

A Broken Fence Invites the Goat”: Kush Drug Use Among Youth in Freetown, Sierra Leone – A Public Health and Socioeconomic Analysis

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Abstract- The metaphor "A broken fence invites the goat" could be used to critically examine the rise in popularity of "Kush" among young people in Freetown. This metaphor illustrates how weak social structures foster vulnerability and negative behaviors. The "broken fence" in this context refers to systemic flaws including ongoing unemployment, poverty, lax enforcement of regulations, a lack of adequate mental health care, and insufficient possibilities for young people to thrive. The safety precautions that would typically shield young individuals from drug consumption are diminished by these institutional deficiencies. As a result, the "goat" represents the expansion of Kush usage in places where social safety, institutional control, and economic possibilities are compromised. The study's conclusions significantly support this metaphor from a health and socioeconomic standpoint. The correlation between Kush usage and urban disparities, peer pressure, psychosocial strain, and unemployment show how insufficient structural protections can lead to the intersection of several levels of risk. Coupled with societal repercussions like crime, dropping out of school, and familial discord, the ensuing health outcomes such as psychosis, pulmonary conditions, and intellectual impairment showcase the wider effects of systemic malfunction. Kush use therefore serves as a sign of a "broken fence" in Freetown's social security and municipal governance structures rather than just a personal behavioral problem. Enhancing those protective mechanisms via coordinated public health treatments, socioeconomic improvements, and local-level support networks that lessen young susceptibility and restore resiliency is necessary to address this issue.

Keywords: *Kush, Youth Drug Use, Freetown, Substance Abuse, Public Health, Urban Poverty, Sierra Leone*

I. INTRODUCTION

"A Broken Fence Invites the Goat": Kush Drug Use Among Youths in Freetown, Sierra Leone - A Public Health and Socioeconomic Assessment offer a solid conceptual framework for comprehending the

problem discussed. In this instance, the "goat" depicts the growing absorption and normality of Kush usage among young people, while the "broken fence" depicts the deterioration of defensive societal, economic, and governmental systems in Freetown.

As they say, "a stitch swiftly saves nine," but the crisis has escalated past early management due to fractured or tardy replies. The research shows that drug abuse is not developing in a vacuum but is part of a larger global public health issue that is becoming more prevalent in low- and medium-income nations where socioeconomic disparities and weak institutional frameworks make efficient preventative and intervention difficult.

Increasing suburbanization, high rates of youth joblessness, and the growth of informal communities in Freetown are indicative of a macroeconomic setting that greatly weakens protective "fences" like steady job opportunities, robust educational structures, and efficient social amenities.

The results support the metaphor by demonstrating how undermined social control systems—such as family structures, educational institutions, and local organizations—create gaps that allow substance use to proliferate. Youth are exposed to socially driven drug use contexts more frequently due to overworked caregivers, congested schools, a lack of professional counseling, and high dropout rates.

In this sense, "where there is combustion, there is fire," since overt Kush using patterns reveal underlying structural flaws. Kush is also very accessible because to unofficial drug supply chains that operate across crowded metropolitan areas, which strengthens the analogy's description of the "invitation" impact.

Due to the drug's affordability and accessibility, young people without jobs and school dropouts who lack social support systems and organized activities are more likely to take it.

Furthermore, how social disruptions result in behavioral risk is demonstrated by the normalizing of Kush among peer networks. Substance abuse becomes a coping strategy for stress and marginalization in environments where unemployment, poverty, and isolation are pervasive, perpetuating spirals of reliance.

As they say, "an idle mind is the devil's workshop," emphasizing how a lack of opportunity and involvement makes one more susceptible to negative behaviors. The protective "fence" is further weakened by the lack of effective mental health care and focused juvenile interventions, which permits the issue to worsen.

The long-term consequences show how architectural weakening contributes to both public well-being and socioeconomic decline, spanning from depression and cognitive decline to lower educational attainment and greater crime.

Lastly, institutional inadequacies that further expand the "broken fence" are shown in the lack of thorough concrete proof and the insufficiency of current drug control tactics. "Prevention is better than cure," but the majority of current solutions are still reactive rather than proactive.

The circumstances that allow Kush recurrence continue to exist in the absence of integrated, multifaceted policies targeting education, health, employment, and municipal governance.

The theme emphasizes that the use of Kush by youths in Freetown is a structural failing that necessitates the systemic rebuilding of the societal "fence" that ought to defend them, rather than just a behavioral problem.

II. METHODOLOGY

Using secondary data such as peer-reviewed articles, organizational reports, public health records, and contextualize community perceptions collected in Sierra Leone, this study employs a qualitative desk-

based analytic design. The method enables the synthesis of current data regarding patterns of substance use, especially in urban informal communities.

In order to provide a thorough picture of Kush usage among young people in Freetown, it also makes it possible to integrate heterogeneous viewpoints from public health, sociological research, urban studies, behavioral science, and criminology.

The study situates the phenomena within national and international discussions on rising synthetic drug usage while identifying recurrent trends, structural causes, and gaps in the literature using secondary sources.

Given the scarcity of trustworthy primary quantitative data on Kush usage in Sierra Leone, the desk-based design is especially suitable. Because of their quickly changing composition, unofficial distribution networks, and lack of comprehensive surveillance methods, emerging drugs like Kush are frequently understudied.

As a result, this methodological technique makes it possible to combine disparate pieces of data from many sources to produce a logical analytical story. Additionally, it offers flexibility in analyzing both published scientific data and contextual qualitative findings from reports from the health industry, policy conversations, and local level views.

Among the data sources are:

- Peer-reviewed academic articles about teenage behavior and substance usage
- Public health research on the use of synthetic drugs
- Institutional and policy reporting on drug use and youth wellbeing
- Comparative urban research on the unofficial communities of Freetown
- Analysis on drug patterns and youth susceptibility from reputable international organizations like UNICEF, UNODC, and WHO
- Records from civil society organizations and media outlets revealing new trends in Kush use in Sierra Leone

- Public well-being and law enforcement contacts about drug-related incidents

By allowing for the triangulation approach of evidence, which improves reliability by contrasting findings across various data types and thereby reduces bias associated with single-source interpretation, the incorporation of these multiple sources enhances the analytical scope of the study.

It also enables the inquiry to record both broader structural elements and small-scale lived experiences shared by youth impacted by drug use.

A socio-ecological paradigm that looks at individual, relationship, communal, and structural factors that influence drug use serves as the basis for the investigation. The approach examines psychological suffering, curiosity, sensation-seeking behavior, and coping mechanisms employed by young people in response to socioeconomic adversity at the individual level.

Peer pressure, unstable families, social marginalization, and social expectations that legitimize substance use are all highlighted at the interpersonal level. The significance of informal communities, urban poverty, a lack of organized activity, and the accessibility of narcotics in neighborhood settings are all discussed at the community level.

Broader factors such as young unemployment, income inequality, ineffective governance, and restricted access to mental health and rehab services are investigated at the structural level.

Furthermore, rather than functioning independently, the framework facilitates a knowledge of how various layers interact continuously.

For instance, structural joblessness may exacerbate psychological anguish at one's own level, which is subsequently facilitated by drug accessibility at the neighborhood level and perpetuated by peer group impact at the individual level. This relationship creates a vicious cycle of substance abuse and vulnerability.

All things considered, the analytical approach offers a solid basis for understanding Kush usage as a complex public health and societal issue rather than just a behavioral or criminal issue, hence guiding more comprehensive and evidence-driven policy decisions.

III. CONCEPTUAL FRAMEWORK

The research project is based on the socio-ecological paradigm, which holds that risk exposure and individual choices are influenced by a variety of interacting levels that determine substance use behavior.

This model is especially helpful for comprehending complicated public health issues like Kush use among young people in Freetown, where behavioral outcomes are influenced by a variety of concurrently functioning cognitive, social, physical, and structural circumstances rather than a single factor.

Psychological anguish, interest, cravings for sensation behaviors, and coping strategies established in reaction to anxiety, unemployment, and mental anguish all have an impact on substance use at the individual level.

Kush may be used as a short-term escape or self-treatment by young individuals who are depressed, anxious, or despairing. This level also covers risk assessment, where a lack of knowledge about the negative health effects of using synthetic drugs may encourage exploration and prolonged usage.

Peer pressure, unstable families, and decreased social support networks all have a big impact on how people behave at the interpersonal level. In urban informal neighborhoods, peer groups frequently act as the main socializing agents, and drug use is frequently accepted within these communities.

Disruptions to the family, such as absentee parents or caregivers working several unofficial jobs, decrease emotional assistance and supervision, making them more susceptible to harmful peer pressure and substance abuse.

Urban slums, overpopulation, high unemployment, and easy access to drugs are examples of contextual and environmental variables that greatly influence behavior at the local level. Substance abuse becomes a typical coping mechanism in Freetown's informal communities since there are frequently insufficient recreational areas, youth development initiatives, and social services.

The accessibility is further enhanced by the existence of unofficial drug distribution networks, which make Kush easily and affordably accessible to young people from low-income backgrounds.

The continuation of substance use is supported at the level of structure by more general systemic factors like poverty, lax enforcement of regulations, a lack of youth-focused programs, insufficient mental health facilities and services, and weak governance systems.

Chances for social mobility are limited by structural unemployment and financial inequality, which perpetuates cycles of deprivation that increase young people's susceptibility to drug use. The issue is made worse by poor policy execution and a lack of cooperation between the police, health, and educational institutions.

The socioeconomic model offers a thorough analytical framework for comprehending Kush usage as a complex phenomenon as opposed to a singular behavioral problem.

It draws attention to the dynamic interplay between broader social systems and individual weaknesses, highlighting the need for effective intervention to address all levels at once. In addition to altering individual behavior, this entails bolstering families, enhancing community settings, and eliminating systemic factors that sustain young people's susceptibility to illicit drug use.

IV. FINDINGS AND DISCUSSION

4.1. Socioeconomic Drivers of Kush Use

The results show that the main causes of Kush usage among young people in Freetown are unemployment and destitution. Many young individuals in urban slums are unemployed or working in hazardous

informal jobs like street hawking, motorcycle riding, casual labor, or sporadic trading.

Psychological distress, diminished life chances, and ongoing financial insecurity are all consequences of this economic volatility. Kush is commonly used in these situations as a coping strategy for emotions of despair, social alienation, and annoyance brought on by unfulfilled expectations and restricted upward mobility. The drug offers momentary emotional solace, which encourages recurrent usage and eventually raises the danger of reliance.

Drug use habits are not exclusive to less fortunate communities, even in the absence of personal financial difficulty. New findings indicate that secondary school students, college students, and, occasionally, kids from more affluent families also consume Kush. Peer competition, academic pressure, natural curiosity, and familiarity with metropolitan nocturnal scenes can all motivate students to try new things.

Limited drug teaching, minimal counseling services, and little parental monitoring in boarder or urban educational settings can all contribute to increased vulnerability in educational institutions. Substance abuse may be associated with psychological stress, emotional isolation, interaction with social media platforms that legitimize drug use, and family neglect as a result of parental work obligations, even in children from richer homes.

This suggests that Kush use is spreading across many socioeconomic and educational levels, while being more prevalent in low-income environments.

In light of overpopulation, low-quality housing, shoddy sanitation, and restricted access to vital social services, informal settlements located in cities like Calaba Town, Kroo Bay, Susan's Bay, and other areas with high populations are especially impacted.

Weak institutional presence, low visibility of security forces, and a lack of recreational activities or youth involvement facilities are characteristics of these areas. Because of this, young people frequently spend a lot of time in uncontrolled social settings with minimal oversight.

Drug use is accepted in networks of peers as a result of these circumstances. In these societies, social contact frequently takes place in public or semi-public areas where people are frequently and repeatedly exposed to substance use.

Eventually, this stimulation helps normalize and desensitize Kush intake, increasing the likelihood of initiation amongst smaller or more susceptible people.

Thus, peer pressure, economic hardship, and stressful environments create a vicious cycle that perpetuates and increases drug use among metropolitan juvenile groups in Freetown.

4.2. Psychosocial and Behavioral Factors

When it comes to young people starting and continuing to use Kush, peer pressure is crucial. Many young individuals are first exposed to the drug through friends or social circles where using it is accepted and sometimes even seen as a sign of approval or belonging.

In informal settings with little oversight, like street corners, disused structures, gatherings, or crowded neighborhood areas, initiation frequently takes place.

Experiment is often presented as a common social experience in these peer situations, which lowers risk perception and boosts willingness to take the drug. It becomes more challenging for people to break away from drug-using peer groups in the absence of larger social support networks as repeated exposure within the same social media platforms promotes consumption tendencies over time.

Furthermore, Kush is frequently used as a kind of alternative therapy for unaddressed mental health issues such as chronic stress, anxiety, despair, and trauma.

Many impacted youths experience psychological discomfort because of encountering urban violence, unstable families, scholastic pressure, and unemployment, but they do not have access to organized mental health care.

This problem is made worse by Freetown's lack of easily available and appealing to young people

mental health treatments, as there aren't many official systems for early detection and intervention. Many at-risk people are left unsupported by the limited counseling capability of schools and community organizations.

Continued use can eventually lead to psychological and behavioral dependence, which is marked by compulsive consumption, diminished self-control, deteriorating performance in school or the workplace, and growing social disengagement. This increases vulnerability and prolongs the cycle of substance use.

4.3. Health Consequences

Kush's synthetic formula, which frequently consists of unrestricted and changeable mixes of psychoactive compounds that can fluctuate greatly in strength and toxicity, is linked to serious and unpredictable health repercussions.

Because users are often ignorant of the precise ingredients and amounts, they are consuming, this volatility raises the danger of acute intoxication, negative neurological effects, and long-term organ damage. Because of this, even tiny amounts can cause major health issues, including potentially fatal diseases. Symptoms reported include:

- Respiratory complications
- Hallucinations and psychosis
- Seizures and cardiovascular stress
- Cognitive impairment
- Risk of overdose and sudden death
- Cancer of the foot and chronic wounds on the feet, body, and other parts of the skin due to prolonged tissue damage and infections
- Poor hygiene and self-neglect, leading to worsening skin conditions and increased susceptibility to infections
- Death, including collapse and fatal overdose cases linked to toxic or unknown chemical mixtures

Despite the lack of systematic surveillance, medical establishments in Freetown have documented an increase in substance-related emergency situations. Long-term mental health disorders that impair economic and social functioning, hunger, immune suppression, and other illnesses are all made more

likely by persistent usage, which also has an impact on performance.

4.4. Social Consequences

Kush use has profound and varied social repercussions that affect families and the larger community in addition to the individual user. These include higher rates of small-time crime, school dropouts, poorer academic achievement, unemployment, and insecurity in the community.

Substance-using youth frequently face increasing social disengagement and rejection from official institutions like schools, training facilities, and jobs, which worsens their chances of recovery and reintegration into a productive society.

The stigma attached to drug use further exacerbates isolation from society, making it more challenging for those who are impacted to get support networks or ask for assistance.

The use of Kush by young members also places significant financial, psychological, and social strain on families. These include higher healthcare and emergency care costs, lower household income as a result of decreased production, and the financial burden of trying rehabilitation or unofficial treatment.

Additionally, substance abuse frequently leads to communication, trust, and family cohesion issues, which can occasionally result in disagreements, neglect, or separation. In low-income metropolitan areas where tools for coping are currently scarce, these pressures eventually erode household cohesiveness and could lead to cycle of destitution and multigenerational risk.

4.5. Poor Hygiene and Self-Neglect

Among the most obvious and worrisome effects of long-term Kush usage among young people in Freetown are insufficient sanitation and lack of self-control. Persistent Kush usage frequently decreases judgment, focus, cognitive function, and awareness of one's own well-being.

As a result, many users disregard basic hygiene routines like taking a shower, changing clothes, brushing their teeth, and tending to wounds. Getting

and applying the drug sometimes takes precedence over one's own health, diet, or self-care as habit worsens.

Users residing in informal settlements, where poor hygienic circumstances are exacerbated by inadequate access to clean water, sanitary facilities, and healthcare services, are especially affected by this behavioral decline.

Self-neglect and poor hygiene have serious negative effects on one's own and society's health. Users are more likely to develop fungal infections, skin infections, chronic ulcers, and untreated sores, especially on the feet and legs, which could get worse over time if medical care is put off.

In addition to lowering chances for work, education, and constructive social engagement, persistent body odor and unattractive look also trigger social disapproval, prejudice, and isolation. If proper medical care is not administered, severe cases of bacterial infections left untreated and tissue damage may develop into pneumonia, long-term disability, or even death.

Particularly in congested areas with poor sanitation, poor hygiene increases vulnerability to communicable diseases. In order to bring back the health, respectability, and social reintegration of impacted adolescents, these results emphasize the significance of combining substance use treatment with wound care, mental health services, hygiene education, and community-based rehabilitation.

4.6. Structural and Policy Gaps

Reactions to Kush usage are still dispersed and inadequately integrated across important sectors, despite increased concern. Through charges, arrests, and sporadic crackdowns on alleged distribution networks, law enforcement initiatives have mostly concentrated on reducing supply.

The fundamental socioeconomic, psychological, and systemic factors that sustain young demand are not sufficiently addressed by these interventions, even though they may momentarily interrupt availability. Therefore, the continued use of Kush indicates that enforcement by itself is insufficient to bring about

long-term behavioral change or lower prevalence in impacted areas.

The scope and ease of access of rehabilitation treatments are still restricted, especially for low-income youth living in informal settlements. The institutions that are currently in place are frequently underfunded, concentrated in metropolitan areas, and hampered by a lack of rehabilitative resources and staff.

This poses serious obstacles to long-term therapy and rehabilitation assistance. Furthermore, the stigma associated with drug abuse and dependency still deters many who are impacted from getting official treatment, which causes many to hide their illness or turn to unofficial coping mechanisms.

Additionally, preventive instruction is inconsistent and often do not integrate with more comprehensive frameworks for youth development, such as job creation, skill training, and mental health care. As a result, interventions are typically more reactive than preventive, which lowers their overall efficacy in tackling the multifaceted and complicated nature of youth Kush use.

4.6 Gender Dimensions

Research indicates that male kids are more likely to use Kush because they are more exposed to peer networks on the streets, engage in informal commerce, and engage in more without supervision social interactions in public areas.

These settings make them more susceptible to peer pressure and drug abuse, especially in urban informal societies where social turmoil and unemployed individuals are pervasive. The notion of increased frequency among men is influenced by the fact that male youngsters are frequently more conspicuous in public drug-use contexts.

However, due to greater stigma in society, fear of sexism and the possibility of concealed or individual consumption patterns, female users might be underestimated in current data. Female substance use is frequently discouraged by cultural norms, which results in underreporting and low visibility in community and research reporting systems.

The need for gender-sensitive therapies that address both overt and covert patterns of using drugs is highlighted by this hidden depth, which raises the possibility that the actual level of Kush use for females may be underestimated.

Tailored preventative techniques, secure reporting systems, as well as inclusive therapy that take into account the various societal pressures experienced by male and female teenagers should all be included in such initiatives.

V. CONCLUSION

Kush use among young people in Freetown is a complicated convergence of issues with urban government, socioeconomic inequality, and public health. Unemployment, poverty, peer pressure, psychological discomfort, and restricted access to social and mental health services are its main causes.

In many instances, it also reflects more general structural limitations including poor educational possibilities, weak young employment systems, and the fast growth of informal settlements with little official presence and service provision.

Substance use among vulnerable groups becomes both a coping strategy and a behavior that is socially encouraged due to these overlapping causes. In this sense, the event amply illustrates the fact that "a broken fence invites the goat," in which communities are exposed to detrimental effects due to inadequate defenses.

The consequences extend beyond individual health to include broader social instability, reduced human capital development, increased crime risk, and long-term economic loss at both household and community levels.

The burden is further amplified by pressures on already constrained health systems, particularly emergency and mental health services. As the proverb suggests, "a stitch in time saves nine," yet delayed and fragmented responses have allowed the problem to deepen.

Addressing this issue requires a comprehensive and multi-sectoral response that includes prevention, early intervention, treatment, harm reduction, and structural reforms targeting youth employment, education access, mental health services, and urban development planning.

Sustainable solutions must also strengthen community-based support systems and integrate substance use prevention into broader youth empowerment and poverty reduction strategies, thereby rebuilding the “fence” to restore protection, resilience, and social stability among youth populations.

VI. RECOMMENDATIONS

1. Increasing exposure to sustainable incomes, self-employment chances, and skill development programs that improve employability among the young people, especially those living in informal settlements in urban areas, in order to deal with the underlying causes of substance use.
2. Enhancing mental health services at the level of primary healthcare by investing more in qualified staff, incorporating mental health into regular medical care, and setting up early detection and referral mechanisms for psychological and drug use issues.
3. The construction of community-driven drug prevention initiatives that actively involve local leaders and youth organizations and concentrate on raising awareness, educating peers, and using communication techniques for behavioral change that are adapted to the realities of high-risk urban populations. Expansion of accessible rehabilitation and counselling services that are affordable, youth-friendly, and geographically distributed to ensure coverage beyond urban centres, thereby improving treatment uptake and long-term recovery outcomes.
4. Enhanced cooperation between police, public health organizations, and community monitoring systems to better regulate and enforce illegal drug markets in order to lower availability while maintaining a balance between enforcement strategies and public health considerations.
5. Including drug education in school curriculum in order to build campus-based counseling and

assistance systems for at-risk students and raise early knowledge among kids and teens about the dangers and repercussions of substance use.

6. Community engagement and family-oriented intervention techniques that encourage participation by parents, bolster domestic surveillance, and reconstruct social support systems that can shield young people from peer pressure and environmental risk factors linked to drug use.

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