



ST. MARY'S UNIVERSITY
SCHOOL OF GRADUATE STUDIES
DEPARTMENT OF SOCIAL WORK (MSW)

INSTITUTE OF AGRICULTURAL AND DEVELOPMENT STUDIES
MASTERS PROGRAM IN SOCIAL WORK

**A PHENOMENOLOGICAL ANALYSIS ON THE CONTINUED ABUSE
OF TRAMADOL AMONG YOUTH IN PIASSA CATHEDRAL AREA:
IMPLICATIONS FOR YOUTH DRUG ADDICTION REHABILITATION.**

By
Bethelhem Jambo

June 2023

ADDIS ABABA, ETHIOPA



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ADDIS ABABA, ETHIOPA

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DECLARATION

I, the undersigned, declare that this thesis entitled “A phenomenological Analysis on the continues abuse of Tramadol among youth in Piassa Cathedral Area” is my original work, prepared under the guidance of Dr. Habtamu Mekonnen. All sources of materials used for the thesis have been duly acknowledged. I further confirm that the thesis has not been submitted either in part or in full to any other higher learning institution for the purpose of earning any degree.

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ENDORSEMENT

This thesis entitled “A phenomenological Analysis on the continues abuse of Tramadol among youth in Piassa Cathedral Area” has been submitted to St. Mary’s University for examination with my approval as a university advisor.

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ABSTRACT

Social workers play a vital role in the lives of vulnerable children and youth, particularly those struggling with addiction. This qualitative study aimed to investigate the factors that contribute to young people's abuse of tramadol, a highly addictive pain medication that has become a growing concern in our communities. This study's design was qualitative and followed an interpretive phenomenology tradition with a focus on understanding the lived experiences of those who have struggled with tramadol addiction. A snowball sampling technique was used to identify and recruit a total of 20 participants who met the study's inclusion criteria. Data were collected through interviews, non-participant observation, and focus group discussions. Interpretative Phenomenological Analysis (IPA) was used to analyze the data. The results of the interpretive phenomenological analysis containing seven themes indicated for the continues abuse of tramadol drug among youth were triggers of abuse, abuse for pleasure, favorable physical impact, availability (easy access), unwanted effect, Desire to quit and Help Seeking behavior and barriers to accessing help. Based on the finding of the study, it was recommended that the involvement all segments of society and health care centers is imperative to provide holistic support for the youth. The findings suggested of all the actor's family plays the initial and most important role in this battle of addiction.

Key terms: Phenomenological analysis, Tramadol abuse, Youth, Drug Addiction, Rehabilitation

CHAPTER ONE

INTRODUCTION

This chapter gives highlight on the background of the study, statement of the problem, research questions, the objective of the study, the significance of the study, the scope of the study, the limitations of the study and the operational definition of the study.

1.1 Background of the Study

According to the National Institute on Drug Abuse (2020) report; The use of a substance or drug in ways that are detrimental to the user or others is referred to as drug abuse or substance abuse. Harmful drug usage is when a person consumes a substance on a regular basis in a way that puts them at risk for serious side effects like sickness and lack of self-control. Substance abuse is not only the use of illegal drugs but also the abuse of prescription medications. This means taking a medication in a manner or dose other than prescribed for pain relief; taking someone else's prescription or buying prescriptions from pharmacies not intended for one self to numb psychological pain or to feel euphoria (i.e., to get high).

“Tramadol is a prescription pain medication that is used to treat moderate to severe pain. It is classified as an opioid analgesic, and works by changing the way your brain and nervous system respond to pain. It is available in various forms, including tablets, capsules, and injections. However, it is important to note that tramadol can be habit-forming and should only be used under the guidance of a healthcare professional” (National Institute on Drug Abuse, 2020).

“Tramadol is an analgesic with an opioid- like effect when taken orally” (Global Commission on Drug Policy, 2017; WHO, 2017). “It is primarily prescribed to treat mild to severe pain in both acute and chronic conditions” (Abdel- Hamid, Andersson, Waldinger, & Anis, 2016; Grond & Sablotzki, 2004).

According to Olsson, Öjehagen, Brådvik, Kronstrand, and Hakansson (2017), approximately 32% of adolescents in Malmö, Sweden, abuse tramadol. Tramadol abuse is well-documented in

the Europe and North America, but estimates of abuse in Africa are uncertain because there hasn't been any research on the epidemiology of tramadol usage on the continent.

In Ethiopia; Tramadol abuse, especially among young people, has become a substantial public health concern, according to a 2019 study that was published in the Journal of Substance Use. The survey discovered that tramadol, with a prevalence rate of 44.4%, was the most widely used opioid among drug injectors in Addis Ababa. Tramadol was noted in the study as being commonly accessible and simple to purchase in the city.

The conception of the research was started from my observation from friends and families. For example my cousin provided me the following narrations

I started taking Tramadol when I was 15 in 9th grade. My classmates gave it to me wrapped in with a biscuit. I ate and loved the feeling it provided; I enjoyed the energy and rush that came with it. Over the years I became a chain user, and whenever I attempted to avoid it, I felt heavy with bad headache back pain, and heave depression. I developed a short temper and lashes out on the family.

The above illustration showed a personal account of the experience of tramadol abuse, which started at a young age and progressed into a pattern of addiction. The individual describes how they were introduced to tramadol by their peers and how they enjoyed the effects it provided, such as increased energy and a rush. However, over time, the individual became dependent on tramadol and experienced negative consequences, such as withdrawal symptoms and when attempting to quit, physical pain, and emotional instability. This account highlighted the potential dangers of tramadol abuse, particularly among young people who may be more vulnerable to peer pressure and experimentation with drugs. It also underscores the importance of early intervention and support for individuals struggling with addiction.

Tramadol abuse in young people is caused by a variety of complex factors. The peer pressure or social expectations that encourage drug usage as a means of stress relief or social acceptance may have an impact on some young people.

Without realizing the risks and negative effects of tramadol usage, some youth might be looking for a quick fix for mental or physical suffering, such as depression, back pain, or headaches.

According to a report by the Ethiopian Food, Medicine and Healthcare Administration and Control Authority (FMHACA), tramadol abuse is a growing problem in Ethiopia, particularly among young people (FMHACA, 2017). The report states that tramadol is the second most commonly abused drug in the country, after cannabis (also known as marijuana among other names, is a psychoactive drug from the cannabis plant).

1.2 Statement of the Problem

Internationally, especially in the Western world, many studies have been done on tramadol abuse by the youth, covering topics including its influence, its cause, its impact, its effect and so on.

According to a study conducted in the United States by McCabe et al. (2014), he found that Tramadol abuse was prevalent among high school seniors, with the majority of the participants reporting using Tramadol for non-medical purposes. Similar findings were found in a study conducted in the UK by Schifano et al. (2016), which found that university students abuse Tramadol at a high rate and that most of them do so to relieve stress. According to a study conducted in Canada by Fischer et al. (2018), the majority of the participants in the study reported using tramadol to treat pain, and tramadol usage was common among street kids.

More over on the NIDA, (2021) and SAMHSA, (2019); their report shows effects of tramadol abuse is a lot deeper than simple addiction and include postural hypotension, sweating, nausea, vomiting, constipation, and seizures. They also suggest that abusing tramadol may have certain negative consequences on the brain, heart, respiratory system, or other organs, and may even result in death or a coma.

A scientific study conducted by Alsanosy, Mahfouz, Gaffar, and Makeen (2021) in Yemen investigated the continued Tramadol abuse among university students. The study found that 60.5% of the students who reported Tramadol use continued to use it despite experiencing adverse effects, such as physical and psychological dependence. The study's strength lies in its focus on the continued use of Tramadol among youth and the use of validated questionnaires to collect data.

In comparison researches done on the abuse of tramadol especially on the younger generation in Africa is very minimal. According to the United Nations Office on Drugs and Crime (UNODC) (2018); it is mentioned there is low presence of epidemiological studies on tramadol abuse in Africa, precisely the numbers of the extent of the problem are mainly unclear.

“In Nigeria, tramadol abuse has a prevalence rate of approximately 54.4%, with over 91% of these dependents obtaining the drug without prescriptions” (Wakil & Ibrahim, 2017). According to Fuseini, Afizu, Yakubu and Nachinab (2019) the Ghana Health Service has declared the issue as a national concern and putting in place measures such as seizures to control it. Since 2017, over 500,000 capsules of tramadol have been seized from chemical stores (licensed and non-licensed) and drug peddlers in the country.

Even though minimal while other African countries such as Ghana and Nigeria tried to shade some light on the issue there is still lack of epidemiological data on tramadol abuse in Ethiopia. A study conducted by Gebremariam et al. (2020) on the prevalence and associated factors of Tramadol abuse among university students in Ethiopia found that there is limited research on the abuse of Tramadol among young children in Ethiopia.

There is a significant knowledge gap here given that tramadol use is a growing problem in the nation and that young children may be more vulnerable to its adverse effects. More study is needed to understand the degree of tramadol abuse in young children in Ethiopia in order to design effective preventative and intervention methods.

One of the very few works in Ethiopia was conducted on the prevalence of Tramadol abuse among the youth in universities which showed 23.5%, with male students being more likely to abuse Tramadol than female students. (Alemu, Abebe, and Mekonnen 2021). There are still gaps in the research, such as the absence of studies that can shed light on the elements that encourage and contribute to youths' continuing use of tramadol as well as the efficacy of treatments to stop and treat youth tramadol usage.

To summarize, the abuse of tramadol among youth in Addis Ababa is a growing concern, yet there is a lack of awareness and very little research on the igniters for the abuse of tramadol among the youth. Tramadol is a commonly abused drug among young people, and its effects on physical, and mental health are not well understood. The lack of information on youth tramadol

abuse in Addis Ababa makes it difficult to develop effective prevention and intervention strategies. Therefore, there is a need for further research to better understand the extent of the problem and its impact on the health and well-being of young people in Addis Ababa. This study aimed to address this gap in knowledge by investigating the facilitators for the abuse among youth in Addis Ababa; by considering the case of youth around Cathedral area and highlight on the need of a multi-faceted approach that involves education, awareness, and intervention.

In light of the above, this study systematically assessed and explored the following main research questions:

1.3 Research Questions

The following main research questions was explored:

1. What are the lived experiences of youth in Piassa who abuse Tramadol, and how do these experiences contribute to their continued use of the drug?
2. How does Tramadol use affect the physical, psychological, and social aspects of the lives of youth in Piassa, and what role do these effects play in the continuation of drug abuse?
3. What are the barriers to accessing drug addiction rehabilitation services for youth in Piassa who abuse Tramadol?

1.4 Research Objective

1.4.1 General Objective

The aim of this study was to gain a deeper understanding of the lived experiences of youth who abuse Tramadol and hopes to shed some light on its existence; why young people start and continue to use it and the consequences it created with a focus on the implications for drug addiction rehabilitation programs in case of youth in Piassa, Addis Ababa Cathedral Area.

1.4.2 Specific Objective

The specific objectives of this study were to:

1. To explore the lived experiences of youth in Piassa who abuse Tramadol, and to identify the factors that contribute to their continued drug use.

2. To investigate how Tramadol use affects the lives of youth in Piassa, including the physical, psychological, and social effects, and determine the role these effects play in the continued drug abuse
3. To identify the barriers to accessing drug addiction rehabilitation services for youth in Piassa who abuse Tramadol.

1.5 Significance of the study

The study provides insights into the factors that contribute to the continued abuse of Tramadol among youth in Piassa, which can help inform the development of more effective drug addiction prevention and treatment programs. The study has also helped identify the specific needs and challenges faced by youth in Piassa who abuse Tramadol, which can inform the development of tailored rehabilitation programs that are better suited to their unique circumstances. It also provided evidence-based recommendations for policy makers and stakeholders to address the issue of Tramadol abuse among youth, which can help improve public health outcomes and reduce the social and economic costs associated with drug addiction. The study also contributed to the existing literature on drug addiction and phenomenological research, providing new insights and perspectives on the lived experiences. And most importantly the study can raise awareness about the issue of Tramadol abuse among youth, which can help reduce stigma and promote a more compassionate and evidence-based approach to drug addiction rehabilitation.

1.6 Scope of the study

The study was conducted on students who are high school students and recent graduates that live and learn in the piassa area (Arada woreda 1). The study focused on high schoolers aged 15- 20.

Methodological scope: The study utilized a qualitative research design, specifically a phenomenological approach, to explore the subjective experiences of youth who abuse Tramadol in Piassa Cathedral area.

Theoretical scope: The study was guided by a social-ecological framework, which recognizes that drug abuse and addiction are influenced by multiple factors at the individual, community, and societal levels. This framework helped to situate the experiences of youth in Piassa within a larger social context, and to identify the various factors that contribute to their drug abuse.

Thematic scope: The study explored several key themes related to Tramadol use, including the subjective experiences of youth who abuse Tramadol, the physical, psychological and social effects of Tramadol use, the factors that contribute to continued Tramadol use, the barriers to accessing drug addiction rehabilitation services, and the implications for youth drug addiction rehabilitation in Piassa.

1.7 Limitation of the Study

The major limitations in regards to this study was; not having enough prior local studies to collect, gather and see their point of views on to have as an input. The study was limited by the fact that it only includes youth in Piassa who are willing to participate in the research, which may not be representative of the broader population of youth who abuse Tramadol. Another limitation faced was accessing the study population: gaining access to youth who abuse Tramadol in Piassa was difficult due to the stigma and illegal nature of drug use. Additionally, during data collection, there was a risk of social desirability bias, where participants provided responses that they believed are socially acceptable rather than their true experiences or opinions. Finally since drug abuse is a complex and multifaceted issue, it was challenging to identify a single research design that is able to capture all of the relevant factors and perspectives

1.8 Operational Definition

Tramadol: For the purpose of this research, Tramadol was defined as a synthetic opioid pain medication that is commonly abused in Piassa by youth between the ages of 15-20.

Youth: A victim of tramadol in my context means someone who is 15- 20 years old. Their education level is high school level and recent graduates of high school. Students and the schools are found in the piassa area woreda 1.

Drug abuse: Drug abuse was defined as the non-medical use of prescription or illicit drugs, including Tramadol, in a manner that is harmful to the individual's physical, emotional, or social well-being.

Drug addiction rehabilitation: Drug addiction rehabilitation was defined as any program or service aimed at helping individuals overcome drug addiction and achieve long-term recovery, including inpatient and outpatient treatment programs, counseling, and support groups.

Phenomenological approach: A phenomenological approach was defined as a qualitative research method that aims to explore the subjective lived experiences of individuals and to understand the meaning that individuals attribute to those experiences.

1.9 Organization of the Paper

The study was structured into five consecutive chapters, each serving a distinct purpose. The first chapter introduced the research, including a background of the study, statement of the problem, objectives of the study, and other pertinent issues. The second chapter focused on a comprehensive review of relevant literature, providing an in-depth analysis of previous research on the topic under discussion. The third chapter detailed the research methods employed, including the research design and approaches utilized throughout the data collection and analysis processes. This chapter provided a clear and concise explanation of the methods used to ensure the validity and reliability of the study's findings. The fourth chapter presented the major findings of the study, highlighting the prevalence and associated factors of Tramadol abuse among high school students in Addis Ababa, Ethiopia. This chapter provided a detailed analysis of the data collected, including interpretation of the results. Finally, the fifth chapter provided a conclusion to the study, including recommendations for future research and interventions to address the issue of Tramadol abuse among high school students in Addis Ababa, Ethiopia. This chapter provided a comprehensive summary of the study's findings and their implications for future research and policy development.

CHAPTER TWO

2. REVIEW OF LITERATURE

2.1 Introduction

In this chapter, a review of the literature is presented to assess the available information in the field of study. The review summarizes the findings of previous researchers who have investigated the topic. This chapter aims to provide a comprehensive overview of the current state of knowledge in the field and to identify gaps in the literature that the research can address.

2.2 Theoretical Framework

There are theories that are considered when analyzing the continuous abuse of Tramadol among youth. These are Social learning theory/Social cognitive theory, Self-medication theory and Rational choice theory.

2.2.1. Social learning theory:

Social learning theory is a theoretical perspective that emphasizes the role of social and environmental factors in shaping human behavior (Bandura, 2012). In the context of Tramadol abuse, this theory could be used to explore how peer pressure and social norms contribute to the initiation and continuation of drug use. Some of the key characteristics of social learning theory include: observational learning, reinforcement and modeling.

2.2.2 Self-medication theory:

Self-medication theory is a theoretical perspective that emphasizes the role of drug use in the self-treatment of psychological or physical symptoms (Khantzian, 2012). This theory could be used to explore how factors such as poverty, trauma, and mental health issues contribute to the use of Tramadol as a coping mechanism. Some of the key characteristics of self-medication theory include: psychological distress, symptom relief, co-occurring mental health issue.

2.2.3 Rational choice theory:

Elster (2011) defines rational choice theory as "a framework for understanding human behavior that assumes individuals make decisions based on a rational calculation of costs and benefits, aiming to maximize their own self-interest." In the context of Tramadol abuse among youth, this

theory could be used to explore how factors such as availability, affordability, and perceived benefits of drug use influence the decision to initiate and continue drug use. Some of the key characteristics of rational choice theory include self-interest, decision making under constraint and utility maximization.

2.3 Definition of Tramadol

Tramadol is a pain medication that was developed by a German pharmaceutical company in 1962. It was extensively tested for 15 years in Germany before being approved and introduced to foreign markets in 1977 under the name Tramal. The drug was successful in treating moderate to moderately severe pain, including post-surgical pain, and its extended-release capsules and tablets were used for ongoing chronic pain. Tramadol belongs to the class of opioid analgesics and works in the central nervous system to relieve pain. However, prolonged use of tramadol can lead to addiction, causing mental or physical dependence.

2.4 Tramadol Poisonings Main Features and Toxicity

Initially, tramadol was believed to be a safe drug with low potential for abuse. However, recent evidence contradicts this claim. The Food and Drug Administration (FDA) has issued a safety alert for tramadol, cautioning patients who take tranquilizers or antidepressants, those who consume excessive amounts of alcohol, and those with emotional disturbances or depression. The potential for misuse, abuse, and diversion has also been emphasized. Due to these concerns, it has been suggested that tramadol be placed in the Schedule of the Controlled Substances Act. Tramadol overdose can lead to disproportionately high complications, with much of the toxicity attributed to monoamine uptake inhibition rather than its opioid effects. The frequency of complications from tramadol overdose is increasing.

2.5 Adverse Effects

The most commonly reported adverse reactions to tramadol include nausea, vomiting, sweating, itching, and constipation. Drowsiness is also a potential side effect, but it is less of a concern than with non-synthetic opioids. Patients who are prescribed tramadol for pain relief may experience withdrawal symptoms such as nervous tremors, muscle contracture, and restless leg syndrome if they are weaned off the medication too quickly. Other symptoms, such as anxiety, buzzing, and "electrical shock" sensations, may also be present, similar to those seen in Effexor withdrawal. Respiratory depression, a common side effect of opioids, is not typically a concern

with normal doses of tramadol. However, when combined with certain medications or conditions, such as SSRIs, tricyclic antidepressants, or epilepsy, the risk of seizures may increase. Seizures have been reported in individuals who have taken excessive doses of tramadol, and there have been rare cases of seizures occurring at lower doses. A study conducted in Australia found that tramadol was the most frequently suspected cause of provoked seizures in their First Seizure Clinic.

2.6 Psychological Dependence and Recreational Use

Psychological dependence and recreational use of tramadol have been widely discussed. Tramadol's ability to produce euphoria and its relatively low potential for abuse have made it an attractive option for recreational use (Babalonis, Lofwall, Nuzzo, Siegel, Campbell, Walsh, and Mintzer 2013). However, repeated use of tramadol can lead to psychological dependence, which can be challenging to overcome. Studies have shown that individuals who use tramadol recreationally are more likely to experience withdrawal symptoms and have a higher risk of developing dependence (Lofwall, Walsh, Bigelow, Strain, and Martin 2011). The euphoric effects of tramadol are believed to be due to its ability to increase levels of serotonin and norepinephrine in the brain, which can lead to feelings of pleasure and well-being. Overcoming psychological dependence on tramadol may require professional help, including behavioral therapy, medication-assisted treatment, and support groups (Babalonis et al., 2013). While tramadol may have a lower potential for abuse than other opioids, it is still a powerful drug that can lead to psychological dependence and recreational use. Therefore, it is crucial for individuals to use tramadol only as prescribed by a healthcare provider and to seek help if they are struggling with addiction.

2.7 Availability of Tramadol

Tramadol's legal status as a prescription drug in many countries has made it widely available, leading to its abuse, particularly among young people (Babalonis et al., 2013). The ease of access to Tramadol has been attributed to limited controls on its distribution and use, making it easily obtainable from healthcare providers or pharmacies. Moreover, Tramadol is also available through illicit channels, such as online pharmacies and the black market, further contributing to its availability and ease of access. However, the availability of Tramadol through these channels

is often associated with poor quality control, leading to the sale of counterfeit drugs that may be ineffective or harmful.

The increased availability of drugs in many countries has led to a drop in prices, making them more accessible to users. When a drug is stopped, the user may experience withdrawal symptoms such as pain, anxiety, excessive sweating, and shaking, which can be difficult to tolerate and may motivate the user to continue using (Mahmoud, 2011).

According to Mahmoud (2011), the factors that contribute to tramadol abuse include its ability to produce morphine-like euphoric effects that can last up to eight hours. Tramadol also has similar desired effects to other opiates, such as feelings of euphoria, detachment from one's body, lethargy, relaxation, and calmness. Additionally, tramadol's accessibility and its ability to offer premature ejaculation relief in men are contributing factors to its abuse.

2.8 The Factors Responsible for Tramadol Abuse

According to Isanedighi (2010), tramadol abuse among youths is often driven by the need to cope with life's challenges, such as hunger, sexual desires, and altered states of consciousness. A study conducted by Ibrahim (2016) on tramadol abuse among patients attending an addiction clinic in North-Eastern Nigeria revealed that the primary reasons for continuous tramadol abuse were to relieve tiredness, prolong sexual intercourse, and satisfy compulsive urges. Additionally, experimental curiosity has been identified as a significant factor that motivates adolescents to abuse tramadol, as the first experience of drug abuse often produces a state of pleasure and happiness that encourages continued use (Haladu, 2009). Peer pressure also plays a significant role in influencing adolescents to abuse tramadol, as they seek to conform to the norms of their social group and become less dependent on their parents. Therefore, understanding the underlying reasons for tramadol abuse among youths is crucial in developing effective prevention and intervention strategies.

The lack of parental supervision and interaction, as well as pressure to perform well in studies, have been identified as factors that contribute to the initiation and increase of tramadol abuse among youths. Additionally, economic hardship and poverty have forced many parents to send their children to work in order to contribute to the family income, exposing them to jobs that require long hours and physical exertion, such as hawking, bus conducting, and head loading. As

a result, these children may turn to tramadol to gain more energy to work for extended periods (Isanedighi, 2010).

Furthermore, adolescents who experience personality problems due to social conditions, such as poverty, broken homes, and unemployment, are also at risk of abusing drugs like tramadol. The social and economic conditions in Nigeria are below average, with widespread poverty and a lack of opportunities for training and job creation. This has led to frustration and a sense of hopelessness among youths, which may drive them to resort to tramadol abuse (Isanedighi, 2010).

2.9 Tramadol Abuse and Youth

In recent years, the abuse of Tramadol among youth has become a growing concern. A study conducted by Adebayo and colleagues (2020) found that Tramadol abuse is prevalent among young people due to its easy availability, low cost, and perceived safety compared to other opioids. The study also revealed that Tramadol abuse has been associated with various negative consequences, including physical and psychological harm, reduced academic and social functioning, and problems with family and peer relationships. Additionally, Tramadol abuse has been linked to an increased risk of addiction, overdose, and other health complications. To address this issue, the study recommended interventions that focus on increasing awareness, education, and prevention efforts, as well as improving access to treatment and support for those affected.

2.10 Prevalence and Trends of Tramadol Abuse

Numerous studies have documented a substantial incidence of Tramadol misuse among young people in different parts of the world (National Institute on Drug Abuse NIDA, 2021; World Health Organization WHO, 2021). These investigations have revealed that Tramadol abuse has emerged as a significant public health issue, particularly in developing nations where the drug is readily available and unregulated. Additionally, research has indicated that the non-medical use of Tramadol has been increasing in recent years, with a growing number of young individuals engaging in its misuse (United Nations Office on Drugs and Crime UNODC, 2021).

2.11 Factors Contributing to Tramadol Abuse

Several empirical investigations have highlighted various factors that contribute to the misuse of Tramadol among young individuals. These factors encompass peer pressure (National Institute on Drug Abuse NIDA, 2021), the ease of obtaining the drug (World Health Organization WHO, 2021), and the misconception that Tramadol is a harmless and non-habit-forming substance (United Nations Office on Drugs and Crime UNODC, 2021). Furthermore, research has indicated that young people who encounter stress and emotional turmoil may be more prone to abusing Tramadol as a coping mechanism (Lazarus & Folkman, 1984).

2.12 Consequences of Tramadol Abuse

Studies have demonstrated that the misuse of Tramadol can have severe implications on the physical, psychological, and social well-being of individuals (National Institute on Drug Abuse NIDA, 2021). Short-term effects of Tramadol abuse may include dizziness, nausea, and respiratory depression, while long-term effects may involve addiction, liver damage, and an increased risk of overdose (World Health Organization WHO, 2021). Additionally, Tramadol misuse can negatively impact the social functioning of individuals, leading to poor academic performance, unemployment, and involvement in criminal activities (United Nations Office on Drugs and Crime UNODC, 2021).

2.13 Interventions to Address Tramadol Abuse

Various measures have been suggested to tackle the issue of Tramadol misuse among young people. These measures comprise educational initiatives aimed at increasing awareness about the dangers of Tramadol abuse (National Institute on Drug Abuse NIDA, 2021), more stringent regulations to manage the distribution and accessibility of the drug (World Health Organization WHO, 2021), and the provision of assistance services, such as counselling and therapy, for individuals grappling with addiction (United Nations Office on Drugs and Crime UNODC, 2021).

2.14 Motives for Tramadol abuse by Youth

Tramadol works in multiple ways to relieve pain, including through the opioid, norepinephrine (NA), and serotonin (5HT) systems. “Regarding this complexity, the negative impacts likewise exhibit a complicated pattern” (Grond, & Sablotzki, 2004).

A study by Oshodi et al. (2018) in Nigeria found that poverty, unemployment, and lack of opportunities were the main facilitators of Tramadol abuse among youth. The study also found that Tramadol was used as a coping mechanism for stress and emotional problems. A study by Al-Hamad et al. (2019) in Saudi Arabia found that Tramadol abuse among youth was associated with mental health problems such as depression and anxiety. The study also found that Tramadol was used as a self-medication for pain and emotional distress.

A study by Al-Saffar et al. (2019) in Iraq found that Tramadol abuse among youth was associated with risky behaviors such as driving under the influence and engaging in unprotected sex. The study also found that Tramadol was used as a recreational drug and a means of socializing with peers.

An online poll by Winstock et al. (Winstock, Borschmann, & Bell, 2014) indicated that tramadol use included relaxation (31%), getting high (25%), easing boredom (16%), and easing anxiety (10%) in addition to pain management (75%). Similarly, an American study assessing drug behavior among high school seniors, identified five motivational subtypes related to NMPUO: “experiment, relax, get high, pain relief, and affect regulation” (McCabe, & Cranford, 2012).

Furthermore, studies suggest a “contributing factor to the high level of misuse of tramadol is the perception among users that it is “safe”, attributed to it being a pharmaceutical drug” (Barati, 2014). Various studies have also pointed towards increasing use of tramadol as an off-label remedy. According to Fawzi, 2011; Ibrahim et al., 2017 premature ejaculation, and concern is being raised regarding media targeting of young male and promotion by online drug stores.

Recent literature on facilitators of Tramadol abuse among youth in Ethiopia has highlighted several factors that contribute to the prevalence of Tramadol abuse. A study by Mamo et al. (2021) found that easy access to Tramadol, particularly through informal street vendors and pharmacies, was a key facilitator of Tramadol abuse among youth in Ethiopia. The study also identified peer pressure, lack of awareness about the risks of Tramadol use, and the desire for pain relief as additional facilitators of Tramadol abuse. Another study by Tadesse et al. (2021) found that social and cultural norms surrounding drug use, including the normalization of Tramadol use in some communities, were also facilitators of Tramadol abuse. These studies

emphasize the need for interventions that address the social and environmental factors that contribute to Tramadol abuse, in addition to individual-level factors. Such interventions may include efforts to regulate the sale of Tramadol, increase awareness about the risks of Tramadol use, and promote alternative pain management strategies.

2.15 Tramadol Abuse and Its Long-Term Effect

“Tramadol's main metabolite, O-desmethyltramadol (M1), which has approximately 300 times greater affinity for the my-receptor than the parent substance, mediates the majority of the drug's analgesic effects” (Gillen, Haurand, Kobelt, & Wnendt, 2000). “Tramadol can cause seizures, according to a number of lines of evidence” (Spiller et al., 1997; Shadnia, Soltaninejad, Heydari, Sasanian, & Abdollahi, 2008), and “seizures are more likely to happen in patients who exceed recommended doses of the drug, though they can also happen in patients who take it within a recommended dose range: (Grond, & Sablotzki, 2004).

According to Kaye, 2015 additionally, reports of serotonergic syndrome occurring in conjunction with other serotonergic medications, central nervous system depression, respiratory depression, and mortality have been made. (Miotto et al., 2017; Randall, & Crane, 2014). “Tramadol use has been linked to tolerance, dependence, and addiction risk, much like other opioids including morphine and heroin” (Zhang, & Liu, 2013; Tj aderborn, Jonsson, Ahlner, & Hagg, 2009; Zacny, 2005).

Tramadol usage is acknowledged in a growing amount of literature as a serious health issue, but comprehensive research on the causes and trends of misuse has been scarce. The World Drug Report of 2018 suggests that tramadol misuse differs from that of other opioids. It draws in new social groups that are less likely to use other opioids, and the mood-elevating effects of tramadol have been postulated as a possible reason for this (United Nations Office on Drugs and Crime, 2018).

2.16 Conceptual Framework

The purpose of this study was to gain a deeper understanding of the lived experiences of youth who abuse Tramadol and to identify the factors that contribute to their continued drug use. This study hoped to shed some light on its existence; why young people start and continue to use it

and the consequences it created in their personal lives. The study has used real life stories of abusers and their journey with tramadol and what it costed them.

In this conceptual framework, the dependent variable was the abuse of Tramadol among youth. This is the variable that was being studied and measured in the analysis. The independent variables was the various factors that contributed to the abuse of Tramadol among youth. These include social factors such as peer pressure and social norms, psychological factors such as emotional distress, and individual factors such as curiosity and risk-taking behavior.

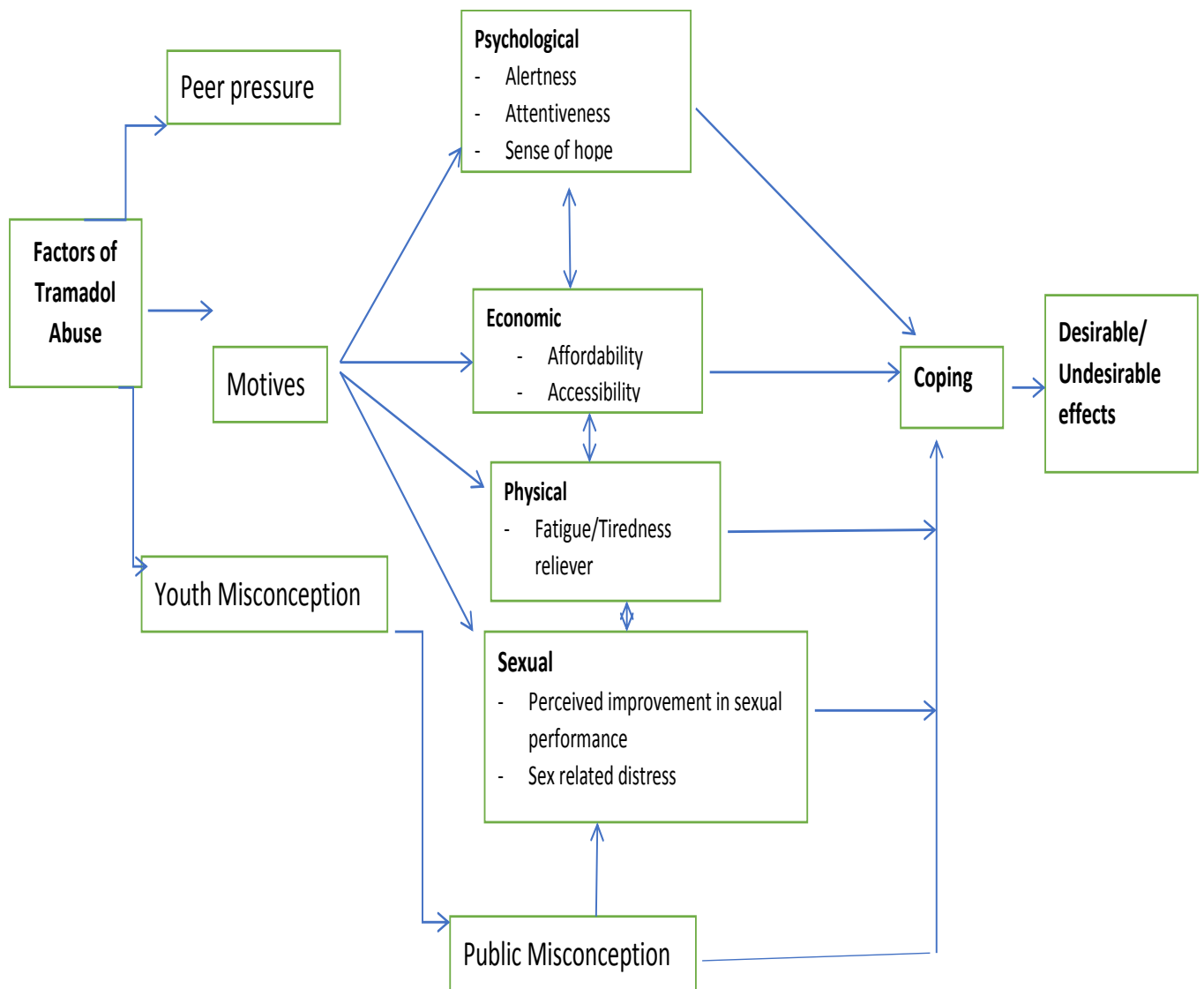


Figure 1 Conceptual framework for continuous abuse of tramadol among youth

CHAPTER THREE

3. Research Methods

3.1 Research Design

In the current study, the researcher used a qualitative research design specifically exploratory research design. An exploratory design is a research methodology that is commonly used in social science research to explore phenomenon in-depth. According to Creswell (2013), this type of design is particularly useful when little is known about a particular topic or when the researcher wants to gain a deeper understanding of a phenomenon.

The exploratory aspect of the design allows the researcher to generate new ideas. This type of design is often used in qualitative research methods such as interviews, focus groups, observations, and document analysis. Overall, exploratory design is a valuable tool for researchers seeking to gain a comprehensive understanding of complex social phenomena.

In qualitative research, people or groups are observed in their natural environments with the goal of understanding phenomena from the perspectives of the people involved (Howitt, 2010; Lambert & Lambert, 2012). This research aimed to explore the lived experiences of young people who abuse tramadol in the Piassa Cathedral Area. This study agenda is well-suited for a qualitative approach, as it sought to gain a deeper understanding of the complex factors that contribute to tramadol abuse among young people in Piassa Cathedral Area. Due to the sensitivity of the subject instead of just reporting in numbers the researcher rather explain how they felt and hence I chose to use qualitative design.

3.2 Research Approach

During the study at Piassa Cathedra area, I adopted a constructivist research perspective in conducting the study, which seeks to understand the subjective truth or perceptions of research participants. According to constructivism, reality is a construct of the human mind, and therefore

subjective. This philosophical approach is closely associated with pragmatism and relativism, recognizing that all knowledge is constructed from human experience.

As a constructivist researcher, I utilized phenomenology as a research approach to investigate how young people construct their experiences and meanings of Tramadol abuse. “A phenomenology of practice does not aim for technicalities and instrumentalities—rather, it serves to foster and strengthen an embodied ontology, epistemology, and axiology of thoughtful and tactful action” (Van, 2016). It is an approach that seeks to understand and describe the universal essence of a phenomenon. The approach investigates the everyday experiences of human beings while suspending the researchers' preconceived assumptions about the phenomenon. This was conducted via in-depth interviews, focus group discussions and observations to gain a comprehensive understanding of how young people perceive and interpret their experiences with Tramadol. By adopting this approach, I aimed to gain a rich understanding of the participants' subjective experiences, perspectives, and meanings of Tramadol abuse.

3.3 Population and Target Group

The population for this research was selected youth in Piassa in Cathedral area. The Target population groups were high school students and recent graduates in the Arada area specifically in Woreda 1 Cathedral area. Their age group was from 15-20 and were currently rolled in high school grade 9-12 and recent graduates.

The selection of the population group for the research on Tramadol abuse among youth was based on several factors. Firstly, this age range is considered a critical period of development, where young people are transitioning from adolescence to adulthood. During this period, they are exposed to various social, cultural, and environmental factors that can influence their attitudes and behaviors towards drug use.

Secondly, research has shown that young people in this age range are particularly vulnerable to drug abuse, including Tramadol. According to the National Institute on Drug Abuse (2021); the adolescent brain is still developing, and drug use during this period can have long-lasting effects on brain function and behavior.

Thirdly, Tramadol abuse has become a growing concern among young people in many countries, particularly in Africa and Asia. In some cases, Tramadol is being used as a substitute for other

opioids, such as heroin, which are more difficult to obtain. This has led to an increase in Tramadol abuse among young people, particularly in low- and middle-income countries.

Therefore, selecting the age range of 15-20 years old for the research on Tramadol abuse among youth was based on the need to understand the unique experiences and perspectives of this vulnerable population group, and to develop effective interventions that address the underlying social, cultural, and environmental factors that contribute to drug abuse among young people.

3.4 Sampling

Snowball sampling was employed in recruiting the sample for the present study. In this recruitment technique in which research participants were asked to assist researchers in identifying other potential subjects. Snowball sampling is a well-known, nonprobability method of survey sample selection that is commonly used to locate hidden populations. A total of 20 participants who are dependent on tramadol were recruited for the study. The sample size was determined by data saturation. Saturation in qualitative research is achieved when new emerging themes are not forthcoming (Houghton, Casey, Shaw, & Murphy, 2013a)

3.5 Data Collection

Data for the study was gathered through face-to-face in-depth interviews, non-participant observation and focus group discussions. Using snowball sampling to recruit participants for interview and FGDs was an effective way to reach a diverse and representative sample of participants as I was working with hard-to-reach populations. In case of FGD in order to reach a larger audience, the researcher was referred to a trio who are known to be open about their drug use. These participants then referred other youth who meet the study criteria which was youth aged 15-20 and that have been abusing tramadol at least for 2 years and above. They then in turn referred others. Once the sufficient sample of participants was recruited through snowball sampling, the researcher then conducted FGDs to explore the experiences, attitudes, and perceptions of the participants in a group setting. individual interviews.

3.5.1 In-depth interviews:

The researcher conducted a semi-structures one-on-one interviews with the participants. This allowed the participants to share their experiences, perceptions, and feelings about the phenomenon in their own words. The advantages of this in-depth interviews were; they allowed

for detailed exploration of the participant's experiences and perceptions. As a researcher I asked follow-up questions and clarify responses, leading to a more comprehensive understanding of the phenomenon.

To ensure a diverse range of experiences and perspectives were represented in the study, a total of 20 participants were recruited using a snowball sampling technique. From this pool of participants, 10 (7 male and 3 female) were selected for in-depth interviews, with the aim of capturing a range of experiences and perspectives related to Tramadol abuse among youth in the Piassa Cathedral Area.

The selection of participants for the in-depth interviews was also influenced by practical considerations such as participant availability. Participants who were readily available and have in-depth tramadol exposure were selected.

Furthermore, the selection of participants for the in-depth interviews was guided by the study's research questions, with an emphasis on capturing a range of perspectives related to the lived experiences of young people who abuse Tramadol. By selecting participants who varied in terms of their experiences, backgrounds, and perspectives, the study aimed to provide a comprehensive and nuanced understanding of the complex factors that contribute to Tramadol abuse among youth in the Piassa Cathedral Area.

3.5.2 Unstructured observation:

As part of the study, the researcher conducted unstructured observations of youth who abuse Tramadol in Piassa in their natural setting. This approach provided valuable insights into the participants' experiences and behaviors that may not have been captured through interviews or focus group discussions. The advantage of unstructured observation is that it enables the researcher to gain a more objective understanding of the phenomenon under investigation, without the influence of the researcher's bias or interpretation.

The use of a checklist was not employed during the observation process. This decision was made as unstructured observation is characterized by its open-ended and exploratory nature, and the use of checklists may limit the researcher's ability to observe unexpected or nuanced behaviors or events. Instead, the researcher relied on their own observations and field notes to capture the complexity and variability of the participants' experiences. Additionally, unstructured

observation allowed the researcher to gain a more comprehensive understanding of the participants' experiences by observing their behavior in their natural setting which was the area around Piassa.

3.5.3 Focus group discussions:

To further gather data on the experiences and perceptions of youth who abuse Tramadol in Piassa, focus group discussions were conducted. The FGD was divided into two groups based on gender, with the aim of creating a comfortable and safe environment for participants to share their experiences and feelings about the phenomenon in a group setting. The FGD was moderated by the researcher to guide the discussion and ensure that all participants had the opportunity to contribute. 10 (6 male and 4 female) of the remaining participants from the in-depth interviews were included in the FGD, providing a diverse range of perspectives and experiences to be discussed. The location of the FGD was the open area outside of the Cathedral school and was conducted on a weekend where there was no school and disturbance of the students. The FGD was conducted twice and conducted separately by gender to ensure comfort and provide judgement free environment. The use of focus group discussions provided several advantages, including the opportunity for participants to exchange ideas and experiences, leading to new insights and a deeper understanding of the phenomenon under investigation.

Moreover, focus group discussions allowed for the exploration of group dynamics and social norms that may influence Tramadol abuse among youth in Piassa. The shared experiences and perspectives of the participants provided valuable insights into the social and cultural factors that contribute to drug abuse among youth in the Piassa Cathedral Area. This approach provided a rich and nuanced understanding of the complex social and cultural factors that contribute to the phenomenon.

During data collection a pilot testing was done on 4 individuals and rephrasing of the questions were done.

3.6 Data Analysis

In the context of a phenomenological analysis for this study, Interpretative Phenomenological Analysis (IPA) was used. This is a technique that involves analyzing the way in which individuals interpret and make sense of their experiences. This technique involves identifying the

themes and patterns that emerge from the participants' descriptions of their experiences, and exploring how these themes and patterns relate to the research question and the theoretical framework. Steps that were taken include transcription, reading and re-reading, categorization and interpretation.

3.7 Ethical Consideration

To ensure the validity of the study's conclusions, the researcher took a number of steps. The following were strategies that were used to enhance the trustworthiness of a research study:

Credibility: Credibility involved ensuring that the findings accurately reflect the experiences and perspectives of the participants. This were achieved through the use of rigorous research methods, such as triangulation and member checking.

Transferability: Transferability involved ensuring that the findings can be applied to other contexts or populations. This was achieved through the use of careful description of the research context and participants.

Confirmability: Confirmability involved ensuring that the findings are based on objective evidence rather than the researcher's biases or preconceptions. This was achieved through the use of reflexivity and peer debriefing.

To ensure the validity of the data, the researcher has employed a snowball recruitment strategy to discover participants who fit the inclusion criteria and might elaborate on the factors contributing to their ongoing tramadol misuse. Additionally, the author spent enough time in the field to fully comprehend and delve into the participants' drug-related experiences.

3.8 Research Ethics

Prior to data collection, potential participants were provided with a detailed explanation of the study's goals, purpose, and any potential advantages and disadvantages of participation in the local dialect (Amharic). This allowed participants adequate time to consider their decision to take part in the study.

All participants who met the inclusion criteria and agreed to take part in the study provided informed consent. Participants were informed that they were free to decline or withdraw from the

study at any time without facing any repercussions. Additionally, each participant was asked for permission to audiotape their interview to ensure accurate data collection and analysis.

CHAPTER FOUR

4. Result and Discussion

This study was designed to provide insights into the phenomenon of Tramadol abuse among youth in Piassa Cathedral area, with a focus on the implications for drug addiction rehabilitation programs for these young individuals.

4. 1 Background of the participants

The overall objective of this study was to gain a deeper understanding of the lived experiences of youth who abuse Tramadol and hopes to shed some light on its existence; why young people start and continue to use it and the consequences it created with a focus on the implications for drug addiction rehabilitation programs in case of youth in Piassa, Addis Ababa Cathedral Area. To achieve this objective a total of 20 youth was included in the study.

Meet the group of 20 youth aged between 15-20 (13 males and 7 females) who regularly use Tramadol to cope with the challenges of life. These participants come from different backgrounds and were all in their high school years except the 3 participants who graduated high school but did not make it to college. These individuals come from middle income families and were all living and dependent on their families. These participants considering their age are at a time of significant change and growth within themselves and their surroundings. They are transitioning in various aspects of their lives, including physical, cognitive, social, sexual and emotional development. While considering these developments and changes they have various reasons for abusing tramadol. The religions of the participants include 10 Orthodox Christians, 4 Muslims, 3 Catholic Christians and 3 Protestant Christians.

For most of them, Tramadol has become a way to escape from the daily challenges of life and cope with stress, anxiety, depression, social expectation and existence. While most started using Tramadol due to peer pressure others started to use as means of experiment, to cope with stress, to face trauma and to handle the pressure of daily life challenges. The participated mentioned the current price of tramadol is 20-30 birr.

It's their everyday battle and they have been battling it for over periods of time. While few of them (5 participants) used it for less than 3 years majority of them (11 participants) were abusing for 3-5 years. The remaining 4 individuals have been using tramadol for above 5 years with one participant using for 7 years. Despite the negative consequences of Tramadol abuse, most of the youth find it difficult to quit without and need support and help in that regard.

The findings of the study revealed seven main umbrellas. These were Triggers of abuse, Abuse for Pleasure, Favorable physical impact, Availability (Easy Access), Unwanted effect, Desire to quit and Help Seeking behavior and Barriers to Accessing Help.

4.2 Triggers of abuse

The analysis under the major theme -triggers of abuse- three sub-themes were emerged: Peer pressure, experimentation and stress/trauma.

4.2.1 Peer pressure

Based on the study, a substantial proportion of participants reported that they were initially introduced to tramadol by their peers. Some participants mentioned that their friends had suggested tramadol as an effective solution for their body discomfort pain, while others were advised to use it as a mood uplifting substance that could provide a feeling of ecstasy. The participants' personal accounts corroborate this finding, indicating the role of peer influence in triggering tramadol use.

I started taking tramadol when I was 16 and my period cramps were hurting me more every time. So, I complained to a friend who recommended it for me. And when I took it, it really felt nice for me. Not only did I feel not pain but I got a whole new boost of energy which I liked. I then started taking it even when I am not on my period” (19- year- old female). “I started using Tramadol three years ago to fit in with a group of friends who were already using it. I didn't want to feel left out.” (16- year- old male) “I was hanging out with a group of friends who regularly used tramadol to get high. At first, I was reluctant to try the drug, but my friends kept pressuring me, saying that it was harmless and that everyone was doing it. Eventually, I gave in and began taking it. I am now struggling to cope without the drug.” (17- year- old male) “At the day party my classmates introduced me this drug that would make feel relaxed and happy. I took one and I liked the feeling. I didn't take it for few days; but all of a sudden, I had the urge to take it and when I went to class the next day I started using it ever since (15year old female).

As can be seen from participants narrations there were a push factor from peer groups that resulted in addiction of tramadol. Some had done it with

recommendation while others felt they had started because they wanted to have birds of the same feather fly together logic. Others still were tempted by friends' invitations and could not resist the temptations. This implies that youth tramadol abuse was triggered by the peer pressure

4.2.2. Experimentation

Based on the data collected, it was noted that a number of the participants began abusing tramadol due to their fascination. They were interested in experiencing the effects of the drug and wanted to try it out for themselves. This finding suggests that desire to know can be a significant factor in the initiation of tramadol abuse. Hence some of the participants of the study revealed that they first took tramadol because they wanted to see if the rumors they heard in school and with their friends were true.

“At school I hear friends talking about it about how it goes completely undetected with parents. (17-year- old female) “I heard a classmate speak of tramadol and was very intrigued” (18- year- old male). I heard my friend mentioning on how the drug helped him in bed. He performed well and the girl was impressed and that had seduced me to take the drug. I had a girlfriend at the time and I wanted to impress her so I took it and it was true my energy was doubled and I had a strong stamina and my girlfriend at the time was really surprised. I liked that ego boost and before I knew it one pill turned in to two, to 3 and now I take 10-12 pills per day. So, I would say that’s I got into it” (20- year- old male)

Based on the above narration out of curiosity young people may be more likely to engage in risky behaviors, like experimenting with drugs without fully understanding the potential consequences. This can lead to addiction, as young people may continue to abuse drugs to satisfy their curiosity or increase their doses to achieve the same effect they initially started with.

The above quotation suggests that young people may start using Tramadol due to curiosity, the desire to enhance their performance and the desire to impress others, such as a sexual partner. This implies that curiosity is a cause for tramadol abuse.

4.2.1.3 Stress/Trauma

Another major reason that was identified from substantial participants was that young people use tramadol as a way to cope with stress, anxiety, or trauma. Some individuals mentioned they use the drug as a way to cope with stress and anxiety caused by various factors, such as academic pressure, family problems and relationship issues. This finding suggests that when youth are

unable to cope with stress through healthy means, they may turn to Tramadol as a way to self-medicate and numb their emotions.

“I had to deal with stress related to family issues. I had a lot going on at home and I tried tramadol as a way to relax and feel better. Suggested by a friend I took 3 the first time and my body reacted so badly. I vomited and sweated a lot yet I kept using by reducing the amount 16- year- old male) “I had a toxic boyfriend and there was no way I could tell my family about him, they could never understand. He was manipulative and always made me feel stressed. I tried to break up with him but was not possible and that annoyed me as he had a control on me. I felt anxious and was always depressed. I hated myself for how he made me feel but I couldn’t stop the relationship either. I wanted relief so I turned to drug and that’s how I came across tramadol” (18- year- old female) “I hated school, I couldn’t understand it and I was failing my exams and my grade were very bad, I failed 9th grade and had to repeat it again and I still was not performing and it was just too much for me so I had to find a relief” (17-year-old male)

As can be seen from participants narrations there were a push factor from every day stress that resulted in addiction of tramadol. Some had done it to escape family issue while others felt they were losing themselves in toxic relationships. Others were not performing well academically and needed to take give themselves a-break. This implies that youth tramadol abuse is also triggered by stress/trauma.

4.3 Abuse for Pleasure

From the data gathered a number of the participants noted, a significant reason behind the persistent abuse of tramadol was the perceived psychological advantages. Participants reported various benefits of tramadol abuse on their mental health and well-being, including heightened energy, improved focus, and increased feelings of happiness.

Many of the participants reported experiencing intense feelings of happiness while under the influence of tramadol. Some participants even admitted to using the drug as a means of self-medication during times of sadness or emotional distress. The following quotes from the participants exemplify this statement:

“When you are on tramadol, you don’t care about things. Everything feels light. For example, you think what if I fail this class, there’s no problem, school isn’t everything and you are free” 15- year- old male) Like my teams shared, you sometimes feel down because we are going through a lot of changes in my life at this age and adults are usually there to blame than listen so you take the easy way out and do what makes

you feel happy, and tramadol does that, it makes you feel bold and energetic so the worries don't matter anymore" (19-year-old male) "I lost my mother due to a car accident. She was all I had since I didn't get on well with my father and I am the only child so no siblings to turn to. I was in constant state of depression and hysteria, I was all over the place emotionally and I wanted an out" (18-year-old female)

Along with the drug's reported ecstatic effects, other participants also stated that tramadol enhances their ability to concentrate and stay focused on tasks without being distracted by their surroundings. One participant expressed this idea in the following statement:

"Every time I take it I am super focused, especially on times of exam it helps me bring my attention to the work. You see with tramadol if you want to do something it won't let you procrastinate you are like now is the time, do you get me?" (20-year-old male)

As can be seen from participants narrations the need for psychological pleasure was a push factor. Some had done it to escape their reality while others needed it because they felt like no one was listening. Others needed the boost as they were going through major emotional distress. There were also participants that mentioned the needed focus it provided was what draw them to it. This implies that psychological pleasure is one of the triggers that leads youth to abuse tramadol.

4.4 Favourable physical impacts

This prominent theme pertains to the physical effects of tramadol abuse as reported by the participants. Many favorable physical changes were cited as reasons for the continued use of tramadol. Two themes were emerged: Energizing and sexual stimulation effects

4.4.1. Energizing effect

The data analysis showed the majority of participants reported using tramadol as a means of reducing stress and tiredness. Additionally, a few participants stated that tramadol enhances their performance by boosting their energy levels and enabling them to fulfill their duties without difficulty. Despite the widespread efforts to discourage tramadol abuse, a subset of participants still views it as a crucial part of their lives. The following quotes from some of the participants support these findings:

"Like my members mentioned Tramadol is a pain killer but it also is like a full proofed energy drink. You can't feel down or tired when taking it, you know; whenever you feel your body in ache or exhausted it does the trick for you and you

love this energetic guy cause without it you will not be willing to lift a finger” (20- year- old male) “As the girls in the group were discussing we have a lot of responsibilities at home, with the current economy we support families the way we can. For example, for me there is no house maid in our home so I help at home and on top of that there is school and my body gets burnout so I take it to relief some pressure and feel myself with energy” (16year- old female) “The thing is my body is always tired I don’t know why, maybe too much sitting so I always want a boost to move around. I am now in a state where if I don’t at least take 6 pills a day the minimum my body is dead.” (18 year- old male)

The participants' narrations suggest that young people may turn to Tramadol as a way to cope with the demands of daily life and to maintain physical energy. Some participants reported using Tramadol to relieve body aches, while others used it to function physically at home and in school. There were also some participants who became addicted to Tramadol and needed it simply to function. These findings suggest that the need for physical energy and the ability to cope with daily demands can be a driving force behind Tramadol abuse among young people.

4.4.5 Sexual stimulant effect

As per the findings of our study, another alluring physical effect of tramadol that contributes to its continued abuse is its reported sexual enhancing effect. Many participants reported that tramadol enhances their sexual performance, which is one of the reasons for its continued abuse.

“Even though I am still a teenager I know sex is big part of a man life and how you perform matters. I have done it with tramadol and wit out and I have seen the difference so I take it every time before sex. On the days that I don’t take it my girl sometimes asks me if I have it and if I can take it just to make the experience better for both of us” (19- year- old male) “And girls talk too you know so we need to be able to perform well, in this day and age where money matters the most we are young so we have no money so if we want her to stay we have to offer her something she will not forget(20- year- old male).

The participant also added

“I didn’t start sex because of tramadol but I do it frequently because of it. The thing is with tramadol you last longer up to 20 minutes without an issue or early release” (20- year- old male). “When I initially had sex I had huge performance anxiety and needed to calm myself down, I was too much in my head thinking of the pain so in order to calm that feeling I started using tramadol” (19-year-old female)

As can be seen from participants narrations the need sexual performance was a huge factor. While the participants mentioned tramadol is not necessarily the reason they started sexual intercourse it is the reason they are according to them perfecting the art and developing. While some had done it to enhance their performance and timing,

others mentioned on the days they do not to take it their partners request it. And there were others that needed it to overcome performance anxiety. This shows that sexual enhancing effect is one of the triggers that leads youth to abuse tramadol.

4.5 Availability

The study revealed that the easy availability of tramadol in the community is a major contributing factor to its abuse. Participants reported that the drug is readily accessible through pharmacies making it easy for anyone to obtain. It is sold openly and without prescription in some pharmacies, even to those without a legitimate medical need. Most participants mentioned that they were introduced to tramadol by friends who had easy access to the drug or know someone who uses with an easy access. Participants also mentioned obtaining tramadol from friends or family members who had legitimate prescriptions for the drug but were not using it themselves.

Furthermore, participants reported that tramadol is often sold at a low cost, making it an attractive option for those seeking a cheap high or a means of self-medication. The lack of regulations and monitoring of tramadol sales also makes it easier for individuals to abuse the drug without consequences.

“It’s really not that hard to get, you can go the areas like Piassa Giorgis or Semen Hotel and the pharmacies have them and they sell it for like 20 birr. The availability is really something were all thankful for in a way” (16- year- old female) “I used to take 13 pills a day at a point you know so I had to refill a lot but that didn’t worry me I just go out and buy what I need and continue my day, at first you fear going to the pharmacy and asking for a prescription drug but after a while you see that its easy” (20- year- old male) “My sister was injured and was prescribed tramadol. She started taking them and after a while she got better and she stopped but the medication was still in the house and I had no problem getting my hands on it” (16- year- old male)

As can be seen from participants narrations the easy access was another major factor for the abuse. While some participants mentioned they easily can get it at a pharmacy without a prescription and refill with low cost others said family and friends that earlier got prescribed the medication and no longer use are their source for easy access. This shows that availability with low regulation is one of the triggers that leads youth to abuse tramadol.

4.6 Unwanted effects

In addition to the positive effects that participants of our study reported as reasons for abusing tramadol, they also shared their experiences of the negative effects they endure as a result of its misuse. The adverse effects were categorized into three subthemes: Physical Consequences, psychological consequence and social consequence.

1. Physical Consequences

In the study, participants reported experiencing a range of negative physical effects associated with tramadol abuse. Some of the adverse effects mentioned included vomiting and seizures. Participants noted that they often lose their appetite due to the vomiting that accompanies tramadol use. The participants stated that it also has back pain and your body shivers unless you take it. They also mentioned it makes you lose sleep and your body craves it and needs it at night and first thing in the morning to function. Participants mentioned

“I can’t sleep without it. I have to take at least 2-3 doze in the middle of the night so what I do is I take the capsule out of the bag and put it under my pillow. When the craving starts I take it out of my pillow and swallow it. Because you literally will have no energy to get up and get one unless its near you” (18year- old female) “Not only at night but even in the morning; our bodies won’t move I can open my eye but my body is in constant state of tiredness so I take my pill and lay there for about 15-20 minutes for the pill to circulate in my system and then I finally get up and start my day. You know the funny thing is my family thinks I am lazy but if they only knew that I physically can’t” (19 year- old male) “I don’t have much of an appetite anymore and if I eat too much or eat frequently in a day I end up vomiting it but I need the energy so instead of eating I still chose the pill and lower my food intake” (18 year- old male)

As can be seen from participants narrations tramadol has created severe physical consequences and made them dependent on the pill to function. Some participants mentioned they need the pill to fall asleep while others need it to wake up and start their day. There are also participants that mentioned they use it as a food supplement of food. This indicates that since their body craves the drug despite the physical consequence they still continue to abuse the drug.

Another negative physical effect of tramadol mentioned by participants in the study was seizures. Participants stated that higher doses of tramadol had led them to seizures. Two participants that were abusing it the longest mentioned

“I have used tramadol for 6 years now and I had experienced seizure. I was at my grandmother’s house while I was in a visit that had happened. I did not remember anything. My grandma told me they freaked out as I was shaking and they put water on me and so that I won’t bite my tongue they stuffed something in my mouth. They also told me foam was forming around my mouth. They rushed me to the nearest clinic and when I woke up I was on glucose. The Dr. told them that it is gastric, my family thought it was a spirit and suggested I go for holy water. (20 year- old male) “I was 7 years in of taking the drug. One day my sister wanted me to take her car to get bolo checked and I did, the time she scheduled for her vehicle check was pretty early in the morning so I think I only had bread with peanut, I took my pills and I left the house. I then got her car checked and came back home. As soon as I got of the car and in my house, I felt dizzy and only remember grabbing the house door before I fell but after a while I got up. They rushed me to the hospital and the Dr. told them it could be low blood pressure. They gave me glucose and I came back home. Let me tell you; I cried that night in my room because you know what I was thinking, if it would’ve happened 10 minutes earlier I would have been driving and I would have committed my own suicide and also be the cause of someone else’s death, I cried because I truly realized I was killing myself slowly” (20- year- old male)

As indicated by the participants stories as their period of intake increased tramadol has caused them serious health issues and near-death experience. The participants mentioned they momentarily fainted and experienced seizure. This shows as the abuse continues the body reacts very badly but it’s still accustomed to it so they continue the abuse.

2. Psychological consequences

The study revealed that tramadol abuse is associated with various perceived emotional problems, as reported by participants. As the youth are on self-discovery and hormonal stages of their lives adding tramadol on it magnifies the whole experience. Their emotional wellbeing is challenged and they go through different emotional distress. Participants mentioned tramadol causes, mood swings, irritability, emotional numbness and creates feeling of guilt, shame, and low self-esteem. They also mentioned there is huge anxiety and depression associated with it. Numerous participants mentioned they haven’t felt peace with in themselves stated without the drug they constantly ask themselves who am I? What’s my use in the world? What’s my purpose? They also reported feeling emotionally distant and uninterested in social interactions while under the influence of the drug.

“Without the drug I am wondering do I even have purpose in the world? Will people like me like this? I am already dealing with so many changes and this added I really

go to a dark place and to avoid feeling useless I take it immediately” (15- year- old male) “You see with the drug you don’t need people, you just need the pill. Most times I am at home and in my room, I don’t like talking to anyone about anything. When my family comes to talk to me and try to get me out of my own mood I get irritated I even lash out at my little brother. I just don’t have the will you know. I hate doing it but I have major mood swings. My family when I act this way say “jemerew demo” and I don’t like that but I can’t help it” (16- year- old male) “Every time I take one I feel like an addict and I feel guilty and shame. Knowing your addicted to this eternal thing that plays a huge role in my life I hate that and I hate myself for it”

Based on the participants experience there mental wellbeing has been challenged by the drug. While some participants take it to escape questions in their head others take it to escape spending time with family and be alone. Some participants mentioned they hate the guilt they feel associated with the drug and need to escape that feeling of depression and shame. This implies that while there is still some psychological challenges to the drug to escape their reality youth continue to abuse it.

3. Social consequences

The study found that tramadol abuse can have negative impacts on an individual's social life, including strained relationships with family and friends, as well as decreased academic performance. Participants reported they have had conflicts within the family due to their behavior changes and financial disagreements (asking money often). Participants also mentioned there was a “caregiver-burden” on families for youth that were facing the severe consequences. Participants stated they almost had cut off ties with their friends not using the drug as they felt judged and misunderstood. They mentioned they knew what they were doing was wrong but they did not need someone’s constant nagging. Participants reported experiencing isolation and withdrawal from social activities as a result of their tramadol abuse, which can impede their ability to form and maintain relationships, particularly for young people. Participants that have a good relationship with their peers that do not take the drug mentioned they usually kept it a secret and their friends are not aware. While some participants mentioned the drug helps them focus more in their school activities others while others mentioned they cannot focus and are falling behind in their class. Both sides mentioned their schools are completely unaware of their use and don’t think they even know the drug is in their compound. Participants also mentioned while the drug creates positive effect in the relationship of boyfriend and girlfriend there are days where their other half’s that do not take the drug don’t understand their feeling and their physical state. Participants mentioned arguments usually arise because of these. Understanding these

negative effects of tramadol abuse on an individual's social life highlight the importance of addressing this issue and providing education and resources on safe and responsible drug use to prevent these adverse outcomes.

Participants mentioned

“I failed my national exam of grade 12 last year. I did not make it to college. I was so dependent on the drug that I changed 3 schools in my 4 high school years in the end I didn’t make it. Now I am at home with family and its been a year I literally don’t know where to go from here or what my future looks like” (20- year- old male) “I fought with my dad once. He was telling me how I was acting out and how I was not raised like this and I was just getting agitated and I lashed out at him. I have never done that and I was shocked myself but I only could take so much of what he was saying. He was disappointed in me and how I acted and what I was showing my younger siblings and after that day I have been distancing myself a bit from him, I don’t want that day to happen again” (17-year-old male) “I have gotten distant with my family and my friends that don’t take tramadol. It’s just easier you know. Especially with your friends the constant nagging I am tired of hearing it and my family thinks I am acting as a teenager and they are always lecturing me so I just ignore all of it all together” (17- year- old female) “I am tired of asking my family for money because I usually spend it on the pill. When most of us buy we buy in bulks you know and that costs. My mother is always asking where I spend it and I give her excuses but still there is so many excuses I give. I am so tired of hearing lectures about money” (16- year- old male) “After I had the seizure I was at home for a week and my mother was the one taking care of me. She asked for one week leave at her office and was by my side. I had burdened her with this” (20- year- old male) ” “My school knows nothing about my drug use. I don’t smell and my eyes don’t tell anything. We literally take the substances on school campus and no one knows this makes me careless” (17-year-old-female) “I love my girlfriend but the thing is she always doesn’t understand me. Like for example I can’t just come when she tells me to come I have to be in a certain mood and my body needs to be able to move but she thinks it’s because I don’t prioritize her” (19-year-old male)

As can be seen from participants narrations due to the drug their social life has been disrupted in different areas. Some had fought with family, while others had to be caregivers to their youth. There were also some participants that were arguing with their families money wise. Others were distancing themselves from their friends and some participants relationships were struggling because of this drug. There were also participants that were struggling on their education and some participants were getting reckless with the pill on school ground. This implies that abusing the drug is affecting these youths life in more areas that are significant to their lives.

4.7 Desire to quit and Help Seeking behaviour

The majority of participants in the study expressed a desire to stop their tramadol abuse

especially when they hear other extreme stories or when they face near death experiences. Some even seeking help from family members, friends, or classmates. Although the participants expressed a strong motivation to quit, they reported facing various obstacles to achieving their goal. Many participants mentioned a lack of accessible rehabilitation centers or resources to assist with addiction recovery.

“When you almost have a near death experience it just clicks you like what the hell am I doing and you want to stop. Its scary you know and I have seen it can happen at any moment so I really do want to stop and I have come clean to my parents about it” (20- year- old male) “You know hearing the struggle of other people it just worries you. Plus, you always think what if it stops being produced or the regulation increases what’s my fate then; like that part is really scary for me, what if I can’t access it easily” (17- year- old male)

As per the participants narrations some participants mentioned due to the near-death experience they had the strong despite to quit while others mentioned that seeing people that are in too deep and their struggles gave them a wakeup call. This implies that among the youth there is a need to get better and be free from this drug.

In regards to actually seeking help participants mentioned dissatisfaction with the services they received.

“I went to Paulos myself since I wanted to get help and I wanted to be admitted in. They basically told me since you came willingly you don’t need to be admitted just be outside and decrease your dose and you can stop on your own; which was so unrealistic if I could do that why bother going there; they have addicts who come unwillingly with their family or by force and basically they are the ones that get priority” (20- year- old male) “Sometimes the Dr’s give ask a really none sense questions and make none sense examples. Something like stop it now and let it hurt for now and you will feel better in time. The whole point I am taking the pill is not to feel any pain. I tried to stop 3 times and I stayed up all night I couldn’t sleep, my back hurt so bad and I couldn’t eat so I went back on it again. So the Dr. saying that to me makes no sense, what he is telling me is making me go back to the pill. I am trying my best to at least further the time apart I take the pills” (18- year- old male) “I told my family and they didn’t really understand but they were supportive. We went to look for treatment centers and there aren’t any that are easily accessible. We were recently recommended one in Enkual fabrica will go there and see what they say but we really need to have more rehabilitation centers if not what’s the hope for us, for now I am trying to decrease my intake but it’s really hard and I usually fail more than I succeed” (18- year- old female)

As indicated by the participants stories some participants went out and sought help for themselves while others came to clean to family and are in the process of seeking help.

This implies that not only there is desire to quit but they are moving towards accessing help.

4.8 Barriers to Accessing Help

Despite the fact that a significant number of participants in our study sought help for their tramadol abuse, there were still some who had not yet made the decision to seek assistance. These individuals are afraid of facing various personal or societal barriers to seeking help, such as stigma associated with drug use.

“You know how our community is; there is lack of awareness and I do not want to be labelled as an addict. Imagine everyone in the community giving you the “mtsm” you know how that would feel and how my parents would feel my mental health won’t be able to take it plus if anyone close to me knows they will stop entrusting me with any responsibilities, I just can’t have that” 19- year- old male) “I honestly don’t even know where to begin, I want to stop I do but where do I go, who do I tell? My family is an absolute no they are very strict and my friends don’t understand so I am just stuck and lost I guess. It would be easier if people talk about it openly but no one even knows it exists.” (17- year- old female)

As per the participants narrations some participants did not pursue treatment as they are afraid of being labelled an addict while others did not know where to go to even get treatment. This implies that the social factor within the community and unwariness of the youth plays a hindering role for accessing treatment.

This study offers to gain a deeper understanding of the lived experiences of youth who abuse Tramadol and hopes to shed some light on its existence; why young people start and continue to use it and the consequences it created with a focus on the implications for drug addiction rehabilitation programs in Piassa Cathedral area.

Discussion

Main findings

In this phenomenological qualitative study involving motivations for abuse of tramadol and implication for rehabilitation programs the study found a range of motivations for

abusing tramadol which were linked to their day to day activities whilst at other times participants spoke of motivations for the abuse. Based on the data the study was conducted in to 7 categories which were Triggers of abuse, Abuse for pleasure, Favorable physical impact, Availability (Easy Access), Unwanted effect, Desire to stop and Seek Help and Barriers to accessing help. It must be emphasized that there was a great deal of overlap between the categories.

Tramadol abuse among youth is a complex issue that can be understood through various theoretical perspectives. Considering the social, psychological, and behavioral factors that contribute to Tramadol abuse among youth; it can be understood through the lens of social learning theory, self-medication, and rational choice theory. Social learning theory posits that individuals learn behaviors through observation and modeling of others. In the case of Tramadol abuse, youth are exposed to peers who misuse the drug, leading them to believe that it is a socially acceptable behavior. This has led to a normalization of Tramadol abuse among youth, perpetuating the cycle of drug misuse.

Self-medication theory suggests that individuals may use drugs to alleviate physical or emotional pain. In the case of Tramadol abuse youth are using it to self-medicate to cope with stress, anxiety, or depression. This has led to a dependence on the drug, as youth may feel that they need tramadol to manage their symptoms. Rational choice theory suggests that individuals make decisions based on a cost-benefit analysis. In the case of Tramadol abuse, youth weigh the perceived benefits of using the drug, such as feeling euphoric or relaxed, against the potential risks, such as addiction or overdose. If youth continue perceive the benefits outweigh the risks, they will continue to misuse Tramadol.

Based on the data gathered, it was found that various factors contributed to the participants' initial exposure to the drug Tramadol. Peer group pressure was identified as the most prominent factor, with many participants reporting that they were influenced by their friends to try the drug for the first time. In the case of tramadol abuse, peer pressure may come from friends, classmates, or other social groups who encourage an individual to try the drug or use it more frequently. This pressure can be overt, such as direct

suggestions to try the drug, or subtler, such as social norms that make it seem acceptable or even desirable to use tramadol. For young people, the desire to fit in and be accepted by their peers is a strong motivator to engage in drug abuse. They feel pressure to conform to the behavior of their social group, even if they have reservations about the risks involved. Additionally, young people are susceptible to peer pressure due to their still-developing brains and lack of experience with decision-making and risk assessment.

Additionally, some participants stated that they experimented with the drug out of curiosity regarding its perceived effects and the interesting stories they hear. Furthermore, trauma and stress were identified as another factor that led some participants to become addicted to Tramadol. Instead of coping with their emotional pain through healthier means, they turned to the drug as a way to alleviate their suffering. Availability was also noted as a significant factor, with the drug being easily accessible to some participants, leading to its abuse. The findings of our study contribute to the ongoing debate surrounding the potential for abuse of tramadol. Similar to previous studies, our data suggests that tramadol has a high potential for abuse (Johnson et al., 2016; O'Brien, 2018; Vosburg & Severtson, 2018).

However, conflicting evidence exists, with some studies suggesting that the drug has a low potential for abuse (Cicero et al., 1999; Knisely et al., 2002; Radbruch et al., 2013). To gain a better understanding of the abuse potential of tramadol, future research should involve large and diverse samples. Cultural and demographic factors may influence an individual's likelihood of abusing the drug, and this should be considered in future studies. Additionally, experimental studies could provide valuable insights into the mechanisms by which tramadol produces its effects and how these effects contribute to its abuse potential (Comer et al., 2015; Lofwall & Walsh, 2014).

The study also revealed that individuals who abuse tramadol experience various mental ecstasy that contribute to their continued use of the drug. Participants reported that tramadol use provided them with an energy and attentiveness, among other benefits. Nearly all participants indicated that tramadol abuse elevated their mood and made them

feel happy. Some participants even stated that they turned to the drug as a form of self-medication, using it to alleviate symptoms of depression or anxiety. There are several recent studies exploring the potential antidepressant effects of tramadol. For instance, a 2020 review article by Dhir and Kulkarni discusses the evidence supporting the use of tramadol as an antidepressant (Dhir & Kulkarni, 2020). Another 2021 randomized controlled trial by Elgebaly et al. compared the antidepressant effects of tramadol and paroxetine, and found that both drugs were effective in reducing depressive symptoms (Elgebaly et al., 2021).

In addition to the mental gratification discussed earlier, the study found that participants who abused tramadol also cited favorable physical impact as reasons for their continued use of the drug. Specifically, they reported experiencing an energizing effect and sexual stimulant effect from tramadol. Many participants reported feeling energized after taking the drug, which allowed them to manage stress and carry out daily activities without feeling tired or their body feeling lazy.

The sexual stimulant effect of tramadol was also mentioned by some participants. They reported improved sexual performance and increased libido after taking the drug. However, it is important to note that these effects are not supported by scientific evidence and may be due to the drug's influence on mood and arousal rather than any direct physiological effects. There is limited research on the energizing and sexual stimulant effects of tramadol, and the existing studies have yielded mixed results. A systematic review and meta-analysis by Sharma and Gupta found that tramadol use was associated with an increased risk of sexual dysfunction, but the studies included in the analysis did not specifically examine the sexual stimulant effect of tramadol (Sharma & Gupta, 2021).

Regarding the energizing effect of tramadol, a randomized controlled trial by Alghadir et al. found that tramadol had a modest energizing effect on physical performance, but did not significantly improve cognitive performance (Alghadir et al., 2019). The energizing effect of tramadol should not be seen as a desirable effect, as it can lead to dependence and addiction, as well as adverse effects such as agitation, seizures, and respiratory depression. The limited evidence on the energizing and sexual stimulant effects of

tramadol suggests that further research is needed to fully understand these potential effects. It is important to note that tramadol is not approved for use as an energizer or sexual stimulant, and its use for these purposes will lead to dependence, addiction, and other negative consequences.

In addition to the presumed positive effects of tramadol, the study also revealed that participants who abused the drug experienced several adverse effects. These included back pains, sleepless nights, vomiting and seizures. The participants reported these seizures happen unknowingly and could lead to series consequences that are very fetal. Some participants reported that the drug caused them to become hot tempered, lash out and lose interest in social interactions. Due to this and the mood swings their personal relationships has been strained and lead to social isolation. On top of the mood swings participants mentioned there is huge mental battle in regards to their self-worth. The drug makes them so dependent they don't see their values without it nor do they feel others value them without it. There is limited research on the effects of tramadol abuse on the psychology, behavior, and social interaction of abusers. However, some studies have suggested that tramadol abuse can have negative effects on mental health, behavior, and social functioning.

A study conducted in Nigeria found that individuals who abused tramadol had a higher prevalence of anxiety and depression compared to non-abusers, and this was associated with impaired social functioning (Onifade et al., 2019). Another study conducted in Egypt found that tramadol abuse was associated with reduced social participation and occupational functioning (Elkashef et al., 2008). Furthermore, a case series published in the Journal of Addiction Medicine described three patients who developed symptoms of social withdrawal and isolation as a result of tramadol abuse (Al-Taei et al., 2017). These patients reported losing interest in social activities and engaging in drug-seeking behaviors that further isolated them from others.

While these studies provide some insight into the potential effects of tramadol abuse on mental health, behavior, and social functioning, further research is needed to fully

understand the scope and nature of these effects. Additionally, the desire to stop tramadol abuse is a common sentiment expressed by many of the participants. Seeing and feeling the actual impact of the dependency on the drug and fearing of regulation increase or what if the medication runs out or simply wanting to be free and learning from others are some of the main reasons behind seeking a life without tramadol. However, their desire is often accompanied by various barriers that prevents them from achieving their goal. These obstacles include the lack of accessible rehabilitation centers and the resources to assist with addiction recovery, dissatisfaction with the services received, and fear of facing personal or societal barriers such as stigma associated with the drug use.

While some individuals have supportive family members or friends who encourage them to seek help, others mentioned they feel isolated and are unsure of where to turn for assistance. Participants also mentioned the stigma and shame that comes with being an addict or called an “addict” hold them from seeking further help. Many participants in the study reported seeking help using self-help methods to manage their addiction due to the lack of comfort in accessing rehabilitation centers. There is a study that confirms the above statement. A study conducted in Ethiopia found that the lack of accessible and affordable rehabilitation centers was a significant barrier to treatment for individuals who abused opioids, including tramadol (Alemu et al., 2020). There is limited research on the barriers to accessing rehabilitation centers for individuals who abuse tramadol. More research is required to address these barriers in our communities,

CHAPTER FIVE

5. Conclusion and Recommendation

5.1 Conclusion

In conclusion, this study sheds light on the lived experiences of youth who abuse Tramadol in the Piassa area, highlighting the factors that contribute to their initial exposure to the drug, the perceived benefits that encourage continued use, and the adverse effects experienced by the participants. Furthermore, it emphasizes the challenges they face when attempting to overcome addiction and the barriers to accessing effective rehabilitation services.

Peer pressure, curiosity, trauma, stress, and easy availability were identified as major factors contributing to the initiation of Tramadol abuse. Participants reported experiencing mental and physical gratification from the drug, including mood elevation, increased energy, and perceived sexual stimulant effects. However, the abuse of Tramadol also led to several adverse effects, such as back pains, sleeplessness, vomiting, seizures, and negative impacts on mental health and social functioning. The desire to quit Tramadol abuse is present among the participants, but various barriers, including a lack of accessible rehabilitation centers, dissatisfaction with services, and the fear of stigma, hinder their recovery process.

These findings suggest a need for increased access to addiction recovery resources and support services for individuals struggling with tramadol abuse. It is crucial to address the barriers that hinder individuals from seeking help and to provide effective and accessible options for treatment and support. Furthermore, education on safe and responsible drug use is necessary to prevent the development of addiction and encourage individuals to seek help when needed.

It is important to note that the psychological gratifications derived from tramadol abuse can be short-lived and may lead to long-term negative consequences. Continued use of the drug can result in physical dependence, addiction, and other adverse effects on mental and physical health.

This study highlights the need for further research into the abuse potential of Tramadol, as well as the development of effective and accessible rehabilitation programs that address the specific needs and challenges faced by individuals who abuse the drug. By understanding the complexities of Tramadol abuse and addressing the barriers to addiction recovery, policymakers and healthcare providers can work towards the development of targeted interventions and improved support systems for affected individuals.

5.2 Recommendation

Based on the study's findings, the following recommendations is proposed for various stakeholders that play a role in this battle.

Family and Friends: Family and friends should be informed about the risks of Tramadol abuse and encouraged to provide support and assistance to their loved ones who are struggling with addiction. Family should also be very attentive of their kids, there where about, there moods what makes them happy, what tics them off, why are they happy. Why are they sad. Family need to start to getting really involved in their child's life. This can involve educating youth about the dangers of drug abuse and empowering them to resist negative peer pressure. Encouraging positive peer influences, such as supportive friends and role models who promote healthy

behaviors. It is also important to properly dispose unused or expired medications to prevent their misuse or diversion.

Educational Institutions: Educational institutions should incorporate drug abuse education into their curricula and promote awareness campaigns on the risks of Tramadol abuse.

Healthcare Providers: Healthcare providers should be educated on the potential for Tramadol abuse and its adverse effects. They should also be trained on how to treat first time covers as their response is very important. They should also be trained on how to identify individuals who are at risk of Tramadol abuse and provide targeted interventions and support to those who require it.

Policy Makers: Policy makers should develop policies and regulations to control the easy access and availability of Tramadol. They should also work towards increasing the availability of affordable and accessible rehabilitation centers, including community-based and telemedicine-based programs.

Individuals: Individuals who struggle with Tramadol abuse should seek professional help and support from rehabilitation centers and support groups. They should also actively participate in their recovery process and avoid triggers that could lead to relapse.

Government: The easy availability of tramadol in the community highlights the need for increased regulation and monitoring of the drug's distribution. It is crucial to implement measures to prevent the illegal sale and misuse of tramadol, as well as to provide education and resources on safe and responsible drug use. Government needs to fix the lack of proper regulation and enforcement of existing laws and regulations governing the sale of tramadol.

Overall, a multi-stakeholder approach is necessary to address the issue of Tramadol abuse effectively. Parents, teachers, and other adults can play a key role in modeling healthy behaviors and setting clear expectations and boundaries for young people. It is also important to provide education on the risks associated with tramadol abuse and to promote the benefits of seeking help for addiction. This encouragement can help individuals overcome any barriers they may face and make the decision to seek assistance. Additionally, efforts to increase the accessibility

and availability of support resources can further encourage individuals to seek help and take the necessary steps towards addiction recovery.

It is crucial that individuals who struggle with tramadol abuse seek professional help and support to overcome their addiction. Healthcare providers should also be aware of the potential for abuse and misuse of tramadol and closely monitor their patients for signs of dependence or addiction. Public health initiatives aimed at raising awareness about the risks associated with tramadol abuse and promoting safe medication practices are also essential in preventing the negative consequences of drug abuse.

It is important to recognize that the physical effects of tramadol can be misleading and may lead to dependence and addiction. The energizing effect may lead individuals to take the drug more frequently and in higher doses than recommended, which can result in adverse effects such as agitation, seizures, and respiratory depression. Additionally, the sexual stimulant effect may lead to risky sexual behavior and increase the risk of sexually transmitted infections.

Therefore, it is essential to educate individuals on the potential risks of tramadol abuse and promote safe medication practices. Healthcare providers should carefully monitor patients who are prescribed tramadol and be aware of the potential for abuse and misuse. Public health initiatives aimed at raising awareness about the risks associated with tramadol abuse and promoting safe medication practices are also crucial in preventing the negative consequences of drug abuse.

Efforts to address these obstacles and promote access to addiction treatment and support are crucial in addressing the issue of tramadol abuse and addiction. This can include increasing awareness about the risks associated with tramadol abuse, promoting safe medication practices, and expanding access to substance abuse treatment programs, including medication-assisted treatment and behavioral therapies. Education and awareness campaigns can also help to reduce the stigma associated with drug use and addiction, making it easier for individuals to seek help without fear of judgment or discrimination.

Ultimately, the path to recovery from tramadol addiction can be challenging, but it is not insurmountable. With the right support, resources, and treatment, individuals who struggle with addiction can overcome the obstacles they face and achieve their goal of a drug-free life.

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<http://www.aapcc.org/annual-reports>

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<https://www.verywellmind.com/tramadol-withdrawal-4177612>

Appendix 1: Amharic version (Information sheet, Consent and Data Collection Tool)

4. አጠቃላይ መረጃ

4.1 አጠቃላይ መረጃ ለተሳታፊዎች (የመረጃ ወረቀት)

ወድ ተሳታፊ ፣ በምርምር ጥናት ወስጥ እንደትካፈሉ ጋብጥሎ ፣ ከመሆኑ በፊት ምርምር ለምን እየተደረገ እንደሆነ እና ለእርስዎ ምን እንደሚገባት መረጃ ለማግኘት ፣ እባክዎን የሚከተሉትን መረጃዎች በጥንቃቄ ለማንበብ ጊዜ ይወስዱ ፡ ፡ ያነበቡት ማንኛውም ነገር ግልፅ ካልሆነ ወይም ተጨማሪ መረጃ የሚፈልጉ ከሆነ ጥያቄዎችን ይጠይቁ ፡ ፡ ለመሳተፍ ወይም ላለመሳተፍ ለመወሰን ጊዜ ይወስዱ ፡ ፡

ስሜ _____ ነ ወ፣ እኔ ቅድስተ ማርያም ዩኒቨርሲቲ የ ማህበረሰብ ስራ የ ድህረ ምረቃ ተማሪ ነኝ ፡፡ በፒያሳ ወጣቶች መካከል በትራማዶል ላይ የ ማደርሰ ወን አላግባብ መጠቀም እንዲቀጥሉ የ ማይ ደርጉት መንሳኤዎች ምንድን ናቸው እንደታሰቡ እና ሻሸል የ ማላ ወን ለ ማጥናት እዚህ መጥቻለሁ ፡፡ ስለሆነ ምላሳ ጥናቱ ዓላማዎች መሳካት የ እርስዎ ተሳትፎ እና እወኔ ተኛ ምላሽ አስፈላጊ ነው ፡፡ እዚህ በታች አናንተ መልስ የ ምትሰጥባቸው አንዳንድ ጥያቄዎች አሉኝ ፡፡ የ እርስዎ መልሶች ማሉ በ ማሉ ምስጢራዊ ናቸው ፡፡ ስምዎት በዚህ ቅጽ ላይ አይጻፍም እና ምትሰጥባቸው ማጥናቸውም መረጃዎች ለሌላ ጥቅም በጭራሽ አይወልዱም ፡፡ መልሶትም በፍቃደኝነት ላይ የተመሠረተ ነው ፡፡ ይህ ጥናት በቅድስተ ማርያም ዩኒቨርሲቲ ተማሪ የተዘጋጀው ለድህረ ምረቃ የ ማህበረሰብ ስራ ክፍል የ ማይ ገለግል ነው ፡፡ ፍላጎቶች ለሌባቸው ጥያቄዎች መልስ አለመስጠት ይችላሉ በሂደቱ ወስጥ ካልተመኙት በማንኛውም ጊዜ ጥናቱ ላይ መሳተፉን ማቆም ይችላሉ

ስሜ _____ ነ ወ፣ ፡፡ " ፡፡ በፒያሳ ወጣቶች መካከል በትራማዶል ላይ የ ማደርሰ ወን አላግባብ መጠቀም እንዲቀጥሉ የ ማይ ደርጉት መንሳኤዎች ምንድን ናቸው እንደታሰቡ እና ሻሸል የ ማላ ወን ለ ማጥናት የ ማይ ገለግል መረጃ ለ ማመን ጨት እንደሆነ ተነግሮኛል ፡፡ ፡፡ ተመራማሪው በፍቃደኝነት ለ ጥያቄዎች ምላሽ ለመስጠት እንደምችል ተገለጻል ፡፡ እኔ የ ምስጢራዊ መረጃ ለ ጥናቱ ዓላማ ብቻ ጥቅም ላይ እንደሚውል እና ማሻገር ሆኖ እንደማይሆን ተነግሮኛል ፡፡ ፍላጎት ለሌባቸው ጥያቄዎች መልስ ለመስጠት እምቢ ማለት እንደምችል እንዲሁም በሂደቱ ወስጥ በማንኛውም ጊዜ ጥናቱ ላይ መሳተፉን ማቆም እንደኛል ተነግሮኛል ፡፡ ተሳታፊው ተስማምቶታል

አዎ አይ

Appendix II: General Information for Participants (Information Sheet)

Dear potential participant,

I would like to invite you to take part in a research study. Before making a decision, it is important that you fully understand the purpose of the research and what your involvement would entail. Please take the time to carefully read the following information and do not hesitate to ask any questions if you require further clarification.

My name is _____; I am a student of Master of social work in ST. MARY UNIVERSITY. I am here to study the facilitators of tramadol drug abuse among

youth, Addis Ababa, Ethiopia: 2023. The aim of this study is to gain a deeper understanding of the experiences of young people who abuse Tramadol in the Piassa Cathedral Area. By participating in this study, you will be asked to share your personal experiences and perceptions of Tramadol abuse.

Your participation in this study is voluntary. You are free to decline to participate or withdraw from the study at any time without any negative consequences. It is important to note that your decision to participate or not participate in this study will not affect any services or benefits to which you are entitled.

If you decide to participate, you will be required to provide informed consent. This will involve signing a consent form stating that you understand the purpose and goals of the study, the potential risks and benefits of participation, and your right to withdraw from the study at any time.

Please take the time to consider your involvement in this study carefully. If you have any questions or concerns, please do not hesitate to contact the researcher for further information. Here, I have some questions to be responded to by you. Some of the questions are personal and some people may find it difficult to answer. Your answers are completely confidential. Your name will not be written on this form and will never be used in connection with any of the information you give. Participate by answering the questions that I am going to provide you strictly on a voluntary basis.

Thank you for your consideration.

Appendix III: Written Consent Form (English)

This study is prepared by ST. MARY UNIVERSITY, the Department of social work for post-graduate for the fulfilment of a Master of social work.

My name is _____; I will study to assess the continues abuse of Tramadol among youth in Piassa Cathedral Area: Implication for youth drug addicted rehabilitation. I have been informed that the purpose of the study is to generate information and to help inform. I have been informed that I am going to respond to the questions forwarded by the researcher on a voluntary basis. I have been informed that the information I give is used only

for the purpose of the study and it is kept confidential. I have also been informed that you can refuse to respond to questions in which you are not interested and also to stop participating in the study at any time in the process

I agree to participate

I disagree to participate

Appendix IV: In-depth interview (Amharic Version)

ከተሳታፊዎቹ ጋር የተደረገ ጥልቅ ቃለ ምልልስ

ይህ ጥናት በፒያሳ በሚኖሩ ወጣቶች ላይ ትራማዶልን አላግባብ መጠቀምን በተመለከተ በፌኖኖሎጂያዊ ትንታኔ አማካኝነት መረጃዎችን ለመሰብሰብ ታስቦ የተደረገ ሲሆን ይህም የአደንዛዥ ዕፅ ሱስኛ ለሆኑ ወጣቶች ተሃድሶ ውጤት አስከትሏል ። ተሳታፊዎቹ የሚሰጡት መረጃ በምሥጢር የሚቀመጥ ከመሆኑም በላይ ለጥናት ብቻ ይውል ነበር ። ተሳታፊዎቹ በቃለ መጠይቁ ለመሳተፍ ፈቃደኛ ከሆኑ ስለ ማህበራዊ ሚዲያ አጠቃቀማቸው አንዳንድ ጥያቄዎች ይጠየቃሉ። ልምዳቸውና አመለካከታቸው ለጥናቱ ወሳኝ ስለሆነ በቃለ መጠይቁ ላይ ይሳተፋሉ ተብሎ ተስፋ ተደርጎ ነበር።

1. ትራማዶልን በመጠቀም ረገድ ያጋጠመህን ተሞክሮዎች መግለጽ ትችላለህ? ለመጀመሪያ ጊዜ መጠቀም የጀመርከው መቼ ነው? መጠቀም የጀመርከውስ ለምንድን ነው?
2. ትራማዶልን መጠቀምን ለማቆም ሞክረሃል? ከሆነ ለማቆም ጥረት በማድረግ ረገድ ምን ተፈታታኝ ሁኔታዎች አጋጥመዎቸው ነበር? ከማቆም ጋር ተያይዘው የሚመጡ ምልክቶች ይኖሩ ይሆን?
3. በትራማዶል አጠቃቀም ምክንያት የሚያጋጥምህን አካላዊና ሥነ ልቦናዊ ጉዳት መግለጽ ትችላለህ?
4. የዕፅ ሱስ ማገገሚያ አገልግሎት ለማግኘት ሞክረህ ታውቃለህ? ከሆነ ያጋጠመህን ነገር ልትገልጸው ትችላለህ?
5. በአካባቢህ የአደንዛኝ ሰፊ ሱሰኛ ለመሆን እንቅፋት የሚሆኑ ነገሮች እንዳሉ ይሰማሃል?

Appendix V: In-depth interview

In-depth interview with the participants

This study aimed to gather data via phenomenological analysis on the continues abuse of Tramadol among youth in Piassa with an implication for youth drug addicted rehabilitation. The information provided by the participants was kept confidential and was used solely for study purposes. If the participants were willing to participate in the interview, they were asked some questions about their social media usage. It was hoped that they would have participated in the interview since their experience and views were crucial to the study.

- 1 Can you describe your experiences with Tramadol use? When did you first start using it, and why did you start using it?
- 2 Have you tried to quit using Tramadol? If so, what were the challenges you faced in trying to quit? Were there any withdrawal symptoms?
- 3 Can you describe any physical and psychological effects that you experience as a result of Tramadol use?
- 4 Have you ever tried to access drug addiction rehabilitation services? If so, can you describe your experience?
- 5 Do you feel that there are any barriers to accessing drug addiction rehabilitation services in your community? If so any suggestions for improving the accessibility and effectiveness of drug addiction rehabilitation services in your community?

Appendix VI: Focus Group Discussions (Amharic Version)

1. ወጣቶች ትራማዶልን አላግባብ እንዲጠቀሙ ባቸው ምክንያቶች ምን ይመስላችኋል? ተሞክሮዎቻችሁን አካፍሉልን
2. ትራማዶል አላግባብ መጠቀም በወጣቶች አካላዊና አእምሯዊ ጤንነት ላይ ምን ተጽዕኖ የሚያሳድር ይመስልሃል? እነዚህ ተጽእኖዎች በወጣቶች የዕለት ተዕለት ሕይወት፣ ግንኙነትና እንቅስቃሴ ላይ ምን ተጽዕኖ ያሳድራሉ? ተሞክሮዎቻችሁን አካፍሉልን
3. በፒያሳ ወጣቶች ከትራማዶል አጠቃቀም ጋር ተያይዘው የሚመጡ አዎንታዊና አሉታዊ ተሞክሮዎች ምን ይመስላችኋል? እነዚህ ልምዶች በአደንዛዥ ዕፅ አጠቃቀማቸው ላይ ምን ተጽዕኖ ያሳድራሉ? ተሞክሮዎቻችሁን አካፍሉልን

4. በፒያሳ የሚገኙ ወጣቶች ትራማዶልን አላግባብ በመጠቀም የአደንዛኝ ሰፊ ሱስ ማገገሚያ አገልግሎት እንዳያገኙ የሚያግዱት መሰናክሎች ምን ይመስሉዎታል? እነዚህ መሰናክሎች የህክምና ውጤቶችን ለማሻሻል እንዴት ሊፈቱ ይችላሉ? ተሞክሮዎቻችሁን አካፍሉን ።

Appendix VII: Focus Group Discussions

1. What do you think are the reasons why youth abuse tramadol and what factors contribute to their continued drug use? Share with us your experiences
2. How do you think tramadol abuse affects the physical and mental health of youth? And how does these impacts affect the daily lives, relationships, and activities of youth? Share with us your experiences

3. What do you think are the positive and negative experiences associated with Tramadol use among youth in Piassa, and how do these experiences influence their drug use? Share with us your experiences
4. What do you think are the barriers that prevent youth in Piassa from accessing drug addiction rehabilitation services for Tramadol abuse, and how can these barriers be addressed to improve treatment outcomes? Share with us your experiences.