

Evaluation of Women Drug Abuse consequences in Zanzibar

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Abstract¹

There have been numerous efforts by the government to bring to an end the phenomenon of drug abuse. Nonetheless, it has been growing and is becoming economically and socially horrendous. The study sets apart the dependence stages that women drug users go through in their living, categorizes the outcomes of drug abuse and addiction on women, and investigates how government and other organizations take measures to help these pitiable victims to recover and come back to healthy situation and normal habit. The study employed documentary review, interview and questionnaire survey to collect data. Purposive sampling, random sampling and snowball sampling techniques were used to get a sample of women living within and without the sober houses. The study revealed that, demographic factors such as age, marital status and low educational level have an influence on young women drug abuse. Other factors of influence include peer pressure, availability and affordability of drugs and sex working activity. The study recommends that all stakeholders should do their best to contribute to the prevention and enhancement of protective factors through family-based intervention and provision of nation-wide meaningful youth employment.

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1.0 Introduction

Drug abuse and addiction are devastating many women's lives. Women lose their spouses, children, jobs, and lives under the influence of drugs (Kruttschnitt & Bijleveld, 2015). Many women with substance abuse problems are married to husbands with substance abuse problems. Often husbands or significant others initially introduce a woman to illicit drugs. Those partners can then be major obstacles to a woman's recovery, abstinence and maintenance of sobriety (Bazzi et al., 2016).

Addicted women are also more likely to be victims of domestic violence (Jahromi, Jamali, Koshkaki, & Javadpour, 2016)). Substance abuse, and mainly alcohol abuse, is stalwartly related to marital violence (Dardis, Dixon, Edwards, & Turchik, 2015). Likewise, women in general are six times more likely to require medical care for injuries stemming from family violence than men (Wallace & Roberson, 2016).

Light substances like alcohol, cannabis, tobacco derivatives and products were the key psychotropic drugs that were in use in Zanzibar. There are many recent studies concerning the issue of drug abuse and addiction, but most of them concentrated on studying drugs on (youth) gender differences in the substance-related epidemiology, social factors and characteristics, biological responses, progressions to dependence, medical consequences, co-occurring psychiatric disorders, and barriers to treatment entry, retention, and completion.

Few researchers have discussed the epidemiology of women's drug use. Thus, there is limited body of knowledge relating to drug abuse among women in Zanzibar, as compared to other countries. Thus, this study sought to determine causes and consequences of drug abuse and addiction to women in Zanzibar in order to come up with particular scientific explanations about this issue and finally suggest measures which can be taken to prevent and control the substance abuse problem to women in Zanzibar.

Devoid of prejudice and with detachment, the study endeavors to answer the following questions: i) What are the factors that make women start and get into drug use? ii) Which characteristics are experienced by women drug users at various stages of their addiction? iii) What are the consequences of drug abuse and addiction on women's everyday life and their health, and how does the society cope with the situation? iv) How do government and

other organizations take measures on helping women victims on recovering the habit and how is the society prepared to provide the necessary support?

2.0 Methodology

The research was undertaken in Zanzibar, Urban West region Unguja. The urban areas are constituted by streets such as Miembeni, Michenzani, Kundemba and Kwahani. The researchers decided to select these four streets of the urban areas because, first; the Urban region constituted other streets that were safe in drug users and could not get into that business, and in some of these streets there are many groups of young people who are already under the influence of drugs, thus giving a clear picture of causes and consequences of drugs for women. Secondly, urban areas are centers for business and other human activities; hence, they were worth examining to see whether they represented women with regard to drug abuse and addiction stages. In the urban regions, the researchers were confident that they could easily obtain adequate data for the study.

Unguja Urban West region is one of the 30 regions of Tanzania. It is located in the Island of Unguja Urban City and it serves as the region's capital. According to the 2012 Tanzania National Census, the population of the Zanzibar Urban/West region was 593,678. The latitude of Zanzibar Urban/West Region is -6.22 and the longitude is 39.25. Its center lies at a latitude of -6.16 and longitude of 39.25, and it has an elevation of 35 meters above sea level.

The population of this study covered the Urban West region of Unguja Island. The region is constituted by 150,000 women distributed among the four streets. Hence, the total population to be studied was 100,000 people distributed in the four streets. The researchers used both random and snowball sampling designs in order to get the sample for the study. Random sampling was used for women drug abusers who were living in sober houses in the urban areas in order to get their experiences on drug use practices and selection processes.

On the other hand, the snowball sampling method was used to ask for assistance from the subject with a similar trait of interest. The study used random sampling to select seventy (70) respondents from one Sober house in Mombasa Street of the Urban West region. This sampling technique was used to women living in Sober houses because information from

them could give the researchers a picture of how they got involved in the illegal use of drugs. Care was taken to ensure that all selected streets were represented in responding to the questionnaires. On the other hand, snowball sampling technique was used to identify an individual who could lead researchers to another member of the same characteristics. This was by assuming that each individual member had knowledge of where another member could be found. However, this procedure needs little planning and fewer workforce compared to other sampling techniques, and it was selected because it helped to get necessary information on how women used illegal drugs in the streets. The study used snowball sampling to get thirty (30) respondents who could have otherwise been difficult to obtain in the normal situation.

Furthermore, purposive sampling technique was used to get key informants. This method is useful in situations where a study demands to reach the target sample quickly. In this sampling technique, judgment, experience and other personality views do govern the choice of elements into the sample. In this view, a sample which is selected by a researcher as per his/her choice remains supreme (Newton & Van Deth, 2016). Therefore, purposive sampling was used to get five (5) health care providers because they had necessary information pertaining to women drug users.

The sample size consist of 105 respondents in the following categories: 70 respondents from the Sober house; 30 from drug abusers scattered around the streets in urban areas; and 5 health service providers dealing with women drug abusers. This sample was believed by researchers to be a true representation of the population as it could give them adequate data so as to come up with reliable/valid conclusions ((Warlop, 2016).

For providing reliable and valid answers to investigative questions of the study, the study employed both primary and secondary data collection methods. For primary data collection method, the researchers used two methods, namely questionnaires and interviews. On the other hand, secondary data were obtained using documentary review.

The self-administered questionnaires for women living in Sober houses were returned after two days to designated contact persons in the Sober houses. The consent of participation was obtained for all members prior the study. Also, pre-testing of the questionnaire was

conducted by using 10 women living in different Sober Houses to see if the questionnaire could be well answered before being distributed to 70 respondents from the Sober house.

Measuring what a person knows (knowledge or information), what a person likes or dislikes (values and preferences), and what a person thinks (attitudes and beliefs), this study employed interviews by visiting the areas where the target respondents were found and the researchers explained the nature and purpose of the study. Interviews were used to the health care providers to supplement questionnaires so as to get authentic information (Young, Green, & Estroff, 2015) Eventually, documentary review was done to collect secondary data. Books, online data, journals, household survey reports, HIV/AIDs program reports, and other supporting documents relevant to this study were consulted.

3.0 Results and Discussion

3.1 Socio-demographic profile of the study population

Out of 105 respondents, 70 were drawn from a population of 150 individual drug abusers living in the Sober house, 30 came from drug abusers scattered around the streets in the urban areas, and 5 were health service providers dealing with women drug abusers. This study illustrates that majority of the respondents (67%) were from the women Sober house, minority (28%) were drug abusers from the street and 5% were health care providers.

The findings of this study on the age structure showed that age group 25-35 years had high percentage of drug users because majority are still in memory of the adolescent behaviors and find it worthwhile to perpetuate them; and it is in this age when most girls are free. Moreover, at this age, the psychological and emotional problems are at a high level and individuals are more likely to exhibit abnormal behavior such as drug abuse. Even a small number to respondents ranging between 15-25 years can have some characteristics similar to their fellow in age category 25-35. These results are in concomitant with those of the previous studies which found that, women aged between 18 to 35 years were endemically in illegal drug. For example, (Round, 2015) contends that, in Nepal, female injecting drug users were 20 years old with 59.8 per cent of all respondents being in the age range of 18 and 20 years. The median age of first drug use of all female respondents was 17 years. Using the sample of 303 respondents, it was revealed that 20 per cent of the respondents had started drug use between 10 and 13 years; 53.9 per cent between 14 and 17 years and

28.2 per cent between 19 and 22 years. These findings indicate that, the highest prevalence use of any drug was amongst those aged 25-35(47%), followed by 35-45 (39%), and finally 15-25(14%). In the context of Zanzibar, the lower use was reported among females aged 15-25 years (14%). This is due to the fact that girls in Zanzibar, by virtue of the Zanzibaris' culture, have less freedom compared to boys.

In terms of education of the respondents in the study area, majority of the respondents (49%) had secondary education. On the other hand, 47% of the respondents had primary education; 3% had informal education; and 1% had advanced level of education, which is the highest secondary education in Zanzibar and Tanzania in general. Notwithstanding the level of education, the findings revealed that those women who were drug abusers were educated; therefore, they used drugs in order to overcome problems such as stress and life hardship due to socio-cultural, economic and individual problems. The government had a constructive public policy which could help these people be away from this disaster. It was further revealed that illiterate people had less percentage of drug users.

On the religion of the respondents, some studies suggest that religious variables are associated with substance use and abuse; however, they tend to be compartmentalized into alcohol, tobacco, or illicit drugs and few have examined both licit and illicit drugs. Persons affiliated with religious groups that either formally or informally encourage abstinence from alcohol are more likely to be abstainers than persons affiliated with religious groups that are more permissive or liberated about drinking(Bry, McKeon, & Pandina, 1982) From this study and in relation to the religion of the respondents, the data indicated that, majority of the respondents (93%) were Muslims and minority (7%) were Christians. The researchers did not find people belonging to other religions such as Paganism, Buddhism or Hinduism.

Nevertheless, marital status has an implication on factors influencing women to use drugs. Marital status was found to be associated with women on drug use. The distribution of marital status for drug users differs from one population to another. There is a link between marital status and substance use among young adults. In this linkage, it was found that, the increase of marijuana use was associated with divorce for both men and women(Cochran, Sullivan, & Mays, 2003). Along the same vein, majority of the respondents (68%) were single; 18% of the respondents were divorced; 11% were married; and 3% were separated.

On the basis if these findings, it can be deduced that a big number of women drug users were single, followed by widow, married women and separated. This shows that many women who are not married are easily convinced by other people having bad behavior.

In this study, it was also revealed that majority of the respondents had 0-2 children, followed by those with 3-5 children. Others had 6-8 children and 9 children respectively. This discloses that, the majority of women drug users had children, but most of them could not take care of them because of being addicted to drug use. So, they decided to leave their children under the control of their families or relatives. Other children were taken to the orphanage centres, and those women (drug users) who remained with their children, such children were faced by problems of immunity and poor health.

The findings on respondents' occupational status revealed that many women drug users were unemployed, house wives, business women and students. Consequently, and additionally, women who are not employed are undemanding to be convinced by someone to enter illegal issues. Supportively, table 1 illustrates that 66% of the respondents were unemployed; 15% were house wives, 13% were business women; and 6% were students.

Table1: Socio-economic Background

<i>Social-Economic characteristic</i>	<i>Percent (%)</i>	
<i>Age</i>	15-25	14
	26-35	47
	36-45	39
<i>Education</i>	Informal Education	03
	Primary	47
	Secondary	49
	Advance	01
<i>Religion</i>	Muslim	93
	Christian	07
<i>Marital Status</i>	Single	68
	Married	11
	Divorced	18
	Separated	03
<i>Number of Children</i>	0-2	50
	3-5	42
	6-8	07
	9- Above	01
<i>Occupation</i>	Business	13
	Student	06
	Housewife	15
	Unemployed	16

3.2 Causes of drug abuse for women in the study area

3.2.1 Personal causes

A personal cause plays a critical role in predisposition to addictive and drug use behaviors especially if the individual's first experience with abuse is early in life. During adolescent years, the brain is developing its ability to assess situations and manage emotions. The respondents were asked to choose the elevate answer which made them use drugs. According to the findings, 53% of the respondents pointed on the availability and affordability of drugs in the society (see table 2 below). Thus, easy availability and accessibility of drugs is the main reason which make young people engage in drugs (Shaw, 2017). Moreover, stressful life influences young people to take drugs in order to forget their problems (Degenhardt, Stockings, Patton, Hall, & Lynskey, 2016). In the context of this study, during the interview, it was revealed that availability of drugs, improper communication in the family and too much freedom at home are the leading causes for many women to engage in drug abuse.

3.2.2 Socio-cultural causes

According to the findings, peer pressure largely influences women to take drugs. The theory holds that, opportunities for a person to use drugs are generated by his/her association with people who are users. As a result, a person finds support and varying reinforces from his peers and becomes a member in the group (Centifanti, Modecki, MacLellan, & Gowling, 2016). On the other hand, some respondents during interview said that influences from spouses made them use drugs. Very often women who have partners who use alcohols or drugs influence them to become drug addicts. Moreover, women with family histories of drug users were at great risk of becoming drug users(Andrews, Tildesley, Hops, & Li, 2002; Van der Kolk, 2017) (Bassuk et al., 1997).

3.3 Types of drug abuse and ways of using drug

This section presents the types of drugs used by respondents, whereas respondents were asked to choose which types of drugs they preferred to use. This question was asked in order to know which types of drugs were mostly used by women. From the findings, majority of the women drug users in Unguja preferred to use cocaine and mix cocktail rather than bhang and other drugs.

The findings also show that women drug users mostly liked the way of smoking drugs which mix cocktail and bhang. Others preferred injecting themselves with drugs without fearing contracting diseases such as HIV and hepatitis B and C. The study by Latkin, (2005), found that, the recent assessment in Tanzania has found injection drug use to be spreading throughout the country, to towns like Arusha, Zanzibar and Dar es Salaam.

3.4 Tenure of using drugs

The respondents were asked to tick the appropriate answer according to their drug use history. From the findings, majority of women had been using drugs for about 6-10 years, followed by 1-5 years, and lastly 16-20 years. These women had already suffered from the impact of drugs on their health and their lives at large (Berger & Zhang, 2016).

3.5 Sources of money to buy drugs

Some social analysts depicted that drug users are the most likely to attribute their offending to economic reasons /needed money to buy drugs (Roshanfekar, Noori, Dejman, Geshnigani, & Rafiey, 2015).The findings of this study jointly indicated that 61% of the respondents received money by doing sex as sex workers; 14% obtained money through begging; 11% obtained money by stealing in their families; and 14% were given money by their relatives or spouses. This indicates that, they got money from any source and by any means in order to fulfill their addiction.

Table 2: Causes of Drug Abuse for Women (N=100)

<i>Personal causes of drug abuse</i>	<i>Frequency</i>	<i>Percentage</i>
<i>Loneliness</i>	4	4
<i>Stress-full life</i>	28	28
<i>Availability and affordability of drugs</i>	53	53
<i>Lack of proper communication in a family</i>	15	15
<i>Socio-Cultural Causes</i>		
<i>Parental influence</i>	2	2
<i>Peer pressure</i>	41	41
<i>Poverty</i>	14	14
<i>Spouse</i>	34	34
<i>Advertising and promotion</i>	4	4
<i>Force by husband</i>	5	5
<i>Types of Drug Abuse</i>		
<i>Heroine</i>	24	24
<i>Cocaine</i>	46	46
<i>Mix Cocktail</i>	26	26
<i>Bhang</i>	4	4
<i>Ways of using the drugs</i>		
<i>Inject drug use</i>	30	30
<i>Smoking</i>	56	56
<i>Inhaling</i>	14	14
<i>Tenure of using the drugs</i>		
<i>1-5</i>	43	43
<i>6-10</i>	46	46
<i>11-15</i>	7	7
<i>16-20</i>	4	4
<i>Source of money to buy the drugs</i>		
<i>Stealing</i>	11	11
<i>Sex work</i>	61	61
<i>Begging</i>	14	14
<i>Family source</i>	14	14

3.6 Addiction Stages for Women Drug Abusers

Basing on the findings, 67% of the respondents were living to abuse, such as they continued using drugs without fear; 21% were abusing to live as they believed that using drugs made them survive and they could hardly live without drugs; 11% were in the stage of living and abusing. At this stage, the addicts tend to use drugs on a regular basis; they continue using drugs with friends or acquaintances, or may use the substance while alone when feeling loneliness, boredom and being in a stressful state. Moreover, 1% of the respondents were at the chronic stage. At this stage, a person continues to use these substances regularly despite the harmful effects he/she is experiencing.

3.7 Drug abuse and addiction

Results indicated that, majority of the respondents (40%) they had already fallen in violence. This violence that these women face came from family members like their children, parents and other relatives. The violence might also have come from the community like police who were beating them. Moreover, 20% of the respondents could not establish and maintain their families. These people experience bad relationships with family members, including their spouses: poor communication and conflicts culminate in the disintegration of families. Along the same vein, 16% of the respondents were suffering from addiction because of taking drugs; they felt that it was unlikely to do anything without taking drugs. Also, 15% were economically insecure, and 9% had poor performance in education.

3.8 Consequences to Women's Health

Basing on the findings, women drug users were affected by HIV partly because of sharing syringes and having unsafe sex. Majority had also contracted STDs(Organization, 2016). HIV prevalence to the women injecting drug users is higher compared to men which is 74% to 14%. From the findings, about 35% of the respondents were living with HIV due to the fact that they were under the influence of drugs; hence, they could not remember to have safe sex. Likewise, these substance users had multiple sexual partners, so contracting diseases was quite likely. About 18% of the respondents argued that the use of drugs led them to have short-term memory which made them forget things easily. Drug like cocaine and heroin set off many powerful changes in the brain(Avvisati et al., 2016). Drug like cocaine, heroin set off a much powerful changes in brain, while 22% of the respondents were suffering with STD because they are unprotected sexually and this included syphilis and gonorrhea, skin disease is another problem face women drug users 14% has this problem.

3.9 Government and NGOs in Assisting Women Drug Users

The study findings demonstrated that, majority of the respondents (36%) were aware of the role of the government and NGOs in assisting drug users through campaign and outreach programs whose objective was to sensitize and provide education pertaining to the impacts of drug use(Syvertsen et al., 2016). On the other hand, 31% of the respondents were

getting medical support like free drugs treatment, HIV treatment and free hepatitis injection for prevention. Also, about 20% of the respondents were of the opinion that they were getting assistance in the Sober houses for health treatment, but the study found out that even after finishing treatments, many women had to go back to the streets and begin using drugs. This was attributed to the lack of capital for employing themselves. The remaining 13% of the respondents were very grateful because of the counseling they received from health workers. They were counseled on safe ways of using injections, good way of quitting drugs and safe ways of having sex because most of the women were sex workers so as to get money for drugs.

Table 3: Addiction Stages for Women Drug Abusers (N=100)

<i>Addiction stages for women drug abusers</i>	<i>Frequency</i>	<i>Percentage</i>
<i>Living and abusing</i>	11	11
<i>Living to abuse</i>	67	67
<i>Abusing to live</i>	21	21
<i>Chronic stage</i>	1	1
<i>Consequences of drug abuse and addiction to women</i>		
<i>No responsibility of caring and maintain the family</i>	20	20
<i>Violence</i>	40	40
<i>Poor education performance</i>	9	9
<i>Economic insecurity</i>	15	15
<i>Addiction</i>	16	16
<i>Consequences of Drug Abuse to Women in Health</i>		
<i>Living with HIV</i>	35	35
<i>Skin disease</i>	14	14
<i>Chronic Cough</i>	11	11
<i>Short-term memory</i>	18	18
<i>STD</i>	22	22

3.10 Government Efforts in Fighting against Drug Abuse to Women

The efforts have been made by the Government and non-governmental organizations in fighting against drug abuse in Zanzibar (Msoka, 2016). In the questionnaire, respondents were asked to rank the answers, and the findings revealed that majority of the respondents (84%) said that the government was good at fighting drug abuse to women. It helped women who had been affected by drugs by giving them psychosocial treatment such as grouping them in special centers so as to discuss the effects of drugs to one's life. While 11% of the respondents found that the government had very good efforts in fighting against drug abuse to women, 5% of the respondents experienced poor government efforts in

fighting against drug abuse to women. They said that illegal drug use is still very high in Zanzibar.

Table 4: Government and NGO's on Assisting Women Drug Users (N=100)

<i>Government and NGO'S assistant for the victim women on</i>	<i>Frequency</i>	<i>Percentage</i>
<i>Awareness</i>	36	36
<i>Medical support</i>	31	31
<i>Counseling from the health workers</i>	13	13
<i>Sober house</i>	20	20
<i>Government effort on fighting drug abuse to women</i>		
<i>Very good</i>	11	11
<i>Good</i>	84	84
<i>Poor</i>	5	5

4.0 Conclusion and recommendations

There have been numerous efforts by the government to bring to an end the phenomenon of drug abuse. Nonetheless, it has been growing and is becoming economically and socially horrendous. The study sets apart the dependence stages that women drug users go through in their living, categorizes the outcomes of drug abuse and addiction on women, and investigates how government and other organizations take measures on helping these pitiable victims to recover and come back to healthy situation and normal habit.

The issue of drug abuse and addiction is a milestone in many developing countries, it has increase development problems such problems include poverty alleviation, tackling illiteracy and initiatives to improve basic health care and security issues. The government of the United Republic of Tanzania is profoundly concerned about the global drug problem and in particular its negative impact on the country's development and efforts of eradicating poverty. It is important for policy, decision makers and researchers and communities to try to determine how the drug problem is likely to change, so that policies and programs can be altered accordingly. As the study results indicated, the number of crime has significance relationship with drug abuse therefore, the government should prepare strong policy to reduce movement and using of drug abuse not only for women but also to men and youngsters for development of nation.

International relations should be made among the nations so that the film plans against drug traffickers and abusers is made available to all countries. The school programs on substance use, is need to extend them to the high risk youths who are in the community and

it is known from the literature that their use would be even higher than what was found in the schools. The results have revealed that substance use starts as early as mid primary school which calls for an early intervention. It is thus recommended that the Ministry of health in collaboration with the Ministry of Education and vocational training develop curricular for primary schools to address substance use problems and among others address the school factors and their role in protecting youth (girls) from substance use. Accordingly, empowering young lives and their families to combat the rise and the spread of drug abuse would be fundamentally significant for the whole population of the study area.

Furthermore, the government should put efforts on preventions and interventions should be made to enhance protective factors through family-based intervention like parental or family training, provision of nation-wide meaningful youth engagement, and reduce risk factor, instead of focusing on the drug issue per se and individual. Hence, there is an urgent need to conduct a new National Survey on Drug Abuse, to look at the current, emerging trends in drug abuse, with a special focus on women. Also the study suggests that family integrity as a primary unit in shaping children's behaviors, substance use being one of them. This integrity is in terms of parental values and monitoring practices, bonding and understanding their children. Good communication channels should be established at home, in the school and within the community. Through good communication, healthy relationships will be created and there will be openness and trust within a family unit and between families. And every family should teach their children acceptable morals and values that will build their children's integrity as individuals. When families go through rough patches, it is the duty of the parents to ensure that their children are negatively affected by whichever problems.

The community has to make the effort to prevent unprincipled adults from misleading the youth, by having meetings educating one another on drug abuse. This is a remedial task of the community because such adults are also members of the same community and thus the problem disappears if the community decides to open its eyes to the matter. Eventually, Religion should play its key role on fighting this problem to the community, in mosques, madras and church can help create awareness. Religious leaders in the country should have together determined to join more their efforts to fight against the use and trafficking of

illicit drugs to the youth in the country through various forum and convocations. Each adult in the community should act, as a role model for the youth to look up to and any malpractices in society has to be removed. This can be done through education by inviting people who are skilled in this field. NGO's should conduct in-depth studies on issues related to women and drug abuse based on the Rapid Situation Assessment on drug abuse in Zanzibar and Conduct studies on methods of drug-abuse prevention.

Treatment services should be adequate in number, easily accessible (without fear of retribution by law, stigmatization or other untoward consequences) and affordable to anyone who needs help. For this purpose - along with specialized drug-treatment facilities - treatment provision at the general health care setting should be improved. Since most drug users happen to be young people, the service providers need to be sensitized to special needs of this population group. Thereafter, those who require more intense or specialized services can be referred. This would entail enhancing the capacities of primary health care staff in recognizing and providing treatment for drug use disorders.

References

- Andrews, J. A., Tildesley, E., Hops, H., & Li, F. (2002). The influence of peers on young adult substance use. *Health psychology, 21*(4), 349.
- Avvisati, R., Contu, L., Stendardo, E., Michetti, C., Montanari, C., Scattoni, M. L., & Badiani, A. (2016). Ultrasonic vocalization in rats self-administering heroin and cocaine in different settings: evidence of substance-specific interactions between drug and setting. *Psychopharmacology, 233*(8), 1501-1511.
- Bassuk, E. L., Buckner, J. C., Weinreb, L. F., Browne, A., Bassuk, S. S., Dawson, R., & Perloff, J. N. (1997). Homelessness in female-headed families: childhood and adult risk and protective factors. *American journal of public health, 87*(2), 241-248.
- Bazant, E., Mahler, H., Machaku, M., Lemwayi, R., Kulindwa, Y., Lija, J. G., . . . Williams, E. (2016). A randomized evaluation of a demand creation lottery for voluntary medical male circumcision among adults in Tanzania. *Journal of acquired immune deficiency syndromes (1999), 72*(Suppl 4), S285.
- Bazzi, A. R., Syvertsen, J. L., Rolón, M. L., Martinez, G., Rangel, G., Vera, A., . . . Strathdee, S. A. (2016). Social and structural challenges to drug cessation among couples in northern Mexico: implications for drug treatment in underserved communities. *Journal of substance abuse treatment, 61*, 26-33.
- Berger, L., & Zhang, L. (2016). Substance Use and Street Violence: An Interview with Ruben Burgos, Senior Lecturer in Criminal Justice and Retired Police Lieutenant of the Milwaukee Police Department. *Journal of Social Work Practice in the Addictions, 16*(1-2), 222-228.

- Bry, B. H., mckeon, P., & Pandina, R. J. (1982). Extent of drug use as a function of number of risk factors. *Journal of Abnormal Psychology*, 91(4), 273.
- Centifanti, L. C. M., Modecki, K. L., maclellan, S., & Gowling, H. (2016). Driving under the influence of risky peers: An experimental study of adolescent risk taking. *Journal of Research on Adolescence*, 26(1), 207-222.
- Cochran, S. D., Sullivan, J. G., & Mays, V. M. (2003). Prevalence of mental disorders, psychological distress, and mental health services use among lesbian, gay, and bisexual adults in the United States. *Journal of consulting and clinical psychology*, 71(1), 53.
- Dardis, C. M., Dixon, K. J., Edwards, K. M., & Turchik, J. A. (2015). An examination of the factors related to dating violence perpetration among young men and women and associated theoretical explanations: A review of the literature. *Trauma, Violence, & Abuse*, 16(2), 136-152.
- Degenhardt, L., Stockings, E., Patton, G., Hall, W. D., & Lynskey, M. (2016). The increasing global health priority of substance use in young people. *The Lancet Psychiatry*, 3(3), 251-264.
- Jahromi, M. K., Jamali, S., Koshkaki, A. R., & Javadpour, S. (2016). Prevalence and risk factors of domestic violence against women by their husbands in Iran. *Global journal of health science*, 8(5), 175.
- Kruttschnitt, C., & Bijleveld, C. (2015). *Lives of incarcerated women: an international perspective (Vol. 28)*: Routledge.
- Msoka, E. M. (2016). Achievements, Experiences and Challenges of Implementing the Millennium Development Goals 3 and 6 in the United Republic of Tanzania. *Implementation of the Millennium Development Goals: Progresses and Challenges in Some African Countries*, 111.
- Newton, K., & Van Deth, J. W. (2016). *Foundations of comparative politics*: Cambridge University Press.
- Organization, W. H. (2016). *Consolidated guidelines on the use of antiretroviral drugs for treating and preventing HIV infection: recommendations for a public health approach*: World Health Organization.
- Roshanfekar, P., Noori, R., Dejman, M., Geshnigani, Z. F., & Rafiey, H. (2015). Drug use and sex work among at-risk women: a qualitative study of initial factors. *Iranian journal of psychiatry and behavioral sciences*, 9(2).
- Shaw, M. (2017). Africa's changing place in the global criminal economy. *Institute for Security Studies Papers*, 2017(Enact Continental Report 1), 1-40.
- Syvvertsen, J. L., Ohaga, S., Agot, K., Dimova, M., Guise, A., Rhodes, T., & Wagner, K. D. (2016). An ethnographic exploration of drug markets in Kisumu, Kenya. *International Journal of Drug Policy*, 30, 82-90.

- Van der Kolk, B. A. (2017). Developmental Trauma Disorder: Toward a rational diagnosis for children with complex trauma histories. *Psychiatric annals*, 35(5), 401-408.
- Wallace, P. H., & Roberson, C. (2016). *Family violence: Legal, medical, and social perspectives*: Routledge.
- Warlop, D. M. (2016). Threats to Validity in Accountability Structures for Public Education. *Curriculum and Teaching Dialogue*, 18(1-2), S41.
- Young, A. T., Green, C. A., & Estroff, S. E. (2015). New endeavors, risk taking, and personal growth in the recovery process: findings from the STARS study. *Psychiatric Services*.