

**CAUSES, TRENDS AND CONSEQUENCE OF SUBSTANCE ABUSE AMONG PATIENTS  
IN AMANUEL MENTAL SPECIALIZED HOSPITAL**

**BY**

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**A THESIS SUBMITTED TO THE GRADUATE SCHOOL OF PSYCHOLOGY ADDIS  
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**SCHOOL OF GRADUATE STUDIES**

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**APPROVAL BY BOARD OF EXAMINER**

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## Declaration

I, Yohana Berhanu, declare that this thesis is my original work and has never been presented in this or any other university and that all resources and materials used in the thesis have been duly acknowledged.

Student Name: Yohana Berhanu

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This thesis has been submitted to the School of Psychology, Addis Ababa University Graduate Studies for examination with my approval as a university advisor.

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## **Acronyms**

<b>NIDA</b>	National Institute on Drug Abuse
<b>UN</b>	United Nations
<b>UNDP</b>	United Nations Drug Control Programme
<b>WHO</b>	World Health Organization

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## **Abstract**

The purpose of this study is to explore the causing factors of substance among patients admitted for substance abuse in Amanuel Mental Specialized Hospital, examine the trend of substance abuse and its consequences. The study utilized a qualitative research method and employed a phenomenology design. An in-depth interview was the approach used to gather data. The study used purposive and convenience sampling technique to draw a total of 10 patients from the inpatient and outpatient treatment centers. The study indicated that environmental, social, psychological factors like neighborhoods and schools that have easy access to substances, peer pressure, religious rituals, unhealthy coping mechanisms, and medical conditions that require taking prescribed medication are found to be the causing factors of substances abuse. The study revealed the trend of substance use among patients shows that “Kaht, Cigarette, Alcohol, Cannabis, Cocaine and Prescribed medications” are widely used substances among patients. Besides, research participants who abuse drugs were all young and at their productive age. As a result, the patient’s relationship with family, significant other, and friends, their mental and physical health, self-esteem, and finance was heavily affected by their substance abuse problem. Hence, the study considers and recommends that if the coordinated effort of individuals, families, schools, and the government can prevent this problem by placing early preventive actions in plac

## **Chapter One: Introduction**

### **1.1. Background of the Study**

The problem of substance abuse has become one of the rising public health and socioeconomic concern. Nowadays, the problem of substance abuse and its consequences is on the rise all around the world and is now one of the most threatening and challenging social and public health problems (Henok Assefa, 2015; UNODCCP, 2001). Substance abuse has become a global burden not only to families but also to communities at large.(UN, 2011)

Drug abuse has increased as a result of complex psychosocial challenges such as joblessness, poverty, transgression, unwanted pregnancy, sexual abuse, and so forth. Aside from these challenges, drug sellers have played a role in pressuring youth to start taking drugs so that they become addicted and influence their friends to take drugs (UN, 2011). Current developments show the consumption of drugs such as alcohol, khat, tobacco, and cannabis has increased in developing countries. (Tulu, 2015)

Usually, drugs such as cannabis, heroin, and cocaine used to be consumed within the areas they were harvested or on the trade routes to their final market of destination. In recent years, the use of other synthetic, non –medical pharmaceutical drugs such as pain killer, tranquilizers, etc. is spreading at an alarming rate (UNODC,2017). The availability of more strong drugs and their potential combination is posing a risk (UNODC, 2019).

Even though, there is inadequate up-to-date information available on the extent of the drug abuse problem in Ethiopia the problem of drug abuse has extensively spread at an alarming rate affecting all social classes, groups, and religious groups. Aside from the cultural and religious reasons the growing economy and recent social and political changes, globalization, and individual mobility have contributed to the spread of substance abuse and the flow of habits. (Abebaw, Atalay & Charlotte 2007)

The study by Seyoum and Ayalew on substance abuse in selected urban areas of Ethiopia indicated 82% of street children, commercial sex workers, and street vendors used addictive substances. (Seyoum and Ayalew, 1995) Furthermore, khat alcohol, hashish tobacco, and inhalants were the most abused drugs. Moreover, the study cited factors such as unemployment, peer pressure, lack of awareness about the danger of drug abuse, lack of recreational factors, etc. that leads to drug abuse problem. (Mesfin K, Hassen T, et al, 1998)

A cross-sectional study by Debebe, Haddis & Wondale (2015) assessed the prevalence of alcohol use disorders among 412 bipolar disorder outpatients in Amanuel Specialized Hospital. The study found the prevalence of alcohol disorder to be 24.5%. Among this, 58.5% were women between the ages of 18-29. The study highlighted the importance of integrating alcohol use screening into routine outpatient care and establish preventive measures for alcohol use disorders. (Debebe, Haddis & Wondale, 2015)

A total of 25 million people experience some form of mental health problem in Ethiopia. However, less than 10 % receive treatment while much less than 1% receive

professional help. It is a fact that mental health professionals are scarce in developing and highly populated countries such as Ethiopia. Besides, few existing mental health facilities such as Amanuel Specialized Hospital and other hospitals with psychiatric wards are located in urban areas that make it hard for the majority of the population living in rural area to access service. (Getinet Ayano, 2016)

Nonetheless, Ethiopia has made efforts to address the gap in mental health service through implementing a Mental Health Gap Action Program for people suffering from substance use disorders and neurological disorders in primary health care. This program aimed to improve mental health services by training non-specialized professionals on selected disorders such as substance use disorders to provide care under the supervision of experienced professionals. Yet, this effort is facing challenges such as inconsistent training, lack of support from leaders, financial constraints, shortage of drugs, lack of attention from stakeholders, high staff turnover, etc. (Getinet Ayano, 2016)

Apart from some efforts here and there, Ethiopia doesn't have planned prevention action and strategies in place to facilitate both the prevention and response effort to the problem of drug abuse. This clearly shows the issue has not been given enough attention by the general public and the government in particular. (Mesfin et al, 1998).

This study helps to explore the causing factor, trends, and consequence of substance abuse among substance abuse patients in Amanuel Mental Specialized Hospital. Furthermore, the study recommends early prevention efforts to mitigate the problem of substance abuse affecting several people.

## **1.2. Statement of the problem**

In Ethiopia, the issue of substance abuse has been significantly increasing, and raising concern for the country at large. As part of Ethiopian cultural and religious rituals, the use of traditional alcohol drinks has been presumed harmless. It is common to observe children in rural towns start drinking at a relatively young age.

Traditional alcohol drinks such as “Tella, Tej, and Arqi” drinks consist of 4 %, 11 %, and 45% Alcohol content respectively. These harmful traditional and religious perceptions have contributed to the spread of heavy drinking habits among Ethiopians (Eden Sahle, 2018).

In recent years, widely promoted alcoholic drinks such as beer, wine, etc. are also becoming prominent especially in the city. It is common to observe a large number of people consuming alcohol in groups during or after working hours and on the weekends. On the other hand, a significant number of young people between the ages of 19-24 are reported abusing drugs such as cannabis, tobacco, and inhalants in the urban areas. (Seyoum G. & Ayalew G. /MOH, 1995)

In another study by Tilahun, Gebrewahd, and Asenfi (2014) the prevalence of psychoactive substances among university students in the northern part of Ethiopia was found to be 54%. Alcohol was highly consumed followed by khat, cigarette, cannabis cocaine, and diazepam. Besides, the finding showed a magnitude of 16.7% out of 161 participants and the consumption of alcohol, khat, and a cigarette was found to be 8.7%, 6.7%, and 6% respectively. (Tilahun, Gebrewahd & Asenfi, 2014)

Another study by Henok (2015) showed the overall prevalence of substance abuse among Ayer Tena Secondary School students was 24.2%. The finding shows that out of 114 students 5.90% smoke cannabis, 4.20% chew khat and 0.80% drinks alcohol. Lack of family supervision and peer pressure were reported as major causing factors of drug abuse among the students (Henok Assefa, 2015)

A study by Abebaw, Atalay, and Charlotte showed extensive use of khat and alcohol in the general population. The study found out the hazardous drinking was 3%, alcohol dependence, and cannabis abuse was found to be 1.5% each and the prevalence of khat consumption varied from 0.3 to 64.7%. (Abebaw, Atalay & Charolte, 2007)

Another research by Selamawit, et al, (2019) reveals that the prevalence of alcohol use disorders in Sodo, south part of Ethiopia is 13.9% (2.4% was women) with an 87.0% treatment gap which means 13% only sought professional help. Lack of information about treatment services and people's desire to handle their problem on their own was a major reason for the treatment gap (Selamawit, et al, 2019)

Although the problem of drug abuse is posing great health, a social, economic, and psychological threat to all parts of society there are very few and limited mental health centers that provide services and assistance to people with a drug addiction problem. The existing rehabilitation centers provide, individual and group therapy to help patients overcome their substance abuse problem at in-patients and out-patients levels to maintain sobriety, the capacity of the health facilities are limited with scarce skilled manpower and materials needed when compared to the number of people seeking help.

The lack of concrete studies that explores and understands the root causing factors of the substance abuse problem makes it difficult to understand where the problem lays, what needs to be changed, how can we get better, and what needs to be done as an individual, family, society, and country as a whole to prevent the problem.

Many studies have been conducted on trends, prevalence, associated risks, and challenges of drug abuse among primary school students and university or college students in different regions of Ethiopia. However, there is a gap in finding studies that exclusively focus on identifying the causing factors, trends, and consequences of substance abuse among patients in a rehabilitation center intending to work on prevention based on the lived experience of substance abuse patients receiving treatment.

Hence, this study aims to identify the causing factors, trends, and consequences of substance abuse from the perspective of individuals who are under treatment for substance abuse and give the recommendation to mitigate the problem of substance abuse.

### **1.3. Research question**

1. What causing factors leads to substance abuse disorders among patients taking treatment at Amanuel Mental Specialized Hospital?
2. What are the trends of substance use among patients taking treatment at Amanuel Mental Specialized Hospital?
3. How did substance abuse affect the physical, mental, social, and economic aspects of the study participants?

#### **1.4. Objective of the study**

The main objective of this study is to examine causing factors, trends and consequences of substance abuse among patients getting treatment for substance abuse in Amanuel Mental Specialized Hospital.

#### **1.5. Significance of the Study**

The findings of the study help to understand factors leading individuals to abuse substances, shows trends and consequence of substance abuse among study participants. It also gives direction on what preventive actions should be in place to prevent the problem. Furthermore, this study can serve as an input and source of knowledge for other researchers who wish to study this area in the future.

#### **1.6. Limitation**

Even though the substance abuse ward consists of 14 inpatient beds, the researcher was only able to find six patients as the hospital reduced the number of patients from 14 to 6 due to the pandemic. Furthermore, the purpose of this research is not generalization but an in-depth investigation of the causing factors, trends, and consequences of drug abuse among patients. Hence, generalization cannot be drawn from the findings of this study.

#### **1.7. Delimitations of the Study**

Geographically the study is delimited to Amanuel Mental Specialized Hospital. The information gathered is believed to give insight into the problem of substance abuse and

the causing factors that leads to it. Although the problem of substance abuse is widespread, the study only explores the problem among patients receiving substance abuse treatment in Amanuel Mental, Specialized Hospital. Also, the study is delimited in terms of sample size and sampling technique.

### **1.8. Operational definitions**

- **Drug/Substance:** Any addictive substance such as Khat, alcohol, tobacco, cannabis, cocaine, prescribed drugs that are consumed by the study subjects.
- **Substance abuse:** The persistent use of drugs or substance (Kaht, Tobacco, Alcohol, Cannabis, etc.) in a manner that leads to psycho-social problems which will be measured through an interview
- **Depressants:** drugs or substances with the slowing effect of the mind such as alcohol.
- **Stimulants:** drugs or substances that temporarily increases the activity of the mind and the body such as khat.
- **Patient:** Substance abusers that are admitted to the hospital for seeking treatment
- **Substance use disorders:** a disease affecting an individual's brain and behavior as a result of prolonged use of substances.

## **Chapter Two: Literature Review**

### **2.1. General overview of substance abuse**

Countless societies and countries are facing the problem of drug abuse. This problem is harming the social values of communities, the lifestyles of individuals and families, and the global economy. In addition to this, drug abuse is hindering social development as it prevents individuals from realizing and utilizing their full potential (Mesfin et al, 1998).

Moreover, drug use poses serious health issues, with a significant burden for individuals and their families. Furthermore, the society in which the individual belongs faces loss of productivity, security risks and crime, increased health care costs, and negative social consequences. Furthermore, caring for individuals with drug use disorder places a heavy burden on public health systems as well. (UNODC, 2017)

In various societies, substance abuse is perceived as part of cultural practice regardless of its harmful effects. For example, in some parts of Ethiopia such as Harer and Diredawa chewing khat is a social and religious custom among the community.

According to the WHO's Substance Abuse Department (SAB) the experience from various countries prove that the complex problem of substance abuse cannot be prevented or addressed by sole action or measure. Instead, it requires a comprehensive and coordinated approach from various stakeholders to effectively prevent and respond to the health and social harms it's causing. Hence, prevention strategies should not only aim at controlling illicit drugs but also alcohol, tobacco, and prescription drugs, promote family

and community involvement and ensure that consistent regulations are reinforced across all settings. (WHO, 1998)

## **2.2. Definition of substance abuse**

This section reviewed the definitions of substance abuse from different articles or sources. The definitions are stated as follow:

The World Health Organization (WHO) defined substance abuse on its home page as “harmful or dangerous use of psychoactive substances including alcohol and illicit drugs.” (WHO, 2004)

According to Maryland Family Planning Program Clinical Guidelines, 2017, “substance abuse is the use of tobacco, alcohol, illegal drugs, prescription drugs or other substances in ways that are not favorable to the health of the individual” (Glasscote, et al, 1932)

The American Medical Association on Alcoholism and Addiction, 1966 defined substance abuse as “the administration or high dose consumption of prescribed drugs without a direction of a medical expert that leads to psychological dependency, tolerance, and abnormal behavior”.

According to a module on substance abuse by the University of Gondar, substance abuse is defined as “a maladaptive pattern of substance use resulting in repeated problems and adverse consequences.” (Yigzaw, et al, 2005)

### **2.3. Addiction vs. dependence**

In an article written by Chris Elkins, addiction is viewed the same as substance use disorder and the terms dependence, addiction, and abuse cannot be used interchangeably. The author citing the National Institute on Drug Abuse (NIDA) defined the term “dependence” as a condition in which a person can only function by taking drugs and “addiction” as obsessive consumption of drugs despite its negative effect. (Chris Elkins, 2018).

Another scholar Smith also defined the term addiction as a driven use of substance regardless of harm and negative consequences and dependence with physiological response to withdrawal or reduction to drugs (Smith, 2017).

### **2.4. Substance abuse based on DSM – IV classification**

DSM-IV uses the term substance abuse when an individual continuously consumes an illegal drug, but the pattern of the use dose not lead to addiction or compulsive behavior nor withdrawal symptoms. It defines substance abuse as a maladaptive pattern of substance use leading to clinically significant impairment or disease as manifested by repetitive use leading to inadequacy to accomplish main role or responsibilities, physical danger, legal problems, social/interpersonal problems within 12 months.

The DSM-IV-TR explains substance dependence can be diagnosed when an individual continuously consumes alcohol or other substances regardless of the negative effects.

## **2.5. Common substances of abuse**

### **Khat**

Khat is a stimulant plant which its leaves and stem tips are consumed. It is extensively used in Arab and East African countries for its joyful result. The use of khat is embedded in religious customs and tradition. Big truck drivers and students use khat to increase alertness and work hard in their academic performance. Traditionally khat was consumed among the Muslim population. Though, it is common to observe many Christians consuming khat nowadays. The consumption rate of khat differs from region to region in Ethiopia. Studies conducted in Jimaa, Butajira, and Adamtulu indicated a 30.6%, 50%, and 31.7% prevalence of Khat chewing, respectively. The growing habit of chewing khat affects a significant portion of productive age groups in Ethiopia and imposing negative health, social, economic, and political impact on the country (Yigzaw, et al, 2005)

khat is an East African plant that is chewed or prepared as a drink. Kat is a stimulant or a drug used to treat depression and used as an appetite suppressant. Its continuous consumption results in dependence, sleeplessness, impotence, and mental and physical problems. Khat users believe that they have a clear thought, and more alert but concentration and judgments are objectively impaired. (DACA, 2005)

## **Tobacco**

Nicotine is the main element of tobacco responsible for its addictive nature. Tobacco contains nicotine, carcinogens, and other toxins that can cause many diseases and cancer. When tobacco is burned it contains more than 400 other compounds. Smoking cigarette leads to lung cancer, chronic obstructive lung disease, female infertility, spontaneous abortion, sexual dysfunction in men, etc. Addicts regulate their nicotine use by adjusting their concentration and frequency intensifying their use to evade withdrawal. The mortality rate caused by tobacco is expected to increase from 14% to 23% in 2020 worldwide. (Yigzaw, et al, 2005)

The consumption of tobacco is a major public health issue and cause of loss of life-related to psychoactive drug use globally. Tobacco consumption is a risk factor for chronic health problems such as high blood pressure, diabetes, asthma, etc. Besides, children exposed to tobacco smoke will have a high risk of being exposed to health problems such as respiratory infection, allergies, and asthma. In conclusion, exposure to second-handed tobacco smoke increases the likelihood of health problem among people who do not smoke (World Health Statistics, 2010)

## **Alcohol**

Alcohol is a common central nervous system depressant and intoxicant. The excessive utilization of ethanol-containing beverages leads to alcoholism. Alcohol consumption is more prevalent in men than women; however, the rate for women is also increasing nowadays. Risk factors for alcoholism can be categorized into family history,

ethnic backgrounds such as genetic vulnerability or the role of alcohol in the society, and occupation or social environment such as availability, working hours, social pressure, etc. (Yigzaw et al, 2005)

Social problems are associated with the harmful use of alcohol. High consumption of alcohol results in health, socio-economic problems such as hangovers, aggressive and violent behavior, accidents and injury, nausea and vomiting, reduced sexual performance and premature aging, digestive problems, ulcers, inflammation of the pancreas and high blood pressure, anxiety and depression, relationship difficulties and financial and work problems, difficulty remembering things and solving problems, birth defects, stroke, muscle and nerve damage, liver and pancreas diseases, suicide, etc. (World Health Statistics, 2010)

### **Cannabis**

Cannabis is a broad term that comprises a marijuana plant, hashish, etc. The consumption of cannabis results in excessive happiness, lightness of the body parts, boosts sociability. However, it affects other skills such as motor skills, learning ability, perception, attention, memory, etc. (DACA, 2005)

Cannabis is a widely used drug globally. Even though the consumption of the drug by itself doesn't lead to overdoses. However, the combination of cannabis with other drugs can cause overdose or sudden death. Consuming cannabis have consequences such as problems with attention and motivation, anxiety, paranoia, panic, and depression, decreased memory and problem-solving ability, high blood pressure, asthma and

bronchitis, psychotic symptoms and psychoses particularly, heart disease and chronic obstructive pulmonary disease, cancers of the upper airway and throat, etc. (World Health Statistics, 2010)

### **Cocaine**

Hannah Ritchie described cocaine as a street drug. The substance comes in the form of white powder inhaled. When taken, the drug gives joy, energy for 20 minutes before it loses its effectiveness. Most users take the drugs repeatedly to maintain the pleasure that mostly leads to death due to overdose. (Hannah Ritchie, 2019).

Cocaine is a stimulant drug that results in a significant number of physical and mental health problems globally. This drug might cause sudden death affecting the cardiovascular system. Furthermore, cocaine may result in difficulty sleeping, heart racing, headaches, and weight loss, numbness, tingling, clammy skin, and skin scratching or picking, intense craving and stress from the life-style, accidents and injury and financial problems, mood swings, aggressive and violent behavior, psychosis after repeated use of high doses, etc. (World Health Statistics, 2010)

### **Sedatives and sleeping pills**

Sedatives and sleeping pills are prescribed drugs which can cause harm if used frequently in high dose than the doctor's prescription. Sedatives and sleeping pills such as benzodiazepines are generally prescribed to help sleep problem anxiety or mood swings, surgical procedures, trauma, withdrawal for drugs, muscle pain etc. Risks associated with sedatives and sleeping pills include: drowsiness, dizziness and confusion, difficulty

concentrating and remembering things, nausea, headaches and unsteady gait, sleeping problems, anxiety and depression, tolerance and dependence after a short, severe withdrawal symptoms overdose and death if used with alcohol, opioids or other depressant drugs etc. (World Health Statistics, 2010)

### **Inhalants**

Inhalants are volatile solvents such as petrol, glue, spray, polish benzene, etc. The most common way to use such solvents is through inhaling the solvents in a plastic bag. Such substances create a short-term effect such as nausea, vomiting, headache, and diarrhea. The extensive use of this substance poses health risks from heart failure to death. (World Health Statistics, 2010)

## **2.6. Substance abuse and the brain**

Drugs are chemicals that affect the function of the brain by affecting the way neurons communicate information. Drugs such as marijuana and heroin can imitate the natural functioning of neurotransmitters (chemicals carrying information between nerves). This similarity tricks the receptors to get attached to them. Though these drugs imitate the natural process of carrying messages around nerves they could not replace the role of natural neurotransmitters, and this leads to abnormal message transition. Other drugs such as amphetamine or cocaine can result in the neurons to discharge an unusually large quantity of natural neurotransmitters or prohibit the usual recycling of brain chemicals. This destruction produces messages greater than usual interrupting communication (NIDA, 2007).

Drugs affect the brain's reinforcement system by overflowing the brain with a chemical compound or neurotransmitter called dopamine. When activated at a regular level, this neurotransmitter rewards natural behavior. However, excess stimulating the brain with drugs produce an ecstatic result which strongly strengthens the behavior of drug use to reputedly. (NIDA, 2017)

## **2.7. Characteristics of drug users**

According to National Institute on Drug Abuse (NIDA), people with a drug abuse problem exhibits similar behavioral, emotional, social characteristics such as; mood swing, impaired judgment, and insight, change in a family relationship (avoiding family members), breaking promises, lack of interest in other activities and social gatherings, lying, stealing and selling of goods from home, workplace, and school as the addiction progress and getting involved in illegal activities such as street crimes, violence, extortion, murder, etc., Also, most drug abusers have inappropriate sexual behavior (NIDA, 2004).

## **2.8. Causing factors of Substances Abusive**

The study by Kamlesh (2012), categorized causing factors of substance abuse as social factors such as pressure by peer group, easy availability of the substance, family conflicts within the family, cultural or religious practices, lack of social or familial support, and urbanization can cause substance abuse. Psychological Factors including curiosity, social deviance, poor self-control, sensation seeking, low self-esteem, poor stress management skills, trauma, as a relief from fatigue or boredom, and biological factors such

as a family history of drug abuse within the family and genetic predisposition. (Kamlesh, 2012)

An assessment by Shimelis and Wosen (2015) classified the causes of alcohol and drug abuse among university students as genetic factors, family factors such as negative family communication patterns, quality of the relationship, divorce, parental role modeling, and inconsistent discipline. Moreover, traumatic events, lack of proper knowledge of risks of abusing drugs, low socioeconomic status, law enforcement, and availability of drugs, and peer pressure can lead people to drug abuse. (Shimelis & Wosen, 2015)

## **2.9. Substance abuse in Ethiopia**

One study conducted by Abebaw explains that Khat and alcohol are commonly used substances in Ethiopia. Homemade alcohols such as Tella, Areke, Tej, and khat in some parts of the country are widely available and acceptable as part of social fabrics. Khat use is extensively found in the central and southern part of Ethiopia and mainly used for religious reasons and among the youth. However, there is a concern that the heavy consumption of khat is spreading across the country outside the common traditional and religious context. Furthermore, Abebaw explains that men are predominantly dependent and heavy users of tobacco, kaht, and alcohol. Though the finding directs treatments to focus on men however women are also vulnerable to use substances. Enhance the prevention strategies should be placed that target both men and women. (Abebaw, Atalay & Charlotte, 2007)

A rapid assessment by Seyoum and Ayalew, (1996) conducted in Addis Ababa stated the problem of substance abuse has significantly affected the young adult group and drugs were readily available within the city. Previously, the practice of chewing Khat used to be commonly practiced in the eastern part of the country. However, the study reported a significant increase in the number of people chewing Khat in and the practice has spread to the wider population in Ethiopia.

Another cross-sectional study in two preparatory schools in Ambo town showed that khat alcohol and cigarette and shisha were substances predominantly abused. The study showed that most men, individuals living in a family that went through divorce/separation, allotting to much pocket money to children, easy accessibility of drugs and the influence of social media and living environment lead respondents to abuse substances. (Mulugeta, et al, 2019)

According to Movendi International (2019), Ethiopia is categorized among countries in the world that records high death toll due to alcohol. Ethiopian men aged 15 - 19 years highly suffer from alcohol abuse disorders. The article highlights Khat which is widely consumed in the country and believed to be an 'initiation drug' for alcohol and other substances. The article quoted a statement from a clinical psychologist in Mekele saying that more than 80% of his patients were further encouraged to consume alcohol or other drugs by consuming khat fist.

According to Abebaw study shows the general problem of substance abuse appears as extensive. "It can be conservatively estimated that about three million people have a problem with substance abuse in Ethiopia."(Abebaw, Atalay & Charlotte 2007 p 49) The

extent of the alcohol abuse problem emerges to be similar to reports from Africa and the west. Even though the problem of substance abuse has not been well studied in Ethiopia the existing figures show the potential public health and socio-economic consequence of substance abuse such as poor physical health, poor nutrition, mental distress and functional impairment, and susceptibility to infectious diseases such as HIV and other sexually transmitted diseases and hepatitis. (Abebaw, Atalay & Charlotte 2007)

Some considerations are being given to the control and treatment of substance abuse. Nonetheless, this falls short in what is required to prevent the extensive problem of drug abuse to adequately deal with the existing problem. There is very limited mobilization from the community and the government involvement in the control of substance abuse and providing information on the extent of the problem. (Abebaw, Atalay & Charlotte 2007)

## **2.10. Theoretical Background**

Over the years, substance abuse has been described in different ways. Each description or definition contains covert or overt theories. These theories can give perspective and put the issue into context. It helps to understand why substance abuse occurs, how it should be interpreted, its implication, and what intervention should be implemented. Thus, substance abuse has been described as a disease, immoral behavior, a learned behavior, a mental disorder, a symptom of an underlying problem, and impaired ability of self-care or distress management. Moreover, substance abuse is viewed as social structural conditions that result in distress, and with a spiritual view of substance abuse.

(Nina, 2011) However, in this study, the researcher picked the psychoanalytic, social learning, and the general system's mode of thinking to structure this study.

### **2.10.1 Psychoanalytic theory**

The psychoanalytic theory views addiction as a defense mechanism to avoid the sense of defenselessness. Substance abuse is an ineffective way of compensating for the inner emptiness. The addict attempts to make amends for his or her painful state of low self-esteem, anxiety, etc. The use of substances temporarily gives the abuser the feeling of acceptance and confidence and a fantasy world where abusers are in control, where they feel useless and out of control in the real world. The frequent use of drugs for such effects can become a lifestyle and an addiction. Addiction problem can stop the uses from understanding their problem their emotional developmental capacity to self-soothe. (Shahram Heshmat, 2014)

The theory views addiction as a disorder of “self-regulation”. Individuals with a history of adverse childhood tend to have a diminished capacity to regulate negative emotions and coping strategies. Hence, they abuse substances to regulate their emotions and medicate themselves. (Shahram Heshmat, 2014)

### **2.10.2 Social learning theory**

The social learning theory describes addiction as a learned behavior. People observing others engaging in addictive behavior can encourage others to develop an addiction. For example, gives the example of a child who observes an agitated parent coming home from work and drinking a few drinks as a result the parent becomes relaxed

and fun to be around. The child will interpret drinking alcohol as a good coping strategy with stress. Hence when we see the behavior, reaction, and copying of other people greatly influence us to learn and repeat their actions. Furthermore, the social learning theory also applies this concept to recovery from substance abuse. Recovery requires learning new ways of coping. This might include associating with people who cope with life stressors without using alcohol or drugs so that they can learn new ways of coping and healthy behavior. (A. Tom Horvat, et al, 2019)

### **2.10.3. General systems theory**

The general systems theory shows the influence of groups over individuals. This theory explains all people exist within a set of social systems such as family, neighborhood, organization, societies, cultural groups, etc. the social learning theory understands individual behavior by taking into account the pressure of these groups. Hence, according to this theory addiction is caused as a result of the larger social systems that surround the individual. Thus, every individual part of the social system will have a role in the maintenance of the balance, however, if the balance of the systems fails to perform its function the system serves to maintain that dysfunction. Regarding addiction, the model focuses on the family system. Similar to all systems, the family's functioning to uphold the balance. This involves activities to avoid conflict, hostility, aggression, and other negative behavior that disrupts the harmony. (A. Tom Horvath, et al, 2019)

## **2.11. Conceptual framework**

The conceptual framework expresses how the researcher plans to proceed with the study. The researcher aims to explore the causing factors, trends, and consequence of substance abuse problem within the psychoanalytic, social learning and general systems theoretical framework. These theoretical constructs help the researcher to have a comprehensive view about the problem of substance abuse, environmental, social, and psychosocial causing factors, and it's impacts from the individual and social perspective. The study discusses the finding of the study in relation to how these theoretical frameworks views addiction.

## **Chapter Three: Research Design and Methodology**

### **1.1. Research design**

This study utilized qualitative study approach to explore causing factors, trend and consequence of substance abuse among drug abuse patients in Amanuel Mental Specialized Hospital, specifically the study employed a phenomenology design in which the researcher explored participant's lived experience through semi-structured in-depth interview that provided detailed descriptions and examination of study participant's experience.

### **1.2. Setting**

The study was conducted at Amanuel Mental Specialized Hospital in Addis Ababa. According to Biruk (2018); the hospital was established in 1930 E.C and has been serving as a specialized psychiatric hospital since 1948 EC. The hospital is equipped with 235 beds in 14 wards, and 2 emergency rooms for inpatient services such as general adult psychiatry, addiction, forensic, and clozapine treatment services. It has 24 outpatient clinics for Medical, Maternal, and Child and ART clinics. It has 264 clinical and 356 administrative employees. Specifically, the substance abuse ward consists of 14 beds for inpatients, and 10-15 patients visit the outpatient clinics on daily biases. The ward provides inpatient services for 170 patients and more than 5,000 patients receive outpatient services each year.

### **1.3. Study population**

The participants of this study were a total of 10 volunteer patients receiving inpatient and outpatient treatment services for substance abuse in Amanuel Mental Specialized Hospital at the time of the study. The substance abuse ward consisted of a total of six patients in the inpatient department and an average of 6 to 8 patients visiting the outpatient department at the time the study was carried out.

#### **1.3.1. Inclusion criteria**

- Those with a diagnosis of substance abuse and under treatment.
- Patients in the inpatient's department who are at the later stage of recovery
- Patients who came to the outpatient's department for follow-up

#### **1.3.2. Exclusion criteria**

- Patients in the inpatients department who were at the early stage of treatment/therapy.
- Patients who are emotionally fragile and in unstable psychological state to provide information that can be utilized to answer the research questions.
- Those who are not able to communicate in language of interview, Amharic
- Patients who are unable or not willing to give consent

### **1.4. Sampling technique**

In this study, convenience and purposive sampling technique was used to select study participants. The researcher used convenience sampling for patients in the inpatient department and purposive sampling to draw participants from the outpatient department.

The department head helped the researcher in identifying patients who fulfill the above criteria from the hospital's outpatient treatment centers.

## **1.5. Sample size**

The study used convenience and purposive sampling to conduct in-depth interview with 10 volunteer individuals who provided useful information to answer the research questions.

## **1.6. Method of data collection**

### **1.6.1. In-depth interview**

In-depth Interview is a qualitative data collecting technique in which helps the researcher to explore participant's perspective, experience, feelings, and ideas. In this study the researcher conducted a semi-structured interview consisting the components of both structured and unstructured interview questions. The researcher prepared a set of questions prior to the interview at the same time additional probing question were asked during the interview.

## **1.7. Data collection procedure**

Once the researcher secured the consent of the participants, socio-demographic data such as age, education level, occupation and marital status of the participant was documented. Following, participants were asked for their consent if the interview session can be voice recorded for the purpose of capturing all the information during the interview aside taking notes. Interview sessions of some study participants who were willing was

recorded while the researcher collected data using note taking among study participants who were not willing for voice recording.

The interview was conducted in Amharic using the interview guide prepared for the study. The researcher asked close ended and open-ended probing questions to capture respondent's experience in detail. The researcher documented information obtained from the participant by taking written notes and audio taping application on a telephone device. The interviews lasted from 45 minutes to 1 hour. The researcher thoroughly ensured the research purpose was achieved and sufficient data was collected to reach data saturation.

### **1.8. Data management and analysis**

The researcher collected data using the audio recording for participants who were willing to be voice recorded and note-taking for those who were not willing to be recorded. The recording from each interview was transcribed daily alongside with the data gathered by note-taking. During transcription of the data, the researcher coded respondents as "Respondent 1" "Respondent 2" etc. and gave a total of 10 codes for each respondent. Transcribed responses were organized into four topics in line with the research questions. The study broke down the responses of study participants into, causing factors of substance abuse, trends of substance abuse and consequence/impact of substance abuse and recommendations from respondents.

### **1.9. Ethical consideration**

The study was conducted after the proposal of this research was submitted to AAU's ethical committee and obtained ethical clearance to carry out the study. Before

conducting the interview, each respondent was briefly informed about the purpose and the overall process of the study. Those who were willing were invited to the private interview area and the researcher gave a detailed explanation about the purpose of the study, the nature of their participation, their rights, and how the information they provide will be handled with confidentiality. Next, the participants were asked if they have a question or need further clarification.

Before the interview, the researcher obtained the informed consent of the study participants verbally as most participants were not willing to sign the consent form but preferred to informally give their consent. The researcher explained their right to obtain full and detailed information about the study they are asked to participate in, decide whether to participate or not without any pressure from the researcher, ask to read or have the researcher read to them the informed consent, refuse to sign the informed consent but give their consent verbally, ask possible benefits or harm for participating in the study, know how the information they provide will be handled with confidentiality and who will have access to it, ask the researcher for further clarification on things they did not understand and refuse to be in the study or to stop participating at any time if they feel uncomfortable.

During the interview, participants were recorded based on their willingness in the intent for the recording to be used only for the study and to be discarded afterward. The study participants did not receive any financial benefits for participating in this study. However, the researcher believes participants will be more likely to indirectly benefit themselves and others from the recommendation of this study.

## **Chapter Four: Findings**

### **Introduction**

This chapter shows the findings of the study according to the research questions of the study. This chapter categorizes the findings under social demographic data of study participants, causing factor such as environmental, social, psychological and medical factors leading to substance abuse, trends of substance abuse among the study participants, the physical, social, psychological and economic impacts of substance abuse and the study participant's recommendation on preventive measures that should be taken.

### **4.1. Background of study participants**

10 study participants were interviewed for this study. Out of this, six were patients in the inpatient department admitted for substance abuse and four were patients who visited the outpatient department for follow-up. The socio-demographic information of the study participant is described in the table below.

**Table 1. Socio-demographic data of study participants**

<b>Respondents</b>	<b>Sex</b>	<b>Age</b>	<b>Education</b>	<b>Marital states</b>	<b>Employment</b>	<b>Religion</b>	<b>Place of Origin</b>
Respondent 1	Male	25	12 grade	Single	Student	Muslim	Addis Ababa
Respondent 2	Male	30	Marketing	Single	Unemployed	Orthodox Christian	Wolisso
Respondent 3	Male	34	Medical doctor/surgeon	Married	Employed	Orthodox Christian	Addis Ababa
Respondent 4	Male	38	No education	Divorced	Unemployed	Orthodox Christian	Addis Ababa
Respondent 5	Male	32	10+3 Auto mechanics	Single	Employed	Muslim	Addis Ababa
Respondent 6	Male	23	11 <sup>th</sup> grade	single	Unemployed	Orthodox Christian	Mekele
Respondent 7	Male	25	6 <sup>th</sup> grade	Single	Unemployed	Muslim	Addis Ababa
Respondent 8	Male	20	11 <sup>th</sup> grade	Single	Student	Orthodox Christian	Addis Ababa
Respondent 9	Male	23	Vocational training	Married	Student	Orthodox Christian	Addis Ababa
Respondent 10	Male	37	10 <sup>th</sup> grade	Divorced	Unemployed	Orthodox Christian	Addis Ababa

## **4.2. Causing factors of substance abuse**

Study participants reported that various social, environmental, psychological, and medical factors lead them to substance abuse. Study participants reported that they were affected by only one or more than one of the mentioned factors.

### **4.2.1. Environmental factors**

Out of 10 study participants, six participants reported that they started abusing substances as respondents grew up in a neighborhood with high unemployment, low economic status and high crime rate, the type of friends they spent time within the school and their neighborhood, seeing abuser peers as a role model, early exposure to the substance within the home, growing up in a family that abused substances, a strained relationship with their parents, lack of parental role modeling, excessive monthly allowance parent gave their children and school environment dominated by pub and night clubs and easy access to substances.

In relation to the above findings, respondent one stated:

“I started using weed, smoking a cigarette, and drinking alcohol with my friends at school. We came up with an idea to earn money and we rented a house with one room near to our school and started downloading movies and renting them to students. We earned good money at the time and we started spending the income to buy weed, Khat, alcohol, and cigarette to entertain ourselves. We used to cut school and spend much of the time chewing khat, smoking, and drinking while we downloaded the movies.”

In connection with the above response, respondent four said the following:

“I used to see my dorm mates chewing Khat when studying to be awake and help them until past midnight some of them even go straight to class or exam without taking a nap. I followed in their footsteps and started chewing Khat.”

Likewise, respondent five said:

“I started using a substance with my friends just because we saw the older kids doing it. We assumed it was a trend and thought we were cool by using such substances. The environment I grew up in contributed a loss for my addiction. I grew up around “Tekele Haymoanot”, the area is a slum neighborhood known for its high crime rate, an area with high unemployment, most young people spend their time drinking, chewing khat, use drugs, and robe people and sell stuff to earn money.”

#### **4.2.2. Social factors**

Out of the 10 respondents, four reported that they were affected by social factors such as peer pressure, social and religious practices which were common among the Muslim study participants, and wrong perception in relation to substance use and masculinity.

In reference to the above, respondent one stated:

“I grew up in a Muslim family watching my uncles and aunts chewing khat. They even sometimes let me sit with them, but they will not let me chew khat. Watching my family's religious practice growing led me to my addiction. Chewing chat was a ritual within my family which made it easier for me to start using it without their knowledge.”

On a similar note, respondent two stated

“I started chewing khat and smoking as a result of peer pressure. when I was in school me and my friends saw it as a trend and continued with it.”

Respondent seven also stated that his father used to give him alcoholic drinks when he was five and used to say men should not survive off only milk. His father perceived drinking alcohol as a sign of masculinity.

#### **4.2.3. Psychological factors**

Out of the 10 participants, three reported that they began the use of substance out of curiosity, sensation-seeking behavior, to manage stress, cope with grief, new environment and to suppress the feeling of failure to accomplish in life mainly related with unemployment, dropping out of school and bad reputation within the family and community respondents lived in.

In connection with the above respondent, four stated:

“I was under a lot of pressure when I was a freshman in college. I was adapting to the new environment. The idea of being kicked out of the university due to my grades scared me the most. I studied day and night. I used to feel sleepy when I go to class in the morning and could not attend my classes properly. I used to see my dorm mates chewing khat when studying to stay awake until past midnight some of them even go straight to class or exam without taking a nap. I followed in their footsteps and started chewing khat.”

Similarly, respondent eight stated the below:

“I started drinking after my father died. I was in a car with my dad arguing when my dad lost control of the car, and my dad died immediately but I survived without even a scratch. I and my father used to be very close.”

#### **4.2.4. Medical factor**

Out of 10 study participants, only one responded that a medical condition he encountered lead him to abuse pain-medication.

Respondent three stated:

“I was diagnosed with kidney stone four years back. The doctors prescribed pethidine to manage the pain before and after the surgery. Pethidine is an antipain medication given for short-term relief pain and it is administered through injection. I was supposed to stop taking the drug, but I continued injecting myself after I recovered from the surgery. Accessing the prescription for the medication and injection was easier for me as I am a medical doctor (surgeon)”

### **4.3. Trends of substances use among patients**

**Table 2 Type of substances**

<b>Respondent</b>	<b>Type of substances</b>
Respondent 1	Khat, Alcohol and Cigarette
Respondent 2	Khat, Alcohol and Cigarette
Respondent 3	Anti-Pain-medication (pethidine)
Respondent 4	Khat and Cigarette

Respondent 5	Khat, Alcohol, Cigarette, and cannabis
Respondent 6	Alcohol
Respondent 7	Alcohol
Respondent 8	Khat, Alcohol and Cigarette
Respondent 9	Alcohol, Cigarette, and cocaine
Respondent 10	Khat, Alcohol, Cigarette, and cocaine

Study participants reported that they commonly used Khat, Alcohol, Cigarette, Cannabis, Cocaine, and anti-Pain-medication, respectively. Out of 10 respondents, eight of them used alcohol, six khat, six cigarettes, five cannabis, three cocaine, and one respondent abused anti-Pain-medication. Out of the ten respondents, seven reported they had a dual substance abuse while three of them used only one of the above substances.

**Table 3 Age of exposure**

<b>Respondents</b>	<b>Age of 1<sup>st</sup> exposure</b>
Respondent 1	15
Respondent 2	20
Respondent 3	30
Respondent 4	20
Respondent 5	22
Respondent 6	15
Respondent 7	5
Respondent 8	14
Respondent 9	15
Respondent 10	17

The age specified in table three to report the study participant's response was classified based on the APA guide to ensure objectivity. Hence, the table refers to individuals aged 12 and below as a child, individuals aged;13 to 17 as an adolescent and aged 18 and above as an adult.

Out of the 10 study participants one reported he started using the substance at a very young age of 12, five responded they started abusing substances in their adolescent year between the age of 13 and 17 and four respondents reported they started using while they were 18 and above. This number shows that half of the study participants started abusing drugs in their adolescent years.

**Table 4 Duration of substance abuse**

<b>Respondents</b>	<b>Duration of abuse</b>
Respondent 1	10 years
Respondent 2	10 years
Respondent 3	4 years
Respondent 4	18 years
Respondent 5	10 years
Respondent 6	9 years
Respondent 7	20 years
Respondent 8	6 years
Respondent 9	8 years
Respondent 10	20 years

The finding of this study showed the duration of substance abuse among patients ranged from 4 -20 years. Four respondents reported that they abused drugs from four to nine years. While three of the respondents reported they abused drugs for 10 years and one for 18 years the remaining two reported they used for 20 years.

#### **4.4. Consequence of substance abuse**

The study participants reported that years of substance abuse has negatively impacted the physical, mental/psychological, social, and economic aspect of their lives.

##### **4.4.1. Physical impact of substance abuse**

Out of 10 study participants, five reported the extended use of substances impacted them physically and developed medical conditions such as gastric problems, lung disease (TB), and seizure.

In relation to this, respondent two stated “I developed a gastric problem as a result of drinking alcohol and chewing khat”.

On a similar note, respondent seven stated he developed a seizure as a result of high consumption of alcohol, and respondent nine said he significantly lost weight and was diagnosed with bronchitis from smoking too much cigarette.

##### **4.4.2. Mental/ psychological impact of substance abuse**

All study participants reported the abusing substance impacted their psychological wellbeing directly or indirectly. They developed mood swings, low self-esteem, the feeling

of worthlessness that led to a suicide attempt, psychological disorders such as substance induced psychosis and depression, and use aggressive behaviors as a defense mechanism.

Supporting the above findings respondent one stated “After some years I started hallucinating and hearing voices.”

likewise, respondent eight said “I became depressed through the time I tried to commit suicide last year. I felt empty to the extent I did not see the reason for me to live.”

Respondent 10 added that he felt empty inside and scared but used his aggressive behaviors to avoid addressing his problem of addiction.

#### **4.4.3. Social impact of substance abuse**

All respondents reported that their substance abuse had negatively impacted their social life. They stated that they didn’t have a good reputation within their community as a result people perceived them as a bad influence or worthless. Moreover, they had a poor relationship with their parents, spouse, siblings, extended families, non-abuser friends, and colleagues as a result of their addiction, criminal involvements, and aggressive behavior. These lead respondents to isolate themselves and lack the confidence to socialize with others.

In relation to the above finding’s respondent, one said:

“My non-abuser friends didn’t want to spend time or seen with me trusting I am a bad influence. I did not have the confidence to socialize with people. I isolated myself as much as I can from my family fearing they will smell”

In addition, respondent two stated “I and my father didn’t get along very well. I go home intoxicated in the middle of the night and I will break stuff, insult my father, and act inappropriately in front of my youngest siblings.”

Likewise, respondent 10 described “My parents kicked me out of the house when they found out I was part of the gang in the neighborhood and involved in drug contraband”

#### **4.4.4. Economic impact of substance abuse**

All 10 respondents reported that substance abuse impacted their economy as they spent most of their money to buy substance, didn’t have the necessary education or dropped out of school as a result of their addiction to get a job and earn income, and couldn’t retain their job due to their mood swing, aggressiveness, irritability, inability to follow rules and regulations in the workplace, poor relationship with employers and colleagues.

Concerning the above, Respondent two stated the following: “I spent my days chewing khat and getting drunk instead of finding a job or be creative and start my own. I was once hired in a soap factory, but I was fired with less than a month as I was always late to work”

On a similar note, Respondent, six reiterated that “I spent all my money to buy marijuana, khat. I didn’t know how to save or think of the future whatsoever all I think is to satisfy my craving.”

#### **4.5. Early prevention interventions**

Participants were asked if they believed the problem of substance abuse could be prevented if early preventive actions were in place and what preventive actions should have been taken. Out of 10 participants, eight reported that if early prevention efforts were carried out by themselves, their parents, schools, and government collaboratively work to create a school environment free of substances, easy access to substances, building recreational activities to have young people engaged in sportive activities and design programs that for young people to spend their time engaging in voluntary community services. More importantly, parents should set a better role model for their children and follow up their day-to-day activities besides providing for their basic needs and work with schools to teach children healthy decision-making skills, healthy coping mechanism and helping find their purpose and goal in life can significantly reduce their chance of getting involved in substance abuse problem.

Concerning the above, respondent one stated the following:

“Yes, I wish my parents were strict enough and followed up more. Most parents only focus on providing their children food, clothing, sending them to a good school but they don’t have any idea where or how they spend their day. And most of all teachers in schools should report to parents when students are not attending class and exhibiting odd behavior. Also, religious rituals such as Chewing chat in the Muslim community expose children at a very young age. In general, parents should be mindful of proper parenting styles because they are the one that will set the path for their children”

On a similar note respondent, four stated:

“individuals might have their reason why they started abusing substances, but most young people started using substances due to peer pressure. Young people undergo rapid change in their life and need a positive role model that helps them set a purpose and goals in life and build their capacity to follow a healthy coping mechanism to such changes. It is certain that families and schools have a huge role in teaching and equipping kids’ basic life skills such as healthy coping mechanisms.”

Likewise, respondent 10 expressed that the environment that young people grow up in can significantly influence them positively or negatively. Young people need to have safe recreational spaces such as playgrounds and libraries near to their residential area so that they can spend time engaged in sportive activities, banning opening pubs and Khat, Shisha shops near schools and the government needs to work toward achieving this.

## **Chapter Five: Discussion**

This study indicated that Khat, Cigarette, Alcohol, Cannabis, and Cocaine are commonly abused substances among the study participants who were all men in their adolescent and productive age. A similar study conducted by Seyoum and Ayalew (1995), conducted in 25 selected urban areas in Ethiopia, covering about 3200 respondents revealed that cannabis, khat, alcohol, and tobacco were also abused by a significant portion of the population and the age range of 19-24 have been reported as the age of initiation for use of these drugs. Similarly, another study by Tulu (2015) showed that the consumption of drugs such as alcohol, khat, tobacco, and cannabis was common in developing countries.

In addition to khat, Cigarette, Alcohol, Cannabis, and Cocaine, the study discovered that Anti-Pain-Medication such as pethidine was also abused by professionals that have the privilege to access the medications within the health sector. The study found this finding to be consistent with WHO (2010) report stating sedatives prescribed for muscle pain and surgical procedures can be addictive if used frequently in high doses.

The study explored factors that lead study participants to abuse substances from the individual and social point of view using social learning, psychoanalytic, and the general system's mode of thinking. As a result, it was found that participants of this study learned abusing substances from peers, family members, neighborhood, religious, cultural, and social groups they belong taking into account the pressure of these groups. In addition, impaired ability to develop a healthy coping mechanism to properly process grief, cope with a new or challenging environment, inability to manage distress emanating from

failure, unemployment, family or marital problems, and medical conditions was additional factors that lead participants to abuse substances. The study has shown that dysfunctional families and strained relationships among family members were also among the factors that pressured respondents to abuse drugs.

Similarly, an article by Nina (2011) highlighted that substance abuse has been defined differently with underlying theories to understand why substance use occurs. The theoretical framework the study used to understand why the problem occurred was also constant with Shahram Heshmat (2014) article that explained how the psychoanalytic theory viewed substance abuse. It described that individuals with adverse childhood abused drugs to regulate their negative emotions. Another article by A. Tom Horvath (2019) on social learning theory and general systems theory viewed addiction as a learned behavior and influence groups over individuals, respectively.

This study uncovered environmental, social, psychological, and medical factors that contributed to the patient's substance abuse problem. Neighborhoods with high unemployment, low economic status, easy access to substances, and gang influence caused substance abuse. Likewise, lack of recreational areas, having abuser close friends in school or neighborhood, lack of parental role model, a large amount of allowance, children who grew up in a family that abuses substances that lead to early exposure, and being in a family environment full of conflict were environmental factors that prompted substance abuse among study participants. This finding resonated with two studies by Mesfin (1998) and Shimelis, et al, (2015). These studies stated factors such as unemployment, lack of

recreational factors and family factors such as negative family communication patterns, quality of a relationship, lack of parental role modeling, and inconsistent discipline lead people to drug abuse.

Social factors such as peer pressure, a negative coping mechanism with distress resulting from people's attitude towards study participants and negative comments from family members, neighbors and close friends, social and religious practices such as chewing Khat, and harmful social practices like relating substance use as an indication of masculinity and exposing children to traditional drinks "Tej, Tella and Arqi" lead study participants to addiction. These factors were parallel with a study by Kamlesh (2012) and an article by Eden (2018).

Kamlesh stated that Social factors such as pressure by peer groups, easy availability of the substance, conflicts within the family, cultural or religious practices, lack of social or familial support can cause drug abuse. While Eden's article explained how traditional alcohol is seen as harmless and practiced as part of cultural and religious rituals. These harmful traditional and religious perceptions have contributed to the spread of heavy drinking among Ethiopians.

The study revealed psychological factors such as curiosity to try drugs among the teen, sensation-seeking behavior, abusing substances as a means of coping with stress, trauma, grief, and new environment, the feeling of failure of accomplishments in life, and dropping out of school led individuals to abuse drugs. These findings were also similarly

discussed in Kamlesh's (2012) study. The study described psychological factors including curiosity, social deviance, poor self-control, sensation seeking, low self-esteem, poor stress management skills, and trauma that led individuals to abuse substance abuse.

Medical conditions were also among the causing factors of substance abuse. This showed prescribed medication such as "Pethidine" in particular for the purpose of managing pain before and after surgical procedures was misused and lead to addiction. The study found this medication was abused by a medical professional who had the access to the prescription and the experience to administer the drugs through injection.

The study participants were physically, psychologically, economically, and socially impacted as a result of their addiction. The study uncovered that participants developed medical conditions such as gastric problems, lung disease, and seizures caused by an excessive amount of use. In addition, abusing substances impacted them psychologically as they went through mood swings, low self-esteem, feeling of worthlessness to the extent of attempting suicide, depression, psychological disorders such as substance-induced psychosis, and used aggressive behaviors as a defense mechanism.

Moreover, the participant's social life was significantly impacted. They developed disrupted relationships with their parents, significant other, siblings, extended families, non-abuser friends and colleagues, respondents' involvements in criminal and aggressive behaviors changed people's perception negatively that forced study participants to isolate themselves and lack the confidence to socialize with people.

It also showed that respondents struggled financially as they spent a significant amount of money to buy substances. Most dropped out of school early which prevented them from qualifying to secure a job to earn income. Moreover, participants couldn't keep their job due to their mood swings, aggressive behavior, and irritability which lead them into conflicts with their employers or customers repetitively, and the inability to follow rules and regulations in the workplace significantly contributed to an unfavorable work environment for employers and colleagues.

These impacts of substance abuse were also reflected in the National Institute on Drug Abuse report (2004). It stated that people who abuse drugs exhibits distorted behavioral, emotional, social characteristics such as mood swing, impaired judgment, and insight, change in a family relationship (avoiding family members) and involving in criminal activities.

At last, the study captured the recommendations of the study participants on how to prevent the problem from their lived experience. They recommended that if preventive actions are taken early the problem of substance abuse can be drastically reduced. Thus, families should follow-up and support their children, set a positive example within the family, having recreational areas for young people to spend time, create more job opportunities for graduates and families, schools and government should work together.

## **Chapter Six: Conclusions and Recommendations**

This study attempted to explore the problem of substance abuse and causing factors, trends and consequences of substance abuse among substance abuse patients in Amanuel Mental Specialized Hospital. The sample was drawn from patients in the inpatient and outpatient departments of the substance abuse ward. The study examined the environmental, social, psychological factors that lead patients to abuse substances, the trends of substance abuse and the study also explored how substance abuse impacted the physical, psychological, social, and economical aspects of patient's lives. Besides, the study attempted to capture the recommendation of the study participants on how to prevent the problem based on their lived experience.

khat, Cigarette, Alcohol, Cannabis, and cocaine were found to be commonly abused substances among the patients. Neighborhood and schools in a location with easy access to substances that exposed children, lack of recreational areas, growing up in a family who abuses substance, peer pressure, religious practices that encourage substance abuse, exposing children to traditional drinks at a young age, using the substance as a coping mechanism with distress and grief, unemployment, etc. are the environmental, social, psychological factors that caused patients to abuse substance.

Patients have developed medical conditions, lower self-esteem, psychological disorders such as depression and substance-induced psychosis, unemployment, and poor relationship with family and friends because of their addiction. Furthermore, participants recommended early prevention efforts of parents, schools and the government can reduce the problem for the future generation.

## **Recommendation**

Based on the study findings indicated in chapter four and five the following recommendations are made.

1. Parents or care givers should actively engage with their children and have proper following up both at home and school through continues communication with teachers, receiving trainings and read books on parenting skills, creating a conducive environment to have open discussion with their children and hear their concerns by simply asking how was their day in school, who they are friends with, encourage them to share challenges and ask questions.
2. Parents should set positive role model to guide their children, by mitigating the chances of children's exposure to substances at home despite of social or religious practice.
3. Parents/ families and schools should teach and encourage children to develop self-awareness, build positive self-image or their confidence, decisive decision making skills, healthy coping mechanisms, identify their purpose in life and setting a life goal as they go through rapid changes as young people.
4. Establishing peer to peer learning platforms, counseling services in school to help youngsters share their ideas and learn about substance abuse and its effect.
5. Higher education institutions should design senior mentorship programs, support groups, counseling services in universities to help fresh student cope with the new environment and workload.

6. Incorporating entrepreneurship training in curriculums to help student be innovative and create jobs to reduce dependance on the government to provide a job opportunity.
7. Government should work towards helping fresh graduates in creating job opportunities and entrepreneurship training, providing seed money to support innovation, building recreational areas in neighborhoods, work towards having school surrounding clean from pubs, Kaht and other substances.

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## **Annex**

### **Appendix I: English version consent form**

My name is Yohana Berhanu. I am a final year counseling psychology student in Addis Ababa University. I am doing my post-graduate thesis on substance abuse and causing factors among substance abuse patients in Amanuel Mental Specialized Hospital.

In this information sheet I have included information you should be aware before volunteering to take part in this interview. The researcher could read the sheet for you if you wish.

This project is approved to be conducted by ethical board of College of Education and Behavioral Studies, school of psychology of AAU.

Your current treatment or subsequent follow up visit will not, in any way, be affected by your participation. In this interview as your identification will be coded and the information you give will be confidential during the interview and documentation.

The interview will take from 45 minutes to 1 hour. In this interview you will be asked different questions related to your personal experience and opinions on substance abuse. Thus, I will ask you close-ended and open-ended questions which give you the opportunity to explain the issues from your lived experience. The interview will be tape recorded and will be later transcribed in English.

During the interview you can withdraw or pass the question you don't want to answer and ask me to clarify the question that is not clear for you. You can at any time ask for a break or withdraw from the participation if you feel any discomfort with no consequences.

Thank you for your cooperation and time to hear this information and/or participating in the interview.

I, the participant whose ID is coded, have received and do understand the information about the study and the manner of my participation in the interview verbally and in written form.

I hereby consent to participate in the interview

Participant's signature: \_\_\_\_\_

Date: \_\_\_\_\_

Interviewer' signature: \_\_\_\_\_

Date: \_\_\_\_\_

Thank you for your cooperation!!!

## Appendix II: Amharic version consent form

### የተሳታፊዎች ፈቃድ መጠየቂያ ቅጽ

ስሜ የሃና ብርሃኑ ይባላል። በ አዲስ አበባ ዩኒቨርሲቲ የካውንስሊንግ ሳይኮሎጂ የመጨረሻ አመት ተመራቂ ተማሪ ስሆን የመመረቂያ ጥናጥቴን በተለያዩ የሱስ ምክንያት በ አማካኤል ሆስፒታል ተኝተው እንዲሁም በተመላላሽ የሚታከሙ ተገልጋዮች ላይ እሰራለሁ። ጥናቴም ተገልጋዮች በምን ምክንያት ለተለያዩ ሱስ የንደተዳረጉ የሚያጠና ነው።

በዚህ ፎርም ላይ ተሳታፊዎች ከመሳተፋቸው በፊት ማውቅ የሚገባቸው መረጃ እንደሚከተለው ተካቷል

1. ይህ ጥናት በአማካኤል ሆስፒታል እና በአላዩ ይሁንታ የተሰጠው ነው
2. እኔ የዚህ ሆስፒታል አባል አይደለሁም። ከሚያከምዎት ባለሙያዎች ጋርም ግንኙነት የለኝም። ስለዚህም በዚህ ጥናት በመሳተፍ አሁንም ሆነ ወደፊት በሚያገኙት የህክምና አገልግሎት ላይ ተፅዕኖ አይኖረውም።
3. በቃለ-መጠይቁ ላይ የሚሰጡት መረጃ በጥናቴም ወቅት ሆነ በኋላ ምስጢርነቱ የተጠበቀ ይሆናል።
4. ይህ ቃለ-መጠይቅ በድምፅ ይቀዳል ቀጥሎም ወደፅሁፍ ተቀይሮ ወደ እንግሊዝኛ ይተረጎማል።
5. ከጥናቱ አላማ አንጻር የተያዩ ሁኔታዎችን የሚዳስሱ ጥያቄዎችን አነሳለሁ። ስለጉዳዩ የእርሶን እይታ ለማግኘት ጥያቄዎቹ እርሶ አብራርተው የሚመልሷቸው ናቸው።
6. ቃለ-መጠይቁ ከ 45 ደቂቃ እስከ 1 ሰዓት ሊወሰድ ይችላል።
7. በቃለ-መጠይቁ ወቅት ያለተረዱት ጥያቄ ካለ እንዲብራራሎት መጠየቅ ይችላሉ። መመለስ የማይፈልጓቸው ጥያቄዎች ካጋጠሙዎት ማለፍ ይቻላል። በመሃል ማረፍ ካስፈለጎት ወይም ሌላ ቀጠሮ ቢያስፈልግ ያሳውቁኝ።
8. ከተሳተፎዎት በማንኛውም ጊዜ ያለምንም ችግር ማቋርረጥ ይችላሉ።

ከላይ የተዘረዘረውን መረጃ አንብቤ/ተነበልኝ ተረድቻለሁ። ለጥናቴም ተሳታፊ ለመሆን በፊርማዬ አርጋግጣለሁ።

የተሳታፊ ፊርማ: \_\_\_\_\_

### **Appendix III: Interview guide for in-depth interview**

#### **Socio-Demographic data**

Sex:

Age:

Education level:

Employment:

Marital status:

Area of origin:

Religion:

#### **Interview guide**

1. Could you tell me the type of drug (s) you are/were using?
2. Could you tell me the amount of substance you use within a day? E.g number of cigarette packs, bottle of alcohol etc. per day.
3. Can you share with me at what age you started?
4. For how long did you use the substance of abuse?
5. Can you share with me how you started? Who/any influence?
6. Can you tell me who/what encouraged to continue the use?

7. Can you explain or describe if there any social, psychological, and environmental factors that contributed?
8. Do you think abusing substance provides answers to the problems you identified?  
If yes, why did you think abusing substance would be the answer to your problem?
9. Which aspects of your life did your substance abuse affect?
10. What is the first impression people have of you?
11. How do you explain or describe your relationship with parents, significant others and friends (abuser and non-abuser)?
12. How did substance abuse impact you economically?
13. How did substance abuse affect your mental health?
14. Have you developed any medical conditions as a result of the abuse? if yes, what kind medical condition?
15. How did substance abuse affect the attitude you have towards yourself and your self-esteem?
16. How did substance abuse affect your performance in school and work, or career?
17. Do you think this could be prevented if early preventive actions were in place? If yes, what preventive actions should have been in place?