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**THE EVALUATION OF THE MAGNITUDE OF DRUG ABUSE, TRAFFICKING
AND RELATED ISSUES IN SELECTED PRIMARY SCHOOLS IN KINONDONI
MUNICIPALITY, DAR ES SALAAM REGION**

JEREMIAH VINCENT NCHIMBU

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DEDICATION

To my wife Rebecca Mathias Nchimbu, my daughters Lillian and Linda, my son Emmanuel, and my relatives, brothers and sisters. To them the basic resources of a nation depend on the health and vitality of its people. Preventable physical and mental incapacity is necessary for sustainable development of our national, Tanzania.

This report is also dedicated to everyone who is striving to fight against drug abuse and trafficking in Tanzania.

ABSTRACT

Tanzania like many countries in the world is faced with upward trends in drug abuse and trafficking which have detrimental socio-economic, political and health consequences on our society. The incidence of drug abuse is on the increase amongst young people and school children and it becomes more apparent every year.

Experience from working with drug users suggests that for many, unemployed, frustration, emotional problems, family problems and the general unfavourable living environment are but few key factors that encourage drug use and trafficking among young people.

Drug abuse impairs judgment and may be associated with other risk taking behaviours of young people and as such preventable measures of both physical and mental incapacity are matters of the individuals and national concerns.

Research findings show that primary school pupils were mainly involved in drug abuse and trafficking deals due to the fact that they are considered to be trustful naïve and innocent. The victims in schools possess diverse characteristics such as truants, disobedient, cruel, poor performer in class, sleepy destructive dropouts, and provocative as well as argumentative. Also it was found out that drugs

nowadays form an everyday part of lives of many young people in Tanzania.

It is against this reality that the focus of the study is deliberately limited to the evaluation of the magnitude of drug abuse and trafficking among school children in Tanzania. The findings of the study will be used to develop prevention programmes in schools focusing on children's social and academic skills, including peer relationships, self control, coping and drug refusal skills.

It is recommend in this research report that anti drug abuse and trafficking to be launched all over the country; the National Policy on drug abuse and trafficking should address the primary school children; teachers and finally it is recommended to introduce drug abuse and trafficking educational programmes in schools that should focus on children's social and academic skills. The programmes should also include enhancing peer relationships, self-control, coping and doing refusal skills.

The challenge ahead of seeing to it that we build a health nation that is free of drug abuse and trafficking is truly staggering. Yet, as human beings, we cannot afford to fail.

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ACRONYM

AIDS: Acquired Immune-deficiency Syndrome

HIV: Human Immuno-deficiency Virus

MCDGC: Ministry of Community Development, Gender and Children

NGO: Non-Governmental Organization.


PREDAC: Prevention of Drug Abuse and Trafficking to School children in
Tanzania

SADC: Southern Africa Development Community

URT: The United Republic of Tanzania

DECLARATION

I, Nchimbu, Jeremiah Vincent, declare that this is my own original work and that it has not been presented and will not be presented to any other University for a similar or any other degree award.


.....

Signature

SUPEVISOR'S CERTIFICATION

The undersigned certifies that he has read and hereby recommend for acceptance by Southern New Hampshire University and the Open University of Tanzania a Project titled "The Evaluation of the Magnitude of Drug Abuse Trafficking and Related issues in Selected Primary Schools in Kinondoni Municipality, Dar es Salaam Region", in partial fulfillment of the requirements for the Master of Science Degree in International Community Economic Development.

Name: Amadeus M. Kamagenge

Signature: 

Date: 5th August 2005

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CHAPTER ONE

1.0 ORGANIZATION INFORMATION

1.1. Background

Prevention of Drug Abuse and Trafficking to School Children in Tanzania (PREDAC) is a national Non-Governmental Organization (NGO) registered in April, 1999 under Tanzania Societies Ordinance, by the Ministry of Home Affairs. Its registration number is SO 9844.

1.2. Vision

PREDAC vision is to ensure that all primary school children in Tanzania are free from drug abuse and trafficking practices by the year 2010.

1.3. Mission.

To employ anti-drug abuse and trafficking education, guidance, counselling and rehabilitation skills to mitigate drug abuse and trafficking among primary school children.

1.4. Objectives of PREDAC

1.4.1. General objective

The main objective of PREDAC is to provide education on the prevention of drug abuse and trafficking among primary school children in Tanzania. It is also responsible for providing guidance, counselling and rehabilitation services to drug abuse and those susceptible to HIV/AIDS. Drug addiction is one of the

major routes of HIV virus infection and transmission. Therefore the fight against the spread of HIV/AIDS should go hand in hand with prevention of drug abuse.

1.4.2. Specific objectives

The specific objectives of PREDAC include:

- ◆ To carryout research on drug abuse and the spread of HIV/AIDS
- ◆ To sensitise the school children, teachers and parents on the hazards of drug abuse and trafficking and HIV/AIDS in order to arrest and control the problems.
- ◆ To educate the community at large about drug abuse and trafficking and on how to control the practice.
- ◆ To conduct the educational/occupational guidance and counselling to the victims of drug abuse and trafficking.
- ◆ To rehabilitate and support the victims during their recovery from the effects of the drug abuse problems.
- ◆ To promote integration and participation of the victims with other children in the school learning and teaching environment
- ◆ To develop a training manual on drug abuse and trafficking
- ◆ To forge co-operation from stakeholders including politicians, religious leaders, civil societies, parents, teachers and victims of drugs abuse with the view to mitigate the problem together.

1.5. Programs and Activities

The organization main activities are as follows:

- ◆ Provision of anti-drug abuse and trafficking and HIV/AIDS education.
- ◆ Provision of educational guidance and counselling.
- ◆ Provision of occupational guidance and counselling.
- ◆ Rehabilitation of drug abuse and trafficking and HIV/AIDS to victims.
- ◆ Provision of legal issues related to drug abuse and trafficking and HIV/AIDS.
- ◆ Conduct researches concerning drug abuse and trafficking, HIV/AIDS and related issues.

1.6. Organizational Structure

The organization structure is made up of the following:

- General Assembly. This is a supreme body, which are all members.

It is held once annually.

- Board of Directors which is composed of the following members:

- (i) Executive Director
- (ii) Director of Planning, mobilization and Rehabilitation
- (iii) Director of Education and Training
- (iv) Director of Finance
- (v) Director of Legal issues
- (vi) Counsellor
- (vii) Programme Officer

The management of PREDAC is done in a participatory manner under the Chairpersonship of the Executive Director. Management meetings are held twice a month.

1.7. Assignment (Problems Statement)

Drug abuse and trafficking is now common and increasing among school children and Adolescents in Tanzania. The government, parents and the society at large want to understand why there is an increase in drug abuse and trafficking among teenage girls and boys especially school children. Therefore, it is required to make **“Evaluation on the Magnitude of Drug Abuse, Trafficking and related issues in the selected Primary School in Kinondoni Municipality Dar es Salaam”**.

1.7.1. The purpose of the evaluation

The purpose of the study was to assess the magnitude of drug abuse and trafficking among primary school children in Kinondoni Municipality. Specific objectives included:

- To find out the magnitude of drug abuse and trafficking among school children;
- To assess the impact of drug abuse and trafficking;
- To examine methods used in trafficking, selling and consumption of drugs;

- To know the sources of funds for pupils involved in the practice;
- To suggest prevention interventions against drug abuse among school children.

CHAPTER TWO

2.0. LITERATURE REVIEW

2.1. Theoretical Review

2.1.1 What is a drug and what is drug abuse?

A drug is any substance that changes people's mood, their perception or behaviour. According to Nick L. (2000) a drug is any chemical that produces a therapeutic or non-therapeutic effect in the body. Chemicals, on the other hand, are a broad class of substances –including drugs that may or may not produce noticeable effects in the body. Many chemicals such as tin, lead, gold have harmful effects on the body, especially in high doses. Most foods are not drugs. Alcohol is a drug not a food, in spite of the calories it provides. Nicotine is a chemical that is also a drug.

We talk about drug abuse if someone takes too many drugs, so that they harm the person who is using them. Thomas M. J. (1994) defined drugs of abuse as chemicals substances that exert a mood altering effects on the brain and which are capable of producing addiction. They are abused for feelings they produce.

We distinguish drugs that are legal and those that are illegal. The group of illegal drugs include dangerous chemicals that have only toxic actions such as inhalants. Since illicit drugs are manufactured illegally, they do not have trade names. They do, however, have slang names such as marijuana. Legal drugs are described by their generic names. In

Tanzania, legal substance of abuse include tobacco and alcohol as well as prescription drugs. Prescription drugs become drugs of abuse when they are not used for medical reasons or in a way a doctor prescribes them. Illegal substances are home brewed spirits like 'gongo'. Illegal drugs common in Tanzania include cannabis i.e. 'bangi', paste or hashish, Khat also known as mirungi, mandrax heroin and cocaine.

The illicit drug abuse and trafficking is among the outstanding new challenges facing the modern world of today. Tanzania as a nation has not been spared from these challenges. It is faced with upward trends in drug abuse, illicit drug cultivation and trafficking which have severe detrimental socio-economic, political and health consequences on our society. Drug abuse is on the increase amongst young people and the incidence of drug use becomes more apparent every year.

For many years in Tanzania, drugs have been used in the form of alcohol, tobacco, khat as well as marijuana. There are however, new drugs arriving in Tanzania such as heroin, cocaine, valium and mandrax. These are drugs which are either imported or smuggled for consumption in Tanzania or in transit to other countries. It is a well known fact that drug and substance abuse impairs judgement and may be associated with other risk taking behaviour of young people. Drug abuse leads to emotion and psychological problems, poor memory, tension and violence in families. It also increases crime in the country. In order to get picture of the situation of drug abuse and trafficking in Tanzania, let us look on the Tanzania profile since 1990s to-date.

2.1.2 Tanzania Profile

The United Republic of Tanzania (URT) constitutes Tanzania Mainland and Zanzibar. According to the 2002 Population and Housing Census, the population is over 34.5 million of which women constitutes 51.1 percent while men are 48.9 percent. The proportion of children aged between 0 – 14 years is 44 percent of the total population.

Tanzania is one of the poorest countries in the World. The economy is heavily dependant on agriculture, which accounts for half of GDP, provides 85% of exports and employs 90% of the work force. Growth in 1991 – 99 has featured a pickup in industrial production and a substantial increase in output of minerals, led by gold. Recent banking reforms have helped increase private sector growth and investment.

In the context of drug abuse and trafficking control, the country's strategic geographic location, its geographical and cultural proximity to West Asia, good road and rail transport connections with the eight neighboring countries most of which receiving much of their imported goods through Dar es Salaam and Zanzibar, air links to West Africa, Asia and Europe make Tanzania a prime target for drug trafficking. Drugs from abroad are smuggled illegally into the country via road, air and sea. There is a well functioning network of drug dealers.

According to the United Nations Office on Drugs and Crime (2003) Tanzania ranked 6th world-wide in 1997 with 2.7% of the total global seizure of herbal cannabis (Global

Illicit Drug Trends 1999). According to the World Drug Report 1997, about 2 – 9 tonnes of herbal cannabis were seized in Tanzania in 1985.

Criminal groups based in Dar es Salaam appear to be linked to associates in Kenya, Zambia and South Africa and involved in this increasing trade. Drug consignments often originate in Pakistan/Afghanistan and are sent by various means to Dar es Salaam, as well as Mombasa, Durban and other ports where they are been repackaged in different containers, in order to disguise their original source and some are consumed in country and others are transhipped to Europe and North America.

Drugs come from different countries in the world and some also originate in Tanzania itself. For example; cocaine comes from South America, heroin primarily from Asian countries like India, Pakistan and Burma. New, artificial drugs like mandrax are produced in many countries; also Bangi and Mirungi are grown in Tanzania. Prescription drugs as well as volatile substances, like petrol, can also be produced in Tanzania.

The drug abuse situation in Tanzania has continued to deteriorate with herbal cannabis abuse increasing throughout the country; heroin abuse, including intravenous use, becoming common in both Dar es Salaam and Zanzibar. Cocaine is available but its high cost restricts its abuse to the affluent sections of the community. Khat is in use particularly by the Somali and costal communities.

To day, Regional Cooperation on Trafficking control is taking place. Kenya, Tanzania and Uganda are promoting efforts to enhance East African regional anti-narcotics cooperation. The Criminal Investigations Division (CID) and anti- narcotics directors of the three countries now meet regularly to exchange operational information. The countries carry out joint cross-border operations, and have geared to share information on significant traffickers. Within the East African Community the three countries have designed a protocol to enhance regional anti-narcotics cooperation.

2.1.3 Drugs Abuse and Young People.

Young people may be involved with legal or illegal drugs in various ways.

Experimentation with drugs during adolescence is common. Unfortunately, teenagers often don't see the link between their actions today and the consequences tomorrow. They also have a tendency to feel indestructible and immune to the problems than others experience.

Many young people are convinced by big drug dealers who promise them quick money making the young to engage into the business as petty dealers. These young people, many of them are not clearly aware about the dangers as drug possession, consumption and dealing is illegal and can lead to stiff sentences up to life imprisonment.

Using alcohol and tobacco at a young age increases the risk of using drugs later. Some teens will experiment and stop, or continue to use occasionally, without significant

problem. Others will develop a dependency, moving on to more dangerous drugs and causing significant harm to themselves and possibly others as they support destroying other people's lives.

According to Nick L. (2000), adolescence is a time for trying new things. Teens use drugs for many reasons, including curiosity, because it feels good, to reduce stress, to feel grown up or to fit in. It is difficult to know which teens will experiment and stop and which will develop serious problems. Teenagers who are at risk for developing serious alcohol and drug problems include those; with a family history of substance abuse, who are depressed, have low self-esteem, feel like they don't fit in or are not out of the mainstream.

Information obtained from IRIN (2005) shows that people are resorting to drugs because they are frustrated with life. Unemployment, lack of education and, especially among the young children, peer pressure are factors that are dragging them down.

Young people with unrealised dreams, living a state of confusion, were taking up heroin. Unable to fund the habit, this on average costs US \$ 3 a day many were taking to crime and trafficking. For many young people on the streets of Dar es Salaam, becoming smugglers – a venture that could bring in 12 million shillings worth of heroin from Pakistan in one trip – is a more realistic dream than even trying to get a good job! They are role models for some young children.

There has also been a change in the use of bhang cannabis sativa. This drug has been smoked by elders for hundreds of years, but people are concerned at how it is being used differently by children these days. It is grown in Tanzania, readily available and is being used to build confidence and can lead to infringements of the law.

Studies in Tanzania show that drinking can start even at a very early ages as described by Mwaluko et al (1991) where alcohol drinking was between 58% and 83% in adolescents aged 12 years and above.

A study done by Sengah et al (1990) in Kenya revealed that alcohol consumption among primary school dropout of the age 13-18 years, 18% of them were regular drinkers.

It is important to realize that quite often there is lack of communication between parents and children, thus influencing the behaviour in a negative way. This happens due to the fact that most parents have no time to attend to children due to the pressure of workload and other activities for economic survival (Bisanda 2000).

Using drugs clearly limits young people's ability of coping with and solving social and emotional problems. This makes many young people vulnerable to crime and abuse such as sexual and physical abuse. The change in behaviour of drug abusing adolescents very often leads to family conflicts and breaking of friendship. Drug abuse is a major cause for accidents, accidental poisoning, suicide and infections.

Fredric B. (1996) noted that one of the factor which contribute to the increase in drug abuse is regular drinking where he found out that out of 360 adolescents, 42% drinks alcohol twice a week.

Priscilla at el (2000) indicated that in Zimbabwe Marijuana use inside of night clubs and other public venue were common. Although the legal age for consuming alcohol in Zimbabwe is 18 years, no night club refuses to serve alcohol to underage youth. The use of alcohol and drugs use contribute a lot in sexual risk behaviour leading to HIV infection.

According to Mathew Jukes and Damaris Ngoroso 24% of adolescents in Dar es Salaam report using alcohol on a regular basis (Kaaya at al. 1992). The use of illegal drugs such as cannabis, heroin and cocaine are now known in many places in Dar es Salaam. It appears that, as yet, smoking is not widespread in school-age children. However, with cigarette advertising on the increase, and with anecdotal evidence of some cigarette companies giving away free cigarettes to children in Tanzania in promotional exercises, it would be timely for schools to address tobacco and other drugs use to school children before it becomes a serious problem to our societies.

Mercedes A. (1996) explained that taking drugs, including alcohol, is a decision to block our reality. It is impossible for us to make an intelligent decision when our brain and thoughts are distorted by an ingested chemical. Drugs are imminently dangerous to

one's physical and mental health and, in the long term, can affect one's fertility and the well-being of future children.

Drug use can interrupt normal growth of children – spiritual, physical, emotional and intellectual. Children will experience a great deal of stress during adulthood because they lack coping and problem solving skills that are usually learned during the teen years. Taking drugs clouds judgement, diminishes decision-making abilities and lowers one's defences-making teens more likely to engage in practices such as fornication that might otherwise be avoided

In the United Nation's publication (2000) on Violence against Women, it is indicated that there is a close relationship between the consumption of alcohol and drugs and violence against women in the home. Such substances play a significant role in the instigation of domestic violence.

2.1.4. Drugs Terminology

There are many drug terminologies, which are used frequently. Some terms which are used in relation to drug use include: -

Drug Abuse -The use a drug that causes some sort of harm, be it financials, emotional, physical or social. It is a very subjective term to use. However it is often

used to describe drug use that is disapproved of by society or by individuals. (Note that one person's abuse may be another's use).

Addition - When the body is physically dependent upon a drug and shows an adverse physical reaction when the drug is suddenly stopped. It needs an expert to clearly assess it.

Addict - a drug user who uses on an everyday basis and finds it difficult to stop using.

Dependence - The need to continue taking a drug to feel good or avoid feeling bad can be psychological and/or physical dependence.

Drug (psychoactive) - any chemical substance that changes people's mood or other psychological state.

Tolerance – the way the body gets used to the repeated presence of a drug. This means that higher doses of the drug are needed to maintain the same effect.

Detoxification -The process by which a user withdraws from the effects of a drug. It normally takes place in a hospital under doctors' supervision.

Withdrawal -the body's reaction to the sudden absence of a drug to which it has becomes used.

2.1.5. The different ways that drug are used

Experimental - drug use, where people are trying drugs for the first times. Experimental users may not know about drugs and their effects.

Recreational - drug use is regular, usually associated with socialising with friends. The users have known more about the drugs.

Dependent - drug use is where someone has been taking drugs for a time and has become physically and/or psychologically dependent on them. The users feel that they cannot cope with day-to-day life without using the drug.

Physical dependence - happens when someone has regularly used certain drugs and their body chemistry changes so that they experience withdrawal symptoms, shaking, sweating and flu-like symptom if they do not have access to the drug or have decided to stop using. For example, the withdrawal from heroin may involve diarrhoea, headaches, fever and intense craving for the drug.

Psychological dependence - can happen with any drug and is when someone craves for drugs and feels they cannot face the world or situations without being intoxicated or 'high'.

2.1.6. Different Ways of taking drugs

There are several ways of taking drugs into the body where it gets into the bloodstream. Once the drug is in the bloodstream it circulates to the brain and the rest of the central nervous system where they begin to cause effects. These effects will usually be depressant or sedative (slowing down), stimulant (speeding up) or hallucinogenic (Changing the way you see, feel or hear things).

The methods of taking drugs include the followings:-

Orally: The drug, which is taken by eating or drinking, gets into the bloodstream through the walls of the stomach and the small intestine. The blood-containing drug then goes to the heart through the liver before going back to the heart to be pumped to the brain and central nervous system.

Smoking/inhaling vapours: This involves breathing in through the nose and/or the mouth the smoke and fumes produced by burning drugs or the vapours given off by glue, petrol and other solvents. The smoke or fumes pass into the lungs and carried into the bloodstream and then to the heart and finally to the brain. When drugs are smoked

or inhaled the effects tend to come on quite quickly usually within a minute or so but sometimes in seconds depending on the concentration.

Snorting/sniffing: The drugs are snorted up the nose in powder form. It is then taken into the bloodstream through the membranes in the nose. The effects of drugs snorted come on within a minute or some; similar to when drugs are smoked or inhaled.

Injecting: The drug is dissolved to make a solution, which is then injected using a syringe. Injection can be direct into vein, fatty tissues or muscles or sometimes just under the skin. This is the fastest and most intense 'hit' of all forms of drug use. Usually the effects are felt within seconds.

Injecting is very dangerous because it can be taken too much in one go or sometimes overdosing. It has high risks as the drugs injectors sometimes they share injecting equipment, cause infections by blood-borne diseases, particularly hepatitis or HIV virus.

2.1.7. Types of drugs

Drugs are not all the same. There are three main categories: sedative, stimulant and hallucinogenic.

The drugs, which have sedative effect such as alcohol, heroin and tranquilisers, slow down the way the body and brain function. Drugs which have a stimulant effect, giving

a rush of energy and making the user alert include caffeine which is found in coffee and tea, tobacco and Khat. Other drugs such as marijuana have a hallucinogenic effect. They tend to alter the way the user feels, sees, hears, tastes or smells. Drugs in the hallucinogenic category sometimes produce very disturbing experiences and may lead to erratic behaviour.

Below are some common drugs and their effects.

- **Caffeine and Nicotine:-** Excitability, tremors, palpitations increasing with quantity taken.
- **Cannabis (Marijuana):-** Euphoria, dizziness, excitability, hallucinations, increased appetite, dryness of mouth, increased pulse and blood pressure, nausea.
- **Cocaine:-** Excitability, talkativeness, headache, nausea.
- **Codeine:-** Drowsiness, pinpoint pupils, stupor and sometimes nausea develops.
- **Heroin:-** Relaxation, drowsiness, confusion, euphoria, slurred speech, flushing of skin on face, nausea, respiratory depression and constricted pupils.
- **Morphine:-** Lethargy, drowsiness, confusion, euphoria, slurred speech, flushing of skin, nausea, constricted pupils, respiratory depression.
- **Mescaline:** Distortion of senses, anxiety, confusion, tremors, euphoria, depression, dilated pupils and increased pulse rate.

2.2. Empirical Review

2.2.1. Availability and the use of drugs

Various studies indicated that different drugs are abused worldwide. These include Cannabis and Khat, heroin, cocaine, mandrax and inhalants. Cocaine and Heroin are considered to be the most dangerous drugs available due to their higher addiction potential. Today there is a tendency of abusing even the prescription drugs such as Diazepam (Valium), chloropheniramine (piriton) etc.

Likewise, the number of drug addicts reported at various facilities seeking medical attention and care is growing, indicating the increase of drug abusers. Admission records from various health facilities in the country indicate that there is an increase of people affected by the drug abuse practices. For example, records from the Psychiatric Department of the Muhimbili National Hospital indicate an annual increase of 2-3% of psychiatric cases caused by drug abuse.

The impact of drug abuse in Tanzania is similar to that of other countries. Addicts looking for money to buy drugs commit crimes, abusers become unable to work and, although the injection of heroin is still limited, such users are usually unaware of the dangers of contracting HIV/AIDS.

2.2.2. Drugs Trafficking

Tanzania has not been spared from drug problem perpetrated by local syndicates and their partners from other states. Tanzania has gone from being just a transit route to being a transit, consumer and distribution point for illicit drugs. While it is almost impossible to be precise with figures, consumption of hard drugs in the country was on the increase.

IRIN report shows that, the Director of the police's Criminal investigation in Tanzania, admitted that there is an increase in the availability of drugs, mostly because the country's borders were so porous. However, he stressed that the police had stepped up checks and collaboration with neighbouring countries and the problem was not too serious.

Data available from the Police Force indicates a significant increase in quantities of drugs seized each year in the country reflecting a rise in availability of these drugs.

For example, according to Kishenyi, B (2000) between 1986 and 1999 a total of 860 cases were reported to police in relation to drug trafficking offences committed abroad by Tanzanians. The drugs commonly encountered in the seizure are Heroin, Mandrax, Cocaine and Cannabis resin.

Heroin, which comes from Pakistan and India flow to Tanzania in sizeable quantities through postal parcels, swallowing, ports and airports. Some of these drugs are transported to other countries in Europe, North America and South Africa where it is believed to fetch tremendous profit. The mode of transportation here is through swallowing, in handbags briefcases, in carvings, photo albums, jackets and through containers at seaports.

In 1997 a total of 4.852 kg of Heroin was seized and 7.107kg was seized in 1999 showing a rise by 46.5%.

Mandrax which mainly comes from India is transported through seaports in containers concealed in goods. It is normally seizures in the form of tables. The drug is commonly exported to South Africa concealed in motor vehicle parts. In October, 2000 caustic soda was used to conceal 195 mandrax packets each containing 1000 tablets.

With regard to Cannabis resin, most of it comes from Pakistan and Afghanistan through ports. Containers of Cannabis resin are offloaded and then repacked outside port with local good i.e. Tea and Coffee for transshipment to Europe and North America.

As for Cocaine, it comes from South America through courier mails and swallowing. In year 2000 a Tanzanian was arrested with 590gms of cocaine at Dar es Salaam

International Airport. The suspect swallowed the drug and was coming from Rio de Janeiro via Switzerland by Swiss Air.

Statistic by the Tanzania Police Force showed that people arrested in connection with trafficking of non-traditional drugs in the country increased from 247 in 1998 to 523 in 2002, recording an increase of 111.7 per cent. In the same period 4,439 persons and 4,711 persons were arrested respectively in connection with trafficking of Cannabis herbs in the country, showing an increase of 3.9 percent.

From year 1986 to 1996 statistics from Interpol indicates an average increase of 104 persons per year who have been arrested abroad in connection with drug trafficking.

Further, these statistics revealed that young people scored the highest percentage of people arrested inside and outside our country with regard to drug trafficking. There is also an increase in the quantity of cultivated cannabis seized and acreage destroyed in various parts of Tanzania.

2.2.3 Drug abuse cases and Handling in Tanzania.

According to Drugs and Prevention of Illicit Traffic and Drugs Act, 1995, any person who contrary to any provision of this Act: produces, possesses, transport, imports into the United Republic of Tanzania, sells, purchases, uses or does any act or omits to do anything in respect of poppy straw, coca plants, coca leaves, prepared opium, opium

poppy, cannabis, manufactured drug or any preparation containing any manufactured drug, psychotropic substance, narcotic drug, such act or omission amounting to contravention of the provisions of this Act or rule or order made under this Act, etc. Commits an offence and upon conviction is liable to imprisonment for a term not less than ten million shillings. In addition, the court shall impose another imprisonment term of not less than ten years for failure to pay the fine.

For persons who possess in small quantity of any narcotic drug or psychotropic substance, which is proved to have been intended for personal use or for consumption by others, such person is liable to imprisonment for a term not less than ten years a fine of one million shillings and the court shall impose another imprisonment term of not less than five years for failure to pay the fine.

Usually drug abuse cases are handled in two main ways or approaches.

- (i) Police and court
- (ii) Medical treatment and counselling.

Regarding the first approach i.e. police/court approach anybody who commits an offence is taken by police for questioning and thereafter he/she is sent to the court. Upon conviction one is liable to imprisonment and or fined according to the type of offences made.

Medical treatment and counselling is done to victims of drug abuse who are affected. The victims receive both medical and counselling services for the purpose of changing him/her from the state of drug abuse. In some cases a person who is jailed can also receive treatment especially when he/she is discovered to develop the mental problems.

In 1995 the government's Inter-Ministerial Anti-Drug Commission (IADC) was established to coordinate efforts of different organisations to fight drug abuse and trafficking in the country. IADC helped the police force to receive modern equipment and training, and regular meetings with countries in the Southern African Development Community (SADC). It also helps the sharing of information between countries.

According to AIDC and police figures, in 2001 and 2002, more than 360,000kg of cannabis was destroyed across the country and heroin seizures at airports and seaports publicised in the media. However, publishing these issues is not enough to make people stop drug abuse, more measures are needed like taking the culprits to the courts.

It is very unfortunately that the police are arresting the small time smugglers and cannabis producers. Not much is heard of big people involved in this business.

It has also been found out from police sources at Kilwa Road drug control Unit that cases of drug addiction in Tanzania had been increasing among the young people in Magomeni, Kinondoni, Kariakoo and Buguruni areas in Dar es Salaam. It has also been

established that most of drug traffickers arrested are frequently acquitted by the courts or disappear during their bail terms. Some disappear while under “tight” security by the police, something which drug control experts find hard to curb.

Lack of well-equipped security facilities and trained personnel have been a big block to drug trafficking in Tanzania.

According to the Daily News paper of 9/3/1995 a total of 482 Tanzanians were arrested in various countries abroad in connection with drug trafficking and a total of 15,469 were arrested for drug abuse. Most of those people involved in the use and drug business were found to include un-employed and school children aged between 12 to 35 years.

The Uhuru News Paper of 8/2/1990 revealed that an average of 18 patients with problems originating from drug abuse was being received everyday at Muhimbili National Hospital in Dar es Salaam.

This information corresponded with a statement made in the Sunday News Paper of January, 29th 1995 that, studies the World over indicated that the situation was shocking in Tanzania which caused unrest to the society. Such information's make it necessary for Tanzania to formulate and implement strategies to combat drug abuse and trafficking seriously.

In Tanzania there are constraints of health-care facilities there is limited access to treatment and rehabilitation of drug addicts. The only reliable place where addicts can access treatment in Dar es Salaam is the psychiatric ward of the Muhimbili National Hospital Drug abusers at Muhimbili are treated as psychiatric patients, given strong sedatives and therefore users are reluctant to go there for treatment.

As aforementioned there is an increase of drug abusers among young people so more efforts are needed to combat the problem otherwise we may regret for not seriously dealing with it now.

2.2.4. Efforts to fight against drug abuse in Tanzania

The Poverty Human Development Report (2003) shows that most programmes on vulnerable persons addicted to drugs and alcoholism target young people and children addicted to drug and those who are at risk of becoming addicted. These programmes offer preventive services as well as counselling support to parents. There are also cases where treatment and or rehabilitation services are provided. The report noted that while the problem is widespread in many urban settings, existing programmes are mainly confined to Dar es Salaam.

Institutions and NGOs in Dar es Salaam which provide support on drug abuse prevention counselling and or treatment include; PREDAC, AMREF, UMATI, Save the

Children, SOBER Tanzania, Muhimbili University College of Health Sciences – Department of Psychiatry; and Infection Diseases Clinic.

Shifaa S.H. (2005) in her article “Journalists should inform society on effects of drugs” reported that the Media had a big contribution in the struggle against drug abuse in order to save the youth who are the most vulnerable group in the society. She further pointed out that people between 15-40 years used drugs and the abuse is now on the increase in Zanzibar. According to statistics of the reported cases in rehabilitation centres, in 2000 there were only 29 drug users but by the end of 2004 drug abusers had increased to 291. On average 18-20 percent of patients with mental problems admitted at Kidongo Chekundu Hospital in Zanzibar are drug addicts.

Alfatih I.H. (1995) said that in the fight against drugs education represented one of the most vital tools for integration and cohesion. Education shaped both individuals and societies and empowered the youth to take their destiny in their own hands. It could also make a more lasting contribution to the reduction of demand for drugs. However, the drugs demand reduction could not be done by the government itself. To achieve meaningful results, action against substance abuse should be collectively the efforts of government, NGOs, individuals and society as a whole.

F. Sumaye (2005) in his 2005/06 budget speech explained government efforts in the fight against drug abuse and trafficking. The efforts include; the establishment of

Commission for Coordinating efforts (1997), Developed National Plan on prohibition drug abuse for the purpose of educating communities on effects of drug abuse.

Following government efforts in 1997 – 2004, a total of 3,146 Kilograms of heroin, 2,057, 868kg of Bhang and 22,866Kg of Khat were seizure and the necessary measures were taken against the culprits.

Also during the period, a total of 282.5 acres of bhang were destroyed.

2.3. Policy Review

The Government of the United Republic of Tanzania (URT) has seriously considered the problem of drug abuse and trafficking and it has been upgrading of narcotic and psychotropic substance control legislations. It enacted the Drugs and Prevention of Illicit Traffic in Drugs Act, No. 9 of 1995. The Act consolidated and repealed the previous laws, strengthening the control over drug abuse considerably enhancing the penalties particularly for trafficking offences. This legislation provides for various offences related to drug trafficking and abuse accompanied with stiff penalties. For serious drug trafficking offences no bail to the accused and upon conviction they may be sentenced to life imprisonment. Also the law provides for the forfeiture of properties derived from and or used in illicit drug trafficking and recognises and provides for the treatment of drug addicts and other demand reduction activities.

The drug problem, which was perceived to be a criminal action and dealt by law enforcement, it has now been a multisectoral issue. The Act established the Drug Control Commission with the role of defining, promoting and coordinating of multisectoral responses on drug control.

URT, in realizing the problem of drug abuse and trafficking has ratified the following conventions.

- ❖ The Single Convention on Narcotics Drugs, 1961 adopted by the United Nations Conference at New York in March 1961.
- ❖ The United Nations Conventions on Psychotropic Substances, 1971 adopted by the United Nations Conference at Vienna on February 1st, 1971.
- ❖ The United Nations Protocol amending the 1961 convention on Narcotic Drugs adopted by the United Nation Conference at Geneva in March 1972.
- ❖ The United Nations Convention against Illicit Traffic in Narcotics Drugs and Psychotropic Substances adopted at Vienna on 19th December, 1988.
- ❖ The Protocol on Combating Illicit Drug Trafficking in Southern Africa Development Community (SADC) Region, 1996.

- ❖ Regional Protocols on Combating Illicit Drugs and Trafficking for East Africa adopted on 8th February, 2002.

URT under the coordination of Drug control Commission is preparing a National Drug control Policy (a draft policy is in place) whose purpose is embodied in the National Development Vision 2025, which aims at achieving a high quality livelihood for all Tanzanians. The policy goal is to build a free drug abuse society and to contribute in solving global problems of substance abuse.

The policy is intended to provide directions on how to:-

- Eliminate the supply and availability of illicit drugs for use in or for trafficking in the country;
- Enhance collaboration among regional and international organization on matters related to drug control;
- Enhance control of locally cultivated cannabis and Khat;
- Promoted the treatment and rehabilitation of drug addicts;
- Facilitate the understanding of the nature and impact of the drug problem to the society and minimize harm caused by drug abuse and drug trafficking to individuals and the community;
- Facilitate prevention of the laundering of the proceeds of drugs;
- Ensure participation of people at all levels on drug abuse and trafficking control issues;

Further the policy will put more emphasis on the demand reduction strategies which include:-

- Identifying and addressing the risk factors that succumb the population to the use of drugs especially to the most vulnerable groups;
- Influencing change in attitude, belief and behaviour that associated with drug abuse;
- Developing targeted educative programmes to address prevention of drug abuse and trafficking at different levels and within various subgroups;
- Establishing appropriate facilities and advocating for treatment, rehabilitation and social –re-integration;
- Developing life skills to targeted group for drug abuse prevention and social support services.

CHAPTER THREE

3.0 RESEARCH METHODOLOGY

The purpose and aim of research are; to add new knowledge; introduce of new curriculum; improve on-going practices and knowledge; find results that apply to other situation and play implement, monitor and evaluate. Research is important because it generates objective and subjective knowledge. It is a method of investigation of problems and exploration of the unknown to generate knowledge and find solutions. The findings from the evaluation research ensure that decisions are based on informed choices and judgement.

3.1 Research Design

A research design is a plan showing how the problem of investigation will be solved. It is a process of meticulous selection of methods to be used to answer the research questions and solve the research problems. In this report, the research was aimed at assessing the magnitude of drug abuse and trafficking among school children in Kinondoni Municipality.

The research concentrated on school children and their immediate teaching and learning environment. It focused on three key elements endangering present and future lives of school children i.e. use of drugs, drug trafficking and selling of drugs. Two assumptions were applied in the research. One is that positive changes in habit would help in

moulding the victims, and second, is that a clear undertaking of whether or not the problem of drug abuse accompanied with informed remedies will facilitate smooth learning processes to school children.

3.1.1. Primary schools involved in the research.

The selection of primary schools for research was done using quarter sampling technique. A list of primary schools in Kinondoni district was used to select the schools. Eight primary schools were selected based on the information obtained from the Municipal Education Officer and reported cases from Oysterbay police station in the district. The eight selected schools were those that ranked high in drug abuse practices in the districts. Therefore eight schools and two institutions, the police and judiciary were selected to represent the target population of Kinondoni Municipal primary school pupils.

The selected primary schools included; Msasani, Mikumi, Mwananyamala A, Mwananyama B, Magomeni, Mpakani, Tandale and Turiani. The other institutions involved in the study were Magomeni primary court and Oysterbay police station.

3.2 Research Strategies

Research strategies included carrying out primary research which involves collecting of original field data; and secondary research which means gathering of existing information from credible and recognised sources Primary research made it possible to:

- Obtain first hand information concerning involvement of school children in drug abuse practices;
- Find out the root causes that lead to children involvement in drug abuse;
- Make comparison on responses given by different groups; school children, teachers and parents.

The secondary research provides knowledge of the problem and what is known about the problem. Chapter two of this report is about literature review which provides some solutions to the problem.

3.3. Units of Inquiry

The target population involved in the research included 50 pupils from each eight primary schools, 306 parents and 160 teachers from all eight schools, two police officers and two judiciary officials in Kinondoni Municipality. The names of institutions, number of pupils, teachers, parents, and others are as shown in Table 1.

Table 1: Number of interviewees in the selected institutions

Institutions	No. of Pupils	No. of Teachers	No. of Parents	Others
Msasani	50	20	15	-
Mikumi	50	20	48	-
Mwananyamala A	50	20	40	-
Mwananyamala B	50	20	46	-
Magomeni	50	20	50	-
Mpakani	50	20	34	-
Tandale	50	20	23	-
Turiani	50	20	50	-
Oyesterbay Police Station	-	-	-	2
Magomeni Primary Court	-	-	-	2
Total	600	160	306	4

3.4 Data Collection Methods

The methodology used in research was participatory evaluation using data collection tools or instruments including among others questionnaires, observations, interviews and focal group discussions. Both qualitative and quantitative approaches were used in

reviewing and determining the magnitude of drug abuse and to provide a broad-based understanding of the problems and effects of drug abuse to schoolchildren.

3.5 Sampling of respondents and data generation

The sampling was done for both quantitative and qualitative analysis. The sampling process produced the sample sizes as presented in Table 1. The generation of quantitative data involved documentary reviews and answers obtained from the questions asked to different respondents. For the generation of qualitative data a sample smaller than that identified for quantitative analysis was used. Scripts used in quantitative analysis were rank-ordered by the magnitude of drug abusers from each school to draw such a sample.

The qualitative data analysis involved answers obtained from research questionnaires, interviews and from group discussions.

3.6. Data presentation and analysis

3.6.1 The magnitude of drug abuse and trafficking

As aforementioned the objective of the research was to find out the magnitude of drug abuse and trafficking among primary school children in Kinondoni Municipality. It has been conceived by parents and the general public that drug abuse and trafficking is a serious problem among primary school pupils.

Research information shows that grown-up people including parents used children to sell drugs. This was substantiated by one of the participants who remarked “If you order the pupils to parade with their bags and books, you will be astonished with what it is contained therein”. About 25 percent of pupils have drugs with them and eight percent are drug users. It was mentioned that generally men, women, boys and girls were all involved in drug abuse business.

Reasons given as to why people are involved in drug abuse are as shown in Table 2.

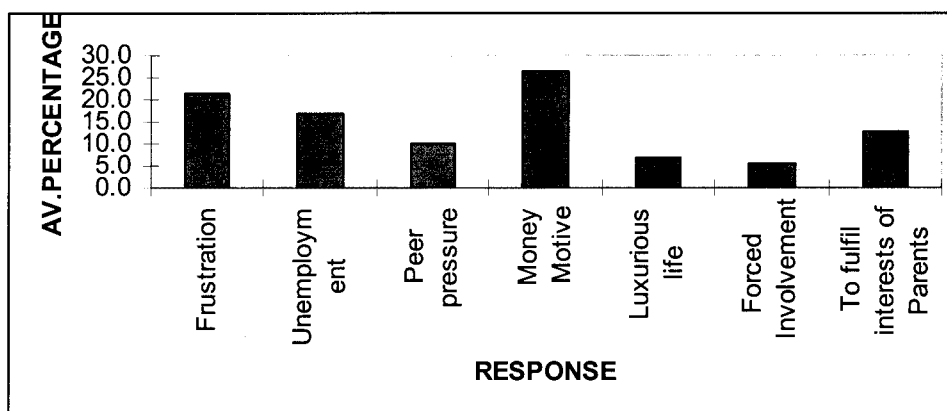
Table 2: Responses for reason of involvement in drug abuse in percentage

Response	Name of School							
	Msasa ni	Miku mi	M/Ma la A	M/Ma la B	Magom eni	Tandale	Mpa kani	Turiani
Frustration	23	22	22	19	24	19	24	19
Unemploy ment	20	21	16	17	16	18	14	13
Peer pressure	14	13	10	11	10	6	7	10
Money Motive	26	21	28	29	29	26	25	28
Luxurious life	5	7	11	7	7	4	6	7

Forced Involvement	3	6	5	6	9	5	6	3
To fulfil interests of Parents	9	10	8	11	5	22	18	20
Total	100	100	100	100	100	100	100	100

From Table 2 it can be observed that the major forces behind people's involvement in drug abuse include: money motive which scored an average of 26.5 percent of the respondents, frustrations 21.5 percent, unemployment 16.9percent, peer pressure 10.1 percent and fulfilling parent's interest 12.9 percent. This information/observation is presented in chart 1 below.

Chart 1: Response against Average Percentages



The research revealed that about six issues prompt people to be involved in drug abuse (using & selling). These issues are as indicated in Table 3 below:

Table 3: Reasons for involvement in drug abuse

S/No.	Response	No. of Interviewees	Percentage
1.	Stimulant	143	17
2.	Avoid frustration	159	19
3.	Pain Killer	43	5
4.	Matching with rich people	40	5
5.	Peer pressure	162	20
6.	Quick affluence	281	34
Total		828	100

Chart 2: Response against No. Of Interviews

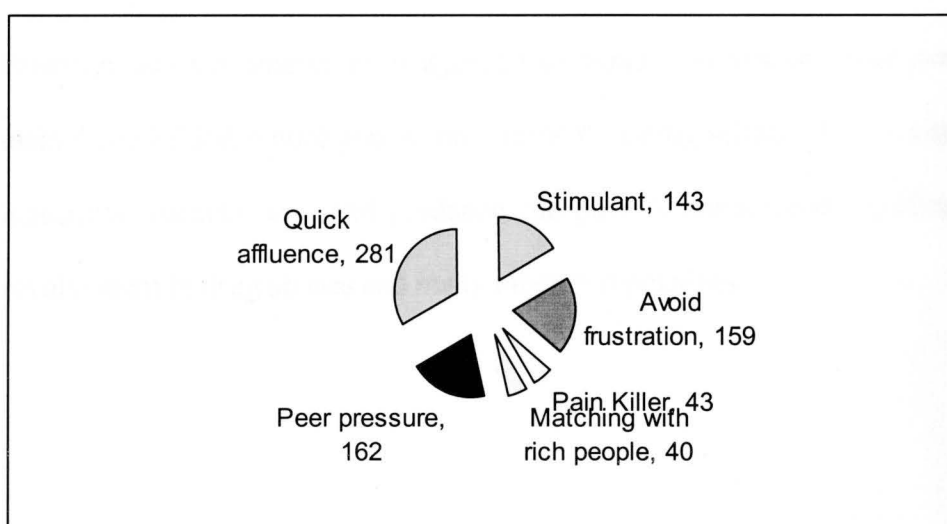
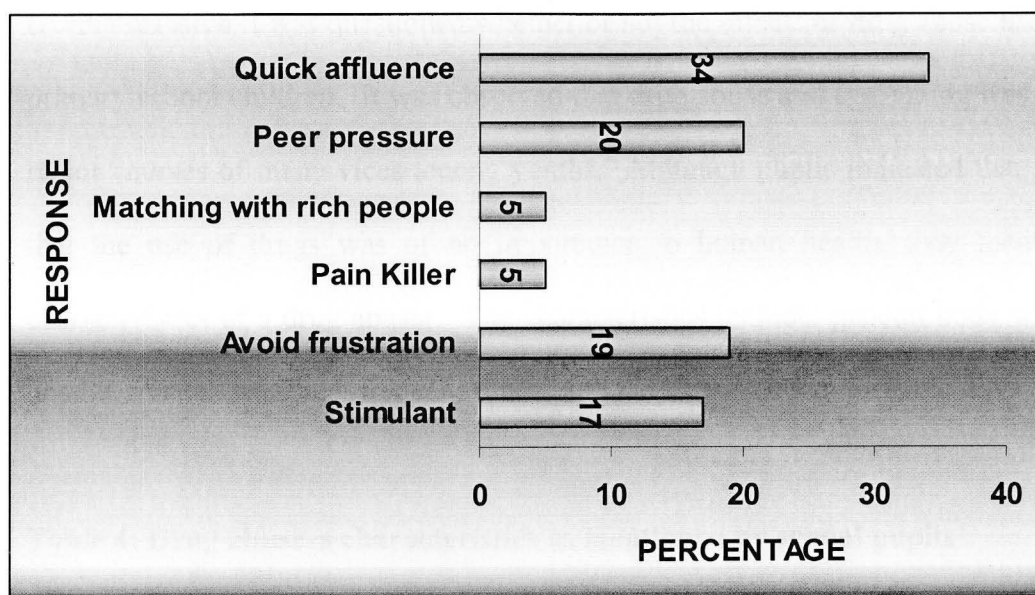


Chart 3: Response against percentage



From chart 2 and 3 it can be seen that people are prompted to indulge in drug abuses as they would want to become rich quickly. This situation has been associated with the fact that the “bosses” who import and sell drugs are very rich people and they arose quickly from a poor class to rich class people.

However, most of interviewees agreed that mainly parents and peer pressure were the main force behind school pupils’ involvement In drug selling. It was also observed that inadequate parental care and guidance and poverty contributed significantly to pupil’s involvement in drug abuses and many other evil practices.

3.6.2 Effects of drug abuse and trafficking:

During research it was questioned whether or not the effects of drug abuse has spread to primary school children. It was observed that drug abuse and trafficking was one of the major courses of many vices among youths. Although pupils indicated that they knew that the use of drugs was of no importance to human health, they mentioned the characteristics of a drug abuser. The characteristics include: general body weaknesses, hostile, mental disturbed, frequent illness and the like as shown in Table 4.

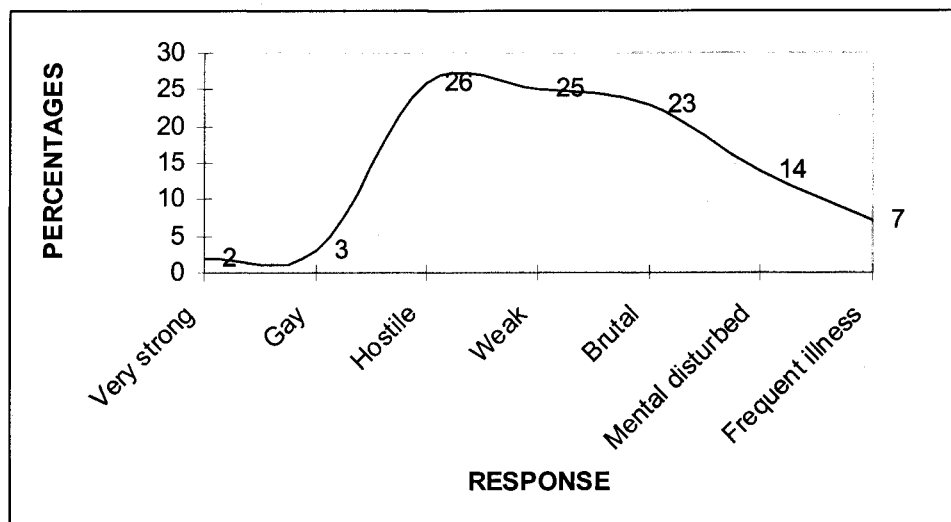
Table 4: Drug abusers characteristics as mentioned by school pupils

Responses	Interviewees			Percentage
	Boys	Girls	Total	
Very strong	21	18	39	2
Gay	33	12	45	3
Hostile	233	240	473	26
Weak	221	229	450	25
Brutal	218	209	427	23
Mental disturbed	146	215	361	14
Frequent illness	50	71	121	7
Total	922	994	1916	100

From Table 4 it can be observed that drug abusers are hostile, weak and brutal as these responses scored 26, 25 and 23 percentages respectively. This shows that most of the characteristics mentioned are all not favourable.

Chart 4 below shows the characteristics of a drug abuser and how each is graded in percent.

Chart 4: Response against percentages



The presence of such people with these characteristics in any community meant destruction to community norms. In such a situation it is difficult to expect people to work in harmony cooperate and therefore it is wastage of potential labour force.

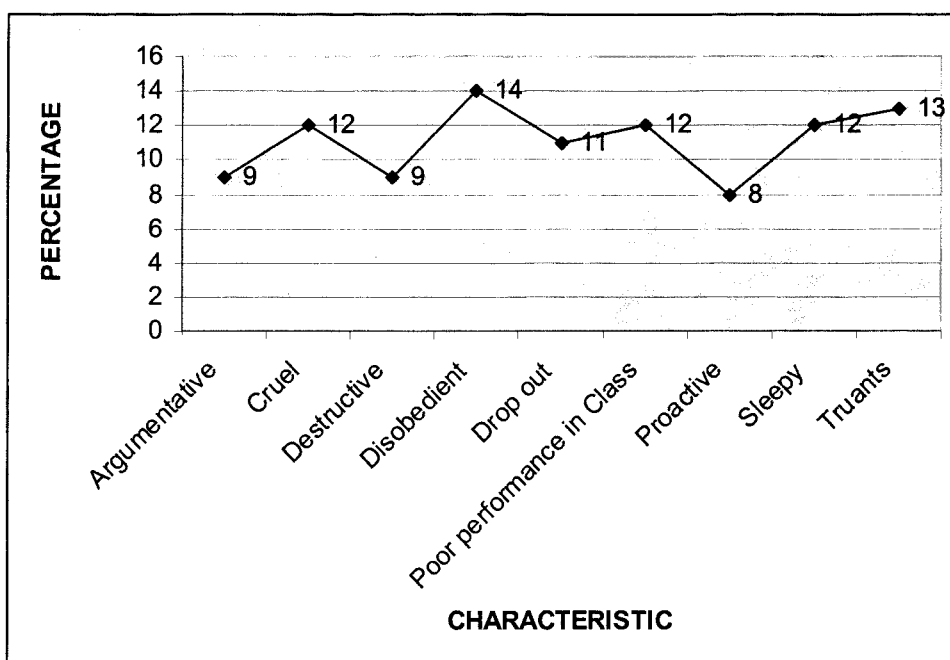
The interviewees further pointed out that pupils involved in drug abuse have different characteristics from those of a normal pupil. The characteristics mentioned are as indicated in Table 5.

Table 5: Characteristics of Pupils who are drug abusers.

Characteristic	Girls	Boys	Total	Percentage
Argumentative	77	94	171	9
Cruel	113	115	228	12
Destructive	83	92	175	9
Disobedient	136	128	264	14
Drop out	113	95	208	11
Poor performance in Class	117	106	223	12
Proactive	81	72	153	8
Sleepy	110	109	219	12
Truants	136	108	244	13
Total	966	919	1885	100

Table 5 indicates that the main characteristics of drug abusers are disobedient and truants which scored the highest 14 and 13 percent respectively. It can also be seen that except for the proactive character, which served 8 percent, all other characteristic mentioned scored more than 8 percent.

Chart 5: Characteristics of pupils against



One would imagine how teaching and learning took place with such prevailing characteristics. Most of the teachers admitted that when there is a big number of pupils with these characteristics in were really a headache and teaching and learning environment is not harmonies.

Teachers further explained that the pupils with such characteristics were non-performers, dropouts and they were unable to pass standard seven examinations.

The interviewees further indicated that pupils with the said characteristic were too demanding. They pointed out some of their demands to include; asking money from

their parents pretending to buy school requirements such as books, exercise books, pens, pencils etc. Some of the culprits claim that they had been asked by teachers to pay money for study tours, contribution to school development and the like. All these were done to get money for buying drugs. They further indicated that pupils with such characteristics were members of groups of out of school youths at the places so called “Vijiweni” (black sports). These places are well known for bad practices and for sure they were at risky as they could be easily be engaged to drug abuse and other criminal practices.

The interviewees also mentioned that the drug abuse victims were susceptible to early death and to the killer disease HIV/AIDS as they could easily practice unsafe sex.

3.6.3 Drug abuse and Trafficking

Drug abuse and trafficking is said to be a common practice among school children, youths and adults both women and men. The respondents showed that the source of drugs were both from within and outside Tanzania. For example, they mentioned some places where bang is cultivated to include: Iringa, Mbeya and Arusha regions. However they noted that bang is common to other parts of the country. They cited most talked countries involved to include Pakistan, South American countries, and South African countries.

The drug trafficking from outside countries employed different methods. The commonly revealed methods by the interviewees are as tabulated in Table 6.

Table 6: Methods/strategies used in Drug Trafficking from outside Tanzania.

Responses	Men	Women	Total	Percentage
Imported goods	108	107	215	25
Travellers bags	111	109	220	26
In human body parts (buttocks)	78	69	147	17
Big portfolios	56	51	107	13
Drug dealers stomachs	89	73	162	19
Total	442	409	851	100

From table 6 it can be observed that drug trafficking from outside the country is mainly through imported goods. However, looking at these methods it is really difficult to note which method or imported goods can be used as drug trafficking mode of transportation.

Table 7: Methods/strategies used in Drug Trafficking inside Tanzania

Responses	Boys	Girls	Total	Percentage
In form of Cigarettes	131	116	247	30
In form of flour	122	108	230	28
In postal letters and parcels	68	52	120	14
In packed items such as tea packets, match boxes	58	50	108	13
In liquid form (soft drinks, packed water)	53	46	99	12
Others	19	10	29	3
Total	451	382	833	100

Table 7 indicates that drugs are sold in form of cigarettes, which scored 30 percent of the respondents. Other forms excluding form of flour scored less than 25 percent. This shows that these other forms are not commonly used.

The interviewees admitted that it was difficult to identify the ways drugs are being transported from one place to another due to the nature and sometimes status of the people involved in the game as most of them have good money to play with.

Questionnaires and interviewees also revealed that drugs were sold at a very high cost. However, they noted that the illicit drugs market is big and expanding very quickly.

They further pointed out that due to the fact that most of drug abusers are unemployed/jobless, they get money to buy drugs through illegal means such as robbery, corruption, sabotage, etc. As for the school children as said earlier, they cheat their parents to obtain money or they are involved in petty business, and in gambling. Other pupils are engaged in prostitution that is also one of the means to promote the spread of HIV/AIDS pandemic.

3.6.4 Measures to arrest Drug Abuse and Trafficking.

The interviewees suggested seven measures to redress the uncalled for situation of the spread of drug abuse and trafficking are as shown on table 8.

Table 8: Suggested measures to arrest Drug abuses and Trafficking.

Response	Men	Women	Total	Parentage
Mess education.	122	133	255	20
Launch ant drug Campaigns	121	120	241	19
Introduction of drug abuse topics in school syllabus	49	56	105	8
Provision of guidance and Counselling to	61	73	134	11

Primary School Victims				
Education to teachers and school staff	128	116	244	19
Profit Black sports	59	69	128	10
Enforce law or drug abusers	90	72	162	13
Total	630	639	1269	100

From Table 8 it can be observed that awareness and education to the general public on drug abuse and trafficking is very important if we want to arrest the situation. Mass education, anti drug campaigns and education to teachers scored more than 15 percent i.e. 20, 19 and 19 percentages respectively. It is out of these interventions the parents and the community at large can exercise parental care, guidance and control of the children from involving themselves in drug abuse and trafficking practices.

The interviewees further suggested different ways on how mass education and general public awareness campaign or anti drug could be done. The ways suggested are as shown on Table 9.

Table 9: Suggested ways on how to make intervention for mass education and public awareness campaigns.

Intervention	Boys	Girls	Total	Percentage
Use of mass media	245	235	480	26
Country wide Seminars and Workshops	120	120	240	13
Research related to drug abuse and trafficking	221	222	443	24
Posters and photographs with anti drug information	143	134	277	15
Public meetings	203	206	409	22
Total	932	917	1849	100

Table 9 indicates that the use of mass media such as radio, newspapers, television etc, conducting seminars and workshops country wide and public meetings were on top list and marked to be very important in mounting the mass education and public awareness campaign to curb drug abuse and trafficking practices.

3.7 Suggested strategies for prevention of drug abuse

The goals of prevention are to prevent abuse before it begins, stop where it has begun, and treats people where abuse and addiction have taken hold. Drugs that affect the mind (Psychoactive drugs) affect people at all ages from the crack-affected baby to the elderly

woman who borrows a friend's prescription painkiller. Thus prevention needs to address people of all ages in all walks of life.

Risks identification and teaching resiliency are two important prevention strategies for school children. A strong sense of family, established personal positions on drugs, strong spiritual sense, **active community involvement** and attachment to good role models help prevent drug abuse, addiction and the spread of HIV/AIDS among the people in any community.

Some of the prevention strategies that have been tried include scare tactics; drug information programs; skill-building and resiliency programs; environmental change programs and public health model.

The public health model uses and it is the agent (the psychoactive drug) to explain all the combinations of preventive programs. This is the most effective prevention program involving the family.

3.7.1. Prevention methods

There are three methods used to prevent abuse: **supply reduction, demand reduction** and **harm reduction**. Historically prevention has wavered between temperance and prohibition. In the 1920s and 1930s, prohibition did reduce problems associated with alcohol, although it was repealed 14 years after being put into law.

3.7.1.1. Supply reduction is done by law enforcement and other government agencies augmented by the passage of anti-drug laws are aimed at reducing the supply of drugs on the street.

3.7.1.2. Demand reduction. This method tries to reduce people's desire for drugs either through primary, secondary, or tertiary prevention that includes treatment.

- ◆ Primary prevention for drug – naïve young people aims at preventing experimentation and social use.
- ◆ Secondary prevention for drug – seeks to halt drug use once it has begun through education, intervention and skill building.
- ◆ Tertiary prevention – seeks, in some form of treatment, to stop further damage from drug abuse and addiction. This can be achieved through counselling, individual and group therapy, medication, and promotion of a health lifestyle.

3.7.1.3. Harm reduction the primary goal of harm reduction is not abstinence, but rather, reduction of the harm that addicts do to themselves and to the society. Some examples of harm reduction include drug substitution programs, designated driver programs and outreach needle exchange programs. However, these programs are in conflict with the **zero tolerance** government programs.

CHAPTER FOUR

4.0. FINDINGS AND RECOMMENDATIONS:

4.1. Findings

Research findings show that all participants interviewed, that is, pupils, teachers and parents were aware of drug abuse and trafficking and they considered it to be an alarming problem in Tanzania:-

- The underlying reasons for drug abuse and trafficking are mainly money motives, frustrations, to fulfil parents' interests and peer pressure;
- Primary school pupils were mainly involved in drug abuse and trafficking deals in their localities as retail drug sellers due to the fact that the pupils are considered to be trustful, naïve and innocent;
- Drugs abuse has negative effects as the abusers became hostile, weak, brutal and some very dirty. Sometimes the victims become mentally disturbed and they experience frequent illness. As for the drug abusers among primary school children they possessed diverse characteristics that make the management of school difficult. The characteristics of drug abuser include: truants, disobedient, cruel, poor performer in class, sleepy, destructive, dropouts, and provocative as well as argumentative;
- With regard to drug use and trafficking it was found that many people at different ages including primary school children are involved in the business. However the

identification of the means of transportation of the drugs is still a problem due to the nature of people involved;

- A sense of curiosity and peer group pressure lead many young people to experiment with drugs;
- The availability of many drugs encourages their wide use;
- Many drug users like the effect of drugs particularly to enhance otherwise positive experiences, or to escape the rather deadly life that they live;
- Drugs now form an everyday part of the lives of many young people in Tanzania. However, their use is illegal and particularly problematic drug use e.g. the addictive use of heroin, may well involve young people in the need to fund a drug habit through theft and robbery.

4.2 Recommendations

- Launch a multi sectoral anti drug abuse and trafficking campaign. The campaign to involve governmental and Non Governmental organizations, private sector as well as individuals;
- National policy on drug abuse and trafficking should address the primary school children;
- School committees should find out solutions to prevent primary school children from involving themselves in drug abuse and trafficking;

- The Management of School should provide educational guidance and counselling to pupils who are involved in drug abuse and trafficking;
- Local government councils should formulate and enforce by laws on drug abuse and trafficking in their respective areas;
- Enhance practice of positive alternatives to a drug life style which include the followings:-

Creative – aesthetic need – to improve creativity to further enjoyment of art, music etc. This can be reached through attending concerts; taking courses in art, music crafts, writing, singing and handiwork etc.

Emotional needs – the prime motivation here is to attempt to solve personal problems, relief from bad moods, escape from anxiety and emotional relaxation. These can be achieved by instruction in personal development, competent counselling and therapy and artistic self-expression.

Interpersonal needs: Acceptance among friends; desire to communicate with other people; to love and to be loved. Such felt need can be by putting emphasis on assisting others in distress group therapy, stronger family ties and friends of both sexes.

Philosophical need: - To discover meaningful value, to grasp the nature of the universe and to find the meaning of life. This can be achieved through study of concepts of ethics, morality and reality and family discussion.

Physical need - Desire for physical satisfaction, relief from sickness, desire for more energy and greater fitness. Such physical needs can be attained through medical

attention, healthier diet, exercises, more sleep and relaxation, sports, outdoor work and gardening.

Sensory felt need – Desire to stimulate sight, sound, touch, taste; for sensual experience and need for excitement. This can be obtained through change of scenery, experiencing the sensory beauty of nature and exciting sports.

Socio-political: - To promote social, political, legal, economic and environmental change. This can materialise through community action and positive social change; helping the poor, aged, young and tutoring the handicapped.

Spiritual – mystical - To develop spiritual insight i.e. to communicate with God. Such felt need can be realised through study of world religions, readings of holy books.

- Finally it is highly recommended to introduce drug abuse and trafficking educational programmes in schools that should focus on children's social and academic skills. The programmes should also include, enhancing peer relationships, self-control, coping and drug-refusal skills. Such Prevention programmes should be integrated into the existing schools programmes because school failure is associated with drug abuse. However, it should be noted that drug education may not actually prevent school children from using drugs, but it will give them the necessary information, knowledge, the skills and attitudes that will help avoid doing a lot of harm to them.

CHAPTER FIVE

5.0 IMPLEMENTATION OF RECOMMENDATIONS

One of the recommendations which is sustainable in the fight against drug abuse and trafficking among school children is to integrate drug abuse and trafficking educational programmes in schools for prevention purposes.

Below is a proposed training manual for prevention of drug abuse and trafficking among school children in Tanzania.

5.1 TRAINING MANUAL FOR PREVENTION OF DRUG ABUSE AND TRAFFICKING AMONG SCHOOL CHILDREN.

5.1.1Objective

The general objective of drug education in primary school is to give school children the knowledge, skills and attitudes to appreciate the benefit of having a healthy life style. The children should be able to relate the knowledge, the skills gained and the attitudes to their daily life undertakings. Drug education will help to prevent school children from using drugs and give them information; knowledge, skills and attitudes that will make them avoid doing a lot of harm physically and mentally.

5.1.2 Specific Objectives:

It is important that they primary school children are armed with the necessary information, the skills and the attitude that will enable them to make choices about substance use, take care of themselves in relation to substance use and minimize any harm that may arise thereon. Therefore the specific objectives of drug education should be to:

- Increase knowledge and understanding of drug use
- Explore attitudes towards drug use and trafficking and help school children develop their own better attitudes.
- Develop a range of skills that will help school children make informed and less harmful decisions about their current or potential use of substance.

5.1.3 Target group

- School children, both boys and girls.

5.1.4 Contents

Drug education should have the following contents

- ❖ Emphasize information and social skills and develop self-esteem
- ❖ Include all the legal as well as illegal drugs available in Tanzania.
- ❖ Links between drug abuse, trafficking and HIV and AIDS.

5.1.5 Delivery methodology:

- ❖ Drug education should be delivered as part of Family Life Education.
- ❖ It should avoid trying to simply frightening school children into not taking drugs.

- ❖ It should employ a range of teaching method and
- ❖ Should be carried out by the teachers who know their pupils better.

5.1.6 Strategies on how the training manual will be used to accomplish the objective

The manual will be used by NGOs dealing with prevention of drug abuse and trafficking to conduct short term training and seminars to primary school teachers, school committees, parents and pupils. It is also envisaged that this manual will be used as a reference material in primary schools.

5.1.7 Subject matter/Topics for Training:

- ❖ **The definition of drugs**
 - Drugs defined
- ❖ **Names of different drugs.**
- ❖ **Availability of Drugs in Tanzania.**
 - The locally cultivated/produced drugs including places where they can be found.
 - Trafficked drugs.
- ❖ **Young people and drug use and trafficking.**
 - Patterns of drug use in different parts of Tanzania
 - Reasons for involvement of young people in drug abuse and trafficking

❖ **Drug Terminology**

- Clarifications of different terms which are used frequently in relation to drug use
i.e. drug abuse, addiction, addict, dependence, psychoactive, tolerance, overdose
etc.

❖ **The different ways that drugs are used**

- experimental
- recreational
- Psychological dependence etc.

❖ **The different ways of taking different types of drugs.**

- eating/drinking
- smoking, inhaling
- snorting, sniffing
- injecting which.

❖ **Categories of drugs and their effects**

- sedative
- stimulant
- hallucinogenic
- their names including street names.

❖ **Effects of drug use and their dangers.**

- factors contributing to effects

❖ **Problems associated with drugs abuse**

- physical health
- mental health.

❖ **Risks involved in drug abuse and trafficking**

- The legal context i.e. some drugs are legal to use and others are not. So involvement in illegal drugs can lead to a criminal record, a fine and imprisonment

❖ **How to avoid involvement in drug abuse and trafficking**

5.2.0 OVERALL TRAINING OUTLINE

TOPIC 1: Introduction and building knowledge.

Learning Objective: The general objective of this topic is to test the understanding and knowledge of young people about drugs.

Specific objectives;

- To involve young people and set the tone of participation in the drug education sessions.
- To enable monitor any increase in their knowledge, development of their skills and change in attitudes after training.
- To allow the students to examine the situation in which they are learning about drugs.

Sub-Topic 1:

- Definition of a drug or a substance and trafficking. The students are asked to brainstorm a definition of each a drug, or a substance and trafficking and try to agree on a definition which they are happy with.
- Do the same for different terminologies
- Materials: Teachers notes, blackboard and chalk
- Time: 10 minutes.

Sub-Topic 2;

- Types of substances used in Tanzania. Here the students are required to mention substances used throughout history i.e. tobacco, alcohol, mirungi, marijuana and caffeine.
- Substance which seem to be new in Tanzania heroin, mandrax and use of petrol and glue.
- The children in class are asked to identify in what circumstances substances have been used historically and what is happening now.

Time: 30 minutes.

TOPIC 2: Building further knowledge

Learning Objective: To find out what school children know and think about different drugs

Materials: Blackboard and chalk

Time: 1 hour.

Method: Small group discussions. A particular drug is discussed in small groups and presentation is made to the rest of class. The drugs to be discussed include: alcohol, tobacco, khat, heroin, marijuana, valium, cocaine, glue and petrol.

In their discussion, the pupils should think about the following questions regarding a drug.

- What are its street names?
- Can they describe it?
- Where does it come from?
- What are its effects?
- What are the risks involved in taking such drug?
- What do we not know about this drug?

Key contact

- Accurate information on different drugs
- Effects of different drugs, both positive and potentially harmful effects.
- Risks associated with each drug
- Extent of drug knowledge

Training materials: Blackboard, chalk, paper and drug education teaching notes.

Topic 3: Categories of drugs

Learning objectives: To be able to classify drugs into different types; sedative stimulant, hallucinogenic.

- To collect and consolidate information related to different drugs, their dangers, or effects, whether they are legal or illegal, risks involved in each drug.

In this topic the students will be able to learn the following:

- Drugs have different effects
- Drugs carry different risks
- Some drugs are legal, others are not
- Categorization of drugs helps to understand their effects and risks.

Teaching method: Lecture and group participation

Time: 45 minutes

Teaching aids and materials: blackboard, chalk, paper, drug education teaching notes.

TOPIC 4: Why some school children take drugs?

Learning Objectives:

- To examine why school children take drugs
- To identify how young people can enjoy themselves without drugs use.

Materials: Blackboard chalk, teaching notes

Time: 45 minutes

Contents:

- Why young people take drugs?
- Why others do not take drugs?

- Make consideration of all the different ways in which school children can enjoy themselves or cope with their problems.

Methodology: Discussion in small groups and feedback to the rest of the class.

TOPIC 5: Assessing risks involved in Drug abuse

Learning Objectives:

- To learn about possible risks involved in drug abuse related situation
- To learn strategies and acquire skills to minimize risks.

Key content: Risks involved in drug and substance use.

Methodology: Small groups to discuss risks and feedback in class plenary discussions.

The small groups' discussion to be guided by the following questions

- What are the choices one has to be involved in drug abuse practices?
- What are the risks involved?
- What is likely to happen?
- What are the best and worst things to do?

Small groups to develop the case studies and make role plays whereby pupils can act out and practice skills for managing the situations.

Materials/Teaching aids: Blackboard, chalk, case studies.

Time: 1½ hours.

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