Rehabilitation of Mentally Disabled and Drug Addicts In Dilla, Ethiopia – An Exploratory Study

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“Every human being is the author of his own health and disease.” - Buddha

Abstract:
This study focuses on the Rehabilitation of Mentally Disabled and Drug Addicts in Dilla town, Ethiopia. Mind is the source of happiness as well as sorrow. The trained mind gives happiness, untrained mind bring sorrow. Many people in Dilla are suffering from mental disability, undergoing untold miseries and difficulties. They are living on the road side exposing to severe weather conditions without any shelter and care. Some of them live without clothes on the body. The humanity should hang their heads in shame, if one sees the pathetic condition of these helpless people. The main objective of the study is to find out the causes for mental disability and rehabilitate them, with the help of government and non-governmental organizations. It is the duty of the civilized society to rehabilitate them in a human way.

Keywords: Mental disability, Drug addict, Sorrow, Rehabilitation.

1. INTRODUCTION:

The civilization dawned heralding peace and prosperity to the whole of mankind in the world. The people in the world should have good health – physically and mentally, sharing the wealth of the nation equally without any discrimination, on the grounds of sex, religion, language, and color etc. The nation’s wealth mainly constitutes agricultural and industrial income which is created by the people of the nation. To create the wealth of the nation, people should have healthy mind and body. The healthy people – the knowledgeable people, the skilled people with positive attitude transform the non-human resource that is land, infrastructure and capital into value added outputs, which enhances the wealth of the nation. But unfortunately the wealth of the nation is not shared on the equitable basis; as such the people suffer from poverty – leading to ill-health, both physical and mental. These depressed people are deprived of the basic education, which further pushes them to undergo untold miseries. When the basic education is not provided, due to ignorance, these people suffer from socio-economic inequalities.

Peace – education – economic – social equality – mental and physical health enhances the image and wealth of the nation. In any country when there is peace, good education with socio-economic equality, people will enjoy good mental and physical health, which is great asset to the nation. Contrary to that, lack of peace, education, social inequality people suffer from ill-health, mental and physical, which becomes liability to the nation. In many underdeveloped nations people suffer from mental and physical disabilities, due to socio-economic in-equalities. Unable to bear the suffering, these people addict to alcohol, drugs leading to further deterioration of health. Particularly in Dilla town, Ethiopia it can be seen that the people are suffering from poverty, mental and physical ill-health. These people are not educated and addicted to drugs, suffering from mental disability, hunger and many of them sleeping on the streets exposing to severe weather conditions like cold, rain and sun, without any care, protection and shelter. These helpless people, some times without any clothes on the body roaming and lying on the road side. This is unfortunate and pathetic. It is the duty of the civilized society to take care of such helpless suffering people. The society and the government and the
universities should take responsibility and rehabilitate and settle them in a human way, by establishing hospitals and shelter homes. This way one can create just, equitable, educated, healthy, society with peace and prosperity.

The foregoing models from figures 1-3 explain the cause, impact and results.

Statement of the problem:
The problem is the, condition of the mentally disabled drug addicts, is pathetic and they are exposed to unfavorable weather conditions, living on the streets without any care and protection. The suffering is deep and disturbing. These people suffer from hunger, poverty, social discrimination, ill-treatment by the society undergoing untold miseries. This study is to find out the causes for the suffering and to suggest measures. In many underdeveloped nations people suffer from mental and Physical ailments, due to socio economic in-equalities. Unable to bear the suffering, these people
addict to alcohol, drugs leading to further deterioration of health. Particularly in Dilla town, Ethiopia it can be seen that the people are suffering from poverty, mental and physical ill-health. These people are not educated and addicted to drugs, suffering from mental disability, hunger and many of them sleeping on the streets exposing to severe weather conditions like cold, rain and sun, without any care, protection and shelter. These helpless people, some times without any clothes on the body roaming and lying on the road side. This is unfortunate and pathetic.

Objectives of the study: In order to understand the reasons for, suffering of the mentally disabled and drug addicts the following objectives are formulated.

1. To study the causes for the mental disability and drug addiction of the people in Dilla, Ethiopia.
2. To understand the socio-economic and educational relationship with mentally disabled and drug addicts.
3. To verify the relationship between mental disability and consumption of chat and other drugs etc.
4. To find out the role of existing government, non-government, and international agencies in rehabilitation activities of mentally disabled and drug addicts.
5. To suggest appropriate measures to settle and rehabilitate the sufferers that is mentally disabled and drug addicts.

Hypotheses:

I

H₀ - The socio-economic and educational impact on the mentally disabled and drug addicts in Dilla is neither positive nor negative.
H₁ - The socio-economic and educational impact on the mentally disabled and drug addicts in Dilla is positive.

II

H₀ - The chat and other drugs have neither positive nor negative impact on the mentally disabled and drug addicts in Dilla.
H₁ - The chat and other drugs have negative impact on the mentally disabled and drug addicts in Dilla.

III

H₀ - The govt. and non-governmental agencies have neither created nor not created the infrastructure to rehabilitate the mentally disabled.
H₁ - The govt. and non-Governmental Agencies have not created the infrastructure to rehabilitate the mentally disabled.

Scope of the study: The scope is limited to Dilla town.

2. LITERATURE REVIEW

According to WHO [1] in their world report on disability have defined rehabilitation as “a set of measures that assist individuals who experience, or are likely to experience, disability to achieve and maintain optimal functioning in interaction with their environments”. H. Jackson [2] defined rehabilitation of people with disabilities as meaning to integrate or re-integrate physically, sensorially, mentally and/or psychologically impaired people into as full and as normal life roles as is possible. It implies an understanding of the life role expectations of the particular individuals had they been fully able-bodied. Rehabilitation in its fullest sense necessitates, on the one hand, maximizing the physical and mental fitness of individuals and their capacity to work and to enjoy life, through interventions ranging from the medical and paramedical to counseling and vocational training and job placement; and, on the other hand, promoting the accessibility and openness of the physical and social
environment to people with impairments. The remaining part of the literature presents about the cause of drugs and alcoholism, drugs and problem related to drugs, mental disability and addiction, and the importance of National Mental Health Strategy (NMHS) in Ethiopia.

2.1. What Causes Drug Addiction and Alcoholism?

In medical terms, a drug is any substance that when taken into a living organism may modify one or more of its functions. Drugs can provide temporary relief from unhealthy symptoms and/or permanently supply the body with necessary substances the body can no longer make. Some drugs produce unwanted side effects. Some drugs lead to an unhealthy dependency that has both physiological and behavioural roots [4]. The mind is our most important tool. With our mind, we solve the problems we face in life. As per Narconon [4] drugs do several things that harm one’s ability to think or to be fully aware of the present surroundings. These effects continue long after the effects of the drug appear to have worn off. Addictive drugs activate the brains reward systems. The promise of reward is very intense, causing the individual to crave the drug and to focus his/her activities on getting and taking the drug. The ability of addictive drugs to strongly activate brain reward mechanisms and their ability to chemically alter the normal functioning of these systems can produce an addiction. Drugs also reduce a person’s level of consciousness, impairing the ability to think or be fully aware of present surroundings.

2.2. Drugs and Problems

This person tries drugs or alcohol. The drugs appear to solve the problem. He feels better. Because he now seems better able to deal with life, the drugs become valuable to him. The person looks on drugs or alcohol as a cure for unwanted feelings. The painkilling effects of drugs or alcohol become a solution to his discomfort. Inadvertently the drug or alcohol now becomes valuable because it helped him feel better. This release is the main reason a person uses drugs or drinks a second or third time. It is just a matter of time before he becomes fully addicted and loses the ability to control his drug use. Drug addiction, then, results from excessive or continued use of habit-forming drugs in an attempt to resolve the underlying symptoms of discomfort or unhappiness [4]. Drug addiction produces serious, pervasive and expensive social problems. Regardless of whether substance abuse is a sin, a crime, a bad habit or an illness, society has a right to expect that an effective public policy or approach to the “drug abuse problem” will reduce drug-related crime, unemployment, family dysfunction and disproportionate use of medical care. Science has made great progress over the past several years, but it is still not possible to account fully for the physiological and psychological processes that transform controlled, voluntary “use” of alcohol and/or other drugs into uncontrolled, involuntary “dependence” on those substances, and there is still no cure. What can be done is to treat use “effectively” and to provide an attractive return on societal investment in treatment (UNODC, 2003) [5]. A study done by Mesfin et al [6] revealed that people are aware of the "drugs" that are used in Ethiopia. "Hard drugs", such as heroin and cocaine, though rare, are familiar in Addis Ababa. Though cultural factors account for the use of "drugs" in chat producing areas, other factors, such as unemployment, peer pressure, and lack of awareness of the danger of drugs, and lack of recreational facilities were the main reasons cited for the use of drugs in this study. Besides, the cultivation of chat for export has contributed to its wide domestic use. However, in some areas such as the monasteries, it was reported that "drugs" like hashish (cannabis) are used by priests for better performance in their religious education and to keep them awake during praying. The authors also noted that control of drugs as weak resulting from lack of trained personnel in the law enforcement agencies, inadequate penalty, and poor participation of the public in teaching about harmful effect of drugs to their children, no effective and integrated control system that controls drug traffickers and users. Hence, traffickers have a wide opportunity to distribute drugs.

2.3. How Drugs Affect Behaviour?

The addict will now attempt to withhold the fact of his drug use from friends and family members. He will begin to suffer the effects of his own dishonesty and guilt. He may become withdrawn and difficult to reason with. He may behave strangely. The more he uses drugs and alcohol, the guiltier he will feel, and the more depressed he will become. He will sacrifice his personal integrity, his
relationships with friends and family, his job, his savings, and anything else he may have in an attempt to get more drugs. The drugs are now the most important things in his life. His relationships and job performance will go dramatically downhill [4].

2.4. Mental Disability and Addiction

Mental illness has wide-reaching effects on people’s education, employment, physical health, and relationships. Although many effective mental health interventions are available, people often do not seek out the care they need. Examples of mental illness include depression, anxiety disorders, schizophrenia, eating disorders and addictive behaviors. Many people have mental health concerns from time to time. But a mental health concern becomes a mental illness when ongoing signs and symptoms cause frequent stress and affect your ability to function. Defining disability is a complex, evolving matter. Past and perceived disabilities are also protected. It does not list all the conditions that could be considered a disability. It is not possible or appropriate to provide an exhaustive list of mental health or addiction disabilities in this policy. Much impairment has been recognized as disabilities including anxiety, panic attacks, depression, schizophrenia, alcohol dependence, and addictions to illegal drugs. On top of this, disabilities may be temporary, sporadic or permanent. In many cases, they may not be visible to the average onlooker. People’s experience of disability may result from bodily or mental impairments, or from limitations arising from impairments that affect people’s ability to function in certain areas of living. Disabilities are also socially constructed. Attitudes of society and its members often contribute to the idea or perception of a mental health or addiction disability; people may be treated as having a disability due to whatever impairment or limitation is perceived to exist. Some disabilities may actually result from the barriers that exist in society, such as attitudinal barriers like stigma or stereotypes, or the social, economic or cultural disadvantages resulting from discrimination and exclusion (Government of Canada 2006) [7].

Ministry of Health, Ethiopia [3] has observed that depression is currently the leading cause of non-fatal burden when considering all mental and physical illness, accounting for approximately 10% of the total years lived with disability (YLD) in Low and middle income countries (LMICs) (NMHS, 2013-16)’In Ethiopia, mental illness is the leading non-communicable disorder in the terms of burden. Indeed, in a predominantly rural area of Ethiopia, Mental illness compromised 11% of the total burden of the disease, with schizophrenia and depression included in the top ten most burdensome conditions, out-ranking HIV/AIDS. These startling statistics shows that mental illness have been overlooked as a major health priority in Ethiopia and other LMICs and undergone the need for public health program targeting mental illness.

2.4. Strategies for Community Based Rehabilitation

Community Based Rehabilitation itself can take a variety of forms, but with the essential common feature that the orientation is towards the disabled persons in their community, or directed at the relationship between the two, and not at the disabled person in isolation. Work normally takes place in the person's home, or in a local setting such as a clinic, school, local meeting place or club, or perhaps in a local rehabilitation center or village (H. Jackson, 1988) [2].

2.5. Need for National Mental Health Strategy

In Ethiopia, mental illnesses are common in the country, they are associated with a high burden due to disability and mortality, they constitute important but largely unrecognized barriers to achieving the MDGs, and, despite the existence of affordable and effective treatments, fewer than one in 10 of the most severely affected people ever receive the treatment they need [3]. In order to begin to meet the mental health needs within Ethiopia, a coordinated and sustained effort is required. The disability associated with mental illness in Ethiopia is high: where people are already struggling for survival, the catastrophic impact of a chronic and disabling illness on the person and their family can be well-appreciated. The lack of mental health services or any kinds of financial support for families with a mentally ill member are the biggest factors causing caregiver burden in Ethiopia [3]. Stigma, discrimination and human rights abuses are part of the daily lived experience of the mentally ill and their families in Ethiopia. Increased availability of mental health services may be the single most important factor to improve this situation.
2.6. Only one mental hospital in country
In Ethiopia there is only one mental hospital in country with 0.35 beds per 100,000 populations. Mental health services are currently not organized in terms of catchment/service areas (WHO-AIMS, 2006) [8]. At the moment, community surveys in Ethiopia have shown consistently that severe mental illness, for example resulting from schizophrenia or bipolar disorder is recognized as an illness that needs intervention. However, severe mental illness is more often attributed to supernatural causes, for example spirit possession, bewitchment or evil eye, rather than as a result of biomedical or psychosocial causes. As a consequence, affected individuals and/or their families often seek help from religious and traditional healers rather than health facilities. Furthermore, other mental illnesses such as major depression are not well-recognized within the community, and are more often explained away as due to psychosocial problems, e.g. marital problems or poverty. Help-seeking for depression is most often limited to the family or local community, and depression usually remains undetected in general health settings, which leads to inappropriate prescribing of ineffective treatments and is a missed opportunity for suicide prevention [3]. Atalay Alem [11] has observed that the number of mentally ill people in Ethiopia is increasing from time to time. But the number of psychiatrists is still very small. So far, there were only one or two Ethiopian psychiatrists at Amanuel Hospital. But now there is a great difference that psychiatrists’ number has grown to 55. However, compared to the demand and the population size that country has, there are still very few. It is not easy for a country like Ethiopia, to train enough psychiatrists that could meet the demand in a short period of time.

2.7. Research Gap
Mental illness and drug addiction have wide-reaching effects on people’s education, employment, physical health, and relationships. It is observed that though the mental disability and drug addiction is serious problem, increasing alarmingly in Dilla town, so far no study is conducted by any authorities. Therefore, this study focus on the rehabilitation of mentally disabled and drug addicts in Dilla town, Gedeo Zone, SNNPR, Ethiopia.

3. METHODOLOGY

Research methodology: To the attainment of the broad objective of the study, this study adopts mixed research method. In selecting this research design we consider nature of the study and features, strength and weakness of the different research approaches. It is exploratory research to understand and study the causes for the suffering of mentally disabled and drug addicts. This will be by a structured multiple questionnaires involving all the important stack holders like government authorities (including Doctors), General public including foreigners and relatives and friends of mentally disabled and victims. Data sources: Data will be collected from the both primary and secondary data. Secondary data will be collected from the literatures and various reports. The primary data collected using multiple questioners from Government authorities, Public, NGO’s and Victims. The data is also collected through unstructured interview using videos, from the above respondents. Sampling: Stratified random sampling technique is used [10]. Sampling design: Sampling data is collected from the government, non-government agencies, from the public and relatives and friends of mentally disabled and drug addicts. Population: The total mentally disabled and drug addicts around the Dilla town. Sampling size: The total sample size of the study is 39 which consist of 6 Victims, 26 Public and government authorities and 7 NGO operating in Dilla. The data is collected from questionnaires videos, to assess the gravity of the problem. Data analysis Method: The collected data is analyzed by using appropriate statistical tools. Limitations: The study is limited to Dilla town; views of the respondents are exposed to bias, and time, resources. In addition, findings are based on the limited sample size. The data from mentally disabled is difficult to collect because they are not capable of expressing, therefore, the data is collected from public and relatives of the disabled people.
4. DATA ANALYSIS

The data is analyzed and discussed here under.

**Hypothesis-I**

H\(_0\) - The socio-economic and educational impact on the mentally disabled and drug addicts in Dilla is neither positive nor negative

H\(_1\) - The socio-economic and educational impact on the mentally disabled and drug addicts in Dilla is positive.

Table 1: Total Expected frequency for Hypothesis-I

<table>
<thead>
<tr>
<th>Nature of repose</th>
<th>Observed frequency (O)</th>
<th>Expected Frequency (E)</th>
<th>O-E</th>
<th>(O-E(^2))</th>
<th>(O-E(^2))/E</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive</td>
<td>38</td>
<td>19.5</td>
<td>18.5</td>
<td>342.25</td>
<td>17.55</td>
</tr>
<tr>
<td>Negative</td>
<td>1</td>
<td>19.5</td>
<td>-18.5</td>
<td>342.25</td>
<td>17.55</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>35</strong></td>
<td><strong>35</strong></td>
<td></td>
<td><strong>35.1</strong></td>
<td></td>
</tr>
</tbody>
</table>

From the above table

\[ \sum (O-E)^2/E = 35.1 \]

Degrees of freedom (df) = n-1 = 2-1 = 1

As per the chi-square table for df=1 and significance level 1% we get chi-square value as 6.635 [9]. Hence calculated value (35.1) is greater than the tabulated value (6.635) null hypothesis is rejected and alternative hypothesis is accepted. It means “The socio-economic and educational impact on the mentally disabled and drug addicts in Dilla is positive.”

**Hypothesis-II**

H\(_0\) - The chat and other drugs have neither positive nor negative impact on the mentally disabled and drug addicts in Dilla.

H\(_1\) - The chat and other drugs have negative impact on the mentally disabled and drug addicts in Dilla.

Table 2: Total Expected frequency for Hypothesis-II

<table>
<thead>
<tr>
<th>Nature of repose</th>
<th>Observed frequency (O)</th>
<th>Expected Frequency (E)</th>
<th>O-E</th>
<th>(O-E(^2))</th>
<th>(O-E(^2))/E</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive</td>
<td>28</td>
<td>17</td>
<td>11</td>
<td>121</td>
<td>7.12</td>
</tr>
<tr>
<td>Negative</td>
<td>6</td>
<td>17</td>
<td>-11</td>
<td>121</td>
<td>7.12</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>14.24</strong></td>
<td><strong>14.24</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

From the above table

\[ \sum (O-E)^2/E = 14.24 \]

Degrees of freedom (df) = n-1 = 2-1 = 1

As per the chi-square table for df=1 and significance level 0.01% we get chi-square value as 6.635 [9]. Hence calculated value (14.24) is greater than the tabulated value (6.635) null hypothesis is rejected and alternative hypothesis is accepted. It means “The chat and other drugs have negative impact on the mentally disabled and drug addicts in Dilla.”

**Hypothesis-III**

H\(_0\) - The govt. and non-governmental agencies have neither created nor not created the infrastructure to rehabilitate the mentally disabled.

H\(_1\) - The govt. and non- Governmental Agencies have not created the infrastructure to rehabilitate the mentally disabled.
Table 6: Total Expected frequency for Hypothesis III

<table>
<thead>
<tr>
<th>Nature of repose</th>
<th>Observed frequency (O)</th>
<th>Expected Frequency (E)</th>
<th>O-E</th>
<th>(O-E)^2</th>
<th>(O-E)^2/E</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive</td>
<td>8</td>
<td>33</td>
<td>-25</td>
<td>625</td>
<td>18.94</td>
</tr>
<tr>
<td>Negative</td>
<td>58</td>
<td>33</td>
<td>25</td>
<td>625</td>
<td>18.94</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>37.88</td>
</tr>
</tbody>
</table>

From the above table
\[ \sum (O-E)^2/E = 37.88 \]
Degrees of freedom(df) = n-1 = 2-1 = 1

As per the chi-square table for df=1 and significance level 0.01% we get chi-square value as 6.635 [9]. Hence calculated value (37.88) is greater than the tabulated value (6.635) null hypothesis is rejected and alternative hypothesis is accepted. It means “The govt. and non- Governmental Agencies have not created the infrastructure to rehabilitate the mentally disabled.”

5. RESULTS AND DISCUSSIONS

5.1. Government’s Observation.
The government authorities feel that peer pressure is the major influence for drug addiction. Next to that poverty and environmental factors play a major role. Lack of education, lack of knowledge and family problems too have some influence for drug addiction. Government authorities feel that continuous use of drugs, alcohols and “chats” etc. is the major cause for drug addiction. Next to that financial and family problem contribute a major role. 70% of the respondents agree that there is no established psychiatric and counseling centers in the country. Only 10% of the respondents from government authorities agree that there are established psychiatric and counseling centers in the Ethiopia. 70% of the respondents agree that there is no government established hospitals and only 10% of the respondents agree that there are government established hospitals to treat mentally disabled people and Drug addicts. 70% of the government authorities accepted that there are national policies existing and 20% are not accepted that there are national policies to treat mentally disabled persons.

5.2. NGO Observation.
70% of the responses accepted that NGO’s are not involved and only 10% accept that NGO’s are involved to treat and rehabilitate mentally disabled people. 60% of respondents informed that World health organization has no programes in Ethiopia to treat or rehabilitate mentally disabled people in the country. 80% of the respondents are agreed, only 10% of respondents have not agreed, that growing and marketing chat is not encouraging people to addict to drugs. NGOs feel that drug addiction is affecting family relation. Next to that it affects social relations. It equally affects education, finance, employment and national wealth. 60% of respondents informed that the government has created awareness program on bad effects of drug addiction, 20% of respondents informed that the government has not created awareness program on bad effects of drug addiction. In the view of Non-governmental organization, 29% of the respondents from NGO’s are having a work experience of below 2 years and 14% of the respondents from NGO’s are having a work experience of 3-4 years in rehabilitating drug addicts. 29% the respondents from NGO’s are having a work experience of less than two years in rehabilitating mentally disabled people. 43% of the respondents from NGO’s agree that there no support from national or international agency to rehabilitate drug addicts. The respondents from NGO’s feel that family problems and peer pressure are the major cause for drug addiction. Next to that they feel environmental impact and also poverty and family problems are cause for drug addiction. the respondents from NGO’s feel that continuous use of chat drugs and alcohol is the reason for mental disability. Next to that family problem and poverty play a major role. 43% of the respondents from NGO’s agree that they are not working with the help of Ethiopian government. Only
14% of respondents from respondents from NGO’s agree that they are working with the help of Ethiopian government. 72% of the respondents from NGO’s agree that there is no counseling center for drug addicts. The respondents from NGO’s feel that family and social relations are affected primarily with drug addiction. Next to that it affects education and also on finance and employment. The respondents from NGO’s feel that construction of hospital, creating awareness and educating family members are equally important for the rehabilitation of drug addicts and mentally disabled people. Next to that they feel involving NGO’s is also beneficial.

5.3. Observation from Public
In general public responses, 95% of respondents had the awareness that the people in Dilla are consuming “chats”, drugs, and alcohol. 84% of responses had awareness of existence of mentally disabled people. Peer pressure has no influence for drug addiction. Majority of the people are influenced by the environmental factors. Next to environmental factors financial problems, poverty, and cultural factors play a major role in drug addiction. In most of the population that continuous use of chat, drugs and alcohol causes mental disability. Next to that poverty, family problems and financial problems play major role. The respondents feel that creating awareness among the public regarding the impact of drug addictions will be a best solution for rehabilitation of drug addicts. Next to that educating family members to take care of drug addiction will be a better solution. 58% of the respondents feel that it the duty of the government to rehabilitate the drug addicts and mentally disabled people.

5.4. Foreigner’s Observation
16% of the foreigners stayed in Dilla for 1 to 2 years in Dilla. 5% of the foreigners stayed in Dilla for 3 to 5 years in Dilla and 10% of respondents are falling in others catagory. 16% of the forginers have observed the drug addicts and mentally disabled people in Dilla. The foreigners feel that most of the reason for drug addiction is due to lack of knowledge and awareness. Next followed by Family Problems, Health problems, Lack of education and due to sudden shock or accidents. There are three major factors equally considered by foreigners as the reason for mental disability, which are Continuous use of drugs, alcohol, “chats”, etc; Financial Problems and Lack of Knowledge and awareness. Next came health problems. Foreigners feel that, to rehabilitate drug addicts and mentally disabled people by creating awareness about the impact of drug addiction will be a best solution. Next it is suggested to Construct Hospital by Government and also educating the family members to take care of mentally disabled and at last involving NGO's to rehabilitate drug addicts and mentally disabled people. 21% of foreigners staying in Dilla have informed that their home country is having rehabilitation models available. 5% of foreigners are running NGO’s to rehabilitate drug addicts and mentally disabled persons.

5.5. Drug Addicts Observation
Around 67% of the respondents have used or tried drug substances and 33% of the respondents a have not used the drug substances like Amphetamines (speed, uppers, dexies, crystal meth, ice etc.). 33% of the respondents are used the drug substances like Cannabis (marijuana, dope, hooch, grass, pot, hashish, THC etc.) and Cocaine (coke, blow, snow, crack etc.) 100% of the respondents are not used the drug substances like Anabolic steroids (roads, gear, juice etc.), Barbiturates (amytal, Phenobarbital etc.), Ecstasy (meth amphetamine, MDMA, ecky, E’s etc.), Opiates (codeine, heroin, methadone, morphine, pethidine, smack etc.), Psychedelics (magic mushrooms, LSD, acid etc.), Solvents (glue, aerosol, thinners, nitrous oxide, petrol etc.) and others. 50% of the victims are suffered by medical condition or impairment like HIV, Mental Health Disorder due to drug usage. 16.5 % of the victims are the member for Alcoholics Anonymous, Narcotics Anonymous or similar associations. Among victims 34% of the respondents addicted to the drugs less than 1 year. 16.5% of the respondents addicted to the drugs between 1-2 years, 3-4 years and above 4 years. 33.4% of the victims used drugs other than those required for medical reasons. 33.3% of the respondents not used drugs other than those required for medical reasons. 50% of the victims are abused more than one drug at a time. Only 17% of the victims are able to stop using drugs when ever they needed. 17% of the victims had "blackouts” or “flashbacks” as a result of drug use. 67% of the respondents are felt bad or guilt about their drug use. 67% of the respondents of victim’s family are complained about their involvement with
drugs. 17% of the respondents are neglected their family due to drug addiction. 83% of the respondents are not neglected their family due to drug addiction. 50% of the respondents are engaged in illegal activities in order to obtain drugs. 50% of the respondents experienced the withdrawal symptoms when they stop taking drug. The victims felt that the drug addiction is affecting their childrens education, Employment, family and social relationship, financial burden and others. 34% of the respondents are felt to discontinue the use of drug to lead a good life. 17% of the respondents are getting help from psychiatrist, Doctors, friends and others to come out of the problem of drug addiction.

5.6. Recommendations:

The findings have given the clear picture of the causes for the suffering of the mentally disabled people and drug addicts in Dilla town. All the respondents, the government servant, NGOs, foreigners and the public, drug addicts felt that there is urgent need for creating awareness about the bad effects of drugs, alcohols, “chats” etc. The government on priority basis educates the masses through electronic, print and other cultural media about the bad effects of drugs, alcohols, and “chats”. The government should introduce poverty alleviating programs by creating more employment both in the rural, urban areas establishing small and medium scale industries. The skill development courses should be introduced in the technical colleges to train the younger generations to get employment, which will be a source of income. As such they will not fall prey to drugs and chats. The family relationship should be strengthened by extending the family counseling by qualified psychiatric doctors. So that the people lead happy life without falling prey to the alcohol, drug etc. That all the respondents suggest that the mentally disabled people should be treated and rehabilitated providing medicines and amenities in the Dilla hospital. A permanent rehabilitation center for this afflicted people should be established in the collaboration with the WHO, NGOs, government Universities in Dilla hospital. Emergency Ambulance services should be arranged to treat the serious mentally disabled people. The government should take the help of international agencies to establish rehabilitation centers and it should also promulgate legislation like in other countries to protect mentally disable people. The government should also adopt some rehabilitation models which are existing in other countries. The religious institutions should also play an important role in educating the masses about the bad affects of alcohols and “chats” and also establish rehabilitation and counseling centers. It is felt that if these people with proper medication, treated well, become normal, people will lead a happy life, happy people contribute to the wealth of the nation. Dilla government hospital is maintained by Dilla University, therefore the university can take a lead in establishing a rehabilitation centre for mentally disabled and drug addicts which will go a long way in enhancing the image of the university.

5.7. Conclusion

The health is more than wealth. Healthy people are the asset to the nation. It is the duty of the society to understand and help the mentally disabled and drug addicts in Dilla to come out of the sufferings. There is an urgent need to rehabilitate these people, so that they lead a happy life like other citizens. The government of Ethiopia, has rightly said that-There is no health without mental health”- (Ministry of Health, Federal Democratic Republic of Ethiopia). Therefore the government, religious institutions, and NGOs, Dilla University and WHO, should focus on establishing rehabilitation center on humanitarian grounds, as the mentally disabled population is out-ranking HIV/AIDS population.

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Source:

[6] Mesfin K., etal (2008), Knowledge of "drug" use and associated factors as perceived by health professionals, farmers, the youth and law enforcement agencies in Ethiopia, Medical Faulty-Addis Ababa University, Ethiopia.