

Addis Ababa University

College of Education and Behavioral Studies

School of Psychology

**Problematic Khat use: Case Definition and Impact among Khat Users
in Addis Ababa**

By: Awoke Mihretu

June, 2014

Addis Ababa, Ethiopia

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

June, 2014

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Problematic khat use: Case Definition and Impact among Khat Users in Addis Ababa

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School of Psychology

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Acknowledgements

Above all, I praise the father of all humanity; the Almighty God and his Mother St. Mary for giving me the patience to start and finalize this work and as well for helping me during those terrible times.

I express my sincere gratitude to my thesis advisor, Abebawu Fekadu (MD, PhD, MRCPsych) for his invaluable, concerned and relentless scholarly guidance as well as for his constructive comments and supervision.

It gives me great pleasure to extend my sincere gratitude to Solomon Teffera (MD, PhD) for the consultation he offered in shaping the topic of study and in the process of enacting the research proposal. Kassahun Habtamu, Ephriam Mebratia and Misaye Mulatie also deserve special thanks because you consulted and gave me constructive comments.

I would like to thank all respondents who have not hesitated in giving data about their behavior of khat chewing. I also want to thank data collectors and Nathy (NA/AA coach) who facilitated a place for FGD. Muken Tesfaw thanks you very much. You helped me in translation and editing the language part of my work since the beginning to the end.

Lastly, I would like to acknowledge Adanech, Tadesse and Zerihun for your help in typing and photocopying.

Abstract

Khat is a psycho stimulant herb, which has been in use in traditional societies in East Africa and the Middle East over many centuries. Although khat is reported to cause various health problems, what constitutes problematic khat use has never been systematically investigated. This study explored the acceptable and problematic uses of khat from the perspective of users. The study used an exploratory sequential design in which qualitative (emic) data was collected to define problematic khat use and quantitative data was then collected to evaluate the utility of the framework developed through the qualitative approach. The qualitative data was gathered through in-depth interviews (N=11) and focus group discussions (N=26). By supplementing this emic exploration of the experiences considered to constitute problematic khat use with an etic definition, DSM-5 criteria for stimulant related disorders, a structured questionnaire was developed. Then the quantitative study consisted of a cross-sectional evaluation of 102 respondents was done. Respondents both for qualitative and quantitative study were selected through snowballing and convenience sampling methods. Qualitative data were transcribed and subjected to thematic analysis whereas quantitative data were analyzed using descriptive statistics and nonparametric statistics. Impaired control, social and occupational impairment, recurrent risky sexual engagement after chewing khat, craving (*harara*), hazardous use, diminished effect (*wesewase*) and withdrawal sign/symptoms of khat were defined by the respondents as a criteria for problematic khat use. Frequency of chewing khat; three or four times per month unlike socio demographic characteristics of respondents was the independent predictor of problematic khat use [OR, 95% CI; 16.9(1.31, 21.7)]. Problematic khat use was also significantly associated with amount of khat, $X^2(10,101) = 19.82, p = .03$, *Cramer's* = .48 and problem drinking $X^2(1,100) = 7.82, p = .005, phi = .3$. Problematic khat use had also a negative impact on psychological wellbeing and alcohol use behavior. The study demonstrates that problematic khat use can be defined and evaluated. Interestingly there was a major overlap between the emic and etic approaches although the list of indicators for problematic use was more extensive in the emic approach. The study may form the basis for further exploration of the distribution of problematic khat among khat users.

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Acronym

AA= Alcoholic Anonyms

ACDM= Advisory Council on Drug Misuse

ADIS= Aquired Deficiancey Immunity Syndrome

DSM= Diagnostic Statistical Manuel fifth version

EMCDDA= European Monitoring Center for Drugs and Drug Addiction

FAST= Fast Alcohol Screening Test

FGD= Focus Group Discussion

HIV= Human Immune Virus

K= Kessler

LTE= Life Threatening Experience

OSS= Oslo Social Support Scale

NA= Narcotic Anonyms

SPSS= Statistical Package for Social Science twenty version

STIs= Sexual Transmitted Inections

WHO= World Health Organization

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WHO ECDD= World Health Organization Expert Committee on Drug Dependence

Glossary

Addis zema= a time of khat chewing session which is mostly after 3:00pm or 4:00pm. This time is mostly preferred by chewers who have no budget to chew from *ayeria* hour to night.

Afusha= a group of women who chewed khat together which is practiced in Harar, eastern part of Ethiopia

Awuza= hot beverage drink made by boiling khat leaves which is practiced by women where chewing is not acceptable, by regular khat consumers when they lack stimulation and/or just by others who lack their tooth by khat

Ayeria = a time of khat chewing session which is mostly after lunch may be 1:00pm or 2:00pm of the day

Bercha= a term to name khat(nomenclature of khat) mostly by youth chewers

Deweka= the joke or fun healed among khat chewers during the time of chewing

Dukak= bedtime nightmare or unpleasant dreams resulted from consuming little amount of khat or not taking khat at all

Geraba= grown old leaf which is not soft enough for chewing rather prepared to be boiled for awuza or disposed

Geriba= are people who are mainly found around Bale, north eastern part of Ethiopia and khat for these people is associated with worshipping besides its usual purpose

Harara= craving khat mostly occurred when the usual session arrives

Jema= a team of individuals often chewing together and have anonymity

Kedami= a person mostly young women and girls who serves chewers by presenting hot and soft drinks, *shesha* and other as the need of chewers

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Kenbet=nomenclature for khat in the past by people who chew khat for praying purpose

Lulu= masticated the leaf of khat and swallow it by water or soft drink rather than holding by cheeks which is much common

Mefalet= chewing khat speedily when people chew together and when the amount of khat is minimal

Merkanna= a state of feeling high when people use khat

Mesber= breaking the stimulating effect of khat mostly by alcohol

Qatira= chewing khat throughout the night

Shufere= a person who provide khat when people chew being in group

Terzina= holding the masticated khat by cheeks

Udo jebena= chewing khat in the morning to facilitate constipation

Wesewase= a decreased effect or not fully achieving the desired stimulation by khat mainly when people chew a decreased amount of khat

Weredomekam=chewing khat in a relaxed way which may take a relatively longer period than other sessions

Yegebena= chewing khat in the morning to avoid the withdrawals of khat, to be energetic, to open eye or to function routines

Zurba= unit of measurement for most types of khat or it represents the English word bundle

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Chapter One

1. Introduction

1.1 Background

Khat refers to the psychoactive leaves and shoots of the shrub *Catha edulis* (Kalix, 1984). Kalix proved that fresh leaves of khat contain the amphetamine like stimulants cathinone and cathine which are extracted by the action of enzymes in saliva. Though the origin of khat is not clear, Past researches revealed that khat only grows in areas extending from East to Southern part of Africa, Afghanistan, Yemen and Madagascar (Krikorian, 1984; Kennedy, 1987). For example, Getahun and Krikorian (1973) stated that it is between the first and sixth centuries (AD), khat was introduced to Yemen where later the Danish botanist and physician Forsskal (1736-1763) gave the name *Catha edulis* to the plant growing on the mountain of Al-Yaman but the researchers also agreed that khat is native to Ethiopia which started to be chewed during the chronicles of the Ethiopian King, Amda Seyon (1314 -1344). *Catha edulis* has various local names: khat, *qat*, *chat* or *miraa*, 'tea of the Arabs' or 'Abyssinian Tea' in which the dried leaves of khat were boiled and used as modern tea (Baasher & Sadoun, 1983).

Regarding to ingredients of khat, research has identified cathine and cathinone as the main active compounds although over 40 compounds have been identified in khat extract (Halbach, 1972). According to the Advisory Council on Misuse of Drugs (UKACMD, 2013) Cathinone is found in fresh khat. The Advisory Council also revealed that more powerful cathinone decomposes within 48 hours leaving behind the milder less active chemical cathine. Cathine and cathinone were assessed as meeting the criteria for control under the Convention of Psychotropic

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Substances and recommended for scheduling (Pantelis, 1989). World Health Organization also found that the pharmacological effects of khat chewing were analogous to those of amphetamine and that khat abuse was close to amphetamine addiction.

Like amphetamine, khat is a central nervous stimulating drug. Thus the principal features of the 'khat experience' are described as increased levels of alertness, ability to concentrate, confidence, friendliness, contentment and flow of ideas (Kennedy, 1987). But is also recognized other unpleasant after-effects are also part of the experience; insomnia, numbness, lack of concentration and low mood. Kennedy also reported that some chewers also experience unpleasant effects during the chewing process, describing anxiety, tension, restlessness and hallucinations. Objectively, chewers can be seen to show a range of experiences, from minor reactions to the development of a psychotic illness. Minor reactions include over-talkativeness, over activity, insomnia, anxiety, irritability, agitation and aggression. Broadly, the main psychiatric manifestations linked to the use of khat are a short-lived schizophrenia like psychotic illness, mania (Yousef, Huq, & Lambert, 1995) and more rarely depression (Pantelis, Hindler, & Taylor, 1989). Some also note that (e.g., Numan, 2004) there is no relationship between khat use and psychiatric disorders.

However, khat use is culturally acceptable in most countries where it is widespread. What exactly constitutes problem khat use is poorly defined and poorly investigated. What are considered to be problematic khat use was based on case reports. Case reports are extremely biased, atypical and influenced by the interests of the reporter and the peculiarities of the case. Moreover, the existing literatures on the area are contradictory. For instance, Nencini and Ahmed (1989) proposed khat use to be a compulsive behavior whereas Kalix (1988) claimed that there is no tolerance. Nencini and Ahmed (1989) were also revealed that chewers secure thier daily

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supply of khat at the expense of other needs such as food and their obsessive behavior in khat markets were also observed. Another report also stated; “There is no definitive physical withdrawal syndrome indicating dependence associated with the cessation of khat use but that sensations associated with khat cessation include lethargy, craving khat, nightmares, slight trembling, thermal irregularities (hot in extremities) and depression” (UKACMD, 2013, P.56). In a study by Alem and Shibre (1999) only 0.6% of khat chewers continued to use in order to prevent withdrawal symptoms.

What should not be forgotten here is that the use of khat is also deeply embedded in some society’s culture like Yemen, Ethiopia and parts of Kenya (Beckerleg, 2009). Thus the cultural and problematic use of khat should be defined clearly. In other words the what, how and when of acceptable and problematic use of khat should be understood as defined by the users.

1.2 Statement of the Problem

Currently khat is chewed worldwide although the use in the Western countries might be primarily among cultural minorities. For instance, the prevalence of khat use has been shown to reach 80% in Somali immigrants in London (Griffiths, 1997). In the USA, khat use which gained popularity during the first Persian Gulf crisis, is most prevalent amongst immigrants from Yemen, Somalia and Ethiopia (Browne, 1990). Khat use has also been reported in Italy (Nencinietal, 1989), Isreal (Granek, et al., 1988), Australia (Stevenson et al., 1996), Norway, Holland, Belgium, German, Switzerland and Canada (Vanwalleghemetal, 2006 as cited in Warfa, Klein, Bhui, Leavey, Craig, & Stansfeld, 2007).

In Ethiopia, Butajira, more than half of the study population (55.7%) reported lifetime khat chewing experience and 50% were current khat chewers (Alem, Kebede, & Kullgren, 1999). The above researchers stated that people chew khat to the euphoric and other desired

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effects of khat and in some countries like Ethiopia because it is deeply rooted to the social and cultural traditions. But the current researcher raise a question that what about other people who chew khat in a problematic contexts?

There are some researches which illustrate negative problem of khat chewing. For instance, regarding the relationship between khat chewing and mental health; Kalix and Braenden (1985); Dhadphale and Omolo (1988) reported that chronic consumption can lead to impairment of mental health, possibly contributing to personality disorders and mental deterioration. Some other khat chewers also experience anxiety, tension, restlessness, hypnologic hallucinations, hypomania and aggressive behavior or psychosis (George, Zahid, &Tim, 1995; Pantelis, Hindler, & Taylor, 1989). Manic-like illness with grandiose delusions and a paranoid or schizophreniform psychosis with persecutory delusions associated with auditory hallucinations, fear and anxiety, resembling amphetamine psychosis were also reported (WHOECDD, 2006). In Ethiopia, in the only case report for the country, Alem and Shibre (1997) a severe psychotic disorder associated with homicidal behavior were attributed to heavy khat chewing. On the other hand, some like Numan (2004) conclude that the incidence of adverse psychological symptoms was not greater in khat users but in fact a negative association between the incidence of phobic symptoms and khat use was reported.

Regarding the physical adverse effects of khat the WHO Expert Committee on Drug Dependence (WHOECDD, 2006) had reported cardiovascular (tachycardia, palpitations, hypertension, arrhythmias, vasoconstriction, myocardial infarction, cerebral hemorrhage and pulmonary edema), respiratory (tachypnoea and bronchitis) and gastrointestinal (dry mouth, polydipsia, dental caries, periodontal disease, chronic gastritis, constipation, hemorrhoids, weight loss, duodenal ulcer, upper gastro-intestinal malignancy) system adverse effects of khat.

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Consistent with WHOECDD report, Nencini and Ahmed (1989) also confirmed that increased blood pressure, tachycardia, insomnia, anorexia, constipation, irritability, migraine and impaired sexual potency in men were the main toxic effects of khat.

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

Economically, one report by Al-Zubaidi (1997) stated that daily khat consumers' use a large fraction of the family budget. The finding of this study revealed that khat is purchased at the expense of other important items for the family, such as meat and fruit. It is estimated that 15.8% of the average family income is spent on khat. In another study, out of 207 Somalis living in London, 57% worried about the money spent on khat 'often' (33%) and 'occasionally' (24%) (Griffiths, 1997).

In Ethiopia, khat chewing behavior is also steadily increasing amongst people who were not known formerly to be using khat such as youths, scholars or academicians, traders, daily workers and other age groups. They start to chew khat for different purposes; to increase performance, for relaxation, to avoid unpleasant feeling, for socialization and for other personal reasons (Gelaw & Hiale-Amlak, 2003). On the other hand, khat contributes to the economy of individual producers and the country. Khat accounts for up to 15 per cent of the total value of exports and is the second largest source of foreign exchange (Anderson, Susan, Degol, & Axel,

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2007). These authors also described that Khat chewing behavior is socially and culturally a deep rooted practice.

To these positive observations (by the last authors) and the cultural acceptability of khat chewing, at least in countries where the use of khat has survived for centuries, it is legitimate to ask: when is khat chewing acceptable and problematic? Most of the studies described above have attempted to look at what the health and socio-economic impacts of khat use without looking at what constituted problematic use. Moreover, our knowledge about the impact of khat is based on experimental studies (animal models), case reports and cross-sectional quantitative evaluations exploring for negative consequences before establishing what constituted negative consequence.

While khat chewing is a problem for some individuals, it may not be a problem for many others. This is the case with the use of alcohol, which for most people would not cause a problem but for some it does. To the candidate's knowledge, this has never been explored meaningfully. This research attempts to fill this serious gap by exploring the perspective of the users on what constitutes problematic use. Defining what constitutes problematic khat use is fundamental in understanding the negative impacts of khat use. Before understanding what constitutes khat use is unlikely to indicate the problem of khat and describing the prevalence of problems ascribed to khat use is in itself problematic. Additionally, more focused proposals and explorations of targeted interventions (and preventions) could not be carried out if we do not have established methods to identify people who are problematic users. Thus the current study presented here attempted to address the following question of problematic khat use.

1. What are the general patterns of khat and khat use?

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2. How is acceptable khat use defined by khat users?
3. How is problematic khat use defined by khat users?
4. How are the respondents definitions of problematic khat use compare to the DSM-5 definition?
5. What are the associated factors of problematic khat use?
6. What are the consequences of problematic khat use?

1.3 Objectives

The general objective of this study was exploring problematic khat use among users of khat in some selected woredas of Addis Ababa.

Specifically this study intends to:

- Explore the general patterns of khat and khat use which are important to define problematic use of khat
- Explore the khat users definition of acceptable use of khat
- Explore the khat users definition of problematic use of khat
- Compare the respondents' definitions of problematic khat use with the DSM-5 definition.
- Examine the associated factors of problematic khat use.
- Investigate the consequences of problematic khat use.

1.4 Significance of the Study

The researcher hopes that this study would be valuable for khat users, researchers, clinicians, policy makers, and for the community as a whole. Specifically: This study would be significant mainly for academicians', researchers to develop theory, a sound screening tool for problematic khat use and related behaviors. The study tried to show some findings regarding problematic use of khat and in turn this plays a paramount role for concerned bodies to develop

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problematic khat use related policies. The study would also try to verify problematic khat use which gives insight for clinicians in their screen and intervention. Over all the results of the study gives insight for the users in particular and the large community in general as well as for other concerned bodies.

1.6 Delimitation of the Study

This research was delimited to Addis Ababa city particularly in the Lideta sub city weredas; 4, 5, 8, 10 and Addis Ketema sub city, wereda 8. These particular sites were selected because of a previous pilot study among homeless mentally ill individuals, which allowed a good relationship to be established between Amanuel hospital (the sponsoring institution of the candidate) and these Woredas. In these Woredas khat use were considered important problem and it is known that wereda 8 (particularly *Mercato* area of Addis ketema sub city) is the area where the city's biggest khat market commonly called *chat tera or Abedo berenda* found. This study was also delimited to explore problematic khat use. This research has given emphasis to explore the definition of respondents for problematic khat use and associated impacts. This study was also delimited only to khat use individuals with different patterns of use.

1.7. Limitation of the Study

Although exploring the respondents (emic) definition of problematic khat use and supporting this by quantitative study and data triangulation may be the strength of this study, there are also limitations. First of all, the sampling method employed here was non-probability due to various reasons mainly due to lack of records (population number is unknown) or difficulty to get the number of khat users by a probability method of sampling. Thus the research lacks power to make generalization. Secondly, the research uses qualitative and cross sectional type quantitative research method which didn't show causal relationship among variable and the

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impacts of problematic khat use were only the perceived and experiences of the respondents. Third, since the main aim of the study was to explore problematic khat use, the research did not attempt to explore in detail about psychiatric disorders induced by problematic khat use. Fourth, although it was proposed, the perspectives of families and other key informants on what constituted problematic khat use was not studied due to resource limitations. Including the perspective of families and other key informants could have added value in understanding problematic khat use. Lastly, it was difficult to get female khat chewers for FGD. Therefore, the perspectives of women are not included. In order to minimize some of the limitations, the candidate tried to make the participants from diverse background and experience of khat use, did data triangulation and used both qualitative and quantitative methods.

1.7 Operational Definition of Terms

- **Associated factors:** describes socio-demographic and other factors that may be related to the issue for problematic khat use
- **Case definition:** refers the respondents' description of khat use and their criteria set for khat use behavior.
- **Emic:** the research respondents' definition about their behavior of khat use. How respondents describe or define acceptable and problematic use of khat from their experience
- **Etic:** the DSM-5 definition of stimulant related disorders. The international, mainly Westerns, definitions which are set as criteria for substance use related disorders particularly stimulant related disorders. .
- **Khat:** The green shrub which is central nervous system stimulating substance
- **Khat use:** khat chewing practice or Self-administration of khat
- **Impact/consequences:** the negative influences of problematic khat use on respondents

Chapter Two

Review of Related Literature

Under this section, general characteristics of khat and empirical frame works which guide the study were discussed. Since the addictive nature of khat is not yet assured, the reviewed literature emphasizes the pharmacological properties of khat; how it affects the body and how in return the body reacts to the khat.

2.1 General over view of Khat

2.1.1 Pharmacology of Khat

Khat contains more than 40 alkaloids, glycosides, tannins, amino acids, vitamins and minerals (Halbach, 1972). Most of the effect of chewing khat is thought to come from two phenylalkylamines; cathinone and cathine which are structurally related to amphetamine (Nencini *et al*, 1984). Cathinone has been termed a ‘natural amphetamine’. It produces sympathomimetic and central nervous system stimulation analogous to the effects of amphetamine; hence it has similar clinical effects. The difference in effect is due to slight pharmacodynamic variations between the stimulating substances to other plant constituents (mainly tannins) and to differences in dosage and the mode of consumption. The United Kingdom Advisory Council on Misuse of Drugs (UKACMD, 2013) recommends cathinone and cathine to set in Schedule 2 classification but khat is scheduled in the third class with anabolic steroids and benzodiazepines of the 1971 Misuse of Drugs Act.

According to the Advisory Council on Misuse of Drugs (UKACMD, 2013) the amount of cathinone in fresh khat has shown to range from 78-343mg/100g. The stored product loses activity rapidly, becoming physiologically inactive after about 36 hours. When khat leaves

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dry, the more powerful cathinone decomposes within 48 hours leaving behind the milder less active chemical cathine. Thus khat is transported in plastic bags to preserve its moisture. Cathinone and cathine are isolated from the leaves of the *catha edulis* plant by the action of enzymes in saliva. When khat leaves are chewed, enzymes in the saliva release cathine and cathinone which are absorbed through the mucous membranes of the mouth and subsequently the lining of the stomach (UKACMD, 2013 & Halbach, 1972).

2.1.2 Mechanisms of action

What is known on how the mechanism of action of khat is as it works on dopamine and noradrenalin neurotransmitters (Kalix & Braenden, 1985). Kalix and Braenden stated that the constituents of khat have been shown to exert their effects on two main neurochemical pathways: dopamine and noradrenalin. It has also been postulated that, like amphetamine, cathinone releases serotonin in the central nervous system. Both cathinone and amphetamine induce release of dopamine from central nervous system dopamine terminals and thus increase the activity of the dopaminergic pathways (Kalix & Braenden, 1985). They also proposed Cathinone has a releasing effect on noradrenalin storage sites, which supports the conclusion that cathinone facilitates noradrenalin transmission.

2.1.3 Pharmacokinetics

The euphoric effects of khat start after about 1 hour of chewing (Halket, Karasu & Murray-Lyon, 1995). They stated that Blood levels of cathinone start to rise within 1 hour and peak plasma levels are obtained 1.5 – 3.5 hours after the onset of chewing. Another study by Cox & Rampes (2003), confirmed the above study but they set the effect of cathinone as reaches maximum after 15–30 minutes. The study also revealed that metabolism of cathinone is rapid, occurring mainly during first passage through the liver. Only a small fraction (about 2%) appears

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unchanged in the urine. Most cathinone is metabolized to norephedrine and is excreted in this form.

In the same study the rate of inactivation is about the same as the rate of absorption, which limits the cathinone blood levels attainable by chewing. Cathine has a slower onset of action, with a serum half-life in humans of about 3 hours. It is excreted unchanged in the urine within about 24 hours. When taking khat, large amounts of non-alcoholic drinks are consumed. There is pharmacological synergism with drinks containing methylxanthines (e.g. tea and cola), which therefore enhances the effects of khat (Cox & Rampes, 2003).

2.2 Empirical Studies on Khat use

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

2.2.1 International Researches

Different studies were done in different places and it seems as they conclude now a day's khat is a concern of almost all parts of the Globe due to the emigrants of Ethiopians and Somalia's. In order to illustrate some findings we can see first one big report by European Monitoring Center for Drugs and Drug Addiction. According to EMCDDA (2011) report, within the Europe, khat use is confined to immigrants from the countries surrounding the Horn of Africa. The plant is sometimes available through the growing Internet-based trade in 'herbal highs', however the scale of use outside migrant communities is extremely limited. In addition, the report also has the idea that European studies do not provide a robust basis for estimating prevalence rates but can provide insight into patterns of use. For instance consumption in the UK is almost entirely limited to Diasporas communities, primarily Ethiopians, Somalis, Yemenis and some Kenyans. Among Somalis, chewers tend to be older than non-chewers, while more men

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than women consume. The majority of consumers chew khat moderately, though there is evidence of heavy use by some. Data on the prevalence and patterns of khat chewing in the UK among Ethiopian, Kenyan and Yemeni consumers are scanty (EMCDDA, 2011).

Hoare and Moon (2010) stated that as their study is the first estimates of khat use in England and Wales and they found out that with 0.2% of the general population reporting using khat in the last year. Another study which was relatively old by Gough and Cookson (1984) also confirmed that in the UK the chewing of khat is largely confined to ethnic communities out of the indigenous, such as the Somali community. The study found that among 180 Somali in the UK, 63% men and 17% women were current users (pattern of use was not stated) of khat.

Regarding associated impacts of khat, the European Monitoring Center for Drug and Drug Addiction report (2011) also stated that chronic khat use has been associated with serious health problems such as mucosal problems hypertension, cardiovascular complications, duodenal ulcers, sexual dysfunction, hepatotoxicity and reduced birth weight of infants born to khat chewing mothers (EMCDA, 2011; Giannini, Burge, Shaheen, & Pnce, 1986). However, especially the report, gave emphasis as it is often difficult to determine the relative impact of the drug itself in relation to other risk factors that may also be associated with consumption, such as tobacco smoking, poor diet or the residues from pesticides. On the whole, the evidence does not permit conclusive statements of causality. By the same token, the argument for possible medicinal uses has not been explored in any detail. What is clear is that healthcare professionals who may be treating members of migrant communities often have little knowledge of the health problems that can be associated with the use of this drug (EMCDDA, 2011). Although moderate khat use is not generally considered noxious, the task group also reports serious adverse effects, such as khat-induced psychotic states, are usually associated with excessive use. The dependence potential of

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the drug remains poorly understood, and although overall dependence appears relatively mild in comparison with some other psychoactive substances, some users do exhibit compulsive patterns of consumption similar to those seen in stimulant addicts. There is growing evidence that khat can exacerbate pre-existing mental health problems, as well as trigger psychosis and aggressive behavior, particularly in predisposed individuals.

There were different reports on the health harms of khat which were animal studies but there are also findings of human studies. For instance, WHOECDD (2006) reported that Khat chewing induces a state of euphoria and elation with feelings of increased alertness and arousal. This is followed by a stage of vivid discussions, loquacity and an excited mood. Thinking is characterized by a flight of ideas but without the ability to concentrate however, at the end of a khat session the user may experience depressive mood, irritability, anorexia and difficulty to sleep, Lethargy and a sleepy state follow the next morning and in the long term malnutrition, psychotic reactions after chronic use, irritative disorders of the upper gastro intestinal tract (gastritis, enteritis), cardiovascular disorders, hemorrhoids, impaired male sexual function, spermatorrhoea, impotence, periodontal disease and mucosal lesions (keratosis) were reported (Nencini & Ahmed, 1989)

Different terms were used by different researchers to name the behavioral changes after recent taking of khat. For instance Ahmed, Kathryn, and Kenneth (2002) use the term intoxication and they describe different behavioral changes in stages. They describe the behavioural effect that at the first stage euphoric, cheerful sensation and excitement were illustrated then Imagination, depression, and Irritability and at last anorexia and insomnia were reported as symptoms. When a chronic khat chewer stops chewing the leaf, one feels hot,

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especially in his lower extremities, lethargic and gripped with a desire to chew khat in the first two days; the desire to chew khat may last longer.

Another study in Saudi Arabia which is done among college students by Hussien (2009) also confirmed as the overall prevalence of khat chewing were 21.4% and among these 3.8% were female khat chewers and 37.7% male Khat chewers. Hussien, in his study concluded that the use of Khat is significantly associated with age, gender, residence and school and college education among students of Jazan region (Hussien, 2009).

In one large-scale survey in three in different zones including three urban and three rural areas, covering 800 Yemeni adults, Numan (2012) found a lifetime khat use prevalence of 82% of men and 43% of women. Here Numan asked the reasons and stated that respondents rationalize their khat use saying; for self treatment from depression and fatigue, euphoria, enhanced self esteem, feeling of calm, peace and friendliness towards strangers, feeling heightened sense of awareness, increased attention, concentration and energy (Numan, 2012). But here these are short term subjective effects and the implication as well as occupational and social interference of their use is not stated.

In Africa, on the other hand, a different pattern of diffusion has emerged. Khat is moving rapidly across Kenya and into areas such as Uganda and even into Rwanda and Burundi (Beckerleg, 2008). In Somalia, Elmi (1983) also reported that in the North Somalia, 64% of adult males from the general population regularly consume khat compared to 21% in the south.

In different researches thinking to stop or tried to stop khat use among respondents were also observed. For instance, Griffiths (1998) suggested that khat use can be cut down successfully who use khat on a less than daily basis. But Yousef, Huq, & Lambert (1995) had

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reported that above 50% of the respondents reported thought about stopping or tried to stop khat use at least once. In addition, although it was a small study, it was also found out by Colzato et al. (2011) that all khat chewers (n=20) met more than four of the seven criteria that define addiction as outlined in ICD-10 and DSM-IV. Regarding psychological dependence of khat use Kassim & Croucher (2006 & 2010) did a researches among Yemeni Men Adults and they found out that 39% were assessed as dependent which correlated frequency of use. In another study, they had also reported that 51% of the respondents were labeled as 'more probably dependent' and 32% of the respondents were at a range of sever level of psychological dependence using severity of dependence scale (SDS). In a similar study, 46 % of respondents reported that they wanted to stop khat chewing and 48% reported having tried to give up. Of those who had tried to give up khat, 21% stated dependence and habit as a reason for continuing. However, almost half said that they continued due to the social interaction associated with khat chewing.

Another issue which is supported by Griffiths (1998) and Stevenson et al. (1994) was chewing khat being men and women together was associated with unacceptable sexual engagement. The researchers relate this information with the cultural perception that women who chew khat are sex workers (Griffiths, 1998 & Stevenson et al., 1994 as cited in Patel, 2008).

Moreover, one study in Uganda by Beckerleg (2009) strongly supported the banning of khat. He said Khat is a 'menace' which means dangerous. The research came up with evidences that Khat is now consumed by the youth who are becoming idle and they use money to buy khat without working. So he questioned where do they get the money? Another justification is the intoxication effect of khat leads to bad acts such as sexual harassment, fighting, beating people.

On the other side different advantages of khat use were also reported. For example, in Yemeni society there was a conception to consider that khat sessions represent an important

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social occasion to meet other people and for the exchange of ideas and information (Ahmed, Kathryn & Kenneth, 2002). These researchers supplemente that although friends and the same social classes are usually gathered together, they are open to anybody who wishes to attend, especially sessions attracting large numbers such as wedding parties, funeral gathering and election campaigns. In addition, for some khat chewers, such as businessmen and government officials, various aspects of their work can be conducted during the session (Ahmed, Kathryn & Kenneth, 2002). They also considered that a khat session allows the solving of social problems. Usually, Sheikhs and social figures intervene to solve peoples' problems at this stage before the courts.

Another study on the advantage of khat chewing by Weir (1985) also confirmed that khat session also builds interpersonal relationship. It was also stated that khat is also used to invite guests and by experts, elites, political and religious leaders in solving disputes. He concluded that khat sitting has a social and cultural function. Thus he came up with an implication that khat is a tradition not as drug taking (Weir, 1985). There was also another report on the social and cultural function of khat use in Somalia society. Somalias' who live in UK also use khat at social occasions such as weddings, funerals and parties (Hunter et al., 2012). But this task group didn't pass without mentioning as this pattern of khat use is changed to spending time without doing anything especially by Men. The task group also emphasized that what matters in affecting users' life and creating psychological addiction or difficulty to stop is the pattern of their khat use.

From the above researchers one can understand that khat has both negative and positive consequences. Regarding the impact of khat use, some of the respondents' of the above researches replied as khat is harmful and should be banned and others react as it is harm free. In

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particular, Women perceive khat as a problem by itself, whereas men perceive khat as a means to make worse social problems (Hunter et al., 2012). But here also which kind of khat use has a problem is yet answered. The WHO Expert Committee on Drug Dependence (2006) tried to answer the above question. From the report, it was stated that excessive use, in their definition excessive means daily consumption of khat or in binge session (more than two 'bundles' per day), is at personal risk of harm and may expose family members to harm too. Regarding the problem of heavy (excessive) khat use, the WHO report also comprised different findings of adverse effects of heavy khat use from different researches. For instance it was stated as heavy khat use is associated with vasoconstrictor activity, increased incidence of myocardial infarction and psychosis but habitual users do not show serious problems when stopping use (WHOECDD, 2006). Patel, Wright, and Gammampila (2005) stated that all types of khat use namely mild, moderate and severe in intensity affects health. The research found out sleeping problems, appetite loss and feeling the urge to chew khat were the main health complains reported by the respondents.

Another controversy is regarding the relationship between khat and other psychoactive substances. Different researchers found out different findings. For instance, Thomas and Williams (2012) suggested that there are high levels of concomitant use of khat and tobacco. Khat increases the desire for active tobacco smoking and is associated with passive smoking. Some people also smoke a common water-pipe. This might increase the chance of spreading tuberculosis. Recently most chewers have preferred cigarette smoking because it does not need preparation and it is easy to smoke anywhere (Ahmed, Kathryn & Kenneth, 2002). Whereas Numan (2012) found as there is no association between the two. Kassim and Croucher (2006) had also stated that khat use promoted tobacco consumption (92% of their respondents

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confirmed this). Since most of the chewers took place the khat sitting at chewing houses or ‘*Mafrish*’ in their culture this also exacerbates respiratory infection as a result of poor ventilation of the rooms (ACMD, 2013).

Here there is a tendency to claim individuals who chew while taking other psychoactive substances as non cultural users of khat. Beckerleg (2009) confirmed as there were two types of consumers one the traditional chewers, ‘*maqatna*’, who chew khat accompanied by soft drinks and two the ‘mixers’ who combine khat sessions with alcohol and/or cannabis use in Uganda (Beckerleg, 2009). In addition to tobacco and cannabis, sugar (in different forms such as tea, Kandy, suger itself) is another thing which is customarily practiced during chewing khat in order to break the bitterness of khat. Research did not announce any kind of harm regarding this kind of use only what is reported is fear of teeth decay and diabetics (Douglas, Boyle & Lintzeris, 2011)

2.2.2 Researches on Khat use in National Context

Ethiopia is one of the main consumer countries of khat. It is the country where khat plantation is ever increasing. Different kinds of khats are grown in different regions of the country. Although it is difficult to get a national survey of it, different researches were done on khat especially on associated factors of khat use. Regarding the prevalence of khat use one study at Butajira by Alem, Kebede, and Kullgren (1999) found that more men habitually chewed than women and 75% of men chewed khat regularly compared with only 7-10% of women. Another study in another rural part of Ethiopia by Belew, Kebede, Kassaye, and Enquoselassie (2000) also found that current khat chewing was reported for 40.4% of men, 18.2% of women while daily use was found in 5.7% of the total sample. Regarding associated factors of khat use; the study stated that physical ill-health, injuries and under nutrition were associated with khat use.

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Furthermore, the study also showed family and social functioning and the economic wellbeing were positively associated with khat use. Another study was also conducted by Gelaw and Haile-Amlak (2004) on the prevalence and associated factors among Jimma university staffs. The study revealed that the current prevalence of khat chewing was 30.8% and khat chewing practice was significantly associated with male sex and Muslim religion. Smoking and alcohol intake were also had a statistically significant association with the habit of khat chewing. Another study which is done among college students in Northwest Ethiopia showed 17.5 % and 45.6 % current and life time prevalence of khat use respectively (Kebede, 2002).

Another community based study by Damena, Mossie, and Tesfaye (2011), in jimma city, Southwestern Ethiopia illustrated that Khat use prevalence was found to be 37.8%. They have also found that mental distress and khat use have significant association (34.7% and 20.5% respectively) and there was also significant association between mental distress and frequency of khat use (41% and 31.1% respectively). They conclude that persons who use khat suffer from higher rates of mental distress.

By another studies, in a sample of 248 high school students in South west Ethiopia, the prevalence of khat chewing was 64.9% (Adugna, Jira, &Molla, 1994) and by another survey study which is done by Kasseye, Sheriff, Fissehaye, and Teklu (1999), 35.6% and 9.2% of students from one private and one government schools respectively reported ever use of khat in their life time. Students and staffs at institutions of higher education are also considered to be at risk of khat chewing. According to Zein (1988) among 479 students at a college of Medical Science in North West Ethiopia, 22.3% reported current khat chewing. In a similar study from a sample of 181 college instructors from the same region of Ethiopia, the prevalence of current

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khat use was 21.0 % (Kebede, 2002) but in south west Ethiopia the number was increased to 30.8% which was among all university staffs (Gelaw & Haile-Amlak, 2004) as it is stated above.

Regarding khat use and associated factors, Alem, et al. (1999) found out that Muslim religion, smoking and high educational level showed strong association with daily khat chewing. It was also reported that Khat chewing is a risk behavior for the spread of HIV infection (Abebe et al., 2005). The spread of HIV infection is mostly associated with risky sexual engagement. This information is supported by another research. The considerable numbers of Ethiopian out-of-school youth engage in risky sex which is significantly and independently associated khat use behavior and other substances (Kebede et al., 2005). Provincial studies suggested a prevalence rate among males of between 50% and 75%, with some authors suggesting higher rates based on those of neighboring countries. A prevalence of khat use of 44% was found in an Ethiopian sample of 25 juvenile delinquents in Addis Ababa (Metekie, 2001).

The harm of khat is also associated with the pesticides used on khat. One research by Mohammed (2010) pointed that most of the farmers have misperception on the toxicity of pesticides used on khat. He also inserted that Chewers of Khat produced with more chemical pesticides, in particular, experience acute adverse effects on the digestive system such as stomach irritation, bulging of belly, loss of appetite, and chronic adverse health effects including mouth dryness, headaches, and other related problems. Mohammed concluded that chewing khat grown with chemical pesticides causes considerable adverse health effects in human beings as well as to consuming animals.

2.3 Summary and Implications

Khat is a stimulant plant which contains cathinone and cathine chemicals. The use of khat is prevalent in most parts of the world by the Diaspora community from East Africa and Middle

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East countries and in Somalia, Yemen and Ethiopia. People use khat for different purposes: for increasing performance, for its euphoric effect and for other personal reasons. The social and functional uses of khat were written above. In Ethiopia, Yemen and Somalia chewing khat has also a cultural basis. On the other hand different health and socioeconomic impacts were also reported. Almost all of the above researches focused on prevalence of khat use and associated factors. The implication of the above literatures is that khat has both advantages and disadvantages. But when and how khat use is problematic is yet investigated.

Chapter Three

3. Method

3.1. Study Design

The research employed a mixed method design particularly exploratory sequential design. According to O’Cathain, Murphy and Nicholl (2007), mixed method study has the potential to produce knowledge that is unavailable to a qualitative study and a quantitative study undertaken independently. Exploratory sequential design is chosen because it would allow an in-depth exploration and understanding of the behavior of khat use and what constitutes problematic use in the first phase by the qualitative study and to evaluate the utility of the framework which is developed through the qualitative approach using a quantitative study method in the second phase.

In the first phase, the qualitative study, an emic approach was employed and the definition of problematic khat use was explored from the perspective of the users. This broad emic approach was supplemented by the etic approach in which signs and symptoms considered to be indicators of substance related disorders according to the international (“Western”) definition of the DSM-5 were asked at the end of the interview. Specific reference was made to the stimulant-related disorder.

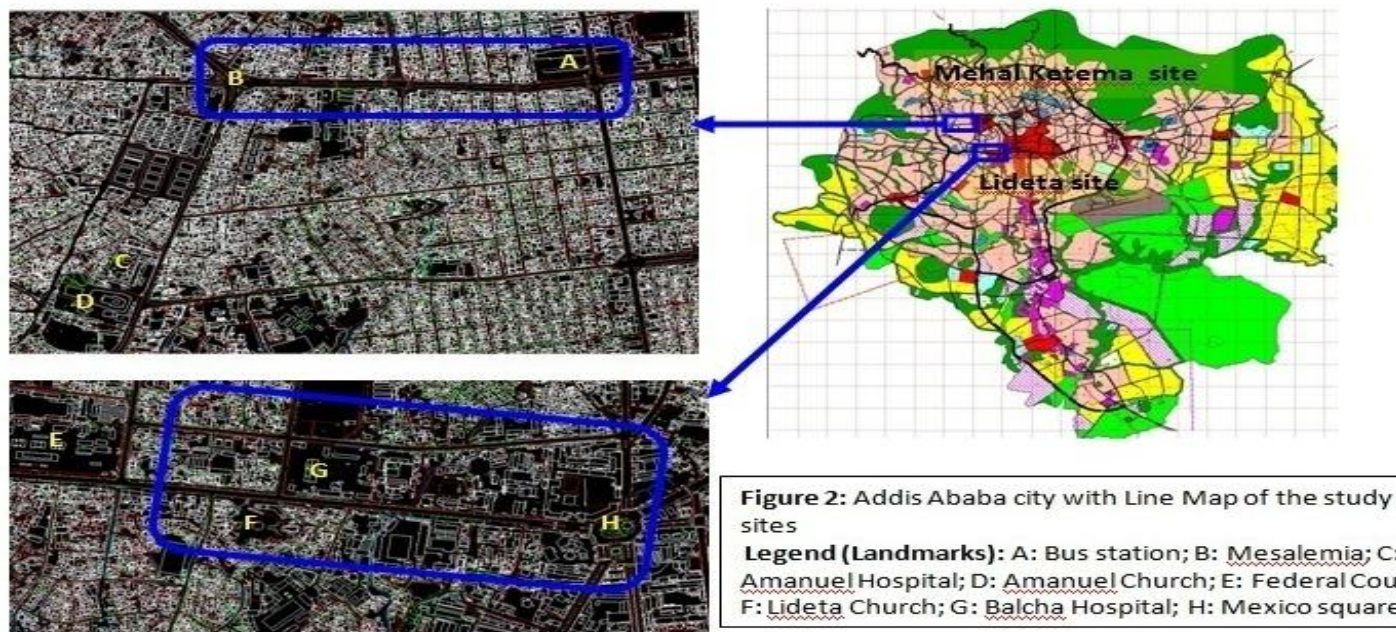
The use of these two approaches was for two reasons. 1) The reliance of the etic approach on its own has been criticized because of the complexity of mental health issues and the strong influence of culture on the experience and expression of these conditions. The combined approach has particular relevance for a condition that is culturally acceptable. Therefore, using the emic approach would allow recognition of experiences that is considered problematic by the culture. 2) It allowed us to see how much the signs and symptoms considered

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problematic by the two approaches related to each other. This would add validity to any signs and symptoms recognized to be indicators of problematic khat use. Once the nature of the problematic use was identified and delineated by the qualitative study, the quantitative study was followed. The quantitative study did assessment on how common are the prepared criteria of problematic khat use and investigate associated factors as well as impacts of problematic khat use.

3.2 Study Site

This study was conducted in Addis Ababa, the capital of Ethiopia. The city has an estimated total Population of 3,059,000(CSA, 2007). Addis Ababa is administratively divided into 10 sub cities, and each sub-city is again divided into several districts or Woredas. The particular sites of the study within Addis Ababa were in the Lideta sub city weredas, 4, 5, 8, 10 and Addis Ketema sub city, wereda 8. These particular sites were selected because of a previous pilot study among homeless mentally ill individuals which enabled establishment of a good relationship between Amanuel hospital (the sponsoring institution of the candidate) and these Woredas. In these Woredas khat use were considered important problem and it is know that wereda 8 (Addis ketema subcity) is the area where the city's biggest khat market found, commonly called *chat tera* or *abdo berenda*. The sites where the project for homeless people and the current study were conducted is shown in the Figure below



3.3. Methods for the qualitative study (objective 1, 2 and 3)

3.3.1 Study Design

Since the study used both qualitative and quantitative research methods, details of the methods regarding sampling, data collection and data management and analyses are presented separately for the two study methods. As stated above, the study methods to achieve specific objective one, two and three was qualitative. The qualitative method relied on a phenomenological approach with limited ethnographic exploration. “Phenomenological approach is a detailed examination of the personal lived experience of practical engagement with the world and in exploring how participants make sense of their experience” (Nollaig, 2011, p.48). Both in-depth interviews and focus group discussions were employed.

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3.3.2 Participants and Sampling

For the in-depth interviews, individuals were purposively selected on the basis of their khat use behavior. Eleven participants were selected for the in-depth interview. It was anticipated that ten to fifteen participants would be adequate to achieve theoretical saturation (O’Cathain, Murphy, & Nicholl, 2007). Three focus group discussions were used to supplement the in-depth interviews. Two of the focus group discussions had nine participants while the third one had eight. The participants in both in-depth interviews and focus group discussions were identified through snowballing on the basis of their knowledge about khat use behavior and those being affected by the khat use behavior. Samples were drawn from khat users who were from the area of Lideta sub city weredas 4, 5, 8, 10 and Addis Ketema sub city, Woreda 8 who were populations of the study.

3.3.3 Data Collection Methods

In-depth interviews were conducted by using semi structured interview questions or topic guides. Focus group discussions were also conducted by using guiding questions or topic guides with the intention of gaining rich data to answer the research questions. Furthermore, the in-depth interview and focus group questions were designed in a flexible manner in order to be easily understood and make the participants interactive.

Participants of focus group discussions were not involved in the in-depth interview and vice-versa. The groups were homogenous in terms of age and experience of khat chewing in order to avoid the dominance of some respondents in the discussion. The topic guides asked about general khat use behavior, including the types of khat used, the frequency, the use of other substances and about acceptable and unacceptable as well as problematic use of khat. Unacceptable khat use pattern was equated with problematic khat use. Once the participants

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identified problematic khat use, additional questions selected from DSM-5, specifically behaviors or use patterns described as indicators of problem stimulant use were appended. According to DSM-5, in line with other substance-related disorders, five main classes of stimulant-related disorder are distinguished. These are stimulant use disorder, stimulant intoxication, stimulant withdrawal, other stimulant induced disorder and other stimulant-related disorder. A checklist of these symptoms and behaviors were prepared and appended at the end of the topic guides.

3.3.4 Data Collection Procedures

The candidate first took support letter from the School of Psychology. Then the candidate recruited and trained an assistant facilitator for the focus group discussions. The training was about the purposes of the study, ethics and data collection procedures. Both focus group discussions and in-depth interviews were held in Amharic, the official national language of Ethiopia. Participants were informed of the purposes of the study and participated only after providing informed consent. In focus group discussions, the ethics of participating in focus group discussion and the need to keep information discussed within the groups confidential after each participant introduced them briefly was maintained. In-depth Interviews and FGDs were held in the respondents' home, AA meeting places and at their work place when privacy can be assured, in cafeterias. Interviews were audio taped and notes were taken.

3.3.5 Data Analysis

Audio taped in-depth interviews and focus group discussions were transcribed in Amharic and analyses were carried out concurrently with data collection. The data recorded, transcribed, translated and coded were sorted and categorized manually and was assisted by open code software. The coded and categorized data were interpreted and analyzed by relating the data

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within and across the categories, in a way that it gives meaning and answers to the research questions. In order to assure the quality and reliability of the data the candidate himself collects the data and detail topic guides were developed as well when further information and clarification of the data was needed during the analysis process, the candidate got the respondents and tried to fill gaps.

3.4 Methods for the quantitative study (objective 5 and 6)

3.4.1 Study Design

A cross-sectional survey design was used to achieve these objectives. Cross-sectional survey design was selected because it was cheaper and can be conducted in a short-time while also enabling assessment of how the current behavior of participants (problematic Khat use) was distributed across different ages, religion, sex, educational and employment status, and social status at a single point in time.

3.4.2 Sample Size and Selection of Study Participants

Participants of the study were selected through both snowball and convenience or availability sampling methods. Based on convenience or availability sampling method participants who were nearby or easily accessible at their home, at their business/work place, khat selling shops and other chewing places were selected. The candidate took one hundred two participants to achieve the above objectives. It was impossible to select participants by probability sampling method due to different reasons. First, if the candidate did a home to home survey, khat use participants may not be available during day time. Even there would be a tendency to deny their khat use behavior in front of other family members. Second, the study setting was assumed to encompass many individuals who use khat but it was ahead of the research budget. Third, there was no sample frame for the population of khat users. Lastly, the

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main aim of the study was exploring problematic khat use, generalization was not intended. So the candidate couldn't apply sample size determination formula or any other soft ware to determine the number of participants. khat users who are from the area of Lideta sub city weredas 4, 5, 8,10 and Addis Ketema sub city, Woreda 8 were populations of the study.

3.4.3 Instruments

Problematic Khat use Questionnaire

The questionnaire was developed after the qualitative study. The initial qualitative study indentified the key indicators of problematic khat use. These indicators were compiled into a checklist. This checklist was supplemented by items from the DSM-5 indicators of stimulant related-disorders. The DSM-5 items were translated from English to Amharic and translated back into English before being incorporated into the Amharic version of the questionnaire. Furthermore, the initial questionnaire was assessed by experts in the field and a final version was developed following these undertakings. Although additional assessments of the psychometric properties of the questionnaire, the questionnaire was believed to have adequate face validity. The checklist (questionnaire) was developed through the initial qualitative study was surprisingly similar to the DSM-5 indicators of stimulant related disorders, which may in turn be taken as an evidence for validity. The DSM-5 has been validated in different cultures. The final list of items (criteria of respondents for problematic khat use appended to DSM-5 criteria of stimulant related disorders) had a good reliability coefficient. Cronbach's alpha for internal consistency was 0.80 and 0.86 for withdrawal and intoxication by the pilot study which was done on 20 exclusive respondents.

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Psychological Distress

The Kessler Psychological Distress Scale (K-10) was used to assess psychological distress. The K-10 consists of 10 questions, with each question having five-level response options. The measure can be used as a brief screening tool to identify levels of distress (Kessler et al. 2003). The K-10 has a cut off scores for a likelihood of having different levels of mental disorder (psychological distress). It was stated that 10 - 19 scores shows likely to be well; 20 – 24 scores shows likely to have a mild disorder; 25 – 29 scores shows likely to have a moderate disorder and 30 - 50 scores show likely to have a severe disorder. Semantic, content and criterion validity of the instrument was acceptable in Ethiopian culture (Tesfaye, Hanlon, Wondimagegn, & Alem, 2009). It was found that 84.2% and 77.8 % sensitivity and specificity at a cutoff point off 6/7 respectively. The internal reliability was also found to be a Cronbach's alpha of 0.90 by their research and Cronbach's alpha of 0.78 by the current research during pilot study.

Social Support

The Oslo social support scale (OSS-3) is a 3-item scale to assess social support. These items ask about the number of people closely related to the participant so that he/she count on them, the degree of concern and interest people show in the things done by the participant and finally how easily the participant can get help from the neighbors at the time of need. The overall scores range from 3-14 with a score of 3-8 indicating poor support; score of 9-11 indicating moderate support; and score of 12-14 indicating strong support. By the pilot study of the current research Cronbach alpha value was under the unacceptable range (0.43). But for a scale with less than 10 items, the mean inter-item correlation value will be taken (Peat, 2011).

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Thus the mean inter item correlation value of OSS-3 value was 1.0 which suggests quite a strong relationship among the items.

Problem Drinking

Problem drinking was screened by Fast Alcohol Screening Test (FAST). Fast is a brief alcohol screening test which has been shown to be valid and useful across a range populations (Hodgson, Alwyn, John, Thom, & Smith, 2002). The minimum score is 0 and the maximum score is 16. The score for hazardous or harmful drinking is 3 or more. The reliability of the instrument measured in the same study with Crobach alpha was 0.77 and Test–retest reliability was greater than 0.8. By the pilot study the reliability of FAST was Crobach alpha = 0.80.

Negative Life Experiences

The list of threatening experiences (LTE) questionnaire was used to assess negative life experiences such as conflict, divorce, unemployment, illness, anger and loss of property. The questionnaire was initially developed by Brugha, Bebington, Tennant and Hurry (1985). In the pilot study, a Crobach alpha value of 0.7 was found.

3.4.5 Variables

Dependent variable: problematic khat use

Independent variables:

Socio-demographic characteristics including (sex, religion, marital status, educational status, living condition and age) and other behaviors related with khat chewing such as amount, frequency and duration of use.

3.4.4 Data Management and Analysis

The quantitative data collection followed similar procedures to that of the qualitative. The data collected was checked for consistency. Data were securely stored and entered data were

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anonymised. Analysis relied for the most part on simple descriptive summaries: frequency, percentage and mean of various factors and outcomes. Chi-square test for independence was also used to investigate the association between problematic khat use and associated factors independently. Mann-Whitney U test was used to examine the difference in psychological distress, social support, problem drinking and negative life experience levels between high risk and low risk problematic khat use respondents. To look at factors associated with problematic khat use, the logistic regression model was also used. The statistical Package for Social Sciences, (SPSS version 20) was used in analyzing the data.

3.5 Ethical Consideration

The study was approved by the School of Psychology, Addis Ababa University. A support letter was also written by the School of Psychology. Names or other personal information, other than information considered vital for the purposes of the study were not collected from any participant. Interviews and focus group discussions were digitally recorded with permission and professionally transcribed. Informed consent was obtained from each respondent after explanation of the objectives of the study. Confidentiality was assured in data collection and storage. During the interviews, the interviewer (the candidate) made sure that the interviews were not causing distress to the participants. The research participants were told that they have right to discontinue or refuse to participate in the study and can ask questions. Whenever participants were considered in distress or if they requested further information about their khat use behavior, the necessary information was provided.

Chapter four

4. Results

4.1 Qualitative Results

Under this section the findings from in-depth interview and FGD were illustrated. The description begins by presenting the general characteristics of khat (e.g., type of khat), followed by khat use behavior, focusing mainly on acceptable and problematic uses.

4.1.1 General Characteristics of Khat and Khat use

Types of Khat

The nomenclature of the khat type was usually associated with their area of plantation, the physical properties of the khat, the stimulating effect and other characteristics. For example, *Beleche khat* has the physical property of shininess while *Abomismare khat* appears like a nail at the bottom. The *Colombia khat* is also known in its strong effects on chewers the name is adopted from the country Columbia, which chewers associated the country with dangerous psychoactive drugs. *Metakesha*, *Hidna*, *Awoday*, *Gurague*, *Wondo*, *Gendebado*, *Bahir Dar*, *Gelemso* and others were also some other types of khat which were chewed by respondents. The stimulating effect (*mirkanna*) of the khat plants differed based on the type of khat. The characteristics of some of the types of khat were stated as follows;

The *Awoday khat* was described as the most widely known, very expensive and export standard khat type. Most of the respondents didn't use it due to its expensiveness. The Amharic proverb «አወዳይ ለብርቱ ጉዳይ!» (Use awoday only if you have a very important task to do) explained the above fact.

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The respondents believe that the *Bahir Dar khat* type, which was cultivated in North Central Ethiopia, Amhara region, was the khat of choice for many users. This khat was “invading” the whole of Addis Ababa and was widely available in the khat market. Unlike other khat type, the *Bahir dar khat* was usually measured per grams. Therefore people can decide how much they can buy based on their income as a result, it makes it a preferred khat type for chewers with less income. An interviewee mentioned that;

Now when we have enough money, we chew the most valued khat types and in enough dose. But when I do not have enough money; I chew the Bahir Dar khat which is quantified per grams. (FGD#2, age 43)

The *Gelemiso Khat* was assumed to have overt behavioral manifestations on chewers. This khat type disturbs the sleep and has disturbing effects. The respondents reported that the gelemso khat makes its users cry at night from loss of sleep. «ገለምሶ ማታ ማታ ለቅሶ» was described as a very common Amharic proverb used amongst chewers and it explains how much the users of this khat type suffer.

The *wondo khat* chewers reported that it has minimal behavioral and physiological disturbances and side effects. Respondents said that it is like drinking milk, indicating how much less negative impact it had on chewers. The *wondo khat* chewers confirmed that they experience emotional disturbance and confusion when they chewed other types of khat. One *wondo khat* chewer confessed that;

If I chew other than wendo I will be very confused and the intoxication is beyond my capability. Wendo has minimum effect as a result it has no problem. (FGD#1, age 33)

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The *Gurague* khat is usually red in its color. It is reported to have bad behavioral impacts. People who chewed the *gurague khat* usually experience itching and difficulty to control motor behaviors. Chewers go immediately for any *chebsi* to counteract the stimulating effect and to avoid the unacceptable behavioral effects. To represent the unacceptable behavioral consequences of the gurage khat, chewers used the Amharic proverb «ጉራጌ ያደርጋል ባለጌ», which means gurage khat makes one to behave in inappropriate or disinhibited manner.

Beleche khat, which is named after its glossy or shiny character, is said to cause recall of childhood memories. Respondents reported that during the high state (*mirkanna*) from *Beleche*, the chewer would recall childhood experiences, specially the bad ones. There is an Amharic proverb “ባለጌ ያደርጋል ጩጩ” explained this fact.

Form of Use

Regarding the form of khat use, chewers reported as they chew the fresh leaf and some soft parts of the shrub. They masticate and hold the chewed parts in their cheek, called *terzina*. Chewers also used water and other soft drinks to soften the masticated khat to facilitate swallowing. On the other hand; hot drinks, peanut, sugar/candy were also used to decrease the bitter test of khat. Still there were also chewers who just immediately swallow the khat without holding the masticated khat in their cheek (without *terzina*) which is called *lulu*. At the end of chewing the masticated khat collected in the mouth would be spat out with water or swallowed. This act was also called *lulu*. Chewers reported that the stimulating effect of *lulu* is immediate and high. *Lulu* is practiced by respondents who had no time to sit for long session.

Another form of khat use was drinking a khat tea, which is called *awuza*. It is prepared after mixing the dry or fresh khat leaf on the boiled water. This form of khat use was practiced

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by chewers who lose their tooth due to chronic khat chewing. It is also practiced in groups, mostly women, where chewing was said to be culturally unacceptable. Respondents also reported witnessing khat in the form of juice but no one had the practice among the respondents.

Reasons to Start Chewing

Respondents started using khat for different reasons. These included chewing for academic reasons, for prayer, to spend time when they have nothing else to do, recreational and to facilitate their work. Academically, it is believed to improve concentration for reading and to keep them alert. It is reported that khat is often used by unemployed youth who have nothing else to do. During prayer, it is believed to improve concentration and to enhance communication with God. It is also started due to peer pressure and for exploratory reasons (to see what it does to them). Recreationally, for its euphoric effect or to enjoyed. There was also a report as they maintain their chewing khat because they were khat addict. For example a respondent said;

I personally start to chew because of the influence of others. A wealthy man asked me to buy him khat and he insisted that “I didn’t want to chew alone so please join me”, in effect forcing me to chew with him. Later on I liked the stimulating effect and I continued chewing, this is how I started chewing (IDI#7, age 68).

4.1.2 Acceptable Use of Khat

Respondents in both the in- depth interview and FGD were asked about the acceptable usages of khat and they associated the acceptable khat use with religious, social and cultural aspects.

Religious Acceptability

Among Some Muslim respondents, there was a tendency to use khat for concentration when they want to communicate with Allah. In the past, these respondents used to chew khat on Thursdays since they believed that the day is blessed by God. They believed that Allah will hear them and respond to the earthly requests of believers. In response to the prayers of believers, Allah would grant rain during dry seasons and would heal individuals who are sick and so forth. One of the respondents explained the praying power related to khat as follows,

The man was very ill and slept in the middle of us. We chew and cry and pray for God to give him mercy. At mid night we saw that he stood up from his bed and was responding to our praying by saying amen. I believe that praying with khat has results (IDI#11, age 24).

During chewing being in groups (*jema*), religious fathers also prayed for other sick member. For those who associate the chewing behavior with meditation and religious practices, it was believed that the body should be absolutely clean, the flesh and mind should not pursue unclean wishes like sexual desires and revenges; In short, the mind and the soul should be in absolute harmony. The environment should be clean from any noise and/or disturbances. Other drugs and alcohol were not allowed for use in the chewing room. Quran would be read there. Chewing in such manner was believed to bring solutions for problems and has the power to deal

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with God, who is nearby. Proverbs usually used in chewing religious men indicate that praying with khat had unexpected results and the communal blessing was assured as indicated by respondents.

Khat users usually pray for a blessing (mirkat-ግርቃት) or for a curse (rigimane-ርግማን). In the urban civilized societies, we don't give any credit for such things. In most khat cultured societies, it works still. That is why there is a proverb which says bedua new enji bedulla ayidelem (በድዋ ነጩ እንጅ በዱላ አይደለም) which literally means "it is not by might but by prayer using khat". (FGD#2, age 48)

Among those from non Muslim backgrounds, there was a tendency of marginalization and withdrawal from families and their Communities while they were khat users; perhaps they had been considered as they altered to Muslim religion. Though there was high social isolation for chewers' years back, now-adays the situation had changed as of the respondents. A respondent who had grown up in Addis Ababa culture responded as follows;

When I start I was very condemned and isolated from the whole family. I remember my mother saying that "You are Mohammed right now" when she knew I had started chewing. During the time it was not common in Addis but that generation had passed away. (IDI#6, age 43)

There were respondents who believe that the chewing behavior has nothing to do with religion. There were Muslims and Christians respondents who consider khat use as a major sin. Respondents who were categorized in this group strongly believed that khat users only gratify the need of their flesh. They also added that khat use behavior cannot be associated with religious aspects. One respondent said;

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In my opinion, khat is not related with any religious aspects. There is no evidence either from the Bible or the Quran that God has ordered people to chew. I think we are just fulfilling the need of our flesh and pretending that we are in communication with God. It is our need not God's will. (IDI#2, age 48)

Chewers who chew for religious purpose agreed that khat was respected and had grace long ago. The khat users regretted the devaluation of the respect of khat. Nowadays, people might chew while wearing shoes, with unclean body and anywhere. The youth generation demeaned the credit of khat or the grace of khat. But still it was not denied that there are some people who chew khat with high ceremonial preparation and care. Especially by some types of traditional Healers and Geribas (Geribas are traditional believers who live around Bale area, Ethiopia) khat was considered as a hallowed thing which is presented to their God during spiritual rituals. Here is one respondent's experience;

Khat hasn't honor and grace as it was before. Long ago, chewers wash their leg by Grawa (name of a plant) leaves and take off their shoes before they chew. I can say that there is no patterned chewing style nowadays. People may take off shoes not for the grace of the khat but to keep the chewing mattress clean. But there are also others like me who give grace and respect for the khat still. (IDI#7, age 57)

But nowadays such kind of khat ceremony has changed. Even the praying has changed and relates to prayers for worldly property than reading the Quran or worrying about others and country issues. These are some of the sayings which are currently practiced by the most youth chewers;

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ያረቤና አርገን ቢጋቤና

አቦ መጀን

ኤክ ኤኩን ለምቀኛ

አመድ አመዱን ወደኛ

Another

ዓላህ ያረቢ ያግባን ወደ ግቢ

ከጭቃው ውልቅ ከፎቅ ጥልቅ

ፓጃሮ ለእኛ ሾልሰ ለምቀኛ

Another

ቢሰሚላሂ ኢራሂማ ራሂ ኢሳቱ

አረገዉ ገር በገር

ብር በቅርጫት እንዳንቸገር

Functional and Socio cultural Acceptability

Although all the respondents did not agree that there is acceptable khat use, what was shared among them is khat is useful for better performance while doing tasks, comforting victims in condolence times and making more joyous celebration in wedding ceremonies. Khat was also assumed to be the most important agent for socialization and social group formation. In khat cultured societies like Harar, people chew in social groupings and they share different life issues in chewing sessions. As of the respondents, chewing khat for social purposes should not be condemned. For example, a respondent said;

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In my opinion, if khat is chewed for a specific purpose, I do not think it is a problem. If I chew khat for praying, it is not a problematic khat use and it is also normal using for social life: wedding, condolence, idir and other social gatherings. (FGD#3, age 33)

And when another respondent reported the socialization issue;

*People in Harar (East Ethiopia) usually chew khat at verandah with groups since the weather is hot. The groups of people that are gathered for chewing are called **Jema** and **Afusha** for men and women respectively. The khat session starts 12:00 am and ends as members' interest and they chew khat turn by turn at members' house ((FGD #2, age 28)*

Unacceptable Use of Khat

Respondents advised to limit the amount of khat used, the frequency of use and the type of khat, depending on the person experience of using khat and other personal characteristics. Concerning the frequency khat should be chewed less frequently and in variable intervals. The respondents explained that for better functionality, the amount should be managed and they condemned adventurous chewers who chew more than a bundle just merely to show off or inflate them or to pretend to be rich. Respondents also confessed that khat should be chewed in the afternoon. Morning sessions are not advised and not acceptable.

Respondents including women themselves condemned female and children chewers as it is not acceptable. Although such groups of people chew khat, it was not frequently observed when they buy khat or holding khat publically in Addis. Men respondents worried about the rapid increase in women and high school student chewers. It was not recommended and not acceptable for men and women to chew khat together because from their experience when both

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sex chew khat together, they tend to engage in unplanned and risky sexual intercourse especially in the case of youngsters.

4.1.3 Problematic Khat Use

Problematic khat use was described in terms of quantity of khat used, amount of time spent in using khat, the immediate and longer term effects of use, and in terms of effects of cessation of use

In terms of Amount of khat (Quantity Used)

Through time, to get the stimulating effect of khat, users either increase the amount of khat they chew or use additional stimulants like caffeine and nicotine. The behavioral effect which is experienced by users as a result of decrease in the amount of khat is called *wesewase* (failure to achieve the highs of khat). The term, *wesewase* is also used to describe the state of craving when one sees some cues of khat use, such as seeing khat leaves. One respondent said:

You can't always get money for khat regularly. By this time you are forced to divide up the existing amount of khat or if you are chewing being in Jema, what you have to do is mefalate (መፋለጥ) which means chewing speedily. But in all circumstances you will be at wesewase. This is typically observed when guests join the khat session without having their own share. (FGD #2, age 29)

Another example for taking an increased amount of khat was, as of the respondents report and the researcher's observation, chewing the *geraba* (leftover khat, poor quality and a type of khat which wouldn't be taken ordinarily or when one achieves the highs). At khat houses, the principal investigator also observed when users order children to buy and bring additional khat after they finish what they already bought. Almost all of the respondents agreed that "if we

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have money, always we need an increased amount and quality khat.” They also reported as the amount of khat chewed would also relatively higher in summer season. Respondents opposed excessive khat chewing. In addition to the financial impact, excessive khat chewing had a confusing effect and makes you very critical about minor issues.

In terms of Time

Respondents blame khat for its influence on time and for the behaviours which occurred related to regular sessions. Here what one respondent said is instructive. *“Khat kills your time and till the session of chewing reaches it kills you.”*(IDI#7, age 35). When he explained this; *“chewing from 1:00 pm to 8:00 pm, you are killing your time; and in the morning till 1:00 pm, craving kills you.”* Another respondent also confirmed this by saying:

As far as my experience is concerned, if someone chews in scheduled time, that will be no problem. But as of me there are individuals who are not khat addicted but have time addiction problem. I am impaired in all activities unless I get khat in my regular time (1:00 pm). (IDI#11, age 24)

In Harar, where khat was chewed by *jema*, the session started after 12:00am on average and ends as each member’s interest. Respondents agreed that chewers had no time for family and other social events and use from working time.

When I start chewing, I spend much more time than what I plan to spend. I am always late to work in the afternoon and I postpone serious work and family related activities. There is a proverb (which may describe this): It is difficult leave a khat session and power (political power)’ this is really true. (IDI#3, age 36)

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The most problematic users were those who chew the whole day starting from morning, which they term as ‘*yegebena*’, through noon – ‘*ayre or addis zema*’-- and in the night – ‘*katira*’. As respondents’ description these group of people are usually unemployed/have no job, their teeth is the first thing they lose and as a result they forced to take the khat in the liquid form ‘*awuza*’. Respondents also said that problematic chewers’ spend their time by chewing khat and/or thinking about how they could reverse the feelings that come after chewing. When one can’t reverse the after-effects of the chewing, he/she should take long walks or develop some personal techniques or is otherwise doomed to spend lots of times suffering from loss of sleep. Respondents said that they don’t spend a great deal of time searching for khat. They responded that khat is very accessible. They argued that one may spend time if he doesn’t have the money to buy the khat; otherwise it is easily available in every shop.

Feeling High (*Mirqanna*)

Feeling high (*mirqanna*) was defined by the respondents as over stimulation, which is beyond the control of the user, and it is distressing in many circumstances. During a feeling high (*mirqanna*) state there are different signs and symptoms, which cause significant subjective distress or impairment in occupational, social and other important areas of functioning among respondents. Here chewers not only suffer by the high feelings (*mirqanna*) but they also confirmed that it is also distressing when they failed to reach *Mirqana*. Regarding this, one respondent said;

No one suffered by the high feelings (mirkanna) of khat like me, because I don’t have money most of the time for chebsi (to reverse the after effects). I also become distressed

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when I didn't get the highs (mirqanna), the khat-confusions and all of my odd acts. (IDI#11, age 24).

Most of the reported symptoms were dilated pupil, feeling uneasy, internal fear, involuntary movements of lip, hand, tongue or mouth which the individual can't control and taking long walks without purpose (feeling restless). There was also a significant increase in goal directed activities such as extravagancy, urgency for sex and drinking alcohol, doing or planning irrelevant, non significant, unachievable or unplanned tasks. Regarding interpersonal communication some chewers may be mute after they chew, some other will be talkative and a rapid shift in what they talk about (flight of idea). They got easily annoyed, fearful or cheerful. Regarding cognitive aspects, what is acceptable is improved attention/concentration, but respondents also reported exaggerated attention and recall of information which may lead to confusion. These behavioral changes were managed by *chebsi* (reversing these high feeling). Most respondents drink alcohol for this purpose and others perform risky sex (with sex workers or any one they get). Here religious chewers, especially the Muslims, reverse the aftereffects by drinking milk. Physiologically, increased blood circulation, body temperature and pulse rate were experiences which occurred during and immediately after chewing khat.

Other complaints of chewers were perceptual disturbances. For instance, they feel easily frightened by insignificant external stimulus, especially sound and touch. Another was being hyper-vigilant. Others reported perceiving a sound to be too near; when in reality it is very far. Confusion and poor recognition of familiar environment, which rarely resulted in car accidents was also reported by khat users as a consequence of the *mirkana*. A respondent who didn't recognize when his friend left the taxi, which both were sharing was later informed by his friend and only recognized that he was alone after the *mirkana* was reversed. Moreover,

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misinterpretation of external stimulus was also reported. Here are statements from the respondents:

In a taxi or a bar I fear to give any orders because I think that they know that I had chewed khat and they would think that I did something wrong or committed a crime. When people talk to each other, I think they are talking about me. I also excessively fear when my phone rings; I can't talk. I hear the voice in the left side when someone speaking to me from the right side. (FGD# 2, age 36)

I disturbed when socks fall from the rope outside home they are hanging from while I am in my bed. (FGD#2, age 34)

Whenever I chew, I will be tormented by insects/louse in my bed during sleeping, but this does not happen if I didn't chew. My wife also confirmed that the bed was clean and free of insects. (IDI# 7, age 43)

The above Behavioral effects depend on the individual and the type of khat. Those who haven't money to reverse the *mirkana* were the most affected ones by such unwanted signs and symptoms.

Withdrawals of Khat Use

Regular users of khat reported different withdrawal signs and symptoms of khat. These signs and symptoms occurred when users stop their use and/ or when they reduced the amount. Most of the time, the users experience such withdrawals close to the time of their regular time of use (usually *ayeria* time). The reported withdrawal experiences were increased appetite, increased sleep, yawning, decreased energy, irritability, loss of motivation and concentration,

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restlessness, craving, depressed mood and unpleasant dreams. In order to manage these withdrawals some respondents chew khat in the morning, which is named *yejebena*. Others who didn't chew in the morning were not because they were free of such withdrawals; rather they save their money for the afternoon khat session. They tried to manage the withdrawal symptoms by taking excess caffeine and by smoking cigarette. Here are two respondents experience of withdrawals:

I had stopped chewing khat for 4 months due to work condition (training) and it was difficult to get khat. Then since the first day of abstinence, I was irritable, easily fatigued and sleepy and I couldn't attend the training and I frequently missed the lectures. (FGD#1, age 29)

Another respondent

*The stupid part of khat is the unpleasant dreams which are experienced when you didn't chew and when you were at **Wusewase** level –reduce the amount. You see horrific dreams; seeing while snake, hyena and other dangerous animals come to you. One day I bought socks by my khat budget, and then I go to bed without chewing. During the night I was tormented a lot by unpleasant dreams. A strange man was punishing me saying I give you the money for khat; why did you buy socks and chew. While responding ok, ok... I chewed my clothes during my dream. (FGD#2, age 35)*

Desire to Stop or Cut Down

There was a history of persistent desire to stop or cut down khat chewing among respondents although two respondents didn't have the desire to stop. For instance one respondent concluded that:

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Why should I stop chewing? khat is benefiting me and I will benefit the society in return. I read by khat and soon I will do something beneficial. If I chew khat I can be knowledgeable. (IDI #8, age 42)

Another respondent said:

*You will not be addicted by khat physically rather psychologically and you will be much reinforced (to use) by the fun at the khat house called **deweka**. This is true because people go to these houses after they stop. Therefore I am addicted and I am benefiting by this. (FGD#2, age 42)*

In the case of other respondents, they had the experience of stopping or desire to stop; they give different reasons for this. Time wasting, psychological dependence, the insistence of others (their family or friends) to stop, catalyst nature of khat (its tendency to push one to do other things), moving from a place, and the overall health, psychosocial and economic harms were reported as major reasons for the decision or the desire to stop. To strength this for instance one respondent said that

Not only the khat pushes you to stop but the associated drugs and things also facilitate you to stop khat. Khat is akatari (catalyst). If you didn't chew you will not internally forced to smoke, drink alcohol or to engage in risky sexual intercourse. (IDI# 5, age 35)

Another respondent said *"I planned to stop khat, when I lacked money for chebsi (reversing mirkana) only."*(IDI#9, age 28).The first FGD members who chew together most of the time also said that *"since chewing is affecting our time of work, we frequently wanted to chew only at weekends but still we didn't make our plan practical."*(FGD#1)

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Regarding stopping, the case of three respondents is also illustrated below

It is difficult to totally abstain from khat. I even start to chew again after stopping for one year. By now I am not confident enough to stop and I can't make an oath as I can, because I know myself. The reason why I stop was the problem with the poor quality of the khat itself. When the khat becomes (of good) quality and when I see my friends' enjoying it, I started again. (FGD#2, age 34).

Other testimonials of respondents were:

I have stopped for 4 years. I decided to stop suddenly. Later on the problem is you would decide that you can't accomplish any serious tasks without khat; otherwise the khat didn't force you to chew. Thus I start chewing again. (FGD#2, age 35)

You stop and then you start to use it again. I have stopped using khat but it fails because of my friends influence. Most of the times you decide to stop at the evening while you suffer loss of sleep. But while you start chewing after stopping, you blame that time you decided to stop. (IDI#10, age 54)

Social and Occupational Impairment

The social or interpersonal problems due to khat were based on the family acceptance and the pattern of khat use behavior. Religious families condemned khat chewing behavior as it was reported in the section about acceptable khat use. Daily users and those who drink alcohol regularly to reverse *mirkana* were the other groups of population whose social and interpersonal relationships are mostly affected. Two respondents who chew khat regularly said:

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I don't bother about social life. If I hold khat, I will chew being alone. I already take the khat as my best friend. I raise questions and I answer them. At other times too, all of my activities are around searching khat than making friendship. (FGD #2, age 28)

The problem is sober for females because it is not as such acceptable in the culture. Khat chewers also have limited time to their families and to attend social gatherings and/or festivals.

My friends insist on me to stop khat because I didn't give time for them. I have also a deprived social life. I didn't attend wedding, condolence, Idir and other social gatherings. Due to these behaviors no one gives me any social responsibility. (IDI#5, age 27)

One respondent who had an experience in Harar culture, told me that nowadays there is no funeral ceremony in the afternoon. He said; *“even in emergency deaths in the afternoon, only relatives and members of the Idir, will attend it or you have to postpone for the morning in the next day.”* (FGD #2, age 28)

Khat chewing had also negative work and recreational impact. But there were also those who chew without their work being affected. The style of chewing in quick way and rushing to the daily task is called *meta meta or teketeke*. There was also a style of chewing called *wordo meqam*; this is a relaxed way of chewing which usually related to the cultural and/or religious praying in taking off shoes and sitting down on the floor. Some other respondents chewed being absent from school and/or work at khat houses and they keep their phone off or they didn't announce their right address.

Another respondent articulated that:

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I can't leave once I sit for khat. I didn't want any recreational activity than khat. Due to this, I quarreled with my girl friend because she can't get me when she wants. (FGD #2, age 32)

Besides, respondents described the occurrence of psychological dependence from khat. They believed that ones you did something good by khat, you had the tendency to give the credit for the khat. During FGD#1, all approved that *“if you have a serious task (function), you have to chew.”* they also added that in some other kinds of work like driving, chewing is an asset to and helps you to stay awake. One driver respondent reported that:

Unless you chew you will not be employed by business men as a driver. One day I faced a serious car accident while I was driving. My boss claimed that I was involved in the accident because I had abstained from chewing khat and being sleepy. Then he fired me from work. But the reality was I chewed khat for seven consecutive days without sleep and I lacked concentration while driving (leading to the accident).” (FGD#1, age 35)

It was reported that khat chewing only strengths friendship when it is accepted by your family and it is used in scheduled times. Moreover, among respondents there is a belief of not being effective both in occupational and social functioning when they didn't take khat. The long term and worst impact of khat is being *jezeba*. *Jezebas* are groups of people who are careless, have no interest for routines, don't attend social events/festivals and aren't programmed in their life aspects and/or poor self-care and tend to be solitary chewers.

Hazardous Use

There were multiple reports of khat use in physically hazardous situations by respondents. These are mostly during *mirkana* or *arara* (craving). The risks mostly occurred

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while driving a car, working at a machine and electricity. Respondents relate the occurrence of risks to increase mental and physical speed, underestimating danger (over confidence). In other cases, their mind would be preoccupied by thinking about *chebsi* (alcohol or other things). There were respondents who persist in khat use despite frequent accidents, specially driving a car. A driver concluded that “*khat is a fuel for the driver, as Benzene is a fuel for the car.*” (IDI#6, age 35). The problem will be worse when alcohol is taken as in addition. Car accident can also occur as described below:

I was moved out from khat session due to emergency work. The work was to take a group of people from a nearby town to Addis Ababa. Then I increased my speed because I was obsessed by thinking about the khat session I left. I was thinking about when I will come back and finish my khat. But before arriving to the intended place the car falls apart (because of the speed). (FGD#2, age 37)

Other serious issues were the repeated accidents which are committed by khat cars carrying khat. The cars are driven in high speed because the khat should reach its destination fresh.

Financial Impact

As per the information gained from the respondents, frequent khat use affected financially in a negatively way but had a positive contribution for farmers and traders. Respondents witnessed those users selling their property like clothes, books and other household utensils for the sake of their daily khat expenses. As far as the principal investigator’s observation during the data collection period, the price of khat at khat markets was 25-35 ETH birr for 100g of *Bahirdar khat*, 40-100 ETH birr for a bundle for most types of khat like

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Gelemso, Colombia and Guragie. For the most expensive khat types such as *Beleche, Abo mismare and Aweday khats*, the price was 100-200 ETH birr. In addition to the expenses for khat; cigarette, shesha, pea nut, sugar/candy, soft and hot drinks and rent for sitting at khat houses were additional expenses depending on the pattern of use. Another dimension of financial impact was poor money management/extravagance related to *mirkana*.

Above all, the financial impacts further deteriorate the social life of chewers. There were chewers who usually demean themselves and beg for khat in some modernized (*arada*) way from their families, friends and even from unknown peoples. Chewers spent much of their productive time in chewing and this in turn makes them economically dependent. There was also a tendency to spend the budget of food and clothes as well as other important family expenses for khat. There was a tendency to associate malnutrition as a result of financial limitation in addition to the direct effect of khat. The financial impact of khat highly affected those who have no income like student populations. One of the respondents explained;

After chewing Khat for 22 years, I became dependent on my family. My families make me start some business but I switched off my phone and went to Khat house where nobody found me. Addicted youths who are not productive are youth pensioners. They prefer to beg money in modernized way. They may not sit along streets as the normal beggars but beg people in systematic way (FGD#3, age 35).

On the other hand, khat was also a source of income for some people especially for children in the study settings in addition to traders and farmers. These children are named ‘*bajaj*’-the term derived from the small tricycle that is used as a taxi in some parts of Addis Ababa. This term is used for these children because their work is as speedy as these tricycles.

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These children carry and transport khat from khat shops to individual users, specially women and elites, government officials, artists etc who don't like to buy publicly. Just they order what they want while being at their home or special khat chewing houses.

Physical Health Harms

Respondents believed that khat has a negative effect on physical health. The common reports were decreased appetite and loss of weight. The physical health problems encountered by chewers also include sexual desire problem, sexual dysfunction, gastric related problems, palpitation, sleep disturbances, teeth decays and problems from mouth and tongue and fear of diabetis due to the sugar which is taken during chewing. Here is the witness of a chewer,

Khat use is also problematic for those individuals which affect their sleep pattern (most difficulty to fall asleep). Like me whom all people encourage to stop. Khat also brings odd and bad oral odor and dehydration. The pesticide used by the farmers' or fungi at the leaf causes' problem at tongue, mouth, teeth and esophagus. Thus I use khat washing the leaf, and then I observed many wastes (FGD#1, age 29).

And the other respondent explained its effect on sex,

There are some who did sex immediately after chewing. If you did this for long period of time, the sex itself may be come addiction. While you chew your speed both mentally and physically increases and you will be speedy for sex too. While you chew at khat house, since beautiful women serve you, you will be more initiated (FGD #2, age 29).

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Chewers also advised to use *udojebena*-morning khat chewing, for facilitation of toileting because constipation and hemorrhoid were also reported to be significant health problems among regular khat users.

Khat and Other Psychoactive Drugs

Smoking cigarette, shesha and drinking alcohol were the common psychoactive drugs which were taken by khat chewers. All respondents didn't agree on the association of khat with such drugs but they confirmed that it was common to see smoking cigarette and shesha while chewing khat and drinking alcohol after chewing to reverse the *mirkana*. . They reported that chewing increases the need to take nicotine and the khat session needs a hot environment to be stimulated. Thus taking an increased amount coffee and tea as well as smoking many cigarettes was common than other times to get the effect of khat soon. Chewers blamed khat for its catalyst nature. Here are two respondents experience;

Cigarette and khat have sometimes relationship but not always. This is because I smoke without chewing but in another time I smoke an increased amount while I only chew khat to increase the stimulation. They have also a relationship because while I didn't chew I smoke or drink coffee in an increased amount than other times. I drink alcohol rarely just during holidays (IDI#6, age 43).

Another respondent;

*I used cigarette and shisha in addition to khat. I use cigarette all the time but I smoke more while I chew. I used shisha only during chewing. I drink every time I chew because I get relief from confusion and internal fear just after I reverse the *mirkana* of khat. After*

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I start chewing, I am alcohol addict and I do sex regularly with sex workers. Really khat is akatari (catalyst) (IDI# 4, age 36).

4.2 Comparison between Respondents' Definition and DSM-5 criteria of Stimulant Related Disorders

The definitions according to the emic approach (respondents' definition) and the etic approach (DSM-5 criteria/the universal approach) overlapped well. In the first phase of the research, the emic approaches, respondents' definitions, were explored by using qualitative method. Then significant criteria of khat use as defined by respondents' were sorted out and developed in the form of a questionnaire. Then a separate checklist was developed based on both approaches for the quantitative study. The complete criteria were administered to khat users.

From the qualitative study social and occupational impairment, time wasting, persistent desire to use khat and inability to stop or cut down use, craving-*harara*, using despite harm, hazardous use, tolerance, persistent risky sexual behavior post chewing, use of other stimulant and khat to relieve withdrawals and psychological dependence were identified as criteria for problematic khat use. Craving which is known by the Amharic word *harara* was more of defined as withdrawal symptom by khat users. Persistent risky sexual engagement post chewing and believing as it is a must to chew khat when there is serious social or occupational function were other significant criteria for problematic khat use by the respondents'. Over all the research showed that respondents' definition of khat chewing is equivalent to the DSM-5 criteria, universal definition of stimulant use disorders.

Other clinically significant behavioral changes after recent chewing of khat which were explored by the qualitative study were internal fear, feeling uncomfortable, papillary dilation,

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stereotyped behaviors, increased sexual desire, planning unachievable/grandiose plans, difficulty to think clearly, extravagance, fear in interpersonal communication, pressured speech, flight of ideas, suspiciousness, delusion of reference, talking alone, perceptual disturbance, hyper vigilance and irritability. DSM-5 signs or symptoms of stimulant intoxication which were not revealed by the qualitative study were also included in the checklist for the quantitative study. Chills, nausea/vomiting, lowered blood pressure, muscular weakness, respiratory depression, chest pain, cardiac arrhythmias, confusion, seizures, dyskinesias, dystonias, or coma which are the etic definitions were also found by the current study.

Furthermore, the result of the study revealed that increased sexual desire, planning unachievable/grandiose plans, extravagance, difficulty to think clearly, pressured speech, flight of idea, suspiciousness, delusion of reference, talking alone and perceptual disturbance were identified in the emic assessment and used in both by the qualitative and quantitative study to define problematic khat use. These indicators were not part of the DSM-5 criteria of stimulant intoxication.

Regarding withdrawal symptoms of khat; decreased effect, increased appetite, increased sleep, yawning, decreased/loss of energy, irritability, loss of motivation, decreased concentration, restlessness, depression and unpleasant dreams were described by the respondents as criteria of problematic khat use. Psychomotor retardation, psychomotor agitation and loss of sleep were also found out by the etic approach.

4.3 Quantitative Result

The checklist developed based on both the emic and etic approaches was administered to 110 respondents and valid data were gathered from 102 respondents.

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4.3.1 Demographic Characteristics of Respondents

Table 1: Background information of participants (N=102)

Characteristics		Frequency	Percent
Age	15-24	24	23.5
	25-34	45	44.1
	35 and above	31	30.4
Sex	Male	80	78.4
	Female	22	21.6
Religion	Orthodox	66	64.7
	Muslim	24	23.5
	Protestant	10	9.8
	Other *	2	2
Marital status	Single	71	69.6
	Married	24	23.5
	Divorced	6	5.9
	Other *	1	1
Living arrangement	With parents or other Relatives	60	58.8
	With partner	15	14.7
	Alone	26	25.5
	Other**	1	1
Wealth(perceived wealth status compared to neighbors)	Low	38	37.3
	Medium	54	52.9
	High	8	7.8
Ethnicity	Oromo	17	16.7
	Amara	41	40.2
	Guragie	18	17.6
	Tigria	13	12.7
	Others ****	8	8.8
Employment	Private business	20	19.6
	Student	12	11.8
	Employed	48	47.1
	Daily laborer	6	5.9
	Jobless	5	4.9
	Petty trade	9	8.8
	Other ***	2	2
Total		102	100

**** welayta, selti, *** Prostitution ** quit from home due to khat chewing behavior *window

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As shown in Table 1 above, the mean age of the participants was 31.2 (SD=8.9) with minimum and maximum age of 19 and 56 respectively. The majority of the participants (64.7%; n=66) were orthodox Christians in religion and 69.6% (n=71) were single in marital status. Concerning other demographic characteristics of respondent, 58.8% of respondents (n=60) live with their parents or relatives and 47.1% (n=48) were employed in governmental or private organizations/business centers.

Regarding to relative wealth, about half of the respondents (52.9%; n=54) believed they have medium income comparable to their neighborhood and the average daily income was 112.5 ETB (Ethiopian birr). There were respondents who have no daily income at all, and 500 ETB was the maximum daily income

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4.3.2 Overview about Khat Use Behavior of Respondents

Table 2 General overview of respondents khat use behavior

Variable		Number	Percent	
Age at start of khat use	Less than 10	50	49	
	10-19	34	33.3	
	20-29	8	7.8	
	Above 29	8	7.8	
Current average khat use frequency	Less than once a month	6	5.9	
	Monthly	4	3.9	
	Weekly	18	17.6	
	2 to 4 days a week	28	27.4	
	Daily	35	34.3	
	More than daily	11	10.8	
Regular session khat	Morning	11	10.8	
	Immediately after lunch(after 12:00pm/1:00pm)	36	35.3	
	after around 3:00pm	60	58.8	
	Whole day	6	5.9	
	Whole night	9	8.9	
	Other *	6	5.9	
	Current average khat amount per one session	Quarter bundle	9	8.8
		Half bundle	16	15.7
One bundle		22	21.6	
Two <i>wendo</i>		6	5.9	
More than three <i>wendo</i>		5	4.9	
<=100gm		7	6.9	
>100gm		15	14.7	
Type of khat used regularly	Others **	20	19.6	
	<i>Gelemso</i>	12	11.8	
	<i>Wendo</i>	24	23.5	
	<i>Bahir dar</i>	17	16.7	
	<i>Guragia</i>	21	20.6	
	As available	18	17.6	
	Other ***	9	8.8	
Total		102	100	

*No defined time ** *don't know* *** *Colombia, beleche, hidna*

Table 2 above showed participants' behavior regarding khat use. The minimum age of starting khat chewing among the respondents was 8 year and the maximum 30 year. The mean and modal year of chewing khat was 19.2 and 19 respectively. Thus taking the approximate mean year (19) as a cut-off point, the table also displayed that the majority of the respondents (63.7%; n=65) chewed khat for more than 19 years.

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Regarding the frequency of khat use, majority of the respondents (34.3%) chewed khat on a daily basis and the most preferred time to sit for chewing khat was around 3:00pm and after which was chosen by 58.8%(n=60). Table 2 shows that about a fifth of participants (19.6 %; n=20) didn't chew a similar type of khat. Chewing was the most common method of using khat (98 %; n=100). Four point nine (n=5) had an experience of using boiled/khat tea and just 1% had used khat in the form of juice.

Reasons for khat use

Table 3 Reasons for khat and statistical investigation of association between reasons for using khat and problematic khat use

Reasons	<i>f</i>	<i>N</i>	χ^2 value	<i>df</i>	<i>sig. (2- tailed)</i>	Phi value
Religious	9	4.3	0.00	1	1	-0.03
Culture	7	3.3	0.001	1	0.98	0.42
To drink	8	3.8	3.5	1	0.06	0.22
For functional purpose	41	19.5	0.24	1	0.88	-0.04
To spend time/no alternative activity	45	21.4	0.29	1	0.62	0.07
Being khat "Addict"	32	15.3	7.3	1	0.007*	0.3
Conditioned by the event of the khat chewing houses/ <i>meqamia bête</i>	12	5.7	0.9	1	0.34	0.13
Self treatment from emotional distress	28	12.9	4.2	1	0.04*	0.23
Other **	4	1.9				

* $p < 0.05$ **to be calm, for its euphoric effect

About a fifth of respondents (21.4%; n=45) chew khat because they have no alternative activities, 19.5% (n=41) for functional purposes (to enhance concentration, to

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increase their energy for a task and for better socialization) and 15.3 % (n=32) attributed their khat use behavior to addiction to khat. In order to see the association between reasons for using khat and problematic khat use, Chi-square test for independence was run out and the result showed that problematic khat use was only significantly associated with respondents who use khat because they were already addicted and for those who used for self treatment purpose, $p=0.007$ and $p= 0.04$ respectively. In particular for respondents who use khat because they were addicted, the risk of being problematic khat user is about 30% by the objective criteria of problematic khat use.

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4.3 Khat and Other Psychoactive Substance**Table 4. Cross tabulation of use of psychoactive before khat * after starting khat**

	Use of other psychoactive substance after khat		Total	Percent	χ^2	<i>P value</i>	<i>Phi</i>
Use of psychoactive substance before khat	Yes	No					
Yes	28	5	33	32.4	.10	.80	-.03
No	60	9	69	67.6			
Total	88	14	102	100			

The above table showed the result of cross tabulation of psychoactive substance use before and after khat. Respondent were asked about history of any psychoactive substance use before starting chewing khat and 67.6 % (n=69) of them answered No. Respondents were also asked the question; Have you started to use another psychoactive substance after you have already start chewing khat and 86.3 % (n=88) respondents answered Yes. Here another psychoactive substance refers to either a use of any psychoactive substance use for the first time after starting chewing khat or any other new psychoactive substance in addition to the psychoactive substance that the participant has been using other than khat.

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The cross tabulation above also showed that among the non psychoactive substance users 87% (n=60) of them use another psychoactive substance after they start chewing. Even from the previously psychoactive substance users, 84.8% (n=28) started to use another psychoactive substance in addition to khat and other psychoactive substance they had already using before they start chewing khat. The use of psychoactive substance before starting using khat had no statistical significant relationship to use of other psychoactive substance after starting using khat $\chi^2(1, 102) = .10, p > 0.05, phi = -.03$. Other psychoactive substances refer to alcohol, cocaine, heroin, shesha, cannabis and cigarette. Figure 2 below shows the path of respondents' use of psychoactive substances before and after they starting chewing khat. When we see, respondents who had a history of psychoactive substance use before they start khat, 19 % (n=23) of the respondents used cigarette in the first level or before use of any psychoactive substance in their life time. 6 % (n=7) and 3.3 % (n=4) respondents started a use of psychoactive substance by alcohol and shesha respectively. This means for 6 % (n=7) and 3.3 % (n=4) respondents, alcohol and shesha were the psychoactive substances which were used in the first stage of their behavior of use of psychoactive substances respectively. After starting khat use, among 86.3 % (n=88) respondents, 27.3 % (n=33), 25.6% (n=31), 18.2%(n=22), 0.8%(n=1) and 0.8%(n=1) respondents started use of Cigarette, alcohol, Shesha, Cannabls and Cocaine immediately after they started using khat respectively. After this there were also respondents who used other additional psychoactive substances in the second and third level (see figure 2 below).

N.B. the circles in the figures are hierarchical presentations of the paths os psychoactive substance use. The inside circle represents first level or firstly used psychoactive substances the second or the middle circle second level used psychoactive substances or psychoactive

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substances used in the second level and the third circle represents third level used psychoactive substances or psychoactive substances used in the third level.

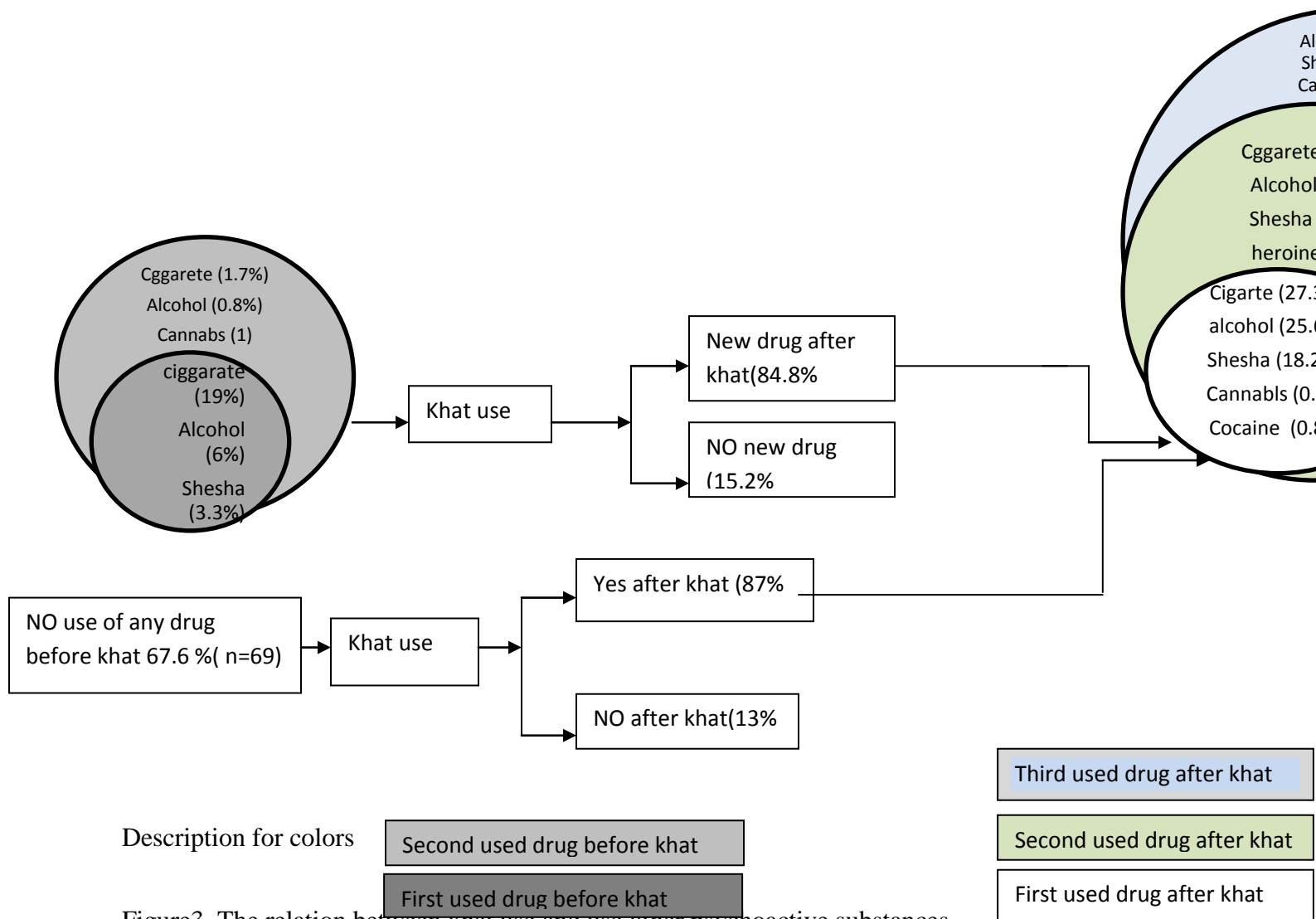


Figure3. The relation between khat use and use other psychoactive substances

4.3.4 Problematic Khat Use

The summary of the respondents the criteria of the respondents and the DSM-5 are presented in the following.

Table 6 Criteria for problematic use of khat

Criteria	Frequency	percent
Spending too much time	30	29.4
persistent desire or unsuccessful efforts to cut down or control khat chewing	75	73.5
Craving/ <i>Harara</i>	31	30.4
Continued khat chewing regardless of its harm	74	72.5
Recurrent khat chewing in physically hazardous situation	22	21.6
A markedly diminished effect/ <i>wesewase</i> /when chewing a decreased amount of khat than the regular amount	43	42.2
Recurrent risky sexual engagement after chewing khat*	25	24.5
The use of other stimulant in an increased amount to relieve or avoid withdrawal symptoms	63	61.8
The use of khat to relieve or avoid withdrawal symptoms	22	21.6
Occupational impairment	59	57.8
Social impairment	57	55.9
Believing as it is a must to chew khat when there is serious social or occupational issue	39	38.2

*the only criteria for problematic khat use as defined by the respondents' which is not found in the DSM-5 criteria for stimulant related disorders

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Among the above criteria for problem khat use; majority of the respondents, 73.5 % (n=75), reported persistent desire/unable to cut chewing and 72.3 % (n=74) of the respondents using khat despite its harm. Another Significant number of respondents (61.8 %; n=63) reported use of other stimulants to relieve/avoid the withdrawals of khat, 57.8 % (n=59) occupational impairment and 55.9 % (n=57) had social impairment.

DSM-5 states problematic use of stimulants as pattern of stimulant use leading to clinically significant impairment or distress, as manifested by at least two of the above, occurring within a 12 month- period. Thus based on these criteria, 98 (96.1%) respondents were under the category of problematic use. In terms of severity, a mild stimulant use disorder is suggested by the presence of two to three symptoms, moderate by four to five symptoms, and severe by six or more symptoms by the DSM-5. Based on these severity categories, most users were in the moderately severe category (96.1%; n=98) with just 3.9 % (n=3) in the in the mild category and 1% (n=1) in the severe category. By splitting users based on the mean score of problematic use (score of 8), 51 respondents had score below the mean and 50 had score above the mean.

Khat Intoxication

The psychological changes after recent intake of khat are called *mirqana* (feeling high) by respondents. Intoxication is also analogous with this Amharic term *mirqana*. Figure 4 below shows the feeling high experiences as defined by the respondents and DSM-5 the criteria of stimulant intoxication. Figure 4 below shows that papillary dilation (44.1%; n=45), making unachievable/nonrealistic plans (41.2%; n=42), extravagancy (36.3%; n=37), euphoria (29.5%; n=30), internal fear (24.5%; n=35) and increased sexual desire (20.6%; n=21) were among the common experiences reported by users affecting at least a third of participants during and post

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chewing. As it is shown in the figure 4, criteria of stimulant intoxication, except bradycardia, were reported by current khat users in the emic exploration. The experiences reported from the DSM-5 criteria were chills, nausea/vomiting, lowered blood pressure, confusion, seizure, dyskinesia or coma. In addition, other important thought, feeling, perceptual, speech and psychomotor problems were also reported. See figure 4 below

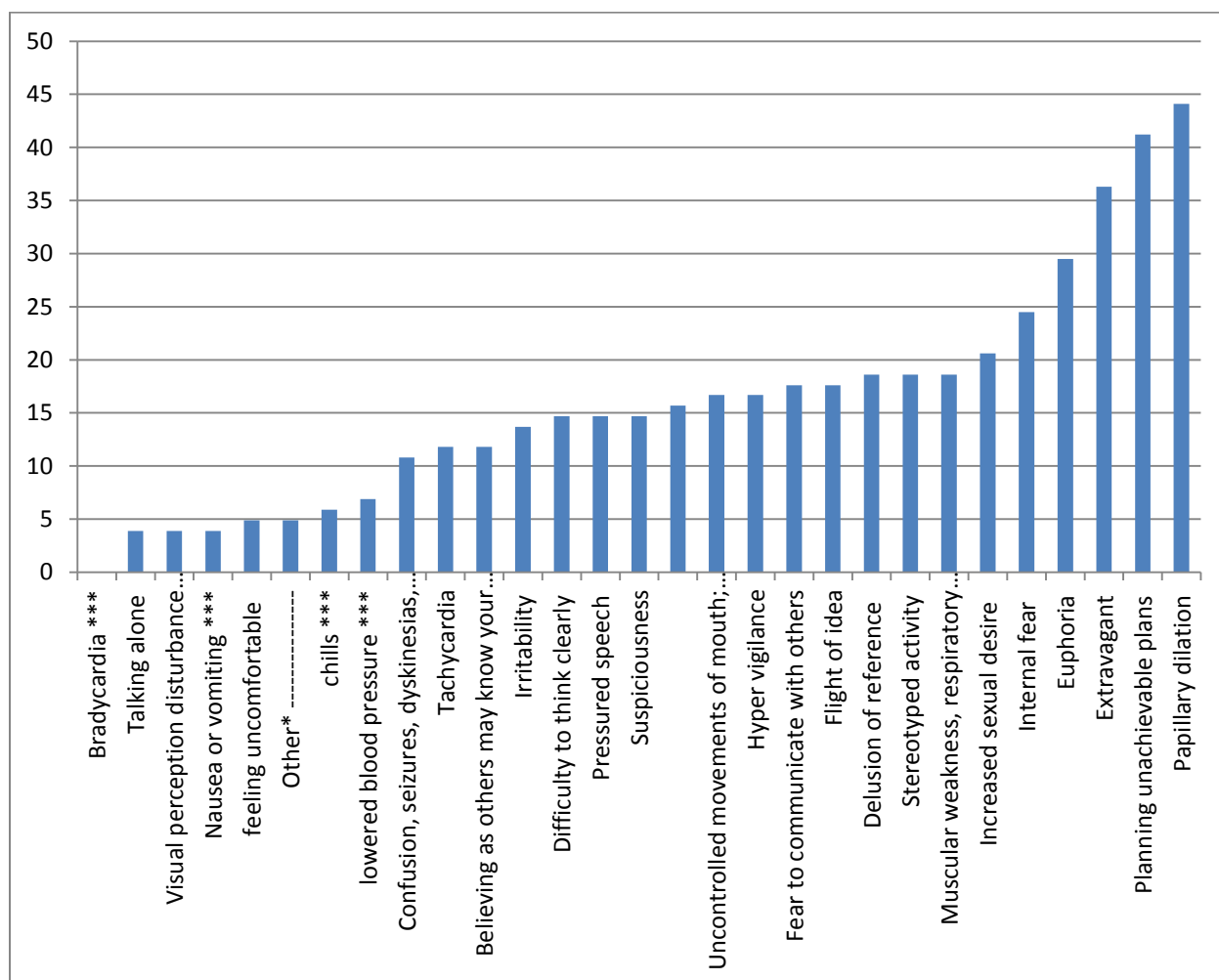


Figure 4; Experiences associated with feeling high (*mirqana*).

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Withdrawal Symptoms of Khat

Among all the respondents (N=102), 69.6% (n=71) of them reported one or more than one withdrawal signs/symptoms of khat and 14.7% (n=15) respondents reported only one withdrawal sign/symptom. From the signs and/or symptoms of khat withdrawal which are reported by respondents; *wesewase*/ decreased effect (12.3%; n=13), increased appetite(7.7%; n=8), increased sleep(6%; n=7), yawning (11.1%; n=12), decreased/loss of energy(6.3%; n=7), irritability(9.1%; n=10), loss of motivation(2.3%; n=3), decreased concentration (4.6%; n=5), restlessness(8%; n=9), depression mood(8.3%; n=9), unpleasant dreams (4.6%; n=5), psychomotor retardation(4.6%; n=5), psychomotor agitation(2.3%; n=3) and loss of sleep (2.6%; n=3) were the prevalent ones . All these signs and/or symptoms were defined by the respondents' criteria for problematic khat use, khat withdrawals. In addition to these criteria the study also found out DSM-5 criteria of stimulant withdrawals. Loss of sleep (2.6%; n=3), psychomotor agitation (2.3%; n=3) and retardation (4.6%; n=5) were the DSM-5 criteria of stimulant withdrawals which were significant signs and/or symptoms reported by problematic khat users as withdrawals. All the withdrawal sign and/or symptoms of khat were shown below, figure 5.

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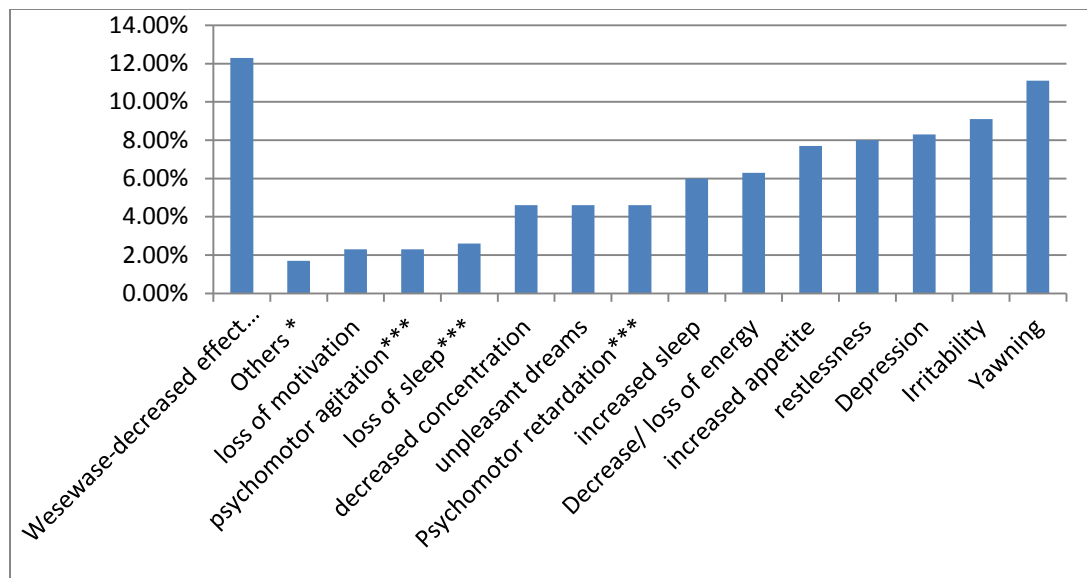


Figure 5. Withdrawal associated experiences of khat use

Problematic Khat Use and Health Effect

Figure 6 below shows the respondents reported health harms associated with problematic khat use. Tooth decay or change in color (13.1%; n=14), increase body temperature (12.5%; n=13), loss of body weight (9.9%; n=10), sleep problem (8.7%; n=9), oral health problem/bad odor (7.8%; n=8), gastric symptoms (7.5%; n=8) and sexual desire problems (7.2%; n=8) were the significant problems reported by the respondents.

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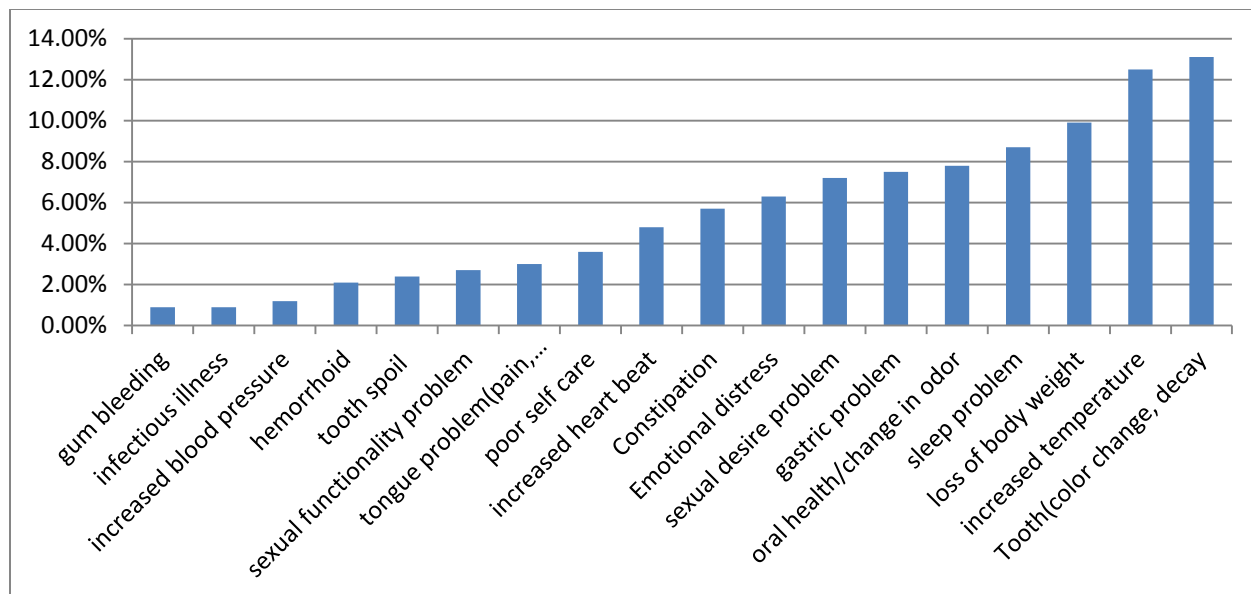


Figure 6. Reported health problems by respondents

Financial Impact of Problematic Khat Use

It was stated that the average daily income was 112.5 ETB and the daily average expense for khat was 90.6 ETB with the minimum expense of 20 ETB and 310 ETB maximum expenses. These means respondents invest 19.5% of their daily income for khat. Detail description about the financial impact of problematic khat use was stated in the qualitative part of this research.

4.4 Factors Associated with Problematic Khat Use

Amount of khat consumed $X^2 = (10, n = 101) = 19.82, p = 0.03, Cramer's = 0.48$ and frequency of khat use $X^2 = (1, n = 101) = 5.7, p = 0.02, phi = 0.26$ were significantly related with problematic khat chewing when chi square test was run out. Regarding the amount of khat consumed per session $Cramer's = 0.5$ (round) implies as there was a strong association between amount of khat consumed per session and being problematic chewer (*Cohen's*, 1988). Frequency of chewing was also had a medium ($phi=0.3$, round) relationship with problematic khat chewing and the risk of being problematic increases by 10.5 times per increase in a single

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session of khat chewing. None of the socio demographic variables had any association with problematic khat chewing, $p > 0.05$ for all. Over all associated factors of problematic khat use was examined and the result is shown below.

Table 7. Logistic Regression Analysis for Variables predicting problematic khat use

Predictor		Problematic khat use				P value
		<i>B</i>	<i>S.E</i>	<i>Df</i>	<i>OR</i> <i>95% CI</i>	
Age		-.025	.043	1	.986[.91, 1.06]	.56
Sex		-.89	.65	1	.41[.11,1.5]	.17
Religion		-.32	0.54	3	.72[.43,3.8]	.84
Employment				5		0.7
Frequency of chewing	Less than 3 -4 times per month	-.81	.45	1	.92[.81,.78]	0.65
	3-4 times per month and above	2.8	1.3	1	16.9[1.31,21.70]	.03*
Duration of chewing khat history		-.24	.60	1	.80[.22,2.8]	.70

Note: * $p < .05$. Chewing khat 2-3 times per month and above was the reference category for the variable frequency of chewing

As it is shown in the Table above those who chew khat more than three or four times per month [OR, 95% CI; 16.9(1.31, 21.7)] were more likely to be problematic khat chewers.

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4.5 Impacts of problematic Khat Use

Problematic Khat Chewing and Psychological Distress

Psychological distress was measured using Kessler (k-10) psychological distress scale. The result showed that the mean score of psychological distress was 20.4 with standard deviation of 9.3. Thirty eight point two percent (n=39) respondents currently have no significant psychological distress where as the rest majorities 61.8% (n=46) were under a range of psychologically distressed. In particular 16.7 % (n=17) respondents were experiencing severe levels of psychological distress which can be consistent with a diagnosis of a severe depression and/or anxiety disorder. In order to examine whether there is any statistical significant difference in Psychological distress as measured by kessler-10 between problematic khat use which is dichotomized as low and high risk problematic khat users group; A Mann-whitney U Test was used. A Mann-Whitney U Test revealed a statistically significant difference in the psychological distress levels of high risk ($Md = 10, n = 49$) and low risk ($Md = 6, n = 51$), groups of problematic khat users, $U = 518.5, z = -2.71, p = .007, r = .30$. The magnitude of the differences was medium (.30) which means around 30% the variance in psychological distress is explained by the severity level of khat chewing.

Problematic Khat use and Social Support

Social support was measured by Oslo Social Support Scale. The result showed that the majority of the respondents 42.2% (n=43) were under moderate level and the remaining 28.4% (n=29) and 27.5 % (n=28) were under strong and poor level of social support respectively. In order to examine whether there is any statistical significant difference in social support level and

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problematic khat use (between low and high risk groups); A Mann-Whitney U Test was run out. A Mann-Whitney U Test revealed a statistically significant difference in the social support levels of high risk ($Md = 10, n = 50$) and low risk groups of problematic khat users ($Md = 10, n = 51$), $U = 1129, z = -1, p = .32, r = .10$. The magnitude of the differences was small using Cohen (1988) which means only around 10% the variance in social support is explained by the severity level of khat chewing.

Harmful Drinking and Problematic Khat Chewing

Harmful drinking was measured by FAST and the result showed that 54.5 % ($n = 55$) of the respondents were harmful drinkers. A Mann-Whitney U Test was also revealed that there was a statistically significant difference in harmful drinking between high risk ($Md = 6, n = 49$) and low risk ($Md = .00, n = 51$) groups of problematic khat users, $U = 922.50, z = -2.61, p = .009, r = .26$. The magnitude of the differences was medium using Cohen (1988) which means around 26% of the variance in harmful drinking is explained by the severity level of khat chewing.

Problematic Khat Chewing and Threatening Life Experiences

Recent life event questionnaire was administered to the respondents and the descriptive summary is shown below.

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Table 8 threatening life experiences

Threatening life experiences	Frequency	Percent
Have you had a serious illness or been seriously injured?	16	15.7
Have you separated from your partner (not including death)?	18	17.6
Have you had any serious problem with a close friend, neighbor or relative?	41	40.2
Have you separated from your partner (not including death)?	37	36.3
Have you lost a significant property?	24	23.5
Have you had any major financial difficulties (e.g. debts, difficulty paying bills)?	35	34.3
Have you had any Police contact or been in a court appearance?	22	21.6
Have you been quit from your work?	14	13.7
Have you been fight with your partner?	9	8.8
Have you been abused (physically or sexually)	10	9.8
Have you faced another significant event which left you in sever anger?	2	2

As it is shown in the table 10 above, the occurrence of serious problem with a close friend, neighbor or relative 42.2 % (n=41), separation with partner 36.2 % (n=35), and financial difficulties 34.3% (n=35), were from some of the frequently reported threatening life experiences by respondents. In order to examine whether there is a significant difference between high risk and low risk groups of problematic khat users in the experiencing of threatening life experiences Mann-Whitney U test was performed. The result showed that there was no significant difference

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in experiencing of threatening life experiences by being in a high risk ($Md = 26, n = 49$) or low risk group ($Md = 27, n = 51$), $U=1093, Z=-1.1, p>0.05, r=0.1$. This implies that only around 10% of the variance in experiencing treating life events was explained by the severity level of khat chewing.

Table 11 Mann-Whitney U test summary table for impacts of problematic khat use

Variables	Problematic khat use				U- test	Z	p	r
	Low risk		High risk					
	Median	N	Median	N				
Psychological	rank		rank					
distress	6	51	10	49	518	-2.71	.007*	.30
Social support	10	51	10	49	1129	-1	.32	.10
Harmful	.00	51	6	49	922.50	-2.61	.009*	.26
drinking								
Threatening life	27	51	26	49	1093	-1.10	.30	0.1
experiences								

* $p<0.005$

The principal Data Collector Personal Observation about Khat Chewing and Related Behaviors

- I have seen different kinds of people chewing khat like university professors, politicians, merchants, Artists and students. Depending on their work people perform their routine tasks at khat chewing houses. Some read while others calculate and plan their business as well as others chat about different political and socioeconomic issues. There are special khat chewing houses for individuals who prefer to chew in a reserved environment most probably famous, wealthy

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and Diaspora individuals. I have no practical observation of these houses but I have done an interview. The houses are found around Bole area. The individuals rent big apartments and guest houses there to chew khat in addition to using other drugs and commercial sexual practice. The houses are much secured.

- It is impossible to deny that, the joke in chewing houses is very interesting. Users confirmed that the jokes what people talk in the cities are usually sourced here at khat houses. Individuals also get either ideal or practical help/consultation from each other in many aspects of life.
- Most houses of khat chewing are very much suffocated. Chewers smoke shesha, cigarette and there is fire to boil coffee/tea. My clothes retained bad odors after I came out. Compounds, doors and windows are always kept closed because the houses are illegal. On the other hand, chewers also need the suffocation/hot environment to get the feeling high of khat soon or easily.
- I have seen ladies with good physical appearance and dressing in a way of sexual attraction while serving chewers by providing hot and soft drinks, shisha and others. Their job title is called '*kedami*'.
- In some houses elementary and high school students are not allowed to enter. As far as my observation this is not because the business men (the owner of the houses) feel socially responsible rather may be fear of police because such students can join or enter when they take off their school uniforms.

CHAPTER FIVE

5. Discussion

This study was conducted primarily to determine what constituted problematic khat use. But as part of this primary objective, the study also explored what constituted acceptable khat use and attempted to understand reasons people have for beginning to use and maintaining the use of khat. The interest to explore what constituted problematic khat use was because there is limited knowledge regarding problematic khat use. Despite the increasing interest in the harmful effects of khat and the interest to ban the use of khat in some high income countries like the UK, little is known about what constituted problematic khat use (Griffiths, 1997). The study employed both emic and etic approaches to explore problematic khat use. Diverse types of khat were identified. The price of khat varied based on its type and the adverse behavioral effects of khat were partly accounted for by the type of khat consumed. Some changes in the manner of khat use have been observed. Khat use is less ceremonial and less respected nowadays and users are more interested in the benefit they could derive for themselves. For example, whereas in the past, users prayed for country and others, nowadays they pray for themselves. Acceptability of khat chewing was described from four perspectives: religious, socio-cultural, functional and use related acceptability. The quantitative study revealed that 4.3% and 3.3 % of the respondents chew khat for religious and cultural reasons respectively. Religiously, particularly among Muslim believers, khat use was reported to be acceptable for enhancing concentration during praying and for bringing blessing to the one praying or prayed for. Use of khat for improving social and occupational functioning was also reported by respondents. These groups of chewers use khat to be energetic, to avoid sleep and to socialize. Functional and socio-cultural as well as

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religious rationalizations of chewing were acceptable not only in Ethiopia but also in some other cultures like Yemen and Somalia. For instance Ahmed, Kathryn & Kenneth, (2002) and Hunter, Baker, Gladbaum, Hirani, Mashari, & McLennan, (2012) confirmed that people use khat at social occasions such as weddings, funerals and parties and by Sheikhs and social leaders intervene to solve peoples' problems. Tefera, Hanlon, Alem, & Shibre (2010) who conducted a study in Butajira (Southern part of Ethiopia) reported that almost all respondents describe the role of khat in prayer and socialization (to avoid social exclusion). This high level of endorsement of socio-cultural benefits was not found in the current study. The higher urbanity of Addis Ababa may partly account for the lower rate of chewing for socio-cultural purposes compared to that of Butajira. In relation to the use pattern, quantity, frequency and timing of khat use, sex and age of users (being unacceptable in women and children) and group composition (mixed sex groups were unacceptable). **Chewing khat with other psychoactive substances was asserted as unacceptable by the respondents which are also seriously condemned in Uganda's culture (Beckerleg, 2009).**

Among users interviewed in the quantitative study (n=102) different reasons for khat use were given. These reasons for chewing were to spend time when they have no work and because they are jobless (21.4%), self treatment from psychological distress (12.9%), just to increase their appetite for alcohol (3.8%), others believe as they are addicted to khat (15.3%) and others chew khat because they are conditioned to the fun of the khat chewing houses (5.7%). Although how many is not known such kinds of reasons were also stated by other researchers (Gelaw & Hiale-Amlak, 2003; Kassim & Croucher, 2006; Kassim & Croucher, 2010). By Kassim & Croucher (2010) study 21% of the respondents which is a slightly higher than the current research stated as they chew khat because they already develop dependency. This numerical

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difference may be because of the research method difference; by the current research data were as perceived by the respondents where as the Kassim & Croucher (2010) did objectively.

The emic approach identified ten main indicators of problematic khat use. (1) Quantity of khat: Using large quantities of khat, the use of increasing amounts of khat and the need to use other substances to either enhance the stimulating effects of the khat or to reverse the excessive stimulant effect of khat (*mirkana*). (2) Time of use: Taking too much time to use khat, using khat in unscheduled time or in the morning and if khat use dominates the users life. (3) Repeated excessive negative impact during or after using khat (*mirkana*). (4) Withdrawal effects when reducing the amount used or cessation of use, and problematic management of these withdrawal effects. (5) Craving for the khat before the regular times of use or with cues. (6) Desire to stop or cut down use but unable to do so. (7) Social and occupational impairments resulting from khat use (limited time or no time for socializing, poor self care, and giving up social life; being overlooked for social responsibilities; inability to carry out responsibilities within family or work; unable to have time or money for recreational activities). (8) Using khat even when it is hazardous. (9) Major negative impact on finances. (10) Physical harms resulting from khat use or from withdrawals. Negative behavioral effects: the main negative behavioral effects result from the chewing (excessive *mirkana*) and from withdrawals due to reducing the amount of khat chewed or from cessation. These experiences and behaviors identified through the emic approach overlapped very well with the behavioral symptoms and experiences defined in the DSM-5: use of large quantities despite risk, desire to stop but unsuccessful at stopping, time spent in procuring, using and recovering from the effects of the substance, craving, functional impairment, risk of physical hazard on using, tolerance and withdrawal. All these DSM-5 manifestations were elicited through the emic approach. In relation to khat use, the Universalist

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approach or the DSM-5 approach appears valid. In relation to the quantitative study, 96.1% of the respondents fulfill both the etic (the DSM-5 criteria) and the emic (respondents' definition) of problematic khat use. In terms of studies that looked simply at the etic criteria, a study by Colzato et al. (2011) and Kassim & Croucher (2010) describe a high proportion of khat chewers reporting manifestations of ICD-10 and DSM-IV.

When we see specific criterion, regarding stop for instance, by the quantitative study 73.5% of the respondents had a practice of persistent desire or unsuccessful efforts to cut down or control khat chewing. For instance, Griffiths et al. (1997) & Yussuf et al. (2007) raised the number to 50% and Kassim & Croucher (2006) reported as 46% of the respondents wanted to stop khat chewing in the future. At all such kind of thought or attempt to stop depends on the respondents' reason of chewing and the benefits they gain from khat. In Addis Ababa where there are less cultural and religious chewers they may more likely think and attempt to stop or control their behavior unlike the previous researches where they are done at high khat cultured societies of Somalis and Yemen.

The current research found out different withdrawal symptoms both physical and psychological. The most frequent reports were decreased psychosocial and functional effect when a decreased amount is taken from the regular dose which is called *wesewase* by the respondents' (12.3%). others such as increased appetite (7.7%), increased sleep(6%), yawning (11.1%), decreased/loss of energy(6.3%), irritability(9.1%), loss of motivation(2.3%), decreased concentration (4.6%), restlessness(8%), depression mood(8.3%), unpleasant dreams (4.6%), psychomotor retardation(4.6%), psychomotor agitation(2.3%) and loss of sleep (2.6%) were reported. This is one of the findings of the current research which are contrary to other researches. For instance, Alem and Shibre (1999) affirmed as only 0.6% of chewers continued to

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use in order to prevent withdrawal symptoms and ACMD (2013) conclude as there is no tolerance in khat. The current study indicates that there may be tolerance to khat but because our samples were highly selected because of the objective of the study, further studies looking at broad range of users is important.

Another problem of khat is health harm. In this study increased temperature (12.5%), teeth decay (13.1%), sexual desire problem (7.2%) and sexual functionality problem (2.7%), constipation (5.7%), a problem of oral health (7.8%), and loss of body weight (9.9%) were the major complaints of respondents in addition to cardiovascular, gastrointestinal problems, gum bleeding, insomnia, hemorrhoid, respiratory infections illness, which are associated with khat. EMCDDA (2011), ECDD (2006), Patel (2008), and Nencini & Ahmed (1989) had also confirmed the above health problems of khat and other harms such as migraine, duodenal ulcers and hepatotoxicity. Especially Patel (2005) concluded that all types of khat use namely mild, moderate and severe in intensity affects health. But as far as the qualitative study of this paper revealed and from the above researches it is difficult to conclude as khat itself causes the above health harms. For instance after chewing it is common to loss appetite and chewers expend their daily budget to khat rather than food and these results under nutrition and not taking food which may be the taken as a risk factor for the above problems particularly for gastric irritation and developing ulcer. Constipation consequences hemorrhoid and other problems such as diabetics, teeth decay and teeth removed may be related with sugar, candy and other similar substances which are taken during chewing khat.

Other health problems may be related with the tobacco and alcohol which are significantly associated with khat chewing. Pesticides which are used by the farmers for the khat

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plant as stated by Mohammed (2010) may also be taken as a risk factor for different health harms.

Infectious illness such as TB is reported by 3% of the respondents may also be associated to share smoking of *shesha* by a single pipe. During the research process the principal investigator of the research had observed people sharing a single pipe to smoke *shesha* and the khat chewing houses were very suffocated/poor ventilation/. Thus when one thinks about the harm of khat the broader risk factors related to the khat use behavior and not just the khat use itself should be considered. These are additional factors to be considered in reducing the risks of harm from khat use behavior.

The psychiatric effect/psychological distress experienced by problematic khat users were another area of interest by the current study. The study found a medium level of relationship between psychological distress and problematic khat chewing, $r=0.23$, $p<0.05$ or A Mann-Whitney U Test revealed a significant difference in the psychological distress levels of high risk groups ($Md = 10$, $n =46$) and low risk groups ($Md =6$, $n = 51$), $U = 518.5$, $z = -2.71$, $p = 0.007$, $r=0.3$. This is comparable with some researches but different to some others. For instance, Belew, Kebede, Kassaye, & Enquoselassie, (2000) and Damena, Mossie, & Tesfaye (2011) confirmed as there was a significant relationship between khat chewing and mental distress and they concluded that persons who use khat suffer from higher rates of mental distress.

Unlike the above studies, Alem et al. (1999) found that there is no association between mental distress and khat use. These differences may be traced to the use of different instruments as well as the sample.

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The current research employed a simple psychological distress scale, Kessler-10, in which the items are relatively measure emotional and behavioral problems than perceptual disturbances. Other researchers used self reporting questionnaire (SRQ) which can also be used to assess psychosis symptoms. Additional psychiatric symptoms such as anxiety, tension, restlessness, and hypnologic hallucinations, hypomania, over activity, insomnia, anxiety, irritability, agitation and aggression were reported (Yousef, Huq, & Lambert, 1995; Kalix & Braenden, 1985; Dhadphale & Omolo, 1988; George, Zahid, &Tim, 1995; Pantelis, Hindler, &Taylor, 1989).

Recurrent sexual engagement after chewing khat which was confirmed by 24.5% of the respondents is one area of problematic khat use. This is more common when men and women chew together in khat chewing houses. Griffiths (1998) & Stevenson et al. (1994) explain this fact and rationalize this by saying men have a perception that women who chew khat are sex workers. Another study also found that Khat chewing is a risk behavior for the spread of HIV infection (Abebe et al., 2005; Kebede et al., 2005). What the current study and the previously listed studies confirm is that khat chewing may be a risk factor for risky sexual engagement and therefore for HIV and other sexually transmitted infections.

Another dimension of khat harm was the functionality and economic impact. Fifty five point nine percent and 57.8% of the respondents reported that khat chewing behavior affects their social and occupational functioning. The deterioration of such functioning and a decreased ability to attend social gatherings and/or festivals were commonly reported by the respondents. The financial impact of khat is also important. Khat use behavior among the sample studies appears substantial. The average amount of money spent on khat (about 6 USD) is much higher than the amount of money used to define the poverty line. Adding this to the expenses incurred

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to support the use of other substances like cigarettes, shesha, pea nut, sugar/candy, soft and hot drinks and rent for sitting at khat houses, the cost of khat chewing could be much more substantial. Those who used khat on a daily basis and those who have to drink alcohol regularly to reverse the aftereffects of khat (*mirkana*) are likely to be the most affected groups.

The costs mentioned above do not consider the broad costs related to loss of social relations, occupational impairment and costs incurred to recover from injuries incurred following hazardous use or physical health problems are also important sources of cost. Thomas and Williams (2013), Al-Motarreb, Baker, and Broadley (2002) described as khat use results to loss of relationships and/or weakening the relationship of family members. Al-Zubaidi (1997) and Griffiths (1997) also had a report on the financial impact of khat use. Griffiths (1997) who did research among Somalis living in London, 57% worried about the money spent on khat ‘often’ (33%) or ‘occasionally’ (24%). WHO Expert Committee on Drug Dependence (2006) and Beckerleg (2009) also had a study on the negative financial consequences of khat chewing. But khat chewing did not always have a negative consequence on functioning and financial aspect of users. For instance, Belew, Kebede, Kassaye, and Enquoselassie (2000) study showed family and social functioning and the economic wellbeing were positively associated with khat use. The basic issue is related with pattern of use; amount, frequency and use of other psychoactive substances to break the feeling high of khat as it were illustrated by the qualitative part of the current study.

It would be anticipated, above average levels of problematic use were associated with the amount and frequency of khat use. Specifically, using one bundle of khat and chewing khat more than 3 to 4 times per month were significantly associated with being higher problematic use scores. These findings were somewhat consistent to the WHO Expert Committee on Drug

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Dependence (2006) report, which stated that the use of more than two bundles of khat per day to be a risk factor for personal and social harm. The current study puts the level lower. But it was difficult to have a common agreement on quantifying of the bundle of khat because it depends on the type of khat. For example a bundle of *wendo khat* is quite very small compared to a bundle for other types of khat; while some other types of khat, such as the *Bahir Dar khat* are measured by grams. So having a common method of quantifying khat use will be an important next step.

Problematic khat chewing was also associated with drinking alcohol and the use of any other psychoactive substance use. When a second psychoactive substance was used, the risk of being problematic user also increases substantially (Odds ratio =16.8 (95% confidence interval = (2.1, 33.9). Although some studies have found association between khat use and socio-demographic factors such as age, gender and educational status, for example in a study in the Jazan region of Saudi Arabia (Hussien, 2009), there was no significant association between khat use and these demographic factors in the current study. Studies from Ethiopia have also indicated relationship between khat use and some demographic factors such as religion and educational status (Gelaw & Haile-Amlak, 2004; Alem et al, 1999). The study by Alem et al. (1999) also reported association between smoking and khat use. Thomas and Williams (2012) also suggested a relationship between tobacco and khat use which was not found (Numan, 2012; Kassim & Croucher, 2006). By Kassim and Croucher (2006) study 92% of their respondents confirmed as khat chewing did not initiate them to smoke cigarette. Whereas 59.8% of the respondents claim as khat chewing is the reason for their use of other psychoactive substances by the current study. It is to be noted that the current study looked at problematic use and the study explored what determined severity or degree of problematic khat use. The other studies cited

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above only explored associated factors with general khat use. The difference might just be because of the differences in the focus of the studies.

CHAPTER SIX

6. Conclusion and Recommendation**6.1. Conclusion**

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

- There were religious, socio cultural and occupational benefits to the use of khat. But these acceptable uses were delimited to the type, session (time), form and amount of khat and barring of other psychoactive substances.
- There are significant khat related problems as reported by both qualitative and quantitative study.
- Problematic use of khat is prevalent among the study participants. There were significant distressing experiences related to the aftereffects of excess use (*mirkana*) and withdrawal. Even those who use khat regularly for functional purpose, they report of the psychological dependence of khat in which they can't be functional without khat. For non functional users, the harm may be increased because of persistent harmful drinking to reverse the effects of *mirkana*.
- Although some other behavioral problems which are illustrated in the result section can also be used for problematic khat chewing; impaired control, social impairment, risky use and pharmacological criteria which are criteria of the DSM-5 works to khat chewing behavior or the DSM-5 criteria of stimulant related disorders fit with the research respondents definition of problematic khat chewing. Therefore clinicians and researchers can use the checklist for their work but it is better to use terminologies which are unique for khat as explored by the current qualitative study.
- Socio-demographic characteristics namely sex, age, marital status, religion, employment status, level of education and living condition were not significantly associated with problematic khat chewing. Again this could be due to the type of sample the study had recruited.

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- Pattern of khat chewing, especially amount and frequency, had a significant relationship with problematic use of khat. These indicators may be used in a screening tool, which may be used in a clinical or research setting.
- Khat may be a gateway for developing habits for the use of other psychoactive substances and for risky sexual engagement. Specifically with alcohol, there was a significant relationship between problematic alcohol drinking and problematic khat chewing.
- Problematic use of khat has a significant impact on health, psychosocial and economic wellbeing of respondents. This implies that a special attention needs to be given for problematic khat use.
- Although the study has found that among certain users khat use can be problematic, how common this is among the general user population is unclear. It is also unclear how comparable the prevalence and the consequences of harmful khat use is to other culturally acceptable substances, such as alcohol. Further studies should explore these outstanding questions.

6.2. Recommendation

Taking the results of this study in to consideration the following recommendations are forwarded to the concerned bodies:

- Policy makers are recommended to design a convention on khat chewing like that of smoking tobacco. Although it seems to control consumption and production of khat in the short time; chewing in public (schools, colleges/universities, recreational areas, health institution, streets and work places) would supposed to be legally prohibited.
- Ministry of Health should have an integrated prevention and treatment strategy for problematic khat chewing. Specifically, screening, health education, psychotherapy and referral of problematic khat chewers should be done starting at primary health care level. Problematic khat chewing should also integrate in the prevention and treatment of Infectious illness such as

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respiratory illness, HIV/AIDS or STIs and mental illness. Stop should also be seriously recommended on a case by case basis especially for individuals with hemorrhoid, sleep and other health problems.

- Since some of the health harms were related with the poor quality of khat like the pesticides and polluted khat leaves, the Federal Food, Medicine and Health Care Administration and Control Authority of Ethiopia ought to integrate khat in its quality control system.
- It is recommended that there shall be a program, similar to Alcoholics Anonymous, which may be organized and used by problematic khat chewers. Such organizations or clubs may be supported by teaching hospitals, psychiatric hospitals, other general hospitals and the ministry of health. These clubs could run educational programs, and support harm minimization and prevention programs. Screening, treatment and consultation of those who have needs related to problematic khat chewing would also be other responsibilities of the program.
- It is recommended that Government and other concerned NGOs assist those individuals who chew because they do not have anything else to do. Rehabilitation is also recommended for Problematic khat chewers. It is also recommended to have a legal control mechanism on sale and use of khat by children. Education should be given to adult chewers to be refraining from ordering children to transport (and purchase) khat.
- It is known that driving after Chewing and Drinking is legally prohibited in Ethiopia. But there may be still gaps in implementation. The prohibition of driving after chewing khat should be reinforced. The Prohibition should also include not only chewing while driving but also who drive after they chew. For this purpose an equipment to test Khat chewing behavior (Khat tester) like alcohol tester may be required.
- Further researches are recommended on the following areas

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- ❖ A similar study should be done on a large sample size and in a representative sample.
- ❖ Clinical study to evaluate the health consequences of excess khat use
- ❖ Develop and validate both screening and assessment tools for khat users.
- ❖ As khat is a widely used psycho stimulant agent, it may have a potential for medicinal use in the area of obesity treatment and the treatment of attention-deficit/hyperactivity disorder, and narcolepsy. The potential for these uses should be explored.

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Obtaining consent

Opening: Dear participants/discussants, these questionnaires/topic guides were designed to conduct a research for the fulfillment of the requirements for the degree of M.A in Clinical Psychology. One of the requirements for the degree is to conduct a research project.

The topic of the study is ‘problematic khat use among khat users in Addis Ababa, Lideta and Addis Ketema sub cities, selected weredas: case definition and impact’.

Khat use is a common behavior and you may have experienced or heard benefits and harms of khat. Thus the aim of this study is to delineate acceptable and problematic use of khat. The associated factors and impacts of problematic khat use are also under the scope of the study. Through the information you provide me, I can achieve these aims.

Your participation in this study is voluntary. You as a participant have full right to participate, not to participate, you don't have to answer any questions that you don't want to answer and ask questions which are not clear.

However, your honest answer to these questions is very important for the purpose of the study. I would also like to remind you that your genuine answer is of paramount importance to the outcome of the research and that all the answers and your identity are kept anonymous and confidential. Confidentiality of the participants is maintained and the participants' privacy would never be disclosed by any means at any stage of the study.

Do you agree to participate in the study? YES NO

Thank you in advance!

Appendix A

Addis Ababa University
 School of psychology
 Clinical psychology program unit

In-depth Interview Guide for khat users

The objective of this interview is to define problematic khat use; Exploring respondents definition for acceptable and problematic use of khat.

Therefore, if you are willing to participant in this research, I am going to ask you the following questions. I would like if you describe the answers being free and honestly.

Thank you, in advance, for your willingness, assistance and for your time.

1. Demographics

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

2. Khat use behavior

- How old are you when you use khat for the first time?
- Where you start chewing khat?
- Why you start chewing khat? Probes; reasons to start
- How you use khat/form of use? probes; chewing, beverage/boiled as a tea, juice
- Where did you chew khat now? Probes; home, *bekamiya bête* (houses where khat is chewed), work place. Why you prefer that?
- With whom you chew khat? Why?
- What type of khat you chew in the last month? Why?
- How much time you spend for chewing khat in the last month? Probes; is this behavior varies from your previous manner of chewing, in time?
- How much khat you chew per session in the last month, per gram or per bundle? Is there a difference in the amount compared to your previous use?
- How much money you spend for khat in average for the last month? Is this amount decrease or increase compared to previous to the month before?
- Did you drink alcohol during chewing khat in the last month?
 - If your answer is yes, how much you drink in average? Is this amount decrease or increase compared to previous to the month before?
 - Why you drink?

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- Did you drink alcohol after chewing khat in the last month?
 - If your answer is yes, how much you drink in average? Is this amount decrease or increase compared to previous to the month before?
 - Why you drink?
- Did you drink alcohol before chewing khat in the last month?
 - If your answer is yes, how much you drink in average? Is this amount decrease or increase compared to previous to the month before?
 - Why you drink?
- Did you smoke cigarette during chewing khat in the last month?
 - If your answer is yes, how many cigarettes you smoke in average? Is this number, decrease or increase compared to previous to the month before?
 - Why you smoke?
- Did you smoke cigarette after chewing khat in the last month?
 - If your answer is yes, how many cigarettes you smoke in average? Is this number, decrease or increase compared to previous to the month before?
 - Why you smoke?
- Did you smoke cigarette before chewing khat in the last month?
 - If your answer is yes, how many cigarettes you smoke in average? Is this number, decrease or increase compared to previous to the month before?
 - Why you smoke?
- Did you smoke/ use cannabis, cocaine, heroin during chewing khat in the last month?
 - If your answer is yes, how is the amount, decreased or increased compared to the previous to the month before?
 - Why you use this drug, tell me for each drug?
- Did you smoke/ use cannabis, cocaine, heroin after chewing khat in the last month?
 - If your answer is yes, how is the amount, decreased or increased compared to the previous to the month before?
 - Why you use this drug, tell me for each drug?
- Did you smoke/ use cannabis, cocaine, heroin before chewing khat in the last month?
 - If your answer is yes, how is the amount, decreased or increased compared to the previous to the month before?
 - Why you use this drug, tell me for each drug?
- Did you use; sugar, peanut, soft drinks, juice (orange) or others during chewing khat in the last month? (ask separately)
 - If your answer is yes, how is the amount, decreased or increased compared to the previous to the month before?
 - Why you use these substances, tell me for each?
- Did you use; sugar, peanut, soft drinks, juice (orange) or others after chewing khat in the last month? (ask separately)
 - If your answer is yes, how is the amount, decreased or increased compared to the previous to the month before?
 - Why you use these substances, tell me for each?

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- Did you use; sugar, peanut, soft drinks, juice (orange) or others before chewing khat in the last month? (ask separately)
 - If your answer is yes, how is the amount, decreased or increased compared to the previous to the month before?
 - Why you use these substances, tell me for each?
- What kind of comment you get from your friends, because of your khat chewing behavior?
- What kind of comment you get from your families, because of your khat chewing behavior?

3. Acceptable and problematic use of khat

3.1 acceptable uses

- Would you tell me the benefits of using khat?
Probes; concentration, social life, recreation
- 3.1.1 What are the criteria for acceptable use of khat? You can use the following parameters
- Culture
- Religion
- Sex
- Age
- Time/session
- Ceremony of khat
- Use of other psychoactive substances and other substances
- Type of khat

3.2 problematic use of khat

- How you define problematic use of khat?
- What kind of harms you faced being khat user or by khat?
Probes;
 - physical health
 - psychological (behavioral and emotional health)
 - economical
 - socio cultural life
- Have you observed such harms on others (ask for each)?
- Did you use khat because you are already addicted?
- If your answer is yes, why you said” I am addicted to khat?”
Probes;
 - Using khat without plan
 - Using in an increased amount
 - Spending much time by searching, chewing or avoiding the stimulating effect of khat
 - Stop or desire to stop
 - Increase in amount of khat or a change in type of khat
 - Social and occupational interference or impairment
 - Hazardous use
 - Distressing feeling high sign and symptoms
 - Distressing withdrawal symptoms

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- To sum up about problematic khat use, would you tell me other parameters how khat use is problematic?

Probes;

- Culture
- Religion
- Sex
- Age
- Time spend by searching, chewing and/or to avoid unwanted feeling high symptoms
- Use of other psychoactive substances

3.3 benefit and harm comparison

- Did the benefit or the harm of khat chewing weights more for you? How? Why?
- How is your intention to stop?

Appendix B
Addis Ababa University
School of psychology
Clinical psychology program unit

Focus Group Discussion Guide for khat users

Good morning/Good afternoon. My name is Awoke Mihretu.
 As I read from the consent section, I am here to collect data for thesis project which is designed to explore problematic khat use in Addis Ababa particularly in selected woredas of Lideta and Addis Ketema sub cities.

While you are a participant

- There is no need to mention your name during the discussion.
- Information you will be providing in relation with your khat use can't be linked with you personally in any form since data are collected anonymously.
- Personal data you will be providing in relation with your khat use will be used only for the purpose of the study and will strictly be held confidential.
- You are kindly requested to answer without interfering while others talk. All of you have chance to talk so try to wait your turn.
- The data collection is expected to be conducted on your free will, thus, if you are not willing to participate and/or to be recorded as a data source you are entitled NOT to participate and/or to be recorded in the interview or to TERMINATE the focus group discussion at any time of your choice.

Thank you, in advance, for your willingness, assistance and for your time.

1. Demographics

- A. Sex
- B. Age
- C. Religion
- D. Marital status
- E. How old are you when you start chewing khat?

2. khat use behavior

- What are the different types of khat?
- What is the difference in the types of khat?
Probes; the nomenclature, in terms of the behavioral effects post chewing,
- How is khat taken? The form of use?
- What are the different things taken during khat chewing? Probes; soft drinks, peanut, sugar...?
Why you use these?
- What is the relationship between other psychoactive substances and khat?
Probes; ask before, during and post chewing and for each psychoactive substance

3. Acceptable and problematic khat use

3.1 What are the criteria to say khat chewing is acceptable?

Probes;

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- Culture
- Religion
- Sex
- Age
- Time/ session
- Ceremony of khat session
- The use of other psychoactive substances
- The type of khat

3.2 problematic use of khat

- What is problematic use of khat? Probes; when, how, to whom and why is khat chewing problematic?
 - How do you describe problematic uses of khat in terms of
 - Culture
 - Religion
 - Sex
 - Age
 - Time/session
 - Ceremony of khat
 - Use of other psychoactive substances and other substances
 - Type of khat
 - Is there compulsive or addictive use of khat? If your answer is yes you can use the following tips (all behaviors should be persistent)
 - Using khat without plan
 - Using in an increased amount
 - Spending much time by searching, chewing or avoiding the stimulating effect of khat
 - Stop or desire to stop
 - Increase in amount of khat or a change in type of khat
 - Social and occupational interference or impairment
 - Hazardous use
 - Distressing feeling high sign and symptoms
 - Distressing withdrawal symptoms
4. Benefit harm comparison
- Did the benefit or the harm of khat chewing weights more for you? How? Why?
 - Do you have the intention to stop?

አዲስ አበባ ዩኒቨርሲቲ

የሳይኮሎጂ ት/ቤት

ክሊኒካል ሳይኮሎጂ ዘርፍ

ችግር የሚያስከትለውን የጫት አጠቃቀም አይነት ለመወሰን በልደታና በአዲስ ከተማ ክፍለ ከተማዎች በተመረጡ ወረዳዎች የሚደረግ ጥናት

ለጫት ተጠቃሚ ግለሰቦች ለሚደረግ ጥልቅ ቃለ መጠይቅ መሪ ጥያቄዎች

እንደምን አደሩ/ዋሉ። ስሜ-----ይባላል። የመጠይቁ አላማ ሰዎች ከጫት መቃም የሚያገኙትን ጥቅም፤ ካለም ደግሞ የሚገጥማቸውን ችግር ለመረዳት ነው። በተጨማሪም ችግር ካስከተለ፤ ችግር የሚያስከትለው ለነማን፤ መቸና እንዴት ነው የሚለውን ጥያቄ ለመመለስ እንፈልጋለን። ሥለዚህ ፈቃደኛ ከሆኑ የሚከተሉትን ጥያቄዎች እጠይቅዎታለሁ። ለጥያቄዎቹ እርስዎ መልስ ነው የሚሉትን በግልጽነት በያብራሩልኝ እዎኛለሁ። በቅድሚያ ግን ለፈቃደኝነትዎ፤ ለትብብርዎና ጊዜዎትን ስልሰጡኝ አመሰግነዎታለሁ።

PROBLEMATIC KHAT USE

- ለ. እድሜ
- ሐ. ሀይማኖት
- መ. የጋብቻ ሁኔታ
- ሠ. ከማን ጋር ነዉ የሚኖሩት
- ረ. ብሔር
- ሰ. ስራ
- ሸ. የትምህርት ደረጃ
- ቀ. ወርሀዊ ገቢ

2. የጫት አጠቃቀምን በተመለከተ

- ጫት ለመጀመሪያ ጊዜ ሲጠቀሙ ስንት አመትዎ ነበር?
- ጫት መጠቀም የጀመሩት የት አገር/አካባቢ ነዉ?
- ጫት እንዴት መጠቀም ጀመሩ? (ማብራሪያ ካስፈለገ፤ እንዲጠቀሙ ያደረጉዎት/የገፋፉዎት ምክንያቶች ምን ምን ነበሩ?)
- ጫት በምን አይነት መንገድ ነዉ የሚጠቀሙት (መቃም፣አፍላቶ በሻሂ፣ ሌላም ካለ ይንገሩኝ?)
- ጫት የሚቅሙት የት ነዉ? (...ለምን?)
- ጫት የሚቅሙት ከማን ጋር ነዉ(...ለምን?)
- ባለፈዉ ወር ዉስጥ የሚጠቀሙት የጫት አይነት ምን አይነት ነበር?
 - ይህ ከበፊቱ ሲጠቀሙት ከነበረዉ ይለያል? ለምን?
- ባለፈዉ ወር ዉስጥ ጫት ሲቅሙ ምን ያህል ጊዜ አዘዉትረዉ ይጠቀማሉ (በሳምንት፣በቀናት...፤ በቀንም ደጋግሞ መቃም)
 - ይህ ከበፊቱ ልዩነት አለዉ?
- ባለፈዉ ወር ዉስጥ ጫት ሲቅሙ ምን ያህል ጊዜ ይጠቀማሉ? (በቃሙ ጊዜ በአማካይ)
 - ይህ ከበፊቱ ልዩነት አለዉ?
- ባለፈዉ ወር ዉስጥ ጫት በተጠቀሙ ጊዜ ምን ያህል ግራም ይጠቀማሉ? (በቃሙ ጊዜ በአማካይ)
 - ይህ ከበፊቱ ልዩነት አለዉ?
- የሚቅሙት ጫት በጥቅል የሚለካ ከሆነ ባለፈዉ ወር ዉስጥ ጫት በተጠቀሙ ጊዜ ምን ያህል ይጠቀማሉ? (በቃሙ ጊዜ በአማካይ)
 - ማብራሪያ፡- ሙሉ/ግማሽ/ኛብ
 - ይህ ከበፊቱ ልዩነት አለዉ?
- ባለፈዉ ወር ዉስጥ ለጫት ምን ያህል ብር ያወጣሉ? (በቃሙ ጊዜ በአማካይ)
 - ይህ ከበፊቱ ልዩነት አለዉ?
- ባለፈዉ ወር ዉስጥ ጫት በሚጠቀሙበት ወቅት አልኮል ይጠጡ ነበር?
 - (አዎ ካሉ) ምን ያህል?
 - ይህ ከሌላዉ ጊዜ ይለያል?
 - መጠጥ ለምን ይወስዳሉ?
- ባለፈዉ ወር ዉስጥ ጫት ከተጠቀሙ በኋላ አልኮል ይጠጡ ነበር?
 - (አዎ ካሉ) ምን ያህል?
 - ይህ ከሌላዉ ጊዜ ይለያል?
 - መጠጥ ለምን ይወስዳሉ?
- ባለፈዉ ወር ዉስጥ ጫት ከመጠቀምዎ በፊት አልኮል ይጠጡ ነበር?
 - (አዎ ካሉ) ምን ያህል?
 - ይህ ከሌላዉ ጊዜ ይለያል?
 - መጠጥ ለምን ይወስዳሉ?
- በአጠቃላይ ጫት ባይቅሙ አልኮል የማይጠጡ ይመስለዎታል?
- ባለፈዉ ወር ዉስጥ ጫት በሚጠቀሙበት ወቅት ሲጋራ ያጨሱ ነበር?
 - (አዎ ካሉ) ምን ያህል?

PROBLEMATIC KHAT USE

- ይህ ከሌላው ጊዜ ይለያል?
 - ሲጋራ ለምን ያጨሳሉ?
 - ባለፈው ወር ውስጥ ጫት ከተጠቀሙ በኋላ ሲጋራ ያጨሱ ነበር?
 - (አዎ ካሉ) ምን ያህል?
 - ይህ ከሌላው ጊዜ ይለያል?
 - ሲጋራ ለምን ያጨሳሉ?
 - ባለፈው ወር ውስጥ ጫት ከመጠቀምዎ በፊት ሲጋራ ያጨሱ ነበር?
 - (አዎ ካሉ) ምን ያህል?
 - ይህ ከሌላው ጊዜ ይለያል?
 - ሲጋራ ለምን ያጨሳሉ?
 - በአጠቃላይ ጫት ባይቅሙ ሲጋራ የማያጨሱ ይመስለዎታል?
 - ባለፈው ወር ውስጥ ጫት በሚጠቀሙበት ወቅት ካናቢስ(እጸ ፋሪስ) ይጠቀሙ ነበር?
 - (አዎ ካሉ) ምን ያህል?
 - ይህ ከሌላው ጊዜ ይለያል?
 - ለምን ይጠቀማሉ?
 - ባለፈው ወር ውስጥ ጫት ከተጠቀሙ በኋላ ካናቢስ(እጸ ፋሪስ) ይጠቀሙ ነበር?
 - (አዎ ካሉ) ምን ያህል?
 - ይህ ከሌላው ጊዜ ይለያል?
 - ለምን ይጠቀማሉ?
 - ባለፈው ወር ውስጥ ጫት ከመጠቀምዎ በፊት ካናቢስ(እጸ ፋሪስ) ይጠቀሙ ነበር?
 - (አዎ ካሉ) ምን ያህል?
 - ይህ ከሌላው ጊዜ ይለያል?
 - ለምን ይጠቀማሉ?
 - በአጠቃላይ ጫት ባይቅሙ ካናቢስ(እጸ ፋሪስ) የማይጠቀሙ ይመስለዎታል?
 - ባለፈው ወር ውስጥ ጫት በሚጠቀሙበት ወቅት ሌላ ነገሮች ይጠቀሙ ነበር? (ስኳር፣ ለውዝ፣ ኮካ፣ ለስላሳ፣ ወተት፣ጭማቂ(ለምሳሌ የብርቱካን)፣ሌላም በየተራ የሚጠየቅ)
 - ለምን ይጠቀማሉ?
 - ባለፈው ወር ውስጥ ጫት ከተጠቀሙ በኋላ ሌላ ነገሮች ይጠቀሙ ነበር ? (ስኳር፣ ለውዝ፣ ኮካ፣ ለስላሳ፣ ወተት፣ጭማቂ(ለምሳሌ የብርቱካን)፣ሌላም በየተራ የሚጠየቅ)
 - ለምን ይጠቀማሉ?
 - ባለፈው ወር ውስጥ ጫት ከመጠቀምዎ በፊት ሌላ ነገሮች ይጠቀሙ ነበር ? (ስኳር፣ ለውዝ፣ ኮካ፣ ለስላሳ፣ ወተት፣ጭማቂ(ለምሳሌ የብርቱካን)፣ሌላም በየተራ የሚጠየቅ)
 - ለምን ይጠቀማሉ?
 - ጫት በመጠቀምዎ ጓደኞችዎ ምን ይላሉ?
 - ጫት በመጠቀምዎ ቤተሰብዎ ምን ይላሉ?
3. ችግር የማያስከትል (ተቀባይነት ስላለው) እና ችግር አለው ስለሚባለው የጫት አጠቃቀም
- 3.1 ችግር የማያስከትል የጫት አጠቃቀምን በተመለከተ
- 3.1.1. ጫት በመቃም የሚያገኛቸውን ጥቅሞች ቢነግሩኝ?
- ማብራሪያ:-
- ትኩረትን ይጨምራል
 - ለማህበራዊ ህይወት ሲባል
 - ለመዝናናት
- 3.2 ጫት መቃም ችግር የለውም የሚባለው ከምን አንጻር ነው? የሚከተሉትን ማነፃፀሪያዎች መጠቀም ይቻላል(ከመልስ በኋላ)::
- ከባህል አንጻር፣ከአደገበት ወይም ኖረውበት ከሚያወቁት ባህል አንጻር ጫት መጠቀም ተቀባይነቱ እንዴት ነው:: እስከምንስ ድረስ ነው::

PROBLEMATIC KHAT USE

- ከኃይማኖት አንፃር፤ ከህይማኖትም አንፃር ጫት መጠቀም ተቀባይነቱ እንዴት ነው?
- ከጾታ አንፃር፤ ጫት መጠቀም ተቀባይነቱን ሴት ወይም ወንድ ከመሆን ጋር እንዴት ይገነዘቡታል/ያዩታል? (ከመልሱ አንፃር) ለምን?
- ከእድሜ አንፃር፤ ጫትን ህጻን (እስከ 18 ዓመት) ወይም አዋቂ ፣ ሆኖ መጠቀም ተቀባይነቱን እንዴት ይገነዘቡታል/ያዩታል? (ከመልሱን አንፃር) ለምን?
- ከጫት አጠቃቀም ጊዜ ፣ ተቀባይነት ያለው የጫት መቃሚያ ጊዜ እንዴት ይገለጻል(ከመልስ በኋላ) መቼ ነው?
- ጫት ሲቃም ከሚደረገው ስርአት አንጻር የጫት ተቀባይነት እንዴት ይገለጻል?
- ጫት ሲቃም ከሚደረገው ነገሮች/አልኮል፣ሲጋራ፣ለውዝ፣ሰኳር፣ሻሂ፣ኮካ፣ጭማቂ ወዘተ/ አንፃር የጫት ተቀባይነት እንዴት ይገለጻል?
- ከጫት አይነት አንፃር፤ የጫቱን አይነት በመምረጥ ተቀባይነት አለው ወይም ጉዳት የለውም የሚባል የጫት አይነት አለ?
 - ከተቻለ የትኛው የጫት አይነት ነው ተቀባይነት ያለው ወይም ጉዳት የሌለው?
 - ከጫቱ አይነት ለምን ተመረጠ? ከአካላዊጤንነት፣ከተዎሲደ በኋላ ከሚያስከትለው የባህሪ ለውጦች ፣ዋጋው ወዘተ አንፃር

3.2 ችግር የሚያስከትል የጫት አጠቃቀም በተመለከተ

- ችግር የሚያስከትል የጫት አጠቃቀም ማለት ምን ማለት ነው?
- ጫት ተጠቃሚ በመሆንም ምክንያት ምን ጉዳት ደረሰብዎ?
 - ከአካላዊጤንነት፣እንቅልፍ፣ ሀኪም ቤት አዘውትሮ ከመሄድ ወዘተ አንፃር
 - ጫት ተጠቃሚ ከሆኑ በኋላ ተከትለው ከሚመጡ የባህሪ ለውጦች አንፃር
 - ኢኮኖሚያዊ ተጽኖ፣ጥሪት ከማሳጣት አንፃር
 - ስራ ጣልቃ ገብነት(ስራን መስራት ካለመቻል አንፃር
 - ማህበራዊ(ቤተሰባዊ) ህይወት፣ዘመድ ከማራቅ፣ወዘተ አንፃር
- ሌላ ሰዎች ላይስ ከላይ የተዘረዘሩት ሲስተዎሉ አይተዋል?
 - ምን ምን (ለእያንዳንዱ)?
 - ምን ያህልስ የተለመደ ነው?
- ሳይፈልጉ ወይንም ጫት ሱስ ሆኖብዎ ይጠቀማሉ?
- ምን ስለሆነ ነው ጫት ሱስ አለብኝ የሚሉት?

ማብራሪያ፡-

- ባለፈው ወር ውስጥ ጫት ያለ እቅድ ይጠቀሙ ነበር፤እንዴት እስኪ አብራርተው ይንገሩኝ፡፡
- ባለፈው ወር ውስጥ ጫት በብዛት ይጠቀሙ ነበር፤እንዴት/ከምን አንፃር እስኪ አብራርተው ይንገሩኝ?
- ባለፈው ወር ውስጥ ጫት ከተለመደው አጠቃቀም ውጭ ለረጅም ጊዜ ይጠቀማሉ ነበር? እንዴት/ከምን አንፃር እስኪ አብራርተው ይንገሩኝ?
- ባለፈው ወር ውስጥ ጫት ማቆም አለብኝ(ለማቆም ሙከራ እያደረጉ) ይጠቀሙ ነበር? ስንት ሙከራ? ለምን አሰቡ/ሞከሩ? ለምንስ አልተሳካልዎትም?
- ባለፈው ወር ውስጥ ጫት አጠቃቀምን ሲያዩት በመጠን ወይም በአይነት የተለየ ነበረ?እንዴት;
- ሁል ጊዜ ከሚቅሙት ጫት በመጠን ያነሰ ቢቅሙ ምን የሚፈጠር ይመስለዎታል?
- ባለፈው ወር በማህበራዊ ህይወት አንፃር ከሚያጋጥሙ ሁኔታዎች(ስርግ፣ሀዘን ወዘተ) መሳተፍ ቢኖርብዎም ጫት ለመቃም ቅድሚያ ይሰጣሉ?
- ባለፈው ወር ውስጥ ከስራ፣ከትምህርት ቀርተው፣ ወይም ከየኑሮ/የለት ተለት/ ተግባርዎን ሳይወጡ ጫት ይጠቀማሉ ?
- ጫት ተጠቅመው አደጋላይ የሚጥል/አጋላጭ የሚባል ስራ ወይንም ሌላ ነገር በማከናዎንም ምክንያት ችግር ገጥሞዎት ያዉቃል? እንዴት?
- ባለፈው ወር ውስጥ ጫት ባልተጠቀሙበት ወቅት ምን ይሰማዎታል/ይታይበዎት ነበር?
 - እነኝህ ስሜቶች/የባህሪ ለውጦች ምን ችግር አስከተሉበዎት?
- ጫት ከተቃመ በኋላ የሚፈጠረው/ስሜታዊ፣አካላዊ፣ባህሪያዊ ለውጦችን ይግለጹልኝ?
 - እነኝህ ለውጦች መፈጠራቸው ይረብሻልዎታል ወይንም ችግር አላቸው? እንዴት?

PROBLEMATIC KHAT USE

- እስኪ አሁን ደግሞ እንደ ማጠቃለያ ጫት መቃም ችግር ነዉ የሚባለዉ ከምን አንፃር ነዉ? የሚከተሉትን ማነጻጻሪያዎች በመጠቀምም ይንገሩኝ(ከመልስ በኋላ)::
 - ከባህል አንፃር ጫት መቃም ችግር የሚኖረዉ እንዴት ነዉ?
 - ከኃይማኖት አንፃር ጫት መቃም ችግር የሚኖረዉ እንዴት ነዉ? ለምን?
 - ከጾታ አንፃር ጫት መቃም ችግር የሚኖረዉ እንዴት ነዉ ? ወይም ለነማን ነዉ? ለምን?
 - ከእድሜ አንፃር ጫት መቃም ችግር የሚኖረዉ እንዴት ነዉ/ለነማን ነዉ? ለምን?
 - ጫት መጠቀም በጊዜ አጠቃቀም ላይ ያለዉን ችግር እንዴት ይገልፁታል::
ለመግዛት(በመፈለግ):
በመቃም:
ከምርቃና ለመወጣት ከሚጠቀሙት ጊዜ አንፃር በዝርዝር ይንገሩኝ?
- ጫት ሲቃም ከሚደረገዉ ስርአት፣ከሚሰጡ ተጨማሪ ነገሮች አንፃር ችግር ያስከትላል የሚባለዉ የጫት አጠቃቀም እንዴት ነዉ? (ለምን?)

3.3 ጥቅም እና ጉዳት ንፅፅር

- በጫት ያገኙትን ጥቅምና የደረሰብዎትን ጉዳት ሲያመዘክኑት የትኛዉ ይበልጥብዎታል? እንዴት?
- አሁን ጫት መጠቀም ለማቆም ያለዎት ሐሳብ ወይንም ቁርጠኝነት ምን ይመስላል?

አመሰግናለሁ::

ችግር የሚያስከትለዉን የጫት አጠቃቀም አይነት ለመወሰን በልደታና በአዲስ ከተማ ክፍለ ከተማዎች በተመረጡ ወረዳዎች የሚደረግ ጥናት

የቡድን ወይይት መወያያ መሪ ሀሳቦች እንደምን አደራሹሁ/ዋላችሁ:: ስሜ አወቀ ምህረቱ ይባላል::የወይይቱ አላማ ሰዎች ከጫት መቃም የሚያገኙትን ጥቅም፤ ካለም ደግሞ የሚገጥማቸውን ችግር ለመረዳት ነው:: በተጨማሪም ችግር ካስከተለ፣ችግር የሚያስከትለው ለነማን፣መቸና እንዴት ነዉ የሚለዉን ጥያቄ ለመመለስ እንፈልጋለን:: እርስዎ በወይይቱ ሲሳተፉ

- ስምዎትን አለመናገር ይችላሉ::
- የሚናገሩት መረጃ በሚሰጥር የሚያዝ ሲሆን ከግለሰባዊ ማንነተዎ ጋር በምንም አይነት መንገድ አይያያዝም::
- መረጃዉ የሚሰበሰበዉ በእርስዎ ፈቃድ ባቻ ነዉ:: ስለዚህ ተሳታፊ ለመሆን ፈቃደኛ ካልሆኑ በማንኛዉም ጊዜ ወይይቱን ሊያቆሙ ይችላሉ:: ድምጽዎ እንዳይቀዳ ከፈለጉም እንዲሁ:: ለወይይቱ ተሳታፊ ለመሆን ፈቃደኛ ሥለሆኑ አመሰግነዎታለዉ::

1. አጠቃላይ መረጃ
 - ሀ. ጾታ
 - ለ. እድሜ
 - ሐ. ሀይማኖት
 - መ. የጋብቻ ሁኔታ

PROBLEMATIC KHAT USE

ሠ. ጫት መቃም የጀመሩበት አመት

2. ስለ ጫት እና ስለ ጫት አጠቃቀም

ሀ. የጫት አይነቶችን ይገነዩኝ?

ለ. እያንዳንዱ የጫት አይነት ልዩነታቸው ምን ምን ነው?

ሐ. ጫት በምን አይነት መንገድ ይወሰዳል?

መ. ጫት ሲወሰድ አብረው ተጨማሪ የሚወሰዱ ነገሮች ምን ምን ናቸው? (ለእያንዳንዱ) ለምን ይጠቅማሉ?

ሠ. ጫት ሲወሰድ አልኮል በተጨማሪነት የሚወሰዱ ከሆነ ጉዳቱ የጫት ወይስ የአልኮል? እንዴት?

3. ችግር የማያስከትል እና የሚያስከትል የጫት አጠቃቀምን በተመለከተ

3.1 ችግር የማያስከትል የጫት አጠቃቀም ማለት ምን ማለት ነው?

- ጫት ተቀባይነት የሚኖረው ከምን አንጻር ነው? የሚከተሉትን ማንጻጻሪያዎች በመጠቀም ይገነዩኝ

ሀ. ከባህል አንጻር

- ጫት መጠቀም ተቀባይነቱ ምን ያህል ነው?
- ለምን አይነት ባህል ነው ተቀባይነት ያለው?
- በባህል ጫት ለምን ይጠቅማል?

ለ. ከኃይማኖት አንጻር፤ ከሀይማኖት አንጻር ጫት መጠቀም ተቀባይነቱ እንዴት ነው?

ሐ. ከጾታ አንጻር፤ ጫት መጠቀም ተቀባይነቱን ሴት ወይም ወንድ ከመሆን ጋር እንዴት ይገነዘቡታል/ያዩታል። (ከመልሱ አንጻር) ለምን?

መ. ከእድሜ አንጻር፤ ጫትን ህጻን (እስከ 18 ዓመት) ወይም አዋቂ ፣ ሆኖ መጠቀም ተቀባይነቱን እንዴት ይገነዘቡታል/ያዩታል። (ከመልሱን አንጻር) ለምን?

ሠ. ከጫት አጠቃቀም ጊዜ ፤ ተቀባይነት ያለው የጫት መቃሚያ ጊዜ እንዴት ይገለጻል(ከመልስ በኋላ) መቼ ነው?

ረ. ጫት ሲቃም ከሚደረገው ስርአት አንጻር የጫት ተቀባይነት እንዴት ይገለጻል?

ሰ. ጫት ሲቃም ከሚወሰዱ ነገሮች/አልኮል፣ሲጋራ፣ለውዝ፣ሰኳር፣ሻሂ፣ኮካ፣ጭማቂ ወዘተ/ አንጻር የጫት ተቀባይነት እንዴት ይገለጻል?

ሸ. ከጫት አይነት አንጻር፤ የጫቱን አይነት በመምረጥ ተቀባይነት አለው ወይም ጉዳት የለውም ማለት ይቻላል? ከተቻለ የትኛው የጫት አይነት ነው ተቀባይነት ያለው ወይም ጉዳት የሌለው? ከምን አንጻር፡- ከአካላዊጤንነት፣ከተዋሰኖች በኋላ ከሚያስከትለው ለውጦች ፣ዋጋው ወዘተ

3.2 ችግር የሚያስከትል የጫት አጠቃቀም ማለት ምን ማለት ነው?

ማብራሪያ: ጫት መጠቀም መቼ፤ እንዴት፤ ለነማንና፤ ለምን

- ችግር የሚያስከትል የሚባለውን የጫት አጠቃቀም ከሚከተሉት ማንጻጻሪያዎች አንጻር እንዴት ያዩታል?

ሀ. ከባህል አንጻር ጫት መቃም ችግር የሚኖረው እንዴት ነው።

ለ. ከኃይማኖት አንጻር ጫት መቃም ችግር የሚኖረው እንዴት ነው።ለምን።

ሐ. ከጾታ አንጻር ጫት መቃም ችግር የሚኖረው እንዴት፣ለነማን ነው።ለምን።

መ. ከእድሜ አንጻር ጫት መቃም ችግር የሚኖረው እንዴት፣ ለነማን ነው። ለምን።

ሠ. ጫት መጠቀም በጊዜ አጠቃቀም ላይ ያለውን ችግር እንዴት ይገልፁታል።

- ለመግዛት(በመፈለግ)፤
- በመቃም፤
- ከምርቃና ለመውጣት ከሚጠቀሙት ጊዜ አንጻር በዝርዝር ይገነዩኝ።

ረ. ጫት ሲቃም ከሚደረገው ስርአት፣ከሚወሰዱ ተጨማሪ ነገሮች አንጻር ችግር ያስከትላል የሚባለው የጫት አጠቃቀም አለ? ካለ እንዴት?(ለምን?)

ሰ. የግድ የሚባለው የጫት አጠቃቀም ማለት ምን ማለት ነው። በጫት እንዴት ይገለጻል።

- ያለ እቅድ መጠቀም ሊሆን ይችላል፤እንዴት እስኪ አብራርተው ይገነዩኝ።
- በብዛት መጠቀም ሊሆን ይችላል፤እንዴት/ከምን አንጻር እስኪ አብራርተው ይገነዩኝ።
- ከተለመደው አጠቃቀም ወጭ ለረጅም ጊዜ መጠቀም ሊሆን ይችላል፤እንዴት/ከምን አንጻር እስኪ አብራርተው ይገነዩኝ።
- ባልተጠቀሙበት ወቅት ምን ይሰማዎታል/ይታይበዎት ነበር
- ጫት ማቆም አለብኝ(ለማቆም ሙከራ እያደረጉ) መጠቀም። ካለ ለምን ማቆም አይቻልም

ረ. የጫት አጠቃቀም በመጠን ወይም በአይነት ከጊዜ በኋላ እየተለዩ ወይም እየጨመረ ይሄዳል። እንዴት?

PROBLEMATIC KHAT USE

ኘ. የኑሮ/የለት ተለት/የስራ ሀላፊነቶችን ሳይወጡ/ ችላ ብሎ/ ይጠቀማሉ እንዴት እስኪ በምሳሌ ያሳረዱኝ
አ. ጫት ተጠቅመው አደጋላይ የሚጥል/አጋላጭ የሚባል ስራ ወይም ሌላ ነገር በማከናወን ምክንያት ችግር ገጥሞዎት ያዉቃል። እንዴት

- 3.2.1 ጫት በመቃም ሊከሰቱ የሚችሉ ችግሮችን በተመለከተ
- ሀ. ከአካላዊጤንነት አንፃር ጫት መጠቀም ምን ችግር ያስከትላል?
- ለ. ጫት ተጠቃሚ ከሆኑ በኋላ ተከትለው ከሚመጡ የባህርይ ለውጦች አንፃር ጫት መጠቀም ምን ችግር ያስከትላል?
- ሐ. ኢኮኖሚያዊ ተጽኖ፣ጥሪት ከማሳጣት አንፃር ጫት መጠቀም ምን ችግር ያስከትላል?
- መ. ስራ ጣልቃ ገብነት(ስራን መስራት ካለመቻል አንፃር ጫት መጠቀም ምን ችግር ያስከትላል?
- ሠ. ማህበራዊ(ቤተሰባዊ) ህይወት፣ዘመድ ከማራቅ፣ወዘተ አንፃር ጫት መጠቀም ምን ችግር ያስከትላል?

3.3 ጥቅም እና ጉዳት ንፅፅር

ሀ. ጫት ከሚያስገኘው ጥቅምና ከሚያስከትለው ጉዳት አንጻር የትኛው ይበልጥ በዎታል? እንዴት?

ለ. ጫት መጠቀም ለማቆም ያለዎት ሐሳብ ወይም ቁርጠኝነት ምን ይመስላል?

- ባጠቃላይ ከተነጋገርነው ዉስጥ አፅንኦት ሊሰጡት የሚፈልጉት ነገር ካለ?
- ጥያቄ ወይም ሀሳብ ካለዎት?

አመሰግናለሁ።

Appendix c

ADDIS ABABA UNIVERSITY

SCHOOL OF PSYCHOLOGY

CLINICAL PSYCHOLOGY PROGRAM UNIT

1. GENERAL QUESTIONNAIRE FOR KHAT USE

PROBLEMATIC KHAT USE

This questionnaire is designed to obtain information about khat use; defining problematic khat use, determinants and impact. This questionnaire is to be filled out by all types of khat users and non users who live in Lideta and Addis Ketema sub cities, Addis Ababa.

Right at the outset, I would like to assure you that your responses will be used only for academic research purpose and that they will be kept confidential. Since the quality and success of this study depends on the validity and reliability of the information you provide, you are kindly requested to give your answers to each questions of the questionnaire.

Thank you, in advance, for your assistance and time.

Part one: - Socio demographic characteristic of the participants

Have you ever use khat yes_____ No_____.

1. Personal data				
Firstly I would like to know about your current personal data.				
101	Age	[] [] age		AGE
102	Sex	Male	0	SEX
		Female	1	
103	Marital status	Single	1	MARIT
		Married	2	
		Divorced	3	
		Separated due to death	4	
		Married but not live together due to different factors	5	
		Other	6	
104	Address(sub city)	Lideta	0	RES
		Addis ketema	1	
105	Educational status	Don't join school	1	EDU
		Read and write only	2	
		Primary school	3	
		Secondary school	4	
		Higher education	5	
106	Income (daily/ monthly)	Daily income _____ merchants /daily workers-birr monthly income _____ employees- birr		INCOM E
107	Wealth(comparison to neighbor)	Low	1	WEALT H
		Medium	2	

PROBLEMATIC KHAT USE

		High	3	
108	Religion	Orthodox Christian	1	RELIG
		Muslim	2	
		Protestant	3	
		Other _____	4	
109	Ethnicity	-----		ETHNIC
110	Occupation	House wife	1	EMP
		Merchant	2	
		Student	3	
		Employed	4	
		Daily worker	5	
		Un employed	6	
		Irregular/illegal work	7	
		Other _____	8	
111	Living condition	With family/relatives	1	DEPE
		With one's own family	2	
		Alone	3	
		Quit from home due to khat use	4	
		Other	5	
2. Khat use				
This part is about khat use behavior and related issues.				
112	When did you start chewing khat?	Yes	1	everchew
		No	0	
113	When did you use khat for the last time?	-----	lastchew	
115	What type of khat you chew regularly?	-----		
116	Form of khat use	Chewing	1	FORM K
		Boiled like tea form	2	
		Powder	3	
		Other	4	
117	Frequency of khat use for the last year?	Less than one month	1	LASTFRE
		Once a month	2	
		2 to 3 times per a month	3	
		Every week	4	
		2 to 3 times per a week	5	
		Daily	6	
		More than once per day	7	
		Whole day	8	

PROBLEMATIC KHAT USE

		Whole night	9	
		Other	10	
118	Frequency of current khat use for this month?	Less than one month	1	CURRF RQ
		Once a month	2	
		2 to 3 times per a month	3	
		Every week	4	
		2 to 3 times per a week	5	
		Daily	6	
		More than once per day	7	
		Whole day	8	
		Whole night	9	
		Other	10	
119	To which time you chew regularly?	Morning	1	
		After launch	2	
		After 8 or 9 o'clock	3	
		Whole Night	4	
		Whole day	5	
		Day and night	6	
		Other	7	
120	During last year may be the last month or during your last time of chewing of the year Khat use amount (gram, bundle)	Khat amount in Average per session/use- - -----	QUANT	
121	During this month how much khat you use? (gram, bundle)	Khat amount in Average per session/use		
122	Reason for khat use	For Praying	1	Reason
		It is Culture (condolence, wedding...)	2	
		To increase appetite for alcohol	3	
		For functional purpose (study, work,...)	4	
		To spend time	5	
		Without any functional purpose	6	
		Because I am khat addict	7	
		Because I am interested to the joke at khat chewing houses	8	
		Self treatment	9	
		Because I am content by the khat effect it self	10	
		To be calm	11	
		Other -----	12	
123	Do you regularly use any other substance	Yes	0	

PROBLEMATIC KHAT USE

	(alcohol, nicotine, cannabis) before you start khat use?	No	1	
124	If your answer is yes, which substance you start first (tell me in order)	First ----- Second ----- Third ----- Fourth ----- Fifth -----		BEFOR DRUG
125	Another psychoactive drug you start to use (alcohol, nicotine, cannabis, cocaine, shesha) after you start khat? (tell me in order)	First ----- Second ----- Third ----- Fourth ----- Fifth -----		AFTER DRUG
127	If your answer is yes, tell me about your behavior of the drug you use?	I smoke only when I chew	1	NICOP ATTEE RN
		I smoke after I chew	2	
		I smoke even when I don't chew		
		I am addicted to nicotine than khat	3	
		Other -----	4	
128	The drug you use in amount	While you chew khat Alcohol____nicotine-----cannabis----- ----- cocaine-----, shesha-----	1	NICO QUANT
		After you chew khat Alcohol____nicotine-----cannabis----- ----- cocaine-----, shesha-----	2	
		A day When you don't chew khat Alcohol____nicotine-----cannabis----- ----- cocaine-----, shesha-----	3	
		Before you chew khat Alcohol____nicotine-----cannabis----- ----- cocaine-----, shesha-----	4	
		Other -----	5	
129	Do you believe as you become a use of the above substances because you are khat users?	Yes	0	KHATN ICO
		No	1	
130	If your answer is yes, what is the relationship between cigarette and khat?	-----		KHANI CREL
135	What do you do to break or avoid the feeling high of khat?	I use that for praying reading, working	1	CHEBS I
		I don't to disturbed; I can simply sleep	2	
		By alcohol	3	

PROBLEMATIC KHAT USE

		By milk	4	
		By long walk, watching movie etc	5	
		I suffer without doing nothing	6	
		I engage in sex	7	
		Other -----	8	
136	Do you regularly have risky sexual engagement due to the feeling high effect of khat?	Yes	0	SEX
		No	1	

138	Do you believe that khat makes me successful in my schooling, work or occupational areas of life?	to a great extent	1	KHAT SUC
		a lot	2	
		In a small extent	3	
		Nothing	4	
	Do you believe that khat makes you successful in your social life?	to a great extent	1	
		a lot	2	
		In a small extent	3	
		Nothing	4	
	Do you believe that khat affects your schooling, work or occupational areas of life?	to a great extent	1	
		a lot	2	
		In a small extent	3	
		Nothing	4	
	Do you believe that khat harms your social life?	to a great extent	1	
		a lot	2	
		In a small extent	3	
		Nothing	4	
139	In the morning, do you regularly use any stimulant to avoid the behavioral changes as a result of khat?	yes	0	WITHSTIMU
		No	1	
140	Have you ever had the desire or unsuccessful efforts to cut down or control khat use?	yes	0	STOP
		No	1	
141	If your answer is yes, why do you think or attempt to stop or control?	Its time consumption	1	STOPREASON
		It is a catalyst for alcohol	2	
		It is a catalyst for cigarette	3	
		It leads you for risky sexual intercourse	4	
		Due to change in place	5	
		Its physical health harm (at tooth,	6	

PROBLEMATIC KHAT USE

		tongue etc		
		Its behavioral effect or psychological harm	7	
		Its financial impact	8	
		Its impact on social life	9	
		Because I am becoming to believe as I am impaired to significant social and occupational areas of my life unless I chew khat?	10	
		Its physical withdrawals	11	
		After the accident/s I face while I chew khat regularly in a physically hazardous situations	12	
		Others	13	
142	Do you believe as you have to chew khat whenever you have serious duties of work, schooling or social life?	yes	0	SERIOUPUR
		No	1	
143	Do you experience behavioral changes whenever you didn't chew or reduce the amount of khat you chew regularly?	yes	0	WITHDR
		No	1	
144	If your answer is yes, what kind of behavioral changes?	<i>Wesewase</i>	1	WITHDSYMP
		Craving		
		Increased appetite	2	
		Increased need for sleep	3	
		Yawning	4	
		Loss of energy	5	
		Irritability	6	
		Decreased or lack of motivation for work and/or social life	7	
		Decreased concentration	8	

PROBLEMATIC KHAT USE

		Restlessness	9	
		Depression	10	
		Unpleasant dreams	11	
		Wesewase when the regular amount of khat decreases	12	
		Psychomotor retardation ***	13	
		Psychomotor agitation***	14	
		Insomnia ***	15	
		other-----	16	
145	What are the physical complications or harms of khat on you?	Hyperthermia	1	HEALTHPRO
		Increased blood pressure	2	
		Increased heart beat	3	
		Tooth color change and decay	4	
		Tooth confiscate	5	
		Sleep disturbance	6	
		Gum bleeding	7	
		Hemorrhoid	8	
		Exposure to infectious illness like HIV/AIDS,TB	9	
		Constipation	10	
		Decreased or increased interest for sex	11	
		Impaired sexual functioning	12	
		Mouth odor change	13	
		Tongue pain	14	
		Weight loss	15	

PROBLEMATIC KHAT USE

		Gastric symptoms	16	
		Poor self care	17	
		Emotional disturbance	18	
		Other -----	19	
146	Are there significant behavioral changes when you chew and/or after you chew khat?	yes	0	FEELINGHIGH
		No	1	
147	If your answer is yes what are they?	Internal fear	1	
		Not feeling uneasy	2	
		Papillary dilation	3	
		Uncontrolled movements of mouth; tongue, lip	4	
		Increased sexual desire	5	
		Planning unachievable plans	6	
		Extravagant	7	
		Difficulty to think clearly	8	
		Fear to communicate with others	9	
		Pressured speech	10	
		Flight of idea	11	
		Suspiciousness	12	
		Delusion of reference	13	
		Believing as others may know your internal though	13	
		Stereotyped activity	14	
		Talking alone	15	

PROBLEMATIC KHAT USE

		Auditory perception disturbance(finding a sound wh is far from the nearby, finding a sound wh is from the right from left, a small sound stimulus as tense etc	16	
		Visual perception disturbance (misinterpretation taking a stimuli as two, taking a stimuli wh is far as too near etc)	17	
		Heypervigilance	18	
		Irritability	19	
		bradycardia ***	20	
		chills ***	21	
		Nausea or vomiting ***	22	
		lowered blood pressure ***	23	
		Muscular weakness, respiratory depression, chest pain, or cardiac arrhythmias ***	24	
		Confusion, seizures, dyskinesias, dystonias, or coma***	25	
		Other -----	26	
143	During past year how much money you spent for khat in average?	Per day For khat ----- For <i>chebsi</i> ----- Others ----- Total -----		MONEYLAST
144	During this month or during your last time you chewed how much money you spent for khat in average?	Per day For khat ----- For <i>chebsi</i> ----- Others ----- Total -----		MONEYCURREN
145	Do you regularly sold you property (book,	Yes	0	SELLINGPRO

PROBLEMATIC KHAT USE

	clothe etc) without your plan or just by low cost because of lacking money for khat?	No	1	
146	Do you regularly stole others or families property and buy khat?	yes	0	THEFT
		No	1	
147	Do you regularly beg when you have no money for khat or for <i>Chebsi</i> (to break the feeling high)	Yes	0	BEGGING
		No	1	
149	For me the disadvantage of khat weights its benefit?	Yes	0	BENEHARM
		No	1	
150	Do you want to stop chewing khat?	Yes	0	STOPW
		No	1	

አዲስ አበባ ዩኒቨርሲቲ

የሳይክሎጂ ት/ቤት

ክሊኒካል ሳይክሎጂ ዘርፍ

1. ስለ ጫት አጠቃቀም አጠቃላይ መጠይቅ

ይህ መጠይቅ ለጫት ተጠቃሚዎች የተዘጋጀ ሲሆን የመጠይቁ ዓላማም ጫት መጠቀም ችግር የሚሆንባቸውን ሁኔታዎች ወይም ችግር የሚያስከትልውን የጫት አጠቃቀም አይነት ለመረዳት ታስቦ የተዘጋጀ መጠይቅ ነው። በዚህ መጠይቅ የተሰበሰበ መረጃ ሚስጥራዊነቱ የተጠበቀና ለትምህርት ዓላማ ብቻ የሚወልድ ይሆናል። ስለዚህ የዚህን ጥናት ዓላማ ለማሳካት በእናንተ የሚሰጠው መረጃ ተገቢነትና ታማኝነት ትልቁን ሚና እደሚጫወት አወቃችሁ በመጠይቁ ላይ ያሉ ጥያቄዎችን በአግባቡ ብትሞሉልኝ እዎታለሁ። በአክብሮትም እጠይቃለሁ።

ለምታደርጉልን ትብብር በቅድሚያ የከበረ ምስጋናዎን አቀርባለሁ።

በመጀመሪያ ጫት ተጠቅመው ያወቃሉ? አዎ ----- አላወቅም-----

3. የግለሰቡ መረጃ

በቅድሚያ ስለእርስዎ አጠቃላይ መረጃ እጠይቃለሁ።በአብዛኛው መወቅ የምፈልገው አሁን ስላሉበት ሁኔታ ነው።

101	እድሜ (እድሜዎት ስንት ነው?)	[] [] ዓመት		AGE
102	ፆታ	ወንድ	1	SEX
		ሴት	2	

PROBLEMATIC KHAT USE

103	የጋብቻ ሁኔታ (በአሁኑ ወቅት የትዳር ሁኔታ እንዴት ነው?)	ያላገባ	1	MARI T
		ያገባ	2	
		በፍቺ የተለያየ	3	
		በሞት የተለየ	4	
		ያገባ ግን በስራ ወይም በሌላ ምክንያት አብሮ የማይኖር	5	
		ሌላ	6	
104	ክፍለ ከተማ(ክፍለ ከተማዎ ምን ይባላል?)	ልደታ	0	RES
		አዲስ ከተማ	1	
105	በትምህርት ቤት ምን ያህል ቆይተዋል?	ትምህርት ቤት ያልገቡ	1	EDU
		ማንበብና መጻፍ ብቻ	2	
		አንደኛ ደረጃ ከ1-4ኛ ክፍል	3	
		አንደኛ ደረጃ ከ4-6ኛ ክፍል	4	
		ሁለተኛ ደረጃ ከ7-8ኛ ክፍል	5	
		ሁለተኛ ደረጃ ከ9- 10ኛ ክፍል	6	
		ኮሌጅ ወይም ዩኒቨርሲቲ	7	
106	የገቢ ሁኔታ (የቀን/የወር/የዓመት ገቢዎ ምን ያህል ነው?) <u>ማስታዎሻ</u> : ተጠያቂው ነጋዴ ወይም የቀን ሰራተኛ ከሆኑ የቀን ገቢ፤ የመንግስት ሰራተኛ ከሆኑ የወር ገቢ፤	የቀን ገቢ _____ ብር (ነጋዴ/የቀን ስራ) የወር ገቢ _____ ብር		INCO ME
107	ተነጻጻሪ ሃብት (በአካባቢው ካሉ ሌሎች ቤተሰቦች ጋር ሲያስተያየ በሃብት ደረጃ እራስዎን የት ያስቀምጡታል?)	ዝቅተኛ	1	WEA LTH
		መካከለኛ	2	
		ጥሩ ኑሮ ያለው	3	
108	ሀይማኖት (ሀይማኖትዎ ምንድን ነው?)	ኦርቶዶክስ ክርስትያን	1	RELI G
		ሙስሊም	2	
		ፕሮቴስታንት	3	
		ሌላ _____	4	
109	ብሔር (ብሔርዎ ምንድን ነው?)	-----		ETH NIC
110	ስራ (ገቢ የሚያገኙበት ስራዎ ምንድነው?)	የቤት እመቤት	1	EMP
		ነጋዴ	2	
		ተማሪ	3	
		የመንግስት ወይም የግል ሰራተኛ	4	
		የቀን ስራ (የጉልበት ሰራተኛ)	5	
		ስራ የለኝም	6	
		አየር ባየር ንግድ	7	
		ሌላ _____	8	
111	የሚኖሩት ከማን ጋር ነው?	ከወላጆቹ ወይም ሌላ ቤተሰብ ጋር	1	DEP E
		ከባለቤቱ ጋር	2	

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		ብቻዩን	3	
		ብቻዩን በጫት ምክንያት ከቤት ተባርሬ	4	
		ሌላ	5	
<p>4. ስለ ጫት መጠቀም በመቀጠል ሥለ ጫት መጠቀም፣ አጠቃቀም ወይ ተያያዝ ሁኔታዎች እጠይቀዎታሉ። ስለሆነም እባክዎን ግልፅ እና ትክክለኛውን መረጃ በመስጠት ይተባበሩኝ። ከአንድ በላይ መልስ መመለስ ይቻላል።</p>				
112	ጫት መቃም የጀመሩበት በስንት አመትዎ	[] [] ዓመት	year	
113	ለመጨረሻ ጊዜ ጫት የተጠቀሙት መቼ ነበር?	-----	Lastkhatus	
114	ምን አይነት ጫት ነው አዘውትረው የሚጠቀሙት?	-----		
115	ጫት የሚጠቀሙት በምን አይነት መንገድ ነው?	በመቃም	1	FOR MK
		አፍልቶ(አውዛ)	2	
		ዱቄቱን በመቃም	3	
		በጭማቂ መልኩ	4	
		ሌላ.....	5	
116	ባለፈው አመት በአማካኝ ጫት በየስንት ጊዜ ይቅሙ ነበር?	በወር አንዴ በታች	1	LAST FRE
		ወር አንዴ	2	
		በወር 2 እስከ 3 ጊዜ	3	
		በየሳምንቱ	4	
		በሳምንት ከ2 እስከ 4 ጊዜ	5	
		በየቀኑ	6	
		በቀን ከአንድ ጊዜ በላይ	7	
		ቀኑን ሙሉ	8	
		ሌሊቱን ሙሉ	9	
		ሌላ	10	
117	በዚህ ወር ውስጥ ጫት በአማካኝ በየስንት ጊዜ ይቅማሉ?	በዚህ ወር አልቃምኩም	1	CUR RFR Q
		አንዴ ብቻ	2	
		በወር 2 እስከ 3 ጊዜ	3	
		በየሳምንቱ	4	
		በሳምንት ከ2 እስከ 4 ጊዜ	5	
		በየቀኑ	6	
		በቀን ከአንድ ጊዜ በላይ	7	
		ቀኑን ሙሉ	8	
		ሌሊቱን ሙሉ	9	
		ሌላ	10	
118	ጫት የሚቅሙት በአብዛኛው በየትኛው	ጡት(የጀበና)	1	REG

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	ጊዜ ነው?	ከምሳ በኋላ(አይሬ)	2	UFO RM
		ከ 8 ወይንም 9 ሰአት በኋላ(አዲስ ዜማ)	3	
		ማታ(ቃጢራ)	4	
		ቀኑን ሙሉ	5	
		ቀንም ሌሊትም	6	
		ሌላ	7	
119	ባለፈው አመት ለምሳሌ በአመቱ መጨረሻ ወር ምን ያህል የጫት መጠን በአማካኝ ይጠቀሙ ነበር ? (በግራም፣ በዙርባ)	በቃሙ ጊዜ በአማካኝ.....	QUANT	
120	በዚህ ወር ምን ያህል የጫት መጠን በአማካኝ ይጠቀማሉ ? (በግራም፣ በዙርባ)	በቃሙ ጊዜ በአማካኝ.....		
121	ጫት የሚቅሙበት ምክንያት (ጫት የሚቅሙት ለምንድን ነው?)	ለፀሎት	1	REA SON
		ባህል (በሰርግ፣ በሀዘን ወዘተ ጊዜ)ስለሆነ	2	
		አልኮል የመጠጣት ፍላጎትን ስለሚጨምር	3	
		ለአላማ(ለስራ፣ ለማህበራዊ ህይወት፣ ለማንበብ፣ ወዘተ)	4	
		ጊዜ ማሳለፊያ	5	
		ጫት እራሱን አላማ ብዬ ወይንም ያለ ምንም ምክንያት ጫት እቅማለወ.	6	
		ጫት ሱስ ሆኖብኝ እቅማለሁ	7	
		ጫት ቤት ያለው ወሬ(ድወካ) ስለሚያስደስተኝ	8	
		ስሜቴን እንዲያስተካክልኝ ለምሳሌ ከጭንቀት ለመወጣት፣ ችግራን ለመርሳት	9	
		መቃም በራሱ ደስታን ስለሚሰጠኝ	10	
		አደቤን ለመግዛት	11	
		ሌላ-----	12	
122	ጫት መጠቀም ከመጀመርዎ በፊት ሌላ አደንዛዝ እፅ (አልኮል፣ ሲጋራ፣ ካናቢስ፣ ኮኬይን፣ ቪቫ፣ ወዘተ ይጠቀሙ ነበር?	አዎ	0	
		አይ	1	
123	መልስዎ አዎ ከሆነ በቅደም ተከተል ምን እንደተጠቀሙ ይንገሩኝ?	መጀመሪያ----- ሁለተኛ ----- ሶስተኛ----- አራተኛ ----- አምስተኛ -----	BEF ORD RUG	
124	ጫት መጠቀም ከጀመሩ በኋላ ሌላ አደንዛዝ እፅ (አልኮል፣ ሲጋራ፣ ካናቢስ፣ ኮኬይን፣ ቪቫ፣ ወዘተ) ምን ጀመሩ- አዘውትረው መጠቀም?	መጀመሪያ----- ሁለተኛ ----- ሶስተኛ----- አራተኛ -----	AFT ERD RUG	

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	(እንደአጀማመርዎ ቅደም ተከተል ይንገሩኝ)	አምስተኛ -----		
126	ከላይ እጠቀማለዉ ያሉት አደንዛዥ እፅ መጠን ምን ያህል ነዉ?	ጫት በሚቅሙበት ጊዜ		QUANTITATIVE DRUGS
		ሲጋራ-----ካናቢስ----- ኮኬይን----- ሸሻ----- አልኮል-----		
		ጫት ከቃሙ በኋላ		
		ሲጋራ----- አልኮል----- ካናቢስ----- ኮኬይን----- ሸሻ-----		
		ጫት ባልቃሙ ቀን		
		ሲጋራ----- አልኮል----- ካናቢስ----- ኮኬይን----- ሸሻ-----		
		ጫት ከመቃምዎ በፊት		
		ሲጋራ-----ካናቢስ----- ኮኬይን-----አልኮል-----ሸሻ-----		
127	ጫት ተጠቃሚ ባልሆን ከላይ የዘረዘሩልኝን የአደንዛዥ እፅ አልጠቀምም ነበር ብለዉ ያምናሉ?	አዎ	1	KHATHERS
		አይ	0	
128	መልስዎ አዎ ከሆነ እንዴት ወይም ጫትና ከላይ የዘረዘሩልኝን የአደንዛዥ እፅ አይነቶት ምን ያገናኛቸዋል?(እያንዳንዱ)	-----		KHANICREL
129	በጫት ምክንያት የሚፈጠረዉ መነቃቃት(ምርቃና) በምን ያስወግዱታል(ይሰብሩታል)?	እጠቀምበታለዉ(ለፀሎት፣ ለንባብ፣ ለስራ .. ወዘተ)	1	CHEBSI
		ብዙም አያስቸግረኝም እንዲሁም መተኛት እችላለዉ	2	
		በአልኮል	3	
		በወተት	4	
		ረዘም ያለ የእግር ጉዞ በማድረግ፣ ፊልም በማየት ወዘተ	5	
		እንዲሁ ዝም ብዬ እቸገራለዉ	6	
		ግብረ ስጋ ግኑኝነት በማድረግ	7	
		ሌላ-----	8	
130	ጫት ቅመዉ በሚፈጠረዉ መነቃቃት(ምርቃና) ምክንያት በተደጋጋሚ ወደ አልተፈለገ የግብረ ስጋ ግንኙነት ያደረጋሉ?	አዎ	1	SEX
		አይ	0	

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131	ጫት በስራዬ፤ ንግድ፤ ትምህርት ወዘተ ወጤታማ አድርጎኛል ብለዉ ያምናሉ?	በእጅጉ	1	KHATSUC
		በመጠኑ	2	
		በጣም የተወሰነ	3	
		ምንም አልጠቀመኝም	4	
132	ጫት በማህበራዊ ከማህበራዊ ህይወት አንጻር ምን ያህል ጠቅሞኛል ይላሉ?	በእጅጉ	1	KHATUNSU
		በመጠኑ	2	
		በጣም የተወሰነ	3	
		ምንም አልጠቀመኝም	4	
133	ጫት በስራዬ፤ ንግድ፤ ትምህርት ወዘተ ጎድቶኛልስ ይላሉ?	በእጅጉ	1	KHATSOCIAL SUC
		በመጠኑ	2	
		በጣም የተወሰነ	3	
		ምንም አልጎዳኝም	4	
134	ጫት በማህበራዊ ከማህበራዊ ህይወት አንጻር ምን ያህል ጎድቶኛል ይላሉ?	በእጅጉ	1	KHATSOCIAL HARM
		በመጠኑ	2	
		በጣም የተወሰነ	3	
		ምንም አልጎዳኝም	4	
135	ጠዋት ጠዋት የተለያዩ የባህሪ ለወጠጭ ስለታዩላት ወይም የመጫጫን ስሜት ስለሚሰማዎት በተደጋጋሚ ቡና፤ ሲጋራ ወይም ሌላ አነቃቂ ነገር ይጠቀማሉ?	አዎ	1	WITHSTIMU
		አይ	0	
136	ጫት መቃም ማቆም ወይም መቀነስ አለብኝ ብለዉ አስበዉ ወይም ሞክረዉ ያወቃሉ ?	አዎ	1	STOP
		አይ	0	
137	መልስዎ አዎ ከሆነ ለምን ለማቆም ወይም መቀነስ አሰቡ ወይም ሞክሩ?	ጊዜ ላይ የሚያሳድረዉ ተፅዕኖ	1	STOPREASON
		ጫት ለአልኮል አቃጣሪ ስለሆነ	2	
		ጫት ለሲጋራ አቃጣሪ ስለሆነ	3	
		ጫት ለአደጋ አጋላጭ ለሆነ ወሲብ ስለሚዳርግ	4	
		በቦታ መቀየር ምክንያት	5	
		አካላዊ ጤና(ጥርስ፤ ምላስ እንቅልፍ ወዘተ) ላይ የሚያሳድረዉ ጉዳት	6	
		የባህሪ ለውጥ(የስነ-ልቦና ችግር ወይም ጉዳት)	7	

PROBLEMATIC KHAT USE

		ገንዘብ ላይ የሚያሳድረው ተጽኖ	8	
		ማህበራዊ ህይወት ላይ የሚያሳድረው ተጽኖ	9	
		ያለ ጫት ብዙ ነገሮችን(ስራ፣ ትምህርት፣ ማህበራዊ ኃላፊነቶችን) ማከናወን አልቻልንም ብዬ ማምን ስለጀመርኩ	10	
		ጫት ካልቃምኩ የመዛል፣ ጉልበት የማጣት፣ የእንቅልፍ መብዛት ወዘተ ስለሚሰማኝ	11	
		ጫት በተደጋጋሚ ቅጫ ማሸን፣ መኪና ማሽከርከር ሌላም ለአደጋ አጋላጭ የሆነ የስራ ሁኔታ ሥሰራ በደረሰብኝ አደጋ ምክንያት	12	
		ሌላ-----	13	
138	ከላይ የተዘረዘሩት አንዳንድ ምክንያቶች ቢስተዋሉብኝም አሁንም ጫት እየተጠቀምኩ ነው?	አዎ	1	CONTINUED USE
		አይ	0	
139	ብርቱ ጉዳይ(የትምህርት ፈተና ስራ ወይንም የማህበራዊ ኃላፊነት ወዘተ ካለባት የግድ ጫት መቃም አለብኝ ብለው ያምናሉ?)	አዎ	1	SERIOUS PUR
		አይ	0	
140	በተደጋጋሚ ጫት የሚቅሙበት ሰአት ሲደርስ ወይንም ባልቃሙ ስአት(ቀን) ወይንም ከተለመደው መጠን ትንሽ ብቻ ሲቅሙ አንዳንድ ችግር ያላቸው የስሜት ወይም የባህሪ ለውጦች ይታይበዎታል?	አዎ	1	WITHDR
		አይ	0	
141	መልስዎ አዎ ከሆነ ምንምን አይነት የስሜት ወይም የባህሪ ለውጦች ይታይበዎታል?	ትንሽ ብቻ ስቅም ውስቀስ	1	WITHDSYMP
		ሀራራ	2	
		ረሀብ(የምግብ ፍላጎት መጨመር)	3	
		እንቅልፍ እንቅልፍ ማለት	4	

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		ማዛጋት	5	
		ቀስስተኝነት ወይም ድካም	6	
		ተነጫናጭ መሆን	7	
		የስራ የንግግር/የተግባራት ተነሳሽነት መጨመር	8	
		አትኩሮት መቀነስ	9	
		መቁነጥነጥ(ረግቶ ለመቀመጥ መቸገር)	10	
		ድባቴ(የድብርት) ስሜት	11	
		የሚያስጠላ ወይንም የሚያስፈራ ህልም ማየት(ዱካክ)	12	
		የሰውነት የንግግር እንቅስቃሴ መቀነስ***	13	
		የሰውነት የንግግር እንቅስቃሴ መጨመር***	14	
		የእንቅልፍ ማጣት***	15	
		ሌላ-----	16	
141	ጫት አካላዊ ችግር/በሽታ አድርሶብኛል/አባብሶብኛል/ ይላሉ?	አዎ	1	
		አይ	0	
142	ጫት ምን አይነት አካላዊ ችግር አድርሶብኛል/አባብሶብኛል/ ይላሉ?	የሰውነት ሙቀት መጨመር	1	HEALTHPRO
		የደም ግፊት ከፍ ማለት	2	
		የልብ ምት መጨመር	3	
		የጥርስ ቀለም መለወጥ ወይንም መበስበስ	4	
		ጥርሴ ወልቁል	5	
		የእንቅልፍ ችግር	6	
		የድድ መደማት	7	
		የኪንታሮት በሽታ	8	

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		የበሽታ ተጋላጭነት ለምሳሌ ችኦይቪ ኤድስ፤ የሳንባ ነቀርሳ ፤የሳንባ ምች፤ ወዘተ	9	
		ድርቀት	10	
		የፍትዎተ ስጋ(ወሲብ) ፍላጎት መቀነስ/መጨመር	11	
		የፍትዎተ ስጋ(ወሲብ) ተግባር ላይ ድክመት	12	
		የአፍ ጠረን መቀየር	13	
		የምላስ ህመም፤ ማቃጠል ወይም እብጠት	14	
		የክብደት መቀነስ	15	
		የጨገራና ተያያዥ ችግሮች	16	
		የራስን የግል ንፅህና አለመጠበቅ	17	
		የመንፈስ፤የስሜት፤የስነልቦና መረበሽ	18	
		ሌላ-----	19	
143	ጫት ወዲያውኑ ተጠቅመው ከጨረሱ በኋላ ወይንም እየቃሙ እያለ ችግር ናቸው የሚባሉ የባህርይ/የስሜት ለውጦች አሉ?	አዎ	1	FEELINGHIGH
		አይ	0	
144	መልስዎ አዎ ከሆነ ምን ምን?	ወስጣዊ ፍርሀት	1	H
		ይጫጫነኛል	2	
		የአይን መፍጠጥ	3	
		የምላስ የከንፈር ባጠቃላይ ለመቆጣጠር ወይንም ከቁጥጥር ወጪ የሆነ የሰውነት እንቅስቃሴ	4	
		የግብረስጋ ግንኙነት ፍላጎት መጨመር	5	
		የማይቻሉ የማይጨበጡ እቅዶች ማቀድ	6	

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	ገንዘብ አባካኝነት	7	
	አጥርቶ የማሰብ ችግር	8	
	ተግባራት ላይ ፍርሃት	9	
	ተግባራት ላይ በፍጥነትና በብዛት ማወራራት	10	
	ወሬ ሲያወሩ አንዱን ሃሳብ ሳይጨረሱ ሌላኛውን ማወራራት	11	
	ሌላ ሰዎች በእርሰዎ ላይ ያደሙ መስሎ የመስማት	12	
	ሌላ ሰዎች ስለ እርሰዎ የሚያወሩ ወይንም የነእርሱን እንቅስቃሴ እርስዎን የሚመለከት መምሰል	13	
	ሰዎች የወስጥዎን ያሰቡትን የሚያወቅብዎ መምሰል	14	
	ወጣ ያለ ድርጊት ስራም ሊሆን ይችላል(በፊት የማያሳዩት) ለምሳሌ ቤት ያለውን እቃ፣ ልብስ ካላጠብኩ ወዘተ ማለት ማድረግ	15	
	ብቻን ማወራራት	16	
	ክርቀት የሆነን ደምፅ ከቅርብ እንደሆነ መቁጠር ወይንም ከግራ የሆነን ክቀኝ መስሎ መታየት	17	
	የዕይታ መዛባት(አንዱን እንደ ሁለት፣ ከሩቅ የሆነውን ከቅርብ እዳዩት መቁመር)	18	
	በትንሽ ድምጽ፣ ንክኪ ወዘተ መረበሽ	19	
	ተግባራት ላይ በዉሃ ቀጠነ ወይንም እንዲሁ በቀላሉ መቆጣት	20	
	የልብ ምት መዘግየት***	21	

PROBLEMATIC KHAT USE

		ብርድ ብርድ ማለት***	22	
		ማጥወልወል ወይንም ትወኪያ***	23	
		የደም ግፊት መወረድ***	24	
		የጡንቻ መድከም(መዝለፍለፍ)፤ ደረት ላይ የሚሰማ ውጋት ትንፋሽ ማጠር***	25	
		ማዘር፤ ጋራ-መጋባት፤ የሰውነት እንቅስቃሴ መቀነስ(አለመኖር) ወይንም አለመንቀሳቀስ፤ አቅልን መሳት***	26	
		ሌላ-----	27	
145	ባለፈው አመት በጫት ምክንያት በቃሙ ጊዜ በአማካኝ ምን ያህል ገንዘብ ያወጡ ነበር?	በቀን ለጫት----- ሌላ(ለስላሳ፤ መቀመጫ ወዘተ)..... ለጨብሰ----- ድምር-----		MONEYLAST
146	በዚህ ወር በጫት ምክንያት-በቃሙ ጊዜ በአማካኝ ምን ያህል ገንዘብ ያወጣሉ?	በቀን ለጫት----- ሌላ(ለስላሳ፤ መቀመጫ ወዘተ)..... ለጨብሰ----- ድምር-----		MONEYCURRENT
147	በተደጋጋሚ ለጫት መቃሚያ ወይም ለጨብሰ ገንዘብ አጥተው ልብሶን ወይንም መጽሃፍ ሌላ ንብረት በርካሽ ወይንም መሸጥ ሳይፈልጉ ይሸጣሉ?	አዎ አይ	1 0	SELLINGPRO
148	በተደጋጋሚ የሌሎችን ንብረት ሰርቀው ሸጠው ያወቃሉ ?	አዎ አያ	1 0	THEFT
149	በተደጋጋሚ ለጫት ወይንም ለጨብሰ ገንዘብ አጥተው በተደጋጋሚ ለምነው ያወቃሉ?	አዎ አይ	1 0	BEGGING
150	ጫት ከጥቅሙ ይልቅ ጉዳቱ ያመዝንብኛል ይላሉ?	አዎ አይ	1 0	BENEHARM
151	ማቆም ይፈልጋሉ?	አዎ አይ	1 0	STOPW

PROBLEMATIC KHAT USE

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<p style="text-align: center;">2. በሰው ላይ ሊደርሱ የሚችሉ መጥፎ የህይወት ገጠመኞች እና ማህበራዊ ድጋፍ አሁን ደግሞ፤ በማንም ሰው ላይ ሊደርሱ ስለሚችሉ መጥፎ አጋጣሚዎች እጠይቅዎታለሁ። ጥያቄዎቹን እንደማንኛውም ጥያቄ ብዙም ሳይጨነቁ ለመመለስ ይሞክሩ።</p>				
20	<u>ህመም</u> (ባለፉት 6 ወራት ውስጥ እርስዎ ላይ ከበድ ያለ ህመም የአካል ጉዳት ወይም ድብደባ አጋጥሞዎት ነበር።)	አዎ	1	LEILL9
		የለም	2	
21	<u>ህመም</u> ባለፉት 6 ወራት ህመም፣ ድብደባ ወይም የአካል ጉዳት በቅርብ ዘመድ ላይ ደርሶ ነበር።)	አዎ	1	LEIRE9
		የለም	2	
22	<u>ሞት</u> (ባለፉት 6 ወራት ውስጥ በቤተሰብ መካከል ፣ ማለትም፣ ባለቤትዎ፣ ከወላጆችዎ አንዱ ወይም ከልጆችዎ አንዱ (አንዷ) የሞተ ሰው ነበር።)	አዎ	1	LEBE9
		የለም	2	
23	<u>የቅርብ ሰው፣ ወይም ጓደኛ ሞት</u> (ባለፉት 6 ወራት ውስጥ የሞተብዎ የቅርብ ጓደኛ የሆነ ሰው ወይም ሌላ የቅርብ ዘመድ አለ።)	አዎ	1	LEBEF9
		የለም	2	
24	<u>በትዳር ውስጥ የተፈጠረ አለመስማማት</u> (ባለፉት 6 ወራት ውስጥ በትዳር ውስጥ በተፈጠረ አለመስማማት ምክንያት ከባለቤትዎ ተለያይተዉ ያዉቃሉ።)	አዎ	1	LEMA R9
		የለም	2	
		አይመለከትም (ለምሳሌ አላገቡም)	3	
25	<u>የቅርብ ግንኙነት ወይም ጓደኝነት መፍረስ</u> (ባለፉት 6 ወራት ውስጥ ጠንካራ የነበረ ግንኙነት ወይም ጓደኝነት አፍርሰዋል።)	አዎ	1	LEREL9
		የለም	2	
26	<u>ጠብ</u> (ባለፉት 6 ወራት ውስጥ በእርስዎ እና በቅርብ ጓደኛዎ፣ ጎረቤቶችዎ ወይም ዘመዶችዎ መካከል ጠንክር ያለ ችግር ወይም ጠብ አጋጥሞዎት ያዉቃል።)	አዎ	1	LEFRE9
		የለም	2	
27	<u>የገንዘብ ችግር</u> ((ባለፉት 6 ወራት ውስጥ ከአቅምዎ በላይ የሆነ ከባድ የገንዘብ ችግር አጋጥሞት ነበር።)	አዎ	1	LEFIN9
		የለም	2	
28	<u>ዕቃ መጥፋት</u> : (ባለፉት 6 ወራት ውስጥ ትልቅ ግምት	አዎ	1	

PROBLEMATIC KHAT USE

	የሚሰጡት እቃ ወይም ንብረት ጠፍቶብዎት ወይም ተሰርቆብዎት ያወቃል።)	የለም	2	LETHF 9
29	ፍርድ ቤት የሚያስኬድ ችግር ((ባለፉት 6 ወራት ውስጥ ከፖሊስ ጋር የሚያገናኝዎ ወይም ፍርድ ቤት የሚያስኬድ ችግር ነበረብዎት።)	አዎ	1	LEPOL 9
		የለም	2	
30	ስራ ማጣት (ባለፉት 6 ወራት ውስጥ ባለቤትዎ ስራ ፈተዉ (ስራ አጥ ሆነዉ) ወይም ስራ መስራት አቅቶዎ የነበረበት ሁኔታ ነበር።)	አዎ	1	LEUNH 9
		የለም	2	
		አይመለከትም (ለምሳሌ አላገቡም)	3	
31	ደብዳቤ (ባለፉት 6 ወራት ውስጥ ከባለቤትዎ ጋር ተደባደበዉ ያወቃሉ።)	አዎ	1	LEVH
		የለም	2	
		አይመለከትም (ለምሳሌ አላገቡም)	3	
32	ጥቃት (ባለፉት 6 ወራት ውስጥ ሀይል የተጠቀመብዎት ሰው ነበር። ለምሳሌ የመታዎት፣ የደበደበዎት፣ ወሲባዊ ጥቃት ያደረሱብዎት)	አዎ	1	LEVI
		የለም	2	
33	ብስጭት (ባለፉት 6 ወራት ውስጥ ከላይ ያልተጠቀሰ ሌላ በጣም ያበሳጨዎት ችግር አጋጥሞት ነበር።)	አዎ	1	LEOT
		የለም	2	
34	የቅርብ ሰው፡ (በህይወትዎ ውስጥ በጣም የቅርብ የሆኑ እና ችግርዎትን የሚካፈሉ ስንት ሰዎች አሉ።)	ማንም	1	SSNU
		1 ወይም 2	2	
		ከ 3-5	3	
		ከ 5 በላይ	4	
35	የሰዎች ግድመሰኘት (ሌሎች ሰዎች እርስዎ በሚያደርጓቸዉ ነገሮች ላይ ምን ያህል የሚጨነቁልዎትና የሚያስቡልዎት ይመስልዎታል።)	በጣም ግድ ይላቸዋል	5	SSCO NC
		በመጠኑ ግድ ይላቸዋል	4	
		እርግጠኛ መሆን አልችልም	3	
		ብዙም ግድ የላቸውም	2	
		ጨርሶ ግድ የላቸውም	1	
36	ከጎረቤትዎ እርዳታ ማግኘት (ከጎረቤትዎ እርዳታ ማግኘት ምን ያህል ቀላል ነዉ።)	በጣም ቀላል	5	SSNEI GH
		ቀላል	4	
		ቀላል ባይሆንም ርዳታ ማግኘት እችላለሁ	3	
		ከባድ ነው	2	
		በጣም ከባድ ነው	1	

2. ኬስ ለር 10
 አሁን ደግሞ ባለ ፈው አንድ ወር ስለነ በረዎት ስሜት እጠይቅዎታለሁ፡ ፡ ለእያንዳንዱ ጥያቄ አምስት ምር ጫዎች ይቀርብልዎታል፤ አንዱን ብቻ ይምረጡ፡ ፡
 ለጠያቂ ማስታወሻ፡ ተጠያቂው ማብራሪያ ካስፈለጋቸው፡ እምብዛም (2-7 ቀናት) አልፎ አልፎ ብቻ (8-15 ቀናት)፤ በዛ ላለ

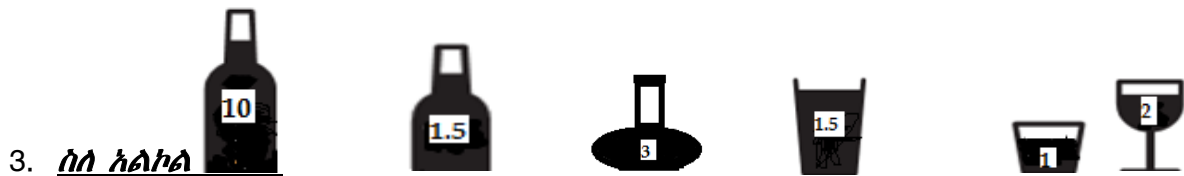
PROBLEMATIC KHAT USE

ጊዜ (16-24 ቀናት)& ሁልጊዜ (ከ 25 ቀናት በላይ) መሆኑን ይግለጹ፡፡

ተ.ቁ	ጥያቄ	ነጥብ		
1.	ባለፉት 30 ቀናት ውስጥ የመደበር (የመተካኝ) ስሜት ይሰማዎት ነበር?	አዎ	1	KT IR
		የለም	0	
	መልሱ አዎ ከሆነ፤ በአንድ ወር ውስጥ ለምን ያህል ጊዜ ይሰማዎት ነበር?	እምብዛም	1	E
		አልፎ አልፎ ብቻ	2	
		በዛ ላለ ጊዜ	3	
		ሁልጊዜ	4	
2	ባለፉት 30 ቀናት ውስጥ በጣም ከመደበትዎ (ከመከፋትዎ) የተነሳ ምንም ነገር ሊያስደስትዎ ያልቻለበት ወቅት ነበር?	አዎ	1	KN ER
		የለም	0	
	መልሱ አዎ ከሆነ፤ በአንድ ወር ውስጥ ለምን ያህል ጊዜ ይሰማዎት ነበር?	እምብዛም	1	
		አልፎ አልፎ ብቻ	2	
		በዛ ላለ ጊዜ	3	
		ሁልጊዜ	4	
3	ባለፉት 30 ቀናት ውስጥ የመረበሽ ስሜት ይሰማዎት ነበር?	አዎ	1	KN ER
		የለም	0	
	መልሱ አዎ ከሆነ፤ በአንድ ወር ውስጥ ለምን ያህል ጊዜ ይሰማዎት ነበር?	እምብዛም	1	O
		አልፎ አልፎ ብቻ	2	
		በዛ ላለ ጊዜ	3	
		ሁልጊዜ	4	
4	ባለፉት 30 ቀናት ውስጥ ውስጥዎ እጅግ ከመረበሽዎ የተነሳ ምንም ነገር ሊያረጋጋዎት ያልቻለበት ወቅት ነበር?	አዎ	1	KC AL M
		የለም	0	
	መልሱ አዎ ከሆነ፤ በአንድ ወር ውስጥ ለምን ያህል ጊዜ ይሰማዎት ነበር?	እምብዛም	1	
		አልፎ አልፎ ብቻ	2	
		በዛ ላለ ጊዜ	3	
		ሁልጊዜ	4	
5	ባለፉት 30 ቀናት ውስጥ እረፍት የማጣት ወይም የመቁነጥነጥ ስሜት ይሰማዎት ነበር?	አዎ	1	KR ES T
		የለም	0	
	መልሱ አዎ ከሆነ፤ በአንድ ወር ውስጥ ለምን ያህል ጊዜ ይሰማዎት ነበር? ጊዜ ይሰማዎት ነበር?	እምብዛም	1	
		አልፎ አልፎ ብቻ	2	
		በዛ ላለ ጊዜ	3	
		ሁልጊዜ	4	
6	ባለፉት 30 ቀናት ውስጥ እጅግ ከመቁነጥነጥዎ የተነሳ አንድ ቦታ አርፎ መቀመጥ ያልቻሉበት ወቅት ነበር?	አዎ	1	KP R O
		የለም	0	
		እምብዛም	1	

PROBLEMATIC KHAT USE

	መልሱ አዎ ከሆነ፤ በአንድ ወር ውስጥ ለምን ያህል ጊዜ ይሰማዎት ነበር?	አልፎ አልፎ ብቻ	2	B
		በዛ ላለ ጊዜ	3	
		ሁልጊዜ	4	
7	ባለፉት 30 ቀናት ውስጥ ለምንም አልጠቅምም (ዋጋ የለኝም) የሚል ስሜት ይሰማዎት ነበር ?	አዎ	1	KDEPR
		የለም	0	
	መልሱ አዎ ከሆነ፤ በአንድ ወር ውስጥ ለምን ያህል ጊዜ ይሰማዎት ነበር?	እምብዛም	1	KDEPR
		አልፎ አልፎ ብቻ	2	
		በዛ ላለ ጊዜ	3	
		ሁልጊዜ	4	
8	ባለፉት 30 ቀናት ውስጥ ምንም ሳይሰሩ ይደክምዎት ነበር?	አዎ	1	KENER
		የለም	0	
	መልሱ አዎ ከሆነ፤ በአንድ ወር ውስጥ ለምን ያህል ጊዜ ይሰማዎት ነበር?	እምብዛም	1	KENER
		አልፎ አልፎ ብቻ	2	
		በዛ ላለ ጊዜ	3	
		ሁልጊዜ	4	
9	ባለፉት 30 ቀናት ውስጥ ተስፋ የመቁረጥ ስሜት ይሰማዎት ነበር?	አዎ	1	KHOP
		የለም	0	
	መልሱ አዎ ከሆነ፤ በአንድ ወር ውስጥ ለምን ያህል ጊዜ ይሰማዎት ነበር?	እምብዛም	1	KHOP
		አልፎ አልፎ ብቻ	2	
		በዛ ላለ ጊዜ	3	
		ሁልጊዜ	4	
10	ባለፉት 30 ቀናት ውስጥ ሁሉንም ነገር የግድምን ያደርጉ ነበር? (ለምሳሌ መናገር፣ መነሳት፣ መሄድ፣ የመሳሰሉትን)	አዎ	1	KMOTV
		የለም	0	
	መልሱ አዎ ከሆነ፤ በአንድ ወር ውስጥ ለምን ያህል ጊዜ ይሰማዎት ነበር?	እምብዛም	1	KMOTV
		አልፎ አልፎ ብቻ	2	
		በዛ ላለ ጊዜ	3	
		ሁልጊዜ	4	



ተ.ቁ	ጥያቄ	ነጥብ					ነጥብ
		0	1	2	3	4	
1	በየስንት ጊዜው ከ6 መለኪያ በላይ ጠጥቼ	</=		በየወሩ	በየሳምንቱ	በየቀኑ	

PROBLEMATIC KHAT USE

	(ለሴት)/ከ8 መለኪያ በላይ (ለወንድ)ይጠጣሉ?	አላውቅም	ጊዜ በወር					
ቀጣይ ጥያቄዎችን ለመጀመሪያው ጥያቄ ምላሽ በወር ወይም ከወር ባነሰ ጊዜ ውስጥ ከሆነ ብቻ ይመልሱ								
2	ባለፈው ዓመት ውስጥ በየሰንት ጊዜው በጠጡበት ጊዜ የሆነውን ለማስታወስ ተቸግረዋል?	ተቸግሮ አላውቅም	</= ጊዜ በወር	በየወሩ	በየሳምንቱ	በየቀኑ		
3	ባለፈው ዓመት ውስጥ በየሰንት ጊዜው በመጠጣትዎ ምክንያት መስራት ያለብዎትን ሳይሰሩ ቀርተዋል?	ሳልሰሩ አልቀረሁም	</= ጊዜ በወር	በየወሩ	በየሳምንቱ	በየቀኑ		
4	ዘመድ/ወዳጅ/ የጤና ባለሙያ መጠጥ እንዲያቆሙ መክርዎት ያውቃል?	አያውቅም		አዎ፣ ዓመት አልፎታል		አዎ ባለፈው ዓመት ውስጥ		

አስተያየት-----

