

Research paper

Context and characteristics of illicit drug use in coastal and interior Tanzania



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ABSTRACT

Background: An increase in heroin seizures in East Africa may signal wider local consumption of illicit drugs. Most information about drug use in Tanzania is from the economic capital, Dar es Salaam, and well-travelled Zanzibar. More data are needed on the extent, trends, and characteristics of illicit drug use in the vast coast and interior of the country.

Methods: The study was a rapid assessment, triangulating data from in-depth interviews of primary key informants (people who use drugs [PWUD]), secondary informants (police, community members, service providers), and ethnographic mapping of hotspots in 12 regions of Tanzania.

Results: We conducted 436 in-depth interviews from September 2013 to August 2014. Regions were categorized as (1) nascent: drug use is beginning to take root; (2) established: drug use has existed for some time; or (3) pervasive: drug use is spreading into new subgroups/areas. Multiple sources corroborated that illicit drug use has been increasing in all regions. Most PWUD worked in the cash economy as bus touts, labourers, fishermen, miners, or sex workers, or stole to survive or support their habit. PWUD congregated around bus stops along transit corridors, in abandoned buildings, and in low-income residential areas. Informants described less visible PWUD among military, police, and working-class people. Cannabis was the most common, smoked alone or with tobacco and heroin (“cocktail”). Heroin was available in all regions. Cocaine was less common, likely due to high price and variable availability. Substances such as petrol, shoe polish, and glue were used as inhalants.

Conclusions: Illicit drug use is widespread with variable features beyond cosmopolitan areas of Tanzania. Improving transportation infrastructure and economic opportunities combined with poverty and inequality appear key factors for increasing use. Findings call attention to increasing and widening drug use in Tanzania and the need to plan prevention, treatment, and harm-reduction measures nationally.

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Background

Current evidence suggests global drug production and use has remained stable. The United Nations Office on Drugs and Crime (UNODC) estimates that, in 2014, 17 million people worldwide were affected by opiates, a number that has changed little in recent years (United Nations Office on Drugs and Crime, 2016). However,

an increase in heroin seizures in East Africa is a signal of the “increasing importance of Africa as a transit region” for heroin (United Nations Office on Drugs and Crime, 2015), and in fact, reported heroin and morphine seizures increased six fold between the periods 1998–2008 and 2009–2014 (United Nations Office on Drugs and Crime, 2016). Tanzania, which shares its borders with eight countries, six of which are landlocked, continues to be an important transit country for heroin, hashish, and cocaine originating in Afghanistan, South America, Iran and East Asia, destined for African markets (Yusuph & Negret, 2016). Seizures of large shipments of heroin to Tanzania have become more frequent (United Nations Office on Drugs and Crime, 2015), and the region is now believed to be a destination for heroin rather than a thoroughfare (Mbwambo et al., 2012).

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There were an estimated 37,800 illicit drug-related deaths in Africa in 2013 (United Nations Office on Drugs and Crime, 2015). PWUD are at a heightened risk for a wide range of adverse health effects, including HIV through sharing injection equipment, HIV and other sexually transmitted infections in association with high risk sex, other communicable diseases, psychiatric problems, among others (Altice, Kamarulzaman, Soriano, Schechter, & Friedland, 2010). Moreover, access to health care may be low (Mlunde, et al., 2013), especially for HIV care and treatment (Wolfe, Carrieri, & Shepard, 2010). Other challenges associated with drug use are drug and alcohol dependence, unemployment, legal issues, and familial and social problems (Teesson et al., 2015).

Dar es Salaam, the largest city of Tanzania, was the first in mainland sub-Saharan Africa to pioneer public medication-assisted treatment (methadone) (Lambdin et al., 2014). Follow-up studies have documented important programmatic successes: physical and mental health improvements among methadone clients (Ubuguyu, et al., 2016), and 57% of clients retained in care 12 months after initiation – retention levels comparable to that of programmes in North America, Europe and Asia (Lambdin et al., 2014). However, demand for these services exceeds existing supply (Bowring et al., 2012; Gupta et al., 2014), and it is unlikely that need is limited to Dar es Salaam, especially given Tanzania's prominence in the international drug trade.

There is extensive literature on illicit drug use in Dar es Salaam and Zanzibar, and a recent quantitative survey documented drug use in Mwanza (Tan, Kapiga, Khoshnood, & Bruce, 2015). However,

there is limited systematic evidence about drug use outside of these cosmopolitan centres, including along routes where drugs are believed to be trafficked (coastal regions and transit corridors through the interior). We therefore conducted a rapid study to characterize the extent of illicit drug use, characteristics of PWUD, drug types, and drug-using behaviours within 12 regions of Tanzania's coast and interior.

Methods

Overall study design and setting

The study was a rapid assessment adapting qualitative research methods, including in-depth interviews, mapping, and observation. Between July 2013 and August 2014 activities were conducted in 12 regions: Mtwara, Dodoma, Morogoro, Pwani, Kilimanjaro, Tanga, Arusha, Mwanza, Mbeya, Shinyanga, Geita, and Kigoma (Fig. 1). Regional selection was informed by a national stakeholder process, including experts, scholars, and practitioners from around the country. Regions were selected based on their proximity to the coastal corridor and major transit routes, and to include regions with large urban areas outside of Dar es Salaam or conditions hypothesized to fuel drug activity, such as mining or an influx of refugee and immigrant populations. Regions were excluded where similar research activities were planned or ongoing to avoid duplication of efforts.

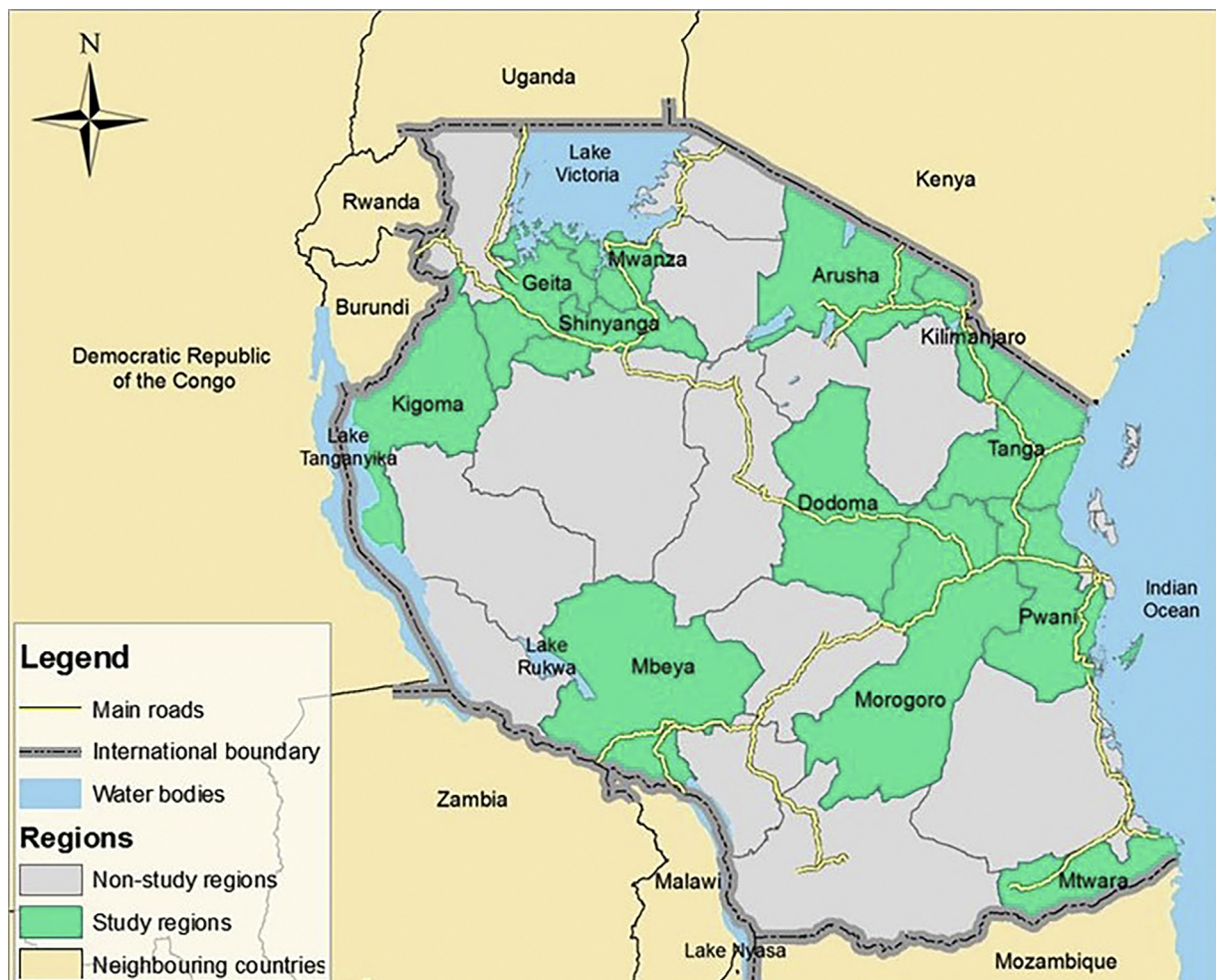


Fig. 1. Study regions, main roads, international boundaries, and neighbouring countries, rapid assessment of drug use in Tanzania.

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