College of Social Sciences, Art and Humanities

School of Social Work

Lived Experiences of Drug Addicted Youths in the Care Yemeleketegnal Rehabilitation Centre

By:

Anwar Mesele

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A Thesis presented to Addis Ababa University College of Social Sciences, Humanities and Art School of Social Work in partial fulfilment of the requirements for the Degree of Masters of Social Work

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This is to certify that the thesis prepared by Anwar Mesele entitled: "**Lived Experiences of Drug Addicted Youths in the Care of Yemeleketegnal Rehabilitation Centre "** as part of the requirement of the degree of Master of Social Work, adheres to the University's requirements and upholds the required standards of quality and orginality.

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Abstract

Drug abuse among the youths has emerged as a major public health and social concern globally, with internationally reports indicate an increase in the number of young people engaging in harmful substances. In Ethiopia reflects similar trends particularly in urban areas where rapid social economic transitions, unemployment, and easy access to psychoactive substances increase youth vulnerability. Even if Drug abuse is a major public health concern; a gap exists in comprehending the underlying reasons and extent of the problem on the ground and considering the lived experiences of drug- addicted youths from their perspective in Ethiopia. The study aimed to illuminate the lived experiences of drug- addicted youths in a Rehabilitation Centre. A qualitative research design was employed, using phenomenological approach to capture the subjective experiences of the participant addicted to drug abuse in Yemeleketegnal Rehabilitation Centre. The researcher conducted the interviews using an interview guide to conduct an in-depth interview. Data were audio recorded, transcribed verbatim and translated to English.thematic analysis was used to interpret the data, leading to the identification of core themes that reflect the emotional and social dimension of rehabilitation process. The results revealed that reasons related to social and environmental factors, peer influence at the centre, management of stress and energy stimulants were the primary factors involved in the initiation of youths into substance abuse. In addition to that, the knowledge gap on the risks of the substance, easy access to substances and unemployment influenced them to abuse drugs consistently. Other reasons were examined in the initiation of youths into drug use. Hence, multiple interventions are recommended to address multifaceted problems.

Key terms: drug abuse, youth, lived experience, rehabilitation

Acronyms and Abbreviations

EDHS	Ethiopian Demographic and Health Survey
FDRE	Federal Democratic Republic of Ethiopia
NIDA	National Institute on Drug Abuse
SUD	Substance Use Disorder
UNODC	United Nations Office on Drugs and Crime
WHO	World Health Organization

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Chapter One

Introduction

1.1 Study Background

Drug abuse has emerged as one of the most pressing public health and socio-economic challenges worldwide. According to the World Health Organization (WHO, 2018), the harmful consumption of psychoactive substances such as alcohol, khat, cannabis, and synthetic drugs leads to dependency, mental health disorders, and social disintegration. Globally, studies reveal that substance abuse contributes to severe health risks, unemployment, family breakdown, and increased violence among youths. The United Nations Office on Drugs and Crime (UNODC, 2018) further emphasizes that adolescents and young adults are disproportionately vulnerable, often initiating drug use due to peer pressure, stress, and the search for excitement.

In Ethiopia, the problem is particularly complex due to the cultural embedding of substances such as khat and traditional alcoholic beverages like tella and tej. While these substances are socially accepted, their misuse has escalated into hazardous consumption patterns. The Ethiopian Demographic and Health Survey (EDHS, 2016) reported that 46% of men and 35% of women had consumed alcohol in their lifetime, with increasing trends among urban youth experimenting with cannabis and synthetic drugs. Despite these alarming patterns, rehabilitation resources remain scarce, with only a handful of functional centers nationwide (FDRE Drug Administration and Control Authority, 2021). This scarcity underscores the urgency of understanding the lived experiences of youths in rehabilitation to inform context-specific interventions.

The problem statement of this study highlights that drug abuse is not only a health issue but also a socio-economic crisis.

Youths struggling with addiction often face unemployment, poverty, strained family relationships, and co-occurring mental health problems. Previous studies (Fatima, 2017; Worku, 2013) have identified peer pressure, depression, and unemployment as major causes of drug abuse, while also noting its consequences such as violence, risky sexual behavior, and declining academic performance. However, there remains a significant gap in research that captures the voices and lived experiences of addicted youths themselves. This study seeks to fill that gap by exploring their narratives within the Yemeleketegnal Rehabilitation Centre.

The objectives of the study are framed to address this gap. The general objective is to explore and understand the lived experiences of drug-addicted youths undergoing rehabilitation, while the specific objectives focus on identifying factors contributing to initiation, examining influences sustaining drug use, and understanding the negative effects of addiction. These objectives are guided by research questions that ask: What factors contribute to initiation? What influences continuation? And what are the consequences threatening youths?

The literature reviews further situated this study within global and local contexts. It discusses definitions of drug abuse, the most commonly used substances in Ethiopia, reasons for initiation, motives for continuation, and the consequences of abuse. It also highlights the socio-economic and cultural dimensions of addiction, including family dynamics, employment challenges, and globalization's influence on drug markets. Importantly, the conceptual framework draws on ecological systems theory, showing how individual behavior is shaped by multiple layers of influence—family, peers, community, and broader cultural norms.

The significance of this study lies in its potential to contribute to knowledge, policy, and practice. By focusing on lived experiences, it provides a human-centered understanding of addiction that can inform interventions at multiple levels.

Policymakers can use the findings to design more effective prevention and rehabilitation strategies, while institutions and communities can strengthen support systems for youths. The scope of the study is deliberately delimited to the Yemeleketegnal Rehabilitation Centre in Addis Ababa, ensuring depth of analysis while acknowledging that findings may not generalize to all contexts.

In sum, the background of this study establishes drug abuse as a multifaceted problem that requires holistic understanding. It integrates insights from global literature,Ethiopian realities, and the specific challenges faced by youths in rehabilitation. By grounding the research in both broader contexts and lived experiences, the study aims to illuminate pathways for more effective interventions and contribute to the fight against substance abuse in Ethiopia.

1.2. Problem Statement

Drug abuse has emerged as a significant public health and socioeconomic concern worldwide, particularly in developing nations (Yakubu&Salisu, 2018). Adolescent and young adult periods are times when people are likely to misuse drugs. Drug use is generally higher among young people (UNODC, 2018). Many people continue to lose their lives to alcohol, particularly when used in large quantities or combination with tobacco or khat (WHO, 2010).

Fatima (2017) made a survey on drug abuse among youths: causes, effects and control. The study identified that the causes of drug abuse are peer pressure, depression and unemployment. The study goes further and reports social, health and economic effects of drugs. In addition to the above reports, drug users reportedly engaged in violent activities. A review made by Worku (2013) reported that students who used drugs display increased violence towards women and are involved in sexual activity. This reveals the seriousness of the issue.

The use of alcohol, khat and cigarettes bring social, physical and health problems (Shemelis and Tulu, 2015). One health problem caused by drug abuse is Substance Use disorder (SUD). Various scholarly literatures indicate that SUD is a raising mental health problem. Substance use disorders are a leading global cause of morbidity and mortality, posing challenges to Africa's health system (Ikenna et al, 2021). Furthermore, a study conducted in the Eastern Ethiopia Region highlights the severe public health and socio-economic impact of drug abuse (Abebaw et al., 2007).

Drug abuse is the major contributing factor for diseases and disabilities in developing countries. From several studies and literature mentioned above, the misuse of drugs and its related effects have become prevalent and are increasing from time to time, especially among the youth.

Despite the growing awareness of drug abuse as a public health crisis, there is a significant gap in understanding the lived experiences of youths who are trapped in the cycle of addiction and face psychological, social and economic challenges. Many struggle with co-occurring mental health problems, strained relations with family and unstable living conditions. This study seeks to explore the lived experiences of youths with drug addiction, and the challenges and provide insight into their coping mechanism.

The rationale behind selecting this issue is to inform targeted intervention by understanding the specific challenges and coping mechanisms of addicted youths. These interventions can be tailored to address the root causes of addiction. And also, it provides a holistic understanding of drug abuse to inform the development of targeted interventions and policies. So the findings of this study are expected to contribute to the development of informed policies for drug abuse prevention, rehabilitation and recovery to make policies more humane

1.3. Objective of the Study

1.3.1 General Objective

The objective of the study is to explore and understand the lived experiences of drug addicted youths undergoing rehabilitation, focusing on their narratives, challenges and consequences in the Yemeleketgnal Rehabilitation center.

1.3.2. Specific Objectives

- To identify the factors that contribute to the initiation of drug abuse among youths in the Yemeleketegnal Rehabilitation center
- To find out factors influencing drug abuse behavior among youths, those in the Yemeleketegnal Rehabilitation Centre
- To understand the negative effects of drug abuse among youths who are under care in Yemeleketegnal Rehabilitation Centre

1.4 Research Questions

- What are the factors that contribute to the initiation of drug use by the youths?
- What are the factors that influence the youths to continue drug abuse behavior?
- What are the possible consequences of drug abuse behavior that threaten the Youths?

1.5. Significance of the study

Through time, drug use has become a major problem affecting the most energetic and productive part of society. Besides the health risks, it brings several serious social and economic problems that rob the potential of the young generation. This not only affects the individual entity but also holds back society's progress and development of the country at large.

Even though drug abuse is a complex problem, necessary attention is not given by the concerned bodies. This study provides detailed information about the experience of youths with drug addiction. It tries to address the social, cultural and economic factors that contribute to drug use. It enhances a more holistic understanding and intervention for policymakers. Furthermore, the study provides a ground for institutional treatment and community support systems.

1.6 Operational Definition of words

In this study there are words that need operational definitions to make more clear and friends to readers.

Addictiona complex condition a brain disorder that is manifested by compulsive substance use despite harmful consequences (American Psychiatric Association,2013)

DrugAbuseharmful or hazardous use of psychoactive substances that negatively affect an individual health, social relationships, productivity and community wellbeing (EthiopianFederal ministry of health ,2015)

Rehabilitationan organized support and treatment services aimed for helping individuals recover from drug dependency and reintegrate into society (FoM, 2019)

Tellalocally home prepared alcohol

Tejhomemade alcohol from honey and fertilized “Gesho”

1.7 Scope of the Study

To be manageable and avoid misunderstanding by the reader, the scope should be delimited. This is a place where the researcher draws boundaries, showing what is in the study and what is not. This study is limited to youths who are addicted and receive a recovery program in the Yemeleketegnal Rehabilitation Centre.

Yemeleketegnal Rehabilitation Centre is a community service organization (CSO) established by Mrs. NeimaMuzeyen to help the younger generation who are addicted to drugs and lose their mental wellbeing due to addiction.

The clients receive religious based treatment based on their religion. The reason behind its establishment was that two brothers who were mentally ill for ten years and chained and isolated. The cause was drug related.

The Centre is now located in two places one is around Kirkos Sub city specifically Kazanchis and the second one is in Lideta Subcity around Torhiloch. The researcher chose the second branch because of its proximity and has concrete and well organized data about the clients than the Kazanchis branch. The Centre has 42 clients 11 staff members with one psychiatry and two social workers.

Chapter Two

Literature Review

2.1 Introduction

Drug abuse has become one of the most pressing global public health challenges, affecting individuals, families, and nations. It involves the harmful or hazardous use of psychoactive substances, including illegal drugs, alcohol, and prescription medicines (WHO, 2021). Globally, an estimated 296 million people used drugs in recent years, with significant variations across regions (UNODC, 2023).

Human beings have the habit of eating or drinking drugs that make them feel relaxed (Yigzaw, 2001). The use of medical or recreational drugs has a long history. Since the flourishing of human civilization, human beings have been using drugs for some reason. In the last fifty years, the use of drugs has increased rapidly. Drugs evolved into an important part of today's society (Parrott, 2004). The use of drugs by the younger generation for medical or non-medical purposes is increasing from time to time (WHO, 2002).

Globally studied research indicates that drug abuse has severe health, social, psychological and economic impact (Kidan, 2002). Two contrasting contexts underscore the conditions that predispose youths to drug abuse. In recreational settings, substances are frequently used to get excitement (Hamad,2016; Selwa,2016). On the other hand, in contexts characterized by stress young individuals often turn to drugs as a coping strategy (Hills, 2016). Drug abuse is also a problem in Ethiopia. As Ethiopia is considered an ancient civilization in Africa, it is thought to be one of the earliest producers of alcohol (Acuda,1988). Coffee and Khat originated in Ethiopia (Acuda,1988). Drug Abuse is causing many social, psychological and health problems. In all parts of the country, addiction to drugs is the real dangers to the younger generation. The

Ethiopian context presents unique challenges. Khat, deeply embedded in social rituals, yet it is associated with mental health disorders, unemployment, and family disintegration, is well documented (Mehretu et al.,2017).

Similarly, alcohol consumption entrenched through traditional beverages like *tella* and *tej* has escalated into hazardous use, with 46% of men and 35% of women reporting lifetime alcohol consumption (EDHS, 2016).

2.2 Definitions of Drug Abuse

Drug abuse is a maladaptive use of substance characterized by persistent misuse that leads to harmful consequences(Yigzaw, et al., 2005). Additionally, WHO defines drug abuse as illicit consumption of any drug that is intended to alter an individual's feelings, thoughts and behavior without taking the adverse effect on mental and physical health (Kebede et al, 2005). And WHO (1994) defines drug abuse as the harmful use of psychoactive substances, including alcohol and illicit drugs. A maladaptive pattern of substance use that leads to addiction and distress (American Psychiatric Association, 2013).

2.3 Types of Drugs

Even though the list is not exhaustive and the classification varies based on the countries' situation and legal system, which interprets drugs, the WHO's understanding of substance use among younger generations classifies drugs as follows:

Alcohol: Alcohol slows down the performance of the central nervous system. It is found in the form of wine, beer, home-brew and industrial products.

Nicotine: Nicotine is a stimulant; that stimulates the central nervous system. Nicotine is found in the following substances: cigarettes, cigars, pipe tobacco, and chewing tobacco.

Hallucinogens: Hallucinogenic substances can alter a person's mood, the way the person perceives his or her surroundings and the way the person experiences his or her own body.

There are many different types of hallucinogens, some of which are chemically produced and others which are naturally occurring.

Hashish (oil and resin): these forms of cannabis are made from the resin of the flowering heads of the plant, tablets containing Tetrahydrocannabinol, the main active ingredient in cannabis.

2.4 General Overview of Drug Abuse: Globally and in Ethiopia

The use of drugs has become a growing global public health and socio-economic issue (Odejide, 2006). Drug abuse has diversified socio-cultural, economic and biological aspects (Iqura, 2017). One big manifestation of it is drug dependency, which leads to drug disorder. According to the WHO, dependence on drugs such as alcohol, tobacco, and drugs is the leading cause behind much of the global disease burden linked to substance use (WHO, 2010). The global burden of drug abuse does not stop at this point. Statistical data show that the global burden of diseases attributed to tobacco use reached 3.7% (Gezahegn et al., 2014). Over 316 million people globally use drugs in 2023, with Drug Use Disorder (DUDs) affecting 53.1 million individuals, which means a 35.5% increase since 1990 (Chen et al., 2024; Zhang et al., 2024). The most commonly used substances include opioids, cannabis, and cocaine, with synthetic drugs like fentanyl and methamphetamine rising sharply (UNODC, 2025a).

Family with unhealthy relationships, experiencing conflict and instability, the absence of parental care in a modern societal system in which both parents are breadwinners, the weakening of religious and social values, the mainstream media effect, globalization, etc., lead young adults who take drugs as a coping mechanism from the hard realities of life.

The processes of industrialization, urbanization and migration have led to a loosening of the traditional methods of social control, rendering an individual vulnerable to the stresses and strains of modern life (Iqura,2017). Moreover, social, interpersonal, cultural, environmental, and family factors have their own contribution. (John et al., 2023).

In the Developed world, youths can easily access drugs due to their economic background and can easily be found. Research that focused mainly on high-income countries indicates that people tend to use cannabis widely because they see it as easily available and not very harmful; as a result, cannabis is the most used drug next to tobacco and alcohol(United Nations Office on Drug and Crimes, 2018). The story of Drug Abuse in Africa is not far from the global narrative. Different literature reveals the growing threat of Drug Abuse across the continent. The use of psychoactive substances for medical or recreational purposes is not a recent phenomenon.

> In 2007, 83% of seizures of cocaine in Africa were reported in West and Central Africa, 12% in Southern Africa, 5% in Northern Africa and 0.3% in Eastern Africa. The largest seizures in 2007 were reported by Senegal (2.5 mt). The cocaine found in Africa originated mainly in Colombia and Peru and frequently transited through Brazil. There is, however, significant trafficking of cocaine across the continent. The main African transit countries in 2007 (in terms of cocaine seized in other African countries) were Cape Verde, Guinea, Mali, Guinea-Bissau, Ghana, Benin,

Togo, Gambia and Nigeria, all in West Africa (UNODC, World Drug Report 2009, p-74).

Drug abuse is a growing public health issue, especially among youths. Commonly used drugs include khat, cigarettes, alcohol and shisha. Ethiopia is a Nation with a predominantly young population. This younger generation is attracted by so many things.

. One of those traps is drugs. Adolescents are highly exposed to drug abuse. Males are at a higher risk of using drugs than Women.

The drugs such as tobacco, khat and alcohol are the most commonly misused substances. Cannabis is becoming more popular in urban areas and has at-risk populations like street children engaging in inhalant use, such as glue sniffing and benzene (Tefera S., 2018).Alcohol is the most used, next to chewing khat and smoking cigarettes (EDHS, 2016). Nearly 46% of men and 35% of women have consumed alcohol at least once in their lifetime (Ferehiwot, 2019).

2.4. Most commonly used drugs in Ethiopia

Substance use in Ethiopia has become an increasingly visible public concern, particularly among young adolescents and young adults, (Shegute 2021). Although pattern of drug use varies across regions, certain drugs remain consistently prevalent due to cultural pracrices, social acceptance, availability and economic factors. Most notably chat which is widely chewed for its stimulant effect and is accepted in social and cultural setting (Gebrie 2018).these are most commonly used drugs in Ethiopia.

Alcohol: Alcohol intoxicates the central nervous system, and it is a frequently used psychoactive substance (Alem, et al., 2021).One cannot ignore the fact that alcohol is creating big problems because it is disruptive to personal, social, and economic wellbeing. Consumption of alcohol beverages among younger people is becoming a common practice (Epherm, 1996).

The true nature of alcohol dependence and alcoholism remains an arguable topic, this is because of socio-cultural discrepancies in the use of alcohol and the apparent overlap between alcohol abuse and normal drinking behaviour (Tesfaye, et al., 2014).

Khat: Khatis the most used green leafy plant; its fresh leaves are consumed to stimulate the brain (Alem, et al.,2021). It is the second most widely used substance (Abebaw, et al., 2007).The

chewing of the stimulant leaf Khat is a habit that is wide spread in certain countries of east Africa and the Arabian Peninsula. Khat has been used for many years in Ethiopia; particularly, in the eastern part of the country. Its uses have now spread to the neighboring nations, as people discover the exhilarating properties of this 'flower paradise' (Abebe et al. 2006). In Ethiopia, Khat is cultivated both for export and local consumptions. Despite its wide spread use, no systematic information is available on the pattern of its use because of its economic importance. However, the side effects of khat use are being increasingly reported by medical professionals in east Africa including Ethiopia.

Tobacco/Cigarettes: Smoking of cigarettes among the younger population has a higher prevalence rate.

In Ethiopia in 1983, the lifetime prevalence rate of cigarette smoking among college students was stated to be 31.9% (Yigzaw, et al., 2005).

2.5. Reasons for Drug Abuse Initiation

Being young is a time of discovery, experimenting with new things, and trying out odd things. Besides this, peers play a role either positively or negatively in this regard. Some reasons initiate the younger population to use drugs. Two opposite settings show a range of circumstances in which drug use is experienced among young people. Initially, drugs are used in recreational settings to add enjoyment and enable the experience; secondly, young people who are living in difficult situations also use drugs to cope with their situation. More research done in Palestine, South Africa and Thailand revealed that drugs were used to forget pains of violence(Ferehiwot, 2019).

Various studies have identified different factors that lead individuals to begin using substances. Family is taken as a key factor for the initiation of drug use (Sunita and Sandeep,

2023). The family affects a drug addicted member, and the drug addict affects the family too (Brook et al., 2006; Measelle et al., 2006). Family members, especially parents, are role models for their children. It has been seenthat the problem of drug addiction in the children of families whose members used to use drugs was two and a half times more than in those whose family members did not use drugs (Webetu et al., 2020). Children whose parents smoke are 5 times the risk of alcohol addiction (Whitesell et al., 2013). The other initiation factor for drug abuse is peer pressure. The traits of individuals within the group can shape the group as a whole. Members'behavior and attitudes impact one another, and friends often adopt both positive and negative habits from each other.

Companions and peers have an effect on drug commencement and alimentation (Mason &Windle, 2001).

The attitude of peers is an important factor that influences drug addiction (Dackis& O'Brien). Antisocial peers and delinquent behaviors are some of the strong risk factors for drug use (Nation &Heflinger, 2006). The study by Rukundo(2017) also supports that peer influence is the strongest risk factor for drug use in school children.

Another study found a significant association between alcohol use with peer influence among youth in urban~~s~~ areas than rural areas (Wilson &Donnermeyer, 2006). Because the peer group reinforces the favourable attitude towards the drug, which increases the level of drug use, and the drug becomes available in the group (Mason &Windle, 2001). Peer-related risk factors include exclusion from a non-using group, presence of a heroin-using peer group, and having a heroin-using partner (Wisley et al., 1997). Thus, association with a drug-using group is a powerful predictor of drug use (Glantz, 1992). Hawkins and colleagues (1992) consider peer rejection to be a strong risk factor for drug addiction. Peer rejection during schooling creates

adjustment-related problems and enhances the risk of drug abuse problems in students (Coie, 1990).

Post-traumatic stress, specific personality, behavioural characteristics, and psychological issues are critical factors in drug addiction (Kirkpatrick et al., 2000; Brook et al., 2003). Research found a significant relationship between emotional instability and trauma exposure with drug use (Schiff et al., 2012; Petruzzi et al., 2018). In fact, people who have experienced trauma use drugs to help manage their emotion, reduce depression and anxiety (Khantzian, 1997; Weiss et al.,2012)

2.6. Motives of Drug Abuse

Different studies have been conducted to identify major causes of drug abuse. A survey conducted among university students identified several major factors like peer pressure, stress, academic related factors and environmental forces, all of which align with the findings of previous studies (Aklog et al, 2013). Going through childhood abuse, struggling with personality disorders, dealing with shifts in family dynamics, facing dependence issues within the family, and feeling isolated are all factors that can lead to drug abuse (Hinrichs, et al., 2011). Simons and Ferhat (2010) noted that peer pressure, being away from loved ones, academic pressure, relationship issues, and poverty are some of the challenges that affect the youth.

2.7. Consequences of Drug Abuse

The use of drugs such as alcohol, khat, and tobacco has become one of the growing major public health and socio-economic problems globally. Misuse of drugs has so many negative impacts on users. Youths who use drugs are more likely to face unemployment, physical health problems, problematic social relationships, suicidal tendencies, mental illness and even lower life

expectancy (United Nations, 2018). In addition, a drug abuser is unable to go through daily activities due to the drug affecting mental and thinking process, concentration and memory.

2.7.1. Drug abuse and mental Health

The Youths' drug abuse behavior is associated with several mental health problems, such as conduct problems, hyperactivity/ attention problems, depression, anxiety, and suicidal behavior (Tarter, et al., 2007). Mental health refers to a person's well-being; it is about how individuals think, feel and act. (Mohammed A., 2016). Mental health means knowing your potentials, handling everyday challenges and being active in your community (WHO).

A drug is a substance that changes how we observe, think and the way we act. (Balogun, 2006). Drug addiction refers to becoming mentally and physically dependent on drugs.

Drug addiction causes different physical and mental problems (Mohammed, 2016). Different drugs have different effects; stimulants and hallucinogens can cause mental problems, paranoia, intense fear, mood changes and depression (Mohammed, 2016). The nervous system can be affected by narcotics and alcohol, which generally results in memory loss. Not only mental but also physical damage, like liver, stomach problems.

Alcohol use has an adverse effect on the brains of both adults and adolescents (Nagy, 2008). Solowij (1998) studied the lasting effects of cannabis on the central nervous system. Lasser and his colleagues found that 44% of cigarette consumption is associated with individuals experiencing psychiatric conditions or drug use disorders. More broadly, repeated drug misuse among adolescents is linked to an increased risk of developing mental issues.

2.7.2. Drug abuse and Socio-economic impact

According to a study on drug addiction among young people in Nazareth, 45% of the addicted teenagers experienced social problems due to their drug use, and 30% experienced

economic issues (Sebsibie, 2018). People who abuse various substances are often subjected to negative stereotypes, stigma, and discrimination, which exacerbate the issue and make it harder for those who require treatment and support to seek assistance. Individuals who are addicted to drugs are mostly isolated from their connections and communities (Rentaugu et al, 2012).

The detrimental effects on the economy are obvious since substances of dependence should be taken often, typically at increasing dosages as tolerance grows, to avoid withdrawal symptoms (Yigzaw et al. 2005).

Yigzaw and his team (2005) listed the major economic consequences of Drug Abuse as follows;

- Unemployment contributes to a decline in national productivity, as fewer individuals actively participate in economic activities and workforce development.
- Drug abusers allocate a significant portion of their income to afford addictive substances, even leaving essential needs and responsibilities.
- The spread of drug cultivation and business may take a large amount of land that might be used to harvest other important crops.
- Proliferations of criminal networks that make a huge profit from trafficking drugs of abuse, most of them being illicit drugs.
- Illicitly acquired assets are often transferred to other countries.
- Healthcare costs rose significantly due to the treatment of drug-related illnesses.

Research in Ethiopian University students reveals that young people not only waste their valuable time consuming drugs, but also spend their money on various substances instead of paying for necessities and expenses associated with education.(Ferehiwot, 2019). They reported experiencing stigma, discrimination, self-neglect, and loss of respect from others in their culture

as a result of their drug-abusing behaviour (Tulu and Keskis, 2015). Nonetheless, certain community-based research indicates that in certain sociocultural circumstances, certain substances are permissible. According to a study on talk, for instance, it was thought to be crucial for socialisation, enhancing performance on particular activities, calming mourners and creating a joyful celebration at weddings, forming social groups, and discussing various life issues during chewing sessions. (Mihretu et al, 2017).

2.7.3. Drug Abuse and Family Dynamics

Family is the master key of society. Society's build-up starts at the family level through socialization of its members. Family operates as a system, and the members are responsible for its functionality. But nowadays, the smooth functionality of the family is under pressure due to globalization, modernization, the media and drug or substance misuse.

Drug users within the family affect the system greatly. Drug use can lead to negative co-dependency behaviours and issues in the home. In order to prevent shame or other unfavourable consequences, the spouse or the user's entire family may inadvertently encourage their drug use by offering financial assistance, cover, or denial of children of women who drink alcohol while pregnant may also be affected by fetal alcohol syndrome (Dishion et al., 2002).

2.7.4. Effects of drug use on Employment and Productivity

Drug use, employment and productivity are highly interconnected issues with significant personal and social impacts. Employment and work are crucial for social progress, economic stability, and personal growth (Yoganandham and Abdulkareem,2024). Drug abuse raises the risks of employment, while illegal trafficking and other criminal activity weaken economies. Drug use has a detrimental effect on workplace policies, health, career advancement, absenteeism, job performance, productivity, and safety. Workplace drug use negatively impacts

competitiveness, production, and accidents, with effects varying based on substance type and job demands. For example, every year, it costs the US society between $75 billion and $100 billion. Approximately 35% of drug users in the US work, which helps them reintegrate into society. In 1996, 1 in 17 employees had a drug problem, with opioids, cocaine, and marijuana being prevalent, despite a drop in drug testing (Yoganandham and Abdulkareem, 2024).

Theoretical Perception of Drug abuse

There is no single theory that explains drug abuse that fits equally for every person. Therefore, in this section different theories would be discussed related to drug abuse to support the objective of the study.

Psychological theories

As Hanson 2009 sited psychological theories deal with mental or emotional states, which are usually associated with or exacerbated by social and environmental factors. A psychological explanation of addiction includes one or more of the following, escape from reality, inability to cope with anxiety, destructive self-indulgence of the constantly desired intoxicants, blind compliance drug abuse peers, self-destructiveness, conscious or unconscious ignorance regarding the negative effects of drug abuse (Hanson,2009).

The psychological theory mostly explains that drug abuse begins because of unconscious motivation of individuals. Therefore, the psychological theory explains there is an unconscious conflict and motivation that reside within an individual as well as the individual reaction to early events in our lives that move a person towards drug abuse. As a result, if the person is weak or without self-esteem or even see themselves as unimportant, drug use them becomes a sort of prop to make up with that it is wrong with their life and with themselves.

Social Learning Theory

It focuses on learning and emphasizes the social environment, especially modeling. Social Learning theory explains drug use as learned behavior. Key components of social Learning theory, as applied to the understanding of substance abuse, include the roles of modeling and cognitive mediation of behavior. Perhaps the best known risk factor for substance abuse is association with other drug abuser who model patterns of drug use or abuse (Dodgen and Shea,2000).

Conventional learning occurs through imitation, trial and error, improvisation, reward behavior, and cognitive mental associations and processes (Lisha, and Messner, 1999 cited in Hanson et al.,2009). This theyfocus on how drug abuses are learned through interaction with other drug users. It emphasizes the pervasive influence of primary groups who shares a high amount of intimacy and spontaneity and whose members are emotionally bonded. The role parents and peer groups are one example of primary groups. In contrast secondary groups share segmented relationship in which interaction is based on prescribed role patterns (Hanson et al.,2009).

Chapter Three

Research Method

3.1. Research Design

The researcher adopted a qualitative research approach. This approach allowed the researcher to collect and analysis different data types while providing a more comprehensive understanding of the research topic (Creswell and Creswell, 2018). The researcher applied phenomenological approaches to gain an in-depth understanding of participants' lived experiences and their situation. The basic purpose of phenomenology is to reduce individual experiences with a phenomenon to a description of the universal essence (Manen, 1990, p. 17).

Phenomenology was chosen because it is the most appropriate method for studies that aimed to explore lived experiences. The purpose of this study is to understand how drug addicted people themselves interpret, describe, and make sense of their experiences within the rehabilitation centre. Phenomenology provides a framework to capture these subjective realities.

Since the study seeks to explore initiation factors, daily struggles, and consequences of addiction as narrated by participants, it allows for the exploration of their meanings, emotions, and perceptions.

Unlike quantitative approaches which emphasize on statistics and numerical analyses, phenomenology emphasizes giving meaning. This method enables the researcher to dig into the complex psychological, emotional, social and cultural dimensions presented in participants' narratives.

To sum up, the researcher chose the phenomenological approach that is best fit for this research because it allows for holistic, in-depth exploration of the lived experiences of drug addicted youths in the Rehabilitation Centre.

3.2. Sample Size and Sampling Technique

This study employed a phenomenological research design to explore the lived experiences of young individuals in a rehabilitation center. Participants were selected using purposive sampling, a technique that allows the researcher to deliberately choose individuals who have first-hand experience of the phenomenon being studied and can provide rich, in-depth insights.

The sample size for this study is guided by the principle of data saturation, which is achieved when no new themes or significant information emerge during data collection. In qualitative phenomenological research, having six samples is manageable (Morse, 1994). Additionally, a sample size of 5-25 sample size is recommended to reach data saturation (Creswell, 1998). Based on this framework, the researcher 15 participants were interviewed, fulfilling the inclusion criteria, the data saturation was achieved. The participants provided diverse perspectives on their experiences in the rehabilitation center.

The inclusion criteria include:

1. Currently undergoing or having completed a rehabilitation program in the selected center.
2. Willing and able to articulate their experiences in a detailed and reflective manner.

This purposive approach ensured the selection of participants who were most relevant to the research objectives and could contribute meaningful insights into the phenomenon under study.

3.3. Method of Data Collection

The researcher had used in-depth interviews to explore lived experiences and to dig out subjective meanings from the participants' responses

. A guide for conducting interviews for youths who are addicted to drugs and supported in a rehabilitation center was developed by the researcher. The researcher also asked follow-up questions to the participants about issues raised during the interviews for more understanding and further clarification of their ideas. The researcher used an interview guide to conduct the in-depth interview with the youths in the rehabilitation Centre. The interview was undertaken in the Amharic language, and all the interviews were audio recorded. The interviews were conducted at the Yemeleketgnal Rehabilitation Centre in a private and secure area chosen by the participants. The place was chosen for confidentiality purposes. All the interviews were audio recorded at the same time, and notes were taken. The interviews took an average of 45 minutes. During the interview, some respondents got frustrated and asked the researcher to take a pause and refresh, and one participant became emotional, so the interview was terminated for a while. I allowed him to take a break and we talked about informal issues to divert his attention. On the next day, I asked him if he is mentally ready for the interview; he said yes!

3.4. Method of Data Analysis

The primary purpose of this study was to explore the lived experiences of youth who use drugs. To get this, the researcher employed a qualitative research approach, specifically thematic analysis is used to interpret the data collected from participant interviews.

This method was selected for its flexibility and its capacity to provide a detailed, nuanced understanding of the participants' experiences. Data collection and analysis of the data were done concurrently. Analysis was done while the first interview was conducted, and emerging ideas were added in the subsequent interviews through the data collection process. The researcher tried to listen to the recorded interview multiple times and then transcribed it, and translated it into English. Researchers' notes were also incorporated to further strengthen the analysis process.

Developing themes was carried out by the researcher. Three themes that emerged from the analysis, with several categories in each theme. Three themes emerged from the analysis, with a number of categories in each. The first theme is reasons for the initiation of substance abuse behaviour. Within this theme, there are categories of social and environmental influence, coping mechanisms with stress and cognitive improvement. The second theme is factors influencing substance abuse behaviour, and the categories under this theme were the youth's lack of awareness of the harms of substance abuse, physical environment and unemployment status of the youths. The consequence of substance abuse is the third theme. The categories under this theme were health problems, social problems, illegal practices, unintended sexual activities and being unable to carry out one's responsibilities. The categories under this theme were health problems, social problems, involvement illegal practices and being unable to carry out one's responsibilities. We described the results of the study using the categories with continuous text and organizing by the themes.

Important interview answers of the participants were used in the presentation of the results. In presenting the results, the respondents were represented by fake names to ensure confidentiality.

Quality Assurance

In a qualitative study, quality assurance is very important and can be assured with trustworthiness. To assure the trustworthiness of the study, different techniques were considered, mainly focusing on dependability, transferability, conformability and credibility.

Credibility: Before directly entering the study, the researcher tried to adapt himself to the study setting and create a good, friendly environment with relevant people in the rehabilitation center. The advisor who guided the researcher was a qualitative data expert

. The researcher invited some study participants to review the findings and determine whether they correctly expressed their views.

Dependability: The researcher ensured accuracy by cross-checking the manual transcripts against the interview audio recordings. All interview recordings, notes taken during the session, and verbatim transcriptions were preserved to maintain consistency in the analysis and allow for verification.

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

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

Communication of the findings: The primary outcomes, analysis, and recommendations of this study will be shared with responsible stakeholders. It will be presented to Addis Ababa University, School of Social Work. Feedback~~s~~ and suggestions received will be integrated into the document and distributed to Addis Ababa Health Bureau, Yemeleketegnal Rehabilitation Centre and other concerned organizations.

3.5. Ethical Consideration

Participants were aware of the main goal of the study, what is going to be done with the information they gave, and how their data would be used. There are three major ethical considerations within this study. First, the issue of privacy is very important for the participants to be comfortable sharing their beliefs and feelings about the issue under study. So that responses and respondents remain hidden or anonymous. The second ethical point has two categories: voluntary participation and permission for participation. It was very important to get agreement from the respondents before starting the process. Once the purpose of the research had been

introduced to the participants, they were advised that their participation should be voluntary. Once these issues were addressed, it was possible to continue with the research. Once these issues were addressed, it was possible to proceed with research.

The researcher assured all the participants that no piece of information was revealed that could lead to the identification of their identities.

The researcher assured the results of the research shared with them after the completion of the study. And finally, respondents participated without any threatening force and could withdraw from participation at any time.

Chapter Four

Results

4.1 Demographic Pattern of Respondents

Participants were youths who were attending substance rehabilitation care at Yemeleketegnal Rehabilitation Centre. Fifteen male respondents participated in the in-depth interview. The age range of participants was from 20-35 years. Among the participants, two of them dropped out of primary education, seven completed secondary education,~~s~~ and six are diploma or above holders. Six respondents were single, and the remaining nine participants were divorced. Ten of the participants were unemployed, and five had been previously working as self-employed or government employees.

Table 1. Demographic characteristics of in-depth interview Participants

No.	Pseudonym	Age	Sex	Education level	Employment type	Marital status
1	Aklog	30	Male	Diploma	Government	Married
2	Samuel	31	Male	Twelve completed	Unemployed	Single
3	Robel	21	Male	Dropped out	Unemployed	Single
4	Kaleb	31	Male	Diploma	Self employed	Married
5	Dawit	29	Male	Twelve completed	Unemployed	Single
6	Solomon	35	Male	Diploma	Government	Married
7	Binyam	30	Male	Degree	Unemployed	Married
8	Tesfaye	23	Male	Twelve completed	Unemployed	Single
9	Bulcha	28	Male	Twelve completed	Self employed	Single
10	Kedir	33	Male	Diploma	Unemployed	Single
11	Yerosen	32	Male	Dropped out	Unemployed	Single
12	Geremew	34	Male	Tewelve completed	Unemployed	Married
13	Mebratu	33	Male	Tewelve completed	Unemployed	Single
14	Demeke	21	Male	Degree	Government	Married
15	Hassen	31	Male	Twelve complete	Unemployed	Single

Theme one: Reasons for drug abuse initiation

Participants of the study in the rehabilitation center often recall a combination of factors that drives them to use drugs. The main factors included coping mechanisms or managing life stress, socialization purposes and cognitive enhancement. These were the emerging reasons for the youth's history of drug abuse.

Category one: To Manage Stress

Many young people turn their faces to drugs as a way to escape from stress, whether it is related to academic pressure, social anxieties, family problems, or traumatic experiences. Participants responded to their initiation into the use of drugs to enable them to cope with the stress when their relationship with their family members is affected or they get divorced, and also at a time when they face harsh living conditions. The behaviour of drinking alcohol, khat chewing, smoking cigarettes and marijuana was specifically mentioned by the participants following the mentioned stressful life circumstances. Abel amplifies this truth as follows:

> I always compare my life with my friend's life. My friends had the freedom to express their feelings. They have someone who loves, cares and supports them during any life circumstances. Mine is totally different. After I lost my mom at the age of 9, I have been struggling with my stepmother. She doesn't care about me, even when I am sick. Besides that, I have no relatives nearby who canhelp me relieve pain. My only choice was to join friends who use drugs. So I used to go to them and puff ‘Ganja' to forget my condition.

In some cases people can compare and contrast themselves with others with in their social groups. They may find a huge gap in between in terms of social, economic and even academic performances. Abel’s response shows tones of deep sadness, loniless and longing. He said “I

always compare my life with my friend's life" implies that he always compares himself with his friends around him in terms of family life. He realize that something else missed out from his life. He sees himself as lacking what others have. Living with a caring family for a child has no question that the child receives love and care from his parents. This becomes very constructive for the later age of the child. It builds up confidence, trust, mentally strong children. Contrary to this a child who is grown up with in loose family ties environment has the chance to experience stress, anxiety or mistrust. Psychologically Abel has low self-worth and social disconnection. His constant comparison indicates a negative self-evaluation - he measures his life by other's. He notes his friends feel free to express emotions and have caring family, which highlights his insecurity. These feelings lead him to join friends who eventually abuse drugs as a coping mechanism. Finally, he forced to use drugs to relief or escape the pressure. The lack good social relationship can contribute to the development depressive symptoms. Break up relationship can cause many emotional,psychological and behavioral problems.

After these stressful events, many people withdraw from social relations and choose to hide themselves in a drink. Samuel added the following

> From the time my girlfriend left me, I preferred to spend most of my time isolated from my friends. I restrict myself to any social gatherings. Due to that, I got depressed; so I got involved in drinking all the time to forget everything.

After the relationship broke up, the participant reported a sequence of challenges ranging from psychological to social problems; like social withdrawal (isolated from his friends, restricted from any social gatherings), reduced access to protective social support and everyday activities. The emergence of new behavior following the above changes is characterized by longstanding negative effects on personal and social life. Within this impaired context, alcohol use is both

initiated and escalated, used as self-medication and coping strategy. The reported pattern ("drinking all the time") indicates the frequency, which is a shift from situational to habitual use. Other respondents also reported their experience of starting to use drugs in relation to tense life situations. Being imprisoned and leading a street life were mentioned as stressful life conditions according to respondents. They explained that since their situations make them feel hopeless in their future life, they get involved in abusing various substances to hide from reality.

As Robel indicated:

> The time I was imprisoned for two years, I considered myself a valueless man, a hopeless person, and I got very stressed. During that time, smoking was not restricted inside the prison camp, and there were prisoners who sold marijuana secretly. So I started to smoke both cigarettes and marijuana to get relief from those bad feelings.

The participant justifies his alcoholic behavior with being imprisoned. The consequence forced him to take himself as useless man and underestimate his potentials, qualities and talents. This hopelessness feeling come from nothing but are cumulative effects. Stressful situations forced to look after ways to escape from. My respondent chose smoking cigarettes and marijuana to escape from the stress he faced. When he takes the drugs he feels relaxed for a while and forget his situation. This frequent use led him to addictive behavior.

Category two: Social and Environmental Influences

According to the study participants, reasons related to social and environmental factors were the most mentioned features in the process of their initiation into drug abuse. Respondents mentioned various categories of social and environmental factors that engaged them in the course of abusing various substances, including peer pressure, various social gatherings or

ceremonies, modelling and imitation and easy availability of drugs. One or combination of these factors contributed to the initiation of drug abuse behaviour.

Peer pressure

Almost all respondents explained that, peer pressure was the most influential element during their initiation for starting drug abuse. Peer influence is considered as an important social determinant of drug abuse particularly on adolescence and young age groups. Friends may be influenced by offering drugs or insisting on using them. This is the clearest and direct form of peer pressure. The influence of others who formerly used drugs was mentioned by all respondents. At that time, they failed to resist frequent substance offers from their friends, not to be labelled as "backward". Through time and by frequent pressure, they became users at the end. Kalib shared his experience as follows.

> At first, I rejected my friend's offer of marijuana, but later on, he started to get bored with me, so I joined and started using marijuana with him to fit with his mood.

Respondents also frequently mentioned that they used to consider user friends as modernized people and feel themselves as traditional and reluctant. Cigarette smoking was specifically reported in which they tend to get initiated to act in a similar way to others, equivalent to their age group. Kaleb's response shows a journey from resistance to surrender to friends' pressure. At first when he said "I rejected" it shows he had some self-control. He did not want to use drugs and tried to protect himself. But he turned down his decision when his friends started to get bored with him. This shows Kaleb's psychological condition. He fears rejection and loneliness. So he totally surrendered to his friend's offer. This kind of the same story pushes people into the drug world.

Another respondent Dawit stated that:

> When I first saw my friend smoking, I felt I was a backwards person while he was a modernized one. He always nagged me to try a bit. After sometime, I followed his smoking behavior to fit in with him.

Dawit's response reflects the powerful effect of peer pressure in influencing youth behaviour**.** Most of the time youths are highly vulnerable to external influences. These influencing forces are either positive or negative which affect their entire life. Most youths struggle between accepting or rejecting offers from friends.

As the respondent stated that not accepting offers from friends is considered as backward and uncivilized which indicates a psychological pressure- sense of inferiority which created vulnerability. Furthermore, he explained that his friend engaged him constantly showing direct peer pressure influence through repeated persuasion and pressure can weaken personal resistance. Over time, this constant exposure reduced his ability to say no.

Eventually, the respondent joined his friend in using drugs, showing how negative peer pressure can outweigh personal judgment. His decision did not come from considering prons and cons of the action rather on the need for acceptance and to avoid feeling excluded.

Dawit's testimony provides a good example of how peer pressure comes through complex social and psychological mechanisms. As Dawitclearly stated, his ultimate goal was to fit in with friends. The act of smoking served as a tool for achieving social integration, to be called "modern". The need for getting social acceptance and belonging can be driven forces according to the respondent.

Group Ceremonies

Group ceremonies often serve as a significant social context where drug initiation begins. These gatherings such as weddings, cultural rituals, festivals, or youth parties, create environments marked by strong social bonding, peer influence, and collective identity. Within such gatherings adolescents and young adults may feel pressure to fit with group practices including drug use. The atmosphere combined with low individual resistance and taking drug use as normal by peers, can lower inhibitions and encourage first time experimentation. Over time those experiences can be a transition into habitual use, increasing the risk of addiction.

Participants also reported their experience of starting drug abuse during friends' gatherings. Participants specifically reported that events like birthday celebrations and weekend over-party programs in nightclubs for enjoyment purposes were the main routes during their introduction, particularly to alcohol and cigarette smoking. Group substance users and non-users usually organize these events by renting a bar house~~s~~ in a closed setting so that they can abuse these drugs freely without restriction. Said Solomon

> In the nightclub where we used to host our birthday parties on the weekend, I began smoking cigarettes and drinking alcohol with my friends. I was feeling well at first and went out without my friends, but I eventually became stuck and reliant.

Modelling and Imitation

The findings of this research show~~s~~ that the participants experienced a strong desire to test drugs they observed in others. Respondents reported that their interest in experimenting with drugs to practically see how others feel when they take substances made them curious and led them to drug use, which they later became addicted to. As Biniyam explained his experience:

> My uncle was a long distance truck driver. He spent and travelled through rough desert areas. To resist the long and hot days, he chews khat and smokes cigarettes as well. Whenever he visits my family, he chews khat with my father all night and sleeps in the day-light. This incident forced me to immerse myself in the world. I found myself as a drug abuser at the end of the day.

Youths may have been exposed to drugs at an early age due to the influence of family members like fathers, despite the efforts of other members to stop the danger. Such a kind of imitation is more easily captured than other types. Tesfay stated that

> My father is a chain smoker. My mother constantly urged him to quit his bad habit and to be careful about the future of his children, but he never agreed with my mother. I remember one day, my cousin and I tried smoking leftover cigarettes we took from the ashtray. We feel that we did something special. From that day on, my life became complicated due to drugs.

Others also reported their experience of first cigarette smoking in relation to the influence of foreign movies. Bulcha stated how he became attracted to smoking as follows:

> My only entertainment was movies. Mostly I saw the actors smoking cigarettes, weed, marijuana or drinking alcohol and getting relaxed, fun or acting like a hero. I imagined trying it would make me feel like what I saw in movies.

Category three: Cognitive improvement

Cognitive enhancement is repeatedlyreported by the participants during the interview. According to the participants, they were forced to use drugs, especially khat chewing, for the purpose of academic performance at universities and colleges.

Others start khat chewing to energies themselves to perform long, tiresome activities and also employees who works on night shift. They assumed chewing khat would help them concentrate and improve their understanding. One respondent, Kedir, stated that

> I started chewing khat to get stimulated to cover all readings and also to accomplish group work or projects throughout the night. It seems it increases my motivation, so I pushed on that way.

Moreover, other participants also said that their initiation for chewing khat is to avoid the feeling of tiredness and to boost their energy level so that they can perform any activity for a long time possible. Yerosen shares this

> I must work hard day and night to get more income. So I must be strong enough to accomplish my activity. The only way I chose is to chew chat. After chewing it, I get into 'mirqana'. At this point, I can do any work for much more extra time.

Theme two:Factors influencing drug abuse behavior

The respondents mentioned different factors that influenced them to continue using drugs and then become addicted. According to the participants, the availability of drugs, lack of awareness about the consequences of drugs and limited or no job opportunities are the major issues.

Category one: The Availability of Drugs

Availability of drugs in a person's environment can be seen as a powerful agent for influencing drug abuse behaviour. When drugs are easily accessible, the barrier to trying them is lowered. Most of the respondents mentioned that easy access to drugs around the living area had a role in continuing and intensifying the tendency to addiction. One respondent, Geremew, said " Drugs are easily available. For example, khat is found everywhere if you want to buy. And also cigarettes are available in all shops. Everybody can access it easily."

Category two: Knowledge gap

The findings of the study showed that, most youths were unaware of the harmful effects of the drugs they commonly use. Regardless of their educational status, respondents were not knowledgeable about the negative consequences on life associated with drugs. Geremew indicated: "I do not know the effect of Khat or any other drug since I lived in a small village in a rural area. My knowledge was limited."

In addition to their limited awareness, the perception of the respondents regarding the substances also contributed to their continuous substance abuse behaviour. Respondents frequently mentioned that they usually used to consider it as easy and possible to end using any drug at any time they want. Geremew

> At that time, I had no idea about any kind of drug. The time when my friends invited me to drink, I took it easy because I thought I could enjoy it when I liked and stop drinking whenever I wanted. At that time, I had no information about any kind of substance. I was not conscious of becoming addicted.

Another respondent Kedir added a similar idea:

> When I started substance use, I was a grade 12 student. At that time, I did not have the knowledge about the effects of using drugs. I just want the enjoyment coming from the drug. If I knew, I might not have used it.

Category three: Lack of job opportunities

Most of the participants repeatedly mentioned a lack of job opportunities as the main reason for their continuous use of drugs. They mentioned that unemployed people mostly spend their time with other unemployed people. To cope with stress, they chose to stick with drugs.

All unemployed respondents in the study reported that they were involved in drug abuse to pass the time since they did not have any work to do, and they later became addicted. Demeke said:

> I looked for a job, but there was nothing. So what do you expect? Somewhere to hide myself. That is a 'khat bet'. If I had something to do, I would not waste my time chewing khat and smoking.

Respondents suggested the importance of providing job opportunities or other skill training programs that make them productive and minimize the risk of drug addiction.

Aklog said that

> I use khat, alcohol or any other substances with others due to stress related to joblessness. So provision of jobs or skill-focused training packages like carpentry, painting, and mechanics can prevent the youth from bad habits.

Theme three: Consequences of drug abuse

At the beginning, respondents had some positive effects. But their positive experiences turned negative after the consumption of drugs for some time, and then substance addiction appeared. Participants of this study explain their experience of different consequences as a result of drug abuse behaviour. Some of the mentioned consequences are health problems, social problems, unable to perform daily activities and engagement in illegal activities, which are emerging issues.

Category one: Physical health problems

The majority of the respondents reported their experience of various kinds of health problems due to their substance abuse behaviour. Most respondents repeatedly mentioned their experience of gastric problems, dental decay and also physical deterioration after their long-term consumption of substances. A period of non-usage was also associated with weakness, sickness, and drowsiness. Robel said that:

> After I got engaged in khat chewing and using marijuana, I noticed weight loss, my lips'colour changed, all my teeth got decayed,... the community thought as if I had incurable diseases, but that was not the case.

Respondents also mentioned the difference in the degree of health problems depending on the type of substance they abuse. According to the respondents' experience, both puffing marijuana and chewing khat were linked with serious health problems. One respondent, Samuel, stated that: "Marijuana made my face burn and made me aggressive, restless, and sometimes depressed if I skipped smoking on time. It altered my physical appearance."

However, in contrast to the above ideas, two respondents specifically explained that marijuana serves them as a painkiller for some specific illnesses. Kaleb indicated that:

> Since the time I started using marijuana, I have never gotten sick, gone to a health facility. It is my best treatment for the common cold. In addition, whenever I feel any abdominal pain or headache, I used to treat it by taking marijuana.

Category two: Social problems

Based on the findings, the substance-abusing behaviour of the respondents has created a problem in their social lives. All study participants mentioned their experience of community stigma in their social context for violating the community's norms. They repeatedly stated thatkhatchewing, cigarette smoking and excessive alcohol drinking behaviours are disapproved

of in the community they are living in. Others also reported their experience of isolating themselves from the community regardless of the community's reactions.

Community stigma

A majority of respondents shared that they are encountering stigma from both their family and the wider community. They repeatedly discussed their social isolation, like avoiding their family and society. Drug abusers are often perceived by their family members as unproductive, which leads to their exclusion from major responsibilities and decision-making processes within the family. Samuel said that:

> Formerly, I had a good relationship with friends, family and neighbourhood, but after I got involved in drug abuse behaviour, everybody isolated me step by step. My family does not involve me in any issues, and my friends do not trust me. Now I am isolated. No one respects me.

In addition, some of the participants also mentioned their experience of social stigma due to their actions, which is in contradiction with social norms after using drugs. Participants of this study noted that using marijuana altered their mood to the extent that they became emotionally detached. Kaleb shared the following.

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

According to the respondents, the social stigma extended beyond, impacting the social relations of their family members too.

The community consider families as responsible for the misbehaviour of their children and criticize them for not properly handling their children. Aklog forwarded this

> Not only I but my parents were also undermined due to the neighbors' gossip during their social interaction. Our neighbours usually don't even properly greet my mother, but rush to ask her 'Is your son getting better as if I am mentally ill. In their coffee ceremony, I am always their discussion, one starts by saying '… He was well educated, but all his knowledge finally went to the khat house, not elsewhere …such speeches really hurt my mother and made her not want to attend any social event.

Category three: Illegal Activity Involvement

Most of the respondents reported on their experience of engaging in various criminal activities in relation to their drug abuse behaviour. They are involved in different kinds of crimes. The likelihood of committing crimes and violence increases after consuming hashish or marijuana. Some

Some of the respondents said that after taking hashish, it will enforce and make them aggressive to commit violence. One of the participants, Mebratu, stated that: "

> "I feel more confident after taking hashish."

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Most respondents reported their experience of different types of illegal practices in search of money to satisfy their drug needs. Most respondents confirmed that they hung people's money to get money for their alcohol, khat and other drugs.

Dawit stated that:

> After I get deeply involved in substance abuse, I become too selfish. I do whatever to fulfill my needs. If I do not have money in my pocket, it is must to rob people's property with my friends. The item could be mobile, jewellery, so we sell it and we use the money to buy khat and alcohol.

Category four: Unable to perform daily activities

Participants said that they faced failure in day-to-day activities due to drug abuse behaviour. Some formerly employed respondents reported that they frequently became absent from work. And others did not perform their job responsibly. As a result, they got into conflict with their respective managers and finally they lost their jobs. Their economic status gradually degraded. To fulfill their needs, they even sold their properties. Sami indicated that:

> I had been running a big and profitable business and had a good income. But after I became addicted to smoking, chewing and drinking, almost all my income was invested in these drugs. I could not do my job properly. At the end, I lost things gradually and was left with nothing.

Respondents reported that to cover their financial needs, they were forced to sell their family's assets. Others reported their failure to properly attend their schooling as they were students.

Chapter Five

Discussion

5.1 Discussion

This study tried to investigate the experiences of young people undergoing rehabilitation for drug addiction. Participants give every detail of their experience in the process of initiating factors for drug use, the influencing factors on drug abuse behavior on a daily basis, and the consequences of drug abuse.

The study identified peer pressure as a major and noticeable initiation factor during the youth's initial contact with drugs. Youths' tendency to accept drug offers from friends is high to be part of the mood. In addition, peer group gatherings, parties and weekend overnight fests drive youths to drug use. This finding is parallel with other research made in Ethiopia and abroad, which reports influence from peers as evidenced in the motivation to consume alcohol due to the adolescents' need to fit in with groups (Kingston, et al., 2017). Peer group gatherings are the first places where young people drink alcohol for the first time.

Curiosity plays a key role in starting drug abuse. Many young people try drugs simply because they want to experience the feelings and see what effects drugs have. When they see family members who use drugs or famous people in movies, they are more likely to copy that behavio~~I~~ur. Additionally, exposure to media is often seen as a trigger for substance use. Previous studies conducted in Abu Dhabi, Nigeria and Kenya support~~s~~ this finding (Hamad, Elarabi and Elkashi, 2015). The relation between drugs and family was reported in previous studies. In addition, the effect of media exposure was also reported as a cause for drug use (Ferhad~~,~~ et al., 2016).

Young people in this study started using different substances during difficult times in their lives. Problems in their lives. Problems with family or friends, struggles in jail, or hardships of living on the streets led them to drug abuse. These hardships made them feel unhappy and hopeless about their future, so they chose drugs to cope with stress. This finding matches with other studies showing that drugs are often used to cope with traumatic events like violence, homelessness, losing a parent or family member (Hills, et al, 2016 and Hanpatchaiyakul, et al., 2017)

Youths in this study consider that certain drugs energise them, which leads to drug use. Students believed that they used khat to stay alert for a long time while studying and improve their memorization capacity. Others chew khat to feel more boosted and take over extra tasks to earn more money. The report is supported by other findings in Ethiopia, which reported positive expectations of drugs, especially khat chewing for academic and work rate (Sebsibie,2018 and Znabu, 2019).

In the study, youths' drug abuse behaviour was influenced by individual and environmental risk factors. Firstly, they were unaware of such behaviour. Studies conducted in Malaysia also

found that the lack of awareness of the risks of drug abuse is an influencing factor for youth's drug abuse behaviour (Chan, et al, 2016)

Reports indicates that multiple environmental factors have a negative effect on youth's drug abuse behaviour. One of the most significant influences is the accessibility of drugs within the community at a cheap price. Unemployment is also a predisposing factor for youths' engagement in drug abuse.

Unemployed youths involved in substance abuse to cope with the unemployment-related stress, which later becomes dependent. Lack of employment opportunities in the cross-sector youth assessment. (Zeru et al., 2018).Even though respondents felt some good feelings at first, their experience gradually changed to negative after consuming the drugs for a considerable period of time, and they turned to addiction. Participants described their experience of various health issues as a result. Physical health issues like gastric problems, TB, headache, dental decay and physical deterioration were reported. Periods of non-usage were also related to weakness, malaise, and drowsiness, similar to other findings that reported drug abuse causes withdrawal symptoms (Bawa, 2015 and Chan, et al., 2016).

The youths also shared experiences of facing stigma and negative perceptions from their communities, largely as a result of engaging in socially disapproved behaviors such as chewing khat, smoking cigarettes and excessive alcohol consumption. Engaging in illicit drug use led to tense family relationships as it often resulted in mood changes and behavior that contrasted with accepted social norms.

Youths engaged in various crimes due to their drug abuse behavior were also reported in this study. Their drug abuse behavior increases the likelihood of committing crimes to get money for maintaining their drug abuse habit. This supports previous studies that found the connection

between drug abuse and exposure to criminal activities (Bawa, 2015; Chan ,2016; and Hanpatchaiyakul, 2016). The study found that addicted youths experience limitations in performing their routine activities and face economic crises as a result. And also they failed to properly attend their schooling as a student.

Chapter Six

Conclusion and Recommendations

Conclusion

The study explored the lived experiences of drug addicted youths receiving rehabilitation care in YemeleketegnalRehabilitation Centre, offering an in depth understanding of the pathways to drug abuse and the wide range of consequences.

. The study tried to explore various factors related to the youths' first encounter with drugs, and also different environmental, personal, interpersonal and social factors were investigated as initiating factors in the process of drug abuse. The consequences of drug abuse were also examined in detail from the youths' side. Economic crises, social stigma, and family dysfunction are the major negative impacts assessed. Different risk factors also put pressure on youths to experience drug addiction.

In conclusion, this study emphasizes that effective responses to youth drug addiction require a comprehensive and integrated approach. Rehabilitation efforts must extend beyond treating physical dependency and include emotional healing, family and community support system and mental health services. The experiences shared by participants highlight the necessity of youth centered and well organized intervention. Since the younger generation is highly affected by

such a complex problem, a strong effort is needed to examine why those generations are trapped in drug addiction and to minimize the negative impact of drug abuse.

Recommendations

Depending on the collected data, and the analysis, individual, community, organization and government level intervention is recommended for the concerned body to alleviate the problem of drug abuse.

Since most drug addicted youths admitted that less job opportunity drove them to addiction in order to escape stress of being job less. So that there should be talent focused vocational trainings, capacity building trainings, awareness creation and also the government facilitate even creating favorable conditions for the youths in order to capacitate them to create their own start up or entrepreneurship.

Even if there is a trail to include drug abuse and related topics as an integral part of education system but it is not enough. So the government should develop and implement a comprehensive drug education that program that includes initiating and risk factors long term effect of drugs, strengthen extracurricular activities so that students have an awareness on peer pressure resistance and healthy coping mechanisms. Appropriate measures should be taken on those who promote, sell drugs around schools and Universities.

Expand Rehabilitation services across the country by private government cooperation to make rehabilitation centers affordable and accessible in cost and service wise because some privately owned Centers are not affordable for low income families or individuals.Increase the number of rehabilitation centers that are affordable and accessible.

Community and Family Support System are crucial elements to fight back the problem of drug abuse. To become successful, we should develop a community based awareness session which includes religious leaders,community leaders gate keepers and activists and improve family dynamics.

Rehabilitation Centers should establish post-rehabilitation aftercare. Implement formal aftercare support through ongoing counseling, contacting the clients on a regular basis and by relapse prevention support.

Implications

Implication for Social Work:

This study has implications for Social Work, Policy formulation and future research. This study gives direction to Social Workers the need to go beyond individual counselling and adopt a holistic approach to address the complex web of social, psychological, and environmental factors contributing to youth addiction. Moreover, the findings emphasize the importance of integrating substance abuse prevention into social work practice within schools, rehabilitation centers and families.

Implication for Policy formulation

The study becomes helpful for policy makers for what should be done in the future, like making it mandatory to integrate drug education programs in schools.

Implication for future research

The study will be a base for researchers to track the progress of the youths who recovered from addiction and lapse rate.

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Annexes

English version of the information sheet

Title: Lived Experience of drug addicted youths in the Rehabilitation Centre: In the case of Yemeleketegnal Rehabilitation Centre.

Principal investigator: Anwar MeseleAlemu

Institution name: Addis Ababa University college of Social Sciences, Humanities and Art School of Social Work.

Introduction of the interviewer

Greetings! My name is Anwar Mesele. I am a master's student in Addis Ababa University, School of Social Work. Currently, I am doing research on drug abuse among youths in rehabilitation in the case of Yemeleketegnal Rehabilitation Centre.

This information sheet is prepared to enable youths to understand the purpose of the study consciously, ask for further explanation and participate voluntarily. The study involves interviewingyouths who have experienced drug abuse.

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

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

Possible risks/ discomforts: The study is not associated with any harm. However, you might feel psychologically uncomfortable in answering some of the questions associated with your life of substance abuse. In case you experience any severe discomfort, please let me know, and I will stop the interview and continue if you feel good.

Possible benefits: At the moment, this study will not be of direct benefit to you, but I hope that

findings from this study may help the policy makers to make decisions in designing appropriateprograms, strategies and policies that will be of advantage indirectly to you and other youths in the society in regard to substance abuse interventions in the future.

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

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

Voluntary participation and the right to leave the research

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

Payment: There is no payment for study participants since; the interview is to be conducted while the participants are receiving care in the rehabilitation centre.

Contact for additional information

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

Anwar Mesele:- 0910641092

Email:- awelanwar90@gmail.com

Written consent form

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

Name _____

Date _____

signature of volunteer _____

!

45-60

(presentation)

Email:- awelanwar90@gmail.com

Introduction for Interview Questions

Welcome and thank you for taking time for the interview. I am an Addis Ababa University student; College of social sciences to conduct a study on lived experiences of drug addicted

people in the rehabilitation center. Your responses and expertise are very important for the success of this study. Every of your responses will be confidential and you are free to withdraw from the process anytime.

Background Information of Respondents

1. Age _____
2. Sex _____
3. Marital status _____
4. Occupation _____
5. Education status _____

Detailed questions related with drug abuse

What were the main initiating factors that drive you to drug addiction?

Probing questions

A. At which age you started drug usage?
B. Which factor forced you more?
C. What was your response at that time?

What do you feel at your first experience and your expectation?

Could you share me what type of drug you mostly use and why?

Probing questions

. From where you got the drugs?
. What do you do if you do not have money to buy the drug?
. What do you feel before and after taking the drugs?

Can you mention the challenges you faced due to drug abuse behavior?

What should be done to save the youth from drug and drug related effect?

Do you have something to add?

DECLARATION

I hereby declare that the study entitled **Lived Experiences of Drug Addicted Youths in the Care of Rehabilitation Centre: In the case of Yemeleketegnal Rehabilitation Centre** for the partial fulfilment of MSW submitted to Addis Ababa University College of Social Sciences, Humanities and Art School of Social Work i**s** my own original work. I also declare that all sources of information are fully acknowledged and cited.