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Effects of Drug Abuse on Cognitive and Social Behaviours: A Potential Problem Among Youth In Tanzania

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Abstract

This article provides definitions of drug and drug abuse. It also provides sources of drugs in global and local contexts. It further discusses the extent of drug trafficking in Tanzania. Theoretical issues underlying drug abuse are discussed in detail. The paper indicates that the youth gets involved in drugs due to peer pressure, curiosity, wanting to be different, rioting from the system and also due to escape behaviour, i.e., running away from problems. Characteristics of drug abusers are provided. Most drug abusers are said to have glue with them, possess large paper bags, handkerchiefs, and hypodermic syringes. The effects in terms of problems and/or dangers of drug abuse are highlighted as brain damage, behavioural disorders, inability to reason, low academic performance, etc. To conclude, the paper offers a summary and outlines recommendations for action against drug abuse. It also recommends that attempts be made through the Ministry of Education and Culture, and the Ministry of Labour and Youth to see to it that ways and means of alleviating the drug abuse problems are sought out. Parents and the community at large should be involved in anti-drug programmes.

Introduction: Drug Use and Abuse

Drug use has a long history. The Chinese knew about *cannabis sativa* in 2700 B. C. (Kariuki, 1989). Drug use is becoming a major issue all over the world, following the introduction of heroin and related substances. Almost every day one can hardly miss news or information on drug abuse, drug trafficking, or people caught in some kind of drug business, both at national and international levels (Malima, 1995; *Daily News*, 1995; *Muncie Evening Press* 1990 & *Phi Delta Kappa*, 1990).

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A drug is defined as a substance (and often an illegal substance) that causes addiction, habituation on a marked range in consciousness (Merriam-Webster Collegiate Dictionary, 1993). The definition includes drugs such as heroin, cocaine, baxuco (a cocaine product), opium, cannabis and psycho-tropic substances as described in Mbatia (1994). Drugs can further be defined as simply chemicals that can change something in the body's chemistry or internal makeup. We use drugs in foods like vitamins. But these are both necessary and beneficial. We use drugs as prescribed by doctors. Drugs are harmful or even fatal if they are used for purposes not intended, or in the wrong way (Van, Cleave, Byrd, & Revell, 1987).

Many people use the terms 'drug use' 'substance abuse' and 'drug abuse' interchangeably. However, the term 'drug' is mainly used to refer to 'medicine', while substance abuse may include chemicals other than drugs, i.e., gasoline, cleaning fluids, glue, and other chemicals (Hendrikz, 1986).

There is a common misconception that drug abuse has to do primarily with illegal drugs such as cocaine, marijuana, and heroin; or with illicit use of prescriptions and medication. There are many types of drugs that may be abused. For example, chloroquine and aspirin are drugs which are commonly abused and they may be fatal. Chloroquine is at times used by girls for abortion. Some people are said to combine aspirin and alcohol for a stronger drink. Also youths abuse substances such as gasoline, cleaning fluids, glue and other chemicals. Therefore not all abused chemicals are drugs.

Drug abuse is defined as the use of a mood-altering drug to change the way one feels. Drugs may be abused by inhaling, sniffing, swallowing, or injecting into oneself. The drug may be legal or illegal, all the same it may be used for legitimate or medical reasons (Van, Cleve, Byrd, & Revell, 1978).

A drug or substance is considered abused if it is deliberately used to induce physiological or psychological effects (or both), and for a purpose other than for therapeutic purposes. The drug used should contribute to health risks, disruption of psychological functioning, adverse social consequences, or some combinations of these (Kauffman, 1989).

In this article, a drug is defined as any chemical which, when inhaled or taken in the body through injection or by mouth, may adversely affect one's ability to think and make valid judgements, and adversely affect one's social behaviour. It is also defined as any substance other than food that is purposely introduced into the body to alter normal functions. Such substances include cocaine in all its forms, opium in all its forms, bhang and marijuana.

Drug abuse and trafficking in Tanzania

Drug abuse has become a national concern in Tanzania. Newspaper reports indicate drug abuse among youths. It is feared that in some primary and secondary schools in the country, up to 5% of the youth are said to have used bhang (Kilonzo and Maselle, 1986). Also, problems like the use of hard drugs such as cocaine and heroin are increasingly surfacing among youths. There are several cases associated with drug trafficking which may imply drug abuse. Table 1 presents some cases associated with drugs as published in *Daily News* and *Uhuru* newspapers from 1998 -1995.

Table 1: Some reported drug related cases in Tanzania

Month/Year	Suspect's Status	Type of Drug
10/1986	NA(abandoned)	Mandrax
9/1992	Street Vendors	Heroin
4/1993	Business man	Cocaine
4/1993	Youths	Cocaine
4/1993	Peddlers	Heroin
4/1993	Youths	Heroin
2/1994	Business man (Kenyan)	Mandrax
4/1994	Youths	Cocaine
4/1994	Abandoned	Mandrax
1/1995	Seaman (34 years)	Cocaine
1/1995	Youth	Cocaine

Source: Local newspapers as cited in Msambichaka, Mjema & Ndanshau (1994) and author's collection from Local Newspapers in 1995

From Table 1 it can be observed that, out of the 11 drug trafficking cases five involved Tanzanian youths, one a Kenyan, while one involved an unidentified person who abandoned the drugs. Consequently, it can be concluded from the table that most people involved in the drug trafficking business from 1985-1995 were youths. It can also be contended that the majority of people who participated in drug business, trafficking and abuse were males.

The drug trafficking situation in Tanzania is also causing concern. Drug trafficking is reported to be on the rise, with 482 Tanzanians being held in 27 countries in connection with illicit drugs. A survey by the Anti-drug Unit in the Ministry of Home Affairs in Tanzania shows that those held were found to have

in their possession mandrax, cannabis, cocaine, heroin, and various other drugs normally considered illicit (Dismas, 1995). Mbatia (1994) also reports that a total of 35 Tanzania nationals were arrested during 1986 for trafficking in heroin and cocaine, in contrast to 4 in 1981. He further reports that from 1981-1991 a total of 10,000 persons were arrested in matters connected with drug abuse and trafficking in Tanzania, of whom the majority were youths between 15 and 30 years old.

The number of Tanzanians arrested abroad is steadily increasing. It has increased from 85 people in 1989 to 482 in 1995. Italy is believed to have arrested the biggest number of Tanzanians involved in the drug business (139), followed by Pakistan (98), and Greece (64). It has also been documented that between 1986 and 1994 there were 25,459 people in Tanzania arrested in connection with possessing 265 tons of cannabis (Dismas, 1995).

Drug trafficking in Tanzania has been reported to be at the pick during 1994/1995 (*Daily News* 7/2/1995, 6/2/1995; *Uhuru* February 7, 1995; Mbatia, 1994; Chachage, 1994; Msambichaka, Mjema & Ndanshau, 1994). This situation may have adverse effects on non-schooling youths and students. Schools are likely to witness increasing numbers of dropouts, failures, behaviour disorders, and mental illnesses among students.

The Tanzanian situation is not unique. Other countries have been facing similar problems. Santrock (1984) has showed that in 1984 the US was facing drug problems, and indicated that overall, more males than females were involved in the drug business. Youths involved in the drug business are mainly those vulnerable to persuasive dealers who, on wanting to get rich fast, would commission the youth to sell the drugs for them. In Tanzania, the slang name used for drug dealers is '*wazungu wa unga*'. Such people usually bait youths or youngsters into drug abuse.

Sources and Availability of Drugs in Global Context

Available information about people caught in drug trafficking and drug use has led to a general consensus that the main sources of drugs are: The Middle East, Central, South-East and South-West Asia, and Latin America. In the Middle East region, countries like Turkey and Afghanistan are famous for producing hashish, a resinous material used as hallucinogen. In Lebanon, illicit opium poppy cultivation and heroin production continues (Mbatia, 1994).

Opium grows in temperate subtropical climate like that of South-East Asia. Mbatia (1994) points out that opium, which can be converted into morphine, codeine, and heroin, is mainly grown in South-East and South-West Asia

(Golden Triangle and Golden Crescent). Such countries have metaphorical names, i.e., '*shamba*' in Kiswahili, meaning 'farm'. Other '*shambas*' or countries which have been associated with some Tanzanian youths dealing with drugs are India, and Pakistan. The triangle, located at the junction of the boarders of Myanmar, Thailand and Lao People's Democratic Republic, is the worlds foremost sources of opium and heroin. These countries appear to be popular and 'resourceful' in drug trafficking also. Countries like Burma and Thailand are also producing raw opium and marijuana (Mbatia, 1994). Central Asia produces marijuana which is currently grown in most parts of the world.

In the Latin American region, natives in Colombia, Bolivia, and Peru are known to grow '*coca*' (cocaine comes from *coca*), and use its leaves the same way other people use tea leaves. The natives of these countries believe that *coca* leaves are energy-giving (Msambichaka, Mjema, and Ndanshau, 1994). The literature has also shown that, in general, Peruvians and Bolivians chew the plants to increase their stamina.

Sources and Availability of Drugs in Tanzania

Although the magnitude of the drug problem in Tanzania has not yet been well estimated by a comprehensive scientific study, it is clear that there is a significant number of Tanzanian youths who use drugs, and are being used as couriers in the international drug traffic (Mbatia, 1994). There is a puzzle, however, over the availability of drugs in Tanzania. The majority of Tanzanians do not know the origin of drugs or their accessibility. The drug business is so secretive that when one is not in the 'loop' of the business, s/he may not know that it exists, and that there are drug-related problems.

However, it is evident from the media in Tanzania that Dar es Salaam, Zanzibar, and Tanga have had more cases of drug trafficking than others, possibly because of their access to sea transportation. This issue of drug trafficking in the regions needs further research. Youths from Tanzania—and even all over the world—have stowed away, most of them with fake passports in attempts to ferry drugs to countries other than those of their origin. Some youths end up either coming back to their home countries with money, and some valuable items; and unfortunately some are at times killed in the process.

Drugs Commonly Heard in Tanzania

According to Msambichaka, Mjema, and Ndanshau (1994), drugs commonly heard in Tanzania are hashish, raw opium, bhang, marijuana, mandrax, and heroin. These drugs are given slang terms such as 'ice' for crack-cocaine (*The*

Economists, 1993); 'unga' (a Kiswahili word denoting flour) for heroin, 'msokoto' 'ganji', 'sigara kubwa', and 'mneli' for the ones smoked like cigars. Other drugs used include aerosol or gaseous fumes other than smoke which make people 'escape' from realities. Table 2 includes a brief definition of some of the drugs commonly used, their slang names, and affect.

Cocaine

This drug is grown in Bolivia and Peru. Today cocaine is taken in the form of either crystal or powder (crack). Cocaine can be smoked, sniffed, or injected into the body. Cannabis (in herbal form) and other psycho-tropic substances originate from many sources all over the world. The media in Tanzania has showed frequent interceptions of the drug on its way to other countries. The drug is said to be brought in the country from other places (see Msambichaka, Mjema and Mbatia, 1994:41).

Bhang

This drug is grown in some places in Tanzania, such as Mbeya, and Iringa, where it is believed to be consumed as a vegetable or relish during meals. In Shinyanga and Tabora regions, bhang is grown and used as a stimulant to enable a person work longer hours in the farm.

The Transportation of Drugs and Financing the Trade

A recent study revealed that traffickers have established two networks or corridors both of which originate from the major suppliers of the narcotic drugs i.e., Pakistan, India and Bangladesh, moving southwards through the Middle East—notably through Syria, Lebanon, Djibouti—and then to East Africa, including Tanzania, and lastly to South Africa, the final destination (Mbatia, 1994).

Msambichaka, *et. al.*, (19994) reports that in 1988 Tanzania had the largest amount of drugs ever reported to have been seized at the Dar es Salaam International Airport. The drugs were imported from Pakistan, and were on their way to an unknown destination.

Drug producers, as well as drug buyers, devote an enormous amount of money and energy to cover operations of the drug business. They have to have connections with people who have financial power. Most financiers are said to be rich people by the mere fact that in order to be involved in the drug business one has to have enough money set aside for corruption.

Table 2: Most Common Drugs Used by the Youth

Drug	Slang Name	Source	Classification	How Taken	Effects— Sought	Long Term Symptoms	Physi- Depe- nce Poten
Heroin	Horse, scat, junk, smack, scag, stuff, dope	(From morphine)	Narcotic	Injected	Euphoria, prevent withdrawal	Addiction, constipation, loss of appetite	Yes
Cocaine	coke cocaine gold dust, <i>unga</i> (slang used in Tanzania) bernice flake, star dust, snow	Natural (from coca not cocoa)	Stimulant, local anaesthesia	Sniffed, injected, or swallowed	excitation	depression	Yes
Marijuana	Pot, grass hash tea dope joints, reefers* mneli	Natural	Relaxant, euphoria in high doses	Smoked, swallowed, or sniffed	Relaxation, increased euphoria, perceptions	usually none	No

The youths are mostly drug pushers and traffickers who get money from the drug dealers. Mbatia (1994) shows that drug dealers and their organisations can counter law enforcement efforts with corruption and violence, using money for bribing and killing anyone who threatens their efforts.

Theories and Reasons Behind Drug Abuse

Drugs can act as hallucinogen (Msambichaka, *et. al.*, 1994). Youths want to become 'high', or be in a state of euphoria and feel "cool". The users attribute the use of drugs to forgetting their social-economic problems, and other social distress. This justification may be dangerous due to the fact that with the current economic and social problems, more youths may abuse drugs which may lead to creating a 'drug culture', and the problems associated with drugs.

Drugs are said to increase performance and endurance as in cases of athletes. Several athletes have been caught and found guilty of using drugs to facilitate their performance. One such incidence was that of Diego Maradona, a soccer player from Argentina who used drug in soccer, and was banned from the 1994 world soccer cup games.

Gilmer (1973) provides three theories of drug abuse as: changing social systems, interactional behaviours, and personality variations.

1. **Changing social systems theory:** At social level, drug abuse is a response to pressures generated by social change. For example, one sociological theory holds that drug addiction among lower-class youth is a result of failure to get ahead in current social climate, 'withdrawal from the system through drugs', or turning to drugs to show opposition to the lifestyles of the 'established' generation.
2. **Interactional theory:** The theory holds that opportunities for a person to use drugs are generated by his/her association with users. Thus a person finds support and varying reinforcers from his peers, and becomes a member in the group. Interactional theories include conforming to peer group expectations where drug usage is part of the expected behaviour, along with certain tasks in music, clothes, and leisure activities.
3. **Theory of personality:** The theories focus on psychological needs, for example, escape behaviour. Gilmer (1973) argues that one popular view of marijuana is that it is a relatively safe way to escape from reality. A related view holds that people with severe insecurity have underlying

emotional problems and neurotic conflicts that predispose them to turn into drugs.

It has been theorised that individuals may use heroin or other opiates to relieve anxiety, to drop out of society, or to fulfil self-destructive wishes. Thus personality theory is opposed to interactional theory.

Despite these theories, it is hard to pinpoint one theory as the causative agent for drug abuse or drug trafficking in Tanzania. However, the following is a summary of reasons why youths take drugs.

1. Insufficient influence of the family over the individual's actions and lack of parental guidance. The situation may arise due to family disruptions and disfunctioning, leading to separation or divorce. Further, working parents do not have time to take care of their children, while poor social-economic conditions may lead to drug trafficking and use as a source of income and escape.
2. Personal factors like low success at school and poor interpersonal relationship between individuals may be the cause in some cases of drug abuse. When students cannot perform well in school, they may resort to drugs as an escape. Skinner (1965) agrees with this by arguing that drug use and addiction is a form of escape behaviour. He labels it as escape behaviour because certain drugs provide temporary escape from conditioned or unconditioned aversive stimulation, as well as from accompanying emotional responses. People take drugs to get temporary relief from social-economic problems, or what they would call painful thoughts.
3. Easy availability of legal and illegal drugs. With negligence and lack of law enforcement on what drugs should be over the counter, as well as on what constitutes the legal age limit of purchasing drugs, this may lead to easy access to some drugs by minors.
4. Attitudes towards the use and effects of drugs and the presence of models and social reinforcers, particularly peers and friends. Some youths think it is 'cool' to take drugs, especially when they see their peers 'getting high'.
5. Gilmer (1973) shows that there are people who employ drugs for situational purposes like trying to keep awake during examinations, when

on a long journey, or doing some work that requires one to be awake at night. Night shifts may cause someone to use drugs. In Tanzania, some drivers chew 'mirungi' (leaves from some types of trees growing in some areas of Kilimanjaro region) so that they can drive long distances at night without falling asleep on the way.

6. There are spree uses of drugs like the ones by high schools students or college students looking for excitements.

Effects of Drugs on Society in General

What are the effects of drugs on cognitive and social behaviour, the common symptoms of drugs, possible behaviours of drug abusers, and their physical emotional consequences? Table 3 provides the information.

Table 3: Common Behaviours and Symptoms of drug/substance Abuse

Name of Drug	Possible Symptoms	Material Evidence	Physical/Emotional Consequences
Glue (sniffing)	Violence, appearance of drunkenness, dreamy or blank expression	Tubes of glue, glue smears, large paper bags or handkerchiefs	Lung, brain, and liver damage, death through suffocation or choking, and anaemia
Heroin	Stupor, drowsiness, needle marks on body, watering eyes, loss of appetite, blood stains on shirt sleeves, and running nose	Needle or hypodermic syringe, cotton tourniquet string rope, belt, burnt bottle caps or spoons, and glassine envelopes	Death from overdose, mental deterioration, destruction of brain and liver, hepatitis embolism
Marijuana	Sleepiness, wondering mind, enlarged eye pupils, lack of co-ordination, craving for sweets, increased appetite	Strong odour, or of burnt leaves, small seeds in pocket linings cigarette paper, discoloured fingers.	Inducement to take stronger narcotics

Source: Extracted from Osdol & Shane (1982:350)

At the local level, any community with drug abusers faces problems of insecurity as drug abusers are prone to crimes. Because drugs alter feelings, the abusers may be involved in fighting. Further, they may steal so as to get money for purchasing drugs. Also, except for the few drug dealers, a community with drug abusers will always be in low social economic status because the youth, who form the majority of drug traffickers and abusers, will not be able to do any constructive work. As a result there will be low production, poor education and poor social services.

Another disadvantage is that a community with many drug abusers may end up with people under health risks such as mental illness and HIV risks. There may also be a lot of accidents such as motor accidents or even home accidents such as houses catching fire, etc.

Just as at the local community level, a nation with a lot of drug abusers will be all the poor for it. For example, it is estimated that world-wide a total of \$ 1 trillion in profit of drug trafficking is laundered in various banks all over the world. Politically, drug trafficking and abuse could have negative effects to the country. Countries involved in drugs are blacklisted by other nations which may have negative implication to trade relations (Msambichaka, *et. al.*, 1994).

Effects of drugs on individuals

All drugs affect the brain. That is why they are called psychoactive drugs since they alter feelings (mood altering), and work primarily in the areas of brain called the limbic system, the part where the person's feelings are altered.

It is estimated that there are 30 million drug addicts world-wide, with heavy concentration among the youths, and that drug addiction has spread through the populations, especially the youth (Mbatia, 1994). The exact number in Tanzania is yet to be known.

The addicts are affected in different ways depending on the type of drug. Marijuana causes relaxation, intensified perception of stimuli, increased self-confidence, a sense of enhanced awareness and creativity, impaired motor co-ordination, reduced short-term memory, and distorted judgements (Osdol & Shane, 1982). From its effects, it is apparent that students or youths using marijuana may have their brain impaired, lack creative minds, and the ability to think properly. In an experiment involving two groups, where one group was provided with a placebo and the other marijuana, it was found out that the group which smoked marijuana could not recall words from a list of words they were given for recall (Santrock, 1984). Such students may not be able to remember

things taught in class such as mathematical facts, different theories, or any other things requiring decoding in the school or classroom setting.

Further, given that the use of marijuana results into distorted judgements (Santrock, 1984), youths using marijuana may not be able to think objectively and critically. This can have adverse effects on the school population. Critical and objective thinking are tools for scientific experiments. Santrock (1984) argues that when marijuana is used daily in heavy amounts, it may impair the reproductive systems.

Cocaine is a stimulant which provides increased feelings of stamina, enhance mental capabilities, excitability, and occasional hallucinations. One of its side-effects is depression. For sure, a depressed student may never be actively responding in class, consequently his/her performance in the classroom may be low, and in the final analysis the student may not be able to perform well academically. Crack cocaine addicts have overt aggression and extreme withdrawal characteristics. Such behaviours may also increase drop-outs from school, or poor academic performances.

Cocaine intoxication occurs within one hour of using it, and includes at least two of the following symptoms: euphoria, grandiosity, excessive wordiness, excessive vigilance, and psychomotor agitation. It also induces at least two of the following physiological conditions: dilated pupils, elevated blood pressure, nausea and vomiting, chills or respiration, and also symptoms of antisocial behaviour (Barry, 1990).

Anderson and Atta (1990) estimated that by the end of the century the first generation of crack cocaine babies will be teenagers. It is warned that the worst side-effect would surface for the children born now to women who smoke crack. These children born by crack mothers will need a lot of money for health and education costs. The children will have behaviour problems caused by addiction, neglect, and despair. Crack babies are often born prematurely, and need costly medical care to survive. The majority of the children do not survive, and those who survive will have severe learning problems, calling for special education techniques.

Crack cocaine children are said to have birth defects such as deformed hearts, lungs, digestive systems, or limbs due to cocaine exposure in the uterus. Most of the children are underweight, tremulous, with neurological damage and problems in coping with normal life. The children have extremely dislike behaviours such as scattering things, hyperactivity, hypersensitivity, withdrawal or involvement, unable to engage in free play, lack of self organisation, initiative, or follow-up without adult guidance. Further, the children have low

tolerance of frustrations, and difficulty in structuring information because they are easily overwhelmed by incoming information (Possi, 1990; 1993).

It is often argued that there is an overlap of crack and AIDS cases. Some crack users engage in high-risk behaviours, and therefore contract AIDS and give birth to babies addicted to crack and infected with AIDS. 'Ice', which is more expensive than crack, is known to cause rapid and extensive foetal damage. The most severely damaged children by drugs are likely to be in need of special education. That means schools will have to prepare for drug affected children who will also have special education needs.

Cocaine-exposed children show extreme disturbed behaviour. Babies born with crack-cocaine avoid eye contact. Guildford (1979) argue that crack cocaine babies will be emotionally flat, a type of behaviour that will jeopardise the child's later ability to learn and adapt to a classroom situation. Such children will end up having behavioural disorders which will require a lot of attention.

The effects of heroin are equally severe. Heroin is a derivative of opium, a dangerous drug which may be toxic if taken in large quantities, even after one month of use. It is said to have a long time effect. Toxicity from heroin may harm the brain, and impair academic thinking and functioning.

Consequences such as lung/brain/and liver damage may be some of the results of drug abuse. Death through suffocation, overdose, and drug addiction are also some of the outcomes. Other consequences include mental deterioration, destruction of the brain, hepatitis, and embolisms.

Drugs can cause temporary insanity since one may become drug-addicted or highly dependent. The user may almost be reduced to an imbecile or zombie when s/he does not continue with the drugs. Such states may lead to brain dysfunction which may call for special education services. A person can become physiologically addicted to drugs, meaning that s/he must continue taking drugs to avoid painful withdrawal symptoms. Further, drug abuse can lead to drug addiction, which is a compulsive desire to continually use drugs either to experience its effects (get high), or avoid painful realities despite adverse medical, financial, and legal consequences. To that extent, a person's body must have drugs in order to function.

It is therefore evident that drug abuse may affect one's learning as well as cognition and personality. Such effect add greatly to the burdens of managing learners and learning (Smith, 1978). There are also unusual memory gaps, uncharacteristic clumsiness, inability to reason, and inclination to be quarrel some and aggressive.

Having discussed the effects of drugs on academic and social behaviour, several questions crop up. For example, how would a parent or a teacher discover that a child/student is engaging in drug abuse? What things or behaviours should one be looking for in drug abusers? Where would one look for drug abusers in case of some suspects? It is very important for the public to know some of the characteristics/mannerisms and behaviours of drug abusers.

Hints for Teachers/Parents on Symptoms of Students/Children Abusing or Dealing with Drugs

Teachers and parents should be aware and watch for some evidence of drug abuse among drug suspected students/children (see Table 3 for material evidence of drug abusers). Normally children/students abusing drugs will possess tubes of glue, have glue smears, and large paper bags or handkerchiefs to hide such drugs. The items may be signs of glue sniffing. As for heroin, needles or hypodermic syringes, cotton wool, string, rope, belt, burnt bottle, caps or spoons and glassine envelopes are indicators of heroin use. Marijuana users will always have a strong odour of burnt leaves, small seeds in pocket linings and cigarette paper. Further, they may have discoloured fingers.

Summary and Recommendations

There is no sufficient data on the prevalence of drug abusers in Tanzania. It will consequently be difficult to have early detection of children affected by their parent's drug abuse. Further, since the problem is not yet understood by many Tanzanians, it is hard to convince the society that there is need for special schools and trained teachers to cater for students with learning problems growing out of drug abuse.

The following are some recommendations against drug abuse in Tanzania.

1. The government and lawyers should see to it that laws against drug dealing and abuse are clearly formulated, stipulated, and adhered to.
2. Arrangements should be made by the government so that preventive measures against drugs are taken. It should be remembered that it is cheaper to prevent than cure a disease. A disease may have detrimental effects even after curative measures have been taken. Consequently, the police and other concerned parties should be empowered and provided

with equipment to detect and arrest drug abusers, and those concerned with the drug business.

3. The Ministry of Agriculture and other concerned bodies should join efforts in attempts to detect those areas and people who grow illegal drugs. Agricultural and extension officers may be used to facilitate the enforcement and implementation of the law.
4. Efforts be made so that our youths have recreational areas with a variety of recreation activities like games and sports that may fully occupy them during weekends and evenings. One good example is that of the USA where some Black neighbourhoods have prepared and utilise play grounds for basketball at night. Such steps might be too demanding for a developing country like Tanzania. However, some arrangements may be made with church organisations, the Ministry of Labour and Youth, together with Ministry of Education and Culture which may arrange for social, religious, sports, and other activities that may productively occupy our youths.
5. Publicising the case against drug abuse is important. The radio, TV, and local newspapers should be used to warn the society against drug abuse.
6. Co-operation among nations should be made so that there are firm plans against drug traffickers and abusers.
7. Teacher training colleges or any other bodies involved with teacher preparation should make sure that teachers are adequately prepared to handle the academic and social problems of drug-abused youths.
8. Surveys be carried out to find out sources of drugs in different countries and the solutions to the problems.
9. The Ministry of Education and Culture should make arrangements for sensitising students on the adverse effects of drug abuse. Also teachers should be provided with skills on how to handle students with behavioural problems, since most children born of drug abusing parents may have behavioural problems.
10. The anti-drug squad which started in Tanzania in 1990 should reveal the suspects and make sure they are severely punished.

11. Parents must be educated and advised to be good role models for their children by not taking drugs, and also warning their children against drug abuse. Parent workshops, meetings or open days may be used to educate parents and children on the dangers of drug abuse.
12. It is necessary for parents to provide proper support for children affected by drug abuse.
13. Parents and teachers should see to it that the students get early intervention, testing and treatment or therapy on drug abuse and related behaviours. This may be effected through liaison with medical and social welfare personnel.
14. Behavioural programs should be planned and be carried out to help affected youth to cease dealing with drugs.
15. Teachers should see to it that the affected children are educated in a structured environment with low adult/child ratio and strong emotional support. Further, there should be conscious efforts by teacher to form emotionally satisfying attachments. The affected youths should be provided with intensive education environment and medical care, as well as counselling.

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