

Addis Ababa University
School of Graduate Studies

**YOUTH SUBSTANCE ABUSE
AND HIV/AIDS IN ADAMA TOWN**

By

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GLOSSARY OF LOCAL TERMS

<i>Amoraw</i>	_	A person who is fast like an eagle
<i>Araya</i>	_	A role model
<i>Aremenew</i>	_	The merciless
<i>Areqe</i>	_	Strong local alcoholic liquor
<i>Aterera</i>	_	Separating the most important part of chat from the unwanted part
<i>Ayre</i>	_	FM 97.1 radio program broadcasted every Mondays-Fridays from 2-3 p.m.
<i>Bercha</i>	_	Chat chewing session that takes place at the daytime
<i>Berchist</i>	_	A person who chews <i>chat</i> regularly and attends chat session
<i>Chat</i>	_	<i>Catha edulis</i> /stimulant substance
<i>Chebsi</i>	_	Taking alcoholic drinks after long hour of chat chewing
<i>Doka</i>	_	A person who becomes useless by the intake of substances
<i>Dureyew</i>	_	Hoodlum
<i>Equb</i>	_	Voluntary saving, or rotating credit association
<i>Frash</i>	_	Mattress
<i>Guzgwaz</i>	_	Spreading fresh grasses on the ground to decorate the chewing ceremonies
<i>Habesha</i>	_	Informal name for Ethiopians
<i>Harara</i>	_	A feeling of withdrawal or feeling drowsy when chat is not chewed
<i>Iddir</i>	_	Burial and mutual-help voluntary community based organization
<i>Isatu</i>	_	An agile person
<i>Jezeba</i>	_	A person who does not take care of himself/herself, especially by constantly consuming substances
<i>Kebele</i>	_	The lowest administrative unit
<i>Kemate</i>	_	A person who chews <i>chat</i> in a greater extent than a <i>berchist</i>
<i>Lulu</i>	_	Chat chewing that takes place for short periods and in small amounts
<i>Maheber</i>	_	Voluntary faith based social club formed usually by followers of the Ethiopian Orthodox Church
<i>Meteke</i>	_	Reaching the highest stage of euphoria by abusing substances
<i>Mirkana</i>	_	It is a stage of getting high when people chew chat
<i>Rastaferian</i>	_	Religion and philosophy that accepts Ras Teferi (Haile Selassie I), the former emperor of Ethiopia, as God incarnate

<i>Tej</i>	—	Traditional wine made of honey
<i>Tella</i>	—	Local beer
<i>Tozallech</i>	—	Reaching the highest stage of euphoria due to the intake of cannabis
<i>Wereda</i>	—	District
<i>Weswas</i>	—	The commencement of another activity after chewing <i>chat</i> , especially drinking alcohol
<i>Yejobena</i>	—	Chat chewing, which takes place in the morning

ACRONYMS

AACs	—	Anti-AIDS Clubs
AGE	—	Acute Gastro Enteritis
AIDS	—	Acquired Immune Deficiency Syndrome
ART	—	Antiretroviral Treatment
BCC	—	Behavior Change Communication
BSS	—	Behavioral Surveillance Survey
CBOs	—	Community Based Organizations
CSA	—	Central Statistical Authority
CSW/s	—	Commercial Sex Worker/s
CYAO	—	Children and Youth Affairs Organization
DACA	—	Drug Administration and Control Authority
FGAE	—	Family Guidance Association Ethiopia
FGD/s	—	Focus Group Discussion/s
FSCE	—	Forum Street Children Ethiopia
GOs	—	Governmental Organizations
HAPCO	—	HIV/AIDS Prevention and Control Office
HIV	—	Human Immunodeficiency Virus
IEC	—	Information, Education and Communication
MLSA	—	Ministry of Labor and Social Affairs
MOH	—	Ministry of Health
MOLSA	—	Ministry Of Labor and Social Affairs
NACS	—	National AIDS Council Secretariat
NGOs	—	Non Governmental Organizations
NMYC	—	Nazareth Model Youth Center
OHAPCO	—	Oromiya HIV/AIDS Prevention and Control Office
OSSA	—	Organization for Social Services for AIDS
OVCs	—	Orphans Vulnerable Children
PLWHAs	—	People Living with HIV/AIDS
PMTCT	—	Prevention of Mother-to-Child Transmission
SRH	—	Sexual and Reproductive Health

STDs	—	Sexually Transmitted Diseases
STIs	—	Sexually Transmitted Infections
TB	—	Tuberculosis
TV	—	Television
UNAIDS	—	Joint United Nation Program on HIV/AIDS
UNODC	—	United Nations Office for Drug Control
URTI	—	Upper Respiratory Tract Infection
USA	—	United States of America
VCT	—	Voluntary, Counseling and Testing
WHO	—	World Health Organization

ABSTRACT

The magnitude of substance abuse and HIV/AIDS pandemics is ever increasing and has brought multidimensional challenges, among youths in particular, and entire nations in general. However, data regarding the contribution of substance abuse to the spread of HIV/AIDS is scanty in Ethiopia.

This study was conducted to explore youth substance abuse and HIV/AIDS in Adama Town. To this end, the following research questions were raised: 1) What is the magnitude of substance abuse among youth? 2) What factors trigger young people to resort to substance abuse? 3) What is the effect of substance abuse, especially its contribution to the spread of HIV/AIDS? The study was based on 81 days of fieldwork using questionnaire surveys, in-depth interviews, observation, 6 Focus Group Discussions and 5 case histories.

The findings showed that different types of substances (chat, alcohol, shisha, tobacco, cannabis and inhalants) are abused either separately or in combination, to a great extent among youths (15-29 years old). Particularly, Catha edulis (chat) plays initiating role in causing youths to further take other substances. The substances are either locally available or imported.

The youth are indulged in substance abuse for different reasons. Merton's anomie theory; Lindesmith's theory of addiction; and sub cultural patterns and drug abuse model are therefore employed to comprehend the factors that trigger the youth to substance abuse and the subsequent ramifications. Accordingly the study identified major reasons for abusing substances such as peer influence, psychological, and socioeconomic factors.

Most abusers began consuming habit-forming substances at early ages when they were unable to differentiate between good and bad. Some substance abusing practices have ceremonies and processes that sometimes pave the way for sexual intercourse. Most often youth substance abusers indulge in unsafe sexual intercourse after they abuse substances.

Psychological and social problems, economic crisis, and health problems are some of the effects that stem from substance abuse. Moreover, abusing substances could aggravate the spread of HIV/AIDS. The efforts made by some organizations to reduce the rampant prevalence of substance abuse and their adverse impacts are diametrically incompatible with the magnitude of the problem. Therefore, on the basis of the findings, the researcher recommends creating job opportunities, increasing awareness and recreational facilities, and avoiding stigma and discrimination towards youth substance abusers and AIDS patients.

CHAPTER ONE: INTRODUCTION

In this chapter, an attempt has been made to discuss: background, statement of the problem, general objective, research questions, methods of data collection, ethical consideration, data processing and analysis, limitations of the study and the organization of the thesis.

1.1 Background

Since time immemorial people have been affected by various kinds of diseases with different forms and types of consequences. The origin of these diseases may be in specific or different areas at the same time or different times, and then spread to other parts of the world in great or small magnitudes. The same holds true of HIV/AIDS. The HIV was first recognized among injection drug users in the USA in 1981 (UNAIDS, 2004). Since then, it has been recognized and spread throughout the world at an alarming rate and has become a great obstacle in the socioeconomic and political aspects of society in general and youths in particular.

In addition to HIV/AIDS, abusing substances is becoming another social problem. Though substances are used to a great extent and magnitude in many countries, their effects are more significant in some due to different factors. Previously these substances were customarily used in the form of food, religious rituals, and medicine. But nowadays they are used as abusive. In spite of their advantages, abusing substances are compounded with several negative effects that have greater impacts in the socio-cultural, psychological, behavioral as well as economic aspects of society (Ahuja, 1982).

The effects of substances are related with some diseases in the physiological, psychological, behavioral, and socio-cultural as well as economic aspects of society. Apart from the aforementioned adverse effects, taking abusive substances is one among many factors that develop into risky behaviors, which lead to HIV infection. Many studies in Western countries revealed that HIV infection is common among substance abusers. For example, according to a WHO report (1990), more than 5 million injection drug abusers were highly vulnerable to HIV infection. Similarly, the use of psychotropic and mind altering substances could possibly contribute to risky behaviors in the spread of HIV/AIDS pandemic (Nevbeck, 1991:73). In Ethiopia, a case-control study conducted among people visiting HIV counseling and testing centers in Addis Ababa as mentioned by Assefa et al (2005) indicated that substance abuse aggravates the spread of HIV/AIDS.

Even though the problem of substance abuse in Ethiopia is increasing in major urban centers, data linking the effects of substance abuse to the spread of HIV among youths is scanty. Therefore, this study is mainly concerned with assessing the impacts of youth substance abuse on the spread of HIV/AIDS in Adama Town.

1.2 Statement of the Problem

Social problems are shared agonies among human beings throughout the globe despite the difference in type, degree of prevalence and effects. Unlike 'developed' nations, the developing nations have not acquired an adequate degree of change in the level of economy to accommodate the rapidly growing problems. The intertwined pandemics of substance abuse and HIV/AIDS are the most common social problems of our today's world and that of Ethiopia.

Though these problems appear in all walks of life, youth are more vulnerable to these social issues. In addition to this, adolescence is a time for exploration and risk-taking. In today's urban areas with the twin threats of substance abuse and HIV/AIDS, the stakes are particularly high. Owing to this, these threats are becoming burning issues among the government organizations (GOs), non government organizations (NGOs) and the community at large (Admacack, 2000).

Youths, although most productive and influential, are often exposed to various social problems like substance abuse, HIV/AIDS, crime, etc. Varieties of factors expose young people to the risk of HIV/AIDS: poverty, sexually transmitted infections, substance abuse, cultural influence and civil conflicts are also considered as factors for HIV infection (Amuyunzu, 2001). Like many other African countries, the problem of substance abuse and HIV/AIDS in Ethiopia are more serious in urban areas than rural. These problems threaten the socioeconomic, behavioral and psychological make-up of the society in general and the youth in particular.

According to a document published by MOLSA (1994), the problems of Ethiopian youth are many, complex and interlinked due to a lack of training, educational opportunities as well as the acute shortage of recreational and sport centers. As a result of these shortages, the youth are prone to substance abuse, delinquency and "illegal" activities that further expose them to HIV/AIDS. Because of these complex and interlinked predicaments, the slum areas of Addis Ababa, Nazareth (Adama) and Dire Dawa are suspected of hosting a large number of substance addicted youths (Mesai, 1998: 5).

Adama Town is one of the fastest growing urban centers in Ethiopia, and is a transit for roads from Addis Ababa to the eastern and southern parts of the country as well as on the main route to the port of Djibouti. In addition, due to natural and socioeconomic reasons such as migration, unemployment, famine, conflict and attraction of social services, different people flow to the town. As the town expanded, a great deal of social problems proliferated. As a result, youths in particular, and the community at large, were exposed to the socioeconomic, psychological and health problems of substance abuse and HIV/AIDS. The movement of youths and expansion of the town aided the appearance of different nightclubs, prostitution, delinquency and unemployment (Yemane, 1995).

Although some researchers have explored a few of the socioeconomic aspects of the town such as marriage and divorce (Fisseha, 1986), determinants of women contraceptive use (Dilnesaw, 1995), health and social problems of street children (Yemane, 1995), socioeconomic impacts of HIV/AIDS on households (Mekete, 2005), social mobilization and condom promotion among sex-workers (Belete, et al, 1990), there are still burning issues like substance abuse and HIV/AIDS that require an in-depth study.

The researcher has chosen Adama Town as his research site due to three basic reasons. First, the researcher has come across a huge number of substance abusers and several people living with HIV/AIDS in the town, especially youths. It is very difficult to give a specific figure about substance abuse in the study area, since it has not yet been given great emphasis by many organizations. However, data about HIV/AIDS is available which could be used as a reference. The 2005 annual report of the Adama City Administration Health Office shows that among 332 people who took blood tests, 314 were HIV positive. Of these, 154 were males and 160 females. In the town, the total population living with HIV/AIDS is estimated to be 23,555. There were 3,596 children who lost their parents due to AIDS. From the figures above one can clearly understand that the transmission and prevalence rate of HIV/AIDS in the town is very high. This made the researcher look at the causes, especially substance abuse. Second, the researcher lived in the town. Hence, he got the chance to know the area very well. Third, though various researches was and still is being undertaken in the town, there is little being done which concerns substance abuse in relation to HIV/AIDS. Hence, the study tried to find the link between youth substance abuse and the spread of HIV/AIDS in Adama Town.

I hope this study would enrich the knowledge on substance abuse and HIV/AIDS and fill the gap in existing literature. Moreover, by exploring factors that expose young people to substance abuse that in turn leads to HIV infection and AIDS, the study will try to figure out youth's perception toward substance abuse. Thus, it will be of paramount importance in the area of social policy and educational interventions among the youth of the town in particular and the country in general. It may also motivate others to further investigate this issue.

1.3 General Objective of the Study

The general objective of the study is to assess the effects of youth substance abuse to the spread of HIV/AIDS in Adama Town.

1.4 Research Questions

1. What is the magnitude of substance abuse among youth?
2. What factors trigger young people to resort to substance abuse?
3. What is the effect of substance abuse, especially its contribution to the spread of HIV/AIDS?

1.5 Methods of Data Collection

In carrying out this research, I employed a combination of primary and secondary sources of data. The primary data was collected through qualitative and quantitative methods. Published and unpublished materials related to the topic under study were consulted as secondary sources.

The study was carried out in Adama Town from August 13, 2006 to January 1, 2007. The first round of fieldwork was conducted from August 13 to September 30. During this period, I conducted a preliminary field survey, specifically searching for available written documents and getting to know individuals who could help me in arranging and facilitating contacts with informants who are either substance abusers or HIV positive youths in the town. To this end, I collected information about such youths from different officials. During this period, attempts were made to conduct interviews with some key informants, make case histories and conduct Focus Group Discussions. Furthermore, questionnaires were distributed and collected.

The fieldwork was discontinued due to my return to Addis Ababa for the purpose of organizing, transcribing and translating tape-recorded interviews. In addition, I held consultations and discussions with my advisor on how to proceed with the fieldwork.

The second phase of fieldwork was carried out from December 2, 2006 to January 1, 2007. During this time, I interviewed some officials to fill in missing gaps in information. Furthermore, interviews were conducted with non-substance abusers to find out their views about substance abuse and its effects so as to triangulate the information with the views of the target group.

1.5.1 Primary Sources

1.5.1.1 Questionnaire

The survey questionnaire was first prepared in English and then translated into Amharic. It was distributed to two hundred purposely-selected youth substance abusers and former substance abusers before they knew their HIV positive status. This was done with the help of peer research assistant and organizations working on HIV/AIDS and I myself also participated in filling out the responses of the questionnaires respondents. Moreover, the questionnaires were filled in accordance with the previous *Kebele* structures of the town because most of the respondents know their previous *Kebele* better than the newly structured *Kebele*. This method was used to supplement the qualitative data.

1.5.1.2 Interviews

Interviews were made to find out the real feelings of the study population. In-depth interviews were made with 14 selected youth substance abusers and 5 street youths. Moreover, in-depth interviews were conducted with 5 non-substance abusers to include their views about the issue under study. In addition to formal interviews, many informal talks and discussions were held during the entire fieldwork, as were semi-structured interviews conducted with 26 key informants of GOs, NGOs and CBOs (Community Based Organizations): Adama Special Zone Police Office, HIV/AIDS Prevention and Control Office (HAPCO), Ethiopian Customs Authority Office Adama branch and Adama Administrative Health Center, Forum for Street Children Ethiopia (FSCE), Family Guidance Association Ethiopia (FGAE), Organization for Social Service for AIDS (OSSA), 'Araya Yemelkam Zega Keresa Mahiber', 'Wegen Le Wegen', Youth Association, Women's Associations, Anti-AIDS Clubs (AACs).

1.5.1.3 Focus Group Discussion

The other method used in this research was FGD (Focus Group Discussion). This was done to substantiate and crosscheck the data obtained through other methods. A series of six FGDs were carried out: two of the FGDs were conducted with 7 female and 8 male street youths separately

in the compound of FSCE. Another two FGDs were conducted with 6 female and 6 male HIV positive youths separately in the compound of Nazareth Model Youth Center (NMYC). Some of them have started using Antiretroviral (ARV) drugs. They were selected for the FGDs in order to know how they were exposed to HIV infection in relation to substance abuse. I had also planned to conduct FGD with knowledgeable individuals from GOs, NGOs and CBOs. However, some of them were not willing to participate in the FGD. Hence, I conducted the FGD only with those who were cooperative: a policewoman, a leader from a youth Association, a leader from OSSA, a staff from “Wegen Lewgen” and 5 FSCE staff members. Of these, 3 were females and 6 males. It was conducted in the compound of FSCE. Besides, FGD was conducted with 8-youth substance abusers in one of the recreational centers where *chat* chewing commonly takes place. The selection criteria were based on their addiction especially those who took varieties of substances.

1.5.1.4 Observation

Observation, one unique aspect of anthropological methods, was also used in this research. This was employed among selected substance abusers in order to observe the practices, emotions and their outcomes. In line with this, I observed different places in the town that have been used by youths to abuse substance. In addition, their living conditions, style of clothing and communication were observed. Through observation, efforts were made to assess the interaction and outlook of youth substance abusers. Particularly, their expression of sexuality, their feelings and some other effects were examined. I observed some risk point areas such as nightclubs, *chat* and *shisha* houses, hotels, bars, pornographic video houses and substance abuse ceremonies and events.

1.5.1.5 Case Histories

Five case histories (two males and three females) were conducted among abusers of substances and also infected by HIV. They were selected from OSSA, FGAE and ‘Wegen Lewegen’ with the help of the coordinators of the organizations. To get reliable data, I approached and established friendship with the informants. I contacted two of them twice and the remaining cases three times. This enabled me to get as much information as possible from their experiences. As a result, the ways in which their experiences of substance abuse, sexual behaviors and social life exposed them to HIV infection were assessed.

1.5.2 Secondary Sources

Official documents, which are directly or indirectly related to the issue, were collected from concerned governmental and non-governmental institutions and reviewed.

Relevant literature on the subject — books, journals, magazines, newspapers, and research works— have been collected in order to further review the state of the research, and supplement the findings presented in the study.

1.6 Ethical Consideration

Before I begun any activities of field work, I collected recommendation letter from the Department of Sociology and Social Anthropology. This helped me to get the consent of different organizations working on the issue, which in turn gave me access to informants. The objective of the study was explained to all participants. Their consent to be interviewed, taped and photographed was asked. Besides, the confidentiality and benefits of the informants were maintained. All the names used in this text are pseudonyms in order to safeguard the anonymity of informants. Continuous contact with the informants was made in order to make relations between the interviewees and the interviewer smooth. Hence, rapport was established. To make the interviews clear and private, appropriate time and dates were selected according to the interest of the informants.

1.7 Data Processing and Analysis

The findings that were collected from the field through qualitative data: FGDs, case histories and interviews with key informants, and the quantitative data from the questionnaire have been integrated, analyzed and interpreted in accordance with their respective categories and the order is shown in the table of contents. The tape-recorded FGDs, case histories and interviews were transcribed primarily on paper and then translated into English. The questionnaires were pre tested among ten selected substance abusers in Adama Town with the help of peer research assistant. After this preparation, the questionnaires were revised and distributed to the respondents, then collected, coded, and finally analyzed using SPSS 11.0 for windows. Afterwards the results were presented and analyzed in tables. This was done to supplement the qualitative data.

1.8 Field Experience

In the process of undertaking this research I have learnt a lot. I lived in the town for so long time. Hence, my expectation of getting information was smooth however I faced difficulty because the topic of the research is too sensitive so that I employed different means's to get the relevant information. The most difficult experience I came across was, most abusers, who were informants asked me to take substances with them. The smell of the substances also another difficulty I faced.

1.9 Limitations of the Study

The major limitations of this study are the unavailability of written documents and earlier research on youth substance abuse in relation to HIV/AIDS in Ethiopia in general and Adama in particular. The sensitivity of the topic, time and financial constraints are further limitations of the study. Moreover, some informants were less cooperative to provide comments and speak of particular substances, which are secretly taken, like cannabis. Furthermore, the suspicious attitudes of informants toward the researcher also made it difficult to obtain genuine and adequate information on the issue. Finally, most of the informants were not willing to be photographed.

1.10 Organization of the Thesis

The thesis is organized as follows: the first chapter deals with background, statement of the problem, general objective, research questions, ethical consideration, data processing and analysis and limitations of the study. The second chapter reviews related literature. The types, sources, causes, consequences, processes and associated ceremonies, the socioeconomic backgrounds of youth substance abusers, reasons for continuation and interruption of substance abuse and its effect on the spread of HIV/AIDS are presented in the third chapter. Chapter four highlights the roles of GOs, NGOs and CBOs in alleviating the problems of substance abuse and HIV/AIDS. The last chapter deals with the concluding remarks of the study.

CHAPTER TWO: REVIEW OF RELATED LITERATURE

2.1 General Overview of Substance Abuse

Substance abuse is often used as a global term that may encompass the use or abuse of a range of substances, such as alcohol, illicit drugs and prescribed drugs. The majority of studies incorporate those suffering from a chemical dependency, diagnostically defined as the intermittent and progressive compulsive use/abuse of substances with loss of control (Houser, 1970; Kenya Literature Bureau, 1992:18). Unless stated otherwise, the definition of substance abuse used throughout this thesis encompasses those who are regularly misusing alcohol, *chat*, cannabis, cigarette, *shisha* and inhalants that affect the well being of youth and society.

According to the assertions of various studies like Houser (1970); Willis (1973); Clausen (1976); and Clinard (1979); Girdano and Dusek (1988), people may abuse various kinds of substances which influence the central nervous system by stimulation, depression, sedation and hallucination or by distorting the normal thinking capacity. Moreover, substance abuse has many negative physiological and health effects, ranging from minor issues like digestion problems or respiratory infections, to potentially fatal diseases, like HIV/AIDS and hepatitis. Of course, the effects depend on the drug and on the amount, method and frequency of use. Some substances are very addictive, while others are less so. On the other hand, substances have served as a remedy for different diseases and for religious rituals since antiquity.

Substance abuse is one of the most threatening social problems in the contemporary world. It is not a recent phenomenon; rather it was used for the purpose of intoxicating one-self and to minimize suffering since before 2000 B.C. Only recently has the abuse of substances become an international and national concern with its rapid spread among the general population. Global increases in problems of "illicit" drugs both reflect and contribute to international tensions. The geneses of this tension are obvious: fast changes in political configuration, abridged family and community cohesiveness, increased unemployment and underemployment, economic and social marginalization as well as increased crime (Houser, 1970; Willis, 1973; Clausen, 1976).

In relation to its effect, Willis (1973:1) explained that the increase in substance abuse has resulted in health and social problems for society and individuals. Moreover, poor school performance, truancy and leaving school early are correlated with a greater risk of substance abuse in adolescence.

The spread of substance abuse seems to be closely related to the process of urbanization. Urbanization, with its luxurious and attractive way of life has brought negative effects in the form of social disorganization (MacCall, 1998). Towards with urbanization, youths are more vulnerable to proliferating problems like substance abuse and HIV/AIDS.

As Houser (1970); Willis (1973); Clausen (1976); and Andargachew (1988) indicated, various types of substances were used in different parts of the globe in one way or other from past to the present day. However, nowadays, especially in the 20th and 21st century, the extent has become highly serious and invaded the home, the work place, schools, entertainment fields, etc. As a result, it has become the concern of various stakeholders.

By different means of communication such as trade and tourism, substance abuse expanded to developing countries from big urban centers (Andargachew, 1988: 328). Similarly, a United Nation report (1972: 44) also strengthens this idea arguing that the emergence and abuse of new psychotropic substances aggravates the problem. The reasons for the aggravation are the dangerous effects on developing countries with their scarce resources. The risk is more galvanized with the global emergence of large-scale substance abuse like cannabis, alcohol, etc, that in turn has facilitated the emergence of young gangsters and mutineers.

Globally, the situation of substance abuse is increasing overtime in its level and type. According to the UNODC estimation, the annual prevalence of “illicit” substance consumers was about 185 million (1.3 percent of the world population). Of this, 147.7 million consume cannabis, 40.4 million consume ATS, 13.4 million consume cocaine, and 9.2 million consume heroin (Berihun, 2005: 86).

2.2 Types of Substance Abuse and Their Effects

Houser (1970: 7-8) categorized substances into five groups in accordance with abusive nature. These are stimulants, depressants, hallucinogens, narcotics, and volatile chemicals, though Willis (1973: 379) divided them into three: stimulants, depressants and hallucinogens. The effects as a whole result in personality disorganization in which relations with others will be abnormal (Houser, 1970: 5).

According to the Kenyan Literature Bureau (1992: 18) substances can be chemical, synthetic, inhaled, or applied externally as a liquid, lotion, ointment or powder. Moreover, these substances

modify perception, mood, cognitive behavior, bodily, and motor functions (Leonard and et al., 1980: 365).

In line with this, Clausen (1976: 146-52) argued that substances might change over time in their purpose of use; they can be used both as food and drug. They are also used to fight diseases, to decrease or cure pain, fatigue, or anxiety, or to achieve a level of euphoria. Pharmacologically, a drug is any substance that chemically alters the function or structure of a living organism. Medically, for instance, a drug is any substance that is manufactured specifically to relieve pain or to treat and prevent diseases and other medical conditions.

Ahuja (1982: 15) expressed that society's perception of the ill effects of a drug is often inconsistent with the actual effects. The dominant social reaction to a drug is influenced not only by the actual dangers of the drug, but also by the social characteristics and motives of the groups that use it. Astonishingly, legal substances are more often abused and cause more damage in society than prohibited substances. The author further explained the psychological and physiological effects of substances that differ in their types and levels. Clausen (1976: 146-52) also stated that stimulants, which stimulate the central nervous systems, are widely taken by youths and adults. With the intake of such substances, the usual judgment of the brain, the health and social well being of society are affected. In general, in a social problem approach, a drug is any habit-forming substance that directly affects the brain and nervous system. Therefore, substance abuse is a physiological, psychological, medical and social problem (Ahuja, 1982:15).

Having given the above general overview of substance abuses and their effects, for the purpose of this study the researcher will focus on the following substances due to their prevalence and their effects to the spread of HIV/AIDS in the study area: alcohol, *chat*, *shisha*, cigarettes, cannabis and inhalants.

2.2.1 Alcohol

Alcohol can be categorized under the narcotic group of substances that lead to physical and psychological dependence (Million, 1996:21). Alcoholism and drinking problems are associated with other social issues and affect the well being of individual health, and mostly alcoholic beverages are used by youths (Strauss, 1976: 183 and 203).

Nevbeck (1991: 496-501) suggested that alcohol is a depressant or tranquilizer that impairs a person's health, social functioning and vocational adjustment. Moreover, it slows mental

activity, reasoning and speech ability, muscle reactions, coordination, memory functioning and respiration; and it is a contributing factor in many major crimes. The effects of alcohol vary with the percentage of alcohol in the blood stream as it passes through the brain.

Tesfaye (1984: 490) stated that alcohol raises young drinkers' desire for sex, even ladies expressed that their sexual desires increased when they got drunk. Mesai (1998: 6) also strengthened the idea, in that a large number of youths drink a lot of alcohol and visit CSWs with less degree of protection. Stimmel (1996: 200) adds that sexual assaults, homicides, robberies and domestic violence are mostly related to alcoholic consumption.

In a study conducted in the United States, involvement in sexual intercourse was often the result of high alcoholic consumption (Kaiser Family Foundation, 2002). Goldstein (1983: 10-12) and Chafetz (1992: 46) state in their analysis that the most commonly reported problems in related to alcohol were unconsciousness and lack of control which finally lead to unprotected sex, and in turn paved the way for the infection of HIV.

According to Willis (1973); Goldstein (1983) and Jossor and Jossor (1995), alcohol affects the central nervous system of the brain and the extent of the problem increases as one uses alcohol chronically and consistently. In most societies moderate use of alcohol is accepted; yet moderate use can cause serious accidents and health problems. Such drinking is also seen as a way to relieve tension and frustration. For some people drinking acts as a social "lubricant". An individual who drinks alcohol will engage in forbidden sexual activity and does not consider himself/herself responsible for his/her actions. "Alcoholism is considered a problem when the extent of drinking goes beyond certain limits and when it is viewed by the community as extremely deviant and when it is markedly impairs the health of individual and his ability to meet his role obligation as a result of constant intoxication"(Andargachew, 1988). According to Andargachew (1988: 347), there was a dearth of information about the extent of drunkenness and alcoholism or on the amount of alcohol consumed in Ethiopia. It is also very difficult to indicate alcoholism as a social problem, though alcoholic drinks have been consumed for a long period. He further explained that no steps are being taken to reduce the excessive consumption of alcohol even though it is considered to be much more deadly than some of the drugs.

2.2.2 Khat/Chat

Scientifically khat/*chat* is named as *Catha edulis* but it has different names in different countries and in different ethnic groups like *gat*, *chat*, *qat* and *khat* in Arabian countries, *chat* in Amharigna, *Jimmae* in Afan Oromo and *jaat*, *Qqqd*, *qaatin* in Somali language (Sebsebe, 1994: 8). It stimulates the central nervous system and the effect is like amphetamines and coca and creates euphoria, pleasure and hyperactivity. Khat/*chat* has twenty compounds in it. It is estimated that more than ten million people chew *chat* on a daily basis and it is consumed by various groups of society (Distefano 1983:5; Belayneh, 1998).

It is assumed that *chat* is indigenous to Ethiopia, Kenya and Somalia and chewed locally in Ethiopia, Djibouti and Yemen. Though it is legal in these countries, it is restricted and 'illegal' in Canada, the United Kingdom, South Africa and the Middle East. In many cultures, *chat* may play a critical role as a recreational stimulant, an aid to work and indigenous practices, an appetite suppressant, a source of nutrition and as a general medicine (Distefano 1983: 5).

In Ethiopia the use of khat has been increasing, especially among youths in different urban centers, and many youths are addicted to it. The khat chewing habit is also associated with alcohol, smoking cigarettes and the like (Belayneh, 1998:16). After chewing *chat/khat*, most people take alcohol to neutralize it. However, *chat/khat* alone has no power to unconsciously induce people into sexual intercourse and even sometimes negatively affects sexual interest (Aseffa, et al., 2005: 123). Conversely, the case control study conducted by Dawit, et al (2005: 40) shows that *chat/khat* chewing in combination with alcohol consumption initiates casual sex and was observed in HIV cases in the control groups. Moreover, HIV cases were more prevalent among *chat* chewers than non-chewers.

Other than its impact on HIV/AIDS transmission, Andargachew (1988:33) argued that *chat/khat* causes the following diseases: gastro-intestinal, parasitic, tooth decay, liver Cirrhosis, bronchitis and emotional instability, especially insomnia.

2.2.3 Cannabis/Hashish

The name cannabis differs in different countries of the world and has been used since 5000 B.C in central Asia. In Amharic it is called "Itse Fars," relating it with the name of Persia, in the USA it is called Marijuana, and in Asia and the Middle East it is known as Hashish (Haile, 1999: 14). This substance is part of the hallucigenic group of substances. Mood elevation, distorted

perception and heightened feeling are all characteristics of cannabis. In relation to this, Clinard (1979:298) and Willis (1973:33) stated that it might damage psychomotor and endocrine functions, and decrease the ability to resist an infection. Moreover, it creates psychological dependency and brings mild to chronic intoxication. An overdose of the active ingredients of cannabis can lead to panic, fear, confusion, suspiciousness, fatigue and sometimes aggressive acts. Besides, it leads to short term memory and classroom impairment. In Ethiopia, cannabis was used in the churches and monasteries for the purpose of brightening the clergymen and students of the church. However, these days it is used everywhere as a form of drug (Seyoum and Ayalew, 1995).

2.2.4 Tobacco

Hinds (1975), cited in Eshetu (1998: 12), argued tobacco has a component of nicotine that is highly habit-forming, and it may result in a complicated effect on the central nervous system that also leads to psychological, behavioral and physical dependencies. Some of these are: impairment of concentration, headache, amnesia, sleep disturbances, restlessness, dullness, and irritability (Girdano and Dusk, 1988). Moreover, the constant use of tobacco may cause lung cancer, cancer of the mouth, ulcers, heart problems, bronchitis, and reduces life expectancy (Ahuja, 1982:14).

2.2.5. Inhalants

According to Houser (1970) and Willis (1973), inhalant substances are substances that can simply change into a vapor gas form. Most of the time young children who are abandoned and live in the street inhale or sniff inhalant substances. Benzene, gasoline, petrol and glue are the most used intoxicants among street children in developing countries due to their: cheapness of the price and diminishes their ability to pain and fear, increase boldness and suppress hunger. The effects of these substances range from a feeling of exhilaration to hallucinations. As the content used increases the damage will be severe and may even result in death.

2.3 The Extent and Magnitude of the Problem in Ethiopia

The issue of substance abuse in Ethiopia has been growing in recent days at alarming rate, though it is not chronic like that of “developed” nations. Ethiopia as a developing nation has faced the problem. However, substances have been observed since the past. As Andargachew

(1988: 329) argued, abuse of substances has become a severe confronting issue in large urban centers and in the capital city.

In Ethiopia though there is little or no available statistical data or information about the extent of substance abuse, it is assumed that people around monasteries use substances like 'hashish'. In addition, police documents also inailate the existence of substances that are abused (Andargachew, 1988: 238). The most commonly abused substances in Ethiopia are: alcohol, khat/*chat* and tobacco. Besides, traditional chemical substances: *Areqe*, *Tej* and *Tella* are commonly abused. Moreover, heroin and cannabis are rarely used and inhalants are consumed among street children (Berihun, 2005:86).

In Ethiopia, young people have been threatened psychologically, behaviorally and socially due to substance abuse. These sections of society, here as elsewhere are susceptible to substance abuse. In this respect, Seyoum and Ayalew (1995:14) stated that in many Ethiopian urban centers youngsters pass their leisure time in the streets and in place of questionable repute. Despite its recent origin in Ethiopia, the spread of the drug cult in various urban centers is rapidly increasing. According to Atalay et al (2006), unsafe sex and symptoms of STIs were associated with alcohol use, problem drinking and lower educational background. This study was done among 2,487 randomly sampled female sex workers from seven urban centers in Ethiopia.

Since Adama Town is one of Ethiopia's urban centers, the above-mentioned problems of substance abuse could be present thereby fueling the spread of HIV/AIDS.

2.4 Models and Causative Factors for Substance Abuse

Different theories and explanations are given for the use and abuse of different substances that are directly related to youth's exposure of HIV infection. In general, most of them can be categorized as cultural, socioeconomic, behavioral and psychological reasons. In consistency with this, Clinard (1979:68) mentioned Merton's anomie theory as a reason for substances abuse. According to Merton, retreatists, innovists, ritualists and rebellious people tend to abuse various substances. These are sociological theories that explain the causes of substance abuse.

Merton argues that retreatists are considered as failures and retreatism is a rejection of both the goals and norms of one's culture. Retreatism is a private form of adaptation rather than a group or sub-culture that results when a person is desperate and retreats. In this regard abusing substances is considered a mechanism of escaping or forgetting existing realities. This implies

choosing to live in a world of fantasy and hallucination so as to run away from the facts of life. As a result of this, retreatists become addict and dependent (Clinard, 1979: 68).

Innovists and rebels are people who use illegitimate means such as theft, burglary, organized crime, drug and prostitution to achieve culturally prescribed goals of success. Merton argued that such vicious behaviors as engaging in crime and anti-social activities are mostly common in the lower social classes of a given society. They grow out of the strain between the value of success and limited opportunities to become successful in formal ways. They abuse substances in order to commit criminal activities and are also involved in selling illicit drugs (Maclonis, 1993:214).

On the other hand, Lind Smith's theory of addiction underlined that various kinds of substances are abused/used as learned, transmitted, and patterned behavior due to the interaction of different values and perceptions of societies. Recently this theory has been widely accepted by many social scientists (Clinard, 1979: 323). In support of this, the behavioralists argue that substance abuse is the result of unnecessary learned behavior in line with operant conditioning (Ebie and Tongue, 1988 cited in Eshetu, 1996).

Alternatively, sub cultural patterns and drug abuse models assume that drug abuse and addiction involve an elaborate sub-culture supported by group norms. In this regard individuals who are addicted to substances have contact with drug traffickers and pushers in order to sustain their supply. Sub-culture means a culture within "a great" culture, or in other word a combination of norms, values and beliefs that is distinct from those of the dominant culture. According to this model, people not only learn the consumption of substances but also learn various valuable beliefs about the advantages of substances after they abuse them. They also learn where to get the substances, and how to maintain the group and satisfy their habit by selling the substances to new comers. They are also involved in the recruitment of new members by attracting them in their own ways, depending on their own justification and ideology (Clinard, 1979:317). Furthermore, urban populations are heterogeneous in background, attitude, and behaviors that loosen the previously oriented social structure. Consequently, through learning and social reinforcement people become involved in the use and addiction of substances (MaCall, 1998).

From the above discussion, one can deduce that substances are abused because of various interlinked factors, not a single theory or model. This implies that each theory may or may not apply in a given case. Therefore, the researcher was obliged to use an amalgam of theories and

models for substance abuse in the study area. Though the above theories concentrate on substance abuse, the way that the anomalous behaviors that accompany substance abuse lead the youth to HIV infection, the main objective of this study will be examined.

2.5 Youth Substance Abuse and HIV/AIDS

The concept of youth has been used since early times. However, because there are diversified cultures and societies with various forms of choice and insight, there is no generally accepted worldwide definition of the term youth. Nevertheless, the United Nation considers ages from 15-24 as youth (CYAO, 1995 cited in Getent, 2006).

As noted by Andargachew (1988), the term youth in Ethiopia is confusing, because various categories of age are used by different agencies to define the term youth for different purposes. For instance, according to the Ethiopian Legal System, Penal Code, Art 52 and Civil Code, Art 193 all persons under the age of 18 are considered as minors, whereas ages between 18 and 24 are considered adult youth. On the other hand, the Official Amharic Dictionary Kesate Berhan Tessema (1959) considers youth as an age category between 15 and 30 years. Studies and surveillance systems in Sub-Saharan Africa show that the HIV/AIDS pandemic is increasing among young men and women, and the infection rate is the highest for those between the ages of 15 and 29 (Mann, et al, 1996: 31). Similarly, for the purpose of this study those aged from 15-29 are considered as “youth” due to their high vulnerability to HIV/AIDS and substance abuse as well as other social issues.

Though HIV/AIDS affects all sections of society without any discrimination, the most affected groups include the sexually active population between the ages of 15 and 49 (Demis, 1999; Alexandrova, 2002:93). All over the world adolescents conducted sex without protection the most often, especially at the first time of intercourse. This demonstrates that they are at risk of HIV infection. Studies carried out in Kenya, USA, Nigeria, Ukraine and Uganda strengthens the above idea (Nickerson, 1990).

Young people in the United States use alcohol, tobacco, and other drugs at high rates. Both casual and chronic substance users are more likely to engage in high-risk behaviors, such as unprotected sex. This is because the young are less able to evaluate the dangers and to judge the likely effects of addiction to their behavior (Nickerson, 1990; Demis, 1999). On the other hand, the attitudes of societies towards young people are ambivalent, seeing them as “small adults and

as immature, inexperienced, and untrustworthy children. Consequently, it is not surprising that public health perspective is conflicting and confusing in its approach to young people and HIV/AIDS prevention”(Mann, et al, 1996: 236). More to the point, young people are bearing the brunt of new HIV infections, each year more than three quarters of new diagnosis are in people aged 15-29 years (UNAIDS, 2005).

According to Alexandrova (2002), the rate of HIV infection in the United States is highest among youths who are gay, members of racial and ethnic minorities, and young out of school adolescents. The author further recommends that interventions are needed before youths involve themselves in risky behaviors like sexual activity and substance abuse/use. Runaways and other homeless young people are at high risk for HIV infection when they exchange sex in order to get drugs or money.

Young men and women aged 15-24 are mostly infected by HIV from a multitude of factors like: multiple sexual partners, unsafe sex, and substance abuse. As a result, the problems that young people face are multidimensional and the solutions are beyond the control of the youngsters themselves. These problems vary from one country to another (UNAIDS, 2001:3).

A heterosexual epidemic is likely to increase rapidly in countries where commercial sex and substance abuse are common, especially the combination of drug use and sex work. There is an increasing prevalence of HIV/AIDS among people who use alcohol, drugs and those who share needles for injection of substances (UNAIDS, 2005: 39).

The combination of long latency, asymptomatic carriers, and rapid urbanization made HIV particularly fatal in Sub-Saharan-Africa. Factors contributing to the high prevalence of HIV in sub-Saharan Africa include: “ignorance”, poverty (the high level of unemployment), migration, the low commitment of political leaders, war and civil unrest, high prevalence of curable sexually transmitted infections (STIs), separation from the family, women’s low socioeconomic status, cultural barriers and substance abuse (Tesfaye, 2005).

This region accounts for about 6.2 million of the young people living with HIV. On the other hand, in Eastern Europe and Central Asia, the quickly increasing rate of HIV transmission is the result of injecting drugs with contaminated needles and to a lesser extent unsafe sex with casual or regular partners (UNAIDS, 2004: 93). Though the main means of transmitting of the virus has been and is sexual intercourse, Nevbeck (1991: 540) argued that, among an estimated 3.1 million

drug users, 20 percent of them are infected with HIV. Likewise, a study conducted by the National Institute on Drug Abuse showed that among people born in the United States of America, 61 percent of AIDS cases are the results of sexual intercourse with drug abusers. Moreover, 34 percent of all AIDS cases are seen in intravenous drug users. Similarly, in a study conducted among crack smokers, 16 percent were HIV positive as compared to 5 percent of non-smokers (Stimmel, 1996: 18).

2.6 The Status of HIV/AIDS in Ethiopia

As Ethiopia is a developing country, HIV/AIDS is rapidly spreading in all parts of the country. HIV cases were first reported in the year 1984 where as the first AIDS cases were seen in 1986. In 1987, the department of AIDS control was established in the Ministry of Health, and the national program to prevent and control HIV/AIDS was also endorsed. Surveillance of HIV/AIDS was started in 1989 and HIV/AIDS policy was formulated in 1998. The National HIV/AIDS Counsel was established in 2001. In 2002, for the first time, a plan on HIV/AIDS was launched and an agreement was made between the government and international NGOs to combat the issue. In 2003 a policy on how to use antiretroviral drugs was issued, and in 2004 the distribution of the drugs was started. Hence, HIV/AIDS has become one of the most serious threats to the social, economic, and political and health systems of Ethiopian society (National AIDS Council, 2001:12). Owing to this, the prevalence of HIV/AIDS in Ethiopia is highest in the world next to India and South Africa. Although in most countries people are now aware of the causes of HIV transmission, they have not altered their behavior for the reasons that the principal determinants of that behavior are economic and social, not informational (BSS, 2002:2; Stillwaggon, 2006:81).

According to MOH (2004), the number of people infected with HIV/AIDS in Ethiopia is estimated to be 1.5 million, of which 12.6 percent are found in urban centers, and 2.6 percent are in rural areas. The same source also estimated that the prevalence of HIV was 4.6 percent in general and of this 1.42 million are young adults (15-49). From the two AIDS cases reported in 1986 it increased to a total of 147,000 by mid 2003, but the vast majority is unreported and many more died of unnoticed and unaided. AIDS patients occupy more than 50 percent of hospital beds. However, because of behavioral change, an increased level of awareness, the increase tremendous in condom use, and an increase in the usage of VCT services by various social

groups; the national HIV incidence rate in Ethiopia has declined over the last few years and the epidemic has started to stabilize, especially in urban areas (MOH, 2004).

According to 2006 MOH (sixth report), the national and rural HIV prevalence of Ethiopia has stabilized while the urban epidemic is declining. In this year this report came out, an estimated 1,320,000 people were living with HIV/AIDS. Of the total, 634,000 were living in rural areas and 686,000 in urban areas. In the age group 15-29 years, there were more women living with HIV/AIDS than men. In the 30+ year's age group, there were more men living with HIV/AIDS than women. It was estimated that in 2005 a total of 137,500 new AIDS cases, 128,900 new HIV infections (353 a day) including 30,300 HIV positive births, and 134,500 (368 a day) HIV deaths (including 20,900 children (15 years) occurred. It was also estimated that there were a total of 744,100 AIDS Orphans aged 0-17, of which 529,800 were maternal, 464,500 paternal, and 250,200 dual orphans. HIV/AIDS accounted for 32% of the estimated 141,000 of TB cases in 2005. The estimated total number of persons requiring ART in 2005 was 277,800 (including 43,100 children). AIDS accounted for an estimated 34% of all young adult deaths in Ethiopia and 66.3% of all young death in urban Ethiopia (MOH, 2006).

According to the Ethiopian Demographic and Health Survey (EDHS) (2006: 2002), youths, especially young women who are in the highest wealth (economic) category, are more likely to have knowledge about HIV/AIDS and also more affected by the epidemic than their counterparts due to their participation in higher risk sexual activity. The level of HIV infection increases in direct proportion to education among young men and women, though it is higher in women. Moreover, urban youths are more likely to have engaged in risky sexual behavior than rural youths. Besides, the rate of HIV prevalence is higher among men and women who are divorced, separated and widowed than couples living together. There is a high rate of unemployment and economic migrants that lead to high-risk sexual behavior and a high rate of prostitution (National AIDS Council, 2001).

2.7 The Status of HIV/AIDS in Oromiya Regional State

Oromiya Regional State is one of the regions where the HIV/AIDS pandemic is highly prevalent. The estimated prevalence rate in 2006 was 2.4 percent. Of which, the prevalence in urban centers is 8.4 while it is 1.4 percent in rural areas. At the same time as the trend continues declining in rural areas, it is stabilizing in urban centers. According to Regional HIV/AIDS estimates, the

total number of people living with HIV/AIDS in Oromiya Regional State was estimated to be 318,382, of which 152,118 and 166,264 were in urban and rural areas respectively. In the same year, about 33,213 children were living with HIV, 8,547 were newly infected, 5,774 were new AIDS cases and about 29,445 died annually of AIDS. Accordingly, Adama is one of the towns in Oromiya Region where HIV/AIDS is affecting the town's population in general and the youth in particular the most (MOH, 2006).

2.8 Brief Description of the Study Area and the Status of HIV/AIDS in Adama Town

2.8.1 Brief Description of the Study Area

Adama is one of the largest urban centers in Ethiopia. It is located ninety-nine kilometers southeast of Addis Ababa. The development of Adama began with the emergence of the Addis Ababa-Djibouti railway line, which passes through Adama (Gizachew, 1990:21). Adama is located at 8⁰31' north latitude and 39⁰12' east longitude. It has an average altitude of 1,620 meters above sea level. It is located within the Great East African Rift Valley system on a plain land encircled by ridges and hills in all directions apart from the south (Girma, 2002:32).

Later, Adulal developed as an area of settlement and became the old town of Adama, near and along the railway line (Atnafu, 1972: 12). In 1945 Adama was renamed Nazareth and served as the capital of Yerer and Kereyu Awraja (Gutema, 1996: 55). In 1988 Nazareth became the center of the Eastern Shoa Administrative region. At present, the name of the town has been changed back to Adama and it became the center of the Oromiya Regional State in 2001/2002 (Environmental Support Project, 20002: 11). Previously Adama had twenty *Kebele*'s, now it has been restructured to fourteen *Kebele*'s.

Adama is characterized by hot climate. The rainfall is bimodal, with the main rainy season between June and September. The average annual rainfall is about 570 mm (Environmental Support Project, 20002: 12).

In Adama there has recently been rapid population growth. According to the population census of 1994, the total population of Adama was about 127,842, 49% male and 51% female (CSA, 1995: 20). There are different ethnic groups in Adama, including in accordance with their number, the Amhara, the Oromo, Soddo, Sebat Bet Guraghe, Silti, Kembata, and others (CSA, 1995:233). Regarding religion, the majority of the populations are followers of the Ethiopian

Orthodox Church. In addition, there are followers of Islam, Protestantism and Catholicism (CSA, 1995:20).

Adama Town is a growing business center endowed with road communication networks that connect it with other major towns and border crossings to cities and ports. A number of visitors and traders regularly pass through from different parts of the country, and due to: access to employment in factories and seasonal jobs, its centrality and proximity to the economic potentials of the Awash Valley, its prospective development potentials, its nationally-known resorts like Sodere, other hot springs like Gergdi and Boku, and the labor intensive industries of the Wonji and Shoa sugar factories. Many conferences, workshops, and national trainings are conducted in new and already established hotels (Mekete, 2005).

In the town administrative bodies, private investors, and NGOs are working together for the growth and development of the town. Available data on infrastructure and services in Adama indicate that there are eighty-two educational institutions in the town, of which thirty-five are Kindergartens, thirty-one Primary Schools, eight Secondary Schools, two preparatory schools, one Teacher Training Institute, two Technical and Vocational Colleges, two University Colleges, and one University. Hence, many needy people are coming from throughout the country to use these facilities, especially the tertiary ones. This also increases the number of people who are using the aforementioned economic, social and administrative institutions (Adama City Administrative Health Center, 2005).

With regard to health services, there are two hospitals (one governmental and one private). The government hospital serves with inadequate capacity. The hospital had only 120 beds that serve 250-300 patients per day, and people living with HIV/AIDS occupied about 60 percent of the beds. The potential health service coverage of the town by the two hospitals is only 5 percent. There are also only two governmental health centers and one malaria control center. Besides this, there are private health institutions: five special clinics, six higher clinics, thirteen medium clinics, nine lower clinics, ten pharmacies and thirteen drug venders/stores. There are also two NGO-owned health centers: FGAE Health Center and Marie Stops Clinic. In terms of health personnel, there are forty-eight Medical Doctors, eight health officers, eighty-six nurses, eighty-nine health assistances and six pharmacists in the NGOs, private and governmental institutions. The major diseases in the town are the following: HIV/AIDS, TB, URI, malaria, STDs, AGE, and abortion related sicknesses (Adama City Administrative Health Center, 2005).

2.8.2 The Status of HIV/AIDS in Adama Town

In Adama Town, more than 22 NGOs are working on HIV/AIDS, along with twenty-nine anti-AIDS clubs. Moreover, eight voluntary service centers are providing HIV blood testing and counseling: Adama Hospital, Adama Health Center, Adama/Nazareth Youth Model Center, Betezatha, OSSA, Medan Act, Family Guidance Association and Geda Health Center (Adama City Administration Health Office, 2005).

Though all sections of society are affected by the pandemic in the town, the following sections are highly victimized: youths, commercial sex workers, drivers, merchants and couples. According to Adama City HAPCO annual report (2006) more than 3,056 commercial sex workers live in the town and the infection rate among this group was fifty percent and sixty percent in 1989 and 1990 respectively. The 2005 quarter-year report of Adama City Administration Health Office shows that those who have taken VCT services both in GOs and NGOs numbered 20,726, of which 10,513 were males and 10,213 were females, and 3,428 (1379 males and 2049 females) were positive. Of those between the ages 15 and 29 who took VCT services, 1,576 were found HIV positive (491 males and 1085 females).

From the above data, one can say that males and females almost equally volunteered for VCT services. Of the total tested cases in the quarter year of 2005, 16.5 percent were positive. Out of this total, 59.8 percent were female and more than 74.6 percent of these are found between the ages of 20 and 39. The total number of HIV positive pregnant women who received counseling on infant feeding in 2005 was about 195 and the total number of pregnant women who tested HIV positive and negative were 197 and 1,682 respectively. These services are provided by Adama Hospital and Adama Health Centers.

There are a number of reasons mentioned by some of the contacted coordinators of HIV/AIDS prevention and control from NGOs and GOs in the area as factors for the high prevalent rate of HIV/AIDS. Some of the factors are: higher concentration of commercial sex workers, presence of multiple risk points, "illegal" video homes, sexual mal-behaviors, and the trade affairs and national trainings that are held in the town.

The prevalence rates of HIV in Adama Town were 18.8, 18.7, 16, 11 and 9 percents in 2001, 2002, 2003, 2004 and 2005 respectively. According to experts and some official documents, the reason for the decline of the HIV/AIDS prevalence in the study area was the organized efforts

made by various GOs, NGOs, and CBOs. Among other efforts, the increment in awareness creation is worth mentioning. Even though the trend shows a declining rate, still it is a burning issue for people in all walks of life (MOH, 2004).

In line with the decreasing prevalence rate of HIV in the town, some officials/informants complain of the reliability and validity of the data. They consider it as a political suggestion rather than the real situation of HIV/AIDS in the town. They argued that the problem has not yet been studied deeply, except taking samples. Likewise, key informants who are working on the issues related to HIV/AIDS could not tell me even the existing prevalence rate apart from OSSA and FSCE coordinators. The number of people living with HIV/AIDS in the town was not known to many of the residents, even the stakeholders. When I told them about the prevalence rate and the number of PLWHAs in the town, they get hot, bothered and upset by it.

CHAPTER THREE: TYPES, CAUSES AND CONSEQUENCES OF SUBSTANCE ABUSE AMONG YOUTHS IN ADAMA TOWN

The central theme of this chapter is to describe the profiles of questionnaire respondents, the types of substances abused, and the reasons for the youths to indulge in abusing various substances. Also, reasons to continue and discontinue habits and associated processes and ceremonies of substance abuse will be mentioned. The social, psychological, economic and health consequences of substance abuse will also be assessed.

3.1 Profiles of Questionnaire Respondents

Both sexes participated in this study. In the questionnaire most of the respondents (53.5%) were males and 46.5% were females. With regard to age, most of the respondents were from the age group of 21-25 (44.5%) and 26-29 (36.5 %) whereas the age group of 15-20 comprised of 19%. As to religion, the majority of the respondents were Orthodox Christians (55.5%) followed by Muslims (20.5%), Protestants (15.5%), Catholics (4.5%) and others like Rastas (4%). As far as their marital status is concerned 53% of them were single, 27 % were married, and 11% of them were divorced and the last 9% were widowed. Concerning the educational background of the respondents, 36% have completed secondary level, 34.5% primary level, 15% reached higher level and the remaining 14.5% were illiterate. Moreover, the occupational statuses of the respondents were varied ranging from employed (37.5%) and students (15%) to the unemployed that comprised 47.5%.

3.2 Types and Sources of Substances Abused in the Town

Youth substance abusers in the focus group discussion stated that in the town, people use/abuse various substances such as *chat*, cigarettes, *shisha*, cannabis, alcohol and inhalants. Even if the degree differs, the most abused substances are *chat*, alcohol, cigarette and *shisha*. Cannabis and inhalants are also abused to a lesser extent.

According to key informants, who are also youth substance abusers, the most commonly abused substance in the town is *chat*. Although *chat* is the generic name, there are different names given to it such as *Wondo*, *Gameto*, *Awassa Volt*, *Chenge*, *Gelemso*, *Badessa*, *Awaday*, *Omer Kule* and *Beleche*. Some of the names come from the areas of origin. They further indicated that like the names/types, their effects on the central nervous system or other body parts of the abusers also vary. *Chat* is sold in the town without any restrictions.

One of my key informants cogently asserted that though chewing *chat* was not a norm among the local people of Adama, nowadays it is becoming a “culture” among the youth. It is being considered a “normal,” rather than a “deviant,” behavior. As a result, *chat* houses have proliferated, and youths pass their leisure time in these houses. These houses are built especially around the bus station. What makes the bus station more preferable is that there are many *chat* selling and chewing houses, markets, *shisha* houses and other substances in the surrounding area. Besides, many chewers, daily laborers, brokers, travelers and other people congest the area. This area is characterized by anonymity where cheating and crimes are common. It is also common to see people around the bus station yawning at about 12 a.m. because it is the time of the *harara*/craving, and they need to satisfy their habit otherwise they may find themselves wallowing into unhealthy moods.

Youth substance abusers call the chewing time after 2:00 p.m. “ayre” time due to its coincidence with the FM 97.1 radio program that broadcasts at the same time. In addition to this, taxis, shade trees, hotels, cafeterias, and living houses are also used as chewing places. *Chat* is also used around the market places in the town as well as at the back of restaurants and hotels. As a result, *chat/shisha* homes have begun to flourish.

Furthermore, there are chewing houses in the town that are ready for rent especially in and around *chat* selling houses. These houses serve those who do not want to chew in their own home and those who chew for a short period (“lulu”). The renters provide the necessary services like *shisha*, soft drinks, tea, coffee, sugar, and groundnut for which the customers pay.

Next to *chat*, the most abused substance among the youth in the town is alcohol. Various locally produced and imported types having different alcoholic contents are used. According to youth alcohol drinkers, alcoholic drinks are used in homes, hotels, nightclubs and other places. Drinking alcohol is not restricted to males; it is also common for women to enjoy alcoholic beverages. This is mainly due to its availability around the home and the general perception toward drinks as less abusive than substances’ such as cannabis and *shisha* that are strongly condemned.

Moreover, the interview held with policemen showed that home-brewed alcoholic drinks like *tella/areqe* are widely prepared in substance-prone *Kebeles* such as *Kebele* 15, 18 and 11. Sometimes, cannabis is deliberately mixed with *tella* and/or *areqe* to make users very addicted.

Youths from unemployed and low-income groups visit small drinking houses where *tella* and *areqe* are found because *tella* and *areqe* are relatively cheaper than any other alcoholic drinks.

In addition to *chat* and alcohol, tobacco is the other commonly abused substance in the town. According to key informants who were involved in the study, tobacco is available and could easily be used in market places, small kiosks on the streets, hotels, bars, and *chat* and *shisha* houses. There are many smokers in the town, albeit men smokers are more common than their women counterparts. However, women have preferred risk point areas and smoke cigarettes to hide them. Most of them are those who come from abroad who often hangout with their addicted boy friends, and street youths. Young women also smoke cigarette together with *chat*, *shisha*, alcohol and cannabis.

Shisha is the other substance abused in the town. It is a mixture comprised of tobacco, honey, hashish and spices. It is usually smoked from an oriental tobacco pipe, which has a long, flexible tube that draws the smoke via water-filled container and there is aluminum paper at the top of the tube (see annex 1).

Youth substance abusers and key informants have stated that it was originally imported from Yemen and Egypt. Substance abusers use *shisha* for themselves, and to generate income they are obliged to sell to others.

An informant explained that *shisha* smells very good and while inhaling the smokes, the heartbeats much faster than usual, and is stimulated further. Young women in the *shisha* houses also inhale *Shisha*. Especially it is consumed by CSWs and other women since they think it improves their facial complexion and gives them the strength to seduce their male partner.

Hashish is a general term that refers to cocaine, heroin, cannabis, opium poppy, etc. Of all, cannabis is more commonly used in Adama Town. Cannabis is used secretly. According to key informants, it is used furtively in the toilets of hotels, in nightclubs and bathrooms. Informants also stated that cannabis could be obtained from the black market in different parts of the town. Farmers and monks supply cannabis to traders who sell this substance secretly.

In Ethiopia, however, the production of cannabis is attributed to the coming of the Rastafarians in the early 1960's. It is also claimed that "ordinary" farmers in some parts of the country had grow it along with other crops (Seyoum and Ayalew, 1995). But, according to policewomen, in the study area cannabis is smuggled from Shashemene (the home of Rastafarians) and some rural

areas like Arsi. Similarly, it is imported illegally from the Middle East and Southeast Asian countries such as Indonesia and China, and Arab countries like Egypt and Yemen.

While explaining the mechanisms by which cannabis is imported, the policewoman blamed the Customs Authority for its loose control of “illegal” commodities at the checkpoints. According to her, this has encouraged different people to bring these substances simply without any fear of punishment, as the workers of the checkpoints and the police have not checked them seriously. She further stated that, surprisingly enough, even great loads have easy transit. Youths who abuse cannabis are also involved in smuggling these drugs. Unlike males, females can easily smuggle substances, since their handbags are often not checked.

Contrary to the above explanation, the head of Ethiopian Customs Authority Adama Branch, asserted that cannabis smuggled to the town from Shashemene has frequently been caught at checkpoints and sent directly to the Federal Police. Unlike cannabis the “illegally” smuggled *shisha* and tobacco were burned by Adama Administrative Health Center. In this regard, the 2005/6 data obtained from the Ethiopian Customs Authority Adama Branch shows that 2,870 stocks of *shisha* were seized and burned. In addition, fourteen *shisha* tubes were seized.

In most cases, substances reach Adama through illegal means, concealed inside other goods. This makes the problem more difficult to control by the police for there are only two policemen trained in drug control, one of which has already changed his occupation

Unlike other substances, street children and youths usually abuse inhalants like benzene. Street youths usually obtained benzene from vehicles and benzene stations in their surroundings.

The table below, attempts to summarize the kinds of substances abused and their frequency of abuse.

Table 1: Kinds of Substances Abused in Adama Town

Kinds of Substances Abused	Frequency	Percentage
Alcohol	38	19
<i>Chat</i> and <i>Shisha</i>	3	1.5
<i>Chat</i> , Tobacco and <i>Shisha</i>	2	1
<i>Chat</i> , Cannabis, <i>Shisha</i> , Tobacco and Alcohol	5	2.5
<i>Chat</i> and Tobacco	65	32.5
Tobacco	14	7
Cannabis	12	6
Inhalants	4	2
Alcohol, <i>Chat</i> , Tobacco and <i>Shisha</i>	27	13.5
Alcohol and <i>Chat</i>	16	8
Alcohol, <i>Chat</i> and Tobacco	14	7
Total	200	100

From Table 1 it can be noted that various substances, mainly *chat* and tobacco, followed by alcohol, are abused by young people separately or in combination with each other.

Though it is difficult to differentiate, substances are abused to various degrees in almost all parts of the town. According to the information obtained from the policewoman during the survey period, it appears evident that various kinds of substances are abused in the town. And the problem is more chronic in *Kebeles* like 07, 08, 09, 11, 13, 14, 15 and 18 (according to the previous *Kebele* structure). Still *Kebele* 15 is the most notable out of these *Kebele*'s, because of the presence of many restaurants; hotels; bars; nightclubs; and red light; *tella* and *areqe* houses where CSWs work with many customers, as I was informed by the policemen.

In general, most informants involved in this study highly attested that houses built along the Addis Ababa-Adama-Dire Dawa Highway and the surrounding feeder roads are areas where substance abuse is highly prevalent.

Key informants have further stated that about 78 nightclubs are found in the town. In my observations during the fieldwork, the most popular nightclubs visited by youths and others include: National, Pentagon, Yerer, Mulu, City bar, Harar, Hellen and others. These nightclubs are places where young and beautiful CSWs concentrate. In these establishments, youths perform various activities with the ladies such as dancing, kissing, drinking, and chatting in groups. Appropriate music is arranged by the DJs. Clusters of youths also enjoy in-group and

create other entertaining occasions. This is what makes the nightclubs different from other establishments.

Below table 2 attests the *kebeles* where substances are frequently abused.

Table 2: Frequency of Substance Abusers from different *Kebeles*

<i>Kebeles</i>	Frequency	Percentage
01	11	5.5
02	8	4
03	7	3.5
04	4	2
05	5	2.5
06	4	2
07	17	8.5
08	11	5.5
09	25	12.5
10	6	3
11	20	10
12	8	4
13	13	6.5
14	4	2
15	26	13
16	4	2
17	3	1.5
18	20	10
19	1	0.5
20	3	1.5
Total	200	100

Table 2 indicates that most of the abusers are found in *Kebele* 15 followed by *Kebeles* 09, 18, and 11. This shows that the quantitative data supports the qualitative obtained through FGDs, in-depth interviews and observation. It further indicates that substances are abused in all *Kebeles*, though more in some than others.

3.3 Socioeconomic Backgrounds of Youth Substance Abusers

Youth substance abusers come from all areas of society; low, middle and upper economic backgrounds, though the magnitude varies. FGD participants who were youth substance abusers stated that the low economic background does the lion's share of the substance abuse. The

middle and high-income youths also abuse it for enjoyment. They have no scarcity of money to satisfy their need and to test whatever substances they like.

The low-income group has devised various mechanisms to satisfy their habit: making acquaintance with well-to-do peer members, doing some casual work (shoe shining, carrying, serving as a waiter/waitress, etc), committing crime (theft, cheating, stealing, burglary, etc.), and brokering (ladies, houses, laborers, smuggling substances, etc). Therefore, like the substances, which are being abused, the abusers and the mechanism they obtain their substances are also different.

The following table indicates the different sources of income used by substance abusers.

Table 3: Source of Income to Abuse Substances

Source of Income	Frequency	Percentage
Family	37	18.5
Peer group and theft	62	31
Begging	17	8.5
Own income	82	41
Other (committing crimes)	2	1
Total	200	100

Table 3 indicates various sources of income that are used to satisfy the habits of abusers. Of these, the abusers own income (41%) stands first, followed by peer group and theft (31%), family (18.5%), begging (8.5%), and others (1%).

From the above table, one can infer that more than 59% of the respondents do not have a sustainable source of income to cover the expense for substances. As a result, more than 50% of the respondents are forced to commit unacceptable acts in an effort to get the money to buy different substances. Yet a reasonable number of my informants told me that they resorted to other socially degraded forms of earning money to satisfy their habit.

Key informants and FGD participants who were street youths indicated that most youth substance abusers are unemployed, street boys/girls, primary/high school/college students and CSWs. These people spent their time in bars, nightclubs, small shops, and *shisha* and *chat* houses as well as *tella/areqe* houses.

3.4 Causes of Substance Abuse among Youths

In this part causes that lead young people to substance abuse will be discussed. There are different factors that trigger young people to indulge in substance abuse. According to the key informants and consulted abusers themselves, the major reasons for abusing substances are peer pressure, family discord and disruption, poor social relations and coping skills, inadequate recreational centers, unemployment, personality factor, easy access to the substances, the absence of role-models, economic factors, frustration due to stressful experiences (anxiety, pain, boredom), curiosity to know the situation, to relax and have fun, to stay awake longer, dealing with inhibition, the media and ignorance about its effects.

During the focus group discussions, some participants were chewing *chat* and smoking cigarettes. When they were asked why they use substances, they replied that they were taking substances to stay active for the interview session. Yet youth drunkards responded that they drink alcohol to socialize, to spend leisure time and to avoid depression. Moreover, it is used to enhance potency in sexual intercourse and to prolong orgasms. Street youths involved in the FGD attribute the abuse of substance to the loss of their family, to withstand hunger and the cold of the night.

With respect to recreational facilities, key informants indicated that the facilities operational in the town, particularly sporting events/occasions, although very essential to youths, are not reasonably priced and are not common enough. As a result, in order to avoid the ensuing idleness, the youth began to engage in substance abuse. With the hope of avoiding temporary frustration, the youth prefer to pass their precious time in *shisha*, *chat*, *tella/areqe* houses, etc. Youngsters are more vulnerable to substance abuse due to lack of entertainment. They have nowhere to spend their leisure time. In contrast, due to lack of continuous follow-up sometimes even the existing recreational centers are becoming places of substance abuse.

The argument that young people due to unemployment abuse substances is not conclusive because of the fact that even the employed are involved in it. Employed youths abuse substances due to dissatisfaction, grievances and disappointments at work places, and frustration with their family and society. As a result, youths indulge in substance abuse with the hope of hiding themselves and/or escaping from these problems.

On the other hand, some students chew *chat* with the assumption that they may stay awake longer and concentrate on their studies. However, in the long run they become addicted and start to abuse more frequently. Furthermore, youths engaged in substance abuse to get pleasure from the ceremonies and to use it as a means to meet girls for dating. Some of them consider drinking alcohol and chewing *chat* as recreation but some said the reverse. Besides, youths believe that testing and exploring new things is part of their life. Therefore, according to some of the key informants, youth start to abuse/use various substances to test and then quit.

One of my key informants asserted that though learning is said to bring about behavioral change those who smoke cigarettes, chew *chat*, drink alcohol, inhale *shisha* and smoke cannabis are in most cases the “educated”, not the “illiterate”.

A key informant argued that ‘normal’ individuals may, by observing their family or peer role models, learn that substance use is an ‘acceptable’ way to relieve daily stresses. Hence, he explained role models as a cause.

As mentioned above, peer influence appears to have been the major factor for abusing various substances. The cases of two youth substance abusers, presented below, further elaborate the point. Kebede, 26, narrates his experiences as follows:

I was attracted to various substances due to various reasons. Of these, the pressure from my peers was a major one to persuade me to participate in such activities. From the outset, I simply accompanied them without abusing the substances. But later on, I repeatedly joined and shared with them various ideas, knowledge, attitudes, perceptions, jokes and experiences as we were chatting in the place where they abuse substances. Finally, I got attracted and I started to use seldom. As days passed, I became one of the biggest substance abusers. I was mainly attracted by the ceremonies accompanying substance abuse, and the ladies who performed the coffee ceremonies and facilitated every process for the users, especially in the chat and shisha houses. I consider the activities interesting and fascinating. As a result, I became a regular abuser without having any money in my pocket. Consequently, I started to engage in activities that I had never thought before I began abusing substances such as cheating families, friends, and stealing in order to satisfy my habit.

Similarly, Solomon a 24-year old street boy expressed how his peers influenced him to abuse substances and prefer life out of home to life at home with his family. He narrates the situation as follows:

My family's money is nothing for me and it does not give me any satisfaction. However, life and friends around substance abuse are better than the life at home. Family's life is family's life that does not compensate these in any way. Therefore, getting what I need and doing things in accordance with my interests gives me great pleasure. Hence, life

outside the home is attractive. This life gives me the freedom to practice whatsoever I like such as abusing substances with my friends so long as I want, dancing at any time and place, dating anyone whom I like, and staying with them. So, what life do you expect in your home with this interesting and marvelous life out of home? That is why I prefer to be with my street friends even though my family tried to return me back home, for the life that they call good.

A 29 year-old high school teacher mentioned three possible factors for abusing substances: environment, personality and socioeconomic factors. When he said environment, he meant the peculiar characteristics of Adama Town, in which various substances are found since the town is a hub. In effect, many traders collect and bring a variety of substances from various places. Hence, accessibility of the substances influences youths to abuse. In this respect, the surrounding environment matters a lot in the shaping and reshaping of the young generation.

Second, according to his explanation, personality factor refers to the ability of an individual to control his/her feelings and refrain from abusing substances. In this regard, he did not blame anyone for his being an abuser of various substances. Instead, he believed that it was his inability to control his internal feelings.

Lastly, when he said socioeconomic factors, he was referring to the misunderstanding of society and the concerned bodies of the predicament of youths. He said, "Without considering youth's multifaceted predicament and giving them the right opportunities, blaming and talking about them simply is not the solution." He further stated that most often it is the youths from a poor socioeconomic background who are vulnerable to addictions to different substances such as *chat*.

On the other hand, women staff and street children from FSCE in the FGD mentioned early marriage, abduction and poverty as causes for young women to migrate to Adama, which in turn made them start abusing substances. Upon arrival, in order to earn their livelihood, migrant children and youths seek jobs through brokers or friends. Mostly they end up in jobs like commercial sex work, while others became street girls.

However, one key informant from FSCE informed me that when there is political instability throughout the country, families might lose their jobs. Hence, families' failure to generate the necessary income to cover the required facilities and to feed their children does not only affect the whole family but also makes children/youths look for alternatives away from home. To this end, in order to forget their hardship they begin abusing different substances like *chat*, cannabis, and inhalants.

Because of lack of proper socialization and follow-up, children and youths went out to the streets and exposed themselves to different addictions. For example, some families raise their children carelessly without telling them what is right and wrong. On the other hand, one of the street boys told me that he did not know the exact reason how he end up abusing substance. He also said that friends or family have no role for his being involved in abusing substances. He came out to the street and became a substance abuser in search of pleasure.

Similarly, during the quantitative survey some youth substance abusers also revealed that they do not know the reasons why they became substance abusers. FGD Participant Street youths mentioned the following reasons for abusing various substances: to drink, chew, and smoke more amounts and to avoid headache; to forget hunger; and to say what they feel freely. More to the point, it is to feel good and active in the night. According to the participants, the reasons for the young to become street boys/girls, substance abusers, and commercial sex workers were economic, rural-urban migration, abduction, and family disintegration, and political instability, curiosity to know the unknown and to secure freedom.

In Table 4 the causes for youths to abuse substances are mentioned.

Table 4: Causes for Youths to Abuse Substances

Causes for Substance Abuse	Frequency	Percentage
Peers pressure	74	37
Inadequate recreational facilities	28	14
Frustration	73	36.5
Unknown reasons	20	10
Others (curiosity about the unknown)	5	2.5
Total	200	100

The above table states peers pressure (37%), frustration (36.5%), inadequate recreational facilities (14%), unknown reasons (10%) and others (curiosity about the unknown) (2.5%) as reasons for youths to abuse substances. The above data indicate that more than 70% of the abusers are due to peer pressure and frustrations.

3.5 Reasons to Continue and Discontinue Habits

Youth substance abusers mentioned several reasons to continue or discontinue abusing habit-forming substances.

From some consulted abusers' points of view, they start abusing substances for fun or simply as an adventure. However, once they entered into it, they became captives and ended up addicted. It appears difficult for them to escape from the addiction of substance abuse. What is more, the probability of persuading their friends to accompany them became higher than the probability of becoming free from addiction. As a result, the life, behavior, living conditions, communication and ways of handling things of youths ultimately changed. In addition, the ages at which youths stated to use/abuse habit-forming substances were quite early.

Some people began to chew *chat* and other substances at an early age without considering their effects. But after they became addicted they faced difficulty to getting out of the habit and leading a better life. An informant narrates his experiences as follows:

I was too young when I started to chew chat, smoke cigarettes and inhale shisha. During that time, I had nothing in my mind and I did not know the effects of simply taking them. At that age, only the positive sides were seen to me. But as I matured and educated, I started to understand that all things have both positive and negative effects, even food. In this regard, most probably chat prevents from upgrading me in many ways. I buy chat, go home, sit and chew. Therefore, the opportunity for change is less. On the other hand, it prevents me from drinking and having sex with bar ladies. Moreover, my interaction with people is limited and I get depressed. So I face difficulty adjusting myself with the community.

The quantitative survey results below also strengthen this view:

Table 5: Ages of First Use/Abuse of Habit Forming Substances

Ages at First Use/Abuse of Substances	Frequency	Percentage
Below 15 years	49	24.5
15-19	115	57.5
20-24	33	16.5
25-29	3	1.5
Total	200	100

As indicated in Table 5, most of the respondents began abusing various substances at the ages 15-19 (57.5%) and below the age of 15 (24.5%). This clearly shows that youths began to abuse substances at an early age.

All FGD participants who were youth substance abusers agreed that they could not stop their habit of abusing substances due to their addiction, peer influence and frustration. Youths in most of the discussions stated that they know the effects of various substances. However, they do not stop to consume them because they cannot withstand the frustrations. For example, the

information obtained from the FGD participants who were street children stated that when new users begin to abuse, they knew the impacts of substances, but they still start to use them. They have told the effects of substances to other people; however, they themselves do not stop abusing the substances.

The following informant discussed the difficulties he faced after he began to chew *chat* and how he suffered to come out of it. He narrated his experiences as follows:

I was a constant chewer. I began chewing in the morning as 'yejebena'. Since I was a teacher I was far away from my family. One time my mother came to visit me. When she came to visit me, I was chewing chat and smoking cigarettes with my friends while preparing the coffee ceremony. Because of what I was doing, my mother was confused and she started to cry as if I were dead. From that moment I promised her that I would never do it again. But the next day I did the same thing forgetting what I promised to her. I started to say 'yejebena', even though mom was around. While I was taking chat and smoking cigarettes, I started to cry. This strange behavior has created confusion in my mother's mind. Thus, she started to ask what was happening to me, and I responded that today is my turn to cry because you were crying yesterday. I cried because I could not control myself from abusing substances and I was not in a position to keep my promise. I was also warned so many times by my school principals due to my absence and being late, and disagreements created with my students in the class.

Similar to the above informant, another informant stated the following:

I know the impacts of substances, but I cannot give them up though I have tried to convince myself repeatedly. One day I went to one of the nightclubs with my friend to dance. The ladies around there, whom I know, invited me to drink with them and I did so. When I got drunk, I went to sleep with the ladies who were dancing and drinking with me in that nightclub. In the morning when I gathered my wits, I found myself in the bed with the bar lady. I hated myself and was disappointed with the unsafe sex I had.

Table 6, below, presents the views collected as to why youths continue to abuse substances.

Table 6: Reasons to Continue Abusing Substances:

Reasons to continue abusing substances	Frequency	Percentage
Difficult to quit habit	39	34
Frustration	57	49.5
Peer influence	19	16.5
Total	115	100

From the above data it became apparent that, most respondents continue to abuse substances due to frustration (49.5 %), the difficulty of quitting the habit (34%) and peer influence (16.5%). Once the dependency syndrome developed, most youth found it hard to quit abusing substances.

On the other hand, some youth quit abusing substances. This can be substantiated from the table below.

Table 7: Reasons to Discontinue Habits

Reasons to Discontinue Habits	Frequency	Percentage
Started to use ARV drugs	51	60
Shortage of money	6	7
Learning their effects	28	33
Total	85	100

Table 7 presented some of the reasons respondents discontinued abusing substances. Accordingly, 60% discontinued when they started to use ARV drugs, 33% just by mere understanding of the negative effects, and 7% because they had a shortage of money.

Furthermore, counselors in some care and support organizations explained to me that education is given to their clients about the impacts of substance abuse, especially for those who have started to take ARV drugs. One informant got right off his habit of abusing substances because of the advice he got from his parents, especially his mother, and his self-determination to do so. Moreover, a key informant from the youth association mentioned that local social norms determine the likelihood that a person is exposed to the substance and whether they continue to abuse or not.

3.6 Substance Abuse: Processes and Associated Ceremonies

In most cases substance abuse is not accompanied by ceremonies. However, according to the information obtained from FGD participants, chewing *chat* is usually accompanied by an “interesting” ceremony. As a result, it attracts chewers in various ways. What makes chewers more interested is the coffee ceremony.

The following are some of the most noticeable processes and ceremonies that accompany *chat* chewing: (i) preparing the money required for purchasing materials used in the ceremony, (ii) peer youths are assigned to buy *chat*, cigarettes, gum Arabic, and other important materials for the ceremony, (iii) *shisha* might be made ready though consumed based on the interest of the individual chewer, (iv) decorating the chewing house using *frash*, *guzgwaz*, *mat/mintaf* etc, (v) participants begin to enter into the *chat/shisha* house, but they are expected to take off their shoes and then wash their legs in order to avoid unpleasant smells, (vi) every participant would

takes a seat, (vii) every participant prays to make the ceremony pleasant, (viii) the chewing process begins by distributing the *chat* to every participant through the mediator, (ix) while chewing, participants should be good-looking with one another. However, taking all the substances at once is not an obligation. Besides, all these procedures are not strictly observed all the time, in all the ceremonies and occasions.

The roles of ladies and the conditions around which the ceremonies revolve have also been indicated by some informants as another interesting aspect that makes the chewing atmosphere very hot and attractive. One informant expressed these conditions as follows:

Oh! What can I say! They are the queens of the chat ceremony and they bring you whatever you like. They prepare coffee, tea, etc. If you want to get some materials, they are willing to bring them. In turn, you give them some chat or money and you share what you are taking with them. If you are interested in taking shisha, ladies around the ceremonies in the shisha house are ready to prepare it for you without any hesitation and they will give you information on how shisha is prepared and used. The ceremonies observed around the midija/oven, the smell of the shisha, and the ladies who are making the coffee are attractive and let me do anything I want to do. These all things are blessings that I can say.

In *shisha* and *chat* houses or in any other places where *chat/shisha* ceremonies are conducted many issues are raised. In this regard, one of the informants expressed that in the ceremonies participants reflect their own feelings. For example, if somebody wants to build a huge house or establishment he/she talks about his/her dreams. This does not mean that the most crucial points are always raised in those ceremonies. Some may write poems while chewing *chat*.

During a certain *chat* chewing ceremony in which I myself was involved, the one who was more fun had more listeners and supporters than the one who talked of realities with good evidence; because everybody around needed fun and an attention-grabbing atmosphere.

Substances have also been used for the purpose of facilitating rituals. Chewing *chat* might be one of the actions carried out in a certain ritual ceremony. The key informants mentioned that some Muslims take *chat* in religious ceremony in order to facilitate their rituals. As a result, they chew in their own homes with their children. Accordingly, their actions may not be considered as “deviant” behavior, and the children themselves may adopt these practices as “normal”.

In *chat* chewing ceremonies, the participants’ actions seemed attractive and cooperative. Someone raised new ideas and jokes that also initiated each participant to utter his/her own words to contribute to the discussion, and whatever the topic under discussion was, everybody

uttered something. At this moment, the participants tended to be the happiest people in this world. They are drifted into a reverie.

Daniel, 27 years old, gives different names and ranks for the chewers. Hence, those individuals who chew sometimes (on Sundays and Saturdays) are not considered as *berchist* (true chewers). The true chewers, according to him, are those who come on time to the *bercha* ceremony. He has called those who chew regularly and reached the highest stage as *jezeba*, and those who pass the *jezeba* stage as *meteke*.

On the other hand, *Doka*, *kemate*, and *jezeba* are the permanent names by which Daniel's friend identified him. His friends' utter statements against him like; "he is not simply chewing *chat*, rather he eats it just like food." Some of his friends say "O! He chews" and some others said, "He is like a goat". They admit his usefulness in *chat* ceremonies by saying: "He knows quality *chat*; he knows how to crack jokes at *bercha* time and he is cool at the time of *mirkana*." The same is true when "he blesses, criticizes and terrorizes others."

Before chewing *chat* he says: በሰው ጫንቃ ላይ ታዝሎ ልዝለል ልደንስ የሚለውን እዛው ያዝልን. Literally translated as: *May God keep away from us a man who wants to dance and jump over others' shoulders*. Even before he unties his *chat* and starts to chew he starts talking. He likes to raise issues beginning from the local (e.g., about the local administration, the youth association, local *iddir*, or girls or boys) up to global (e.g., about the Iraq's President Saddam Hussein).

Furthermore, he discusses fears and the challenges of life. He uses these as reflections of his strength. Some days he talks only about himself. Whatever Daniel talks about, he is attentively listened to by *bercha* attendants. When he expresses his power, he sometimes says, "When I get high satisfaction, I feel I can make or create human beings from mud." He has many *chat* seller customers and no one is annoyed with him for a minute. Rather, if he buys continuously from one of his *chat* sellers, he starts to search for conflicting reasons by saying like "Oh! Your *chat* does not bring *mirkana*; as a result *weswas* is coming to us."

The *chat*-sellers said that if Daniel buys their *chat*, the whole day they will become *resik be resik*, which means that they sell their *chat* at the right price and time. He does not chew *kachero chat* meaning lower grade *chat*, unless he faces financial problems. If he is not in a position to chew *chat*, he says, "Dukaks/depression surrounds me." He chews in the morning, day and night time, which is known by him and other chewers as *yejebena*, *bercha* and *aterera* respectively.

When noon or midday approaches, he likes to list out the different parts and types of *chat*, like *kachero*, and as a result, his friends call him *doka*.

Among the *chat* chewers a full-fledged substance abuser is nicknamed “አጠቃ” where “አ” stands for “አጫሽ” which means smoker, “ጠ” stands for “ጠጪ” which means drunkard, and “ቃ” stands for “ቃሚ” which means chewer.

After or while chewing *chat*, inhaling *shisha* and smoking cigarettes is unquestionable for some abusers. And then alcoholic drinks/*chebsi* will follow in different restaurants, hotels and nightclubs. However, low-income groups visit *tella* and *areqe* houses. As a result, the probability of finding a sexual partner on these occasions are high, particularly in areas where those partners are accessible, such as nightclubs, restaurants, hotels, red light houses and even from the street.

3.7 Consequences of Substance Abuse among Youths in Adama Town

Substance abuse leads to negative psychological, social, economic and health consequences particularly for the abusers and the people in and around the town where consumption of various substances is prevalent. Though the effects are intricate, hence attempts have been made to create general categories in this study. The forthcoming table will elaborate whether those surveyed thought substance abuse had negative effects or not.

Table 8: Do you believe that Substance Abuse has Negative Effects?

Do you believe that Substance Abuse has Negative Effects?	Frequency	Percentage
Yes	169	84.5
No	31	15.5
Total	200	100

Table 8 showed that most of the respondents (84.5%) accept the negative effects and only 15.5% of the respondents deny the negative effects of substance abuse. Concerning the exact nature of the impact, respondents stated their opinion in Table 9 as follows:

Table 9: Negative Effects of Substance Abuse

Negative Effects of Substance Abuse	Frequency	Percentage
Economic	12	7
Social	10	6
Psychological	11	7
Health	31	18
All of the above effects	105	62
Total	169	100

As Table 9 indicates, most of the respondents (62%) agreed that substance abuse causes economic, social, psychological and health problems, though the remaining respondents list only a single effect (38%).

3.7.1 Social Consequences

The impacts of substance abuse are not limited to the abusers themselves, for it endangers their family and society as well. According to the information gathered from informants, some of the effects range from family disintegration, absenteeism from work or quitting their jobs, absenteeism from school which leads to poor academic performance and dropping out, stigma and discrimination, polluting the environment, dishonesty, visiting prostitutes, crimes, street life, rape, and sexual abuse.

The stigma and discrimination against youth substance abusers are multifarious and intermingled. Almost all the participants in the study explained that people, particularly non-abusers, consider youth substance abusers as juvenile delinquents, vagabonds, “deviants”, pick pockets and hooligans. In the same way, youth substance abusers develop negative attitudes towards society. Such blame and stigmatization, results in complicated frustrations and leads the youth to further abuse substances. From her experience, the policewoman claimed that the pressures of substance abuse lead people to recline, deceive, steal, break vows, manipulate others, and commit disgusting acts. As a result, their affiliations with society are shattered.

They also blame society for alienating them and feel they have the capacity to undertake productive activities if they are given the opportunity. They are capable of changing themselves if a conducive-environment is created, and could become a good example for their peers who are facing the same problem. The stigma and discrimination associated with substance abuse, as well as the disorganization often seen in the lifestyle of active substance abusers, can lead to the

reluctance to seek care. In this scene, Sultan, who is a substance abuser, said that isolating or discriminating against substance abusers is not the solution. Rather, approaching and discussing with them is the best way to combat the problem.

One youth substance abuser said the stigma and discriminations he faced by society due to substance abuse were as follows:

Socially, when you abuse substances, people who do not abuse substances consider you as strange and they alienate you since they consider such actions as 'evil' or 'abnormal'. For example, in Adama Town, if an educated person is found abusing substances, he/she is immediately considered as 'evil', 'crazy' and 'careless'. In this way, it affects social relationships.

According to the interviewed policemen, youngsters involved in abusing various substances like alcohol, chat, cannabis, and shisha committed most of the crimes in Adama. The youths also face disruptions in their social relations. In addition, most of the informants and FGD participants agreed that the youth, after abusing substances, have engaged in “illegal” activities such as drug distribution, gambling and sexual harassment. An informant who is a substance abuser explained that *chat* stimulates him to drink, to stay longer in one area, to concentrate and, when taken with other substances, leads him to commit crimes.

Interviews with the Policemen indicated that some of the crimes committed by young people result from the need for the money to satisfy their addictions. Moreover, reports of stealing outside the family and mugging are very common. In addition, the police said that the use of cannabis is highly connected with serious criminal behavior such as armed robbery and reckless driving. The policemen also mentioned that gangs, drug trafficking, prostitution, and growing numbers of youth homicides were few among other social problems often linked with youth substance abusers.

Policemen further informed me that some youth substance abusers are engaged in killing people with soundless instruments because some people sometimes hire them to kill people instead of doing it themselves. This increases fear among the community and the demand for juvenile and criminal justice services. Thus, it increases the burden on the country's resources.

In addition, the policeman informed me that those who have licensed drug stores cheat their customers in the name of medically approved drugs by producing similar drugs with cheaper prices. For instance, one person was detained for the crime of selling illegal tetracycline by mixing it with ash, which in turn endangered the life of the clients.

One informant who is non-substance abuser argued that western culture is transmitted through different means of communication, from which the youths of the study area learn these practices as a good. That is why most of the time youngsters never hesitate to involve themselves in malpractices.

According to information obtained from a policewoman, who works on issues related to substance abuse, a pornographic film titled *Habesha sex* was produced in the town. The producers were three foreigners and two addicted Ethiopian girls. For the production of the pornographic film, they used some lubricant medicine to relax the girls' vaginas and to enlarge the males' penis and enhance potency. Substance abusers, smugglers, and criminals who have been actively committing crimes did such activities. She further said that such people use drugs in order to gain courage. The police and other sections of the society sometimes are not in a position to cope with their strategies. It seems that no one knows all their activities, be it the police or any other responsible bodies.

From the above point, it is possible to infer that proper attention has not yet been focused on this problem by concerned bodies. Even though the problem is large and needs to be confronted by the concerted efforts of all sections of the town's population, still little has been done by the institutions working on the issue.

The policewoman also suggested that the town's administration should conduct frequent follow-ups on the performance of licensed establishments such as hotels, bars, restaurants, nightclubs and the like. Thus, if concerned institutions put their integrated efforts into action, the already-issued government policies can play a pivotal role in minimizing the spread of substance abuse and that of the HIV/AIDS pandemic.

3.7.2 Psychological Consequences

Though it is difficult to discern the psychological effects without having any standard measurement, in this part an attempt will be made to address the issue from informants' points of view. According to substance abusers, the policewoman and FGD participant street youths, the most serious psychological effects of substance abuse are: depression, anxiety, schizophrenia, antisocial personality disorders being involved in crimes such as fighting, rape, and committing suicide, and low self esteem (the habit of undermining one's own potential and wasting time

doing nothing). As a result, society's attitudes towards them and the abused substances push them to create their own world of fantasy and get depressed.

While chewing *chat*, an informant told me that he dreams of building 13 or 14 stores within minutes, or how to live an interesting life, which is just an illusion. There is a big difference between pre and post chewing mood. Before chewing *chat*, abusers are mostly in depression and are not interested in talking with others. They also develop negative attitudes towards others. But after they take substances, they develop different feelings and positive attitudes towards others.

Ashenafi, a 25 years old substance abuser, narrated this feeling as follows:

Before chewing chat, everybody around you looks like enemy number one who is on the way to isolate you from non-abusers. As a result, youth substance abusers isolate themselves and live in their own world. During and after chewing chat everybody becomes a friend and you begin to deal freely with every aspect of life. However, some others zip their mouths and abstain from saying anything. At this time, you consider yourself the center of the society, and express the love you have to others as opposed to your feelings before taking the substances. As the dose of substances increases, the ability to understand what one is doing around the risk points is dangerous. Hence, people around you look good and then no one looks better to you in this world than those who you see at that particular time. The ladies around nightclubs attract not only those who take substances but also others who do not take the substance. The ladies around nightclubs resemble "Mona Lisa" and look like the most beautiful ladies in this world. Though in the day time or prior to the intake of such addictive substances you may not even want to talk to them or see them as they are with you at night.

As one FGD participant, who is a youth substance abuser, indicated, usually he and his friends chew *chat* to work hard and memorize events that they have gone through. Since it is a stimulant, different ideas come to his mind, which force him to drink and have sex. He concluded that it entertained and enabled him forget what he does not want to remember. Besides, it satisfies his needs and makes his mind freer.

The psychological consequences vary from person to person. For example, one female street child participant of the FGD expressed that cannabis leads her to "day dream". As a result, she faced total confusion and narrated the situation as follows:

I found my nose bigger and bigger to the extent that it reached to the road and pushed the vehicles, and I entered into a dream and my friends would say 'tozalech'. The cannabis also gives me courage. Otherwise, I fear everything. I enter into a state of confusion after taking cannabis. I also see things multiplied and blurred, and fail to concentrate.

3.7.3 Economic Consequences of Substance Abuse

Economic consequences of substance abuse are manifested at the individual, family, and community level as well as the nation at large.

FGD results and interviews held with key informants showed that substance abuse has a direct economic impact on the individual. The participants unanimously asserted that in the beginning the costs of the substances might not be felt. But later individuals become addicted and they increase the volume of the substances consumed and the associated cost increases steadily. Therefore, according to FGD participants, an individual may spend 30-40 Birr per day. Likewise, one substance abuser stated the economic impact he experienced as follows:

Economically, I am seriously affected by the cost of various substances since I do not plant them in my compound, but I get them from the markets. Therefore, I spend or lose my income for this purpose. The money I earn and the cost I incur for these substances are not compatible. As a result, I face economic problems in my life with the increasing prices of everything.

Out of the preceding excerpt, one can easily deduce that the individual is experiencing a highly unbearable economic crisis to satisfy his habits, and he cannot avoid it easily.

The economic effects also become more complicated when the individuals are abusing a combination of substances at a time. Unfortunately, most of my informants abuse a combination of substances as a result of which they have seriously experienced its adverse economic effect.

When an informant was asked about the economic problems he faced, he replied as: ገለምሶ ለኡግል አቀባበላችኛ ኡግል ደግሞ ለናሽናል ሲያቀባበላችኛ ነው። ለሊቱም ይሄዳል ሲነጋ ወደ ቤቴ እመስላለሁ ውጤቱ ገንዘቤም አለቀ ሕይወቴም ተበላሽ። *Literally translated as: Gelemso leads me to Eagle house /a drinking center/ and it also leads me to National Pub, there my money is finished and my life ruined.*

As we can see, first he chews *chat*, which then leads him to consume alcohol. In moving from abusing one substance to the other, the individual is then subject to severe economic crises. The adverse economic impact of substance abuse is not limited to the direct financial expense of the abuser. Rather, as indicated by FGD participants from the selected organizations, abusers waste their precious time in vain while taking these substances. The economic value of the time lost in taking substances is indeed difficult to measure. According to the information obtained from the staffs of FSCE, most abusers spend their work time abusing substances especially in the afternoon. Still there are some abusers who miss work because they are either abusing

substances or because they are suffering from the effects of substances abused a day or so before. In line with the preceding idea, one of the participants of the FGD from the FSCE staff jokingly stated that it is customary for some employed youths to go to work late or to miss it totally. The reason is very straightforward; it is because they are hangover. He further stated that abusers who are fined for their absenteeism, because of substance abuse, do not regret it but rather instead they consider it as “normal”. This leads to the abusers being fired by their employers. The abusers are then left only with the habit they gradually developed while losing their source of income. In line with this, key informants from youth associations in the town indicated that the loss of income affects not only the abusers but also their family members. Still worse, families headed by substance abusers are often subject to divorce. This leads to the sharing of property among the family members, usually between the wife and the husband, which renders the lives of the family extremely precarious. The children brought up in this kind of disorganized family will not obtain the proper socialization to become active and competent citizens.

The policemen asked what the adverse economic impact of substance abuse is replied that youths who are addicted are work-shy and spend most of their time in non-productive activities such as talking about imaginary issues, cheating and criticizing other youths who are engaged in productive activities. The policemen further stated that the use of different substances make the youth physically feeble and therefore unable to perform tasks that demand physical vigor.

The policemen also explained that drivers who are taking substances while driving cause most of the car accidents in Adama. The policemen cited a taxi, which was driven by a youth who consumed chat, crushed with a lorry. The taxi was totally destroyed and the driver of the taxi was miraculously rescued with a heavy wound. The driver of the taxi was not even capable of covering the expenses required for his medication. However, with money pooled from his fellow drivers and other humanitarian organizations he received the relevant medical treatment.

From the policemen’s explanation, it is clear that the economic crises that were incurred by the taxi owner and the taxi driver himself are the direct results of substance abuse. The driver even does not have that financial capacity, as explained by the policemen, to pay his medical expense. Youth who abuse substance are also quarreling with other youths as a result they are exposed to physical injuries, and require a great deal of money to cover the medical expenses.

FGD participants from OSSA, AAC and “Wegen le Wegen” asserted that most youths succumb to the risk of HIV because of substance abuse. HIV infection means that the youths are vulnerable to a host of opportunistic infections that require medication. However these hapless people are not in the position to cover the costs of medical expenses. Not only are they incapable of covering medical expense, they are also unable to feed themselves. This is because most of the people who become infected with the disease are not engaged in productive activities that enable them to earn a living.

From the aforementioned it is clear that substance abuse has a direct negative economic impact on the abusers and their family members and close relatives. As an immediate effect of this, the community is also subject to a multitude of economic problems, which are laid upon the youth population both for economic, security and other communal expectations.

3.7.4 Consequences of Substance Abuse on Health

The impacts of substances on the health of the youth are enormous. Substances cause many impacts ranging from simple infection to complicated diseases like HIV/AIDS.

The effects of cannabis can best be exemplified on one of the youths. As narrated by the policewoman, a youth lost his life due to the excessive abuse of cannabis. She said: one of his friends smokes cannabis on him and gave some to him to smoke. Then, he frequently used it and eventually become addicted to it. One day, the moment he took cannabis, he went to his home and attempted to rape his beloved mother, but the police stopped. In the long run, he was addicted and become paralyzed. Though he was treated in Adama Hospital, the doctor’s told him that he should go abroad for further treatment. Unfortunately, as the rules forbade such people from leaving the country for further treatment, he lost his life. This can be taken as an extremely adverse effect of substance abuse, where a boy attempts to rape his mother in a highly “conservative” society like Ethiopia.

Likewise, a street child also attested what happened to her after she took cannabis: she exhibited red eyes with dilated pupils, an increased appetite, dry mouth, and rapid pulse. She was also sluggish and slow to react.

In my observation in the drinking houses, those who drunk too much vomited, lost their balance, and lied on the ground in the night. They also showed physical deformations like changes in the mouth structure. They were considered themselves as ‘elite’ and tried to talk in English.

Moreover, I observed tooth decay and unclean eyeballs on youth substance abusers, especially those who chew *chat*, smoke cigarettes and drink alcohol. I asked one chemistry instructor why a person's eyes protrude while chewing. According to him, this is because there is an organic element in *chat* that causes the eyes to protrude.

An informant mentioned that on many occasions he spent the day without any food. As a result, he felt tired, sick and got constipated. He visited a doctor and was told to drink a lot of water to avoid the problem. On the other hand, in the FGD, most participants stated that their reasoning capacity has been affected by the intake of various substances.

In general, substances affect the health of abusers in more ways than one. Youth substance abusers, who have been involved in the FGD, stated the effects of substance abuse as: impairment of their judgment, heart failure, a weakened immune system, the loss of weight and appetite, sight problems, complicated speech, infertility, and physical problems. The FGD participants has also stated that substance abuse is directly related to the spread of HIV/AIDS, which in turn exacerbate the problem of young with the ensuing medical expenses that accompany the disease.

Partly based on the assertions forwarded by FGD participants and partly since it is the central theme of the study, in the following sections emphasis will be given to fining out the cause-effect relationship between substance abuse and HIV/AIDS.

3.7.4.1 Unsafe Sexual Intercourse and Condom Use

Youth's perception of sexuality is influenced by their interactions with their peers as well as media in one-way or another. Subscribing to this idea, Kasaye, who was born and grew up in Adama Town, mentioned that sometimes youths spend their time watching films, particularly those revolving around crime, war, and pornography. Such films cause them to abuse substances, and likely to have sexual intercourse with people whom they do not know well.

Most informants, who were also substance abusers, believe that after someone has taken *chat*, he/she usually takes alcohol, which in turn leads to the high probability of having unsafe sexual intercourse. Some youths even told of the deliberate use of alcohol before sexual intercourse, either to have an excuse for socially unacceptable behavior or to reduce their consciousness of the risks. After one gets drunk everything seems pleasant and that increases confidence. Alcohol

helps them avoid fear and triggers to do things that they would not do under normal circumstances.

One of the informants explained as follows:

After chewing and drinking, I need to spend the night with a girl and I always prefer being with ladies to being alone in the drinking houses and the nightclubs. To your surprise, in the night after I take some substances any girl seems to me the most beautiful on earth. However, after having passed the night with her, when I see her in the morning, I think of myself as a man who is blind and has committed a great mistake. In the nighttime, many things in combination are ready to confuse me and make me mistakes, which I would never think of during normal times. I made these mistakes because the ladies in the nightclub warm me up; the lighting system, the alcohol I take, the music I hear and my natural feelings are beyond my control. So, I do not have any other options to escape the occasion than being involved in it. On most of such occasions I was forced to commit unsafe sex with CSWs.

A key informant told me that some people have no sexual feeling after they chew *chat*, while others will not get sleep without having sex. If they are not lucky in getting a girl to date, they masturbate. Some respondents stated that after chewing *chat* they drink and then want to have sex, whereas for others it serves as a means to accomplish their work. One informant argued how *chat* decreases his urge for sex in the following way, "I feel to the extent that I do not have a penis let alone wanting to have sex with somebody. Thinking of sex is not my business at that particular time. Thus, I believe that *chat* is one of the means for avoiding the spread of HIV. With what penis can I make sex if I developed a desire?"

From these accounts, it can be concluded that sexual desire after chewing depends upon the individual. There are differences in feeling towards sex among those who chew *chat* hence, based on the information obtained from regular chewers; it is possible to say that *chat* changes the feelings and perceptions of youths in miscellaneous ways. It is possible that different types of *chat* could cause different effects. For example, *Chenge* causes sleep, *gelemso* initiates for sex and *wondo* leads to nap. But most of the informants stated that they want to have sex while chewing; however the feeling does not live long. Concerning this, some youngsters' talk again and again about the ladies they saw or fall in love with while chewing and drinking. One of my informants talks about ladies and writes his feelings on the paper. But others express their intentions physically.

While watching some young men drink, I observed that it seemed that they immediately want to have sex with any woman who met only criteria of being a lady as long as she satisfied their

desire. Others wanted to ask other ladies in whom they were interested though they were shy to ask them under normal circumstances.

An informant, a high school student and substance abuser, also told me that most youngsters in the town abuse various substances in-groups. The groups comprised male and female abusers. This paves the way for sexual intercourse. He also expressed that young people rent a house as group for the purpose of chewing *chat*, smoking cigarettes, cannabis, *shisha* and drinking alcohol as well as dating ladies. From his experience he further stated “no lady can escape sex if she comes in the rented house once she abuse substances.” The group arranges their own program for each member to have sex. That is, it exposes them to have unsafe sex, and increases the rate of rape, especially in groups. This finding substantiated what Getnet has stated as the “young people, however, seemed to have developed their own sexual culture of raping in groups” (Getnet, 2006: 117).

Furthermore, elaborating the atmosphere of substance abuse in houses, a certain informant, and aged 26 stated that, “I have rented a house with my friends far away from our residence. We met three or four times a week and abused substances together and discussed issues pertaining to sexuality freely. I prefer to spend more time with friends in this house since there is no room to discuss issues of such kind in my family.” Similarly, most FGD participants have also emphasized that groups chewing with both sexes have been a cause for group sexual practices.

An informant who is also a substance abuser stated that in *chat* houses he and his friends would use cannabis, *shisha*, and cigarette and watch pornographic films. These initiate them to have sex with the ladies around them. To do this, first they convinced the ladies and took them to a small classroom ready for this purpose and finally ended up in bed. The ladies were waitresses and clients who abused substances. This informant described the situation as follows, “we often involve ourselves in sex that seems like ‘animal’ meaning ‘abnormal’, which is done, due to the substances abused, without protection. It appeared more in group sex than individual sex.” The following table shows the rate of engagement in sex after abusing substances.

Table 10: Engaging in Sex after Abusing Substances

Engaging in Sex after Abusing Substance	Frequency	Percentage
Yes	172	86
No	28	14
Total	200	100

Table 10 reveals that most of the respondents (86%) have sex after abusing substances while the remaining 14% of the respondents did not.

From the above analysis, the vulnerability of substance abusers for HIV/AIDS appears to be very high. The following table indicates some of the circumstances that further encourage sex.

Table 11: Circumstances that further encourage Sex

Circumstance that further encourage Sex	Frequency	Percentage
Alcohol	85	42.5
<i>Chat</i>	57	28.5
Peer pressure	43	21.5
Others (Cannabis, nature, <i>Shisha</i>)	15	7.5
Total	200	100

Table 11 indicates that 42.5% of the respondents replied alcohol abuse most stimulates them to have sex. The remaining 28.5%, 21.5% and 7.5% mentioned *chat*, peer pressure and other factors (cannabis, nature and shisha) respectively as instigating sex.

As far as injection drugs, youth association leaders said that youngsters who imitate Jamaican's living styles in Shashemene started it. However, owing to the general knowledge on injection drugs nowadays in the study area this problem seems to have diminished. However, drug injections have been used to get high/*mirkana* with in a short period of time.

Young people admitted that they have ample information about condoms and their usage. However, they have difficulties using condoms properly. Street youths in particular indulge in sexual intercourse with any partner without using condoms. The following table further shows the experience of the respondents with condom use.

Table 12: Use of Condoms during Sexual Intercourse

Use of Condoms During Sexual Intercourse	Frequency	Percentage
Yes	126	63
No	74	37
Total	200	100

The table above shows that most of the respondents (63%) use condoms during sexual intercourse. The remaining 37% of the respondents do not use condoms. When they were asked their reasons for not using condoms during sexual intercourse, 37% responded that they indulge in bare sex due to lack of awareness, shortage of money and fear of reduced satisfaction. The remaining 63% of the respondents, who used condoms during sexual intercourse, did not exhibit consistency in their usage. The following table indicates the frequency of condom use.

Table 13: Frequency of Condom Use

Frequency of Condom Use	Frequency	Percentage
Always	37	29
Sometimes	67	53
Rarely	22	18
Total	126	100

Table 13 depicted that only 29% of the respondents always use condoms. The remaining respondents replied that they use condoms only sometimes (53%) and rarely (18%). This implies that the likelihood of unsafe sex is significant.

Therefore, from this result it is possible to deduce that the risk of HIV infection is high since condoms are not used regularly and in some cases, not at all. In other words, unsafe sex is typical cause for the spread of the HIV, unwanted pregnancy and STDs.

When young women have sex for business, it is assumed that they engage in sexual activities with many individuals in nightclubs, homes and hotels to earn an income. During this time, young women only use condoms if their sexual clients are willing. But when they sleep with their husband, they have sex without a condom to show their trust and to get satisfaction.

The above-mentioned consequences of substance abuse have wide-ranging implications. Of these, one is the risk of being affected with HIV. The following section explains substance induced HIV/AIDS infection by taking into account the cases of five youth substance abusers.

3.7.4.2 The Contribution of Substance Abuse to the Spread of HIV/AIDS

The relationship between substance abuse and the spread of HIV is directly proportional. As mentioned earlier, substance abuse has intricate adverse impacts on the well being of youths, including health problem that augment the spread of the HIV. Hence, in this section attempt will be made to indicate how youths are affected by the virus due to substance abuse.

According to information obtained from an interview held with a medical doctor, the threats of substance abuse and HIV/AIDS are clearly growing side by side, and each continues to present unique, yet interrelated challenges. First, both ‘disorders’ have been considered to be chronic, because they bring lifelong diseases. Second, substance abuse is a condition through which youth develop risky behaviors that expose them to HIV infection. Third, diagnosis of HIV infection or related conditions could cause stress upon individuals who already have been recovering from a substance abuse ‘disorder’. To this end, responding to the question, “can substance abuse be a cause for the spread of HIV pandemic?”, one informant said as follows:

Definitely, due to the intake of substances, no one is on the right track to evaluate whether things have negative or positive effects. That is why this leads to involvements into unsafe sexual intercourse. This can best be explained by the example of my friend, who participated in such activities without any protection. At that particular time, he was not in the right frame of mind to think about safe sex. Though substance abusers have ample information and knowledge about HIV/AIDS, they mostly have unsafe sex and justify their acts by saying, ‘There is no HIV/AIDS after 9 :00 pm.’ What makes them say this is that the intake of substances make a person ‘deaf’ or ‘blind’. As a result, ‘the queens of the town burn with their volcano fire, and to save the queens the king must be sacrificed. He is on the fire because of the spirit of the queens rather than his mind at that particular time.’ I also had unsafe sex after abusing substances. I did it carelessly and I suspect I will have unsafe sex again. Therefore, it is not important to me whether I practice sex-using condom or not. Thus, I fear to undergo VCT. Please leave me alone; I do not want to think about this issue. If you have a work, why don’t you go? This is all that I can say.

The informant’s testimony is strengthened by the following table.

Table 14: Is Substance Abuse a Cause for the Spread of HIV/AIDS?

Is Substance abuse Cause for the spread of HIV/AIDS?	Frequency	Percentage
Yes	154	77
No	46	23
Total	200	100

Most of the respondents (77%) accept substance abuse, as a cause for the transmission of HIV and the remaining 23% saw no relationship between substance abuse and HIV/AIDS.

The following case provides a vivid overview as to how youths indulge in substance abuse and are further affected by HIV infection. I found him in NMYC while he was sharing his experience with other youth members as to how he was infected by the virus.

Case 1: Abebe

I was born in 1976 and grew up in Adama Town. I started to abuse substances after the death of my father and mother due to AIDS. Even as I was attending secondary school, after the death of my parents, I dropped out in order to take care of my younger brothers. I started chewing chat, smoking cigarettes, inhaling shisha, and sometimes smoking cannabis from my friend who lives in Shashemene and came to Adama for recreation with his parents at weekends. The reason I used various substances at a time was to get high/mirkana and to avoid frustration, especially from the responsibilities I shouldered to take care of my brothers and to escape from the memory of the unsafe sexual intercourse I had with commercial sex workers. I also committed unsafe sex with widowed women. As a result of my awful experiences, I infected by the HIV. Since then, so as to sustain my life and to get support, I joined NMYC where HIV positive friends are found.

The above case shows the impact of peer influence as a major cause of substance abuse and how such awful experiences expose youths to HIV infection. Partly it also shows that the death of parents due to AIDS might lead children to other social problems, including substance abuse and HIV/AIDS.

Key informants also mentioned many factors for the spread of the HIV in the town. Of these, one is peoples' distorted perception, thinking HIV positive people are always people who appear unhealthy, though nowadays these attitudes are changing. Secondly, since the town is a melting pot area for Bale, Arsi, Addis Ababa, Dire Dawa, Harar and other areas, many people come to the town for various reasons: trainings, workshops, and to pursue higher education. Moreover, since the majority of the youths in the town spent much of their time taking different substances, this further boosts the number of new infections. This can be further elaborated by the following case.

Case 2: Felekech

She is a 27-year-widow, who was born in Adama in 1972. She lost her parents in the same year for reasons that she does not know. She abused alcohol and *chat* while she was working as a prostitute in hotels before she got married. She quit her education in grade six. In order to sustain her life, she got married. But after five years, her husband died of TB. Afterwards, she took HIV

test and found out that she is positive. She began casual work without publicizing herself. She also described being raped while she was coming back from her casual work place:

Five young people organized in a group raped me. From the stinking smell I realized that they abused a multitude of substances. The methods they used to rape me have followed to do so were: (i) they waited for me in a dark place. (ii) Covering my mouth, they drug me to another dark place where no one could hear or see their actions. (iii) The one who held me on his back raped me first, and then the remaining four members of the group raped me in turns. Finally, the person who raped me first did the same a second time. When they did this, no one used a condom. Though from the beginning I told them that I live with the HIV, they were not in a position to listen me. Rather, they said that this was an excuse I devised to escape from them. 'We do not care about HIV/AIDS at this particular time. What is HIV/AIDS after all? We are more powerful than the things you are saying. You will see and understand who we are. Do not worry, we will show you. Do not you know us? We are the leaders of this crazy disease.' After they raped me in that dark place, they left me there and escaped. I had no power to stand and move to my home. I was unconscious until some people came and asked me what happened to me. I gave them my phone number to call my relatives. Fortunately, I know one of the youngsters who raped me. He was one of the boys in our residence and his life is full of crimes. He was detained three times for committing various crimes. However, after three or five days he usually got released from prison. Moreover, he was known for smuggling substances and some crimes like rape; pick pocketing, theft of spare parts of cars, hanging and cheating people especially those who are fresh to the area by waiting them in a questionable place.

The above case clearly indicates how substance abuse influences youngsters to forget the existence of HIV and the organized crimes they commit on non-user. Similarly, young people are involved in various activities that have negative effects on society and the youths themselves. Substance abuse also has effects on the abuser by altering his/her behavior and attitude towards others. In this respect, case 3 articulated his experiences as follows:

Case 3: Kediri

I was born in 1973 in Adama Town and attended school up to grade five in Adama number four primary School. I dropped out of school because I lost my parents due to AIDS. Then, I found my self involved in various forms of appalling activities when some of my friends started to lead successful lives. My misbehaviors affected my social interactions with the neighborhood and even my family. Some of the activities I was involved in were theft, abusing and smuggling substance, and other criminal activities. As a result of these and other misbehaviors, the neighborhood and those who knew me very well call me nicknames like 'dureyew', 'isatu', 'aremenew', 'amoraw' and others. Instead of discouraging me, these names encouraged me to practice such activities. The other reason that kept practicing this is that whatever crime happened in the neighborhood, I was the number one suspect. When I did good things, everybody considered me 'abnormal' as all if I did was crime. Therefore, I thought it better be blamed after involving myself in 'illegal' activities, including substance abuse rather than doing good things. I continued to participate in such activities though I knew their bad and good sides.

I always sat at the roadside and insulted passing girls or I criticized by criticizing their clothing and posture. I complimented some ladies who were beautiful or attractive by specifically talking about some parts of their body. Most of the times, I was successful in attracting ladies using smart words and jokes that made communication with them easier. I soon asked them their address and especially their mobile number. Some of them simply gave me their address, others did not. After one or two contacts, I asked them for sex, especially after abusing substances such as alcohol and chat. However, while some of them agreed, some said I did not want to have sex until we got married and took VCT. I always had sex and abused substances as entertainment and to get pleasure. I had not had any serious diseases, even a headache, until I got TB. It was only when I took 60 and 120 cc drugs that my health became unstable. However, I never stopped using it. Finally, the doctor advised me to have an HIV test and I found out I was positive. But I was not surprised, because I knew what had exposed me to the virus. However, when I heard the result I felt overwhelmed fear. But later I gathered my wits and decided to join one of the organizations working on HIV/AIDS ('Wegen Lewegen'). The reasons were not to be alienated and to get support. Though I began to live with some HIV positive friends, I did not learn from my mistakes. I found myself seriously addicted to chat and alcohol even when I was taking ARV drugs. The worst illness I experienced was chewing and drinking, not HIV/AIDS, as these substances affected my behavior and judgment. When my judgment capacity was impaired, I did not make good decisions, I did not take care of myself and that is why I suffered from HIV/AIDS.

The aforementioned case indicates how one abuser used one means of communicating with girls plus how they began to abuse various substances. It also shows that substance abuse has aggravated the spread of the HIV and caused crime.

I observed some of the chewing ceremonies, and of the entire issues rose by the youths; I did not hear anything about HIV/AIDS. It seems that they had forgotten the killer HIV due to the influence of the substances abused. Rather they preferred to talk about ladies and sex/pornographic films, especially about the characters they liked. In addition, I observed that girls around the nightclubs were quite young. Consequently, not only youths but also older people were fascinated and enjoyed sitting and drinking with them.

In the town, in areas where nightclubs are found, people come from different walks of life and socioeconomic backgrounds. Every action observed there seemed to be preparation for sexual intercourse. In the nightclubs, the practices observed were: the different color of the light used, the influence of substances taken, the actions of the CSWs and the users as well as their clothing style, which makes them look naked. These situations might lead the participants to confusion. Perhaps this, some males and the bar ladies who came to enjoy the nightclub were kissing and touching each other while dancing.

Key informants stated that in one of the nightclubs there are about five HIV positive CSWs. This may imply that the vulnerability of youths and other people to the HIV is high. Likewise, I also heard about a wealthy HIV positive man who came from a Middle Eastern country who always moves around junior and secondary schools and hangs around with young women. When he gives them lifts, he takes them to hotels. There he buys them something to eat and drink and at the end he asks them for sex. They may be misled by his economic status or they may even consider him to be a “real” friend. Furthermore, a key informant told me that there are also *Shamo* groups, those who are HIV positive and have sex for revenge.

From the above we can see that the probability of someone becoming a victim of the HIV is high because at the end of the ceremony, in some substance abusing areas, most participants are apt to have unsafe sex with the CSWs and entertainers. This is perhaps due to the influence of the substances they abuse. The experiences of another informant strengthen the point:

One day I chewed chat, inhaled shisha, and drank alcohol with three friends in a restaurant. One of my friends who is sexually very active wants to have sex. And unfortunately we found four ladies whom we know very well in the restaurant. Then we took them out to another hotel and continued to chat and drink. In the middle of our chatting, two of my male friends left for home because their own girlfriends were waiting them at home. Thus, my friend and I continued to stay in the hotel with the four ladies. Finally, three of the ladies were with my friend, while I was with one. I had unsafe sex with her. I cannot remember how I had that sex. Similarly, that sexually active friend of mine told me that he had sex with three of the ladies without using condom. His need to have sex without condom was due to the fact that he thought that the condom would reduce his satisfaction, and he did not believe in the presence of HIV/AIDS. I too shared his view. Moreover, I practiced unsafe sex due to the influence of the substances I took.

The following two cases also explain the impact of substance abuse on the spread of HIV/AIDS.

Case 4: Zibad

I was born in Adama Town in 1979. I live in Adama and attended one of the Elementary schools before the death of my parents. When life became hard, I became a street girl. Just like other street children, I started to inhale benzene, smoke cigarettes and chew chat. Moreover, I involved myself in ‘illegal’ activities without any fear, such as stealing others’ property, participating in smuggling cannabis, and stealing money from my sexual partners at night. I smoked cannabis at night to get pleasure, to forget my family and the good life I had passed with them, to be stylish, to be active in sexual activity and to avoid shyness. I obtained substances from those who usually drink in the hotel where I work and from those who sell substances on the black market. I also get cannabis from the boys who sell cigarettes and gum at nighttime around hotels and nightclubs; who are peddlers. The street vendor brings the drugs from merchants who in turn buy it

from farmers who plant and sell it 'illegally'. In addition, I was involved in abusing substances with my friends in a shanty house I rented. The houses where we abuse substances are decorated with pornographic pictures. What I want to tell you seriously is about the unsafe sex I had with multiple partners in hotels and restaurants. When I became ill and finally took an HIV test, I turned out to be HIV positive. Nobody takes care of me but my friends asked OSSA, an NGO working on the issue, to do so. Then, I was accepted and started to take ARV drugs for free and I revived from the illness I had, because of this I recovered psychologically and economically to some extent, and became a counselor for others, especially street children like me.

Case 5: Alemitu

I was born in 1971 in Adama Town. I used to live with my family until the age of fifteen. Because of my father's bad behavior my family and I could not get peace at home. My father was a drunk and after he drank alcohol he always used to clash with family, particularly with my mother and me. Because of this I was forced to face street life. So, at the age of sixteen, I became a street child and joined the street children. They were using different types of substances like chat, tobacco, benzene, tella, and areqe. As a result of this I inherited all of my street friends' habits. In other words, I became a substance abuser. In order to buy substances, I used to have sex for money with different individuals and at the same time different individuals on the street raped me. As a result, overtime, life on the street became too hard for me. Finally, I decided to work as a bar lady at the age of 21. Until 2005, I was working in various bars and restaurants in different towns. I was abusing a combination of drugs with other friends. This caused me to have unsafe sex without a condom. Finally, I had a health problem, and my friends working with me in the same bar took me to a hospital. However, I could not revive from my problem and in the end the doctor advised me to go to VCT centers, and I agreed without any compromise. The result was that I found out I was HIV positive. At the end, I renounced working in the bar and joined OSSA Nazareth branch to get support. This support is not enough even for basic needs.

Family plays a pivotal role for the well being of children. However, Alemitu's life was disturbed due to her father's alcoholic behavior, which leads her to street life and substance abuse, which in turn exposed her to HIV.

In the above cases we see that substance abuse is a cause for unsafe behavior that in turn increases the spread of HIV infection. It also indicates that the qualitative and quantitative data are mutually supportive of the link between substance abuse and HIV/AIDS.

This part discussed various case studies and quantitative results to show how substance abuse can fuel the spread of HIV infection among youth substance abusers. Accordingly, the result of both methodologies indicates that substance abuse is a key factor for the transmission of the virus. This is because the substance abusers often have unprotected sex, failing to use condoms

appropriately and consistently, and having sex while under the influence of substances, which can lead to possible infection with HIV or other STDs.

When youths were asked how much they knew about HIV/AIDS, sexual matters and substance abuse, most of them pointed out that they knew and had heard of substances, sexual affairs and HIV/AIDS from peers, electronic and non-electronic media. In this regard, 'illegal' video homes, different TV channels, and the Internet were considered the original sources of information. Peers in and around chat chewing areas/houses would exchange this information. These areas served as a market place for ideas that could easily and openly be circulated among the youth.

Another key informant, while responding to the question "what makes youths different from the rest of society?" said that youths are not conservative. Instead they are flexible and can adjust themselves to new circumstances. Moreover, they got information from the Internet, books, and watching films and sometimes they tell things that are never imagined. However, in some cases they do not want to engage themselves in manual work that requires energy, rather they prefer to be involved in office activities, which are rarely available to uneducated youth. As a result, most of the youngsters are not in a position to generate income. Thus, some of them prefer begging to working. The begged money will be used for drinking, chewing, abusing other substances and finally being involved in criminal activities.

He further mentioned that though information is power, "we always talk but we do not practice it." Even though these young people hear about HIV/AIDS many times through media, they fail to internalize the message conveyed. This is probably due to the effects of the substances they abuse.

Most FGD participants working for organizations related to the issue indicated that the opening of many 'illegal' video homes that show pornographic films has caused an ever increasing change in the behaviors of the youth towards substance abuse and sexual affairs. This is mainly facilitated by the spread of pornographic films. The views of the FGD participants have also been supported by most youths involved in the study. Subscribing to this, one key informant suggested that there is an exchange of information among the youths and that helped them know various sexual positions. He further indicated that discussing sexual matters while taking substances could give one the desire to actually do them.

Most of the youths involved in the study argued that families and caregivers do not tend to discuss and share issues of sexuality with their children. The youth stated that families hush the

children up and do not talk openly, mainly to protect the children's well being. Despite all these efforts, the youth get information from different sources particularly electronic media that can be shared with and utilized amongst their peers.

Most of the time youths have engaged in unsafe sex under the influence of substances that alter their judgment about the perceived risks of a particular situation even though they have knowledge of HIV/AIDS. Thus, respondents called on youths to pay attention to the issues, not to abuse substances, and to avoid watching pornographic films.

The problems of substance abuse and HIV/AIDS are international issues in which many stakeholders participate, and the same holds true in the study area. Therefore, the forthcoming chapter deals with the roles of various institutions in Adama Town in line with substance abuse and HIV/AIDS among youths.

CHAPTER FOUR: THE ROLE OF GOS, NGOS AND CBOS IN ALLEVIATING THE PROBLEMS OF SUBSTANCE ABUSE AND HIV/AIDS IN ADAMA TOWN

In this chapter the activities being carried out by various institutions such as GOs, NGOs and CBOs, especially those working on the problems of substance abuse and HIV/AIDS are discussed. In Adama, various institutions are involved in the prevention and control of HIV/AIDS and make constant efforts to treat the victims, and to some extent, the effects of substance abuse. In the following section, efforts have been made to identify and analyze the duties and responsibilities of such institutions in relation to the substance abuse and HIV/AIDS pandemics.

The amalgamation of efforts would mean using the existing skills and resources to reduce and eventually to halt the spread of the pandemics of substance abuse and HIV/AIDS. The roles of institutions in this area are of cardinal value and could become more meaningful if there are contacts and goal-oriented communications among them (Kloos, H. et al, 2003).

In order to bring about some changes, a few voluntary organizations are contributing but the results are not satisfactory. The actions taken against the problems of substance abuse and HIV/AIDS are minimum compared to its intensity and scope. Hence, key informants suggested that NGOs, GOs, CBOs and the public at large have to do their best to collaborate to alleviate the problems.

4.1 Government Institutions (Adama Special Zone Police and HAPCO)

This part deals with some of the activities undertaken by government institutions in relation to substance abuse and HIV/AIDS. Though there are a number of GOs working on the prevention and control of HIV/AIDS, for the purpose of this study the researcher has focused only on Adama Special Zone Police and HAPCO. These two organizations were selected because of their focus on the predicaments of the youth.

4.1.1 Adama Special Zone Police

Of the two institutions, Adama Special Zone Police is responsible for minimizing the problems of substance abuse and HIV/AIDS. Despite the fact that the problems of substance abuse have been rooted for a long time, the measures taken to combat the problem have come too late. This was best described by a policewoman who is working on the issue and who said that the efforts to combat the problems began in 2004. According to the annual report by the police drug abuse

and control department, the activities carried out in the year 2005/6 were very minimal as compared to the problems put upon the people. To minimize these problems, Adama Special Zone Police gave trainings in 2006 for various sectors: residents of *Kebele* 09, prisoners in depot house, and guardians of some government institutes in *Kebeles* 01, 03, 05, 08 and 10. About 1528 residents of the town (36 females, and 1492 males) and 165 lawmakers in the town attended the trainings.

A policewoman who works in the Drug Control Department indicated that the budget allocated to the department for the issue is not enough. Let alone working effectively to avoid the problem, the allocated money is not enough to buy some materials and provide logistic support. Therefore, it is very difficult to combat the problems of substance abuse when there is little concern being shown by the administrative bodies. Moreover, some police officials do not even consider substance abuse a problem. As a result, the policewoman does not have the equipment, like a pistol, to control abusers during the nighttime. Hence, she faced difficulty fully engaging her in the prevention of the problem even though she knows the problem very well. She said that only two drug smugglers were found in 2005/6, trafficking 0.10 and 0.18 kilogram of cannabis.

According to the policewoman, the responsible bodies are unable to give necessary attention to the issues. This is because of three reasons: lack of skilled manpower, limited information about the issue especially for those who have the power to solve the problems, and limited budgets. Owing to this, the house of regional deputies and the police staff agreed to work together to control unlicensed nightclubs, *shisha* houses, and chat houses. Consequently, some of these “illegal” business centers were closed. One of the closed nightclubs in this regard was City Bar. However, soon the bar reopened and continued its former activities in the same way. This is mainly attributed to the prevailing unorganized efforts of the police department and the town municipality.

4.1.2 HIV/AIDS Prevention and Control Office (HAPCO) of Adama Special Zone

HAPCO, which replaced the former National AIDS Control Secretariat, was established in 2002. According to Adama Special Zone officials, HAPCO has undertaken various activities to ensure the involvement of voluntary organizations, CBOs like *iddirs*, *equb*, youth associations, AACs, and Women’s Association in HIV/AIDS intervention. One of the major activities carried out by HAPCO is: encouraging CBOs to prepare project proposals so that they become beneficiaries of

newly obtained funds allocated by NACs HIV/AIDS secretariat office, and facilitating the capacity-building activities for members and leaders of CBOs (skill training, peer education, training for potential and active participants in the CBOs). Moreover, technical, financial, and material assistance are provided to enhance the capacity of CBOs. They gave little attention to the prevention and control of substance abuse among the youngsters despite its impact on the spread of HIV. But, some awareness creation activities were done.

4.2 NGOs (FGAE, OSSA, FSCE, “Wegen Lewegen”, “ARAYA” and Others)

According to some informants, NGOs and administrative bodies were not in a position to alleviate the problems of youths in a dedicated manner. They tried to benefit from it themselves rather than working to meet the objective identified. In line with this, one person from Vision Nazareth Ethiopia told me “NGOs work more to get funds than to alleviate the problems of the youth as they plan to do.”

One of my key informants suggested that the well being and rights of youths is a fast growing industry attracting huge amounts of money aimed towards improving the well being of the youth in Ethiopia. The reality, conversely, is often quite different since NGOs do not advance the interests of the youth. Most NGOs are carrying out their programs in urban areas; hence Adama as one of the urban centers has become the home for various international and local NGOs working on mitigating various socioeconomic problems of society in general, and the affected people in particular. Some of the NGOs in the town working on substance abuse, HIV/AIDS prevention, support, and care among youths are discussed in the forthcoming sections.

4.2.1 Family Guidance Association of Ethiopia, Nazareth Branch

According to the Head of the Nazareth Model Youth Center (NMYC), FGAE is a non-profit-making, indigenous volunteer based NGO established in 1966. It was established to provide reproductive health and family planning information and services and thereby help to reduce the prevailing high infant and maternal mortality rates in the country. Since 2000, it has made the transformation from providing family focused services to providing a broad range of sexual and reproductive health services, encompassing a huge number of beneficiaries with a particular focus on school dropouts (aged 10-24 years). It has opened 26 youth centers (10 model and 16 youth centers) in different regions of Ethiopia. The NMYC is one branch, which provides integrated and comprehensive youth-friendly SRH services to young people. The NMYC

transferred to its current premises in 2003. Ever since it's opening, the center has strived to extend its activities and to improve access to information, education, and SRH services to young people so as to enable them to protect themselves from HIV/AIDS, STIs, unwanted pregnancies and gender-based violence. To this end, the center provides SRH-IEC/BCC, counseling services, HIV-VCT, other clinical services, referral services, and capacity building training services. Moreover, the center provides library services with a variety of SRH information; academic books, reference books, fictions and periodicals are provided. The recreational services provided by the center include indoor games such as chase, table tennis, dominos, dart, videos, Satellite TV as well as music and drama shows. Most of these services and activities are organized by the youth center's committee, music and drama troupes. Mini-media, library, schools and *Kebele* clubs were also taking part. However, as the center is situated on the outskirts of town, it is not convenient for most of the youths, especially the ladies, to be served.

According to the coordinators of the center, SRH information is disseminated to young people using different approaches: one-to-one interactions, home visits, group education, panel discussions, advocacy, organizing workshops and seminars, distribution different IEC materials, conducting entertainment programs like music, mini-media, dramas, video, and satellite films and mass mobilization during holidays such as World Youth Day, World AIDS Day, World Women Day, World Family Day, World Children Day and other public holidays. The center also provides counseling services on substance abuse, emotional problems, love affairs, and social problems in general.

4.2.2 OSSA

OSSA Nazareth branch was established in 1994 and it is the pioneer of work on HIV/AIDS prevention and impact mitigation, community-managed home-based care and support, VCT, PMTCT, and enhancement of community conversation. The branch has been providing technical, financial, supervisory and advisory services in order for youths to organize and strengthen themselves in AACs so as to get know-how about SRH. These AACs perform activities through drama, music, puppet theatre and street shows, question and answer sessions, discussion on the traditional coffee ceremony, panel discussions and peer education/counseling approaches. These are not only means of accessing young people and providing information, but also of increasing their confidence, knowledge and skills to reduce risky sexual behaviors (OSSA Nazareth Branch, 2004).

AACs are active agents that distribute IEC materials and promote, distribute, and demonstrate condom use to grassroots communities, based on the assumption that sustainable behavioral changes would be achieved among young people who are at risk. AACs supported by OSSA Nazareth include: Edeget, Biruh Tesfa, Zebib, Rogie Balewold, Delasale, Yetna, Tesfa Birhan, Birhane Hiwot, Kiya Godana and Circus Dolphine (OSSA Nazareth Branch, 2004).

The project coordinator of the organization told me the major roles played by OSSA have been caring for PLWHA and children orphaned due to AIDS. To date the branch has been providing home-based care and support services for more than 150 destitute PLWHAs and 434 OVCs. Among the services provided are food rations and financial, material and psychological assistance. This in turn helps to ease the psychosocial and economical burden of people being supported by the organization. Like most NGOs, OSSA Nazareth had not yet intervened in the battle against substance abuse except awareness creation among HIV/AIDS patients and orphans in OSSA.

4.2.3 'Wegen Lewegen' Ethiopia PLWHA and AIDS Orphans National Association Adama Branch

Key informants told me those eight members that began as AACs in 2002 established 'Wegen Lewegen'. By 2003 the group developed into 'Wegen Lewegen' Ethiopia PLWHAs and AIDS Orphans National Association and was legalized. This association has worked in alliance with OHAPCO. From the outset it offered various services such as prevention, care and support, and home-based care services/treatments. They have been giving 100 birr per month for bed-ridden AIDS patients and orphaned children for house rent, sanitation and food. The organization also has taken contract of beds from Adama Hospital and serves bed-ridden PLWHAs three days a week on Monday, Wednesday and Friday. These services are given for all 135 members, of which sixteen are orphaned children. In addition, orphans receive educational materials twice a year, including a uniform, whether the child is living with the virus or not.

The organization felt that awareness creation was considered to be an outdated model. Consequently, it changed to advocacy activities on behavioral change, agitating people to take VCT, telling the effectiveness of ART, and avoiding stigma and discrimination.

The head of the organization said that what makes 'Wegen Lewegen' different from other NGOs in the area is that it focuses on building the youth's economy, since the virus has something to do with poverty. To this end, thirty youth PLWHAs and orphans were organized by 'Wegen

Lewegen' to work on income generating activities with a start up capital of 800,000 ETB donated by OHAPCO.

He further explained that at the outset, members of the association bought machines and hired technical workers. But later on, they themselves replaced the technical personnel when they acquired the necessary skills. The materials they produce are metal, wood and bricks and to some extent they have started to engage in urban agriculture to produce fruit and vegetables in collaboration with ECI Africa. I observed the different bricks, metal utensils and desks that were produced by them. Moreover, on Saturday and Sunday SRH educations is given by peers, under the belief that peers play a great role in influencing youths positively and negatively. That is why they are using youths who are trained on the issues. With regard to substance abuse, the association does not take part in alleviating the issue except by giving training and awareness of the effects to its members. Moreover, they do not educate off school and on-school youths.

4.2.4 'Araya Yemelkam Zega Keretsa Mahiber' (ARAYA)

The manager of this organization stated that it is an indigenous NGO, established in December 2003, receiving financial assistance from Action Aid Ethiopia. The major activities of the organization are organizing debates and workshops, arranging youth-friendly recreation (indoor and outdoor games, TV and film shows), library services, skill training (computer, drawing and painting), organizing clubs (anti-drug and scout), counseling services, giving awards (for active ethics and civics clubs and for role model children and youth), organizing remedial classes (for low achieving students), producing leaflets and magazines, as well as conducting research.

Some of the aforementioned activities have been accomplished while others have not. The project coordinator of the organization pointed out that a shortage in the budget is the major cause behind this. However, since securing the support of Action Aid Ethiopia in September 2006, they have begun to implement their objectives though they still have not effectively addressed their entire plan. Despite the fact that the organization is at an infant stage, it has been the first to address the problems of substance abuse among children and youths in the study area, albeit others are now trying to tackle the problem in some ways.

According to the manager of the organization, the method by which the organization tries to implement its objective is by organizing anti-drug clubs in the *Kebeles* and schools. The organization has given support material and training to some selected youths who are

representatives of the clubs in order to change substance abuse related mal-practices in the town in general and schools in particular.

He further mentioned that in the question and answer sessions most of the points raised pertaining to substance abuse and HIV/AIDS are meant to create awareness among youths. At the time of this research, ARAYA had also been training about forty youths in drama, theatre, drawing, painting, and about the problem of substance abuse.

4.2.5 Forum for Street Children Ethiopia, Nazareth Branch

One of my key informants told me that FSCE's target *Kebeles* have been 07, 15, 17, 18 and 19. These *Kebeles* have been targeted based on their existing high rates of substance abusers, commercial sex workers, the presence of risk points such as hotels, bars and restaurants, and the existence of many brokers and migrants.

To solve the problems of youths, the organization facilitates trainings and provides support for various experts to give courses for committees recruited from *Kebeles*, members of *iddirs*, the police, and women's *baltena* to create awareness about substance abuse and HIV/AIDS.

Besides, some policemen were also trained to combat the problem of child trafficking and to reunite such children with their parents. The training has been designed to protect them against crime in line with the Convention and Rights of the Child. In addition, formal education is given to more than 100 children who have stopped their education due to various problems. Besides, health, guidance, counseling and other services have been given for the children at the center.

The center has addressed only a very small group of children as compared to the high number of youngsters in the town. The center also has given awareness creation programs about substance abuse to children and youths who are enrolled in the center. However, much remains to be done in this respect.

4.3 CBOs (Iddir, AACs, Youth Associations, and Women's Associations)

CBOs are composed of diverse members with different skills, vocations, and resources. This diversity by itself strengthens and offers many ways of introducing, sustaining and following up with clients as they receive care and treatments (UNAIDS, 2005:37). There are many CBOs in the town working in areas of HIV/AIDS prevention and control. Because of cultural and social compatibility, they may perhaps be the most apt, successful and essential campaigners and

vehicles in the prevention of substance abuse and HIV/AIDS. These CBOs, moreover, may perhaps mobilize youths to solve social, political and economic problems, even though there is a prevailing view among communities that GOs and NGOs, rather than communities, should take responsibility for substance abuse and HIV/AIDS.

4.3.1 Youth Associations of the Town

According to interviews with three leaders of youth associations, the major activity they are undertaking is a series of community conversation programs with youths, members of the association and several residents of the town twice a month. In the conversations, youths discuss issues like modes of HIV transmission in an attempt to enhance the level of awareness about HIV/AIDS. Furthermore, in an effort to save the lives of youths and the community at large, discussions have also included with religious institutions, local elders, *equbs* and *iddirs*. On such occasions the association also gives awareness about HIV infection to the community at large and the youth in particular through music, dance, and the like. To successfully realize this noble end, these associations have been working in collaboration with OHAPCO.

They have also had discussions with the youths on their problems by organizing coffee-tea ceremonies. In the ceremonies, the participants of the discussions include affected youths, some of the local people and religious leaders and elders to alleviate the predicaments of the youth in particular and society in general. In one of the discussions that I was involved in, they found out that the depth of the problem varies economically, socially, and psychologically. They intended to solve these problems fully though they only began to address a few of them to some extent. Besides, they stressed the need to build visionary and productive youths after assessing their problems.

Youth leaders informed me that the measures taken by the association to let the youth develop risk free behavior were organizing the youth in micro enterprises to alleviate their economic problems and arranging scholarships for those youths who are not financially capable to join private colleges. Socioeconomic problems related to HIV/AIDS and substance abuse are being addressed in such ways. In addition, around 29 AACs were formed.

Despite the abovementioned efforts, as told to me by the youth association leaders, some of the youngsters in the town complain that they did not know of the presence of the associations. Some others complain that the association is engaging in more of a political agenda than solving

the economic, social and psychological problems that the youths in the town face. They also claimed that the leaders of this association are only interested in satisfying their own personal interests. Moreover, they said that the association bears the name of the youths without serving them. The youth association is not in a position to work, as it ought to be. For example, some youths complain about the micro enterprise say, "it is the organization of the haves than the have-nots because its leaders organized those youths in accordance with the relation they have with them and the money they have." The youth association did not accept the complaints, claiming that the problems of youths were inadequate cinemas and football fields that forced them to manifest misbehaviors.

The other CBOs are the AACs operating within the area at the *Kebele* level are sponsored by the NGOs working in the town. AACs have been involved in the dissemination of IEC and peer education. However, according to key informants, most of the AACs could not be as active as they were supposed to be for many reasons: economic constraints, lack of training, lack of attention, the interference of government bodies, lack of place to work and amalgamation among clubs.

The Wereda Women's association is another CBO working in the area. It is somewhat energetic in teaching and raising awareness amongst its members by arranging workshops, welcoming knowledgeable guests that speak on HIV/AIDS, and welcoming PLWHA to provide witness to the members.

To sum up, GOs, NGOs and CBOs have tried, to some extent, to solve the dilemma of HIV/AIDS. But still the attention given by these organizations and the community at large to the problem of substance abuse as manifested in the alarming spread of HIV among youths is very small compared to the devastating impacts it has on the well being of society in general and the youths in particular.

4.4 Proposed Measures to Alleviate the Problems of Substance Abuse and HIV/AIDS

Informants, who are substance abusers, FGD participant HIV positive youths, and leaders of institutions working on the issues, proposed the following solutions to solve the problems of youths in relation to substance abuse and HIV/AIDS.

Some of them argued for expanding recreation facilities, creating employment opportunities, and undertaking intensive work on awareness creation for the youth in particular and society in general. They also suggested that government institutions should provide the utmost support to solve these problems and employ effective mechanisms to control the abundant movement of substances, illegal video houses, etc. Moreover, the attitude of the communities towards street youths and substance abusers has to be changed.

FGD participants from some organizations further observed that the youth are fast to imitate what they observe in the media or other means of communication. Furthermore, socializing the youth from early childhood and presenting benevolent role models in the mass media is essential. However, society considers these actions a movement to change the already existing tradition or culture.

FGD participants from institutions proposed that identifying the problems of society and the youth and then carrying out community participatory activities is essential. Moreover, creating a conducive-political and economic atmosphere would help to minimize the risk of substance abuse and HIV/AIDS.

The policewoman argued that substance abuse follow-ups were very infrequent due to society's lack of interest in exposing criminals voluntarily, and a lack of coordination between the police and the town's administration to minimize the issue. Hence organized efforts and formal follow-ups were also recommended to alleviate the problem of youth substance abusers.

Furthermore, key informants argued that measures should be taken in a sustainable way rather than as a "fashion". The same holds true of substance abuse and HIV/AIDS prevention efforts. Youngsters can be the future prospects of the world if they are protected from the troubles of substance abuse and HIV/AIDS. The youth can be at the forefront of good and bad in the nation, community, family and for themselves if responsible bodies are in a position to coordinate them.

Some informants recommended that advertisements transmitted through the media about alcoholic drinks and other substances that affect human life be banned. Otherwise, as the number of such advertisements increases, the effects of substances that steer youths towards HIV infection will increase. Likewise, FGD participants recommended that mass media play a great role in awareness creation and prevention of social problems, including substance abuse and HIV/AIDS. People who work in mass media should be trained and appointed on a merit basis in

order to enable them to have access to the latest information and transfer it in a timely manner to the people.

On the other hand, the problems of youths mainly related to the lack of knowledge on how to utilize the information they received from public media effectively. Some youths who are supposed to have had ample information tend to indulge in unsafe sex, when on the other hand, in areas where awareness creation and training are given, there is an improvement. Studying youth's demands and introducing various recreation facilities is also necessary. Furthermore, HIV voluntary counseling and testing are essential to keep oneself safe from substance abuse and the HIV/AIDS pandemics.

Society as well has to avoid stigma and discrimination against PLWHAs. The government should enforce legal procedures towards eliminating smuggling and abusing of various "illicit" substances. Enacting strict legal measures is essential to at least reduce these social problems, especially substance abuse.

FGD participants from institutions emphasized the family as a base for adjusting, shaping or creating awareness in youths to combat the aforesaid issues. Besides that, GOs, NGOs and CBOs should design productive projects in order to minimize the problem of unemployment. In addition, to avoid dependency mentalities and develop youth's creativity, stakeholders have to provide related trainings free of charge.

In addition, participatory programs should be designed and anti-AIDS and substance abuse clubs should be established and strengthened. The programs will have to address youths in practical ways, because the problems of young people touch every corner of society. Hence, GOs, NGOs, CBOs, and the community at large should work together to minimize, or at least, alleviate the problems. The following table indicates the measures to be taken to alleviate the issues under study.

Table 17: Measures to be taken to alleviate the problem of Substance Abuse

Measures to be taken	Frequency	Percentage
Increase job opportunities	41	20.5
Opening enough recreational facilities	18	9
Government should control substance abuse	22	11
Awareness creation for the affected/infected	47	23.5
All of the above measures	55	27.5
Others/rehabilitation and treatment centers	17	8.5
Total	200	100

Table 17 indicates that most of the respondents (27.5%) agreed that all of the above measures should be taken. However, the remaining respondents cited a single measure to alleviate the problems of substance abuse: awareness creation for the affected/infected (23.5%), increasing job opportunities (20.5%), the government controlling substance abuse (11.5%), opening enough recreational facilities (9%) and others, such as opening rehabilitation and treatment centers (8.5%).

CHAPTER FIVE: CONCLUSIONS

The main purpose of this study was to investigate the link between youth substance abuse and HIV/AIDS in Adama Town. To this end, both primary and secondary sources of data were employed to gather the relevant information. With regard to secondary data, written materials pertinent to the study, which were within my possible reach, were consulted. Varieties of methods were also used to collect data from the field. The data, obtained in the field, was examined in the light of theories that could possibly explain factors that trigger the youth to abuse substances. Therefore, instead of using a single theory, the study employed an amalgamation of theories and models with the aim of having a broader insight on the nature of substance abuse and to discern the possible factors.

Review of the available literature on substance abuse in Ethiopia and primary sources from the study area indicate that varieties of substances are abused by youths. Of these, the most common ones are: *chat*, alcohol, *shisha*, tobacco, cannabis and inhalants, abused separately and in combination. Of all the substances, *chat*, which has been found to play the initiating role in taking other substances, is the predominantly abused one, followed by alcohol and finally a combination of other substances. Most of the substances abused in the town are brought from different parts of the country. Though people from all walks of life abuse substances, abuse is highly prevalent among unemployed youths. This entails that most of the abusers are from the low and middle-income groups, even though the high-income groups are also engaged in it.

Substances are abused in all parts of the town, but there are high concentrations of substance abuse in some particular *Kebeles*. The main areas where they have been abused are the high-risk points. The study has identified a host of misbehavior by youth substance abusers such as theft, sexual harassment, rape, and resorting to sex with CSWs. These problems are caused by the influence of substances, which affect the judgment capacity of the abusers. It is evident that there are many people who move to the town for various reasons. While some of them come in search of jobs, the glamour of living in the town also attracts youths from the surrounding rural areas. Youths living with HIV also unconditionally went to the town so to escape stigma and discrimination from rural people and to get the care and support that are better available in the town.

There are a multitude factors that cause the youth to abuse substances. As a result, there are different theories and approaches that explain factors that lead to substance abuse and the

associated consequences. Merton's anomie theory is one of the theories that attempt to address the question of why individuals abuse substances. Merton stated that retreatists, innovatists, rebels and ritualists tend to abuse various substances. Retreatism, according to Merton, is a private form of adaptation rather than a group or sub culture that results when a person is desperate and tempted to retreat, whereas innovatists and rebels are persons who use illegitimate means to achieve culturally prescribed goals of success (Clinard, 1979). Congruent with this notion, in my study I found that most of the youths are found in serious socio-cultural and economic disorganization, as a result of which they are forced to indulge in habits and practices that are not in line with mainstream societal norms.

Poor socialization and the lack of proper direction from their families or guardians due to family disintegration is one of the factors lead to substances abuse. The precarious nature of the economy of the people is also at the heart of the factors responsible for the disintegration of families who would otherwise properly socialize their children. Rampant unemployment and inadequate recreational centers also render the lives of the youth a stock of misery. The unemployed youth, in the absence of recreational centers, are, therefore, compelled to spend their time in non-productive activities such as abusing substances to avoid frustrations from stressful experiences. In-depth interviews with a policewoman and FGD participants from FSCE and Youth Association leaders indicated that youth substance abusers in Adama indulge in criminal activities such as group rape, drug trafficking, theft, robbery, physical assault, gambling, and sexual harassment.

According to Lindesmith, substance abuse and addiction are acquired through a learning process in which a person interacts with those who have used the substance at some earlier time. He succinctly stated that substance abuse is learned just like other behavior and it is transmitted just like other cultural patterns (Clinard, 1979). Subscribing to the notion elaborated by Lindesmith, behavioralists also argued that substance abuse is the result of learned behavior (Ebie and Tongue, 1988 cited in Eshetu, 1996). Asked how they became substance abusers, most youth substance abusers stated that they learned to consume substances and persisted in doing it because of the pressure from their peer groups who are accustomed to abusing substances. As indicated in section 3.4, Solomon's assertion "family's money is nothing for me and it does not give me any satisfaction rather the life and friends around substances is better than the life at home," is an archetypical case of the influence of peers on substance abuse. There are also some youths who simply leave their comfortable homes and join street dwellers for the mere reason of

experiencing life in the street and liberating themselves from the close supervision of their parents. Still some youths start to consume substances for curiosity of knowing what is special about a substance. However in the end they become addicted and end up full-fledged substance abusers.

Quite a large section of this thesis is devoted to investigating the psychological, social, economic and health consequences of substance abuse; particularly its contribution to the spread of HIV/AIDS. The findings revealed that the effects of substances upon the abusers vary as per the extent and usage of the substances. The effects of substances are not limited to the abusers themselves but extended to the family, the community and the society.

The study clearly showed that most of the youth substance abusers are found to suffer from prolonged depression, anxiety, disorder, schizophrenia and anti-social activities that are associated with property damage, crimes, violence and accidents. Society also considers youth substance abusers as misbehaved and deviant “problem creators” for the societal well being. Hence, society stigmatizes them, which in turn causes the abusers to alienate themselves from the society.

Economically, the cost of substances negatively affects the income of the abusers. The costs for medical treatments for the health disorders stemming from substance abuse are also another financial burden. Substance abuse related car accidents and the associated injuries; death and property damages are the other problems. Once they have developed a dependency syndrome, the abusers waste their precious time on unproductive activity. Hence, it further affects the economy of the family, the community and the society.

With regard to impacts on health, substances impair central nervous systems and cause disorder on internal organs, the loss of appetite, physical imbalances and deformities, weight loss, wrong perceptions about themselves and others; and it most hazardously exposes them to HIV infection. The associated practices of substance abuse expose abusers to losing their judgments, which in turn exposes them to unsafe sexual intercourse. In other words, it prohibits them from making the right decisions in their life. Distorted perception about the disease, vibrant nature of the town and the impacts of substances were taken as major reasons for the presence of the huge number of HIV positive people in Adama town. Furthermore, the findings have showed that after substance abuse rape is common (especially group rape) as well as having sex with CSWs

and multiple partners. Some CSWs who knew that they were HIV positive, still worked in some hotels and this furthers the transmission of the disease.

Generally a thorough analysis of the data from the study area vividly indicates that young people in the study area are involved at early ages in abusing habit-forming substances. This is the age at which most youngsters are not able to identify the adverse effects of the substances though it is hard to conclude for all youths.

The five case studies included in the research revealed their experiences with substance abuse and its adverse effects. It further has indicated that substances stimulate young people to have sex with CSWs, multiple partners and with people they know only a little or not at all, especially after its intake. It has also showed how substances cause people to manifest behaviors, which they do not do prior to the intake of substances. These behaviors most probably followed by HIV contraction. In the findings of the study, alcohol was found out to be the substance, which aggravates the spread of HIV. This finding is similar with what Assefa, et al (2005) found out.

The finding of the study also shows that the processes and ceremonies of *chat* chewing appear to be the main circumstances that facilitate the relationship between male and female abusers. This trend makes it more likely for youths to take varieties of substances at the same time. In these ceremonies, ladies play a pivotal role in arousing male abusers for sex, which is often unsafe, which can expose them to HIV. These situations cause a number of complications and facilitate the practice of unsafe sex and this in turn paves the way for HIV infection. Youth substance abusers discuss various issues while abusing, especially sex and sexuality, this also opens the door for unprotected sex.

The information gathered through quantitative and qualitative methods have revealed that substance abuse and HIV/AIDS are highly interrelated in Adama. Therefore, from this we can suggest that problems like poverty, migration, unemployment, inadequate recreational centers, and good governance should be first addressed before talking about HIV/AIDS. There are different GOs and NGOs that work on HIV/AIDS prevention, care and support activities. However, little attention is given to the contribution of substance abuse on the spread of HIV/AIDS and remedial solutions. The researcher suggest that due attention should be given to the factors that aggravate the spread of HIV/AIDS in the study area and on the contribution of substance abuse in particular.

In line with the above points, there are several measures that have been proposed by informants to reduce, if not control, the effect substance abuse has on the alarming spread of HIV/AIDS. These measures include: increasing recreational facilities, creating employment opportunities, creating awareness, banning “illegal” video, *shisha* and *chat* chewing houses, changing attitudes towards street children and youth substance abusers, creating awareness in children at early ages, and strengthening community based participatory programs in line with undertaking sustainable development activities as well as building a conducive political and economic atmosphere that could help, in particular, to address the problems of the youth.

Family, in collaboration with the local community and other institutions like GOs, NGOs and CBOs working on the issue under study also could play a pivotal role in addressing these problems. These institutions should design effective projects that can carry out effective follow-up on those who are at risk and to avoid dependency syndromes.

As mentioned in the discussion section, GOs, NGOs and CBOs working on HIV/AIDS have not yet given due attention to substance abuse as a problem, despite the fact that it is a major contributing factor for the rapid spread of the virus. But some of the organizations included in the study have done a little to prevent substances abuse among youths. Though most of the institutions working on HIV/AIDS admit the devastating effects of substances, they have still not been involved at the required level to mitigate the problem. Most of the institutions claim a question of funding to intervene in tackling the problems of substance abuse. But I strongly contend that clearly understanding the factors that severely exacerbate the spread of the virus should be given priority, and that preventive mechanisms should be launched with the limited funds available.

Thus, responsible bodies (GOs, NGOs and CBOs) should enact productive projects and policies and implement them, and some laws should be created that would lead to the prohibition of a variety of substances, especially at the recreation centers. Further, it would be better to educate the owners of risk point areas and recreational centers, because in the name of entertainment, youths sometimes confusingly involve themselves in some risky behaviors. Though Ethiopia has signed United Nations Conventions on Controlling Narcotic Drugs, the social psychotropic substances abused without any restriction in Ethiopia, and Adama in particular, are still affecting the society in general and the youth in particular to a great extent.

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ANNEX: 1



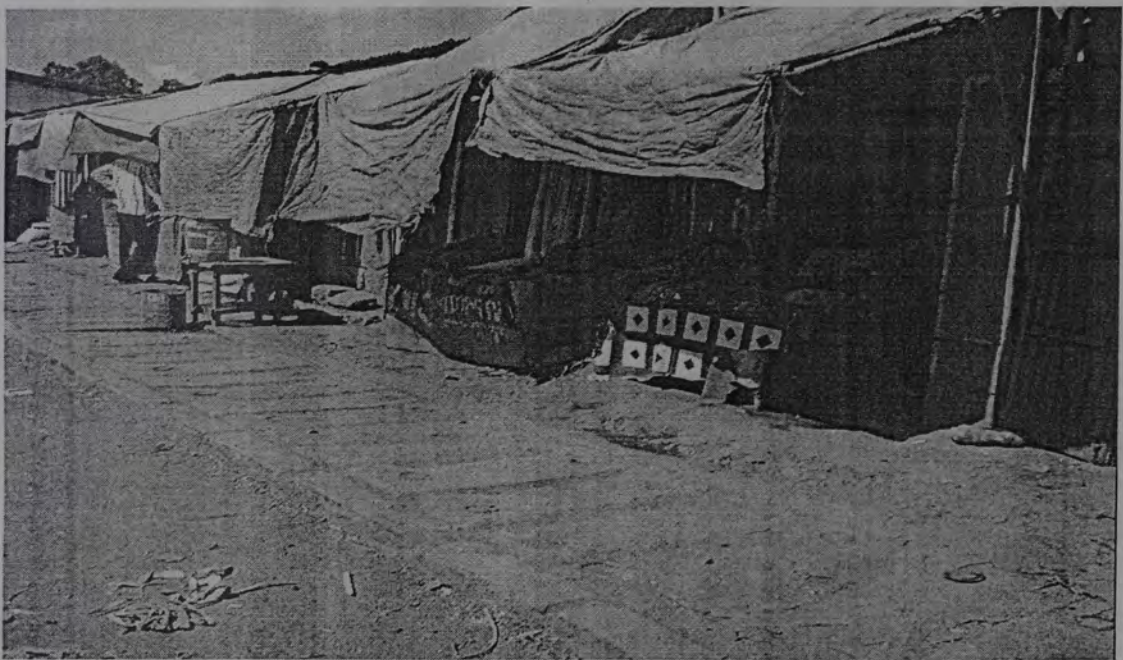
This picture shows the ceremonies that were conducted in the *shisha* houses. Here, the youngsters are chewing *chat* and inhaling *shisha*.



The above picture illustrates how youths' pass their leisure-time by chewing *chat* and smoking cigarettes in cafeterias and bars.



This picture shows when a young man is inhaling *shisha* in one of the *shisha* houses.



This picture demonstrates *chat* selling houses located at the entrance of the bus station.



The above picture demonstrates when *chat* transaction takes place at noon or *harara* time.



This picture illustrates the open market, where *chat* is sold informally.

DECLARATION

I, the undersigned, declare that this thesis is my work and that all sources of materials used for the thesis have been duly acknowledged.

Name: Tamirat Tefera

Signature: _____

Date of submission: _____

Confirmation

This thesis can be submitted for examination with my approval as a University advisor.

Name: _____

Signature: _____

Date: _____

ANNEX: 2

ADAMA CITY GANDA BOUNDARY



LEGEND

- Existing Road
- Existing builtup
- City Boundary
- Ganda Boundary



Scale 1: 45,000

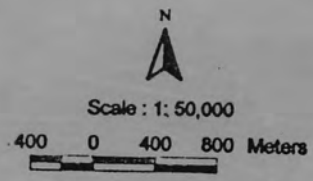
SOURCE: ADAMA MASTER PLAN PROJECT OFFICE, 2004.

ADAMA CITY OLD GANDA BOUNDARY



LEGEND







- Existing builtup area
- Main road
- Road
- Railway Line
- Water course
- Ganda boundary



ADAMA CITY OLD GANDA BOUNDARY



LEGEND

-  Existing builtup area
-  Main road
-  Road
-  Railway Line
-  Water course
-  Ganda boundary

