**THE ATTITUDE OF POLICE FORCE IN FACILITATING ACCESS TO HEALTH SERVICES TO PEOPLE WHO USE NARCOTIC DRUGS IN TANZANIA**

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**DISSERTATION SUBMITTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE MASTER DEGREE IN SOCIAL WORK OF THE OPEN UNIVERSITY OF TANZANIA**

**2015**

# CERTIFICATION

The undersigned certifies that she has read and hereby recommends for acceptance by the Open University of Tanzania (OUT) a dissertation titled *“The Attitude of Police Force in Facilitating Access to Health Services to People who use Narcotic Drugs in Tanzania”*, in partial fulfillment of the requirements for the Master Degree in Social Work.

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Dr. Magreth S. Bushesha

(Supervisor)

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# DECLARATION

I, **Ulimbakisya M. Mwakalobo,** do herebydeclare that, this dissertation is my original work and that; it has not been presented and will not be presented to any other university for a similar or any other degree award.

………………………………..

Signature

………………………………

Date

# DEDICATION

I dedicate this piece of work to my family, friends and all others who have supported throughout the process. I will always appreciate all they have done. My special thanks go to my parents who provide me with decent education.

# ACKNOWLEDGEMENT

My first and foremost thanks should go to the Almighty God for giving me the strength and courage to pursue my studies and conducting this research study. I owe special thanks to my family for their help, advice, guidance, continue support and encouragement. The study swallowed a lot of time and other resources, which they had a right to claim and for which there is no compensation, but may God bless them.

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Furthermore, my thanks also go to all those who have contributed to this research in one way or another. These include my fellow students and others in the preparation of this dissertation. My gratitude also goes to Police Officers, health service providers and drug abusers who for allowing me to conduct the study. Lastly, but not least, my thanks go to all respondents for their cooperation during the study.

# 

# ABSTRACT

The study aimed to examine the role of police force in facilitating access the health services to people who use Narcotic drugs in Tanzania. Specifically**,** the study aimed to identify health related services available to drug abusers in Tanzania, examine the attitude of Police towards people who abuse drugs and establish whether attitude of Police hinders drug abusers access to health services. Case study research design guided the study. Face to face interviews with respondents was used to collect primary data using structured a questionnaire. Secondary data were also collected, this involved systematic identification, location and analysis of documents containing information related to the subject matter.Findings show that the attitude of majority of police officers towards facilitating access to treatment among drug abusers is negative and it hinders such drug abusers to access treatment. The main reason is that majority of police officers are not aware of the current policy on treatment of drug abusers. The study recommends that there should be an effective coordination between opioid dependence treatment systems and the criminal justice system. Medical Assisted Treatment services should actively involve police officers in the planning, implementation and monitoring of drug dependence treatment services. There should be clear definition of the role of Police Officers in facilitating access to treatment for drug abusers.

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# LIST OF ABBREVIATIONS

AIDS Acquired Immune Deficiency Syndrome

CDC Centre for Disease Control

DCC Dar es Salaam City Council

HIV Human Immunodeficiency Virus

MAT Medical Assisted Treatment

MoH Ministry of Health

NGO Non-Governmental Organization

OUT Open University of Tanzania

TPF Tanzania Police Force

UNGASS United Nation General Assembly

WHO World Health Organization

# CHAPTER ONE

# INTRODUCTION

# 1.1 Introduction

Drug abuse in Tanzania is a fairly recent phenomenon and increasingly becoming an issue of public concern. Exact information regarding the range and amount of drug abuse in Tanzania is lacking. Police reports however reveal that Cannabis (bhang), Pethidine, morphine, methaqualone (mandrax), cocaine and recently heroine are available in the streets of most urban areas (Kilonzo, 1996). Despite the mentioned above types of drug the concentration of this paper will base in heroin rather than other drugs. The reason behind this is that, heroin is a prevailing drug of abuse with high effects compared to other drugs and it is among of the used drug that need treatment measures (Msami, 2004).

Drugs are harmful or even fatal if they are used for purposes not intended, or in the wrong way. Drug use is associated with various health disasters which include the spread of HIV/AIDS, Hepatitis A, B and C and Tuberculosis. Regarding this problem there is a need of combined efforts from various stake holders including doctors, social workers, psychiatrics and law enforcers to deal with the problem of drug abuse (Kilonzo, 1996).

The problem is that people who abuse drugs are regarded as criminals in many societies; for instance, in Tanzania there is a lawful demand to arrest such people, hence the law enforcers particularly the Police force have a role to arrest drug abusers as criminals wherever they are found. In response to the implemented law drug abusers tend to escape the police officers, also escape from services given by health service provider (Kilonzo, 1996).

To date there is no proper records of drug abusers in Tanzania but a recent report shows that there is more than 200,000 heroin users who were in need of treatment in year 2011 (MoH, 2011). Because addiction is a complex bio-psychosocial problem, effective drug treatment must be comprehensive and must attend to the multiple needs of the individuals abusing drugs (MoH, 2011).

The proposed research work intends to investigate the extent to which drug abusers access health services and identify the role played by Police Force in facilitating those services in Tanzania. The research intends to use Kinondoni District Police Force as a case under study since reports show that Kinondoni district is leading in drug abuse in Tanzania (TAYOA, 2014).

# 1.1.1 Drug Treatment in Tanzania

It is estimated that Tanzania is home to 25,000 injecting heroin users. A large proportion of them resort to unsafe injecting practices such as sharing of needles and syringes. This has led to the rapid and large-scale transmission of HIV and hepatitis C in this population and their sexual partners. Recent studies carried out among IDUs in Dar es Salaam indicate that trend (MoH, 2012).

According to these studies the HIV prevalence changed from 31.3% in 20041 to 42% in 2006. In order to prevent new infections, we need to urgently expand the implementation of evidence-based drug treatment interventions. Medically Assisted Treatment (MAT) is the most useful and cost-effective intervention for managing Opioid dependence and reducing the harms associated with it (MoH, 2012).

MAT has proven to be effective in the treatment of Opioid dependence and improves retention in treatment programmes. It is also effective in improving treatment with antiretroviral therapy (ART) and the reduction in illicit opioid use, criminal activities, deaths due to overdose, and behaviours at high risk of HIV transmission and other infectious diseases such as Hepatitis B and C (MoH, 2012).

Medically Assisted Treatment medications prevent withdrawal symptoms from heroin and other short acting opioids, without causing euphoria or sedation. This means that with once daily dosing a client can be free from the constant fluctuations between intoxication and withdrawal and can make moves towards normalizing and stabilizing their lives (MoH, 2012).

This guideline provides a framework, direction and general principles for the provision of Medically Assisted Treatment of Opioid dependence in Tanzania and aims to assist health care providers and other partners to establish and deliver evidence-based, good quality, effective MAT services that respond to the specific needs of the drug using population (MoH, 2012).

This guideline is in line with various national policies and guidelines on treatment of drug dependence and HIV prevention and care for people using drugs. These policies and guidelines include the National Health policy, National Policy on HIV/ AIDS, National Multi-Sectoral Strategic Framework for HIV and AIDS (2007-2012), Health Sector Strategic Framework III (2009-2015), Non-Communicable Diseases.

# 1.2 Statement of the Problem

Health services provision for people who abuse drugs remains the problem of great concern in Tanzania. There has been a public perception that the Tanzanian Police Force, as law enforcement agents’ uses too much force when dealing with people who abuse drugs instead of helping them to reform and become part of the productive workforce for the country.

Furthermore, most of drug abusers who are caught up by Police Officers are prosecuted by courts as criminals, as a result they tend to be rejected by the society and that makes them isolated and condones abuses of drug instead of being rehabilitated through the qualified practitioners in health facilities. Hence, from the existing literature it is not clear so far the extent to which the Tanzanian Police Force approaches into dealing with drug abusers can facilitate access to rehabilitation services for such people including access to health services and ultimately helping them become better citizens.

This research explored the attitude of Police Officers in Kinondoni district as part of law enforcement agencies plays a vital role in facilitating health services provision to people who abuse drugs in Tanzania. Specifically, the study explored whether or not the attitude of Police Officers towards people who abuse drugs facilitates them to access treatment and what measures should be taken to address the situation.

# 1.3 Objectives of the Study

# 1.3.1 Main Objective

The main objective of the study was to examine the attitude of Tanzania Police Force in facilitating access to health services among people who abuse drugs in Tanzania by focusing on Kinondoni district as a case study.

# 1.3.2 Specific Objectives

The study was guided by the following specific objectives

1. To identify health related services available to drug abusers in Tanzania
2. To explore the attitude of Police Officers in the study area towards people who abuse drugs.
3. To assess whether the attitude of police officers towards drug abusers in the study area hinders access to health services among such drug abusers.

# 1.4 Research Questions

The study was guided by the following research questions;

1. What are health related services available to drug abusers in Tanzania?
2. What is the attitude of Police towards people who abuse drugs?
3. Does the attitude of Police hinder drug abusers access to health services?

# 1.5 Significance of the Study

It is hoped that findings of this study will be useful to residents of Kinondoni district and members of the general public by helping to raise their awareness on the role of Tanzania Police Force in facilitating access to health services for people using drugs, types of health related services available to drug abusers in Tanzania, the awareness of Police on treatment of people who abuse drugs and the extent Police are a hindrance to drug abusers access to health services.

It is further hoped that findings of the study will help the management of Tanzanian Police Force, the Ministry of Health, social workers, Non Governmental Organizations (NGOs), and other stakeholders involved in the treatment of people using drugs to become aware of the role played by Tanzania Police Force in facilitating access to health services among people using drugs.

Findings of the study will also serve as a stepping stone for future studies on the same or similar subjects by identifying areas that need further studies to be conducted. Also, successful completion of the study will help the study to partially fulfil the requirements for the award of a Masters degree in Social Work offered by the Open University of Tanzania (OUT).

# 1.6 Limitations of the Study

In conducting the study, the researcher faced financial and time constraints since the amount of funds available for conducting the study was not sufficient to cover all members of staff of TPF and finish the study within the academic calendar of the university. To overcome financial and time constraints, the researcher used a small sample of 100 respondents. This undermines the reliability of findings of the study.

# 1.7 Definition of Key Terms

# 1.7.1 Drug

Drug is defined as a substance used as medicine or any illegal substance taken for its stimulating or other effects (Oxford English Dictionary 2007). Drug abuse is the harmful use of psychoactive substances including alcohol and illicit drug like cannabis, heroin, khat and cocaine. Drugs can be used in different ways like injecting, sniffing, smoking and inhalant.

# 1.7.2 Addiction

Agar (2005) defines addiction as a condition of being in habituated by something to an extent that the body gets dependent on the stimulation which results from using it. Drug addiction normally occurs when, a drug abuser, after a certain period of time, the drug abuse becomes a habit, which means that the body becomes dependent on the stimulation it receives from the drug in order for the drug abuse to feel alright.

World Health Organization (WHO, 2004) defines a drug as any chemical substance of synthetic, semi synthetic or natural origin intended for diagnostic, therapeutic or palliative use or for modifying physiological functions of man or woman. A drug abuser can undergo different stages of addiction. Drug abuse destroys normal human senses through different types of excitement of the mind and body.

Walter and Gilbert (2000) define addiction as the continuing, compulsive nature of the drug use despite physical and/or psychological harm to the user. The term "substance abuse" is used to describe a broad range of substances that can fit the addictive profile. Psychological dependence is the subjective feeling that the user needs the drug to maintain a feeling of well-being.

The word drug abuse signifies the habit of misusing drugs, or using prohibited drugs. Drug abuse leads to addiction which is a condition that results from using something until the body and mind becomes totally dependent on it for it to function normally. Drug addiction occurs when a drug abuser consumes a substance until it becomes a habit where the body becomes dependent on it (Walter and Gilbert, 2000).

# CHAPTER TWO

# LITERATURE REVIEW

# 2.1 Theoretical Literature Review

# 2.1.1 Structural Functionalism Theory

This study was guided by the Structural Functionalism Theory. According to Structural-functionalism theory, a society is an organism, a system of parts, all of which serve a function together for overall wellbeing of society. Structural functionalism is a consensus theory that sees society as built upon order, interrelation, and balance among parts as a means of maintaining the smooth functioning of the whole (Damerath, 1966).

Structural Functionalism views shared norms and values as the basis of society, focuses on social order based on tacit agreements between groups and organizations, and views social change as occurring in a slow orderly manner (Damerath, 1966). Structural Functionalism makes seven main assumptions that focus on several levels of society such as; individual, family, community, social unit, organization and society.

Structural-Functionalists see the problem of drug abuse among the youth as disturbing to harmony and peace within the society. The youth are a very vital part of the society, and anything that affects the well being of the youth, affects the wellbeing of the society in general. Thus, it is important that the issue of drug abuse among the youth be dealt with as a problem that may affect the wellbeing of the society in general (Damerath, 1966).

Structural Functionalism Theory was applied in this study because it assumes that stability contributes to maintenance of the society. The same is applicable to the issue of drug abuse among the youth. The problem of drug abuse among the youth may destabilize the society because drug addicts are often involved in anti-social activities such as stealing and this may affect the overall stability of the society.

# 2.1.2 Maslow’s Theory of Human Development

The study was guided by Maslow’s Theory of Human Development. According to the theory, a person develops in to a full potential of self-actualization if he or she gets certain needs. Human development can be explained in terms of gratification. The needs must be fulfilled for self-actualization to be achieved. Thus, since drug abusers have unfulfilled needs, they never achieve self-actualization.

According to Maslow’s Theory of Human Development, needs of human beings include; psychological needs, safety needs, needs for affiliation and love, needs for self esteem and finally, needs for self actualization. If a person is not able to get these needs, he or she may develop antisocial tendencies as it is with the case of people who abuse drugs.

The applicability of the Maslow’s Theory of Human Development in this study is that it helps to explain the health needs of people who are using drugs to get treatment, and how that need fails to be fulfilled due to their fear of being caught by the police of the fear of being treated with negative attitude on law enforcement or health officials who deal with people who use drugs.

# 2.1.3 Social Capital Theory

The social capital theory offers an explanation of how drug abuse should be treated as a social problem and not as a criminal problem. According to the Social Theory, there is a correlation between social capital and they way a society solves it’s problems. A society with more social capital has more resources needed to solve social problems, and vice versa.

Wright, Cullen and Miller (2001) further posit that; if a society invests time, effort, and resources in its people with the goal to improve their well being, that society is more likely to achieve it’s goals that a society that does not invest in it’s people. The same applies to the police force, law enforcement agents and other social and government institutions involved in treating people who use narcotics.

For police and other law enforcement officers to be able to deal with the issue of treatment of people who abuse drugs, they must be made aware and be given the resources they need to do so. This can be made possible in terms of offering training to raise their level of awareness and investing in drug treatment programs. The more training they receive, the more the police will do more to help drug addicts.

# 2.1.4 Labeling Theory

The study was guided by the labeling theory. According to the Labeling Theory, individuals have a tendency to place labels on the people they meet based on the general perception of the societies they live in towards a particular section of the community. The theory is applicable to this study because it shows how police officers place labels people who abuse drugs and how the labeling influences their perceptions towards them.

In applying the Labeling Theory in this study, the researcher tries to suggest that police officers should not treat people who abuse drugs as offenders, but as people with a medical condition and who need health help. The better the attitude of Police officers towards people using drugs, the better the likelihood of them seeking treatment, hence solving the problem.

In conducting this study, the researcher manly focused on the Social Capital theory by examining the extent to which members of the Police Force have bee trained on how to deal with and facilitate access to treatment among people who abuse drugs. The researcher based on the assumption that training enhances the awareness and attitudes of Police officers towards facilitating treatment of drug addicts.

# 2.2 Empirical Literature Review

# 2.2.1 Drug use Problem

Globally it is estimated that 208 million people are using drugs including 25 million who suffer from illicit drug dependence. This constitutes a public health, socio-economic development and security problem for both industrialized and developing countries alike. The important role of drug dependence prevention and treatment as part of demand reduction and public health has been emphasized in international agreements.

The importance of maintaining an appropriate balance between law enforcement and demand reduction/public health approaches was most recently highlighted by the 1998 UNGASS Political Declaration and Declaration on the Guiding Principles of Drug Demand Reduction, bringing to the forefront a comprehensive approach in drug policy (UNGASS, 2010).

Drug use is also a deep-rooted behavior in Tanzania where by the common abused substances in the country includes tobacco, Cannabis, Khat, heroin, alcohol, inhalants and Cocaine. Heroin use is also done through injecting in most part of the country. Drug use became an increasing public health and social concern in the past decades worldwide (UNGASS, 2010).

Drug abuse is means improper use of drugs, illegal or prescribed on a regular basis. Drug abuse changes the attitude and mood of a person who uses it. There are various types of drugs such as; heroin, cannabis, cocaine, ecstasy, tranquilizers and sleeping pills. People begin to abuse drugs for their feel-good factor. But the danger lies with ‘casual drug abuse’ that may go up into regular drug abuse (Davies, 2007).

As the old level of drug abuse fails to deaden the emotions and to get out of the depression, prescription drugs are taken. Later in a period of grief, even these emotional painkillers aren’t enough and alcohol becomes the way out. The risks associated with it are: personal safety risks - death or injury by overdose, accident or aggression including brain damage, liver failure, mental problems etc. (Davies, 2007).

Becoming dependent on a drug is when the body needs it to function normally. Unpleasant withdrawal symptoms occur when the addict tries to inhibit his usage. The only way to avoid this discomfort is by taking more drugs. A person can also become psychologically dependent on a drug to supply comfort feelings of relaxation, self-confidence, self esteem, freedom from anxiety etc (Derrida, 2002).

According to Derrida (2002), this dependency is not voluntary. It is something they can’t help. They are powerless in the face of drugs to reduce or stop. It is not just hard-core addicts who are drug dependent but anyone who needs a drugs in order to; feel poised when socializing, circumvent withdrawal symptoms, put personal problems out of mind or survive the ‘trauma’ of day-to-day living.

Derrida (2002) argues that addicts usually use drugs in order to feel “better”. The desire for a shot or a peg is such that the person has become physically or mentally reliant to some degree on their substance of choice. They often find themselves drinking or more than they used to. Attempts to cut down may involve a dramatic life change. Such efforts are prone to end in total failure.

# 2.2.2 Reasons for Taking Drugs

Drugs may at first be taken to avoid facing reality. Later, using them as a crutch against the harshness of life, the addict finds himself abusing drugs-either for the good feelings that it brings or simply to avoid withdrawal symptoms. Though he realizes that this hurts himself as well as family and friends, he finds himself in the throes of subconscious conflict (Degenhardt, et al, 2003).

Drug abuse has no safe level. Drug addicts do not set out to destroy their world; rather, these ruinous penalties are the effect of the sadistic cycle of drug addiction. For many, drugs are a way of averting emotional and/or bodily pain. They are mere temporary and illusionary escapes from life’s realities. Drugs are pretenders appear to solve the problem and create the illusion that they are a cure for unwanted feelings (Degenhardt, et al, 2003).

Inadvertently, due to their painkilling effects the drug gives them a release from pain and thus becomes valuable because it helped them feel better. From this moment on, it is just a matter of time before the addiction becomes fully blown. Thus, though a recuperative to the underlying symptoms of discomfort or unhappiness, continued use of physiologically habit-forming drugs end up as addictions (Davies, 2002).

People take drugs for many reasons: peer pressure, relief of stress, increased energy, to relax, to relieve pain, to escape reality, to feel more self-esteem, and for recreation. Athletes and bodybuilders may take anabolic steroids to increase muscle mass. The effects of substance abuse can be felt on many levels: on the individual, on friends and family, and on society as a whole (Davies, 2002).

All drugs affect the brain. The brain is an evolving organ and it is very pliable and prone to change and can easily adjust to any new situation. This leads to brains that are crippled by drugs. Most drugs directly affect pleasure regions of the brain. The brain tries to rectify this constant deluge of dopamine by reducing or inhibiting natural production and/or shutting receptor sites of pleasure chemicals (Brook, 2002).

After long-term chronic use, the natural production of the pleasure chemical is shut off due to the artificial provision of the same. Also as the receptor sites have been limited and reduced in the brain’s attempt to reduce the overactive region, the brain is virtually crippled as the natural ability for pleasure has been lost. A drug addict on withdrawal has a pleasure center that doesn’t work (Brook, 2002).

Drugs can be introduced into the body through an array of routes, make their way to the bloodstream, and go straight to the brain. The most addictive drugs affect the brain reward system. This is the part that rewards us when we do the necessary survival instincts eating, drinking, and sex. It is these activities that originally release the chemicals that make us feel good (Weinberg, 2000).

Drugs mimic the brain’s natural chemicals. So instead of training we to repeat survival behaviors, drugs make us take more drugs. On continuous use, drugs gradually change the brain and it is these changes that lead to addiction. When an individual tries drugs or alcohol at first, it appears to solve their problems and make them feel better (Weinberg, 2000).

According to Gillis (2006), young people are individuals in the process of development and change. He further goes on to say that during this period they experiment with new things in their lives. During this period the youth are likely to experiment with drugs and some will become addicted. Substance use and abuse by young people, and problems associated with this behavior have been part of human history for a long time.

What is different today is increased availability of a wide variety of substances and the declining age at which experimentation with these substances take place (WHO, 2005). However it is important to note that all drugs are dangerous and that the deliberate ingestion of drugs is harmful to the individual, the family, the community and society as whole.

Shoemaker (2004) argues that drug abuse is caused by a combination of environmental, biological, and psychological factors. The environmental factors; the most influential include the family, peer association, school performance and social class membership. According to the United Nations (2002), drug users seek approval for their behavior from their peers whom they attempt to convince to join them in their habit.

Whether peer pressure has a positive or negative impact depends on the quality of the peer group. Unfortunately, the same peer pressure that acts to keep a group within an accepted code of behavior can also push a susceptible individual down the wrong path. A study carried out by Kariuki (2008) in Kenyan secondary schools indicated that the majority of drug users had friends who used drugs.

Kamonjo (2007) who have conducted studies on the issue of drug use and abuse agree that there is a significant relationship between the subjects drug using behavior among the youth and the involvement of their friends in drugs. According to them, if an adolescent associates with other adolescents who use drugs, the risk of involvement with drugs is further increased.

Another survey of youth in southern Nigeria, also found out that the source of drugs for drug using-students was friends in the same or neighboring schools, and students who reported using drugs had more drug using than abstinent friends. He argues that peer pressure influences youth to use substances under the false impression that some drugs stimulate appetite for food and give courage to face life.

Although it is presumed that there are similarities in the prevalence of psychoactive substance use between young people in rural and urban areas, it is also generally assumed that, at least for some drugs, there are clear differences. For example, a Rapid Situation Analysis by Obot (2005) showed that the prevalence of cocaine and heroin use in rural youth populations was generally low.

This is in large part due to difference in exposure. According to this study, young people in urban areas have more opportunity to try new drugs and are exposed to more influences from peers and the media than rural youth. There is no conclusive evidence that for substances that are easily available in both rural and urban areas there is any significant difference in the rate of use between young people (Obot, 2005).

Some other studies have looked at issues related to the family and use of drugs as related to the youth. Ndom (2006) carried out a Rapid Situation Analysis study in Nigeria and found that being male in an unstable family was associated with high risk for substance abuse. Cannabis abusers tend to be young men, including students, who have been deprived of parental supervision and warmth when they were young.

Bezuidenhout (2004) assert that there are various factors that cause young people to abuse drugs and even become addicted. These include family networks, interaction and home environments. Adolescents with substance abusing parents experience a higher rate of parental and /or family problems than do adolescents whose parents do not abuse substances.

This may cause poor parent-youth attachment, which may in turn lead to a lack of commitment to conventional activities, thereby at times leading to adolescent drug taking. Schaefer (2000) adds that youths with poor home support tend to seek support and understanding elsewhere. Many find affection, understanding and support in the lifestyle of a drug abusing subgroup.

A report by Gitahi and Mwangi (2007) indicated that the environment in which youth grow up plays a great role in shaping their character. The claim is that youth socialized in the bar culture by their parents during family entertainments will tend towards use of alcohol later in life. The report argues that this will impact negatively on the development of the youth in the long term.

Due to the diverse socialization agents such as the peer group, teachers, mass media, the Government and the Church and interaction with different people, individuals are acquiring values that go beyond those of their immediate localized culture. Since the family is less involved in socialization of the young, very little is communicated to the young in the way of values and customs.

As a result the traditional value system has been eroded leading to moral decadence. In school, children spend most of their time with the peer group. According to Obot (2005), peers have a high degree of influence only when parents have abdicated their traditional supervisory roles. Hence, active and involved parents may be able to limit the influence of peer groups on young people’s attitudes towards drug use.

Stability of family relationships, environment and expectations are powerful forces in helping people, especially children and young adults, manage their lives. Lack of household stability, income or employment for a parent may increase stress on the family and heighten its vulnerability, pushing marginal individuals to find “solutions” or solace in alcohol or drugs (Obot, 2005).

Prevention of drug problems among the youth should employ knowledge about factors likely to influence young peoples’ behavior. Family factors that may lead to or intensify drug use are thought to include prolonged or traumatic parental absence, harsh discipline, and failure to communicate on an emotional level, the influence of disturbed family members and parental use of drugs (WHO, 2005).

Studies in Ireland (Corrigan, 2006) found that disrupted family life appears to be a major risk factor for drug abuse among some young people; and that as many as 10 percent of the young people between 15 and 20 years of age in north Dublin were addicted to heroin. The school is the first large-scale socializing organization of which the youth becomes a member.

The school environment plays a part in deviant behavior including drug abuse. Corrigan, (2006) argues that school activities are a focal point for youth behavior. These activities include poor school performance and conflict between the school system and the values of lower class youth. Lower-class youth have low performance expectations as compared to high and middle class youth.

Shoemaker (2004) says that effects of low expectations on drug abuse cannot be ignored. He asserts that low performance in class may lead to misuse of drugs such as marijuana, which is believed to improve understanding and insight. This misconception is based on the belief that people who use or abuse substances will become bold, confident or courageous.

Availability and cost of drugs is associated with drug abuse. According to Kaguthi (2004), availability of illegal drugs such as heroin, cocaine and mandrax appears to be the most important cause of the prevalence of substance use and abuse amongst youth. This encourages the use and the eventual abuse of substances by the youth, especially the youth who have no parental guardians.

Other factors associated with drug abuse among youth include school failure. Schools are supposed to be concerned with the full development of children including their moral and intellectual welfare. Some school-related factors exacerbate pre-existing problems and dispositions. Principal among these are a negative, disorderly, unsafe school climate and low teacher expectations of student achievement.

In addition, lack of clear school policies on drug abuse may also contribute to drug abuse among students. Students often buy and take drugs school property, lending credibility to the myth promoted by drug users that everybody is doing it. Social pressure from media and friends is a universal risk factor for substance use and abuse among adolescents in developed and developing countries (Obot, 2005).

This is especially common in urban areas where there is widespread exposure to advertising on radio, television and billboards. Young people in urban areas are more exposed to images and messages promoting tobacco and alcohol than their counterparts in rural areas. In addition, it is also argued that the media has played a role in first time tobacco use.

The reasons given for indulging in drugs are, amongst others, to relax, to show independence, to be part of a group, to relieve stress, to satisfy curiosity, to copy role models, to be rebellious, to overcome boredom, to cope with problems and to keep up with the crowd. A study by Kombo (2007) in selected schools in Kenya showed that the type of schooling has an influence on drug abuse among students.

According to him, experimentation with common drugs was more frequently reported by Tanzania youth who have attended day schools rather than boarding schools. The reasons given were that, youth, especially boarding school learners are more closely monitored, while day school students are often more exposed to drug abuse as they move to and from school daily.

Imbosa (2002) carried out a study in six boys secondary schools in Uganda with the aim of finding out the strategies and programmes used in the schools to increase drug awareness and curb their use and abuse. The study involved both students and teachers. It established that drug use and abuse occurs in the student population as result of a complex range of factors including parental engagement in substance abuse.

Paradoxically, affluence is a cause of substance abuse among the youth as well as poverty. According to Kiiru (2004), some youth from rich families abuse substances because they can afford them. In addition, frustrations arising from lack of school fees and other basic needs may lead students to abuse drugs based on the false believe that use or abuse of substances will make one forget one’s problems.

As a result of drug addiction within the family, family life gets disrupted and destructive The society as a whole is affected in many innumerable ways too—wasted work time, inefficiency, occupational accidents, etc. Addicts endanger themselves and those around them. More than half the highway deaths in America involve drug abusers (Weinberg, 2000).

# 2.2.3 Treatment of Drug Abusers

Drug abusers experience flashbacks, unwanted recurrences of the drug's effects weeks or months after being born. Sudden abstinence from drugs results in withdrawal symptoms. For example, heroin withdrawal can cause vomiting, muscle cramps, convulsions, and delirium. With continued use of drugs tolerance develops and the abuser increases amounts of the drug are needed to duplicate the initial effect (Mitchell, 2002).

There are over 10,000 deaths directly attributable to drug use all over the world each year. The most frequently used drugs in the world include; cocaine, heroin, and morphine. Drug abusers often tend to combine drugs with alcohol or other drugs. After being intoxicated, drug users engage in criminal activity, such as burglary and prostitution, to raise the money to buy drugs (Mitchell, 2002). .

Drug abuse affects society in many ways. In the workplace it is costly in terms of lost work time and inefficiency. Drug users are prone to accidents, endangering themselves and those around them. Drug abuse also leads to high crime rates which disrupt neighborhoods due to violence among drug dealers, threats to residents and crimes of the addicts themselves (Degenhardt, 2003).

Drug injection accounts for nearly one in four new HIV cases, while in some regions (like Asia and Eastern Europe), this mode of transmission has become the single most significant driving force behind the AIDS epidemic (Rhodes et al., 2009; UNAIDS, 2004). In the US, injecting drug use accounts for as many as a third of all adult and half of all HIV cases, as well as half of new Hepatitis C Virus (HCV) infections (CDC, 2014).

In their efforts to fight drug abuse, governments all over the world have taken various measures that are aimed disrupting the supply of drugs to addicts, and in doing so, prevent new addicts. The war against drug trafficking is fought at both, local and international levels where by efforts are made stop drugs from being produced in the source country and prevent drugs from going to other countries (CDC, 2014).

A growing body of evidence suggests that improved awareness on drugs treatment and access to drug treatment medication reduces the incidence of blood-borne pathogens, such as HIV and HCV among people using narcotics. Laws governing drug use and the practices of the law enforcement officers who implement those laws influence the feasibility and effectiveness of prevention and treatment programs (Gollub, 2009).

Research has established that legal restrictions access to drug treatment and the behaviour of law enforcement officers, directly influence willingness of people using narcotics to obtain, carry and refrain from accessing drug treatment programs. Various governments throughout the world have taken various steps to ease restrictions on drug treatment programs (Burris, Strathdee and Vernick, 2014).

# 2.2.4 The Role of Law Enforcement Agency

These changes in the formal law, or “law on the books,” do not, however, automatically lead to changes in the behaviour of law enforcement officers, whose activities constitute the “law on the streets” (Burris *et al.,* 2004). Because police officers exercise a great deal of discretion in their work, law on the streets and law on the books can differ significantly.

In places where law enforcement agents are hostile against drug abusers, police may use their de facto power to arrest drug abusers on other charges, such as possession of a residue of illegal drugs. Law enforcement practices inconsistent with official harm reduction policies have been documented in Canada, Australia and the United States (Davis *et al.,* 2005).

The importance of police in implementation of drug treatment programs highlight the need for greater efforts to understand police attitudes and behaviour in relation to harm reduction and drug control policy more generally. Such an understanding is key to developing interventions that meet the needs of law enforcement professionals and make them more accepting of drug treatment initiatives (Davis *et al.,* 2005).

Fernez (2005) surveyed police recruits, police officers, assistant district attorneys and probation officers with respect to their attitudes and beliefs about drug legislation and persons who were drug offenders. With the exception of police respondents, subject selection occurred through a non-random convenience design. The author administered the survey instrument to police recruits.

Surveys were administered once to the assistant district attorneys, probation officers and police. The police officers were randomly selected for participation in the study by the researcher when they were attending meetings or classes. Fernez (2005 was primarily interested in attitudes or changes in attitudes within the police recruit population with regard to drug treatment programs.

A study by Wilson *et al.* (2005) surveyed police officers who worked in a small city in the American mid-west. The survey instrument utilized a Likert scale and contained questions about officer attitudes about a variety of vice crimes including those related to illicit substances. Subject selection was non-random as all of the officers from the U.S. city were surveyed.

The Wilson *et. al*. (2005) study found that the officers generally did not view vice crimes in their community as a major problem. When surveyed about attitudes regarding the disposition of these crimes within the courts, the researchers found that the officers supported differing levels of state intervention for the various victimless crimes associated with drug abuse.

The Wilson *et al.* (2007) study also found that the officers endorsed strong state sanctions against; drug sales, particularly with regard to drugs such as heroin and less so with drugs such as marijuana. With regard to drug use, officers’ views essentially mirrored their attitudes on drug sales. That is the respondents endorsed strong sanctions against use of drugs such as heroin or cocaine.

The study (Wilson *et al.,* 2007) also found that the attitude of police officers towards drug treatment programmes has a significant impact on the decision by people who use narcotics to seek and access drug treatment. As a result of the negative attitude of law enforcement agents towards drug treatment, the percentage of people who use drugs taking drug treatment is very small.

Another study which explored police attitudes was conducted by Frank et.al. (2007). This study focused on the attitudes held by district, county and state police in Kentucky with regard to drug use offences and the legislation against these offences. Subject selection for the district and county police used random sampling methods. A non-random selection of state police at one state police station was also done.

Briefly, the study found that there was wide gap in the official policy towards treatment of drug offenders and what is happening on the street. The study found that while the official policy encourages drug offenders to seek treatment, the real situation is that police harass people who use drugs and in one way or another discourages drug offenders from accessing drug treatment programs.

Ransom (2005) conducted research on the attitudes of police officers with respect to drug abuse. She reported that previous research on police attitudes had mixed findings with some studies noting highly negative attitudes among police officers toward the drug abuse patients. The study found that the attitude of police officers towards drug offenders discourages them from seeking medical help.

Ransom (2005) surveyed police officers some of whom were in the first year and some of whom were in the final year of a baccalaureate degree at a private American university. She was particularly interested in the influence that education would have on the attitudes of police officers towards drug abusers. The study found that the police officers held favorable attitudes toward drug abusers who seek treatment.

What is interesting about this study is that it captured a positive attitude of police officers towards people who are using drugs. The findings of the study showed that police officers who have been trained with regard to drug abuse treatment programs were more likely to have positive attitude towards drug abusers who want to seek help (Ransom, 2005).

Another study conducted by Ritson (2009) on the attitude of health workers towards people using drugs found that Clinical staff in primary care and in hospitals commonly place drug abuses and addicts very low on the list of patients whom they would like to treat. This is due in part to a feeling of lack of skill in drug abuse treatment programs and coping with drug addicts.

The Ritson study also (2009) identified several reasons why health care professionals may hold negative and stigmatizing views. First, people with experience using drugs are blamed for their health problems created by drug use because these problems are seen as self-inflicted and evidence of self-indulgence and loss of control. This attitude of health care professionals towards drug abusers discourages them from seeking help.

Farrell and Lewis (2010) conducted a study on drug abuse patients at a British clinics that offers treatment to drug and alcohol users. The study explored the perception of health care officers towards drug abusers and the study found that majority of health workers have negative attitudes towards drug abusers and this makes them unable to access drug treatment programs.

The study also found that the negative attitude of health care officers towards drug abusers contributed to relapses of drug abusers in accessing treatment. The study found that if the drug addicts are not treated well by healthcare professionals they tend to respond negatively to treatment and this discourages other drug offenders from seeking help (Farrell and Lewis, 2010).

The study also found that negative treatment by healthcare professionals created the feelings of disappointment and frustration among drug abusers. On the contrary, the study found that when health care professionals are friendly and supportive towards people seeking treatment through drug abuse programs, they tend to respond well to the treatment and this has a positive outcome on the programs (Farrell and Lewis, 2010).

Farrell and Lewis (2010) conducted a study to explore the attitudes of law enforcement agents towards people who are abusing drugs. The study found that the attitudes of law enforcement agents towards people using drugs depends on their level of awareness towards drug treatment policies and whether they had received previous training on the issue of treating drug abusers.

Biener (2010) conducted a study to explore the attitude of hospital and law enforcement staff in dealing with people who abuse drugs. The study examined how the police dealt with cases of drug abuse and how they refer those cases to health care officials. The study found that majority of the police officers did not refer the drug abusers to health workers to access drug abuse treatment programs.

Another interesting result from the Biener (2010) study found that those police officers have a significant influence on the decision by drug addicts to seek health care. The study established that once drug addicts are comfortable with the way they are handled by police officers they tend to develop more positive attitudes towards drug treatment programs.

The Biener (2010) study further suggested that police officers and health care officers should be trained on how to deal with people who are abusing drugs and they should be made aware of the current policies of the government towards the treatment of people who abuse drugs. The study also recommended that the police be lenient on drug abusers who are in their custody.

Canadian researchers Ogborne et al. (2006) surveyed a variety of law enforcement officials and health and social service professionals including; social workers and social service workers, public health officers, family doctors, psychiatrists and counselors on their attitudes towards the treatment of people using drugs. The study found that over half of the respondents (57.6%) had negative attitude towards drug abusers.

The study also 43% indicated that they personally found it difficult to deal with clients/patients with drug abuse problems. These results are strikingly similar to those found by Biener (2010) and Farrell and Lewis (2010). Ogborne et al. (2006) also found that drug abusers who are perceived negatively by police officers and health officers are less likely to seek, accept and utilize drug treatment programs.

Another study conducted by ONeill (2007) found that the negative attitude of law enforcement officers towards people seeking drug abuse treatment has a negative impact on the likelihood of the people to seek professional help. The better the experience the drug addicts during the treatment, the more likely they are likely to keep using the treatment they receive.

# 2.3 Policy on Treatment

Despite the current scientific consensus on the importance and effectiveness of substance abuse treatment, barriers persist to providing it to all who need or want it. A number of creative national initiatives and many other efforts on a local and individual level are breaking down these barriers.

# 2.3.1 Policy Challenges

Negative attitudes and limited understanding give substance abuse treatment a low priority. Public, provider, and policymaker attitudes and perceptions about drug use and users shape the importance given to substance abuse treatment versus other possible responses to drug use. A national inclination to respond punitively toward drug users, mistaken beliefs about the nature of addiction and recovery.

Despite the fact that managing addiction is similar to managing other chronic diseases, most employer-provided health insurance policies place greater burdens on patients of substance abuse treatment programs in terms of cost-sharing, co-payments, and deductibles. At the same time, many plans provide less coverage for the number of visits or days of coverage and annual dollar expenditures for treatment.

Many health insurance companies have lower lifetime limits on amounts that can be spent on drug and alcohol treatment than on other illnesses. Public and private funding for substance abuse treatment is far less than what is needed. Limited funding is an important reason why the availability of substance abuse treatment is restricted (CASA, 2001).

An exhaustive analysis of the impact of substance abuse on state budgets published in 2001 by CASA showed that of every dollar states spent on substance abuse and addiction, 96 cents went toward dealing with the consequences and only 4 cents was used for prevention and treatment. Over the last decade spending on substance abuse treatment has increased yet it still lags far behind spending on programs to stop drugs.

As substance abuse treatment increasingly comes under managed care, resources are being more tightly controlled. This has resulted in decreases in the types, duration, and intensity of services provided and a decline in essential complementary services, such as psychological counselling and help with medical, legal, financial, and employment issues (CASA, 2001).

Substance abuse treatment has historically operated outside the health care mainstream. Substance abuse treatment facilities and programs have evolved separately for several reasons. One is that many programs have been created by individuals who have overcome their own addiction and gone on to build systems to help others. For example, individuals in recovery have been key to the formation of successful treatment.

Peer support has long been an important therapeutic strategy. Lack of insurance coverage for treatment, stigma attached to substance abuse and addicted individuals, and lack of training and expertise in substance abuse issues on the part of mainstream medical practitioners also contribute to the isolation of substance abuse treatment from other health care services.

# 2.3.3 Research Gap

As seen in this literature, various studies have been conducted on the treatment of people using narcotics and the roles played by various stakeholders in facilitating access to health services for people using drugs. However, majority of the studies have been conducted in developed countries and no study has been conducted on the same topic in Tanzania. As a result, there is a knowledge gap that needs to be addressed.

# CHAPTER THREE

# RESEARCH METHODOLOGY

# 3.1 Introduction

This chapter presents the overall research design, location of the study, the sample, sample size, sampling techniques, nature as well as sources of data collection techniques and instruments, and data analysis that were employed for the study.

# 3.2 Description of the Study Area

The study was conducted in Kinondoni district in Dar es Salaam. In this study the research took place in the following areas; Kinondoni main Police station, Alimaua Police post and Mwananyamala hospital were people who abuse drugs get treatment instead of the all Police Posts and health centres in the district. The reason of selecting the study area is that the problem of drug use is much observed in the area (TAYOA, 2014).

# 3.2.1 Location

Kinondoni district is located in the northern side of Dar es Salaam, the others being Temeke to the far south east, and Ilala to the south. To the east is the Indian Ocean and to the north and west the Coastal Region of Tanzania.

# 3.2.2 Population

Kinondoni district covers an area whose size is approximately 531 km2. The Census of 2002 showed that the population of Kinondoni district was 362,111. The Census of 2012 showed that the population of Kinondoni district had risen to 983,199 (Census, 2002-2012). The current estimate of the population of Kinondoni is 1, 083,913 people (DCC, 2014).

# 3.2.3 Main Economic Activities in Kinondoni District

The main economic activities of residents of Kinondoni include; trading, farming, fishing, small industries manufacturing, tourism, transport and communication, urban agriculture, mining and quarry, construction, public servants and those involved in financial services (DCC, 2014).

# 3.2.4 Health Services

The provision of health services in Kinondoni District is under the Department of Health and Cleaning. Among the responsibilities of the Department of Health and Cleaning is offering health services to members of the community through it’s main hospital, Mwananyamala Hospitals and through numerous dispensaries and health centres located in various wards of the district (DCC, 2014).

# 3.2.5 Education

The provision of education services in Kinondoni district is under the mandate of the Department of Education and Culture. The district operates and supervises all public primary schools within the district, also supervises all matters related to early education as well as adult education schemes for those who missed it popularly known as MEMKWA and MUKEJA (DCC 2014).

# 3.3 Research Methods

# 3.3.1 Research Design

The methodological approach that was used in this study is exploratory. The study was qualitative in nature. A qualitative study focuses on describing, understanding, exploring, and interpreting social situations (Kothari 2002). The main reason for using a explanatory research design is that the study was based on a premise that there is no single measurable concrete truth, but multiple social dimensions that emerge from complex societal interactions. For the case of this study, there is no single factor which can be attributed to the socio-economic impact of drug abuser on the community.

# 3.3.2 The Study Population

Population of the study is the aggregate of individuals or items from which the researcher selects respondents of the study (Kothari C.R 2002). The population of the study was made up of members of staff of Tanzania Police Force (TPF) based in Kinondoni district, people who use drugs, health workers at Mwananyamala Hospital in the clinic offering treatment for people who use narcotics, social workers and local government leaders.

# 3.3.3 Sample size and Sampling Procedures

The study used a sample size of 100 as shown in Table 3.1.

Table 3.1: Sample and Sample Size

|  |  |
| --- | --- |
| **Type of respondent** | **Number of respondents** |
| Members of staff of TPF | 30 |
| Health workers | 5 |
| People who use drugs (under treatment) | 30 |
| People who use drugs (not under treatment) | 30 |
| Social workers | 3 |
| Local government leaders | 2 |
| **Total** | **100** |

# 3.3.4 Sampling Techniques

Sampling technique is a process of selecting a sample from the population. In this study, a purposive sampling technique was used for all types of respondents based on the criteria of their awareness on the effects of drug abuser to the society. Purposive sampling technique was used to select respondents from the population of the study based on their level of awareness on treatment of people using drugs (Kothari 2002).

# 3.4 Methods of Data Collection

During the study both primary and secondary data collection techniques were used to collect data. Primary data was collected directly from the source, while secondary data were collected from secondary sources. Primary data collection methods that were used during the study include observation, questionnaires and interviews. Secondary data collection method that was to collect data is documentary review.

# 3.4.1 Direct Observation

The researcher visited police stations and courts where people using drugs have been remanded or are being prosecuted for drug-related criminal offenses. Also, the researcher visited Mwananyamala Hospital in the clinic where people who abuse drugs receive treatment and observe how police officers and health workers treat people who are using narcotics.

# 3.4.3 Documentary Review

Documentary review was used to enable the study to pass through various documents such as; books, magazine, newspapers, Television, journals and reports. The use of documentation data collection method enabled the researcher to compare findings from interviews, observation and questionnaires with findings from previous studies conducted on the same or similar topics.

# 3.5 Approaches to Data Analysis

Data editing, classification, tabulation, and coding was done in the field and in the office. Data was analysed by using thematic descriptive analysis. The researcher described the findings of the study and explains how those findings provide answers to the research questions. From the findings, the researcher arrived at a conclusion and make recommendations on the way forward.

### 3.6 Validity and Reliability of Research Instruments

Silverman (2006), suggests the application of triangulation in getting valid and reliable data in qualitative research whereby, a researcher may testifies his data using more than one method of data collection. Triangulation has been regarded as an important methodological issue in naturalistic and qualitative approaches to evaluation so as control bias and establishing valid propositions because traditional scientific techniques are incompatible with this alternate knowledge (Golashfan. Regarding that, in this research study a researcher applied three different method of data collection which includes questionnaire, interview and direct observation. Also, the findings of this study were cumulative validation as they were supported by theoretical review and other studies (Sarantakos, 1994).

### 3.7 Ethical Issues

A researcher conducted this research legitimate by considering the permission from the Open University of Tanzania and other relevant authorities. The permission to conduct this research was granted by The Kinondoni District Executive Director and The Office of Inspector General of Police after receiving clearance letter from The Open University of Tanzania. This helped a researcher to minimizing the likelihood of claims against researcher procedures as well as the reputation of the Open University of Tanzania. Also, social work ethical values regarding the basic principle of Non- judgmental attitude and confidentiality were considered to client by a researcher (Ford and Reuter, 1990).

# CHAPTER FOUR

# STUDY FINDINGS, ANALYSIS AND DISCUSSION

# 4.1 Introduction

This chapter presents research findings that relate to the research questions that guided the study, their analysis and the discussion. In this study, data were analyzed to describe the relationship between attitude of Police Officers and access to treatment for people who abuse drugs. The analyzed data were obtained from questionnaire and interview compiled from 100 respondents.

### 4.1.1 Demographic Characteristics of Respondents

# 4.1.1.1 Gender of Respondents

The researcher analysed the gender profile of respondents and the feedback from the analysis is documented as shown in Table 4.1.

Table 4.1: Gender of Respondents

|  |  |  |
| --- | --- | --- |
|  | **Male** | **Female** |
| No. of respondents | 60 | 40 |
| Percentage | 60% | 40% |

Source: Researcher’s data Analysis (2014)

Findings show that 60%of respondents are female while 40% of respondents are male.

# 4.2 Marital Status of Respondents

The researcher analysed the marital status of respondents and the feedback from the analysis is documented as shown in Table 4.2.

Table 4.2: Marital Status of Respondents

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Single** | **Married** | **Divorced** | **Separated** |
| No. of respondents | 48 | 36 | 10 | 6 |
| Percentage | 48% | 36% | 10% | 6 |

Source: Researcher’s Analysis (2014)

Findings of the study show that 48% of respondents are single, 36% are married, 10% are divorced and 6% are separated. These findings show that majority of respondents are single. This is due to the fact that majority of respondents are young.

# 4.3 Age Profile of Respondents

The researcher analysed the age profile of respondents and the feedback from the analysis is documented as shown in Table 4.3.

Table 4.3: Age Profile of Respondents

|  |  |  |
| --- | --- | --- |
|  | **No. of respondents** | **Percentage (%)** |
| 16-25 years | 60 | 60 |
| 26-35 years | 12 | 12 |
| 36-45 years | 18 | 18 |
| 46-55 years | 6 | 6 |
| 56 years or above | 4 | 4 |
| **Total** | **100** | **100** |

Source: Field findings, (2014)

The findings show that 60% of respondents are aged 16-25 years, 12% were aged 26-35 years, 18% are aged 36-45 years, 6% are aged 46-55 years and 4% are aged 56 or above.

# 4.4 Level of Education of Respondents

The researcher analysed the level of education of respondents and the feedback from the analysis is documented as shown in Table 4.4.

Table 4.4: Level of Education of Respondents

|  |  |  |
| --- | --- | --- |
|  | **No. of Respondents** | **Percentage (%)** |
| Primary | 42 | 42 |
| Secondary | 14 | 14 |
| Diploma | 20 | 20 |
| Degree | 14 | 14 |
| Post Graduate & Masters | 10 | 10 |
| **Total** | **100** | **100** |

Source: Field findings, (2014)

Results show 44% of respondents have primary education, 14% have secondary education, 20% have diploma education, 14% have degrees and 10% have Postgraduate diplomas or Masters degree.

# 4.5 Level of Experience in Dealing with Drug Abuse Issues

The researcher analysed the level of experience of respondents in dealing with drug abuse issues and the feedback was documented as shown in Table 4.5.

Table 4.5: Level of Experience in Dealing with Drug Abuse Issues

|  |  |  |
| --- | --- | --- |
|  | **No. of respondents** | **Percentage (%)** |
| 0-5 years | 46 | 46 |
| 6-10 years | 36 | 36 |
| 11-15 years | 10 | 10 |
| 16-20 years | 4 | 4 |
| 21 years or more | 4 | 4 |
| **Total** | **100** | **100** |

Source: Field findings, (2014)

The findings above show that 46% of respondents have experience of dealing with drug abuse for up to 5 years, 36% have stayed for 6-10 years, 10% have stayed for 11-15 years, 4% have stayed for 16-20 years and 4% have 21 years or more.

# 4.6 Number of Drug Abusers in Kinondoni District

The researcher analysed the opinion of respondents on the number of drug abusers in Kinondoni district and the feedback is documented in Table 4.6.

Table 4.6: Number of Drug Abusers in Kinondoni District

|  |  |  |
| --- | --- | --- |
|  | **No. of respondents** | **Percentage (%)** |
| Too high | 10 | 10 |
| High | 26 | 26 |
| Average | 10 | 10 |
| Low | 30 | 30 |
| Very low | 24 | 24 |
| **Total** | **100** | **100** |

Source: Field findings, (2014)

The findings above show that 30% of respondents said that the number of drug abusers in Kinondoni district is low, 26% said the number is high, 24% said the number is very low and 10% said that the number is average and very high respectively.

# 4.7 Accessibility of Treatment for Drug Abusers in Kinondoni District

The researcher analysed the opinion of respondents on the accessibility of treatment for drug abusers in Kinondoni district. The feedback is shown in Table 4.7.

Table 4.7: Accessibility of Treatment for Drug Abusers in Kinondoni District

|  |  |  |
| --- | --- | --- |
|  | **No. of Respondents** | **Percentage (%)** |
| Very difficult | 38 | 38 |
| Difficult | 54 | 54 |
| Normal | 8 | 8 |
| Comfortable | - | - |
| Very comfortable | - | - |
| **Total** | **100** | **100** |

Source: Field findings, (2014)

The findings above show that 36% of respondents had the opinion that accessibility of treatment for drug abusers in Kinondoni district is very difficult, 54% said it is difficult and 8% said it is normal. No respondents said that it is comfortable or very comfortable.

# 4.8 Awareness on Role of Police in Facilitating Access to Treatment of Drug Abusers

The researcher analysed the level of awareness on the role of police in facilitating treatment of drug abusers and the feedback from the analysis is shown Table 4.8.

Table 4.8: Awareness on Role of Police in Facilitating Treatment of Drug Abusers

|  |  |  |
| --- | --- | --- |
|  | **No. of respondents** | **Percentage (%)** |
| Strongly aware | 46 | 46 |
| Aware | 46 | 46 |
| Not sure | 8 | 8 |
| Slightly aware | - | - |
| Not aware | - | - |
| **Total** | **100** | **100** |

Source: Field findings, (2014)

The findings above show that 46% of respondents are strongly aware of the role of police in facilitating access to treatment for drug abusers, 46% of respondents are aware while 8% were not sure. No respondents who were slightly aware or not aware.

# 4.9 Frequency of Encounters by Police with People who Abuse Drugs

The researcher analysed the feedback of respondents on the frequency of encounters by Police with people who abuse drugs and the feedback is shown in Table 4.9.

Table 4.9: Frequency of Encounters by Police with People who Abuse Drugs

|  |  |  |
| --- | --- | --- |
|  | **No. of respondents** | **Percentage (%)** |
| Very often | 36 | 40 |
| Often | 46 | 46 |
| Not sure | 10 | 10 |
| Occasionally | 4 | 4 |
| Rarely | - | - |
| **Total** | **100** | **100** |

**Source:** Field findings, (2014)

The findings above show that 38% of respondents said that they encounter people who abuse drugs very often, 46%said often, 10% were not sure and 4% mentioned occasionally. No respondents said they rarely encounter the people who abuse drugs.

# 4.10 Whether Attitude of Police Officers Facilitates Access To Treatment of Drugs

The researcher analysed the feedback on whether attitude of Police Officers facilitates access to treatment of drug abusers as shown in Table 4.10.

Table 4.10 Attitude of Police Officers Facilitates Access to Treatment of Drugs

|  |  |  |
| --- | --- | --- |
|  | **No. of respondents** | **Percentage (%)** |
| Strongly agree | 24 | 24 |
| Agree | 30 | 30 |
| Not sure | 46 | 46 |
| Disagree | - | - |
| Strongly disagree | - | - |
| **Total** | **100** | **100** |

Source: Field findings, 2014

The findings above show that 24% of respondents strongly agreed that the attitude of Police Officers facilitates access to treatment of drug abusers, 30% agreed and 46% of were not sure. No respondents who disagreed or strongly disagreed.

# 4.11 Health Related Services Available for Drug Abusers

The researcher analysed the feedback from respondents on types of health related services available for drug abusers. The findings are presented in Table 4.11.

Table 4.11: Health Related Services Available for Drug Abusers

|  |  |  |
| --- | --- | --- |
|  | **No. of respondents** | **Percentage (%)** |
| Counseling | 24 | 24 |
| Diagnosis | 44 | 44 |
| Injection (NSP) | 18 | 18 |
| Tablets | 10 | 10 |
| Others | 4 | 4 |
| **Total** | **100** | **100** |

Source: Field findings, (2014)

The findings above show that 24% of respondents mentioned counseling, 44% mentioned diagnosis, 18% mentioned injection, 10% mentioned tablets and 4% mentioned other forms of treatment.

# 4.12 Medically Assisted Treatment (MAT) of Drug Abusers in Tanzania

From interviews conducted with respondents, it was established that the government of Tanzania through the Ministry of Health offers affordable, cost-effective, quality and accessible drug dependence treatment services targeting drug addicts. Key components for effective treatment of drug dependence include provision of pharmacological and psychosocial services. Among the scientifically proven treatment options for HIV prevention and drug dependence is Medically Assisted Treatment (MAT) using methadone and/or buprenorphine.

Data collected by the researcher from the Ministry of Health shows that there are 25,000 injecting drug users. A large proportion of them resort to unsafe injecting practices such as sharing of needles and syringes. This has led to the rapid and large-scale transmission of HIV and hepatitis C in this population and their sexual partners. A recent study conducted by the Ministry of Health showed that HIV prevalence among drug abusers rose from 31.3% in 2004 to 42% in 2014, hence the need for intervention.

# 4.13 Interventions on Drug Abuse Treatment

During the interviews conducted by the researcher with health providers, they expressed their opinion on the need to urgently expand the implementation of evidence-based drug treatment interventions in order to prevent new infections. Medically Assisted Treatment (MAT) is the most useful and cost-effective intervention for managing Opioid dependence and reducing the harms associated with it. MAT has proven to be effective in the treatment of Opioid dependence and improves retention in treatment programmes. It is also effective in reduction in HIV transmission and Hepatitis B and C.

During the study, the researcher conducted interviews with health officials at Mwananyamala where several drug abusers receive treatment on MAT medications. The health officials said that the objective of MAT is to prevent withdrawal symptoms from heroin and other short acting opioids, without causing euphoria or sedation. This means that with once daily dosing a client can be free from the constant fluctuations between intoxication and withdrawal and can make moves towards normalizing and stabilizing their lives.

The researcher found that the MAT is conducted by following special guidelines which provides a framework, direction and general principles for the provision of Medically Assisted Treatment of Opioid dependence in Tanzania and aims to assist health care providers and other partners to establish and deliver evidence-based, good quality, effective MAT services that respond to the specific needs of the drug using population. This guideline is in line with various national policies and guidelines on treatment of drug dependence and HIV prevention and care for people using drugs.

The researcher found that Doctors prescribing opioid dependence medications must undergo a recognized training on opioid dependence treatment. The Doctors must only prescribe Opioid dependence medications after they have conducted a thorough assessment of the client and have the right diagnosis. Dispensing of opioid dependence medications is done by the pharmacist. Administration of opioid dependence medications may be done by a nurse and a counselor following issuance of the prescription by a trained doctor

During the study, the researcher also found that it each client enrolled on the programme must be registered with the Ministry responsible for Health, including those clients who may receive Opioid dependence medications through an NGO or private medical service. Clients are required to give their names, date of birth and address. Clients must show photo identification that confirms their date of birth and name. All clients had photo and/or fingerprints stored with their dosing card and must be identified by this photo and/or fingerprints each time they present for dosing.

The MAT database electronically store identifying information about the client, but this information was stored in a database which is password protected and only accessible by authorised staff. Clients are issued an identification card that confirms their enrolment in accredited MAT services. MAT officials report to the Ministry responsible for Health and the authority responsible for drug abuse control quarterly. Whenever possible, a database system shall be built to provide access to this report electronically.

# 4.14 Keys to Success of MAT

During the study, the researcher found that people with drug dependence and its associated social and health problems can be treated effectively up to recovery in the majority of cases if people have access to continuum of quality and affordable treatment and rehabilitation services in a timely manner. The following are key factors with recommended actions needed to increase availability and accessibility of MAT services:

1. MAT services are geographically accessible and located in those areas where there is an identified Opioid dependent population.
2. Clients are able to travel quickly and cheaply to the MAT facilities.
3. In case the above conditions are not met, MAT mobile services are established in order to reach hidden or special populations

Another guideline is that MAT services are built upon the primary health care system. MAT referral mechanisms within and between different services in the health and social care systems must be established to ensure a continuum of care to encourage drug dependent individuals to enter treatment. MAT services are linked with the criminal justice system to facilitate client entry into MAT programs. MAT programmes have flexible operating hours and should minimize waiting lists and waiting times. MAT services are also free of charge.

# 4.15 Policy Framework for Implementing MAT

During the study, the researcher found that the policy framework guarantees protection from potential sanctions for those seeking treatment. The framework also requires that there should be Non-judgmental staff attitude and that MAT services should take into medication in the presence of medical officers. For clients who are severely ill and unable to attend for regular dosing,a doctor or nurse, plus one witness can daily take the clients MATmedications dose to their homes.

The dose must still be recorded in thedaily log book, with a note stating that the dose was administered outsidethe MAT facility.For clients who are inpatients at a hospital facility, a doctor or nurse, plus one witness can daily take the clients MAT medications dose to the hospital. The dose must still be recorded in the daily log book, with a note stating that the dose was administered at a hospital and the location of the hospital. A treatment plan must be made for incarcerated clients by their prescribing doctor.

If they are only to be incarcerated for a short period of time, it may be feasible for MAT staff to provide their medications in prison. However, if they are going to be incarcerated for a long period of time and daily dosing is impractical, then it may be decided that they should be withdrawn from the programme. In this situation, they must have their dose reduced using the same schedule as anyone withdrawing from the programme.

# 4.16 Screening, Assessment, Diagnosis and Treatment Planning

Clients affected with Opioid use disorders often have multiple treatment needs across a range of personal, social and economic areas. Therefore, screening and comprehensive assessment and proper diagnosis are the basis for individualizing treatment planning and engaging the client into treatment. Health care and social service providers including in those in the criminal justice system (such as Police Officers) should be trained to administer screening tools for early identification and associated interventions.

Assessment and diagnosis of opioid dependence must be undertaken for all clients wishing to enrol on MAT programmes. Assessment and diagnosis must identify whether MAT is indicated or not. The initial assessment of the client should cover the following:

1. Medical history
2. Employment and life support history
3. Alcohol and other Drug use history including injecting practices
4. Family/Social History
5. Legal and criminal history
6. Psychiatric history
7. Examination of physical and mental state

MAT services shall only admit and retain patients according to its ability to provide appropriate care. Treatment plan has to be developed with the client and establish goals and interventions based on the client’s identified needs and stage of change. The treatment plan has to be endorsed by both the client and the service provider. The plan should be monitored and revised periodically as required to respond to the client’s changing situation. Evidence-based good practice should guide interventions and investments in Opioid drug dependence treatment.

Based on available information, the following components are necessary when establishing Opioid dependence treatment:

1. The provision of MAT must be based on available scientific evidence including, but not limited to, comprehensive assessment, dose induction, dosing schedules and dose reduction. Methods for optimizing treatment outcome such as counseling, psychosocial and other ancillary services should be included.
2. An adequate duration, based on individual client requirements, must be met by the MAT programmes. It is recommended that clients be encouraged to remain in treatment, and receive ancillary services, for at least 24 months to achieve enduring lifestyle changes.

# 4.16 Addiction Treatment and the Criminal Justice System

During the study, the researcher found that drug related crimes are highly prevalent, and many people are incarcerated for drug related offences. These include offences contributed by the drug’s pharmacologic effects; offences motivated by the user’s need for money to support the drug using habit; and offences connected to drug distribution itself. A significant proportion of people going through criminal systems worldwide are drug dependent.

During the study, the researchers found that majority of respondents were commonly ignorant in relation to the policy for treatment of drug abusers and the guidelines that allow purchase and possession of syringe. As a result, some Police Officers posed as hindrance to treatment of drug abusers because their attitude towards them contributed to making them afraid of seeking treatment. Police officers were often anxious to arrest drug abusers than sending them for treatment. As a result, some drug abusers hesitated from seeking treatment due to the fear of being arrested. Recognize

The researcher also found that some Police Officers have knowledge with reference on transformation in the law through media, education materialas and have not received any specific training regarding the issue. Only 7 of Police Officers interviewed by the researcher show response that a person could now carry syringe and injecting facilities without medical expert directives. Some of the Police Officers who show response about the change in law were not familiar with the right of drug abusers to posses syringe even if they were under specific treatment. Often, these Police Officers ended up arresting the drug abusers who are already under treatment, which hinders access to treatment.

During the study, the researcher found that due to their lack of awareness knowledge of the law, Police Officers keep on treating syringes use and possession as something illegal. Most of Police officer who knew about the law informs a researcher that they always detain and wipe out injection and other apparatus used by drug abusers. Also, once they found drug abusers with syringe they arrest them and use the obtained syringe as evidence for proof and justification for arresting them under criminal proceedings.

Majority of the respondents among Police Officers explain to the researcher that when they found drug user posses injection instruments they keep in mind that he/she is using illegal drugs even if they do not found him/her with illegal drugs: hence what follow after that is arresting procedures. Despite relaying on syringe and other injecting apparatus found by drug abusers they also use other evidence like body morphologies and location where drug users are found. Many officers also show familiarity with drug abusers behavior of being arrested with other crimes, jailed and turning back to the street doing the same crimes which makes them re- arrested. They further explain that, in most cases they arrest drug abuser who commits other criminal offence rather relaying to a merely drug use offence.

One of the most common grievances among drug abusers was the was the apparent failure of the Police Officers to facilitate access to treatment among people who abuse drugs, even when they show them their MAT attendance cards. Several respondents among drug abusers failed to complete treatment because of being arrested by Police Officer, hence loosing access to treatment. Most respondents shared the belief that Police Officers will arrest them if they come out in the open to receive treatment. The drug abusers recommended that there should be protection from the police.

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# CHAPTER FIVE

# SUMMARY, CONCLUSION AND RECOMMENDATIONS

# 5.1 Introduction

This chapter presents the summary of findings, conclusion and recommendation based on data analyzed from previous chapter. The finding presented based on literature- theoretical review and empirical data obtained from the field regarding Police attitude to people who abuse drugs. The recommendation delivered from this study will serve as a guideline for the role that Police Officers have on assisting treatment to people who abuse drugs as the research found that, there is also lack of collaboration between health providers and Police Officers in facilitating treatment to such people.

# 5.1.1 Summary of Findings

From the findings of the study it was established that the main hindrance for majority of drug abusers to access MAT services such as; counseling, diagnosis, needle and syringe and tablets is negative attitude among Police Officers towards drug abusers. The study found that presence of Police Officers in areas where MAT are offered and frequent encounters between drug abusers and Police Officers intimidates them from accessing MAT. Despite of majority of Police Officers being aware of MAT, they are still not facilitating access to MAT. And this is the main reason why out of 25,000 drug abusers in Tanzania, only 2,500 have access to MAT.

MAT for people who abuse drugs is effective in helping drug abusers to recover but only if the key conditions are fulfilled. The main condition for effectiveness of MAT is that it must be provided by qualified Medical staff who have received training on MAT, and must be administered within the premises of a special MAT clinic, such as the one located at Mwananyamala Hospital. This somehow makes access to MAT difficult especially for clients who live far from the clinic or cannot attend the clinic everyday.

Also, the requirement that MAT clients must provide their personal particulars such as, name, age, date of birth, physical address, passport size photo and fingerprints scares away some drug abusers (especially those with criminal records or inclinations) from seeking MAT for the fear of being arrested by the Police. Also, since it is practically difficult or impossible to offer MAT for drug abusers who have been jailed temporality or permanently, this poses as a hindrance to access to MAT since majority of dru abusers are more likely to be jailed.

The study also found that although MAT can be offered for inpatients and drug abusers who cannot visit their clinics, this is impossible due to lack of funding and shortage. Last but not least, the provision of MAT is hindered by the absence of a legal framework that guarantees protection of drug abusers against frequent arrests by the Police. The existence of a legal framework on provision of MAT services will help to guide Police Officers on how to deal with drug abusers and hence, enhance the role of Police in facilitating access to MAT, instead as acting as hindrance to access.

### 5.2 Conclusion

From the findings of the study, the researcher concludes that the attitude of majority of Police Officers towards facilitating access to treatment among drug abusers is somehow negative and it hinders to access for treatment. The main reason is that majority of Police Officers are not aware of the current policy on treatment of drug abusers. There is also lack of collaboration between health providers and Police Officers in facilitating treatment of drug abusers.

This has created a condition in which injecting drug users face barriers to safe injection due to fear of being arrested. The study also concludes that some Police Officers have negative attitude towards drug abusers due to the culture of Police Officers to perceive drug addicts as criminals and not sick people who need treatment. The study also concludes that majority of Police Officers are not aware of policy changes implemented by the government on treatment of drug abusers.

Treatment of drug abusers as people who need to be helped instead of persecuting them will help them to fulfill their needs for treatment as stipulated by the Maslow Theory of Needs. Also, the provision of treatment to drug abusers is congruent with the basic principals of social work which require governments to treat people who use drugs by regarding the fundamental principal of human rights as they fall in the category of unprivileged or vulnerable group of people.

### 5.3 Recommendations

Therefore, the following actions are recommended:

Opioid use should be seen as a health problem and opioid users should be treated in the health care system rather than in the criminal justice system wherever possible. Interventions for opioid dependent people in the criminal justice system should address treatment as an alternative to incarceration, and also provide opioid dependence treatment including MAT while in prison and after release.

There should be an effective coordination between opioid dependence treatment systems and the criminal justice system. MAT services should actively involve opioid Police Officers dependent patients, their families, community members and local organizations in the planning, implementation and monitoring of drug dependence treatment services. The government should promote a close cooperation between Police Officers and MAT healthcare providers.

There should be clear definition of the role of Police Officers in facilitating access to treatment for drug abusers. This can be achieved by offering training to Police Officers. Drug dependence should be treated like any other disease that needs treatment. Thus, instead of being treated as criminals, drug abusers should be treated as victims to need treatment.

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# APPENDICES

Appendix I: Questionnaire

This questionnaire has been prepared by a student of the Open University in Tanzania pursuing a Master’s degree in Social Work for the purpose of collecting data on a research study titled **“**The Role of Police Force in Facilitating Access to Health Services to People who Use Narcotic Drugs in Tanzania: Case Study of Kinondoni District”. Strict confidentiality of all Information is guaranteed as it will only be used for research purpose only.

**PART ONE: PERSONAL INFORMATION**

**Tick the appropriate**

1. Gender
2. Male
3. Female

1. Marital status
2. Single
3. Married
4. Divorced
5. Separated
6. Age
7. 16-25 years
8. 26-35 years
9. 36-45 years
10. 46-55 years
11. ≥ 55 years
12. Level of education
13. Secondary education
14. Diploma
15. Degree
16. Post Graduate of Masters degree
17. Level of work experience
18. 0-5 years
19. 6-10 years
20. 11-15 years
21. 16-20 years
22. 21 years or more
23. What is your opinion on number of drug abusers in Kinondoni district?
24. Too high
25. High
26. Average
27. Low
28. Very low
29. What is your opinion on the accessibility of tearment for drug abusers in Kinondoni district?
30. Very difficult
31. Difficult
32. Normal
33. Comfortable
34. Very comfortable
35. What is your level of awareness on the role of Police in facilitating access to treatment for drug abusers in Kinondoni district?
36. Strongly aware
37. Aware
38. Not sure
39. Slightly aware
40. Not aware
41. How frequent have you encountered people who abuse drugs?
42. Very often
43. Often
44. Not sure
45. Occasionally
46. Rarely
47. In your opinion, does the perception of Police Officers facilitate access to treatment for people who abuse drugs?
48. Strongly agree
49. Agree
50. Not sure
51. Disagree
52. Strongly disagree
53. Which of the following health related services are available for drug abusers in Kinondoni district?

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| Counseling |  |  |
| Diagnosis |  |  |
| Injection |  |  |
| Tablets |  |  |
| Other |  |  |

1. Do these heath related services offered to drug abusers help them to recover from drug addiction?  
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2. What is your opinion on the perception of Police Officers towards facilitating access to health services for people who abuse drugs?

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1. Does the perception of Police Officers towards people who abuse drugs facilitate or hinder access to treatment for people who use drugs?

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1. In your opinion, what measures should be taken by Police Officers, Social Workers and Health Workers in facilitating access to health services for people who abuse drugs?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Thank you for your participation**

**Your cooperation is highly appreciated**

Appendix II: Observation Checklist

Specifically, the researcher will observe the following issues;

1. The perception of the Police towards drug abusers
2. The perception of health workers towards drug abusers
3. The perception of social workers towards drug abusers
4. The perception of drug abusers towards Police officers
5. The perception of drug abusers towards health workers
6. The perception of drug abusers towards social workers
7. How the Police force deal with cases of drug abusers
8. Whether Police officers direct drug abusers to seek treatment
9. Whether drug abusers seek treatment from health workers’
10. Whether health workers provide treatment to drug abusers
11. Whether social workers offer counselling to drug abusers
12. Whether drug abusers recover from drug addiction after receiving treatment

Appendix III: Interview Questions

1. What is your opinion on number of drug abusers in Kinondoni district?
2. What is your opinion on the accessibility of treatment for drug abusers in Kinondoni district?
3. What is your level of awareness on the role of Police in facilitating access to treatment for drug abusers in Kinondoni district?
4. How frequent have you encountered people who abuse drugs?
5. In your opinion, does the attitude of Police Officers facilitate access to treatment for people who abuse drugs?
6. What health related services are available for drug abusers in Kinondoni district?
7. Do these heath related services offered to drug abusers help them to recover from drug addiction?
8. What is your opinion on the perception of Police Officers towards facilitating access to health services for people who abuse drugs?
9. Does the perception of Police Officers towards people who abuse drugs facilitate or hinder access to treatment for people who use drugs?
10. In your opinion, what measures should be taken by Police Officers, Social Workers and Health Workers in facilitating access to health services for people who abuse drugs?
11. What is the perception of the Police towards drug abusers?
12. What is the perception of health workers towards drug abusers?
13. What is the perception of social workers towards drug abusers?
14. What is the perception of drug abusers towards Police officers?
15. How does the Police force deal with cases of drug abusers?
16. Do Police officers direct drug abusers to seek treatment?
17. Do drug abusers seek treatment from health workers?
18. Do health workers provide treatment to drug abusers?
19. Do social workers offer counseling to drug abusers?

After receiving treatment, do drug abusers recover from drug addiction?