ASSESSMENT OF FACTORS THAT CAUSE RELAPSE TO SUBSTANCE ABUSE AFTER REHABILITATION AMONG DRUG ABUSERS IN TANZANIA: THE CASE OF ZANZIBAR

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A THESIS SUBMITTED IN FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF DOCTOR OF PHILOSOPHY IN SOCIAL WORK

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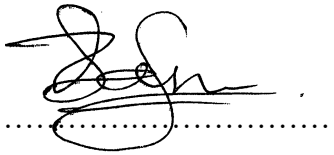
CERTIFICATION

The undersigned certify that they have read and hereby recommend for acceptance by The Open University of Tanzania a thesis entitled: **Assessment of Factors that Cause Relapse Back to Substance Abuse after Rehabilitation among Drug Abusers in Tanzania: The Case of Zanzibar**". In fulfillment of the requirements for the award of the degree of Doctor of Philosophy in Social Work of The Open University of Tanzania.



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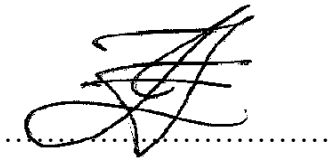

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I, **Bakari Ali Mohammed**, declare that, the work presented in this thesis is original. It has never been presented to any other University or Institution. Where other people's works have been used, references have been provided. It is in this regard that I declare this work as originally mine. It is hereby presented in fulfillment of the requirement for the degree of Doctor of Philosophy in Social Work of The Open University of Tanzania.

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Signature

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Date

DEDICATION

This thesis is dedicated to my wife, Salma Suleiman Omar, for her encouragement in the course of carrying out this study.

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Firstly, I thank God for giving me good health and strength that enabled me to complete this study.

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ABSTRACT

The study set to assess the factors which caused relapse to drug abuse after rehabilitation among drug abusers in Tanzania. Specific objectives were to; examine family factors that caused drug abusers to relapse back to drug use after their rehabilitation, assess the rehabilitation centre's services delivered to drug abusers who were under treatment and rehabilitations, identify factors that cause drug abusers to withdraw from treatment and rehabilitation services and to find out how social workers supported drug abusers in the treatment and rehabilitation. The study involved 100 respondents, out of which 80 had the history of relapsing to substance abuse and 20 had totally relapsed to substance abuse. The study also involved parents and staff working at the rehabilitation centres. The case study design was adopted and data gathering instruments were in-depth interviews, FGDs and questionnaires. The study found out that majority of parents and relatives did not know about substance abuse and relapsing, and over a half of drug abusers did not have an understanding of substance abuse which would have enabled them to survive in the high-risk situation. The study also found out that unemployment was a main cause of relapsing back to substance abuse after the discharge from the rehabilitation centres. The study concluded that parents, caregivers and other people in the community had little knowledge about substance abuse and relapsing back to substance abuse after quitting. The study recommends the employment of qualified social workers to provide social work services to rehabilitation centres, provision of mass education and sensitization of the entire community. This would ensure good understanding of the substance abuse, its effects and the problem of relapse.

Keywords: *Drug abusers, rehabilitation, relapse back, social workers*

TABLE OF CONTENTS

LIST OF TABLES

LIST OF FIGURES

LIST OF ABBREVIATIONS

AA	Alcoholics Anonymous
ACT	Acceptance and Commitment Therapy
COPE	Coping Strategy Inventory
CSWs	Commercial Sex Workers
DCC	Drug Control Commission
E A C	East African Community
ED	Emergency Department
FGD	Focus Group Discussion
ICR	Inter Coder Reliability
IDT	Inventory of Drug-Taking Situations
IDU	Injection Drug User
JAD	Journal of Addiction Disorder
MARPs	Most at Risk Population
MAT	Methadone Assistance Treatment
MBI	Mindfulness-Based Interventions
MBRP	Mindfulness-Based Relapse Prevention
MMT	Methadone Maintenance Treatment
MOUD	Medications for Opioid Use Disorder
NIH	National Institute of Drug Abuse
NSDUH	National Survey on Drug Use and Health
OST	Opioid Substitution Treatment
OUD	Opioid Use Disorder
RTCs	Randomized Controlled Trials

SAMHSA	Substance Abuse and Mental Health Services
SPS	Social Provisions Scale
SPSS	Statistical Package for Social Sciences
SUDs	Substance Use Disorder
TA	Thematic Analysis
TACAIDS	Tanzania Commission for AIDS
TC	Therapeutic Community
UN	United Nations
UNGASS	United Nations General Assembly Special Sessions
WHO	World Health Organization

CHAPTER ONE

INTRODUCTION

1.1 Background of the Study

Drugs are chemical substances that can change how your body and mind work. They include prescription medicines such as; valium and amphetamine, over-the-counter medicines like alcohol, tobacco, and illegal drugs which are used without the prescription form from the qualified medical doctor. Such drugs include; the cocaine and the heroin. The uses of these drugs are considered an illegal. According to Frank, (2018), the biggest degree of confusion in defining these terms lies in the difference between abuse and addiction. Both of these difficulties have resulted in a number of social, psychological and physical problems for the individual. However, substance abuse is a use of a substance in a manner for which it is not intended and or in amounts which are in excess of what is safe over a period of time.

Unfortunately, most people in Tanzania do not understand why or how other people become addicted to drugs. They mistakenly think that those who use the drugs lack moral principles or willpower and that they could stop their drug use simply by choosing to do so. In reality, drug addiction is a complex disease, and quitting usually takes more than good intentions or a strong will. Drugs change the brain in ways that make quitting it becomes hard, even for those who are willing to do so. According to Mnunguli, (2018) point out that the study conducted on evidence-based practices for drug abuse information management and awareness approaches in Dar es salaam and Arusha shows that 74% of respondents in Dar es Salaam did not have

enough knowledge on drug abuse information while 26% had a knowledge on drug abuse information. Similarly in Arusha, 73% of respondents did not have enough knowledge of drug abuse information while 27% had enough information on drug abuse issues.

Mackillop (2020) state that the most widely used definitions of drug addiction are those of the condition of a person having a chronic course that is typically characterized by relapse. The National Institute on Drug Abuse (NIDA), for example, defines addiction as "a chronic, relapsing disorder characterized by compulsive drug seeking and use despite adverse consequences".

Ramlakhan, et. al. (2021), has noted that substance abuse represents a rapidly growing global public health concern. According to the United Nations Office on Drugs and Crime, 271 million people used at least one illicit drug in 2016, of which 35 million have developed substance use disorders (SUDs). Ramlakhan, et. al. (2021), noted that approximately 2.3 billion people self-reported as current drinkers in 2016, more than 1billion people around the world smoked tobacco in 2019 and 188 million people used cannabis in 2017. Furthermore, 35 million people worldwide had SUDs but less than15% received treatment.

According to Bhat (2017), the global estimates of premature deaths due to problem of drug use is 190,000. A significant proportion of those deaths were attributable to opioids. An estimate of 250 million or around 5 percent of world adult population used drugs at least once in 2015, and approximately 30 million of those abusers

suffered from drug use disorders. It has been estimated that 28 million years of productive life have been lost due to the problem drug use; and 17 million years of healthy living has been spoiled due to drug use disorders.

Gowing (2015) reports that an estimated 4.9% of the world's adult population i.e. 240 million people, suffered from alcohol use disorder which in terms of sex 7.8% were men and 1.5% were women. He adds that those with alcohol abuse was estimated at 257 disability-adjusted life years lost per 100,000 population. An estimated 22.5% of adults in the world i.e.one billion people smoked tobacco products, 32.0% of men and 7.0% of women. It is estimated that 11% of deaths in males and 6% of deaths in females each year were caused by tobacco. Of 'unsanctioned psychoactive drugs', cannabis is the most prevalent at 3.5% globally with each of the others at less than 1% and 0.3% of the world's adult population i.e.15 million people inject drugs. Use of unsanctioned psychoactive medicines accounts for an estimated 83 disability-adjusted life years lost per 100,000 population.

The substance abuse as explained above have a lot of consequences to the drug users. It does not only affect the individual him/herself, but also the drug abuser's family, the community that she is living in, even the nation that the drug abuser resides in. Youths, sometime even in secondary school students, are affected. Therefore, efforts are needed to curb the problem.

A study by Muthoka, (2020) on drug and substance abuse (DSA) among secondary school students revealed that a major public health problem that had been linked to

adverse psychosocial challenges that may affect their academic performance. Specially, the study found out that guidance and counseling was used in all the secondary schools to address the drug and substance abuse. Other strategies used included parental involvement, punishment, suspension and involvement of the police. The study recommended the use of guidance and counseling to address the risk of peer pressure as the necessary first step in combating drug abuse.

As for Murphy et. al. (2019), their study noted that approximately 27 million persons had opioid use disorders and 86,000 deaths were attributed to opioids worldwide. In addition to overdose deaths, opioid use disorders are associated with personal health consequences, such as diminished cognitive functioning, and increased risks for HIV and viral hepatitis infection. Opioid misuse is also a key factor for criminal activity, school dropout and low productivity at workplace. Opioid use also increase the use of public welfare programs, and greater use of high-cost health care services, such as; emergency department visits. The cumulative number of registered drug users until 2008 was estimated at about 250,000 and was predicted to reach half a million by 2015. Another worrying trend is the high relapse rate which has been consistently over 50% in the past decades. For instance, in 2009, for every 20 new cases of drug abusers reported daily on average, there were concurrently 24 cases of relapse detected on the very same day (Lian and Chu 2013).

Barak, (2021) described that alcohol and nicotine are widely abused legal substances worldwide. Relapse to alcohol or tobacco seeking and consumption after abstinence is a major clinical challenge and is often evoked by cue-induced craving. Therefore,

disruption of the memory for the cue–drug association is expected to suppress relapse. Memories have been postulated to become labile shortly after their retrieval, during a “memory reconsolidation” process. Interference with the reconsolidation of drug-associated memories has been suggested as a possible strategy to reduce or even prevent cue-induced craving and relapse.

Relapsing is returning back to substance abuse after treatment and rehabilitation. The relapse occurs after a substance abuser’s recovery from the treatment and rehabilitation facility. Documented statistical data recorded at Zanzibar Methadone Assistance Treatment (MAT) in 2016 shows that 224 youths were admitted to the MAT services from February 2015 to August 2016. Of these, males were 186 (83%) and female were 38 (17%). Out of this number, 57 male youths (25%) and 2 female youths (1%) relapsed back to drug abuse and making 26 % relapse of all youths admitted to Zanzibar MAT services.

Several scholars have studied the nature of relapse and factors that contribute to it. Hajek et. al. (2019), for instance, explained that some people start smoking again shortly after quitting and are said to have 'relapsed'. Treatments used to help people avoid relapsing usually focus on teaching skills to cope up with temptations to smoke, but can also involve extending the time for treatment, or giving additional treatment, like follow-up calls, leaflets, or stop-smoking medicine.

Priddy et. al. (2018) pointed out that Substance Abuse Disorders (SUDs) are chronically-relapsing conditions, and thus any intervention for substance abuse

should acknowledge the risk of relapsing and taking steps for prevention. In addition to relapse prevention, individuals with SUDs must also prepare for coping with a relapsing. The evidence of mindfulness in the prevention of relapsing is limited by high attrition rates in Randomized Controlled Trials (RCTs). For instance, Grant, et. al. (2017) who had systematic review and meta-analysis of nine RCTs of mindfulness-based relapse prevention did not detect a statistically significant difference across a range of outcomes e.g., relapse, frequency of use, intervention dropout, depressive symptoms, anxiety symptoms, or mindfulness. However, they did find statistically significant differences in favor of Mindfulness-Based Relapse Prevention (MBRP) on withdrawal or craving symptoms and negative consequences of substance use.

Anderson's (2019) study on a prospective multi centre study with a baseline gross sample of 607 patients with SUD, response rate equals to 84% admitted to an inpatient stay at one of five specialized SUD treatment centres showed that relapsing occurred among 37% of the sample by three-month follow-up. Multivariable analysis showed that younger age and having a psychiatric diagnosis were associated with elevated relapse risk. Patients who received treatment at a short-term clinic i.e. 2–4 months, as opposed to a long-term clinic i.e. >6 months were also at increased risk of relapsing, regardless of their length of stay. Reduced risk of relapsing was predicted by having completed the inpatient treatment stay. The study concluded that the treatment needs of young patients and patients with co-occurring psychiatric diagnoses during and following inpatient SUD treatment might contribute to reduced post-treatment relapse rates.

Nunes (2018) examined relapse to opioid use disorder in a randomized, multi-site effectiveness trial of extended-release injection naltrexone (XR-NTX) vs. community-based Treatment As Usual (TAU) without medication, as a function of the type of clinical service where treatment was initiated–short-term inpatient (N = 59), long-term inpatient (N = 48), or outpatient (N = 201). Inpatients were typically admitted to treatment actively using opioids and had completed withdrawal from opioids before study entry. Outpatients typically presented already abstinent for varying periods of time. Results showed that month after randomization, relapse rates on TAU by setting were: short-term inpatient by 63%; long term inpatient by 14% and outpatient and 28%. On XR-NTX relapse rates after one month were low (< 12%) across all three settings. At the end of the 6-month trial, relapse rates on TAU were high across all treatment-initiation settings whereby short-term inpatient was 77%; long term inpatient was 59%; outpatient was 61%). The XR-NTX exerted a modest protective effect against relapse across settings as follows; short term inpatient by 59%; long term inpatient by 46%; and outpatient by 38%. The study concluded that short term inpatient treatment was associated with a high rate of relapse among patients with opioid use disorder. These findings support the recommendation that medically supervised withdrawal from opioids should be followed by medication-assisted treatment.

Deane et al. (2012) investigated client-related baseline predictors of dropout at 3 months from a faith-based 12-step residential drug treatment program. Data were collected over a period of 14 months from eight residential drug and alcohol treatment programs run by the Australian Salvation Army. The final sample

consisted of 618 participants; i.e.,524 (84.8%) men and 94(15.2%). Women Predictor variables of interest were age, gender, primary drug of concern, criminal involvement, psychological distress, drug cravings, self-efficacy to abstain, spirituality, the forgiveness of self and others, and life purpose. At 3 months, 264(42.7%) participants remained in the treatment program and 354(57.3%) had dropped out. These researchers suggested that the findings may be useful for residential drug treatment programs to implement strategies aimed at retaining such individuals or developing better aftercare and assertive follow-up for those who leave treatment early.

According Jackson (2014) and Hunt and Branch (1971), 65-70% of alcoholics, heroin addicts and smokers relapsed within the first year of treatment and mostly within the first 90 day period following abstinence. Simpson et al (1986) followed a group of 405 opioid addicts 12 years after admission to drug abuse treatment programs. In the twelfth year of this longitudinal study, it was found out that 26% of those that were followed were again using opioids on a daily basis, 39% were using some opioids, 61% were using marijuana, 47% were using other drugs, and 27% were drinking more than 4 ounces of alcohol per day. Wanberg and Horn (1970) estimated that early relapse was more than 90% of patients at twelve-month follow-up from alcohol treatment used substances, and almost half returned to pretreatment use. These findings highlight a reality that recovery is an ongoing process. In fact, relapse and recovery are practically and clinically intertwined.

Amuge (2019) correlated stress, alcohol abuse and alcoholism with relapse among readmitted alcoholics. The study used correlation research design to measure the relationship between stress, alcohol abuse and relapse among alcoholics readmitted at Serenity Rehabilitation Centre. The results showed that stress and relapse were positively related to each other i.e. r= 221**, P<0.01. Since the P value was greater than the 0.01 level of significance. Therefore, the hypothesis was rejected; by concluding that there was a significant relationship between stress and relapse. This implies that severe stressor such as; incomplete tuition, failed exams and chronic problems such as; illness in the family may be related to increased risks of relapsing back to drug abuse after the treatment among the people with stress.

Zhao (2018) followed a total of 422 Methamphetamine (MA) patients in the second year after the discharge from the drug rehabilitation centre. The aim of the study was to explore whether GABBR1 gene played a role in methamphetamine dependence and relapse after rehabilitation. The study compared the demographic data, including gender, age, education status, marital status, work status, and MA use clinical data, including the status of dependence or abuse, MA first uses age, MA use years, craving score, average dose and maximum dose, and the variants of GABBR1 gene between the relapse group and non-relapse group. The multivariate logistic model was used to identify factors associated with relapse of MA use disorder during the following 2 years after drug rehabilitation. Among the 422 individuals, 147 (34.8%) relapsed. The results showed that only the GG genotype of rs29221 was associated with relapse (P = 0.047). The drug use years and rs29221 GG genotype were associated with relapse during the following 2 years after drug rehabilitation.

GABBR1 gene may be associated with the susceptibility for MA use disorder and relapse, which implies that the GABAergic system may play a role in the MA use disorder.

Azmi (2018) examined factors that affect relapse among drug addicts in Malaysia. Psychosocial factors, such as; aspects of self-efficacy, family support, friends support and community support were found to have significant relationships with relapse.

Appiah et al. (2017) examined the global statistics on rates of relapsing after substance abuse treatment. They found out that the rates were disturbingly high, averaging about 75% within 3 to 6 months after treatment. Overall, 65% of people with substance use disorders relapsed within one year after treatment. Appiah's study also explored relapse prevention strategies utilized by patients recovering from poly-substance use disorders one year after treatment at a Psychiatric Rehabilitation Unit in Ghana. Results emerged from the analysis of the data showed that strategies included; clinical strategies, self-initiated tactics, spirituality and religious engagements, communalism and social support network. The findings demonstrate that long-term recovery from drug addiction requires the application of a multitude of strategies comprising clinically proven interventions, contextually-driven strategies and self-initiated tactics.

Rhodes et. al. (2016) noted that the East African countries of Kenya and Tanzania are witnessing growing HIV incidence linked to drug injection. In Kenya, for example, estimates of HIV prevalence among people who inject drugs (PWID) are as

high as 50% in Nairobi and 20% in Coast Province (NASCOP, 2012). Before the introduction of MT (December 2014 in Kenya, and March 2011 in Tanzania) treatment for heroin addiction largely comprised private-only short-term residential detoxification and rehabilitation, affordable to few, and characterized by high relapse.

Githae (2012) examined the perceptions of harmful and non-harmful criticisms as predictors of relapse after treatment of the individual suffering AUD. The study also examined goals of treatment for 119 alcoholics admitted in inpatient rehabilitation centres in Kiambu county in Kenya. A self-rated questionnaire, including, demographics and goals of treatment was administered to the participants. Relapse risk was measured using the Alcohol Relapse Situation Appraisal Questionnaire (A-RSAQ), while indicators of perceived criticism were measured using Attributions of Criticism Scale (ACS) and the Perceived Criticism Measure Type (PCM-T). All the 119 participants were screened for alcohol use disorder using the Alcohol Use Disorders Identification Test (AUDIT). The study hypothesized that there was a relationship between perceived harmful criticism of close family members and relapse of recovering individuals from alcohol use disorder. Pearson correlations and regression analyses supported the study hypothesis by demonstrating that perceived harmful criticism was statistically significant ($p=0.000$). The study found out that the family environment in which recovery is nurtured can become a potent trigger of relapse for an individual undergoing treatment of alcohol use disorder (AUD). A growing body of evidence suggests that families characterized by high expressed emotion (EE), particularly those described to have high criticism, play a major role in

determining whether or not a recovering alcoholic will maintain abstinence from substance use and hence not return to heavy drinking after treatment.

Balaji et. al. (2017) conducted a case-control study to examine factors associated with non-enrollment in MAT, with a focus on gender-based violence. They interviewed 202 female heroin users not enrolled in MAT and 93 females enrolled in MAT as cases. They fitted logistic regression models with MAT enrollment as the outcome of interest. They found out that the likelihood of MAT enrollment decreased upon being in a violent relationship as shown by i.e. odds ratio (OR) 0.23; 95 % CI 0.11–0.40, with experience of discrimination by a healthcare provider i.e. OR 0.11; 95 % CI 0.04–0.35, and having a partner who also uses drugs i.e. OR 0.05; 95 % CI 0.01–0.26). The results indicated that violence and discrimination are significant impediments to MAT enrollment, necessitating the implementation of interventions to address them. This study reflects these findings as a source of relapse to women who were using the Methadone services as among the factors that led the women client to the services was the discrimination from the health workers working at MAT that made the women youths to quit the services and returning to using the substance. Balaji et.al. (2017) also found high prevalence of human immunodeficiency virus (HIV) among females who used the drugs in Dar es Salaam, Tanzania, contrasts strikingly with their low enrollment in HIV risk reduction services such as methadone assisted therapy (MAT).

Mbwambo (2013) explained that the United Republic of Tanzania is the first mainland sub-Saharan country to launch a national methadone programme as part of

its battle to fight the twin epidemics of heroin addiction and HIV infection. Tanzania established methadone assistant clinic in order to services many youths who were in drug use. Mbwambo is particularly concerned that fewer than 50 of the 606 patients undergoing methadone treatment at Muhimbili were women. HIV prevalence among women who inject drugs was thought to be three times that of men, although reasons for this were not fully known. There was a need to consider ways of reaching out more effectively to women in need of methadone services

Mbwambo et.al. (2018) found out that MAT substance abusers faced several challenges to remain in the methadone maintenance treatment program. Transportation costs and the travel time required to arrive at the clinic daily caused some youths to miss methadone doses and interrupted their treatment plan. They further found out that travelling outside Dar es Salaam for socially obligated events, such as funerals or for work purposes also resulted in missed methadone doses. Likewise, getting imprisoned also caused some youths to default treatment and relapse back to heroin use. In addition to missing methadone doses due to transport, imprisonment, or travel, some youths relapsed and defaulted from methadone treatment because they were not ready to change, lack social support, have comorbid use of other drugs, or continue to be burdened by the same vulnerabilities that initially led them to heroin use.

Loganathan, (2020) in Malaysia, abstinence-centric programs failed to reduce drug use and stem the spread of HIV. The Malaysian government shifted its focus to implement harm reduction strategies with methadone maintenance therapy (MMT),

in particular proving to be effective in improving the overall health and well-being of People Who Inject Drugs (PWIDs). Despite this success, MMT retention rates remain low, as methadone is only able to stall drug consumption, but not stop it completely. Neuroimaging research revealed that PWIDs enrolled in MMT still display addictive behavior, including drug cue sensitivity, craving, and withdrawal, despite treatment adherence. Brain activity amongst treated PWIDs continues to bear similarities to untreated individuals, as they struggle with cognitive impairments and poor self-control.

Albright, et. al. (2020) observed that substance use remains a serious social and economic threat to the health and social welfare of rural communities in Alabama and elsewhere in the United States. Overall, the findings of this study suggested that veterans who reside in rural community settings had an increased risk of drug use, alcohol consumption, and tobacco use over their civilian counterparts. Albright, et. al. (2Ibid.) explained that there was a clear need for the development of effective evidence-based interventions to focus on the substance misuse of veterans residing in areas where traditional services were lacking or challenging for veterans to get to, along with the integration of military cultural competency in social work practice with veterans. Efforts to provide education and to overcome barriers would allow for an increase of services required in order to approach each substance disorder on its own and not as a singular disorder.

Furthermore, Jason, et. al. (2021) noted that there is a need to better understand improved recovery supportive services for those on Medication Assisted Treatment

(MAT) for opioid use disorder (OUD) and, at the same time, enhance the available treatment interventions and positive long-term outcomes for this vulnerable population. A growing empirical literature supports the assertion that improved access to housing and recovery support is a low-cost, high-potential opportunity that could help former substance users who are utilizing MAT to sustain their recovery. Recovery home support could serve the populations that need those most, namely servicing a significant number of the enrolled in MAT programs. Jason, et. al. (2021), also explained that there is a need to better understand how substance users on MAT respond to recovery homes, as well as how those in recovery homes feel toward those on MAT and how any barriers to those utilizing MAT may be reduced. Recovery may be an outcome of the transactional process between the recovering individual and his/her social environment. In particular, how recovery houses can help people on MAT attain long-term recovery. In all that review, no study has been done in Zanzibar context, evaluating factors for relapse to drugs after recovery interventions. This study therefore intended to find out the factors that made the drug abusers to relapse after the treatment and rehabilitation services. It aimed to come up with social work interventions to drug abusers who were engaged in using the substance abuse and who decided to go back for the treatment and rehabilitation in the different rehabilitation centers including MAT clinic and sober houses. The findings of this study would enhance the follow-up and doing an intervention to total relapse youth who are engaged into using the drug abuse in the streets and also helping the you the youth who are currently under treatment and rehabilitation services at MAT and Sober houses.

1.2 Statement of the Problem

The drug and substance abuse relapse is a problem that can lead to death among drug abusers who relapse back to drugs after treatment. According to Stewart (2018) thousands of individuals have died from heroin overdoses. Heroin and other opioid addictions caused 42,249 deaths in 2016 alone. The harmful use of alcohol is one of the leading risk factors for population health worldwide and has a direct impact on many health-related targets of the Sustainable Development Goals (SDGs), including those for infectious diseases such as HIV and viral hepatitis (Secretariat of East Africa Community, (2019). Zanzibar Government built rehabilitation centres (sober houses) and established the Methadone Assistance Treatment (MAT) in February 2015 in order to treat the addicted youth and directly help them to prevent diseases such as HIV/AIDS. Despite these efforts, still relapse occurs among drug abusers who were under treatment and rehabilitation services. The data base of MAT at Kidongo Chekundu Mental Hospital (2018) show that 34.1% of drug abusers who have been enrolled since the MAT clinic was established by 2015 were defaulters and relapsed into substance abuse after their rehabilitations, which implies negative impacts to them, their families and to the nation. According to Pedersen, (2021), informants out of the sober house after their first recovery, were asked to estimate the time they stayed drug-free, the responses was that 47% relapsed within the first year, 64 % relapsed within the two first years and 83% relapsed before five years had gone. However, no evaluative study has been done in Zanzibar evaluating the drug users relapse even after their treatment and establish the factors for such relapse. Therefore, this study was designed to find out an unidentified or unrevealed factors

which caused relapse back to drug abuse after rehabilitation among drug abusers in Tanzania.

1.3 Research Objectives

The study was guided by the main and specific objectives.

1.3.1 Main Objective

The main objective of this study was to assess the factors which cause relapse back to substance abuse after rehabilitations among drug abusers in Tanzania.

1.3.2 Specific Objectives

i) The specific objectives were:

ii) To examine family factors that cause drug abusers to relapse back to drug use after their rehabilitation;

iii) To assess the rehabilitation centres' services delivered to drug abusers who are under treatment and rehabilitations;

iv) To identify factors that cause drug abusers to withdraw from treatment and rehabilitation services; and

v) To find out how social workers support drug abusers in treatment and Rehabilitation.

1.4 Research Questions

The study was guided by the following research questions:

i) What are the family factors that cause drug abusers to relapse back to drug abuse after rehabilitation?
ii) How do rehabilitation centres support drug abusers who are under treatment and rehabilitation?
iii) What are the factors that cause drug abusers to withdraw from their treatment and rehabilitation? and
iv) How do social workers support drug abusers in treatment and rehabilitation?

1.5 Significance of the Study

This study explored factors that cause drug abusers to relapse back to drug abuse after their treatment. The study would benefit drug abusers who were victims of drug and who are trying to recover from using the substance in different rehabilitation centres, sober houses and hospitals. It would enable practitioners to know factors which cause relapse among drug abusers who are under the rehabilitation and treatment process.

Moreover, drug abusers who are engaged in substance abuse are expected to benefit from this research by knowing reasons that made them relapse to using drugs and substances which expose them to risks of contracting HIV/AIDS, hepatitis B, TB and other sexually transmitted diseases.

The results would lead to designing different interventions in order to prevent relapses. For example, social workers would be well placed in counseling drug abusers to avoid dangers and impacts of substance abuse. They will be better helped

to maintain the treatment and rehabilitation services to boost up the recovery that would lead them into sustainable recovery and stop the relapse.

The findings is hoped to help the youth who face the challenges of being exposed to the areas that the substance abuse are utilized i.e. the high risk situations to have a very good coping response so that to avoid relapse. Therefore, the youth who will continue with the treatment and rehabilitations services at MAT clinics and those youth who continue with the rehabilitation services at Sobers will have the opportunity to be informed and to get the knowledge on the substance abuse, their effects for themselves as individual, their family, and their community they are living and even their Nation. The intervention will also help the youth who are total relapsed after their treatment and rehabilitation who are at this time in the streets as total relapsed youth.

The study is also expected to sensitize the client's families to take efforts to support drug abusers in their recovery process because the problems facing the addicts touch families in a negative way. The drug cravings often push drug abusers to steal things in the household and from neighbors. Therefore, through the findings of this research, the family intervention will be carried out effectively.

It might also equip social workers to help families with youth using the substance to understand the problem of substance abuse and relapse, the addiction and how to help drug abusers in their recovery process when they are in the rehabilitation centres. The social workers will inform families about the importance of

collaboration with the staffs at the methadone assistant treatment (MAT) and those staff at the sober houses to facilitate quick recovery of drug abusers who are in rehabilitation centres.

The study would encourage social workers to follow and help the drug abuse who have the problems due to the conflict raised when the drug abusers used the drugs before their treatment and rehabilitations. The psychosocial support (PSS) would be organized by social worker in order to assist and support the drug abusers to relief their psychological and social problems so that to bring them back to normal life situations. Social workers would follow up the drug abusers who were treated and rehabilitated at home in their families in order to solve their problems.

1.6 Definition of Key Terms and Concepts

1.6.1 Substance Abuse

Substance abuse is defined as a use of any harmful or hazardous psychoactive substances, including alcohol and illicit drugs. Psychoactive substance use can lead to dependence syndrome a cluster of behavioral, cognitive, and physiological phenomena that develop after repeated substance use and that typically include a strong desire to take the drug, difficulties in controlling its use, persisting in its use despite harmful consequences, a higher priority given to drug use than to other activities and obligations, increased tolerance, and sometimes a physical withdrawal state (WHO, 2016).

WHO (2017) defines substance abuse as a maladaptive pattern of use indicated by continued use despite knowledge of having a persistent or recurrent social, occupational, psychological or physical problem that is caused or exacerbated by the use or by recurrent use in situations in which it is physically hazardous?

In the context of this study, substance abuse means the use of drugs prohibited by the cultures and country's laws without the doctor's prescription.

1.6.2 Drug Abuse

National Institute of Drug Abuse (NIH) (2016) defines drug abuse as a chronic, relapsing brain disease that is characterized by compulsive drug seeking and use, despite harmful consequences. Drug abuse is defined as the continued use of alcohol, illegal drugs, or the misuse of prescription or over-the-counter drugs with negative consequences. These consequences may involve; problems at work, school, and home or in interpersonal relationships, problems with the law, physical risks that come with using the drugs in dangerous situations (American Psychiatric Association, 2013).

In this study, the term drug abuse means using the illicit drugs for the purpose of gaining interest or physical excitement i.e., using the heroin, marijuana alcohol etc.

1.6.3 Drug Abuser

Drug abuser is a person who abuse the drugs for his or her own pleasure, the drug abuser used the prescribed drugs such as; heroin, cocaine, the marijuana, alcohol, valium etc.

1.6.4 Sober House

Rehabs (2016) defines sober living homes as group of homes for addicts. Most of these homes are privately owned, although some group homes are owned by businesses; and may even be owned by charity organizations. Homes are usually located in quiet areas to help ensure a peaceful environment for addicts to recover. According to Policing, et al. (2018) sober living houses (SLHs) are alcohol- and drug-free living environments that are increasingly being used as housing options for these individuals.

For this study, the term Sober house refers to an ordinary living house which the client who was using the substance using the substance like; cocaine, alcohol, heroin, valium and other drug substance and who decide to stop using them are kept for rehabilitation purposes.

1.6.5 Rehabilitation

Health (2017) defines rehabilitation as is a process of helping an individual to achieve the highest level of function, independence, and quality of life possible. Rehabilitation does not reverse or undo the damage caused by disease or trauma, but rather helps restore an individual to optimal health, functioning, and well-being.

1.6.6 Relapse

McClintock (2019) explained the relapse as returning to the use of alcohol or drug after stopping for a while. It has long been known that addictive disorders are chronic and relapsing in nature. Specifically, relapse is viewed as a return to the disease state.

Recently, a shift in focus has been observed towards including minor “slips” or “lapses” with a possibility of resuming abstinence or “health” instead of considering them full-blown relapse or “disease”. According to Bickel (2020), relapse in addiction can be defined as substance use sufficient to interrupt progress towards the initiation or maintenance of abstinence. Sinclair (2005) also defines relapse as a situation in which something gets worse after a successful period or in which prices go down after increasing in value.

In the context of this study, relapse is returning back to using the substance after complete recovery from it through rehabilitation. It refers to a context where a youth who was engaged into using substance was supported and helped by his or her family to get the rehabilitation services but after recovery and after being discharged from the rehabilitation centres resort back to using the substance again.

1.6.7 Methadone Assistance Treatment

According to Carf International (2016), Methadone Assistance Treatment (MAT) is the use of medications, in combination with counseling and behavioral therapies, to provide a whole-patient approach to the treatment of substance use disorders. Research shows that when treating substance-use disorders, a combination of medication and behavioral therapies is most successful. Medication-Assisted Treatment (MAT) is clinically driven with a focus on individualized patient care.

In the context of this study, Methadone Assisted Treatment is a centre that provide the treatment and rehabilitations to the drug abusers who decide to get the treatment

from qualified medical staffs, whereby the methadone as a part of opioid drugs is used as a medication to treat the drug abusers who use the heroin.

1.6.8 Rehabilitation Centres

According to Hussey (2008), a rehabilitation centre is a place where usually alcohol addict is admitted to for alcohol rehabilitation. The term rehabilitation centres refer to the place that the people who were addicted especially addicted through the drug use are kept for therapy, where they gradually are treated, the therapists trying to modify their behavior and trying to them back to the normal life as other people within society behave.

1.6.9 Youth

Rehm (2019) defined the term youth as “the time of life when one is young; especially the period between childhood and maturity” and “the early period of existence, growth, or development. In the context of this study youth is a transitional period between the childhood age and the adult; that is, the age between 15 to 30’s years. It is a time when a person involves peer groups in the socialization process in the society and ranges between 15 to 20 years.

1.7 Limitations of the Study

The study faced limitations of respondent’s bias especially during face to face interview. Some felt that they were going to expose themselves to the researcher and therefore feared to give detailed information when asked by the researcher. The respondents tried to hide some very important information about factors which

caused them to engage in using the substance. They felt shy to talk during the interview. This limitation was resolved when the researcher explained the purpose of the study to the respondents and assure them of confidentiality. Researcher explained to the respondents the importance of this research and why their data were important for the benefit of themselves. Then the researcher asked the respondents to fill the consent form if they agreed to participate in the study as a respondent. Furthermore, the use of in-depth interview consumed a lot of time to the researcher in analyzing data, through tentative listening the voice recorder, noting the themes, coding them and to get the final data required. Even though these shortcomings did not affect the findings of the study.

1.8 Delimitation

Researcher asked the respondents to feel free to participate in the study, even though the respondent's age and researcher were different, as through cross culture limit the respondent to provide their views and information. Researcher remove fear and shyness when he ensured the confidentiality to the information that the respondents were supposed to provide and therefore resolved the limitation faced the respondents. They were also assured that their participation would have helped to solve the problems induced by the drug abuse as the findings would explore the factors of relapse and therefore the prevention effort would take place and as they were respondents, they would have contributed a lot to the benefits associated with this study. Through this fact the respondents were ready to participate in the study without any shyness.

CHAPTER TWO

LITERATURE REVIEW

2.1 Overview

This chapter review various sources pertaining to the factors which cause relapse back to substance abuse after rehabilitations among drug abusers in Tanzania. It explores what had already been done, how it was conducted and the findings from the research, and to identify the gap which is needed to be bridged by the present study and preceded to the review of theories related to the study.

2.2 Review of Theories on Drugs and Substance Abuse Relapse

Researcher refers to utilize the cognitive learning and the social learning theories, these theories are directly related with the study. The theories informed about the human behaviors the influenced by their interaction through witnessing and imitation that create their behaviors. The theories directly relates the drug abusers behavior who witness and imitate their peers behaviors whose they were ready been engaged in using the substances. The classical conditioning theory as a part of social learning theory which gave direct explanation on witnessing and imitation the other person behavior which directly relate with the drug abusers who practically witnessing and imitating the behavior of their peers through created the cravings that forced them to be engaged into using the substances soon after witnessing others using them.

2.2.1 The Preamble of the Theories

The study focused on theories of substance abuse and relapse and theories that explain the human interaction within the social environment. The theories explain

how a person learns and imitates. Through imitation, a person behaves like other people behave in his or her environment. These theories include; The Social Learning Theory that assumes that an individual learns by observing how others behave and learning from them. Another theory is the Classical Conditioning Theory which explains the internal and external stimuli interaction that force a person to behave after learning. The Cognitive Learning Theory assumes that children actively construct knowledge as they manipulate and explore their world. They adapt their bodies and restructure their minds to better fit with the environment and Recovery theory which describe a process of achieving and maintaining abstinence that is not necessarily related to any specific type of treatment. These theories reflect notions about the influences of major life changes in producing and sustaining abstinence.

2.2.2 The Social Learning Theory

According to Smith (2020), social learning theory, as originally proposed by Albert Bandura, followed year 2000 of intellectual inquiry into the determinants of human behavior. Reciprocal determinism is a central component of this theory and proposes that human behavior is determined by functional relationships between (i)

personal factors, (ii) the external environment, and (iii) the behavior itself. Using this model, drug addiction can be viewed as resulting from the functional relationships between an individual's personal characteristics, social environment, and drug-centric behaviors. In other words, addiction can be viewed as a chronically evolving bio psychosocial disorder, encompassing dimensions that are both internal and external to the individual. Effective treatment interventions should thus target all nodes of the model and the functional relationships between them, and they must

constantly evolve with the progression of the disorder. Borrowing from Bandura's model, "drug use" can be considered as the critical behavior of interest. Both personal factors internal to the individual and environmental factors external to the individual directly impact the likelihood of using drugs. Moreover, all three of these factors mutually influence one another, leading to continually evolving functional relationships that both directly and indirectly influence the use of drugs (Smith, 2020).

Locklear (2020) observes that the tenets of the social learning theory connect the fundamental elements of observation and imitation resulting from modeling and vicarious reinforcement. Bandura (1969) developed the social learning theory, which describes modeled behavior as conducted by watching others. Additionally, the tenets of social learning theory provide an overview of the contextual impact that competence and mastery have on self and society. Locklear, (2020) also notes that deviant or positive behavior learned through social interaction is a resultant factor through the number of reinforcements obtained over the number of consequences received. Social learning is distinct from classical and operant conditioning in which Bandura placed significance on knowledge and the consciousness rather than on performance alone. One of the essential components of this theory is Bandura's self-efficacy, which entails confidence and persistence. For example, a child who believes in his or herself their opportunity of success is more significant.

According to Rumjaun, et. al. (2020), Social Learning Theory (SLT) is often described as an intermediate between behaviorism, Albert Bandura traditional

learning theory, and cognitive theory. Behaviorism focuses on one particular view of learning: a change in external behavior achieved through the use of reinforcement and repetition to shape behavior which relates to role of learning. Cognitive learning theory advocates that the different processes concerning learning can be explained by analyzing the mental processes. Rumjaun, et al. (2020), described that learning in science is not limited to understanding co-construction of scientific concepts, but includes developing learners' science process skills by engaging them to work in a group to solve the problem, to carry out projects, to engage in role-play and to conduct inquiry learning to make construct the meaning of science concepts, issues, and phenomena. These activities in science, teaching and learning reconcile with SLT which includes; observation, attention, retention, motivation, and different types of modeling.

Based on these assumptions, an individual learns through observing what someone does and copies them. Glaude (2019) opines that Bandura's Social Learning Theory offers a framework for understanding imitation and the initiation of substance use as well as the potential reinforcement of risky substance use behavior. This reflects that the primary socialization is very important for a person to learn about an environment in which he or she grows up in. Therefore, it becomes easier for drug abusers who have been treated to re-engage in their former socialized groups in the society and relapse back to substance abuse after their recovery. They can start to test the drugs (lapse), and finally may fall back to using it.

As for Basri, et al (2020), they posit that in the learning process, the priority is how

the individual can adapt to environmental stimuli and then this individual can react. The reaction is an attempt to create activities as well as finish them, and finally get result that make changes to the individual as a new thing and increase knowledge. The behavioral change must be in the form of repetitive stimuli that are beneficial to individual and have a positive value in learning new things. Learning aims to change the positive nature, meaning that if someone learns something new depends on the stimulus around it i.e. environmental factors that are conducive in providing comfort in the learning process, including the activeness of mental process that is often trained and eventually become an activity that is accustomed to do.

Basri, et. al. (2020), appraising the theory, assert that the weaknesses of this theory are (i) seeing humans as mere mechanistic and automatism that is equated with animals, it not always human behavior can be influenced by trial and error, not absolute behavior, and (ii) views learning only as a social between stimulus and response, so what is important in learning is to strengthen the association with exercises, or continuous quiz, and (iii) because the learning process takes place mechanically, then definition is not seen as an essential part of learning. They ignore definition as an essential element in learning.

The social learning theory is useful to this study because it links the relationship existing toward the imitative behaviuor that the drug abusers may engage in the society, the drug abusers relapsed back to the substance abuse after the treatment and rehabilitations when they have been exposed with the environment that the drug still utilized and sold, the drug abusers see his or her friends still using the substance

abuse. This connotes the high-risk situations that can stimulate the drug abusers who got the treatment and rehabilitation and who complete recovery to re-use the substance abuse again. In reflection to the social learning theory, the drug abuser have the cravings i.e. the eager to take the substance when she or he see the follower's friend using it. Therefore, the cravings become as an inner force i.e. internal stimuli that interact with external stimuli i.e. the drug utilized by his or her friends. Thus, using them through witnessing and imitate as this explained in the social learning theory.

2.2.3 Classical Conditional Theory

Lay, (2021) observed that animal models of relapse to drug seeking have borrowed heavily from associative learning approaches. In studies of relapse-like behavior, animals learn to self- administer drugs then receive a period of extinction during which they learn to inhibit the operant response. Several triggers can produce a recovery of responding which forms the basis of a variety of models. These include the passage of time i.e. spontaneous recovery drug availability rapid reacquisition, and extinction of an alternative response i.e. resurgence, context change or renewal, drug priming, stress, and cues (rein statement).

Gardner (2021) views addiction as a vastly complex disorder with biological, psychological, social, and spiritual determinants. To a degree, the psychological, social, and spiritual determinants can be studied at the human level. This is highly problematic for the biological determinants, as it would almost certainly involve probing and manipulating the living human brain with its many neural circuits and

systems sub serving choice, impulsivity, compulsive behavior, positive affect, negative affect, drug-seeking, drug-taking, drug craving, and relapse. Therefore, animal models have been developing to model the various biological and, in parallel, behavioral aspects of drug-seeking, drug-taking, and relapse. These models possess both face validity and a significant degree of construct validity and predictive validity. Such models have yielded significant insights into the neurobiological substrates of addiction and have proven useful in the search for potentially effective anti-addiction, anti-craving, and anti-relapse medications to be used as adjuncts to other e.g., cognitive, behavioral, psychosocial, group support therapeutic modalities. Drug abusers who have been using the substance may get relief and recovery. However, they soon relapse back to the substance abuse after been discharged from rehabilitations centres. They relapsed back because of formers groups and the influence of friends with whom they were living together in the streets.

In addition, Quickel, (2020) sees classical conditioning as the process by which a neutral stimulus, via repeated pairings with an unconditioned stimulus, becomes a conditioned stimulus i.e., elicits a conditioned response. In the original, Nobel Prize winning, laboratory experiments conducted by Ivan Pavlov (1902), dogs were conditioned to salivate in response to a bell by the repetitive pairings of the bell with the presentation of food. Thus, a previously neutral stimulus i.e. the bell becomes associated with the previously unconditioned stimulus i.e., the food and elicits a conditioned response i.e., salivation. If the newly conditioned stimulus is presented enough times without the unconditioned stimulus, a process called extinction occurs in which the conditioned stimulus will no longer elicit the conditioned response.

Parlove, (2018), the principles of behaviorism has been applied in class rooms and early year's settings for many years and have provided an effective means of changing many children behavior from the better. Critics have however, drawn attention to the idea that behaviorism has fallen short of engaging with complex nature of children's learning and the impact of social and cultural context on learning. The theory has also been criticized on the grounds that it failed to take into account inherited factors. Behaviorism in many respects, is different to most other theories of learning. In essence, it focusses more on behavior than the holistic nature of the childhood and learning. It has been criticized on the grounds that it plays only limited regard to children's emotions.

The Classical conditioning theory is useful in this study because it explains the process that make the youth to relapse back to the drugs. The theory try to show how do the drug abusers are engaged in using the substance abuse when they witness others using them. It explains how the internal stimulus of the drug abuser i.e. craving force in using the substance get interact with external stimulus i.e. witnessing the other former friends using the substance encourage the drug abuser to rejoin the groups and relapse into substance abuse. The stimulus interactions guide researcher to reflect on the practicability of drug abusers who are engaging in the use of the substance.

2.2.4 Cognitive Learning Theory

The Cognitive Theory explains the ability of a person to create behavior through learning from the environment in which they are living. An acquired knowledge

through cognition helps in the interactions and adopting behavior within the environment in which they are exposed. The theory relates to the Social Learning Theory which explains the behavior created when somebody learns and imitates from other people behavior's as internal stimuli of a person interact with external stimuli of the environment in which they are.

Alahmad, (2020) asserts that many theories have been proposed over the years to explain the developmental changes that people undergo over the course of their lives. These theories differ in the conceptions of human nature they adopt and in what they regard to be the basic causes and mechanisms of human motivation and behavior. Piaget's theory of cognitive development explains how a child constructs a mental model of the world. He disagreed with the idea that intelligence was a fixed trait, and regarded cognitive development as a process which occurs due to biological maturation and interaction with the environment. Cognitive learning theory is best used to guide learning when trying to build usefulness knowledge structures, and clinical reasoning teaching. The theory suggests that clinical exercise is crucial to the organization of Memory Knowledge and Recall Facilitation.

The theory was adapted by Marlatt and Cordon (1985) who came up with the Cognitive-Behavioral Relapse-Prevention. The model suggests that both immediate determinants, high-risk situations, lack of coping response, decreased self-efficacy, and abstinence violation effects and covert antecedents i.e. Lifestyle imbalances, urges and cravings can lead to relapse. Based on the theory, the victims of drug abuse may recover, but can easily relapse. They face the challenge of being exposed to

high-risk situation. High-risk situation is the environment that drug abusers who have got discharged after their treatment face in their living community. These include; facing the former friends with whom she / he is used to socialize before treatment among them being a former wife or husband who continues using the drugs. The area where the drug is still sold and peer groups with whom she/he is used to socialize before treatment and rehabilitation may also lead to relapsing.

As for Marlat and Cordon (1985) they observed that both immediate determinants i.e., high-risk situations, lack of coping response, decreased self-efficacy, and abstinence violation effects and covert antecedents i.e. Lifestyle imbalances, urges and cravings can lead to relapse. Figure 2.1 is a Marlat and Cordon's Cognitive Behavioral Model of relapse. It demonstrates how drug abusers who are using the substance relapse back to the substance abuse. : -

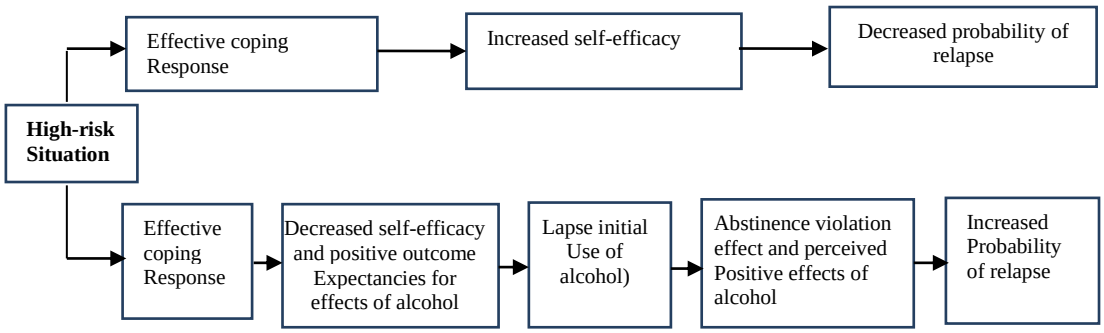


Figure 2.1: Marlat & Gordon Cognitive Behavioral Model of Relapse

Source: (Adopted from Marlat &Gordon, 1985)

Figure 2.1 illustrates the Cognitive-Behavioural Model of the relapse process, which posits a central role for high-risk situations and for the drinker's response to those situations. People with effective coping responses have confidence that they can cope up with the situation i.e. increased self-efficacy, thereby reducing the probability of a

relapse. Conversely, people with ineffective coping up responses experience decreased self-efficacy, which, together with the expectation that alcohol use had a positive effect i.e., positive outcome expectancies, can result in an initial lapse. This lapse, in turn, can result in feelings of guilt and failure i.e., an abstinence violation effect. The abstinence violation effect, along with positive outcome expectancies, can increase the probability of a relapse. **(**Hendershot, Witkiewitz et al., 2011)**.**

Marlatt advances the idea that psychosocial and demographical attributes may interfere with an alcohol user‘s ability to sustain abstinence (Kalani, 2019). During the period of abstinence, a patient with alcohol use disorder is often faced with high-risk situations that put him/her at risk of again using alcohol. A high-risk situation is defined as any situation that poses a threat to the individual ‘s sense of control and increases the risk of potential relapse. Examples of high-risk situations are; highly expressed emotions, craving and negative that affect states. These situations will require an effective coping mechanism in order to enhance one ‘s self-efficacy if a person is unable to emit an effective coping response, a decreased self-efficacy result. This, as a result, increases the attractiveness of alcohol use for dealing with the situation.

2.2.5 Niaura’s Cognitive Behavioral Models of Relapse

Niaura (2000) contends that many modern theories of drug use and dependence assign central prominence to the role of craving in drug use and relapse. However, some continue to debate whether drug craving has any motivational significance. Concerning drug-using behaviors, Cognitive Social Learning Theory adds an

additional perspective by embedding craving within a network of cognitive processes.

Niaura, (2000) explained that, Cognitive Social Learning Theory complements theories that emphasize more biological or information-processing aspects of addictive behaviors. Studies of addiction that have assessed elements of social learning theory suggests the following: (i) there exists an inverse relationship between efficacy and craving; (ii) there appears to be an association between effect and craving, but the precise nature and strength of this association is unclear; (iii) the relationship between outcome expectations and craving is largely unknown; and (iv) correspondingly little is known about relationships between coping and craving. Figure 2.2 is the Niaura Dynamic regulatory model of drug relapse below:-

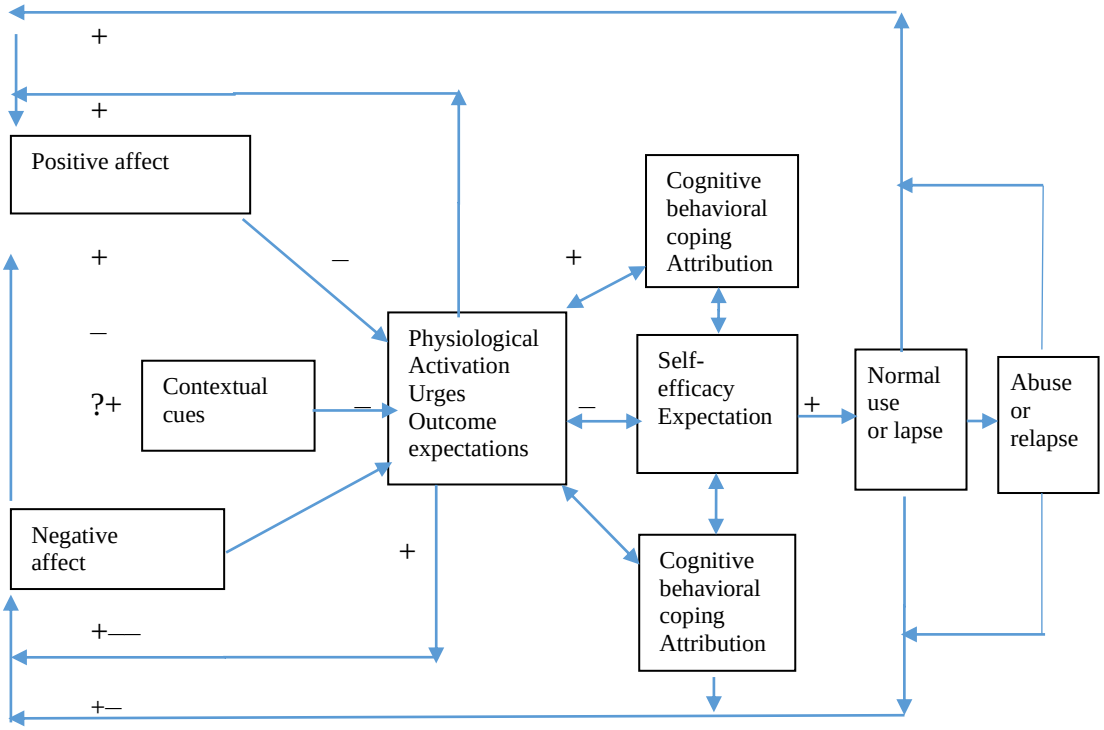


Figure 2.2: Niaura Dynamic Regulatory Model of Drug Relapse

Source: (Niaura, 2000)

Alahmad (2020), evaluating this approach, observers that one of the strengths of the cognitive approach is that it has many practical applications. The cognitive approach heavily relies on experiments as its main research method. Experiments allow for cause and effect to be determined, but more importantly allow for high control over confounding variables, but also like all theories, the cognitive perspective is not free from criticism. First, behaviorists see this theory as weak due to the abstract nature of thoughts and the difficulty in defining them. What may be seen as self-critical by one researcher may look like a rationale remark by another. Secondly, there is no agreed upon definition or application of the theory. Because Piaget concentrated on the universal stages of cognitive development and biological maturation, he failed to consider the effect that the social setting and culture may have on cognitive development. The main disadvantage of the cognitive approach is that it refers to cognitive processes that we cannot directly observe.

The cognitive learning theory is relevant to this study as it explains how cognitive ability makes drug abusers to learn through imitations and modeling. It pushes drug abusers to relapse to using the substance after their rehabilitation due to an urge of looking like other youth. The cognitive learning theory has the relationship directly with the study as this theory has tried to explain about the acquired knowledge of the drug abusers on substance abuse and how this can lead the drug abuser to be engaged into using the substance abuse when has been exposed with the high-risk situations after treatment and rehabilitation services from the treatment and rehabilitation centres.

2.2.6 Theories' Limitations and the Way they were modified to Suit the Study

The study utilized the social learning theory and cognitive learning theory, the classical conditioning added to explain the process of relapse through the internal stimulation of the drug abusers i.e. Youth who were engaged into using the substance abuse and relapsed after their treatment and rehabilitation services, and the external stimulation i.e. The high-risk situations which include the exposure to the environment that still the substance abuse are sold, utilized, therefore witnessing the former friends utilizing the drugs. According to Niaura (2000) dynamic regulatory model of drug relapse and Cognitive Behavioral Model of Relapse that were Adopted from Marlat &Gordon, (1985) added to explain how other scholars explained the high-risk situations that lead to relapse. The drug abusers i.e. Youth after their treatment and rehabilitation., relapsed after the rehabilitation services at Sober houses and from treatment services from MAT clinic at Kidongo chekundu Mental Hospital.

This study used all the above theories and models because all of them have tried to explain the interrelationship between the internal stimuli and external stimuli interaction that made the substance abusers to witness and adopt the behavior, that lead the substance abusers to either relapse or to have complete recovery depending on their copping responses from the high-risk situations or environment that they have been exposed with substances uses after their treatment and rehabilitations.

The limitations encountered when the respondents had face to face interview with the researcher during the data collection process, the total relapsed drug abusers in the

streets felt fearful to express their feelings on why they were using the substances after their rehabilitations and treatment. The researcher ensured their confidentiality explained the purpose of study that it would help themselves and other people who will be engaged into using the substance abuse. The researcher explained more about the benefits of research as will be for themselves, the families, the community and the Nation as a whole. The respondents after were assured of their confidentiality and their security, participated in the study.

2.3 Review of Empirical Studies

2.3.1 Family's Factors that Cause Drug Abusers to Relapse Back to Drug Abuse after Rehabilitation

According to McCrady, (2021), Alcohol use disorder (AUD) and family functioning are inextricably bound, and families are impacted negatively by AUD, but families show substantial improvements with AUD recovery. Family members can successfully motivate a person with AUD to initiate changes in drinking or to seek AUD treatment. During recovery, family members can provide active support for recovery. Substantial gaps remain in our understanding of family processes associated with the initiation and maintenance of AUD recovery among adults. This review outlines the existing literature and describes opportunities for future research to address knowledge gaps in understanding the mechanisms by which these treatments are efficacious, use of family-based treatments with diverse populations, integration of pharmacotherapies with family-involved treatment, role of families in recovery-oriented systems of care, and how to improve treatment development and dissemination. (Hogue, 2021).

Families are powerful resources for enhancing treatment and recovery success among youth with SUDs, as they are not routinely included in clinical practice. Youth SUD prevalence and service utilization rates and presents developmental and empirical rationale for increasing family involvement in services. It then describes key research issues on family involvement across the SUD services continuum that involves the following steps; Problem Identification, Treatment Engagement, Active Treatment, and Recovery Support. Within each phase, it highlights bedrock research findings and suggests promising opportunities for advancing the scientific knowledge base on family involvement. The main goals are to endorse family-oriented practices for immediate adoption in routine care and identify areas of research innovation that could significantly enhance the quality of youth SUD services.

Sari (2018) conducted a case-control study of 39 people divided into control and case group in Indonesia. The cases were the person who relapsed after the completed rehabilitation program, while the controls were the person who were still in abstinence after they had completed rehabilitation program. The samples were obtained by simple random sampling. Data were collected with the questionnaire and analyzed with Chi-square test. The result showed that social support was related to, p=0.000 of substance abuse relapse the lack of social support was related to the higher risk of OR=6.92, 95%CI=2.51 – 19.22 of substance abuse relapse. The appraisal support was the dominance risk factor, OR=10.88, 95%CI=3.48 - 33.98 of substance abuse relapsed compared to informational, instrumental, and emotional support.

Babaeian (2019) compared relapse and abstinence duration between a group of Iranian substance users enrolled in a peer-supported vocational network (PVN) and a similar group enrolled in midterm residential treatment centres (MTRTCs). A case-control study was conducted among PVN members (n = 85 cases) and substance users discharged from MTRTCs (n = 85 controls) in Tehran, Iran. Case and control groups were matched for age, age of first substance use, duration of substance use, and date of registration in the treatment centre or PVN. Employment was found to play a major role in the recovery and rehabilitation of substance users. Similarly, substance users' psychiatric comorbidity, lack of education and professional skills, dwindling financial resources, experiences of stigma and neglect, and lack of social support could also affect their recovery.

Jalali et al. (2018) examined the effect of family counseling on acceptance and support rates of patients under Methadone Maintenance Treatment (MMT. The quasi-experimental study, involved 50 patients i.e. 25 in the intervention group and 25 in the control group under methadone treatment, in addiction treatment centres, in Kermanshah. Cluster sampling was used to select participants who were randomly divided into 2 groups, i.e. intervention and control groups. Data collection from the patients in both groups was conducted before and 4 weeks after last session intervention using family support and acceptance questionnaires. Intervention for patients' family members i.e. 2 primary members for each patient was held as a group-counselling meeting using Michael Frees methodology. Patients in the intervention and control group received only the usual care of the centre. The results of the study showed that family counseling significantly increased the mean of the

individuals' support scores ($P < 0.001$). The study established that the family plays a crucial role in the improvement and treatment continuation of individuals under methadone treatment. Understanding, supporting, and accepting the patient by the family and friends were factors that influenced the treatment and rehabilitation process.

Jalali et al. (2018) explained that families with a more supportive atmosphere tend to have more willingness to talk; leading to the mutual understanding of its members and this increases the development of various psychological aspects and maintains the mental health of individuals. Jalali, et al. (2018) recommended that therapists should strive to increase social and family support and promote acceptance.

Brett et al (2017) carried out a descriptive qualitative study to explore perceptions and experiences of alcohol detox during the planning and early implementation of a pilot model of outpatient home detox in IAMS, and ACCHS in regional NSW, Australia. Their study aimed to understand community knowledge and shared meaning regarding approaches to alcohol detox as well as early client and staff experiences of the program. Thematic analysis of focus groups and phone interviews were used to gain insights into the views and experiences of Aboriginal community stakeholders, service youths, and staff regarding alcohol detox services and the pilot of the outpatient detox program service model. The study found out that individual, family, and community support were key to recovery from alcohol dependence. Outpatient detox was seen as a way of keeping an individual near this support. Brett,

Dawson et al. (2017) suggest that a larger study is required to clearly delineate the safety and effectiveness of this model of care.

Clark (2001) drew data from a 3-year randomized trial of 203 patients in treatment for dual disorders. Informal family caregivers for 174 participants were asked about economic assistance and direct care that they provided to participants. Associations between family support and substance use outcomes were examined with bivariate comparisons of abstainers and no abstainers and with regression models using the change in substance use and cumulative substance use as dependent measures. Family economic support was associated with substance abuse recovery in bivariate and regression analyses. Caregiving hours were significantly associated with substance use reduction but not with cumulative substance use. Informal support was not associated with changes in psychiatric symptoms. The findings suggest that direct family support may help people with dual disorders to reduce or eliminate their substance use.

Appiah et. al. (2017) examined factors that precipitate relapse among substance abusers in Ghana. Data were collected through in-depth interviews with 15 relapsed substance abusers who were previously treated for substance abuse, and three mental health professionals at a psychiatric rehabilitation unit in Ghana. Findings showed that positive or negative emotional reinforcements, sense of loss, interpersonal conflicts, peer influence, familial, religion-cultural, and treatment-based issues determined the outcome. The findings provided valuable insights into the relapse phenomenon in Ghana. It implies that clinicians should actively engage family

members in the relapse prevention process, and provide insight into religion-cultural relapse precipitants.

Lian (2013), drug abuse is a complex issue and has been a serious public health problem in Malaysia. The high relapse rate which has been consistently over 50% for the past decades has also been worrying. Research into the contributory factors of drug abuse represents a continuing effort to curb this growing social threat, and past research has shown that family factors and peer influence were two of the primary contributory factors to the drug abuse.

In Dinesh Kumar's (2019) nearly half i.e. 54% of the respondents were helped by their parents for de-addiction treatment, 34 per cent of them were helped by their friends for treatment. The remaining 6 per cent of the respondents were helped by their relatives and neighbors for their treatment respectively. From the survey, it is noted that two-third i.e.70% of the respondents had been admitted once in the rehabilitation centre for the purpose of de-addiction treatment, 16 per cent of them had been admitted twice for rehabilitation treatment. The remaining 14 per cent of the respondents had been admitted thrice in the rehabilitation centre. In respect of expectation of support, the three-fourth i.e.76% of the respondents needed psychological support from others to give up the drug habit, and 16 per cent of them needed social support for de-addiction. The remaining 8 per cent of the respondents needed financial support to give up the drugs in the study.

In a study by Chan et al. (2019), it was observed that a number of participants took drugs due to peer influence (N = 65). Some had poor family relationships and thus

got involved with drugs under peer influence. For example, as expressed by HF2, “because I was born in a single-parent family, and maybe you’ve only the father or the mother, s/he will then have no time to spend with you. So, I went out on the streets and made friends. We then started to play together”; similarly, NR5 said that “at that time, I played with the friends next door, and I was not in a good relationship with my family, so I went out and found my friends. They suggested playing together and taking drugs together. Then I became addicted to drugs.” This suggests that when youngsters do not feel care from the family, as an alternative, they will turn to friends for care and comfort. Being friends with drug-taking peers induced participants to take drugs and develop the habit of drug-taking; such peer influence was stronger if the friends were important to the participants. Chan et al. (2019) suggested that since his study adopted Self- Determination (SDT) as the theoretical framework for analyzing drug use and drug relapse, it cannot cover other social and environmental factors that affect people’s decision to take drugs and/or quit drugs. In future studies, these factors can be incorporated into analysis in order to generate a more comprehensive picture of the drug problem.

2.3.2 Assessment of the Rehabilitation Centre’s Services Delivery to Drug Abusers who are Under Treatment and Rehabilitations

According to Breuninger, et al (2020), alcohol use disorders (AUDs) are among the most common psychological disorders experienced by Americans. Only 10% of individuals with this disorder received treatment, and the most popular treatment was some form of 12-Step involvement. Although there is evidence for the efficacy of 12-Step treatment, most AUD treatment providers are not well versed in 12-Step

principles and practices. Recent work of (Breuninger, et al 2020) suggests that clinicians and training directors do not feel confident in their knowledge about and training in 12-Step programs. This concern is not new, and programs have struggled to find ways to help trainees bridge this knowledge gap in a way that would be beneficial to clients.

McGuire, et al.'s (2020) study on Emergency Department (ED) a peer-based support programs noted that the programme was aimed at linking persons with Opioid Use Disorder (OUD) to medication for addiction treatment and other recovery services was found to be a promising approach to addressing the opioid crisis. The McGuire et. al. (2020) report draws on experiences from three states' experience with such programs funded by the SAMHSA Opioid State Targeted Repose (STR) grants. Core functions of such programs included integration of peer supports in EDs; alerting peers of eligible patients and making the patient aware of peer services; and connecting patients with recovery services. Qualitative data were analyzed using a general inductive approach conducted in 3 steps in order to identify forms utilized to fulfill these functions. Peer integration differed in terms of peer's physical location and who hired and supervised peers. Peers often depended on ED staff to alert them to potential patients, while people other than their peers often first introduced potential patients to programming. Programs generally scheduled initial appointments for recovery services for patients, but some programs provided a range of other services aimed at supporting participation in recovery services.

Wu (2014) State that China started testing harm reduction programs in 2004 to

prevent heroin use and HIV/AIDS because previous empirical evidence had demonstrated positive associations between community treatment utilization and drug users' recovery. By the end of 2011, 738 Methadone Maintenance Treatment (MMT) clinics had been established nationwide, serving cumulatively 344,000 heroin users and 140,100 current patients. Then, MMT patients only accounted for ~15% of all registered drug users. In addition, recent evaluation studies (cite some of the recent studies here!) indicated a drop-out rate of 50–70% at 3 months after MMT enrollment. Low rates of enrollment and high rates of drop out suggest that barriers may exist in patients accessing and remaining in community drug treatment in China.

Lank tree (2014) observes that in 2011, the Tanzanian Government took the amazing step forward opening the country's first methadone maintenance clinic. After only 2 years of operation the clinic had managed to serve 629 people who were struggling with an addiction to opiates. Not only that, but they had managed to retain more than half of those patients over the course of 2 years in operation, which is an attrition rate comparable to programs in other countries. Various reasons were cited as to why the 264 people were no longer in the program, ranging from discharge due to violation of terms of service (2%), death (3%) and patient drop out (95%). Those with the highest rates of attrition were young males, lower dose patients with less than 40mg and those reporting a history of sexual abuse, whereas youths who were older and female were more likely to stay in the program. Another factor known to impact patient retention was dosage, which held true in this study. Notably, patients receiving a medium i.e.41mg-85mg to high i.e.86mg+ dosage of methadone had much lower attrition rates than those on lower dose i.e. 40mg or less methadone maintenance.

Prior to the clinics opening in the country's commercial capital of Dar es Salaam, Tanzania was struggling with a growing epidemic of people who inject drugs. The clinic was home to approximately 50,000 intravenous drug users particularly heroin and those who were facing complex issues pertaining to needle sharing and condom less sex, and HIV.

Women-only addiction services tend to be provided on a poorly evidenced assumption that women want single-sex treatment (Neale et al. 2018). Drawing upon women's expectations and experiences of women-only residential rehabilitation to stimulate debate on this issue was undertaken. Semi-structured interviews were undertaken with 19 women aged 25–44 years currently in treatment (n= 9), successfully completed treatment (n= 5), left treatment prematurely (n= 5)]. All had histories of physical or sexual abuse and relapses linked to relationships with men. Interviews were audio-recorded, transcribed verbatim, coded and analyzed inductively following Iterative Categorization. Finding's infinite showed that women reported routinely that they had been concerned, anxious or scared about entering women-only treatment. They attributed these feelings to previous poor relationships with women, being more accustomed to male company and negative experiences of other women-only residential settings. Few women said that they had wanted women-only treatment, although many became more positive after entering the women only service. Once in treatment, women often explained that they felt safe, supported, relaxed, understood and able to open up and develop relationships with other female residents. However, they also described tensions, conflicts, mistrust and social distancing that undermined their treatment experiences. It was concluded that

women who have complex histories of alcohol and other drug use do not necessarily want or perceive a benefit in women-only residential treatment.

Hoffmann, et. al. (2019) observed that methamphetamine is one of the most frequently used drugs worldwide. In Germany, methamphetamine use has greatly increased in recent years, presenting the rehabilitative treatment system with new challenges. In their study, they identified deficits and possibilities for optimization in the field of medical rehabilitation. A total of 39 interviews and two focus groups with experts along the treatment course of methamphetamine users were conducted. Analyses indicated that methamphetamine users were more difficult to treat compared with patients who consume other drugs. They were more likely to be associated with problematic characteristics and behaviors than other rehabilitants. Several health care deficits were revealed: too short rehabilitation treatment, no specific or differentiated therapy concepts, lack of capacity for education and vocational training, lack of outpatient options, and insufficient facilities for parents and children. Findings indicated that inadequate rehabilitation was provided for methamphetamine users in Germany, indicating the need to adapt treatment for this group.

Wegman et. al. (2017) noted that criminalization of drug possession and use is common worldwide, with many Asian countries confining people who use the drugs, or those suspected of using them, in specialized facilities called Compulsory Drug Detention Centres (CDDCs). In Malaysia, CDDCs were first introduced in 1978 in response to a growing heroin epidemic and have been operated by the Malaysian

National Anti-Drug Agency (NADA), by 2010; NADA was operating 28 of these detention facilities housing 7000 individuals. The centres were for those placed in CDDCs, national drug control laws mandate 2 years of detention, followed by community supervision for another 18 months after release. Natural recovery and informal support i.e., provided by family, friends, interest groups, do not deny the importance of more formal, institutionalized support such as rehabilitation centres, therapeutic communities, and Alcoholics Anonymous.

Mudry, (2019), on the contrary, emphasized the importance of participation of all members of the community in ensuring that the former drug addict does not relapse. Addiction professionals and mutual help groups are often important, or even necessary, part of many individuals' recovery network, particularly where they lack other helping and trusting relationships. Based on Mudry's (2019) study, drug abusers who have been using the substance and addicted to drugs should be supported through the rehabilitation. The substance abuse victims can be rehabilitated through counseling's and psychological support through their faith-building capacity through the twelve steps recovery model process.

2.3.3 Factors that Cause Drug Abusers to Withdraw from Treatment and Rehabilitation Services

Li, et. al. (2021), knowledge-sharing and empathetic listening from peers may be more effective at helping drug-misusing youth to overcome or reduce their fear of the unknown regarding the treatment programme. However, addiction counseling on substance use is more complex than counseling for smoking cessation or alcohol and

requires more professionalism. Peers with a medical background can therefore best address youths' concerns, as they have the combined advantages of a similar age and a better ability to master related knowledge and counseling skills than non-medical peers.

Anderson, (2019) conducted a study of people with title relapse after inpatient substance use treatment in Norway. The main aim was to investigate the relative roles of mental distress and intrinsic motivation for relapse after inpatient substance use disorder (SUD) treatment while adjusting for demographics and treatment variables. The study was based on a prospective multi centre study with a baseline gross sample of 607 patients with SUD i.e. response rate = 84% admitted to an inpatient stay at one of five specialized SUD treatment centres in Norway. The analytical sample consisted of patients with illicit drug use ($n = 374$) who took part in a follow-up interview three months after discharge from inpatient treatment ($n = 249$) and retention rate was equivalent to 67%. Data were collected using information from electronic medical records, a self-report questionnaire at treatment entry, and a follow-up interview. The results showed that relapse occurred among 37% of the sample by three-month follow-up. Results of the multivariable analysis showed that younger age and having a psychiatric diagnosis were associated with elevated relapse risk. Patients who received treatment at a short-term clinic i.e.2–4 months, as opposed to a long-term clinic i.e.>6 months were also at increased risk of relapse, regardless of their length of stay. Reduced risk of relapse was predicted by having completed the inpatient treatment stay. The study suggested that further research was

needed to illuminate the treatment-related factors that contribute to a reduced risk of relapse after inpatient SUD treatment.

Chetty, (2012) conducted a study on causes of relapse post-treatment for substance dependency within the South African police services. The study aimed to find out causes of relapse post-treatment for substance dependency within the South African Police Services (SAPS). The researcher utilized a quantitative research approach to identify the causes of relapse among SAPS members post-rehabilitation for substance dependency. Relapse after first treatment reflects that the majority i.e. 32 of respondents (73%) had experienced a relapse following treatment, whereas only 12 of the respondents (27%) stayed sober. Chetty's study revealed that the majority of the respondents attributed their main cause for relapse to Intrapersonal determinants such as feelings of anger, frustration and anxiety that initially triggered their need to take that first drink. Secondly, respondents further identified exposure to peer pressure and boredom as other cause for their relapse. They disclosed that at times their peers would pressurize them to consume alcohol. The temptation, urges and cravings and being in the presence of other people consuming alcohol proved too difficult to resist. Future research was recommended to investigate the effectiveness of the relapsed prevention programme within the South African Police Services in assisting members with substance dependency problems to maintain sobriety.

Mwansisya et. al. (2017) studied the relationship between awareness and decision making on health-seeking and utilization behaviours among youth involved in substance abuse in Kinondoni Municipality, Dar es Salaam. A concurrent mixed

methodology was used. The quantitative data were analysed using SPSS version 23. Content analysis was used for analysing qualitative data. Results showed that 74.3%, (n=223) of the respondents did not seek and utilize the available treatment options. The majority 62.4%, (n=187) of them did not know that their substance abuse problems can be treated using the available treatment options, and 78.2% (n=235) of the participants had little or no concerns about their substance abuse problems. The majority of participants had little information regarding the treatment of substance abuse, and major sources of information about substance abuse treatment options were through friends and families followed by radio and television.

Sundin (2019) carried out a study on substance use and strategies to avoid relapses following treatment in Sweden. The study aimed to identify drug abusers' discourses which led to their substance problems and to determine those discursive strategies which have kept them sober. A total of 14 participants at a Swedish municipally-operated treatment program were interviewed about their childhood, teenage years, early experiences with substance, how they recognized they had substance problems, how they found out about treatment, adopted strategies to maintain sober and whether they noticed identity changes during treatment. The results showed that participants saw themselves as the main actors in their life stories even though professional support was one of the important factors in the change to a sober lifestyle. The group mentioned different causes of substance problems such as; adverse childhood experiences and loss of stable life patterns; a variety of reasons for seeking treatment, here "turning points" as keeping job and support from others. The study also found out different strategies to avoid relapses such as; avoiding places

where there was alcohol, being frank about their alcohol problems, focusing on one day at a time, attending AA meetings, avoiding romanticizing about alcohol, and participating in new activities and in a government-controlled personal savings program.

Razali (2017) studied personal and interpersonal factors which caused relapse back to drug abuse in Malaysia. The study involved addicts that just finished their treatment and recovery at the CCRC within one to six months as most previous studies found their inclination to relapse to occur within one to six months after ending their treatment and recovery period. The study found out that the addict's attitude of lack of self-control causes them to be aggressive, and act out of control and expectation. The relationship between emotional coping and the inclination to relapse was due to life stress that drives them to relapse. The stress faced leads to emotional incapability to cope, leading to impulsive behavior, thus harming the self. Meanwhile, addicts are likely to lack self-control skills. They felt abandoned by people around them and are inclined to spend more time with friends involved in the same activity. In addition, some young addicts do not enjoy full parental control. This situation allows for their mixing and being influenced by drug-using friends, thus increasing the risk of inclination to relapse.

Laswai, (2017) studied challenges of accessing medication-assisted treatment among opiate users attending a methadone clinic in Dar es Salaam, Tanzania. The study was descriptive cross-sectional using qualitative approach and involved in-depth interviews among 20 purposefully selected opiate users, 60% were males and 40%

were females attending Muhimbili Clinic in April 2013 to ascertain challenges against accessing MAT. The study involved 20 opiate users attending Muhimbili methadone clinic. Opiate users included youths on MAT program at the time of study and those who have dropped out of the program. Dropouts included involuntary discharge and defaulters. Data were collected using in-depth interviews which was carried out using Kiswahili language. A total of 20 interviews were conducted with the opiate users at Muhimbili MAT clinic. The number of interviews conducted were based on saturation as the researcher continued increasing the sample until the interviews revealed no new information. The interviews were audio-recorded for quality control and lasted between 30 minutes to one hour per each interview and were conducted within the clinic compound in a quiet room with only the interviewee and interviewer present. Data analysis was done using qualitative content analysis which involved the development of themes. The results showed that the strict admission criterion was the biggest challenge reported because the clinic admits youths who injected opiates only. This made some participants to secretly shift their mode of taking heroin from smoking to injecting for the sake of being accepted by the program. Logistic barriers related mainly to transportation and unemployment were also reported to deter access to treatment. Another important challenge reported to prevent access to treatment was misperception about methadone, that it is a poison that kills slowly. Additional themes included; fear of double discrimination and fear of being caught by police. Findings suggested the need for an urgent review of the program policy to ensure youths are accepted regardless of their route of drug use, to ensure strong community awareness

campaigns to address the issue of misperception and discrimination, and also to link the program to other services like employment programs.

Jungian's (2017) study focused on the acceptability and possible impact on the wellbeing of an ACT-based after-care intervention in people previously treated for substance use disorder in the Netherlands The purpose of the study was to explore the experiences of people previously treated for Substance Use Disorder (SUD) with the intervention 'Living to the Full' and to assess its possible impact on their wellbeing, depression symptoms and relapse into substance use. Respondents were interviewed post-intervention (*n*=6) and filled out a pre- and post-treatment test-battery (*n*=7), consisting of measures for wellbeing (MHC-SF), depression symptoms (DASS-21) and substance use. This study used a mixed-method design, in which the interview-data was analyzed using thematic analysis, and the quantitative data was analyzed using paired-sample T-tests and Wilcoxon signed-rank. Results showed that the intervention was well accepted by the respondents and considered as proper after-care for SUD. The study established that many patients relapsed into substance use in the months after treatment has ended. To prevent the relapse, an ACT-based after-care intervention was developed, in which patients were taught to cope with aversive thoughts and feelings and to explore their values. The study concluded that the main reason for this was that the intervention was focused on the person as a whole rather than on substance use. Relapse was prevented in six out of seven respondents during the intervention. Respondents noticed changes in their coping with craving-related thought, even though future research should be done to confirm the findings of this pilot study.

2.3.4 The Nature of Social Workers' Support to Drug Abusers in the Treatment and Rehabilitation Centres

According to Browne (2019), health social workers operate in a variety of environments and assume numerous roles in the design, delivery, and evaluation of care. Social workers facilitate linkages across organizational systems and professions to improve health care for both individuals and populations. Health social workers need to be aware of these factors to most effectively provide services to individuals and communities.

Watson et al (2017) noted that Substance Use Programming for Person-Oriented Recovery and Treatment (SUPPORT) is a community-driven, recovery-oriented approach to substance abuse care which has the potential to address this service gap. SUPPORT is modeled after Indiana's Access to Recovery program, which was closed due to lack of federal support despite positive improvements in client's recovery outcomes. SUPPORT builds on noted limitations of Indiana's Access to Recovery program. Substance use is a growing concern in the US criminal justice system, as incarcerated adults and those on community supervision have significantly higher rates of substance use disorder (SUD) than the general population. Indeed, over half of all inmates meet the criteria for drug dependence, and nearly three quarters report using the drugs regularly prior to incarceration. While many prisons offer some type of treatment, as much as 5% population with SUD never receive clinical services. Moreover, SUD treatment offered to inmates is rarely evidence-based and is therefore insufficient to address needs of those in the most severe substance use issue outcomes. It also addresses the social determinants of health

require research that demonstrates the economic value of health services in population health across a variety of settings.

According to Steketee et. al. (2017), social work is well positioned to play an increasingly significant role in improving people's health through prevention, integrated health care, and improving the social determinants of health (e.g. housing, employment). Steketee et. al. (2017) argued that social workers were an integral part of the US health care system. Still the specific contributions of social work to health and cost-containment outcomes were unknown, the social worker in a person-in-environment framework and unique skills set, particularly around addressing social determinants of health, hold promise for improving health and cost outcomes. Unfortunately, although social workers have been encouraged to take leadership roles in translational research in behavioral health, health service delivery focuses increasingly on inter-professional training and practice and integrated care. Steketee et. al. (2017) explained that social workers were the main or only intervention provider or coordinated team of providers to achieve the intervention goals. For example, social workers served as early detection specialists, care coordinators, and case managers, and led child and caregiver education groups in a study of child asthma.

Others led roles included facilitating intervention groups and providing hospital and housing-based case management for homeless adults with chronic diseases and providing all services for adults with mild stroke, including assessment, problem solving around services, advocacy, counseling, caregiver support, and referral. In

some cases, social workers led an integrated care team, collaborating with medical staff, caregivers, and community providers, and assessing risk and developing an integrated health plan for frequently hospitalized adults and adults with high rates of use of medical services.

Hutchison et. al. (2020), the re-emergence of therapeutic uses for mind-altering, psychedelic drugs has brought the field of mental health to a new frontier in research, practice, and policymaking. In the past two decades, dozens of clinical trials investigating therapeutic applications of psychedelics including psilocybin, and ketamine have shown promising results in the treatment of trauma-related disorders, some forms of anxiety, and depression. Psilocybin-, and ketamine-assisted treatments, presents an initial discussion of questions pertinent to social work practice raised by their use, including safety, efficacy, and theory of change, training needs, and social justice considerations. As a discipline committed to promoting social justice and social change, social work must remain at the fore front of treatment and innovations for chronic and pervasive mental health concern, especially those that disproportionately impact marginalized communities.

Mbwambo's study (2018) showed that social workers at the Muhimbili MAT clinic linked youths to community-based organizations that provided individual counseling, 12-step programs, family group therapy, and income-generating skills training, among other services for people who use the drugs. He also observed that the successes of the MAT clinic were rooted in the commitment of staff to support

youths on their road to recovery and reduce their risks of HIV and other illnesses. However, the clinic was limited in its ability to address some of the broader environmental factors that have led so many to addiction and continue to influence the everyday lives of people that are dependent on heroin.

2.4 Review of Policies, Protocols and Laws

2.4.1 Convention on Narcotic Drugs, 1961 as Amended by the 1972 Protocol

Uvarova, (2021), current directions of international cooperation in the investigation of crimes related to illicit drug trafficking are considered in the paper. Speaking about international cooperation in the struggle against crime in general, it is noted that such activities are an important area of international relations that ensures domestic and international legal order, as well as national and international security. Implementation of directions and forms of international cooperation in the detection, solving and investigation of crimes in the field of illicit drug trafficking is aimed at solving a number of issues, namely: drug crime rate studies; organization of prevention of illicit drug trafficking; direct struggle against drug crimes; special rules on regulation of the turnover of narcotic drugs and psychotropic substances.

2.4.2 Tanzania Drugs and Prevention of Illicit Traffic in Drugs 1995

Act No. 9 of 1995 was enacted to consolidate and amend the law relating to narcotic drugs; to make provisions for the control and regulation of operations relating to narcotic drugs and psychotropic substances; to provide for the forfeiture of property derived from or used in illicit traffic in narcotic drugs and psychotropic substances. Other areas of the Act were; to provide for the prevention of illicit traffic in narcotic

drugs and psychotropic substances and to implement the provisions of the International Convention on Narcotic Drugs and Psychotropic Substances. The Act apply to both Tanzania Mainland as well as Tanzania Zanzibar. Part V subsection 28 of the Act describes that if the addict is found guilty of the offence, the court at which he or she is found guilt is of opinion regarding his or her age, physical or mental condition as an offender, the law at the time being in force the court instead of sentencing him at once imprisonment, can release her/him so as to undergo medical treatment for detoxification or de addiction from.

Ratliff, et. al. (2016) described that in 1995 the Tanzanian legislature passed the "Drugs and Prevention of Illicit Traffic in Drug Act" to prohibit and penalize drug production, trafficking, and abuse. The Tanzanian Government ratified the U.N.'s 1988 trafficking convention in 1996, and in 1997 established the Drug Control Commission (DCC) to develop national policies and implement international conventions on drug control in Tanzania. Ratliff, et. al. (2016), explained that in 2007, the Tanzanian Government requested funding from the CDC to implement HIV prevention programs for people who uses drugs, and the DCC also integrated treatment and prevention into national drug control policies. Tanzania's second National Strategic Framework on HIV/AIDS called for interventions to prevent the transmission of HIV through injecting drug use, several activities conducted in order to do the effort of controlling the HIV/AIDS to the youth who were involved in the drug use. Those activities included targeted outreach to disseminate information and cleaning kits, coordination of support groups and psychosocial services through partner NGOs, and HIV testing and counseling. Other internationally-funded

programs conduct similar harm reduction activities in Dar es Salaam and on the island of Zanzibar.

Lopez, (2020) explained that substance abuse policies must come together and coordinate with different services such as public health, justice system, drug enforcement, health care and of course, social services. Based on the Tanzania's policy on the "Drugs and Prevention of Illicit Traffic in Drug Act", efforts taken by the Government to cubing up the problem of substance abuse in Tanzania, including establishing the treatment and rehabilitation centres in both part of Tanzania, and Zanzibar. The policy provides an opportunity to stakeholders such as social welfare officers to intervenes and solve the problems of substance abuse to the youth.

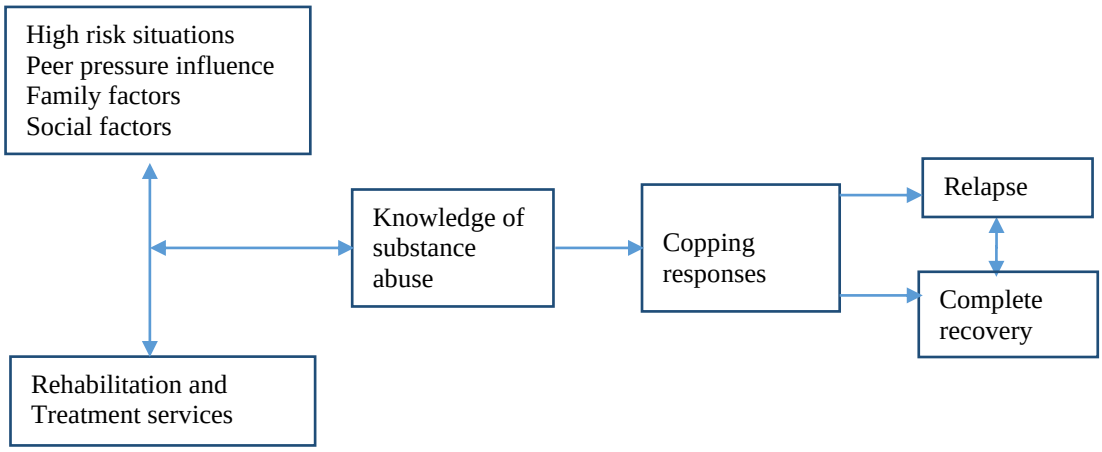
2.4.3 Zanzibar

Zanzibar Act No. 9 of 2009, repealed the Drugs and Prevention of Illicit Traffic Drug Act No. 16 of 2003 that provide for the prevention of illicit traffic in narcotics drugs. It also deals with the provision of the international convention on narcotic drugs, psychotropic substance and other matters connected there with. Under this Act, Commission has been empowered to make rules, it may. While making the rules it has regarded to the provisions of Single Convention on Narcotic Drugs, 1961, the Protocol of 1972 amending the United Nations Convention on Psychotropic Substance, 1971 United Nations Convention Against Illicit Traffic in Narcotics Drugs of any other international convention relating to narcotics drugs or psychotropic substance to which the United Republic of Tanzania becomes a party.

2.5 Conceptual Framework of Relapse or Complete Recovery after Rehabilitations

The conceptual frame work illustrated shows that the knowledge of substance abuser on substance abuse has major role in substance abuser's relapse or to have complete recovery after the treatment and rehabilitation services. There is a relationship between the factors that can cause relapse i.e. the high risk situations, peer pressure influence, family factors and social factors and the treatment and rehabilitation services. The knowledge of substance abuse had relationship with both dependent and independent variables, the knowledge of substance abuse through the drug abuser's cognition make the substance abuser to have the ability to cope with the situations around that lead the substance abuser either to have good copping responses that lead to complete recovery or fail cope with the situation around that lead to relapse. Figure 2.3 illustrates this: -

Dependent variables



Independent variable

Figure 2.3: Conceptual Framework of relapses or complete recovery after substance abuser's treatment and rehabilitations

(Source: Researcher 2021)

Zeng (2021) urge that psychological capital consists of four factors: hope (individuals can adhere to their goals and change their approach to achieving them when necessary), resilience (when encountering problems or setbacks, individuals can persist and maintain their efforts to achieve success), and optimism (individuals make positive attributions to present and future success), and self-efficacy (individuals have confidence in certain efforts to complete challenging tasks). According to family system theory, the health of the functioning of the family system has an important impact on individuals. The higher the health of the family system functioning, the healthier its members will be in terms of both their physical and mental states. Therefore, parents with a positive sense of hope are more likely to cultivate positive, hopeful offspring, which indicates that the level of psychological capital of their offspring may also be higher. Many studies have shown that various factors of psychological capital are closely related to substance abuse. Self-efficacy significantly negatively predicts the relapse tendency of individuals with drug addiction.

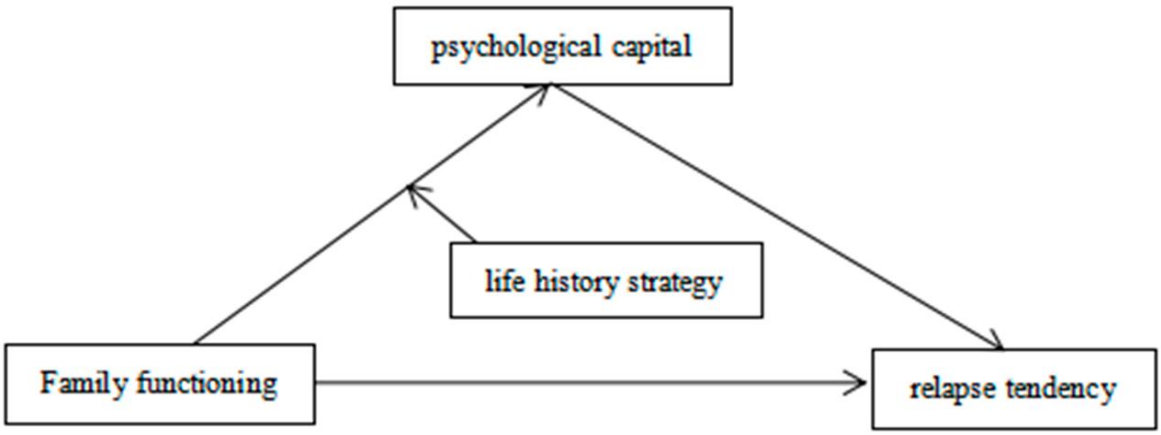


Figure 2.4: A hypothetical model of the effect of family functioning on relapse tendency

(Source: Zeng, 2021).

2.6 Research Gap

Based on the empirical literature reviewed, various researchers (Babaeian 2019, Anderson 2019, Chetty 2012, Sudin 2019, Razali 2017, Niaura, 2000, Kalani 2019 and Marlatt and Cordon, 1999) have examined the substance abuser's treatment and recovery, but they did not touch on the knowledge of substance abuse as a source of substance abuser's recovery or relapse after being discharged from the rehabilitation centres. Their studies did not explain about the knowledge substance abuse as a source of relapse or recovery. The scholars like Niaura, 2000, Kalani 2019 and Marlatt and Cordon, 1999, have also explained self-efficacy as a source of relapse when the youth who had completed recovery after treatment and rehabilitation services relapsed back to drug abuse. This study ought to fill the gap left by the scholars who did not explain the knowledge of substance abuse as a source that can lead the substance abusers to their complete recovery or relapse. Without the knowledge of substance abuse to rehabilitators and the substance abusers themselves, the substance abusers become easily to relapse into using the substance abuse again rather than their complete recovery (Svendsen, et. al. (2021).

Apart of the knowledge gap on substance abuse that can lead the substance abusers complete recovery or relapse, this study based on the substance abuse relapse was not much conducted in East Africa zones which include Tanzania, this increase the need for conducting this research in these areas and thus why researcher decided to conduct this study.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This chapter presents the methodologies that the researcher applied in carrying out the study. It is divided into the following sections namely; research approach, research design, area of study and the target population. Other sections are on the sample, sample size, sampling procedures, data collection and instruments, validity and reliability of instruments and data analysis procedures. Similarly, this chapter ends with a section on ethical considerations. When collecting data from relapsed youths, the issues of ethical considerations were of paramount importance. It is very easy to hurt a respondent in the course of an interview.

Based on the research methodology this study focused to the case study that gave opportunity to explore very deep information from the respondents who were involved in the substance abuse and who got treatment and rehabilitations from several rehabilitations centres in Zanzibar, whose after their treatment and rehabilitations relapse into substance abuse again, The quantitative and qualitative approaches employed in order to acquire information from the respondents through both quantitative and qualitative tools designed to pick the information from the respondents. (Moon 2019, Creswell, 2009) explained the terms methodology and methods present important and different aspects of research design in the social sciences. Methodology, etymologically, the “logic of method” provides a rationale

and overarching framework for undertaking a programme of research. It explains why and how the research is being undertaken and guides the choice of methods.

3.2 Research Philosophy

Moon et. al. (2019), research philosophy is concerned with the study of knowledge, reality, and existence. It includes general principles of theoretical thinking, methods of cognition, perspective, and self-awareness. How a researcher thinks about reality i.e., ontology, what exists that we can acquire knowledge about and knowledge i.e., epistemology, how we create knowledge influences how they design and conduct their research. Moon, et. al. (2019) explained that the philosophical position of the researcher frames their theoretical perspective (i.e. the ideas, concepts, and assumptions the researcher brings to their research, influencing the kinds of questions they ask and how they seek to answer them. These elements inform which methodologies will best suit the philosophy, how theory and the desired research outcome/s are integrated, and the rationale for the chosen methods. While philosophy might not always appear to drive research, it will always implicitly underpin the choices made.

Based on Bhattacherjee (2012) research work**,** broadly speaking, data collection methods can be broadly grouped into two categories: positivist and interpretive. Positivist methods, such as laboratory experiments and survey research, are aimed at theory or hypotheses testing, while interpretive methods, such as action research and ethnography, are aimed at theory building. Positivist methods employ a deductive approach to research, starting with a theory and testing theoretical postulates using

empirical data. In contrast, interpretive methods employ an inductive approach that starts with data and tries to derive a theory about the phenomenon of interest from the observed data that quantitative and qualitative methods refers to the type of data being collected i.e. Quantitative data involve numeric scores, metrics, and so on, while qualitative data includes interviews, observations, and so forth and analyzed i.e., using quantitative techniques such as regression or qualitative techniques such as coding. Positivist research uses predominantly quantitative data, but can also use qualitative data. Interpretive research relies heavily on qualitative data, but can sometimes benefit from including quantitative.

Creswell, (2017) described a quantitative approach as one in which the investigator primarily uses post positivist claims for developing knowledge i.e. cause and effect thinking, reduction to specific variables and hypotheses and questions, use of measurement and observation, and the test of theories, employs strategies of inquiry such as; experiments and surveys, and collects data on predetermined instruments that yield statistical data.

This study followed both positivism and interpretative research philosophy as a mixed approach utilized in order to observe the reality existing on the factors leading the relapse back to substance abuse after treatment and rehabilitations. Researcher used the quantitative approach to discover the information from the respondents, the questionnaires submitted to the substance abusers who were under the rehabilitation services after their returning back to the rehabilitation centers after their relapse. Substance abusers involved were those who attended at the Methadone Assistant

Treatment (MAT) and those who were at the Sober House at the time of data collection.

This research also laid to the interpretative research philosophy whereby the qualitative data was obtained through in-depth interview and focus group discussions whereby the guided interview was used as tool that assisted researcher to gather the information to the total relapsed clients who were in the street at the time of data collection, whereby the researcher had a time to interview the substance abuse clients alone for about ten to fifteen minutes. The themes were analyzed, interrelated and interpreted in order to gain the respondent's understanding on their behavior so as to find out why the substance abusers were engaged or relapsed in using the drug abuse again and again apart from the efforts made in their treatment from the difference rehabilitations institutions. The research philosophy based on mixed research design which adopted both quantitative and qualitative method whereby the researcher used the in depth interview and FGDs for total relapsed youth who were in the directly quit from using the substance abuse treatment and rehabilitation services and engaged in re using the substance abuse at the time of data collection and FGDs to the parents and relatives of the youth who were under rehabilitations and the staffs working at the rehabilitation centres. Questionaires were used for the youth who had the history of relapse but at the time of data collections they were continued with the treatment and rehabilitation services.

According to (Creswell 2017) a mixed methods approach is one in which the researcher tends to base knowledge claims on pragmatic grounds (e.g., conse-

quence-oriented, problem-centered, and pluralistic). It employs strategies of inquiry that involve collecting data either simultaneously or sequentially to best understand research problems. The data collection also involves gathering both numeric information (e.g., on instruments) as well as text information (e.g., on interviews) so that the final database represents both quantitative and qualitative information.

3.3 Research Approaches

The study based on mixed research approaches which adopted both quantitative and qualitative research methods, where the researcher used the submitted questionnaires to the respondents who attended at the treatment and rehabilitation centres at the time of data collections in order to gather the quantitative information from the respondents and used the in depth interview to the respondents who directly quit from using the substance abuse treatment and rehabilitation services and engaged in re using the substance abuse at the time of data collection, these respondents were totally relapsed in the street, researcher also utilized the FGDs to the staffs working at the rehabilitation centres. According to Creswell (2017), a mixed methods approach is one in which the researcher tends to base knowledge claims on pragmatic grounds (e.g., conse- quence-oriented, problem-centered, and pluralistic). It employs strategies of inquiry that involve collecting data either simultaneously or sequentially to best understand research problems. The data collection also involves gathering both numeric information (e.g., on instruments) as well as text information (e.g., on interviews).

The researcher used quantitative and qualitative approaches concurrently to discern

information from the respondents. The quantitative approach focused to the youth who were under the rehabilitation services after their return to the rehabilitation centres after their relapse whereby questionnaires were dispatched to them as a tool used to collect the quantitative data. Drug abusers involved were those who had attended the Methadone Assistant Treatment (MAT) and those youths who were at the Sober House at the time of data collection. The data were analyzed statistically in order to be presented and translated through their frequencies and percentage. Creswell (2017) described quantitative approach as one in which the investigator primarily uses post-positivist claims for developing knowledge i.e. cause and effect thinking, reduction to specific variables and hypotheses and questions, use of measurement and observation, and the test of theories, employs strategies of inquiry such as; experiments and surveys, and collects data on predetermined instruments that yield statistical data. The qualitative approach were used whereby the qualitative tools like in-depth interview guide was used to totally relapsed substance abusers who were in the street at the time of data collection. The FGD guide was used to collect the qualitative data from the staffs working at the MAT clinic, sober houses and the parents, care givers and relatives of the youth who attended at the treatment and rehabilitation centres at the time of data collection.

The themes were analyzed, interrelated and interpreted in order to gain the client understanding on their behaviors that made them to re-engage or relapsed in using the drug abuse again and again apart from the efforts made in their treatment from the difference rehabilitation institutions.

Creswell (2017) described a qualitative approach as one in which the inquirer often makes knowledge claims based primarily on constructivist perspectives i.e. the multiple meanings of individual experiences, meanings socially and historically constructed with an intent of developing a theory or pattern or advocacy and participatory perspectives i.e. political, issue-oriented, collaborative or change-oriented or both. It also uses strategies of inquiry such as; narratives, phenomenologist, ethnographies, grounded theory studies, or case studies. The researcher collects open-ended emerging data with the primary intent of developing themes from the data. This study used the interview guide questions to collect the data from the total relapsed substance abusers who were in the street during the study. The questions asked were open ended, whereby the respondents answered them, recorded after the respondent's consent, the data were coded, and the main themes were picked, analyzed and interpreted.

Al-Ababneh, (2020), mixed-method refers to the use of both quantitative and qualitative data collection techniques (Saunders et al., 2009). Multi-method research can be either quantitative 'multi-method quantitative study' or qualitative 'multi-method qualitative study'. Mixed-method can be classified into two types which are 'mixed method research' that uses quantitative and qualitative data collection techniques with relative analysis technique for each data and 'mixed model research' that combines quantitative and qualitative data collection techniques and analysis procedures (Saunders et al., 2009). Multiple methods are considered useful for research because they provide better opportunities to answer research questions and better interpretation of research findings.

Researcher used both quantitative and qualitative approaches in order to get both information quantitatively from the current substance abusers who were continuing with the treatment and rehabilitations services from MAT clinic and sober houses and also in order to get the information from the total relapsed substance abusers who were in the streets. Researcher thought that the combination of the information scatted from the two groups of respondents were needed to provide the existing information on the factors that cause the drug abuser's relapse back into substance abuse after treatment and rehabilitation. The quantitative data collection tools, questionnaires utilized to the substance abusers who continued with rehabilitation at MAT and Sober houses, and the qualitative data collection tools i.e.in-depth interview and FGD's utilized to gather the qualitative data.

3.4 Research Design

According to Bhattacherjee (2012), research design is a comprehensive plan for data collection in an empirical research project. It is a "blueprint" for empirical research aimed at answering specific research questions or testing specific hypotheses and must specify at least three processes: (i) the data collection process, (ii) the instrument development process, and (iii) the sampling process. The research design refers to the overall strategy that one chooses to integrate the different components of the study in a coherent and logical way, thereby; ensuring one will effectively address the research problem. It constitutes the blueprint for the collection, measurement, and analysis of data (De Vaus, 2001). According to Van Wyk (2015), a good research design is well planned, and its components work harmoniously together to fit the study. Mkhonto (2016) continues to explain that Van Wyk (2015)

defined the research design as the overall strategy that you choose to integrate different components of a study in a coherent and logical way, thereby, ensuring you will effectively address the research problem. It constitutes the blueprint for the collection, measurement, and analysis of data.

This study used quantitative and qualitative research tools in collecting data from respondents who had been at rehabilitation centres and those that were still receiving treatment after relapse. In-depth interviews were used to collect qualitative data from respondents who had withdrawn from the substance treatment and rehabilitation services. The tool helped to explore their experiences and understanding reasons for withdrawal and relapse back to substance abuse. The quantitative data used to collect the quantitative information from the respondents who were continuing with the treatment and rehabilitation services at the MAT clinic and the sober houses. The data helped to know the respondent's frequencies and percentages that helped in the quantitative data analysis.

A case study is an in-depth study of a particular research problem rather than a far-reaching statistical survey or comprehensive comparative inquiry (Labaree, 2009). Creswell (2007) affirm that many case studies focus on an issue with the case individual, multiple individuals, program, or activity selected to provide insight into the issue. Thus, the focus in case study research is not predominantly on the individual and their stories as in narrative research but on the issue with the individual case selected to understand the issue. Also, in the case of study research, the analytic approach involves a detailed description of the case, the setting of the

case within contextual conditions. Case study is often used to narrow down a very broad field of research into one or a few easily researchable examples. The case study research design is also useful for testing whether a specific theory and model actually applies to phenomena in the real world. It is a useful design when not much is known about an issue or phenomenon. Labaree (2009) explained the importance of case study designs as follows: -

i) Approach excels at bringing us to an understanding of a complex issue through detailed contextual analysis of a limited number of events or conditions and their relationships;
ii) A researcher using a case study design can apply a variety of methodologies and rely on a variety of sources to investigate a research problem;
iii) Design can extend experience or add strength to what is already known through previous research;
iv) Social scientists, in particular, make wide use of this research design to examine contemporary real-life situations and provide the basis for the application of concepts and theories and the extension of methodologies; and
v) The design can provide detailed descriptions of specific and rare cases.

The study used a case study research design. According to Tight (2017), a case study research design is focused on understanding behavior in its specific social context or to put other way around, if you are engaging in research project with intension of understanding some aspect of behavior in its social setting, case study is obvious and appropriate research design to employ. Therefore, this study adopted the case study design in order to go deep into understanding the substance abuser's behavior that

made them to relapse back into using the substance abuse after their treatment and rehabilitation services.

3.5 Study Area

In any research study, according to Acharya, et al (2013), the best strategy is to investigate the problem in the whole population. However, practically, it is always not possible to study the entire population. Alternatively, researchers study a "sample" which is sufficiently large and representative of the entire population. Sample is a subset of the population, selected so as to be representative of the larger population, by taking a representative sample, researchers can reduce the costs incurred, the time taken to do the research and also the manpower needed to conduct the study.

The study conducted by Abdalla (2007) on the nature and the magnitude of drug abuse in Zanzibar which involved different stake holders reveals that the most effected portion of the population were youths aged between 13-35 years mainly due to their inability to resist peer pressure as justified by their low level of knowledge, researcher decided purposively to select Zanzibar to be the area location for conduct research in order to come up with the social work interventions to help the youth who were affected with the substance abuse problem and therefore Zanzibar represent the Tanzania context.

The study was conducted in two Districts of Zanzibar Urban West Region. The districts were Zanzibar West B District and Zanzibar Urban District. The areas were

purposively selected due to the presence of rehabilitation centres and the availability of the substance abusers who had the history of relapsing back to substance abuse or the availability of totally relapse substance abusers in the area. Therefore, to have the access to the information from the respondents at the time of data collection, there were five rehabilitation centres attending drug abusers, Zanzibar MAT clinic services was in the Urban District whereas, many sober houses were in Zanzibar West B District.

3.6 Study Population

The study involved substance abusers who had relapsed and were attending sober houses or rehabilitation centres. The population also encompassed former substance abusers who had attended the Methadone Assistance Treatment (MAT) services at Kidongo Chekundu Mental Hospital. In general, it involved people who had the history of relapse, and were continuing with the rehabilitation and treatment at the rehabilitation centres. The study also involved the staff who work at the sober houses and the staffs working at Methadone Assistance Treatment (MAT) clinic at Kidongo Chekundu Mental Hospital. Social workers who were serving drug abusers attending methadone clinic for treatment were also targeted. Further, the study involved the client's parents and caregivers who provided the support to drug abusers in their treatment and rehabilitation services at sober houses and the methadone clinic. The respondent's age was between 18 to 40 years.

The staff working at MAT clinic and the staffs working at the sober houses were people who provided care and support to drug abusers who were involved in the

treatment, among the staffs including the social workers working at the methadone clinic. The staff at the MAT clinic and sober house and parents were also involved in three Focus Group Discussions based on their classification in order to add the information from target respondents i.e. Drug abusers who were engaged into substance abuse, got treatment and relapsed.

3.7 Sample Size and Sampling Procedures

3.7.1 Sample Size

Sampling is the statistical process of selecting a subset (called a "sample") of a population of interest for purposes of making observations and statistical inferences about that population (Bhattacherjee, 2012). Social science research is generally about inferring patterns of behaviors within specific populations. Since the entire population cannot be studied because of feasibility and cost constraints, and hence, we must select a representative sample from the population of interest for observation and analysis. It is extremely important to choose a sample that is truly representative of the population so that the inferences derived from the sample can be generalized back to the population of interest.

Database of MAT clinic at Kidongo Chekundu Mental Hospital (2018) shows that 516 were enrolled from February 2015 – 2018, deducting 20 youths who had passed away and 196 defaulters. Drug abusers who were actively attending MAT clinic by the time of the study were 320, data base from the Manager of Trent Sober House Database, (2018) shows that the drug abusers enrolled at each sober houses located in the Urban West Region which were five sober houses were 85 youths. Therefore,

the total number of youths who were under the treatment and rehabilitation services was expected to be 405, whereby those youths who had attended the methadone clinic were 320 and drug abusers who had attended sober houses for rehabilitation were 85.

Noer (2019) in his study, “the Relationship of Teachers’ Professional Competence toward Students’ Learning Motivation at North Siberut N 1 High School with totaling 423 students at the Mentawai Islands, determined the number of samples using Slovin formula as follows:

Where $n = N/1 + Ne^2$

Where:

n = sample size

N = population size

e = 0.1 (marginal error)

This study also adopted the Slovin’s formula to calculate the sample size $n = N/(1+Ne^2)$, where n = Sample size = Population size, e = Marginal error represents 10% = 0.1. According to the number of drug abusers the sample size was: -405/ (1+405 *0.1^2) = 405/ (406* 0.01) = 406/4.06 = 99.75

n = 100

Hennink, (2020) posit that saturation is a core principle used in qualitative research. It is used to determine when there is adequate data from a study to develop a robust and valid understanding of the study phenomenon. Saturation is applied to purposive

non-probability samples, which are commonly used in qualitative research. Saturation is an important concept because it provides an indication of data validity and therefore is often included in criteria to assess the quality of qualitative research. Saturation has its origins in the grounded theory approach to qualitative research, whereby it is used to determine data adequacy for theory development. However, it is also used outside of grounded theory to justify sample sizes for qualitative studies.

Braun, (2021) State that the concept of data saturation, defined as 'information redundancy' or the point at which no new themes or codes 'emerge' from data, is widely referenced in thematic analysis (TA) research in sport and exercise, and beyond. Several researchers have sought to 'operationalize' data saturation and provide concrete guidance on how many interviews, or focus groups, are enough to achieve some degree of data saturation in TA research.

As for Sebele-Mpofu, (2020) views saturation having its roots in the grounded theory when it was propounded by Glaser and Strauss (1967), as a means of designing theoretical and interpretive frameworks from qualitative information. According to Sebele-Mpofu, (2020), Low (2019) explained that most of the current studies on saturation concentrate largely on how many interviews, how big the sample size or how many focus groups are required to attain saturation point "rather than developing a conceptual and didactic definition of what it is". Very minimal methodological research is available on the specifications or guidelines that shape saturation, what it entails, how to evaluate it as well as on the specific and transparent parameters on how to accomplish it. In these aspects, researcher had

three Focus Group Discussions that represented ten participants each, FGD's conducted to staffs working at sober houses, the staffs working at MAT clinic at Kidongo chekundu Mental Hospital and the parents and care givers who supported the substance abusers who were at the rehabilitation centres. Researcher also had one in-depth interview session to the only twenty respondents who thought that they were enough to provide information and gathered the saturated data.

3.7.2 Sampling Procedures

The accuracy of findings largely depends upon the way one selects their sample (Kumar, 2011). The basic objective of any sampling design is to minimize, within the limitation of cost, the gap between the values obtained from your sample and those prevalent in the study population. The underlying premise in sampling is that a relatively small number of units if selected in a manner that they genuinely represent the study population, can provide a sufficiently high degree of probability, a fairly true reflection of the sampling population that is being studied.

Rwegoshora (2014), the probability sampling today remains the primary method for selecting large, representative samples for social science and business research. The probability sampling requires the following conditions to be satisfied: (i) a complete list of subjects to be studied is available (ii) the desired sample size of universe must be known, (iii) the desired sample size must be specified, and (iv) each element must have an equal chance of being selected. He identified five forms of probability sampling as; simple random, stratified, cluster, multi stage and multiphase. According to him, in simple random sampling, the sample units are

selected by means of number of methods like lottery methods which involves three steps. The first step is constructing the sample frame i.e. list of units of target population example of student list. The second step is writing numbers listed in the sampling frame on small pieces of paper and placing them in some vessels and drum or jar. The third steps is mixing all papers well and taking out one piece of paper from the jar. This process is continued until the required number of respondents is reached. For example, 100 houses are to be allocated to applicants out of 2,500 houses constructed. Here, 2,500 pieces of paper numbered from 1 to 2,500 are put in drum and mixed. Some eminent person or a child is then invited to take out 100 slips from the drum. If the number on the peace of paper is 535, the name on the list that corresponds to that number is identified and recorded. Thus, the 100 numbers selected will be allotters of houses.

This study used the probability sampling technique, whereby all respondents who deserved and had the right to participate in the study were involved. Finally, the simple random sampling technique was adopted to select the drug abusers who continued with treatment and rehabilitation services at both the MAT clinic and sober houses. The lottery method was used where all 450 pieces of papers which were already labeled from 1, 2, and 3 up to 450 mixed in the drum and one person asked to pick up the 80 pieces from the drum that represented the sample of all 450 respondents to participate in the study.

Rwegoshora (2014), purposive sampling which is also known as judgmental sampling, the researcher purposely chooses a person who, in his judgment about

some characteristics required for sample members, is relevant to the research topic and is easily available to him. For example, suppose, the researcher wants to study beggars, he knows that there are three areas in the city where beggars are found in abundance. He will visit only these areas and interview beggars of his choice and convenience.

In addition, Etikan, et. al. (2016) observes that the purposive sampling technique, also called judgment sampling, is the deliberate choice of a participant due to the qualities the participant possesses. It is a nonrandom technique that does not need underlying theories or a set number of participants. Simply put, the researcher decides what needs to be known and sets out to find people who can and are willing to provide the information by virtue of knowledge or experience. This study used the purposive sampling technique to select the drug abusers who were in the different streets that the drug abusers were familiar located in those areas and used the drugs like Miembeni, Jang'ombe and Kundemba in Zanzibar Town. Twenty respondents were picked and interviewed in these areas. The researcher picked only those drug abusers who were defaulters and relapsed from their treatment and rehabilitation services either relapsed from using the methadone at MAT clinic at Kidongo Chekundu Mental Hospital or rehabilitation from sober houses. Researcher decided to use the purposive sampling because he judged that the data could be obtained and therefore to get the information that can assist and add the knowledge of the study.

The drug abusers' parents, caregivers and other relatives selected for this study were picked randomly from the drug abusers who used the methadone services at MAT

clinic, whereby lottery method was used to select the parents, care givers and relatives. Eighty (80) pieces of paper labelled 1, 2, 3 to 80 were put in the drum, one person asked to pick 10 pieces from the drum in order to represent 80 respondents at MAT clinic. The drug abusers who's their numbers were selected, were asked to bring their parents, care givers and relatives to participate in the FGD.

3.8 Methods of Data Collection

Bhattacherjee (2012), data collection methods can be broadly grouped into two categories: positivist and interpretive. Positivist methods are such as; laboratory experiments and survey research. They are aimed at theory or hypotheses testing, while interpretive methods, such as action research and ethnography, are aimed at theory building. Positivist methods employ a deductive approach to research, starting with a theory and testing theoretical postulates using empirical data. Interpretive methods employ an inductive approach that starts with data and tries to derive a theory about the phenomenon of interest from the observed data. This study employed both positivist and interpretive methods in order to collect the data that provide the blueprint on the real situations that drug abusers' experiences when in their treatment in rehabilitation centres and factors that cause them to relapse after their rehabilitations and recovery.

3.8.1 In-depth Interview

Rutledge, et. al. (2020), an in-depth interview is a qualitative research technique that is used to conduct detailed interviews with a small number of participants. In contrast to other forms of qualitative research, researchers using an in-depth interviewing

approach invest a significant amount of time with each participant employing a conversational format. Interview questions are primarily open-ended and lead to a discovery-oriented approach. The purpose of in-depth interviewing is to get detailed information that sheds light on an individual's perspective, experiences, feelings, and the derived meaning about a particular topic or issue. A commonly-employed qualitative technique in the social sciences, in-depth interviewing is most frequently used in media psychology to better understand how to approach a topic that needs further study and can be a valuable component in multi-method research designs.

The study utilized in-depth interview to respondents who had been involved in using the substance but had been treated and rehabilitated and recovered, nonetheless, failed and relapsed back to drug and substance abuse. The researcher targeted those youths who were, at the time of data collection, still relapsed. The aim was to understand in detail their understanding of reasons for relapse after their recovery after treatment. Researcher was guided with open ended questions in gathering qualitative data from the respondents, the probing questions were added during the in-depth interview with respondents.

3.8.2 Structured Questionnaires

Structured questionnaires according to O'Cathain et, al. (2004), have potential of increasing response rates, elaborating responses to closed questions, and allowing respondents to identify new issues not captured in the closed questions.

The structured questionnaires were utilized as a tool for data collection from the youths who had abused drugs and were in treatment and rehabilitation at Methadone

Assistant Treatment (MAT) and sober houses. The questionnaire allowed respondents a good time for reading questionnaires and answering them correctly and in detail. The open-ended questions and some closed-ended questions were used during the data collection with the respondents. The tool was tested to fifteen respondents before the actual study has been conducted. The structured questionnaires were to fifteen respondents at Kidongo Chekundu mental hospital. The respondents who participated in the pretest of the tools had no history of relapse, they were newly in the treatment and rehabilitation services. The data were analyzed and the correction made to the area that look was difficult to be understood and answered by the respondents who participate in the pilot study. The tool finally took to the actual study to the youth who had the history of relapse but were continue with the treatment and rehabilitation services at MAT clinic and sober houses.

3.8.3 Focus Group Discussion

According to Rivaz et al. (2019), focus groups are one type of qualitative method. They are used to explore people's beliefs, perceptions, and attitudes about a certain topic. The most common use of focus groups is at the beginning of a research project, usually followed up by survey or questionnaire i.e. quantitative research. They are called focus groups because the discussions start out broadly and gradually narrow down to the focus of the research. Rivaz et. al. (2019) explained that focus groups typically consist of 8-12 people, with a moderator who focuses the discussion on relevant topics in a nondirective manner. According to Rivaz et. al. (2019), depending on the situation, homogeneous groups are often recommended, since various constituencies share concerns and views.

The study used the Focus Group Discussion as a tool for data collection from parents and relatives who supported drug abusers who were under the process of recovery through treatment and rehabilitation from different rehabilitation institutions. The FGD guiding questions were used as an instrument of collecting information from the respondents during the discussions.

The FGD was also conducted with the staffs who directly provided support to drug abusers on their course of treatment and rehabilitation services at MAT clinic and at the sober house and to the people who were close with the youth in their lives. These people were substance abuser's parents, caregivers and other client's relatives. Further, FGD was conducted to the staffs working at MAT clinic at Kidongo Chekundu Mental Hospital, and the staffs working at sober houses in the West A and West B Districts. Three Focus Group Discussions were conducted in this study. The FGD to staffs working at the MAT clinic, the FGD for the staffs for working at sober house and FGD for the parents, care givers of the substance abusers who were at the treatment and rehabilitations centres. The FGDs were composed of ten respondents each, the narrative data recorded, transformed into scripts, the themes were coded and the most common themes were picked, interpreted and used in the discussion of the findings.

The issues discussed especially to the parents, care givers and relatives of the respondents were knowledge about substance abuse to substance abuser's treatment, types of support to substance abusers under treatment and rehabilitations, the limitations that block the services to be offered to substance abusers. The issues

discussed to the staffs working at the staffs working at the treatment and rehabilitation centres, Sober houses and MAT clinic were concerned with the services provided at the rehabilitation Centre, requirements supposed to be followed by the newly enrolled client in the rehabilitation centre, the punishment to disobeys the principles and rules of the rehabilitation centre and the procedure of withdrawal from the treatment and rehabilitation centre.

3.8.4 Documentary Review

Andrade, et. al (2018), documentary analysis is a procedure which encompasses the identification, verification and consideration of documents which are related to the object investigated. Its use promotes the observation of the process of maturation or evolution of individuals, groups, concepts, knowledge's, behaviors, mentalities and practices among others. Andrade, et. al. (2018 explained that the use of documents in research is valued due to the richness of the information extracted, and because it broadens the understanding regarding the object under investigation. Documents are vestiges of the past, which serve as witnesses and which allow one to extend the coverage of time in the social comprehension.

Abbondanza, (2019) adds that the aim of collecting secondary data is to learn what is already known and what remains to be learned about a topic through reviewing secondary sources and investigating what others have previously conducted in the specified area of interest. Through this study, the secondary data were covered the documents at MAT clinic, the data had the information about the number of the substance abusers enrolled, their recovery and relapse as a defaulter's rates. This

recorded data helped researcher to get the information's on the statistics of how may substance abusers were enrolled, how many were continuing with the treatment and rehabilitation services and how many were defaulters from their treatment and rehabilitation services. The data also gathered from the Commission for National Coordination and Drug Control and from the Civil Services Commission of Zanzibar, The documentary evidences add the information about the substance abusers enrollment and the number of substance abusers trends who were employed in Zanzibar, that support their rehabilitation and recovery process.

3.9 Ethical Consideration

The ethical consideration included asking clearance to conduct this research from all relevant authorities. The first research a clearance was from Postgraduate Directorate of the Open University of Tanzania. Next, was a permission to conduct research from Zanzibar Second Vice President's Office. Lastly, a clearance from local authorities in the study areas was sought. Likewise, consent of participants was sought before engagement in data collection process. The respondents were informed about the research, and their involvement in the study. They were assured that their information would be confidential to ensure their security and peace of mind. Further, the respondents were informed that they were free to withdraw their participation any moment and the researcher have them read, understand and sign a consent form before the start of the research.

3.10 Data Analysis

The Social Sciences Package for Social Sciences (SPSS) software version "20" was

used to analyze the quantitative data that was collected from the respondents. The variables both independent variable and dependent variables were inserted. The data based on the treatment and rehabilitation services, kind of support were provided in the rehabilitation centres and in community including family support were inserted and the data based on the factors and causes of relapse, the knowledge of substance abusers on substance abuse and high-risk situation were interested in Statistical Package for Social Sciences (SPSS) software version 20. The data were uploaded into SPSS variable view and was inserted, categorized, labelled and recorded in the data view and finally analyzed through frequencies that determined the results through figures, table, bar chat and histogram. The qualitative data were analyzed through the content analysis. The themes were coded, analyzed and interpreted so as to have a clear understanding about the substance abusers' behavior that led them to the substance abuse relapse after their treatment and rehabilitation services.

The variables inserted to the SPSS were reflected with the conceptual frame work which show the rehabilitation and treatment services as an independent variable and high-risk situations, peer pressure influence, family factors and social factors as dependent variables that through the knowledge of substance abuse can either lead to complete recovery or relapse.

3.11 Validity and Reliability

The concepts of reliability and validity in social science research were introduced, and major methods to assess reliability and validity reviewed with examples from the literature (Drost, 2011), the thrust was to understand the general problem of validity

in social science research and to inform them with approaches to developing strong support for the validity of their research. An important part of social science research is the quantification of human behavior that is, using measurement instruments to observe human behavior. The measurement of human behavior belongs to the widely accepted positivist view, or empirical analytic approach, to discern reality (Small boneet et. al, 2004). Because most behavioral research takes place within this paradigm, measurement instruments must be valid and reliable.

3.11.1 Validity

According to Bhattacherjee (2012), validity, refers to the extent to which a measure adequately represents the underlying construct that it is supposed to measure. For instance, is a measure of compassion really measuring compassion, and not measuring a different construct such as empathy. Validity can be assessed using theoretical or empirical approaches, and should ideally be measured using both approaches. Theoretical assessment of validity focuses on how well the idea of a theoretical construct is translated into or represented in an operational measure. This study used the instruments that reflected the empirical observation-based on the issues of substance abuse relapse. The questionnaires captured the ideas of knowledge of substance abusers in reflection to the relapse and complete recovery from the treatment and rehabilitation services. The ideas have been also adopted from discussions through the empirical investigations. In order to validate the idea captured through theoretical framework and the empirical investigation, the instruments were submitted to the respondent who participated in pilot study whereby the 15 respondents filled the questionnaires before the actual data

collections. The data were analyzed and interpreted therefore gave the insight of how the best useful to the real study to be carried out and therefore to validate the findings of this study.

3.11.2 Reliability

Bhattacherjee (2012), reliability is the degree to which the measure of a construct is consistent or dependable. In other words, if we use this scale to measure the same construct multiple times, do we get pretty much the same result every time, assuming the underlying phenomenon is not changing. An example of an unreliable measurement is people guessing your weight. Quite likely, people will guess differently, the different measures will be inconsistent, and therefore, the "guessing" technique of measurement is unreliable. O'Connor et. al. (2020). Evaluating the inter coder reliability (ICR) of a coding frame is frequently recommended as good practice in qualitative analysis. ICR assessment can yield numerous benefits for qualitative studies, which include improving the systematic, communicability, and transparency of the coding process; promoting reflexivity and dialogue within research teams; and helping convince diverse audiences of the trustworthiness of the analysis.

Based on O'Conno (2020) evaluation, this study used qualitative research methods whereby the FGD guiding questions and in-depth interview guide as instruments were used to bring about consistency, researcher utilized the voice recorder after the consent of the respondents in order to record the themes, coding the themes and finally got the real data from the respondents for analysis. Therefore, to get the reliability of the instruments and the data, so that in case that data is used by the

other researchers the same results can be realized and achieved. This study also used the questionnaires that was tested before the real study was carried out and therefore bring the results that even if used in another study would bring the same results, thus making the tools valid and reliable. Rwegoshora (2014), indicated that social science research must collect valid and reliable data. The greatest drawback about this method is said to be the problem collection of valid and reliably answered questionnaires. In this method there is no room for observation and that is why it is not possible for interviewer or researcher to test the validity and reliability of the information given. A questionnaire is reliable only if it gives the same or higher similar results when reapplied to the same or higher similar phenomena.

CHAPTER FOUR

DATA PRESANTATION, ANALYSIS AND DISCUSSION

4.1 Introduction

This chapter presents data analysis and interpretation of findings. The analysis and interpretation of the findings is based on the study specific objectives. These objectives were the family factors that caused drug abusers to relapse back to drugs after rehabilitations, the nature of care and services provided by the rehabilitation centres to drug abusers under treatment and rehabilitations, factors that caused drug abusers to relapse back to drug abuse and the social worker's practices that supported drug abusers in the treatment and rehabilitations. Both quantitative data and qualitative data analysis is presented in this chapter.

The chapter presents the findings from the quantitative research data obtained through the submitted questionnaires to respondents who had a history of relapsing, and who continued with the treatment and rehabilitation services at MAT clinic and sober houses at the time of data collection. It also presents qualitative data from the total relapsed youth who were at the streets at the time of data collection. The chapter also presents findings from the Focus Group Discussion (FGD) findings from parents, caregivers and relatives of drug abusers and staff who were working at rehabilitation centres, at MAT clinic and sober houses.

The researcher collected the data from the respondents who had totally relapsed into substance abuse after their treatment and rehabilitation services. The researcher

thought that respondents who had totally relapsed and who were at the time of data collection living in the streets could offer the information relevant to the relapse because at the time of data collection they still were using them. So it was very easy for them to explain why they were using the drugs after their treatment and rehabilitation. Therefore, they were the vital respondents in this study who provided fresh information from their ongoing life experiences at the time. The in-depth interviews probed carefully into all the labyrinths of mindset, living conditions, family and society surrounding them. An interview guide prepared before fieldwork greatly helped in focusing the interviews and avoiding diverging from the research questions of the study. The purposive sampling technique was used to get more youths who had relapsed for interviews.

All findings are aligned with research objectives and research questions on factors that cause relapse back to substance abuse among drug abusers in Tanzania.

4.2 Social Demographic characteristics

4.2.1 Sex of Respondents

The number of males who participated in the study were higher (86.3%) compare with women who were only (13.8%). This is because women in Zanzibar are traditionally not allowed to move freely in the town and basically the number of drug abusers who used the substance male were higher than women.

The reviewed study conducted in the USA on gender differences in alcohol and substance abuse relapse by Walitzer (2006) established that alcohol relapse rates

were similar across gender. Although negative mood, childhood sexual abuse, alcohol-related self-efficacy, and poorer coping strategies predicted alcohol relapse gender did not moderated these effects. Gender did moderate the association between marriage and alcohol relapse. For women, marriage and marital stress were risk factors for alcohol relapse; among men, and marriage lowered relapse risk. This gender difference in the role of marriage in relapse might be a result of partner differences associated with the problem of drinking. Alcoholic women were more likely to be married to heavy drinking partners than were alcoholic men. Thus, alcoholic women may be put at risk of relapse by marriage, and alcoholic men may be protected by marriage.

Based on Walitzer et. al. (2006), there was no difference between men and women in relapse rates in alcohol abuse as this based on the culture. In Zanzibar, the women were protected and not subjected to drugs and substance abuse including drinking alcohol. Obviously, some women were engaged in substance abuse, including drinking alcohol, but there were a few to notice in the street. This was due to the culture of Zanzibar, and this became an observable difference between the women in the USA and the women in Zanzibar in relapsing rate. In Zanzibar, the 13.8 % relapsed compared to American women who had no difference in relapsing rate in alcohol use between them and the men.

Table 4.1: Sex of the respondents

Sex	Number of respondents	Percent
Male	69	86.3
Female	11	13.8
Total	**80**	**100.0**

Sources: Research field data, 2018Table 4.1shows that 69 (86.3%) of the respondents were male, and only 11(13.8%) of the respondents were female. This difference reflects the fact that most of the drug and substance abusers youth were male. This is likely because in Zanzibar women are not traditionally allowed to move freely in the town. Thus, women are not free to socialize and join groups that engage in drugs and substance abuse. On the other hand, men are free to go anywhere and in due course, find themselves in social groups of drug and substance abuse. Therefore, women in Zanzibar are shielded from drugs and substance abuse by tradition that confines women to the home, while men work outside to provide for the families.

The findings supported by the documentary evidence-based data from Methadone Assisted Treatment (MAT) clinic (2021) which shows the trends of the number of substance abusers that attended at the MAT clinic from February 2015 – July 2021. The data that showed that 84% - 92% of male substance abusers attended more to the clinic than female. The data also showed the maximum of substance abusers who attended to MAT clinic had the age range between 31 – 40 years and above. Table 4.2 showed the results on this part: -

Table 4.2: Trends of total population of drug abusers who attended MAT Clinic in Zanzibar by their gender and age from 2015 – 2021

	Gender		Total	Age Differences							
				18-25		26-30	31-35		36-40		40 above	
YEAR	**M**	**F**	**GT**	**M**	**M**	**F**	**M**	**F**	**M**	**F**	**M**	**F**
2015	143	27	170	9	20	5	42	9	27	5	53	4
Percent	**84**	**15.9**	**100**	**5**	**11.7**	**2.9**	**24.7**	**5.2**	**15.8**	**2.9**	**31.1**	**2.3**
2016	239	42	281	7	16	3	20	2	26	3	33	3
Percent	**85**	**14.9**	**100**	**2.5**	**5.7**	**1.1**	**7.1**	**0.7**	**9.2**	**1.1**	**11.7**	**1.1**
2017	407	48	455	18	35	0	29	2	26	2	63	0
Percent	**89.4**	**10.5**	**100**	**3.9**	**7.6**	**0**	**6.4**	**0.4**	**5.7**	**0.4**	**13.8**	**0**
2018	651	51	702	19	42	1	59	0	51	1	79	0
Percent	**92.7**	**7.3**	**100**	**2.7**	**5.9**	**0.1**	**8.4**	**0**	**7.3**	**0.1**	**11.3**	**0**
2019	817	62	879	14	36	4	36	0	26	1	57	3
Percent	**92.9**	**7**	**100**	**1.6**	**4.1**	**0.1**	**4.1**	**0**	**2.9**	**0.1**	**6.5**	**0.3**
2020	1139	68	1207	42	60	1	66	2	66	2	107	1
Percent	**94.3**	**5.6**	**100**	**3.5**	**4.9**	**0.1**	**5.5**	**0.2**	**5.5**	**0.2**	**8.9**	**0.1**
2021	1272	72	1344	16	22	1	28	2	20	1	53	1
Percent	**94.6**	**5.4**	**100**	**1.2**	**1.6**	**0.1**	**2.1**	**0.1**	**1.5**	**0.1**	**3.9**	**0.1**

Source: Kidongo Chekundu Mental Hospital MAT Clinic, 2021

The database of Commission for National Coordination and Drug Control (CNCD) of Zanzibar (2021) showed that the number of substance abusers who attended to the sober houses for services for the duration of ten years from 2011- 2019 were 10,000 whereby male constituted 81.9 % compare with the women substance abusers who constituted 18.06 %. Based on their age, the most age that the substance abusers were involved in using the substance abuse was age range of 30 years – 40 years old, followed by the age range from 40 years – 50 years old. Table 4.3 showed the gender and age that the substance abusers were attended to Sober houses from 2011 – 2019.

Table 4.3: Gender and age of substance abusers who were attended to Sober Houses in Zanzibar from 2011 – 2019

Age range	Male	Percent	Female	Percent	Total
20 – 30 Years	170	100	0	0	179
30 – 40 Years	5351	83.4	1060	16.5	6411
40 – 50 Years	2280	78.6	620	21.3	2900
Above 50 Years	384	75.29	126	24.7	510
Total	**8194**	**81.9**	**1806**	**18.06**	**10,000**

Source: Commission for National Coordination and Drug Control Zanzibar, 2021.

As for the age of the respondents, they ranged between 18 and 60 years of age, as summarized in Table 4.4

Table 4.4: Age of the respondents

Age range	Number of Respondents	Percent
18 - 20 years	3	3.8
21 - 25 years	7	8.8
26 - 30 years	20	25.0
31 - 35 years	24	30.0
36 -40 years	8	10.0
46 - 50 years	16	20.0
51- 55 years	1	1.3
56 - 60 years	1	1.3
Total	**80**	**100.0**

Table 4.4 shows that 24 (30%) of respondents had the age range from 31 to 35 years, 20 (25%) respondents had the age range from 26 to 30 years, 16(20%) respondents had the age range from 46 to 50 years, 8(10%) respondents had the age range from 36 – 40 years, 7(8.8%) respondent had the age range from 21 to 25 years, 3(3.8%) respondents had the age range from 18 to 20 years and 1 respondent (1.3%) had the age range from 51 to 55 years the same percent with respondents with the age range from 56 to 60 years old.

The study revealed that most of drug abusers were young people who were supposed to carry out key activities in their societies to assist themselves, their families, their community and their nation. So the entrapment of these age groups into drug and substance abuse hampers the development of their families, themselves, their communities and the nation.

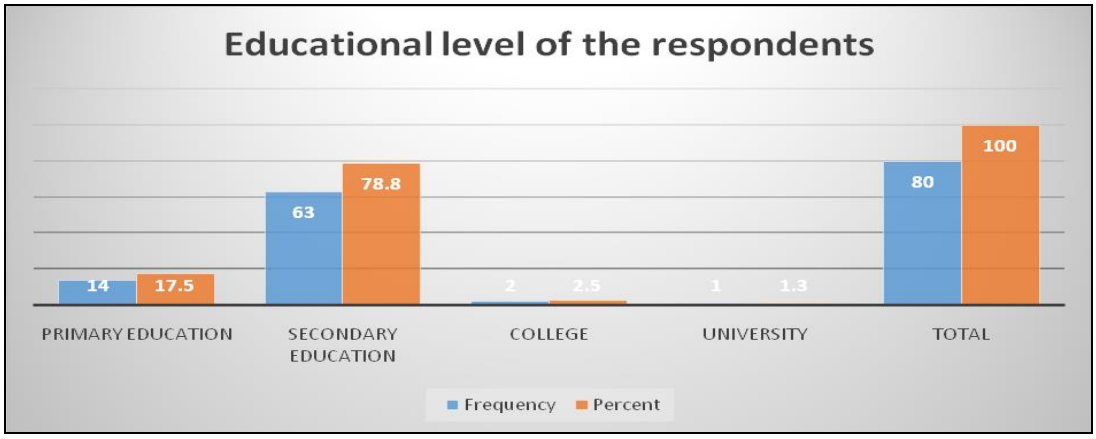


Figure 4.1: Education Level of Respondents in Rehabilitation Centres

The level of education of respondents ranged from primary education to university education. As Figure 4.1 shows, 63 (78.8% of respondents had the secondary education, 14 (17.5%) had the primary education, 2 (2.5 %) had the college education and 1 (1.3%) had the university education. The study indicated that the respondents knew what they were doing in relation to their engagement in the substance, as most of the respondents had the secondary education, which gave them adequate insight of their behaviors in the case of engagement and re-engagement to the substance abuse. On the other hand, the analysis suggests that very little sensitization of school children on the problems and consequences of drug and substance abuse was done in primary schools in Zanzibar.

The above data is supported by Kamenderi, et. al. (2021) who explained that among the risk factors associated with drugs and substances of abuse among secondary school students were being male, being in upper classes; having a family member or friend using drugs or other substances of abuse and knowledge of a school mate using drugs or other substances of abuse. Their marital status is summarized in Table 4.5.

Table 4.5: Marital status of respondents in rehabilitation centres

Marital status	Number of Respondents	Percent
Did not respond	1	1.3
Single	31	38.8
Married	32	40.0
Divorced/separated	16	20.0
Total	**80**	**100.0**

Table 4.5 shows that 32 (40%) of respondents were married, 31 (38.8%) were single and 16 (20%) were divorced or separated, and 1(1.3%) of respondents did not respond. The study indicates that the majority of the respondents had family responsibilities, considering that they were already married. Involvement in drugs and substance abuse greatly limited their capacity to support their families, especially when we consider that the majority of the respondents were male. In the Tanzanian culture, men are supposed to take care of their family.

The data is supported by Adzrago, (2018) who found the socio-demographic information about the study participants i.e. patients and service providers were presented in Tables 4.6 respectively. As of the time of this study, only two alcohol and drug addiction rehabilitation centres were available in the Cape Coast Metropolis. These centres were Ankaful Rehabilitation Centre, a state-owned facility and Mercy Rehabilitation Centre, owned by a religious organization. Purposive sampling technique was used to select the service providers and the two former rehabilitated patients while individuals with alcohol and drug addiction undergoing rehabilitation at the rehab centres were selected through accidental sampling technique. At the Ankaful Rehabilitation Centre, 13 service providers consisting of seven males and six females were selected with saturation similar or no more

patterns of data or themes emerged while ten male patients were also interviewed. Table 4.6 presents summary of findings in this part: -

Table 4.6: Socio-demographic Characteristics of Patients (Addicts)

Respondent's ID	Marital Status	Children	Religion	Length of stay at the Centre	Rehabilitation Centre
A	Single	None	Christian	2 months	Mercy Centre
B	Single	1	Christian	2 months	Mercy Centre
C	Single	None	Christian	1 month	Mercy Centre
D	Married	2	Christian	4 months	Ankaful Centre
E	Single	None	Christian	4 months	Ankaful Centre
F	Married	3	Christian	5 months	Ankaful Centre
G	Married	4	Christian	3 months	Ankaful Centre
H	Single	None	Christian	2 months	Ankaful Centre
I	Married	4	Christian	4 months	Ankaful Centre
J	Single	None	Christian	3 months	Ankaful Centre

4.3 The Family Factors that Cause Drug Abusers to Relapse Back to Drug Abuse after their Rehabilitations

The Researcher aimed at identifying the family factors that caused drug abusers to relapse back to drug abuse after rehabilitation. It was assumed that the family and relatives support help drug abusers in their recovery process. Therefore, drug abusers who were still continuing with the treatment and rehabilitation services at MAT clinic and sober houses were asked to respond to questions related to the family and relatives support, and the respondents were offered questionnaires to fill in; and return to the researcher for analysis in order to get the response as an answer to this objective.

4.3.1 Knowledge of Parents, Relatives and other People in the Community in Helping Drug Abusers

Responses of the respondents on knowledge of parents, relatives and other people in the community of the substance abuse are summarized in Table 4.7

Table 4.7: Knowledge of Parents, Relatives and Other People in the Community on the Substance Abuse

Knowledge Area	Frequency	Percent
Have knowledge of supporting the drug abusers for them for services at the sober house	7	8.8
Have knowledge of counselling drug abusers to stop the drug abuse	12	15.0
Have knowledge of providing support to drug abusers	2	2.5
Have knowledge to collaborate with drug abusers	4	5.0
Did not have any knowledge of substance abuse and relapse	49	61.3
Total	**80**	**100.0**

As revealed in Table 4.7, 49 **(**61.3%) of respondents said that their parents, relatives and other people in the community did not have any knowledge on substance abuse and relapsed**,** 12 (15%) indicated to have knowledge of counseling drug abusers to stop drugs and substance abuse, 7 (8.8%) said they had knowledge that helped them to pay for services of their relatives at the sober house, (5%) indicated to have knowledge of collaborating with drug abusers.

In a nutshell, the study revealed that the majority of the parents, relatives and other people in the community did not have knowledge of drug and substance abuse and relapsed. Thus, the youth relapse back to drug abuse after treatment and rehabilitation because they did not get enough care and guidance from their close relatives including their parents with whom they were living together. This is due to the poor knowledge of their parents and relative on substance abuse. The family members, relatives and community at large did not know the struggles the former drug addicts were going through. If the drug abuser engaged in the use of drugs and substance abuse again, it is very easy for them to lie to their close relatives and deny using drugs and substances.

The findings are supported by Mafa, (2020) who found out that the effects of substance abuse were not exclusively felt by the user. Teenage substance abuse also has negative impacts on the families of the users. Families find themselves out of depth when trying to deal with the use as they focus their energies on assisting the substance user. This, in turn, results in other family relationships being partially neglected. The parents interviewed reported family disarray as a result of substance abuse. This is due in part to the fact that parents and family members alike were are not sure what to do as they lacked knowledge of substance abuse and its seriousness.

4.3.2 How Parents and Relatives Help Drug Abusers in their Treatment

As for different forms of support that parents and relatives provided to their sick, their responses are summarized in Figure 4.2

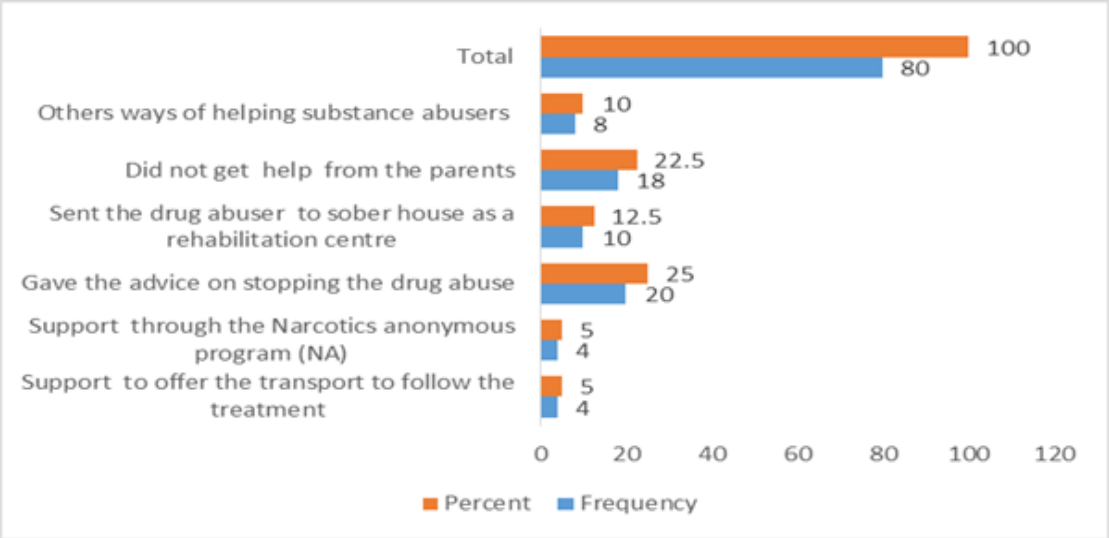


Figure 4.2: The nature of parents and relatives' support to drug abusers in treatment and rehabilitation services

As revealed in Figure, 4.2 (25%) respondents gave advice to the drug abusers who abused drugs to stop the drug abuse, 18 (22.5%) said they did not give any help to

their sick ones, 13 (16.3%) said they helped them in paying for the client's services at rehabilitation centres, 10 (12.5%) indicated that they sent drug abusers to sober houses and rehabilitation centres, and 8 (10%) respondents indicated that they helped drug abusers in other ways; including forgiving drug abusers and being very close to them, being friendly to drug abusers, sitting together with drug abusers, sending drug abusers to Methadone Assistant Treatment(MAT), and becoming very aggressive in order to change their behaviors and 4 respondents (5%) said they helped drug abusers with transport or fare to follow up the treatment. Therefore, parents and relatives played their roles in helping the drug abusers to recover in their treatment and rehabilitation services. However, the parents and relatives had little knowledge on substance abuse that became a limit to help and support the drug abusers to recover completely. This observation suggests that parents, families, relatives and community members must be sensitized on various aspects of consolidation of the recovery and rehabilitation process of the patients who have recovered.

This observation was also made by Sy (2020) who described that the vulnerability to substance use disorders (SUD) vary across individuals. However, there is scant evidence examining how family support is associated with coping skills and substance abuse, especially among adults. Sy, (2020) described how family supported moderated the relationship between coping skills and substance abuse among Filipino adults who used drugs. Family support moderated the relationship between life skills and SUD symptoms, suggesting that family support is most critical for those with lower life skills. The study concludes that life skills and family

support are important factors that contributed to the treatment success among mild-risk persons who use drugs (PWUDs) in the Philippines and therefore need to be prioritized in treatment programs and health promotion initiatives.

4.3.3 Sources of Support to Drug Abusers

Respondents were asked to mention various sources of support given to drug them. Their responses are summarized in Table 4.8

Table 4.8: Sources of support to help drug abusers' recovery

Source of Support	Frequency	Percent
Drug abusers' family	38	47.5
Relatives	3	3.8
Drug abusers' friends	18	22.5
Drug abusers' children	2	2.5
No help	7	8.8
The family and children	4	5.0
Drug abuser's friends	6	7.5
Drug abuser's partners	2	2.5
Total	80	100.0

Table 4.8 shows that 38 (47.5%) of respondents got a support that helped them in their recovery process from their family,18 (22.5%) got support from their friends, 7 (8.8%) said they did not get any support and help, 6 (7.5) indicated to have got support from their friends, 4 (5%) said they got support from their family and their children, 3 (3.8%) said they got support from their relatives, while 2 (2.5%) indicated that their children were their source of support. In short, the study revealed that the drug abuser's family played a big role in helping drug abusers to recover in rehabilitation and treatment services. These findings are supported by Sari, et. al. (2021) who explained that drug abusers often experience health problems both physically and mentally due to the influence of drugs or the environment that makes

drug abusers depressed. One of the health treatments for drug abusers that can be done to motivate drug abusers is to provide family support. The family is a source of social support because, in family relationships, mutual trust is created. Sari, et. al. (2021) noted that support provided is based on the cause of individuals to commit drug abuse. Support could be provided in the form of assessment support, instrumental, informational, and social. A good family role's functioning makes the recovery process more effective because an addict will feel motivated by their support.

4.3.4 The People Responsible for Drug Abusers' Recovery

The substance abusers were further asked to indicate who helped them to recover before relapsing back to the substance abuse. Their responses are summarized in Figure 4.3.

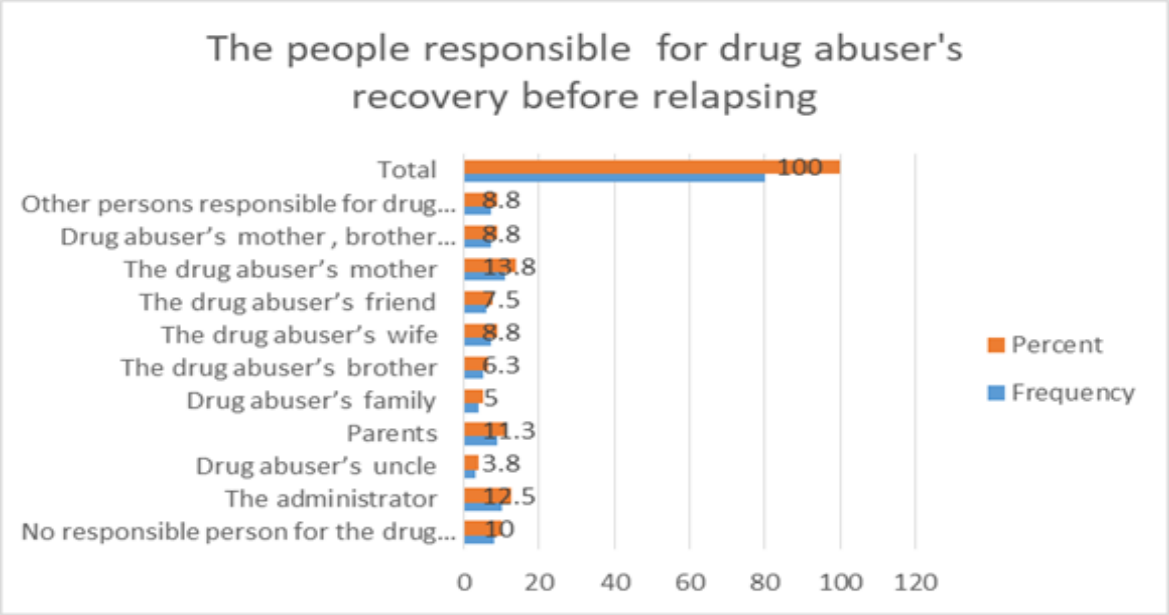


Figure 4.3: People Responsible for drug abusers' recovery before relapsing back into drugs and substance abuse

Figure 4.3 shows that 11 (13.8) of respondents said they recovered through their mothers before relapsing back to using the substance, 10 (12.5%) said they recovered through the administrators at the rehabilitation and treatment centres, 9 (11.3%) indicated to have recovered through their parents including their mother, and another parent, 8(10%) indicated to have no person responsible for their recovery, 7 (8.8%) said they recovered through their wives, which is the same percent with respondents who recovered through their mothers, brothers and entire family, and to those respondents who said they recovered through other persons including their doctors, sisters, fathers and social workers. 6 (7.5%) said they recovered through their friends, 5 indicated that they recovered through their brothers, 4(5%) through their family, and 3 (3.8%) through their uncles.

The findings are supported by Adams, et. al. (2021), who described that most women identified their children and their responsibilities as mothers and caretakers as important motivators to accessing SUD treatment. Motherhood was also a barrier to treatment, in that women feared losing child custody by disclosing substance use and few residential programs accommodate women with children. Multiple women expressed guilt about their substance use, sensing that it contributed to perceived abandonment or separation from their children. Reunification was important to SUD recovery.

The findings indicated that drug abusers were being supported and assisted by many people in their recovery. However, the main responsible persons were the client's family; their mothers, brother or sister, in this process, the client's family was usually

eager to see their family member recover completely from drug and substance abuse. That being the case, the inclusion of family, relatives and community in the surveillance of the character of the client after recovery and environment in which he or she lived is important for detecting any risky environments encroaching the client's situation.

The findings also supported by Ünübol, et. al. (2021) who described that there is a Center's team which split into three categories: treatment team, education team and support team. Treatment and support team consisted of professionals from the Ministry of Health, while the education team consisted of professionals from National Education Ministry and all teams worked in cooperation. The team was comprised of Specialist physician responsible for all personnel's management. They evaluated and end the patients' suitability for the rehabilitation process before admission to the center. They monitored the patients' medical conditions, Nurses introduced the Center to the patients after admission, explains the working and rules, and makes patients sign the membership contract, clinical psychologist who conducted psychotherapies in predetermined times at least once a week for every patient undergoing rehabilitation, Social worker from the beginning of the rehabilitation program, who supported the individual and their family, make the necessary interventions and family interviews to meet the psychosocial needs of the individual and their family and occupational therapist: who applied occupational therapy to enable the individual to acquire new skills in sensory, perceptional and motor areas by evaluating their participation in the rehabilitation program.

Respondents interviewed through in-depth interview, said they got family support when they were in rehabilitation centres. Their parents and relatives visited them at rehabilitation centres, and would offer them money, food, comfort and hope. But some of the respondents said that their families considered them unwelcomed burden. Living in a family with such an attitude caused them to relapse. Drugs and substance abuse seemed to be the only resort for consolation and comfort. One respondent quoted said,

> "I *got help from my family after recovering from drug and substance abuse, but then they became a burden, always giving me empty promises. I used my money and loaned some of it to them, but then they did not refund me. I know it was better to use my money for business instead of paying for the sober house."*

The empty promise was also a concern of the respondents who said, the themes showed that the drug abuser accepted to go to the rehabilitation centres due the promise they got from his parents, and he spent a lot of funds by himself to go to the rehabilitation centre in the expectation that the funds would come back to him if accepted to go to the rehabilitation centre, but due to the empty promise after discharge home, blame himself because he used his funds for the rehabilitation services and the promise was not full filled. Some respondents did not get support from their parents and relatives when they were in the rehabilitation centres. This was explained by of the respondents as follows;

> *"I received no help from parents."*

These findings indicate that some parents did not care their children with the problem of substance abuse. They did not support them at rehabilitation centres. This painted

drug abusers and pushed them back to the drugs. They joined back their companions who were drugs addicts again after recovery and relapse for consolation.

The informants that participated in FGD conducted to the parents, care givers and relative noted that they did not know the treatment and rehabilitation services, but they just help their sons, daughters and relatives to send them to the rehabilitation and treatment services. The informants lamented that,

> *'We do not have the knowledge; just we have the knowledge to support our sons and daughters only' other respondents said we have no knowledge about the drugs abuse, we just warn them with aggressive language, some of the family neglect them.'*

The findings indicated that the parents, caregivers and other relatives face the difficulties when helping their brothers, sisters, and their daughters and sons because they did not have the basic knowledge on the drug abuse.

The parents, caregivers and other relatives said they did not know how to help and provide support; when the substance abuse client is very sick. They did not like to go to the hospital, the client stay dirty like not in a humane way. Furthermore, they liked to help the client to go to the hospital, but then they failed. They could not differentiate between the normal sickness and the drug abuse sickness, and that at times it becomes difficult to provide support. They followed up the client to the sober house when they supported their parents, but the substance abuse soon after being discharged, then their friends comes to the client and encourage to use the drugs abuse. The respondents said:

> '*You can never help the substance abuse client if yourself you have not experienced the substance abuse before.*

‘One respondent as a mother of drug abusers who continues to use the methadone assistant treatment (MAT) at the time of data collection said:

> *‘I saw my son was very sick if you ask him to send him in hospital he refused, but when his friend come and visit him they get relief, his brother is a policeman working at Mtwara according to ‘Mom, he is using the substance’ even this has been noticed by his sister.’*

Respondents said that there were some problems that brought conflict between the treatment centres, and the client that made the caregivers, parents and other relatives to be not satisfied, as they stop to give the methadone, the parents confirm the same day, they continue to say that the drug was not supposed to stop the substance abuse. That is why the client who was in the police and hospital, did not like the punishment that MAT clinic provide , as to stop the client to use the methadone as a punishment make the parents of the substance abusers to be not satisfied even sometime they need to follow up the treatment services at MAT, otherwise the parents needs to get the information on stopping the substance abuser methadone by themselves, because the information from the clients which inform about stopped to use the methadone treatment is not clear for them. Respondents said:

> *‘The doctor sometime contributed to the problem, if drug abusers did not come to drink the methadone for one day chased from the services for five days’ this comes because the client got time to come to hospital to drink the drugs, but the centre closed early.*

The participants continued to say,

> *“If they stop to give the drugs, the drug abuser feel pain, this is not helping us, as you see they relapsed back to drugs abuse again.*

’The parents’ caregivers and relatives confirmed and said that:

> “T*he punishment of stopping the drugs should be stopped immediately”.’*

The respondents felt that to support their youth for a long time was difficult, because of the financial burden that is associated with supporting them for attending methadone dozes., that even make the substance client need to stop the drugs early compared to the time located for drinking methadone, for the whole duration of two years. Drug abusers did not like to continue using the treatment and rehabilitation services. The substance abuse client needed to stop to use the methadone and other services. They tried to speak up with their parents, about the ideas that they need to stop the methadone something that was not accepted by their parents, caregivers and the client's relatives. Some of the respondents said,

> *'The client does not like to continue with the treatment for a long time, but you need to support them, myself I saw my brother who was vomiting after taking the drug and in the second day I came with him here to drink the drugs'.*

The second research question was, how rehabilitations centres supported drug abusers in rehabilitations centres? This question received different responses from drug abusers who participated in an in-depth interview as shown below:

4.4 The Rehabilitation Centre's Services Delivery to Drug Abusers Who Were Under Treatment and Rehabilitations

The second research question sought to assess the rehabilitation centre's Services Delivery to drug abusers who were under treatment and rehabilitation services.

4.4.1 Kind of Treatments Given

To answer this question the researcher interviewed practitioners of rehabilitation centres, and MAT clinics about services offered to drug abusers at the treatment and

rehabilitation centres both at MAT clinic and sober houses. Table 4.9 summarizes the findings.

Table 4.9: Types of treatment the drug abusers got at the treatment and rehabilitation centres

The treatments	Frequency	Percent
Received treatment with traditional medicine from traditional healers	2	2.5
Received treatment of removing the body pain	5	6.3
Psycho education	2	2.5
Treated with methadone at Methadone Assistant Treatment (MAT)	28	35.0
Treated with both Narcotic anonymous and methadone	12	15.0
Did not get treatment	2	2.5
Received Narcotic anonymous treatment at the sober house	25	31.3
Total	**80**	**100.0**

Table 4.9 shows that 28 (35%) of respondents got treated with methadone at the methadone assistant treatment (MAT) clinic, 25 (31.3%) got Narcotic anonymous treatment at sober houses as a rehabilitation centre Twelve 12 (15%) were treated with both Narcotic anonymous and methadone while 5 (6.3 %) just got treatment to relieve the body pain Furthermore, 2 (2.5%) said they did not get any treatment and rehabilitation services when they were using the drugs and substances and 2(2.5%) were respondents that were sent to traditional healers for treatment. In a nutshell, the majority of the drug abusers got treatment at sober houses and MAT clinics. From the data in Table 4.9, it is obvious that people understand treatment options for the drug-addicted people was limited.

The poor knowledge of understanding the options for the substance abuse treatment was fatal as it could lead to the substance abusers who were under the treatment and rehabilitation services to be engaged into using other substances in addition to the

drugs given to them. Therefore, it could lead to relapse and even sometime lead to death.

According to Cicero, et. al. (2020), understanding poly substance use applies not only in the context of the opioid epidemic itself e.g., use of both prescription and illicit opioids, but also in consideration of co-occurring use of opioids with a wide array of other substances like benzodiazepines and stimulants that have the potential to increase risk for adverse events, relapse following a treatment regimen, or overdose fatalities. For example, Cicero, et. al. (2020) explained that, recent overdose mortality data provide evidence of a relationship between of methamphetamine and opioid use. For opioid treatment–related policy and programs to be effective in the long term, polysubstance use among opioid-addicted persons needs to be better assessed and understood, particularly over time.

4.4.2 Areas where Treatment and Rehabilitation Takes Place

The respondents were asked about the areas where the services took place. The findings are as summarized in Table 4.10:

Table 4.10: The Areas that drug abuse treatment and rehabilitation services took place

The Areas	Frequency	Percent
MAT clinic at Kidongo Chekundu Mental Hospital	51	63.8
Sober house	19	23.8
Both MAT clinic and sober house	10	12.5
Total	**80**	**100.0**

Table 4.10 shows that 51 (63.8%) of respondents responded that treatment took place at Kidongo Chekundu Mental Hospital MAT clinic,19(23.8%) respondents responded that the treatment took place at the sober house as a rehabilitation centre and,10 respondents (12.5%) responded that the treatment took place at both MAT clinic and sober house. The study indicated that most of the substance abusers who recovered prefer to go to MAT clinic services to get services. MAT clinic still utilized the methadone as a treatment option for the drug abusers who used the heroin. However, methadone as part of the substance has high power in relation to heroin that has short term effect to the drug abuser's body. This caused them to repeated use of heroin, even though that the methadone was among the opioids drugs with long term effect compared with heroin which has short term effect, that is why methadone was preferred at MAT clinic as an alternative of heroin.

Previously the rehabilitations centers that provide the medical treatment was absent, the substance abusers were helped in their recovery through abstinence, which has been supported by therapeutic community in the streets. This has been explained by Best, et. al. (2020) who described that Residential rehabilitation treatment, including both Therapeutic Communities (TC) and non-TC rehabs was a key component of service delivery for people seeking treatment for substance use disorders in Australia and globally. While mutual aid is often associated with better long-term outcomes, there was little evidence about whether inconsistencies between residential rehabilitation philosophies and particular types of mutual aid influence subsequent engagement and treatment outcomes.

4.4.3 Efforts Made to Rescue Drug Abusers from Relapsing

In this part, the researcher was interested in finding out efforts by the social workers to rescue the drug abuse youth from going back to a substance after their recovery. Their responses were summarized in Table 4.11.

Table 4.11: Efforts made by the staffs at the rehabilitation centres to rescue drug abusers from relapsing back

Efforts made	Frequency	Percent
More education provided on substance abuse	15	18.8
Drug abusers sent to both Methadone clinic and sober house for services	11	13.8
No effort has been made	8	10.0
Effort to warn the drug s and encourage them to stop the drugs	5	6.3
The drug abusers attendance to the recovery meeting at the sober house	6	7.5
The efforts made to encourage the drug abusers to stop the drugs by their own	3	3.8
Effort made to encourage the drug abusers to accept the rehabilitation services	16	20
Other effort made to rescue the drug abuser	16	20
Total	**80**	**100.0**

Table 4.11 shows that 16 (20%) respondents had other efforts made to rescue them from relapse after their recovery which was the same with those respondents who were encouraged to accept the rehabilitation services. These efforts included drug abusers' attendance to the recovery meeting at sober houses, drug abusers getting counseling services, encouraging drug abusers to complete their programs at the treatment and rehabilitation centres, and get help from the sober house leaders. Fifteen (18.8%) respondents indicated that drug abusers got an education provided on substance abuse, while 11(13.8%) indicated that drug abusers were sent to both methadone assistant treatment (MAT) and the sober house for treatment and rehabilitation. Furthermore, 8 (10%) respondents indicated that no efforts were made to rescue them from the substance abuse and relapse, 6 (7.5%) indicated that efforts were made to encourage them to attended the recovery meeting at sober house, 5

(6.3%) indicated that efforts were made to warn and encourage them to stop the drugs and 3 respondents (3.8%) noted that efforts were made to encourage them to stop the drugs on their own.

The study indicates that the different efforts were made to rescue drug abusers from using the substance abuse and relapse and completing treatment and rehabilitation. Education was provided to drug abusers who were then sent to the different rehabilitation centres for rehabilitation and treatment. This was done in order to make them quit the substance and to prevent those who had already recovered from the different treatment and rehabilitations programs from relapsing.

According to Becker, (2005), research shows that people with dual disorders i.e., a co-occurring mental illness and substance use disorder were successful supported to secure employment programs and that employment could be a crucial step in their recovery. Based on experience, observing supported employment services for 15 years, practice guidelines are proposed for people with dual disorders. Successful programs share several approaches such as follows: (i) encourage employment, (ii) understand substance abuse as part of the vocational profile, (iii) find a job that supports recovery, iv) help with money management, and (v) use a team approach to integrate mental health, substance abuse, and vocational services. Based on the Becker, (2005) study the substance abusers were assisted to secure jobs which made them to do activities that helped them to sustain their recovery and therefore to avoid the relapse after their treatment and rehabilitations.

The respondents who participated in the in-depth interview, said that the mode of operation at the rehabilitation Centre was good. This is so because drug abusers who were under treatment were served well, and got all services they deserved. Most of drug abusers said they got pain relievers at least in the first three days. Sometimes they were given the valium to assists them with getting sleep. Following days, they were given education and awareness of the problem, especially after the discharge from the rehabilitation Centre. In the word of one informant said:

> "*First, you are forbidden to take any drug, because if you are sick, you can get the treatment in the rehabilitation centre. "Second, you go there every day. Drug abusers were supposed to be obedient and behave in a good way to other people because outside their people behaved in different ways and show different behaviors. The drug abusers should not adopt and accept the bad behavior and bring it the rehabilitation Centre. The one you see outside and inside the rehabilitation do not do it, because outside the drug abusers steal, but inside the rehabilitation the drug abusers were given the task like to clean the environment, that was difficult to practice when the drug abusers using the substance".*

Other had different views. Some of them said they stayed at the sober house, but relapsed after discharge because they did not have a job. This was evident in a statement by informant who said that,

> 'I *got company from my followers. That gave me psychological support. There were some people who did not decide to stop the drug abuse willingly but were forced. But for us, we stopped using the drugs willingly; but there is no job. That made us re-engaged in using the drugs. You get at least hope, but it depends on how your plans, you may find that we were determined to stop, but we have nothing to do, so you have stopped but do not have a job. That makes you to relapse, we asked the government to support us by giving us jobs.'*

This result indicated that most of the respondents who were rehabilitated relapsed due to lack of jobs. Some of the respondents praised rehabilitation services, whereas others explained constraints they were facing at the time they were at the

rehabilitation centre, including the problem of funds that made them left before the required duration of rehabilitation programs. The drug abusers were required to stay for at least 4 – 6 months in rehabilitation centres in order to get relief. However, rehabilitation centres would admit them for short period of time, which was not enough to recover. As a result, they relapsed after their discharge.

Respondents said the services at the sober house was not free. Drug abusers who were using the substance needed to pay for services, and that caused youth who were using drugs to miss the services because they were poor and had no ability to pay. The words from one of the informants noted,

> *'Through the services, I got relief for one month, but my tolerance helped me to stick to the treatment. The service looked at the term of payment instead of other things. There were no free services at the sober house, you were supposed to pay 100,000/-, 150,000/- a month. The old comer helped the newcomers in the sober house. The respondents continued to explain that the old comers appointed to serve the services to the newcomers*

'In this view of respondents showed that in the rehabilitation centres, the old comers were supposed to care and serve the new comers entered into the rehabilitation centres especially at the sober house and became a part of continuing rehabilitations services and support in the rehabilitation centres.

Respondents complained about the methadone assistant treatment (MAT) provision, that the staffs at MAT clinic punish them when they made mistake or they were wrong with the rules and regulation of MAT clinic. Their complaints were about stopping them to use the methadone as a treatment for heroin addicted as the drug

abuse. The respondents said this type of punishment i.e. stopping them to use the methadone as a treatment was the main reason for them to relapse into using the drug abuse. One of the informants noted said:

> "*I stayed at the methadone clinic, the methadone clinic was good, and helped us well. However, the administrator disturbed us a lot. The Administration did not know what we were supposed to get as service". Respondent* 'Continued to say "I *said this drug is like drug abuse, so if we miss, we felt we're not comfortable. So as a human, you may make mistake which also stopped us taking the methadone. So, if you stop you return the drug abuser into relapse."*

In-depth interview findings exposed that the staff at the Methadone Assistance Treatment (MAT), especially medical doctors, offered a dose that the substance abusers considered unsatisfactory. This led them into relapse, this has been explained by one of the informants who said:

> "You *may find that the client used the methadone in high dose about 140mg, but then stopped the methadone for a week, then when they got a dose of 30 that made then to add the drugs like Valium".*

The respondents who participated in FGD conducted to the staffs working at MAT clinic and sober houses said that it was routine that the MAT clinic collaborated with the NGO's to support the drug abusers under treatment and rehabilitation. At the enrollment, the substance abusers rotated to the different staffs at MAT clinic for services, while the newcomers to the MAT clinic services rotated to nurses, social worker, a psychologist then goes to medical doctors for treatment, whereby they also saw the lab technician for the lab investigations such as taking urine testing for the presence of drugs in the urine and they rotate the psychologists for the issues of psychological support and counseling services.

The respondents participated in FGD that was conducted to the staffs working at the Methadone Assisted Treatment (MAT). The respondents noted that they tried to shape client's behavior, but if the client abused the staff on the course of his or her treatment, the client would be sent to a psychologist and a social worker. They noted that at other times would also add the methadone and other drugs, they sent to a social worker and psychologist for taking the urine specimen to confirm if he or she uses other drugs besides methadone. Among the participants noted,

> 'There *was a meeting organized by the MAT clinic staffs to meet the youth's parent even the meeting was late, but organized and this was made with the tension of making the collaboration between the staffs at MAT clinic and the parents of youth.*'

The respondents said:

> '*Drug abusers were asked to be very neat and clean when they needed to enroll at MAT clinic, and this was supposed to be done for the first day, the client should be accepted to take the drugs, for example, the client should be very clean and neat and where the client was difficult, at the first enrolment as they came from the sober house, the client would be asked to stay for NGO'S FOR TWO weeks, as, there would be some youths who said they did not go or passed through the NGO'S before they came to get the services*.'

In the sober house, respondents said there was a poor relationship between the rehabilitation Centre's or sober house and the family of drug abusers who had been admitted to the rehabilitation centre. Some of the respondents said:

> 'The *family and the staffs at the rehabilitation centre should be together, they should collaborate. The collaboration is* challenging, *they may collaborate at the time of payment, and the collaboration was about 30%.*

This happened when drug abusers did not understand their parents. The client attitude that made the substance abuse client go to the sober house, the client, usually did many things at home before their enrolment to the sober house.

The study findings indicated that there was a little collaboration between the parents, caregivers and relatives in supporting drug abusers when they were in the sober house for services, even the parents, caregivers and other relatives took roles of helping and supporting drug abusers when they were in a sober house. This happened as the parents, caregivers and other people just took the client to the sober house in order to get relief with the substance abuse client's disturbance at home. After they have sent substance users to rehabilitation centres, the parents or clients normally left them to staffs at the rehabilitation centre to take care of them with minimal support. The staffs at the sober house said they had only about 30% collaboration with the client's relatives, caregivers and other relatives.

The family as a sponsor who were expected to support drug abusers when they were in the rehabilitation centre turn into a problem, especially when there is no or little relationship with the rehabilitation centre. One respondent who participated in the staff FGD at the sober house reflected this by saying:

> '*There was a poor relationship between the family, the client and rehabilitation centre, as the sponsor assist the client to stay at the promise with empty promise, the funds provided in the installment were not enough. The support became just once, but then the client left at the rehabilitation centre without support from the family, and this became a limitation. The client needed to get support from the family, but then the expected family member as sponsor changed after some time.'*

The sober house operated in term of self-help, as the substance abuse was expected to be ready to cooperate with others. Therefore, the substance abuser should be able to participate in all activities conducted at the sober house including the domestic work and to attend the N/A meeting. Rehabilitation centre like the sober house had

the basic requirements that the substance abuse should fulfill in order to continue using the services, these requirements included allowing drug abusers to be free to speak about their problems, which they called 'VOMITING', and the client readiness, as these, made the substance abuse client comply with the rules and regulation of the sober house.

Drug abusers in a rehabilitation program should stay for the duration of 4 – 6 months; then the client remained for three months, then they start to integrate with the community members. The client go and return to the sober house, then after 6 months the client can be given a discharge. The sober house had a meeting for every three months to discuss with the family about the client progress at the sober house. Some of the respondents asked about the program that would assist the client after their rehabilitation, then without support, then was very easy way to go back to using the substance.

One of the respondents said:

> *'Drug abusers may stay for a short time at the sober house, and this is so due to the limitation of funds, that the client has that is not enough to keep for 3 -4 weeks. There are some of respondents who said that the client could stay for short period but could recover if he or she decided, instead the client who could stay for the whole period of 4 – 6 months.* ***'RELAPSING WAS CONSIDERED A DISEASE'****.*

The rehabilitation centres also had the specific duration to terminate the services to that youth's drug abusers who were at the treatment centres. This was so because the Methadone Assistant treatment he duration was two years while in the sober house the duration of stay was 4 – 6 months. This duration could not be reached. One of the respondents as staffs who participated in the FGD at the sober house said:

'*The client if disobey the service in the house, then the client should be chased away, some respondents said that it was better to sit together with the client, his or her family and sponsor, so that if he did not change his or her behavior then better to lose the client by chasing him/her from the house.*'

4.5 Factors That Caused Drug Abusers to Relapse Back to Drug Abuse

The third research question sought to identify factors that caused drug abusers to relapse back to drug abuse after quitting. To answer this question, drug abusers were asked about the types of drug they were using at the time of data collection and before, and reasons for relapsing back to the drugs. As for types of drugs they were using, the findings are summarized in Table 4.12.

Table 4.12: Types of drugs used by drug abusers

Type of Drugs Used	Frequency	Percent
Heroin	46	57.5
Heroin and cocaine	4	5.0
Heroin through injection (IDU)	1	1.3
Heroin, marijuana	1	1.3
Marijuana	2	2.5
Cocaine	2	2.5
marijuana, heroin and valium	13	16.3
Heroin, alcohol, marijuana	11	13.8
Total	**80**	**100.0**

Table 4.12 shows that 46 (57.5 %) of respondents used heroin, 13 respondents (16.3%) mixed the heroin, marijuana and valium, 11 (13.8%) mixed heroin, alcohol and marijuana, 4 (5%) mixed heroin and cocaine, 1(1.3%) used heroin through injection. The same percent with the respondents who mixed heroin and marijuana, 2 respondents (2.5%) used only marijuana which was the same percent as those respondents who used only cocaine. The study revealed that most of the drug users in

Zanzibar used heroin. Apart from the 57.5% who used it without mixing, another 37% mixed heroin with drugs such as; valium, marijuana and cocaine.

This finding differs with the study conducted in the Asia–Pacific region which according to Chan, et. al. (2021) who found In India, a retrospective study of 950 patients who were admitted from 2007 to 2014 in a tertiary addiction centre revealed that alprazolam (50.6%), nitrazepam (23.5%), and zolpidem (11.2%) were the most commonly reported drugs of abuse [21]. High misuse prevalence of benzodiazepines and Z-drugs in this study of patients with drug dependence might suggest that there were significant problems with the misuse of benzodiazepines and Z-drugs in India which was similar to the findings of the UNODC report on prescription medicine misuse in South Asia.

As for the reasons for relapsing to using the drugs, the respondents' responses are summarized in Figure 4.4

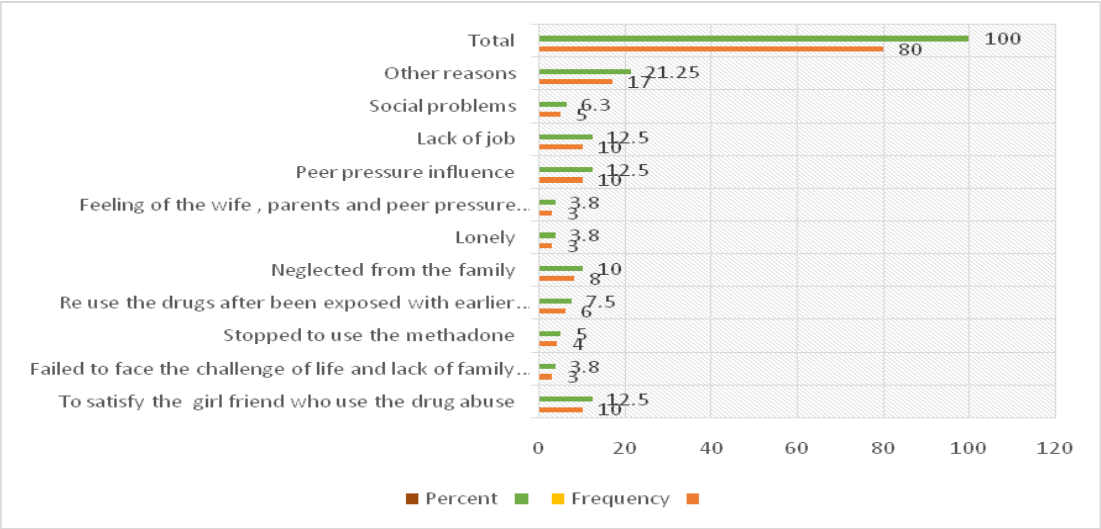


Figure 4.4: Factors that Caused Drug Abusers to Relapse Back to the Drugs Use

Figure 4.4 shows that 17 respondents (21.2%) had other reasons for re using the substance after rehabilitations and treatment services. These reasons included: drug abusers were not aware of the drug abuse relapse, loneliness and imitations, peer pressure and lack of jobs, divorce, lack of enough counseling, confusion, failure to follow the narcotic anonymous meeting (NA). Others include lack of confidence and self-stigma and failure to attend meetings at the rehabilitation centre. Further 10 respondents (12.5%) re-used the drugs due to lack of jobs, the same percent with respondents who re-used the drugs due to peer pressure and those who re-used the substance abuse in order to satisfy their girlfriends who were using the drugs, 8 respondents (10%) re-used the drugs due to neglect by the family, 6 respondents (7.5%) re-used the drugs after exposure to earlier friends, 5 respondents (6.3%) re-used the drugs due to social problems. Four respondents (5%) re-used the drugs after stopping the methadone use, 3 respondents (3.8%) re-used the drugs for failing to face the challenge of life and lack of family support, the same percent with those respondents who used the drugs because of their loneliness and those respondents who re-used the drugs because of their feeling of wife i.e. drug abusers think the conflict with loved wife who broke when the drug abuse using the substance, parents and peer pressure.

In in-depth interviews, the respondents said that the drug users who had recovered from the rehabilitation services relapsed to drugs because of lack of jobs. This is attributed to the fact that the substance stays in the society without jobs, thus, idleness push them back to substance abuse. The study indicated that the former drug and youth always want to have something to do soon after their recovery and release

from sober houses in order to avoid environments of high-risk situations that may cause them to relapse. So, it was very important for them to have jobs to keep them occupied.

According to Betancourt, et. al. (2021), approximately 94% of the veterans relapsed upon discharge from outpatient or residential SUD treatment. Veterans aged 18-34 years old were significantly less likely to relapse than the 35-64 age group i.e. Odds ratio [OR] 0.73, 95% confidence interval [CI]: 0.66, 0.82), while males were more likely than females to relapse [OR] 1.55, 95% CI: 1.34, 1.79). Unemployed veterans [OR] 1.92, 95% CI: 1.67, 2.22) or veterans not in the labor force (OR 1.29, 95% CI: 1.13, 1.47) were more likely to relapse than employed veterans. Homeless vs. independently housed veterans had 3.26 (95% CI: 2.55, 4.17) higher odds of relapse after treatment. According to Betancourt, et. al. (2021), aside from numerous challenges that veterans face after leaving military service, SUD relapse is intensified by risk factors such as; homelessness, unemployment, and insufficient SUD treatment.

The database of Drug Commission, which is under the First Vice President of Zanzibar (2021) showed the employment status of the substance abusers in Zanzibar which revealed that only 2% of the substance abusers were employed in the formal sector while 7% were students/pupils respectively. About 48% were self-employed with remaining 43% were never employed. The data showed additional analysis which showed that 48.5 % (n=65) of substance abusers who were aged between 15-19 years were not employed. Only 2.2 % among this sub-population were employed

while the remaining 17.9% (n=24) were students/pupils engaged in substance abuse. Majority of those aged 20-24 years were self-employed in area of fishing, vocational jobs such as refrigerator repairing, small scale business including staff peddling commonly known as "Machingas" for perfumes and other stuff, selling illicit liquor, coolies/laborer and fruit booth seller. The data base also showed the Employment analysis by sex which showed that 4% of females reported to have been employed in formal sector while 48% of them were self-employed. The study results also revealed that there was no marked difference in substance abuse among students residing in Pemba (5.9%, n=8) compared to those from Unguja (6.3%, n=16).

The data base of Drug Commission Zanzibar showed only 2% of the substance abusers were employed in formal sectors, which was not known as this formal sector was the government sector or a private sector as the documentary evidence from Civil Services Commission of Zanzibar (2021) did not shows specifically the employees' number of substance abusers who were employed from the ten years periods from 2011 – 2019.

According to the database of Civil Services Commission of Zanzibar (2021), the Civil Services Commission gave the opportunity to the youth who had the qualifications required by Zanzibar Government to do interview for employment opportunities. Total of 459 interview meetings held which used face to face interview done from different respective Ministries and Institutions of Zanzibar Government in both Unguja and Pemba. The results of interview, made the Civil Services Commission to endorse 13,314 youth to be employed since 2011 – 2019. Among the

youth who were employed, the number of female employees was 8377 equals to (63%) and number of male employees was 4937 equal to (37%) and the number of youth with special needs was 66 equal to (0.49%). Table 4.13 show the number of new employees from July 2011 – December 2019.

Table 4.13: The Number of New Employees by Zanzibar Government per year from July 2011- December 2019

S/N0	YEAR	FEMALE	MALE	TOTAL
1	2011 - 2012	117	123	240
2	2012 - 2013	1305	720	2025
3	2013 - 2014	104	90	194
4	2014 - 2015	1985	843	2828
5	2015 - 2016	196	134	330
6	2016 - 2017	315	274	589
7	2017 - 2018	2023	945	2,968
8	2018 - 2019	1494	1155	2649
9	July 2019 – Dec 2019	838	653	1491
TOTAL		**8,377**	**4937**	**13,314**

Source: Civil Services Commission of Zanzibar (2021)

Other interviewees said that they did not have knowledge of the drug abuse and how to survive in the high-risk situation. Others said they lacked resilience; because they stayed in the sober house for only a few days i.e. About 25 days, which made it very difficult for them to comply with the rehabilitation services and advice which were provided to them while they were in the sober house. Figure 4.5 summarizes drug abusers' responses on knowledge that can help them to face high-risk situations after their treatment and rehabilitation service.

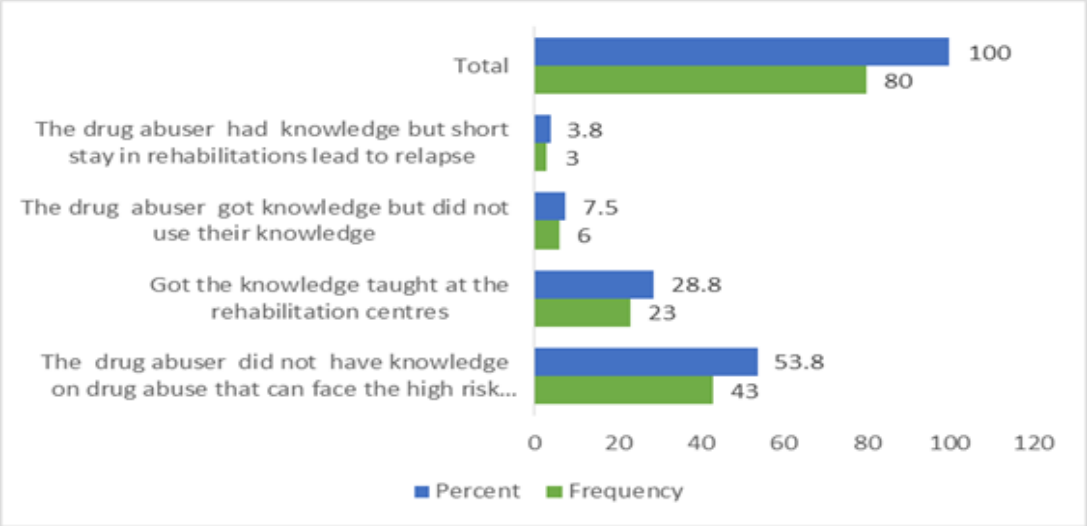


Figure 4.5: Drug Abusers' Level of Essential Knowledge for Facing High Risk

Figure 4.5 shows that 43 respondents (53.8%) did not have knowledge that could assist them in facing the high-risk situation when they went back to the society after their rehabilitation and treatment, 23 respondents (28.8%) had knowledge of facing the high-risk situation taught at the rehabilitation centres, 6 respondents (7.5 %) of the client got an education about how to face the high-risk situations after recovery, but they did not utilize their knowledge, 3 respondents (3.8%) got knowledge on how to face high-risk situations but stayed at the rehabilitation centres for a short time that caused them to relapse and 5 respondents (6.3%) they did not respond.

From the above findings, the study concluded that the majority of drug abusers who went to rehabilitation and treatment centres had no knowledge that could help them to face the high-risk situation after their recovery. As a result they relapsed as soon as they go back to the society. This is because they were not aware of high-risk situations. Those risks included how to face former friends who were still drug users.

Findings showed that resisting relapse depends on their mindset, the knowledge gained at the rehabilitation centres and their self-efficacy and tenacity in facing challenges and high-risk situations after being discharged from treatment and rehabilitation services.

The data supported by Mohaddes et. al. (2021) who explained the substance use disorders were increasing in women, in contrast, withdrawal and failure in treatment have a high rate in them and it was necessary to identify the specific causes of female relapse. Therefore, the purpose of study of Mohaddes et. al. (2021) was to identify the factors affecting the relapse of substance use based on high-risk situations in Iranian women with opioid use disorder. High-risk situations could lead to lapse, relapse, and failure in treatment, but the good news was that these situations could be prevented. Identifying high-risk situations in women with opioid use disorders, in addition to increasing knowledge in this field, could be the basis of the way for specific preventive therapeutic interventions in this group.

Table 4.14: The factors that caused drug abusers to relapse to substance abuse

Factors which cause youth to relapse	Frequency	Percent
Peer pressure	7	8.8
Family conflict, mistrust by family members and availability of the drugs	23	28.8
Combined factors	13	16.3
Neglected	3	3.8
Availability of drugs and lack of jobs	4	5.0
Family conflict	3	3.8
lack of a job	9	11.3
Chased from family	5	6.3
Other factors	13	16.3
Total	**80**	**100.0**

Table 4.14 shows that 28% resorted to using of drugs and substance abuse again as a relapsed youths due to family conflicts, mistrust by family members of the recovered youths and availability of the drugs, 16.3% relapsed due to the combined factors that mentioned in Table 4.9, the same percentage of youths relapsed due to other factors which included gaining the power of drugs during the sexual intercourse stopped to use the methadone, combined factors such as; neglect, peer pressure and lack of a job, difficult life, exposure to the dangerous zones of substance abuse, quarrelling with friends, and mistrust of family members. 11.3% relapsed due to lack of jobs, 8.8% relapsed due to peer pressure Further 6.3% relapsed after were chased from the family, and 5% relapsed due to availability of drugs and lack of jobs. 3.8% relapsed due to neglect by family and society as a whole. The same percent was with respondents who relapsed due to family conflict.

This study indicated that family conflict, mistrust by family members and availability of the drugs were the main factors that made drug abusers to relapse into substance abuse. This was because drug abusers became dependent on their family and relatives during their treatment and rehabilitation services, as on the course of treatment and rehabilitation services got direct support from them. However, tradition has it that they must take care of themselves due to their age and sex. That is why family conflict surface up.

The finding differed somehow with the finding of Kadam, et. al. (2017) who found Alcohol and opiates were among the most addictive substances posing significant public health problems due to the bio psychosocial impact that they had on

individuals. Research showed that majority of abstinent alcohol and/or opioid dependence subjects relapsed within 1 year. Disparity in socio demographic factors was seen in both the groups with opioid group being more likely to be single, unemployed, belonging to lower socioeconomic status, and having a criminal record (P = 0.025). Among factors associated with relapse, the opioid group scored significantly higher on craving, perceived criticism (P = 0.0001), and lower on self-efficacy (P = 0.016). Most common reason cited for relapse in both the groups was desire for positive mood.

4.5.1 Kinds of Support Provided After Relapsing

When asked about the kinds of support given to the drug abuse youths after relapsing, the social workers provided various responses as summarized in Figure 4.6.

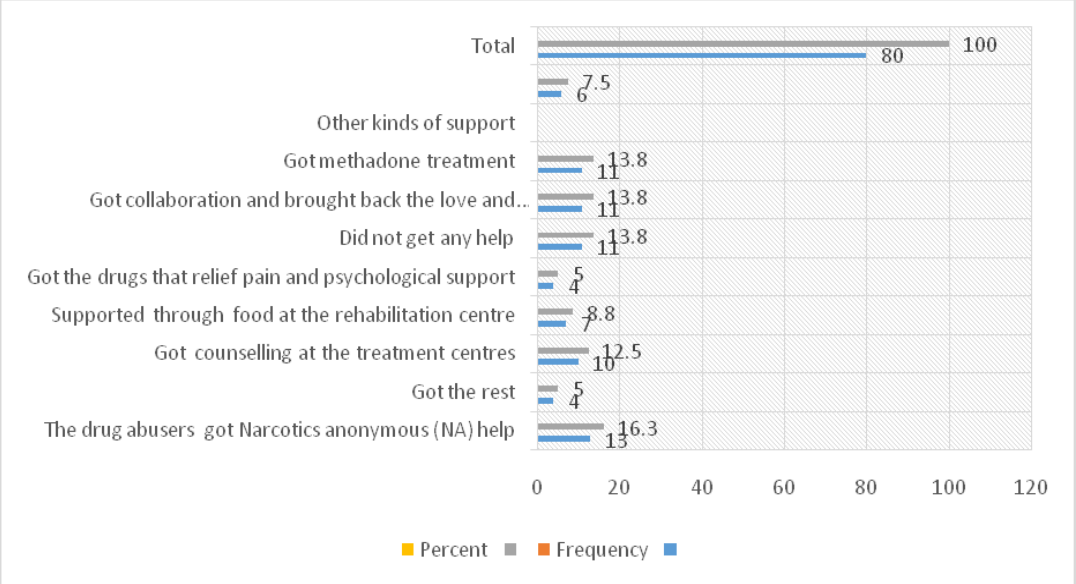


Figure 4.6: Kinds of support that drug abusers got during their recovery

Figure 4.6 shows that 13 (16.3%) of respondents got narcotics anonymous (NA) as kinds of help and support in their recovery, 11 (13.8%) got collaboration and brought

back the love and affection with their family and friends; the same percentage applied to those respondents who got methadone treatment as support and those who did not get any help. Ten (12.5%) got counseling at the treatment centre as support, 7 (8.8%) got support through food obtained from their family when they were at the rehabilitation centre, while 6 (7.5%) got other kinds of support including assistance with job finding, being encouraged exercise, help through their religious faith, getting locked inside the house and being helped to change their behavior. It was further reported that 4 (5%) got drugs that relief the pain and got psychological support. The same percent was with respondents who got rest when they were at the treatment and rehabilitation centre.

In summary, the study revealed that youths depended on the rehabilitations support for their recovery, as the narcotics anonymous (NA) program became a treatment that helped them to recover. The family played a big role to enhance drug abusers to sustain their treatment and rehabilitation services through love and affection shown to the affected. The findings of this study is supported by Sari, et. al. (2021) who found out that the family was the smallest unit of society that affected the lives of drug users undergoing rehabilitation programs. Family could be a source of social support for substance users in solving problems through perception. The perception of family support is a source of social support to foster confidence in drug rehabilitation programs. Sari, et. al. (2021) study aimed to determine the level of family support for substance users undergoing drug rehabilitation programs and recommendations for individual, group, and family counseling services.

As for other forms of caring that drug abusers received from rehabilitation centres in supporting their treatment after relapsing, the responses are summarized in Table 4.15.

Table 4.15: Care and services which drug abusers received from rehabilitation centres

Received services and supportive care from rehabilitation centre	Frequency	Percent
Supported friendly	25	31.3
Together with the family and rehabilitation centre helped the drug abusers and trust them	3	3.8
Supported through activities posed to him or her to support his or her treatment	28	35.0
Helped and supported very well through medical treatment	9	11.3
Did not get support	6	7.5
Helped not to return to substance use	3	3.8
Other care supporting treatment like traditional healers' treatment.	6	7.5
Total	**80**	**100.0**

Table 4.15 showed that (35%) of respondents got supportive activities in treatment and rehabilitations centres, 31.3% got friendly support, 11.3% were helped very well throughout the medical treatment, 7.5% got other cares such as treatment from the traditional healers the same percent with those respondents who did not get any Support. In short, the study revealed that most of drug abusers got care through supportive activities provided to them during their rehabilitation and treatment when they were in the process of their recovery. These activities were mostly provided at sober houses as the rehabilitation services where the substance abuse client almost got the three days treatment that aimed to relive the pain of drug abusers but afterwards drug abusers continued with their programs. Among the activities that drug abusers were supposed to get at the rehabilitation centre is domestic work such as; cooking, washing the utensils, fetching the water, cleaning the environment etc. All these ends to bring the client into their normal behavior their left behind after

being involved in using the Substance. The study findings showed that the substance abusers were mainly supported at the rehabilitation centres where they got the services. This differs with Tiu, et. al. (2020) study who found out that the substance abusers were cared and supported at the community level.

According to Tiu, et. al. (2020), CCPSAs were community-based drug rehabilitation services subsidized by Hong Kong Welfare Council; they mainly provided support and assistance to current psychotropic substance abusers at different ages living in the community as well as their family and careers with the goals of achieving the abstinence of drug, sustaining a long-term recovery and developing a healthy lifestyle among those drug abusers through comprehensive assessment and specific interventions. Interventions were associated with various services provided by CCPSAs, such as individual and family counseling, group work, supportive employment, and peer counseling and medical support. These services also enable drug abusers to maintain or regain independence and reintegrate into society. Moreover, to achieve early identification and intervention of drug abusers, CCPSAs provide professional training for allied professionals, preventive education programmes to the public and reaching out services to spot out potential drug abusers in the community.

Respondents that participated in in-depth interview said they relapsed back to drug abuse because they did not have jobs. As a result, they felt bored and re-joined former groups to socialize, which made them to relapse. Respondents differed on what caused them to relapse. Most of them pointed out that lack of jobs, peer

pressure, reunion with former groups to socialize were the major reasons. One of the respondents said the main cause of relapse was

> "*Firstly, if drug abusers did not trust the program, secondly, if you are staying in the street without a job; and third if you reunite with old friends who do not have jobs.*

Some of the respondents said that drug abusers would relapse back to the drug abuse just because they did not want to stop using the drugs. This has been explained by one of the respondents who said,

> *'The reason that makes clients relapsed back to the drug abuse is because a person himself was not willing to stop abusing drugs, for some, it is because they do not have jobs. Some were not ready; they go to the sober house after being forced by their parents and relatives.*

One of respondents said:

> 'In *my experience, three reasons that made the substance abuse client to relapse to using the substance. The first reason is to mix with friends who are continuing to use the substance. The second is substituting drugs, for example, stopping using the substance for drinking alcohol. Continuing using other drugs, is opening a window for relapse, this is because alcohol is not my choice, my choice is heroin, and so, this caused me to relapse. Another reason that caused relapse to the substance abuse was peer pressure.*

These explanations of respondents found to be the major causes for drug abusers to relapse back to using the substance.

Therefore, a routine checkup at MAT clinic makes drug abusers who were using the substance to relapse. For instance, some respondents decided to relapse because they were not ready to let their urine checked for drug abuse. This indicated that some of drug abusers at rehabilitation centres did not follow instructions at the rehabilitation

centres, which might have led to misunderstandings between the rehabilitation centre workers and the substance abusers who are under treatment and rehabilitations. One of the respondents said,

> "*I am using the Valium that I can't stop using them, So I have already been asked to stop to use the Valium, and for me, I can never stop the drugs, and the next days that I need to go to a medical doctor at MAT and I knew that they will find the Valium in my urine, therefore I have decided to stop using the methadone and to relapse back to the drugs.'*

Some respondents said that drug abusers who were using the substance relapsed when they still depended on the drugs. For example, a young substance abuser who have been enrolled at MAT clinic services still become depending on the methadone and methadone was among the opioid drugs that also brought the cravings, therefore, after their recovery it was easier for them to relapse into using the substance.

Respondents said:

> '*The main reason that made a drug abuser to relapse is types of rehabilitations: if drug abusers get rehabilitation services at sober house they become not dependent so that after their discharge they become outstanding in recovery, but methadone is dependent to drugs so if somebody stops drug abuser from using the substance even as a part of treatment like methadone , then when they come back at home after rehabilitation, the drug abuser get severe pain so that it made them to use the drugs in order to reduce the pain.*

Various respondents said they relapsed back to substance abuse because they were not trusted by their families. The informants were given assignments in the sober house which the informants hated and, that led to the withdrawal from the services and relapse, for instance one of the informant said:

> *'What makes a client relapse back to using the substance is mistrust by the family and community. Myself I was not ready to stop using the drugs. Likewise, I was asked to go wash the toilet at the sober house,*

> *which I hated. The conflict thus emerged and I decided to leave and relapsed.*

There were some of respondents that relapsed back to substance abuse because of unfulfilled promises from their families. This was explained by one of the respondents who said:

> *'Everyone has a reason for using the substance abuse and relapsing. Is not all people who go to the sober house to stop using the drugs, but for me it is the 'empty promise" we have tried to use drug-like to look the way that we fulfilled promise of our parents, like if the drug abuser promised to get a car as an offer after the recovery for the promise that we should quite from using the drug, the promise should be fulfilled otherwise we will relapse?*

The fourth research objective was to find out the nature of support which social workers provide to drug abusers at the treatment and rehabilitation centers. This objective got different responses from drug abusers during in-depth interviews as presented in subsequent sections.

The respondents participated in the FGD that was conducted for the staffs working at the Methadone Assistant Treatment (MAT). They said that lack of family trust from the family, lack of jobs in the street leads the client to relapse. Also, empty promise that were not fulfilled led the client to relapse. Most of the respondents that participated in the FGD conducted to the staffs working at the sober house said, the main reasons for relapsing were failure to attends the N/A meeting outside after drug abusers who had been discharged from the rehabilitation centres failed to attend the NA meetings. One of respondent said:

> '*As I say the one who goes to the meeting frequently, they remain **'clean'** if the client did not attend the NA meeting, then relapse is very close to the client who has already recovered through the rehabilitation services*

at the sober house. If the client re-joins in using the drug even after many years of recovery if only one day s/he uses the drug that put him or her back into using the substance as before.

4.6 The Nature of Social Workers' Support to Drug Abusers in the Treatment and Rehabilitation

The fourth research question sought to find out the social worker's practice that supported drug abusers in the treatment and rehabilitation. To obtain data to answer this question, the respondents participated in in-depth interview at the rehabilitation centres at the MAT clinic and at the sober houses. This objective also was answered by the staffs working at the sober houses and the MAT clinic and their responses were presented at the qualitative data analysis below: -

4.6.1 Kinds of Support Offered to Drug Abusers When in the Rehabilitation Centre

When asked about the kinds of support that led to their recovery before relapsing, drug abusers responded variously, as summarized in Figure 4.7

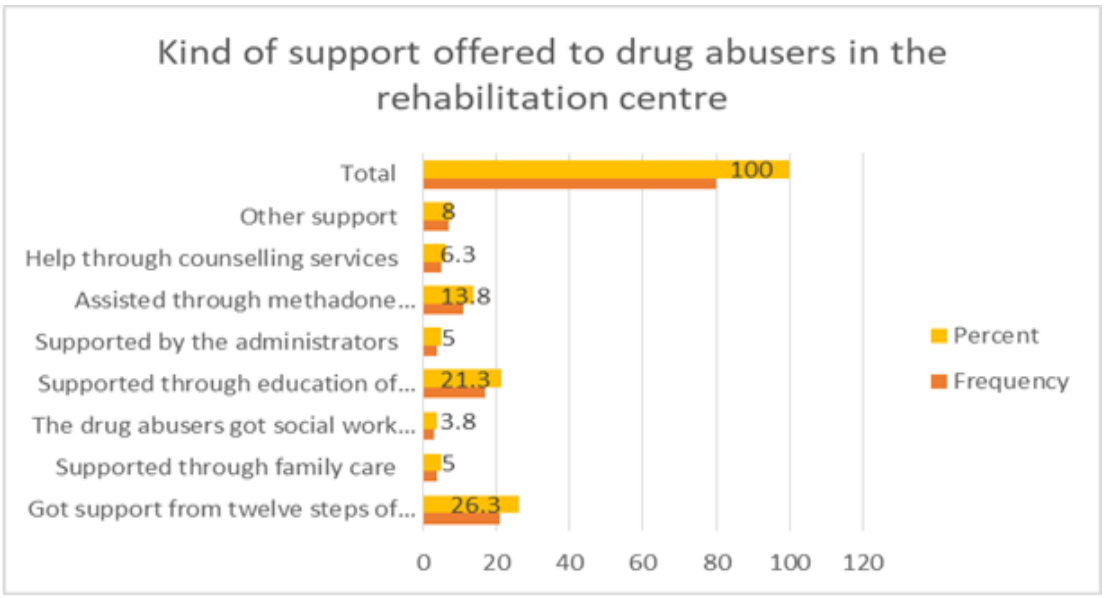


Figure 4.7: Kinds of support offered to drug abusers in the rehabilitation centre

Figure 4.7 shows that 21 (26.3%) of respondents indicated that they got support in their recovery through the twelve steps of narcotics anonymous (NA), 17 (21.3%) said they got support through the education that aimed at quitting using the substance,11 (13.8%) said they got support through the Methadone Assistance Treatment (MAT), 7 respondents (8%) indicated that they got support through other ways including their mothers, they supported themselves, they were supported psychologically, and they had decided voluntarily to recover. Five (6.3%) got support through counseling services, 4 (5%) were supported through the family care. The same percent was for respondents who did not get support and those who did not respond and 3 respondents (3.8%) said they got support from social work services and were followed at home in case they had the problems.

The study revealed that most of drug abusers got support through the narcotic anonymous at the sober house. This could have happened because the substance abuse client got ample time for education at the sober house. They got the knowledge on how to stop using the substance. At the sober house, drug abusers who had recovered became senior kin to the drug addicts and normally shared with them knowledge of how to resist or to quit the using the substance. This made clients enrolled at the sober house to recover quickly.

The findings of this study differ with McGuire, et. al. (2020) who explained the supportive services offered by Emergency Department (ED) in China, This supportive services was based on peer support programs aimed at linking persons with opioid use disorder (OUD) to medication for addiction treatment and other

recovery services who were showing promising approach to addressing the opioid crisis. The centre had a role in alerting peers of eligible patients and making the patient aware of peer services; and connecting patients with recovery services. Peers often depended on ED staff to alert them on potential patients while people other than the peers often first introduced potential patients to programming. Programs generally schedule initial appointments for recovery services for patients, but some programs provided a range of other services aimed at supporting participation in recovery services.

The respondents who participated in in-depth interview said that they did not have social workers in the rehabilitation centre, at the time that they were treated and rehabilitated. They also indicated, that they did not have social work support from the social workers even though they were supposed to get the services. Among them, they were not able to differentiate between the social workers and the people who were responsible for providing the services at their rehabilitation centre. So, they mentioned the services provider at the sober house as they were social workers. One respondent noted:

> '*There was a person called Faraji who took me, for few days, I stayed for 25 days, I pay only 50,000/- then I have been asked to go away, he was assisting me well, but for few days.'*

The above quote imply that the substance abuser did not get any support from professional social worker, rather he only got support from his friend and therefore made him to stay for a very short period in the sober house, then relapsed back to substance use.

Further, there were some respondents who did not know the social worker when they were in the rehabilitation centre. Some of them said that they had got the services of social workers in their rehabilitation centres, but these social workers they were not full time, but they went there for practical's only because they were the students. Respondents said,

> '*Yes, we had them, they gave us the consultation and us we gave them, they just came as a student in the rehabilitation centre.*'

Others said:

> *'We do know about a social worker; we were not sure if we had a social worker.'*

These results indicate that there was an absence of social workers in the rehabilitation centres.

The fourth research question set to find out the nature of support drug abusers got from social workers in treatment and rehabilitation facilities. These questions got different responses from the staff of Methadone Assistance Treatment (MAT), and the staff of sober houses. They worked at the administrators and those who provided care to drug abusers were under the treatment and rehabilitation centres. The staffs who participated in the Focus Group Discussion (FGD) had the following to say:

The respondents who participated in the FGD with staffs working at the sober house said they did not have the social workers in their centres. The sober house provided the family therapy that they organized by the staff working at the sober house

themselves. They also meet with the family if necessary. The social workers were very important, but they did not have them, because there were some family members that did not like to hear anything about the client. However, if the social worker was available then s/he could have handled it well. Respondents said:

'*We do not have the social worker in the sober house.'*

Auerbach et. al. (2007), found out that in hospitals in the United States, social workers still remain, important providers of discharge planning, even when competition from nurses was taken into account, the value of social work services in medical/surgical (med/surge) units in hospitals has been subjected to the ongoing debate, but mainly without supportive evidence. On one side, social worker were viewed as crucial in assessing patients for needed social services and as procurers of speedy discharge plans. Counseling was, thought to be the traditional social work role, and was only fourth on the list of discharge-planning tasks after assessment, coordination, documentation, advice, and linkage. They concluded that discharge planning a complicated process that has changed the way hospital social workers define their roles.

Auerbach et al. (2007), the change of roles that social workers have experienced going from care coordinators to interdisciplinary team members responsible for discharge planning has evoked mixed reactions. Auerbach et al. (2007) explained that from the available published reports, it appeared that medical social workers who provided discharge planning and accompanying counseling express high levels of job satisfaction. Based on Auerbach et. al. (2007) study, social workers are

essential to work in health sectors as they can work and help to solve the problems of the many social work clients, but the rehabilitation centres where drug abusers who were treated and rehabilitated from using the illegal drugs, social workers were absent especially at the sober house there were no social workers as the findings had shown.

At MAT clinic they had five social workers, who followed up the cases in the community, and do the social work intervention to drug abusers who were enrolled at MAT clinic. They mediated, they advocated on behalf of the drug abusers to their caregivers, parents, and other relatives. One respondent said:

> '*They mediate, they advocate on behalf of drug abusers to their caregivers, parents, and other relatives.'*

Kelly et al. (2020), medications for opioid use disorder (MOUD) was considered a standard gold treatment for persons with an opioid use disorder and could be successfully initiated in emergency departments (EDBUP). Kelly et al. (2020) social work driven EDBUP program with referral to community MOUD providers. ED patients with OUD were identified via patient request, standardized nurse screening, or ED provider concern. All identified patients received an urgent social work consult to explore willingness to seek treatment for OUD. Social workers developed individualized follow-up plans with participating patients.

4.7 Discussion of Findings

Based on Zeng (2021) there are four factors that assist the individual to behave well and gain hope in their live, these include (individuals can adhere to their goals

and change their approach to achieving them when necessary), resilience (when encountering problems or setbacks, individuals can persist and maintain their efforts to achieve success), and optimism (individuals make positive attributions to present and future success), and self-efficacy (individuals have confidence in certain efforts to complete challenging tasks). Zeng (2021) explained that family system has an important impact on individuals. The higher the health of the family system functioning, the healthier its members will be in terms of both their physical and mental states. Therefore, parents with a positive sense of hope are more likely to cultivate positive, hopeful offspring, which indicates that the level of psychological capital of their offspring may also be higher. According to Zeng (2021), many studies have shown that various factors of psychological capital are closely related to substance abuse. Self-efficacy significantly negatively predicts the relapse tendency of individuals with drug addiction and this increased the need to conduct more research on the factors of relapse after the substance abuser's treatment and rehabilitations as researcher did and bring the discussion of findings below: -

4.7.1 Family's Factors that Caused Drug Abusers to Relapse After Rehabilitation

The researcher examined the family and relatives support to drug abusers who were under the treatment and rehabilitation services in rehabilitation centres. This was done as the researcher thought that the family and relatives support contributed to drug abusers' recovery. The assumption was that lack of support confused and frustrated drug abusers enough to push them into drug abuse.

The study found out that the majority of parents, relatives and other people in the community did not know about substance abuse and relapse. Thus, drug abusers relapsed after treatment and rehabilitation because they did not get support from close relatives including parents they were living with. Clients could easily lie to people they were living with because the latter did not know much about drug abuse.

The findings were supported by research conducted by Xiong (2018) in China which explored situational social support of drug abusers during compulsory rehabilitation. The study provided a preliminary estimation of the relationship between social support and relapse. Xiong (2018) study indicated that the community should be ready to support drug abusers in the rehabilitation, but missing the social support can lead drug abusers who were in the rehabilitation services to relapse. This study found out that the majority of people who were responsible in supporting drug abusers at MAT clinic at Kidongo Chekundu Mental Hospital and at sober houses lacked knowledge of substance abuse and relapse. This limited them in supporting drug abusers in the centres, and caused drug abusers to relapse back to the drug's use after discharge from treatment and rehabilitation services; especially after exposure to high-risk situations in their living communities/villages.

According to Patel at. el. (2020), in Kenya, the prevalence of alcohol use disorder (AUD) was close to 6%, but a notable treatment gap persisted. AUD was especially pronounced among men, leading to negative consequences at both individual and family levels. Patel at. al. (2020) examines the problems of drinking fathers in Kenya regarding previous treatment-seeking related to alcohol use. Experiences and

dynamics of the family were also explored, as they pertain to treatment-seeking experiences. The results reported that informal help received from family and community members exhibited little awareness of available formal treatments. Families were both deeply affected by alcohol use and actively involved in help-seeking. Indeed, fathers' experiences were described as help-accepting rather than help-seeking. Three overarching themes emerged from the results; poverty, people, and practices. Poverty could be a motivator to accept help to support one's family financially, but stress from lack of work also drove drinking behaviors. Negative help strategies or peer influence deterred the father from accepting help to quit. Positive motivation, social support, and stigma against drinking were motivators. Practices that were culturally salient, such as; religiosity and gender roles, facilitated help acceptance. Overall, most help efforts were short-term and only led to very short-term behavior change.

The social and economic support of drug abusers who were under the treatment and rehabilitation services was supported by Gibbons (2019) who found out that families and socio-economic circumstances play a major role in substance dependency relapses among service users, especially for those raised in difficult conditions such as; unemployment, domestic violence, health problems and poverty. The social challenges mentioned were such as; unemployment and domestic violence which were internalized as stressors on an individual's life, which could onset and continue substance dependency if not dealt with in formal treatment and continued throughout aftercare. These factors led drug abusers who got the rehabilitations and treatment to relapse especially missing the aftercare programs after their rehabilitation.

The findings from drug abusers who had totally relapsed from the rehabilitation and treatment showed that most of the respondents were assisted by their family. They received food and other expenses from their relatives when they were in rehabilitation centers and the sober house. These findings resembled Clark's (2001) who found out that the parents and relatives support the substance abusers economically. Drug abusers were assisted and supported by their parents and relatives financially; when in rehabilitation services at the sober house, and that led to the client's recovery at the rehabilitation centres.

Drug abusers with severe mental illness and substance use disorder i.e., dual disorders frequently had contact with family members, who provided valuable emotional and material support, despite limited skills and knowledge of recovery. The modal family was a single male son in his early 30s diagnosed with both alcohol and drug problems and a schizophrenia-spectrum disorder participating with his middle-aged mother, with whom he lived. Characteristics of the relatives were the strongest predictors of successful initial engagement in the family programs with the most crucial predictor being relatives who reported higher levels of benefit related to the relationship with drug abusers.

The findings of Mueser et. al. (2009) corresponded with the outcome of this study as client's parents, caregivers and other relatives provided support to drug abusers in sober houses and Methadone Assistant Treatment(MAT). Findings from the Focus Group Discussion holds to them by the researcher as he found out that they did not know about the treatment and rehabilitation services, but they just helped their sons,

daughters and relatives to send them to the rehabilitation and treatment services. Most of FGD participants knew teaching them about how to stay and live in a society in the right way.

Yang et. al. (2015) conducted qualitative in-depth interviews with 20 drug users recruited from a compulsory isolated drug rehabilitation centre in Changsha. The interviews were guided by open-ended questions on individuals' experiences in drug use initiation, getting addicted, treatment history, social environment, abstinence, and relapse. The results showed that most drug users were able to abstain from drugs successfully. During abstinence, their lives were congested with challenges, such as; adverse socioeconomic conditions, low-income family/social support, interpersonal conflicts, and stigma and discrimination, all of which kept them excluded from mainstream society. Furthermore, the police's system of ID card registration, which identified individuals as drug users, worsened and put them into grave situations. Relapse triggers reported by the participants focused mainly on negative feelings, interpersonal conflicts, and stressful events. Craving was experienced but not perceived as a relapse trigger by most participants. Yang et. Al. (2015) study explored the reality on how the substance abuser's support helps the substance abusers to get the complete recovery and therefore to avoid the relapse, the substance abusers poor support from the family and relatives which perpetuated with the poor knowledge of the parents, care givers and relatives may create the conflict between the substance abusers and their family as a social factor which has also been found by the Young et. Al. (2015).

This study found out that most of the respondents said that they got support from their family, as they had received the funds and food when they were at the sober house. However, some of them said they did not get any support they just supported themselves, through their own expenses. Therefore, the study indicated that drug abusers sometime wanted to quite from using the substance, but they faced the challenges that made them difficulty to quite from using the substance, and this was due to poor social support and that's why wanted to support themselves. Therefore, this phenomenon contributed to some youth to continue using the substance even they were ready to stop the substances abuse and quite from them, but they had no way to quiet, this was because they did not have any support, which forced them to continue using the drugs.

The results of this study concurred with the research by Yang et. al. (2015) that revealed the low-income family support to the substance who were abstaining from the substance abuse led to interpersonal conflicts, and stigma and discrimination of drug abusers. The findings of this study revealed the same as some of the substance abuse youth supported with their parents and relatives, but still some of them did not get any support from their parents and relatives that made to help themselves during their rehabilitation services at the treatment and rehabilitation services. For examples, the FGD findings from the parents and relatives of drug abusers who got treatment and rehabilitation services at MAT clinic and sober house found out that the parents and relatives of drug abusers did not know about the treatment and rehabilitation services provided at the treatment and rehabilitation centres, but they just helped their sons, daughters and relatives.

The study has further found out that the parents support their youth who were using the substance without knowledge about the substance abuse. Such parents supported their children who on contrary were supposed to support them and that can contribute to drug abusers relapsed after their rehabilitations. This was due to poor knowledge of the parents that could assist them to identify their youth when they were abusing the drugs, the knowledge of the substance abuse to prevent the substance abuse to relapse back to the substance abuse.

Ander (2020), family factors were more influential in early adolescence, while peers become more influential in mid-adolescence. Other studies have argued that parents exert influence primarily through their norms, while peers do so through their behavior. Therefore, it is reasonable to assume that parents and peers influence adolescents' consumption of different substances, possibly in diverse ways. Family is very crucial in the treatment and rehabilitation of drug abusers who goes under treatment, as drug abusers gain skills that make them stay say with engagement in the substance use and to be engaged in other social activities and skills that can assist them in their typical living situations.

Hechanova (2020) found out that family support moderated the relationship between life skills and SUD symptoms, suggesting that family support is the most critical for those with lower life skills. The study concluded that life skills and family support were essential factors that contribute to the treatment success among mild-risk persons who use the drugs (PWUDs) in the Philippines and therefore need to be prioritized in treatment programs and health promotion initiatives.

Maalouf (2014) showed that families can be one of the most protective forces in the lives of children and youth. Family skills interventions have been found to be effective in encouraging safe and nurturing relationships between parents or caregivers and children in their early years and as such, preventing many problem behaviors, including violence. Maalouf (2014), UNODC reports on variables associated with force including conduct problems, stress management, pro-social behaviors, family aggression and conflict generated from a multisite project aimed at piloting family skills programmes in low and middle-income countries. Maalouf et. al. (2014) corresponded with the findings of this study which found out that 28% of the respondents re-used the substance abuse again as a relapsed clients due to family conflict, mistrust by family members and availability of the drugs and 16.3 % of the respondents relapsed due to the combined factors which included peer pressure influence, neglected, availability of drugs and lack of job, family conflict, lack of job and chased from family.

This study revealed that family conflict, mistrust by family members and availability of the drugs was main factors that made the substance abuse clients to relapse into using the substance abuse. This was also due to the fact that the clients after treatment became dependent from their family and relatives who gave care to them.

4.7.2 The Rehabilitation Centre's Services Delivery to Drug Abusers Who Were Under Treatment and Rehabilitations

The study findings showed that MAT clinics operated only medical services to the substance abuse clients who wanted to discontinue from using the substance. The

substance abusers who were under the treatment and rehabilitation services at MAT clinic handled by qualified medical staffs and other supporting staffs who run the service at MAT clinic these staffs included qualified medical doctors, nurses, social workers and counseling's psychologists, other staffs included laboratory technologists and pharmacists. The staffs ran their services based on MAT clinic guideline and followed the ethics based on the origin of their professions.

The study found out that the staffs at sober house ran the sober house cutting-edge self-help, as the substance abuse should be ready to cooperate with others. Therefore, the substance abuser should be able to participate in all activities conducted at the sober house including the domestic work and attending the N/A meeting. Education was offered to the client that helped their recovery as the substance abuse client; the client self-interest also helped and became a part of the recovery process at the sober house.

The findings from the questionnaires of both youth who continued using the rehabilitation and treatment services at both MAT clinic and Sober house found out that 21 (26.3%) of respondents got the support of their recovery through the twelve steps of narcotics anonymous (NA), 17 respondents (21.3%) got support through the education that aimed at quitting from using the substance,11 respondents (13.8%) got support through the Methadone Assistance Treatment(MAT), 7 respondents (8%) got support through other ways including those that got support from their mothers, they had to support themselves, they were supported psychologically, and they decided voluntarily to recover, 5 respondents(6.3%) got support through counseling services,

4 respondents(5%) were supported through the family care, and 3 respondents (3.8%) got support from social work services and were followed at home in case they had any problem.

The study findings showed how the substance abusers had been supported when they were in the rehabilitation centres, both at MAT clinic at Kidongo chekundu mental hospital and at the sober houses. The findings reflected the services provided at the rehabilitation centres which were posed to assist the drugs abusers who were at the rehabilitation centres to recover from using the substance abuse.

The findings had been supported by Zeledon (2020) who explained that Medication-Assisted Treatment (MAT) is the use of FDA-approved medications in combination with counseling and behavioral therapies to treat substance use disorders. MAT was an evidence-based approach that was used primarily to treat opioid use disorder with prescribed medications, including buprenorphine, methadone, and naltrexone to normalize body functions without adverse effects, block euphoric effects of opioids, and relieve physiological cravings. Zeledon (2020) has confirmed that the MAT clinic is the area that drug abusers who were engaged to that treatment and rehabilitation services got the medical services to support their physical and psychological wellbeing. In Tanzania, drug abusers who were under the treatment and rehabilitation services attended by the qualified medical staffs like nurses and medical doctors, were supported by other staffs like social workers, the pharmaceutical technicians and psychologists.

The study revealed that most of drug abusers got support through the narcotic anonymous at the sober house whereby the drug abusers got ample time to get the knowledge on how to stop the substances. They witnessed the recovery youths who became their senior when they were enrolled at the sober house, so that the program was mainly to give the substance abuse knowledge on how to fight against the substance abuse and know how to assist in stopping the use of substance. This made the youth who were enrolled at the sober houses and MAT clinic to get a lot of knowledge therefore to support their treatment and rehabilitation services.

Generally, in Zanzibar rehabilitation and treatment centres support drug abusers who were using the substance but they should accept the conditions posed to them as a requirement before they were enrolled to the services so that they needed to remember and accepts all services posed to them in the centre and if they broke the requirement they might withdraw from the services.

The mode of operations and rehabilitation programs that were supporting drug abusers in their recovery differed in the Zanzibar, as until now there was only MAT clinic services which was running under the Zanzibar Government and the sober house which is running under private sectors but was supported by the Government. The mode of operation of these two programs differed as the MAT clinic services were free, while at the sober houses drug abusers were supposed to pay for the services. This was because MAT clinic was planned by the Government as a special unit to assist the substance abusers to stop using the substances especially heroin which was fatal for the health of drug abusers. At MAT clinic there were staffs who

were allocated to provide the services including medical doctors, the nurses, the social workers, the psychologists, the laboratory technologist and the pharmaceutical technicians that were employed by the government to provide care and services to drug abusers soon after their enrolment. MAT clinic care and services were subjected to drug abusers recovering in the centre to accept the conditions of enrolment as a requirement.

4.7.3 The Factors That Caused Drug Abusers to Relapse After Their Treatment and Rehabilitation Services

The study found out that (3.8%) of the respondents were neglected and had family conflict. Therefore, this study revealed that family conflicts, mistrust by family members and availability of the drugs were among the main factors that made drug abusers to relapse into using the substance. This was because drug abusers after treatment and rehabilitations became dependent from their families and relatives who provided care for them. As this has come due to the fact that drug abusers after treatment became dependent on their families and relatives who cared them.

The findings has been supported by Azizul et al. (2020) who noted that family conflicts were on the inclination to relapse among former drug addicts as widely debated, particularly internationally and in local settings. The lack of faith among the family members on the participant's recovery seems to be one of the issues that emerged in the family conflict Weak relationship with their biological fathers may be the reason for the prolonged family conflicts. According to Azizul et. al. (2020), burdens in the daily activities like family restraints on daily activities, pressure from

the father-in-law, the aggressive traits of the ex-wife towards addiction and the isolation from the siblings. Azizul et. al. (2020) supported the findings of this study as it founded one among the reasons of relapse found in this study was quarrelling with friends, and mistrust within the family members.

The findings from the Focus Group Discussion (FGD) conducted at the MAT clinic at Kidongo Chekundu Mental Hospital Zanzibar, showed that lack of family trust from the family, lack of jobs in the street lead the client to relapse, promise that not fulfilled (empty promise) led the client to relapse. The empty promise is a situation that the substance abuse client was promised something as a present when he or she accepts to go for the treatment and rehabilitation centres, either at sober house or the MAT clinic. Where the promise was not fulfilled, then the substance abuse client relapsed. This was due to the frustration and confusion created after the substance abuse whereby a client was discharged from the treatment and rehabilitation services.

The study findings supported by Nappo (2018) who explained that relapse is a common phenomenon among crack users, considering the reasons that led to its occurrence were the same from people's daily routine, making its management very tough. Nappo (2018) explained that interpersonal relationship problems and the consequent frustration had been the most mentioned reasons as relapse triggers, causing a rupture in the paradigm in which the causes would be focused on the drug. Based on the above literature, the relationship between the substance abuse and the people who were much close to him was significant and contribute to the substance

abuse client's recovery, but poor relationship makes the substance abuse client to withdrawal from the treatment and rehabilitation services and relapse.

The in-depth interview findings on what caused young substance abusers to relapse indicated that most of drug users who had recovered relapsed because of lack of jobs. In addition, the study found out that drug abusers had always wanted to have activities as soon as they recover; to avoid high-risk situations that it may lead them to relapse. So, aftercare program to these youths, it was essential that they engaged in some activities otherwise, they tend to relapse back to the drugs after being treated and rehabilitated.

Through the questionnaires posed to the respondents at MAT clinic and sober house, the researcher found out that 17 (21.2%) of respondents had other reasons of reusing the substance as a relapsed youths after rehabilitations and treatment services. These reasons included drug abusers were not aware about the drug abuse relapse, loneliness and imitations, peer pressure and lack of jobs, drug abusers used the drugs after divorced with spouse, they did not get enough counseling which led them to stay with continuing drug user after their recovery that led them to relapse, confusion, failed up to follow the narcotic anonymous meeting(NA), the client they were not ready to stop using the drugs after treatment and recovery, lack of confidence and self-stigma and failure to attend the meeting at the rehabilitation centre, 10 respondents (12.5%) re-used the drugs abuse due to lack of jobs and the those who re-used the substance abuse in order to satisfy their girlfriends who used the drug abuse, 8 respondents (10%) re-used the drugs because were neglected by the

family, 6 respondents (7.5%) re used the drugs after been exposed with the earlier friends had, 5 respondents 6.3%) re-used the drugs due to social problems, 4 respondents (5%) re-used the drugs after been stopped to use the methadone, 3 respondents. Furthermore, (3.8%) re-used the drugs because of failed to face the challenge of life and lack of family support, the same percent with those respondents who used the drugs because of their lonely and those respondents who re-used the drugs because of their feeling of wife, parents and peer pressure, 1 respondent (1.3%) did respond.

The above findings were related to Xie's (2019), whose explored the occurrence of heroin use during Methadone Maintenance Treatment (MMT), the rate of heroin use in this research was 41.25% (165/400). Multivariate Logistic regression analysis also showed that the factors related to the heroin using rate included unemployment (OR=2.298), residential solitude (OR=1.846), disharmonious family relationships (OR=4.010), and short treatment duration (OR=2.042). It was concluded that in Guangdong, China, the rate of heroin use was still high. Based on the study conducted by Xie (2019) the findings above are related with one of the factors that included the unemployment and short time treatment duration, the finding that has also been found in this study.

The findings from FGD staffs working at the sober house have found out that the client should stay at the sober house to the time located which is minimum of 4 and maximum of 6 months, then after get discharge from the rehabilitation centres and go back to the community, from there they start to mix with the community

members. According to the study by Anderson et. al. (2019), on a prospective multi-center study with a baseline gross sample of 607 patients with SUD (response rate = 84%) admitted to an inpatient that stayed at one of five specialized SUD treatment centres in Norway. The person was of young age and having a psychiatric diagnosis were associated with elevated relapse risk. Patients who received treatment at a short-term clinic i.e. 2–4 months, as opposed to a long-term clinic i.e. >6 months were also at increased risk of relapse, regardless of their length of stay. Reduced risk of relapse was predicted by having completed the inpatient treatment stay.

4.7.4 The Nature of Social Worker's Support to Drug Abusers in the Treatment and Rehabilitation

The researcher was interested to find out the support given by social workers to young substance abusers at the Treatment and Rehabilitation Centre. It also aimed to find out if the rehabilitation Centre had social workers that were available and if support drug abusers.

The findings indicated that there were no social workers at the rehabilitation centre and the staffs working at sober house provided the counseling and psychotherapy to their clients by themselves. However, social workers were critical because there were some family members who did not like to hear anything about the client, but if the social worker was available, then he/she could handle it well. However, the study revealed that there was no social workers' practice at sober houses. Therefore, the staffs as administrators said they went themselves to the family and did the family intervention, as they had no the qualified social worker at the Centre.

Wang, et. al. (2018), noted that in China drug abusers discharged from compulsory treatment programs should receive community-based rehabilitation for around 2 years. In Shanghai, community social workers in the addiction recovery services were employed by the government to help drug users and monitor their drug use behavior. There were around 1,000 social workers serving about 70,000 drug users in Shanghai. Community social workers were important and were needed by the people who were using the substance and who were in rehabilitation. Therefore, this study indicated that the community social workers were needed to run the services at the sober house in order to fill the gaps.

CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1 Summary of the Study

5.1.1 General Summary

The study assessed the factors which cause relapse back to drug abuse after rehabilitation among drug abusers in Tanzania. Specific objectives of the study were as follows: to examine family factors that caused drug abusers to relapse to drug use after their rehabilitation; to assess the rehabilitation centre's services delivered to drug abusers who were under treatment and rehabilitations; to discover factors that caused drug abusers to withdraw from treatment and rehabilitation services; and to find out how social workers supported drug abusers in treatment and rehabilitation.

The study involved 100 respondents, out of which 80 respondents had the history of relapsing to substance abuse and 20 respondents had totally relapsed to substance abuse. The study also involved parents and staff working at the rehabilitation centres to enrich the information provided by drug abusers. The case study design was adopted whereby mixed methods approaches that endorsed the in-depth interviews, FGDs and questionnaires were used as tools for collecting data from the respondents. The study found out that 61.3% of parents and relatives did not know about substance abuse and relapsing, The study found out further that there was a limited link between the staffs working at the rehabilitation centres and the parents and care givers who belonged to drug abusers under the treatment and rehabilitations Also the study found out that 53.8% of drug abusers did not have knowledge of substance that

made them to face the high-risk situations. Furthermore, only 3.8% of drug abusers were supported by social workers in the rehabilitation centres. Based on these findings the study concludes the followings:

5.2 Conclusions

The findings of this study showed that 30 percent of the respondents had the age ranging from 31 years. This age range constituted 86.3 percent of the respondents. Most, 78.8 % of the respondents had secondary level of education and most of them were already married (40%). The study found out that 57.5% of drug abusers used heroin, which implied that heroin is the major drug abused by drug abusers in Zanzibar Islands.

The study found out that lack of jobs after treatment and rehabilitations made drug abusers who were already treated and rehabilitated to relapse after their discharge from the rehabilitation centre. Drug abusers without jobs got bored and chose to rejoin old mates to socialize, which cause them to relapse back to using the substance.

The study found out that among other reasons, 28.8% had the family conflict and mistrust by the family members that led them to relapse. This is because the substance abusers before the treatment and rehabilitations had the bad behaviors such as; stealing at home that bring the misunderstanding and conflict which made the conflict and mistrust to be continued even after their treatment and rehabilitations.

The study found out that parents, relatives and other people in the community did not have knowledge of substance abuse and relapse. Due to such poor knowledge they failed to support drug abusers who were under treatment and rehabilitation services.

The study also found out that poor management of rehabilitations centres caused conflict between the youth who were under the treatment and rehabilitation and the staff at the rehabilitation centres. This led to victims' dropout and relapse. This was due to lack of experiences or a negative view of staffs to the substance abuser which created conflict and at the end, the substance abusers were chased from the rehabilitation centres and relapsed.

The study found out that there was inadequate family support to drug abusers who were in the rehabilitation centres for services. This was because of lack of knowledge on the part of parents, care givers and other relatives on substance abuse and therefore failed to provide adequate support to drug abusers who were under their rehabilitation services.

It was also found out that incomplete programs of the treatment and rehabilitation to drug abusers admitted for treatment and rehabilitation services caused drug abusers to relapse. The study found out that respondents only stayed for few days in the sober house and MAT rehabilitation centres.

Further drug abusers had decision to continue abusing the drugs or to quit treatment. Drug abusers would have decision to stop receiving the services if they start to experience craving to re-use the drugs when they were in sober house, this due to

that the clients have own decision to stop the substance abuse if they want to get the sober houses services as the treatment and rehabilitation centre..

The study found out that peer pressure influence was one among the cause of relapse when the substance abuser had already recovered from using the substance after their rehabilitation.

The study found out that substance abusers who were discharged from the treatment and rehabilitation centres had no knowledge of substance abuse that could have helped them to face high-risk situations in the society after their rehabilitation and treatment. The high-risk situations included meeting their former friends and socializing in old groups of people who were still abusing the drugs.

The study found out that the substance abusers who were under treatment and rehabilitation services were chased from services as a punishment when they did mistake, the things that the parents and care givers hated about the substance abusers who were under their treatment and rehabilitation services.

The study also found out that failure of parents to fulfill promises caused drug abusers to quit rehabilitation Centres and as a result relapsed. The respondents called this ‘EMPTY PROMISE’

There was a lack of social work support services to drug abusers who were under, rehabilitation services in sober houses. This increased the rate of abandonment, neglect and the conflict between drug abusers in rehabilitations centres and families.

There was poor government support to drug abusers who had been treated and rehabilitated. Lack of jobs after their rehabilitations, as a case in point, caused drug abusers to relapse back to drug abuse.

Lastly it was found out that the main reasons that made the drug abuser to re-use the drugs was because the substance abusers at the rehabilitation centres were not willing to stop drugs abuse.

5.3 Theoretical Contributions

Chen, et. al. (2021) introduced the Swiss psychologist Piaget's theory of children's cognitive development to discover the characteristics and preferences of children's behaviors and activities in different cognitive stages so as to tease out the relationship between light and shadow design elements and children's cognitive development. This strategy was based on equilibration in the cognitive development theory and included physiology, intelligence, society, and emotion. Chen et al (2021)'s study described the relation of cognitive ability and the learning process of children who supposed to acquire the knowledge through witnessing and imitate other people behaviors that derived from their ability of understanding the issues have been exposed with from their natural environment. Therefore, the children grow with the behavior that they grow up with, so that they get to know about the good and bad behavior from their natural environment they live including the ability to have knowledge of substance abuse and it affects that can assist them when they have been engaged into using the substance abuse or if they face the high-risk situations that are prone into using the substance abuse.

Marlatt and Cordon (1985) proposed a cognitive-behavioral relapse-prevention model which suggests that both immediate determinants i.e. high-risk situations, lack of coping response, decreased self-efficacy, and abstinence violation effects and covert antecedents i.e. lifestyle imbalances, urges and cravings could lead to relapse. Hendershot, Witkiewitz (2011) adopted Marlatt and Cordon (1985)'s cognitive-behavioral relapse-prevention model, which illustrated and figured out the cognitive-behavioral relapse-prevention model application (Figure 2.1).

Figure 2.1 illustrated the central role for high-risk situations and for the drinker's response to those situations. People with effective coping responses have confidence that they can cope with the situation i.e. increased self-efficacy, thereby reducing the probability of a relapse. Conversely, people with ineffective coping responses experience decreased self-efficacy, which, together with the expectation that alcohol use had a positive effect i.e., positive outcome expectancies, could result in an initial lapse.

The researcher thought that the mental capacity might lead the way. This inner force could lead them into their own behavior in their social situation. This contributes naturally as a person gradually develops the mental capacity from childhood and gives the ability to identify the debilitating environments of his or her surrounding based on their culture.

Therefore, the researcher thought that an inner force which cognitively gave the client acquired knowledge led them in their decision, researcher assumed that the knowledge made the client of substance abuse to know the potentially fatal factors

for relapse and therefore to control themselves when they have been exposed within an environment that encouraged them to be re-engaged in the drugs. The researcher was interested in finding out if knowledge of the client of substance abuse client after treatment and rehabilitations through exposure to the high-risk situations contributed to the client's relapse.

The research findings showed that 53.8% of respondents did not have knowledge of substance abuse that could assist them in facing the high-risk situation when they go back to the society after their rehabilitation and treatment. The study indicates that the majority of drug abusers who went to the rehabilitation and treatment centres had no knowledge that could alert them about the high-risk situation after their recovery. That was why soon after recovery and rejoining their society they relapsed. Available evidence suggests that drug abusers were not aware of the high-risk situations that they were facing, including former drug associates and friends. It seemed that drug abusers were not well prepared to meet the challenges and high-risk situation after being discharged from the rehabilitation centres.

Drug abusers who had totally relapsed from the treatment and rehabilitation services did not know how to identify and face the challenges of high-risk situations. Some youths stayed at the rehabilitation centres for only a few days about 25 days that made them difficult to comply with the regime for ensuring sobriety.

The knowledge of substance abuse was one which assisted in decision making on if either to join to the groups that was utilizing substance abuse or not. This has been explained by Nursinah, (2021) who explained that abusers' knowledge in

constructing their thoughts, feelings, and behaviors cannot be transferred to other passive individuals because cognitive construction must be carried out on their knowledge. Researcher assumed that knowledge of substance abuse had interrelationship with dependent variables such as; high risk situations i.e., witnessing the peers using the illegal drugs and exposed to the environment which the drugs were sold, social factors, family factors including the drug abuser's personal knowledge of substance abuse. These variables had direct relationship with treatment and rehabilitation services as an independent variable. Both of these variables had the direct relationship with substance abuser's knowledge on substance abuse which also linked to drug abuser's ability to cope with the situations that led either to the relapse or complete recovery. This has been illustrated in the conceptual frame work in chapter two, Figure 2.3

Therefore, through testing the knowledge of substance abusers on substance abuse, this study found out that 53.8% of the respondents had no knowledge on substance abuse that could help them to face the high-risk situations. The lack of knowledge on substance abuse led substance abusers into relapse. So, this study contributed that the knowledge of substance abusers on substance abuse led to the relapse or complete recovery after the substance abusers discharge from treatment and rehabilitations services and when they came to rejoin their normal life in the society.

5.4 Recommendations

5.4.1 For Policy Makers

Act No. 9, Subsection 55, Part VIII of Drugs and Prevention of Illicit Traffic in Drugs

1995 of the United Republic of Tanzania, described that the Government may, in its discretion establish as many centers as it thinks fit for identification, treatment, education, after-care, rehabilitation, social reintegration of addicts and for supply. Subject to such conditions, the commission of any narcotic drugs and addicts Psychotropic substances, to the addicts registered with the Government and to others where such supply is of medical necessity.

Based on the policy, the government, private sectors and people in the community are supposed to provide the care and assistance to the drug addicts. This includes assistance and curbing up the problems of substance abuse addiction through possible intervention and integrations to the problems facing the addicted people in the society which include to assist substance abusers in their treatment and recovering process. Therefore, this study recommended the following actions to be taken in order to assist the substance abusers in their process of treatment and rehabilitations so as lead to their complete recovery.

5.4.2 For Government Agencies

Based on the study conclusions, the study recommends the following to be done to solve the problems facing young people who have decided to quit drugs and substance use for all stakeholders:

i) Come up with aftercare programme that would involve the handwork activities that will help drug abusers who have completed and graduated from the rehabilitation programs to work so as to sustain their recovery. After-care-programs should also involve private institutions responsible for controlling

drugs abuse in order to help drug abusers who do not have jobs after their discharge from the treatment and rehabilitation services.

ii) Employ qualified social workers for rehabilitation centres, including sober houses, to support drug abusers who were still continuing with rehabilitation services.

iii) Mass education and sensitization to be done to the entire community in order to make sure that people understand the substance abuse, their effects, relapse and how to curb the problem of substance abuse through the rehabilitation institutions including MAT clinic and sober house.

iv) Encourage to prepare the curriculum that would involve the substance abuse to the primary school children in order to make the children to understand the substance abuse and their effect so as to prevent themselves in the future.

5.4.3 For Other Stakeholders

i) The parents, caregivers and other relatives of drug abusers should get knowledge of substance abuse so as, to help them provide support to drug abusers when in the treatment and rehabilitation services.

ii) The mass sensitization and community education should be provided to the people in order to know how to support substance abusers when they are in the community and at the rehabilitation centres. Such knowledge should be provided to the general public in order to assist the community members in gaining awareness about the substance abuse and its control so as to avoid the conflicts between drug abusers and their community members including their families.

iii) Staff working at the treatment and rehabilitation centres should strive to give drug abusers knowledge of how to face the high-risk situation after their discharge from the treatment and rehabilitation service.

iv) The para social work programs and training should be established for people who are willing to provide the social work services to drug abusers who are eager to quit using the substance and who need to go for the treatment and rehabilitation services.

v) Qualified social workers should go to the families with youths under the rehabilitation services so as to provide them with knowledge to the families especially on how to support drug abusers when they are in the rehabilitation centres and how to curb out the family problems if exist that create the conflict between drug abusers and his or her family.

vi) The para social work training should train people who are willing to volunteers in helping and support the drug abusers at rehabilitation institutions. The social work general knowledge which will based on social work ethics and principles and the interventions should be equipped to people in order to help drug abusers to sustaining services in the rehabilitation centres.

vii) Seminars and workshops on recovery maintenance and sustainability should be regularly provided to drug abusers who are in the rehabilitation and treatment centres in order to avoid relapse due to the expected failure to face the high-risk situations after their discharge from the treatment and rehabilitation services

5.4.4 For Further Studies

The study found out that among the major factors for drug abusers to relapse back into using the substance after their treatment and rehabilitation services was lack of employment. Lack of jobs made them fail to sustain their recovery after their treatment and rehabilitation and forced them to rejoin their peers who were still abusing the drugs. Therefore, through their interactions and witnessing the behavior, they often relapsed back to the drug abuse. Further study on aftercare programs is needed in order to identify the strategies of helping the drug abusers who have completed their rehabilitations and joined their families in the society.

REFERENCES

Abbondanza, M. N. M., & Souza, R. G. (2019). Estimating the generation of household e-waste in municipalities using primary data from surveys: A case study of Sao Jose dos Campos, Brazil. *Waste Management, 85*(2019): 374-384.

Abdalla, A.M (2007). Nature and scope of the problem of substance abuse among the youths in Zanzibar: South New Hampshire University, USA.

Acharya, A. S., Prakash, A., Saxena, P., & Nigam, A. (2013). Sampling: Why and how of it. *Indian Journal of Medical Specialties*, *4*(2): 330-333.

Adzrago, D., & Adu-Gyamfi, A. B. (2018). Rehabilitation processes involved in rehabilitating individuals with alcohol and drug addictions at Rehabilitation Centres in Ghana Rehabilitation Processes involved in rehabilitating individuals with Alcohol and Drug Addictions at Rehabilitation Centres in Ghana. *J. Addict Res Ther*, 9: 364.

Al-Ababneh, M. (2020). Linking ontology, epistemology and research methodology. *Science & Philosophy, 8*(1): 75-91.

Alabi, H. I., Bello, G., & Sulaiman, M. M. (2020). Assessment of students' knowledge of drug abuse and drug addiction in Kwara central senatorial district. *European Journal of Health and Biology Education, 9*(2): 21-28.

Alahmad, M. (2020). Strengths and Weaknesses of Cognitive Theory. *Budapest International Research and Critics Institute (BIRCI-Journal): Humanities and Social Sciences, 3*(3): 1584-1593.

Albright, D. L., Holmes, L., Lawson, M., et al (2020). Veteran-nonveteran differences in alcohol and drug misuse by tobacco use status in Alabama SBIRT. *Journal of Social Work Practice in the Addictions, 20*(1): 46-58.

Amuge, G., & Atuk, G. (2019). Stress, alcohol abuse and alcoholism relapse among readmitted alcoholics. A dissertation submitted to the College of Humanities and Social Sciences, Makerere University, Uganda.

Ander, B., Fransson, E. I., Bergnehr, D., & Gerdner, A. (2020). Onset of substance use among early adolescents in Sweden. *Journal of Social Work Practice in the Addictions*, 20(2): 105-121.

Anderson, H. W., Wenaas, M. and Nordfjaer T. (2019). Relapse after inpatient substance use treatment: a prospective cohort study among users of illicit substances. *Addictive Behaviours*, 90: 222-228.

Andrade, S. R., Schmitt, M. D., Storck, B. C., Piccoli, T., & Ruoff, A. B. (2018). Documentary analysis in nursing theses: data collection techniques and research methods. *Cogitare Enferm*, (*23*)1: e53598.

Appiah, R., S. A. Danquah, Nyarko, I. K.N, Ofori – Attal, A. L. and Aziato L. (2017). Precipitants of substance abuse relapse in Ghana: a qualitative exploration. *Journal of Drug Issues,* 47(1): 104-115.

Auerbach, C., Mason, S. E., & Laporte, H. H. (2007). Evidence that supports the value of social work in hospitals. *Social Work in Health Care*, *44*(4): 17-32.

Azizul, M. D. A., Jaafar, W. M. W., & Khir, A. M. (2020). The influence of family conflicts on the inclination to relapse among addicts in cure and care service centre, Kuala Pilah, Malaysia. *International Journal of Public Health and Clinical Sciences*, *7*(1): 13-24.

Azmi, A. A., Hussin, H., Ishak, S. I. D., & Daud, N. S. (2018). Drug addicts: psychosocial factor contributing to relapse. *MATEC Web of Conferences* (Vol. 150, p. 05097). EDP Sciences

Balaji, D., Mlunde, L. B., Tran, O. C., Lambdin, B., Mbwambo, J., Nyandindi, C., & Bruce, R. D. (2017). First report of gender-based violence as a deterrent to methadone access among females who use heroin in Dar es Salaam, Tanzania. *AIDS and behaviour*, *21*(7): 2093-2100.

Barak, S., & Goltseker, K. (2021). Targeting the Reconsolidation of Licit Drug Memories to Prevent Relapse: Focus on Alcohol and Nicotine. *International Journal of Molecular Sciences*, *22*(8): 4090.

Basri, H., Amin, S., Mirsa, U., Mukhlis, H., & Irviani, R. (2020). Learning theory of conditioning. *Journal of Critical Reviews*, *7*(8):2024 - 2031.

Best, D., Manning, V., Allsop, S., & Lubman, D. I. (2020). Does the effectiveness of mutual aid depend on compatibility with treatment philosophies offered at residential rehabilitation services? *Addictive behaviors*, *103*: 106221.

Bhattacherjee, Anol, (2012). "Social science research: principles, methods, and practices". Textbooks Collection.

Bickel, W. K., & Athamneh, L. N. (2020). A Reinforcer Pathology perspective on relapse. *Journal of the experimental analysis of behavior*, *113*(1): 48-56.

Braun, V., & Clarke, V. (2021). To saturate or not to saturate? Questioning data saturation as a useful concept for thematic analysis and sample-size rationales. *Qualitative research in sport, exercise and health*, *13*(2): 201-216.

Brett J. D., Lvers A., Lawrence R., Barclay, S. and Conigrave, K. (2017). Healing at home: developing a model for ambulatory alcohol "detox" in an aboriginal community controlled healthservice. *International Journal of IndigenousHealth*, *12*(1): 24-38.

Breuninger, M. M., Grosso, J. A., Hunter, W., & Dolan, S. L. (2020). Treatment of alcohol use disorder: Integration of Alcoholics Anonymous and cognitive behavioral therapy. *Training and Education in Professional Psychology*, *14*(1): 19 - 26.

Browne, T. (2019). Social work roles and healthcare settings: *Handbook of health social work* (3rd edition). New Jersey: John Wiley & Son Inc.

Chan, G. H., Lo, T. W., Tam, C. H., & Lee, G. K. (2019). Intrinsic motivation and psychological connectedness to drug abuse and rehabilitation: The perspective of self-determination. *International Journal of Environmental Research and Public Health*, *16*(11): 1-17.

Chan, W. L., Wood, D. M., & Dargan, P. I. (2021). Prescription medicine misuse in the Asia–Pacific region: An evolving issue? *British Journal of Clinical Pharmacology*, *87*(4): 1660-1667.

Chen, Y., Wang, C., Yang, R., Huang, Y., Gao, F., Wang, Z., & Zhang, L. (2021). Kindergarten Interactive Lighting Design Based on Cognitive Development Theory. In *International Conference on Human-Computer Interaction* (pp. 225-243). Springer, Cham.

Chetty, M. (2012). Cause of relapse post-treatment for substance dependency within the South African Police Services. A dissertation submitted to the Department of Social Work and Criminology, Faculty of Humanities, University of Pretoria, South Africa.

Clark, R. E. (2001). Family support and substance use outcomes for persons withmentalillness and substance use disorders. *Schizophrenia Bulletin, 27*(1): 93-101.

Creswell, J. W., & Creswell, J. D. (2017). *Research design: Qualitative, quantitative, and mixed methods approach*. New York: USA. Sage publications.

Creswell, J. W., Hanson, W. E., Clark Plano, V. L., & Morales, A. (2007). Qualitative research designs: selection and implementation. *The Counselling Psychologist, 35*(2): 236-264.

De Vaus, D. A. (2001). *Research design in social research*. London : SAGE.

Dinesh Kumar, S. (2019). A study on substance abuse and its ill-effects among youth. *International Journal of Research in Social Sciences, 9*(1): 2249-2496

Drost, E. A. (2011). Validity and reliability in social science research. *Education Research and perspectives, 38*(1): 105 – 123

Etikan, I., Musa, S. A., & Alkassim, R. S. (2016). Comparison of convenience sampling and purposive sampling. *American Journal of Theoretical and Applied Statistics, 5*(1): 1-4.

Frank, N. (2018). Understanding Substance Abuse, Addiction, Tolerance, Dependence and Withdrawal. *Procedure Conditions Medication, Mental Health Disabilities*. Chicago IL.USA: Health Pro Advice.

Gardner E.L. (2021). Animal Models of Addiction. In: el-Guebaly N., Carrà G., Galanter M., Baldacchino A.M. (eds) Textbook of Addiction Treatment. Springer, Cham. https://doi.org/10.1007/978-3-030-36391-8_4

Gibbons, E. (2019). Challenges experienced by service users during substance dependency aftercare and reintegration services. *A dissertation submitted to the Faculty of Arts and Social Sciences,* Stellenbosch University South Africa.

Githae, E. N. (2019). Perceived harmful criticism in family interactional patterns and relapse risk among recovering in patients with alcohol use disorder in Kiambu County, *Kenya. African Journal of Clinical Psychology*, 2(2): 1-18.

Glaude, M. W., Jennings, S. W., Torres, L. R., & Finch, A. J. (2019). School of enrollment and perceptions of life satisfaction among adolescents

experiencing substance use disorders. *Journal of Evidence-Based Social Work*, *16*(3): 261-277.

Gowing, L. R., Ali, R. L., All sop, S., Marsden, J., Turf, E. E., West, R., & Witton, J. (2015). Global statistics on addictive behaviors: 2014 status report. *Addiction*, *110*(6): 904-919.

Grant, S., B. Colaiaco,Aneesa M.,Roberta S., Marika B., Melony S.,and Susanne H., (2017). Mindfulness-based relapse prevention for substance use disorders. *Journal of Addiction Medicine* 11(5): 386-396.

Hajek P, Stead LF, West R, Jarvis M, Lancaster T. (2009) Relapse prevention interventions for smoking cessation. Cochrane Database of Systematic Reviews, Issue 1. Art. No.: CD003999. DOI: 10.1002/14651858.CD003999.pub3.

Haji, S. H., Damian, D. J., Rajab, N. A., Ali, O. M., Khamis, A. U., Khalid, F. J., & Sunguya, B. F. (2021). Health-related Quality of Life Among People Who Inject Drugs on Methadone Assisted Treatment in Zanzibar, Tanzania.

Hechanova, M. R. &Sy, T. R. L., (2020). Family support as moderator of the relation between coping skills and substance use dependence among Filipinos who use drugs. *Asia-Pacific Social Science Review*, *20*(1): 91-108.

Hendershot, C. S., K. Witkiewitz, William H. G. and Marlattet G A. (2011). Relapse prevention for addictive behaviours. *Substance Abuse Treatment, Prevention, and Policy* 6(1): 6-17.

Hennink, M. M., & Kaiser, B. N. (2020). *Saturation in qualitative research*. SAGE Publications Limited.

Hoffmann, L., Buchenauer, L., Schumann, N., Schröder, S. L., Martin, O., & Richter, M. (2019). Improving rehabilitative care of methamphetamine users in Germany: the expert's perspective. *Qualitative health research*, *29*(2): 248-259.

Hogue, A., Becker, S. J., Wenzel, K., Henderson, C. E., Bobek, M., Levy, S., & Fishman, M. (2021). Family involvement in treatment and recovery for substance use disorders among transition-age youth: Research bedrocks and opportunities. J*ournal of Substance Abuse Treatment, 129,* [108402]. https://doi.org/10.1016/j.jsat.2021.108402

Jalali A, Yekzaman M, Bazrafshan M, Salari N, Rahmati M. (2018) Investigating the Effect of Family Counseling on the Acceptance and Support of Patients under Methadone Maintenance Treatment, Shiraz E-Med J. 19(5): e62347.

Jason, L. A., Majer, J., Bobak, T., & O'Brien, J. (2021). Medication assisted therapy and recovery homes. *Journal of Prevention & Intervention in the Community*, 1-13. 10.1080/10852352.2021.1934940.

Kadam, M., Sinha, A., Nimkar, S., Matcheswalla, Y., & De Sousa, A. (2017). A comparative study of factors associated with relapse in alcohol dependence and opioid dependence. *Indian journal of psychological medicine, 39*(5): 627-633.

Kalani, O. K. (2019). Prevalence of relapse of alcohol use disorder and the association with self-efficacy and perceived social support in Butabika Hospital. A Doctoral Dissertation submitted to Graduate School, Makerere University. Kampala, Uganda.

Kamenderi, M., Muteti, J., Okioma, V., Nyamongo, I., Kimani, S., Kanana, F., & Kahiu, C. (2021). Status of Drugs and Substance Use among Secondary School Students in Kenya. *African Journal of Alcohol & Drug Abuse.* 1: 1- 7

Kelly, T., Hoppe, J. A. & Zuckerman, M. (2020). A novel social work approach to emergency department buprenorphine induction and warm hand-off to community providers. *Am J Emerg Med., 38*(6): 1286-1290.

Labaree, R. V. (2009). Research guides: organizing your social sciences research paper: types of research designs. Offers detailed guidance on how to develop, organize, and write a college-level research paper in the social and behavioral sciences. University of South Carolina, USA.

Lambdin, B. H., J. Lorvick, Jessie K. M., Rwegasha J., Hassan S., Lump P., and Alex H., (2017). Prevalence and predictors of HCV among a cohort of opioid treatment patients in Dar es Salaam, Tanzania. *International Journal of Drug Policy*, 45: 64-69.

Lambdin, B. H., Masao, F., Chang, O., Kaduri, P., Mbwambo, J., Magimba, A., & Bruce, R. D. (2014). Methadone treatment for HIV prevention—feasibility, retention, and predictors of attrition in Dar es Salaam, Tanzania: a retrospective cohort study. *Clinical Infectious Diseases*, *59*(5): 735-742.

Lanktree, K. (2014). Tanzania's first methadone clinic a smashing success from https://www.talkingdrugs.org/tanzania

Laswai, O., & Nsimba, S. (2017). Challenges in accessing medication-assisted treatment among opiate users attending a methadone clinic in Dar es Salaam, Tanzania: a qualitative assessment. *MOJ Addict Med Ther, 3*(2): 44-50

Lay, B. P. P., & Khoo, S. Y. S. (2021). Associative processes in addiction relapse models: A review of their Pavlovian and instrumental mechanisms, history, and terminology. Neuroanatomy and Behaviour, 3(1), e18.

Li, W. H. C., Xia, W., Ho, L. L. K., Cheung, A. T., Leong, Q. K. I., & Liang, T. (2021). A medical peer-delivered intervention comprising brief motivational interviewing via instant-messaging interaction to reduce drug misuse among youth in Hong Kong: A protocol for a randomized controlled trial. *Addiction Science & Clinical Practice, 16*(1): 1-9.

Lian, T. C. and F. Y. Chu (2013). A Qualitative study on drug abuse relapse in Malaysia: contributory factors and treatment effectiveness. *International Journal of Collaborative Research on Internal Medicine & Public Health*. 5(4): 217 – 232.

Locklear, A. K. (2020). Review of Major Learning Theories: A Mindtool for Understanding and Applying Theoretical Concepts. *J Ment Health Soc Behav*, 2(108): 1- 6

Loganathan, K., & Ho, E. T. W. (2020). Neurocognitive interventions based on network neuroscience may break the cycle of drug addiction relapse. *Neuroscience Research Notes, 3*(2): 15-22.

Lopez, E. (2020). An Effective Approach to Substance Abuse Policies and Strategies for Pregnant Women. A graduate Project submitted to California State University, Northridge. USA.

Luciani, M., Campbell, K., Tschirhart, H., Ausili, D., & Jack, S. M. (2019). How to design a qualitative health research study. Part 1: design and purposeful sampling considerations. *Profession infermieristiche, 72*(2): 152- 160

Maalouf, W., & Campello, G. (2014). The influence of family skills programmes on violence indicators: Experience from a multi-site project of the United

Nations Office on Drugs and Crime in low and middle-income countries. *Aggression and violent behaviour*, *19*(6): 616-624.

MacKillop, J. (2020). Is Addiction Really a Chronic Relapsing Disorder? Commentary on Kelly et al. "How Many Recovery Attempts Does It Take to Successfully Resolve an Alcohol or Drug Problem? Estimates and Correlates from a National Study of Recovering US Adults". *Alcoholism, clinical and experimental research*, *44*(1): 41-44.

Mafa, P., & Makhubele, J. C. (2020). Teenage Substance Abuse: Impact on the Family System and Parents' Coping Strategies. *Pertanika Journal of Social Sciences & Humanities*, *28*(3): 1925-1938.

Marlatt, G. laA. and Gordon, J. R. (1985). *Ends, relapse prevention; maintenance strategies in the treatment of addictive behaviors.* New York: Guildford.

Mbwambo, J. (2013). New treatment gives hope to East Africa's drug users. *Bull World Health Organ*, *91*:89-90. |doi:10.2471/BLT.13.030213

Mbwambo, J., Saleem, H. T., Kaduri, P., Lambdin, B. H., & McCurdy, S. A. (2018). Addressing the Micro-and Macro-Environmental Vulnerabilities to HIV of People Who Inject Drugs in Tanzania: A Case Study of the Muhimbili Medication-Assisted Treatment Clinic. In *Structural Dynamics of HIV* (pp. 45-63). Springer, Cham.

McClintock, A. S., Goldberg, S. B., Coe, C. L., & Zgierska, A. E. (2019). Mindfulness practice predicts interleukin-6 responses to a mindfulness-based alcohol relapse prevention intervention. *Journal of substance abuse treatment*, *105:* 57-63.

McCrady, B. S., & Flanagan, J. C. (2021). The Role of the Family in Alcohol Use Disorder Recovery for Adults. *Alcohol Research: Current Reviews*, 41(1): 06

McGuire, A. B ., Powell, K. G., Treitler, P. C., Wagner, K. D., Smith, K. P., Cooperman, N., & Watson, D. P. (2020). Emergency department-based peer support for opioid use disorders: Emergent functions and forms. *Journal of Substance Abuse Treatment*. *108*: 82-87.

Mkhonto, M. P. (2016). Experiences, challenges and coping strategies of young males growing up without a father. Social work Project submitted to the Department of social work, University of South Africa.

Mnunguli, J. P., & Kisangiri, M. (2018). Evidence based Practices for Drug Abuse Information Management and Awareness Approaches. *Journal of Information Systems Engineering & Management, 3*(4): 31. https://doi.org/10.20897/jisem/3942

Mohaddes H. Z., Shahidi, S., Heidari, M., Imani, S. & Ghahari, S. (2021). Antecedents of high-risk situations for relapse in women with opioid use disorder: A qualitative study. *Journal of Substance Use, 26*(1): 1 (2021)

Moon, K., Blackman, D. A., Adams, V. M., Colvin, R. M., Davila, F., Evans, M. C., & Sherren, K. (2019). Expanding the role of social science in conservation through an engagement with philosophy, methodology, and methods. *Methods in Ecology and Evolution*, *10*(3): 294-302

Mudry, T., Nepustil, P., & Ness, O. (2019). The relational essence of natural recovery: natural recovery as relational practice. *International Journal of Mental Health and Addiction*, *17*(2): 191-205

Mueser, K. T., S. M. Glynn, Cather C., Zarate R., Fox L.J., Wolfe R. and Robin E.C. (2009). Family intervention for co-occurring substance use and severe psychiatric disorders: participant characteristics and correlates of initial engagement and more extended exposure in a randomized controlled trial. *Addictive Behaviours 34*(10): 867-877

Murphy, S. M., McCollister, K. E., Leff, J. A., Yang, X., Jeng, P. J., Lee, J. D. & Schackman, B. R. (2019). Cost-effectiveness of buprenorphine–naloxone versus extended-release naltrexone to prevent opioid relapse. *Annals of internal medicine*, *170*(2): 90-98.

Muthoka, P., & Mwenje, M. (2020). Effectiveness of Strategies Used in Secondary Schools to Curb Drug and Substance Abuse Among High School Students in Nzaui Sub-County, Makueni County, Kenya.

Nappo (2018). Reasons to drug consumption relapse. User' perspective. *Journal Brasileiro de Psiquiatria* 67(3) : 194-200.

Neale, J., Tompkins, C. N., Marshall, A. D., Treloar, C., & Strang, J. (2018). Do women with complex alcohol and other drug use histories want women-only residential treatment? *Addiction*, *113*(6): 989-997.

Niaura, R. (2000). Cognitive social learning and related perspectives on drug craving. *Addiction*, *95*(8s2): 155-163.

Noer, S. M. (2019). The relationship of teachers' professional competence toward students' learning motivation at SMAN 1 North Siberut Mentawai Islands. In *International Conference on Education Technology (ICoET 2019)*. Atlantis Press. https://www.atlantis-press.com/article/125925075.

Nunes, E. V., Gordon, M., Friedmann, P. D., Fishman, M. J., Lee, J. D., Chen, D. T., & O'Brien, C. P. (2018). Relapse to opioid use disorder after inpatient treatment: Protective effect of injection naltrexone. *Journal of substance abuse treatment*, *85*: 49-55.

Nursinah, A. A., & Arlin Adam, B. (2021). Relapse behavior of napza abuse after rehabilitation in Makassar city. *PalArch's Journal of Archaeology of Egypt/Egyptology*, *18*(08): 1845-1854.

O'Cathain, A., & Thomas, K. J. (2004). "Any other comments?" Open questions on questionnaires–a bane or a bonus to research. *BMC medical research methodology*, *4*(1): 25. https://doi.org/10.1186/1471-2288-4-25

Patel, P., Kaiser, B. N., Meade, C. S., Giusto, A., Ayuku, D., & Puffer, E. (2020). Problematic alcohol use among fathers in Kenya: Poverty, people, and practices as barriers and facilitators to help acceptance. *International Journal of Drug Policy*, *75:* 102576.

Pavlov, I. (2018). Burrhus Skinner and Behaviourists. *Learning Theories for Early Years Practice*. London: Routledge.

Pedersen, J., & Klepp, I. (2021). Ten Years After-Drug Use and Recovery among Male Heroin Users in Zanzibar. A wall painting from Detroit Sober House made by drug user (s) in recovery. Volda University College.

Pielech, M., Lunde, C. E., Becker, S. J., Vowles, K. E., & Sieberg, C. B. (2020). Comorbid chronic pain and opioid misuse in youth: Knowns, unknowns, and implications for behavioral treatment. *American Psychologist*, *75*(6): 811–824.

Priddy, S. E., Howard, M. O., Hanley, A. W., Riquino, M. R., Friberg-Felsted, K., & Garland, E. L. (2018). Mindfulness meditation in the treatment of substance

use disorders and preventing future relapse: neurocognitive mechanisms and clinical implications. *Substance abuse and rehabilitation, 9:*103-114.

Quickel, E. J. (2020). Classical Conditioning. *Encyclopedia of Personality and Individual Differences*. Springer, Cham. 678-680. https://doi.org/10.1007/978-3-319-24612-3_963

Ramlakhan, J. U., Ma, M., Zomorrodi, R., Blumberger, D. M., Noda, Y., & Barr, M. S. (2021). The Role of Gamma Oscillations in the Pathophysiology of Substance Use Disorders. *Journal of personalized medicine, 11*(1): 17 doi: 10.3390/jpm11010017.

Ratliff, E. A., Kaduri, P., Masao, F., Mbwambo, J. K., & McCurdy, S. A. (2016). Harm reduction as a complex adaptive system: a dynamic framework for analyzing Tanzanian policies concerning heroin use. *International Journal of Drug Policy*, *30*: 7-16.

Razali, A. (2017). Personal and interpersonal factors with the inclination to relapse. *Masyarakat, Kebudayaan dan Politik, 30*(3): 310-321.

Rehm, C. J., & Selznick, B. S. (2019). Measuring leader self-efficacy among youth. *Journal of Leadership Education*, 18(2): 52-64.

Rhodes T., Elizerbeth F., Paparinia C.S, and Strathdeec G.S (2016). Towards evidence-making intervention approaches in the social science of implementation science: the making of methadone in East Africa. *International Journal of Drug Policy* 30(2016) 17-26.

Rivaz, M., Shokrollahi, P., & Ebadi, A. (2019). Online focus group discussions: An attractive approach to data collection for qualitative health research. *Nursing Practice Today*, *6*(1): 413-415.

Rutledge, P. B., & Hogg, J. L. C. (2020). In-Depth Interviews. *The International Encyclopedia of Media Psychology*,1(3): 1-7.

Rwegoshora, H. M. M. (2014). *A guide to social science research* (1st Edition). Dar es Salaam, Tanzania: Mkuki na Nyota Publisher Ltd,

Sari, A. P. S. P., Wahyuni, C. U., & Wibowo, A. (2018). Social Support and Substance abuse relapse. *Health Notions*, *2*(1): 65-69.

Sari, D. M., Fatah, M. Z., & Nurmala, I. (2021). Family's Role in Helping Drug Abuser Recovery Process. *Jurnal Promkes: The Indonesian Journal of Health Promotion and Health Education*, *9*(1): 59-68.

Searby, A., Maude, P., & McGrath, I. (2015). Maturing out, natural recovery, and dual diagnosis: What are the implications for older adult mental health services. *International Journal of Mental Health Nursing*, 24(6): 478-484

Sebele-Mpofu, F. Y. (2020). Saturation controversy in qualitative research: Complexities and underlying assumptions. A literature reviews. *Cogent Social Sciences, 6*(1): 1838706.

Secretariat, E. A. C. (2019). East African Community Regional Policy on prevention, management and control of alcohol, drugs and other substance use. Draft EAC Alcohol and Drug Policy Final Version 2019.

Sinclair, J. D. (2005). Second generation opioidergic compounds: clinical data. In *Drugs for Relapse Prevention of Alcoholism* (pp. 125-134). Birkhäuser Basel. https://doi.org/10.1007/3-7643-7305-9_12

Smith, M. A. (2020). Social Learning and Addiction. *Behavioral Brain Research* Volume 398, 112954. doi:10.1016/j.bbr.2020.112954.

Steketee, G., A. M. Ross and Madeline K.W. (2017). Health outcomes and costs of social work services: a systematic review. *American Journal of Public Health* 107(3): 256-266.

Stewart, K. (2018). How to effectively intervene on heroin users ages 19-25: In efforts to prevent death. *A Seminar Paper* Presented to Graduate Faculty, University of Wisconsin Platteville. USA.

Sundin, M., & Lilja, J. (2019). Substance use and strategies to avoid relapses following treatment: A narrative approach with youths undertaking a twelve-step program in Sweden. *Journal of Substance Use*, 24(2): 125-129.

Svendsen, T. S., Veseth, M., McKay, J. R., Bjornestad, J., Erga, A. H., Moltu, C., & Nesvåg, S. (2021). Securing Participant Engagement in Longitudinal Substance Use Disorder Recovery Research: A Qualitative Exploration of Key Retention Factors. *Journal of Psychosocial Rehabilitation and Mental Health*, 1-13. https://doi.org/10.1007/s40737-021-00222-y

Swanepoel, I., Geyer, S., & Crafford, G. (2016). Risk factors for relapse among young African adults following in-patient treatment for drug abuse in the Gauteng Province. *Social Work*, 52(3): 414-438.

Sy, T. R. L., & Hechanova, M. (2020). Family Support as Moderator of the relation between Coping Skills and Substance Use Dependence among Filipinos who use drugs. *Asia-Pacific Social Science Review*, *20*(1): 91–108.

Taylor, K. A., Sharma, E., Edwards, K. C., Halenar, M. J., Kissin, W., Kasza, K. A., & Hull, L. C. (2020). Longitudinal pathways of exclusive and poly tobacco cigarette use among youth, young adults and adults in the USA: findings from the PATH Study Waves 1–3 (2013–2016). *Tobacco Control, 29*(Suppl 3): s139-s146

Tekin, K., Guliyev, C., & Tuna, Z. O. (2019). Prevention of relapse in addiction and new approaches. *Klinik Psychopharmacology Bulteni*, 29: 312-313.

Tight, M. (2017). *Understanding case study research: Small-scale research with meaning* (1st Edition). London, UK: Sage Publications Inc.

Ünübol, B., Çinka, E., Mayi, M., Akülker, G., Yılmaz, M., Şamar, B., & Bilici, R. (2021). Rehabilitation for Addicted Patients: Erenköy BAHAR Model. *Psikiyatride Guncel Yaklasimlar*, 13(3): 412-427.

Uvarova, I. A. (2021). The Main Directions and Forms of International Cooperation in the Field of Illicit Drug Trafficking. In *Sustainable Development: Society, Ecology, Economy* (pp. 111-115). Springer, Cham.

Walitzer, K. S. and R. L. Dearing (2006). Gender differences in alcohol and substance use relapse. *Clinical Psychology Review* 26(2): 128-148.

Wang, Z., Chen S., Xu J., C., Chen Z., Zhuang W., Li X., Zhao M., and Haifeng J. (2018). A community-bases addiction rehabilitation elect for a randomized controlled trial. *Frontiers in Psychiatry* 9: 556, 9:556. Doi: 10.3389/fpsyt.2018.00556.

Watson D. P., RayB., Robison L., Xu H., Edwards R., Salyers M.P., Hill J.and Shue S. (2017). Developing substance use programming for person-oriented recovery and treatment (support): protocol for a pilot randomized controlled trial. *Pilot and Feasibility Studies, 3*(1):1- 10

Wegman, M. P., Altice F. L.,Kaur S.,Rajandaran V., Osornnprasop S.,Wilson D.,KamarulzamanA. (2017). Relapse to opioid use in opioid-dependent individuals released from compulsory drug detention centres compared with those from voluntary methadone treatment centres in Malaysia: A two-arm, prospective observational study. *The Lancet Global Health, 5*(2): 198-207.

Witkiewitz, K. and S. Bowen (2011). Depression, craving, and substance use following a randomized trial of mindfulness-based relapse prevention. *Journal of Consulting and Clinical Psychology,* 78(3):362-374

Wu, F., Hser, Y.H. (2014). Effects of a recovery management intervention on Chinese heroin users' community recovery through the mediation effect of enhanced service utilization, *Journal of Public Health, Oxford England*. *37*(3): 521-8.

Xie, R. (2019). Description of heroin use during methadone maintenance treatment and analyzation of its related factors. AIP Conference Proceedings. 2058. 020013. 10.1063/1.5085526.

Xiong, H. and J. Jia (2018). Situational social support and relapse: an exploration of compulsory drug abuse treatment effect in China." *International Journal of Offender Therapy and Comparative Criminology*. 63(8): 1202-1219.

Zeledon, I., West, A., Antony, V., Telles, V., Begay, C., Henderson, B., & Soto, C. (2020). Statewide collaborative partnerships among American Indian and Alaska Native (AI/AN) communities in California to target the opioid epidemic: Preliminary results of the Tribal Medication-Assisted Treatment (MAT) key informant needs assessment. *Journal of substance abuse treatment*, *108*: 9-19

Zeng, X., & Tan, C. (2021). The relationship between the family functioning of individuals with drug addiction and relapse tendency: a moderated mediation model. *International Journal of Environmental Research and Public Health, 18*(2): 625.

Zhao, Y., Peng, S., Jiang, H., Du, J., Yu, S., & Zhao, M. (2018). Variants in GABBR1 gene are associated with methamphetamine dependence and two years' relapse after drug rehabilitation. *Journal of Neuroimmune Pharmacology*, *13*(4): 523 -531

APPENDICES

APPENDIX I: Questionnaires to drug abusers who were under recovery process at Methadone Assistance Treatment (MAT) and Sober houses

Introduction

1. Sex of the respondents Male [ ] Female [ ]
2. Age of the respondents (i) 18 – 20 Years old [ ] (ii) 21 – 25 Years old [ ] (iii) 26 – 30 Years old [ ] (iv) 31 – 35 Years old [](v) 36 – 40 Years old [ ] (vi) 41- 45 Years old [ ](vii) 46-50 Years old [ ] (viii) 51- 55 Years old [ ] (ix) 56 – 60 Years old [ ]
3. Educational level of the respondents (i) Primary [ ] (ii) Secondary [ ] (iii) College [ ] (iv) University [ ]
4. Marital status of the respondents (i) Single [ ] (ii) Married [ ] (iii) Divorced/separated [ ](iv) Widow [ ]
5. What types of the drug did you use?

   ……

   ……
6. Why did you use drugs?

   ……

   ……
7. What treatments were you given when you were suffering from the drug abuse problem?……..……

   ……..……
8. Which the areas are the drug abuse treatment and rehabilitation services take place at the moment?

   ……

   ……

   a) In which areas did you receive for treatment as a part of treatment and rehabilitation services?

      …….

      ……

9. Explain your experience about drug abuse treatment and rehabilitation services and why you went back to using the drugs in your course of treatment services of drug abuse

   ……..…….…….

   ……...……

   a) Why did you start using the drugs again?

   ……

   ……

10. What kind of substance abuse /drug abuse you utilized before your recovery?

    ……

    ……

    a) What were the factors that lead you to relapse into drug abuse again? (Tick the case that applies to you; tick as many as they apply to your case)

       (i) Peer pressure [ ] (ii) Availability of drugs [ ] (iii) Family conflict [ ]

       (iv) Quarrel with a friend [ ] (v) Blames from other people [ ]

       (vi)Lack of a job [ ] (vii) Chased from family [ ] (viii) Abandoned [ ]

       (ix)Mistrust by family members and other relatives[ ] Spouse separation[ ](x) Other reasons, please specify

       ……

       ……

    b) Through your own, did you have any education concerning the substance abuse that made you to face the risk situations in the community after your treatment, recovery and to decide to go back to the community?

       ……

       ……

11. How much do your parents, relatives and other people in the community have knowledge of helping you as a substance abuse client?

    ……

    ……

    a) How do the parents and relatives help you in your treatment and rehabilitation services?…..……

       ……

b) Where did you go for treatment and rehabilitation services? (Tick the appropriate option) (i) Methadone assistance treatment (MAT) [ ] (ii) Sober houses [ ] (iii) Treated and rehabilitated at home [ ]

12. In which services and rehabilitation service centre did you recover before you returned into us by combating the drug abuse relapse among drug abusers who are under treatment from their different rehabilitation centres in Zanzibar drug? (Tick the appropriate option)

(i) Methadone Assistance Treatment(MAT) [ ] (ii) Sober house (iii) Home [ ]

a) How did you get support from your area that led to your recovery before you go back to using the drugs?……...…

……..…

b) Which person was responsible for your recovery process before you went back to the use of drugs……

……...……

13. What kind of efforts has been made to rescue you from going back to using the drugs to the current drug abuse treatment and rehabilitation services?

……

……

14. Where did get support during your recovery process? (Tick the appropriate option) (i)your family [ ] (ii)Relatives [ ] (iii) your friend [ ] (iv) Your neighbor [ ] (v)No help [](vi): please specify……

……...…

a) Explain what kind of support you got during the time of recovery

……

15. How does your rehabilitation centre give you care in supporting the treatment? (Tick the appropriate option)

(i) Supporting you friendly [ ] Supporting you in a cruel manner [ ] (iii) Supporting by giving the other activities in supporting your treatment services [ ](iv) Other support? Please specify……...

……

THANK YOU FOR YOUR PARTICIPATION

APPENDIX II: In-depth Interview Guide Questions to Youth

1. Explain how you know about substance treatment and rehabilitation.
    a) Have you been involved in the treatments and rehabilitation services when you were using the substance?
    b) What kind of treatment and rehabilitation services did you get when you were using the substance?
2. Did you have any support from your family members, caregivers and your relatives during your treatment and rehabilitation?
    a) What kind of support you got from your family members, caregivers and other relatives?
3. Explain your experiences of substance abuse treatment and rehabilitation services.
4. Where did you got treatment and rehabilitation services?
    a) What kind of treatment and rehabilitation services did you get from your treatment and rehabilitation centre?
5. How do the treatment and rehabilitation services offered to you in the rehabilitation centre support you in your recovery process?
    a) A rehabilitation centre that you were involved offered friendly service for you? Explain your answer.
6. Who gave you the services in the treatment and rehabilitation centres?
7. Do you think what are the causes of youth to relapse from their treatment and rehabilitation services?
    a) By your own, what were the major causes make you relapse from substance abuse treatment and rehabilitation services?
    b) What were the precipitating factors that lead you to relapse from treatment and rehabilitation?
8. Have you had a social worker who helped you in your treatment and rehabilitation services?
    a) How does social worker help you in supporting your treatment and rehabilitation services?

b) What kind of social work activities helped you in supporting your treatment and rehabilitation services when you were in the course of substance abuse treatment and rehabilitation?

9. Discuss general services which was offered in your treatment and rehabilitation centre and how was encouraged and or discourage you in your course of treatment and rehabilitation services.

THANK YOU FOR PARTICIPATION

APPENDIX III: Focus Group Discussion (FDG) Guiding Questions to the family, caregivers and other relatives

1. Describe your position you have to drug abusers.
2. Do you have any knowledge about substance abuse client's treatment and rehabilitation? Explain your answer.
3. Describe types of support you give your person who involved in the treatment and rehabilitation services.
    a) What are the things that made you provide the support to your person when he or she is on the course of treatment and rehabilitation services?
4. How does the rehabilitation centre help and support drug abusers in their recovery?
5. Are there any limitations that block the services to be offered to drug abusers when they are in the course of their treatment and rehabilitation services?
6. Did you get any support from the staffs of the rehabilitation centre that enrolled your person for treatment and rehabilitation services?
    a) Whom gave you support from the treatment and rehabilitation centre when you sent your relative for services? Please explain.

THANK YOU FOR PARTICIPATION

APPENDIX IV: Focus Group Discussion (FDG) guiding questions to the staffs working at Methadone Assistant Treatment (MAT) and Sober houses

1. As a rehabilitation centre, have you had any collaboration between your centre and the client's family in supporting the client's treatment and rehabilitation services?
    a) Are there any limitations and barriers that block the link between your centre and the client's family, please explain if existing.
    b) What kind of support you get from the client's family that supports your services in the centre.
2. As a treatment and rehabilitation centre, what are you doing in helping drug abusers who need to recover from using substance abuse?
3. How do you operate the services to your client when they come for services in your centre?
    a) What are the basic requirements insisted to the client before he or she enrolled or admitted to your institution?
    b) What the centre do if the client disobeys the principles and rules of the centre after his or her enrollment in your institution.
    c) What are the procedures of withdrawal if the client broke the rules and regulation of your centre?
4. How long the client supposed to be served with your services at your centre?
    a) Are the client complete their full course of treatments and rehabilitation in your centre? Please explain more your answer.
5. Do you think what the causes that make youth to relapse after completing their treatment and rehabilitation services are?
    a) Do you think what are precipitating factors that lead them into the relapse after their engagement in using the substance again after their recovery?
6. Do you have any qualified social worker supporting the treatment and rehabilitation services in your centre?
    a) How do they work in helping and supporting drug abusers in your centre?
    b) How do they operate the services to drug abusers in your centre?

c) What kind of services do they offer to youth in your centre?

THANK YOU FOR PARTICIPATION

APPENDIX V: Consent form for study participants

A consent form for a study determining the factors causing relapse of youth back to drug abuse after rehabilitation and treatment in Urban West Region in Zanzibar

Introduction

Thank you for taking your time to discuss and make a conversation concerning this study.

Purpose of the study

The purpose of this study is to determine the factors causing drug abusers to relapse back to drug abuse after rehabilitation and treatment in Urban West Region in Zanzibar

The study participation

I am please asking you to participate in this study in order to assist in getting the information on determining the factors causing drug abusers to relapse back to drug abuse after rehabilitations and treatment. The study will help people, especially the people who are using the substance and who need to recover from using the substance in Urban West Region Zanzibar.

Confidentiality

I promise that the information that will be collected from you will be confidentially between you and I and no one will get to know this information

Consent by words

Do you' agree to participate in this study?

Yes _____ No _____

Interviewer:

If the respondent accepts to participate by words, ask him or her to sign.

Sign of participant _____ Date _____

Sign of researcher _____ Date_____

APPENDIX VI: Clearance letters to conduct research in Zanzibar;

THE OPEN UNIVERSITY OF TANZANIA

DIRECTORATE OF POSTGRADUATE STUDIES

P.O. Box 23409
Dar es Salaam, Tanzania
http://www.openuniversity.ac.tz

Tel: 255-22-2668992/2668445
ext.2101
Fax: 255-22-2668759
E-mail: dpgs@out.ac.tz

Our Ref: PG201700620

Date: 1st November 2018

The Principal Secretary,

The Second Vice President Office,

P.o.Box 239,

Zanzibar.

RE: RESEARCH CLEARANCE

The Open University of Tanzania was established by an act of Parliament No. 17 of 1992, which became operational on the 1st March 1993 by public notice No. 55 in the official Gazette. The act was however replaced by the Open University of Tanzania charter of 2005, which became operational on 1st January 2007. In line with the later, the Open University mission is to generate and apply knowledge through research.

To facilitate and to simplify research process therefore, the act empowers the Vice Chancellor of the Open University of Tanzania to issue research clearance, on behalf of the Government of Tanzania and Tanzania Commission for Science and Technology, to both its staff and students who are doing research in Tanzania. With this brief background, the purpose of this letter is to introduce to you **Mr. Bakari Ali Mohammed, Reg No: PG201700620** pursuing **Doctor of Philosophy in Social Work (PhD-Arts).**We here by grant this clearance to conduct a research titled ***"Determining the factors leading to relapse of substance abuse clients after rehabilitations and treatment in Urban West Region in Zanzibar*** 'He will collect his data at Urban West Region, in West B District Mkuranga District from 01st November 2018 to 30th November 2018.

In case you need any further information, kindly do not hesitate to contact the Deputy Vice Chancellor (Academic) of the Open University of Tanzania, P.O. Box 23409, Dar es Salaam. Tel: 022-2-2668820.We lastly thanks you in advance for your assumed cooperation and facilitation of this research academic activity.
Yours sincerely,

Prof. Hossea Rwegoshora
For: VICE CHANCELLOR

OMPR/M.95/C.6/2/VOL.XIV/5 26/11/2018

MHESHIMIWA,
MKUU WA WILAYA,
WILAYA YA MJINI,
UNGUJA.

MHESHMIWA,
MKUU WA WILAYA,
WILAYA YA MAGHARIBI "B",
UNGUJA.

KATIBU MKUU,
WIZARA YA AFYA,
ZANZIBAR.

MKURUGENZI MTENDAJI,
TUME YA KITAIFA YA KURATIBU NA UDHIBITI WA DAWA ZA KULEVYA,
OFISI YA MAKAMU WA PILI WA RAIS,
ZANZIBAR.

KUH: RUHUSA YA KUFANYA UTAFITI

Kwa heshima, naomba uhusike na mada ya hapo juu.

Serikali ya Mapinduzi ya Zanzibar imemruhusu **Nd. Bakari Ali Mohammed** mtafiti Mwanafunzi kutoka **Chuo Kikuu Huria cha Tanzania** ambae anasomea Shahada ya Uzamivu ya Ustawi wa Jamii kufanya utafiti katika mada inayohusiana na **"Determining the Factors Leading to Relapse of Substance Abuse Clients After Rehabilitations and Treatment in Urban West Region in Zanzibar."** Utafiti huo utafanyika katika Ofisi yako kuanzia tarehe **26/11/2018** hadi **26/03/2019** Zanzibar. Tunaomba usaidiwe kufanya utafiti huo.
Kwa nakala ya barua hii mara baada ya kumaliza utafiti, mtafiti anatakiwa kuwasilisha nakala (copy) 3 za ripoti ya utafiti huo Ofisi ya Makamu wa Pili wa Rais- Zanzibar.

Naambatanisha na kivuli cha kibali cha kufanyia utafiti.

Ahsante,

Khalid Bakari Hamran

KHALID B. HAMRANI,
Kny: KATIBU MKUU,
OFISI YA MAKAMU WA PILI WA RAIS,
ZANZIBAR.

NAKALA: Nd. Bakari Ali Mohammed