Psychosocial Triggering Factors of Relapse among Substance Abusers: The Case of Amanuel Mental Specialized Hospital Rehabilitation Center

By:

Eleni Jufar

A Thesis Submitted to School Of Social Work in Partial fulfillment of the requirements for the Degree of Master of Arts in Social Work

Addis Ababa University
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College of Social Science

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This is to certify that the thesis prepared by Eleni Jufar, entitled: Psychosocial Triggering Factors of Relapse among Substance Abusers: the case of Amanuel Mental Specialized Hospital Rehabilitation Center submitted in partial fulfillment of the requirements for the Degree of Master of Arts in Social Work complies with the regulations of the University and meets the accepted standards with respect to originality and quality.

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TABLE OF CONTENTS

Contents **Page**

List of Table

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Abstract

Substance abuse is a chronic, relapsing illness. Internationally the relapse-rates following treatment are high. In Ethiopia, many studies have been done on the problem of substance abuse but little is known on the issue aggravating relapse. The aim of the study was to identify the triggering factors causing relapse happen among Substance Abusers. The site of the study was Amanuel mental specialized hospital rehabilitation center. Cross sectional, exploratory and case study qualitative research method was used. In-depth interview, key informant interview and observation were employed. Data were gathered from various sources to triangulate and ensure the trustworthiness of the information and all the information collected were analyzed. Out of the population under treatment, the researcher used purposive sampling technique to select eight relapsed patients informants remained under treatment and three key informants in this study. In using this technique, it was supplemented by inclusive criteria to make the selection free of the researcher's bias. The findings show that, the psychosocial factors such as negative emotional states, insufficient support after treatment, personal loss and peer pressure trigger are recounted in factors causing relapse. It was also found out that environment as one of the factors triggering relapse and the accessibility and availability of drugs and alcohol where they live in and work contribute to relapse after treatment. The study further identified Relapse to substance abuse had health, psychosocial and economic problems. It is recommended that a structured aftercare program based on the psychosocial triggering factors of relapse among substance abusers should be implemented. Besides, efforts should be made to develop effective relapse prevention strategy. Based on the findings of the study, future research areas and social work implications and interventions were forwarded.

Key words: *Substance abuse, Relapse, Substance abusers, Amanuel hospital, Rehabilitation center*

Acronyms

CASA Center on Addiction and Substance Abuse

DACA Drug Administration and Control Authority of Ethiopia

DSM-IV Diagnostic and Statistical Manual of Mental Disorders 4th ed

EPHA Ethiopian Public Health Association

FMHCACA Food, Medicine and Health Care Administration and Control Authority

NICRO National Institute for Crime Prevention and the Reintegration of Offenders

NIDA National Institute on Drug Abuse

NSDUH National Survey on Drug Use and Health

RP Relapse Prevention Model

UNDCP United Nations Drug Control and Prevention

UNODC United Nations Office on Drugs and Crimes

UNECA United Nations Economic Commission for Africa

CHAPTER ONE: INTRODUCTION

This chapter recounts background of the study, statement of the problem, objectives of the study, research question, significance, challenges and limitations of the study.

1.1. Background of the Study

Substance Abuse is a maladaptive pattern of substance use manifested by recurrent and significant adverse consequences related to the repeated use of substances (DSM-IV, 2005). There may be repeated failure to fulfill major role obligations, repeated use in situations in which it is physically hazardous, multiple legal problems, and recurrent social and interpersonal problems (DSM-IV, 2005). It is a complex problem having medical and social ramifications which impacts all social strata. It affects not only the user and their families but all sections of the society (Rakesh Lal, 2005). According to the United Nations Office report on the practice of substance abuse, the problem of substance abuse became worsen by complex psycho-social challenges such as unemployment, poverty, crime, unwanted pregnancy and sexual assault (UN, 2011).

Globally, it is estimated that a total of 246 million people, or 1 out of 20 people between the ages of 15 and 64 years, used an illicit drug in 2013. The magnitude of the world drug problem becomes more apparent when considering that more than 1 out of 10 drug users is a problem drug user, suffering from drug use disorders or drug dependence (UNODC, 2015). Trends and patterns of drug use and abuse change rapidly over time. Drug use and abuse also vary from area to area or within social groups and are influenced by a variety of social, economic and cultural factors (UNDCP, 1999). An estimated 22.1 million persons in the United States (8.7% of the total population), age 12 or older, were classified as abusing or being dependent on a substance in 2010 (NSDUH, 2011).

The study conducted among high school students in Jamaica showed that marijuana (10.2%), cocaine (2.2%), heroin (1.5%) and opium (1.2%) were most abused substances (K. Soyibo & M.G. Lee, 1999). A study by Shandir et al. (2010), shows that alcohol (51%), cannabis (21%), crack/cocaine (9.6%), heroin/opiates (7.9%), Methamphetamine (Tik) (4.5%), prescription/over-the counter drugs (2.0%), and cannabis/mandrax (1.7%) were the most frequent substance of abuse in South Africa.

Substance abuse is a chronic, relapsing illness (Xie H, 2005). Internationally the relapse-rates following treatment are high (Ilze Swanepoel, 2014). According to Adinoff et.al. (2010), relapse to substance abuse following treatment typically reaches 75% in the 3- to 6-month period following treatment. A study by Asghar et al. (2012), shows the relapse rate in Iran After six months follow-up was 64.0%.The risk for relapse is determined by an interaction of individual, environmental, and physiological factors (Kelly et al, 1986).A study in India showed that factors for restarting substance abuse after detoxification were peer influence and craving in 32.5% and 22.5% of subjects respectively (Amit et al, 2012).

In Ethiopia Substance misuse is a growing problem as in many developing countries. The reviewed report found that the most frequently abused substances in Ethiopia are alcohol and khat followed by cannabis and solvents. Hard drugs as heroin and cocaine are rarely used (Fekadu, 2007). According to DACA (2011), Ethiopia has a drug problem notably to the abuse of locally grown addictive substances (kaht and cannabis), home brewed liquors, inhalants (particularly benezene), tobacco, and other drugs. Khat is one of the leading hard currency earning export commodities of the country.

Locally it is a big employer of the working force and main stay of income for millions of farmers and traders. It is grown almost everywhere in the country, especially in the eastern, western and southern regions and sold to consumers in public and in abundant quantities (FMHCACA, 2010-2015). Moreover, according to FMHCACA (2017-2022), Khat has become the second largest export commodity after coffee in Ethiopia.

Alcohol is widely used drugs in Ethiopia. It is widely produced, easily available at a low price and consumed. The most consumed alcoholic drinks among the poor and in rural areas are the "Tella", "Tej" and "Areqe". Tobacco is usually the drug first used by children, street children and the youth population in Ethiopia. The prevalence of tobacco use in Ethiopia is 4.2% (Males 7.3% and Females 0.4%). Cannabis grows and is being cultivated in central, western, and eastern administrative regions. Some of the cultivation areas are hidden among other crops or in the wooden areas. This makes it difficult to detect and destroy the plant (DACA, 2011).

The Rapid Situation Assessment study conducted in 1995 in 25 selected urban areas in Ethiopia, covering about 3200 respondents revealed that cannabis, khat, alcohol, tobacco and inhalants are 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 (Seyoum G. and Ayalew G. /MOH, 1995).

1.2. Statement of the Problem

Drug use cuts across social, racial, cultural, linguistic, religious and gender boundaries. It is recognized as a contributor to poor health, reduced productivity, unemployment, poverty and crime; and it disrupts family life. Injecting drug use with contaminated injecting equipment is related to the increase of blood-borne diseases such as human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS) and hepatitis B and C (FMHCACA, 2017-2022).

National Drug Control Master Plan of FMHCACA (2010-2015) confirmed that the use of illicit drugs is steadily expanding in Ethiopia. The use of psychoactive substances, both licit and illicit, is significantly contributing to the burden of disease and to a worsening socioeconomic problem in Ethiopia. The authorities agreed that khat, alcohol, tobacco, cannabis and inhalants are widely used while the use of heroin and cocaine was less common. Heavy consumption of alcohol when combined with khat and tobacco use continues to inflict a high morbidity and mortality. Khat, alcohol and tobacco are easily available and accessible at a low cost (FMHCACA, 2017-2022).

According to FMHCACA (2005), the abuse of substances like alcohol, khat and tobacco has been part of the country's tradition. A home brewed liquor known as Arake, home brewed beer known as Tella, and Tej (made from honey) are commonly abused substances. Kaht, which was some years back limited to some cultures and religions, is currently spreading throughout the country at an alarming rate and abused especially by youth irrespective of culture, education, religion, etc.

A descriptive cross-sectional study was made among 1890 high school students in Harer town. The aim was to find out the prevalence and associated risk factors of Khat chewing among school going adolescents. The overall prevalence was high, 2.4% (95% CI 22.2% - 26.2%). About 28.5% of females and 71.5 % of males chewed khat (EPHA, 2012). The cultivation, trafficking and consumption of drugs have progressively spread throughout the African continent including Ethiopia. A number of African countries serve as trafficking points and African nationals including young people, are being used as couriers by traffickers, smuggling drugs to Western Europe and North America (UNECA, 1994).

According to National Drug Control Master Plan of FMHCACA (2017-2022), Ethiopia is classified among the main illicit drug trafficking routes destined to Europe and some Asian countries. It is believed that Ethiopia not only serves as a transit point but that some of the drugs, particularly heroin penetrates the local market. There has also been high seizures of cocaine at Addis Ababa Airport during the last three years, especially on long direct flights from Brazil and West Africa.

A study by Jara and Solomon (2009), shows that the prevalence rate in Senior Secondary and Preparatory School in Fogera district, North West Ethiopia Alcohol (70.67%) and Khat (50.67%) were the most commonly used substances. Another study by Tesfahun et al. (2013), shows the overall prevalence of substance abuse among Students of Debre Markos Poly Technique College was 14.1 %. The commonly abused substances were alcohol 13.4 %, khat 7.8 %, and cigarette 5.4 %.

High relapse rates among substance abusers remain old news (NIDA, 1986). According to Adinoff et al. (2010), Relapse may occur suddenly, following a short period of craving, or after extended consideration and it typically reaches 75% in the 3- to 6-month period following treatment. Various socio demographic factors like young age at initiation, male sex, unemployment, singular status, peer group influence, family history of substance abuse, and poor family support, are well known to be associated with relapse (Amit K Sharma: 31-35, 2012). A finding from South Africa showed that Environmental, interpersonal/ social, intrapersonal and physical risk factors were the cause of relapse amongst young African adults (Ilze Swanepuel, 2014).Another finding from Kenya showed that Relapse has psychosocial and economic effects include: Unemployment, Loss of Valued Relationships and Respect, and Health Problems (Richard Appiah, 2014).

Literatures show the effects of drug in many directions on the abusers. With varying effects and extent, abuse of drugs can cause very serious physical, psychological, emotional, behavioral, social and financial problems for individuals (A module on Substance Abuse for the Ethiopian Health Center Team, 2005). For instance health problems like liver disease, cancer of the mouth, lung cancer, decayed teeth, etc. and Social problems like divorce, broken families, child neglect, unemployment and crime (theft, rape,) are caused from drugs. Economic crisis resulting from being extravagant to get the substance, has brought the reciprocity of increasing costs, as well as reducing productivity (A module on Substance Abuse for the Ethiopian Health Center Team, 2005).

Even though substance abuse has become one of the problems in the society, studies made so far in Ethiopia on psychosocial factors of relapse among substance abusers are little or dearth. It is, therefore, this study has become to examine the relapse and its adverse effect on human wellness.

The researcher was inspired to assess the factors causing relapse to happen during or after treatment, getting relevant and valid information from health workers at Amanuel referral hospital. Hence, the researcher conducted the study to identify factors insisting relapse to happen in various ways and recommend the way forward worthwhile to enhance social work intervention. In addition the finding of the research could be used to guide after care services.

1.3. Objectives of the Study

1.3.1. General Objective

The overall objective of the study is to identify the triggering factors causing relapse happen among Substance Abusers.

1.3.2. Specific Objectives of the Study

- To examine the psychosocial factors that contributes to relapse among substance abusers.
- To explore the consequences of relapse.
- To understand the experiences of substance abusers.

1.3.3. Basic Research Questions

- What are the triggering factors causing relapse happen among substance abusers?
- What are the psychosocial factors that contribute to relapse among substance abusers?
- What are the consequences of relapse?
- What are the experiences of substance abusers?

1.4. Significance of the Study

This study would be used as a source of information to better understand the triggering factors of relapse among substance abusers. Moreover, the study might have a considerable contribution to researchers or other stake holders showing the gap both in terms of research and practice to necessitate further action and as well in developing appropriate interventions by identifying psychosocial factors that contribute to relapse among substance abusers. In addition the study may provide some insight and helps as a supplementary source of information for further study in this area.

1.5. Delimitation of the study

The study focused on Amanuel Mental Specialized Hospital Rehabilitation Center, which is located to the west of Addis Ababa, Addis Ketema Sub-city, at a place commonly known as "Mesalemia". The participants were Relapsed Patients who were admitted in the hospital at the time of data collection and key informants. The study gave due attention on the psychosocial triggering factors of relapse among substance abusers.

1.6. Challenges and Limitation of the Study

Though, literatures on substance abuse in Ethiopia are abundant, the researcher encountered with scarcity of resources to find the relevant literatures related with relapse in the Ethiopian context. The limitation of literature forced the study to focus on the foreign one. On the other hand at the time of data collection female relapsed patients were not admitted in the hospital, so the study didn't include their experiences towards the research topic. Moreover, constraint of budget and time were also major challenges of the study.

1.7. Definition of terms

- **Substance**: include alcohol and the illicit psychoactive drugs, specifically tobacco, marijuana, khat, heroin or cocaine.
- **Substance abuse**: a maladaptive pattern of substance use manifested by recurrent and significant adverse consequences related to the repeated use of substances.
- **Substance Abuser**: a person who abuses one or more substances such as marijuana, alcohol, tobacco, Khat, heroin, cocaine or other illicit psychoactive drug in a maladaptive manner.
- **Relapse:** is a return to the previous problematic behavior pattern.

CHAPTER TWO: LITERATURE REVIEW

According to Gay and Airasian, (2000), a literature review serves to identify a relevant theoretical or conceptual framework for a research problem, lay the foundation for a study, inspire new research ideas and determine any gaps or inconsistencies in a body of research. Under this section, theoretical and conceptual frame works which guide the study were discussed.

2.1. Substance Abuse and Relapse

Substance abuse is increasing at an alarming rate, causing serious threats to every nation, by deteriorating health, increasing crimes, and hampering productivity, destroying relationships, eroding social and moral values and impeding the overall progress of societies (Kamlesh et al, 2012).

According to United Nations World Drug Report (2014) globally, it is estimated that in 2012, some 243 million people range: 162 million-324 million corresponding to some 5.2 per cent (range: 3.5-7.0 per cent) of the world population aged 15-64 had used an illicit drug mainly a substance belonging to the cannabis, opioid, cocaine or amphetamine-type stimulant (ATS) group. The abuse of alcohol and other drugs affects individuals, families, communities, and society as a whole, and causes more deaths, illnesses, accidents, and disabilities than any other preventable health problem today (CASA Columbia, 2012).

In the United States marijuana was the most commonly used illicit drug. In 2011, there were 18.1 million past month users. Between 2007 and 2011, the rate of use increased from 5.8 to 7.0 percent, and the number of users increased from 14.5 million to 18.1 million (NSDUH, 2011).

According to UNODC World Drug Report (2015), in Europe, the highest drug-related mortality rates are found in the most northerly countries and territories with (in descending order of mortality rates and considering only countries and territories with a population aged 15-64 of 500,000 or greater) Estonia, Scotland, Finland, Sweden, Northern Ireland, the Russian Federation, Norway and Ireland all experiencing mortality rates of over 70 drug-related deaths per million of the wicked population aged 15-64. In all of these countries, opioids were the drug type most frequently mentioned as the primary cause of death.

A study by Aziz et al. (2012), shows the relapse rate in addiction treatment centers in Iran was 30.42%. Moreover, a study by Mohammad et al. (2012), shows the relapse rate in Iran After six months follow-up was 64.0%. Environmental, interpersonal/ social, intrapersonal and physical risk factors were the cause of relapse amongst young African adults (Ilze Swanepuel, 2014). The study conducted among Medical Students at a Nigerian University showed that alcohol 60%, minor tranquilizers 48%, tobacco 35%, narcotics particularly codeine 29% and cannabis 11% were most commonly abused substances (U. H. Ihezue, 1988).

South Africa faces an ongoing challenge with the prevalence of substance abuse and addiction. Alcohol is the most common primary drug of abuse at treatment centers across South Africa, except for the Western Cape, Limpopo and Mpumalanga (NICRO, 2015). Drug use and abuse also vary from area to area or within social groups and are influenced by a variety of social, economic and cultural factor (UNDCP, 1999).

According to National Drug Control Master Plan of FMHCACA (2017-2022), it is recognized that the use of illicit and licit drugs is increasing in Ethiopia. The main psychoactive substances used in the country are alcohol, tobacco, khat and cannabis. The use and injecting use of heroin and its relationship with HIV and Hepatitis B and C has been documented in the capital city, Addis Ababa in 2015.

In Ethiopia, levels of drug use continue to rise alarmingly from time to time. The rapid globalization of the drug trade over the past decades has meant that no country is immune from the threat. The drug trade transcends national borders, and Ethiopia continues to serve as a transit route for the drug trade (FMHCACA, 2010-2015). According to Ethiopian public health association report of 2011, the situation in substance trafficking has also been aggravated in terms of trans-boundary movements. There are reports that disclose the increasing use of Addis Ababa Airport by international drug traffickers, and this has also been noted by the Government's security services. Police reports have it that several drug traffickers of foreign nationality have been apprehended at the Addis Ababa Airport. In two of the cases, the individuals arrested were carrying 3500 to 3800 grams of heroin. These reports have unveiled that even the postal service was not immune from it: Dispatches of more than 100 kilograms of cannabis were discovered in the period between March 2008 and October 2010.

As school-based cross-sectional study supplemented with a qualitative study design was carried out on 2,760 regular grade 10 and 12 students of 2010/11 academic year, selected from government/public, private and mission owned high schools. The objective was to estimate the prevalence, identify determinants, and describe academic and the influence on sexual behavior

among high school children. Lifetime and 30 days prevalence of substance use i.e. alcohol drinking, cigarette smoking, Khat chewing, shisha and cannabis smoking were found to be 45.7% and 26.5%, 11.5% and 5.6%, 16% and 7.8%, 8.6% and 5%, 4.5% and 2.8%, respectively (EPHA, 2012).

A report on rapid assessment on the situations of drug and substance abuse conducted in some selected towns of Ethiopia showed the alarming trends of the problem (Seyom& Ayalew, 1995). The report pointed out that khat is now consumed everywhere in Ethiopia by people of all religions, ages and social groups. The rapid increase of the consumption of alcohol and tobacco has been indicated. It is explained that the amount of cannabis increased from approximately 316 kgs in 1990 to 8132 kgs in 1991, an increase of more than 2400%. The amount of heroin increased from 17450 grams in 1990 to nearly 25000 grams in 1993; approximately 144% increment is seen (Seyom& Ayalew, 1995).

A study by Shimelis et al. (2015), indicated that the major causes of alcohol and drug abuse are peer pressure, psychological factors, academic factors and social factors. The findings also show that, the prevalence of alcohol and drug abuse is high among Mekelle University College of Social Sciences and Languages (CSSL) 2nd year students.

According to National Drug Control Master Plan of FMHCACA (2017-2022), Drug use is also associated with an array of physical, emotional and mental health conditions, while injecting drug use with contaminated injecting equipment is related to HIV and Hepatitis B and C infections. All of these place a huge burden on health care system. Many drug users suffer reduced productivity at work as well as increased absenteeism and loss of employment and income related to their drug use.

2.2. Theoretical Framework

2.2.1. The Cognitive-Behavioral Model of Relapse

The relapse prevention (RP) model was developed by Marlatt and Gordon in 1985.It is based on social-cognitive psychology and incorporates both a conceptual model of relapse and a set of cognitive and behavioral strategies to prevent or limit relapse episodes (Mary et al, 1999).

According to Marlatt and Witkiewitz (2005), the cognitive-behavioral model centers on an individual's response in a high-risk situation. The components include the interaction between the person (affect, coping, self-efficacy, outcome expectancies) and environmental risk factors (social influences, access to substance, cue exposure). If the individual lacks an effective coping response and/or confidence to deal with the situation (low self-efficacy; Bandura, 1977), the tendency is to "give in to temptation." The "decision" to use or not use is then mediated by the individual's outcome expectancies for the initial effects of using the substance.

As explained by Marlatt and Witkiewitz (2005), RP combines behavioral skills training with cognitive interventions designed to prevent or limit the occurrence of relapse episodes. RP treatment begins with the assessment of the potential interpersonal, intrapersonal, environmental, and physiological risks for relapse and the factors or situations that may precipitate a relapse. Once potential relapse triggers and high-risk situations are identified, cognitive and behavioral approaches are implemented that incorporate both specific interventions and global self-management strategies. Specific interventions include teaching effective coping strategies, enhancing self-efficacy, and encouraging mastery over successful outcomes.

After providing education and intervention strategies specific to the immediate high-risk situation, RP focuses on the implementation of global lifestyle self-management strategies. Lifestyle balance is a critical factor in the maintenance of goals following treatment, and RP incorporates the assessment of lifestyle factors that may relate to an increased probability of relapse.

Oftentimes clients are experiencing several daily stressors, and the therapist should work with a client to either reduce stressors or increase pleasurable activities, such that a balance between daily negatives and positives may be achieved. In addition, specific cognitive-behavioral approaches, such as relaxation training, stress management, or a time management exercise, can be Implemented. Bringing it all together, the therapist and the client can work together in the development of "relapse road maps," analyses of possible outcomes that may be associated with different choices in high-risk situations. Mapping out possible scenarios can help prepare clients for navigating situations and utilizing the appropriate coping responses. The exercise of identifying and rehearsing possible high-risk situations and effective coping strategies is designed to enhance client self-efficacy and prevent the incidence of a lapse (Marlatt &Witkiewitz, 2005).

2.3. Psychological factors of relapse

According to Mary et al. (1999), negative emotional states, such as anger, anxiety, depression, frustration and boredom, which are also referred to as intrapersonal high risk situations are associated with the highest rate of relapse. In the study by Richard Appiah (2014), found that Feeling sad and/or depressed, being frustrated, feeling lonely, feeling angry, being bored, being stressed, feeling worthless, guilt and a strong unflinching craving have been identified as triggers of relapse.

The study in Australia showed that the most common type of reason given for relapse was negative mood states (61.5%), with far fewer subjects citing external pressures (17.3%), desire for positive mood states (12.5%), or social/family problems (8.7%) (Melissa & Michael, 2005). In another study by Ilze Swanepuel (2014), was also found that 74% of male and 77.8 % of female respondents relapsed because they experienced negative emotional states.

2.4. Social factors of relapse

As Marlatt and Witkiewitz (2005), puts in addition to the intrapersonal influences, social support plays a critical role as an interpersonal determinant of relapse. A finding by Ilze Swanepuel (2014), showed that with regard to peer pressure 71.4% males and 66.7% females indicated as predisposing factors of relapse after treatment. The findings of the study also identified other factors such as stigmatization by community members, lack of support after treatment, conflict and employment states as predisposing factors of relapse among young African adults.

In another study, Sampsonet al. (2017), examined factors influencing relapse among Substance abuse patients in Nigeria. The findings showed that influence from peer group, availability of the substance of abuse and low level of social support are factors influence relapse.

2.5. Environmental factors of relapse

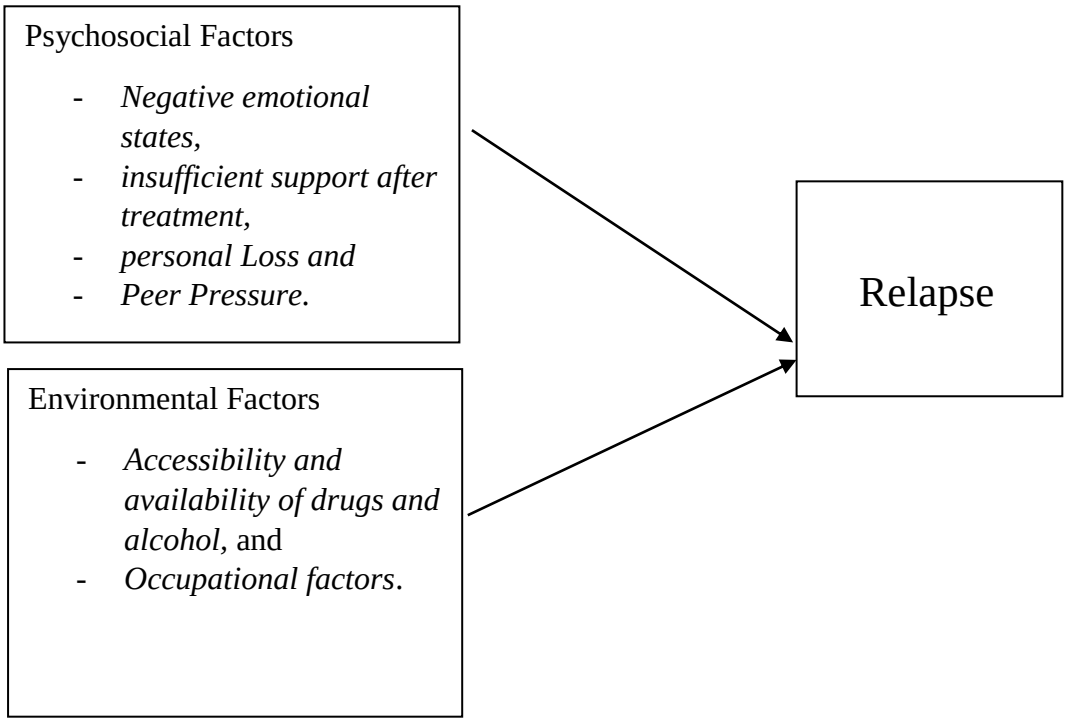
According to Taylor & Warheit, (2006), environmental factors have played a crucial role among adolescents and could increase the likelihood of their becoming relapse. In the study by Ilze Swanepuel (2014), found that environmental risk factors that can increase the risk for relapse include increased availability and accessibility to drugs and encountering people, places and paraphernalia associated with earlier drug use. Another study in Iran showed that environmental

factor such as peer pressure and availability of drugs played an important role of relapse among adolescents (Samira & Nobaya, 2010).

On the other hand, according to Bain, (2004), environmental cues like seeing the drug in a certain environment where the drug was previously used play an extremely important role in the process of relapse. Environmental cues as expressed by Schubart (2010), as quoted by Bain (2004), "Even after drug addicts beat their habits, they face a daunting challenge: simply returning to the place where they took drugs can trigger irresistible cravings that may lead to relapse even after months of abstinence."

In another study, Carlos, (2002), examined causes of substance abuse relapse among Mexican American and Anglo Males. The findings showed that a 38% of Anglos and 50% of Mexican Americans felt that environmental situations influenced extremely often or almost always substance abuse relapse.

2.6. Conceptual Frame Work



2.7. Summary of the Literature review

Substance abuse is increasing at an alarming rate, causing serious threats to every nation, by deteriorating health, increasing crimes, and hampering productivity, destroying relationships, eroding social and moral values and impeding the overall progress of societies. Like any other developing countries the use of illicit and licit drugs is increasing in Ethiopia. The main psychoactive substances used in the country are alcohol, tobacco, khat and cannabis. Moreover, Ethiopia continues to serve as a transit route for the drug trade. Due to the psychosocial and Environmental triggering factors many people are relapsed to substance abuse after completing the treatment. The literature confirmed that negative emotional states, such as anger, anxiety, depression, frustration and boredom, which are also referred to as intrapersonal high risk situations are associated with the highest rate of relapse. In addition to the intrapersonal influences, social support plays a critical role as an interpersonal determinant of relapse. Environmental factors have also played a crucial role among adolescents and could increase the likelihood of their becoming relapse.

CHAPTER THREE: RESEARCH METHODOLOGY

This section describes the research design, the study area, study participants, the data collection tools, data collection procedure, data analysis, quality assurance and ethical considerations.

3.1. Study Design

This research has used a cross sectional and exploratory qualitative research, with specific case study method. In cross-sectional research, the researcher observes at one point in time and the research can be exploratory (Kreuger & Neuman, 2006).

As Ruane (2005) puts, exploratory research is typically conducted in the interest of getting to know or increasing our understanding of a new or little researched setting, group, or phenomenon to gain insight into a research topic. Accordingly, since the psychosocial triggering factors of relapse among substance abusers has not been studied before, the purpose of this study was to explore the triggering factors of relapse. Therefore in this state, exploratory research is useful to know or increase understanding of this non studied area.

Case study approach was used in this study. As Yin (2003) point out that, case study allows investigator to retain the holistic and meaningful characteristics of contemporary phenomena and real life event desire to understand complex social phenomenon. Therefore, the study was aimed at obtaining rich information about the psychosocial triggering factors of relapse among substance abusers in Amanuel Mental specialized hospital.

Qualitative approaches to data collection usually involve direct interaction with individuals on a one to one basis or in a group setting. And also the benefits of using qualitative data collection methods include richness of data and deeper insight into the phenomena under study (Hancock,

1998). Hence, the research used a qualitative type of study because the focus is on the assessment of the psychosocial factors of relapse among substance abusers. As many scholars explained it, Qualitative research seeks to probe deeply into the research setting to obtain in-depth understandings about the way things are, why they are that way, and how the participants in the context perceive them (Gay & Airasian, 2012).

3.2. Study Area

As Creswell (2007), puts in case of qualitative research, for the purpose of deep understanding of the subject matter under study or research question, it is up to the researcher to make a decision on the research participants, sites and even the material to use. This study was conducted in Amanuel Mental Specialized Hospital which is found in Addis Ketema Sub-city around, Mesalemia in Addis Ababa. The hospital was established in 1930 E.C and it is the pioneer hospital to start treatment for mental health and substance abuse patients in Ethiopia.

3.3. Study Participants

The participants of this study were eight Relapsed Patients, a Psychiatrist Doctor, a Social Worker and a Psychiatric Nurse. Participants of the in-depth interview and key informant interview were selected by using purposive sampling. In purposive sampling, researchers handpick the cases to be included in the sample on the basis of their judgment of their typicality. In this way, they build up a sample that is satisfactory to their specific needs (Louis Cohen, Lawrence Manion and Keith Morrison, 2005).In order to make sure that participants are drawn from different social strata gender, age, marital status, religion, educational status, willingness to participate on the study, resource and time availability has taken in to consideration. The primary rationally for selecting this much number of participants was depend on data saturation.

3.4. Sampling method

Participants of the in-depth interview and key informant interview were selected by using purposive sampling. The target population of this study were admitted Relapsed patients and other health care and social service providers at Amanuel Mental Specialized Hospital Rehabilitation center. According to Merriam (1988), sampling in qualitative study tends to be small number of people nested in their context and studies in-depth unlike quantitative studies, which aim for large number of context of stripped cases and seek statistical significance. Moreover as Yin (2011), stated that the purpose for selecting the specific study units is to have those that will yield the most relevant and plentiful data, given our topic of study. Accordingly the researcher purposely selected participants for this study keeping in mind that the purpose of the research is to get in-depth understanding of the issue by collecting comprehensive data instead of taking representative sample for generalization of the result to the larger population.

3.5. Inclusion Criteria

The participants of the study were recruited based on the following inclusion criteria.

- ✓ Willingness to participate on the study.
- ✓ Relapsed patients who are currently receiving treatment for substance abuse.
- ✓ Previous history of treatment for substance abuse.
- ✓ Work experience of more than three years on their current work position because they relatively have rich information and experience on the issue under study.

3.6. Data Collection Tools

Both primary and secondary techniques were used to collect and obtain relevant data which is important to carry out the research. As Martyn Denscombe (2010) puts, when the researcher needs to gain insights into things such as people's opinions, feelings, emotions and experiences, then interviews will almost certainly provide a more suitable method. Consequently In depth interview, key informant interview and observation were employed for this study. Moreover secondary data were obtained from published and unpublished materials including books, magazines, journal articles, electronic materials and progress reports to develop this study.

3.7. Sources of Data

3.7.1. In-depth Interview

By in-depth qualitative interviewing, we mean face-to-face encounters between the researcher and informants directed toward understanding informants' perspectives on their lives, experiences, or situations as expressed in their own words (Taylor, 1949).In conducting the in-depth interview the researcher has developed an open ended interview guiding items as it allows participants to discuss their opinions, views and experiences in their own words in detail. Moreover the guiding questions for the interview were developed in line with the research questions. Hence, in-depth interviews were carried out with eight Relapsed patents who are admitted in Amanuel Mental Specialized Hospital Rehabilitation center.

3.7.2. Key Informant Interview

The researcher made the interview with three key informants, among whom one of them was a Psychiatric Doctor, one of them was a Psychiatric Nurse and one of them was a Social Worker working at Amanuel Mental Specialized Hospital Rehabilitation Center.

Unstructured questions were used as a tool of data collection to assess the Psychosocial Factors of Relapse among Substance Abusers. This helped the researcher to triangulate data obtained through in-depth interview with Relapsed patients.

3.7.3. Non-participatory Observation

Observation was one of the data collecting instruments in this study. The main advantage of this observation was to understand the expression, feeling and perception of participant's reaction. As Denzin (2003), puts observation enables the researchers to have full meaning of interview responses through watching attentively the body language, gestures and facial expression of the respondents.

3.8. Data Collection Procedures

The process of data collection was started after the approval of the proposal by the School of Social Work. After that the researcher has taken the support letter to Amanuel Mental Specialized Hospital Rehabilitation Center. Upon acceptance, the researcher has got participants with the assistance of the Psychiatric Nurse and social worker for the interviews. Firstly, the researcher has established a good rapport with participants and explains the purpose and importance of the study and asked their willingness to be part of the study.

After the study participants fully understood and fulfill the inclusion criteria and decided to go through the interview, a written consent forms translated into Amharic was signed by each participant. Then the researcher has made an appointment with each participant at a time. In addition data collection has taken place at the rehabilitation library which was quiet and favorable for conversation. In addition the researcher prepared a tape recorder, notebook and other necessary materials for the interview.

Before interviewing, the researcher explained that the interview will be unstructured with probing questions and asked a permission to record the interview. Throughout the interview, efforts were employed to make the discussion open and free. Moreover, the research tried to be a good listener, friendly and non-judgmental throughout the interview process. The interview took from forty five minutes to an hour and all participants were willing to be recorded.

3.9. Data Analysis

According to Hancock et al. (2007), Analysis of data in a research project involves summarizing the mass of data collected and presenting the results in a way that communicates the most important features. Data analysis consists of preparing and organizing the data for analysis, reducing the data into themes through a process of coding and condensing the codes, and finally representing the data in figures, tables, or a discussion (Creswell, 2007). Accordingly, the researcher has followed the steps in the data analysis process of the study. In this study, data analysis was done manually.

After the successful completion of data collection using in-depth interviews with Relapsed patents and key informant interview with other informants as well as an observation, the researcher translated the interviews and observation notes from Amharic to English every day. In addition, tape recorded interview of participants were transcribed in to text format originally to Amharic and back translated to English. Then, go through the data (interview transcription) repeatedly and the researcher took time to read and re-read the entire interview transcripts on several occasions in order to be well acquainted with all aspects of the data until understanding of the main points was achieved. After this, as Boyatzis (1998) cited in Mohammed (2012), pre-coding is done by circling, highlighting, bolding, underlining, or coloring rich or significant participant quotes or passages that strike the researcher (as cited in Saldana 2008, p. 16).

Thus, the researcher underlined significant participant quotes that impressed her. Pen with different colors were used to underline these statements. To codify is to arrange things in a systematic order, to make something part of a system or classification and to categorize (Saldana, 2008).Coding is reducing the data into meaningful segments and assigning names for the segments (Creswell, 2007).In coding process the researcher has given attention to specific characteristics of the data and described the codes which review the primary topic of the selected code. The coding process was followed by categorizing. In qualitative research categorizing is finding for patterns and grouping exactly alike or very much alike data's that have something in common within coded data (Saldana, 2008). Categorizing transcribed data helps to sort out texts into various segments, which make the data to be manageable. A category contains related codes explored from the analysis of the data. Consequently, this research categorized the coded data depending on the similarity and relationship of codes under different headings and condensed into categories.

"A theme is an outcome of coding, categorization, and analytic reflection, not something that is, in itself, coded" (Saldana, 2008). Themes are concepts that explain how categories are connected. Once all the text has been coded, themes were found in the text segments in each code, and by taking out common or significant themes in the coded text segments. Braun and Clarke (2006), stated that searching for themes begins when all data is coded and collected and you have a long list of the different codes you have identified across your data set. This process involved organizing the different codes into potential themes, and collating all the relevant coded data within the identified themes.

In this study major themes were developed by summarizing the findings of the codes from different participants in line with the research objective and the research questions. In this process the relationships and differences among different themes were explored. Moreover the concept of the summarized themes in relation to the study questions were presented thematically and discussed in relation to the secondary data and the conceptual framework of the study. After all the processes the final report was prepared. The researcher employed code numbers while presenting participant‘s story to maintain their anonymity.

3.10. Quality Assurance

According to Morrow (2005), qualitative research embraces multiple standards of quality known variously as validity, credibility, rigor or trustworthiness. First, before the beginning of data collection the researcher build rapport with research participants to develop trust and collaboration between the researcher and the participants. On the other hand as Creswell (2007), stated one of the methods to assure trustworthiness of qualitative data is triangulation, a methodological approach that contributes to the validity of research results when multiple methods, sources, theories, and/or investigators are employed. After the data collection the quality of the data assured through data triangulation. In every research, truthfulness, honesty and unbiased approach are very important for the quality of the study.

3.11. Ethical Consideration

Ethics is one of the most vital parts of the research. Social researchers are expected to approach their task in an ethical manner (Martyn Denscombe, 2010).The ethical measures in this study included consent, confidentiality and anonymity, privacy, and the right to withdraw from the study. Before starting the data collection, the researcher submitted letter of permission from school

of social work to the hospital asking for their collaboration in providing relevant information during data collection. All participants freely decided to participate in this study. It has been made clear to the participants how the information they are providing is relevant to fulfill the objectives of the study. They were informed about all necessary information regarding the research. The participants were informed that they can withdraw from the study at any time if they wish to. The researcher was responsible in protecting the identity of participants.

It was made sure that the information participants are providing will not trace back to them. In this way, after building a rapport, the researcher obtained the personal experiences of the participants. Participants were given cods in order to keep their anonymity. Moreover, the researcher made sure that the personal information they provide will not be disclosed to third person. Conducting interview, application of tape recorder and other necessary instruments have done only after the researcher got oral consent of the participants. The researcher only made the interview with participants who are voluntary to be recorded. Moreover, issues of confidentiality, anonymity and privacy were communicated well.

Privacy refers to the freedom an individual has in determining time, extent and general circumstances under which private information will be shared with or withheld from others (Burns & Grove, 2003). In this study privacy is maintained by conducting the interview in the place and time chosen by the participants. The researcher informed the participants that results will be presented in the form of a research report. Anonymity were assured because the results didn't mention the participants' names.

The tapes and written documents were safely stored and destroyed after the study. Moreover the participants were told to take a rest or stop the interview any time and to skip any question they do not want to answer.

CHAPTER FOUR: FINDINGS OF THE STUDY

This section of the paper presents the major findings of the study. The results of the study are presented in two sections. The first section presents the socio-demographic profiles of the respondents. The second section presents the main themes and sub-themes.

4.1. Background of the Respondents

The participants in this study were eleven in number among whom eight were Relapsed Patients and the other three key informants were a psychiatric Doctor, a psychiatric Nurse and a social worker who work in Amanuel Mental Specialized Hospital Rehabilitation Center.

Table-1 Background information of Relapsed Patients

Code Number	Age	Sex	Educational level	Marital status	Occupation
Code - 1	43	Male	Grade 10	Single	Unemployed
Code– 2	62	Male	Grade 12	Married	Unemployed
Code – 3	42	Male	Grade 8	Divorced	Unemployed
Code– 4	37	Male	Grade 5	Single	Unemployed
Code– 5	25	Male	BSc	Single	Engineering
Code – 6	43	Male	College diploma	Single	Electric Technician
Code – 7	35	Male	College diploma	Single	Hotel Management
Code – 8	38	Male	Grade 10	Single	Self employed

Table-2 Background information of key informants

Code Number	Role of the informant	Age	Sex	Educational level	Marital status	Position in the hospital	Work experience
Code - 1	physician	40	Male	MSc	Married	Psychiatric Specialist	7 years
Code - 2	Social worker	35	Male	MA	Single	Social Worker	8 years
Code - 3	Psychiatric Nurse	58	Female	BSc	Married	Psychiatric Nurse	37 years

The data obtained from Relapsed patient respondents and other concerned key informants were categorized under three thematic areas and nine sub-themes. These encompass Psychosocial Factors, Environmental Factors, and Consequences of Relapse. Under the Psychosocial Factors, the sub-themes were: *Negative emotional states, insufficient support after treatment, personal Loss and Peer Pressure.* Under the Environmental Factors, the sub-themes were: *Accessibility and availability of drugs and alcohol*, and *occupational factors*. Under the Consequences of Relapse, the sub-themes were: *Health, Psychosocial and economic Problems.*

4.2. Psychosocial Factors of Relapse

Respondents were asked about the psychosocial factors triggering relapse. As per the idea obtained from respondents, the psychosocial factors triggering relapse such as thoughts, feelings, attitudes, or other cognitive or affective characteristics of an individual as well as social factors play a direct or indirect role in returning to substance use after a period of abstinence.

Negative emotional states

Some of the most frequent high risk situation for relapse is when negative emotions are experienced such as boredom, loneliness, sadness or depression, disappointment and anger. Therefore, prior alcohol and drug habits easily become relapse when faced with such psychosocial factors and poor coping strategies. Respondents reported that experiencing negative emotional states which trigger them to relapse. These include feeling sad and/or depressed, being frustrated, feeling lonely, feeling angry, being bored, being stressed, feeling worthless, guilt and a strong craving.

A 43 years old respondent told to the researcher how he restarts using Khat, tobacco and alcohol after treatment:

> *For months after treatment I hadn't taken Khat, alcohol or tobacco and I decided that I would never return back. But after I broke up with my fiancée unknowingly. I felt as if it was my fault. I felt worthless and anger. And before I realized I had started chewing, drinking and smoking again (code-1).*

Insufficient support after treatment

A 37 years old respondent described how he returns to tobacco, Khat and alcohol use:

> *I live with my mother. Often times my mother wouldn't even want to see me. She didn't believe that I could change. I was trying to improve myself, but no one encourages me. Finally I returned back using drugs and alcohol (code-4).*

From the above finding lack of support after treatment was also a predisposing factor to relapse among substance abusers. Therefore, lack of support affects confidence inability to maintain abstinence and can also influence motivation and commitment to maintain abstinence.

In addition, feelings of rejection and isolation from family, closed ones and the society contribute to relapse. Regarding this, one of the key informants reported:

> *Most often Relapsed patients reported that they restarted to abuse alcohol and drugs when they felt of rejection and became angry with either themselves or others due to some sort of rejection. So they drink, chew or smoke again. Sometimes they abuse substances to get rid of difficult situations (code-1).*

Personal Loss

As the finding shows personal loss was also the triggering factors of relapse. When there is a feeling of sadness associated with the death or loss of someone significant they return back again after treatment. The experience of personal loss often led them to drug and alcohol abuse after a period of abstinence.

As the view point of the respondents relapsed patients couldn't search alternative solutions for passing emotional coincidence. Furthermore, relapsed patients were unstable and delicate for their feelings.

A 62 years old respondent, stated that:

> *Within a month I had lost three of my family members. It was very hurtful and devastating. For a few days I wasn't myself and it was quite difficult for me to accept the situation. I was very sad because I had lost the most significant people in my life. So one day I just found myself drinking again (code-2).*

Another respondent added in support of the opinion made above

> *My ex-wife and I was very happy. We were married for about three years. But due to several reasons our marriage fall apart and I couldn't save it. I always blame myself and felt guilty for the case that I am liable. Then, one day I started drinking and become addicted as a result of relapse (code-3).*

Relapse resulted from self-accused, condemned and regretted about the past wrongs. In addition to this, relapsed patients perceived that, using drug was resulted for getting relief.

One of the key informants reported how clients return to the center due to interpersonal factors:

> *Many patients who come back here go through some relationship problems. Some report that they had had difficult times with their family or loved once. So when they loss that relationship. They easily use their alcohol or drug again (code-2).*

From the above finding the experience of personal loss such as death of a loved one and divorce led them to drug and alcohol abuse after a period of abstinence.

Peer Pressure

According to the finding peer pressure was a triggering factor of relapse. Some respondents reported how they were influenced to restart alcohol and drug use through the influence of friends. One respondent, 43 years old, described:

> *I restarted drinking alcohol in one of my friend's wedding. I met my old friends and told me that it is fine to take at least one drink. And then after the wedding my friends and I went to bars and have funs like the old ones. So that was how I returned to the alcoholic behavior (code- 6).*

Another respondent, 25 years old also recounted:

> *I was a 4th year college student and the final exam was approaching. Then my friend told me to use khat so that I could study effectively and became energetic. On the top of this, I restart chewing khat not to sleep during study (code-5).*

One of the key informants added:

> *After discharge, they return to these same friends who influence them at the end of the day to start abusing drugs. The problem is it's so difficult for them to dissociate with such people (code-1).*

As reported by respondents the influence of friends was expressed as key factor of relapse. Being around others who use alcohol or drugs influence them to relapse.

They restart abusing substance and alcohol with peers who still struggle with substance abuse problem not to feel a part of a group.

4.3. Environmental Factors of Relapse

Respondents were asked how environment is a triggering factor for relapse. As per the awareness found from respondents, environmental factors such as availability and accessibility to alcohol and drugs in the community and job related factors such as working with a brewery company were some triggers to relapse.

Accessibility and availability of drugs and alcohol

Living in an environment with easy access to alcohol and drugs led them to restart using drugs after rehabilitation.

A 38 years old respondent shared his experience:

> *I was born and brought up in Dre Dawa. Khat in this city is a culture. I can easily access khat whenever I want. Everyone chew khat at any time. I began chewing khat when I was 18 and I chew for about 20 years. I couldn't work if I didn't chew khat. After I completed the treatment I could only stay in Addis for two months without taking khat. But when I go back to my home I restart using khat (code-8).*

As the respondent stated it was difficult to manage personal devour and availability affected and influenced former drug users.

One of the key informants reported that:

We educate them about abstinence and how to prevent relapse. Indeed, we understand that changing the environment where they live is probably difficult, however instead of changing the environment we educate them to change their altitude and working on coping mechanisms. So our

intervention is to let them engage in a new life style without changing the environment. They can prevent relapse by changing their relationship with the environment. Only an individual himself/herself has responsibility to change oneself than the influence of environment. However, after clients are discharged they could only stay abstinence for two or three months and then finally they restart again (code-2).

Occupational factors

The finding shows that occupational factors which are job-related factors can potentially trigger relapse. Respondents narrated that the availability of alcohol and drugs at work were some factors that triggered their relapse.

One respondent narrated how his job as a hotel manager returns back in a drinking problem:

> *I used to work in a hotel as a hotel manager and I had an access of alcohol. After I completed the treatment I hadn't taken any alcohol for only a month. But after that I couldn't maintain abstinence. Most often, I drank to hold customers. So it became very difficult for me to stop and finally I found myself drinking again (code-7).*

In line with this one of the key informants stated her experience:

> *I know clients who are relapsed due to the work environment. They have easy access to alcohol and drugs. So after discharge, when they crave for it, they just return back again (code-3).*

One of the finding was that, environmental factors were some of the triggering factors for relapse. The experience to alcohol and drugs after getting treatment becomes a challenge for them

to sustain their abstinence. Moreover, easy accessibility and availability to alcohol and drugs have a great impact on relapse management.

4.4. Consequence of relapse among substance abusers

As far as the impact of relapse on health, economic and psychosocial wellbeing of substance abusers is concerned the result of the study reveals suffering from severe headaches, loss of appetite, anxiety and depression.

Health problem

As per the information obtained from all the respondents their health was greatly affected by drug abuse. All respondents shared their experiences regarding to the impact of relapse on health and overall functioning .As it was stated by the respondents they suffered from severe headaches, loss of appetite and restlessness.

A 38 years old respondent shared how he lacks of appetite:

Every day I chew khat and after "merkana" I drank alcohol. But I have no appetite for food due to my extreme use of Khat (Code-8).

Another respondent added:

After I have done my job I just can't stay in my office. I always argue with my bosses due to my restless behavior (code-7).

Still the other respondent stated that:

If I didn't drink I feel sick and I can't do my job. Even I can't hold a glass. It hurts all over my body (code-6).

One of the key informants talked about his experience:

Relapse to substance abuse has various health effects on specific organs of the body. Moreover, as many relapsed patients report that it leads to numerous health effects, including

restlessness, mood swings, fatigue, muscle and bone pain, insomnia, loss of appetite and vomiting (code-1).

The major finding from the above discussion was that, Relapse had a negative impact on health. As it was stated by all participants, substance abuse nearly affected every part of their body. Besides, most of the respondents complained of periodic migraine, loss of appetite, restlessness, and sleep disorder.

Psychosocial problem

Relapse to substance abuse had also various psychosocial problems. Including Relationship trouble, jobless, frequent absent from work, anxiety, paranoia, depression, delusions, and reduction of concentration. Furthermore, substance users lacked decision making practices, consistency of quitting and perceived cells, hormone and muscles couldn't function without using it. In addition to this, users obtained imagination as the body became disabled without using it.

Majority of the respondents were unemployed as a consequence of their relapse. Different reasons, including difficulty in following rules, regulations and ethics of the work, conflicts with other colleagues and their bosses, lack of fulfilling duties and responsibilities and inefficiency at work were mentioned.

A 62 years old respondent reported his experience of how he lost his job:

I was a driver for a private company. But when I returned back to drinking I could not work as before. My boss warned me several times but I couldn't stop. Later in the year, I just got fired and lost my job (Code-2).

Another respondent, 37 years old added:

I used to work as a mason for a construction company. When I restart using Khat, Cigarette and "Areqe" I couldn't work with my boss and colleagues peacefully and even I came to work drinking "Areqe". I was inefficiency at work and finally got fired (Code- 4).

Still the other respondent stated that:

I was a mechanic. I used to work in a garage. However, after I restart drinking again I frequently absent from work. Sometimes when I drank I didn't go to work and stay home for two or three days. Many times my coworkers and friends tried to advise me but I didn't listen. Eventually I got fired (Code- 1).

From the above finding inability of following rules, regulations and ethics of the work and having conflicts with other colleagues and their bosses led them to loss their job. In addition, according to the finding relapse to substance abuse also affected relationships and trust. As per the information obtained from all the respondents they had serious relationship troubles with their family, friends and colleagues. The finding underlined addicted individuals were ruled by substances rather than observed the future fate of their own and their family.

One of the respondents stated that:

Beyond the impact of smoking cigarette on health, the community's negative attitude towards your behavior is difficult to handle. You lose your dignity and trust. After I restart using khat and tobacco my mother's friend and some of my extended families didn't have trust on me. Even my uncle was not willing to hire me because he thought that I would be irresponsible, ineffective and steal his money (code-5).

Another respondent added:

Relapse to substance abuse could affect relationships at home and creates conflict within the family. After I drank alcohol I couldn't have fun or talk with my family. So we didn't have such close family relationships. My wife could no longer tolerate my alcoholic problem. So my relationship with my family was fragmented (code-2).

The information collected from the social worker support the idea mentioned above and shared his experience:

Many relapsed clients reported that in most societies and family members' relapsed people would not be accepted and respected by members of the community and family (code-2).

The major finding from the above discussion was that, relapse to substance abuse affected significant relationships and trust.

Economic Problems

Relapse had also an economic effect among substance abusers. Abusing Substance is a financial burden on addicted individuals, their families and society as a whole. An existed problem affected the users as well as their family members. It was the cause of divorce and hinder for providing basic necessities for the family.

One key informants reported that:

People who abuse substances and alcohol do not care about what they wear or what they eat, they just spent more money to abuse substances. Therefore, it affects their economy and finally become financially broken (code-3).

The above finding indicated that relapse to substance abuse affected their health and psychosocial wellbeing. Moreover, most respondents reported that they have lost the respect, dignity and faith as formerly given to them.

And others also reported that their relationships with their families and friends were in trouble. Besides, they lost their job due to conflicts with other colleagues and their bosses, lack of fulfilling duties and responsibilities and inefficiency at work. In addition, all of the respondents had spent more money to use substances. Therefore, they had serious financial problems. Furthermore, depression and anxiety also reported as a consequence of relapse.

4.5. Observation

The researcher observed the service of the rehabilitation center and the interaction of relapsed patients with others and also the psychological situation of the relapsed patients. The inpatient ward has two rooms with 7 beds each which gives service to male service users and at the time of data collection the researcher didn't see female substance abusers in the rehabilitation center. The department encompass with multidisciplinary team including psychiatric doctor, psychiatric nurses, psychologist and social worker. Each professional has their own roles and provide services accordingly. Substance abusers had a group therapy and an individual therapy in addition to medication like diazepam, floxaciline, amitriptyline and vitamin B. The researcher also observed the group therapy session.

The admission place is very small and crowded. The compound is surrounded by fence and security that service users are limited and restricted to move outside the ward. Moreover, they didn't have enough recreational place and often times they spent their time by reading different kinds of books from the ward library. They do have a chance to meet with other admitted psychiatric patients so it is stressful for them to move freely with in the compound. They suggested that it is better the department has far apart from other psychiatric department. During the in-depth interview the researcher also observed the pain and regrets that respondents had gone through felt in

their tone of voice and gesture as they shared their experiences and expressed the triggering factors of relapse. In addition, some of relapsed patients preferred loneliness and they didn’t have close interaction with others.

CHAPTER FIVE: DISCUSSION

This chapter presented the discussion of the findings under different themes in line with the research objectives, research questions and the related literatures. The major themes which the researcher discussed in relation to various literatures includes: Psychosocial factors, Environmental factors and Consequences of relapse.

5.1. Psychosocial factors of relapse

Based on the finding of the study, all respondents replied about the psychosocial triggering factors of relapse. And the study identified various psychosocial factors that contribute to relapse among substance abusers. As it was indicated in the finding negative emotions, insufficient support, personal loss and peer pressure have contributed them to relapse after treatment.

Some of the respondents mentioned that negative emotions like, boredom, loneliness, sadness or depression, disappointment and anger contributed them to relapse. In addition many participants reported suffering from stress, depression, and anxiety. Besides these findings are consistent with several studies. As it was indicated by Mary et al. (1999) negative emotional states, such as anger, anxiety, depression, frustration and boredom, which are also referred to as intrapersonal high risk situations are associated with the highest rate of relapse. In addition, Richard Appiah (2014) also contributes idea which supports the above finding. He found that Feeling sad and/or depressed, being frustrated, feeling lonely, feeling angry, being bored, being stressed, feeling worthless, guilt and a strong unflinching craving have been identified as triggers of relapse.

Furthermore, as it was indicated in the finding lack of support after treatment was also a predisposing factor to relapse and affected their confidence in ability to maintain abstinence. The result of the study showed that losing someone significant was also another triggering factor of

relapse to substance abuse. On the other hand, the finding of the study showed that peer pressure was a triggering factor of relapse. Some respondents reported that they were influenced directly or indirectly to restart alcohol and drug use through the influence of friends.

In addition, the finding of the study showed that there was some level of stigmatization or rejection attached to alcohol and drug abuse. Therefore, they restart abusing substances and alcohol due to some sort of rejection either by family or community.

Supporting the above finding, Ilze Swanepuel (2014), reported that peer pressure, stigmatization by community members, lack of support after treatment, conflict and employment states as predisposing factors of relapse among young African adults.

Furthermore, Amit K Sharma (2012) also contributes idea which supports the above finding. Various socio demographic factors like young age at initiation, male sex, unemployment, singular status, peer group influence, family history of substance abuse, and poor family support, are well known to be associated with relapse.

5.2. Environmental factors of relapse

The findings of the study showed that the participants returned back to using substances due to environmental factors such as availability and accessibility of substances where they live in and job related factors. The living environment of the individuals where khat is available and working in hotels where alcohol is easily accessible was major environmental factors of relapse among the respondents. Ilze Swanepuel (2014), reports support the above finding. Environmental, interpersonal/ social, intrapersonal and physical risk factors were the cause of relapse amongst young African adults.

As presented in the finding section the experience to alcohol and drugs after getting treatment becomes a challenge for them to sustain their abstinence. Moreover, easy accessibility and availability to alcohol and drugs had a great impact on relapse management. In addition to availability of drugs, job related factor was also another trigger of relapse. When they return to the working place where drug or alcohol is consumed they easily expose to abuse again.

Supporting the above finding, Samira & Nobaya (2010), reported that environmental factors such as availability of drugs play an important role in increasing the possibility of relapse after treatment. The finding is also similar with the idea or concept of Richard Appiah (2014) who illuminated that the availability of alcohol and drugs at home, or residing around a ghetto or a drinking spot, or working in an alcoholic beverage producing or distribution company were some factors that triggered their relapse.

5.3. Consequences of relapse among substance abusers

The results of the study revealed that there were various consequences of relapse among substance abusers. All of the respondents had stated that relapse to substance abuse had a various health, economic and psychosocial problems. As identified in the finding almost all the respondents suffered from severe headaches, loss of appetite and restlessness. Furthermore, findings from this study have also depicted that respondents had various psychosocial problems including unemployment due to lack of fulfilling duties, responsibilities and frequent absent from work. In addition, it affected their serious relationships with their family, friends and colleagues. Moreover, they lost their dignity and trust due to relapse from people around them. Anxiety, paranoia, depression, delusions, and reduction of concentration were also identified in the finding. Furthermore, in most societies when substance abusers absentee they link with limited income

issues instead of a behavioral change. Therefore, labeling the victim of relapse due to lack of knowledge towards the problem of substance abuse lead them to high depression.

In addition to various health and psychosocial problems of relapse economic problem was also stated in the finding. As identified in the finding they spent more money to use substances and it affected their economy. Supporting the above finding Richard Appiah (2014) demonstrated that relapse to substance abuse had several health, psychosocial and economic effects.

To sum up, it results in the break of family bond, loss of friendship, job and communities around them. An existed multi problems were not limited at certain stage, level and degrees. The victims of relapse comprised people who were benefited from their income, institutions that were promoted from their skills and knowledge, the country which planned to train more hands and sharpen more minds in using them.

CHAPTER SIX: CONCLUSION AND SOCIAL WORK IMPLICATIONS

In this chapter conclusion of the study and social work implications are presented and elicited from the findings of the study.

6.1. Conclusion

The general objective of this study was to identify the triggering factors causing relapse happen among Substance Abusers. Consequently, Amanuel mental specialized hospital rehabilitation center was the place where the study was conducted. Substance abuse affects the individual, family, community and nation as a whole. With varying effects and extent, abuse of drugs can cause very serious physical, psychological, emotional, behavioral, social and financial problems for individuals.

From the findings of the study there were psychosocial and environmental triggering factors of relapse among substance abusers. Substance abusers relapse after completing the treatment due to triggering factors such as, negative emotions, insufficient support, personal loss, peer pressure, being in the environment where chewing khat is seen as a normal activity and easily access to substances and alcohols.

The results of this study also confirmed the consequence of relapse among substance abusers. It affects their health, economy, psychology and personal relationships and trust. Besides, the study was also able to reveal unemployment as a consequence of relapse. In conclusion, relapse rate is becoming very high right after a short period of abstinence due to several psychosocial and environmental factors. Therefore, relapse prevention strategies need to be given priority to reduce the relapse rate.

6.2. Social Work Implications

This study implies that relapse rate after treatment is very high due to the psychosocial and environmental triggering factors. In order to prevent or reduce the relapse rate the triggering factors should be addressed. As a result this study has proposed various social work implications in relation to research, education, practice and policy.

6.2.1. Implication to Social Work Education

The social work education has to integrate substance abuse education in the core curriculum. Minimally, the program has to include an overview of substance abuse and substance abuse disorders. In addition, as studies show majority of substance abusers started the use of illicit drugs during the basic and secondary levels. Therefore, it is also important that the ministries of education to include relevant lessons in the school curricula to teach students about the effects of substance abuse and prevention strategies at these levels of education.

6.2.2. Implication to Social Work Practice

The finding of this study showed that relapse to substance abuse has psychosocial and environmental triggering factors. Having knowledge about the triggering factors that contribute for relapse, it would be helpful for social workers to undertake an effective intervention strategy so as to reduce the prevalence rate of relapse and to guide a structured after care services.

6.2.3. Implication to Social Work Policy

Although the government of Ethiopia has formulated policies and strategies substance abuse is still the problem of the country. Since drug abuse places such a costly burden upon societies in so many domains, policy is important to prevent and reduce the effects of substance abuse in all segments of the society.

Therefore, in fighting against the illicit traffic and abuse of substances the policy has to address the issue of prevention and control of substance and alcohol abuse in the country. In addition, the government has to adopt a comprehensive policy for controlling the production or sale of alcoholic beverages and a clear policy on Khat exports and use.

6.2.4. Implication to Social Work Research

Regarding to relapse, this study used foreign literatures due to lack of research in relation to triggering factors of relapse in the country. So, the study will give a highlight about the psychosocial and environmental triggering factors of relapse among substance abusers and can be a starting point for future researchers who are interested to further investigate the matter. Moreover, the researcher believes that future research should be also conducted on prevention or reduction of relapse rate among substance abusers.

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APPENDIX: I

ADDIS ABABA UNIVERSITY

SCHOOL OF GRADUATES

DEPARTMENT OF SOCIAL WORK

Date_____ Place_____ Time_____

Informed consent

My name is Eleni Jufar. I am a Master's student in Addis Ababa University School of Social Work and currently working my thesis entitled as "Psychosocial Triggering Factors of Relapse among Substance Abusers in the case of Amanuel Mental Specialized Hospital Rehabilitation Center".

The purpose of this study is to gather information on how your experience is on the psychosocial factors of relapse. You will be asked to discuss your thoughts, experiences and feelings related to the psychosocial factors of relapse. Participating in the study is voluntary and you can refuse to take part in the study. You are free to terminate the interview or decline to answer any question. You understand that your interview will be recorded. The interview will take approximately 45 minute to 1 hour of your time .Prior to the interview you will be asked some personal questions including your age, marital status, and religion, level of education and length of time in a treatment. The interview will take place in a convenient place.

Risks and discomforts

You may experience some emotional distress while sharing your experiences. If you do become emotionally distressed during the interview, you have the right to stop the interview completely or continue the interview at a later time.

Benefits

Your participation in the study will enhance the understanding of the psychosocial factors that contribute to the relapse of substance abusers .The data obtained from you will benefit social service providers and other health professionals.

Confidentiality

This study is guided by the ethical considerations of Autonomy and confidentiality. No information of you provide will be shared to anyone else and will be used only for educational purpose. The finding of this study will be presented and reported to the school of social work AAU. When the findings are reported you will not be identified. You will be assigned with a code to protect your confidentiality.

So, are you voluntary to participate in this study? If yes, please your signature.

Participant's signature_____ Date_____

Thank you very much for your participation!

APPENDIX: II

ADDIS ABABA UNIVERSITY

SCHOOL OF GRADUATES

DEPARTMENT OF SOCIAL WORK

In-Depth Interview guide for Relapsed patients

I) Personal Information

- ✓ Age _____Occupation _____
- ✓ Sex _____ Educational status _____
- ✓ Marital Status _____

1. What are the factors that lead you to start using /abusing drug?
2. What type of drug you abuse, how often and for how long?
3. For what purpose did you use drugs?
4. What kinds of services or treatments are you getting here?
5. Does your family support you? How?
6. Do you think drugs affect and have consequences /risks on your health, social, economic and psychological situation?
7. What is the source of Influence to your drug habits?
8. Where did you receive your first treatment for drug abuse?
9. How many previous admissions to a treatment centers have you had?
10. What was the length of time of your previous drug treatment?

11. Did you complete your previous treatment for drug abuse? If No, What was your reason for not completing your previous drug treatment programs?
12. What factors influenced your relapse?
13. Please tell me about the psychological and social factors that have influenced your return to substance use after treatment
14. What physical, psychological, social and economic effects has the relapse brought to you, your family?

APPENDIX: III

ADDIS ABABA UNIVERSITY

SCHOOL OF GRADUATES

DEPARTMENT OF SOCIAL WORK

Key Informant Interview guide for health care providers/Social Service Providers

II) Personal information

- ✓ Age____ Marital Status _____
- ✓ Sex ____ Educational Status _____ ___
- ✓ Profession_____ Years of service working in the rehabilitation center
- ✓ Year of experience____
- ✓ Position in the organization _____

1. For how long you have been working in this department?
2. How long the department starts giving the service?
3. What kinds of services are given in this department and what does the treatment look like?
4. For how long do they stay in the rehabilitation center?
5. Is the treatment the same for relapsed substance abusers?
6. Is the family involved in the treatment process? How?
7. What are the causes of relapse?
8. What psychological and social factors have patients mentioned as reasons for their substance abuse and relapse?
9. What are the role of the family and the society in supporting substance abusers to prevent relapse?

10. What social work interventions could be used to improve the lives of substance abusers?

11. What kinds of social work services do you provide in the rehabilitation center?

APPENDIX: IV

ADDIS ABABA UNIVERSITY

SCHOOL OF GRADUATES

DEPARTMENT OF SOCIAL WORK

Observation checklist guide

1. What does the relapsed patients' interaction with others look like?
2. What does the psychological situation of relapsed patients look like?
3. What does the treatment for relapsed patients look like?

Appendix V:

Amharic Version of the Consent Form

አዲስ አበባ ዩኒቨርሲቲ

የማህበራዊ ሳይንስ ኮሌጅ

የሶሻል ወርክ የድህረ ምረቃ ት/ቤት

የስምምነትና ፈቃድ መጠየቂያ ቅፅ

ሰላምታ… እንደምን አደሩ/እንደምን ዋሉ?

እሌኒ ጁፋር እባላለሁ፡፡ የአዲስ አበባ ዩኒቨርሲቲ የሶሻል ወርክ ትምህርት ክፍል የድህረ ምረቃ ፕሮግራም ተማሪ ስሆን ለሁለተኛ ድግሪ መመረቂያ የሚሆን የማሚያ ጥናት በማድረግ ላይ እገኛለሁ፡፡ ጥናቱ በቅዱስ አማኑኤል የአእምሮ ህሙማን ስፔሻላይዝድ ተሀድሶ ማዕከል ውስጥ በሚገኙ የአደንዛዥ እፅ ተጠቃሚዎች መካከል በድጋሚ ያደንዛዥ ዕፅ እንዲጠቀሙ ያደረጋቸውን ስነ ልቦናዊና ማህበራዊ ምክንያቶችን ለመዳሰስ ትኩረት ያደረገ ሲሆን ሀሳብዎን፣ ልምድዎን እንዲሁም የሚሰማዎትን ስሜት ለመወያየት ጥያቄዎችን ይጠየቃሉ፡፡

በዚህ ጥናት ላይ መሳተፍ በፈቃደኝነት ላይ የተመሰረተ ሲሆን ያለመሳተፍ መብትዎ የተጠበቀ ነው፡፡በጥናቱ ላይ ለመሳተፍ ፈቃደኛ ከሆኑ በማንኛውም ጊዜ ቃለ መጠይቁን የማቋረጥም ሆነ ምኞትዎን የሚነሱ ጥያቄዎች ካሉ ያለመመለስ መብት አለዎት፡፡ ከርስዎ ጋር የማደርገው የቃለ መጠይቅ ቆይታ ከ50-60ደቂቃ ይፈጃል ተብሎ ይገመታል፡፡ ቃለ መጠይቁን ወይም ውይይቱን የማደርገው በርስዎ ፈቃደኝነት ላይ ተመስርቼ በድምፅ መቅጃ በመታገዝ ሲሆን ይህም ዕሁፉን በምዕፍበት ጊዜ እንዲያግዘኝ በማሰብ ነው፡፡

በቃለ መጠይቁ ጊዜ ግላዊ ጥያቄዎችን ማለትም እድሜ፣ የጋብቻ ሁኔታ፣ ሀይማኖት፣ የት/ት ደረጃ እንዲሁም በማዕከሉ ህክምናውን ለማግኘት የቆዩበት ጊዜ የሚጠየቁ ሲሆን ቃለ መጠይቁ አመቺ በሆነ ቦታ ላይ ይካሄዳል፡፡

በጥናቱ መሳተፍ ሊያስከትል የሚችለው አለመመቸት

ልምድዎን ሲያካፍሉ ሊያጋጥምዎ የሚችል የስሜት መረበሽ ሊኖር ይችላል። በቃለ መጠይቁ ጊዜ እንዲህ አይነት ስሜት ከተሰማዎት በማንኛውም ሰዓት ቃለ መጠይቁን ሙሉ ለሙሉ የማቋረጥም ሆነ ከቆይታ በኋላ ቃለመጠይቁን የመቀጠል መብት አለዎት።

በጥናቱ መሳተፍ የሚያስገኘው ጥቅም

የዕርስዎ በጥናቱ ላይ መሳተፍ ለማህበራዊ አገልግሎት ሰጪ ባለሙያዎች እንዲሁም ለሌሎች የጤና ባለሙያዎች ያደንዛዥ እፅ ተጠቃሚዎች በድጋሚ አደንዛዥ እፅን እንዲጠቀሙ የገፋፋቸውን ስነ ልቦናዊና ማህበራዊ ምክንያቶች ምን ምን እንደሆኑ ያላቸውን ግንዛቤ እንዲያዳብሩ ይረዳቸዋል።

ምስጢራዊነት

በጥናቱ ጊዜ የሚያካፍሉኝ ማንኛውም ዓይነት መረጃ ምስጢራዊነቱ የተጠበቀ ሲሆን ጥናቱ ሙሉ በሙሉ ለት/ት እና ምርምር ጉዳይ ብቻ የሚውል ይሆናል። የሚሰጡኝን መረጃ በልዩ መለያ(ኮድ) በመመዝገብ የማስቀምጥ መሆኑን እየገለፅኩ የዚህ ጥናት ውጤት ለአዲስ አበባ ዩኒቨርሲቲ ሶሻል ወርክ ትምህርት ክፍል የሚቀር እና ሪፖርት የሚደረግ ይሆናል። ስለሆነም በጥናቱ ለመሳተፍ ፈቃደኛ ኖዎት?ከሆኑ በሚከተለው የፈቀደኝነት ማረጋገጫ ፊርማ መፈረሚያ ቦታ ላይ ፊርማዎትን በማስቀመጥ ያረጋግጡ።

የተሳታፊው ፊርማ_____ **ቀን**_____

ለተሳትፎዎ እጅግ በጣም አመሰግናለሁ!

ቃለ መጠይቅ 1

በድጋሚ አደንዛዥ እፅ ተጠቃሚ ለሆኑ

ሀ. የግል መረጃ

ዕድሜ፡-_____ ፆታ፡-_____

የጋብቻ ሁኔታ፡-_____

የት/ት ደረጃ፡-_____

1. አደንዛዥ እፅን መጠቀም እንዲጀምሩ የገፋፋዎት ምክንያቶች ምንድናቸው?
2. የትኛው የአደንዛዥ እፅ አይነትን ይጠቀማሉ?ለምን ያህል ጊዜ እና በምን ያህል ጊዜ ልዩነት?
3. አደንዛዥ እፅን ለምን ምክንያት ነው የሚጠቀሙት?
4. ከማዕከሉ ምን አይነት የህክምና አገልግሎት እያገኙ ነው?
5. ቤተሰብዎ ይደግፍዎታል?እንዴት?
6. አደንዛዥ እፅን መጠቀም ጉዳት አለው ብለው ያስባሉ?ለምሳሌ፡-የጤና ፣የማህበራዊ፣ የኢኮኖሚና ስነ ልቦናዊ ...ወ.ዘ.ተ
7. አደንዛዥ እፅን የመጠቀም ልምድ እንዲኖርዎት ግፊት ያሳደረቦት ምንድን ነው?
8. ከአደንዛዥ እፅ ለማገገም ለመጀመሪያ ጊዜ የህክምና አገልግሎት ያገኙበት የት ነው?
9. ከአሁን በፊት በህክምና ማዕከል ምን ያህል የህክምና አገልግሎቶች አግኝተዋል?
10. ከዚህ በፊት የህክምና ቆይታዎ ለምን ያህል ጊዜ ነበር?
11. ከዚህ በፊት የህክምና ክትትልዎን አጠናቀዋል?ካልሆነ በምን ምክንያት ነው ያላጠናቀቁት?
12. ምን አይነት ምክንያቶች ናቸው በድጋሚ የአደንዛዥ እፅ ተጠቃሚ እንዲሆኑ የገፋፋዎት?
13. ከዚህ በፊት ህክምና ከተከታተሉ በኋላ በድጋሚ የአደንዛዥ እፅ ተጠቃሚ እንዲሆኑ ግፊት ያደረገብዎት ስነ ልቦናዊና ማህበራዊ ምክንያቶች ምን እንደሆኑ ቢነግሩኝ?

14.በድጋሚ አደንዛዥ እፅ ተጠቃሚ በመሆንዎ በእርስዎና በቤተሰብዎ ላይ ያመጣቦት አካላዊ፣ ስነልቦናዊ፣ ማህበራዊና ኢኮኖሚያዊ አሉታዊ ተፅዕኖ ምንድን ነው?

ቃለ መጠይቅ 2

ለጤናና ማህበራዊ አገልግሎት ሰጪ ባለሙያዎች

ሀ. የግል መረጃ

-ዕድሜ፤-_____

-ያታ፤-_____

-ሙያ፤-_____

-የስራ ልምድ፤-_____

-የስራ መደብ፤-_____

1. ለምን ያህል ጊዜ ነው በዚህ ማዕከል ውስጥ የሰሩት?
2. ማዕከሉ አገልግሎት መስጠት ከጀመረ ምን ያህል ጊዜ ሆኖታል?
3. በማዕከሉ ምን አይነት አገልግሎቶች ይሰጣሉ?ህክምናውስ ምን ይመስላል?
4. በተሀድሶ ማዕከል ውስጥ አገልግሎቱን የሚጠቀሙ ታካሚዎች ለምን ያህል ጊዜ ይቆያሉ?
5. የሚሰጠው የህክምና አገልግሎት በድጋሚ አደንዛዥ እፅ ተጠቃሚ ለሆኑትና ለሌሎች አንድ አይነት ነው?
6. ቤተሰቦች በህክምናው ሂደት ውስጥ ተሳታፊ ናቸው?እንዴት?
7. በድጋሚ አደንዛዥ እፅን ለመጠቀም የሚያጋልጡ ምክንያቶች ምንድን ናቸው?

8. ታካሚዎቹ ለዚህ ችግር መንስኤ ናቸው ብለው የሚጠቅሷቸው ምክንያቶች ምንድናቸው?

9. የአደንዛዥ እፅ ተጠቃሚ የሆኑትን ሰዎች ዳግም ተመልሰው እንዳይጠቀሙ የቤተሰብና የማህበረሰቡ ሚና ምን መሆን አለበት?

10. የአደንዛዥ እፅ ተጠቃሚዎችን ለመታደግና የተሻለ ህይወት እንዲኖሩ ማህበረሰቡ ምን ማድረግ አለበት?

11. በማዕከሉ ምን አይነት አገልግሎት ትሰጣላችሁ?

የምልከታ ቼክ ሊስት

1. በድጋሚ የአደንዛዥ እፅ ተጠቃሚ የሆኑት ታካሚዎች ከሌሎች ሰዎች ጋር የሚያሳዩት መስተጋብር ምን ይመስላል?
2. በድጋሚ አደንዛዥ አፅ ተጠቃሚ የሆኑት ታካሚዎች ስነ ልቦናዊ ሁኔታቸው ምን ይመስላል?
3. በድጋሚ አደንዛዥ አፅ ተጠቃሚ ለሆኑት ታካሚዎች የሚሰጠው የህክምና አገልግሎት ምን ይመስላል?

Declaration

I declare that “Psychosocial Triggering Factors of Relapse among Substance Abusers: the case of Amanuel Mental Specialized Hospital Rehabilitation Center” is my own work and that all the sources that I have used or quoted have been indicated and acknowledged by means of complete references and that this work has not been submitted before for any other degree at any other institution.

Eleni Jufar

Signature: _____

Place: Addis Ababa University, Ethiopia

Date: _____

This thesis has been submitted for examination with my approval as a University advisor.

Comdr. Demelash Kassaye, (PhD)

Signature _____