The Impact of Kush Abuse Among Youth in Sierra Leone

Prince T. Lamin-Boima (PhD. Candidate)
Department of Public Health, Faculty of Basic and Health Sciences, Ernest Bai Koroma University of Science and Technology, Makeni Campus,
City: Freetown, Country: Sierra Leone
*Corresponding author: Prince T. Lamin-Boima (princelboima@yahoo.com)

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Abstract
Background
The increasing abuse of "Kush," a synthetic psychoactive substance, presents a critical public health and socio-economic challenge in Sierra Leone, particularly among youth populations. This study investigates the health, educational, and societal impacts of Kush abuse among adolescents and young adults in Sierra Leone.
Methods
A descriptive cross-sectional study design was employed, integrating both quantitative and qualitative methods. Data were collected from 154 respondents aged 13–49 years through structured questionnaires and in-depth interviews. Descriptive statistics—including frequencies and percentages—were used to analyze quantitative data, while thematic analysis was applied to qualitative responses.
Results
Findings revealed that Kush abuse is strongly associated with physical deterioration, mental health disorders, and addiction. A significant proportion of respondents (77%) identified socio-economic consequences such as academic decline, unemployment, and relationship breakdowns as outcomes of Kush use. While all participants (100%) were aware of the substance, 91% reported inadequate awareness of its health risks. Key drivers of abuse included youth unemployment, peer influence, and insufficient law enforcement. The availability of Kush in ghettos and via street dealers contributed to its widespread consumption.
Conclusion
Kush abuse is a growing epidemic with devastating consequences on Sierra Leone's youth and society. The findings underscore the urgent need for a multi-sectoral response that combines public education, stricter drug control policies, community-based interventions, and accessible rehabilitation services.
Keywords: Kush, youth, Sierra Leone, synthetic drugs, substance abuse, public health, mental health, socio-economic impact.

Background

Substance abuse remains a growing global public health challenge, particularly among adolescents and young adults (1). In Sierra Leone, a synthetic and chemically adulterated form of cannabis known as Kush has emerged as a major threat to youth development, community safety, and national well-being (2). Unlike natural cannabis, the Kush circulating in West African markets—including Sierra Leone—is often laced with toxic substances such as formalin and fentanyl, leading to unpredictable and highly dangerous health effects (3-5). The rise in Kush use has coincided with a backdrop of socio-economic hardship, youth unemployment, urban crowding, and weak law enforcement, all of which compound the risk of drug dependency (1,2). Anecdotal evidence, including mass burials of youth with injuries linked to Kush consumption, points to the escalating severity of this crisis (2). The United Nations Office on Drugs and Crime

(UNODC) and local field reports have described Kush abuse in Sierra Leone as a public health emergency fueled by systemic neglect, social fragmentation, and porous borders that enable drug trafficking (1,2).

Despite the growing visibility of this issue, there remains a significant gap in empirical research on the health, educational, social, and economic effects of Kush among youth in Sierra Leone (6). International literature has documented the harmful effects of synthetic cannabinoids on the central nervous system, including psychosis, neurological impairment, and addiction (3-5). However, few studies have focused on the African context, particularly the unique socio-cultural and economic drivers that influence substance use patterns (6). Even fewer have investigated youth perceptions, knowledge levels, or community-level strategies for prevention and rehabilitation (6).

In Sierra Leone, where healthcare infrastructure is limited and youth unemployment remains high, the consequences of Kush abuse are not limited to individual health (6). The drug has been associated with high school dropout rates, increased criminal behavior, poor mental health, and strained family relationships (7,8). A 2021 study found that Kush users experienced more severe psychological symptoms than users of natural cannabis, while other studies have linked Kush use to educational disengagement and economic stagnation (7,8). The drug's availability in urban ghettos and its normalization as a coping mechanism further exacerbate the problem (9,10).

The aim of this study is to assess the impact of Kush substance on individuals and the community among adolescents in Sierra Leone. The findings are intended to inform targeted policy development, public health interventions, and community engagement strategies to curb the rise of Kush abuse. By providing empirical evidence from one of the most affected regions in Sierra Leone, this study contributes to national and regional efforts to tackle youth substance abuse and promote healthier, more resilient communities.

Methods

This study employed a community-based, descriptive cross-sectional design to assess the prevalence, drivers, and consequences of Kush abuse among youth in Sierra Leone.The study targeted adolescents and young adults aged 13–49 years residing in Sierra Leone. A mixed-methods approach was adopted, integrating quantitative and qualitative data collection to gain a comprehensive understanding of Kush use and its associated impacts. A stratified sampling technique was applied to divide the Sierra Leone into four quadrants, from which one was randomly selected for in-depth study.

Due to challenges with the reliability of national census data, the Community Drug Distributors (CDD) census—commonly used by the Ministry of Health and Sanitation—served as the sampling frame.

A total of 154 completed responses were retained for analysis following data cleaning and the removal of incomplete entries.

Convenience sampling was also employed during fieldwork to accommodate time and logistical constraints, while efforts were made to preserve demographic representativeness.

Quantitative data were collected using a structured, pre-tested questionnaire administered via electronic tablets through the Ona platform. The instrument was designed to collect information on:

- Demographic characteristics (age, sex, education level, employment status),
- Patterns and drivers of Kush use,
- Health, social, and economic consequences of substance abuse,
- Awareness and perception of risks associated with Kush,
- Community-level responses and perceived interventions.

Qualitative data were collected using semi-structured interview guides in one-on-one sessions with purposively selected youth and community stakeholders. Interviews were conducted in Krio—the lingua franca of Sierra Leone—in private settings to encourage candid responses and ensure confidentiality. Topics explored included personal experiences with Kush, social drivers of use, perceived health effects, and suggestions for intervention.

Quantitative data were exported from Ona to Microsoft Excel, cleaned using Power Query, and analyzed using Power BI. Descriptive statistics—including frequencies, percentages, and means—were used to summarize the data. Graphical representations (bar charts and pie charts) were employed to enhance interpretability.

Qualitative data were transcribed manually, coded, and analyzed thematically. Recurring patterns and themes were identified, categorized, and compared across respondent groups. Triangulation of qualitative findings with quantitative data enhanced the robustness and depth of the analysis, allowing for validation of key insights across methods.

To ensure rigor and reliability:

- All instruments were reviewed by public health experts prior to deployment.
- The principal investigator personally administered all tools to maintain consistency.
- Interviews were audio-recorded with informed consent and transcribed verbatim.
- Cross-validation of findings from both qualitative and quantitative data sources enhanced internal validity.

Results

This study achieved a high response rate of 98.7%, with 154 completed questionnaires and 161 in-depth interviews from eligible youth participants in Sierra Leone. This strong community engagement lends credibility and generalizability to the findings.

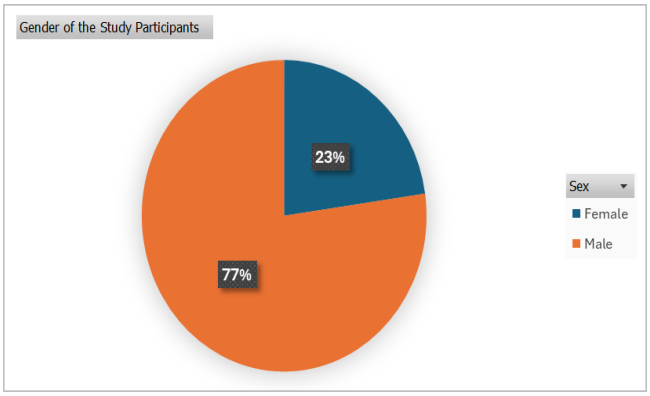

Figure 1: Gender (N=154). Source: Author's Research Data, 2024

Among the respondents, 77% were male and 23% female. The age distribution showed that a majority (73%) were between 19 and 29 years, with the remaining 27% between 30 and 49 years. Most participants were single (91%), while only 9% were married. In terms of occupation, 55% identified as students, 35% as employed, and the remaining 10% as either unemployed or self-employed entrepreneurs. This demographic breakdown highlights the concentration of Kush abuse among young, predominantly single males, many of whom are still in school or struggling with employment.

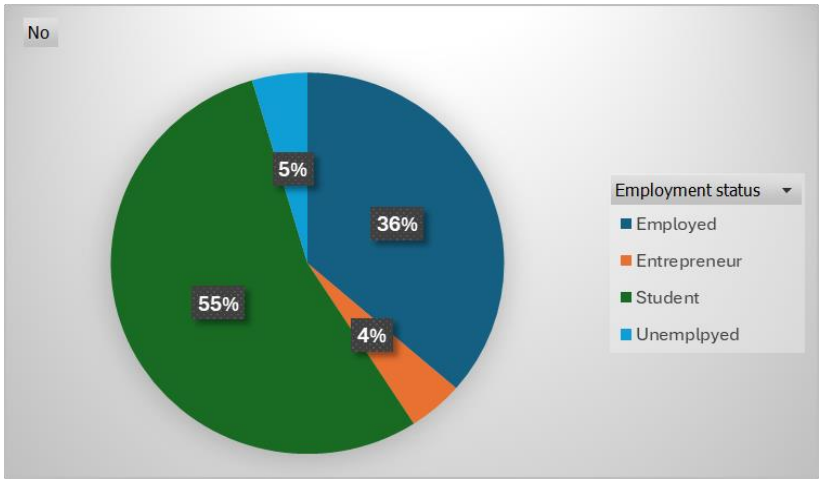

Figure 2: Employment status (N=154). Source: Author's Research Data, 2024

All participants (100%) reported having heard of Kush, suggesting high levels of awareness. However, only 10% admitted to personal use of the substance. Despite this, a significant majority (91%) felt that young people lacked sufficient understanding of Kush's dangers (11). Factors such as peer pressure, community-level normalization of Kush use, and inadequate public education efforts were cited as major contributors to this awareness gap (11,12). Respondents emphasized the need for community involvement—particularly by local and religious leaders—as well as targeted school-based education campaigns and broader media engagement. Several participants also suggested that Kush abuse should be officially declared a public health emergency to trigger a coordinated national response.

Concerning health impacts, 97% of respondents reported witnessing severe physical or mental deterioration among Kush users (3-5). Common physical symptoms included significant weight loss, foot swelling, pale skin, cracked lips, poor hygiene, and persistent skin infections. Mentally, users were often described as "unstable," "mad," or suffering from mental illness, exhibiting aggressive and erratic behavior (7). Participants also linked Kush use to more serious long-term health risks such as liver damage, respiratory and cardiovascular complications, chronic immune suppression, psychosis, and even cancer (3-5). These self-reported observations align with global clinical findings on the harmful and unpredictable effects of synthetic cannabinoids (3-5).

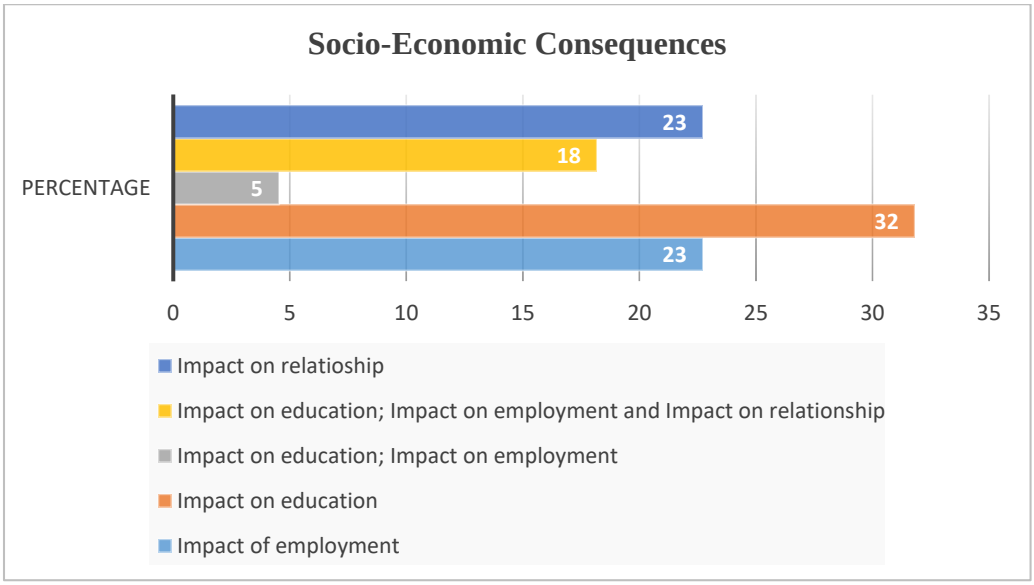

Figure 3: Kush consequences *on education, employment, and relationships* (N=154). Source: Author's Research Data, 2024

Socio-economic and educational consequences were also widely reported. Seventy-seven percent of respondents noted that Kush abuse had negatively affected domains such as education, employment, and personal relationships (7,8). Specifically, 32% cited education as the most impacted area—referring to school dropout, poor academic performance, and absenteeism (8). Another 23% pointed to loss of employment or inability to secure jobs, as well as the breakdown of family and social relationships (8). Eighteen percent indicated that all three areas—education, employment, and relationships—were simultaneously impacted (8). Furthermore, 73% of respondents believed that Kush use undermined Sierra Leone's economy by increasing healthcare expenditures, reducing workforce productivity, and diverting public funds from essential services like education and infrastructure (8).

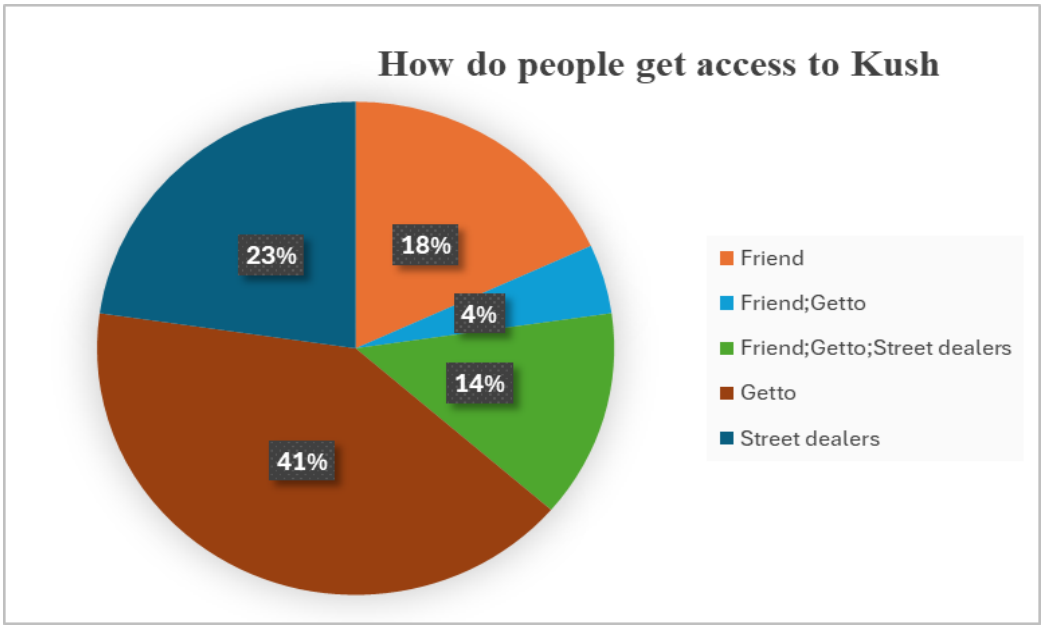

Figure 4: How youth access Kush (N=154). Source: Author's Research Data, 2024

When discussing access points and drivers of Kush use, 41% of participants identified local "ghettos" as the primary sources of distribution (9). Others mentioned street dealers and peer connections as significant contributors (9). Key factors fueling Kush abuse included high unemployment, poverty, peer influence, lack of recreational opportunities, and weak parental supervision (11,12). These structural and social vulnerabilities mirror findings from previous studies that connect youth drug abuse to socio-economic hardship, family breakdown, and limited institutional support (11,12).

Overall, the results emphasize the urgent need for a multi-dimensional intervention framework. Awareness is high, but knowledge about the dangers of Kush remains low among youth. Health consequences are severe and widespread, while social and economic costs are mounting. The findings call for a coordinated public health response, informed education programs, and youth-centered economic empowerment strategies to address the complex crisis posed by Kush abuse in Sierra Leone.

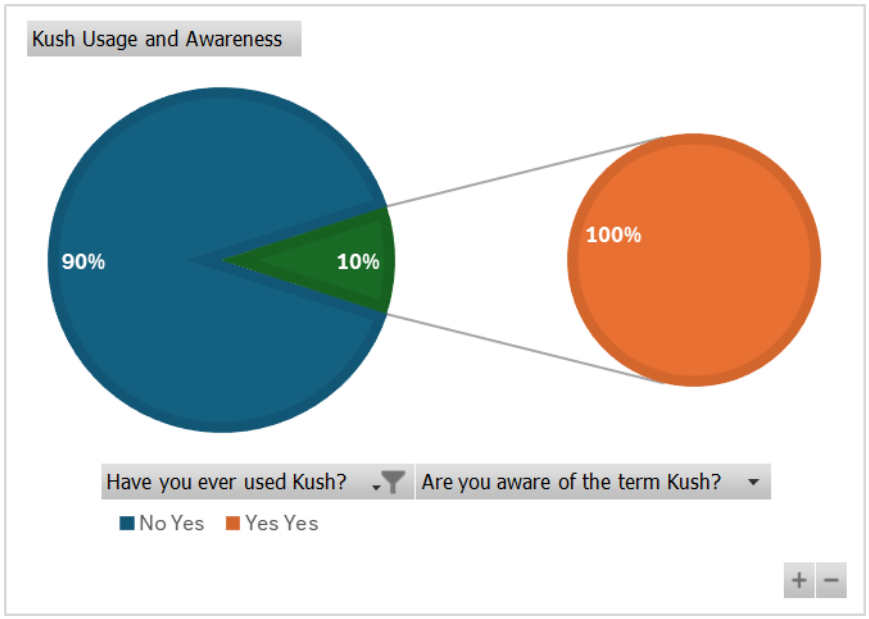

Figure 5: Kush usage and a*wareness* (N=154). Source: Author's Research Data, 2024

The analysis underscores the need for a coordinated and multifaceted approach involving public health institutions, community leaders, law enforcement agencies, and civil society to curtail Kush use (13,14). Without such intervention, the epidemic may intensify, deepening cycles of poverty, violence, and public health crises among Sierra Leone's youth.

Discussion

This study provides critical empirical insight into the escalating crisis of Kush abuse among youth in Sierra Leone. The findings reveal that Kush—a synthetic and chemically altered variant of cannabis—exerts severe health, social, and economic burdens on affected individuals and their communities (1,2). These outcomes are further compounded by pre-existing systemic vulnerabilities such as widespread poverty, youth unemployment, and under-resourced public health services (1,2).

Although all respondents reported awareness of Kush, only a small fraction (10%) admitted to personal use (11). However, the overwhelming consensus (91%) that young people lack sufficient knowledge about its dangers highlights a substantial gap between recognition and risk literacy (11). This disconnect suggests that while the substance is widely known, its long-term consequences are underestimated or misunderstood. Similar findings have been documented in other low- and middle-income countries (LMICs), where drug normalization and misinformation contribute to rising adolescent substance abuse (1-3).

The observed physical and psychological consequences of Kush use—such as severe weight loss, skin lesions, foot swelling, erratic behavior, and signs of mental instability—closely mirror clinical findings on synthetic cannabinoid exposure (3-5). Prior studies have linked synthetic marijuana to adverse outcomes including psychosis, cardiovascular dysfunction, cognitive impairment, and neurological damage (3-5). The aggressive and unstable behavior described by respondents further aligns with existing evidence on the neuropsychiatric complications of synthetic drug use (7).

From a socio-economic perspective, the majority of respondents (77%) reported that Kush abuse had disrupted key domains such as education, employment, and family life (7,8). Specific effects included school dropouts, poor academic performance, job loss, and breakdown of interpersonal relationships (8). Additionally, 73% of respondents identified Kush as a threat to national economic productivity, citing its association with youth unemployment, increased healthcare expenditures, and the diversion of public resources

from essential services (8). These findings reflect a broader trend observed in other West African contexts, where drug abuse is increasingly understood as both a public health emergency and a developmental challenge (8,9).

Access to Kush was found to be deeply embedded in local informal networks, with ghettos, peer groups, and street dealers identified as primary sources (9). Such informal economies not only facilitate drug access but also contribute to its normalization within communities (9). Respondents emphasized structural drivers including poverty, idleness, and weak parental supervision as major risk factors for Kush initiation and dependency (11,12). These findings are consistent with global literature linking youth drug use to social inequality, disenfranchisement, and the absence of meaningful livelihood opportunities (11,12).

Despite some level of governmental response, participants perceived law enforcement efforts as weak and fragmented (2). This perceived ineffectiveness, coupled with the absence of youth-friendly health services and rehabilitation centers, has created a policy vacuum (2). Respondents advocated for a coordinated national response that incorporates community education, law enforcement, school-based interventions, and healthcare-based rehabilitation (13,14). This multi-sectoral approach is supported by international best practices, which demonstrate that integrated, community-led initiatives are effective in curbing synthetic drug use (13,14).

The study is one of the few in Sierra Leone to utilize a mixed-methods approach to examine Kush abuse. The combination of quantitative surveys and qualitative interviews strengthens the reliability and depth of the findings, offering a nuanced understanding of user experiences, community perceptions, and systemic failures. Nonetheless, some limitations should be acknowledged. The study's geographic focus on a single urban community may limit generalizability to other regions of Sierra Leone. Additionally, self-reported data may be subject to recall and social desirability bias, particularly in relation to drug use. However, the use of confidential data collection procedures and triangulation between methods helped mitigate these concerns and bolster the study's internal validity.

Conclusion

This study explored the public health, social, and economic consequences of Kush abuse among youth in Sierra Leone. The findings indicate that Kush abuse has become a pervasive issue with far-reaching effects on individuals, families, and the broader community. The majority of youth respondents recognized the serious physical and mental health risks associated with Kush use, including drastic weight loss, psychological instability, and increased morbidity (3-5). These health effects, in turn, exacerbate socio-economic burdens such as school dropout, job loss, relationship breakdowns, and rising community violence (7,8).

Furthermore, the study revealed that although awareness of Kush as a substance is high, knowledge about its risks remains limited (11). Youth expressed concern about the absence of meaningful public education and enforcement interventions, which has allowed Kush use to proliferate (2). The economic consequences are particularly troubling, as Kush dependency is perceived to erode the national workforce and redirect public resources toward emergency response and rehabilitation instead of development (8).

Recommendations

1. **Policy Reform and Law Enforcement**

   To effectively curb the spread of Kush, there is an urgent need for comprehensive policy reform and strengthened enforcement mechanisms. The Government of Sierra Leone should formally declare Kush abuse a national public health emergency and allocate targeted resources for its containment (2). Strengthened border surveillance, improved community policing, and the dismantling of distribution networks are critical (15). Lessons can be drawn from Kenya, where the 2019 reclassification of synthetic cannabinoids under strict narcotics laws led to increased penalties and a reduction in street-level access (15).

2. **Public Health Education and Awareness Campaigns**

   National and local stakeholders should implement culturally relevant and youth-centered public education campaigns to raise awareness about the dangers of Kush (16). These campaigns should leverage community radio, schools, religious institutions, and

social media platforms to reach diverse populations (16). Recent efforts in Sierra Leone have shown that school and faith-based sensitization activities can improve public understanding of drug-related health risks (16).

3. **Rehabilitation and Mental Health Services**

Kush abuse has resulted in significant mental health consequences, highlighting the need for accessible and integrated rehabilitation services (3-5). The Ministry of Health and Sanitation, in collaboration with NGOs, should expand the establishment of detoxification and mental health facilities nationwide. These centers must offer affordable, evidence-based services, including addiction counseling, psychiatric care, and social reintegration.

4. **Youth Empowerment and Community Engagement**

Empowering youth through positive alternatives is central to reducing substance abuse (12). The government and its partners should scale up community-based initiatives such as sports, vocational training, peer mentorship, and creative arts programs (12). These activities not only divert at-risk youth from drug use but also promote psychosocial resilience and community cohesion (12). Youth employment programs, particularly in high-risk communities, can provide viable alternatives to illicit drug economies (12).

5. **International Collaboration**

Strategic partnerships with international agencies, including the United Nations Office on Drugs and Crime (UNODC), are essential for building national capacity to address synthetic drug epidemics (1). International collaborations can provide technical assistance, data surveillance tools, funding support, and training for frontline responders (1).

6. Support for Further Research

There is a critical need for longitudinal, multi-regional, and interdisciplinary research on Kush use and its long-term consequences. Evidence-based interventions must be grounded in robust data. Universities, research institutions, government bodies, and non-governmental organizations should collaborate to generate context-specific findings that inform public health policies, law enforcement strategies, and community-based solutions. Continuous research will help monitor emerging trends and evaluate the effectiveness of existing interventions.

Study Limitations

While this study provides valuable insights, certain limitations should be acknowledged. Future studies should expand the geographic scope and consider triangulating self-reported data with clinical or behavioral assessments to enhance reliability. Additionally, reliance on self-reported data introduces potential biases such as social desirability and recall errors.

Final Remarks

The findings of this study emphasize that Kush abuse is not just a health issue but a broader societal challenge with implications for economic development, social cohesion, and public safety. Addressing this issue requires an urgent and unified response. By implementing the recommended interventions—awareness, regulation, community engagement, economic empowerment, and treatment services—stakeholders can collectively work toward reducing the burden of Kush abuse and fostering a safer, healthier future for Sierra Leone's youth.

***Clinical trial number: not applicable.'**

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Declarations

Ethics approval and consent to participate

Ethical approval for this study was obtained from the Department of Public Health, Ernest Bai Koroma University of Science and Technology (EBKUST), Makeni, Sierra Leone. All procedures performed in this study were conducted in accordance with the ethical standards of the institutional research committee and with the 1964 **Declaration of Helsinki** and its later amendments. Written informed consent was obtained from all adult participants prior to data collection. No participants was recruited under the age of 18. Participation was voluntary, and respondents were informed of their right to withdraw at any time without consequence. Confidentiality and anonymity were strictly maintained throughout the study.

Consent for publication

Not applicable.

Availability of data and materials

The datasets used and/or analyzed during the current study are available from the corresponding author upon reasonable request.

Competing interests

The author declares no competing interests.

Funding

This study received no external funding.

Authors' contributions

Prince T. Lamin-Boima conceptualized the study, conducted fieldwork, performed the data analysis, and prepared the manuscript.

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type	name	label::English	hint::English	required	relevant	constraint	constraint_message::English	calculation	repeat_count	appearance	choice_filter	media::image	default
start	start	start											
end	end	end											
today	today	today											
note	intro_note	**THE IMPACT OF KUSH ON YOUTHS IN FREETOWN**											
note	intro_note	Introduction I am Mr. Prince Tamba Lamin-Boima Dean of Faculty United Methods	Explain to the respondent										
note	intro_note	***Instructions to Data Collectors:*** ***Please administer this data collecting tool to someone who has***	" use on society is the negative health consequences experienced by its members. "KUSH" use also puts a heavy financial burden on individuals, families and society										
geopoint	survey_gps	Please collect the GPS co-ordinate		yes									
note		**SECTION A: Demographic Information**											
select_one yes_or_no	has_consent_been_granted	1. Has consent been granted?	If no do not proceed	yes									
text	name_of_the_Enumerator	2. Name of the Enumerator		yes									
text	phone_number_of_the_enumerator	3. Phone number of the Enumerator		yes									
select_one_yes_or_no_district_of_the	district_of_the_respondent	4. District of the respondent	Which part does stay in f	yes									
select_one_gender	gender	5. Gender		yes									
integer	age_range	6. What is your age?	age in years- Last birthda	yes									
select_one_what_is_the_level_of_your	educational_level	7. What is the level of your school?		yes									
text	which_community_area_are_you_from	8. Which community/area are you from?		yes									
select_one_yes_or_no_reason_for_mis	if_you_are_schooling_have_you_miss_school_for_any	9. If you are schooling have you miss school for any reason?		yes									
select_one_marital_status	marital_status	10. Marital status		yes									
select_one_yes_or_no_do_you_have_c	do_you_have_a_child	11. Do you have a child		yes									
note		**SECTION B: Family Background Check**											
select_one_who_do_you_stay_with	who_do_you_stay_with	12.Who do you stay with?		yes									
select_one_who_take_cake_of_you	who_take_cake_of_you	13. Who take cake of you?		yes									
select_one_yes_or_no_parent_staying	is_your_father_and_mother_staying_together	14. Is your father and mother staying together?		yes									
select_one_yes_or_no_mother_only_v	is_your_mother_the_only_wife_to_your_father	15. Is your mother the only wife to your father?	If the answer is Yes do not answer the next question										
select_one_wives_father_have	how_many_wives_does_your_father_have	16. How many wives does your father hav?	Only answer this if the question above is No										
select_one_children_mother_have	how_many_children_does_your_mother_have	17. How many children does your mother have?		yes									
select_one_yes_or_no_children_from	are_all_the_children_from_the_same_father☐	18. Are all the children from the same father?☐		yes									
select_one_yes_or_no_children_from	are_all_the_children_from_the_same_mother☐	19. Are all the children from the same mother?☐		yes									
select_one_yes_or_no_father_alive	is_your_biological_father_still_alive	20. ☑your biological father still alive?		yes									
select_one_yes_or_no_mother_alive	is_your_biological_mother_still_alive	21. ☑your biological mother still alive?		yes									
select_one_what_was_your_parents'_a	religious_believe	22. What was your parents' and grandparents' religion?		yes									
select_one_yes_or_no_believe_in_relig	do_you_follow_a_religion	23. ☑o you follow a religion?		yes									
select_one_which_religion	religious_believe	24. Which religion do you believe in		yes									
note		**SECTION C: Kush Consumption Patterns**											
select_one_yes_or_no_have_smoked_l	have_you_smoked_kush	25. Have you smoked KUSH		yes									
select_one_frequency_of_kush_use	how_often_do_you_use_kush	26. How often do you use Kush?		yes									
select_one_method_of_kush_consump	what_is_your_preferred_method_of_kush_consumpt	27. What is your preferred method of Kush consumption?		yes									
select_one_quantity_of_kush_use	how_much_kush_you_consume_per_session	28. On average, how much Kush do you consume per session?		yes									
select_one_yes_or_no_can't_stop_kus	unable_to_stop_using_kush_but_want_to_stop	29. Unable to stop using Kush, but want to stop		yes									
note		**SECTION D: Physiological and Psychological Effects -Mental health correlation**											
select_one_yes_or_no_feel_restless	do_you_feel_restless_overactive_cannot_stay_still_fo	30. Do you feel restless, overactive, cannot stay still for long		yes									
select_one_yes_or_no_often_fight	often_fights_with_others_or_bullies_them	31. Often fights with others or bullies them		yes									
select_multiple_changes_in_mood_or_	have_you_noticed_changes_in_your_mood_or_ment	32. Have you noticed changes in your mood or mental state using Kush	(check all that apply)	yes									
select_multiple_physiological_experienc	have_you_experienced_any_of_the_following_physio	33. Have you experienced any of the following physiological effects afte	(check all that apply)	yes									
select_one_yes_or_no_have_mental_p	yes_or_no	34. Have you ever been diagnosed with a mental health disorder by a n	(e.g., anxiety, depressio	yes									
select_one_how_kush_has_affected_thi	if_the_above_is_yes_how_has_kush_use_affected_thi	35. If the above is Yes, how has Kush use affected this disorder?		yes									
note		**SECTION E: Societal, Cultural Factors and Preventive Measures or Interventions**											
select_multiple_factors	factors_influencing_decision_to_start_kush	36. What factors influenced your decision to start using Kush?	(check all that apply)	yes									
select_one_yes_or_no_cultural_pressu	do_you_perceive_any_cultural_or_social_pressures_	37. Do you perceive any cultural or social pressures to use Kush among your peers?		yes									
select_one_yes_or_no_aware_of_educ	are-you_aware_of_any_educational_programs_or_ca	38. Are you aware of any educational programs or campaigns about the potential health effec		yes									
select_multiple_educational_program	list_educational_programs	39. If yes, how did you learn about these programs?	*(check all that apply)*	yes									
select_one_yes_or_no_have_participat	would_you_be_open_to_participating_in_educational	40. Would you be open to participating in educational workshops or support programs focus		yes									
note		**SECTION F: The impact of KUSH- Short and Long-term Health Outcomes**											
select_one_yes_or_no_take_my_bath	do_you_take_your_bath_often	41. Do you take your bath?		yes									
audio	animal_sound	42. If No why?		yes									
select_one_yes_or_no_do_eat_regular	do_you_eat_regularly	43. Do you eat regularly	two sqare meal s day	yes									
audio	animal_sound	44. If No why?		yes									
select_one_yes_or_no_have_concern	do_you_have_concerns_on_the_long_term_health_e	45. Do you have concerns on the long-term health effects of Kush on you?		yes									
select_one_yes_or_no_have_medical_p	have_you_had_medical_problems_as_a_result_of_ku	46. Have you had medical problems as a result of KUSH	(e.g. Drowsiness, swolle	yes									
select_multiple_the_potential_health_p	what_do_you_think_are_the_potential_long_term_h	47. What do you think are the potential long-term health impacts of Ku	(check all that apply)	yes									
select_one_yes_or_no_have_blackouts	have_you_had_"blackouts"_or_"flashbacks"_as_a_res	48. Have you had "blackouts" or "flashbacks" as a result of KUSH?		yes									
select_one_yes_or_no_someone_died	do_you_know_of_anyone_who_has_died_because_o	49. Do you know of anyone who has died because of KUSH?		yes									
select_multiple_key_signs_noted_befor	key_signs_noted_before_they_died	50. What are key signs noted before they died?		yes									
select_one_how_has_kush_affected_ y	how_has_kush_affected_your_behavior	51. How has KUSH affected your behavior?		yes									
select_one_yes_or_no_do_you_sleep	do_you_sleep_slumber_when_you_take_kush	52. Do you sleep/slumber when you take Kush?		yes									
select_one_how_do_you_perceive_the	how_do_you_perceive_the_urgency_of_addressing_t	53. How do you perceive the urgency of addressing the health effects of Kush use among you		yes									
select_one_yes_or_no_do_want_more	do_you_believe_that_more_should_be_done_to_ed	54. Do you believe that more should be done to educate young people about the potential h		yes									
select_one_yes_or_no_feel_guilty	do_you_ever_feel_guilty_about_your_decision_to_	55. Do you ever feel guilty about your decision to using KUSH?		yes									
select_one_yes_or_no_people_compal	does_your_spouse_or_parents_ever_complain_abou	56. Does your spouse or parents ever complain about your involvement with KUSH?		yes									
select_one_yes_or_no_have_problem	has_kush_created_problems_between_you_and_you	57. Has KUSH created problems between you and your spouse or your parents?		yes									
select_one_yes_or_no_have_been_neg	have_you_neglected_your_family_because_of_kush	58. Have you neglected your family because of KUSH?		yes									
select_one_yes_or_no_have_been_tro	have_you_ever_been_in_trouble_because_of_kush	59. Have you ever been in trouble because of KUSH?		yes									
audio	animal_sound	60. Do you have any challenge or experience you want to share with u	(See if there is anything	yes									