

AIDS News

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METHADONE THERAPY EDITION



MKAPA'S WILLS ON AIDS

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James Kaji (Commissioner. Gen.)DCEA
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From Programme Manager



MKAPA LEFT A SOLID FOUNDATION

Recently the nation lost the Third Phase President from 1995-2005, Benjamin William Mkapa in Dar es Salaam who died at an age of 81 years. His death has left an immense vacuum on foreseeable AIDS response in Tanzania.

It's the solid established in the National HIV/AIDS Policy of 2001 which is in place until now. The Policy is the vision of the perfect guideline leading which had succeeded to control the spread of HIV which causes AIDS.

It is a solid foundation laid down in the National AIDS Control Policy of 2001 applied to date. The policy is the vision that has provided the right direction for successfully controlling the spread of the human immunodeficiency virus (HIV) that causes AIDS.

The preamble to the National AIDS Control Policy, signed by President Benjamin Mkapa on October 26, 2001 emphasizes that AIDS is a national and international epidemic that requires joint action to be controlled at the national and international levels that have never been taken.

President Mkapa said AIDS is a major threat to the survival and development of our nation. Since the discovery of AIDS in 1983, more than two million people have been infected with the HIV virus and thousands have lost their lives.

He stressed that we must fight AIDS with all our efforts because 98 percent of adults were aware of how the disease is transmitted but HIV infection continues.

President Mkapa recommended that we should start by preventing the spread of HIV / AIDS for those around 85 percent of adults who were HIV-negative at the time, remained safe.

In his wills, which the Fifth Phase Government continues to follow, it includes protecting young people who need special help to be protected against HIV infection.

The retired president said the impact AIDS effects in the youth society and adolescents' girls are too big. Data shows more than seventy of infected and advanced to AIDS are people aged 20 – 49 who are youth.

As he insists, we must educate, to give counselling and empower in their early lives the better ways to prevent themselves from infections. The youth are the ones whom the family and nation in general depend in lives, working and on the nation's futures.

The Fifth Phase Government in collaboration with partners, to build the nation's ability to offer testing services, counselling and treat disease that easily falls to People Living With HIV (PLHIV).

He stressed that we must educate them, counsel them and enable them early in life to use the best ways to avoid infection. The youth group is the mainstay of the family and the nation as a whole in life, property performance and the future of the nation.

The Fifth Phase Government continues to partner with donors, building national capacity to provide testing services, counseling and treatment for diseases affecting people living with HIV (PLHIV).

President Mkapa urged us to break the silence on AIDS and to abandon the barriers that prevent open dialogue in families, villages, communities and workplaces on how to protect themselves from HIV infection.

In addition to preventing infection, we will discuss ways to help people living with HIV and AIDS, including orphans in our communities. Together we must fight the stigma and discrimination against people living with HIV.

Mkapa told us collectively we can, and we must win. Our life as a nation and as a people depends very much on that victory.

IDENTIFY DRUGS, LAWS AND POLICIES FOR ADDICTS

Drugs

It is the chemicals that a person uses that affect the nervous system and cause changes in mood, thought and behavior. The most widely used drugs in the country are marijuana, heroin, cocaine and prescription drugs such as Valium, Tramadol, Pethidin and Ketamine.

The Magnitude of the Problem in the Country

A study conducted in 2014 showed that approximately 300,000 people (250,000 to 500,000) were using drugs mainly heroin in the country.

However, the number is likely to decline right now due to the availability of more heroin treatment centers and the decline in drug trafficking in the country.

The most widely used drug in the country is marijuana. However, there are no specific statistics showing the number of Tanzanians who use cannabis.

The Drug Law, Medical Policy and Medical Service for Addicts

Section 31 of the Drug Control and Anti-Drug Act No. 5 of 2015 in addition to the 2017 amendment, states that, "If a drug addict is convicted of possession of a small amount of the drug for its use and it is certified by a physician as a drug addict, the court will order the person to be sent to a medical facility instead of being sent to jail or fined.

This move helps many drug addicts convicted of possession of a small quantity of drugs for their use to be sent to medical facilities instead of being imprisoned or fined.

Agonies of Drug Use and Trade

Drug use and trafficking have health, social, economic, environmental and safety impacts as follows: -

Healthy

Injectable drug use leads to HIV and hepatitis B and C. HIV studies conducted in 2014 showed that injecting drug use disorders living with HIV were 24 percent up to 42.

In addition, drug use causes Tuberculosis. Statistics show that TB infection among addicts is 11 percent including chronic tuberculosis. While in society as a whole it was 0.2 percent (2014 Survey). Other diseases include Mental Illness, Oral Disease, Skin Disease and even Sudden Death

Social

Drug use affects families and communities by causing the following: - Family breakdown, increase in orphans, moral erosion, increased crime, absenteeism at school, unintended pregnancies and loss of family property.

Economically

The drug trade disrupts the country's economy in a number of ways including: Poor consumer health and impaired ability to work, use of national resources in treating addicts and controlling drug traffickers. Inducing illicit cash flow contributing to inflation, economic downturns by a few, widening income gap and the presence of illicit investment.

Environmental

⊕ Pollution

- *Disposal of self-injection pipes contaminate the environment, endangers the safety of passers-by, and transmits germs that can spread disease.*
- *Marijuana growers cultivate in inaccessible areas and dollar containers such as in the mountains in dense forests. To make the land more productive, they cut down trees or burn down forests. The situation will cause water sources to dry up, rain to fall and erosion.*

Security

The drug trade leads to civil war, terrorism, piracy and revolutionary regimes. Taliban terrorists in Afghanistan use the proceeds from heroin sales to finance global terrorism.

Government Strategy to Expand Methadone Treatment and Service

The government through the Drug Control and Anti-Drug Authority in collaboration with the Ministry of Health, Community Development, Gender, Elderly and Children and other stakeholders has developed a special strategy (MAT Scale up Plan) to establish medical centers for heroin addicts. use Methadone in all areas with high levels of drug use. This measure will enable all areas affected by heroin use to have Methadone treatment centers.

Number of Addicts on Methadone Service in the country

As of June 2020, 8,500 addicts were registered in the nine existing centers in the country currently located in Dar es Salaam regions (Muhimbili National Hospital, Mwananyamala Referral Hospital and Temeke Referral Hospital); Tanga (Regional Referral Hospital, Bombo); Dodoma (Mental Health Referral Hospital, Mirembe); Mbeya (Regional Referral Hospital, Mbeya); Mwanza (Regional Referral Hospital, Sokou Toure) and Pwani (Bagamoyo District Hospital).

Challenges in Methadone Service Delivery

Drug use disorders on methadone addiction lack of income-generating activities to meet their basic needs. This condition causes some of them to turn to drug use. Stigma against addicts at the family and community level, makes some of them less likely to show up for treatment. Addicts women not appearing at medical facilities.

Drug addicts are people who have run out of resources, so they do not have the money to pay for treatment when they get other diseases like Malaria, diabetes e.g. The strategy is being set up to set aside a special window in some health care facilities, where financially capable addicts will be able to arrange their time to visit the facilities for treatment by contributing a small fee.

So far, the Government don't have a plan to allow clinics or private hospitals to provide Methadone to substance use disorders. Even that there is possibility to aside a special window to some of the existing Government clinics where addicts who are wealth can set their time to go for service by contributing some little money.

Achievements Achieved Drug Control

Since the establishment of the Drug Control and Anti-Drug Authority in 017, significant progress has been made in the country as follows: -

- ⊕ Identifying networks of major drug traffickers in and out of the country, this step facilitates the arrest of drug popes
- ⊕ Large drug dealers have been arrested and their cases are pending
- ⊕ The political will of the war on drugs has greatly helped to control the traffickers and the business in the country
- ⊕ The global drug situation report released by UNODC in 2018 states that Tanzania has reduced the import of drugs by 90 percent.

Women Addicts' Don't Appear in Treatment

The involvement of women in our MAT clinics is disappointing. The representation of women in all MAT clinics except for Mwananyamala Methadone Clinic is less than 5 percent. The experiences of female drug users are often very different from that of their male counterparts. Female, drug users suffer greater social stigma than men, and often suffer a greater severity of addiction with physical and psychological reactions. Special tailored needs for women with drug use disorders are needed to attract more women clients in our MAT clinics.

BENJAMIN
WILLIAM MKAPA

Mkapa's Wills on AIDS

The nation has lost Benjamin William Mkapa, the former Third Term President who led Tanzania between 1995-2005 at the age of

81



Recently, the Nation lost Benjamin William Mkapa, the former Third Term President who led Tanzania between 1995-2005 at the age of 81.

Among the many that will leave a lasting impression for future generations is his Government's development of the National AIDS Control Policy of 2001 which is still in force. It is this policy that established the Tanzania Commission for AIDS Control (TACAIDS) to guide and coordinate the National response to HIV and AIDS control.

The policy identifies the impact of HIV and AIDS as a major developmental problem affecting all sectors. The HIV and AIDS epidemic has spread and destroyed a large proportion of the people involved in the production of goods, especially women and men between the ages of 20 and 49.

The preamble to the National AIDS Policy, which sets out a vision to control the spread of HIV infection and to provide information on care services for People Living with HIV (PLHIV), signed by President Benjamin Mkapa on October 26, 2001 states;

"AIDS is a national and international epidemic, which in order to control it requires joint action at the national and international levels that we have never taken. AIDS is a major threat to the survival and development of our nation;

"Since the discovery of AIDS in 1983, more than two million people have been infected with the HIV virus and thousands have lost their lives;

"Other effects of HIV and AIDS are declining life expectancy, increasing dependency, declining GDP growth, declining

productivity, increasing poverty, increasing infant and infant mortality combined, and an increase in orphans;

"The policy states that children under the age of ten are more likely to be affected by the effects of AIDS and for them these effects last longer than for adults;

"With regard to HIV and AIDS and poverty, the policy recognizes that poverty leads to poverty and loss of the workforce which is the main source of livelihoods and thus reduced income or productivity;

"In terms of stigma and HIV and AIDS, the National AIDS Control Policy states that in Tanzania, as in other sub-Saharan countries, the stigma attached to HIV and AIDS is high and fuels the spread of the virus.

In our society the stigma associated with HIV and AIDS tends to be associated in the minds of people with sexual behavior which is again considered a form of "adultery," explains the Policy and adds;

"This attitude puts people living with HIV in a state of extreme hostility and shame, facing discrimination and sometimes abandonment;

"People living with HIV (PLHIV) have the right to adequate health care and other social services, including legal protection against all forms of discrimination and human rights abuses;

"We must fight AIDS with all our might. We must start by preventing the spread of HIV / AIDS for those around 85% of adults who are currently HIV-negative, remain safe;

"Encourage them to get tested voluntarily, and get counseling on how to avoid infection. Those who find themselves infected will

receive early counseling, antiretroviral therapy, and continue living a normal life;

"Government, in partnership with donors, must build the capacity of the nation to provide these testing services, counseling, and treatment for the diseases that accompany HIV / AIDS;

"Young people need special support to be protected against HIV infection. We must educate them, counsel them and enable them early in life to use the best ways to avoid infection;

"In response to this epidemic, everyone has a chance, so be fully involved in the AIDS control movement. Each of us will reflect on his or her lifestyle, to see if his or her lifestyle, to see how much it puts him or her at risk. Everyone wondered what he had done to contribute to this war, and whether he could do more;

"We must break the silence about AIDS. We must abandon the barriers that prevent open dialogue in families, villages, communities, and the workplace on how to protect themselves from HIV infection;

"Let us discuss clearly and carefully the social, economic and cultural environment that fuels the spread, and how to prevent sexually transmitted infections;

"In addition to preventing infection, we must discuss ways to help those infected and affected by AIDS, including orphans in our communities. Together we must fight the stigma and discrimination against people living with HIV," emphasizes the 2001 National AIDS Control Policy.

Consumed Drugs for 17 Years Without His Wife Knows

It might be strange, but that was the case of George Mwakisu who used drugs for 17 years without his wife and the society living with him were not aware of his drug use substance.

George, 47, says he started taking drugs in 1993, which was three years later since he started smoking marijuana mixing with cigarette.

"I started taking drugs in 1993 and my close people including my wife didn't know until I when started Methadone treatment to overcome the drugs withdrawn symptoms in March this year (2020)," says George and adds;

"Many are still surprised to heard I am on Methadone treatment particularly those I were working with in Dar es Salaam they doesn't believe that I was a drug use disorder. They are asking themselves when did I started taking drugs".

Figuring how he got himself in consuming, the former sailor George reveals it was when he was living in South Africa smoking marijuana and drinking dry alcohols, he was vending drugs without taking them.

"I felt the South African marijuana was not as strong as the one I were using here in Tanzania, so I used to mix with some heroin to get the rhythm and I search for. By mixing I feel the variance so it became my style to mix seeking for the pleasure I need," says George.

When he returns in the country living in Dar es Salaam working as a chief tour guider leading tourists' convoys and handling the safari expenditures budget. He says he controlled himself to be known to be a drug use disorder.

"On the other hand, I also surprised my fellow addicts due to the differences we had between us. It was during that period when I built my house in Dar es Salaam and manage my family care which is quite different to many drug addicts who abandons their families," he says.

George says he earned a lot of money as bonus from the tourists which he set aside money to buy drugs, for his family expenditures and development. At that time, he was spending an average of 70,000 shillings a day for purchasing drugs.

"At that time, I received bonus of up to two million (shillings) but I lie to my wife I had received 400,000 shillings. She was happy with my income without notice that I spent a lot of money on drugs," he says.

He returned to Mbeya to respond on the message sent to him that his father felt sick so he has to take care of him before he passed away this year (2020). After mourning, his mother asked him to stay as she was not satisfied with his health.

After starting Methadone treatment, George believes he has improved his wellbeing and he doesn't feel depressed and now he can save money. He says the Methadone therapy took his body two weeks to feel relax and since then doesn't want to use any kind of alcohol.

"My mother notice I was not in better healthiness the same as my wife for certain times used to say and often she asked to go together for HIV tests and always after testing the results come out we are not infected. I use tell her that its because of working fatigue," says George.

After starting Methadone treatment, George believes he has improved his wellbeing and he doesn't feel depressed and now he

can save money. He says the Methadone therapy took his body two weeks to feel relax and since then doesn't want to use any kind of alcohol.

He gives married to his first daughter living in Dar es Salaam and his second one is now studying at form three secondary school lives in Mbeya. He highlights his goal now is to invest in business in Mbeya where he has dedicated to live all his lifetime.



GEORGE MWAKISU

Minister
for Health,
Community
Development,
Gender, Elderly
and Children,
Ummey Mwalimu
(MP)



HIV Infections' Drops on Injectable Addicts

Statics of HIV infections to People Who Inject Drugs (PWID) enrolled on Methadone clinics providing treatment to overcome drug withdrawn symptoms, shows the reduction of the virus contamination from 35 percent to 10.

This data was released by the Minister for Health Community Development, Gender, Elderly and Children, Hon. Ummey Mwalimu (MP), on the launching of Methadone services therapy at the Tanga Regional Referral Hospital, Bombo on June 25, 2020.

"The ministry data (from the Methadone program) for 2019, shows that HIV transmission on injecting drug use disorders had drop from 35 percent to 10 percent," says Minister Ummey and adds;

"However, injectors (PWID) are still on the high risk of contaminated on Hepatitis B and C (viruses), of which the prevalence on this group is 40 percent."

Minister Ummey data reflects the situation in all nine clinics providing Methadone

services which they test drugs use disorders for Hepatitis A and B, HIV and Tuberculosis (TB) for the suspects of being with the disease infections before being enrolled for treatment.

Speaking on drugs status in the country, Minister Ummey says statics from a survey done with the Ministry of Health reveals there are between 200,000 and 350,000 drugs users while IDUs are 30,000.

"There are 8,031 drug users in Methadone in clinics that provide treatment services, 480 women and 7,551 men. Out of every 100 people on treatment, six are women and 94 are men," says Minister Ummey;

"I order the regional leadership to look into the issue of the small number of women and young girls who use drugs as they are many but not on treatment. Even the sober house (houses of separation and addiction) here in Tanga all are for males".

Minister Ummey calls on the Tanga Regional leadership to put in place a strategy to encourage more young women and girls who use drugs to

access treatment.

Kinondoni Regional Referral Hospital (Mwananyamala), Methadone Clinic Site Manager Dr. Sosteus Hongo says HIV transmission to drugs use disorders at his clinic has been declining.

"HIV transmission to drugs use disorders over the past seven years has been

declining year to year. In the last three years, the number of drugs users diagnosed with HIV in total had not reached 10. And the risk behavior such as needle sharing has decreased," says Dr. Hongos and adds;

"Last year (2019) the number of HIV-positive drug use disorders diagnosed was only three, which indicates decreasing of HIV rate as it is in the general population."

As of January 31, 2020, the Mwananyamala Methadone Clinic in Dar es Salaam had registered 2,140 drugs use disorders.

The Temeke Regional Referral Hospital Methadone Clinic in Dar es Salaam had enrolled 1,794 registered drugs use disorders among diagnosed with HIV

positive infection are 163, Hepatitis B virus were 27 and Hepatitis C were 17.

In the Mbeya Zonal Referral Hospital, out of 307 drugs use disorders diagnosed to be HIV positive were 38 and for Itega Methadone Clinic at the Mirembe Mental Health Specialist Referral Hospital Dodoma, out of the 372 registered PLHIV are 28.

Among the 443 enrolled drug use disorders at the Mwanza Regional Referral Hospital, Sekou Toure, 22 were diagnosed to be HIV positive as at the Bagamoyo District Hospital in Pwani Region with 31 drug use disorders the HIV positive were three.

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7,551
men.

Elika Beneficiary of Methadone Integrated Services



II Being diagnosed with Tuberculosis then opened the door to counseling and testing for living with HIV infection and drug dependence.

The discovery of tuberculosis (T.B) was the beginning of Elika Mpulule's journey to treatment for the disease, to set her free from drug addiction and to be enrolled in the human immunodeficiency virus (HIV) care and support services.

Elika, 26, who has been using drugs for more than 10 years, started smoking marijuana in 2009 in Njombe region when she was selling bars after completing her primary school education due to peer pressure, while living with her mother.

"I started smoking marijuana in 2009 when I was selling bars in Njombe, after finishing school due to peer pressure from my friends to have extremes excitements while dancing in disco," says Elika.

As a 16-year-old girl, she moved to Mbeya and switch from marijuana smoking to drug and drugs roll on lesser coctailer.

"It was here in Mbeya where I started using a joint that is a mixture of marijuana, cigarettes and a lid of the drug and add drugs," says Elika.

She continued with that style of life in leisure life exposing herself on commercial sex to get money for surviving until when she was diagnosed to be a Tuberculosis patient and started treatment at the Mbeya Zonal Referral Hospital.

It's the Tuberculosis diagnosed open gates of counselling and testing on HIV where she was found HIV positive while she was a drug use disorder.

Those results enable Elika to be enrolled on

Methadone to overcome withdrawing symptoms on 7 May, 2020 at the Methadone Clinic at the Mbeya Regional Referral Hospital where she gets all her treatment under the same clinic roof at the Zonal Referral Hospital.

Currently, Elika lives in Nondé in Mbeya when she was offered a room by a friend who values her as a sister who works in an organization that deals with finding and exposing addicts on the streets.

She pointed out on the challenge of not many female using drugs missing in the treatment is because of their nature they have because many are commercial sex workers who are on business over the night and on the day time they are released.

The shelter is an hour's walk that he has to walk every day to and from the hospital. She also receives antiretroviral and antiretroviral treatment (ARVs) from the clinic.

Elika, the second of six children to have a four-year-old girl raised by her grandmother in her hometown of Chimala, says there is a big difference she sees after starting treatment as her health has now improved and she is self-aware.

She points out that the challenge for women who use drugs not to join treatment is due to the environment they were in as many engage in the sex trade at night and in the morning rest.

Another challenge she cites is the existence of rumored reports that Methadone is a poison that seeks to destroy addicts, a situation that threatens many to join services and treatment.

Starts Sniffing Drugs While Trafficking

Methadone is the solution. Right now, despite the fact that I am still on treatment, there is a big difference compared to the time I tried to stop taking drugs on my own power. Now I do not feel the drug withdrawn symptoms.



Ayubu Masudi aged 43, as its own kind of story on how he started consuming drugs which is a bit different to many drug use disorders. He also manages to quit using drugs for four years without medical assistance before falling back to use.

Masudi started smoking marijuana in 1994 in Mbeya while engaging himself as bus agent at the Mbeya Terminal Bus Stand.

He says he started vending drugs in 1998 distributing them in the cities of Mbeya, Dar es Salaam and Zanzibar as well as in the neighboring country of Zambia. At that time, he was just smoking marijuana.

His drugs business flourished and in 2003 he traveled to Pakistan to traffic drugs by swallowing them in his intestines. It was in that trip when he started consuming drugs when he was instructed to sniff a small amount of the drugs to prevent him from having excretion.

"I was instructed to sniff a small quantity that will prevent feeling excretion while traveling on a plane. I sniffed for several times to control the situation until we landed in Nairobi and traveled by car from the airport to Arusha via the Namanga border and were received in Arusha," says Masudi

and adds; "After reaching in Arusha, I was received in a hotel where I was instructed again not to sniff any more to enable my excretion system to take place to push out the drugs. It took eight hours to take out all the drugs. After delivery of the drugs, I was injected a drip solution informing me it will regulate my body system and advised not to sniff again".

Masudi says he felt better for a while but after a while he did not feel well until he sniffed and then he felt fine. That was his new way of life until he became addicted to drugs.

After that trip, in 2008 he went on a drug trafficking trip from Pakistan to Kish again. He went on three times during that time as an addict. He later returned to Mbeya and continued to use and sell drugs before shifting to cocaine in 2011.

Masudi was able to stop using drugs in 2015 at a time when he was facing

a difficult economic situation as his business faltered and found himself selling most of his assets.

To save himself from the situation, in 2017 he travels to Dar es Salaam for a 'making his passport' which enabled him to travel to South Africa.

In January 2019, he returned to consume drugs until he heard about the Methadone services being offered in Mbeya and joined the therapy at the Mbeya Zonal Referral Hospital Methadone Clinic in May, 2020.

Masudi says Methadone treatment had improved his ability to quit using drugs as it was when he tried to stop using on his own power without medical assistance as he doesn't feel the urge to return to using the medication.

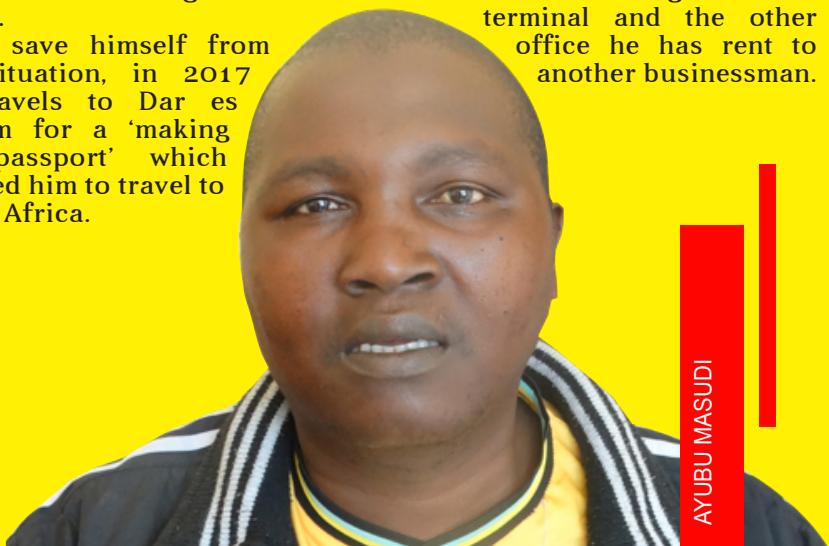
"Methadone is the solution. Right now, despite the fact that I am still on treatment, there is a big difference compared to the time I tried to stop taking drugs on my own power. Now I do not feel the drug withdrawn symptoms," says Masudi and adds;

"If this treatment had came sooner, we would not have lost our properties and assets due to drug use substances."

Masudi is now running his own business as a bus agent selling tickets in one of his two frames at the regional bus terminal and the other office he has rent to another businessman.



If this treatment had came sooner, we would not have lost our properties and assets due to drug use substances.



AYUBU MASUDI

Methadone Saves Shadrack From the Pit

Shadrack Kisekenya thanks for his mother to posses' a house which saved him to live on the drugs addicts centres (madago) or ghettos while he was a drug use disorder.

He is now working as a courier at the Mbeya Bus terminal, Shadrack doesn't remember in which year he started smoking marijuana but he knows it was many years ago after he completed his primary education in 1993.

"I don't remember when I started smoking marijuana, but it was many years after I finished school. I started smoking marijuana and later moved to smoking cigarettes due to peer pressure in the bus stand," says Shadrack.

Shadrack says during that period, he was carrying luggages and all the money he got ended for buying drugs.

Shadrack says

at the time of addiction, he was carrying laguages but all the money he generated were spent for buying drugs. He is grateful for the start of Methadone treatment saying it has saved him from the pit he entered by been a drug use disorder.

"I was lost. I was in the dungeon, I was sick, unreliable and I could not save myself. Methadone really got me out of a ditch," says Shadrack.

Comparing on the difference since he starte the treatment, he says there are many positive changes he can testified on how he was in the past and how he is now. He said in the past he was not self-aware and

selfesteem.

"I have changed so much, I was not like this. My wife ran away from me but now she is back and the family is back and I can live and enjoy life. I was not able to save money because I was working to get money for drugs," says Shadrack.

Shadrack says there is a need of much knowledge to emphasize more drug use disorders to join the therapy because many of them don't have comprehensive knowledge on the Methadone therapy and there is huge distortion in the streets.

"Many drug use disorders had not been enrolled in the therapy due to lack of comprehensive information about the Methadone therapy. In the streets there are many misleading information's on the medication circulated by drugs dealers to sustain in their business," says Shadrack.



LUSEKELO JONGO

I started smoking at age

13



Methadone Raises Shadrack Pit

Shadrack Kisekenya thanks for his mother to posses' a house which made him to escape living on streets or ghettos while he was a drugs addict.

Working as a courier at the Mbeya Bus terminal, Shadrack doesn't remember in which year he started smoking marijuana but knows it was many years after he completed his primary education in 1993.

"I don't remember when I started smoking marijuana many years after I finished school. I started smoking marijuana and later moved to smoking due to peer pressure in the bus stand," says Shadrack.

Shadrack says that during that period, he was carrying luggage and all the money ended up buying drugs.

Shadrack says at the time of addiction, he was carrying parcels but all the money he generated were spent for buying drugs. He is grateful for the start of Methadone treatment as it has saved him from the pit he entered after he became addicted to drugs.

"I was lost. I was in the dungeon,

I was sick, unreliable and I could not save myself. Methadone really got me out of a ditch," says Shadrack.

Talking about the difference after starting the treatment, he says he has changed a lot in the way he was in the past where he was not self-aware and self-esteem. He was not able to save money as he was looking for drugs.

"I have changed so much, I was not like this. My wife ran away from me but now she is back and the family is back and I can live and enjoy life," says Shadrack.

Shadrack says there is a need of much knowledge to emphasize more addicts to join the therapy because of them don't have comprehensive knowledge on the Methadone therapy and there is huge distortion in the streets.

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Relocated Dar to Mbeya for Therapy

Being a born city young man, a native of Dar es Salaam, Saidi Miyanga (38) started smoking marijuana while living in Kijitonyama in 1996. In 2000, he shifted from smoking marijuana to heroin after being dissatisfied with it as before.

He says it was in those early youth and becoming a young man he was falling to gangs of drug users where he fails to become a man of events rooting in various streets of the Dar es Salaam to get money for purchase drugs.

Saidi remembers the incident taking place in 2016 where he and his associates were arrested and beaten up, the act that caused him to lose his front teeth. He says after the incident he wondered the reason to lose his life when he was still too young.

"I will never forget the incident when I was arrested and severely beaten by angry people to the point of pulling out my front teeth," says Saidi, showing the gaps in his mouth and adds;

"After that event, I asked myself the reasons of being murdered at my young

age and there is where I realized to lead on the bad direction to continue with".

Saidi says he started by reducing the portion of drugs he consumed which at time he succeeded but didn't reach the level to quit absolutely before he returned back to use more than he consumed at the first place.

In 2019, his family advised him to move out of the Dar es Salaam City environment that was dangerous for him to go

to his brother who was living in Mbeya to join Methadone Clinic.

"My family realize it will be difficult to have good adherence in treatment due to peer pressure in the city so it may be wise to go to Mbeya to start the Methadone treatment there where I don't have bad influencers," says Saidi.

He moved to Mbeya and started treatment in May, 2019 at Methadone Clinic at Mbeya Zonal Referral Hospital where he continues with his treatment.

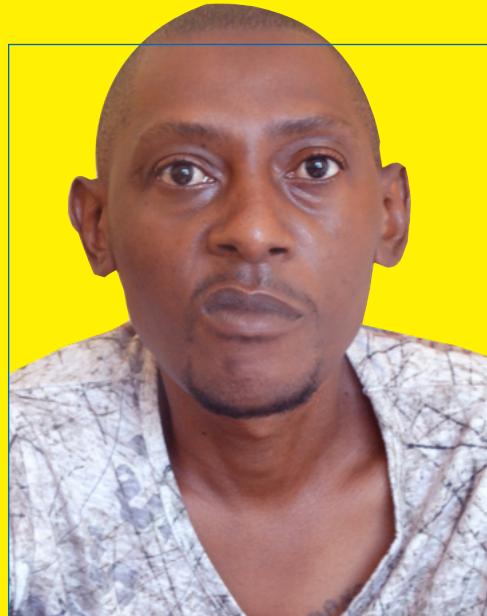
He says he is now doing fine, saving money, which at the past was impossible.

"I am now recovering and doing fine, I got married and living with my wife as well as saving money things which at the past during the 'events moments' would not be possible," says Saidi and adds;

"Am now been accepted and be understood by the community which has accepted me as a human being which is different on how we were in the before and the biggest thing is to be trusted in the society, something I didn't experience before".

Saidi is now a small businessman in the Mbeya city, he says many young people who were consuming drugs in the city had enrolled in the Methadone therapy which had greatly reduced drug use disorders in the streets.

He highlights the major challenge the drug use disorders facing is to have comprehensive information's on how the therapy works in their bodies because there are many misleading statements scaring them to join for treatment.



SAIDI MIYANGA

I am now recovering and doing fine, I got married and living with my wife as well as saving money things which at the past during the 'events moments' would not be possible.

Margret: Methadone transformed

After delivery, she did not countinue in the ARV adherence which makes her to falls sick time to time because her immunity system was overwhelmed with HIV until when she was enrolled for the Methadone assistance therapy on January, 2019.

After being a drug use disorder for 15 years, Margret Nchimbi says her current situation is not the same as the one before she was enrolled in the Methadone therapy.

Margret, 36, says she has passed through number of hardships when consuming drugs leading to broke and her small business for selling women's outfits and beauty costimetics vanished.

At the time she takes herself in consuming drugs, she was living at their home in Keko Mivinjeni and its when she engaged into a romantic relationship with her boyfriend who was a drug use disorder living at Keko Machungwa she started smoking cigarettes in 2000.

Margret who is now a Methadone treatment beneficiary, says she was unaware of his couple using drugs mixing with cigarettes and all the time she asked to share it he refuses to give what he was smoking.

She says one day she picked a piece of cigarette her lover

left and smoke it and she feel a pleasant taste which pushed her to asked him later about the taste she tested in his cigarettes. He said after asking him, he become furious and warned her never to do it again taking pieces he uses.

"I was not impressed with the situation because I didn't now the reason to become furious after just asking what was behind the taske I feel on the piece of cigarette he had use," says Margret and adds;

"His friends reveal to me that he was taking drugs mixing with cigarette and that's why he had reacted that way because he takes it as a secret."

Being impressed with the taste she had, Margret started switching to use drugs in secret until when her lover recognized and broke their relationship.

She established another relationship with another lover who was not using drugs and two years later she conceived and when she went for maternal clinic its when she was digonised to be a HIV positive.

As HIV positive pregnant, she was enrolled to the Prevention

from Mother to Child Transmittion (PMTCT) services and gave birth in 2002.

After delivery, she did not countinue in the ARV adherence which makes her to falls sick time to time because her immunity system was overwhelmed with HIV until when she was enrolled for the Methadone assistance therapy on January, 2019.

Margret advice for the community not to stigmatize or discriminate drug use disorders saying they are human beings who are in difficult circumstances. She appealed for the group to be supported by loans and grants to empowerments after recovering from the drugs.

"To quit from consuming drugs there is a big challenge of coming to the clinic on daily basis which needs bus fare and many of us don't have financial sources and supporters. Many of us (drug use disorders) are homeless living in madago (ghetto) without family or community support due to the past events we do. We are asking for loans to establish small business," says Margret.



DR.
ELIAS
BUKUKU

Female Addicts Don't Show-up in Mbeya

Since the launch of this Clinic on July 31, 2017 we had registered 307 addicts where female is only nine.

Female drug use disorders don't show-up for Methadone therapy services that treats drugs withdrawn syndromes at the Mbeya Zonal Referral Hospital Clinic.

The Methadone Clinic was inaugurated on July 31 by the Prime Minister, Kassim Majaliwa with six drug use disorders who did increase the number of the clients for the first six months, is now serving 200 where nine of them are females.

The lower number of female drug use disorders reflect on the statement of the Minister for Health, Community Development, Gender, Elderly and Children, Hon. Ummy Mwalimu saying in every 100 drug use disorders in treatment there is only six female and male dominates 94.

The Minister of Health, revealed that the ministry's recent study there are between 200,000 and 350,000 were People Who Use Drugs (PWUD) where People Who Inject Drugs (PWID) were 30,000.

Minister Ummy highlighted the drugs use disorders who are in treatment in the eight Methadone Clinics are 8,031 female addicts were 480 and male addicts are 7,551.

A medical doctor from the clinic, Dr. Elias Bokuku says the number of female drug use disorders enrolled in the clinic is too small comparing to the three years of treating drugs withdrawn symptoms services had been provided.

"Since the launch of this Clinic on July 31, 2017 we had registered 307 addicts where female is only nine. This is a hospital receiving drug use disorders for providing Methadone therapy brought by organisations dealing on searching them in the streets and prepare them before sending them here for medication," says Dr. Bokuku and adds;

"Many female drug use disorders are engaging in commercial sex who and in the night are busy in their business and they relax in the morning which puts them in difficult position to attend clinics for medication daily mornings;

"Even officers from those organizations says it is a bit difficult to get female drug use disorders to join for preparations due to the reason I highlight of many deals in commercial sex who spent chasing men all night long".

The doctor of the Methadone clinic located inside the Mbeya Zonal Referral Hospital, Dr. Elias Bokuku says his clinic provides integrated health services to tuberculosis (T.B), Hepatitis (A and B) and treatment and care services for People Living with HIV (PLHIV).

He highlighted the number of active drugs use disorders attending daily for medication with good adherence is about 200 where the rest 100 some of them drop out of the medication for a number of reasons including the long time the medication takes and others have

poor adherence.

"Since the start of the Clinic those who are active clients as the monthly attendance record stands to be 200. We have 38 PLHIV, 12 Hepatitis C patients and four who are undergoing Tuberculosis treatment".

Dr. Bokuku says there are many reasons for the drugs use disorders to quit from medication including been fatigued with the long overdue treatment because they miss other important segment of knowing on the development and sociological healings.

"Many of them they come here all they care is to drink their Methadone and leave they don't realize on sociological health which is important part of the healing which might take long time targeting to know and notice the changes they face".

He said the Methadone medications treats drugs use disorders by relieving the withdrawal symptoms and psychological cravings that cause chemical imbalances in the body. Medications used are evidence-based treatment options.

In addition to the new facilities, the Mbeya Methadone Clinic is operated with four medical doctors, one among them is a psychiatrist, three nurse officers, two medical assistances, two record assistants, two sociologist, one counsellor and two pharmacists.

Begins Smoking Marijuana in Class One

I started smoking marijuana since I was studying in standard one, allocating the money I was given for school use to buy pieces of cassava to buy marijuana," says

Ramadhani popularly known as Ramso and adds;

"At that time, I was very young, but many of my time I was associating with adult's marijuana smokers. I continued to smoke to the point if not smoking, I didn't understand the lessons at school;

"I make myself to believe that it was marijuana which helps me to understand well my subjects at school and I spent the whole seven years of my primary education smoking".

Ramso was raised by his mother as a single parent, says the poor environments he was living at Tandika near his school was push him to associates with smoking marijuana due to the poor environments he lived at his home in Tandika near the school he was studing due to drugs users he was accompanied with.

Ramso who was raised by his mother as a single parent, says he started smoking

marijuana due to the poor environment which he lived at there home in Tandika which is near the school he studied by following groups of marijuana smokers.

Ramso says he was a good kid in character, doing well in studies with holding high rakes in the examinations, that made his mother to distrust on the information send to her about his son's associating with bad people and involving in evil deeds.

After completing his primary edication in 1986, he involves himself in painting activities, a talent he believes he was born with and still participating in marijuana smoking gangs where he started stealing, looting and grabbing people's items to get money to buy marijuana.

Between 1990 and 1991, he switched to consume drugs following his friend influence him to change from using marijuana to the new 'European marijuana' (drugs).

Consuming drugs lead him to many challenges and been seized with by policemen where all the 35 of his group members were charged with three crime categories of robbery, armed robbery and murders cases.

That was in 1994 short after he was isolated from his his family due to bad behaviour and moved to live in ghetto. He had contracted tuberculosis (T.B) twice. In 1996, he fell seriously ill without a medical examination.

After a long illness, he finally went to the hospital and was diagnosed with TB, treated and recovered. He fell sick again in 2000 where his situation was worsened and

Ramso lives with his family and returns to develop his painting talent that he abandoned during his addiction



was taken back home and his sister took him to hospital.

It was that sister of his who helped him before at the first time while he was living in a ghetto.

"My son contributes a lot for me to quit from consuming drugs. He was always asking my friends to advice me to stop taking drugs. My friends usually asked me for the same thing over and over again until I decide to quit," says Ramso and adds;

"After I decide to quit drugs, I join the Poverty Fighter Organisation for counselling during that period, there was no Methadone treatments introduced so we were councelled to reduce the quantity of drugs we consume stage by stage until I complete in 20th May, 2005".

My son contributes a lot for me to quit from consuming drugs. He was always asking my friends to advice me to stop taking drugs. My friends usually asked me for the same thing over and over again until I decide to quit

Iringa, Songwe Follows to Mbeya for Methadone

The Methadone Clinic at Mbeya Zonal Referral Hospital is currently the only provider of Methadone treatment services to addicts in the Southern Highlands region and has a record of having addicts traveling hundreds of kilometers daily to follow the service.

According to a study conducted in 2014 by the Drug Control and Enforcement

disorders who travels hundreds of kilometers daily. Records shows three are from Tunduma and two from Iringa who tries to attend clinic daily morning and they had already come and gone," says Dr. Mkakilwa and adds;

"Those are dealing their deeds in the bus stations who are famous using the opportunities to travel as staffs without being charged bus

daily to take their medication and due to their wealthy situation, many don't have formal activities to generate income," says Dr. Mkakilwa.

He points out that even many families don't support the idea to rent rooms for their relatives in the city or near to the clinic to enable them to participate in their recovery because many are angry with what they had done in the past.

Dr. Mkakilwa says the Mbeya Region is so wide and the clinic has to serve for drug use disorders from Kyela, Tukuyu, Chunya as well to Makambako and Iringa for the Iringa Region and districts form Songwe Region districts.

"Many drug use disorders are coming from far areas which ends to terminate or to have bad treatment adherence due to lack of transport fares to come daily for medication or to lack family support," says Dr. Mkakilwa.

He emphasise that for the Methadone programme to achieve in its strategy to eradicate drugs consuming in the country, its services must be expanded to where the drug users are.

"There are many drug use disorders who dearly want to quit taking drugs but they are homeless, they don't have income generations activities so they can't come and being enrolled in treatment at now," he emphasis and adds;

"Who can live as far as Tunduma can afford to spend about 8,000 shillings for transport fare to and from the clinic daily? The alternative way is for their families to support them by renting them rooms near the clinic and cover their daily needs such as meals so their beloved ones be cured and return to their normal lives".



DR. STEPHANO MKAKILWA

Authority (DCEA) identified the regions as having the peak number of drug users and the lack of Methadone treatment centers, some of them have followed such services in Mbeya region. The clinic now serves more than 200 addicts on daily basis.

Dr. Stephano Mkakilwa from the Mbeya Methadone Clinic says there are five drug use disorders who tries hard to visit the clinic daily coming from hundred of kilometers for treatment.

He said three of them comes from Tunduma Township which allocates at Songwe Region and two from Makambako which is in Iringa administrative region who are forces to go for Methadone medication in Mbeya because they are not available in their respective regions.

"Here we have drug use

fares. Without that privileges, they were to face challenges to pay fares on daily basis".

Dr. Mkakilwa says it is that by being far their clinic doesn't have sufficient number of drugs use disorders because Tunduma Township which is at the boarder to Zambia is been mentioned to have many drugs users now is not part of the Mbeya region.

Mbeya Methadone Clinic was established following the 2014 survey done by DCEA and highlighted the region was in the top five having many drug use disorders at that time Tunduma and Songwe were districts of the region.

"Being far from the centres of drugs users are is among the challenges for many of them to get enrolled for the Methadone therapy. They have to travel

Methadone CLINIC SITES

For more
information please
call toll free

