

ADDIS ABABA UNIVERSITY

College of Education and Behavioral Studies

School of Psychology

**The Perceived Reasons and Effects of Khat Abuse: The case of
Selected Rehabilitation Centers in Addis Ababa**

By: Ermias Kiros

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Addis Ababa, Ethiopia

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By: Ermias Kiros

**This thesis is submitted to the School of Psychology in partial fulfillment of
the requirements for MA degree in counseling Psychology**

Advisor, Assefa Berihun (PHD)

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Selected Rehabilitation Centers in Addis Ababa**

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School of Psychology

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Abstract

The aim of this study was to investigate the link between khat abuse and the experience of depression among people who are under treatment for substance abuse program in rehabilitation centers. The study was carried out in Sitota and Abichu mental health clinics. The current study aimed to explore the development of depression as a result of khat abuse using a qualitative research methodology, to explore respondents' own accounts of substance use and how they make sense of these experiences, their trajectory towards khat use as well as their motivation for treatment. A qualitative research design was employed, drawing on the interpretive framework which seeks to understand how people make sense of their experiences. The qualitative data was gathered through in-depth interviews (N=9) and focus group discussions (N=14). The study found that peer pressure and psychological pain experienced played a motivating role in their substance use. The study has figured out multiple perceived reasons for khat abuse and its impact.

Chapter One

1. Introduction

1.1 Background

Khat is a flowering tree that grows wildly and is also cultivated commercially in East Africa and the Arabian Peninsula. Khat use in Southern Saudi Arabia and Yemen has become a prominent and widespread habit. Unfortunately, this habit has become an international issue as a result of the spread of Khat to western countries (Cham, 2007).

Cathine, cathinone, and norephedrine are the major active constituents of Khat. These chemicals are structurally associated with amphetamine and noradrenaline (Pantelis , 1989).Khat has a wide range of effects that may involve many organs in the human body, ranging from a range of minor psychic reaction to higher level and other somatic complications. A short term study conducted for over three months by Mamary showed that Khat has a toxic effect on the liver(Al-Mamary, 2002).

In 1965, the WHO noted the abuse of Khat as a regional problem that should be controlled in Somalia, Kenya, Ethiopia, Saudi Arabia, and Yemen. Accordingly, Khat was not classified under the Single Convention on Narcotic Drugs. Khat chewing is not lawfully legalized in most of the countries, such as Yemen, Ethiopia, Somalia, Djibouti, and Kenya, where the habit is performed, although it is illegal in Saudi Arabia, Malaysia, and USA (Klein, 2009).

In 1980, the WHO categorized Khat as a substance of abuse that can cause mild to moderate psychological dependence. The United Nations convention against illicit trade in Narcotic drug and psychotropic substance made clear that it's important to codify internationally applicable control measures in order to ensure the availability of narcotic drugs and psychotropic substances for medical purposes, and to prevent their diversion into illicit

trafficking and drug abuse. This convention provided comprehensive measures against drug trafficking (UN,1988).Khat is taken orally as a tea, chewed into a paste, smoked, or sprinkled on food (Halbach,1972).The leaves, twigs, and shoots of the khat shrub are most commonly chewed and stored in the cheek. The stimulant effect of khat is most effective when the leaves are still fresh. In fact, within 48 hours of cutting the plant, khat will begin to lose the potency of cathinone.

Despite the physiological impacts of khat, its chronic and excessive chewing practice has been associated with serious social, psychological, sexual, economic, and health problems. High level and long-term consumption of khat have also resulted in various mental and neurological aberrations such as cognitive impairment, learning problems and behavioral abnormalities. In addition, different studies reported that besides its social and economic adverse effects, high levels of khat use have been associated with dental, cardiovascular, gastrointestinal and genitourinary problems (Absi , 2013).

In African countries, As khat chewers spend more time chewing khat than working, khat abuse affects the productivity of the countries involved. Khat users from the lower income group may spend as much as half of their daily earnings on khat(Workneh,1985).

The proportion of people chewing khat in Ethiopia has significantly risen over the years. It was believed that khat use was originated from Ethiopia and previously, it was grown and chewed in the eastern part of the country. Nowadays, it is cultivated and chewed in all regions among religious and ethnic groups. The percentage of khat chewing practice among regions of Ethiopia ranges from 1.1% to 53.2% with the overall prevalence of 15.3% (Haile, 2011). Ethiopia is the world's largest producer of khat with perhaps a third exported to Djibouti and Somali land, and the bulk consumed within the country (Green, 1999).

Community based study by Damena, Mossie, and Tesfaye (2011), in jimma city, Southwestern Ethiopia illustrated that Khat use prevalence was found to be 37.8%. They have also found that mental distress and khat use have significant association (34.7% and 20.5% respectively) and there was also significant association between mental distress and frequency of khat use (41% and 31.1% respectively). They conclude that persons who use khat suffer from higher rates of mental distress. This shows that khat chewing is a major challenge in Ethiopia unless some measures are taken by the government.

1.2 Statement of the problem

Long-lasting khat use is associated with adverse health effects such as hypertension, heart rhythm disorders, insomnia, liver toxicity, oral cancer, hypertension, spermatorrhoea and hemorrhoids, loss of appetite and gastrointestinal effects (Hughes, 2000). Medical problems associated with khat intoxication include psychiatric manifestations such as deterioration of psychophysical function and schizophreniform psychoses. Some other khat chewers also experience anxiety, tension, restlessness, hallucinations, hypomania and aggressive behavior or khat induced psychosis(Pantelis , 1989).

There are some researches which illustrate negative impacts of khat chewing. For instance, regarding the relationship between khat chewing and mental health; Kalix and Braenden (1985); Dhadphale and Omolo (1988) reported that chronic consumption can lead to impairment of mental health, possibly contributing to personality disorders and mental deterioration. Some other khat chewers also experience anxiety, tension, restlessness, hypnologic hallucinations, hypomania and aggressive behavior or psychosis (George, Zahid, &Tim, 1995; Pantelis, Hindler, & Taylor, 1989). Manic-like illness with grandiose delusions and a paranoid or schizophrenia form psychosis with persecutory delusions associated with

auditory hallucinations, fear and anxiety, resembling amphetamine psychosis were also reported (WHOECDD, 2006). Likewise, Alem and Shibre (1997) reported that severe psychotic disorders associated such as homicidal behavior were attributed to heavy khat chewing. On the other hand, some like Numan (2004) conclude that the incidence of adverse psychological symptoms was not greater in khat users but in fact a negative association between the incidence of phobic symptoms and khat use was reported.

In addition to its negative health impact, khat's adverse socio economic consequences were also reported. Evidence relating to links between khat and loss of relationships has been generated largely through qualitative studies. For instance, Thomas and Williams (2013) reported loss of relationships with children and parents. Another study revealed as even the social usage of khat affects family adversely by way of weakening the relationship of family members and children don't have a time to be visited regularly (Al Motarreb, Baker, & Broadley, 2002).

Most of the time people chew khat to stay alert but it has various negative physical, mental, social and cognitive effects. Poor academic performance has been associated with khat (Ewnetu, Yemane and Alemayehu ,2012). In addition, several studies have revealed that regular consumption of khat in Ethiopia seriously affects the mental and economic condition of the users (Gelaw,2004). The daily cost of khat may affect household income to fulfill nutritious food, home improvement, education or other family needs and finally leads to financial problem and family breakdown (Alem & Shibre, 1997).

The above researches showed that khat abuse is becoming a common problem in Ethiopia. If we fail to implement a timely intervention, The country will face a social crisis.

Most studies have attempted to look at what the health and socio-economic impacts of khat use without looking at what causes khat abuse. Moreover, our knowledge about the impact of khat is based on cross-sectional quantitative evaluations exploring for negative consequences before establishing what constituted negative consequences. A major weakness in the above literatures is the lack of qualitative research that can help us understand the reasons for being addicted to khat and it's psycho-social impact. This research attempts to fill this serious gap by exploring the perspective of the users on the subject matter.

1.3 Objectives:

The general objective of this study is to assess the impact of problematic khat use on the development of depressive disorder (symptoms) among khat users.

Specific Objective

Understand the impact of khat abuse

Explore factors contributing to Khat use/abuse

1.4 Research Questions

1. What are the reasons for khat abuse?
2. Is there a link between khat chewing and the development of depressive disorder among problematic khat users?

1.5 Significance of the study

This study will be significant in the following ways:

This study will provide the perceived reasons and impacts of khat abuse. The findings of this study will be of value to researchers and those in drug abuse control as it will build a basis for future empirical and conceptual research. Furthermore, the study will enable administrators, training institutions and religious organizations to be more proactive in addressing challenges

facing the youth and devise ways to mitigate against the challenges. Finally, the study will provide enough information to ministry of health,sport and youth and non-government organizations in the fight against khat abuse.

1.6 Delimitation of the Study

This study is delaminated to rehabilitation centers. This research is also delaminated to perceived reasons and effects of khat abuse.

1.7 Operational Definition

Khat: The green shrub which is central nervous system stimulating substance

Khat use: khat chewing practice

Impact/consequences: the negative influences of khat abuse on respondents

1.8 Limitation of the Study

The research used qualitative research method which didn't show causal relationship among variables. The qualitative nature of the study means we must be cautious against inferring causality between suggested determinants and Khat chewing behavior of respondents. In addition, The impacts of problematic khat use were only the perceived and experiences of the respondents.

Chapter Two

2. Review of Related Literature

This chapter is concerned with reviewing the literatures that are basically related to the present study. Under this chapter the historical background of khat, empirical studies on khat use, and physiological, social and psychological impacts on people will be reviewed.

2.1 General Overview of khat

2.1.1 History

Although khat is legal in certain parts of Europe, East Africa, and the Arabian Peninsula, it is illegal in the United States(Justin,2004). A recreational and religious drug used commonly by natives of the source countries, khat can be found in many social environments. During the celebration of Ramadan, khat use is very popular to relieve fatigue and reduce appetite. In certain social environments, khat is used in place of alcohol. According to Arab journals from the 13th century, physicians have used khat to treat depression and lack of energy. Peasants in certain cultures who worked long hours also used this stimulant (DrugScope,2004).

Miraa is the most commonly used name in Kenya for the stimulant leaves and stems of *Catha edulis* (Forsk), a tree indigenous to much of Africa and cultivated either in the form of a tree or of a shrub throughout east Africa and the Arabian Peninsula. It is strongly associated with Yemen, where the khat session has become an important social institution (Kennedy, 1987; Weir, 1985), it is also popular with Somalis, whose fondness for the substance has led to a lucrative trade serving both Somalia and the Somali Diaspora. khat is also highly cultivated and consumed in Ethiopia (Gebissa, 2004).

2.1.2 Pharmacology

According to Kalix,(1984)Khat leaf contains three alkaloids namely, cathine, cathinone and norephedrine as well as sugar, tannins and vitamin C (Kalix, 1984). Cathinone and cathine are believed to be responsible for most of the pharmacological actions of khat. Cathinone, the active ingredient of khat, has similar structure and action with that of amphetamine. It is believed to contribute for the major pharmacological effects such as euphoria, alertness and anorexia(Abebe Muche,1994). On the basis of such similar effects of cathinone and amphetamine, WHO in 1980 classified cathinone as a drug of abuse that can produce mild to moderate psychic dependence (Tariq , 2002).

The psychotropic effects of khat are caused by the amphetamine-like compounds. Although amphetamine and cathinone act on different parts of the brain.They share common effects, including an interaction with the dopaminergic pathways (Pehk EA, 1990). The Laboratories of the United Nations discovered in 1975 that the biochemically-active constituents of khat, responsible for its psycho stimulant activity, are the alkaloid chemicals called cathinone which is similar to the psychoactive substance amphetamine both structurally and functionally(Elmi, 1983).

2.2 Empirical Studies on Khat use

Under this section the researcher would explain both international and national research findings which go in line with the current study and conducted by abroad as well as native investigators.

2.2.1Global overview of drug abuse among the youth

One of the major concerns is that children seem to be targeted as the new market for the drug industry globally. In economic terms, both legal and illegal drugs are viewed as consumer

goods that are traded in a competitive global market. Illegal drugs account for at least \$400 billion of world trade making it larger than the global iron and steel industries (James, 1999). An article in the Chicago Sun-Time reflects the seriousness of how children are targeted by the illicit drug market, an extract from this article states that high school students find themselves walking past drug dealers and gang members who are always trying to enlist them(September 08 2000). Secondly, the World Population Trends Estimates for the period 2000- 2050 show a decline of young people in a number of countries (China, Sweden, Norway, Australia) in the age groups of 10- 19 years (U.S. Census Bureau, 2000). In Africa, with an annual growth of over 3 percent, the youth is estimated to reach 258 million by the year 2025. Presently the 15- 24 years age group constitutes about 20 percent of the total population of the continent (Fadayomi and Poukota, 1999). Thirdly, the other factor that has to be borne in mind when addressing issues of drugs and young people is that both the legal and illicit drug industries seem to be well organized, have sophisticated and persuasive marketing and publicity strategies, do their research meticulously on the consumption patterns and establishing new markets and developing high-tech modes of transporting illicit drugs(Fadayomi and Poukota, 1999).The mass media and drug industry campaigns against the legal and illegal drug industries send mixed, and sometimes, confusing messages to children and young people. All these messages are usually presented in very appealing, attractive and persuasive packages. Social development interventions therefore have to be alive to the realities and complex challenges posed by the drug industry. Fourthly, children and young people who use and or abuse drugs become one of the most vulnerable groups to HIV/AIDS infection (Fadayomi and Poukouta, 1999).The increase of drug use and threat of HIV/AIDS amongst young people globally are a cause for concern. Young people between

10-24 years are estimated to account for up to 60% of all new HIV infection worldwide (Fadayomi and Poukouta, 1999).

2.2.2 General Aspects of Psycho stimulant and Depressant Drugs

According to Lexa (1995), psychotropic drugs are defined as psychoactive or depressant substances that affect the brain to produce alterations in mood, thinking, perception, behavior and motor activity(Mesfin,1999). khat, hashish, tobacco are psychostimulant while alcohol is depressant. In Ethiopia, all these drugs and other solvents, like benzene are found to be the most abused ones by the youth (Mesfin, 1999). Fresh khat leaves (*Catha edulis Celestrasae*) are chewed daily by over 20 million people in Yemen and East African countries (Kassie, 2001). Chronic khat chewing for many years results in unpleasant effect of cognitive defects and psychosis associated with severe neurological illness.

2.2.3 Effects of Khat

Many researches has shown that khat chewing has both pleasant and unpleasant effects, which can be explained by the pharmacodynamics of the alkaloids especially cathinone and cathine (Kalix and Braenden, 1985). Consuming khat juice from young leaves stimulates brain and spinal cord (through synapses) resulting in the desirable effects (Kalix, 1984), which are perceived by addicted individuals. The pleasurable effects are relief from fatigue, euphoria, increased alertness and energy level, feelings of excitement, improved ability to communicate, enhanced imaginative ability and capacity to associate ideas and heightened self-confidence (Labras and Fretillere, 1965). An animal study has proven that ingestion of khat extract produces excitation and increased motor activity (WHO, 1980; Kalix and Braenden, 1985).

In the UK, a commercially available biochemical test to detect Khat constituents in the urine is used to screen a suspected Khat-induced state. Initially, a rapid screen by immunoassay detects amphetamine-related compounds. Then gas chromatography mass spectrometry is performed. This cannot detect cathinone directly, but a positive result indicates the presence of norephedrine, a cathinone metabolite. The test gives a positive result for up to about 48 hours after consumption of Khat. This is dependent on many factors. For example, chronic consumption as opposed to a single episode of use, the quantity taken, the user's metabolism, and dilution of urine following consumption of fluids. The test is highly sensitive, but not highly specific, because there are some cross-reactions with other metabolites (Lehmann T, 1990). However, in the context of the clinical presentation together with the history of Khat consumption, the urinalysis is a useful additional test. In many areas, urine testing is not available, and an accurate history of (increased) Khat consumption prior to the onset of clinical symptoms is equally important.

2.2.4 Health (Somatic) Effects of Khat Consumption

Chewing of khat has a potential to cause a mental dysfunction, abnormal heartbeat and malnutrition. It could even cause tuberculosis because of its contribution to prolonged anorexia (Kalix, 1992) a. In experimental animal that has proven khat use causes gastritis and duodentis (Kalix, 1992). Apart from these, chronic khat use causes neurodegenerative disease resulting in CNS problems (Carvalho, 2003). The symptoms for CNS problems are anorexia, insomnia (delayed bedtime), late wake up the next morning and low performance the next day, which might be due to the central and peripheral actions of cathinone and cathine in the khat leaves (Hassan et al., 2002). According to Alem and Shibre, Khat use contributes for the development of psychiatric diseases and khat related psychosis (Alem and Shibre, 1997).

Khatab confirmed that Over use of khat is normally recognized as a causative factor of khat related psychosis (Khatab Galal, 1995).In khat induced psychosis,there are two kinds of reactions.First, there is a paranoid psychosis with prominent delusions of persecution often associated with auditory hallucinations. This pattern most closely resembles the paranoid psychosis seen with amphetamines. Other first rank symptoms that are present in this subgroup of khat psychosis are found to be passivity while doing tasks (Alem and Shibre, 1997). The secondary psychiatric disorder related to khat chewing is typified by manic illness with grandiose (false impression) usually without hallucinations and with less common response of a depressive illness (Halbach, 1972)

Khat affects the reproductive system.Detailed studies on the effects of khat on human reproduction are lacking. However, the available data suggest that chronic use may cause spermatorrhea and may lead to decreased sexual functioning and impotence. It is known to cause spermatorrhoea usually at the first micturation after the session ends. In a comparison between khat-addicted and non-khat addicted subjects, semen volume, sperm count and sperm motility were found to be lower among the addicts (WHO, 2003). There were also a greater proportion of deformed spermatozoa present among the addicts (Al-Motarreb A, Baker K, Broadley KJ, 2002).

khat chewing and the development of cancer has been reported by different scholars.In a survey that reviewed cancers for the past two years in the Asir region of Saudi Arabia, 28 patients with head and neck cancer were found(Makki L,1975).Ten of these presented with a history of khat chewing. All were non-smoking chewers and all of them had used khat over a period of 25 years or longer. Eight of these ten presented with oral cancers. In some cases the malignant lesion occurred at exactly the same site where the khat bolus was held. The authors

concluded that a strong correlation between khat chewing and oral cancer existed. In another study performed in Yemen, 30 of 36 patients suffering from squamous cell carcinoma (17 cases in the oral cavity, one in oropharynx, 15 in nasopharynx and 3 cases in larynx) were habitual khat chewers from childhood(Nasr AH, Khatri ML,2000).The authors considered khat as an important contributing factor. It was reported that 50% of khat chewers develop oral mucosal keratosis (Hill CM, Gibson A,1987). Keratosis of the oral buccal mucosa is considered as a pre-cancerous lesion that may develop into oral cancer. Recently, Ali et al. reported that 22.4% of khat chewers had oral keratotic white lesions at the site of khat chewing, while only 0.6% of non-chewers had white lesions in the oral cavity(Ali et al,2004). The prevalence of these lesions and their severity increased with frequency and duration of khat use (Ali AA, 2004).

The effects of khat is not limited to only physical illness but also involves cognitive and psychological disorders. Adverse effects of khat chewing include impairment of perceptual-visual memory and decision-speed cognitive functions (Khattab NY, 1995).This study was carried out in flight attendants during a standard aviation medical examination. Toennes and Kauert investigated plasma khat alkaloid concentrations in 19 cases suspected of driving under the influence of drugs. In all cases, cathinone or cathine was found in blood and urine, but an association between alkaloid concentrations and impaired driving could not be established. Nevertheless, the authors concluded that chronic khat use might lead to a marked deterioration of psychophysical functions (Toennes, 2004).Surprisingly; one study has systematically looked into cognitive impairments in khat users. It's reported that khat users exhibit impairments in the inhibition of overt manual responses assumed to rely on proper dopaminergic functioning.(Colazato,2010) The ability to inhibit unwanted thoughts and

actions is commonly considered an important part of executive control, but it represents just one of a larger set of cognitive control functions (Friedman,2004).Another study has shown the association between khat use and detectable selective impairment in cognitive flexibility and working memory (Lorenza,2011).Khat users showed increased switching costs, suggesting that recreational use is associated with impaired cognitive flexibility. Performance in khat users differed from performance in non-users also with respect to working memory updating (the executive component of WM). The researcher attributed these deficits to the possibility that long-term use of cathinone, the active ingredient of khat, is associated with memory dysfunctions (Lorenza,2011).

2.2.5. Psychological and Neuropsychiatr

The use of khat can lead to aggressive behaviour and impaired judgement or making mistakes.Khat has had an effect on the fighting in the Somali civil war and combat related to military operations in that country (Randall T. 1993). Aggression can be increased and notions of personal supremacy enhanced by khat use.A recent study described a positive association between the occurrence of anxiety and depression in Khat users(Hassan NA ,2002).There have been sporadic reports of a possible association between Khat use and the occurrence of hypomania, aggressive behavior or psychoses among users (George ,1995).Subjective experiences of Khat use are positive when small amounts are consumed. There is a feeling of well-being, a sense of euphoria, excitement, increased energy levels, increased alertness, increased ability to concentrate, improved self-esteem and increased libido. In addition, there is an enhanced imaginative ability and capacity to associate ideas, improvement in the ability to communicate and a subjective improvement in work performance. When chewing ceases, unpleasant after-effects such as insomnia, numbness,

lack of concentration and low mood tend to dominate the experience. Some chewers also reported unpleasant effects during the chewing, describing anxiety, tension, restlessness and hypnagogic hallucinations (Makki ,1975).

Objectively, those who chew Khat show a range of experiences, from minor reactions to the development of a psychotic illness. Minor reactions being over-talkativeness (chatty), hyper activity, insomnia, anxiety, irritability, agitation and aggression. Broadly, the main psychiatric manifestations linked to the use of Khat are a short-lived schizophreniform psychotic illness, mania and, more rarely, depression (Pantelis C,1989). On occasion, these presentations are associated with episodes of self-inflicted harm or causing harm to others. Owing to the mode of consumption, the dose of Khat tends to be self-limiting, unlike amphetamines, which are available in a pure form for oral or parenteral administration. Therefore, toxic psychosis as a result of excessive use is much less frequent with Khat than with amphetamines.

The survey was performed in 2000/2001, in different zones including three urban and three rural areas to show associations between psychological symptoms and Khat use in the Yemeni population(Numan,2004). This cross-sectional survey was carried out in 800 adults (15-76), both male and female, mainly urban populations of students, state employees and housewives. The Symptoms Checklist-90 (SCL-90) containing 90 items, which cover nine scales of the following domains was used: somatization, depression, anxiety, phobia, hostility, interpersonal sensitivity, obsessive-compulsion, hostility, paranoia and psychoticism. Details of Khat use and socio-demographic data were collected. At least one life-time episode of Khat use was reported in 81.6% of men and 43.3% of women. Male users tended to use it more frequently. The incidence of adverse psychological symptoms was not

greater in Khat users. In fact, there was a negative association between the incidence of phobic symptoms and Khat use. Though khat use is very common in the Yemeni population, particularly in men, it is not associated with adverse psychological symptoms.

Though intoxication with Khat is self-limiting, chronic consumption can lead to impairment of mental health, possibly contributing to personality disorders and ‘mental deterioration (Kalix P,1985). Conversely, Dhadphale & Omolo (1988) reported no increased long-term psychiatric morbidity among Khat users,It interferes with sleep, so most users can estimate the quantity they need to produce the desired effects without getting insomnia. The beginners always chew less. Tolerance then develops, and most chronic chewers cease to experience insomniac effects (Kalix P,1985).

2.3 Social consequences of khat chewing

Individuals commonly divert their income into khat chewing, neglecting their family’s needs (Kalix, 1987). The average family income can sometimes be halved to support the habit (Baasher and Sadoun, 1983). Khat has furthermore been implicated as a causal factor for family instability (Elm, 1983 b).divorce (Baasher and Sadoun, 1983), encouragement of prostitution and criminal behaviour (Elmi 1983 b). Nationally, diversion of resources toward the production or importation and marketing of khat has a negative impact on the economies of khat consuming countries. Baasher (1980) estimates that in cities of Somalia and Yemen a consumer spends about 25% of his daily earnings on khat. The cultivation of khat results in the decreased production of other more essential crops like cereals, promoting malnutrition and disease (Murad, 1983). It also leads to low productivity due to absenteeism and the after-effects of its use (Halbach, 1972).

2.4 Family and marital problems

Kalix and Khan (1984) estimated that about one-third of all wages were spent on khat in Djibouti. Many men secure their daily portion of khat at the expense of vital needs, indicating dependence. Family life is harmed because of neglect, dissipation of family income and inappropriate behaviour. Khat is quoted as a factor in one in two divorces in Djibouti. Acquisition of funds to pay for khat may lead to criminal behaviour and even prostitution (Elmi, 1983).

2.5 Researches on Khat use in Ethiopia

In Ethiopia, the chewing of khat has been practiced for years and is, to a large extent, socially accepted; it is used by students to improve their academic performance, by truck drivers to keep themselves awake and by laborers to supply the extra vigor and energy they need for their work (Workineh,1985). Currently, substance abuse is one of the most burning public health problems in Ethiopia with the highest extent mainly seen among the students of higher educational institutions (Wegayehu, 2009).

Different research has been carried out on khat prevalence and its consequence. Alem, Kebede, and Kullgren (1999) did research in Butajira and found that more men habitually chewed than women and 75% of men chewed khat regularly compared with only 7-10% of women.

Muluneh's research in Sebeta indicated that, Khat chewing was fairly high with statistically significant associations with sex, religion, family status and income. Another study in another rural part of Ethiopia by Belew, Kebede, Kassaye, and Enquoselassie (2000) also found that current khat chewing was reported for 40.4% of men, 18.2% of women while daily use was

found in 5.7% of the total sample. Regarding associated factors of khat use; the study stated that physical ill-health, injuries and under nutrition were associated with khat use.

Khat chewing also affects the economy of the chewers due to the fact that, it leads to loss of working hours or absenteeism from work as well as utilization of money to buy the Khat rather than expensing for buying nutritious foods and care of household members. Muluneh found the mean time spent for single Khat chewing ceremony was above three hours and the Khat chewers spend different amounts of money on Khat, as well as other items, associated with its consumption such as a cigarette, soft drinks, sugar, 'Shisha' and others(Muluneh Bekele,2018).

A research which was conducted in Mekelle found that most of the khat chewers initiated by peer pressure (34.4%) followed by academic purpose (24.1%) and ceremony of khat (15.2%). Majority of the study participants continued khat chewing practice since then for pleasure and recreation (24.6%) and alertness (24.3%) reasons while some influenced by their colleagues (18.4%) and used to increase their concentration on studies (17.6%). Just more than half of the respondents (51.6%) chewed khat daily (*Yerra and Rajeshwar , 2016*). Asmamaw 2010) also mentioned the same thing in his study on high school students in Eastern Ethiopia conclude that khat chewing is prevalent among high school students in the Eastern Ethiopia. He also mentioned that Khat chewing is significantly associated with peer influence and similar habit among family members (*Asmamaw M, 2010*).

Alemu Gebrie, Animut Alebel, Abriham Zegeye and Bekele Teengasfaye researched the prevalence and predictor of khat chewing among Ethiopian university students and found that the prevalence of khat chewing among university students was quite common, with slightly than 1 in 5 students engaging in the use of this substance smoking being male, family khat

chewing practice, friend's khat chewing habit ,alcohol drinking, and cigarette were found to be predictors of khat chewing(Gebrie A, 2018) Regarding perceived health effects of chewing khat, One research pointed out that the most frequently perceived general negative effect of khat chewing among the respondents was an economic crisis (79.2%) followed by socio-cultural (39.4%) and psychological (26.5) consequences. Sleeping disorder (77.8%) was the most commonly perceived health effect followed by reduced appetite (39.1%), depression (32.7%) and gastrointestinal adverse effect 24.8%(*Yerra and Rajeshwar , 2016*).

Chapter Three

Research Method

3. Introduction

This chapter describes the research methodology, research design, target population, sampling and data analysis, techniques and tools used in collecting and analyzing data. It offers a description of the population of the study from which a sample was selected.

3.1 Study Design

The research employed phenomenological qualitative research design. Qualitative methodology is appropriate for this study because, as Rossman and Rallis (1998) have noted, “there are few truths that constitute universal knowledge; rather, there are multiple perspectives about the world” . By exploring the perceptions of individuals who have had experiences with problematic khat use, it will be possible to obtain “multiple perspectives” that further our understandings of khat addiction and its psychological impact. Each individual ascribes certain characteristics and attributes to any given situation. This study is designed to gain an understanding of these variations in the interpretation of khat’s psychological impact. Merriam (1998) noted that qualitative research offers “the greatest promise of making significant contributions to the knowledge because it is “focused on discovery, insight, and understanding from the perspective of those being studied”.

In the initial qualitative phase of the study, the researcher carried out an in-depth exploration of the behavior of khat use. The qualitative method relied on a phenomenological approach. Both in-depth interviews and focus group discussions were employed.

3.2 Study Site

These studies were conducted in selected rehabilitation centers. This enabled the researcher to find respondents easily and have in-depth discussion with them. In addition to this, it was possible to observe the impact of problematic khat use and related issues.

Selected Rehabilitation Centers are:

1. Sitota Mental Health Clinic

It was opened in 2010 G.C. It's Ethiopia's first psychiatric mental health facility offering a total solution to people suffering with mental illness. Their program range from short term to long term outpatient and in-patient treatment. There is a recovery treatment that sustain clients requiring longer term treatment. Sitota rehabilitation center is well known for khat and other drug addiction treatment. It's located in, old airport, Kolfe keranyo subcity

2. Abichu Rehabilitation Center

Abichu rehabilitation center is specialized psychiatric clinic that provides mental health services to the community. It is established to treat drug addiction. It has rooms for inpatients that needs continuous follow-up and out patients. The center has 15 rooms. It is located in Summit, Bole sub city.

3.3 Population, Sample Size and Selection of Participants

The target population of this study includes all khat users in selected rehabilitation centers. Participants of the study were selected through availability sampling methods. Based on availability sampling method participants who were nearby or easily accessible at their room were selected. 9 participants were selected for the in-depth interview and 14 respondents participated in the FGD. Three FGDs were held. The first two groups had 5 participants and the last one had r participants. It's believed that ten to fifteen participants would be adequate

to achieve theoretical saturation (O’Cathain, Murphy, & Nicholl, 2007). Concerning to respondent’s sex, 7 females and 16 males were included. Participants of focus group discussions were not involved in the in-depth interview and vice-versa.

3.4 Instruments

In this study, the instruments that are used to gather data are semi structured interview and focus group discussion. With respect to this (Creswell, 2009), stated that, employing multiple data collection instruments help the researcher to combine, strengthen and amend some of the inadequacies and for triangulation of the data.

3.5 Data Collection Procedures

In-depth interviews were conducted by using semi structured interview questions. As Seidman (1998) noted, through semi structured interviews that guide the conversation, but allow for participants to provide information that is important to them but not necessarily reflected in the interview questions, we can come to understand the details of people’s experience from their point of view. Focus group discussions was held by using guiding questions or topic guides with the intention of gaining rich data to answer the research questions. Furthermore, the in-depth interview and focus group discussion were designed in a flexible manner in order to make the participants interactive. Participants were involved only after they sign the informed consent. Regarding focus group discussion and interview. In-depth Interviews and FGD took place in the respondent’s room and in the center’s hall.

3.6 Data Analysis

Audio taped in-depth interviews and focus group discussions were transcribed in Amharic and analyses was carried out concurrently with data collection. The data recorded, transcribed, coded and translated were categorized manually. The coded and categorized data

were interpreted and analyzed by relating the data within and across the categories, in a way that gives meaning and answers to the research questions. In order to keep the reliability of the data, the researcher himself has collected the data.

3.7 Ethical Consideration

Ethical clearance was obtained from AAU, School of Psychology and a formal letter was written to all concerned authorities and permission was obtained at all level of the procedure. informed consent was obtained from the study subjects after explaining the purpose of the study.

Chapter Four

4. Results

Under this section, the findings from in-depth interview and FGD were illustrated. Firstly, the researcher look at the khat users descriptions of their experiences in addiction. Four main themes emerged from the participants' accounts of their experience of khat use, namely: reasons to start chewing khat, effects of khat, Motivation for seeking help and desire to stop. It begins with the description of the participants' demographic characteristics.

4.1 Demographic Characteristic of the study Participants

Table 4.1 Respondents' age, sex , grade level and marital status.(N = 23)

Variables	Categories	Frequencies	Percentage
Age Group	Late adolescence	2	8.69
	Early adulthood	17	73.91
	Middle adulthood	4	17.39
Sex	Male	16	30.43
	Female	7	69.5
Grade level	8 th	4	17.39
	9 th	2	8.69
	10 th	10	43.47
	College Student	4	17.39
	Collage Graduate	3	13.04
Marital Status	Married	5	21.73
	Unmarried	18	78.26

Table 4.1, description of demographic characteristics

Based on the information on table 4.1 the age group of early adulthood 73.91% exceeds that of the age group of middle adulthood 17.39% and late adolescence (8.69%).

Concerning to the respondents' sex, the percentage of male respondents 69.5% is higher than that of female (44%). With regard to the grade level, the number of respondents at 10th43.47% is the highest followed by college student (17.39), collage graduates13.04%,8th 17.39 and 9th 17.38%.Concerning respondent marriage status, Only 21.73 % are married. The rest 78.26% are not married.

Table 4.2 Family size, current living condition, father educational level, mother educational level and family monthly income (N = 23)

Variables	Categories	Frequencies	Percentage
Family size	1-4	15	65.21
	5-8	5	21.73
	9-12	3	13.04
Respondent's current living condition is with	My parents	17	73.91
	My father only/my mother only	1	4.34
		5	17.39
Father educational level	Unable to read and write	2	8.68
		9	39.13
	Able to read and write	4	17.39
	Elementary-junior completed	3	13.04
	Secondary school completed	5	21.79
Mother educational level	Above secondary		
	Unable to read and write	18	78.26
		2	8.68
	Able to read and write	1	4.34
	Elementary-junior completed		
Family Monthly income	Secondary school completed	1	4.34
	Above secondary	1	4.34
	Below 1000 birr	2	8.68
	Low income	5	21.79
	lower middle income	13	56.52
	upper middle income	3	13.04

According to table number 4.2, 65.21 % of the respondents have family size from 1-4,21.73% of the participants have family size from 5-8. 13.04% of the respondents have family size from 9-12.Regarding respondents' current living condition, 73.91 % of them are living with their mother and Father. 4.34 % live with Father.21.73 % live with their mother.

Fathers' educational status is such that the largest percentage 39.13% able to read and write.8.68% of respondent's Fathers are not able to read and write.17.39% of respondent's Fathers completed their elementary school.13.04 % went to secondary school and 21.79% are post-secondary (diploma, first degree, masters and PHD level). In similar way the largest percentage of mothers,78.26 % are not capable of reading and writing.8.68% are capable of reading and writing.Only one mother 4.34 completed secondary school and 4.34 % is above secondary school.

Finally, as the above table shows, the majority of the respondents 56.52% reported that their family economic status is lower middle class followed by 21.79%low income and 13.04 % are upper middle income.

4.2 Reasons to Start Chewing Khat

Respondents started using khat for different reasons. These included chewing for social interaction, improve performance, experimenting and Coping with painful emotions.

4.2.1 Social Interaction

Participants frequently referred to the central place which Khat has in the social, cultural and religious activities of everyday life. Almost all respondents described the key role that khat plays in facilitating social gathering. They repeatedly emphasized the vital role of khat in relation to social interaction. Khat is used to socialize with

friends and have fun together. Khat is used when discussing local and global issues and when consulting with one another about their life. A respondent who was diagnosed with Major depression Disorder, Age, 26 said that:

When We chew khat, We discuss on several issues. The discussions mainly focus on our life's problems and potential solutions. We also talk about how we are doing in life and ways to improve our living. We don't chew khat without purpose. (FGD#2, age 26)

As a corollary to this, participants reported that it was very difficult to quit chewing khat because of a fear of social exclusion and isolation. They reported that they wouldn't be accepted by friends if they did not chew khat. When someone is sad, friends take him to khat house to make him feel good. A male respondent, Age, 25 said that : ``*How can I be a real friend if I don't comfort my friend when He is in trouble? It is not enough to say sorry. I have to take him out to chew and relax*'' . (FGD#1, age 25).

Some respondents stated using khat because of the peer pressure. A respondent who was diagnosed with Major depressive Disorder, Age ,25 stated his reason as follows

I start to chew because of my friends.. They asked me to join them and insisted me to try. Later on I liked the stimulating effect and I continued chewing, this is how I started chewing (FGD#2, age 25).

The most prevalent reason respondents said that it was an enjoyable social activity. Just as students drink alcohol to loosen up and have a good time, many respondents stated that khat allowed them to relax, laugh, and have good conversations with those around them. The social atmosphere in which respondents used khat appears to have a strong impact on all other effects of khat use, including the mental and physical effects felt by the individual user. For example, A respondent who was diagnosed with bipolar disorder, Age 19 strongly expressed the value of socializing with friends while using khat:

If you're in a good atmosphere and you're getting high, you're going to get even like happier and everything will seem to like vibe with each other more... it helps people to get their conversation flowing. I really like having intellectual conversations with my friends and it's not like an addiction or anything, but it does enhance, it helps me, get my words come quicker. you talk more clearly about like whatever you're talking about". (IDI #1, Age, 19)

A male respondent, Age, 26 expressed similar experience and explained as follows,

"I guess your mind's kind of crazy...you're are confused and you're slowed down. Like if you're a person whose mind like thinks fast like you're always thinking, you're kind of slowed down like thinking one thing at a time. It feels great, you just relaxed and you feel like there's no worry" (FGD#2, Age, 26).

Feeling relaxed was the most prevalent positive mental effect respondents reported experiencing. The influence of friends was articulated as a key factor. The frequency of the talk about the influence of friends was perhaps to be expected, given that peer group is frequently perceived as the major reason or cause of khat use among respondents. In the

following extracts, participants explained how their friends influenced them to use khat. A respondent who was diagnosed with Major depressive disorder, Age,23 said that

I used khat because of my friends. my friends introduced me to khat, they asked me to contribute money so that we can buy khat;. when they told me to chew, at first I refused but later on I joined them and found it to be fun (IDI#3 Age,23).

4.2.2 Improve Performance

The overwhelming majority of participants justified their ongoing use of khat in terms of the improvement in their capacity to work, as well as motivation to work continuously. Khat was described as something that helped them become more alert, made them energetic and motivated them to work long hours without getting tired. A male respondent, Age ,33 stated his experience as follows

As far as I am concerned, after I finish the morning's work and go home for lunch, I will not be able to work in the afternoon unless I chew some khat. I have desire to sleep. But when I chew some khat, I will be able to work. The work I do in the afternoon is much more than what I do in the morning (IDI#6, age 33).

4.2.3. Experimenting

Another reason to start chewing khat is experimentation. For some of the participants the use of khat was initiated during the teenage and was interpreted as a mere curiosity of what the experience would be like. One respondent, Age,28 explains this as follows:

I started using it when I was 17 years old but I started chewing to see the effect. but that was also like a weekend thing it was experimenting at the time. I think between the age of seventeen and twenty five that's when you feel that you want to experiment life (IDI#1, Age, 28).

The idea of the sensation and excitement of being a teenager and consciously deciding to try out different things was also shared by most respondents. A collage graduate respondent, Age, 24 explains his initial khat use as something that he associated with his collage life and sense of freedom at the time, he explains as follows

When I joined university, I felt free. You know that I have no parents to control me and I met different friends. I start with alcohol and I experienced khat during weekends with my friends. For me it was like fun. I was sure I will not be addicted (IDI#2, Age, 24).

4.2.4. Coping with painful emotions

The participants used drugs to cope with emotional pain resulting from losses of relationships with their romantic partners or those with family members. In instances where the very first khat experience had been attributed to something else (one of the reasons outlined above), the painful emotional and psychological experiences of the participants caused them to move on to more addiction.

Romantic failures

A woman respondent, Age, 27 explains that after breaking up with her first boyfriend, she started using khat.

I had separation with my boyfriend, so we had a whole year of separation and that was my depression stage when I started just going off the top of my head and I thought that I am single and that I can do what I want. So partying was my thing then I was introduced to khat(IDI#1, Age,27)

Another respondent who is married, Age,33 mentioned that he started using khat when his wife started neglecting him ,.During this time he used drugs to cope with the pain he was experiencing:

I was happy and well fit until she started breaking my heart. When she left me, I started sleeping out and going to clubs to suppress my emotional pain. Then alcohol was not enough for me to enjoy. I had to start using khat(FGD#1, Age 33).

It is therefore evident that for these respondents, khat was used as a coping mechanism, one that provided them with a way of existing with the heartache that was the consequences of being hurt by the people they loved and for them use of khat was directly attributed to the ending or deterioration of their relationships with their partners. Khat has played a significant role in numbing the emotional pain. A woman respondent, Age,29 mentioned that:

After I was cheated on, I didn't want to feel the hurt, or the shame, the sadness and all those unhappy feelings. I used khat to forget the bitterness that I have in my heart. If I didn't chew khat during my broke up, I could have committed suicide (IDI#4, Age,29).

As We can clearly see from the above responses, respondents used khat to avoid their grieve curve. A sense of longing for the love and affection of friends and parents also came up in the

participants' narratives. The respondents feeling of victim in their relationships with their parents and interpreted this as one of the factors leading them to, or rather perpetuating their khat use, although drugs also led to the dysfunction in these relationships, thus illustrating a two way cause and effect phenomenon. A male respondent, Age, 27 explains his situation as follows:

“I lost my Mother two years ago. There was a lot of hurt. I felt deprived hopeless. I had to chew khat to oppress my emotions” (FGD#8. Age, 27).

Generally, Respondents reported that khat has helped them repress their emotion and feel better. AS they mentioned, Khat made them bear their emotional pain and move on.

4.3 Effects of khat

Respondents reported that khat has a lot of consequences. These are, mental effect, economic impact and social impairment.

4.3.1 Mental Effect

Respondents agreed that there is association between khat use and mental illness. They reported a belief that excessive khat chewing could lead to mental illness; some of them even attributed their illness to khat. A respondent who is diagnosed with major depressive disorder, Age, 23 said that

As far as my illness is concerned, initially it made me irritable, and I sometimes wonder whether it was the result of the khat. And I think, for the most part, it was the result of the khat. I had been feeling anxious, irritable and had disagreed with my family and I think it could be the result of the khat (IDI#9, age 23).

Another male respondent, Age, 31 stated khat's effect as follows

I cannot sleep after chewing. I open the door and see something is coming. My family tell me that there is nothing coming and ask me why I go out of the house in the middle of the night(FGD#5, age 31).

Respondents more specifically discussed the effect khat had on their ability to think, talk, or focus on processing information. A respondent who is diagnosed with substance induced schizophrenia, Age, 22 said

I don't chew before doing homework or going to class because when I am high, I just want to talk about everything...but like once I sit down to do homework and like try to focus on something...I think it's harder...like once I get to class even if I am participating in what's going on in class, I get like off topic or I'll just be you know just too, too out there and that's not appropriate for a class setting.(FGD#7, Age 22)

Most respondents also mentioned that khat had a negative effect on their short term memory. For example, A woman respondent, Age, 33 told the interviewer,

When I was in my main stage of using, I experienced short term memory loss...it was happening gradually over time. It was the little things like 'where are my sunglasses?' or 'where is my pen?'...Like for example when I'm high, I come back from some place with a bag that I have every day and I put it in a weird spot thinking I will remember and I wake up thinking it is [in] one spot and I couldn't find it. I am looking in one spot and it is in another and for the life of me I could not remember what I did with it(IDI#6, Age, 33).

One negative mental effect that deterred respondents from using khat again was inability to “tell between reality and fiction”. However, only two respondents said they experienced this

when they used khat. Others experienced paranoia. One of the respondents who is diagnosed with major depressive disorder, Age, 29 stated,

It was funny at first but then I got overly paranoid. I hated the high it gave me and could not wait for it to end. I guess I was paranoid that I would get. I often feel I will be caught by some authority (IDI#4, Age, 29). For some, the negative experiences deterred them from using khat again. Others said they used khat occasionally (or in some cases only once) experienced paranoia or anxiety. Another respondent who is married, Age, 27 mentioned that, Chewing khat sometimes makes me paranoid and I do not like it. Other times it is the best feelin. (FGD#1, Age, 27)

4.3.2 Depression and Khat Addiction

Respondents were asked if there is any association between khat using and depression. They mentioned that khat abuse led them to depression. Most described how khat taking had various adverse consequences which were the cause of depression. At the time of the interviews, All respondents spoke of the core symptoms of depression as described in the psychiatric literature, including depressed mood, loss of interest, fatigue, trouble concentrating, sleeping problems, poor appetite or overeating insomnia or hypersomnia, low energy or fatigue, low self-esteem, poor concentration or difficulty making decisions, feelings of hopelessness and so on. But throughout their narratives, a strong sense of suffering and burden was prevalent. Their high level of suffering became clear through their frequent usage of words like “completely” or “extreme.” For example, one respondent who is suicidal, Age, 23 described having “extreme problems concentrating,” when he doesn’t chew

khat .`I have Suicidal thoughts, self-harm, just this completely negative attitude in general. Just self-hatred, all that kind of problems''. (IDI#3, Age 23)

A sense of despair and passivity towards the overwhelming and complex difficulties could be felt in all the interviews. They also spoke about irritability and aggression. The accounts differ, however, in the way that the aggression is experienced, such as being rather diffuse or having a clear object. For one respondent who is struggling with low mood, Age, 27 the aggression seemed to come out of nowhere: As He said ``When I don't have money to use khat, I am totally annoyed. I can hardly communicate with people and maintain my relationship. I hate myself and other people for no reason``. (FGD#2 Age, 27).

Most respondents mentioned that a sense of aggressive self-hatred was visible, coupled with almost an absence of aggression toward others. Adding to the burden of psychological symptoms, several of the participants also talked about physiological symptoms, in particular low mood: The intensity of low mood problems led on to low performance in education. It was seen ranging from dropping out of school for a period of time, repeating a grade, to a significant drop in performance at school. For one respondent, who is a college student, Age, 22 this loss in performance had only been transient: "If I use khat, I perform well in school. But When I don't have money to buy and chew, I would be depressed and struggle with attending classes (IDI#7, Age, 22).

In addition, the degree of the experienced distress was visible in the impact it had on social relationships. Most of respondents talked about the reduction of their old circle of friends.

A woman respondent, Age, 24 said that

I meet only people who chew khat. I broke off contacts with a lot of people, simply because I lost interest in them (FGD#2, Age, 24).

Although they described the loss of friends, they were able to keep up some close friendships that seemed to counterbalance the overwhelming experience to a certain degree. In the narratives, there were a sense of grief over the loss.

A respondent who is diagnosed with major depressive disorder, Age, 28 said *I grew up in the church serving God. It was great for me to be with believers and follow God. When I start using khat, I excluded myself and stayed away from any spiritual life* ” (FGD#1, Age, 28)

Respondents mentioned that they experience feelings of loneliness and isolation, which was described by all the participants in the study. There are several important aspects to the experience of loneliness: When they don't chew khat, difficult emotions will come out to the surface;

4.3.3 Physical effects.

Perhaps the most potentially harmful physical effect respondents discussed was

“The spins.” A woman respondent age, 28 described the spins as, *“when you're super dizzy and...it just feels like you're spinning but you're not”* (FGD#1, Age, 28) Most of respondents

mentioned that their head kind of reels and nauseous. Respondents reported getting the spins almost exclusively when they were under the influence of alcohol and khat simultaneously.

One of the male respondents, Age, 31 mentioned that, *“That only happens when I drink, smoke and chew too much, like together”* (FGD#1, 31). However, the responses suggest that one

would need to drink several alcoholic beverages in order to experience the spins while chewing khat. The physical effects were often as related to the mental effects of khat use.

Therefore, while khat may produce physiological symptoms, these symptoms may be in part dependent upon the user's perception of their use. Respondents believed that khat has a

negative effect on physical health. The common reports were decreased appetite and loss of

weight. These perceptions may be related to the rules and rituals of being under the influence of khat.

4.3.4 Sexual Consequences

The effect of khat on sexual functioning was perceived to be variable. The majority of participants reported that khat affected their sexual performance negatively, but an increase in sexual desire was described by some. Most of the respondents reported premature satisfaction when they had sex after chewing khat:

Regarding the effect of khat on sexual feelings, people have different reactions. A married respondent, Age 27 shared his experience as follows

As far as I am concerned, when I chew khat, I become more energetic to work, but when it comes to intercourse, I become very weak (FGD#2, age 27). Another male respondent, Age, 29 said that “when I chew khat, it makes my desire for intercourse strong. It is a must form to have intercourse after using khat. Most of the time I sleep with prostitutes (IDI#4 Age, 29). Most of respondents observed weakness in their sexual performance when they chewed khat. This was spoken of as a potential threat to their marriage. Some of the respondents mentioned that excessive khat use exposed them to unsafe sex.

4.3.5 Financial Impact

Respondents mentioned that khat addiction has affected their financial security. Respondents spontaneously described frequent losses—loss of material possessions and loss of the promise of a fulfilled life. One respondent, Age 38 stated his losses as follows:

I am addicted to khat. I spend more than 150 birr per day for khat, alcohol and cigarette. Surprisingly, I had to sell my car to maintain my addiction. I failed to feed my family. I've lost my girlfriend who's got my kid. I lost everything because of khat (IDI#1, Age, 38).

Respondents mentioned that they sold their staff for the sake of their daily khat expenses. Another dimension of financial impact was poor money management/extravagance related to mirkana. Chewers spent much of their productive time in chewing and this in turn makes them economically dependent. There was also a tendency to spend the budget of food and clothes as well as other important family expenses for khat.

4.3.6 Social Impairment

All the participants were aware that their use of khat also affects other people, for example, they mentioned that khat make people not to respect others and may do anything wrong. Respondents mentioned that khat make people think of stealing. One young respondent, Age 23 said

A year ago, I was broke and unable to buy khat. My only means to get it was to steal money from my sister. Unfortunately, She caught me and I was really embarrassed. It has also affected our relationship (IDI#3, Age, 23).

Some participants reported that khat has affected their communication with their parents. As one young participant, Age 18 explained: "I am not able to talk to my Father because he is mad at me" (FGD#2, Age 18). Other participants also mentioned that they are excluded from their family because of their khat addiction. Khat has a significant impact on respondents social life. One respondent, Age 28 stated his experience as follows

I am not concerned about social life anymore. I don't want friends to be with. I don't attend social events like funeral, wedding and e.t.c I prefer to chew khat instead of socializing(FGD #2, age 28).

Another married participant, Age,40 said that

I was the most sociable person in our village. But After I start using khat,I stop visiting sick people, helping neighbors and attending social and religious events. The only reason is I spend too much time on chewing khat(FGD#1, Age,40).

Participants noticed that khat affected their relationship with people.

4.3.7 Khat Leads To Alcohol Addiction

Participants mentioned that there is association between khat chewing and alcohol drinking. Respondents mentioned that they feel they should drink alcohol to reverse their feeling hyper''mirqana''. One participant who is also addicted to alcohol, Age23 shared his experience as follows

If I don't drink alcohol after chewing khat, I can hardly sleep. There is also the social element of it, going down the pub having a few beers, talking to the guys, game of darts, or maybe it was a party or something round at someone's place .Once I start drinking, I needed more and more and more. Sometimes I spend the whole night drinking.(IDI#3, Age,23)

Participants emphasizes that before they start chewing khat, their drinking was a controlled choice in that they stopped at 'a few'; it was associated with special occasions and sociable activities with peers. But when they drink for 'mirqana' , they need more and stronger alcohol than they had drunk previously in order to cope, and a compulsion to drink which they "could never" avoid .Another male respondent, Age 28 said that:

”I used to go out to begin with, that was when I started drinking, and then I started staying in. That was when I started on the strong alcohol because I thought well I’m in the house, if I get drunk nobody can see me. I can get as drunk as I want. I can make as big a fool of myself as I want. khat has exposed me for problematic alcohol drinking. I was not like this before I start chewing khat”(IDI#8, Age, 28).

Most participants mentioned that they can hardly enjoy khat without alcohol. Participants believed that khat has exposed them to alcohol as well. Their responses shows that khat chewing also exposed them to alcohol addiction. Based on the above information , Khat led them to alcohol addiction. It is also shown that alcohol is most used substance with khat.

4.4 What motivated you to come into treatment?

Respondents mentioned that reasons and motivations for seeking out treatment were all related to their experiences of depression and their relationships with their families. In addition to expressions of a longing for healthy and loving relationships with their family members and significant others, Respondents exhibited great deal of motivations to restore their mental health and relationships with their family as they felt that addiction had caused them to neglect and mistreat them. A conscious pursuit to improve oneself was also identified as a key motivating factor by the respondents.

4.4.1 Becoming a better version of oneself

The other sub theme that emerged across participant’s interpretations was that of regaining control of their lives, reframing their identities/self-conceptions and becoming better person. They felt that they were losing control of their life, that they could not face challenges on their own and thus had to rely on khat in order to be able to cope and or stand up for themselves.

A male interviewee, Age, 31 mentioned that;

I feel like I am dependent on khat. I am here to learn how to stand up strong without khat, you know, what I have to do, what I have to look at, what I have to say and stuff like that (ID5#1, Age, 31).

Another woman respondent, Age, 28 also spoke about the importance of recovery for her own benefit despite having initially sought treatment for the sake of being reunited with her family, her focus extended to herself and her personal wellbeing.

My key for change is myself at this stage. I have gone through a lot of troubles because of my addiction. I feel I wasted my time and energy. I need to unlock my potential and use it for my own and family's benefit (FGD#2, Age 28)

4.4.2 Mending broken family ties

Another factor that was interpreted as having played a big role in decided to go into rehabilitation for the participants was family. Some of the respondents talked about the negative impact that khat used had on their relationships with their families, explaining that their behavior had been disappointing to their loved ones and the desire to mend these relationships also encouraged them to seek treatment. For example, during the interview a male respondent, Age, 24 expressed his reason as follows

Just to see my family, in their faces its hurting them because I realized that I can't lie to myself that you see when you look in to the mirror and you say that you're fine, you're not fine and my mother and my father are angry at me (FGD#1, Age, 24).

Another respondent, Age, 29 also spoke about being a disappointment to his mother, and his own desire to improve.

I was getting tired of that having to be a disappointment to her also when she didn't raise me up like that because she didn't raise me up to be a khat addict. She raised me up to have morals (IDI#7,29)

4.4.3 Desire to stop khat using

All the participants emphasized that they want to stop using khat and as such need assistance. As participants respond to this question: Would you like to stop using khat? All said that they want to stop using khat. One woman respondent, Age,23 said that

I really want to stop using khat because I have gone through a lot of troubles because of khat. But I need someone to guide me. I need help and will appreciate it if I can be helped" (FGD#2, Age,23).

Another male participant, Age,24 mentioned his expectation as follows *"I have tried many times to stop using khat but I am unable to stop because I am addicted to it. I need someone to help me stop using khat"* (FGD#1, Age,24). Most of the participants already have set a strategy to stop using khat. A male respondent, Age,27 shared his plan as follows

I can stop using khat if I can stop going out with friends because my friends are addicted to it and they don't have any intention to stop. I have decided to relocate and make new friends" (FGD#2, Age,27).

Another married respondent, Age,33 mentioned his future plan as follows:

I want to stop using khat and be a good father and husband in the future, I am considering my future, and I also want to encourage others that it is not good to use khat, and that they must stop using it (IDI#6, Age,33).

The participants in this study are aware that khat is not good for them. They regret their use of khat, and as such would like to stop using it. They have also indicated their need to get help in order to stop using khat.

Chapter Five

5. Discussion

The previous chapter outlined the results of this study. In this chapter, the findings of the study will be discussed in relation to the literature review focusing on the themes that emerged from the data..

5.1 Reason to Start Using Khat

Previous chapter have identified a number of different factors that may draw individuals towards khat use. Four perceived causal factors were found in this study, these are social interaction, improve performance, experimenting and coping with painful emotions.

5.1.2 Social Interaction

Attachment theory emphasizes the propensity for human beings to make and maintain powerful affection bonds to significant others and that virtually every aspect of human experience is strongly influenced by the quality of these bonds (Makinen and Johnson, 2006). Therefore, one aspect of respondents experience that merits particular attention is the importance of intimate relationships as a determinant of their khat use (McCollum., Nelson, Lewis & Trepper, 2005), this study contends that respondents are exposed to khat use through peer pressure, encouragement, or persuasion from their friends (Madera, Sarson, Xiomara, Sanchez & Aragon, 2012). However, while none of the respondents who partook in this study reported any coercion from their peers. The respondents willingness to engage in khat use with their friends can thus be attributed to their own desire to achieve a greater sense of closeness with people. According to Rivaux (2008), people may seek various ways to alter themselves to establish and/or maintain intimate connections to others, including unhealthy strategies such as drug use.

5.1.3 Experimentation

Another factor that played a key role in the participant's initiation of khat use is the desire to experiment. For some of the respondents the onset of khat use was attributed to the coming of age of their then-adolescent selves, these respondents interpreted their decisions to use as resulting from a longing for a different experience to what they were accustomed to. Moreover, studies on adolescent drug use and personality traits have found this behavior to be consistent with the sensation-seeking personality trait/ super factor (Dubey & Arora, 2008). These adolescents engage in risk taking behaviors such as drug use in pursuit of a thrill, to fuel their adrenalin thus providing themselves with an escape from their painful intra-psychic states (Brock et al, 2006). The urge to experiment by way of engaging in risky behaviors may also stem from a subconscious belief that one has to be like his/her peers to be heard and accepted by friends. All of the respondents were in treatment for a drug related problem and reported having had their first drug experience during their adolescent years, the age of drug use onset recorded in this study supports .Gopiram & Kishore (2014),who found that most individuals initiate drug and alcohol use during this developmental period, explaining that adolescence is a critical time for identity formation and is often characterized by engagement in risk taking behaviors which are often described as experimental (Gopiram & Kishore, 2014), as in the case of the participants in this study.

5.1.4 Coping with emotional pain

Most of the respondents reported that they used khat to regulate their emotion. The use of substances as a coping strategy has been recorded in many studies (Gopiram & Kishore, 2014; Sacks, McKendrick, & Banks, 2008, Brock, et al., 2006). the use of substances in itself

become a destructive tool to the participants' relationships thus opening the understanding of its dynamics up to a two-way interpretation where on one hand drugs can be understood, as many other studies have found, as a coping strategy in addition to having a causation effect on the deterioration of relationships . Although only aware of it in retrospect, the respondents in the study started using khat to cope with the pain emanating from their crisis from the losses and disorganization.

Losing significant figures of attachment is known to trigger a variety of different reactions some of which may include feelings of anger; such feelings may in turn lead individuals into behaving in ways that are detrimental to their own wellbeing. The use of khat as a tool for coping is further illustrated in the case where, respondents who had been using less pervasive khat moved onto more stimulating drugs once they lost their beloved ones. For respondents, the loss of a parental figure through death and broke up with their partners have left deep emotional scarring. According to Stroebe, Schut & Sroebe (2007) \,3.4% of children younger than 18 years have experienced the death of a parent, during this critical stage of development, the death of a parent is often associated with a period of intense suffering for most individuals thus placing them at an increased risk of developing mental and physical health problems. Psychological reactions to bereavement are diverse and vary between individuals as well as between cultures and ethnic groups. For the respondents who took part in this study, the grief experienced after losing their parents and partners created an avenue where they were able to forget their pain with khat use. As it's stated by respondents, they started using khat to escape from their emotional pain and grieve. According to Seshadri (2014), many of the problems of adjustment are the results of a failure to adequately experience and discharge angry feelings, this may culminate into feelings of vulnerability

which can multiply with the introduction of substances, and this may in turn perpetuate the substance use causing it to escalate to levels of dependence.

5.2 Effect of khat Using

Mental health problems and khat use are both highly prevalent and multifaceted public health issues. This research has identified that khat lead to mental illness. All of the respondents in this study reported symptoms of depression, It's observed that khat as causing depression and low mood in a direct way but more commonly were understood to lead to a variety of problems and loses that caused or compounded depression. Important depressive consequences of drug taking included the associated stigma and isolation. Respondents mentioned that once khat taking had started, depression was thought to lead to drug taking for a variety of understandable reasons, including blocking symptoms and as a 'relief'. Continued relationships with family members were often important. When We look at the connections between khat use and depression— depression causing drug use, depression and drug use sharing common causes and khat use causing depression were described in these accounts in various ways. A large study from Somalia (Odenwald et al., 2005), found early onset and excessive khat chewing to be related to development of psychotic symptoms. Another large study (Numan,2004),of 800 Yemeni adults found that there was a negative association between the incidence of phobic symptoms and khat use. The respondents noted that taking khat to improve existing low mood was particularly understandable for existing khat users. They are more likely to be severely depressed when they don't chew khat. Most of them mentioned that their depression is manifested in their loneliness, hopelessness and thinking of committing suicide. Researchers has shown that substance users who have been abruptly withdrawn from high daily doses report decreased mood, increased irritability, anxiety,

appetite disturbance and depression (Budney,2004). Khat use caused depression, sometimes directly, but more commonly because it led to further adverse consequences. Most researches has proven that when people depend on any substances to deal with daily stresses, they fail to learn responsible decision-making skills and alternative coping mechanisms. These young people show serious adjustment problems, including chronic anxiety, depression and antisocial behavior, that are both the cause and consequences of taking drugs (Simons-Morton & Haynie, 37 2003, cited in Berk, 2007). Another case control study from Yemen found higher rates of reactive depression following khat chewing compared with non khat chewing controls (Nageeb, Hassan, Abdallah, Gunaid, Fouad, & El Khally, 2002).

Respondents mentioned that the use of khat has affected their social life. Most of the participants reported that khat chewing behavior affects their social and occupational functioning. Recent studies disclosed that Khat practice does not only affect human health but also it influences social cohesions (Saeed, 1987; Al-Habeshi and Skaug, 2005; Numan, 2012; Asmamaw et al., 2013; Al-Menyar et al., 2015). They reported that they prefer to chew khat instead of attending social gatherings. Some of the respondents said that they steal money from their family members to buy khat. The use of substances by young people has also a negative impact on the welfare of society (Alloy et al., 1996; Butcher et al., 2004; Carson et al., 2000). If these young people are not monitored, they end up getting involved in criminal activities such as robbery, theft, rape and murder (Department of Social Development, 2006; Donald, et al., 2007; United Nations Office on Drugs and Crime, 2008). Respondents reported that their use of khat endangers the lives of both their families and other people in their communities. Most of the respondents end up being rejected by the very society that is supposed to nurture and guide them. Thomas and Williams (2013), Al-

Motarreb, Baker, and Broadley (2002), described as khat use results to loss of relationships and/or weakening the relationship of family members. Al-Zubaidi (1997).

Another dimension of khat harm was the functionality and economic impact. Respondents reported that khat has also impacted their economic wellbeing. They are absent from work while spending their time chewing khat and drinking alcohol. They end up obtaining low income and struggle to survive. Al-Zubaidi (1997) and Griffiths (1997), also had a report on the financial impact of khat use.

5.3 Motivation for Seeking Treatment

Respondents' reason for seeking treatment were largely linked to their sense and perceptions of the self. Khat abuse was interpreted as having destroyed who they were in the past by steering them on a course of destruction. Most of the respondents reported that they lost their fundamental values, and having a deep-seated desire to restore their identity. This finding is testament to Nettleton, Neale and Pickering's (2011), thesis that former users come to see their 'selves' as 'damaged' and thus seek to establish 'acceptable' identities thus making the awareness of, and dissatisfaction with, one's identity critical to the successful pursuit of recovery. Motivation to enter to rehabilitation center is an important predictor of treatment-seeking behavior as well as treatment retention and success (Reihman, Hser & Zeller, 2000). Respondents in this study reported varying reasons for deciding to finally go into treatment after long battles with khat use.

Respondent's motivations resulted from a need to fix problems that they believed to have caused in their own families as a result of their khat use, interpreting their use as having created distance and broken ties between themselves and significant family members. For these participants, The impact of the disappointment associated with these relationships was

threefold. It not only drew them towards initiating khat use but perpetuated khat use once already started and also more importantly, motivated treatment seeking . According to Berends, Ferrisand & Laslett (2014), families are under pressure when there is a member with an alcohol or drug problem, they explain that ‘the very life of the family itself as an entity and the home as a place of safety are at risk. Conflict over money and possessions, unwanted visitors in the family home, as well as worry about the drug users behavior and their safety, are just some of the pressures contributing to the strain experienced (Berends et al, 2014),The results obtained from this study signify that khat use serves as a destructive force in family relations. All respondents reported that they want to stop using khat. Most of the respondents tried to escape from their addiction but they couldn’t. Griffiths et al. (1997) & Yussuf et al. (2007), raised the number to 50% and Kassim & Croucher (2006),reported as 46% of the respondents wanted to stop khat chewing in the future.

Chapter Six

6. Conclusion and Recommendation

6.1. Conclusion

Based on the results of this study the following conclusions are drawn:

Respondents experienced negative consequences as a result of using khat; such as, mental disturbance, financial insecurity, and lack of adequate sleep after chewing, decreasing sexual desire (impotence of sexual activities) and social impairment.

Khat addiction is prevalent among the study participants. There were significant Psychological impact related to the after effects of khat chewing. Even those who use khat regularly for functional purpose, they report of the psychological dependence of khat in which they can't be functional without khat. For nonfunctional users, the harm may be increased because of persistent harmful drinking to reverse the effects of feeling high "mirkana".

Khat may be a gateway for developing habits for the use of other psychoactive substances and for risky sexual engagement. Specifically with alcohol, there was a significant connection between khat abuse and alcohol drinking.

It is shown that khat leads to depression. Khat users are more likely to be clinically depressed.

6.2 Recommendation

Comprehensive community development program has to be implemented to eliminate khat addiction. This should include various community, religious organizations, health, and society leaders, in addition to policy makers, in order to allow every community partner to bear some responsibility and to have an ownership in khat elimination.

Traditional intervention programs are not sufficient; there is an urgent need for friendly intervention using medias. Campaigns also must be implemented to create awareness to reduce the prevalence of the habit and its unfavorable social and health consequences.

Schools need to have a programmes and clubs for campaign against drug abuse.

In addition, Medias should play a significant role to teach people how to cope with stress so that they do not result to drug abuse. In addition, government should create a platform where people engage in productive activity to avoid idleness which leads the youth to get involved in drug abuse.

Some respondents started using khat during their adolescent period. Adolescence is a very sensitive and vulnerable period. It is said to be the best and the worst development period in human life. In order to make the transition from childhood to adulthood smooth and constructive, parents, teachers, peers should react positively.

It is recommended that Government and other concerned NGOs assist those individuals who chew because they do not have anything else to do. Rehabilitation is also recommended for Problematic khat chewers. It is also recommended to have a legal control mechanism on sale and use. Further researches should be conducted and disseminated to concerned bodies.

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Appendices

Obtaining consent

Opening: Dear participants/discussants, these questionnaires/topic guides were designed to conduct a research for the fulfillment of the requirements for the degree of M.A in Counseling Psychology. One of the requirements for the degree is to conduct a research project. The topic of the study is ‘problematic khat use and its Psychological (Depression)Impact.

Your participation in this study is voluntary. You as a participant have full right to participate, not to participate, you don't have to answer any questions that you don't want to answer and ask questions which are not clear. However, your honest answer to these questions is very important for the purpose of the study. I would also like to remind you that your genuine answer is of paramount importance to the outcome of the research and that all the answers and your identity are kept anonymous and confidential. Confidentiality of the participants is maintained and the participants’ privacy would never be disclosed by any means at any stage of the study.

Do you agree to participate in the study?

YES No

Thank you in advance!

Appendix A

Addis Ababa University

School of psychology

Counseling Psychology Program

In-depth Interview and Focus Group Discussion Guide for khat users

1. Demographics

A. Sex B. Age C. Religion D. Marital status E. living condition; with whom you are living
F. occupation G. level of formal education H. monthly Income

2. How did you start using khat?

3. How much time you spend for chewing khat in the last month?

4. How much money you spend for khat in average for the last month?

5. Which substance do you use after chewing khat in the last month? If your answer is yes, how much money you spend?

6. How do you see the role of peer pressure for khat abuse?

7. What kind of harms you faced being khat user or by khat? Probes; physical health, psychological (behavioral and emotional health) socio-economic life

8. What do you experience behavioral changes whenever you didn't chew or reduce the amount of khat you chew regularly?
9. What would your life be like without khat?
10. Do you have intention to stop?why?

Guidline for FGD

1. What are the good things about khat abuse?
2. What are the leading factors for khat abuse?
3. With that are the negative effects of khat abuse?
4. What made you decide to quet khat abuse?

አዲስ አበባ ዩኒቨርሲቲ

የሳይኮሎጂ ት/ቤት

ካውንስሊንግ ሳይኮሎጂ ዘርፍ

እድሜ

ሀይማኖት

የጋብቻ ሁኔታ

ከማንጋር ነው የሚኖሩት

ስራ

የትምህርት ደረጃ

ወርሀዊ ገቢ

የእናት የትምህርት ደረጃ

የአባት የትምህርት ደረጃ

የቤተሰብ የገቢ መጠን

የጫት አጠቃቀምን በተመለከተ

ጫት ለመጀመሪያ ጊዜ ሲጠቀሙ ስንት አመትዎ ነበር?

ጫት መጠቀም የጀመሩት የት አገር/ አካባቢ ነው?

ጫት እንዴት መጠቀም ጀመሩ? (ማብራሪያ ካስፈለገ፤ እንዲጠቀሙ ያደረጉዎት/ የገፋፉዎት ምክንያቶች ምንምን ነበሩ?)

ምን ያህል ሰዓት በመቃም ያጠፋሉ?

ጫት ከቃሙ በኋላ አልኮል፣ ሲጋራ ይጠቅማሉ? ከተጠቀሙ ምን ያህል? ምን ያህልስ ብር ያጠፋሉ?

ጤናማ ያልሆነ የመቃም ልምድ የሚባለውምን ሲሆን ነው?

ጫት በመቃምዎ ምን አይነት ጉዳት ደረሰብዎት? አካላዊ፣ ስነልቦናዊ፣ ኢኮኖሚያዊ

ካልቃማቹ በባህርያቹ ላይ ለውጥ ይታያል

ጫት ባትቅሙ ምን አይነት ህይወት ይኖራችሁ ነበር?

ጫት መቃም የማቆም እቅድ አላቹ?

የቡድን መወያያ ጥያቄዎች

1. ጫት የመቃም ጥሩ ጎኖች ምንድን ናቸው?
2. ጫት ለመቃም ገፋፊ ምክንያቶች ምንድን ናቸው?
3. ጫት የመቃም ጉዳዮች ምንድን ናቸው?
4. ጫት መቃምን ለማቆም እንድትወስኑ ያደረጋቹ ምንድን ነው?