



EXPLORATIONS OF THE DISTRIBUTION MODE OF OPERATION OF THE REHABILITATION CENTRE'S PRACTICE THAT SUPPORT THE DRUG ABUSE CLIENTS.

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KeyWords

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ABSTRACT

The main objective of the study was to determine the factors leading to relapse of substance abuse clients after rehabilitations and treatment in Urban West region in Zanzibar. Specifically the study sought to explore the distribution mode of operation of the rehabilitation centre's practice that supports the drug abuse clients. The study employed mixed research design and used different methods of data collection which included research questionnaires that used to collect the data from the client who had the history of using the substance abuse and relapse, the in-depth interview used to the total client who were relapsed at the time of data collection, and Focus group Discussion (FGD) was used to collect the data from the parents and relatives of the substance abuse clients and the staffs working at Methadone Assistant Treatment (MAT) and the staffs at the sober house. The substance abuse clients who had the history of relapsed were (n) 80 and the substance abuse who were total relapsed and who were currently used the drug abuse after their relapse were (n) 20. The findings showed that parents, relatives and other people in the community did not have any knowledge on substance abuse and relapse. Substance abuse clients re used the substance abuse due to family conflict, mistrust by family members, availability of the drugs and lack of job. Thus the study proposes that after-care programs should be established and organized to support substance clients after being discharged from treatment and rehabilitation services.

Introduction:

Substance abuse is an illegal drug use whereby a person use it for his or her satisfaction, the drugs used without the doctor's prescriptions. According to (Vallersnes, Jacobsen et al. 2019) Substances of abuse were defined as any potential substance of abuse including alcohol, prescription drugs, illegal drugs, and others. Drug abuse is defined as the use of a mood altering feels. Drugs may be abused by inhaling, sniffing, swallowing, or injecting into oneself (Possi 2018) . Substance abuse has may effects to the people who are using them including physical effect that lead the substance abuse clients to get the diseases like hepatitis c, and HIV if they use the drugs through injections that become unsafe for them, but the substance abuse clients probably may suffers with psychological problem through the mental illness especially if they use the marijuana. Abuse of drugs such as cannabis, amphetamine, and cocaine, referred to in this review as no opioids, are strongly associated with abroad range of negative health implications such as traffic accidents; sexually transmitted diseases; mental problems and suicide; as well as social problems including poor academic achievement, delinquency, and violent behaviour(Filges et al. 2018). The substance abuse clients become addicted with the drugs that they are using such as heroin and cocaine and thus situation make them to be sick that enforce them to be very difficult to quick quite from using them even if they like to quite this is because they become addicted with those drugs. Individuals with heroin and cocaine addiction prefer to use these drugs in distinct settings, mostly at home in the case of heroin and mostly outside the home in the case of cocaine(De Pirro et al. 2018),(Durjavaet al. 2018).

The substance abuse clients they require the treatment because they have been affected and to be sick due the drug addiction, therefore they supposed to get the treatment and rehabilitation services through the treatment and rehabilitation centres, the methadone assistant treatment (MAT) services is among the option of the drug addicted clients to be treated, the sober house and the detoxification method of treatment are available for the treatment, in Tanzania the most preferable ways of treating the drug addicts in Tanzania is methadone treatment and sober houses, these two treatment potions become more preferable for the drug addicts in Tanzania. Medication-assisted treatment (MAT) involves using medications to

treat individuals with opioid or alcohol dependence. MAT for opioid use disorders (OUDs) has received greater attention and support recently due to the current epidemic, although stigma associated with their use remains.(Harris and Jenkins 2018),(Livingston, Adams et al. 2018) (Hadland, Park et al. 2018). Substance abuse treatment could be an optimal and perhaps crucial time to address vocational rehabilitation issues. An individual's entry in to treatment services signals a willingness to attempt change, openness to the assistance of others, and a desire to better oneself (West 2008), The literature review emphasised the need for a cohesive model of care integrating substance use rehabilitation with mental health care. Comprehensive assessment and individualised approaches that incorporated patient choice and stages of change were considered essential components to any dual diagnosis rehabilitation programme (Eagle, Ma et al. 2019)

The family and relatives support is very important for the substance abuse client's recovery in the treatment and rehabilitations services. Developed societies have created complex networks of professionally operated health and social welfare programs to help the millions of individuals whose substance use harms themselves and others. Individuals with substance-abuse problems can thus seek help from addiction-treatment professionals in acute inpatient treatment programs, detoxification units, day hospitals, evening intensive outpatient. Help-seekers also can avail themselves of the advice of religious leaders, trusted friends, family members, and co-workers(Humphreys 2003; Daley, Smith et al. 2018).Family based treatments have consistently found that more drug abusing adolescent enter engage in, and remain in the family therapy than in other treatments and that family therapy produce significant reduction in substance use from pre to post treatment(Barrett et al. 2001) and (Alemagno 2001)

In studying the family and relatives support on substance abuse treatment and rehabilitations, researchers found substance problems affect nearly everyone in our society, including families who experience adverse effects when a loved one has an SUD. Any substance problem can have an impact on a person's physical, mental, emotional, and financial health and create a severe burden for the family (Daley, Smith et al. 2018), Drug abusing women were more likely to report a need for housing, mental health counsel-

ling, education, job training, medical care, family support, and parenting assistance when released from jail (Alemagno 2001)

1.1 Theoretical frame work

The study was based on the cognitive learning theory which assumed that the children actively construct knowledge as they manipulate and explore their world, the theory is widely used in the study of the person and his or her interactions with the social environments that expected to learn something that gives the acquired knowledge that helping in the person's living social environment. The journey through human learning covers conditioning, cognitive approaches, social cultural theory, memory storage, complex learning, motivation and affect(Ormrod and Davis 2004), Developing more reliable beliefs, exploring and validating their fidelity, and making informed decisions are fundamental to the adult learning process (Taylor 2017), the cognition is very important in helping the substance abuse client to understand the facing high risk situation as through the knowledge of substance abuse , but also to have the knowledge cognitively to face the high risk situation may help the substance abuse clients to be avoided with the relapse after the substance abuse treatment or to be engaged tensional as the inner force of the substance abuse client lead the substance abuse client to face the high risk situations of substance use and decide. Social cognition is a key area of social psychology, which focuses on cognitive processes that are involved when individuals make sense of, and navigate in their social world. For instance, individuals need to understand what they perceive, they learn and recall information from memory, they form judgments and decisions(Greifeneder et al. 2017).

Lack of cognitive ability of a person to the issues of the substance abuse perpetuated with the lack of knowledge on it, lead the substance abuse clients to be at high risk of relapse into using the substance abuse after their recovery from the treatment and rehabilitation services. Through the Knowledge of substance abuse of the substance abuse clients help the parents and relatives living with the substance abuse clients to support them, as their support boost the substance client recovery, but the lack of knowledge of

the substance abuse and high risk situation as it has been found in this study lead the parents and relatives to fail to help them properly that lead to the substance clients to relapse.

1.2 Problem statement

Research evidence shows that the substance abuse client should obey in order to be helped, the client self-interest also helped and become as a part of the recovery process at the sober house, generally based on the services provided at both MAT clinic and sober houses to the substance abuse clients asked the substance abuse client to voluntarily accept and accept the conditions of the rehabilitation centres, so as to tolerate the treatment and rehabilitation services at the centres.

The Focus Group Discussion (FGD), conducted to the staffs at sober house they ran the sober house in self-help, as the substance abuse should be ready to cooperate with other, and therefore the substance abuse should be able to participate in all activities conducted at the sober house including to the domestic work and to attend the N/A meeting. The substance abuse client should obey in order to be helped, otherwise it become burden to the people who helped them. Education is offered to the client that helped for their recovery as the substance abuse client, the client self-interest also helped and become as a part of the recovery process at the sober house, the substance abuse clients asked to speak what he or she did especially crime that he/she was committed to the people during the time he was using the substance abuse they called this 'vomiting'. The findings from the questionnaires submitted to both substance abuse clients who continue using with the rehabilitation and treatment services at both MAT clinic and Sober house found that 26.3% of respondents got support of their recovery through the twelve steps of narcotic anonymous (NA).

(Laudet, Morgen et al. 2006), found that road of recovery is the path to a better life but a challenging and stressful path for most. There has been little research among recovering persons in spite of the numbers involved, and most research has focused on substance use outcomes. The study was examined stress and quality of life as a function of time in recovery, and uses structural equation modelling to test the

hypothesis that social supports, spirituality, religiousness, life meaning, and 12-step affiliation buffer stress toward enhanced life satisfaction. (Allanson 2019) found that there was a significant positive correlation between participants with ≥ 30 days sober and higher scores on both measures of spirituality and all 4 subscales (Meaning in Life/Peace, Faith, Religious Well-Being, and Existential Well-Being). There was no significant correlation between identifying as spiritual and/or religious and higher scores on the Existential Well-Being subscale. This study revealed that there is no religious components in the care and supported given to the substance abuse clients who passed through their treatment and rehabilitation services at both MAT clinic and at sober house in Zanzibar whereby the staffs provides the treatment and rehabilitation services regardless the religious faith that has been found effective for the substance abuse client's rehabilitation in the rehabilitation centres. Thus call for the needs of conducting the further research on the substance abuse client's care services based on their religious faith.

Research questions

- a. What are distributions and modes of operation of the rehabilitation centres practice that support the drug abuse clients?
- b. How rehabilitation centres does gave the substance abuse client's care in supporting the treatment?

2. Methodology

2.1 Research Approach

The study based on mixed research design which adopted both quantitative research method where the researcher used the submitted questionnaires to the respondents in order to gather the quantitative information from the respondents who participated in the study and also adopted qualitative method whereby the researcher used the in depth interview to the respondents who directly quit from using the substance abuse treatment and rehabilitation services and engaged in re using the substance abuse at the time of data collection. Focus Group Discussion employed to the staffs working at the MAT clinic and the staffs working at the sober house, where the substance abuse client who had the history of using the substance abuse and who the treatment and then relapsed were treated and rehabilitated at the time of

data collection, also the substance abuse client's family and relatives were interviewed through the Focus Group discussion in order to retrieve their knowledge and support to the substance abuse clients when they were in the course of treatment and rehabilitation services.

2.2 Participants

Study involved all substance abusers who were attending at sober houses as a rehabilitation centers and those substance abusers who attended at the methadone assistance treatment (MAT) services at Kidongochekundu mental hospital, also involved the staffs who work at the sober houses as the persons in one way or another were involved in the using the substance abuse and recovered and the staffs working at Methadone clinic at Kikongo chekundu mental hospital including social workers who serve the clients attending at methadone clinic for treatment. Also the study involved the client's parents and care givers who provide the support to the clients in their treatment and rehabilitation services when they were at sober houses and when they follow up their treatment at the methadone clinic. The respondent's age was between 18 to 60 years and was those clients involved in the substance abuse client's treatment and rehabilitation services. The respondents range the age of 18 years - 60 years were involved because in Zanzibar, the majority of people who were involved in using the substance abuse starting to use the drug at the age of 18, there rare to get the children and the people of above 60 years abusing the drugs.

2.3 Measurements

The Pearson correlation analysis was used as an approach in order to examine the relationships between the factors leading the substance abuse clients to be engaged in substance abuse which finally leads them into relapse from their treatment and rehabilitation services and treatment and rehabilitations which directly or indirectly enforce the substance abuse clients into their recovery process. Bivariate correlation used to measure the reasons that made the substance abuse clients to relapse and the treatment were given to the clients at the treatment and rehabilitation centres as the results shown in the figure below.

	The reasons that made the substance abuse clients to re-use the drug abuse	The treatments were given to the clients
The reasons that made the substance abuse clients to re-use the drug abuse	1	-.136
Pearson Correlation		.228
Sig. (2-tailed)		
N	80	80
The treatments were given to the clients	-.136	1
Pearson Correlation	.228	
Sig. (2-tailed)		
N	80	80

2.4 Procedure

Systematic sampling procedure was employed to pick up the respondents to participate in the study, the respondents who were the substance abuse clients who had the history of substance defaulter and relapse at MAT clinic selected, the total number of clients who had the history of substance abuse defaulter and relapse from treatment and rehabilitation picked and divided into the total number to be pick from them ($n = 80$) in order to get the interval of the respondents to participate in the study from them which finally the simple random sampling used to get a respondents who directly participated in the study and Purposive sampling technique used to select the respondents who participated in the study ($n = 20$) , researcher picked only those substance abuse clients who were currently defaulters and relapsed from their treatment and rehabilitation services either relapsed from using the methadone at MAT clinic at Kidongochekundu mental hospital or at from their rehabilitation from sober houses, the respondents at the time of data collection were total out from their treatment and rehabilitation service.

2.5 Ethical consideration

The ethical consideration considered to the all authorities that provided the consent of conducting research. Starting with Open University of Tanzania Post Graduate Department where I got the consent and letter that requested other authorities to give me the permission to conduct the research, I applied

and ask the permission to conduct the research in Zanzibar from the Second Vice President office that directly contacted with authorities in the study area to allow me to conduct the research.

Finally, voluntary participation and consent asked from the respondents before collecting the data from them, the respondents were informed about the research needed to be done, and also they were informed that their involvement was a part of the study, therefore they not should not had fear about the information they were to provide to researcher as their information they explored to researcher was taken into highly confidentiality and therefore they have not been harmed based on the information they were provided to the researcher. The respondents were ensured that they were freely to participate in the research and researcher prepared the form of consent that it was provided the opportunity to the respondents to read that and sign

2.6 Data analysis

SPSS software used to insert and analysed the data collected from the field. The data inserted to SPSS variable view that all variables were inserted, categorized, labelled, valued, recorded in the data view and finally analysed through frequencies that were determined the results through figures, table, bar chart histogram, that was easier the data presentation and interpretation.

3 Findings

Based on the Focus Group Discussion (FGD), conducted to the staffs at sober house they ran the sober house in self-help, as the substance abuse should be ready to cooperate with other, and therefore the substance abuse should be able to participate in all activities conducted at the sober house including to the domestic work and to attend the N/A meeting. The substance abuse client should obey in order to be helped, otherwise it become burden to the people who helped them. the client self-interest also helped and become as a part of the recovery process at the sober house, the substance abuse clients asked to speak what he or she did especially crime that he/she was committed to the people during the time he was using the substance abuse they called this 'vomiting'.

The findings from the questionnaires submitted to both substance abuse clients who continue using with

the rehabilitation and treatment services at both MAT clinic and Sober house found that 26.3% of respondents got support of their recovery through the twelve steps of narcotic anonymous (NA), 21.3% of the respondents got support through the education that aimed of quitting from using the substance abuse, 13.8% of the respondents got support through the methadone assistance treatment (MAT), 8% of the respondents got support through other ways include they got support from their mothers, they had support themselves, they have supported psychological and they have been decided voluntary to recover, 6.3% of the respondents got support through counselling services, 5% of the respondents supported through the family care, the same percent to those respondents who did not get support and those who did not respond and only 3.8% of the respondents got support from social work services and followed at home in case had the problem.

4. Discussion and Conclusions

Based on the Focus Group Discussion (FGD), conducted to the staffs at sober house they ran the sober house in self-help, as the substance abuse should be ready to cooperate with other, and therefore the substance abuse should be able to participate in all activities conducted at the sober house including to the domestic work and to attend the N/A meeting. The substance abuse client should obey in order to be helped, otherwise it become burden to the people who helped them. Education is offered to the client that helped for their recovery as the substance abuse client, the client self-interest also helped and become as a part of the recovery process at the sober house, the substance abuse clients asked to speak what he or she did especially crime that he/she was committed to the people during the time he was using the substance abuse they called this 'vomiting'. The study indicates that the substance abuse clients when they were in a sober house they should able to speak and blame themselves to the issues including the crimes due to their behaviour change had in the society when they were using the substance abuse, so to speak their enemies created to the people when they changed their behaviour helped them in their recovery process at the sober house.

The findings from the questionnaires submitted to both substance abuse clients who continue using with

the rehabilitation and treatment services at both MAT clinic and Sober house found that 21 (26.3%) of respondents got support of their recovery through the twelve steps of narcotic anonymous (NA), 17 respondents (21.3%) got support through the education that aimed of quitting from using the substance abuse, 11 respondents (13.8%) got support through the methadone assistance treatment (MAT), 7 respondents (8%) got support through other ways include they got support from their mothers, they had support themselves, they have supported psychological and they have been decided voluntary to recover, 5 respondents (6.3%) got support through counselling services, 4 respondents (5%) supported through the family care, the same percent to those respondents who did not get support and those who did not respond and 3 respondents (3.8%) got support social work services and followed at home in case had the problem.

The study revealed that most of the substance abuse clients got support through the narcotic anonymous at the sober house, and this could happen because at the sober house the substance abuse client get the time for education as an aim of being to sober house, they got the knowledge on how to stop the substance, they witness the recovery clients who become as their senior when they enrolled at the sober house, so that the program is mainly to give the substance abuse knowledge on how to resist to quit from the using the substance abuse, and this make the client who were enrolled at sober house to get a lot of knowledge therefore to support their treatment and rehabilitation services.

Generally based on the services provided at both MAT clinic and sober houses to the substance abuse clients asked the substance abuse client to voluntary accept and accept the conditions of the rehabilitation centres, so as to tolerate the treatment and rehabilitation services at the centres. So that in Zanzibar rehabilitations and treatment centres support the clients who are using the substance abuse but they should accept the conditions posed to them as a requirements to before they have been enrolled to the services, so that they need to remember and accepts all services posed to them in the centre and if they broke the requirement they may withdrawal from the services.

The mode of operations and rehabilitation program that supporting the substance abuse clients in their

recovery differs in the Zanzibar, as until now we have only MAT clinic services which is running under the Zanzibar government and the sober house which run under private sectors but supported by the government, the mode of operation of these two programs differs as the MAT services is free and the sober house the substance abuse clients they supposed to pay for the services, therefore at MAT clinic there are the staffs who were allocated to provide the services including medical doctors, the nurses, the social workers, the psychologists, the laboratory technologist, the pharmaceutical technicians both of them care for the substance abuse clients soon after their enrolment. At MAT clinic the substance abuse clients were attained soon after their enrolment as a supportive services to the substance abuse clients who need to recover, but is a subject the substance abuse client to accept the condition of enrolment as rea requirements but if the substance abuse client go against the requirements as a conditions to be into the services may withdrawal from the services the thing that painning much the substance abuse clients, but the centre used this kind of punishment to make the substance abuse to change and go to the line of MAT clinic. Based on the Focus Group Discussion (FGD) held to the MAT clinic staffs at Kidongoche-kundu mental hospital, the most respondents responded that *'It depend, but if the client can be Chased away from MAT client, the client stopped for the period of time, then asked them to come back to MAT, then through the mat client guide line describe that the MAT client can be chased back to NGO'S. The client given the three days that after three days come back to continue with the treatment, they just give light punishment but will come to join to MAT. The methadone compared with morphine, and according to him there is no effect stopping the substance , therefore the effect will occurs, but not resembles to the heroin, the pharmacist agree that is about 50% the client may go to use the drug abuse as a relapse after being stopped'*

This is against the United State of America(USA) which according to (Waye, Goyer et al. 2019)The United States (US) is facing an unprecedented opioid overdose crisis. Fatal overdoses have increased more than fivefold in the last two decades and were a leading cause of death for those under the age of 50 (Centers for Disease Control and Prevention, 2017). In 2016, on average 115 people per day died

from an opioid-related overdose (Centers for Disease Control and Prevention, 2018a). Rhode Island has among the highest rate of illicit drug use and the tenth highest rate of accidental drug overdose mortality in the US (Substance Abuse and Mental Health Services Administration, 2017a; Hedegaard, Warner, & Miniño, 2017). To respond to this growing epidemic, state leader convened an overdose task force in 2015, which endorsed a multi-component strategic plan to reduce overdose mortality rates (Rhode Island Governor's Overdose Prevention and Intervention Task Force, 2015). One component focused on the expansion of peer recovery services by Certified Peer Recovery Specialists for individualized addiction recovery support and treatment navigation (Rhode Island Governor's Overdose Prevention and Intervention Task Force, 2015). In this very current research conducted in USA, the recovery supported provided to the substance abuse clients who used the drugs in overdose so that to prevent them from death and therefore the task force posed to intervene the and monitor the exercise that this indicates that the rehabilitation and treatment centres should well monitored and the substance abuse clients in the centre should be well supported to the problem raised in their course of treatment and rehabilitation services. Through Waye, Goyer et al. (2019)'s findings the USA aimed at to support the treatment through the prevention of drug over dose and that automatically prevent the death of the substance abuse from whom they cared for , so that they were in supporting their clients who continue getting the services from the rehabilitation centres, but in the case of Zanzibar, they have already have the guideline that direct the substance abuse to chased back to the NGO'S if did the mistake that this lead the substance abuse client to relapse and failed to get the required support from the treatment centre.

According to (Browne, Priester et al. 2016) Substance use is a public health crisis in the rural United States and has been identified as one of the top 10 priorities in Rural Healthy People 2020. Higher rates of substance use in rural communities compared to urban areas have been well-documented. Individuals in rural communities have unique barriers to recovery from substance use disorders¹, including limited referrals for substance use services, limited behavioural health services availability, lower utilization and treatment completion rate, higher financial burden to pay for services, exacerbated stigma, and privacy

concerns, Geographic proximity to sub-stance use services and transportation to access such services are particularly significant barriers in rural communities. Clients who must travel more than 1 mile to outpatient substance use services have been found approximately 50% less likely to complete recommended treatment.

Based on (Browne, Priester et al. 2016) studies the rural community in USA is very difficult to access the services that make the substance abuse clients to recover, with the difference reasons including some clients were living far away from the rehabilitation centres and the emphasis that is about one mile from outpatient services and even the final burden become as one among the problem that make the substance abuse to fail to get the substance abuse treatment services. In this study found the same problem of financial problem as among the burden to complete the program as the some of the substance abuser clients depend themselves in the course of getting treatment with their problem, the finding obtained from the among the respondents who participated in the in-depth interview whereby *'Most of the respondents said that they got support from their family, as they had received the funds, the food when they were at the sober house, but some them said they did not get any support they just supported themselves, through their own expenses'*. Therefore these clients it becomes very difficult to them to complete the program especially at the sober house where the clients supposed to pay for their services for the duration of four – six months. Therefore this study indicates that the substance abuse clients some time need to quite from using the substance abuse, but they reached the limitation that they did not get any support, thus why they need to support them themselves and therefore contribute to some substance abuse clients to continue using the substance abuse as a relapse client even if they want to quite from using them but they had no way to quite, this is because they do not have any support including the financial support that make them to continue stay at the sober house the rehabilitation and to be forced to continue using the drugs. Browne, Priester et al. (2016) ' findings resembled with the findings of this study based the substance abuse client's supports that made the substance client to stay at the rehabilitation centre to complete the program but it differs that in Zanzibar the substance abuse clients

supposed to pay at the sober house as a rehabilitation centre but at the MAT clinic the services are free of charge.(Harvey-Vera, González-Zúñiga et al. 2016)Concurrently, news media reported *violent attacks perpetrated* drug cartels against Mexican drug rehabilitation centers and instances of human rights violations by staff against people who inject drugs (PWID) in treatment. In many cases, these violent situations took place at “Peer Support” (AyudaMutua) drug rehabilitation centers that house a large number of drug-dependent PWID. In an effort to understand barriers to treatment uptake, we examined prevalence and correlates of perceived risk of violence at drug rehabilitation centers among PWID in Tijuana, Mexico. Secondary analysis of baseline data collected between March 2011 and May 2013 of PWID recruited into a prospective cohort study in Tijuana. Interviewer-administered surveys measured perceived risk of violence at drug rehabilitation centers by asking participants to indicate their level of agreement with the statement “going to rehabilitation puts me at risk of violence”. Logistic regression was used to examine factors associated with perceived risk of violence. Results Of 733 PWID, 34.5 % perceived risk of violence at drug rehabilitation centres. In multivariate analysis, reporting ever having used crystal methamphetamine and cocaine (separately), having a great or urgent need to get help for drug use, and ever receiving professional help for drug/alcohol use were negatively associated with perceived risk of violence at drug rehabilitation centres, while having been told by law enforcement that drug rehabilitation attendance is mandatory was positively associated with perceived risk of violence.

4.1 Implication of the findings

The findings reported in this study has the implications for staffs working at the Methadone Assistant

Treatment(MAT) and Sober Houses that they should also involve the faith of the clients who want to recover and quite from using the substance abuse, the religious faith is very important to the clients to recover as they reflect the God will inflicted to their recovery process. The social work intervention should be provided and should focused to the staffs working at the rehabilitation centres, the intervention should target to provide the education on how to support the substance abuse clients based on their faith in addition to the programs that usually organized in the centres. Further studies concern with that after care program should be considered, the studies will help to provide the knowledge on what kinds of jobs and activities that will help the substance abuse clients after their discharge from rehabilitations and treatment services.

Conclusion

Zanzibar as a part of Tanzania, its people are mostly has the muslim faith and few of them have other religions including Christians, therefore the services to them especially like the services target to help the people who deviate from the social norms like the drugs abuser's client should focus on their faith as also have been found with other scholar ((Laudet, Morgen et al. 2006) as also focused the religious faith as a measure that help the substance abuse clients to recover in addition of rehabilitation services.

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