# ADOLESCENTS AND DRUG ABUSE IN TANZANIA: HISTORY AND EVOLUTION

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## Abstract

Drug abuse continues to be a major risky behaviour problem among young people all over the world. The study served as one key contribution to the knowledge of the world on the level of drug abuse in East Africa and suggested ways to curb the "problem" from increasing. Abuse of psychoactive drugs among young people has been associated with detrimental effects leading to mental disorder, impaired education development, criminal status, disabilities and death. The study revealed that 5-12% of young people have experienced drug use such as alcohol, cigarette, cannabis and khat at a young age and a limited 2.1% have injected themselves with drugs such as heroin popularly known as "brown sugar". Despite the fact that Tanzania's existing laws provide stern punitive measures against all those involved in drug trafficking and consumption, drug barons continue to prosper with their business while involving young people. The war against narcotic seems to be difficult as Tanzania continues to be a transit route for illicit drugs; while corruption prevails in anti-narcotic agencies and poverty is still a major problem among the general population. It is very unfortunate that young people are easily pooled into drug because of persuasive deals from drug barons who commission them sell drugs for them as petty dealers. The government needs to take strong action against drug dealers. This includes passing of the pending narcotics laws of 2009 by the parliament and introducing drug prevention programmes in schools.

***Keywords:*** adolescent, addiction, treatment, drug, history, evolution, schools, anti-drug agency, Tanzania

## 1. Overview of Tanzania

The United Republic of Tanzania which is made up of the former Tanganyika and the Islands of Zanzibar (Unguja and Pemba) is located in East Africa covering an area which accounts for 52% of the land covered by the East African neighbouring countries of Uganda, Kenya, Burundi and Rwanda put together. The country has a population of 44.9 million people which is made up by 125 ethnic groups **[1-2]**. Tanzania remains to be among the poorest countries in the world with just $49.18 billion per capita income (GDP **[3]** despite the country's wealth which is composed of different mineral gems such as gold, diamond, Tanzanite and uranium together with its natural forests, national parks and game reserves, and the more recently discovered natural gas and oil, just to mention a few. Consequently, the country's economy has, to a large extent, failed to address the needs of ordinary people, thus threatening the well-being of the adolescents and youths.

The level of corruption and embezzlement of the national funds in particular is a very serious problem. In 2014, Tanzania was ranked as the 3$^{rd}$ most corrupt country in East Africa after Kenya and Uganda **[4]**. There has been an increase in poverty, as 28.9% of the population live below the poverty line; corruption and unemployment among graduate and non-graduate people has worsened household lives, forcing parents to send their children begging in the streets, children engaging themselves in girl-child sexual business while others are pooled into the drug business in association with drug barons and some unethical politicians and government officials **[5, 6, 7]**

## 2. History and Evolution of Drug Use and Abuse

People have used drugs from time immemorial in the form of substances such as leaves, roots and herbs in order to alleviate pain or manage certain illness and stress [**8**]. In Tanzania, the history of drug or substance use, to large extent was limited to the traditional use of cannabis (Bangi), khat, tobacco and different types of traditional liquor popularly known as "gongo" in many parts of Tanzania Mainland. Nevertheless, the modern way of illicit drug use in the country lacks accurate data as to exactly when it started spreading. Educated speculation advocate that other than the legal use of alcohol and tobacco, the most common illegal drugs are marijuana, cocaine, heroin and mandrake which were introduced in the urban and peri-urban areas after the second world war, following the return home of the soldiers who had been exposed to new cultural

and recreational practices in the war; the growth of tourism industries in the early 1990's; and urbanization and economic liberalization, which puts some Tanzanians into some sort of interface with the global world.

***Cannabis***

Cannabis has been illegal in Tanzania since the formation of the Drug Control commission in 1977, although it has been used for many years as a booster for working hard in some communities and medicine in others whereby it can be used to heal ailments such as ear-ache. Cannabis is widely cultivated in rural areas, mainly in the Southern highlands of Iringa, Mbeya and Njombe, Lake Zone of Shinyanga and Mara, Costal Zone of Tanga and the Northern Zone of Arusha, Manyara and Kilimanjaro [**9**, **10]**. Seizures of cannabis in the period between 2005 and 2013 as shown in (Table 1) indicate that, the industry is growing fast domestically and internationally. Kafanabo **[11]** reveals that cannabis is the most abused and trafficked drug in the country. In recent years, its cultivation has increased hence its being considered as "green gold" in the areas where it is cultivated, due to the good price in the neighbouring countries of Kenya, Mozambique and Ethiopia, as compared to the traditional crops whose price has been falling day after day in the world market (Sheshata) [**12**]. Although there is not enough evidence to support that, government officials have been quoted saying that farmers have opted for production of cannabis as an easy way of generating good income to pay for their children's education and fulfil their basic family needs.

On the other hand, Masibo, Mndeme & Nsimba [**10**] reports that cannabis is on the increase in schools and communities and is being smoked more frequently by school and non-schooling adolescents and youths. It is estimated that 5 - 7% of adolescents and youths in some primary and secondary schools have been using cannabis which is mostly used openly in some streets, playgrounds and in recreational places. Medicins Du Monde **[13]** reports that marijuana has been smoked along side with heroin and youths tend to mix marijuana and heroin to make the stimulant stronger, hence its being known as "cocktail". Tanzania is ranked 3$^{rd}$ in Africa after Nigeria and South Africa for exportation and consumption **[14]** as illustrated in **Figure 1**.

**Figure 1: Tanzania Anti-drug Police Officers Destroying a Cannabis Plantation in Tanga Region**

***Source***: Nestory **[15]**

***Khat***

For many years, Khat ("Mirungi" in Kiswahili) has been widely cultivated in Kenya and Ethiopia, and chewed in all Eastern Africa countries. In Tanzania, khat was introduced by Somali migrants in the early 1980's and is still being cultivated in small quantities in some regions such as Arusha, Kilimanjaro and Mara Masibo et al [**10**]; Nestory [**15**]. However, due to the growing number of young adults chewing the stimulants, khat like other illicit drugs was banned as a precaution taken by the government to protect young people from dependence in the drug. In recent years, some MP's from areas where khat is cultivated have challenged the government to legalize the stimulant with the argument that there is no direct proven effects [**16**]. A large amount tons of khat entering Tanzania passes through unprotected routes existing in Namanga, Tarime and holili, in the borderline of Kenya, to Arusha, Kilimanjaro, Tanga and Dar es Salaam. Khat is imported extremely secretly, but is distributed openly and chewed officially Lazaro **[17]**. Reports commissioned by researchers and media [**15**, **17**, **18]** indicate that Dar-es Salaam, Tanga, Kilimanjaro, Arusha and Manyara Regions have the majority of khat (Mirungi) users who are largely adolescents and youth, as well as adults aged between 12 and 35 years. The World Health Organization (WHO) [**19**] classified khat as a harmful drug since it leads to physical and mental

damage, depression, male infertility, loss of sleep and decreased sexual desire. However, it is less addictive as compared with tobacco and alcohol.

***Illicit Drugs***

Illicit drugs such as heroin, cocaine and mandrake have found their way into Tanzanian communities through the growth of tourism industry in the country which has created a large demand for heroin and cocaine, which is now consumed locally in many streets in the entire country**[20]**. Medicins Du Monde [**13**] reports that heroin and cocaine arrived in Tanzania in the early 1990's and the majority of the people did not know how it looked like. Some smoked and sniffed it while others injected it into their bodies and it thus became fashionable among youngsters, as everyone wanted to taste it. The report further indicates that most of the teens developed addictive habits and some of them started selling heroin and cocaine. McCurdy, Kilonzo, William & Kaaya [**21**] indicate that drug injection among Tanzanian youths become popular during 2001 and 2003 as a cheap pure heroin started to dominate the local market.

Disastrously, Tanzania is estimated to be a home of between 25,000 and 50, 000 heroin and cocaine users across the country, but the figure could be higher if the actual data from Zanzibar Isles, which is reported to be notorious in drug abuse was properly documented [**6**, **9**, **13**, **20**]. The Ministry of Health and Social Welfare **[22]** indicates that at least 10% of Zanzibar's 1.3 million inhabitants are addicted to what is known as "brown sugar" or "Obama". Although there are no accurate official data about drug abuse in the country, Dar es Salaam, which has a population of five million people is estimated to have 10,000 - 15,000 heroin and cocaine addicts. Heroin and cocaine are relatively cheap in the streets of Dar es Salaam, Zanzibar, Mwanza, Tanga and Arusha and the users can pick one wrapped foil full of it known as "kete" for 1 US Dollar which is equivalent to 2,000 Tshs [**13**, **23]**. Other illicit drugs reported to be used by the majority of adolescents and youths in Tanzania include; mandrake, local brew, industrial brew, glue and prescription drugs.

***Anti-Drug Angency***

Tanzania is a signatory to the 1988 United Nations (UN) convention against illicit traffic in narcotic drugs and psychotropic substances. In achieving this objective, the government passed the

National Drug Control Act No. 9 of 1995 which established a severe punishment for the production and trafficking of narcotics. The Act stipulates long sentences, including life imprisonment, a penalty of not less than 10 million Tanzanian Shillings and forfeiture of property derived from or used in trafficking of illicit drugs and psychotropic substances **[24]**. Despite the presence of laws and a national agency responsible for eradicating drug trafficking and use, the war against drug seems to be difficult since there is a growing number of users and addicts (see Table ). It is estimated that between 250,000 and 600,000 adolescents and youths aged 15 - 55 are drug users; and out of this number, 25,000 - 50,000 are heroin and cocaine addicts, which is threatening the national security and future economic development [**9**, **13**]. The main reasons for such increase, hypothetically, are corruption and limited resources from the enforcing laws. However, the initiative of the international anti-narcotic control and the efforts by the Tanzanian anti- drug police in eradication of drug trafficking and abuse have resulted into seizures metric tons of drugs and persons connected with business as presented in Table **1** from 2005 – 2013

**Table 1: Drugs Seized and Number of Arrested Persons Connected with Drug Trafficking in Tanzania from 2005 - 2013**

| **Years & Tons/Kg seized** | **2005** | **2006** | **2007** | **2008** | **2009** | **2010** | **2011** | **2012** | **2013** | **No. of Arrested Persons** |
|---|---|---|---|---|---|---|---|---|---|---|
| Cannabis (Tons) | 151 | 225.3 | 60 | 76.4 | 56.2 | 4.03 | 17.3 | 48.7 | 85.6 | 30,155 |
| Khat (Kg) | 1,122 | 5,145 | 2.25 | 5,332 | 22,904 | 3,692 | 126 | 6,216 | 12,800 | 4,090 |
| Cocaine (Kg) | 0.42 | 4.13 | 6.638 | 3.56 | 4.389 | 62.9 | 126.3 | 151 | 4 | 1,351 |
| Heroin (Kg) | 9.9 | 91.7 | I6.2 | 3.7 | 9 | 185.8 | 264.3 | 260 | 36 | 1,575 |
| Mandrake | - | 11.47 | 3.05 | 0.53 | 0.1 | - | - | - | - | 25 |
| Morphine | 1.4 | 37 | 0.94 | - | 0.619 | 1.5 | - | - | - | 167 |

***Source***: Drug Control Commission Report [**9**]

On the other hand, during the International day against drug abuse and illicit trafficking on 9th February 2013, the former Prime Minister, Mizengo Pinda tabled statistics on the increasing number of Tanzanians arrested abroad on drug trafficking. Honourable Pinda stated that a total of

400 Tanzanians had been arrested in 21 countries, including Brazil, China, Hong-Kong, UK, Kenya and Iran for the matters related to drug trafficking [**23**].

**Source and Availability of Drugs in Tanzania**

Tanzania lies on the major corridor for drugs trafficked across the Indian Ocean from the Middle East, Central, South-East, and South-West Asia, Latin America, Europe and the United States of America, thus making psychotropic substances like cocaine, heroin, hashish, mandrake, as well as resinous materials used as hallucinogen easily find their way into Tanzania [**9**]. Furthermore, the strategic position of Tanzania of sharing her frontiers with eight countries, six of which are landlocked, its good road networks to the neighbouring countries as well as presence of a long stretch of coastline on the Indian Ocean has contributed, to a great extent, in making the country vulnerable to illicit drug trafficking [**11**]. Tanzania is primarily a transit country by traffickers moving hashish, heroin and cocaine from Afghanistan, South America, Iran and East Asia to the market in Africa. It has been reported that lack of functional equipment and resources and rampant corruption among responsible officials reduces the country's capacity to impound narcotic as the large shipments of heroin from Iran, Pakistan and Afghanistan come ashore in these areas. The Tanzanians and foreign drug mules bring a small amount of cocaine from Brazil, Bolivia, and Peru which enter Tanzania through commercial airports [**6**].

The United Nations Office for Drug Crime in Eastern Africa (UNODC- ROEA) report **[25]** indicates that East Africa is a major target for traffickers to enter African markets because of its unprotected coastline, major seaports, rampant corruption of government officials and porous land borders which provide multiple entry and exit points. The UNODC-ROEA map shows that heroin and cocaine filter across Tanzania's borders into Mozambique, Malawi and Zambia and others to the United States and Western Europe, while smaller quantities of heroin and cocaine are moved by air, making use of both cargo and courier services [**25**]. The reports by Nchimbu; Nsimba et al & Possi [**26**, **27**, **28]** indicate that Dar es Salaam, Zanzibar and Tanga have had more cases of drug trafficking and consumption than other Regions, possibly because of their access to sea transportation. However, the increasing drug use and abuse among adolescents and youth adults has been reported over the whole country (see Figure 2 for details).

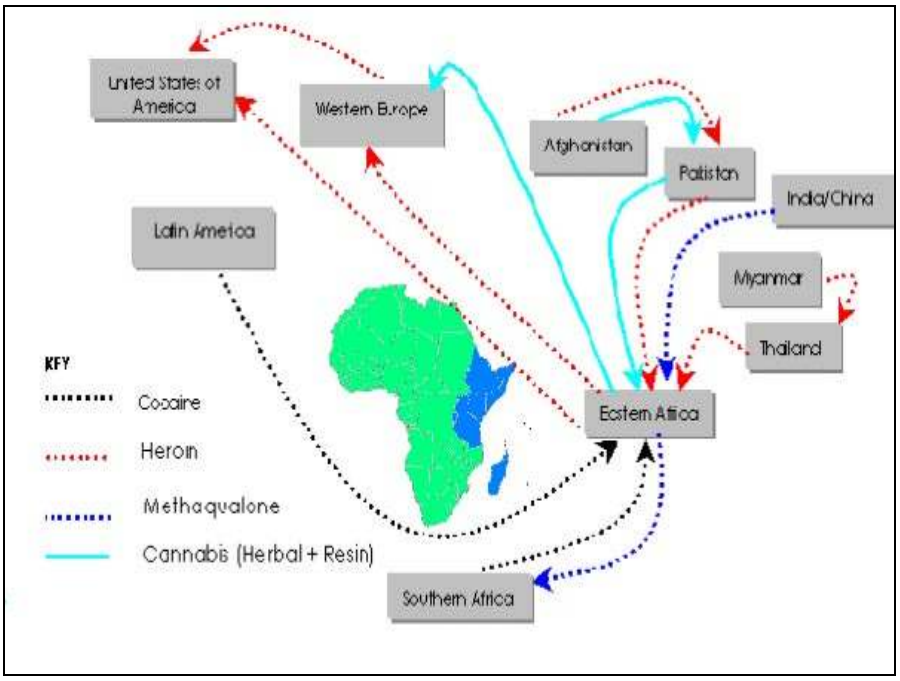


**Figure 2:** Major Drug Transit Routes in the East Africa Region

***Source:*** UNODC-ROEA [**25**]

**Adolescents Drug Abuse**

A famous quote from Ferri's Buellers' day off movie says, "Life moves pretty fast; and if you do not stop and look around once in a while, you would miss it" **[29]**. Today's Tanzanians and other adolescents and youth worldwide fit in this statement as stimulants, tranquillizers, sedatives and alcohol are in the pace of their lives as they immediately pick up, settle us down and mellow us out **[30]**. The World Free Drug report **[31]** shows that illicit drug and alcohol use are among the substances that kill children's future as in every 2 minutes, adolescents and youth experiment illicit drug for the first time in the street and school campus and the most vulnerable group and victim of these behaviours are young people aged between 12 and 19 years. In the United States of America, for example, Johnston et al [**32**] indicates that 22.6% of 8$^{th}$, 10$^{th}$ and 12$^{th}$ grades' pupils had used alcohol, 14.4% marijuana, 8% cigarette, 1.1% cocaine/heroin and above18. 5% had used other illicit drugs in the previous 12 months. In Australia, the Australian Drug Foundation [**33**] shows

that 40% of adolescents aged 12-17, had used alcohol while above 12% had used other illicit drugs.

In South Africa, the 'National Survey on Risky Behaviours' commissioned by South African National Youth **[34]** reveals that alcohol, cigarette, cannabis (dagga), inhalants, and heroin were the most commonly abused substances among school adolescents. The percentage of school adolescents nationally reported using alcohol was 49.6%, cigarette - 29.5%, cannabis - 12.7%, inhalants - 11.1% and heroin - 11.5%. In Kenya, a survey commissioned by Koome and NACADA on alcohol and illicit drug abuse among school adolescents in Nairobi found that alcohol and drug use were on the increase and were linked with criminology such as suicide, delinquency and psychological difficulties **[35].** The survey found that the most commonly abused substances were alcohol at the rate of 36.6%, Miraa - 31.5%, cigarettes - 20.2%, bangh (cannabis) - 9.8%, khuber - 5.5, heroin - 3.1, glue - 2.7% amphetamine - 2.6% and cocaine - 2.2%.

In Tanzania, although there is no national baseline survey commissioned to determine the extent of the problem, limited studies and media reports reveal that 5-12% of school-going adolescents and youths are involved in drug use and abuse **[21**, **22**, **26**, **36]**. A baseline survey commissioned by the World Health Organization (WHO) about Tanzania in 2008 on primary school pupils aged 13-15 revealed that substance use among school adolescents had been dominated by both illegal and legal substances as presented in Table 2.

**Table 2: Alcohol and other Drug Use among Pupils by Sex in Dar es Salaam Region**

| **Variable category** | **Sex** | | **Total** |
|---|---|---|---|
| | **Male, % (CI)** | **Female % (CI)** | **% (CI)** |
| Used drink containing alcohol during past 30 days | 6.2 (4.1-8.2) | 3.9 (2.7-5.2) | 5.1 (3.8-6.4) |
| Binge drinking | 5.7 (3.3-8.1) | 3.2 (2.2-4.3) | 4.5 (2.2-6.1) |
| Pupils usually drinking beer, lager, tusker | 4.7 (3.0-6.4) | 3.6 (2.8-4.4) | 4.2 (3.2-5.1) |
| Used alcohol before 14 years | 12.1 (9.7-12.8) | 9.7 (9.7-14.4) | 10.8 (7.1-12.3) |
| Smoked cigarette in the past 30 days | 4.1 (2.2-6.0) | 1.4 (0.7-2.0) | 2.7 (1.6-3.8) |
| Used any other form of tobacco such as | 6.3 (2.4-10.1) | 2.5 (1.6-3.4) | 4.3 (2.2-6.4) |

| | | | |
|---|---|---|---|
| chewed, snuff in the past 30 days | | | |
| Ever used bang or cocaine once or more times | 6.5 (3.5-9.4) | 4.4 (3.0-5.8) | 4.4 (3.0-5.8) |

Kaduri et al **[37]** carried out a study on smokeless tobacco use among primary and secondary school adolescents in Dar es Salaam. It was found that the lifetime prevalence was 4.4% in a sample of 1, 011 adolescent aged 14-19 (see Table 3). Among young people aged 13-15, Kapito-tembo et al [**38**] estimated the lifetime prevalence of tobacco smoking was 13.3% in a sample of 1947 and current smoking was 4% for both boys and girls respectively in Dar es salaam.

**Table 3: Tobacco Use Prevalence among Pupils, by Sex in Dar es Salaam**

| **Variable category** | **Sex** | | **Total (%)** |
|---|---|---|---|
| | **Male (%)** | **Female (%)** | |
| Ever smoked cigarette | 6.4% | 2.5% | 4.4% |
| Used any other form of tobacco such tobacco roll, dipped, snuff in the past 30 days | 3.2% | 1.1% | 2.2% |
| Ever chewed tobacco | 6.4% | 2.5% | 4.4% |

Another report on prevalence of substance use and psychosocial factors among secondary school pupils was conducted in Dodoma. The findings indicate that substance use among secondary school pupils was on the increase see Table 4 [**36**]. Beckerleg, et al **[39]** reported the prevalence of illicit drug in Dar es salaam among less than 18 years. The findings show that 75% of the 624 sampled had used alcohol, cannabis, heroin and khat and 114 (18.3%) have injected drugs.

**Table 4: Prevalence of Substance Use among School Pupils in Dodoma Region**

| **Variable category** | **Total Sex=1495** | | **Total (%)** |
|---|---|---|---|
| | **Male (%)** | **Female (%)** | |
| Consumed alcohol in the past 30 days | 50 (3.3) | 50 (3.3) | 100 (6.7) |
| Smoked cigarette in the past 30 days | 39 (2.6) | 16 (1.1) | 55 (3.7) |
| Smoked cannabis in the past 30 days | 21 (1.4) | 8 (0.5) | 29 (1.9) |
| Used inhalants in the past 30 days | 46 (3.1) | 61 (4.1) | 107 (2.4) |

| | | | |
|---|---|---|---|
| Other illicit drugs such as cocaine, heroin, khat | 8 (0.5) | 4 (0.3) | 12 (7.2) |
| **Total** | **164 (11)** | **139 (9.3)** | **303 (20.3)** |

Studies documenting adolescent and youth drug use and abuse in schools are scarce. The available studies conclude that alcohol, cigarette and marijuana are widespread in schools across ages and their effects are candidly observed, including increased physical abuse, sexual harassment, unplanned pregnancies, school dropout, absenteeism, and spread of HIV/AIDS for those injecting themselves with drugs. These studies recommend the need for rapid assessment and drug prevention programmes which have not been implemented up to now.

## 3. Treatment and Services to Harm Reduction Strategies

Tanzania was the second country in Sub-Saharan Africa, after Mauritius, to open the Methadone Maintenance Treatment (MMT) clinic for drug addicts and HIV positive in 2011. It is estimated that 50,000 intravenous drug users in Tanzania are facing complex issues of syringe and needle sharing and unsafe sex whereby youths and teenagers do not use condoms. As a result, 42% of them are HIV positive [**40**]. Methadone treatment, HIV testing and counselling are considered essential components of the comprehensive package of intravenous drug users and HIV prevention programmes among drug users [**41**]. The methadone treatment financed by the U.S. President's Emergency Plan for AIDS Relief was first launched at Muhimbili National Hospital and further extended to other two hospitals of Mwananyamala and Temeke in Dar es Salaam [**40**, **42**].

Methadone Maintenance Treatment (MMT) is considered as redeemer for injecting drug and HIV positive for poor people, as it tends to reduce opioid dependence, morbidity, mortality, sexual desire and injecting-related risky behaviours [**41**, **43**]. Ever-since the MMT clinic was opened in three hospitals, the number of young people and adults receiving the treatment has been increasing (see Table **5**). On the other hand, Local NGO's and International donors including Pangaea, USAIDS and PEPFAR, Medicine Du Monde have been working closely with the Ministry of Health to service and support drug addicts and those who are HIV positive. Services at Local NGO's include psychological services, outreach and case management, provision of clean needles and syringes, dustbin equipment and condoms [**44**]. Unfortunately, many of these Local NGO's and Medical Assisted Treatment (MAT) are based in Dar es Salaam and Zanzibar, while drug addicts who need these services are scattered all over the regions.

**Table 5: Enrolment of Patients Receiving Addiction Treatment at MAT Site by December 2014**

| Enrolment Status | Age | Male N (%) | Female N (%) | Total N (%) |
|---|---|---|---|---|
| Muhimbili National Hospital | 16-53 | 782 (93.2%) | 57 (6.8%) | 839 (100%) |
| Mwananyamala Hospital | 13-54 | 666 (79.01%) | 177 (20.09%) | 843 (100%) |
| Temeke Hospital | 12-49 | 98 (93.3) | 7 (6.2%) | 105 (100%) |
| **Grad Total** | **12-54** | **1, 546 (86.5)** | **241 (13.5%)** | **1, 787 (100%)** |

***Source:*** Tanzania Ministry of Health and Social Welfare [**44**]

**Conclusion and Recommendations**

Tanzania is a major route of drug traffickers, which has also turned to be a major consumer of illicit drugs in East Africa. Seizures of metric tons have been increasing as per news headlines that are announced every day. The general public is worried about the lack of transparency by the government on where the impounded tons of drugs are kept. The society is worried because when the drugs are seized, the media reports, but they are not told when and where they are destroyed. This has increased speculations that there are some unfaithful civil servants who are involved in the drug business. The situation is frightening as the number of addicts is growing fast while drugs have found their way into primary and secondary schools as 5% to 12% of the school adolescents have been reported to be involved in drug abuse including those taken through injecting themselves.

In addition, some young people have been persuaded by drug barons to engage in the business as petty dealers by promising them quick money. In this regard, the government should take strong action against these drug dealers. This includes passing of the pending 2009 narcotics laws by the parliament; introducing drug prevention programmes in schools; and extending MAT services to at least all centres of largest cities in the country. Furthermore, parents and other caregivers must take full responsibility of advocating for more appropriate ways of nurturing their children, supervising them and punishing unwelcome behaviours, such as drug use.

| Author's Contribution | KY | IN |
|---|---|---|
| Review concept | ✓ | |
| Collection and assemble of review materials | ✓ | |
| Writing of the article | ✓ | |
| Critical revision of article | ✓ | ✓ |
| Final approval of article | ✓ | ✓ |

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