

Sober house and the elusive quest of recovering from drug addiction: success and challenges from Pemba and Unguja in Zanzibar

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Abstract

This article discusses rehabilitation process from drug addiction in Pemba and Unguja Islands in Tanzania using qualitative techniques of data collection. The objective of the study was to examine the process of rehabilitation of drug addiction and how in addicted persons experience rehabilitation process. Data show that recovering people have positive experience and acknowledge sober house's contribution on rehabilitating drug addicts. Most of the addicted person's confirm the effectiveness of sober houses but emphasize the importance of an addicted person willingness to change. Data suggest that sober houses provide an ideal social environment for psychological and physiological changes during the whole process of rehabilitation. One of the major challenges our data suggest is a higher number of addicts from sober house who experience relapse, but its extent is not known. The study recommends that addicts and communities should be informed and encouraged to use sober house and more in-depth studies are needed to examine the nature and extent of relapse.

Key Words: drug addiction, sober house, Zanzibar, HBM, rehabilitation and recovery

Introduction

Drug use and its addiction has been an increasing socio-economic problem affecting a substantial number of youth and adult in Tanzania. The *Daily News* (26.4.2018) and *The Guardian* (26.4.2018) report that, until February 2018, there were 5, 560 drug addicts under rehabilitation in Tanzania. Latest official data from Zanzibar Commission for National Coordination and Drug Control show that until 2013, over 9,000 people were using drugs in Zanzibar, about 4,000 were injecting. The illicit drugs used vary from cannabis to heroin (RGZ, 2013). Data suggested that drug use is a predominant habit among young and adult men. A small number of children between 9 and 13 years old were also using drug (RGZ, *ibid*). As a response to this scenario, over the last two decades, this phenomenon gained more attention politically but researchers have given it a little attention, as a result, there is limited evidence-based information about the extent of its impacts on society. In 2014, mainland Tanzania came to a consensus estimate of key population that were approximately 300,000 people who use drugs while 30,000 were people who inject drugs (URT, 2014). Information drawn from *The Guardian*, a reputable local newspaper in Tanzania, shows that there are approximately 1.5 million narcotic drug users in Tanzania. The magnitude of the problem is more critical in Zanzibar than Tanzania mainland (*The Guardian*, 27 March 2018).

Since last year (2017), increasing efforts have been initiated to engage the public in a debate concerning drug addiction in Tanzania, as an attempt to raise public awareness. Such efforts have been common on the mass media such as TV (ITV) and newspapers as indicated above (have generally been reporting drug related issues more often. Two important discussions were broadcasted on May 1 and 3, 2018. ITV broadcasted two important discussions on drug. On 1 May 2018, the Minister for Foreign Affairs and International relations among other issues outlined government's efforts and success to curb drug traffickers and mentioned that, as a recognition of government efforts, the International Narcotic Control Board (INCB) will hold its annual 2018 meeting in Tanzania in order to learn how the government of Tanzania has managed to make such achievement within one year. Another important discussion was also aired by ITV on 3 May 2018 evening, it is commonly known as 'malumbano ya hoja', this focused particularly on Sober houses. Participants included sober house managers (who were also former drug addicts), people who rehabilitated in sober houses, and other stakeholders dealing in drug addiction.

This article discusses the contribution of sober houses to the process of rehabilitation of addicted persons. Throughout our discussion, the word "rehabilitation" is used to refer to treatment, and "sober house" to a treatment center for addicted persons. The data used in this article were collected from an ethnographic study conducted in Unguja and Pemba, Zanzibar, between 2016 and 2017. The information was collected from addicted people who were either still undergoing rehabilitation intervention in a sober house, or had successfully or unsuccessfully completed a rehabilitation programme in a sober house. The findings presented in this article focus on three main aspects. Firstly, a sober house as an institution, its structure and procedures on the one hand, and secondly, experiences of clients (addicted persons). The third comprises the success and challenge experienced by addicted persons in a sober house during the entire process of rehabilitation. The study was conducted in the islands of Zanzibar because of their peculiar geographical location and consequently their vulnerability to drug traffickers. The Tanzania's location has been used as a link point of international drug traffickers between Asia, the Middle East, and Europe. The International Narcotics Control Board (INCB) suggests that drugs passing through Tanzania come from Afghanistan, India, Iran, and Pakistan. The main destinations are South Africa, China, Japan, Turkey, USA, and Europe (INCB, 2015; 2016; 2017; RGZ, 2013; *The Guardian*, 31.7.2017). Tanzania is also one of the largest producers of marijuana in Africa (*The Guardian*, 25.7.2017). Drug addiction has increasingly been one of the serious social problems that lead to harmful consequences to the addicts, their families and society. Different approaches are being applied to address the problem of drug addiction and its social, legal, and economic consequences. In Tanzania, sober houses are among the new responses to mitigate the rising problem of drug addiction in the society.

Sober house, drug addiction and recovery in Zanzibar

Studies and initiatives in Tanzania/Zanzibar have concentrated on the issue of drug abuse in general, particularly on drug addicts struggling with chronic and repeated illnesses. They have concentrated on the relationship between drug abuse and other chronic diseases such as HIV/AIDS and Hepatitis (Dahoma et. al, 2006). Scholars such as Mc Curdy et. al., (2005)

examined the prevalence of HIV/AIDS among sexually active intravenous drug users in Dar es Salaam, while Nsimba and Maselle (2012) focused on factors predisposing the youth to using substances of abuse. However, little is known, for instance, of the effectiveness of sober house services to rehabilitate drug addicts and its related problems in Zanzibar. It is worth mentioning that the sober house service is new not only to Zanzibar but also to East Africa. It is within this context that the current study is an effort to explore the manner in which sober houses have been contributing to rehabilitating drug addicts by examining the nature and processes of rehabilitation in sober houses. This is done by exploring their strengths and weaknesses based on the respondents' experiences in a context characterized by limited evidence-based information.

Sober Houses in Zanzibar

The URT (2017) defines a sober house as a group residential home for people who are recovering from drug addiction, designed with certain rules for accommodation and guiding the recovering drug addicts in to a drug-free living environment; facilitate changes in life style and behavior through peer to peer support, self- help group and coaching. The Drug Control Commission (DCC, 2014) points out that, these homes provide a safe and drug-free environment for drug addicts, make the clients understand their problem, learn from others, and allow healthy interaction than in any other setting. People in sober houses are supposed to abide by certain rules, staying free from any kind of drug abuse, and learn to be responsible for themselves and their behaviour as they used to live in an irresponsible way during active addiction.

Sober house services started in 2009 in Zanzibar (URT, 2014). These houses are used as an effort to expand recovery support services for drug addicts in Tanzania, and also as a means to develop a community approach to addressing the issue and impact of addiction in the society. Others were established between 2010 and 2015. Until, 2017 there were 9 sober houses in Zanzibar; 2 in Pemba, and 7 in Unguja which accommodate female clients. All these accommodate male clients, except one called Malaika in Unguja (CNCDC, 2013). Some of these homes are privately owned by recovering drug addicts while others are owned by charity organizations and NGOs. In 2012 a first sober house was established in Tanzania Mainland. This was privately owned, and offered a drug-free living environment through peer group recovery support to drug addicts, adopting the 12-step narcotic anonymous approach (URT, 2014). The structure and organization of the sober house requires the clients to organize themselves and support one another. They take the house responsibilities, such as cleaning, washing, cooking, and security of the house and properties, together. As outlined by Brigham (2003) the basic assumptions of sober house coaching and lessons are that, drug addiction is a chronic illness, complete abstinence from any kind of illicit drug is essential, involvement and full participation in 12 steps meetings and open discussions and sharing about disease of addiction is the best way to achieve and maintain recovery from drug addiction. As such, in these houses clients are instructed and directed into mutual and peer to peer support between a former drug addict and addicts who want to quit from drug addiction.

Methodology

Data were collected using ethnographic techniques of data collection. In-depth interview (expert interview) and non-participant observation were the key techniques of data collection. Addicted persons and sober house staff were the main sources of our data. From an ethnographic point of view, researchers related to the study milieu in the following manner: One of the researchers is a social worker (MSW, PGDSW) and a mental health practitioner (Ad. Dip. in mental health), he has been working as a counselor and supporter of drug addicts in their journey to recovery for more than 13 years. He has been working in community advocacy and primary prevention of drug abuse in a school health programme in primary and secondary schools at the Commission for National Coordination and Drug Control-Zanzibar. The second researcher is a medical and development sociologist with experience in studies related to addiction. Data were collected from 17 participants in Unguja and Pemba Islands. The sample consisted of 15 men and 2 women. The ages of the participants ranged between 25 and 45 years, Out of these, 11 of the respondents were in their process of recovering from drug were either in a sober house or had already left sober houses. Six respondents were managers of sober houses who also were in their recovering process. Their level of education varied from the primary level to the postsecondary level. Two respondents completed primary school, 12 completed secondary education and 3 have diploma. A big majority of respondents (10) were not employed, 4 were temporarily employed, and 3 had a long term employment.

Interview process

Interviews lasted approximately 30-45 minutes, and were conducted either in a sober house for sober house managers and recovering addicts who at the time of study were in sober houses, or at home or workplace where the respondents were most comfortable. The interviews were conducted in Kiswahili, and characterized by a dialogue, to allow respondents to explain their experience in detail. The first section of the interview covered demographic information, age, marital status, education, employment, and length of stay in a sober house. These were then followed by a section focusing on activities and programmes on the one hand, and experience of recovering of a sober house client on the other hand. During the interview, researchers took notes and recorded the discussions. The data were analysed thematically by focusing on specific themes such as the number of addicted persons, the process of rehabilitation in a sober house, and the effectiveness and challenges associated with the rehabilitation process in a sober house.

Theoretical Framework

In order for us to understand, analyze, and explain the process of rehabilitation from drug addiction in a sober house, we were guided by the theory of Health Belief Model (HBM). HBM is a descriptive social psychological model of determinants of behavior. It can sometimes provide a clear direction for change and the factors to be changed. The basic components of this theory are based on social and psychological expectancy value models. These models provide hypothetical assumptions that human behavior depends mainly on the value that a person places on a particular goal, and on a person's estimation of the likelihood that a given action will achieve that goal. With respect to health, the components are a desire to prevent illness or to recover as well as the belief that specific behavior will prevent or reduce the illness (Bartholomew, Parcel, Kok and Gottlieb, 2006). Bartholomew et al (ibid) as well as Green and

Kreuter (1991) suggest that the Health Belief Model initially had four basic components, namely: perceived susceptibility (a person’s belief that his or her health is in jeopardy); perceived severity (a potential seriousness of a condition in terms of pain or discomfort); perceived benefit (a belief that benefits outweigh costs and inconveniencies, and that the former can be achieved), and perceived barriers (cue to action or presence of certain force that makes the person feel the need to take action). Later, scholars such as Bandura (1991) added social influence and self-efficacy as components. As such, the decision-making process to engage in a particular treatment or preventive endeavor is triggered by a cure to action which may be internal (e.g. symptoms) or external (e.g. health education message or a friend with the disease). But as suggested by Bandura (ibid), social influences plays an important role in understanding individual’s health behavior. Cue to action is an important aspect for a person to comply with certain health-related behavior. For instance, belief in susceptibility and severity of consequences could be interpreted as fear of the disease, condition, or behavior.

Thus, fear could be treated as a powerful motivation force to take action. In the following section, we link certain aspects of social and psychological aspects (such as belief, trust, self-acceptance, and social milieu) from a sober house with the four components of HBM and discuss how these aspects have been contributing to a successful rehabilitation from drug addiction. This perspective has helped us to understand and explain the peculiar social and psychological factors which helped addicts to rehabilitate from drug addiction in a sober house compared to other options (such as traditional and bio- medical) treatment they attempted before.

Findings

Findings suggest that Zanzibar has the highest number of sober houses in Tanzania. Most of them were officially established between 2009 and 2011. Until 2017, Pemba had two sober houses and 7 sober houses were in Unguja. All of these sober houses accommodate male addicts and only one sober house in Unguja accommodates female addicts. Between 2009 and 2016, the then existing two sober houses in Pemba admitted a total of 325 and Unguja 3,091 addicted persons were admitted in six sober houses. The majority were aged between 30 and 45 years old.

Table 1: Number of addicted person admitted in a selected Sober Houses in Zanzibar between 2009 and 2016

	Mkoroshoni	Mkoani	Detroit	Free at last	Nyarugusu	Zanzibar Youth	Malaika	Trent	Total
2009	0	0	120	0	0	0	0	0	120
2010	41	0	250	0	0	0	0	0	291
2011	29	0	183	0	60	72	0	75	419
2012	42	0	140	0	98	91	0	87	458
2013	31	6	172	0	78	67	0	120	474
2014	25	37	140	41	130	54	5	140	572
2015	29	36	112	58	72	74	33	160	574
2016	22	27	102	93	64	97	7	156	568
Total	219	106	1219	192	502	455	45	738	3,476

Source: Field Findings, 2016/7

There are a number of issues emerging out of this table. First, Detroit house is the oldest sober house in Zanzibar, but we assume in Tanzania generally. It has been admitting the highest number of addicted persons compared to all other sober houses (selected). At the second position is Trent, while Nyarugusu and Zanzibar Youth Forum are at third and fourth position respectively. Data presented above reveal that since their establishment (the eight sober houses that were possible to obtain the data) until December, 2016, sober houses in Zanzibar has already admitted a total of 3, 476 addicted persons. Secondly, data suggest that most of people were admitted in 2015 (574), followed by 2014 (572), 2016 (568) and 2013 (458) respectively. Most people were admitted between 2014 and 2016. Since the study did not focus on the recovery and relapse, these data deserve a conscious interpretation. They do not show the effectiveness of sober house to rehabilitate drug addicted persons. It only shows the number of people who were admitted and participated in a recovery process. However, the study suggests that there is a problem of high number of relapse which required more in-depth inquiry to determine its extent and magnitude.

Peculiarities of a sober house and its contribution to recovery

Ideally, sober house are special centres for all people who experience problems of drug abuse and addiction and for that reason a person who has no history of drug abuse and addiction is not eligible to be admitted in a sober house. Parents, relatives and friends are responsible to send their drug addicts to a sober house and pay a contribution fees. But sober house accommodate clients who are willing to stay in a sober house. It does not force an addict to stay in a sober house. When addict arrives at a sober house, they are assessed to confirm their consent to stay and to collect information concerning their drug use history such as route of drugs use, any criminal offense associated with drug abuse. In case of willingness to stay in a sober house, relative or friends must sign an agreement of service between sober house administration and the family. Our in-depth interview with one of sober house administrators revealed the following procedures and critical moment for a new client.

Once the client is received, an assessment is conducted to obtain his personal history and confirm his drug abuse history and willingness to join a sober house services. After client's relatives have signed an agreement...the first week is a critical time for recovering drug addict in a sober house. An experienced person who has a long experience must be close with a new client to assist him or her in dealing with arosto (stress, pain and discomfort associated with sudden cessation of drug). We use to take time and talk with a client, sharing experience and giving him hope that things will be alright after a period of pain and discomfort. After seven days, when the conditions are settled (physical and psychological pain and discomfort are minimal) we sit with a client and start to instruct him or her about house rules... (ID-Assistant sober house manager, Free at last sober house-Unguja)

Finding show that, a sober house as an institution offers a number of contributions. It first provides a space where addicted people meet to share experience and testimonies from individuals who have successfully recovered. It separates addicted persons from their social

milieu (*vijiwe*), where the addicted people meet and use drugs. A Sober house provides a social environment with clear structured daily scheduled which all the time must be followed by all addicted persons. A sober house requires discipline, commitment and sense of being responsible. A sober house manager from Mkoroshoni in Pemba summarizes this in following manner:

There is daily schedule of activities in a sober house. These activities involve personal and house activities as well as recovery programs. All assist a client to change mind, be able to take responsibilities and finally to change behavior. We normally start with morning sessions of sharing personal feelings as one wake ups. This sharing aims at building client's capacity to cope with daily personal feelings such as anger, happiness or being bored (ID-Mkoroshoni-Pemba sober house Manager).

Similarly, a recovering addict from Msingini – Chake Pemba shared similar experience from a sober house.

There are things which are protocol of addiction and we are required to accept them. For instance, we need to be honesty, open minded and willing to change. There are sessions of feelings sharing, other 90 sessions focus on Narcotic anonymity (in Kiswahili means usitiri wa midaharati). I have attended all the sessions (ID-recovering addict, Msingini-Chake Pemba).

Another clear testimony came from a recovering addict from Mwanakwerekwe, Unguja, who confirmed that self-acceptance was the foundation of her successful recovery process. She shared her experience with the following words:

A factor that gave me better results in the sober house was the acceptance that I have a problem of drug addiction. Although I knew that my family is ready to support me, it was evident that if I am not ready, it will be impossible to move forward. In the sober house, we are taught the importance of self-acceptance and acknowledging that drug abuse is our major problem. We are taught to believe that abuse is our core problem and it harms not only ourselves but also the people who love us. We are taught that living without drug is possible, and it will be possible when someone becomes honest to himself or herself, open his mind, and become willing to change life style including establishing contacts with recovering drug addicts. Thus, I realized that, it is my inner willingness to stop using drugs which will help me to recover (ID-recovering addict from Mwanakwerekwe-Unguja).

Another client did not want to reveal more about a sober house. His words signify some hidden information which he did not want to share, as he argues that the principles do not allow him to

do so. However, he explained how staying in a sober house contributed to his process of recovery.

What is inside a sober house is our secret. I cannot tell you because the principles of the programme do not allow me to do so, but I can confirm that addiction is a chronic problem that makes a person lose control of his thought and action. It is important to have an insight of your problem and acknowledge that you have addiction problem, then, it is easy to use methods and techniques to live with your problem and manage a life free from drug abuse. There is no miracle in a sober house, if one does not admit that. That is what we are taught in a sober house through narcotic anonymous literature and experience from peer to peer support (ID-Recovering drug addict, Mkoroshon-Pemba).

Another similar experience was shared by a recovering drug addict at Wara Shehia, Pemba. He narrated how interaction in a sober house helped him to effectively recover.

I feel that service in a sober house will help me. Before I came here, I did not understand my problem. My family and I thought I have been bewitched. I was sent to a traditional healer several times without being aware of my problem. In a sober house, I was told that I am suffering from a chronic disease of addiction but it is possible to manage, and they taught me how to deal with it. I was told that, if I want to recover, I must avoid being with friends who use any kind of drug or areas where drugs are accessible (ID-Recovering addict, Wara Shehia-Pemba)

Through peer to peer experience sharing, and support from experienced recovered individuals, a sober house provides hope and support. These experiences are shared during a special meeting which entails 12 steps; it is called Narcotic Anonymous (NA). The general objective of the NA meeting is to help drug addicts to recover through the application of the twelve steps of NA. Every step has an objective and basic spiritual principles. There are several principles, but we mention the most common such as willingness, acceptance, honesty, open mindedness and surrender. Others include hope, faith, commitment, courage, trust, humility, patience, self-discipline, unconditional love, and forgiveness (Narcotics Anonymous World Services, 1992). Clients are supposed to attend at least 90 NA meetings. These meetings provide a social milieu for addicted persons to help each other to quit drugs. The sessions are guided by experience persons, in most cases, such are people who were drug addicts and have managed to stop using drugs. The NA steps are referred to as solution, survival kit, and protection against addiction. They are supportive steps which make a recovery process possible (Narcotics Anonymous World Services, *ibid*). The following table summarizes the 12 steps.

Box 1: Twelve NA Steps

Step One

We admitted that we were powerless on our addiction, that our lives had become unmanageable.

Step Two

We come to believe that a power greater than ourselves could restore us to sanity.

Step Three

We made a decision to turn our will, and our lives over to the care of God as we understood Him.

Step Four

We made a searching and fearless moral inventory of ourselves.

Step Five

We admitted to God, to ourselves, and to another human being, the exact nature of our wrongs.

Step Six

We were entirely ready to have God remove all these defects of character.

Step Seven

We humbly asked Him to remove our shortcomings.

Step Eight

We made a list of all persons we had harmed, and became willing to make amendments to them all.

Step Nine

We made direct amendments to such people wherever possible except when to do so would injure them or others.

Step Ten

We continued to take personal inventory, and when we were wrong we promptly admitted it.

Step Eleven

We sought through prayer and meditation and improve our conscious contact with God as we understood Him, praying only for knowledge of His will for us and the power to carry that out.

Step Twelve

Having had a spiritual awakening as a result of these steps, we tried to carry this message to addicts and to practise these principles in all our affairs.

Source: Narcotics Anonymous World Services, 1992

The minimum duration of stay in a sober house is 120 days (4 months) and the maximum duration for an optimal recovery is 6 months. Other activities in a sober house include, listening and watching news, listening to music, watching movies, playing, sharing feelings (especially how every individual copes with difficulties of not using drug), breaking, meditating and house cleaning. The daily schedule begins at 6:00 am and ends at 10:00 pm. An important aspect within the rehabilitation process is a client's commitment to adhere to all house regulations. The rehabilitation process is founded on the client's self-acceptance, willingness, commitment and discipline.

Challenges associated with recovering from drug addiction

Recovery from drug addiction is not simply a matter of not using illicit drugs. It is a process of changes that involve a holistic life style of an individual through which an individual improves his health and wellness, and is able to live a self-directed life free from drug use and strive to reach their full potential. Clients are emphasized on on-going attendance and participation in 12 step self -help group meetings conducted in sober houses, engage with fellows who are doing well in recovery showing good behavior in the community and avoid those places that can provoke drug craving and the desire to take illicit drugs. From this sense, sustaining and achieving the maximum level of recovery depend on the readiness of the addict and from the act of giving and receiving help and support from others in a sense of empathy. Either in the sober house or outside, recovering addicts are encountered with certain challenges associated with their drug use habit, and behaviors originated from drug addiction.

“The major challenge I experienced in the sober house and in my recovery journey is that, I usually felt I needed the drug and I couldn’t cope without it. But because I have learned to deal with this destructive thought I develop the strength to resist going back to using drugs through sharing feelings. We use to say “moja ni nyingi na maelfu hayatoshi”, that is using once may lead me back to my old life and I will re-open the door to my addiction. But feeling that I needed the drugs sometimes comes even at this time I stopped using drugs for three years” (Recovering drug addict, Fuoni, Unguja)

Similarly, another person from Pemba shared the manner in which he managed his psychological stress resulting from addiction. This is what he says in that regard:

“There are practice and behaviors I conducted during my active addiction like theft, cheating, and even threatening people with weapons that I couldn’t do it if it was not for my addiction. I felt so guilty about this and the way I have treated my parents and people who loved me. When I stopped using drugs I thought about how people will define and treat me, ah.. it creates fear in my feelings”. (Recovering drug addict, Jadida Wete Pemba)

Challenges are not only experienced internally (psychological by an addict), but also societally pressure and stigma have been contributing in discouraging as well as making recovery process difficult. An addict from Pemba explained such challenges in the following way:

“The community and sometimes even family members didn’t understand about the nature of our addiction problem. They didn’t acknowledge that we are changing behavior, and they used to point an accusing finger at us because of our past mistakes in the community. They keep on bringing back the past that are painful to our present and future life, and thus negatively affecting our hope of becoming successful in our journey” (Recovering drug addict Kichungwani, Chakechake, Pemba)

Discussion

All previous Tanzanian governments were committed to end the problem of drug abuse in the country. However, the Phase Five Government (2015 to date) launched a comprehensive strategy to fight drug abuse and its impacts in the country. The establishment of Drugs Control and Enforcement Authority (DCEA) has resulted into unprecedented achievement to control the importation of the illicit drugs to Tanzania. The public has since then been witnessing a number of celebrities, religious leaders, politicians and member of the business community summoned by the police force. Some of these individuals were held in police custody for a number of days under investigation. It was unprecedented effort that penetrated into various public spheres and involved famous and public figures. A total of 3,486 drug dealers were arrested by the police by February 2018, 30 per cent of them are big dealers for international standard (*Daily News*, 26.4.2018:2; *The Guardian*, 26.4.2018:1). This effort had implications on drug addicts and their quest for recovery. Although we do not have data on the trend of sober house admission from 2017 when the government measure were gaining momentum, it is well known that one of the implications of these efforts was a reduction in the supply of drugs in the market. For instance, DCEA reports that there is scarcity of imported drug. When addressing the parliamentary committee on HIV and AIDS in Dodoma on 26.3.2018, the DCEA commissioner pointed out that:

‘..... drug merchants are also increasingly investing in clandestine plants to produce new psychotropic substances as alternatives to cocaine and heroin which are now hard to get in the market...as a result, the cost of a pellet of cannabis has jumped from Tanzania Shillings 2,000/- to 10,000/-’...and the local drug cartel is now smartly targeting school children from rich homes to rip off maximum profits from the drugs which are now limited in availability (The Guardian, op.cit.).

Similarly, while responding to questions from members of the Parliament, the Deputy Minister in the Prime Minister’s Office explained the progress made by the government thus:

We have registered success in reducing supply of the drugs in the streets. Other efforts include public awareness campaigns to educate the youth, including local artistes on the dangers of abusing drugs (Daily News, 26.4.2018:2)

One of the Government’s objectives was to control and cut the supply which consequently increased the demand for care and treatment among drug addicts. We assume that the demand for sober house services since then also increased. The Deputy Minister of State in the Prime Minister’s office (Policy, Parliamentary Affairs, Labour, Employment, Youth and Disabled) also said that the Ministry has been receiving complaints from relatives and friends of addicts that some of the private sober houses have deliberately been prolonging recovery of addicted persons, which consequently prolongs the duration to stay in a sober house, and such malpractices aim to maximize their financial gains from contribution fees. One of possible interpretations of such complaints is to assume that, there has been an increase in the demand

for rehabilitation services from sober houses. Owners of some sober houses use these houses as an opportunity to increase their earnings rather than to help addicts.

Our findings suggest that belief was a motivation factor for addict to participate in a rehabilitation process in a sober house. This was partly contributed to by some external factors such as testimonies they got from their peers who experienced the same problem of addiction before. Polcin, Korcha, Bond and Galloway (2010) posit that, sober houses provide social networks that are supportive to clients's addiction problem with the purpose of removing clients from questionable and destructive living environments. Green and Kreuter (ibid) define belief as 'a conviction that a phenomenon or object is true or real. Faith, trust and truth are words used to express or imply belief. It is evident from the data that NA sessions are crucial for a successful rehabilitation in a sober house. They are supportive steps, and act as surviving kits for addicts during rehabilitation process in a sober house. They are founded on spiritual principles such as willingness, faith, trust, and self-acceptance which are central to Health Belief Model. With respect to extended treatments and learning, sober houses help drug addicts to reclaim their identity, see the life beyond addiction, promote recovery, and capacity to remain in the recovery process (O' Briem, 2014). The information collected from respondents contains some health-oriented statements which suggest that belief and faith were encouraging and motivating factors for their successful recovery. Although, belief and trust are independent constructs, the differences between them are often fine and complex. Our primary concern is their contribution to recovery and rehabilitation from drug addiction; as such we examined them as factors in a practical way.

Conclusions

This article has discussed the contribution of sober houses towards effective recovery and rehabilitation from drug addiction. The data have revealed the role played by sober houses in the provision of social and psychological support to addicts. It is evident that a self-acceptance and willingness of an addict is fundamentally important for a recovery and rehabilitation process. Sober houses provide a social space for addicted people to share their experience with their peers. However, we do not suggest that the use of sober houses is the best approach compared to others. Nevertheless, our findings reveal health-oriented statements which show that a number of addicts opted sober houses after having unsuccessfully attempted other treatments. Finally, our findings suggest that there is a problem of relapse. However, limited evidence-based information is available on the extent and magnitude of relapse cases. As such, we recommend the following: first, more studies be carried out to quantify the number of relapse cases which will show the extent and magnitude, and secondly, ethnographic studies to learn and understand factors contributing to relapse. We believe that knowledge on relapse will significantly contribute and improve the recovery and rehabilitation process. Additionally, more effort should be given to raise public awareness on sober houses. The government and other stakeholders in the health sub-sector need to give more attention to rehabilitation issues such as the establishment of rehabilitation centres as an endeavor to improve public health.

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