ASSESSMENT OF STRENGTH AND LIMITATIONS OF DRUG USE INTERVENTIONS: A CASE OF KINONDONI MUNICIPALITY

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DISSERTATION SUBMITTED IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE DEGREE OF MASTER OF ARTS IN SOCIAL WORK OF THE OPEN UNIVERSITY OF TANZANIA

2015

CERTIFICATION

I am writing to certify that I have read and hereby recommend for acceptance by the Open University of Tanzania a dissertation entitled: "*Assessment of Strength and Limitations of Drug Use Interventions: A Case of Kinondoni Municipality"* in partial fulfillment of the requirements for the degree of Master of Arts in Social Work (MASW) of the Open University of Tanzania.

……………………………………..

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Date

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ABSTRACT

Drug use is one of the major socio-economic concerns in Tanzania. Having that in mind, this study was coined with a purpose of assessing the strength and limitations of drug use interventions among out of school youth in Kinondoni Municipality. The study focused on the following institutions: Drug Control Commission, Kimara Peer Educators, Blue Cross, YOVERIBE, Mwananyamala Hospital (MAT) and the Kinondoni Social Welfare Officeas well as two hotspots. It is essentially a cross-sectional design. Methods and techniques of data collection in this study were: structured questionnaire, semi-structured interview, Focus Group Discussions and observation. Secondary methods included: books, journals, and internet sources that were highly used while employing purposive sampling, snow-balling, and convenience (availability) sampling techniques. The data collected were analyzed and presented in form of tables, pie charts, histograms and descriptive statistics thematically. The major findings were that the interventions are effective, as reflected through behavior change of clients. However, there are various challenges including failure to do social reintegration, relapse, overdependence on methadone and shortage of rehabilitation centres. Basing on such findings the following were the recommendations put forward: enhancement of community awareness initiatives, scaling up of rehabilitation centres, intensification of laws impunity, good governance to stimulate employment, and collaboration among actors so as to maximize the merger resources.

Key words: drug use, youth, human behavior, behavior change and drug use interventions.

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LIST OF ABBREVIATIONS AND ACRONYMS

A.D	Anno Domino
AIDS	Acquired Immune Deficiency Syndrome
ASSWOT	Association of Schools of Social Work of Tanzania
BC	Before Christ
CDC	Centre for Disease Control
CHRP	Community Health and Rehabilitation Programme
COW	Community Outreach Worker
DCC	Drug Control Commission
HIV	Human Immuno-Deficiency Virus
MAT	Methadone Assisted Therapy
MOH	Ministry of Health
NASW	National Association of Social Workers
NGO	Non Governmental Organisation
PEPFAR	Presidential Emergence Population Fund for AIDS Relief
SADC	Southern Africa Development Cooperation
TAPP	Tanzania AIDS Prevention Project
TESWEP	Tanzania Emerging Social Work Education Programmes
UNAIDS	United Nations AIDS
UNGASS	United Nations General Assembly Special Summitt
UNODC	United Nations Organisation for Drug Control
URT	United Republic of Tanzania
WHO	World Health Organisation

WWI	World War One (First World War)
WWI	World War Two (Second World War)
YOVERIBE	Youth Volunteers Against Risk Behaviour

CHAPTER ONE

BACKGROUND

1.1 Introduction

Drug use is one of the major concerns in the world, and indeed, in Tanzania. Exact data regarding the extent of drug use in Tanzania is missing. Data from the Drug Control Commission for the year ended 2013, *Taarifa ya Hali ya Dawa za Kulevya ya Mwaka,* indicates that in 2013, 85 tones of cannabis were netted compared to 48 tons in 2012 and 12.8 tones of khat were netted compared to 5.2 tons for the year ended 2012.Owing to this scenario, various measures have been undertaken to address it. The initiatives are either demand or supply reduction. This study focuses on the demand reduction interventions. The purpose of the study is to understand the strength and limitations of these interventions in Kinondoni Municipality.

This study is made up of six chapters, whereas this one is the initial chapter (the background) which is composed of the historical background, statement of the problem, objectives, research questions and rationale as well as definition of concepts.

1.2 Historical Background to the Problem

Drugs, especially alcohol, have been in use from time immemorial. The Bible documents early usage of it. This was the case of Noah. After coming from the ark planted vineyard then drank and got drunk to the extent of remaining naked in his tent! Genesis 9: 20-21 “Noah began to be a man of soil, and he planted a vineyard: he drank of the wine, and became drunk; and lay uncovered in his tent.”

Elsewhere, humans have used drugs of one sort or another for thousands of years. Wine was used at least from the time of the early Egyptians; narcotics from 4000 B.C.; and medicinal use of marijuana has been dated to 2737 B.C. in China. But not until the 19th century A.D were the active substances in drugs extracted. There followed a time when some of these newly discovered substances morphine, laudanum, and cocaine were completely unregulated and prescribed freely by physicians for a wide variety of ailments. They were available in patent medicines and sold by traveling tinkers, in drugstores, or through the malls. (The Columbia Electronic Encyclopedia*,* 2012).

In African tradition it was not a problem because the value and norms regulated drinking patterns- and clearly defined who had to drink, which amount and at what time. Normally it was adults and during special occasions such as marriage ceremonies, harvest periods or such social gatherings. Alcohol was taken as an issue of leisure and fascination not as a way of intoxication. The historical background of the problem of drug use as we know it today is well depicted by Mbatia, and Kilonzo (1996), who argue that it emanated from the period immediately after the First World War (WW1) and particularly the Second World War (WW 11) in which the returning soldiers continued to use the drugs they had used to in order to relive themselves of bad memories and home sickness. This was a small fraction, however, and it was not pronounced in the mainstream of the society. They further argue that during the sixties drug abuse gained momentum among the youth especially the Western world referred to as "the drug culture", from which the African youth were enticed. On the increased use of drugs in Tanzania around the seventies and eighties they argue,

"During the eighties increased use of cannabis among the youth in Tanzania became a source of growing concern in the country. Seizure of people dealing with in cannabis became more frequent and has been involving younger age groups. The youth have been more and more involved in the abuse and trading of this drug". (Mbatia, and Kilonzo 1996).

On the first cases of drug use and the issue of trafficking in Dar es salaam they point out,

> "In 1988 first cases of heroin and cocaine addiction started being recorded in health facilities in Dar es salaam. The addicts of this drugs indicated that they obtained these drugs in the streets of Dar es salaam. It did not take long before trafficker started being intercepts in the Tanzania's major entry points, especially the airports." (Mbatia, and Kilonzo 1996).

Currently, this is a big problem and it continues growing. Data from DCC (2015) indicate that in one region alone-Tanga there were over 5,190 people using hard drugs. The problem is not only using drugs, but also trafficking. The Nipashe of 9th July, 2013 had it that two women were arrested in South Africa in relation to trafficking therein drugs worth Tshs 6.8 Billion. The problem is made complicated by the allegation of the "big shots" being involved in the business. This was made evident by a Member of Parliament for Mwibara-Kangi Lugola for having been alleged Ministers for involvement in trafficking drugs.

This happens despite measures both by the government and NGO's in terms of supply and demand reduction, calling for further action to combat the pandemic. One of the key initiatives by the Government of the United Republic of Tanzania (URT)

was to enact the Drug and Prevention of Illicit Trafficking in Drugs Act, No 9 of 1995. The Act consolidated and repealed the previous written laws, strengthening the control over drug abuse, and considerably enhancing the penalties particularly for trafficking offences and drug users (*Drug and Prevention of Illicit Trafficking in Drugs Act, No 9, of 1995).*

The legislation also provides for various offences, trafficking and abuse as well stiff penalties, which includes that the trafficker may be sentenced for life imprisonment upon conviction, and forfeiture of property derived from or used in illicit drug trafficking. It also recognized the need for people possessing small amount of drugs for personal use and who are willing to undergo treatment/rehabilitation. *(Drug and Prevention of Illicit Trafficking in Drug Act, No (of 1995)*

Also, the URT having realized the problem ratified various Conventions as follows:

(a) The Single Convention on Narcotic Drugs, 1961, Adopted by the United Nations Conference at New York, March, 1961

(b) The United Nations Convention on Psychotropic Substances, 1971, Adopted by the United Nations Conference at Vienna, February, 1st , 1971.

(c) The United Nations Protocol Amending the 1961 Convention for Narcotic Drugs Adopted by the United Nations Conference at Geneva, March, 1972.

(d) The United Nations Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances, adopted at Vienna, 19th December, 1988.

(e) The Protocol for Combating Illicit Drug Trafficking in Southern Africa Development Community (SADC) region, 1996.

(f) Regional Protocol on Combating Illicit Drugs and Trafficking for East Africa, adopted on 8th February, 2002 (Kazimoto, 2014).

Indeed, the URT under the coordination of the Prime Minister's Office- Drug Control Commission is drafting the national Drug Control Policy whose purpose is embodied in The National Development Vision, 2025 which aims at achieving a high quality livelihood for all Tanzanians (Kazimoto, 2014).

1.3 Statement of the Problem

Drug use especially among out of school youth is one of the major social concerns in Tanzania. The available data by DCC (2013) show that the problem is growing and is now entrenched. Equally, The *Jamhuri* Newspaper of 9/12/2104 had it on the front page that," *wauza 'unga' wateka nchi*", the Kiswahili version that literally means "drug dealers have hijacked the country''. Effects are evidently seen in terms of economic, physiologic, mental, and social aspects of the users. This scenario is depicted by Kazimoto (2014), as well as Mbatia and Kilonzo (1996). In order to address the scourge, the government of Tanzania embarked on various measures - supply and demand reduction notable being the law- Prevention of Illicit Trafficking in Drugs Act, No 9 of 1995, coordinated under the Drug Control Commission.

Despite all these efforts the problem of drug use persists. Thus the focus of this study was to find out why this situation exists, by focusing on assessing the strength and limitations of interventions to drug users (out of school youth) in order to address the pandemic.

1.4 Objectives

1.4.1 General Objective

The general objective of this study was to assess strength and limitations of drug use interventions in Kinondoni Municipality.

1.4.2 Specific Objective

This study was guided by the following specific objectives:

(i) Explore the nature of demand reductioninterventions used in offering services to out of school drug users in Kinondoni Municipality.

(ii) Examine the strength in drug use demand reduction interventions for out of school youth in Kinondoni Municipality.

(iii) Find out the limitations that face drug use demand reduction interventions for out of school youths in Kinondoni Municipality.

1.5 Research Questions

(i) What is the nature of demand reduction intervention programmes used in offering services to out of school youth drug users in Kinondoni Municipality?

(ii) What are the strengths of the demand reduction interventions in offering services to out of school youth in Kinondoni Municipality?

(iii) What are the limitations that are faced by demand reduction intervention programmes for out of school youth drug users in Kinondoni Municipality?

1.6 Significance of the Study

The following is the significance of this study:

First, this study was designed in a way of ironing out strengths in the drug use demand reduction interventions for out of school youth in Kinondoni Municipality.

The strength and good practices evidenced through this study can be emulated by other interventions implementing or intending to start implementing drug use initiatives, for effectiveness.

Second, this study was made to explore limitations in the demand reduction programmes of anti- drug use intervention programmes for youth in Kinondoni Municipality, Dar es salaam. The idea was, if limitations and hurdles are made conspicuous, then it would help other agencies involved to observe them, through which they can improve the effectiveness of their services offered to clients.

Third, the study was made so as to help local governments in the Kinondoni Municipality to come with policies and measures in order to alleviate the problem of drug use. This owes to the fact that the study points out on policy issues and areas of inadequacy that require to be addressed.

Fourth, as regards to this study, data, method, and knowledge at large employed herein were intended to add knowledge in a way of informing social work practice and can be replicated as evidence based knowledge to leverage efficiency, especially in the area of drug use.

Last, but by no means the least, findings of the study are expected to serve as a stepping stone for future studies on drug use matters especially after getting identified the areas that are weak and those that need further studies such as the limitations arrived at in this study.

1.7 Definition of Concepts

1.7.1 Drug

The World Health Organization (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. It can be also defined as "any product other than food or water that affects the way people feel, think, see and behave. It is a substance that due to its chemical nature affects physical, mental and emotional functioning" (Kazimoto, 2014).

Thus it is any substance, synthetic or natural that when taken into the human body it alters its normal functioning. The operational definition of drugs here comprises of less hard drugs such as alcohol and tobacco, as well as the hard ones (narcotics) such as heroin and cocaine and psychotropic substances such as valium, mandrax and pethidine.

1.7.2 Drug Abuse

Is defined as "Use of drugs for purpose other than medical. It refers to the misuse of any substances resulting in change of bodily functions, thus affecting the individual in a negative way socially, cognitively and physically" (ibid)

Barker (2003) defines it as "the inappropriate use of chemical substances in ways that are detrimental to ones physical or mental well being. In this study the concept that is adopted synonymously to this concept is *drug use,* which *c*ontextually is used to denote the broader sense of consumption of drugs (all psychoactive substances),

that is, not being restricted to narcotics (hard drugs) such as heroin and cocaine alone.

1.7.3 Drug use Interventions

These are measures or programmes engaged in offering services to drug users. Their primary responsibility is rehabilitation and prevention of drug use. The concept is used to imply demand reduction interventions which are essentially geared towards prevention, treatment and rehabilitation of drug users.

1.7.4 Youth

There are different definitions of the concept, which differ from country to country, culture to culture and even context. In some societies the concept can be used to denote the age before puberty or immature age. This study adopts the definition propounded by the National Youth Development Policy- 2009, that is, "young men and women from the age group of 15-35 years." In this context *Out of School Youth* as in the case of this study, are young men and women who are not in primary or secondary schools their age ranging between 15-35 years.

1.7.5 Human behavior

In this study the concept is used to mean the aggregate of physical action (responses) and observable emotions associated with an individual towards others. Normally these attributes are exhibited across situations and do persist for a relatively longer period of time.

1.7.6 Behaviour Change

Is herein used the concept denotes the act or situation of altering, modifying, abandoning a behavior which was regarded as negative and detrimental.

1.8 Chapter Summary

This chapter is the background of the study. It covers the historical background of the study, statement of the problem, objectives (both general and specific), research questions and rationale as well as definition of concepts. The next to this chapter is the literature review.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

In chapter one the background information to this study was covered and the chapter highlighted on the historical background of the problem, statement of the problem, objectives, research questions and rationale as well as definition of concepts in this study. This chapter is about literature review which is an important part of any rigorous study. Boote and Baile (2005) argue that literature review sets the broad context of the study, clearly demarcates what is, and what is not in the scope of investigation, and justifies those decisions. In this chapter, various literatures are reviewed in which case issues and variables are discussed thematically hence creating the basis for this study's rigor. The chapter contains theoretical literature review, empirical literature and conceptual framework.

2.2 Theoretical Literature Review

In assessing the strength and limitations of drug use interventions for out of school youth in the Kinondoni Municipality, three theories were employed, namely:the Ecological, Operant Conditioning, and Social Learning Theory.

2.2.1 Ecological Theory

The ecological theory is very important to social workers especially on understanding human behavior. This is very much so especially to the moment when they want to understand the issue of behavior and social relationships as well as how people can adapt to their environment; in this regard, people using drugs.

In explaining the ecological theory, Barker argues," it emphasizes on understanding people and their environment and the nature of their transactions" Barker, (1995).

In comparison to systems theory, Kirst-Ashman points out, ''systems theories assume a broader perspective than the ecological approach. Systems concepts to the dynamic interaction readily apply to the dynamic interactions of macro systems including organizations and communities. An ecological perspective provides a more specific view of the world that also fits with the social work perspective. It places more emphasis on individual's living, and dynamic transactions with the environment'' (Kirst-Ashman, 2000).

The explicit information is given by Rogers, thus, "originally developed by psychologist Urie Bronfernbrenner (1979) ecological theory explains human development by describing aspects of the individual, the environment, and the interaction between the two. Ecological theory argues that people are actively involved in their own development and their environment and that both development and environment are always changing. People are born with both positive and negative tendencies, and are influenced equally by nature and nurture. Development then is influenced by the actions of the individual, occurrence between the individual's environment, and the interaction between the two" (Rogers, 2006).

He further argues, "The fundamental tenet of ecological theory is the way the people perceive their environment and experience significantly affects their well being Rogers, (2006). In specific terms this means that people place on the things that happen to them and the way they interpret these events in the context of their environment have a major impact on how these things influence their wellbeing. For

instance two different persons living in the same community may have different reactions or perceptions to economic down turns that cause both of them to lose their employment. In this regard people view things differently and likewise the interpretations they make also differ. For example one person after termination from employment can see the problem as a crisis that would make him/her fail to pay for rent or school fees for his/her children. Such a condition may make the person feel depressed and hopeless, which may make him require for psychological support to cope with the situation and find motivation to look for employment. Conversely, another person may view unemployment as an opportunity to return to school or develop new skills and acquire new knowledge, which will lead to a job that is more rewarding and profitable hence, be directed to a new cause of life.

The ecological theory contains levels or systems that describe factors that are significant in the person's relationships and development. Emphasis is put on how people interact with each other and the environment. This is illustrated through levels as pointed out hereunder:

a) *The micro system:* which consists of all the roles and relationships that a person has in the immediate environment, such as home, school, work, and the neighborhood; these are places where people have daily face to face with one another.

b) *The mesosystem*: that focuses on the interactions among two or more environmental settings in which people live. The mesosystem comprises the system of microsystems. For example the dynamics in the students' school environment and academic performance often impact one another; in which case if there is good

environment such as good teachers and learning facilities students can perform better in class.

c) *The exosystem:*which consists all of those social settings (for example child's school, parents' workplace, neighborhood community centre) in which things happen that affect people

d) *The macro system*: which is about the ways in which larger cultural factors affect the other levels of a person's environment and, consequently, and how they affect a person's development. This includes aspects such as law, political philosophy and cultural beliefs (Rogers, 2006).

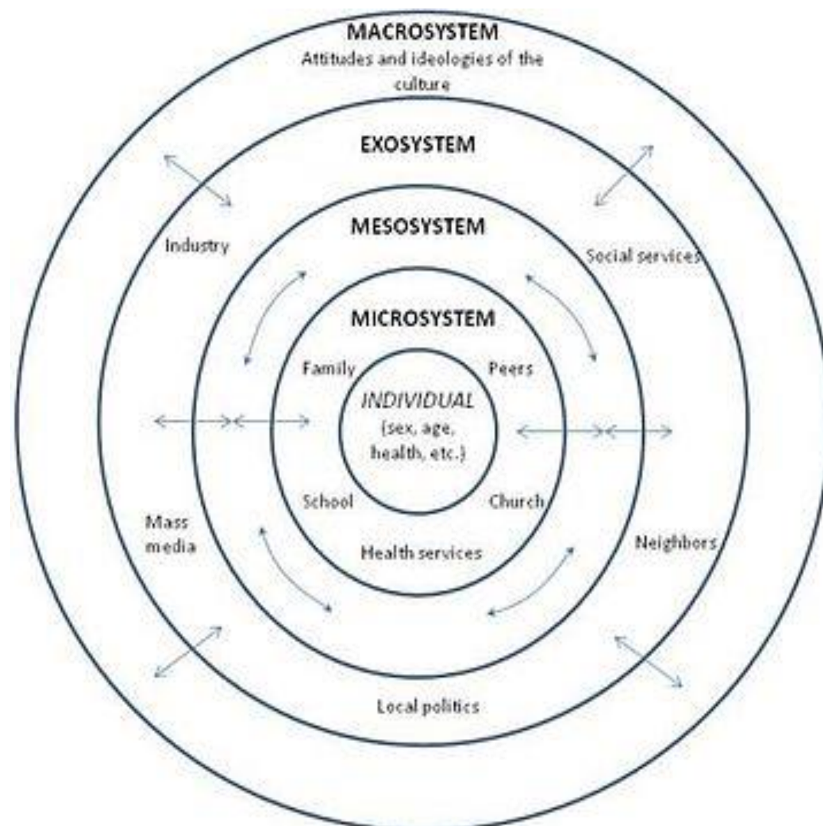

Figure 2.1: Ecological Theory

Source: Bronfenbrenner, U. (2005)

In this light, through understanding the relationship that a person has with his/her environment it becomes easier (especially to social workers) to understand one's

behavior- in this regard, that of using drugs. This also helps in effective programming of any drug use intervention as it will focus on these relationships and interpretation made thereof.

2.2.2 Operant Conditioning Theory

This study also draws its theoretical framework from the operant conditioning theory. This theory is also widely used by social workers, especially on the issue of reward and punishment as well as that of positive and negative reinforcement in shaping and changing human behavior. The theory is well described by Rogers, A .T. (2006), thus:

"Building on the ideas of Classical Conditioning F. B. Skinner developed the concept underlying Classical Conditioning. In Operant Conditioning it is the consequence of behavior that results in behavior change (either an increase or decrease of behavior. So if the child scribbles with a crayon on the wall (the behavior) and is punished (the consequence) the child's behavior of scribing on the wall will be decreased.

Conversely, if the behavior is rewarded, the behavior will increase. Skinner argued that behavior could be shaped through this type of interaction. Another component of operant conditioning is punishment, which involves the application of something negative or the removal of something positive to weaken or reduce the frequency of a behavior. This is different from negative reinforcement, which aims to increase the frequency of a behavior"

In this regard, punishment as an example can be noted when a child misbehaves and the parent tells that child that she must take time out in a quiet room, without toys or

games, for about 16 minutes. Placing the child in this condition takes away something positive. This child loses the factor of being with others, and she loses the toys and games.

In this regard it is expected that the removal of these positive things will decrease the frequency of the child's misbehaving for which the punishment was imposed. In another scenario the parent could scold the child for misbehaving, which is adding something negative, or unpleasant (in this case scolding), to decrease the frequency of inappropriate behavior. In this regard Operant Conditioning is the consequence of behavior that result in behavior change by either an increasing or decreasing of behavior basing on punishment and reward.

This goes hand in hand with the issue of reinforcement, which refers to the consequence that occurs immediately after the behavior that increases the strength of that behavior- hence positive reinforcement, which means something positive is added to strengthen a behavior and negative reinforcement meaning that something positive is taken away to strengthen the behavior.

On reinforcement he argues that, "Reinforcement, the primary component of operant conditioning refers to the consequence that occurs immediately after the behavior that increases the strength of that behavior. Reinforcement can be positive, which means something positive is added to strengthen a behavior. For example, after the child cleans her room, she may receive praise or get to watch her favorite movie. For that matter the positive consequence strengthens the behavior of cleaning.

Reinforcement can be also negative. Meaning that something positive is taken away to strengthen the behavior (Rogers, 2006).

A good example of negative reinforcement is when you get into your vehicle and hear a buzzer. The buzzer is annoying and disturbing you and the only way possible to get it stop is by latching your seat belt. So once you do that the buzzing sound immediately stops. The annoying buzzer stops, or dies off every time when you put on your vehicle seat belt. The desirable behavior, wearing your seat belt, is negatively reinforced or strengthened, by a buzzer turning off. The important thing to remember is that positive and negative reinforcements both strengthen a behavior, they just do so in slightly different ways.

2.2.3 Social Learning theory

Another theory that is utilized mostly by social workers and that is of use in this study is Social Learning Theory. In Social Learning Theory Albert Bandura states that behavior is learned from the environment through the process of observational learning. Unlike Skinner, Bandura (1977) believes that humans are active information processors and think about the relationship between their behavior and its consequences. Observational learning could not occur unless cognitive processes were at work (McLeod, S. 2011).

According to him children pay attention to some of these people (models) and encode their behavior. At a later time they may imitate (i.e. copy) the behavior they have observed. They may do this regardless of whether the behavior is ‘gender appropriate’ or not, but there are a number of processes that make it more likely that

a child will reproduce the behavior that its society deems appropriate for its sex. First, the child is more likely to attend to and imitate those people it perceives as similar to itself. Consequently, it is more likely to imitate behavior modeled by people of the same sex (McLeod, S. 2011).

In this sense the child's behavior is made through imitation and modeling of peers or people that they admire and it can thus change if the models are changed. This also means the child's (human) behavior is likely to change if at all the models are changed

2.3 Empirical Literature

2.3.1 The Global Perspective on Drug Use

Drug abuse appears to be on the rise globally, which means there is no country that can claim to be free. According to UNODC,WHO, UNAIDS and World Bank, the number of People who Inject Drugs PWID) globally is estimated to be 12.7 million (8.9 million to 22.4 million) which is 0.27 of all people aged 15-64 years. In 2008 a study in 148 countries found out that the Sub Saharan Africa was home to estimated 1.5 million PWID. Injecting drug use behavior is not well documented in Tanzania beyond Dar es salaam and Zanzibar. With little information on the scope of drug use, it is difficult to plan and effectively implement health and social interventions that are needed by these populations to prevent HIV infections and other negative outcomes as well as providing them with lifesaving services (BCC, 2015). On the same scenario, Mitchell observes that 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).

As noted by The Centre for Disease Control (CDC), 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).

2.3.2 Demographic Characteristics of Drug Users

Thedemographic characteristic of drug users is of great concern to actors in the area of drug use. The behavior of using drugs is predominantly male phenomenon, although anecdotal evidence suggest an increase in the number of female users both in rural and urban areas (Mc Curdy, et al, 2010). This scenario is attested to by the DCC (2015) study which indentified that (people who Use Drugs) PWUD populations were predominately male, aged 20 to 39 years, suggesting that drug use was concentrated among people of working age, whose income often come from employment as a bus tout/agent, casual labourer, petty trader, or stealing. The majority reported not having a steady income and 1 in 5 were unemployed. A few, mainly women, engaged in trading sex for money. Hotspots were also found in low-income residential areas, area with abandoned or unfinished buildings and fishing camps along the Indian Ocean.

2.3.3 Extent of the Problem in Tanzania

Another area of interest is that of the extent of drug use in Tanzania. To date there is no proper records of drug abusers in Tanzania but a MOH report shows that there was more than 200,000 heroin users who were in need of treatment in year 2011 (MoH, 2011). The study conducted by the Drug Control Commission (DCC), which is one of the most recent, and relatively comprehensive, estimates the number of PWUD (hard drugs) across regions were: 5,190 in Tanga, 3,300 in Mwanza, 2700 in Arusha, 1,539 in Pwani, 1,500 in Morogoro, 1,096 in Dodoma, 820 in Mbeya, 563 in Kilimanjaro, 319 in Shinyanga, 108 in Geita, `100 in Kigoma, and 65 in Mtwara. The estimated number of PWUD was 540 in Tanga, 300 in Mwanza, 297 in Morogoro, 230 in Arusha, 164 in Pwani, 133 in Dodoma, 107 in Kilimanjanro, 64 in Mbeya, 25 in Shinyanga, 7 in Mtwara, 3 in Geita, and 0 in Kigoma (DCC, 2015).

It further points out that, across all regions illicit drug use was increasing; with heterogeneity in the magnitude and type of drug use epidemic across regions. Cannabis was the most common illicit drug used, followed by heroin. Drug use hotspots were more numerous in regions with major roadways, and commonly located near bus stops or intercity bus stands within municipalities and along main roads.

The majority of PWUD engaged in smoking “cocktail” which is a combination of cannabis dust, tobacco and heroin. This is so while few PWUD injected or had ever injected drugs. Those who were identifies as PUID appeared to have injected heroin. Within all regions several primary and secondary key informants could not

distinguish heroine from cocaine by name, but instead referred to both as “unga”, a slang term that describes white, brown or khaki – coloured drugs in powder form. In all regions needle sharing was high among the small number who engaged in injection drug use. Risk sexual behaviours (e.g. condom less sex, multiple sex partners and transactional sex) also appeared high among PWUD(DCC, 2015).

Furthermore, the study also depicts that individuals believed to use drug were often stigmatized by community members. Community members did not trust these individuals and often referred to them with derogatory terms such as “t*eja*” (addict). *Teja* refers only to those who use *unga*; members were more accepting of those who smoked cannabis or used khat.

Also, data from the DCC for the year ended 2013, (*Taarifa ya Hali ya Dawa za Kulevya ya Mwaka 2013)* indicates that in 2013, 127 hectors of cannabis and 1,107 sacs as well as 3,445 kilograms of cannabis were destroyed in Arusha, and netting more drug dealers than the previous years. Also, 85 tones of cannabis were netted compared to 48 tons in 2012. As well, 12.8 tones of khat were netted compared to 5.2 tons for the year ended 2012 which attests to the fact that the problem is growing.

Indeed, drug use is also a deep-rooted behavior in Tanzania whereby 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).

2.3.4 Effects of Drug Use

Drugs and substances in general have adverse effects. The most documented effects are the physiological effects. Drugs when taken do affect the central nervous system in a manner that after prolonged use there can be brain damage. Kidney and liver failure are known causatives of drugs such as alcohol which is used in its metabolism and lungs are affected due to tobacco and cannabis smoking (CDC, 2014).

Other effects are such as insomnia, prolonged loss of appetite, increased body temperature, greater risk of hepatitis and HIV&AIDS infection Parkinson, (2002). When these drugs are used in overdose they can lead to death. Some of these drugs when abused do cause do form various forms of cancers, ulcers and brain damage. Winger, Wood and Hoffmann (2004) argue that there were noted effects such as accelerated heart beats, speeding in peripheral circulation of blood, alteration of blood pressure, breathing rate impairment and decline of other body parts functioning. It was also noted that drugs such as cannabis affects hormonal and reproductive system, and the regular use of cannabis by males can reduce their level of testosterone, the male sexual hormone and the amount of sperm cells in males as consumption increases. It was also noted that drugs contribute to formation of uric acid which accelerates conditions like arthritis, gout, osteoporosis and heart attack especially for people with coronary hypertensive problems.

Kalulunga, (2015) points out on the effects of cannabis, is about distortion of reality including seeing things in a different way or seeing things that are not there, while on fatality of drugs, Mwakalobo, (2015) argues,

“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”

According to Degenhardt (2003), drug use 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 use also leads to high crime rates which disrupt neighborhoods due to violence among drug dealers, threats to residents and crimes of the addicts themselves.

2.3.5 Rehabilitation of Users

Rehabilitation of drug users is another body of literature of drug use. However, in the DCC (2015) study there were identified few drug-related services for PWUD. Both primary and secondary key informants expressed a desire for harm reduction services including methadone treatment; rehabilitation programmes such as Sober Houses; vacation trainings to learn skills for income –generating activities; and employment opportunities and loans to help generate a reliable source of income. The key features are the focus on the prevention of harm/risk, rather than on the prevention of drug use itself, and the focus on people who continue to use drugs.

Another observation is that raised by Phelan, thus:

“Tanzania constitutes a success story in the region for introducing and starting to scale up harm reduction service delivery. In the Temeke district of Dar es Salaam, within a year, this service had reached out to over 3,000 people who inject drugs, distributing around 25,000 needles and syringes per month” (Phelan, 2013)

Literature also points out on the need to engage in public awareness endeavours in rehabilitation programmes, the two pairing up. They argue, "'public awareness is critical to the success of demand reduction programmes. Its purpose is to make the public aware of the dangers of drug abuse and mobilize public participation in the war against drugs." (Nikander and Mbatia, 1996).

2.3.6 Drug Trafficking

Another area that the drug use literature is made up of comprises the issue of arresting traffickers. The area is of use because if drug use is not well checked, the intervention measures will be overwhelmed. The key source of literature here is the Drug Control Commission (DCC) which has data that show that this is a big problem and it continues growing. Data for the year ended 2013 *(Taarifa ya Hali ya Dawa za Kulevya ya Mwaka, 2013*) indicates that in 2013, 127 hectors of cannabis and 1,107 sacs as well as 3,445 kilograms of cannabis were destroyed in Arusha, and netting more drug dealers than the previous years. For example 85 ones of cannabis were netted compared to 48 tons in 2012. As well, 12.8 tones of khat were netted compared to 5.2 tons for the year ended in 2012.

It DCC, (2008) further argues that in Tanzania there has been limited research on drug use. A few existing studies are focused on the number of seizure of drugs, trend of supply reduction measures, nature of abuse and effects of drugs. There is also the issue of focusing on epidemiology rather than behavioural and social factors. Indeed, little has been done on assessing on the effectiveness of the existing anti- abuse intervention programmes. Efforts done to alleviate the problem are both on the supply and demand reduction side. The supply reduction side is about the law

enforcement and arresting drug dealers as well as users and the juridical actions. Most evident here is introduction of Drugs and Prevention of Illicit Trafficking in Drugs Act, No 9 of 1995 which is used for prosecuting of the drug cases. Indeed the formation of the Ant-Drug Commission, under the Office of the Prime Minister as the supreme coordinating body which is also coordination efforts to put in place the National Drug Policy. On the demand reduction side, it is about awareness creation, counseling and detoxification and provision of methadone done to address the withdrawal symptoms of heroin. The government and various NGOs do offer services.

2.3.7 Methadone Assisted Therapy (MAT)

This literature is coming up so strongly by its effectiveness in addressing the scourge. According to DCC (2008). “Another one of the successes in Tanzania has been the government-run OST programme in Dar es Salaam, funded by PEPFAR. This service began operating in February, 2011 at the Muhimbili National Hospital and is currently being expanded to several additional sites, making it one of the largest methadone programmes in Sub-Saharan Africa.”

A rapid situational assessment conducted in 2001 in Tanzania’s large urban centres found significant levels of heroin use in Arusha, Dar es Salaam and Zanzibar, and emergent patterns of use in Mwanza. Injecting drug use was reported in all the study sites where heroin was being used. It has been estimated that there are between 25,000 and 50,000 people who inject drugs” (Phelan, 2013).

According to the MoH, it was 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. MAT has also 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. It also argues that Medically Assisted Treatment 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).

The ministry also points out on the guidelines for administrating MAT by pointing out that, 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. Also that the 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. (MoH, 2012).

2.3.8 Drug use Among Youth

This is the most interesting body of literature especially to this study as the study is directly to this investigation. Kamonjo, (2007) observes 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. This is while 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. (Mwakalobo, 2015).

A Rapid Situation Analysis by Obot (2005) showed that the prevalence of cocaine and heroin use in rural youth populations was generally low. 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. 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.

As regards to the family and use of drugs as related to the youth in Nigeria, Ndom (2006) 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 is is whereas Bezuidenhout (2004) asserts 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) equally points out 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.

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. They further argue 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 decay. 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). 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.

The issue of prevention of drug problems is also key. WHO (2005) points out that among 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. This is also in line with Corrigan's (2006) understanding, who 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. Also the school, thus:

"The school environment plays a part in deviant behavior including drug abuse. Corrigan (2006) further 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."

A causative factor to drug use among youth owes to the availability of drugs and cost. 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 use may also contribute to drug use 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). He also argues, 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.

Again, according to Kombo, (2007), 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.

2.3.9 Treatment of Drug users

This is also an important part. According to Ransom, (2005) the attitudes of police officers with respect to drug use noted 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. The findings of the study showed that police officers who had been trained on drug abuse treatment programs were more likely to have positive attitude towards drug abusers who want to seek help.

A 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 users 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. He also 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.

Equally, Farrell and Lewis' (2010) study among drug patients in British clinics that offer treatment to drug and alcohol users explored the perception of health care officers towards drug users and the study found that majority of health workers had negative attitudes towards drug users and this makes them unable to access drug treatment programs. The study also found out that the negative attitude of health care officers towards drug abusers contributed to relapses of drug abusers in accessing treatment.

Also that drug addicts not treated well by healthcare professionals do tend to respond negatively to treatment and this discourages other drug offenders from seeking help and that negative treatment by healthcare professionals created the feelings of disappointment and frustration among drug abusers. Conversely, 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. As well the study to explored 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) explored the attitude of hospital and law enforcement staff in dealing with people who used drugs. The study examined how the police dealt with cases of drug use 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. He also 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. More so, he 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.

According to Ogborne, et al. (2006), Canadian researchers 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 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) and Ogborne, et al. (2006) also found that drug users 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. 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. Negative attitudes and limited understanding gave substance use 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 is a mistaken belief about the nature of addiction and recovery. (Mwakalobo, 2015).

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

and that 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 (Mwakalobo, 2015).

Also that 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 (Mwakalobo, 2015).

2.3.10 The Multi-dimensional Approach to drug use combat

There are various literatures on the subject matter. One area of concern is the issue of drug programming basing on the multifacetial nature of the problem. In this one of the programmes is that of demand reduction. Mbatia and Kilonzo (1996) argue that the complex nature and multiplicity of factors that contribute to the emergence of drug abuse calls for a major departure from relatively simple approach to the prevention of physical illness due to the condition of infection. The United Nations

comprehensive multi-disciplinary outline of future activities of drug abuse control also emphasizes the multi dimensional causes of drug abuse and the necessity of multi dimensional and multidisciplinary approach in prevention that takes into account the drugs being used, the abuser, and the psychological, social, cultural and economic setting in which drug abuse occurs. It emphasizes on paying equal attention to supply and demand reduction.

On the subject matter, Nikander and Mbatia (1996) argue that,“ unless demand for drugs in the community is diminished, supply reduction efforts can never be completely successful. Pressure must be brought to bear, not only where the drug chain starts- with the cultivators, processors and traffickers, but also where it ends.”
On the same coin, Kazimoto (2015) looks at the multidimensional approach in programming, owing to the fact the problem is multifaceted thus in order to address it there are needs to ensure that all key actors come into play whereas the same is depicted by the MOH, thus, “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 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).

2.3.11 Research Gap

As seen in this literature, various studies have been conducted on the trafficking,

effects, and treatment of people using narcotics as well as the roles played by various stakeholders in facilitating access to health services for people using drugs. Still, majority of the studies have been conducted in developed countries and on specific areas such as PWID's. There has been no comprehensive study that has been conducted on the strength and limitations of drug use interventions in Tanzania. As a result, there is a knowledge gap that needs to be addressed.

2.4 Conceptual Framework

According to Miles and Huberman (1994) conceptual framework is a visual or written product that explains main issues to be studied in a graphical or narrated form, where the key factors, concepts, or variables are explained. It is thus the causal relationship of variables.

The conceptual framework of this study was made involving the systems of concepts, assumptions, expectations, beliefs, and theories that support and give out information on drug use. The focus was the drug use (a situation of drug users) intended to change. The change happens due to various interactions among drug users (use) as an independent variable and the environment as a system (of government, NGOs, CBOs and the private sector) acting through interventions such as laws, policies, by-laws and programmes (as intermediate variables). This condition leads to the output-alleviating (addressing) the situation/problem, reflected through -lower supply of drugs, low rate of drug use/intake, improved socio-economic relations, effective law enforcement agencies, effective demand reduction interventions, community awareness against drugs, and collaboration among actors (as dependent variables).

This phenomenon encompasses various theories such as the ecological theory, Operant Conditioning and Social Learning Theory. The Ecological Perspective comes in because the entire processes happen in the environment where there are various systems in which interactions and the issues of embededness occur hence important in explaining the issue of drug use. On the part of Operant Conditioning, it is about the matter of measures by the actors (government, NGOs and the private sector) that use reward and punishment respectively as ways of enhancing behaviour change among drug users whereas the Social Learning Theory comes in as the issue of drug use is often franked with imitation (of peer group members) and modeling of the people they admire which are factors for initiation and maintenance of the drug using behavior. In this regard the researcher as a social worker was interested in the group dynamism so as to find the amicable solution to the problem of drug use among out of school youth in Kinondoni Municipality. Below is the illustration which depicts this phenomenon:

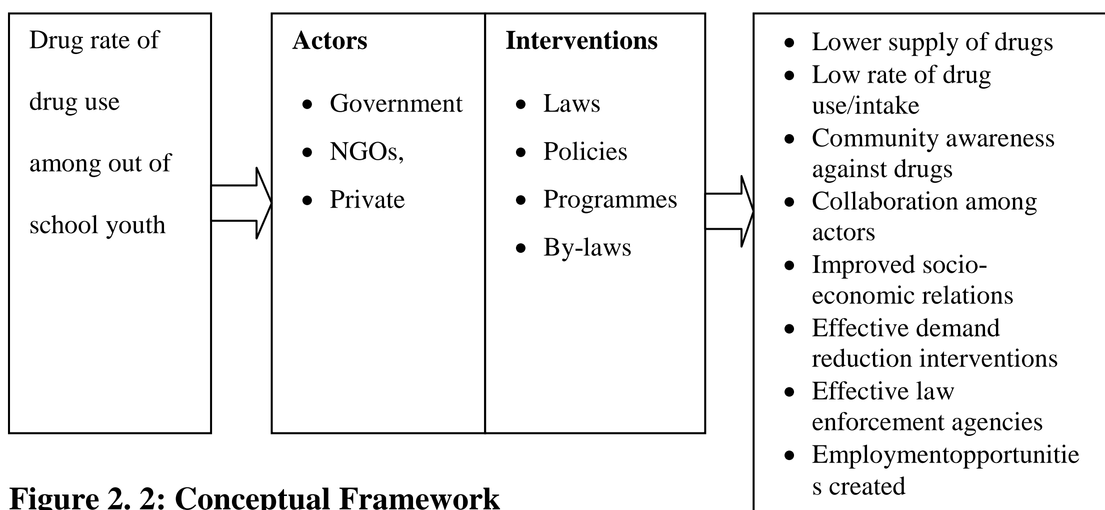

Figure 2. 2: Conceptual Framework

Source: Field data, (2015)

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

The previous chapter was about literature review. Through that chapter various readings related to this study were reviewed. This chapter describes the methodology of this study. It is about the materials, methods and techniques used in the study as well as generally showing how the study was done. As aforesaid, the purpose of this study was to assess the strength and limitations of demand reduction anti- drug use interventions in offering services to out of school drug users in Kinondoni Municipality. Methodologically this dissertation adheres to its plan, structure organization, interpretation and presentation of data and information, thereby enhancing its validity and reliability. This chapter covers the study design, population and sampling techniques, data collection methods and data analysis as well as presentation.

3.2 Research Design

Research design refers to the arrangement of conditions for collecting and analyzing data in the manner that relates to the research purpose. Research design provides the researcher with systematic arrangement and strategies that make it possible for the researcher to accomplish the research objectives (Kothari, 1990).

This is essentially a cross-sectional design, focused on examining what currently exists and is fundamentally characterized by the fact that all data are collected at one time.'' It is like taking a still photo snapshot as you see a picture of what exists at

that point in time but not what came before or after. Cross sectional designs do not allow you to examine the impact of time on a variable."Engel, R.J and Schutt R.K. (2014). The correlation elements were used when the investigator had reasons to suspect a relationship between variables and could support this suspicion through literature and previous research (Brink and Wood, 1998).

This is thus a qualitative study, data are minimal and are presented in form of frequencies and percentage meant to examine the strength and limitations of the anti drug use intervention to drug users in Kinondoni Municipality. This was done in order to observe, describe and document aspects of a situation as they naturally occurred in a given population.

3.3 Area of Study

This study was conducted in Kinondoni Municipality. According to The Drug Control Commission, 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 estimates of the population of Kinondoni is 1, 083,913 people (DCC, 2014).

3.4 Population of the Study

Population of the study is the aggregate of individuals or items from which the researcher selects respondents of the study Kothari C.R (2002).This study was conducted in Kinondoni District with a focus on the following institutions: Drug Control Commission, Kimara Peer Educators, Blue Cross, YOVERIBE,

Mwananyamala Hospital (MAT) and the Kinondoni Social Welfare Office. The Agencies were chosen purposely since the Drug Control Commission, Kinondoni Social Welfare Office and Mwananyamala Hospital (MAT) are government institutions, while the other three and the two hot spots are non- governmental entities, as a way of comparison and triangulation.

In this regard the population of this study was all out of school youth drug users in the Kinondoni Municipality. In these settings 60 questionnaires were administered to respondents and the remaining 20 were administers to respondents in the hotspots (areas that were seen to have high incidences of drug use- at Ubungo and Magomeni respectively).

3.5 Sampling Techniques

As afore-highlighted, the agencies, namely, The Drug Control Commission, Mwananyamala Hospital (MAT), Kinondoni Social Welfare Office, Kimara Peer Educators (TAPP), Blue Cross, and YOVERIBE, were purposely sampled *(purposive sampling*). This enabled the researcher to recruit participants with a variety of demographic characteristics and thereby garner a diversity of perspectives. This was also done owing to their prominence and outstanding positions in the combat of drugs in Kinondoni Municipality.

This sampling technique was also used due to its usefulness in making assessment of respondents who have particular characteristics, such as drug use. To this effect, Rafael and Schutt (2014) argue that, “Purposive sampling may be used to examine the effectiveness of some intervention with clients who have particular characteristics, such a specific diagnosis”

Also, *snow-balling sampling technique* was used to get the sample for this study. "for snowballing you identify one member of the population and speak to him or her. You ask that person to identify others in the population and speak to them; you ask them to identify others and so on. The sample thus snowballs in size." (ibid)

This entailed getting initial drug users who would direct the researcher to other drug users and so on and so forth until the number required was reached. This technique was used in order to get the actual respondents needed. It was particularly useful for reaching the hard-to-reach also for such as interconnect populations of drug users. "Snowball sampling is useful for some members of the population who know each other, such as drug users, parents with small children, participants in alcoholic anonymous, or other peer support groups and informal organizational leaders. (Ibid). This was done while knowing that there could be a caveat to using this technique as respondents with similar status would be identified without knowledge or consent and some of them would not wish their status being revealed to outsiders.

Equally, *convenience (availability) sampling technique* was used. This technique entails using respondents as they happen to be there in the research spots. This was an appropriate one as respondents were "picked" as they appeared to be in their natural environment -methadone Centres. Through this the researcher was able to interview respondents as they came to agencies. This technique was very appropriate and useful as the researcher was trying to explore a new setting and trying to get sense of prevailing attitudes or when a survey researcher conducts a preliminary test of new questions. This was also useful in observing behavior in social settings.

3.6 Methods and Techniques of Data Collection

Burns and Grove (2005) suggest that, there are two categories of data collection methods, i.e. primary and secondary. Through this study both primary and secondary methods were used to collect data, as portrayed hereunder.

3.6.1 Structured Questionnaire

This study used structured questionnaire that were administered singly to respondents as primary key informants -60 for interventions (Mwananyamala Hospital (MAT), Kimara Peer Educators (TAPP), Blue Cross, and YOVERIBE The remaining 20 were singly administered to respondents in two hotspots, namely, Ubungo and Magomeni. The questionnaires were not standardized and in order to ensure high turn up rate the questions were read to respondents. There were various reasons for use of the same, as highlighted hereunder:

(i) They cover a big number of respondents hence cost effective

(ii) They require less time and energy to administer them

(iii) They have a high degree of confidentially as respondents do not write their name on and are assured of the same and may not necessarily meet the researcher on the face-to face basis.

(iv) They minimize bias as they are presented in a consistent manner.

The questionnaire had three parts, namely the background information of the respondents, closed ended questions part, which required consistence in order to make comparisons and the open ended question part in order to enable respondents to respond in their own words and perspectives as well as provide subjective detailed

information. The questionnaires were initially designed in English, then professionally translated into Kiswahili in order to enable respondents (especially drug users) who were not conversant with English language.

3.6.2 Semi-Structured Interview

This is a method that was used in data collection for the secondary informants. It entails conducting detailed interview with individual respondents in order to explore their perspectives and ideas. The method was administered to at least one official of all agencieis involved in the study, namely, Drug Control Commission, Kimara Peer Educators, Blue Cross, YOVERIBE, Mwananyamala Hospital (MAT) and the Kinondoni Social Welfare Office. The information that was gathered through this method was used as a way of comparison and triangulation but also complementing the information provided by primary informants through questionnaire.

This method was used and the aim of the researcher to use this technique was that it provides detailed information than what is obtained in other methods such as the questionnaire. Also it offered an opportunity of probing further the information given, unlike the way it can be in other methods such as questionnaire where specific spaces are provided where responses have to be filled. Another reason is that it provides a more relaxed atmosphere for the respondent, and he/she may feel more comfortable by having the conversation with the researcher other than using other methods such as filling the questionnaire.

Indeed, it is useful to people who do not know how to read and to write, their eyes have defects or key informants-people who would not get adequate time of filling the

questionnaire alone, and that this method is that all respondents are asked exactly the same questions in the same sequence, which increases the objectivity of the data collected even if different interviewers are used. Other advantages of this approach are an increase in the response rate than what could be done in the questionnaire completion and there is also the reduction of administrative costs and difficulties in assembling all respondents in one place as well as assisting in difficulties related to low level of literacy among respondents. Through this, open ended questions were asked in order to enable respondents to generate more information so as to enrich the study and get their subjective meanings.

3.6.3 Focus Group Discussions (FGDs)

This was administered to drug users, also as secondary informants. The groups involved 8-12 respondents at a time. Two FGDs were used, one at Kimara Peer Educators and the other one at Blue Cross. It entailed gathering the respondents conveniently then interview them. The responses were used to complement information gathered through questionnaire. The advantage of this technique was that it could serve time as respondents were responding in groups.

In this regard this technique was used because of its usefulness, as interviewing an individual is different from interviewing the group as in the later many people would be interviewed at the same time hence being cost effective. Moreover, it addressed the issue of fear by the respondents who regard that drug use is a serious and sensitive thing and that any disclosure of information would lend the speaker into trouble.

3.6.4 Observation

Through this technique the researcher engaged observations of drug users and their situation or environments then summarize at the end of each observations. This was particularly done in the hotspots of drug users at Ubungo and Magomeni. Through the observation protocol there were record of descriptive notes and record of reflective note (Croswell, 2014).

3.7 Secondary Data

Secondary data formed an important part of this study. In this regard secondary data such as books, journals, and internet sources were highly used for lying down the foundation of this study.

3.8 Data Analysis and Presentation

According to Hatch (2002) data analysis is a systematic search for meaning from the collected data. In this study the collected (raw) data were organized, inputed, and coded, whereas qualitative information from the key informants were transcribed and written as narratives. The data in this form was put into themes, in relation to the study objectives, then analyzed using the SPSS 18.0 computer soft ware.Tables, pie charts, histograms and descriptive statistics are be used to present the data, and the meaning derived, contextualized, interpreted and organized according to themes.

3.9 Ethical Considerations

Conducting a scientific research does not only require expertise and rigorous methods. It also requires humility, honesty and integrity. This is essentially important as to protect the rights of respondents and not to harm them in any way. In this

regard, this study highly ensured the privacy, right to self determination and informed consent. They were also told of their right not to participate in the exercise, at any time they liked, without penalty.

Drug use is sensitive as it is a criminal offence. This study required interviewing drug users, whom, being "criminals" would not like their information to be disclosed to outsiders or law enforcers. This was a challenging issue in the study.

3.10 Limitations and Delimitations of the Study

3.10.1 Limitations

The following is the limitation of this study: so long as drug use is sensitive and an illegal conduct, some drug users would not be readily prepared to respond to questions from the researcher. This to a certain extent delayed the exercise of data collection.

3.10.2 Delimitations

In order to address the limitation the researcher had to make a thorough introduction as well as assuring them of maximum confidentiality as well their right to withdraw from the study any time they felt.

3.10.3 Chapter Summary

This chapter is about the research methodology. In this chapter the research design that is the cross-sectional design has been highlighted, and method and techniques of data collection such as questionnaires, semi- structured interviews as well as focus group discussion discussed. Also, discussed have been the sampling techniques such as purposive, convenience and snowballing.

CHAPTER FOUR

FINDINGS

4.0 Introduction

The previous chapter was about the research methodology. Important in this chapter were the research design, method and techniques of data collection as well as the use of sampling techniques. In this chapter the research findings are presented and highlighted. The findings are based on the themes and questions of this study that were posed to respondents. To facilitate the presentation figure and table are drawn.

4.1 Demographic Characteristics

4.1.1 Distribution of Respondents by Sex

This study sought to know the demographic information/characteristics of respondents. In particular there was a question on sex. The findings indicated that of the 80 sampled respondents, the majority of them 69 (86%) were of a male sex as compared to 11 (14%) female. This is illustrated by the table below:

Table 4. 1: Distribution of Respondents by Sex (n=80)

Respondents by Sex	n (%)
1. Male	69 (86.3%)
2.Female	11 (13.8%)

Source: Field data, 2015

4.1.2 Marital Status

As regards to marital status, the data obtained indicate that most of respondents were mostly single 48 (60%) as compared with (22%) married. The number of the divorced was also significant, 9 (11%) whereas the divorced was 1 (1.3%) It was exhibited through interview that one of the key factors leading into divorce was use of drugs. The table below (4.2) illustrates the distribution:

Table 4. 2: Marital Status (n=80)

Marital status	**n (%)**
1. Married	22 (27.5%)
2.Divorced	9 (11.3%)
3. Widowed	1(1.3%)
4. Single	48(60%)

Source: Field data, 2015

4.1.3 Age Distribution

On the age distribution, respondents' age was clustered into categories of 5 years. The findings indicated that the majority were of the age category of 21-25 which was 47.5%. It was followed by age category 15-20 (28%). This age is very critical as a workforce. If not well utilized then national development would be in a limbo. The table below depicts this scenario:

Table 4. 3: Age Distribution (n=80)

Age category	n (%)
1. 15-20	23 (28.8%)
2.21-25	38 (47.5%)
3. 26-30	12(15.0%)
4. 31-35	7 (8.8%)

Source: Field data, 2015

4.1.4 Distribution by Religion

The religion of the researcher was one of the variables that the researcher wanted to know. The table below indicated that most of the respondents 51 which is 63% were Muslims. The remaining were Christians.

Table 4. 4: Distribution by Religion (n=80)

Religion	n (%)
1. Christian	29 (36.3%)
2. Muslim	51 (63.8%)

Source: Field data, 2015

This can be further illustrated as in Figure 4.1.

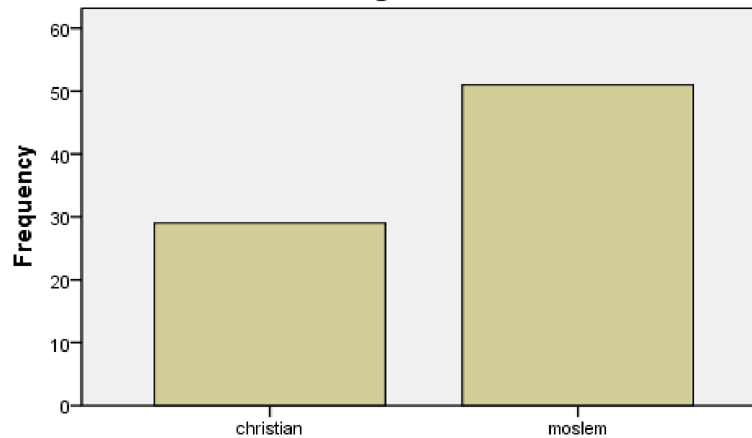

Figure 4. 1: Distribution by Religion

Source: Field data, 2015

4.1.5 Education Level

The researcher also wanted to know the education level of the respondents. I appears that most of the respondents, 54(about 68%) were primary school leavers. College and University were only about 5 % and the rest were of the lower level of education.

Table 4. 5: Education Level (n=80)

Education level	n (%)
1. Primary	54 (67.5%)
2 . Secondary	22 (27.5%)
3. College	1(1.3%)
4. University	3 (3,8%)

Source: Field data, 2015

4.2 Extent of the Problem

This study also sought to know the magnitude of the problem. There was a question that sought to know the extent of the problem of drug use among out of school youth in Kinondoni Municipality. The majority of respondents on this question had it that the problem was large 55% and 31% were of the opinion that it was very large. Only a small fraction(6.3%) was of the opinion that the problem was average. The table 4.6below illustrates this situation.

Table 4. 6: Extent of Drugs (n=80)

Extent of drug use	n (%)
1. Average	5 (6.3%)
2. Large	44 (55.0%)
3. Very large	31(38,8%)

Source: Field data, 2015

This can be further portrayed as in Figure 4.2.

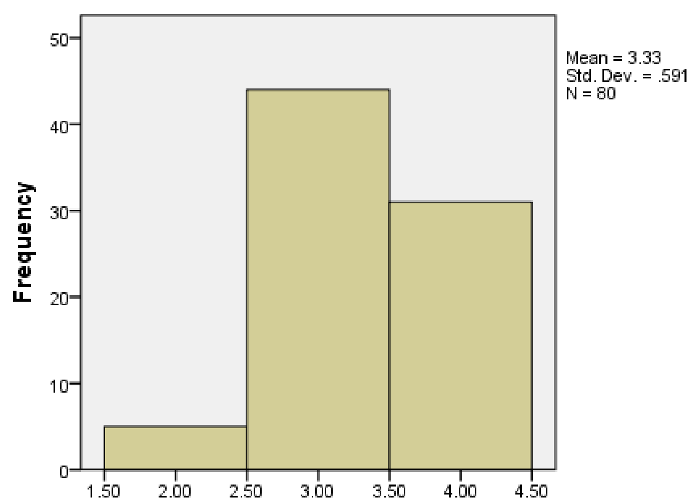

Figure 4. 2: Extent of the problem

Source: Field data, 2015

4.2.1 Drugs Most Used

On the drugs that are most abused the majority, (that is 85%) were of the opinion that drugs that were most abused in Tanzania were alcohol, bhang, heroin, cocaine, and khat. There were also other drugs that were insignificant (15%). Of the drugs mentioned heroin happened to take the lead by scoring the highest frequency, that is 79 which is 98.2%

Table 4. 7: Drugs Most Used (n=80) †

	n (%)	
Drugs	**Yes**	**Nil**
1. Alcohol	65 (81.3%)	15 (18.8%)
2.Bhang	74 (92.5%)	6(7.5%)
3. Heroin	79(98.2%)	1 (1.3%)
4. Cocaine	41 (51.3%)	39 (48.8%)
5. Khat.	46(57.5%)	34(42.5%)
6. Others	12(15%)	68(85%)

† One respondent could mention more than one drug

Source: Field data, 2015

4.3 Key Fueling Factors

The key fueling factors to the problem of drug use among the out of school youths in Kinondoni Municipality was also one of the central aspect in this study. The findings on this matter indicates that respondents were of the opinion that the following were the key causes/reasons or fueling factors to the problem, namely, peer pressure, unemployment, poor parenting, drug availability, false expectations and loss of hope. The situation is illustrated in table 4.8 hereunder:

Table 4.8: Key Fueling Factors (n=80) †

Fueling Factors	n (%) Yes	Nil
1. Peer pressure	70 (90%)	8 (10%)
2.Unemployment	70 (90%)	8 (10%)
3. Poor parenting	25(42.5%)	55 (65%)
4. Drug availability	53(66%)	31
5. False expectations	57(71.3%)	(38.8%)23(28.8%)
6. Loss of hope.	39 (48.8)	41 (51%)

† One respondent could mention more than one factors

Source: Field data, 2015

4.4 Linkage between Drug Use and HIV&AIDS

Linkage between drug use and HIV&AIDS was a great paramount to this study. The focus was on whether respondents were aware of the hazards of using drug in relation to HIV infection. The results were vindicated as they appear in the table below:

Table 4.9: Linkage between Drug Use and HIV&AIDS

Relationship between drug use and HIV&AIDS	n (%)
1. Yes	77 (96.3%)
2. No	3 (3.8%)

Source: Field data, 2015

The illustration below, further depicts the situation:

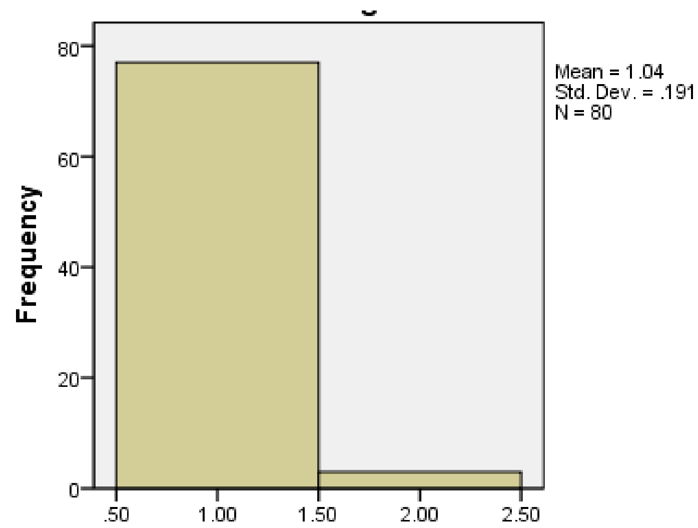

Figure 4. 3: Relationship between Drug use and HIV&AIDS

Source: Field data, 2015

Table 4. 10: Relationship Manifestation (n=80) †

Relationship of Manifestation	**Relationships n (%)**	
	Yes	**Nil**
1. Poor judgment	68 (85%)	12 (18.8%)
2. Commercial sex work	53 (66.5%)	27 (61.3%)
3. Trigger of diseases	20 (25%)	60 (73.8%)
4. Injecting drug use	73 (93%)	5 (48.8%)

† One respondent could mention more than one physical change

Source: Field data, 2015

The above table 4.10 shows the manifestation of the relationship between drug use and HIV&AIDS where poor judgment, commercial sex work, trigger of diseases and

injecting drug use were listed as the key manifestations of this linkage. It can be easily not that of all that manifestations, drug use was the leading (93%) followed closely by poor judgment.

4.5 Extent of Behavior Change due to Interventions

Another area was that of looking at behavior changed due to involvement in the anti-drug intervention programmes. The following were the responses pointed out: being trusted, confidence, being clean, exercising behavioural change and self awareness.

Table 4. 11: Extent of Behavior Change due to Interventions (n=80) †

Extent of Behavior Change	n (%)	
	Yes	Nil
1. Being trusted	57 (71.3%)	23 (28.8%)
2 Confidence	57 (71.3%)	23 (28.8%)
3. Being clean	34(42.5%)	46 (57.5%)
4. Behaviour change	53 (66%)	27
5. Self awareness.	57(71.3%)	(33%)23(28.8%)

† One respondent could mention more than one area of change

Source: Field data, 2015

4.5.1 What the Intervention Programmes do on Social Reintegration

There was a specific question that sought to know if there was any social integration done to drug users to their communities. Of all the respondents, 66.3 were of the opinion that it is done, whereas the remaining 33.8 % had it that it is not done. The actual responses are reflected hereunder:

Table 4. 12: Social Integration of Users by Interventions (n=80)

Social Reintegration	n (%)
1. Yes	53 (66.3%)
2. No	27 (33.8%)

Source: Field data, 2015

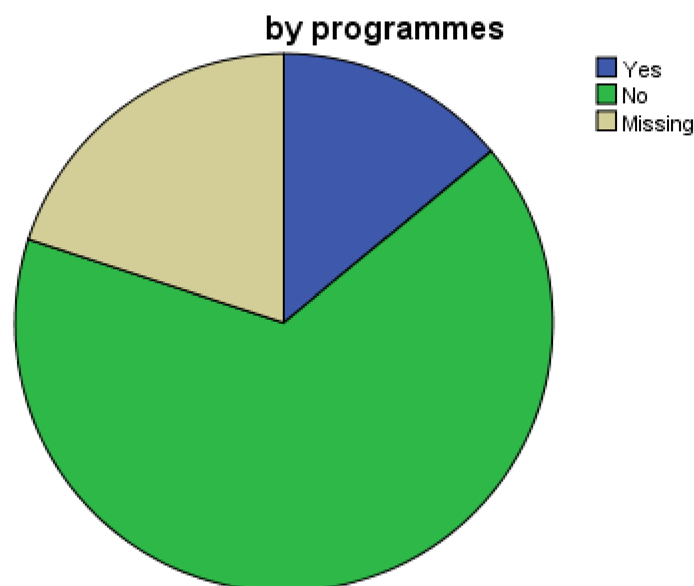

Figure 4. 4: Social Reintegration

Source: Field data, 2015

The above figure (Figure 4.4) above, illustrates the situation.

4.5.2 What is Done by the Community

There was a specific question that sought to know respondents' opinion on what the community does in order to alleviate the problem of drug use. The negative side, that indicated that the community was not doing enough is well reflected. In fact in all attest to that as depicted the percentage of people who did not subscribe to the yes

position. All scores were all well above 80%. The actual responses are portrayed as hereunder:

Table 4. 13: Community Action (n=80) †

	n (%)	
Community Action	**Yes**	**Nil**
1. Sports	13 (16.3%)	67 (83.8%)
2. Seminar	15 (18.8%)	65 (81.3%)
3. Campaigns	9 (11.3%)	71 (88.8%)
4. Services	9 (11.3%)	71 (88.8%)

† One respondent could mention more than one physical change

Source: Field data, 2015

4.5.3 Methods used

Methods used by the community in addressing drug use were as indicated hereunder: religious leaders, sensitization, and meetings. The table below illustrates.

Table 4. 14: Methods used. (n=80) †

	n (%)	
Methods used	**Yes**	**Nil**
1. Religious leaders	20 (55%)	60 (75%)
2. Sensitization	10 (38.8%)	70 (87.5%)
3. Meetings	6 (26.3%)	74 (92.5%)

† One respondent could mention more than one physical change

Source: Field data, 2015

4.6 Knowledge of Intervention in Tanzania

In Tanzania there have been various interventions against drug use on the out of school youths. The respondents had to list down the intervention programs they knew in Tanzania. The question was intended to test on their knowledge of the intervention which could assist them to access services. The responses were as indicated in Table 4.15.

Table 4.15: Interventions in Tanzania (n=80) †

	Challenges n (%)	
Intervention in Tanzania	**Yes**	**Nil**
1. MEFADA	8 (10%)	72 (90%)
2.Lutindi Hospital	4 (5%)	76 (95%)
3. Medicines du Monde	22 (26.3%)	59 (73.8%)
4. TAPP	40 (35%)	40 (50%)
5.Sober House	22 (27.5%)	58 (72.5%)

† One respondent could mention more than one physical change

Source: Field data, 2015

4.6.1 Knowledge of Interventions in Kinondoni Municipality

The respondents also had to list down the drug abuse intervention programs in Kinondoni Municipality. The interventions that were listed were: Kimara Peer educators, YOVERIBE, Blue Cross, Mwananyamala- MAT and CHRP. This is illustrated hereunder:

Table 4. 16:Interventions in Kinondoni Municipality. (n=80) †

Intervention in Kinondoni Municipality	Challenges n (%)	
	Yes	Nil
1. Kimara Peer Educators	44 (55%)	36 (45%)
2. YOVERIBE	31 (38.8%)	49 (61.3%)
3. Blue cross	21 (26.3%)	59 (73.8%)
4. Mwananyamala MAT	28 (35%)	52 (65%)
5. CHRP	22 (27.5%)	58 (72.5%)

† One respondent could mention more than one physical change

Source: Field data, 2015

4.7 Success of the Interventions

On success of the interventions in their Municipality the respondents were of the opinion that the following, table 4.17 were the success/achievements:

Table 4. 17: Success of the Intervention (n=80) †

Success of the Intervention	n (%)	
	Yes	Nil
1. Trust	70 (87.5%)	10 (28.8%)
2Self awareness	70 (87.5%)	10 (28.8%)
3. Savings	32(40%)	48 (60%)
4. Cleanness	32 (40%)	48 (60%)
5. Role model.	40(50%)	23(50%)

† One respondent could mention more than one physical change

Source: Field data, 2015

4.7.1 Reasons for Success

As regards to the contributing factors to the success the respondents listed competence of service providers, methadone use, supernatural powers and free services as causative. This is depicted in Table 4.18 as follows:

Table 4. 18: Reasons for Success (n=80) †

Reasons for Success	n (%)	
	Yes	**Nil**
1. Competence	27 (33.8)	53 (66.3%)
2. Methadone	67 (83.8%)	13 (16.3%)
3. Supernatural	13 (16.3%)	67 (58.8%)
4. Free services	7 (8.8%)	73 (91.3%)
5. Home visiting	9 (11.3%)	71 (88.8%)

† One respondent could mention more than one physical change

Source: Field data, 2015

4.7.2 Limitations of the Intervention Programmes

The respondents also gave out limitations of the interventions against drug use in the Municipality as listed in table 4.19 below:

Table 4. 19: Limitations of the Interventions (n=80) †

Limitations of the Interventions.	Level of knowledge n (%)	
	Yes	**Nil**
1. Distance	67 (83.8%)	13 (16.3%)
2. Fare	70 (87.5%)	10 (12.5%)
3. Bureaucracy in clinics	13 (16.3%)	67 (58.8%)
4. Lack of cooperation	13 (16.3%)	67 (58.8%)
5. Unemployment	64 (80%)	16 (20%)

† One respondent could mention more than one physical change

Source: Field data, 2015

4.7.3 Contributing Factors to the Limitations

The respondents also pointed out the contributing factors to the failures. They had to explain other factor/conditions that hinder effectiveness of the fight of drug abuse in Tanzania. The following were the responses: boarder porosity (so as allowing drugs to penetrate), low motivation (of staff and ex-users), unawareness and relapse of drug users. The table below vindicates this, where the leading factor was lack of awareness (72.5%) and boarder porosity was rated low (33.8 %). This is portrayed in the table 4.20 below:

Table 4.20: Contributing Factors to the Challenges. (n=80) †

	Challenges n (%)	
Contributing factor	**Yes**	**Nil**
1. Boarder porosity	27 (33.8%)	53 (66.3%)
2. Low motivation	43(53.8%)	37 (43.3%)
3. Unawareness	58 (72.5%)	22 (27.5%)
4. Relapse	33 (41.3)	47 (58.8)

† One respondent could mention more than one physical change

Source: Field data, 2015

4.8 Recommendation

The following were the recommendations on what should be done to improve the effectiveness of demand reduction interventions against drug abuse in Kinondoni Municipality and Tanzania as a whole. The responses were boarder vigilance, punitive measures, awareness creation, motivation of ex-users, accountability and increased agency collaboration. Of these, punitive measures and awareness creation were rated very high 83% respectively. Table 4.21 shows this situation:

Table 4.21: Recommendation (n=80) †

Challenges of the Interventions.	**n (%)**	
	Yes	**Nil**
1. Boarder vigilance	49 (61.3%)	31 (38.8%)
2. Punitive measures	67 (83.8%)	13 (16.3%)
3. Awareness creation	67 (83.8%)	13 (16.3%)
4. Motivation of ex-users	26 (32.5%)	54 (67.5%)
5. Accountability	64 (80%)	16 (20%)
6. Increased agency collaboration	30 (37.5)	50 (62.5)
7. Provision of required services	65 (81.3)	15 (18.8)

† One respondent could mention more than one physical change

Source: Field data, 2015

CHAPTER FIVE

DISCUSSION, CONCLUSION AND RECOMMENDATION

5.1 Introduction

In the previous chapter the findings of this study were presented. In this chapter the research findings are discussed, inferences and conclusions made and recommendations presented.

5.2 Socio-demographic Characteristics

The demographic characteristics do not directly form part of the main objectives; neither do they relate directly with the specific objectives. However, they are important part of this study because they help to understand the settings and context of the study and they can impact on the data obtained. For example by knowing the nature of the respondents, namely, the majority being of primary school level then it can be argued that, they could not be analytical enough in responding to questions or able to deal with issues at high level thinking.

In this vein this study sought to know the demographic information/characteristics of the respondents. In particular there was a question on sex. The findings indicated that of the 80 samples respondents, the majority of them 69 (69%) were of a male sex as compared to 11 (11%) female. This was no wonder so much so as most of PWUD found in the drug programs/rehabilitation agencies were mostly of a male sex. The reason given to this phenomenon by the agency officials' through interviews were that the main getaway to drug use was the *jobless corners* (*vijiweni*) where most of female users find it difficult to stay for a long time. The issue of stigma and how the

community looked at female users was also said to be causative to the failure of female users to access services in the methadone centers. This part correlates with the DCC(2015) where the male population happened to higher compared to that of female.

As regards to marital status, the data obtained indicate that most of respondents were mostly single 48 (60%) as compared with (22%) the married. The number of the divorced was also significant, 9 (11%) whereas the divorced was 1 (1.3%). It was exhibited through interview that one of the key factors leading into divorce was use of drugs. This means female drug users could not be tolerated in marriage.

On the age distribution, respondents' age was clustered into categories of 5 years. The findings indicated that the majority were of the age category of 21-25 which was 47.5% that was followed by 15-20 (28%). These two age categories are very critical as a workforce. If not well utilized then national development would be in a limbo. These data do correlate with the DCC (2015) study where the age group where most drug user happened to fall on was 20-39.

The religion of the respondents was one of the variables that the researcher wanted to know. The study shows that 51 respondents which was 63% were Muslims. It appears that this owed much on the geographical locations were the study were mostly conducted- in *Uswahilini.* In assessing the drug users working with Kimara Peer Educators the number of Christians surpassed that of Muslims 3:1. Through this it can be hypothesized that drug use has predominance of geographical locations where religion also appear to be part of.

Education was another area of concern. The researcher wanted to know the education level of the respondents. It appears that most of the respondents -54 (about 68%) were primary school leavers. College and University graduates were only about 9 %. It appears that there was a close correlation between drug use and the education level. It can be well argued that *(ceteris peribus*) the higher the education the lower the likelihood of engaging in drugs. This is also vindicated by the study conducted by DCC, (2015) although this study went far as identifying that even the occupations of most of drug users were such bus tout, and petty business.

5.3 Extent of the Problem

This study also sought to know the extent of the problem. This was an important aspect to the study so as to make justification for interventions which is the key focus. For that matter there was a question that sought to know, in particular, how the problem of drug use among out of school youth in Kinondoni Municipality was viewed. The majority of respondents on this question had it that the problem was large 55% and 31% were of the opinion that it was very large. These put together score 86% indicating the seriousness of the problem. Only a small fraction,(6.3%) were of the opinion that the problem was average.

The studies conducted by UNODC,WHO, UNAIDS and BCC, (2015) attest to that the problem was on the increase., which calls for effective intervention programmes to address it. This was, while the opinion posed by officials especially those of the DCC interviewed was that Tanzania is not one the main consumers of drugs, neither was it an important destination, rather is being so much used as a traffic route especially after observation of strict measures on the drug dealers. In this respect

spill-overs are what is seen in the streets. It appears this notion embraces the use of the “hard drugs where alcohol and tobacco are often ignored, despite their devastating and detriments to peoples’ wellbeing. In this regard the problem is big warranting a comprehensive attention and effective interventions.

5.4 Drugs most Used

On the drugs that are most used, the majority of the respondents were of the opinion that the category included were alcohol, bhang, heroin, cocaine, and khat. There were also other drugs that were also used but at insignificant level. Of the drugs mentioned heroin happened to take the lead by scoring the highest scores, which was 79 frequencies (98.2%), followed by bhang, and alcohol. This number of respondents pointing out heroine as being most used could be due to the fact that most of the respondents under the study had in one way or another come into contact with the MAT which was essentially for heroin treatment. In some other studies, like that of DCC (2015), heroin happened to take the lead too, although it was followed by bhang not alcohol as in this case. Other drugs that were not mentioned by the majority of the respondents (in the questionnaire) but were mentioned in the interviews as being used included tobacco,*shisha*, *kube*r, *tambuu*and solvents (aerosol substances) such as thinner, color paints and glue. Also mentioned were psychotropic drugs such as valium, mandrax and pethidine especially by medical personnel.

In this regard owing to interview sessions conducted and Focus Group Discussions (FGDs), it can be argued that the major drugs of abuse in Kinondoni Municipality are: alcohol, cannabis, tobacco, and heroine. Cocaine is used among the well to do,

aerosols (solvents) among street children, while khat is used by people that would want to be awake at night such as night watchmen and long distance truck drivers. Psychotropic drugs such as valium are used mainly by medical personnel due to their accessibility. Of recent other illicit drugs such as *kuber* have found way.

5.5 Key Fueling Factors

The need to know the fueling factor for drug use among out of school youths in Kinondoni Municipality was also a requirement in this study. Its importance was that it could help in coining specific interventions to address these causes. The findings on this matter indicate that respondents were of the opinion that the key causes/reasons/fueling factors to the problem, were namely, peer pressure, unemployment, poor parenting, drug availability, false expectations and loss of hope. The leading were peer pressure and unemployment each scoring 70% of the total scores. Thus, in order to address the scourge these factors require to be addressed.

5.6 Linkage between Drug Use and HIV&AIDS

Linkage between drug use and HIV&AIDS was another issue that was given due weight by this study. This owes to the fact that the problem is crosscutting and was directly related to drug use. The focus was on whether respondents were aware of the hazards of using drug in relation to HIV infection. The results were such that 93% of the respondents acknowledged knowing the relationship between drug use and HIV infection. At least all of them were able to point out the relationship especially how injecting drug users (IDUs) could easily contract the ailment. However, in interviews with the officials it became evident that knowing was one thing but avoiding was a different thing altogether. They argued that knowing should be accompanied with

comprehensive interventions on drug users that would entail employability, stigma discrimination, community awareness and social reintegration.

This was further vindicated by a question where respondents were required to list the manifestations of drug use. The respondents mentioned poor judgment, commercial sex work, trigger of diseases and injecting drug use as a manifestation of this phenomenon of drug use relationship to HIV&AIDS. Hereby the respondents ranked high the issue of drug use (93%) and poor judgment (68%), the issue of commercial sex work 53% and trigger of diseases. This indicates that there is a close relationship, drug use being causative to HIV infection, especially through injecting drug use.

As part of the intervention strength all agencies that were visited had a component of HIV&AIDS intervention especially injecting drug users. For example with Kimara Peer educators, the drug users intervention was inculcated into the Tanzania AIDS Prevention Project (TAPP) which was focusing directly on drug use. The Methadone Assisted Therapy Clinics were seen an ideal intervention of HIV&AIDS to drug users:

"You know, we provide HIV&AIDS services here at Mwananyamala Methadone Assisted Therapy Clinic. There are Medical Doctors who are specialized in working on HIV&AIDS, as there is a close linkage between the disease and drug users, especially those who inject. So here at Mwanayamala MAT they can be diagnosed and they can be administered with ARVs through some specialized nurses. This was established essentially due to stigma on our clients (drugs who were stigmatized when they went to the general hospital services. This is also done to other MAT Clinics in Dar es salaam"

5.6 Extent of Behavior Change due to Interventions

Another key area in this study was that of behavior changed due to involvement in the anti- drug intervention programmes. This was key as it could show the strength of the interventions and was essentially due to the fact that the ultimate goal of these interventions was to change the behavior of drug users. As per data in this study, it appears that there were improvements /behavior change recorded to drug users. The highest scores that were above 70 % of the respondents opinion score showed that users were being more trusted, confident and had more self awareness and esteem as compared to the time that they had not started to engage in the intervention programmes. Other factors that also indicate the extent of behavior change were how other people saw that their behavior had improved and one of the manifestations was through taking birth and being clean as compared to the time that they were not involved with any ant-drug use intervention programme. This success (strength of the interventions) is also vindicated also owing to the testimony that the COWs who are essentially ex-drug users, where present, they were doing a good job in sensitizing the community against drug use.

5.8 Social Integration by Interventions

As pointed out by the BCC (2015) study, drug use is associated with stigma. As a result a comprehensive rehabilitation requires that social reintegration is done on the recovered users so as to enhance acceptance in the community. This was yet another area that would show the strength of the intervention programmes. When respondents asked whether this was done, the majority, that is 66% answered that it was done. Yet, when asked when and how it was done some said that a social worker

had visited them once, others explained the health improvement they had experienced, whereas others could not at all explain anything.

The implication that could be drawn out of these responses were that social reintegration was basically not done, and where it was done it was not thorough. This was attributed to limited number of staff to the extent that most of the outreach work is done by para-professionals, the COWs. There were also responses indicating overdependence on methadone, on the rehabilitation of drug users as vindicated herein. This was noted by one of the drug users in the methadone clinic who had this to say:

"*Mambo yote ni methadone. Hii dawa sasa imekua mkombozi wetu*" literally meaning that "methadone is a sole measure that has come to our rescue, the drug users"

5.9 What is Done by the Community

There was a specific question that sought to know respondents' opinion on what the community does in order to alleviate the problem of drug use. This would also help to assess the strength as well as the limitations of the intervention on an account of reaching out to the community. The response was as depicted indicating what was actually done, as hereunder: sports, seminar, campaigns and provision of services to drug users. Yet, basing on interviews and FGDs, the researcher was able to draw an opinion that the community has not done enough. Despite the initiatives by COWs and religious leaders, as well as parents who were again not well vested with comprehensive knowledge of drug use, the community was not really seen to be in full picture of the combat.

Methods used by the community in addressing drug use were: religious leaders, sensitization, and meeting. It appears that there were some resemblances with the methods and what was done by the community to address the scourge. What was added in the list was the role of religious leaders. It appears that in their settings they do raise peoples' awareness although through their point of view, namely seeing the problem as sin before God hence calling for their congregants to quit it.

5.10 Knowledge of Interventions

In Tanzania there were various interventions against drug use on the out of school youths. The respondents had to list down the intervention programs they knew in Tanzania. The question was intended to test on their knowledge of the intervention which could assist them to access services. It also contributed to the effectiveness of the intervention on the aspect of marketability of services and being able to be known to their clients. The responses show that the most known interventions such as TAPP scored 50% and other also known were Medicines du Monde and Sober Houses that were rated 22%respectively. There were the intervention programmes that were pointed out.

From this understanding it can be well argued that most of the respondents did not know much about the interventions that were existing in the country and the Municipality. Indeed, even with Sober Houses having Centres in the Municipality they were mentioned in a category of institutions outside the area. The respondents also had to list down the drug abuse intervention programs in Kinondoni Municipality. The interventions listed were: Kimara Peer Educators, YOVERIBE, Blue Cross, Mwananyamala-MAT, and CHRP. Except for Kimara Peer Educators

(by 55%) respondents who happened to know it, the rest of the intervention scored less that 50%. This indicated that respondents would list down interventions in which they are served and would not bother to know or list other interventions in the Municipality. This calls for the interventions to market themselves so that are well known to the drug users and the community at large.

5.11 Success of the Interventions

On success of the interventions in the Kinondoni Municipality, the respondents were of the opinion that there have been achievements resulting from the activities of the interventions in their areas. The following in particular were the aspects of achievement/success of the interventions evidenced through behavior change of drug users: trust by other fellows, self awareness, and ability to make savings, cleanliness and being role model for behavior change. Among these trust and self awareness of drug users were the main aspects that indicated that their behavior had changed. These rated 70% respectively. Although other aspects rated below than 50% yet with trust and self awareness achievements would be evident.

Phelan, (2013) also has the same understanding (although in a different district-Temeke) especially on the use of the MAT, “Tanzania constitutes a success story in the region for introducing and starting to scale up harm reduction service delivery. In the Temeke district of Dar es Salaam, within a year, this service had reached out to over 3,000 people who inject drugs, distributing around 25,000 needles and syringes per month.” As regards to the contributing factors to the success/achievements the following factors were put across: Competence of staff, use of methadone, supernatural beings such as God, having free services and home visiting. Of all these

the leading factor to achievement was the use of methadone. This again attests to the fact that there were overreliance on methadone as a way that took users away from a habit of using drugs. This also concurs with Phelan (2013 and Mwakalobo (2015) who points out on the use of MAT.

Another success story (strength) that was recorded in the interventions was that in interventions on drug use social workers were taking an upper hand. In this study they served as

5.12 Limitations of the Intervention Programmes

The respondents also gave out challenges that were faced by interventions in a bid to offer effective services against drug use in the Municipality. The challenges that were depicted were as hereunder: distance from the clinics, fare, bureaucracy in the clinics, lack of cooperation, unemployment. The key challenges that were listed were: fare (70%), distance of drug users from the centres/clinics (67%) and unemployment (64%).

Also, respondents also pointed out the contributing factors to the failures. They had to explain other factor/conditions that hinder effectiveness of the fight of drug abuse in Tanzania. The following was the list of responses: boarder porosity which supplies drugs to users, low motivation of workers, especially the COWs' limited awareness in the community and relapse which was a normal among users. Of these, limited awareness of the community happened to be the leading (53%) of all factors mentioned. This calls for a comprehensive awareness creation to the entire country.

5.13 Recommendation

The following were the recommendations on what should be done to improve the discharge of services in demand reduction interventions against drug use in Kinondoni Municipality and Tanzania as a whole. The recommendations are based on the study findings as pointed out hereunder:

5.13.1 To the Government of Tanzania

(i) There is a need of the government to enhance community awareness initiatives against drug use in the entire country.

(ii) MAT programmes should be scaled up to cover all district, also to cover all psychoactive drugs not only heroin.

(iii) There is a need of incorporating in the underway drug enforcement legal framework (law) punitive measures in order for deterring drug dealers. This should include arrest and prosecution of all cases.

(iv) There should be motivation of workers in agencies and institutions that deal with drug users and dealers so as not to be tempted to side with the culprits/perpetrators

(v) The government should review and have clear policies, and good governance mechanisms that in turn stimulate economic growth that can create employment opportunities to young people.

(vi) The government should facilitate a comprehensive study to know the nature and magnitude of the problem as well as come out with measures to address limitations of the intervention programmes.

5.13.2 To Intervention programmes (MAT Centres, NGOs & CBOs and other Civil Societies)

(i) Collaboration between actors/intervention programmes should be enhanced in order to utilize the merger resources effectively.

(ii) Methadone administration should go along with social reintegration to drug users in order to address stigma and enhance behavior change.

(iii) There is a dire need for the MATs to expand their intervention programmes so as to embrace other drugs such as alcohol, bhang, cocaine as well as other psychoactive substances in order to address the problem comprehensively.

(iv) There is a need to scale up intervention programmes to municipality level throughout the country in order to reduce the burden of people travelling long distances to access serviced. Priority should be given to the regions with high prevalence

(v) Intervention programmes should scale up the use of ex-drug users for community awareness, as will be acting as role models in the community.

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APPENDICES

Appendix I: Questionnaire to Drug users (Recovering Drug Users)

OPEN UNIVERSITY OF TANZANIA

DEPARTMENT OF SOCIOLOGY AND SOCIAL WORK

QUESTIONNAIRE –to drug users (recovering drug users)

This study seeks to assess the strength and limitations of demand reduction interventions on out of school youth using drugs in Kinondoni District. Please provide information. The information you provide will be treated as confidential and will not be used for any other purposes except to meet the goal of this study. Do not write your name on this sheet.

Section A: Biographic information

i. Sex (Tick as appropriately)

- Male ( )
- Female ( )

ii. Marital status

- Single ( )
- Married ( )
- Widow/widower ( )

iii. Age …………………………………………..

iv. Religion

- Christian ( )
- Moslem ( )

- Non religious ( )

v. Education level

- Primary School ( )
- Secondary School ( )
- High School ( )
- University/higher education ( )

Section B: Drug use issues

a. Magnitude of the problem

i .To what extent do you think the problem of drug abuse among out of school youth is in Kinondoni District? (Tick as appropriate)

- Small ( )
- Medium ( )
- Big ( )
- Very big ( )
- I don’t know ( )

ii. What are the drugs that are most abused?

- Alcohol ( )
- Bhang ( )
- Cannabis ( )
- Heroin ( )
- Cocaine ( )
- Khat ( )

b. Fueling factors to drug use

i. What are the main fueling factors to drug abuse among out of school youth in Kinondoni District?

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c. Linkage to HIV&AIDS

i. Is there any linkage between drug use and HIV&AIDS

Yes (   )

No (   )

Please explain

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d. Behavior change and linkage to real life situations of clients

i. To what extent has your behavior changed due to involvement in the anti drug intervention programme?

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ii. What does the intervention programme make on social reintegration of clients to their real life situations and local communities?

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iii. In your opinion what does the community do in order to alleviate the problem of drug use?

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iv. How does it do so?

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e. Success of the interventions

i. List down the drug use intervention programs you know in Tanzania

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ii. List down the drug use intervention programs you know in Kinondoni Municipality.

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iii. What are the successes of the interventions against drug use in your municipality (If there are successes)

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iv. What do you think are contributing factors to the success?

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f. Challenges that intervention programmes face in offering services

i. What are the failures of the interventions against drug use in your district (If there are failures)

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ii. What do you think are contributing factors to the failures?

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iii. Can you explain other factor/conditions that hinder effectiveness of the fight of drug abuse in Tanzania?

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g. Recommendations

i. What do you think should be done to improve the effectiveness of the fight against drug use in Tanzania?

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Appendix II: Dodoso la Watumiaji wa Dawa za Kulevya

CHUO KIKUU HURIA CHA TANZANIA

IDARA YA SOCIOLOJIA NA USTAWI WA JAMII

Dodoso la watumiaji wa dawa za kulevya

Utafiti huu unalenga kutathmini ufanisi wa mashirika yanayowahudumia vijana walio nje ya shule wanaotumia dawa za kulevya katika manispaa ya Kinondoni. Tafadhali toa taarifa kwa kujibu maswali yote. Taarifa utakazotoa zitachukuliwa kwa usiri mkubwa na kwa ajili ya utafiti huu tu. Usiandike jina lako katika fomu ya maswali.

Sehemu A: Taarifa Binafsi

i.Jinsi (weka alama ya vema sehemu inayohusika)

- Mwanaume ( )
- Mwanamke ( )

ii. Hali ya ndoa

- Nimeoa/nimeoa ( )
- Nimeachika ( )
- Ni mjane/mgane ( )
- Sijaoa ( )

iii. Umri……………………………………….

iv. Dini

- Mkristo ( )
- Mwislamu ( )

- Sina dini (   )

v. Kiwango cha elimu

- Shule ya msingi (   )
- Secondari (   )
- High School (   )
- Chuo kikuu /elimu ya juu (   )

Sehemu B: Masuala ya dawa za kulevya

a. Ukubwa wa tatizo

i . Unafikiri tatizo la dawa za kulevya lina ukubwa wa kiwango gani miongoni mwa vijana wasio mashuleni katika manispaa ya Kinondoni ? (weka vema sehemu inayostahili)

- kidogo (   )
- Wastani (   )
- Kikubwa (   )
- Kikubwa sana (   )
- Sijui (   )

ii. Dawa zipi za kulevya hutumiwa zaidi?

- Pombe (   )
- Bangi (   )
- Heroin (   )
- Kokeini (   )
- Mirungi (   )

b. Visababishi

i. Ni vitu gani vinavyosababisha matumizi ya dawa ya kulevya miongoni mwa vijana walio nje ya shule katika Manispaa ya Kinondoni?

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c. Uhusiano wa dawa za kulevya na UKIMWI

i. Je, kuna uhusiano kati ya dawa za kulevya na UKIMWI?

- Ndiyo ( )
- Hapana ( )

Tafadhali elezea

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d. Mabadiliko ya tabia na utengemao

i. Ni kwa kiasi gani tabia yako imebadilika kutokana na uhusika wa mashirika ya kuhudumia watuamiaji wa dawa za kulevya?

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ii. Mashirika haya yanafanya nini ili kuwatengamanisha waathirika wa dawa za kulevya na jamii zao?

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iii. Kwa maoni yako jamii inafanya nini ili kupambana na tatizo hili la dawa za kulevya?

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iv. Inafanya hivyo kwa ktumia njia zipi?

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e. Mafanikio ya programu

i. Taja program/mashirika ya huhudumia waathirika wa dawa za kulevya unayoyafahamu hapa Tanzania

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ii. Taja program/mashirika ya huhudumia waathirika wa dawa za kulevya unayoyafahamu katika Manispaa ya Kinondoni .

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iii. Mafanikio ya program/mashirika haya ni yapi ? (kama yapo)

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iv. Unafikiri ni kipi kimesababisha mafanikio haya?

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f. Changamoto kwenye mashirika/ programmu

i. Ni changamoto au kushindwa kupi kumejitokeza katiaka mashirika haya (kama kuna kushindwa)

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ii. Unafikiri ni sababu zipi zimesababisha kushindwa huku?

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iii. Unaweza kueleza ni sababu zipi zinasababbisha kushindwa kwa jitihada za kupambana na dawa za kulevya Tanzania?

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g. Mapendekezo

i. Kipi kifanyike ili kuinua ufanisi wa mapambano dhidi ya dawa za kulevya miongoni mwa vijana wasio mashuleni hapa nchini Tanzania?

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Appendix III: Interview Guide

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DEPARTMENT OF SOCIOLOGY AND SOCIAL WORK

INTERVIEW GUIDE

1 .To what extent do you think the problem of drug abuse is in Kinondoni District?

2. What are the drugs that are most abused in Kinondoni District?

3. What are the drugs that are most abused in Kinondoni District?

4. What do you think are the causes of the problem of drug abuse?

4. What are the drug abuse intervention programs you know in Tanzania

5. What are the drug abuse intervention programs you know in Kinondoni District

6. What are the successes of the interventions against drug use in your district (If there are successes)

7. What do you think are contributing factors to the success?

8. What are the failures of the interventions against drug use in your district (If there are failures)

9. What do you think are contributing factors to the failures?

10. Can you explain other factor/conditions that hinder effectiveness of the fight of drug abuse in Tanzania?

11. Do you know the linkage between drug abuse and HIV infection

12. What do you think should be done to improve the effectiveness of demand reduction interventions against drug abuse in Kinondoni District?

13. What do you think should be done to improve the effectiveness of the fight against drug abuse in Tanzania?

Appendix IV: Mwongozo wa Mahojiano

CHUO KIKUU HURIA CHA TANZANIA

IDARA YA SOCIOLOJIA NA USTAWI WA JAMII

MWONGOZO WA MAHOJIANO

1 .Tatizo la dawa za kulevya liko kwa kiwango gani miongoni mwa vijana katka wilaya ya Kinondoni?

2. Ni dawa zipi za kulevya hutumiwa zaidi katika Wilaya ya Kinondoni?

3. Matumizi ya dawa za kulevya husababishwa na nini?

4. Ni mashirika yapi unayoyafahamu hapa Tanzania ambayo hujihusisha na kupambana na matumizi ya da wa za kulevya

5. Ni mashirika yapi yanayopambana na dawa ya kulevya unayoyafahamu yaliyomo katiaka wiallaya ya Kinindoni?

6. Taja mafanikio ambayo mashirika ya kuwahudumia vijaana waathirika wa dawa za kulevya wameyapata (kama yapo).

7. Unafikiri ni kipi kimechangia mafanikio hayo?

8. Ni mambo yapi hayaendi vizuri (mapungufu) katika utendaji wa mashirikika yanayowahudumia vijana waathirika wa dawa za kulevya walio nje ya shule. (kama kuna mapungufu)

9. Unafikiri na mambo yapi yanachangia katika mapungufu hayo?

10. Kuna uhusiano gani kati ya dawa za kulevya na maambukizi ya VVU

11. Unafikiri nini kifanyike ili kuinua ufanisi wa mashirika yanayowahudumia vijana wasio mashuleni walioathirika na dawa za kulevya katika manispaa ya Kinondoni?

12. Unafikiri kifanyike nini ili kuinua ufanisi wa mashirika yanayopambana na dawa za kulevya nchini Tanzania?

Appendix V: Focus Group Discussions Guide

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DEPARTMENT OF SOCIOLOGY AND SOCIAL WORK

FOCUS GROUP DISCUSSIONS GUIDE

1 .To what extent do you think the problem of drug abuse is in Kinondoni District?

2. What are the drugs that are most abused in Kinondoni District?

4. What do you think are the causes of the problem of drug abuse?

4. What are the drug abuse intervention programs you know in Tanzania

5. What are the drug abuse intervention programs you know in Kinondoni District

6. What are the successes of the interventions against drug use in your district (If there are successes)

7. What do you think are contributing factors to the success?

8. What are the failures of the interventions against drug use in your district (If there are failures)

9. What do you think are contributing factors to the failures?

10. Can you explain other factor/conditions that hinder effectiveness of the fight of drug abuse in Tanzania?

11. What do you think should be done to improve the effectiveness of demand reduction interventions against drug abuse in Kinondoni District?

12. What do you think should be done to improve the effectiveness of the fight against drug abuse in Tanzania?

Appendix VI: Mwongozo wa Majadiliano kwa Vikundi Maalum

CHUO KIKUU HURIA CHA TANZANIA

IDARA YA SOCIOLOJIA NA USTAWI WA JAMII

MWONGOZO WA MAJADILIANO KWA VIKUNDI MAALUM

1 . Tatizo la dawa za kulevya liko kwa kiwango gani katika wilaya ya Kinondoni?

2. Ni dawa zipi za kulevya zinatumiwa zaidi katika wilaya ya Kinondoni?

4. Unafikiri ni sababu zipi zinasababisha vijana kutumia dawa za kulevya katika wilaya ya Kinondoni?

4. Ni mashirika yapi yanayowahudumia waaathirika wa dawa za kulevya unayoyafahamu hapa Tanzania?

5. Ni mashirika/programu zipi zinazowahuduamia waaathirika wa dawa za kulevya unazozifahamu katika wilaya ya Kinondoni ?

6. Ni mafanikio yapi yamefanywa na mashirika ya kuwahudumia waathirika wa dawa za kulevya katika wilaya ya Kinondoni ? (kama yapo)

7. Ni mambo gani unafikiri yamechangia katika mafanikio haya?

8. Ni mapungufu yapi yamejitokeza katika program hizi kwenye wilaya ya Kinondoni

9. Unafikiri ni sababu zipi zimechangia kujitokeza kwa mapungufu haya?

10. Unaweza kueleza uhusiano uliopo kati ya dawa za kulevya na maambukizi ya VVU

11. Unafikiri ni nini kifanyike ili kuongeza ufanisi wa mashirika yanayowahudumia vijana wathirika wa dawa za kulevya walio nje ya shule katika wilaya ya Kinondoni?

12. Unafikiri ni nini kifanyike ili kuongeza ufanisi katika vita ya kupambana na dawa za kulevya nchini Tanzania?

Appendix VII: Consent Form

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DEPARTMENT OF SOCIOLOGY AND SOCIAL WORK

CONSENT FORM

INVESTIGATOR: DAUDI S. CHANILA

PHONE NUMBER: 0755 -505077

THE PURPOSE OF THE STUDY: To assess the effectiveness of drug use demand reduction interventions among out of school youth in Municipality.

PROCEDURE: I will answer all questions accordingly and participate in interview section.

BENEFITS: There may be no direct benefits to me as a participant in the proposed study but the findings from the study may be beneficial to other adolescents' students.

RISK AND DISCOMFORT: There will be no any risk from the participating in the proposed study apart from time spent.

CONFIDENTIALITY: All information obtained in the proposed study will be considered confidential and used only for research purpose. My identity will be kept confidential in so far the laws allows.

RIGHT TO REFUSE OR WITHDRAW: My participation in the proposed study is entirely voluntary and I am free to refuse to take part or withdraw at any time.

CONSENT

I…………………………………….................... After considering the explanation of the study and having understood the consent form, I hereby give my informed consent to participate in the study.

SIGNATURE ……………………..

DATE………………………………

INVESTIGATOR'S SIGNATURE…………………..

DATE………………………………………………….

Appendix VIII: Fomu ya Makubaliano Kati ya Mtafiti na Mshiriki

CHUO KIKUU HURIA CHA TANZANIA

IDARA YA SOSIOLOJIA NA USTAWI WA JAMII

JINA LA MTAFITI: DAUDI S. CHANILA.

NAMBA YA SIMU: 0755 505077

UTAFITI KUHUSU Tathmini ya ufanisi wa mashirika/programme zinazowahudumia watumiaji wa dawa za kulevya kwa vijana wasio mashuleni katika manispaa ya Kinondoni.

MADHUMUNI: Kufanya tathmini ya ufanisi wa mashirika/programme zinazowahudumia watumiaji wa dawa za kulevya kwa vijana wasio mashuleni katika manispaa ya Kinondoni.

UTARATIBU UTAKAOTUMIKA: Kujibu maswali yote kama yatakavyoulizwa nakushiriki katika mahojiano.

FAIDA: Utafiti huu utawasaidia vijanana wanafunzi kupata huduma bora za afya ya uzazi.

MADHARA KWA MSHIRIKI: Hakutakuwa na madhara yoyote kwa mshiriki isipokuwa muda utakaotumika.

USIRI: Taarifa zote zitakazotolewa katika utafiti huu zitakua nisiri na zitatumika kwa madhumuni ya utafiti huu tu.

HAKI YA KUKATAA AU KUJITOA KATIKA USHIRIKI: Ushiriki wangu katika utafiti huu nikwaridhaa yangu mwenyewe. Nikohuru kushiriki au kutoshiriki.

MAKUBALIANO: Mimi……………………baada yakusikiliza nakusoma kwamakini maelezo yautafiti huu nakuelewa madhumuni ya fomuhii nakubali kuwamshiriki katika utafiti huu.

Saini………………………………………….

Tarehe…………………………………………..

Jina…………………………………………………Saini……………………………

Mtafitimkuu………………………………………Tarehe……………………………

Appendix IX: Declaration of Confidentiality

To: Municipal Director, Kinondoni Municipal Council, Dar es Salaam.

I **Daudi S Chanila., (Reg no**) of the Department of Sociology and Social Work, Faculty of Arts and Social Science (FASS), Open University of Tanzania in Dar es salaam declare that, I will maintain secrecy and confidentiality of the obtained information, and so I will not use any data and information obtained from your organization in the course of my research for any purpose other than for my academic purposes.

Signature………………………… (Student)

Date ……………………………..