of drugs

Almost all respondents haveheard about cannabis or marijuana (96.3%), cigarette (94.3%), and have heard tabacco leaves in 82.3% of cases. Moderately known products include cocain (51.7%), heroin or mugo (46.5%), and Khat or mayirungi (40.5%). Metamphetamine (ICE) is less known (4.0%). Figure 1 provides details:

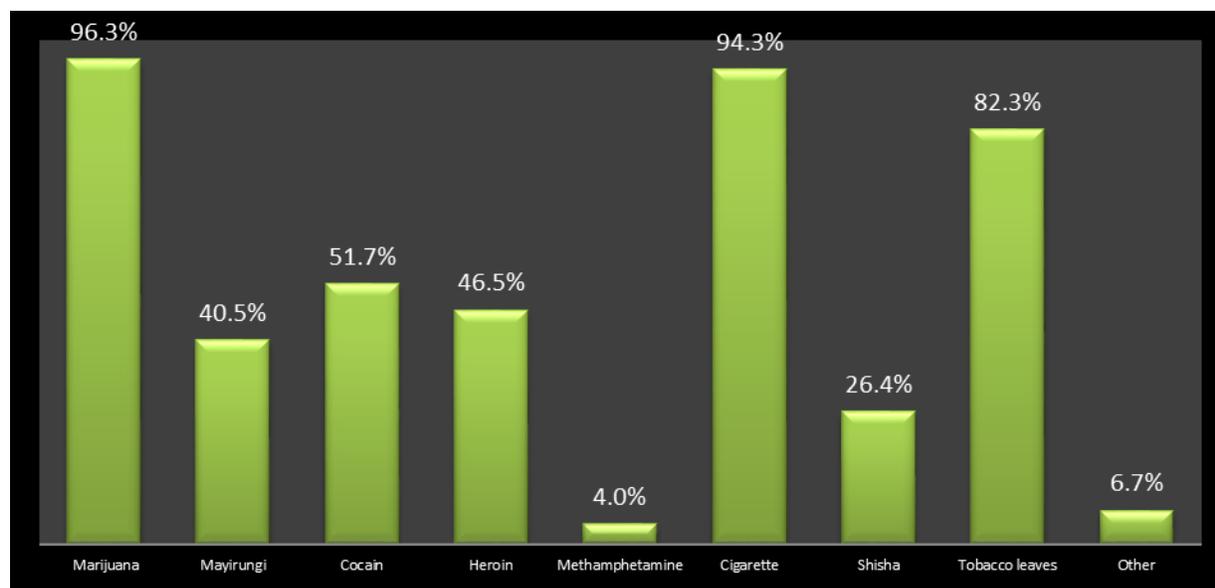


Figure 1: Heard drugs (n=402)

This is confirmed by the details from FGD and KII where they said that all that said is known plus Rwiziringa, glue (kole), ubugoro, medecine drugs, etc. The Ministerial law (MOH) 20/35 of 09/06/2015 stated the list of kind of drugs in Rwanda. After all, it is clear that the common drugs are well known by the sampled population and the use is deliberated and conscious.

The mostly used drug in Africa is marijuana or cannabis which gives over 34 million users. Cannabis is planted and transported illegally, (Report from Drug Commission, 2005:19).



Marijuana or cannabis and Coca plant from which is made cocaine

Cocaine is mostly used in urban and in most tourist centres within the South and West African countries. In spite of law in Africa, heroin still fetches people who inject themselves or sniff it. In addition, drugs meant for human beings (including phedrine, morphine and diazepam), continue being stolen from the legal purposes and in turn enter into the illegal users. There is a high demand of amphetamines users in Southern Africa as exhibited by illegal transportation of this drug from China to South Africa.



Heroin and Khat (Mayirungi) plants

In addition, in South Africa there is more use of stimulant drug (Ecstasy) and in Egypt there is a laboratory responsible for production of such stimulant and in 2004 Egypt justified the beginning of production and use of ecstasy drug in Northern Africa. Khat or “mayirungi” is abused by chewing the stems; and is reported to be produced in Democratic Republic of Yemen, Djibouti, Kenya and the United Arab Emirates. In addition, some parts of East Africa produce khat. Long distance lorry drivers and some students who want to read for longer periods to keep them awake, (Drug Abuse Report, 2005:1), commonly use it¹.

4.2.2 Heard Drinks

Almost all respondents have heard about banana beer and sorghum beer (96.3% and 96.8% respectively). Moderately heard drinks include Kambuca (77.6%), Muriture (74.9%), and Akayuki (63.2%). Less known drink is Yewemuntu (41.5%). Figure 2 provides details:

¹ *Cause, Effect and Remedial Measures of Drug abuse among The Children in Tanzania: A Case Study of Hananasifu Ward in Kinondoni District in Dar Es Salaam Region, Aisia Sombiro Matowo, 2013*

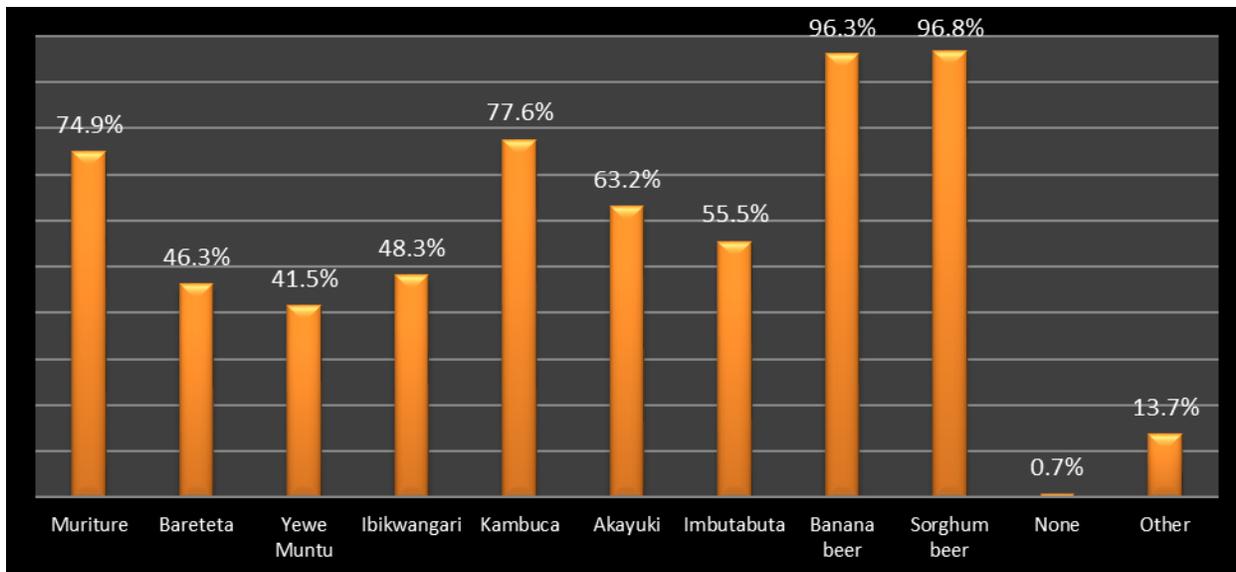


Figure 2 : Heard drink (n=402)

All those found on the graphic above are local made beers that are very dangerous for the human being. The results show that people are exposed to the local made beers which can be easily consumed and cause problem for life. Also, the findings from FGD and KII illustrated that the list can be long with the adding of Kwete, Umutabazi, Umumanurajipo, Indege, Cunga umuntu, Pakimaya, Icyuma, Dondumuntu, Indege, Umutabazi, etc.

4.2.3 Heard Spirit Drinks Little Bottles

Moderately known sprit drinks include waragi (88.6%), Siriduwire (83.6%), and Kanyanga (81.6%). Others well known include chief and Nguvu (79.1 and 79.6% respectively), whereas Gin, Radiant, and Daymon are less likely to be known. Figure 3 provides details:

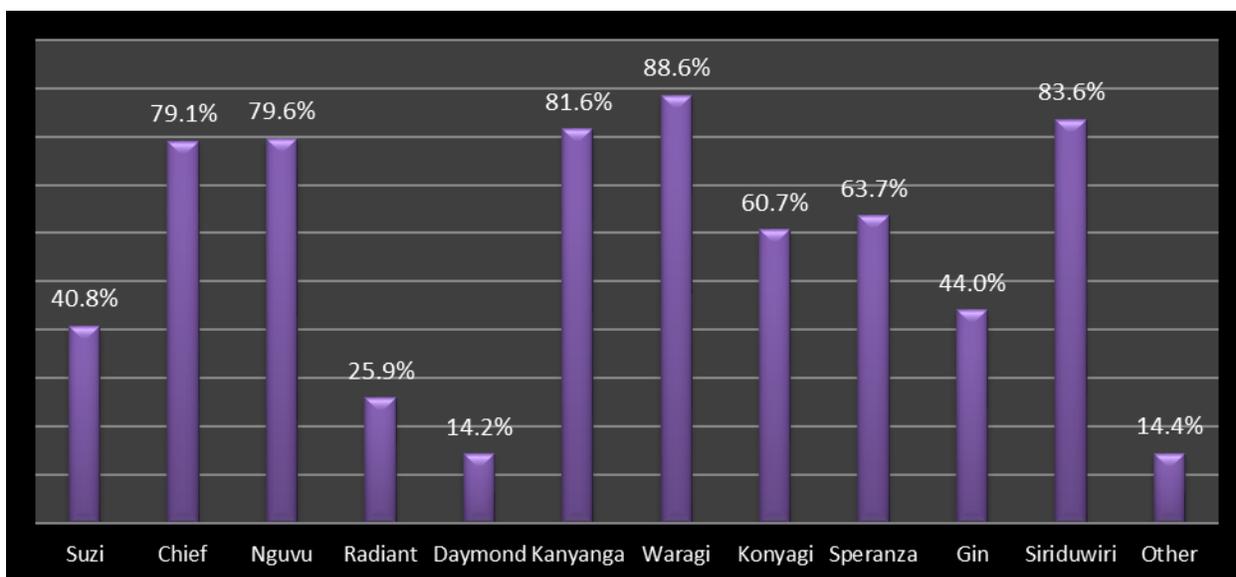


Figure 3: Heard spirit drinks little bottles (n=402)

This list indicates the little spirit drinks manufactured from small or medium industry. It is far to be exhaustive with this list because from the FGD and KII, the researcher discovered that there is also Zebra, Coffe, Kasese, Kitoko, Professor, King, Big5, Club, Simba, Millenium, African gin, Blue sky, Energy, etc.

From these findings, it can be assumed that spirit drinks in little bottles are well known by the sample population, which means that they are frequent, available and affordable.

4.2.4 Heard Liquor Drinks Big Bottle of 65 l

The mostly heard liquor drink is Uganda Warage (84.6%) whereas Bond 7 occupies the second rank (72.1%) and Whisky the third rank (69.7%). Dry gin is among other less known (11.7%). Figure 4 provides details:

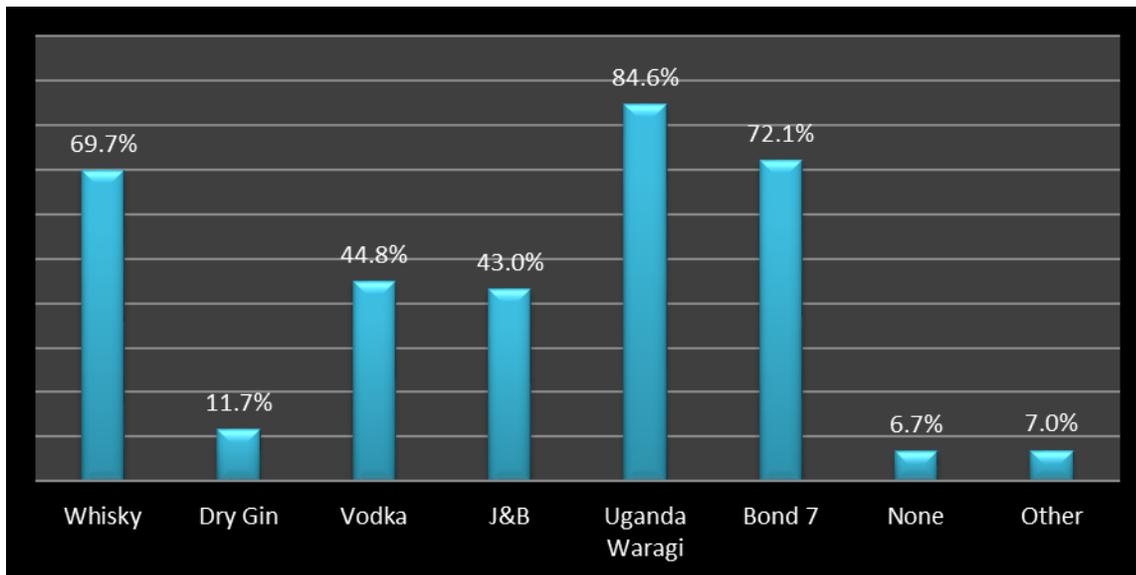


Figure 4: Heard liquor drinks (n=402)

The kind of liquor drinks are less known, except Uganda Waragi, Bond 7 and Whisky. Most of them are manufactured from foreign industries and the acquirement is very easy. Those more known are coming from the nearest countries like Uganda, DRC, Tanzania or Kenya.

The Republic of Rwanda adopted a policy of avoiding drugs. The Rwanda Biomedical Center (RBC) established a circuit indicating the frequency of drugs in Rwanda and their origin from the frontier countries as you see it on the map followings:



It can be seen on the map that the smoking drugs like heroin and cannabis are mostly coming from DRC and Tanzania, the drinking drugs like Waragi, Kanyanga, etc. are coming mostly from Uganda and Burundi.

4.2.5 Discussion about alcohol consumption and drug abuse

The study results revealed that 64% of respondents have discussed with youth and parents about alcohol consumption and drug abuse. Figure 5 provides details:

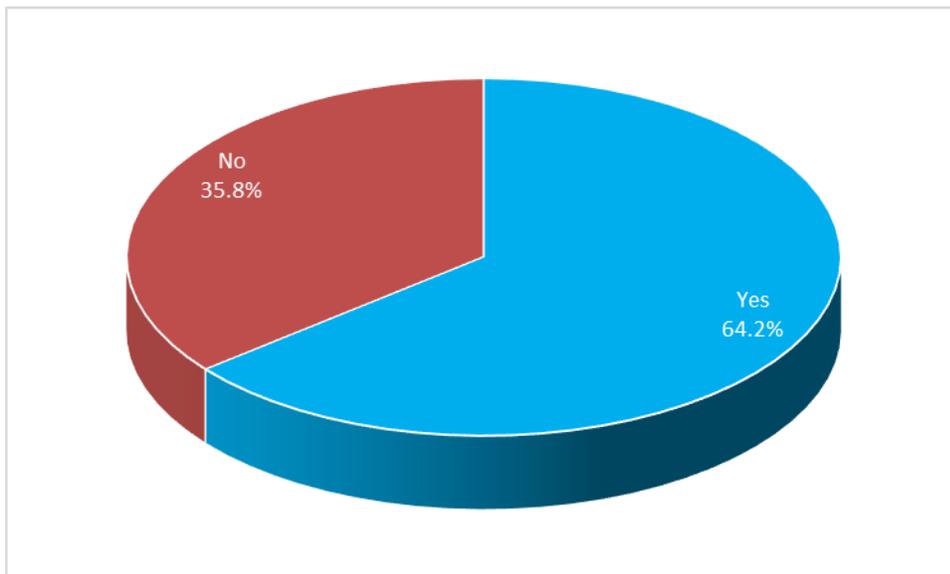


Figure 5 : Discussion with youth about alcohol consumption and drug abuse (n=402)

The figure above shows that the alcohol consumption and drug abuse is a concern for everyone because the majorities reported having a discussion with someone about alcohol consumption

and drug abuse. This communication can be a good channel for the sensitization on avoiding drug abuse and alcohol consumption.

4.2.6 Signs of Drug consumer

The majority of drug consumers have excessive aggression (85.3%). More than a half of them have weakness (58.0%). Figure 6 provides details:

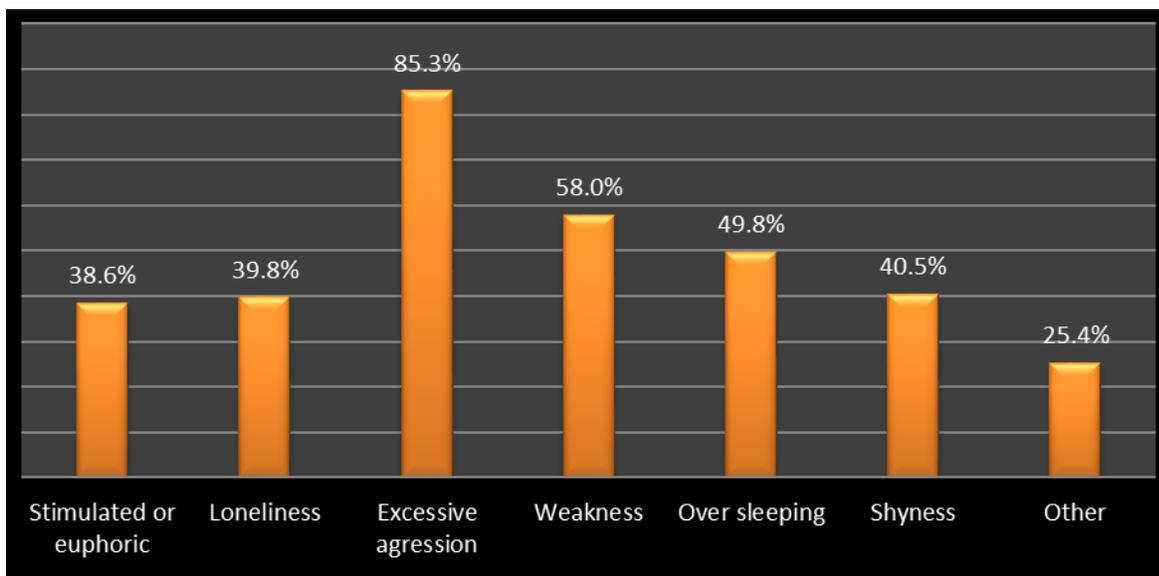


Figure 6: Types of signs of drug consumers (n=402)

Other signs cited from the FGD and KII are like noise, red eyes, speaking words without sense, becoming homeless, etc. The appearance of a drug abuser and alcohol consumption is different from a normal one and the sampled population knows very well how to recognize him among others.

4.3. Usage of drugs and alcohol consumption

4.3.1 Consumption of Smoking Products

Study participants use smoking products in some of cases. Among smoking products, marijuana is the highest used in 7% of cases and at least once a day in 46.4%. Table 2 provides details:

Table 2: Usage of smoking products

	Marijuana (7.0%)	Mayirungi (2,5%)	Heroin (1,7%)	Cigarette (1%)	Shisha (2%)
More than once a day	7.1	0.0	0.0	0.0	12.5
Once a day	39.3	20.0	0.0	0.0	0.0
More than once a week	7.1	20.0	28.6	25.0	25.0
Once a week	42.9	50.0	57.1	50.0	50.0
Other	3.6	10.0	14.3	25.0	12.5

Source: Primary data

The average consumption of above smoking products is around 2,8%. When these are used, it is said that drugs are abused because their uses are not for the purposes of treating, preventing and diagnosing diseases. Cigarette smoking is one of licit drugs which commonly abused by people. This is because of its advertisement, cheapness and availability. The main negative effect of using cigarette is nicotine which causes cancer of lungs, gangrene chest pain, death etc.

4.3.2 Consumption of Local Beer

Study participants use banana beer and sorghum beer in 37.1% and 41.0% respectively. At least once a week in 40, 3% and 31.5% respectively. Respondents use also Kambuca and Akayuki in more than 10% of cases and more than once a week in 44.2% and 42.9% respectively. Table 3 provides details:

Table 3: Usage of local beers

	Muriture (3,2%)	Bareteta (1,2%)	Yewe Muntu (1,2%)	Ibikwangari (5,7%)	Kambuca (19,2%)	Akayuki (10,4%)	Imbutabuta (3,2%)	Banana beer (37,1%)	Sorghum beer (41,0%)
More than once a day	30.8%	20.0%	0.0%	26.1%	3.9%	16.7%	15.4%	10.7%	15.8%
Once a day	7.7%	0.0%	0.0%	4.3%	18.2%	11.9%	7.7%	15.4%	22.4%
More than once a week	15.4%	20.0%	20.0%	17.4%	44.2%	42.9%	46.2%	26.2%	20.0%
Once a week	38.5%	40.0%	40.0%	43.5%	26.0%	26.2%	7.7%	40.3%	31.5%
Other	7.7%	20.0%	40.0%	8.7%	2.6%	2.4%	23.1%	4.7%	5.5%
ND	0.0%	0.0%	0.0%	0.0%	5.2%	0.0%	0.0%	2.7%	4.8%

Source: Primary data

Those local beers are not made from a known trademark and their alcohol level is unknown. Human beings have always had a desire to eat or drink substances that make them feel relaxed, stimulated or euphoric. The consumption these kinds of drinks is at 13,6% on the average. Their excessive consumption leads to alcoholism. Alcoholism from the medical point of view indicates a disease caused by chronic, excessive drinking resulting to dependence on alcohol. Physiological definition of alcoholism classifies it as a drug addiction recognizable by the occurrence of a withdrawal syndrome when the drinking is stopped.

4.3.3 Consumption of Small Spirits

Study participants use frequently Waragi (18.9%), Kanyaga (17.0%), Nguvu (16.4%), Speranza (12.2%), and chief (11.9%) at least once a week in more than 65 % of cases. Table 4 provides details:

Table 4: Usage of small spirits

Suzi	Chief	Nguvu	Radiant	Daymond	Kanyanga	Waragi	Konyagi	Speranza	Gin	Siriduwiri
------	-------	-------	---------	---------	----------	--------	---------	----------	-----	------------

	(8,2%)	(11,9%)	(16,4%)	(2,0%)	(1,0%)	(17,0%)	(18,9%)	(9,0%)	(12,2%)	(6,5%)	(9,7%)
More than once a day	6.1%	4.2%	9.1%	12.5%	0.0%	17.4%	11.8%	11.1%	10.2%	11.5%	15.4%
Once a day	15.2%	12.5%	13.6%	0.0%	0.0%	4.3%	10.5%	11.1%	18.4%	42.3%	30.8%
More than once a week	30.3%	37.5%	21.2%	0.0%	0.0%	46.4%	51.3%	22.2%	36.7%	23.1%	33.3%
Once a week	36.4%	43.8%	51.5%	62.5%	75.0%	29.0%	23.7%	41.7%	30.6%	11.5%	12.8%
Other	6.1%	2.1%	4.5%	25.0%	25.0%	2.9%	2.6%	13.9%	4.1%	11.5%	7.7%
ND	6.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

Source: Primary data

The estimated consumption is 10, 3% on the average. These kinds of spirits are looking like to be commonly consumable mainly with the youth, as it is revealed in the findings from the FGD and KII. All of them confirmed that the youth take these kinds of drinks even those who are still in school.

4.3.4 Consumption of Big Spirits

Study participants use Uganda Waragi as big spirit in 19.4% of cases. They use it at least once a week in 82.1% of cases. Table 5 below provides details:

Table 5: Usage of big spirits

	Dry Gin (1,0%)	Vodka (2,7%)	J&B (5,0%)	Uganda Waragi (19,4%)	Bond 7 (11,2%)
More than once a day	25.0%	0.0%	0.0%	1.3%	2.2%
Once a day	50.0%	9.1%	5.0%	10.3%	8.9%
More than once a week	0.0%	9.1%	20.0%	35.9%	22.2%
Once a week	0.0%	54.5%	60.0%	46.2%	57.8%
Other	25.0%	27.3%	15.0%	6.4%	8.9%

Source: Primary data

The above table indicates that the consumption of spirits is linked with the price because those that can be exported from neighbor countries are those that are more consumed. The average consumption is around 7,9%.

4.3.5 Consumption of Industrial Beer

Study participants use frequently Primus (33.6%), Mützig (31.8%), Skol (23.6%), and Turbo (17.9%) at least once a week in more than 62 % of cases. Table 6 provides details:

Table 6: Usage of industrial beer

	Primus (33,6%)	Mützig (31,8%)	Skol (23,6%)	Amstel (8,5%)	Heinken (8,7%)	Turbo (17,9%)
More than once a day	12.6%	17.2%	17.9%	17.6%	25.7%	13.9%
Once a day	11.1%	12.5%	9.5%	20.6%	5.7%	6.9%
More than once a week	25.9%	28.1%	30.5%	5.9%	20.0%	27.8%
Once a week	43.0%	35.2%	32.6%	41.2%	34.3%	44.4%
Other	7.4%	7.0%	9.5%	14.7%	14.3%	6.9%

Source: Primary data

The industrial beers are also consumed frequently and those that are locally brewed are more consumed. The overall consumption is estimated at 20,7% and it can constitute a harm.

4.3.6 Relatives to suffer from substance use

Some of the participants in the study confirmed that they had, either a relative or a neighbor who suffered from alcohol consumption or / and drug abuse. In the Nyagatare FGD, they cited a case of a man who killed his wife because of drugs and a family separation because of drugs. In Bugesera FGD, they related cases for a child who bit his parents when consuming drugs and many cases of thieves for acquiring drugs. Drug abuses affect almost everybody in the society but the most vulnerable group is the children between ten and under eighteen years. The overall alcohol consumption and drug use in the sample area is 11%. It is calculated from the consumption of smoking products and all alcohol consumption stipulated above.

The Research article: *Prevalence of psychoactive substance use among youth in Rwanda* revealed that the prevalence rate of drug abuse was 34% for alcohol, 8.5% for tobacco smoking, 2.7% for cannabis, 0.2% for glue and 0.1% for drugs such as diazepam. The same study revealed 7.5% of the youth were alcohol dependent, 4.9% were nicotine dependent, and 2.5% dependent on cannabis².

4.4. Causes / Factors

4.4.1 Causes of alcohol consumption and drug abuse

Results of the study revealed that 71.9% of causes of alcohol consumption and drugs abuse is peer group. However, family conflicts and poverty ranked second and third causes in 64.4% and 61.7% of cases respectively. Figure 7 provides details:

² Kanyoni et al. BMC Research Notes (2015) 8:190

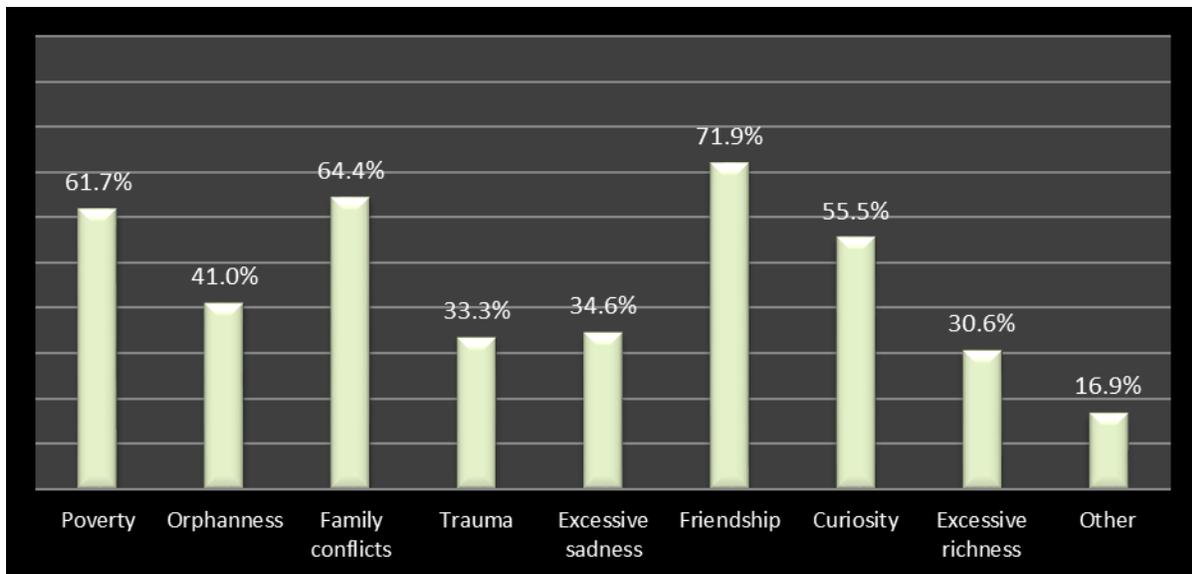


Figure 7: Causes of alcohol consumption and drugs abuse (n=402)

The causes of alcohol consumption and drug abuse can be categorized into two parts i.e. internal and external causes. Under internal causes, it depends on the nature of drug and the personality. For example, cigarette smoking (dependence on nicotine), at first, an individual smoke only a few cigarettes a week and the number increases as time goes and at last he/she becomes dependent on cigarettes or addicted and this can happen to all types of drugs. Abusing of drugs can be induced by peer group pressure, curiosity, low prices and its availability, personality traits and age. Drug abuse has been attributed to family problems, particularly early separation of parents. From a scientific standpoint, the following six factors have an impact on why many people have an aversion to substance addiction:

1. Genetics
2. Social Environment
3. Age of First Use
4. Mental Illness
5. Early Childhood Trauma
6. Adult Trauma³

4.4.2 Facility for accessibility

Study participants confirmed that the irregular vendor kept secret in 65.2% of cases whereas frequent on frontiers (59.7%), affordability (55.2%), given to whoever buys (52.5%) occupy important roles in facility accessibility. Figure 8 provides details:

³ <https://www.inspiremalibu.com/blog/drug-addiction/4-ways-to-prevent-drug-addiction/>

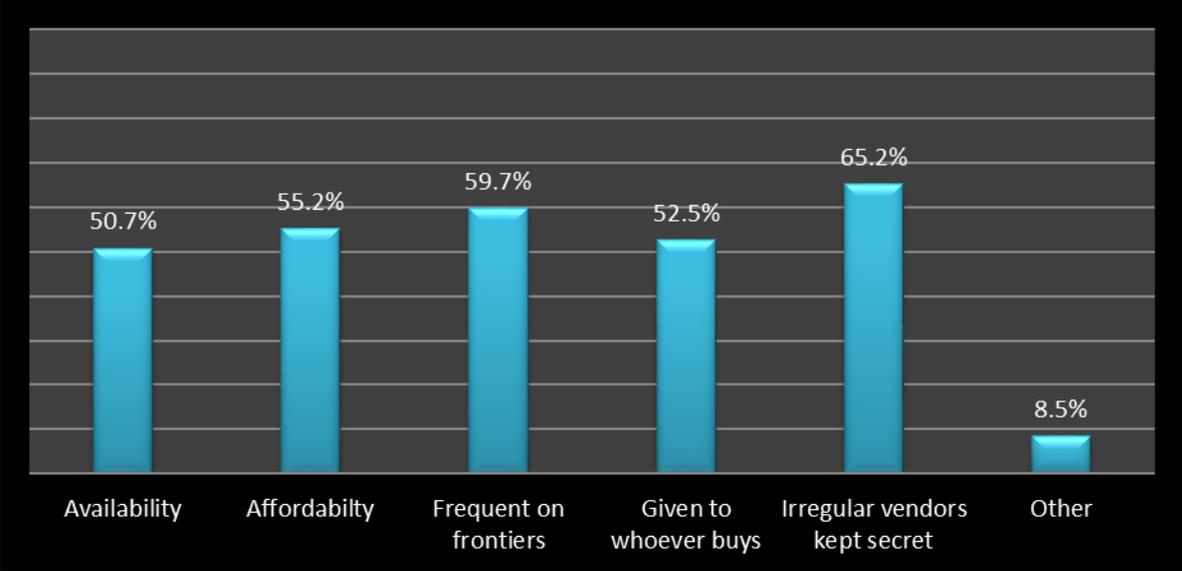


Figure 8: Facility for finding (n=402)

Some of the respondents associated drug abuse with easy accessibility and poor drug use restrictions. The Republic of Rwanda stated serious punishment for users and providers of drugs (Law N°68/2018 of 30/08/2018). The findings from the FGD and KII explained that the drugs are cheaper and the providers are kept secret for not seriously punished.

4.4.3 Places for accessibility

Study participants stipulate that bars and irregular vendors constitute places where to find alcohol and drugs in the respective order of 69.4% and 68.9%. Boutiques and friends come third and fourth to constitute such places. Figure 9 provides details:

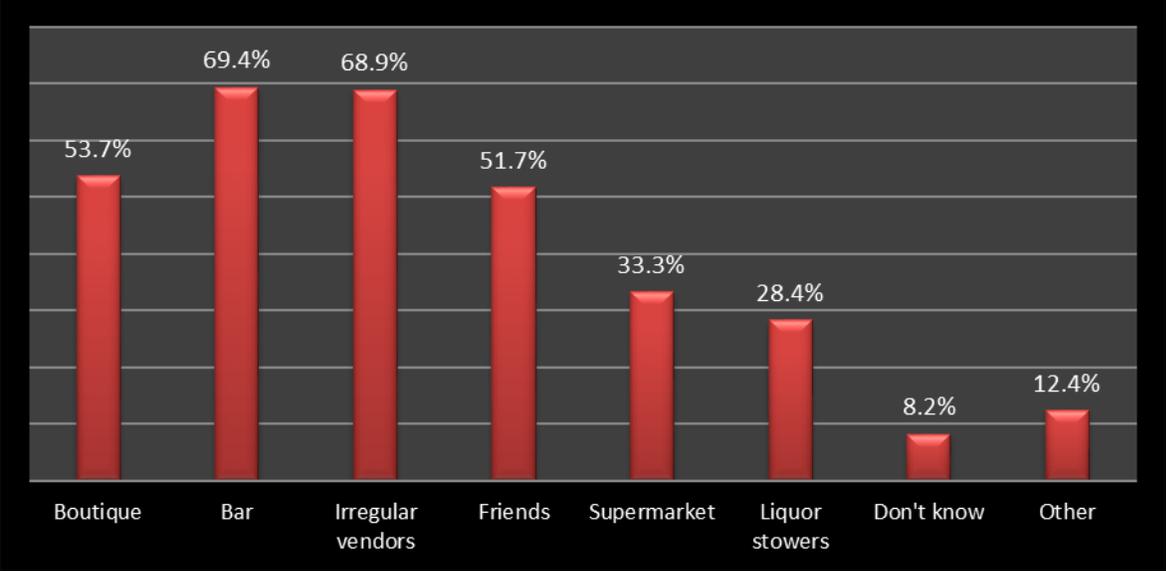


Figure 9: Places where to find alcohol and drugs (n=402)

The places where drugs are found are also accessible because they commonly used for usually life. For the most of the time, it is on the way of looking for money where drugs are sold regularly or irregularly.

4.5. Consequences / Gaps

4.5.1 Alcohol and drug abuse are a problem: At how extent

Study participants affirm that alcohol consumption and drug abuse constitute a problem very much at the level of 76,6%. Figure 10 provides details:

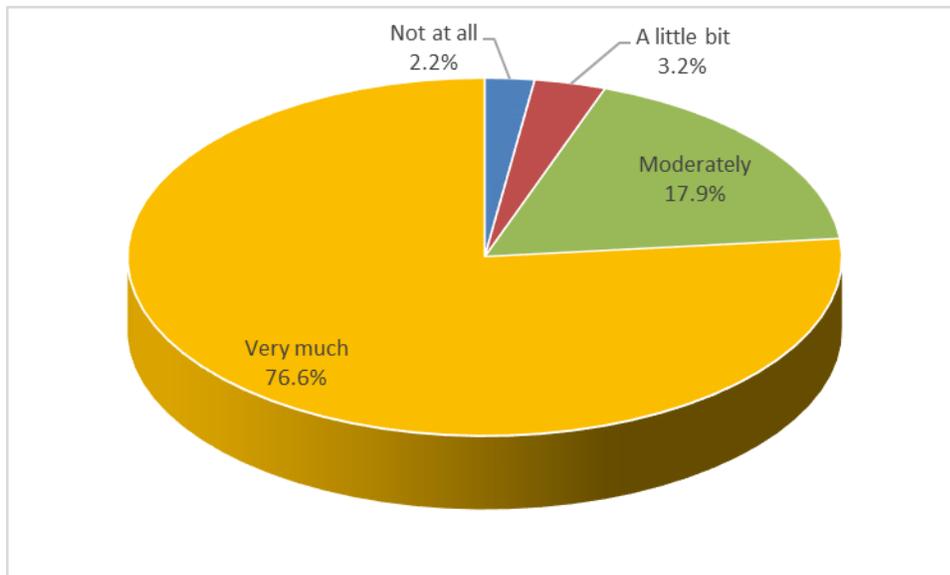


Figure 10: How much Alcohol consumption and drug abuse are problems (n=402)

All participants in the FGD and KII affirmed that the alcohol consumption and drug abuse is a big issue because it increases more and more and brings bad consequences to the family, the youth and the community. It causes poverty, conflicts, incurable diseases, etc. The publication of RBC says that the number of persons punished in court for using or selling drugs is increasing as following from 2012 to 2017.

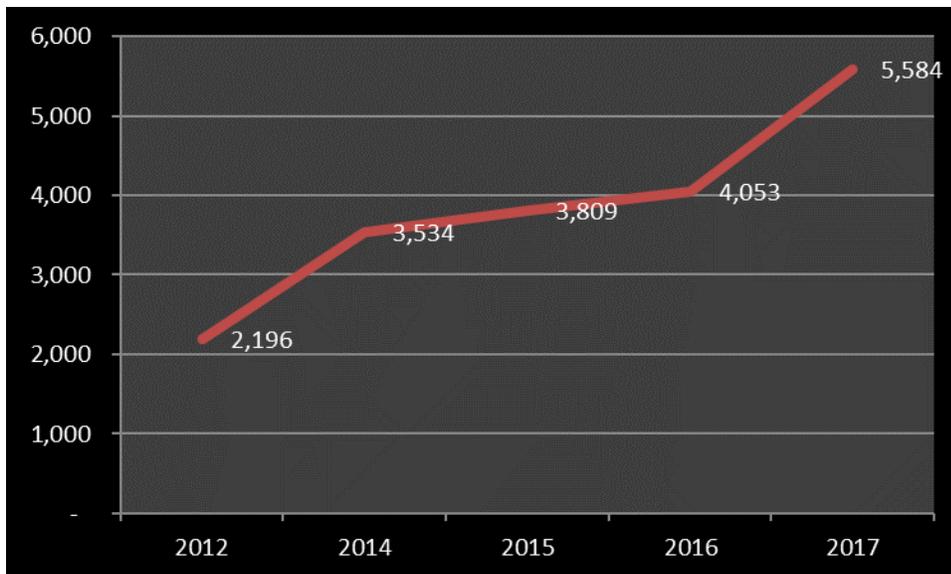


Figure 11: Persons punished for drug use from 2012 to 2017, RBC

4.5.2 Consequences of alcohol consumption and drug abuse

The consequences of alcohol consumption and drug abuse include among others poverty (79.1%), imprisonment (70.4%), mental health disorder (69.7%), and death (67.9%). Figure 12 provides details:

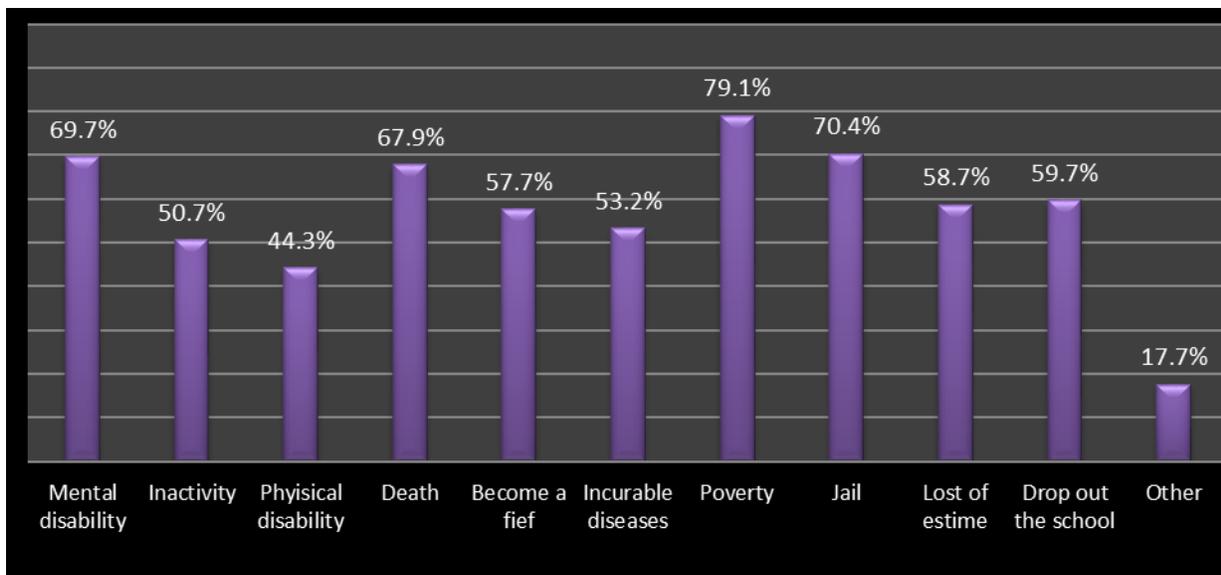


Figure 12: Consequences of alcohol consumption and drug abuse (n=402)

According to the findings from FGD and KII, consequences of alcohol consumption and drug abuse can be related to the person himself, the community and the future of the society. All drugs affect the brain's "reward" circuit, which is part of the limbic system. This area of the brain affects instinct and mood. Drugs target this system, which causes large amounts of dopamine - a brain chemical that helps regulate emotions and feelings of pleasure - to flood the brain. This

flood of dopamine is what causes a “high.” It is one of the main causes of drug addiction. Longer-term effects can include heart or lung disease, cancer, mental illness, HIV/AIDS, hepatitis, and others. Long-term drug use can also lead to addiction.

Illicit drug use poses risks for pregnant women and their babies. Drugs may contain impurities that can be harmful to an unborn baby. Pregnant women who use drugs may be more likely to harm the fetus with risky behaviors and poor nutrition. Drug use can lead to premature birth or low birth weight. It can also cause the baby to have withdrawal symptoms (sometimes in the form of neonatal abstinence syndrome), birth defects or learning and behavioral problems later in life.

Alcohol consumption and drug abuse can lead to multiple behavioural problems, both in the short- and long-term, which can include paranoia, aggressiveness, hallucinations, addiction, impaired judgment, impulsiveness and loss of self-control. These effects of drug abuse have serious consequences, like missed work, punishable offenses, accidents and injuries⁴.

4.6. Prevention mechanisms

4.6.1 Mechanisms to avoid alcohol consumption and drug abuse

Study participants propose to avoid peer group with vendors and consumers in 58.2% of cases and to avoid curiosity and desire in 57.2% of cases in addition to peer pressure in 54.7% of cases. Figure 12 provides details:

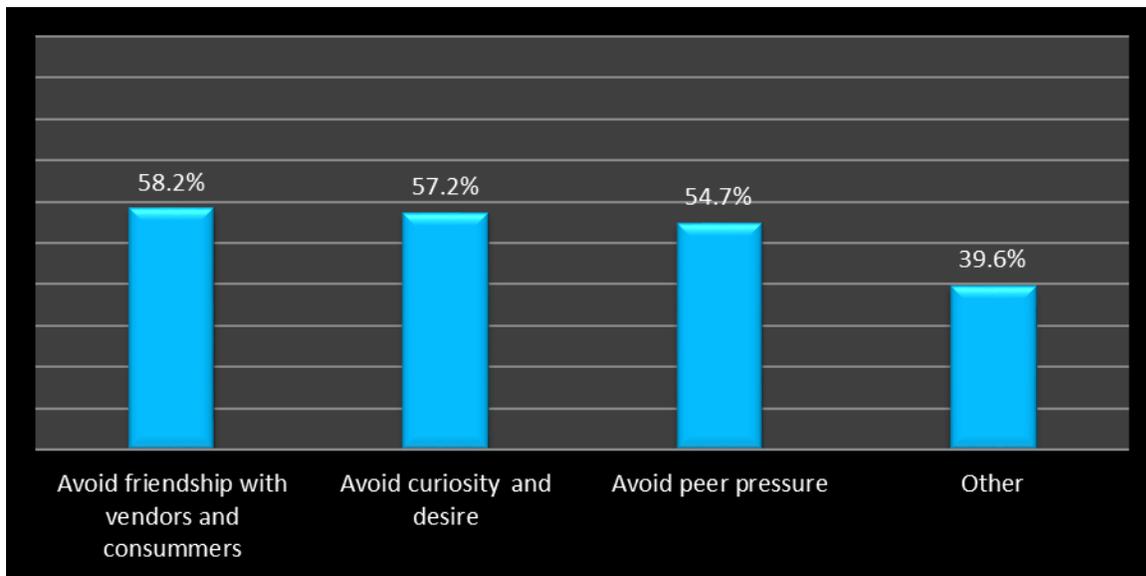


Figure 13: Mechanisms to avoid alcohol consumption and drug abuse (n=402)

The best way to avoid addiction is to prevent it from becoming a problem by abstaining from the beginning. Here are four ways to avoid relying on drugs to get through life.

a) Learn to deal with life’s pressures

⁴ <https://www.gatewayfoundation.org/faqs/effects-of-drug-abuse/>

The inability to deal with normal life pressures is one of the major reasons that drive people to drugs and alcohol. For many people, drug and alcohol consumption is a way to escape the harsh realities of life. Learning to cope with life's pressures will go a long way when it comes to helping people stay away from drugs and alcohol.

b) Don't give in to peer pressure

Some people, particularly teenagers and young adults, experiment with drugs just to portray a cool image in front of others. They do it to fit in among their circle of friends. Some kids wrongly believe that doing drugs or consuming alcohol will make them more acceptable and popular with other kids. Not giving into peer pressure can and will prevent drug addiction.

c) Develop close family ties

Research indicates that people who share a close relationship with their families are less likely to become drug addicts. The guidance and support provided by the family makes it easier for a person to deal with life pressures and stay away from all types of harmful substances. The same is true for having a close relationship with good friends that are responsible and trustworthy.

4.6.2 Injuries and death as a result from alcohol consumption and drug abuse

Study participants confirm that injuries and or death occurred due to alcohol and drug abuse last year in 44% of cases. Figure 13 provides details:

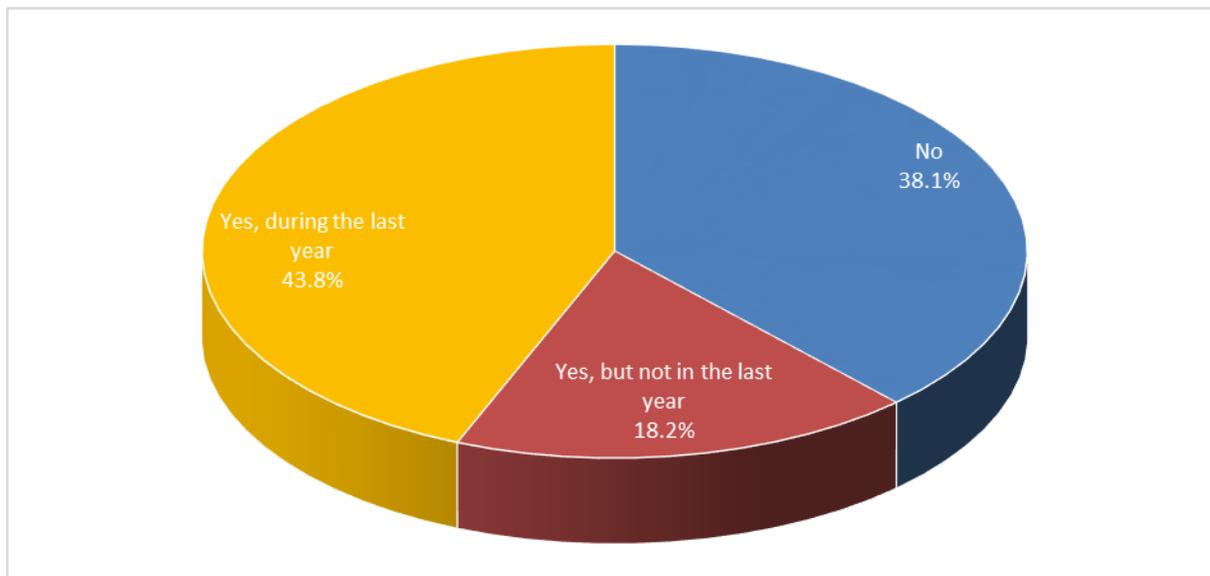


Figure 14: Injuries and or death as consequences of alcohol and drug abuse (n=402)

The findings from FGD and KII confirmed knowing someone injured or dead from alcohol consumption or drug abuse.

4.6.3 Support services to manage alcohol consumption and drug abuse

Study participants mention that health facilities and community health workers are well suited to support victims of alcohol consumption and drug abuse in the majority of cases (68%). Figure 14 provides details:

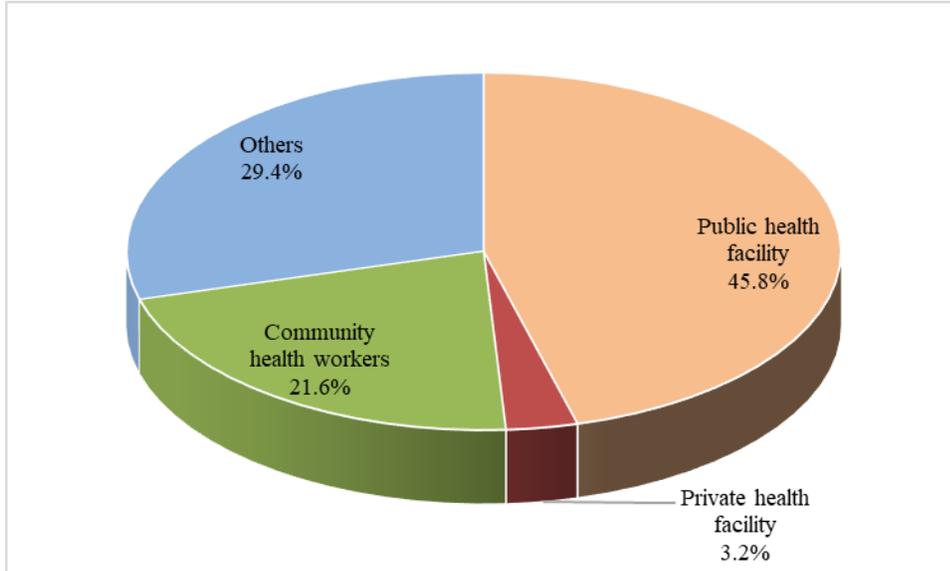


Figure 15: Places where to look for support services (n=402)

For many participants of the FGD and KII, the solution of alcohol consumption and drug abuse is mainly in the person himself. Most of them indicate that the person has to pray and respect religious rules. Otherwise, he has to come back with his neighbors and relatives and live in peace with them. When the situation becomes hard, it is better to go to the specialists in matters such as doctors, psychologists and rehabilitation centers.

4.6.4 Alcohol addiction and treatment

The respondents in the sampled population reported that they could confirm that someone being addicted had a treatment at the proportion of 28.1%. Once an individual recognizes the negative impact of a substance on their life, a wide range of treatment options is available. Figure 15 provides more details:

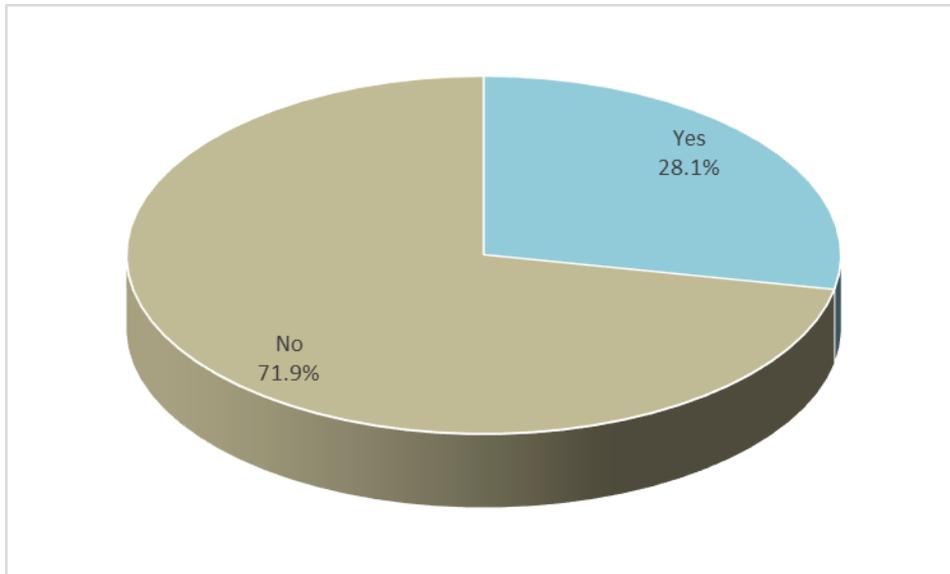


Figure 16: Someone addicted and had a treatment (n=402)

Several treatment options are available, and most people experiencing addiction will receive a combination of approaches. None of the treatments for addictive disorders works for every person. Common interventions might involve a combination of inpatient and outpatient programs, psychological counselling, self-help groups, and medication.

4.6.5. Treatment centers

The respondents who reported that they know someone addicted and be treated said that the treatment occurred mostly elsewhere (58.4%) or in the public health facility (26.5%) or at the community health workers level (13.3%). Figure 17 illustrates it in details as following:

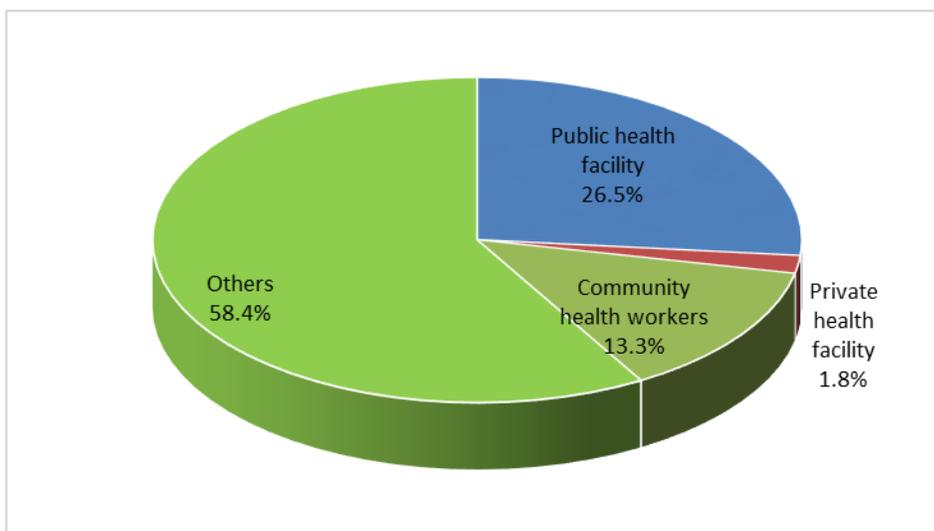


Figure 17: Where addicted had a treatment (n=113)

The findings from the study revealed that the others centers said are like IWAWA and Huye rehabilitation centers, religious affiliation, schools, community dialogues, anti-drugs clubs, local authorities, media, etc.

Chapter 5: Conclusion and Recommendations

5.1 Conclusion

The research on alcohol use examined the evolution of alcohol and drugs and their determinants, interrogated the recurring themes, gaps, and best practices; and findings oriented a policy paper with effective recommendations for action.

Data collection took place in four districts that are across the border of neighboring countries as detailed in methodology. The researcher combined the quantitative and qualitative approach focusing on five specific objectives i.e. (1) to identify the level of alcohol and drug consumption among youth; (2) to identify and analyze the causes of the alcohol and drug abuse among youth.

Furthermore, (3) to collect and analyze views and information on gaps, risks of the alcohol and drug abuse among youth; (4) to assess the protective and contributing factors in existing mechanisms to prevent their harm, and (5) to formulate and propose long-term solutions for future actions in line with this mission.

In terms of findings, almost all respondents have heard about cannabis or marijuana (96.3%), cigarette (94.3%), and have heard tobacco leaves in 82.3% of cases and have heard about banana beer and sorghum beer (96.3% and 96.8% respectively). Moderately known spirit drinks include waragi (88.6%), Siriduwire (83.6%), and Kanyanga (81.6%) and the moderately heard liquor drink is Uganda Warage (84.6%) whereas Bond 7 occupies the second rank (72.1%) and Whisky the third rank (69.7%).

The study results revealed that 64% of respondents have discussed with youth and parents about alcohol consumption and drug abuse. The majority of drug consumers have excessive aggression (85.3%). Study participants use smoking products in 14.2% of cases, and use banana beer and sorghum beer in 37.1% and 41.0% respectively. More so, they use Uganda Waragi as big spirit in 19.4% of cases.

Study participants use frequently Primus (33.6%), Mützig (31.8%), Skol (23.6%), and Turbo (17.9%) at least once a week in more than 62 % of cases and some of the participants in the study confirmed that they had, either a relative or a neighbor who suffered from alcohol consumption or / and drug abuse. Results of the study reveal that 71.9% of causes of alcohol consumption and drugs abuse is peer group.

However, family conflicts and poverty rank second and third causes in 64.4% and 61.7% of cases respectively and they confirm that the irregular vendor keeps secret in 65.2% of cases whereas frequent on frontiers (59.7%), affordability (55.2%), given to whoever buys (52.5%) occupy important roles in facility finding. Study participants stipulate that bars and irregular

vendors constitute places where to find alcohol and drugs in the respective order of 69.4% and 68.9%. Boutiques and friends come third and fourth to constitute such places.

The consequences of alcohol consumption and drug abuse include among others poverty (79.1%), imprisonment (70.4%), mental health disorder (69.7%), and death (67.9%). Study participants propose to avoid peer group with vendors and consumers in 58.2% of cases and to avoid curiosity and desire in 57.2% of cases in addition to peer pressure in 54.7% of cases and they confirm that injuries and or death occurred due to alcohol and drug abuse last year in 44% of cases. Pregnant women who use drugs may be more likely to harm the fetus with risky behaviors and poor nutrition. Drug use can lead to premature birth or low birth weight.

More so, they mention that health facilities and community health workers are well suited to support victims of alcohol consumption and drug abuse in the majority of cases (68%). The respondents in the sampled population reported that they could confirm that someone being addicted had a treatment at the proportion of 28.1%. Once an individual recognizes the negative impact of a substance on their life, a wide range of treatment options is available.

In general, the common drugs are well known by the sampled population which means that their use is deliberated and conscient. The consumption of alcohol and drug abuse is for advertisement, as they are cheap and available. The drugs consumed are from frontier foreign industries and the acquisition is very easy. The alcohol consumption and drug abuse is a public health concern for everyone: youth, parents, teachers, security forces, community health workers, local authorities and healthcare providers. Human beings have always had a desire to eat or drink substances that make them feel relaxed, stimulated or euphoric.

Drug abuses affect almost everybody in the society but the most vulnerable groups are children between ten and under eighteen years. The study identified peer pressure as a cause of initial drug use, and poverty is a crosscutting issue of alcohol consumption and drug abuse because it is among the causes and the consequences. All drugs affect the brain's "reward" circuit, which is part of the limbic system, longer-term effects can include heart or lung disease, cancer, mental illness, HIV/AIDS, hepatitis, and others. The best way to avoid addiction is to prevent it from becoming a problem by abstaining from the beginning.

5.2 Recommendation

Based on the findings, a number of recommendations have been made and directed to the different stakeholders as follows:

5.2.1 Recommendations to Parents

- Avoid quarrels, separation and divorce which lead to drug abuse and alcohol consumption among their children
- Get enough time for socialization of their children in order to impart good morals ethics and ideals. Those who drink alcohol or take drugs at homes should educate their children on the adverse effects of alcohol and drug abuse, if possible stop drinking or smoking before their children.
- Encourage the children to participate actively in religious affiliations and have time to pray, go to school and provide them occupation after the school.

5.2.2 Recommendations to Youth

- Be taught how to select their peers and avoid bad friends and encouraged to good manners, ethics, ideals and discipline from parents, teachers and other behavior shapers.
- Participate in anti-drug clubs to understand the dangers of drug abuse and the associated heart or lung disease, cancer, mental illness, HIV/AIDS, hepatitis, and others.
- Be busy by studying, assisting parents with light duties in order to avoid joblessness and provide earlier information on alcohol consumption and drug abuse

5.2.3 Recommendations to Local Government authorities

- Include knowledge of harm of drug abuse and alcohol consumption should in primary schools 'curricula.
- Teach children how to keep themselves busy either through sports/games, gardening, fine arts, cooking, studying, assisting parents with light duties in order to avoid joblessness which sometimes results into idling that incline children towards engaging into the readily available means of socialization and social enjoyment and others.
- Control production and trafficking of drug and alcohol and put in place serious punishment for illegal drug vendors and provide enough rehabilitation centers. Increase the taxes on the drugs (manufactured locally or foreign)
- Provide more training opportunities for vocational skills to the available TVET schools so as to absorb maximum number of children who complete their primary education and secure no chances of secondary education.

5.2.4 Recommendations to the community

- Identify drug dependence individuals, and refer them to hospitals for treatment and know properly the signs and symptoms of drug abuser and be able to counsel them or refer them to the appropriate centers for treatment and rehabilitation

- Visit the individual drug users and alcohol consumers, invite to give out their experiences in response to their environments or circumstances and come out with social diagnosis that will help in provision of solutions or treatments according to the information given from clientele system.

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Annex 1 : Questionnaire designed for youth and Parents

/Urutonde rw'ibibazo bigenewe urubyiruko n' ababyeyi

I am I am undertaking a study to solicit responses that reflect the alcohol and drug consumption prevalence among youth, the causes, and gaps risks, protective and contributing factors in existing mechanisms to prevent their harm and propose long-term solutions. In order to accomplish my fieldwork, I will use questionnaires for collecting basic information. I hereby affirm that the information that you will give will be strictly confidential. Thank you for your co-operation. *(Nitwa.....turi gukora ubushakashatsi kubijyanye n'ibisindisha n'ibiyobyabwenge mu rubyiruko ruri hagati y'imyaka 18-36. Turi kureba kandi ikibitera, imbogamizi zihari, uko byakwirindwa ndetse n'inama yuko byatsimburwa burundu. Kugirango bikorwe turakoresha uru rutonde rw'ibibazo rwateguwe. Turabizeza ko ibyo mutubwira bizagirwa ibanga. Tubashimiye ko mubyakiriye.)*

Section 1: Identification

1. District / Akarere:.....			
2. Sector / Umurenge.....			
3. Cell / Akagari.....			
4. Village / Umudugudu			
Qnaire ID	Type respondent	Enumerator	Date

Personal Particulars:-

1. Age/ Imyaka:

2. Sex/ Igitsina:

- (1) Male / Gabo
- (2) Female / Gore

3. Level of education / Amashuri:

- (1) Nil / Ntayo
- (2) Primary education / Amashuri abanza
- (3) Secondary education / Amashuri yisumbuye
- (4) Vocational or certificate level / Amashuri y'imyuga
- (5) Diploma/Degree / Amashuri makuru
- (6) Drop out at primary / Gucishiriza amashuri abanza

(7) Drop out at Secondary level / Gucishiriza amashuri yisumbuye

4. Occupation / Umurimo:

- (1) Unemployed / Nta kazi
- (2) Employed / Akorera abandi
- (3) Farmer/Umuhinzi/Umworozi
- (4) Self-employed / Arikorera
- (5) Other (specify) / Ikindi kivuge: _____

6. Marital status / Irangamimerere:

- (1) Single / Ingaragu
- (2) Married / Arubatse
- (3) Divorced / Yaratandukanye mu mategeko
- (4) Separated / Ntabana n'uwo bashakanye
- (5) Widow / Yarapfakaye
- (6) Others / Ikindi : _____

7. Whether you have parents or not (*for youth only*) /Kuba ufite ababyeyi?

- (1) I lost my father / Nabuze data
- (2) I lost my mother/ Nabuze mama
- (3) I lost both parents / Nabuze ababyeyi bombi
- (4) I have both parents / Mfita ababyeyi bombi

8. Who are you living with (*for youth only*) / Ubana na nde?

- (1) Parents / Ababyeyi
- (2) Relative / Bene wacu
- (3) Youth alone / Wenyine
- (4) Other / Ikindi: _____

Section II: Knowledge / Ubumenyi

2.1. Have you ever heard of any of the following drugs / Wigeze wumva aho bavuga kuri ibi? Yes / Yego, No/ Oya

1. Marijuana / Urumogi
2. Mayirungi
3. Cocain / Kokayini
4. Heroin / Eroyine
5. ICE/Metatethamine
6. Cigarette/ Isegereti
7. Shisha
8. Other / Ikindi kivuge (5 lines)

2.2. Have you ever heard of any of the following drinks Waba warigeze wumva ubwoko bw'inzoga bukurikira? Yes/NO (Yego / Oya)

1. Muritye,
2. Bareteta,
3. Yewe Muntu,
4. Ibikwangari,
5. Kambuca,
6. Akayuki,
7. Imbutabuta,
8. Ikindi kivuge:

2.3. Have you ever heard of any of the following spirit drinks little bottle/ Waba warigeze wumva ubwoko bw'inzoga z'umwotsi bukurikira agacupa gato? Yes/NO

1. Suzi
2. Chief
3. Nguvu
4. Radiant
5. Daymond
6. Kanyanga
7. Waragi
8. Konyagi
9. Esperanza
10. GIN
11. Siriduwiri
12. Ikindi kivuge..

2.4. Have you ever heard of any of the following liquor drinks bottle of 65 l/ Waba warigeze wumva ubwoko bw'inzoga z'umwotsi bukurikira icupa rya cl 65? Yes/NO

1. Whisky
2. Dry Gin
3. Vodka
4. J&B
5. Uganda Waragi
6. Bond 7
7. Ikindi kivuge..

2.5. Has anyone discuss with you about alcohol consumption and drug abuse / Haba hari umuntu mwaganiriye ku bibi byo kunywa ibisindisha n'ibiyobyabwenge? Yes / No / Not applicable (Yego /Oya /Ntibindeba)

2.6. What are the signs of drug consumer/ Ni ibihe bimenyetso mwaba muzi bigaragaza uwabinyoye?

1. Stimulated or euphoric/ Kwishima gukabije
2. Loneliness /Kwigunga
3. Excessive aggression / Kugira amahane menshi
4. Gucika intege
5. Gusinzira gukabije
6. Kujunjama

7. Other (Specify) / Ikindi kivuge,...

Section III: USAGE/ KUBIKORESHA

1.1. Did you ever take one of the following/ Waba warigeze ufata kimwe muri ibi bikurikira?

Itabi / Smoking products	Inzoga zikorera mu ngo (Local beer)	Inzoga ziva mu nganda (Industrial beer)	Inzoga z'umwotsi ntoya (small Spirits)	Inzoga z'umwotsi nini (Big spirits)	Yes / Yego No/Oya	Frequency/ inshuro bifatwa *
1. Urumogi	1. Muritye	1. Primus	1. Suzi	1. Whisky		
2. Mayirungi	2. Bareteta	2. Miitzig	2. Kanyanga	2. Dry Gin		
3. Kokayini	3. Yewe Muntu	3. Skol	3. Waragi	3. Vodka		
4. Eroyine	4. Ibikwangari	4. Amstel	4. Konyagi	4. J&B		
5. ICE/Metatethamine	5. Kambuca	5. Heinken	5. Esperanza	5. Uganda Waragi		
6. Isegereti	6. Akayuki	6. Turbo	6. GIN	6. Bond 7		
7. Shisha	7. Imbutabuta	7. Iyindi (yuvuge)	7. Siriduwiri	7. Ikindi kivuge..		
8. Ikindi kivuge	8. Urwagwa		8. Ikindi kivuge..			
	9. Ikigage		9.			
	10. Ikindi kivuge:					

* 1= Birenze rimwe ku munsi / More than once a day

2= Once a day / Rimwe ku munsi

3= Birenze rimwe mu cyumweru / More than once a week

4= Rimwe mu cyumweru / Once a week

5= Ikindi (kivuge) / Other (specify)

SECTION IV: Ikibitera

4.1 What are the causes of alcohol consumption and drug abuse / Ubona ari iki gitera urubwiruko rwinshi kunywa ibisindisha no kwishora mu biyobyabwenge?

1. Poverty/ Ubukene
2. Orphanhood/ Ubupfubyi
3. Family conflicts / Ibibazo mu muryango
4. Trauma / Ihungabana
5. Excessive sadness /Agahinda gakabije
6. Friends/ Urungano
7. Curiosity / Amatsiko
8. Excessive richness / Umurengwe

9. Other (specify) / Ikindi kivuge.....

4.2 Facility for finding / Ni iki kibafasha kubibona?

1. Availability / Biboneka ku buryo bworoshye
2. Affordability / Birahenduka
3. Frequent on frontiers / Byiganje ahagereye imipaka
4. Given to whoever buys / Bihabwa buri wese ubiguzze
5. Irregular vendors kept secret / Ababicuruza magendu barahishirwa
6. Other (specify) / Ikindi (kivuge),.....

4.3 Where for finding / Ni hehe biva

1. Boutique / Butiki
2. Bar / Akabare
3. Irregular vendors / Abacuruza batenewe
4. Friends / Mu nshuti
5. Super market / Iduka
6. Liquor stowers / Aho baranguza inzoga z'umwotsi
7. Other (Specify) Ikindi kivuge,.....

Section V: Consequences / INGARUKA

5.1. How much do you think alcohol consumption and the drug abuse are a problem?

Kuri wowe, kunywa ibisindisha no gukoresha ibiyobyabwenge bifite uburemere bungana bute ?

- 1) Not at all (**Ntabwo, nta na gato**)
- 2) A little bit (**Bukeya**)
- 3) Moderately (**Buraringaniye**)
- 4) Very much (**Uburemere bukabije**)

5.2. What are the consequences of alcohol consumption and drug abuse / Ni izihe ngaruka kunywa ibisindisha no gukoresha ibiyobyabwenge bitera ababifata?

1. Mental disability / Ubumuga bwo mu mutwe
2. Inactivity / Kutagira icyo wimarira
3. Physical disability / Kumugara
4. Death / Gupfa
5. Fievers / Kwiba
6. Incurable diseases / Indwara zidakira
7. Poverty / Ubukene
8. Jail / Gufungwa
9. Lack of esteem / Guta agaciro
10. Drop out of school / Guta ishuri
11. Other (Specify) / Ikindi (kivuge)

Section VI: Preventive mechanisms / KWIRINDA

6.1 What is to do for avoiding alcohol consumption and drug abuse / Ni iki cyakorwa ngo hirindwe kunywa ibisindisha no gukoresha ibiyobyabwenge?

1. Avoid vendors and consumers / Kwirinda kugendana n'ababicuruzza n'ababikoresha
2. Avoid curiosity /Kwirinda kubirarikira
3. Kubuza abato kubirarikira
4. Ikindi kivuge,.....

6.2 Have you or someone else been injured or dead because of your drinking or using drugs?

- (1) No
- (2) Yes, but not in the last year
- (3) Yes, during the last year

6.3 ni hehe umwe mubaswe n'ibisindisha n. ibiyobyabwenge yakura ubufasha?

6.4 Has a relative, friend, doctor, or another health professional expressed concern about your drinking or suggested you cut down?

- (1) No
- (2) Yes, but not in the last year
- (4) Yes, during the last year

6.5 Niba ari yego ni hehe ?

- (2) Ku ivuriro rya leta
- (3) Ku ivuriro ry'igenga
- (4) Kumujyanama wubuzima
- (5) Ahandi havuge

6.6 Haba hari uwo uzi wabnyweye akavurwa agakira?

Yego/oya

Section VII: Inama /recommendation

7.1. Ni iyihe nama watanga yatuma biranduka burundu ntibizongere gufatwa nokunyobwa

- A. Kubabyeyi:.....
- B. Kurubwirako :.....
- C. Ku buyobozi:.....

Annex 2 :KII & Focus Group Discussion Guide

1. Hari ubwoko bw'inzoga zisindisha n'ibiyobyabwenge muzi bikunze gukoreshwa ?
2. Haba hari umwe mu bavandimwe cyangwa mwene wanyu/umuturanyi wabaswe n'ibisindisha n'ibiyobyabwenge? Sobanura
3. Mubona urubyiruko rubyitabira cyane cyangwa rurabyirinda? (Abato, abakuru, imyaka bafite, ...)
4. Mubona gufata ibisindisha n'ibiyobyabwenge ari ikibazo ku muryango mu ruhe rugero?
5. Ni ibihe bimenyetso mwaba muzi bigaragaza uwafashe ibisindisha n'ibiyobyabwenge?
6. Ese ni izihe mpamvu zituma urubyiruko rwishora mu bisindisha n'ibiyobyabwenge?
7. Ese ni izihe ngaruka zikunze kugaraga ku bafata ibisindisha n'ibiyobyabwenge?
8. Ni iki mubona ababaye imbata z'ibisindisha n'ibiyobyabwenge bafata nk'umuti wo kubireka?
9. Ni hehe uwabaswe n'ibisindisha n'ibiyobyabwenge yakura ubufasha?
10. Ni iki cyakorwa ngo ibisindisha n'ibiyobyabwenge bigabanuke cyangwa bicike burundu mu rubyiruko?
11. Mwatanga izihe nama zo gufasha inzego zitandukanye zishinwe kurwanya ibiyobyabwenge?
12. Inama mwagira abafata ibisindisha n'ibiyobyabwenge
13. Inama mwagira abafata ibisindisha n'ibiyobyabwenge

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