



ADDIS ABABA UNIVERSITY
COLLEGE OF HEALTH SCIENCES
SCHOOL OF PUBLIC HEALTH

LIVED EXPERIENCE OF ADDICTED YOUTHS ON SUBSTANCE
ABUSE IN MEKELLE CITY, NORTHERN ETHIOPIA: A
PHENOMENOLOGICAL STUDY

BY

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A RESEARCH THESIS TO BE SUBMITTED TO THE SCHOOL OF PUBLIC
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ACRONYM AND ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
CSA	Central Statistical Agency
CMD	Common Mental Disorders
EDHS	Ethiopian Demographic and Health Survey
HIV	Human Immune Virus
IRB	Institutional Review Board
NCDs	Non-Communicable diseases
NIDA	National Institute on Drug Abuse
RSB	Risky Sexual Behaviors
STIs	Sexually Transmitted Infections
UN	United Nations
UNODC	United Nations Office on Drugs and Crime
WDR	World Drug Report
WHO	World Health Organization

ABSTRACT

Background: Substance abuse such as alcohol, tobacco and illicit drugs become a public health concern globally. Despite that substance abuse is associated with negative health, economic and social outcomes; there is a gap in understanding the reasons and extent of the problem at ground and realizing the lived experiences of substance addicted youths from their own perspectives. Therefore, this study was aimed to explore the lived experience of addicted youths on substance abuse in Mekelle city, Northern Ethiopia.

Methods: Phenomenological qualitative study was conducted from March 20 up to April 30, 2019 among 15 substances addicted youths in Mekelle city. Youths between 15 -29 years old, who had been using alcohol, and/or tobacco, chat or any illicit substances and used to live in Mekelle city residency were purposively selected from a substance rehabilitation center. The investigator conducted the interviews using semi structured guide through in-depth interview technique. Data were audio recorded, transcribed verbatim and translated in to English and finally imported to atlas.ti.7.5 software for coding. Analysis was done inductively. Code book development, peer debriefing, multiple coders and member checking were applied to maintain rigor of the data.

Results: the findings revealed that reasons related to socialization issues with peer pressure at the center, relief from stress and as energy booster were the main features in the process of youth's initiation for substance abuse. Moreover, youths lack of awareness on risks of the substances, ease access to substances in their neighborhood and being jobless conditions influenced them to abuse different substances on daily basis. As a result, the youths were exposed to various risky behaviors including violence and unsafe sexual practices.

Conclusion: Different personal, interpersonal and environmental factors were explored in the initiation of youths for substance abuse. Youths experience various problems and their life was negatively affected as a result. Hence multiple interventions at individual, community and organizational levels are suggested to tackle the problem in the area.

Key words: substance abuse, lived experience, experience, youth, Mekelle

1. INTRODUCTION

1.1 Background

Substance abuse refers to the harmful use of psychoactive substances, including alcohol and illicit drugs. Psychoactive substance use can lead to dependence syndrome; which is a continuous, repeated and persistent use of the substance despite its harmful consequences (1).

Global surveys on substance abuse among the general population show that its extent and associated health consequences among young people remains higher. Most research suggests that substance use peaks among young people aged 18–25 years (2). Two contrasting settings illustrate the wide range of circumstances that drives young people for substance abuse. They are used in recreational settings to add excitement and enhance the experience (3,4). On the other hand, young people living in extreme conditions also use substances to cope with their difficult life circumstances (2,5).

In Ethiopia, the youth demographic aged 15–29 years accounts for 28% of the total population. . All over the country, addiction to substances like khat, tobacco, alcohol, and marijuana are direct threats to youth in Ethiopia. Several studies show the increasing trend of substance use in the country. Even young people aged 15-17 are copying this practice from their older siblings, resulting in a younger generation of addicts (45). According to the Ethiopian demographic and health survey (EDHS) 2016, in Tigray region 91% of men surveyed and 71% of women surveyed, consume alcohol (20).

Even though Ethiopia is a state party to the international substance abuse policy conventions, there was not been developed appropriate and compatible legal system that would help deter the current increase in substance abuse and the alarming rise in khat chewing in almost all parts of the country (6).

1.2 Statement of the problem

Substance abuse has become one of the rising major public health and socio economic problems worldwide (7) in which it particularly has dramatically increased in developing countries (8). Globally, more than a quarter of a billion people uses different substances among which some 31 million of people suffer from substance use disorders and as a result substance abuse associated deaths remained high (9). In addition, 5.4% of the global burden of disease is attributable to abusing alcohol and illicit drugs and 3.7% is attributable to tobacco (10).

The extent of substance abuse among young people remains higher. In which the peak levels are seen among those aged 18–25 years (7). Alcohol, especially in high doses, or when combined with chat or tobacco, continues to claim the lives of many people (10). Abusive use of alcohol is the leading cause of diseases and disabilities in developing countries. It also results a death of 2.5 million peoples every year and out of them 320,000 deaths are young peoples aged between 15-29 years (5).

Adolescent and young adult period are particular moments of vulnerability to substance abuse (11) in which social, health and economic crises are imposed on individuals, families and society levels at large (12). Substance abuser individuals face harmful effects in their physical health (hepatitis, HIV, respiratory problems), mental health (depression, anxiety disorders, suicide), social problems of stigma, discrimination and self-neglecting as well as criminal and violence behaviors (9,13).

A well-established link exists between abusing substances of alcohol, chat, tobacco and illicit drugs and unintended sexual activities among youths, which in turn leads them to higher risks of HIV/AIDS, other sexually transmitted infections (STIs), unplanned pregnancy and abortions (13,14). In addition these substances have a significant negative influence on academic achievements of university students (15–17).

Several studies on substance abuse at community and institution levels show that substance abuse is highly prevalent and increasing over time especially among the young portion of the population. However, to the best of our knowledge, the life experience of substance addicted youths suffering from their substance abuse behaviors in our country have not been explored yet. Therefore, the aim of this study is to explore the lived experience of addicted youths on substance abuse from their perspectives in Mekelle rehabilitation center.

1.3 Rationale of the study

The magnitude of substance abuse is increasing over time and as a result the most energetic and productive segment of the population is being affected. Following the various healths, social and economic problems of substance abuse, youth loss their power of productivity and the impact not only affects individuals and societies but also hampers national development. Even though substance abuse is a pressing issue, the problem is underestimated and the true extent is not realized by concerned bodies. Therefore, this study will attempt to explore the lived realities of addicted youth from the insiders' point of view.

Findings from this study would provide an in-depth information about the existing life experience of youths on substance abuse at the ground level. It would also help as an input in understanding and designing appropriate and context based behavioral intervention as well as for policy and decision makers to develop appropriate national policies to address substance abuse related problems. Moreover, it would help as a reference material for other researchers and students interested in further studies on this issue.

2. LITERATURE REVIEW

2.1 Introduction

This chapter presents review of literature related to the study. Literature was reviewed based on substance abuse definition, the process of substance abuse initiation, influencing factors for substance abuse and consequences of substance abuse on youths. Key words used for search were substance abuse, lived experience, experience and youth.

2.2 Overview of substance Abuse, Global and Ethiopia

According to World Health Organization substance abuse refers to the harmful or hazardous use of psychoactive substances, including alcohol and illicit drugs. The use of psychoactive substances can lead to dependence syndrome; a cluster of behavioral, cognitive, and physiological phenomena that develop after repeated substance use. And that typically include a strong desire to take the drug, difficulties in controlling its use, persisting in its use despite harmful consequences, a higher priority given to drug use than to other activities and obligations, increased tolerance, and sometimes a physical withdrawal state (1) .

According to the United Nations Office on Drug and Crime on World Drug Report 2018, With the exception of tobacco and alcohol, cannabis is considered the most commonly used drug among young people. Epidemiological research, which is mainly concentrated in high-income countries, suggests that the perceived easy availability of cannabis, coupled with perceptions of a low risk of harm, makes cannabis, after tobacco and alcohol, the most common substance used (2). Current substance abuse is much higher among young people than older people. People aged over 40 generally have different patterns of drug use than young people, except when it comes to substances such as opium and khat, which have a long tradition of use in particular societies or cultures. Older people are typically not exposed as much as young people to new drugs that enter the market and they tend to follow the substance use patterns that were initiated during their youth (9).

According to the world drug report, in Kenya, older people report a higher use of established substances such as khat, cannabis and hashish drugs that have become available in Africa. More

recently cocaine and heroin are reported to be used more frequently among those aged 18–24. Among the general population, khat and cannabis remain the two most commonly used substances, with the highest lifetime and past-year use among those aged 25–35 years old (18). However study on prevalence of substance use in Rwanda shows that tobacco, alcohol and marijuana were the most prevalent substances among Rwandan youths (19). Another studies on substance abuse among Palestinian and Nigerian youths shows that hashish/marijuana as the most abused illicit substance followed by cocaine and heroin (4,15). Moreover, other study conducted in USA shows cocaine and alcohol as the most commonly abused substance by the individuals.

According to the Ethiopian demographic and health survey (EDHS) 2016, alcohol is the most used substance followed by chat chewing and cigarette smoking. About half of men (46%) and 35% women reported drinking alcohol at some point in their lives. The prevalence of chat chewing among women was 12% whereas 27% among men. In Tigray region 91% of men surveyed and 71% of women surveyed, consume alcohol (20). The STEPS survey of non-communicable diseases (NCDs) risk factors of substance uses also shows that national prevalence of psychoactive drug chat among adolescents was 51% , those with alcohol consumption of greater than six times a month was 45.6% and 4.2% smoke tobacco (21).

2.3 Reasons of substance abuse initiation

Youth is a time for self-discovery and trying new things. Peers who experiment with drugs and talk about substance abuse may give the impression that everybody is doing it. Fortunately, the actual number of young people experimenting with drugs is smaller than young people tend to think, but it is still alarming (22). Two contrasting settings illustrate the wide range of circumstances that drive drug use among young people. On the one hand, drugs are used in recreational settings to add excitement and enhance the experience; on the other hand, young people living in extreme conditions use drugs to cope with their difficult circumstances (7).

Different studies show different factors in which people get initiated to substance abuse, a qualitative study on adolescence substance use initiation among children and adolescence in U.S.A reported that viewing substance use as a normal activity by adolescents and poor parents' effort in restriction of substance use were the reasons for substance use initiation (23). However

another studies from Palestine, south Africa and Thailand reported that substances of alcohol and drugs were used as a coping mechanisms of violence, to relieve from remembering abuses & pain situations occurred in their life (4,12,24).

Quantitative studies of different institutions in our country shows that major reasons of young people for taking all the substances including illicit drugs were for relaxation and get pleasure, to get reliefs from tension, to get alert to study and due to peer pressure (14,25). However a study conducted in Nazareth shows that causes of drug addiction of youths are due to negative life circumstances, failure in academic achievement, family disagreement and hopelessness (26).

2.4 Influencing factors for substance abuse

Studies show various influencing risk factors at individual, interpersonal and environment levels related to youths substance abuse behavior on daily basis. Individual, family and community risk factors like having a particular personality traits, a family member who abuses substances, negative relationships with parents that lack bonding and warmth, neglect and abuse, lack of a family or home, friends who experiment with substances, living in a community where substance abuse is common and a lack of schooling can put young people more at risk and make them vulnerable to experimentation of substances and eventually abuse and dependence (2,27,28).

Studies conducted in Iran reported that family member's alcohol and illicit substance use as well as their positive attitude towards substance use were significant risk factors of youths for substance abuse (29). Moreover another study from USA and Malaysia showed that functioning family and increased parental monitoring plus disapproval of negative behaviors of substance abuse may have protective effects on life of the youths to stay away from substance abuse behavior (30–33).

Lack of awareness among youths regarding the risks associated with substance abuse and the dangers of such misbehaviors was reported as an influencing risk factor for abusing different substances in a study conducted in United Arab Emirates (3). Furthermore other studies reported that youths positive attitude towards the substances and also their perception of low risk on this issue have a greater likelihood of being involved in different types of substance abuse and become dependent (29,31). Similarly another study on youth's drug addiction in Eastern Shewa,

Ethiopia showed that seventy percent of the youths have positive attitude towards drug addiction and also 65% of the respondents do not know about the consequences of drug addiction (26).

The influence of environment related risk factors on the youth's life of substance abuse behavior were also reported on studies conducted in various countries (3,31,34). The studies showed that youths surrounded by a widely substance available neighborhood and affordable where they could be purchased easily including the illegal ones at low cost in their location increases their risk of practicing substance abuse. In addition, another study conducted in Spain and U.S.A showed the effect of employment status of people on their behavior of substance abuse. Unemployed people with high anxiety and depression scores have developed maladaptive coping strategies such as substance abuse (32,35).

2.5 Consequences of substance abuse

Harmful substance use/ substance abuse has multiple direct effects. The likelihood of unemployment, physical health problems, dysfunctional social relationships, suicidal tendencies, mental illness and even lower life expectancy is increased by substance use in adolescence (7).

According to National Institute on Drug Addiction (NIDA) report, substance abuse has negative consequences for individuals and for society. Estimates of the total overall costs of substance abuse in the United States, including productivity, health and crime related costs exceed \$600 billion annually. This includes approximately \$181 billion for illicit drugs, \$193 billion for tobacco, and \$235 billion for alcohol (36).

In addition a substance abuser is unable to go through his daily activities as the drugs affect the brain, thinking, concentration and memory as well as the body. As a result of substance abuse and the way it affects the brain, thinking and memory and relationships with family, friends and community, people who abuse drugs are not able to be responsible persons in their communities or become successful mentors to young people (22).

A study in Axum University showed that even though respondents were aware of problems that could arise from using chat, alcohol and cigarette and mentioned addiction and increase susceptibility to other diseases they were taking the substances regardless of their awareness

(25). However another study done among youths in Nazareth community shows that 65.38% of substance addicted people do not know about the consequence of drug addiction (26).

2.5.1 Socio-economic problems

Substance abuse has multiple socio-economic effects on youths. A study on drug addiction of youth in Nazareth shows that 30% of the addicted youths were suffered from economic related and 45% of them from social related problems due to their drug dependence (26). Another study on alcohol consumption among Kenyan students shows that 50 % of the athletes were involved in binge drinking and consequences on behaviors of offending others and damaging friendships were reported (15), however other study among alcohol addicted women in Thailand reported that alcohol positively improves life under difficult conditions by giving a feeling of superior & power as social & physical facilitator in work, more alcohol; more power to work better economy & independence (24).

Negative stereotypes, stigma and prejudice assigned to people who abuse different substances usually complicate the problem and make it difficult for those in need of treatment and social support to get help. People who abuse drugs are often cut off from their communities and relationships (15).

Studies on university students in our country shows that, youths not only waste their precious time in abusing substances but also spend their money in buying different substances rather than fulfilling their basic needs and teaching- learning related costs. As a result of their drug abusive behavior, experience of stigma, discrimination, self-neglecting and lack of respect from others in their society were reported (16,17). However, some community-based studies show that some substances are acceptable in some socio-cultural contexts. For example a study on chat shows that it was considered important for socialization, improving performance in specific tasks, comforting mourners and to making joyous celebration in weddings, to form social groupings and share different life concerns during chewing sessions (37).

2.5.2 Mental and psychological health problems

Studies show that youths who abuse different substances are exposed to different psychological effects/problems of alteration of mood, severe depression or suicidal thoughts, aggression,

irritability, selfishness, loss of motivation to do any activity and hopelessness to mental health problem illness depending on the type of substance used (16). studies on alcohol and chat among young people showed that they are associated with high risk unintended sexual activities (15,37).

Community based study in Ethiopia; Harar shows that Substance use of chat, tobacco and alcohol have significant association with common mental illnesses in the community (38). similarly, a study among Jimma university students show that Substance use, such as chat chewing, cigarette smoking, alcohol use and shisha/ganga use were found to increase the risk of CMD/common mental disorders/. The students who chewed chat were 7 times, who smoke cigarette 9 times and who drink alcohol 5 times greater more likely to have CMD than non-substance users (39).

2.5.3 Physical health

High frequencies of physical injury to others due to alcohol drinking are common (15). Substance abuse brings mood change among youths and negatively affects their previous normal behaviors and get in conflict with their friends (16).

2.5.4 Poor Academic Performance

Even though studies in Ethiopian higher institutions reported that to increase academic performance was reported among the reasons for taking all the substances including illicit drugs by the students, (16,17,40) Poor academic performance was among the consequences of alcohol consumption reported by university students in Nairobi (15) Similarly, 90% of the students in a study from Mekelle University were facing academic related problems such as class absenteeism, low participation in the classroom, during assignment and group work, unable to attend exam and lack of concentration during study and exam unless they use alcohol and/or drug of their habits (16). Another study in Jimma University also shows that chat chewing, smoking and alcohol intake have a significant negative influence on academic achievements of university students (17).

From the literatures discussed above, prevalence and associated factors of substance use among youths have been studied in different institutions in Ethiopia but, lived experiences of those youths who have been suffering from addiction as a result of their substance abuse behavior from their own perspective is not yet explored. Therefore, research question of this study is what is the lived experience of addicted youths on substance abuse? Studying substance addicted young people about their life experience of substance abuse from their own perspectives would help to understand the real life of substance abuser youths in the ground level.

3. OBJECTIVES

3.1 General objective

To explore lived experience of substance abuse among addicted youths in a rehabilitation center, Mekelle city, Northern Ethiopia, 2018/2019.

3.2 Specific objectives

1. To explore the reasons of substance abuse initiation among addicted youths in a rehabilitation center, Mekelle city.
2. To explore factors influencing substance abuse behavior among addicted youths in a rehabilitation center, Mekelle city.
3. To explore the consequences of substance abuse among addicted youths in a rehabilitation center, Mekelle city.

4. METHODS AND PARTICIPANTS

4.1 Study setting and period

The study was conducted in a substance rehabilitation center found in Mekelle city, Tigray region, in the northern part of Ethiopia from March to April, 2019. Mekelle is a capital city of Tigray regional state, located 783 km north of Addis Ababa city, with an elevation of 2254 meters above sea level. Based on the 2007 national census conducted by the Central Statistical Agency of Ethiopia (CSA), Mekelle city had a total population of 215,914 people. About 76,110 people in the city were youths of age group 15-29 years.

Substance abuse rehabilitation is among the special services provided by Ayder comprehensive specialized hospital, Mekelle University. The rehabilitation center was opened in collaboration with Mekelle University, Mequamia community development association and hope community service in June, 2015. It has the capacity to admit 25-30 clients at a time. Admitted patients stay from two to three months attending their treatment services for free. During their stay, patients are given multi-disciplinary treatments including individual, group and family involved psycho-social rehabilitation services. Above 500 substances addicted people (males) from all parts of the country have got the service so far in which most of them are young with the mean age of 28 years old. The setting was purposively selected to find confirmed substance abuser youths (addicted) so that their life experience of abusing different substances could openly be discussed to generate detailed information.

The data was collected from March 20 up to April 30, 2019.

4.2 Study approach

A qualitative study using phenomenological approach was used to gain in-depth understanding and produce rich textual description on the addicted youth's experiences of substance abuse.

4.3 Participants and recruitment

Fifteen male youths that were attending a rehabilitation service for substance abuse in the center were selected for this study. Female attendants were not available since the rehabilitation center gives the service for males only so far. Criteria based purposively sampling was used to select

study participants. Participants were eligible to participate in the study based on the criteria, if they were youths between 15 and 29 years old, had been using alcohol, and/or tobacco, chat or any illicit substances, those who used to live in Mekelle city residency and their willingness to participate in the study. Attendants due to other than substance abuse cases /gambling and major depression/ and those who came from out of Mekelle city were excluded from the study.

Before recruiting participants', the investigator communicated the director of the center, showed him the ethical approval and explained the objective of the study. The director introduced the investigator the other staff members and also explained the daily scheduled activities of the attendants. Based on the given information, the investigator settled appropriate time to approach and interview the participants accordingly. Medical records of the attendants were accessed by communicating with the staff nurses to select appropriate participants based on the inclusion criteria. Then investigator approached and asked potential participants for their willingness to participate in the study. The number of participants (sample size) was determined based on the saturation of coming ideas from the respondents. Data collection was stopped after 17 interviews, at which answers from the last two respondents seemed to repeat information gained earlier and no new concepts is being heard.

4.4 Data collection methods and tools

A semi-structured interview guide for substance addicted youths in a rehabilitation center was developed by the investigator. The semi-structured interview guide included topics and probing questions focusing on four key items; background information of the study participants, their process of initiation for substance abuse, influencing factors for their substance abuse behavior and the consequences of substance abuse they experienced in their life. The investigator also asked follow up questions to the participants for issues raised during the interviews for more understanding and further clarification of their ideas. The guide was continuously modified throughout the data collection to include emerged issues and improve clarity of the interview questions.

The investigator has conducted all the in-depth interviews following the guide. All interviews were conducted in the participants' native local language, Tigrigna. Interviews were conducted in a silent private office room in the rehabilitation center where participants' privacy was kept.

Audio recording of the whole interview was possible without sound disturbance. The interviews lasted between 38 and 90 minutes.

4.5 Definition of terms

Substance use: Use of at least one of the substances (alcohol, chat, cigarette, illicit drugs) in an individual's life to alter mood or behavior (40).

Substance abuse: Is a pattern of recurrent use of substance that leads to damaging consequences involving failure to meet ones major role responsibility (1).

Psychoactive substance: Are substances that, when taken, have the ability to change an individual's consciousness, mood or thinking process (41).

Illicit substances: Refers to the substances that are under national control, but which are produced, trafficked and/or consumed unlawfully or illicitly (42).

Youth: The Ministry of Youth Sport and Culture youth policy defined youths as to include part of the society who are between 15 and 29 years (43).

4.6 Data analysis

Data collection and analysis were done concurrently. Analysis began once the first interview was conducted and emerging ideas were added in the subsequent interviews throughout the data collection process. The audio recordings were transcribed verbatim, translated in to English, imported in to Atlas ti. Qualitative data analysis software version 7.5 (ATLAS.ti Scientific Software Development GmbH, Berlin, 2015), and data was inductively analyzed following the principles of thematic analysis. After uploading the translated data into the software, data was coded line by line. Code book was developed after interviewing a few study participants to guide the researcher made sure that coding consistency is in-place throughout the data analysis process. Emerging ideas during the interview were added to the code book and similar ideas were merged to previous codes.

Researcher notes and memos were also linked to their documents to assist analysis. Coding was carried out primarily by the investigator and another researcher also coded some of the translated data and differences in the identified codes among the coders were resolved through discussion and coding with the investigator was revised and discussed to clarify the research findings.

Identified codes were categorized based on their similarities and then themes and subthemes were emerged. Relevant quotations of the participants' expressions have been used in the presentation of study findings. In reporting the findings of the study, participants were represented by the letter P, followed by Arabic numeral incrementally such as, P1, P2 along with their duration of substance abuse.

4.7 Trustworthiness

Different techniques were considered to assure trustworthiness of findings focusing on the credibility, dependability, transferability and conformability of the study.

Credibility: Before starting the actual data collection, the investigators first get familiarized with the study setting and create a rapport with relevant people and attendants in the rehabilitation center. The investigator had taken advanced qualitative research trainings and experience on qualitative data collection and analysis. The advisors in which the investigator has been guided were also qualitative data experts. Some of available study participants were invited to review the findings if they rightly represent their views and ideas. Peer debriefing was also done during data analysis to confirm findings by other peers by presenting the study findings to them and receive their comments to improve its quality. Expressions of respondents was narrated to avoid bias during interpretation and analysis of results.

Dependability: the investigator verified content of the manual transcripts by reviewing the audio records of the interview. Audio records of participants' interview, notes taken during the interview and transcription verbatim was saved for cross checking the process and sustain consistency of the interpretations. Another researcher also coded some of the translated data and a difference in the coding with the investigator was revised and discussed to clarify the research findings.

Transferability: findings were facilitated by providing sufficient information about the research context, methodology and participants.

Conformability: The investigator reflected on and considered prior personal expectations and experiences to reduce bias during data collection, coding and analysis.

4.8 Ethical considerations

Ethical approval for the study was obtained from Addis Ababa University College of Health Sciences, school of public health Institutional Review Board (IRB); approval number 0045/2019. A support letter was taken from Mekelle University, Ayder comprehensive specialized hospital for permission to conduct the study in the substance abuse rehabilitation center. A written informed consent and permission for audio record was sought from each study participant after explaining aim of the study. Confidentiality of participants was assured by assigning a code identification number instead of their names during data collection, analysis and reporting.

4.9 Dissemination of findings

Main findings, conclusion and recommendations of the study will be presented and reported to responsible bodies. It will be presented to Addis Ababa university school of public health. Forwarded comments and suggestions will be incorporated in the document and then it will be disseminated and reported to Tigray regional health bureau, Mekelle University; Ayder comprehensive specialized hospital, the local NGOs who support the rehabilitation center and Mekelle University School of public health. Finally the investigator will try to publish this study in high impact journals.

5 FINDINGS

5.1 Participant's socio demographic characteristics

Participants were youths who were attending a substance rehabilitation care in Ayder comprehensive specialized hospital, Lachi center. Fifteen male respondents participated in the in-depth interview. Age range of participants was from 22-29 years. Among the participants, three of them drop out primary education, six completed secondary education and six are diploma or above holders. Ten respondents were single and the remaining five participants were divorced. Ten of the participants were unemployed and 5 have been previously working as self-employed or government employees.

5.2 Type of substances abused and pattern of use

Substances that were mostly abused by the respondents included alcohol, cigarette, chat and marijuana. Fourteen respondents were poly substance users of which ten of them reported of using all chat, cigarette, marijuana /hashish/ and alcohol and other one respondent reported use of shisha in addition to the previous four substances on regular basis. One respondent was using only khat and the other three respondents reported of using all cigarette, alcohol and marijuana.

Interviewees' age at which first substance use initiated ranged between 13 and 19 years. Thirteen and five years were the maximum and minimum durations that respondents used to abuse substances respectively in which eleven of them used 5 up to 9 years and four participants reported above ten years of substance use. Majority /twelve/ of the participants started substance use behavior with alcohol drinking followed by cigarette smoking and then chewing khat and other respondents started by chewing khat followed by smoking marijuana and cigarette then drinking alcohol.

Table 1: Background information of IDI participants on lived experience of addicted youths on substance abuse, Lachi substance rehabilitation center Mekelle city, April 2019 (n=15).

Characteristics of participants		Number
Age (years)	20-24	9
	25-29	6
Marital status	Single	10
	Divorced	5
Educational status	Primary	3
	Secondary	8
	Diploma and above	4
Employment status	Employed	5
	Unemployed	10
Age at first substance use (years)	10-15	5
	16-20	10
Duration of substance abuse (years)	5- 9	11
	10 and above	4

Emerg ed themes

There are three themes emerged from the analysis with a number of categories in each. The first theme is reasons for initiation of substance abuse behavior. Within this theme, there are categories of socialization reasons, coping mechanism with stress and for cognitive enhancement. The second theme is factors influencing substance abuse behavior and the categories under this theme were youth's lack of awareness on harms of substances, physical environment and unemployment status of the youths. Consequence of substance abuse is the third emerged theme. The categories under this theme were health problems, social problems, illegal practices, unintended sexual activities and unable to carry out ones responsibilities. We described findings of the study using the categories with continuous text and organizing by the themes.

Theme 1: Reasons for substance abuse initiation

Study participants in the rehabilitation center reported various motives they went through during their initiation for abusing various substances. Socialization reasons, for coping purpose with stress and for cognitive enhancement were emerged in the youth's history of starting substance abuse.

Category 1: Socialization reasons

According to the study participants, reasons related to socialization issues were the most mentioned features in the process of youth's initiation for substance abuse. Respondents mentioned various categories of socialization issues that engaged them to the course of abusing various substances including peer influence from user friends, various ceremonies they used to organize in groups, their perception of poor socialization skill and curiosity related to other users /movies or family members/ modeling.

Peer pressure

Almost all respondents explained that, peer pressure was the most influencing element during their initiation for involvement in substance abuse. The influence of other older substance abusing friends in their friendship life was mentioned by all the respondents. Youths usually fail to resist frequent substance offers from their user friends through time to get fit in to their moods. A 24 years old respondent stated his experience

“At first, I rejected my friend's offer for marijuana, but latter on he started to get bored of me so I joined and started using marijuana with him to fit with his mood.” (p6, 9 years user)

Respondents also frequently mentioned that they used to consider user friends as modernized people and feel of themselves as someone traditional and reluctant. Cigarette smoking was specifically reported in which youths tend to get initiated to act in a similar way with others, equivalent to their age range. The directly quoted response from a 23 years old participant is as follows:

“When I first saw my friend smoking, I feel like he become modernized and gets one step ahead while I am backward yet. I immediately followed his smoking behavior to compete with him.” (p11, 7 years user)

Group Ceremonies

Participants also reported their experience of starting substance abuse during friends’ gatherings and in groups. Participants specifically reported that events of birthday celebrations and weekend over party programs in night clubs for enjoyment purpose were the main facilitators during their introduction particularly to alcohol drinking and cigarette smoking. Group of substance users and non-user youths usually organize these events by renting a bar houses in a closed settings so that they can abuse these substances freely without any restriction. A 27 years old participant explained:

“I started smoking cigarette and drinking beer with my friends in a night club that we used to organize our birthday parties in the weekends. At the beginning I was feeling ok, exited with my friends but finally get trapped and become dependent.” (p1, 11 year user)

Perceived poor socialization skill

Some participants reported their perception of poor skill for making social relationship with other peers made them feel lonely. They used to associate this behavior with their nature of shyness. Drinking alcohol and puffing marijuana were specifically reported by the respondents in which they get involved first to gain confidence for avoiding their shyness behavior and freely express their feelings. A 24 years old respondent explained the following:

“By nature I have been very shy, afraid of talking to even a single person. As a result I was isolated and used to seat alone even when I was a college student. So I started drinking beer to become confident enough to socialize well with others including the girl I love.” (p8, 6-year user)

Curiosity and imitation

The finding of this study also shows the participants experience of strong desire to test substances they observed from others. Respondents reported that their interest to experiment substances to practically see how others feel when they took substances made them curious and initiate for substance use in which they latter become addicted. Cigarette smoking was the commonly reported substances in which respondents majorly get initiated due to curiosity. A 22 years old respondent stated his curiosity for cigarette smoking:

“I was observing cigarette smokers enjoying by the activity of releasing ‘O’ letter easily from the smoke they inhaled. I was wondering them [smokers] how they are doing it. One day I asked myself how they could feel when making the ‘O’ letter then, decided to find out. Finally, I tried it, and found it enjoyable. I also started to enjoy it more and more when I was able to make the “O” letter too.” (p2, 5 years user)

Curiosity to try substances was also related to imitation of user family member’s behavior. Some of the respondents mentioned their observation of cigarette smoking family members initiated them for imitating the behavior.

“I always used to observe my elder sister smoking at home. I thought that she was smoking it for fun and consider cigarette smoking as simple as chewing a gum. Then I started to imitate her smoking at first hiding at home in the toilet by rolling paper, lighting the tip.” (p10, 7 years user)

Others also reported their experience at first cigarette smoking in relation to their frequent exposure to foreign movies through internet. Another respondent stated how he gets curious to start smoking:

“From the time I used to see many singers smoking in the movies, it was my dream to start smoking ever since. I used to tell to my friends how curious I am to try smoking and be like those people in the movie and unlike other youths who refuse to try cigarette at the first instance, I didn’t hesitate to try smoking when one of my friends offered me one.” (p 3, 13 years user)

Category 2: To cope with stress

Respondents reported their initiation to use substances to enable them cope with the stress when their relationship with their family members get affected or after a break ups with their friends (opposite sex) and also at a time where they face tense life conditions /imprisonment ad street life/. Behaviors of drinking alcohol, smoking cigarette and marijuana were specifically mentioned by the participants following the mentioned stressful life circumstances. A 24 years participant explained that:

“My friends had full freedom at their home but I have been in a regular fight with my step mother. She doesn’t care about me because she was not my real mother. Besides I have no one nearby who can understand my problem, hence I was suffering too much. So, whenever I get in to conflict with her, I used to go to a jungle, join elder users and puff marijuana to get out of my depression.” (p6, 9 years user)

A 26 years respondent similarly stated:

“From the time my girlfriend left me, I preferred to spent most of my time alone, restricting my social interactions but get involved in drinking beer extensively whenever I think of her to forget everything.” (P5, 7 years user)

Other respondents also reported their experience of starting substances in relation to their experience of tense life situations. Being imprisoned and leading a street life were the mentioned stressful life conditions according to the respondents. They explained that since their situations make them feel hopeless on their future life, they get involved in abusing various substances to get hided from the reality. A 27 years respondent stated his experience of starting smoking cigarette and marijuana as follows:

“The time I get imprisoned for two years, I consider myself as a valueless, become a hopeless person and get much stressed. During that time smoking cigarette was not restricted inside the prison camp and there were prisoners who sell marijuana secretly. So, I started to smoke both cigarette and marijuana to get relief from my stress and throw all my worries.” (p9, 10 years user)

Category 3: for cognitive enhancement

Some of the participants repeatedly explained their initiation of chewing khat and using marijuana due to their perceived low academic performance during their stay in higher education. Others also started khat chewing to boost their energy and easily accomplish their work activities. They perceived that chewing would help them stay alert for reading and enhance their understanding specially when exams approach and others added the use of marijuana at first intending to increase their concentration while attending their class lectures.

“I started chewing to enable me stay awake to cover all readings before exam and also work on my project assignments during the night. At the beginning, it increased my motivation to study more. Then I accepted it and decided to continue chewing because previously I used to get tired and sleep too early.” (p4, 11year user)

In addition, other respondents also stated their initiation for chewing khat to boost their energy level and increase their motivation for accomplishing much activity without feeling tired so that they can earn more money. A 26-year respondent stated:

“Chewing gives additional strength for the body to work hard and enables me to produce more furniture and get better income. The first day I chewed it worked, I was really motivated to continue working even in the night then get convinced to continue chewing.” (p5, 7 years user)

Theme 2: Factors influencing substance abuse behavior

Participants' reported on various factors that influenced them to continue substance abuse behavior in which they latter become addicted to the substances. According to the respondents, lack of awareness regarding risks of the substances, nature of the environment they used to live and the lack of job opportunities were the main risk factors that influenced them to abuse different substances on daily basis.

Category 1: Lack of awareness

According to the findings of this study, most youths were not aware of the harms about substances they commonly used. Regardless of their educational status, almost all respondents reported that they were not aware of the negative life consequences associated with substance abuse behavior. A 25 years old respondent stated:

“Previously, I know nothing about khat or any other substances. But had I the information on the harms of substances from media or readings I never would have tried it by trusting others wrong information.” (P5, 7 years user)

In addition to their limited awareness, perception of the respondents regarding the substances also contributed for their continuous substance abuse behavior. Respondents frequently mentioned that they usually used to consider as easy and possible to end using any substance at any time they want. 24 years old respondent stated:

“At that time, I had no information about any kind of substance. The time my friends offered me drink, I take it easy because I perceived it as if I can enjoy it when I like and stop drinking whenever I want. Due to my wrong perception about the drinks, I was not conscious of becoming dependent on alcohol.” (p8, 6 years user)

Category 2: Physical Environment

According to the respondents, easy access to the substances, availability of various substances at low cost which can be affordable by their pocket money, lack of recreational places in the city where youths can spend their time and poor legal enforcements on substances in the city were the main environment related influencing factors for their substance abuse behavior. Almost all participants reported the ease access of substances in their surroundings. Respondents stated that all types of substances which are commonly abused by the youths including hashish /marijuana/ are widely available in their communities.

“There are pushers /marijuana dealers/ in every corner of our area if I want to buy but also I can borrow from other friends around since many marijuana users are available in our area. (P12, 9 years user)

Some of the respondents reported that youths who live around universities are at most risk of substance abuse. They repeatedly mentioned that using any substance is considered as normal behavior since almost everybody around is either smoker, drinker or chat chewer. A 24 years old respondent who was raised around a university stated that:

“I used to live near university. Almost everybody around was a smoker. Youths commonly play in the pool houses having cigarette in one hand and the pool stick in the other hand. I was introduced with the smell of cigarette and marijuana since my childhood.” (p10, 7 years user)

Most respondents also mentioned the relative affordability issue of local drinks in their areas. Some respondents who work as daily laborers even mentioned the availability of free local drinks (specifically tella) around their work areas supposed to be paid at the end of every week /during salary/. As a result, the consumption of these substances is more common and frequent among the youths.

“In my work place, we clients used to drink tella daily as much as we need and pay during salary time, at the end every week.” (P8, 6 years user)

In contrast to the excess access of substances in their areas, almost all of the respondents mentioned the lack of youth centered entertaining places in the city pushed them to spend their time in chat houses. In addition they complained the government for not accessing recreational areas specifically to the youths. A 22 years old participant said that:

“Around my home [in our kebele] you do not find any youth center, but hundreds of khat houses and bars are available. When I left home I just see them nearby. No need to go far. If you are at home, you get depressed and when you get out, you don’t have any else to go except spending your time either in the khat or bar houses.” (p2, 5 years user)

Category 3: Unemployment

Most of the respondents repeatedly mentioned lack of job as the major reason for their continuous engagement in substance abuse behavior. They mentioned that unemployed people mostly spend their time with other jobless people, mostly substance users and join them through time. All the unemployed respondents in this study reported that they involved in substance abuse to pass the time since they did not have any work to do in which they latter become dependent to the substances.

“I don’t have any work to do, so what do you expect? ... It is because I don’t have any work to do. Had I a little work to do, I wouldn’t waste my time here and there chewing and smoking.” (p8, 6 years user)

Respondents suggested the importance of providing job opportunities or other skills acquisition programs like training youths on some skills that would made them productive and also reduce the risk of substance abuse.

“You know some of us used these substances because of stress, and this stress is unemployment related. So, provision of jobs or other skills acquisition programs like training us on some skills such as tailoring, carpentry, mechanics and cobble stones can help prevent, reduce or even control youth immersion to substance abuse”. (p1, 11 years user)

In addition respondents also criticized concerned government bodies for not seriously enforcing appropriate legal rules and regulations to limit at least the ease access of substances including hashish by the young people in the community.

“The government is doing nothing to control this issue and protect the young. It should give emphasis on taking legal actions regarding substance issues. Government should have provided a strong law that prohibits the sale and consumption of these substances, especially khat and hashish.” (P14, 5 years user)

Theme 3: Consequences of substance abuse

Even though respondents had some positive effects at the beginning, their experiences rapidly turned negative after consumption of the substances for some time and then substance addiction appeared. Respondents of the study described their experience of various negative consequences as a result of their substance abuse behavior. Physical health problems, social problems, experience of unintended sexual activities, unable to perform routine activities and action of illegal practices were the emerged issues reported from their experiences.

Category 1: Physical health problems

Majority of the respondents reported their experience of various kinds of health problems due to their substance abuse behavior. Most respondents repeatedly mentioned their experience of gastric problem, dental decaying and also physical deterioration after their long term consumption of substances. A period of non-usage was also associated with weakness, sickness, and drowsiness.

“After I get engaged in khat chewing and using marijuana, physically I got lost significantly, even color of my eye get changed, all my teeth get decayed,... the community considered me as if I have contracted HIV and some people used to ask me “...have you stopped eating food?.” (P3, 13 years user)

Respondents also mentioned the difference on the degree of health problems depending on the type of substance they abuse. According to the respondents’ experience, both puffing marijuana and chewing khat were linked with serious health problems. 27 year respondent reflected:

“Cigarette smoking only burned my face and makes me aggressive in case I skip smoking on time but both khat and marijuana have penetrated deep to my bone and smashed my whole body.” (p9, 10 years user)

However, in contrast to the above ideas, two respondents specifically explained that marijuana serves them to prevent different infections and treatment from the pains of some health problems. A 24 year respondent stated:

“Since the time I start using marijuana I never get sick, go to health facility. It is my best treatment for common cold /I would not have runny nose/. In addition whenever I feel any abdominal pain or headache, I used to treat it by taking marijuana.”(P10, 7 years user)

Category 2: Social consequences

According to the findings, substance abusing behavior of the respondents has created a problem in their social life. All study participants mentioned their experience of community stigma in their social context for violating the communities’ norms. They frequently reported that chewing khat, cigarette smoking and excessive alcoholic drink behaviors are disapproved /not acceptable/ in the society they are living. In addition others also mentioned their experience of detaching themselves from the community regardless of the communities’ reactions.

Community stigma

Most respondents reported their experience of facing stigma from their family and undermined by the society due to their substance abuse behaviors. Study participants repeatedly mentioned their experience of social isolation like avoidance from their family and the society. Family members usually label substance abusers as unproductive people. As a result they lack sharing responsibilities and involvement in decision making issues with in their family. A 27 years old respondent explained his experience as:

“Before, I had a good cordial relationship with people, but now, because I am involved in all kinds of substance abuse, my families do not involve me in any family issues and the communities do not trust me. Now I am isolated. ... All my family members including my younger ones don’t respect me”. (p14, 5 years user)

Some of the respondents also reported that their behavior of substance abuse caused serious problems among married families. Family members usually perceive that substance abusers can’t

work and bring any tangible life change. Among the study participants, all the divorced respondents confirmed their breakup of their marriage due to their substance abuse behavior and reject their partners advises to stop using any kind of substance. A25 year's old divorced respondent stated his experience:

“I have been married and had a child but get divorced due to my substance abuse behavior. At that time, I preferred chewing, drinking and smoking activities rather than accepting her [wife] advice and taking care of my child. My families also have tried to advise me a lot but I didn't hear all that. She [wife] finally decided to leave me. I am responsible and it was my entire fault to breakdown my marriage.” (P13, 9 years user)

In addition, some of the participants also mentioned their experience of social stigma due to their actions which are in contrast with the social norms after using the substances. Respondents specifically mentioned puffing marijuana for totally changing their mood and even they could not recognize their families' emotions during death of family members.

“The time my grandmother died at home everyone was crying but I was the only person laughing at the time. Because I came taking marijuana outside and I was just excited and enjoying its [marijuana] pleasure yet. At that moment, people around considered me as mad person and my parents decided to take me to a holy water.” (P1, 11 years user)

According to the respondents, the social stigma is not limited to them only but also affects the social interaction of their family members too. The societies usually make families responsible for the unhealthy behaviors of their children and blame them for not properly managing their children.

“Not only on myself but my parents were also undermined due to the neighbors' gossip during their social interaction. Our neighbors usually don't even properly greet my mother but rushes to ask her 'is your son getting better as if I am mentally ill'. In their coffee ceremony I am always their discussion issue, one starts by saying '... He was well educated but all his knowledge finally goes to khat house not elsewhere ...such speeches really hurt my mother and enforces her not to attend any social event.” (P4, 11 years user)

Self-stigma

Even though most respondents mentioned their experience of stigma from their community, few others confirmed of stigmatizing themselves due to their perceived low self-esteem and feeling of disregard/shame to get near others as a result of their substance abuse behavior. Hence they preferred to keep detached from their families and limit their connection with those substance abusers only.

“Usually I have no confidence to get near, greet or speak any body including my family members because I always feel that I would smell them bad. Especially when having a taxi, I usually become full of sweat when all the people inside closes their nose and mouth. For me there is nothing else to be ashamed of myself as such.” (p5, 7 years user)

On the contrary, three respondents reported their experience of stigmatizing themselves as a result of their perceived status variation with the nonusers. They consider themselves as higher class knowledgeable individuals, undermine non-users and also assume that non substance users could not fit with their levels. Hence prefer not to approach anyone who does not take any kind of substance. A 22 years old respondent stated:

“I didn’t have any family relation. Even if they try to approach me I always keep my distance. My relationship is only with those that abuse substances and I only respect these people. I used to undermine anyone [in the society] who does not use substances and I used to perceive as I am someone special and different person in the community and others [non users] as low level so that they cannot fit with my status.” (p2, 5 years user)

Category 3: Illegal practices

Most of the respondents reported on their experience of committing various crimes in relation to their substance abuse behaviors. The crimes reported range from picking pocket up to hanging people's money or property and also involvement in dealing with illicit substance /hashish/. It was also reported that the likelihood to commit such crimes and violence increases after consuming hashish /marijuana/. Some of the respondents mentioned that puffing marijuana change their moods and motivate them to fight with others.

A 25-year respondent stated his experiences as follows: *"...Whenever I hit a person and see him falling and cry; I feel more confident enough to continue on others too. Especially using marijuana enforces me in to such fighter mood."* (P6, 9 years user)

Most of the respondents reported their experience of different types of illegal practices due to their limited income to maintain their substance abuse habit. Most respondents confirmed their experience of hanging people's money or properties to get money for their alcoholic drink expenses especially after chewing chat. Their reason to must get either alcoholic drink or hashish was to break their mirqana otherwise they are unable to get sleep for the whole night. 27 years old respondent stated that:

"After I deeply get involved in substance abuse, I become too much selfish. I do whatever to fulfill my substance need. Whenever I don't have money it was must for me to hang people along with my friends during the night time. After chat chewing time, we usually have been hanging people to get money for our drink expenses." (p3, 3 years user)

However, two respondents differently reported their experience of dealing with illicit substance /hashish/ to gain money to fulfill their substances need. As a result of their criminal activities they committed and violent behaviors, respondents also report their experience of being put in jail. They lost their golden time there, being dependent and producing nothing. They were caught being involved either in stealing from others or dealing /selling illicit substances /marijuana/.

“I have been repeatedly caught by police and jailed up to four years. Since I had nothing at hand, I need to hang people to get money to buy the substances that I need. As a result, I have wasted much from my entire age in such a value less life in which I produce nothing.” (P7, 9 years user)

Category 4: Unintended sexual activities

Most respondents reported their experience of unintended sexual activities in relation to their extensive alcoholic drink behavior. Respondents mentioned their unsafe sexual practices with various partners after getting drunk in their past life. They also reported their regretful and stressed life they passed through in fear of contracting HIV as a result. A 24 years old respondent said that:

“When I get drunk, I usually become careless about everything. I wouldn’t think about tomorrow. I remember the day I get drunk and get sleep with a girl that I never seen before. She was drunk too. We both didn’t thought of condom use. I suspect myself of contracting HIV and get depressed for two years.” (P8, 6 years user)

A 22 years old respondent similarly stated that:

“Even though I had a girlfriend, I have gone with many girls. I even slept with a girl whom the community perceived as HIV positive. But in the morning, I become full of regret in fear contracting of HIV. The problem is I didn’t learn from it but used to repeat the same mistake. I used to live in such a cyclic life.” (P2, 5 years user)

Few respondents explained that the probability of condom use depends on the type of lady they came across. They reported the probability of having safe sex with those commercial sex workers since these ladies do not agree to go without condom unlike the others.

“... After I get drunk, I become unconscious of my next activities. I couldn't think of condom use. Sometimes I had safe sex when the girl is bar lady since they do not allow without condom, otherwise I get lost.” (p9, 10 years user)

Category 5: Unable to carryout responsibility

Respondents repeatedly reported their failure to perform their routine doings in their day to day activities due to their substance abuse behavior. Few previously employed respondents frequently mentioned of repeatedly disappearing from work due to the hung over in the morning and attending the chat houses in the afternoon. They also mentioned their experience of getting fired; losing their job since they couldn't properly function on their work. As a result, their economic status was affected for worse. Respondents explained their economic consequences in terms of financial cost, job loss as well as selling their belongings and families' properties to get money. 27 years old respondent stated:

“Previously I have been running a big business and had better income, but after I become smoker, chewer and drinker, all my money was being invested on these substances. I couldn't even perform my routine activities, lost everything and finally left with nothing. Had I stayed away from these behaviors, I would have been an investor by now” (p3, 13 years user)

According to the respondents, they were forced to sell their properties and possessions of their family members as a result of their financial crises to get money for maintaining their substance needs.

“Since I didn't have any money, I had to pick something from home, sell it very cheap and run to the chat house. Almost all of my clothes and shoes are found in Adihaki [big market place in Mekelle city]. I started by selling my clothes and shoes, then my laptop, my families' mobile phones. I even picked and sold packed spaghetti and macaroni from home.” (P5, 7 years user)

Other respondents also reported on their experience of failing to properly attend their schooling as students. All the respondents who dropped their elementary school and those dismissed from university confirmed their failure due to their substance abuse behavior. “... *I couldn't work on my academy, end up with low grade and finally get dismissed when I was 4th year.*” (p15, 9 years user)

Another respondent who dropped his elementary school also stated;

“I was among the praised students until grade eight. But from the time I get involved in substance abuse, I used to come to class drunk and never listened to my teachers' advice, lost my academic interest and later on totally disappeared from the school. I was spending the whole day in khat house and the night in a bar. Since then I never get back to the school.” (p9, 10 years user)

6. DISSCUSSION

The study tried to explore addicted youths lived experience on substance abuse in Mekelle city. Respondents narrated their life experiences on their process of initiation for substance abuse, influencing factors related to their substance abuse behavior on daily basis and the negative consequences of substance abuse they experienced in their life.

In this study, peer influence was the noticeable socialization related factor during youth's first connection with substances. Youths tend to accept recurrent substance offers from user friends to fit in with their moods. In addition, peer group gathering events of birthday parties and weekend over programs at night clubs for enjoyment purpose initiates youths to alcohol drinking. This finding is consistent with other studies in Ethiopia and abroad which reported influence from friends as evidenced in the motivation to consume alcohol, due to the adolescents' need to fit into groups (23,31,34,44). The studies also report parties of friends as the main places where youths consume alcohol for the first time.

Youth's initiation for alcoholic drinks to improve their perception of poor socialization skill in their social interaction was also reported in this study. Youths who afraid for making friendship with other peers feel loneliness and tend to use alcohol to gain confidence and avoid their shyness. This supports other findings in Kenya which reported youth's start of alcohol consumption to overcome shyness (15) and in Brazil which reported alcohol loosens up and helps approaching the opposite sex and minimizing the lack of confidence (34). Other study in Iran also found that students with low self-esteem are at an increased risk of alcohol and cigarette use (29).

Curiosity was also mentioned as important initiating factor for substance abuse. The interest in knowing the feelings and discovering the effects of substances made youths curious to experiment the substances. Substance user family members and famous people on the movies prompt youths to imitate substance abuse behavior. Previous studies conducted in Abu-Dhabi Nigeria and Kenya supports this finding (3,13,15). The association of substance abuse and family member's alcohol and substance use as well as parents' positive attitude towards substance use was reported in previous studies. In addition the effect of media exposure was also reported as a cue for substance use (29,30).

Youths in this study were also introduced with various substances at time of painful life situations occurred in their life. Either family or friendship conflicts or tense life conditions youths faced in jail and street life enforced them to initiate for substance abuse. These life situations make youths feel hopeless on their future life, hence tend to use substances to get relief from the stress. This finding was in line with other studies where substances of alcohol and drugs were used as coping mechanisms of traumatic life experiences for instance violence, street life, death of parent or family conflicts (12,24,28).

In addition, youth's perception of substances as energy booster initiates them to involve in substance abuse behavior. The study shows that students used to involve to abusing khat to enable them stay alert for reading and enhance their understanding. Youths also start chewing khat to boost their energy level and accomplish extra activities to earn further income. It supports other findings in Ethiopia which reported positive expectations of khat chewing for their academic and increase work performance (26,44). Another study conducted among youths in the north-western part of Nigeria revealed that students often abuse marijuana to enable them remember what they read during examination (13).

In this study youth's substance abuse behavior was influenced by various individual and environment related risk factors. Initially they were not aware regarding the danger of such behaviors. Other studies conducted in Malaysia also found lack of awareness on risks associated with substance as influencing factors of youth substance abuse behavior (31). Moreover adolescents' attitude and perception of low risk to substances in the community has significance influence on youths substance abuse (3,4).

Various environments related influencing factors were also reported in relation to youth's substance abuse practice. Widely availability of substances in the community at low cost was majorly reported. This is consistent with other findings which reported youths surrounded by a high level of substance abuse in their neighborhood have higher risk of being involved in different types of substance abuse (3,29) and the ease to purchase substances as a factor that encourages substance abuse practice (34). However another study in Malaysia found that religion and ethnicity influencing adolescents' perception of substance abuse (31).

Absence of job among youths was also found to be a predisposing factor for youth's involvement in substance abuse. Unemployed youths involve in substance abuse to adapt with the unemployment related depression in which they latter become dependent. Lack of employment opportunities was also reported as primary root cause of Ethiopian youths dissatisfaction in the cross sector youth assessment (45). Previous study conducted in Nigeria and Spain also found unemployed people with high anxiety and depression involvement in to substance abuse to manage themselves (13,35).

Even though acts of dealing in or using illicit substances are described as crimes that cause severe penalty, poor legal enforcements on substance issues in the city was reported which enabled youths to easily involve in many kinds of substance abuse. Besides with the exception of some control having to do with business licensing and taxation in a limited way, it seems there is no meaningful effort to regulate the alcohol industry. Moreover khat businesses are also booming due to the lack of policies banning its production or sale (6,45).

Even though respondents feel some positive effects at the beginning, their experiences rapidly turned negative after consumption of the substances for some time and addiction appeared. Respondents of the study described their experience of various problems as a result. Physical health effects such as gastric problem, headache, dental decay and physical deterioration were reported. Period of non-usage was also related to weakness, malaise and drowsiness similar to other findings that reported substance abuse causes withdrawal symptoms (13,32).

Experience of community stigma was also reported by the youths due to practicing socially disapproved behaviors of chewing, smoking and excessive drinking. Involvement in illicit substances also caused strained relationship with families due to changing their moods and acting in contrast to the social norms. A study conducted in Brazil supports this finding where youths who practice substance abuse behaviors are labeled unproductive, isolated from sharing social responsibility and involving in decision making. Besides substance users who do not fit in the systems established by the society are considered as outsiders (46). However the study was inconsistent with study conducted in USA that reported adolescents' substance abuse behavior was approved by their parents and guardians (23). This might be due to the socio-cultural variation among the populations.

Youths' experience of various crimes due to their substance abuse behavior was also reported in this study. Their substance abuse behavior increases the likelihood of committing crimes of stealing starting from home to robbing in the community to get money for maintaining their substance abuse habit. This supports previous studies that found the interconnection between substance abuse behavior and exposure to gang violence (13,28,31) which also leads to conflicts with the police (32). Experiences of unintended sexual activities were also reported in relation to extensive alcoholic drinks. Unsafe sexual practices with various sexual partners were reported which may increase their risk of HIV/AIDS infection. Previous studies in Kenya and Peru also found that excessive drinking led to risky sexual practices and put themselves or their partner at risk of HIV infection (15,47).

The study also found that addicted youths experienced limitation in performing their routine doings and face economic crises as a result. Moreover, they were also failed to properly attend their schooling as students. The finding is consistent with previous studies conducted in USA and Brazil which reported substance abuse leads to performance drop in students' learning process (30,34).

5.3 Strength and limitation

To the best of our knowledge, this is the first study on the lived experience of addicted youths on substance abuse. The study used qualitative approach which is better in exploring the respondents' lived experience regarding their substance abuse behavior. The researcher tried to purposively include participants from different parts of the city to get diverse ideas and information saturation of the data was assured. However, data of the findings were generated from only male youths being admitted in the rehabilitation center. Hence the views expressed are that of the participants and may not necessarily reflect the views held by every youth who abuse substances in the area. Other addicted youths of both sexes in the community might also have different experience or additional information. In addition, participants might have omitted some information about their substance abuse related experience of their personal issues due to social bias.

7. CONCLUSION AND RECOMMENDATION

The study revealed multiple factors in the youths' initiation process for substance abuse in Mekelle city. Different personal, interpersonal and environmental factors were explored in the initiation of youths for substance abuse. Various risk factors also influenced them to their experience of substance addiction level. Respondents' life was negatively affected from their behavior of substance abuse. Youths are also exposed to various risky behaviors including crimes and risky sexual behaviors. They also risked their physical, social and economic wellbeing which have direct impact on their life if either of them malfunctioned.

Problem of such complexity need a strong effort to understand the reasons why youths get initiated for substance abuse and effectively reduce its negative consequences on youths, society and the country at large since it is affecting the young and productive segment of the population. Based on the data collected, the need to provide multiple interventions at individual, community and organizational levels are suggested to responsible bodies in order to tackle substance abuse problems in the area.

- The regional health bureau in collaboration with other sectors like Medias should develop appropriate community based massive awareness raising programs on the harms of substance abuse through accessible communication channels by the youths.
- The government and other organizations should provide training skills or job opportunities for the youth so as to engage them in productive activity and help limit the risk of involving in substance abuse.
- Responsible government and non-government organizations should provide life skill trainings to the youths at ground level to improve their knowledge and self-esteem so as to enable them resist the peer pressure from others
- The city administration should provide adequate recreational places like youth centers so that the youths can spend their time in a healthy environment and maintain their health.
- Parents /family members/ who abuse substances should be discrete, to avoid negative influence on their children. The parents should endeavor to stop this negative practice.

- The government should also enforce strict laws and legislation on various substances including the illicit ones in the country.
- Community based in-depth research on both male and female youths should be conducted to gain comprehensive understanding about the problem and design effective strategies.

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9. ANNEXES

Annex I: English version information sheet

Title: Lived Experiences of Substance Abuse Among Youths in Mekelle City, Northern Ethiopia.

Principal investigator: Ferehiwot Hailemariam Tesfa

Name of the institution: School of Public Health, College of Health Sciences, Addis Ababa University.

Introduction of interviewer

Greetings! My name is Ferehiwot Hailemariam. I am a master's student in Addis Ababa University, school of public health. Currently I am doing a research on substance abuse among youths in Mekelle City. This information sheet is prepared to enable youths understand purpose of the study consciously, ask for further explanation and participate voluntarily. The study involves interviewing youths who have an experience of substance abuse.

Purpose of study: The purpose of this research is to understand the life experience of substance abuse among youths. If you agree to take part in this study, you will be interviewed for about 45-60 minutes.

Study procedure: Volunteer participants in this study will be interviewed on a few questions regarding their life experience of substance abuse starting from the process of initiation for substance use up to the consequences that are faced as a result of substance abuse behavior. I may take notes during the interview. With your permission, our conversation will be recorded with a small recorder and short quotes from the interview will be used in reporting the final findings of the study. In addition you will be asked to sign on the consent form for your voluntariness. Findings of this study will be shared through presentation, but your name will not be mentioned with the report.

Possible risks/ discomforts: The study is not associated with any harm. However you might feel psychologically uncomfortable in answering some of the questions associated with your life of

substance abuse. In case you experience any severe discomfort please let me know and I will stop the interview and will be continued if you fell like.

Possible benefits: At the moment, this study will not be of direct benefit to you, but I hope that findings from this study may help the policy makers to make decisions in designing appropriate programs, strategies and policies that will of advantage indirectly to you and other youths in the society in regard of substance abuse interventions in the future.

Data confidentiality: All interview data will be handled so as to protect your confidentiality. No names will be mentioned and the information will be coded. I would like to assure you that all information about you such as your name and audio record of the interview will be protected from the public and your personal identity will not be mentioned in any report of this study. The interview will be audio recorded only to facilitate the interviewer's job.

The audio recording of your interview will be written out but your name and other identifying information will not be written. Your name will be assigned a code number and this number will be used in all reports. All details of your information will be stored and secured in a pass ward protected files in the researchers personal computer. Name or physical address of participants will not be used during report sharing and communication of findings.

Voluntary participation and right to leave the research

Participation to this study is voluntary and you have the right to decide whether to participate or not. You also have the right not to participate in this study or withdraw from the study if you wish without any worry.

Payment: there is no payment for study participants since; the interview is to be conducted while the participants are attending care in the rehabilitation center.

Contact for additional information

If you need more clarification about this study, you can call or contact the researcher;

Ferehiwot Hailemariam *Mobile: 0913139672, email: ferehaile72@gmail.com*

Annex II: Written consent form

The above information sheet describing the study purpose and procedure, benefits and risks, confidentiality issues, voluntary participation and rights to withdraw for the research title “**lived experience of substance abuse among youths in Mekelle City**” has been read and explained to me. I have been given an opportunity to ask any question for more explanation about the research. I agree to participate as a volunteer.

Date

Name and signature of volunteer

I certify that purpose of the study, potential benefits and possible risks associated with participating in this study was explained to the above individual.

Date

Name and signature of researcher

Annex III: Semi structured interview guide

Identification number: _____

- I. Back ground information of participant
 1. Age
 2. Sex
 3. Religion
 4. Marital status
 5. Occupation
 6. Educational status
 7. Residence
- II. Questions in relation with substance abuse behavior
 1. Could you tell me what substances you have been using?

Probe

- a. For how long time has you used it? At what age did you start using it?
- b. How frequent did you use it? How often?
- c. How did you get them?
2. Now I wanted you to tell me how you started using the substance you mentioned earlier. Could you tell me more about it from your own experience?

Probe

- a. What motivated you to use substance? Why did you start to use substance?
- b. What was your expectation from the substance before you started to use it?
- c. What benefits have you assumed?
3. In your opinion, what do you think are the reasons for youth to start using substance?

Probe

- What other reasons do you think in addition?

4. Can you tell me how you become addicted to the substances you mentioned?
 - When do you notice that you have addicted to the substances?
 - What happened then after you become addicted?
 - What were your risks contributing for your addiction level?
 - Have you had any protecting factors which could have been prevented you from substance abuse?
5. Do you think your substance use behavior is associated with some negative out comes? Why? Could you tell me the consequences you perceived?

What changes have you noticed as an outcome of your substance abuse behavior?

- a. Economic problem
- b. Low self-esteem
- c. Changes in your socialization/ relationship, stigma
- d. Negative health outcomes /physical, psychological, emotional
- e. Performing routine activities
- f. Academic performance
- g. Crime and violence related
- h. Risky sexual behaviors

Can you explain it more about it for me?

6. Do you have anything to say to other youths regarding substance abuse?

I have finished my questions. Let me give you a chance in case you have anything you want to add that you did not mention before closing our discussion.

I really appreciate your volunteer participation in this study. Thank you for giving me your time for the interview and sharing your life experience.

THANK YOU!

Annex IV: Code book

Code	Description
Most used substances	Types of substances that have been used by the respondents.
Age at first use	Age of the respondents in which they first get initiated to use substances.
Substance use duration	Amount of time in years that participants have been using the substances.
Daily	When the interviewees abuse the substances on regular basis.
Weekend	Respondents' use of substances occasionally for recreational purpose.
Khat house	A business place where respondents get to buy and chew khat.
Code marijuana	A mystery name /akha, kush, kumneger/ for the illegal substance-marijuana that both substance users and marijuana dealers used to communicate
Other users	<ul style="list-style-type: none"> ➤ Senior marijuana user youths who are well known and trusted by the dealers. ➤ They serve as network channels between new marijuana user clients and those people who sell it.
Pusher	<ul style="list-style-type: none"> ➤ A code name used by participants given to those people who illegally used to sell marijuana. ➤ The name doesn't imply to other substance sellers.
Curiosity-imitation	Participants' eagerness to practice substance use by observing the behavior from others; Western singers on movies or substance user family members.
Curiosity- positive enforcement	Participant youths told about benefits of different substances by others, develop positive attitude towards it and go for trial.
Peer-ceremonies	Respondents along with their friends rent bars in the city and prepare party or birthday programs in the weekends to enjoy themselves.
Hopelessness	Bad Feelings of respondents when they experience tense life

	conditions.
Environment-access	Respondents' resident area is where different substances are easily available and substance use is common in the specific location.
Academic purpose	Participants' use of various substances to enable them better study and work hard in their education career.
Affordability	Availability of substances at low cost that respondents are able to afford from their pocket money.
Relive from stress	Substance use behavior of respondents to get relief and feel better when they get stressed.
Poor parents control	Poor parents monitoring and follow-up activities regarding on their children's substance abuse behaviors.
Confidence loss	Low self-esteem of respondents due to their substance abuse behavior to get near to others including their family members.
Divorce	Participants experience of breaking up their marriage as a result of their substance abuse behavior.
Sell belongingness	Participants sold various personal properties like clothes, shoes, mobile and laptops to fulfill their substance need.
Theft	Respondents behavior of stealing others money or materials to buy substances for their daily use.
Multiple sexual partners	Respondents had sex with different girls unconsciously after they get drunk.
Poor condom use	Respondents practice of having sex without condom after their extensive alcoholic drink while having sex with whom they don't know before.
Crime	Illegal behaviors that respondents used to practice starting from pocket pick up to hanging people during the night to get money.
Poor awareness	Respondents have inadequate knowledge on the harmful consequences of substance abuse.
Stigma	Substance abusing youths either get isolated from their families

	and the society due to their substance abuse behavior or get stigmatized by themselves from the community.
Drop education	Where respondents are failed to continue their education due to their substance abuse behavior.

Annex V: Tigrigna version of the information sheet

ሓበሬታ መውሃብን ፍቅድ ተሳተፍቲ መሕተትን ቅጥዒ

ናይቲ መፅናዕቲ ርእሲ፡ መናእሰይ መቐለ መዐወኒ ወልፍታት ብዝምልከት ካብ ናይ ባዕሎም ሂደት ተበጊሶም ዝህብዎም ሓሳባት ንምፍላጥን ንምርዳእን ዝግመ እዩ።

ነቲ ፅንዓት ዘካይድ ሰብ፡ ፍሬህይወት ሃይለማርያም ተስፋ

ሽም ትካል፡ ኣዲስ ኣበባ ዩኒቨርሲቲ፤ ጥዕና ሳይንስ ኮሌጅ፤ ናይ ሕብረተሰብ ጥዕና ትምህርት ቤት

መእተዊ፡

ሰላም! ሽመይ ፍሬህይወት ሃይለማርያም ይበሃል። ኣብ ኣዲስ ኣበባ ዩኒቨርሲቲ ድሕረ-ምረቓ ተምሃሪት ሕብረተሰብ ጥዕና ትምህርቲ እንትኾን ኣብዚ ሕዚ እዋን ኣብ ዝተፈላለዩ መዐወኒ ወልፍታት ኣድሂቦ ኣብ መቐለ ዝርከቡ መናእሰይ ፅንዓት ኣብ ምክያድ ይርከብ። እዚ ሓበሬታን ፍቅድን ዝተዳለወሉ ምክንያት ኣብዚ ፅንዓት ተሳተፍቲ መናእሰይ ዕላምኡ ብዕሊ ንክርድእዎን ብዓርሰ ፍቅዶም ንክሳተፉን እዩ። ዘየበርሁሎም ሓሳባት ናይ ምሕታት መሰሎም ሕልው እዩ። ኣብዚ ፅንዓት ንምስታፍ ፍቅደኛ እንተኮይኖም ንኣስታት 45-60 ደቓይቕ ዝኸውን ካብ ተሞክሮኦም ተበጊሶ በዛዕባ ሳዕቤናት መዐወንቲ ወልፍታትን ኣብኣቶም ዘለዎም ኣመለኻኽታን ቃለ መሕትት ክገብረሎም እዩ።

ዕላማ ዕዚ ፅንዓት፡ እዚ ፅንዓት ንዝተፈላለዩ መዐወኒ ወልፍታት ዝተቐልዑ ወገናት ዘንገገዎም ናይ ጥዕና ፀገማት ካብ ኣንደቦቶም ንምርዳእን ንምፍላጥን ዝገለመ እዩ።

ኣካዩዳ እቲ መፅናዕቲ፡ ኣብዚ መፅናዕቲ ንምስታፍ ፍቅዶም ኮይኑ ኣብዚ ቅጥዒ እንተመሊኦም፤ ካብ ናይ ባዕሎም ልምዲ ተበጊሶ ኣብ ዝተፈላለዩ መዐወኒ ወልፍታት ኣድሂቦ ቃለ መሕትት ክገብረሎም እዩ። ኣብቲ መሕትት ኣብ ዝህልወና ፃንሒት ሓልሒሊፊማስታወሻ ክፅሕፍ እዩ። ብተወሳኺ ፍቅዶም እንድሕር ድኣ ኾይኑ ኣብዚ ቃለመሕትት ንሶም ዝህቡኒ ጠቕላላ ሓበሬታ ሙሉእ ንሙሉእ ንምርዳእን ንምፅሓፍን ምእንታን ክከኣል ብናይ ድምዒ ቴፕ ክቕዳሕ እዩ።

ጥቕሚ መፅናዕቲ፡ ኣብዚ ፅንዓት ምስታፍ ዋላኳ ሽዑንሽዑ በቐጥታ ዝርከብ ጥቕሚ እንተዘይሃለዎ ብተዘዋዋሪ ግና ናይዚ ፅንዓት ውፅኢት ዝምልከቶም ናይ ጥዕና ወሰንቲ መሓውራት ኣብ ናይ ዝተፈላለዩ ናይ መዐወኒ ወልፍትት ዛዕባታት ዝምልከት ንዓኻትኩምን

ነቲኻሊኦ መንእሰይ ሕብረተሰብን ዝጠቅሙ ውሳኔታት ንምሃብ ከምኡ እውን ቦቲ ፅንዓት መሰረት ናይ ጥዕና ፕሮግራማት ንምድላው ኣብ ምሕጋዝ ዕዘ-ዝ ግደ ኣለዎ።

ጉድኣት መፅናዕቲ፡ ኣብዚ ፅንዓት ብምስታፎም ዝመፅእ ገለ ሳዕቤን የለን። ይኹን እምበር ምናልባት ብዛዕባ ብውልቀኦም ኣብ መዐወኒ ወልፍታት ዘሕለፍዎም ናይ ሂዎቶም ተጋንፎታት እንትሕተቱ ኣብ ምምላስ ሰኽፈት ክስምዖም ይኽእል እዩ።

ምሽጥር ምሕላው፡ ኣብዚ ፅንዓት ናይኡም መንነት ዝገልፅ ሓበሬታ ኩሉ ምሽጥር ሕልው እዩ። ካብ ተሳተፍቲ ዝእኩብ መረዳኦታ ብምሽጥር ክተሓዝ እዩ። ናይዚ ቃለ መሕትት ቅዳሕ ድምዒ እውን ካብ እቲ ምፅናዕቲ ዘካይድ ሰብ ወፃኢ ንምንም ኣይወሃብን።

መሰል ተሳተፍቲ፡ ሕድሕድ ተሳታፋይ ፅላማን መስርሕን እቲ መፅናዕቲ ናይ ምርዳእን መብርሂ ናይ ምሕታትን መሰሉ ሕልው እንትኾን ኣብቲ ፅንዓት ዝሳተፍ ብናይ ዓርሱ ፈቓድ ጥራሕ እዩ። ኣብዚ ቃለ መሕትት ንዘለው ሕቶታት ንምምላስ ዝፀገሙሉ ኩነታት እንተልዩ ወይ ድማ ዘየድልዮቶም እንተኮየኑ ናይ ዘይምስታፍ ኮነ ኣብ ሞንጎ ናይ ምቁራፅ መሰሎም ሕልው እዩ።

መተባብዒ ክፍሊት፡ ንተሳተፍቲ ዝወሃብ ዝኾነ ዓይነት ክፍሊት የለን።

ብዛዕባ እዚ ፅንዓት ክሓቱ ወይ ድማ መብርሂ ዝደልዩ ዝስዕብ ስልኪ ወይ ኢሜል ይጠቐሙ።

እቲ ፅንዓት ዘካይድ ሰብ ሽምን ኣድራሻን፡

ሽም ፡ ፍሬህይወት ሃይለማርያም ሞባይል-0913139672, ኢሜይል- ferehaile72@gmail.com

Annex VI: Tigrigna version of written informed consent form

ናይ ተሳተፍቲ ፍቓድ መግለጺ ቅጥፂ

ኣብ ላዕሊ ዝተገለፀ ብዛዕባ ናይ እዚ ፅንዓት ጥቕሙን ብድሃቱን ከምኡውን ኣካይድኡ ብዝምልከት ብንባብን መብርህን ዝተገለፀለይ እንትኾን ዘይበርሀለይ ንምሕታት እውን ዕድል ተዋሂቡኒ እዩ። ኣብዚ ፅንዓት ንምስታፍ እውን ፍቓደይ እዩ።

ዕለት

ሽምን ፊርማን ተሳታፊ

ብዛዕባ ናይዚ ፅንዓት ዕላማ ከምኡ እውን ኣብዚ ፅንዓት ምስታፍ ዝህልዎ ረብሓን ጉድኣትን ነዚ ኣብ ላዕሊ ዝተገለፀ ግለሰብ ኣድላይ መብርሂ ዝሃብኩ ምዃነይ ብፊርማይ የረጋግፀ ::

ዕለት

ሽምን ፊርማን ፅንዓት ዘካይድ ሰብ

Annex VII: Tigrigna version of the semi structured interview guide

ቃለ-መጠይቅ

መፍለጫ ቁፅሪ: _____

I. ናይ ተሳታፊ ሓበሬታ

- 1. ዕድሜ
- 2. ልጅ
- 3. ሃይማኖት
- 4. ከነታት ሓዳር
- 5. ስራ
- 6. ደረጃ ትምህርቲ
- 7. እትነብረሉ ቦታ

II. ኣብ ንዝተፈላለዩ ሰላት ዘቃልዑ መዐወኒ ነገራት ናይ ምጥቃም ባህርያት ዘድህቡ ሕቶታት

- 1. ክትጥቀመሎም ዝፀናህካ ዓይነታት መዐወኒ ወልፊ ክትነግረኒ ዶ ትኽእል?
 - ኣብ ክንደይ ዓመትካ ምጥቃም ጀሚርካ?
 - ንክንደይ ዓመት ዝኣክል ክትጥቀም ፀኒሕካ?

- 2. ሕጂ ድማ ከነታት ኣጀማምራ እዞም ቅድም ክብሉ ዝጠቐስካለይ ወልፍታት ብኸመይ ከምዝነበረ ዶ ክተብርሃለይ? ኣብ ሂደትካ ካብ ዘሕለፍካዮም ልምዲታት ተበጊስካ ብዛዕባ እቲ ከነታት ተትገልፀለይ?
 - ንክትጥቀም ዘለዓለካ ምክንያት እንታይ ነይሩ፣ ብምንታይ ምክንያት ምጥቃም ጀሚርካ?
 - መጠን ኣጠቓቕማኻ ከመይ ነይሩ ብብክንደይ ግዜ ዝኣክል ነይሩ?
 - ካበይ ከ ትረክቦም ነይርካ?
 - ቅድሚ ምጥቃም ምጅማርካ ካብዞም ነገራት እንታይ ክትረክብ ተፀቢኻ ነይርካ?
 - እንታይ ጥቕሚ ኣለዎ ኢልካ ሓሲብካ ነይርካ/ ብምጥቃምካ ካብኦም ክተግንዩ ዝሓሰብካዮም ረብሓታት እንታይ ነይሮም?

3. ብናይኻ አመለካኸታ ካልኦት መናእሰይ ዝተፈላለዩ መዐወኒ ወልፍታት ምጥቃም ዝጅምሩሎም ምክንያታት እንታይ ይመስለካ?

- ካልኦት ተወሰኸቲ ምክንያታት ኢልካ ትሓስቦም ይህልዉ ዶ?

4. ኣብ ናይዞም ነገራት ወልፊ ደረጃ ኸመይ ክትበፅሕ ክኢልካ?

- ብዞም ነገራት ኣብ ወልፊ ደረጃ ከምዝበፀሕካ ንመጀመርያ መዓስ ኣስተውዒልካዮ?
- ካብኡ ኸ?
- ኣብ ወልፊ ደረጃ ንክበፅሕ ኣቃሊዖምኒ እዮም እትብሎም ነገራት ኣለው ዶ? ብኸመይ?
- ኣብቲ እዋን ናብዚ ኩነታት ንኸይትዝፈቕ ኣብ ምክልኻል ክሕግዙኒ ዝኸእሉ ኩነታት/ ምክንያታት ከ ነይሮም ዶ? ግለጾም፣ብኸመይ?

5. መዐወኒ ወልፍታት ናይ ምጥቃምካ ባህርይ ኣብ ሂወትካ ምስ ኣሉታዊ ውፅኢት ዝራከብ ይመስለካ ዶ?

ብኸመይ?

- ሱስ ኣብ ሂወትካ ኣስዒቡለይ ኢልካ እትሓስቦም ጉድኣታት /ሳዕቤናት ዶ ትገልፀለይ?

ብሰንኪ ዘነቓቕሑ/ ዘደንዘዙ ነገራት-ምጥቃምካ ኣብ ህይወትካ ዘጋጠሙኻ ፀገማት፤

- ኢኮኖሚያዊ ፀገም
- ዓርሰ እምነት ምስኣን
- ማሕበራዊን ቤተሰባውን ርክብ ምልሕላሕ
- ኣሉታዊ ፀገማት ጥዕና/ ኣካላዊ ስነ-ኣእምሮኣዊ
- ኣብ መዓልታዊ ስራሕትኻ ዘይምንጣፍ
- ናይ ትምህርቲ ፅልዋ
- ንወንጀል ምቕላዕ
- ጥንቃቕ ዘይብሉ ናይ ሶታዊ ርክብ ባህርያት

6. ብዛዕባ መዐወኒ ሱሳት ብዝምልከት ንኻልኦት መናእሰይ ክተሕልፎ ትደልዮ መልእኽቲ እንተሃልዩ፡፡

አብ መወዳእታ ኣብግንቲትና ዘየልግልናዮ ክትውሰኹ እትደልዮሓሳብ እንተገልጹካ ዕድል ክህበካ።

ፍቓደኛ ኮይንካ ንዝሃብካ ንዝኻ ንዝሃብካ ቃለ-መሕትትን፣ ንዘካፈልካ ናይ ህይወትካ ልምድን ካብ ልበይ የመስግን።

የቐንየለይ!

Annex VIII: Curriculum Vitae /CV/ of Principal Investigator

1. Personal information

Full Name Ferehiwot Hailemariam
Sex Female
Date of birth June 12, 1989 G.C
Place of birth Bizet, Eastern Tigray, Ethiopia
Marital status Married
Nationality Ethiopian
Address;
 Email: ferehaile72@gmail.com

 Mobile: +251-913139672

2. Educational background

Educational level	Attended institution	Year / E.C
Elementary school (1-5)	Bizet Elementary school, Eastern Tigray	1989-1993
Elementary school (6-8)	Menelik II elementary school, Addis Ababa	1993-1995
High school (9-10)	Menelik II secondary school, Addis Ababa	1996-1997
Preparatory school (11-12)	Menelik II general secondary and preparatory school, Addis Ababa.	1998-1999
Higher education	Jimma University, South West Ethiopia	2000-2002 CGPA, 3.5

3. Language ability

Language	Listening	Speaking	Reading	Writing
Tigrigna	Excellent	Excellent	Excellent	Excellent
Amharic	Excellent	Excellent	Excellent	Excellent
English	Excellent	Excellent	Excellent	Excellent

4. Qualifications

- ✓ **Attending post graduate program in Health Promotion and Health Education specialty**

In Addis Ababa University, college of health sciences, School of Public health since September 2017/2018.

- ✓ **BSc. In Health Education and Promotion**

Jimma University, College of Health Sciences, Department of Health Education and Behavioral Sciences in 2010 G.C.

- ✓ **Undergraduate thesis**

Associated factors of high risk sexual behaviors among Jimma university community high school students, 2010 G.C.

5. Work experience

- ✓ I have worked as junior health education and promotion officer for Tigray regional health bureau, in Lemlem Karl hospital, Maichew, Southern Tigray from October 2010 to December 2013 G.C.
- ✓ I have served Ayder Specialized hospital (Mekelle University) as senior health education and promotion officer from January 2014 to September 2016 G.C.
- ✓ I am staff member in Mekelle University, college of health sciences, school of public health as an assistant lecturer in the college of health sciences, school of public health since October 2016 G.C.

6. Relevant training

- ✓ Scientific writing and communication prepared by Addis Ababa University in collaboration with NORHED project, Addis Ababa in December, 2018.
- ✓ I have completed a three months internship with Youth Network for Sustainable Development /YNSD/ from July 23rd to October 23rd, 2018.
- ✓ HIV/AIDS and Reproductive Health Youth Dialogue organized by Save Your Generation Ethiopia and Geneva Global USAID in Jimma University, 2009.
- ✓ One year course of the English Access Micro-Scholarship Program sponsored by the U.S State Department and the U.S Embassy in Addis Ababa, 2007.
- ✓ Attended TOEFL/IELTS in a summer school held from 24th July to 25th August 2007 in the British international school, @ The Study Center.

7. Skills

- Computer skill like MS word, excel, MS Power point
- Ability to conduct and analyze qualitative study

❖ Hobbies

- ✓ Giving community service
- ✓ Reading books and different researches

8. References

1. Dr. Eshetu Girma (PhD, Associate Professor)

- ☞ Department of preventive medicine, School of Public Health.
- ☞ College of Health Science, Addis Ababa University, Addis Ababa, Ethiopia.
Mobile: 0910818859

2. Dr. Mirgissa Kaba (PhD, Associate Professor)

- ☞ Head, Behavioral Health Sciences unit
- ☞ Department of preventive medicine, School of Public Health, College of Health Science, Addis Ababa University, Addis Ababa, Ethiopia
Mobile: 0911213631

3. Mr. Zinabu Hadush (MSc. HEP, PhD candidate)

- ☞ Assistant professor, department of environmental health and behavioral sciences, School of Public Health, College of Health Sciences, Mekelle University.
Mobile: 0920874140

Annex IX: Curriculum Vitae /CV/ of primary advisor

Eshetu Girma

Addis Ababa University, College of Health Sciences, School of Public Health, Ethiopia

Email: yanetesetu@gmail.com or eshetu.girma@aau.edu.et

Phone: 00251910818859

Po.box: 9086

BACKGROUND

Date and place of birth: 11/09/1983, Dire Dawa, Ethiopia

Sex: Male

Nationality: Ethiopian

EDUCATION:

□ **CIHLMU (Center for International Health, Ludwig-Maximilians-Universität), Munich, Ger-many:**

PhD in International Health, September 19, 2014

□ **Jimma University, Jimma, Ethiopia: Master of Public Health (MPH) in Health Education and Behavioral Sciences, July 2009**

□ **Jimma University, Jimma, Ethiopia: Bachelor of Sciences (Bsc) in Health Education and Health Promotion, July 2007. Graduated with distinction**

□ **Addis Ababa University, Addis Ababa, Ethiopia: Certificate of Competency for Teaching in Higher Education Institutions/Higher diploma program (HDP), July 6, 2017**

□ **Dire Dawa Comprehensive Secondary School, Dire Dawa, Ethiopia: Secondary School**

□ **Christ School, Dire Dawa, Ethiopia: Primary School**

PROFESSIONAL EXPERIENCES:

□ Since September 28, 2017: **Associate Professor** in the department of Preventive Medicine, School of Public Health, Addis Ababa University, Ethiopia

□ September 11/2014-September 27, 2017, served as an **Assistant Professor** in the department of Preventive Medicine, School of Public Health, Addis Ababa University, Ethiopia

□ July 2007 to September 11/2014, served from the rank of **Graduate Assistant to Assistant Professorship** in the department of Health Education and Behavioral Sciences, college of Health Sciences, Jimma University, Ethiopia.

□ Manager and Assistant Editor of the Ethiopian Journal of Health Development (EJHD).

□ Served as technical working group for the National Adolescent and youth Sexual and Reproductive Health Strategy for the Ministry of Health of Ethiopia (drafted and under development process).

□ Published more than 30 original articles on international and local peer reviewed journals.

□ Prepared the proceedings of the fifth national TB workshop held in Jimma University, Ethiopia

□ Worked as a consultant trainer at Jimma University AIDS Resource Center for Peer Education training for University and high school students

□ Served as a chairman of Jimma university, College of Public Health and Medical Sciences Research Ethics Committee

□ Involved in qualitative data collection, analysis and report writing on Male Circumcision in Southern Nation Nationalities People Region (SNNPR) by Jhpiego, Ethiopia in 2010

□ Served as a lead consultant for a project entitled '*the assessment of the impact of health extension workers on community behavior and the attitude of the community towards health extension workers, in zone three of Afar region, Ethiopia*' for Eureka Services Pvt.Ltd.Co funded by AMREF in Ethiopia.

□ Served as **reviewer of manuscripts** for the Ethiopian Journal of Health Sciences (EJHS), Plos One, BMC Public Health, the Ethiopian Journal of Health Development and other known scientific journals.

- ☑ Served as lead consultant for a baseline Survey for the Fred Hollows Foundation blinding Tra-choma elimination project in North, West, and South West Shewa, Jimma and Oromia Special Zone Surrounding Finfine for a consulting firm named EUREKA Services PVT.Ltd.Co
- ☐ Served as a contractor for Massachusetts General Hospital, Division of Global Psychiatry for a project named ‘Examining community members’ cultural explanatory models of Schizophrenia in the Butajira Region of Ethiopia, 6/01/2015
- ☐ Served as lead consultant for a project entitled Iodine Deficiency Disorders Control-Universal Salt Iodization (IDDC-USI) Communication Project Progress Evaluation funded by PSI/Ethiopia
- ☐ Served as a co-lead consultant for a qualitative evaluation project named barriers to care seeking in relation to Integrated Community Case Management of Childhood Illness and Community-Based Newborn Care Services in Selected Woredas of Amhara, Oromia, Tigray and SNNP Ethiopia for UNICEF and PATH Ethiopia in 205/2016
- ☐ Served as qualitative data analysis for Policy review and training needs assessment for children and adolescent HIV services and mentorship approaches for children and adolescent HIV services to the African Network for the Care of Children Affected by HIV/AIDS (ANECCA)
- ☐ Ad hoc committee member of PhD in mental health Epidemiology at the School of Medicine and public health, Addis Ababa University, Ethiopia
- ☐ Curriculum committee member of the college of Health Sciences, Addis Ababa University
- ☐ Academic Promotion Committee (APC) member of the department of Preventive Medicine, School of Public Health, Addis Ababa University
- ☐ Research and ethics (REC) committee member of the department of Preventive Medicine, School of Public Health, Addis Ababa University

TRAININGS AND AWARDS:

- ☐ Received **gold medal and certificate** for “**Young Public Health Researcher**” award on the occasion of the 25th silver Jubilee of the **Ethiopian Public Health Association (EPHA)** in the African Union conference hall in Addis Ababa Ethiopia on February 20, 2014.
- ☐ Received the **German Association for Psychiatry and Psychotherapy (DGPPN) and the German Alliance for mental Health, in association with the foundation for mental health and the anti-stigma association open the doors e.V., award** for De-stigmatizing mental disorders on the occasion of the 2012 DGPPN congress in Berlin, Germany
- ☐ Received **best researcher of the year award** during undergraduate research in 2007 in the Department of Health Education and Behavioral sciences, Faculty of Public Health; Jimma University.
- ☐ Received certificate of training in Qualitative Data analysis from July 24-25, 2017 in OPAL project at Addis Ababa University, Ethiopia
- ☐ Received certificate of training on ‘**Leadership in Strategic Health Communication**’ from Johns Hopkins Bloomberg School of Public Health, Center for Communication Programs in Adama, Ethiopia from July 21-August 1, 2014.
- ☐ Certificate of training on Randomized Controlled Trials (RCT) in Mental Health held from 26th-30th of January 2015 in Addis Ababa, Ethiopia.
- ☐ Certificate on ‘Research ethics training curriculum’ by FHI 360 on February 23, 2015.
- ☐ Training on module writing from the ADRC of Jimma University.
- ☐ Training on grant **proposal and scientific paper writing**
- ☐ Certificate for giving training on ‘**Social marketing for Health and development**’ in collaboration with AfriComNet and Jimma university
- ☐ Training on **understanding and using the Demographic and health surveys** workshop by Measure Demographic and health surveys in collaboration with USAID and ICF Macro held in Uganda, Kampala

☒ Developed two training modules on “**social marketing for health and development**” and “community mobilization for health and development” in collaboration with AfriComNet and Health Education and Behavioral Sciences department, Jimma university

☐ Training on **Health Behavior Change theories and models** from June 25-July 13,2012 in collaboration with Jimma University, CDC and JHU-CCP

☐ Certificate of training on **manuscript review for reviewers and authors** organized by Ethiopian Journal of Health Sciences (EJHS) in collaboration with African Journal of Partnership Project (AJPP) from August 23-25, 2012.

☐ **Comprehensive systematic review training programme** (Introduction to evidence-based health care, the systematic review of evidence generated through quantitative research and the systematic review of evidence generated by qualitative research, narrative and text) from 24th-28th December, 2012 from the Joanna Briggs institute; the university of ADELAIDE, Australia.

☐ Training on writing a **case for problem-based learning, curriculum development, how to teach skill, assessment in undergraduate medical education, microteaching and feedback** during seminar week of learning science from February 4th to February 8th, 2013 conducted by CIHLMU Center for International Health and chair of Medical Education, LMU Munich, Germany.

☐ Participated as an expert on **national mass media consultative meeting** related with Reproductive Health and Substance Use among youths organized by Fana Broadcasting Corporate in Jimma University on April 11, 2014.

☐ Certificate on **Patient Centered Counseling (PCC) training of trainer (TOT)** for home based food production and child centered counseling Project of IUC Programme with Jimma University held in Jimma University, Jimma, Ethiopia from 26th-30th April 2014.

☐ Certificate of training on **Implementation Science for mental Health and Chronic Disease Interventions** 18-19 July 2015 in Addis Ababa, Ethiopia

☐ Certificate of training on **Proposal development** organized by African Academy of Sciences and Ethiopian Academy of Sciences and Bill and Milinda Gates Foundation 20-22 July, 2015 at Addis Ababa, Ethiopia

Current grant

☐ 09/01/2016-08/31/2017 “Optimizing Provider Attitudes and Competence in Learning Mental Health Systems (OPAL)” (Supported by the National Institute Of Mental Health (NIMH) of the National Institutes of Health (NIH) under Award Number R21MH111280), Role: PI.

☐ February, 2017-May, 2018: Korea International Cooperation Agency/KOICA/SHaPE Project Multimedia Campaign Evaluation of family planning in Ethiopia: Role: PI.

☐ December 11, 2017-March 31, 2018: Nutrition International: Providing community conversation facilitation skills training for pregnant women conference facilitators and supervisors in MNHN project woredas and PHCUs: NI contract No. 10-1670-GIRMAE-26. Role: PI

☐ September 2018-2023- International study of discrimination and stigma outcomes (INDIGO)

GRANTS COMPLETED: role: PI

☐ 2010-2011 “Patterns of treatment seeking behavior for mental illnesses in Southwest Ethiopia” (Eshetu, PI), Funder: Jimma University, Role: Principal investigator.

☐ 2011-2012 “Transcultural empathy among German and Ethiopian medical students” (Sandra, PI), Funder: Kohler foundation, Role: co-investigator

☐ 2012-2013 “stigma and discrimination against people with mental illness and their family members in south west Ethiopia” (Eshetu, PI), Funder: Kohler foundation, Role: Principal investigator

☐ 2013 “Anti-discrimination week against people with mental illness in Jimma City” (Eshetu, PI), Funder: WHO-Ethiopia, Role: principal investigator

PUBLICATIONS

Peer reviewed publications

1. **Girma E.** Sustainable Development Goals (SDGs) and HIV/AIDS prevention and control: Call to sustain the momentum (editorial). *Ethiop. J. Health Dev.* 2016;30(3)
2. Wondiye H, Fentahun N, Limaye RJ, Kote M, **Girma E.** Barriers and facilitators of ART adherence in Hawassa town, Southern Ethiopia: A grounded theory approach. *Ethiop. J. Health Dev.* 2016;30(2):66-77
3. **Girma E,** Gebretsadik L, Kaufman M, Rimal R, Morankar S, Limaye R: Stigma Against People with HIV/AIDS in Rural Ethiopia, 2005 to 2011: Signs and Predictors of improvement. *AIDS and Behavior* 2014, 18 (6), 1046-1053.
4. Kaufman, M.R., Mooney, A., Gebretsadik, L.A. Sudhakar M, Rieder R, Limaye RJ, **Girma E,** Rimal RN. The Differential Effects of an Opt-Out HIV Testing Policy for Pregnant Women in Ethiopia When Accounting for Stigma: Secondary Analysis of DHS Data. *Prev Sci* (2016). doi:10.1007/s11121-016-0740-6.
5. Degene T, **Girma E:** Social determinants of under-five mortality in Ethiopia: Event history analysis using evidence from Ethiopian Demographic and Health Survey (EDHS). *Health* 2013, 5:5, 879-884.
6. **Girma E,** Tesfaye M: Patterns of treatment seeking behavior for mental illnesses in Southwest Ethiopia: a hospital based study. *BMC Psychiatry* 2011, 11:138.
7. **Girma E,** Tesfaye M, Froeschl G, Möller-Leimkühler AM, Dehning S, Müller N: Facility based cross-sectional study of self stigma among people with mental illness: towards patient empowerment approach. *International Journal of Mental Health Systems* 2013, 7:21
8. **Girma E,** Assefa T, Deribew A: Cigarette smokers' intention to quit smoking in Dire Dawa town Ethiopia: an assessment using the Transtheoretical Model, *BMC Public Health* 2010, 10:320.
9. Ayele K, Tesfa B, Abebe L, Tilahun T, **Girma E:** Self Care Behavior among Patients with Diabetes in Harari, Eastern Ethiopia: The Health Belief Model Perspective. *PLoS ONE* 2012, 7(4): e35515.
10. Yohannes S, Wondafrash M, Abera M, **Girma E:** Duration and determinants of birth interval among women of child bearing age in Southern Ethiopia. *BMC Pregnancy and Childbirth* 2011, 11:38.
11. Bogale B, Wondafrash M, Tilahun T, **Girma E:** Married women's decision making power on modern contraceptive use in urban and rural southern Ethiopia. *BMC Public Health* 2011, 11:342.
12. Hassen A, Godesso A, Abebe L, **Girma E:** Risk behaviors for road traffic accident among drivers in Mekele city, Northern Ethiopia. *BMC Research Notes* 2011, 4:535.
13. Tesfaye T, Tilahun T, **Girma E:** knowledge attitude and practice of emergency contraceptive among women who seek abortion care at Jimma university specialized hospital, southwest Ethiopia. *BMC Women's Health* 2012, 12:3.
14. Feyissa GT, Abebe L, **Girma E,** Woldie M: Validation of an HIV-related stigma scale among health care providers in a resource-poor Ethiopian setting. *Journal of Multidisciplinary Healthcare* 2012, 5:97-113.
15. Dehning S, **Girma E,** Gasperi S, Meyer S, Tesfaye M, Siebeck M: Comparative cross-sectional study of empathy among first year and final year medical students in Jimma University, Ethiopia: Steady state of the heart and opening of the eyes. *BMC Medical Education* 2012, 12:34.
16. Feyissa GT, Abebe L, **Girma E,** Woldie M: Stigma and Discrimination against People Living With HIV by Healthcare Providers, Southwest Ethiopia. *BMC Public Health* 2012, 12:522.
17. Abamecha F, Godesso A, **Girma E:** Intention to Voluntary HIV Counseling and Testing (VCT) among Health Professionals in Jimma zone, Ethiopia: The Theory of Planned Behavior (TPB) perspective. *BMC Public Health* 2013, 13:140
18. Mohammed E, Andargie G, Meseret S, **Girma E:** Knowledge and utilization of computer among health workers in Addis Ababa hospitals, Ethiopia: Computer literacy in the health sector. *BMC Research Notes* 2013, 6:106.
19. Dehning S, Gasperi S, Tesfaye M, **Girma E,** Meyer S, Krahl W, Riedel M, Möller HJ, Müller N, Siebeck M: Empathy without borders? Cross-cultural heart- and mind-reading in first-year medical students. *Ethiop J Health Sci.* 2013, 23: 2, 113-122.
20. Abamecha F, Godesso A, **Girma E:** Predicting intention to use voluntary HIV counseling and testing services among health professionals in Jimma, Ethiopia, using the theory of planned behavior. *Journal of Multidisciplinary Healthcare* 2013:6 399-407.
21. Tesfay K, **Girma E,** Negash A, Tesfaye M, Dehning S: Medication non-adherence among adult Psychiatric out-patients in Jimma University Specialized Hospital, Southwest Ethiopia. *Ethiop J Health Sci.* 2013, 23:3, 227-236.
22. **Girma E,** Tesfaye M, Froeschl G, Anne Maria ML, Norbert M, Dehning S: Public stigma against people with mental illness in the Gilgel Gibe Field Research Center (GGFRC) in Southwest Ethiopia. *PLoS ONE* 2013, 8(12): e82116.
23. Dehine A, **Girma E,** Fentahun N: Willingness to pay for insecticide-treated nets in Berehet district, Amhara region, Northern Ethiopia: Implication of social marketing. *Ethop J Health Sci.* 2014, 24:1, 75-84.
24. **Girma E,** Möller-Leimkühler AM, Dehning S, Mueller N, Tesfaye M, Froeschl G: Self-stigma among caregivers of people with mental illness: toward caregivers' empowerment. *Journal of Multidisciplinary Healthcare* 2014:7, 37-43.
25. **Girma E,** Froeschl G, Anne Maria ML, Norbert M, Dehning S, Tesfaye M: Public stigma against family members of people with mental illness: findings from the Gilgel Gibe Field Research Center (GGFRC), Southwest Ethiopia. *BMC International Health and Human Rights* 2014, 14:2
26. Sime E, Workneh N, **Girma E:** Morbidity and Mortality of Neonates Admitted in Jimma University Specialized Hospital Paediatrics Neonatal Ward: A One Year Retrospective Analysis. *Ethiopian Journal of Pediatrics and Child Health* November 2014, Volume X, Number 10.

27. Asrat B, **Girma E**, Soboka M, Tesfay K (2015) Mental Distress and Associated Factors among Health Professionals Working In Tertiary Teaching Hospital, South West Ethiopia. *J Depress Anxiety* 4: 192. doi:10.4192/2167-1044.1000192
28. Birhane N, Mamo A, **Girma E**, Asfaw Sh: Predictors of breast self – examination among female teachers in Ethiopia using health belief model. *Archives of Public Health* (2015) 73:39
29. Biksegn A, Tesfay K , Soboka M , Girma E: Burnout Status at Work among Health Care Professionals in a Tertiary Hospital, *Ethiop J Health Sci*. Vol. 26, No. 2 March 2016
30. Zerihun H, Biru A, Worku A, **Girma E**, et al: Implanon removal experiences of women in Butajira, Ethiopia. *Ethiop. J. Health Dev*. 2015;29(3):176-182
31. Reta Y, Tesfaye M, **Girma E**, Dehning S, Adorjan K (2016) Public Stigma against People with Mental Illness in Jimma Town, Southwest Ethiopia. *PLoS ONE* 11(11): e0163103. doi:10.1371/journal.pone.0163103 Editorial
32. Hailesilassie H, Kerebih H, Negash A, **Girma E**, Mathias S, Tesfaye M. Attitude of Medical Students towards Psychiatry: *Ethiop J Health Sci*. 2017;27(3):207
33. Belina S, Negro B, Getachew M , Alemu T, **Girma E**. Is the Unavailability of partograph a reason for its low usage? The case of Jimma University medical center: *Health Care Current Reviews* 2018, 6:3.

MEMBERSHIP

- Life time member of the Ethiopian Public Health Association (EPHA)
- Life time member of Ethiopian Red Cross society (ERCS)
- Life time member of Family guidance association of Ethiopia (FGAE)
- Professional development committee member for the International Health Literacy Association.
- Member of the International Communication Association (ICA)

Names and contact information of academic references Full name	Address	Email address	Telephone
Professor Markos Tesfaye (MD)	St.Paul Millennium Medical College, Ethiopia	tesmarkos@yahoo.com	00251911413076
Dr.Mirgissa Kaba (PhD)	Addis Ababa University	mirgissk@yahoo.com	00251911213631
Mr.Lakew Abebe (MPH)	Jimma University	lakewterfie@yahoo.com	00251917823144

Annex X: ATLAS ti. Report



Families: List of Code Families and their Members

Code Family	Codes
ages ubstance use started	<ul style="list-style-type: none">• 13 years age• 14 years age• 15 years age• 16 years age• 17 years age• 18 years age• 19 years age
assumed benefits	<ul style="list-style-type: none">• academic purpose• communication skill• creativity-marijuana• feel-confident• forget bad feelings• happiness• minimize conflict• minimize conflict-marijuana• relieve from depression• sexual-satisfaction• spent time• treatment for infections
coping with stress	<ul style="list-style-type: none">• failure in life• family-conflict• forget bad feelings• hopelessness• prevent -cold• unemployment
curiosity	<ul style="list-style-type: none">• curiosity-imitation• curiosity -positive enforcement• modern-imitation• positive reinforcement
daily amount	<ul style="list-style-type: none">• hundred gm-chat• one box-beer• one pack-cigarette

duration o substance abuse	<ul style="list-style-type: none"> • two pack-cigarette • two sticks-marijuana • eight years • eleven years • five years • nine years • seven years • six years • ten years • thirteen years • twelve years
economic problems	<ul style="list-style-type: none"> • financial cost • job loss • sell-belongingness • wasted years
environmental factors	<ul style="list-style-type: none"> • affordability • chat house • environment- access • environment-culture • family use • media • recreational place
family related factors	<ul style="list-style-type: none"> • family-conflict • poor family-relationship • poor family care
frequency of use	<ul style="list-style-type: none"> • daily • weekend
health problems	<ul style="list-style-type: none"> • dental problem • unable to work
illegal practices	<ul style="list-style-type: none"> • aggressive • crime • theft
most used substances	<ul style="list-style-type: none"> • alcohol • chat • cigarette • marijuana

peer influence	<ul style="list-style-type: none"> • shisha • fit with friends • peer-ceremonies
protecting factors	<ul style="list-style-type: none"> • positive reinforcement • carrying out education • family advice • family approach • media • non-user friends
psychological consequences	<ul style="list-style-type: none"> • absence of vision • confidence loss • dark life • family ashamed • hopelessness • neighbours gossip • regular regret
risk factors	<ul style="list-style-type: none"> • drop-education • environment- access • environment-culture • poor awarness • poor family-relationship • poor parents control • poor relationship with parents • punishment • unemployment • user-friends
risky sexual behaviors	<ul style="list-style-type: none"> • multiple sexual partners
social consequences	<ul style="list-style-type: none"> • poor condom use • divorce • family-conflict • neighbours gossip • new behaviors • poor family-relationship • poor relationship with parents • stigma • trust loss
socio demographic characteristics	

substance source

- educational level
- marital status
- previous occupation
- religion
- respondent age
- respondent sex
- chat house
- code-marijuana
- other users-marijuana
- pusher

Declaration

Letter of declaration

I, undersigned MPH student here by declared that this is entirely my original work and I am the sole author of this thesis. To the best of my knowledge this thesis contains no material previously published by any other person except where due acknowledgement has been made. All others ideas and words used to support mu thesis development have been properly cited according to the good scientific practice. This thesis has been accepted as a partial fulfillment of the requirement for the degree of master in Health Promotion and Health Education, which has never been presented and submitted in a whole or in part, in this or any other university for the award of degree, diploma or other qualification certificates.

Name: **Ferehiwot Hailemariam Tesfa (BSc.)**

Date of submission: October 22, 2019

signature: _____

Approval of the primary advisor

This thesis work has been submitted for examination with the approval of my University primary advisor.

Name of primary advisor: **Dr. Eshetu Girma** (PhD, Associate Professor)

Signature _____

Date: October 22, 2019