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Community Perceived Burden towards Drug Abuse Intervention among Youths in Kihesa Ward, Iringa Tanzania

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ABSTRACT: Purpose: The study sought to answer two objectives which were to describe community involvement in intervening drug abuse cases and explore community experienced challenges throughout drug abuse cases intervention among youths in Kihesa Ward.

Method: The study employed a qualitative approach, phenomenological design, semi-structured interviews and focus group discussions (FGDs) to collect data from 6 secondary school students, 5 university students, 2 health professionals, 4 local leaders, 2 recovering addicts, 2 parents, and 1 sober house manager who were obtained using quota and purposive sampling techniques. The obtained findings were analysed using thematic analysis to produce themes which were constructed out of respondents' shared opinions, and presented in verbatim quotes.

Findings: The findings indicate that community members of Kihesa Ward have been involved in drug abuse interventions through making referrals of identified drug abuse cases, engaging in educational and awareness sessions, collaborating with law enforcement institutions and encouraging spiritual matters so as to sensitize about the evil of drug abuse. Moreover, the study identified stigma and peer rejection, parental denial, limited resources, family financial struggles, cultural acceptance of alcohol use, and unintegrated interventions to be the challenges experienced during interventions.

Conclusion: Therefore, based on such findings, drug abuse cases among youths in Kihesa community are hardly intervened due to various setbacks including sociocultural, cultural and family challenges.

Recommendations: The study recommends that the government authorities and other volunteers should implement well-resourced and organized community-tailored programs so as to secure youth's wellbeing. It also emphasizes parents and families, social welfare officers, local leaders, and all who are concerned with the welfare of youths to be involved in drug abuse education and interventions so as to strategically help to resolve drug abuse cases among youths.

I. INTRODUCTION

Drug abuse is one of the global concerning issues that affects various demographic groups including the youths.[1] Global drug reports, [1,2] highlights youths as a vulnerable group influenced by various pressing factors such as peer pressure, socioeconomic challenges, mental health issues and exposure to environments that normalize drug use and abuse, and due to that affecting their wellbeing both physical and mentally.[3,4] In spite of the detrimental effects that youths face due to drug abuse, there has been an increasing number of drug abuse cases globally. For example, a report released by UNODC shows substances like cannabis have continuously been used and abused by adolescents aged 15 years and 16 years with prevalence rates of 5.5% and 4.4% respectively.[5]

Drug use and abuse hasn't emerged in recent years. Historical findings reveal that, drug use began in ancient times where drugs such as cannabis, opium, alcohol and mandrake were used for various purposes including religious, medicinal, and social gatherings or celebrations. For instance, in the Northern Africa, Asia and early European countries, it was observed that drugs were mostly used to alleviate pain, induce sleep, and strengthen ritualistic ties among community members.[6] Later, all the way to twentieth century, drug use was often associated with witchcraft and black magic influencing drug abuse interventions. In recent years, further developments have led to existence of new drugs such as morphine, cocaine, marijuana, and LSD which are produced for pharmaceutical and recreational purposes. Regardless of such firm objectives, these drugs have been reported to cause social and health problems especially when consumed unintended. [6,7]

Apart from individual and family level, the community is highly affected by drug abuse-related problems influencing their perceptions about such related cases and their appropriate interventions. For instance, history shows that community views drug abuse in different lenses ranging from spiritual possessions, moral failings and criminal behaviours to a public health concern.[8] Because of such perceptions, community efforts on responding to drug use and abuse have been influenced particularly in shaping policies, healthcare responses, and community-driven interventions. For instance, ancient history shows that interventions toward drug abuse involved faith-based measures such as prayers and exorcisms while later in eighteenth century, medical institutions devoted to alcohol abuse treatment were established under the influence that drug dependence (addiction) is a disease that can be treated.[8,9,10]

Recent studies continue to pinpoint on how drug use and abuse among youths is still a growing community problem, which is mostly influenced by perceptions toward behaviour and how parent's involvement in restricting and teaching youngsters on the effects of using and abusing drugs contribute in escalating or reducing the problem. For instance, a study done by Gerhardt and colleagues,[11] confines that parents who don't bother to restrict or teach their children about the dangers of marijuana use have led to a reduced sense of restricting themselves thus adding numbers of drug users and abusers. Another study by Aygün and Soylu,[12] shows a great correlation between drug use perceptions and juvenile misconducts, whereby the youths who involved themselves in criminal behaviours often defined their behaviour as coping strategies rather a detrimental behaviour. These studies show that, what community members' perceive toward drug abuse related behaviours has a significant influence on the efforts they devote in intervening drug abuse among youths.

Moreover, excessively use and abuse by individuals has been influenced by their beliefs about drug abuse posited by the social perceptions around them. For example, it was noted that, perceptions that set forth how substances like alcohol or cigarettes that induce enjoyment or good feelings have made youths to use with the purpose of seeking pleasure thus finding themselves abusing drugs.[3] In Europe, it is also reported that, adolescents who observe their parents using substances perceive drug use as common thus modelling such behaviour tot eh extent to the extent of being subjected to drug abuse.[13] In African countries like South Africa, Kenya and Tanzania, it has been reported that, psychosocial factors such as attitudes towards drugs, social skills deficits, low self-esteem, and maladaptive coping mechanisms influence drug use and abuse conformity among adolescent youths.[14,15,16]

Despite the fact that drug abuse interventions are significant, the perceptions circulating around them posits multidimensional perspectives in combating drug abuse. For instance, North America communities perceive drug abuse as a public health crisis which can be managed through established prevention programs including educational program about the dangers and avoidance of drug abuse in both academic institutions and local settings.[17,18] Africa is not left behind in this one. Countries including South Africa and Kenya has engaged in drug abuse prevention and intervention programs and strategies like psychoeducation and drug abuse prevention slogans to inform the community on its effects and avoidance.[19,20]

Similar efforts have also been in play in Tanzania where different drug abuse prevention and interventions exist following a considerable burden of drug abuse cases as brought by poor parenting, peer pressure, and unemployment.[21] Such efforts are implemented through rehabilitation services in sober house, and organized seminars on drug abuse prevention and interventions among educators like teachers and informing students on drug use avoidance in educational contexts.[21,22,23]

In spite of such interventions, drug abuse is still a growing concern globally and particularly Tanzania too. Different Tanzanian regions are reported with drug abuse cases affecting the youth's physical and mental wellbeing. For instance, in Kilimanjaro region, it is reported over 19.7% of adolescent youths in secondary schools had engaged in drug abuse.[24] Moreover, in Iringa region, more than 25, 000 drug-related cases were reported in 2022.[23] Such prevalence's not only poses a threat and shows the scope of the problem but also stirs the urgency need to take further preventive efforts.

However, it seems that community members including parents, religious leaders, social welfare officers and other more who are concerned with parenting and youths' welfare have left drug abuse prevention and intervention on the shoulders of the government and rehabilitation centres like sober house. This is justified by a study in Kilolo district in Iringa region,[22] which also suggests the significance and need of involving community members in the efforts to reduce drug abuse. Other areas of Iringa region such as Kihesa Ward are also victims of drug abuse cases. Existing literatures on the area has mostly focused on psychological and academic

impacts of drug abuse cases and their interventions,[25,26] and with limited focus to community members' lived experiences and perspectives on these drug abuse interventions exploring the success and failure of these interventions.

For such reasons, this study specifically seeks to fill this gap by exploring the community perceived burden toward drug abuse interventions among the youths in Kihesa Ward, to generate contextually relevant insights on lived experiences of drug abuse interventions, thus not compromising their wellbeing. The study was set in Kihesa Ward in Iringa, Tanzania to address the topic under consideration of subsequent specific objectives:

1. To describe community involvement in intervening drug abuse cases among youths in Kihesa Ward, Iringa Tanzania
2. To explore community-experienced challenges throughout drug abuse cases intervention among youths in Kihesa Ward, Iringa Tanzania

II. METHODOLOGY

Research Approach

This study used a qualitative research approach so as to explore and characterise community members' knowledge and views of drug abuse interventions for young people in Kihesa Ward. The researcher chose this approach because it captures rich, contextual, and subtle information that quantitative methods may overlook. Through face to face conversation and group discussions with respondents, this approach enabled an in-depth examination of the lived experiences and subjective perspectives of many community members, supporting the study's goal of generating a thorough knowledge of the phenomenon under inquiry.[27]

Research Design

This study employed phenomenological design because it helped to capture respondents' opinions and experiences, and extracted meaning to each shared item.[28] This was through capturing respondents' insights about their involvement in intervening drug abuse cases and experienced challenges faced throughout drug abuse interventions among youths; then proceed to meaningfully contextualize each shared issues. This was implemented through attentive listening and seeking deep understanding of respondents' shared views during one on one interviews and dialogues in FGDs.

Area of the Study

The study was carried out in Kihesa Ward which is populated with approximately 22,276 people scattered in localities such as Iringa Municipality, Iringa Region, Tanzania.[29] It is one among the wards in Iringa Municipality reported to have increase of immoral behaviours such as drug abuse especially along educational institutions.[30] Based on studies by Welwel and colleages,[26] and Adolph,[25] Kihesa Ward was found to have a considerable prevalence of drug abuse cases and interventions that significantly play part in rescuing the vulnerable group of addicted adolescents. Due to such vulnerability, the researcher visited Semtema "A," Semtema "B," Ngome, and Ilembula streets in Kihesa Ward to collect data from non-schooling and schooling youths in secondary schools and universities (aged 15 to 25 years) who are suspected to be unemployed and having greater chance of participating in nightlife activities such as attending night clubs and pubs.[30] Therefore, due to such facts. Kihesa Ward met the demands of the study which sought to capture perceptions toward drug abuse interventions.

Population and Sample Size

A total of 24 participants were involved in the study. This included 6 youths from secondary school, 5 from university, 2 recovering addicts, 2 health professionals, 1 sober house manager, 1 ward executive officer, 3 street chairpersons, 2 parents of affected youths, and 2 religious leaders from a church and mosque. Quota and purposive sampling techniques were used to ensure balanced representation and recruitment of participants with direct experience or professional involvement in drug abuse interventions hence providing accurate information that answered the objectives of the study.

Data Collection, Analysis and Presentation

All of the obtained data for the study were gathered through semi-structured interviews and focus group discussions (FGDs). With assistance of interview and focus group discussion guides, all participants were engaged in semi-structured interviews except the youths in academic institutions who were engaged in focus groups discussions in their respective academic contexts. Both semi-structured interview and focused group discussions guide comprised 11 open-ended questions, organized into three sections that directly aligned with the study's specific objectives. To document insights and notes from interviews and group discussions, the researcher used phone audio recording and a notebook for recording and documenting important points. These instruments enabled the researcher to obtain relevant data that convey the respondent's lived experiences and perspectives on the topic understudy.[27,31,32]

The data collected were thematically analysed using the Collaizzi's, [33] descriptive phenomenological seven step method. The reason for choosing this method was based on its rigor and ability to capture rich, subjective experiences in health and social research,[34] aligning with the study's assumption that reality is shaped by individual perspectives.[31] After analysis, the findings were presented in quotes showing real voices of respondents.

Ethical Considerations

With official permits and approval from Regional Administrative Secretary (RAS) of Iringa region, District Administrative Secretary (DAS) of Iringa Municipality and Ward Executive Officer (WEO) of Kihesa Ward, the researcher visited the respondents to their respective areas and made arrangements for data collection. As data were collected, respondents were first secured with consent forms reflecting the need for autonomy and legal compliance. This went hand in hand with brief explanation on the study's purpose, procedures, potential risks, and benefits, however, participants were also provided right to withdraw at any stage without consequences, safeguarding voluntary participation. Moreover, to prevent psychological or social harm, interviews and focus groups were conducted in safe, cultural respectful settings while using language and terms appropriate to local contexts. After collection, the gathered data were treated considering anonymity while digital and physical data were stored securely to maintain confidentiality.[27,35]

III. FINDINGS AND DISCUSSIONS

This section presents findings obtained from the respondents and discussion of those findings based on the objectives of the study by making comparison with existing literatures to contextualize the studied phenomena as shown in subsequent subsection.

Study Objective 1: To describe community involvement in intervening drug abuse cases among youths in Kihesa Ward, Iringa Tanzania.

To answer this objective, healthcare experts, religious leaders, community leaders, parents, sober house manager, and youths were engaged in interviews and FGDs. Based on the analysis of insights captured from interviews and FGDs, the study identified that the community of Kihesa Ward gets involved in intervening drug abuse cases through referring identified youth addicts to sober houses, cautioning and providing education about the effects of drug abuse, cooperating with law enforcement institutions, and encouraging spiritual and religious services to sensitize the community about the evil of drug abuse.

By beginning with the first theme which shows that the community of Kihesa Ward make referrals to mental health or psychiatry units in regional hospital and sober houses as a form of intervening drug abuse cases, the following respondents had this to say:

> "At our healthcare centre, we do not manage psychiatric or severe addiction cases directly. When we identify youth affected by drug use especially those showing mental health symptoms, we refer them to Iringa Regional Referral Hospital or the Sober House in Mtwivila. Most come while being physically sick, but after assessment, we discover underlying substance abuse issues and refer them accordingly" (Clinical Officer 1, Health Centre A).

The other respondent added by saying:

> "We once had a young man, around 20 years old, who had fallen deep into marijuana use and was committing petty crimes. With help from local youth leaders, we mobilized support and referred him to the Sober House. He went through recovery, found work in another town, and recently came back home to continue with schooling" (Chairperson 3, Street C).

Such involvement and services provided aligns with that of the Philippines where community members including health professionals in primary health centres make referrals to specialized rehabilitation facilities depending on the severity of presented cases.[36] Their involvement also reflects directives of the Drug Control Enforcement Authority (DCEA) to all primary health centres which emphasize referring drug abuse cases to regional or national facilities for more assistance.[37] Moreover, sober houses in Tanzania are highly recognized and significantly recommended for treating substance use disorders,[38] supporting the community efforts of recognition of sober house in Mtwivila. This consistency between these findings underscores that how community members in Kihesa Ward involve themselves in drug abuse interventions is not only locally relevant but also reflects globally recognized referral pathways, strengthening the reliability of their recovery infrastructure.

On the other hand, the community members of Kihesa Ward have been involved in *providing educational sessions* tailored on the effects of drug abuse. These sessions are initiated by municipal officers, local leaders, NGOs, and religious institutions within their community as efforts to drug abuse prevention and intervention. Here is what some of respondents shared:

> "We have rotated in different gatherings and areas within the ward to provide education about drug use and abuse, for example in churches, schools, boda boda centres, markets, community meetings, and other events so as to inform on preventive ways and caution youths and the community at large from engaging in hazardous use of drugs" (Ward Executive Officer, Ward 1)

Similarly, the other respondents said:

> "We've done school outreach programs to educate youths about drug use and abuse. Some ask for more information afterward, and it shows the sessions are effective when they are done well" (Sober House Manager 1, Sober House A).

Moreover, another respondent added by saying:

> "People from Iringa Municipal or police come to school to teach about drug abuse. It helps to raise awareness, thus proving that more sessions are needed to secure youths from drug abuse" (Secondary Student 1, School A).

In support to these findings, a study by Das and colleagues, [39] describes the significance of educational interventions that target youths so as to prevent and intervene the effects of drug abuse. Another study, [40] further affirms that, such education-based programs shape awareness and knowledge about the risks of drug abuse, whereas contributing to prevention. The agreement between the study and existing literature highlights the proven effectiveness of educational interventions. However, the seasonal nature of Kihesa's programs contrasts with these literatures, [39, 40] implication that ongoing initiatives yield greater impact, suggesting that expanding program frequency could significantly enhance outcomes.

Additionally, *cooperating with law enforcement officers* is one of the measures employed to exempt the youths from the effects of drug abuse. The use of law enforcement especially through Polisi Jamii (Community Police) focuses on deterrence, arrest, and education about legal consequences of drug abuse to the youths. Due to these, the Ward officer was noted saying:

> "We closely collaborate with the police forces which operate through a special program called Polisi Jamii to responsibly arrest youths involved in illegal drug use and trafficking" (Ward Executive Officer, Ward 1).

Similarly, the other respondent added by saying:

> "At boda boda centres and in the streets, we've formed youth groups with strict rules against drug use. Community police sometimes visit them to give warnings and enforce these rules" (Chairperson 1, Street A).

This community based strategy mirrors the DCEA's national measures for demand and supply reduction, with the DCEA Drug Situation Report, [41] noting 2,476 drug-related offenses nationally. Also, the ward's community policing program reflects Cross's, [42] description of localized crime prevention through community engagement. The alignment of these findings with national and scholarly perspectives indicates that Kihesa's approach is integrated within a broader state-led framework.

Another common measure employed to assist youths using drugs is through *spiritual and religious encouragements*. It is considered that spiritual and religious affiliations like churches and mosques have been involved in combatting drug abuse cases through providing spiritual, emotional and moral support, counselling, prayer sessions, family support, and in some cases, referrals to professional care settings. Due to these, one youth recovering from drug abuse shared,

> "Honestly... the most common form of support I've seen is spiritual. When youths struggle with drugs, they're usually directed to pastors or religious leaders for counselling and prayer. This was also done to me too" (Recovering Addict 1, Sober House A).

Religious leaders added by saying:

> "At the mosque, we teach youths to avoid harmful substances when attending Friday sermons and youth programs... and we guide families by referring them to sober houses or health professionals" (Sheikh 1, Street C,).

> "We provide prayers, spiritual mentorship, counselling, and connect affected families to recovery centres whenever needed" (Pastor 1, Street A)

Respondents' voices show that religious institutions in Kihesa Ward serve as trusted entry points for addiction support, especially where formal health systems are underutilized or inaccessible. This is in support with a study by Kamal and colleagues, [40] which addresses the significance of spiritual involvement as a preventive measure that fosters personal growth and self-identity. The findings also align with a study by Weinandy and Grubbs, [43] that reports the acceptance of many religious communities in support the disease model of addiction and advocate for scientifically informed treatments. The alignment between local practices and these scholarly findings indicates that Kihesa's integration of spiritual guidance complements biomedical interventions.

Study Objective 2: To explore community-experienced challenges throughout drug abuse cases intervention among youths in Kihesa Ward, Iringa Tanzania

To answer this objective, religious leaders, parents, community leaders, healthcare workers, youths and sober house attendants participated in interviews and FGDs. The study identified various community challenges that were experienced during drug abuse interventions among the youths. These challenges were such as post-rehab stigma and social rejection, parental denial and shame, resource and institutional deficits, family economic barriers, cultural acceptance of alcohol use, and fragmented and episodic interventions.

The first pressing challenge is *stigma and rejection* in which youths face upon returning from rehabilitation especially sober house. These youths are often isolated by their families, peers, and the wider community, undermining their recovery and pushing many into relapse thus entering a cycle of failure, rejection, and re-use. Here is what these community members said:

> "After returning from rehabilitation service and reached back home, the community rejected him. Even his classmates refused to sit near him, speak or spend time with him. He was for sure continuously been isolated and eventually relapsed in drug abuse" (Pastor 1, Street A).

The other respondent added by saying:

> "My son once told me, 'Mom even if I try to change, no one believes me.' He felt like a stranger in his own community. He stayed alone most of the time, and he could see himself that he was losing hope. After some weeks, he relapsed to marijuana use" (Parent 1, Street A)

Moreover, the other respondent was quoted saying:

> "There's strong stigma when youths return from sober houses. One boy in my street was completely isolated to the extent that neighbours and even friends wouldn't talk to him. I had to educate the community but it wasn't easy for community members to embrace him. Eventually, I have made some arrangements so that he may move to another region for a fresh start." (Chairperson 1, Street A)

These narratives underscore that post-rehab social rejection undermines recovery, breeds self-doubt, and often contributes to relapse. Even after formal treatment, the lack of community reintegration support perpetuates a destructive cycle, ultimately weakening the impact of drug abuse interventions. These findings correspond closely with a study of Ramadhan and colleagues, [44] which identified similar experiences among recovering addicts in Zanzibar, following negative attitudes that the community disclose throughout recovery phases of youths who underwent sober house services. Pedersen and Klepp, [45] also documented over 50 relapse cases among recovering heroin users in Zanzibar, with many returns to sober houses attributed to social stigma. Furthermore, Du and colleagues, [46] link social exclusion to negative coping styles, which heighten relapse risk – mirroring the self-isolation behaviours observed among Kihesa youths. The strong alignment between these findings and the cited literature indicates that social stigma is a pervasive and recurrent barrier to sustained recovery, emphasizing that combating community prejudice is as critical as medical and psychosocial interventions.

Parental denial and shame also emerged as a major community-based barrier affecting youth drug intervention efforts. Respondents revealed that some parents in Kihesa Ward, despite being aware of their children's drug-related behaviours, choose to deny or conceal the problem due to fear of social shame. Here is what was shared by community and religious leaders:

> "Some parents clearly know their children are involved in drug abuse but they keep quiet out of fear of being judged. Even when neighbours report, they defend the child or say 'he's just stressed.' This delays the help that could have been offered earlier" (Chairperson 2, Street B).

The other respondent said:

> "We organize community sessions to address drug abuse and sometimes involve parents. But instead of receiving cooperation from them, we receive confrontation and accusations with a claim that are unfair to their children.

> One even demanded us to stop involving her son by claiming that his son is not like how we told about" (Chairperson 1, Street A).

The other respondent was quoted saying:

> "Many parents are in denials. They don't believe that their own children can be involved in drug use and abuse. They can see certain symptoms of drug-related behaviours but assure themselves by thinking it might be something else. Parents seem to fear their embarrassment more than as they fear their children's addiction" (Sheikh 1, Street C).

These shared voices reveal that parental denial and fear of public stigma significantly hinder early detection and intervention. Such findings are supported by Flensburg and colleagues, [47] who observed similar parental responses in South Africa, where stigma towards parents of addicted children was prevalent. Mafa and Makhobele, [48] further noted that emotions such as shock, anger, fear, and guilt contribute to denial behaviours, while Naftal, [49] emphasizes that parental attitudes significantly influence the success of interventions. The agreement between the present findings and existing literature underscores that tackling parental stigma and emotional distress is central to strengthening intervention strategies, as family engagement (also suggested by Betese, [22]) is often the cornerstone of youth's drug abuse interventions.

Another community-experienced challenge in intervening drug abuse cases among youths in Kihesa Ward is *resource and institutional deficits*. Respondents including community leaders and health professional expressed that frustration over the absence of dedicated drug abuse support units, funding gaps, and untrained personnel affecting drug intervention efforts. This is what they shared:

> "We leaders are committed, but we lack basic resources to conduct prevention or intervention programs. If institutions could allocate even minimal budget to support street-level actions, we could reach more youth and families with possible treatment." (Chairperson 2, Street B)

The other respondent was quoted saying:

> "Our health facility lacks a dedicated mental health and drug abuse unit. Youths come in with both physical and psychological symptoms, but we're only equipped for physiological effects. I think when this unit will be available, many drug-related patients will be attended" (Nurse, Health Centre A)

The other respondent was also quoted saying:

> "I've used my own pocket money to go to schools to provide drug abuse education and raise awareness just because there's no financial support from the government particularly for concern of drug abuse educational programs" (Sober House Manager 1, Sober House A)

These accounts reveal a critical shortage of structured support, from financial resources to specialized service units. The absence of institutional backing weakens both preventive and rehabilitative efforts, especially in early-stage intervention. These challenges are parallel Macharia's [50] argument that rehabilitation services require substantial funding to meet operational needs. Jason and colleagues, [38] similarly documented that sober houses in Dar es Salaam could improve services significantly if provided with adequate financial support showing that most rehabilitation centres have scarce resources that in turn hinder effective interventions. The consistency between these studies highlights that resource scarcity is a structural constraint, suggesting that sustainable funding mechanisms are essential for long-term effectiveness of community-based drug abuse interventions.

Family economic barriers is another challenge affecting drug abuse interventions in Kihesa Ward limiting access to treatment, counselling, follow-up care, and rehabilitation services. Respondents consistently linked economic hardship with inability to pursue or complete drug abuse interventions, despite the willingness of families and service providers. For instance, the following respondents had this to say.

> "Our African families are struggling with poverty and difficult life. For instance, when you have to choose between buying food and paying for a therapy session, you choose food even though there is an important benefit in seeking psychological help with the struggles we pass through. So sometimes, money is the problem amidst psychotherapy demands" (Parent 1, Street A).

The other respondent was quoted saying:

> "With my short experience of working at this sober house centre located at Mtwivila, I have seen families struggling with service bills and most of these families lack money even for service fee, thus it becomes a challenge to help their children who are affected with drug abuse. So financial insufficiency is really a big challenge" (Nurse 1, Health Centre A).

The other respondent was also quoted saying:

> "In most cases in my area, drug abuse cases are mostly identified among youths who come from families with poverty and financial problems. When they need treatment it becomes difficult since some come from poor families which cannot afford to carter the costs. So it becomes a bigger challenge for parents but also for us as leaders" (Chairperson 3, Street C).

The presented voices show how socioeconomic constraints hinder both prevention and recovery from drug abuse effects. Families face a dilemma between basic needs and necessary interventions, while service costs become unaffordable. These findings resonate with those of Mathibela and Botha [51] which confirms that parents of children with substance use disorders often need multiple forms of support, including financial assistance. Likewise, Mathibela and Masombuka [52] report that financial strain from a child's addiction can disrupt household stability and limit access to treatment. The agreement across these findings indicates that economic constraints are a common, cross-contextual challenge, reinforcing the need for interventions that integrate social protection and financial aid for affected families.

The study also identified *cultural norms*, particularly around alcohol use to be a challenge during drug abuse interventions. In some households and communities, substance use – especially alcohol, is normalized and perceived as traditional, making it difficult for interventions to be taken seriously. This was encountered by community leaders who were quoted saying:

> "Some of the community members especially the elders term alcohol use as a tradition. Drinking alcohol for them is normal and they don't recognize its effects in the midst of abuse. Because of this, educating the community about alcohol effects becomes a challenge. Now you can imagine, if the elders do not recognize such aspects, how would it be possible for the youths? It's really a great risk" (Chairperson 3, Street C).

The other one added by saying:

> "Cultural influence also plays a part in slowing drug intervention efforts – like in Iringa, where traditional alcohol use increases vulnerability" (Chairperson 1, Street A, June 2025).

These voices show that deep-rooted cultural acceptance of alcohol impedes early recognition of substance abuse and reduces responsiveness to intervention programs. Where traditions uphold alcohol as normative, families may underestimate the dangers, reducing engagement in youth-focused behavioural change efforts. This was also reported in Rombo district, in Kilimanjaro region where cultural perceptions of alcohol as a status symbol encourage early consumption among youths, often modelled by parents and elders. [53] This agreement between the present study and existing literature underscores that cultural acceptance of alcohol use requires culturally sensitive prevention strategies that address entrenched traditions without alienating the community. This cultural leniency directly undermines community-driven prevention and recovery actions.

Lastly, community members revealed the presence of fragmented and episodic interventions within Kihesa Ward. Characterized by irregularity, short-lived, and often lack continuity, these efforts are mostly conducted during specific events or campaigns, with no structured system for follow-up or sustained support. Here is what the youths had shared during the conversations:

> "… Drug abuse efforts such as education and awareness sessions are too seasonal and lack consistency in a way that we don't understand more about drug abuse effects and interventions. Such incomprehension lowers commitment and innovations toward combatting drug abuse" (University Student 3, University A).

The other one added by saying:

> "Most of time a campaign for drug abuse prevention comes to school, lasts one week or less, and then disappears. Then there's no follow-up from there" (Secondary Student 6, School A, July 2025).

However, the other was quoted saying:

> "There's no structured program for drug abuse especially for awareness and education. Most sessions happen only during specific events like festivals and governmental campaigns. Thus, due to such scarcity, very minimal drug abuse cases have been worked out" (Sober House Manager 1, Sober House A, June 2025).

These responses highlight a critical gap in intervention delivery. The episodic nature of programs weakens retention of drug-related knowledge, limits behaviour change, and leaves affected youth without continued support. These findings are also supported by Nyashanu and Visser [20] who identified fragmented interventions as a barrier to treatment among young adults affected by drug abuse in South Africa. However, Kamal and colleagues, [40] warns that, irregular educational efforts may foster myths and misconceptions, preventing youths from making informed decisions about drug use. The concurrence of these findings suggests that intervention frequency and continuity are critical to sustaining prevention and recovery efforts, as sporadic engagement weakens program impact.

IV. CONCLUSION AND RECOMMENDATIONS

Conclusion

Based on the findings of this study, it is clearly stipulated that the community of Kihesa Ward has been involved in drug abuse intervention through making referrals of youths identified with addictive behaviours, providing education on detrimental effects of drug abuse and spiritual support, and cooperating with law enforcement institutions to maintain social orders and minimize drug availability, thus contributing to the support of youths' recovery. However, due to experienced setbacks such as stigma and peer rejection, denials from parents, family financial difficulties, cultural acceptance of alcohol use, and the presence of unintegrated and episodic interventions, the community of Kihesa Ward has faced some challenges upon intervening drug abuse cases among youths. Therefore, depending on such facts, the study concludes that the community of Kihesa Ward is hardly struggling to intervene drug abuse cases amidst socioeconomic, cultural and family disregards.

Recommendations

In order to address drug abuse among youths in Kihesa Ward, the study suggests that government authorities and other volunteers should develop and implement community-based, well organized and resourced programs so as to support drug abuse interventions, recovery and the wellbeing of youths. Additionally, community members including parents, local leaders, social welfare officers, religious leaders, and all who are concerned with youth's welfare should highly be involved and fully participate in drug abuse education and interventions thus strengthen efforts in combating drug abuse among youths. However, further studies should be done to investigate the effectiveness of existing drug abuse interventions but also explore the role of community support in sustaining recovery and preventing relapse among youths abusing drugs.

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VII. DISCLOSURE

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