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Relationships that help or hinder

**A study about recovering from drug addiction for a number of
women at a sober house at Zanzibar, Tanzania**

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Abstract

In November 2013 we made a five-week field study at Zanzibar, Tanzania which resulted in this report. The study examines how social relationships affect the recovery from drug abuse for a number of women at a sober house in Zanzibar, Tanzania. The overarching question we wanted to answer was “How does the women experience that their social relationships affect their recovery?” There is only one sober house throughout Tanzania for drug addicted women, so even women from nearby countries such as Kenya also come here. The method used for data collection were observations, field notes based on conversations and semi-structured qualitative interviews from women at the sober house. This report shows that family problems often was a contributing factor for women searching other communities, where they later started using drugs to fit in. Once they were drawn into addiction they didn't worry so much about the relationship with their families. Relationships with other addicts usually improved when they began to use drugs. In most cases the families took distance from the person when they discovered their drug abuse. The main finding was that social relationships affected the recovery both positively and negatively. It depended on how close the relationship was and the attitude of the other person. Based on this, we believe that it is important in social work to look at the whole context and not just the individual. It requires a change in the way of living and breaking destructive habits in order to recover from a drug addiction. Therefore, work should be done to restore broken relationships with people around the addict, and also helping them get into new positive context.

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1. Introduction

We chose this topic because we thought it was interesting and up to date with drug abuse. With drug abuse we refer to use of harmful substances such as alcohol and illegal drugs that can lead to an uncontrollable addiction and risky behaviour (http://www.who.int/topics/substance_abuse/en/). During the field studies first week, we visited a number of community projects and we chose a sober house for female addicts. There is only one sober house in Tanzania for drug addicted women and there are also women from for example Kenya. The idea for the topic came when we spoke with one of the women at the sober house. She told us about the difficulties of becoming free from their addiction as women in Tanzania and focused particularly on the problem of stigma and lack of support as reasons why women relapse. We wanted to investigate this further and to make the topic more specific we chose to target the women's social relations. With social relations we mean people who the women come in contact with regularly, such as family, friends and the other women in the house. The aim of this study is therefore to examine how social relationships affect the recovery from substance abuse for a number of women in a treatment centre in Zanzibar, Tanzania. The overarching question we want to answer is *How does the women experience that their social relationships affect their recovery?*

1.1 Tanzania

Tanzania, or the United Republic of Tanzania is located in East Africa. Tanzania is a union republic, which means that Zanzibar has its own government and its own parliament. The population was estimated at 42,746,620 inhabitants in July 2011. Life expectancy is 61 years for women and 58 years for men in 2009. Life expectancy is falling and a major reason for this is that HIV / AIDS is prevalent.

The income gap between those who earn the most and those who earn the least is very large and more than 30% of the population is very poor. On the mainland is about 35% of the population is Muslim, 30% Christian and 35% profess indigenous religions. On Zanzibar dominates Islam and 99% are Muslim (<http://apps.who.int/gho/data/node.country.country-TZA>).

1.2 The sober house

Women Sober house in Zanzibar was established in November 2010 by Fatuma Juma Mussa, who still runs the business. Currently 13 women and 3 children is living in the house. The

sober house has no employees but is managed by volunteers and by the women themselves. The women who have been there the longest takes the most responsibility. The women follow the NA 12 -step program. In total 86 women have completed the program since the project began. The government supports the project to some extent by paying 6 months rent per year. The remaining revenue is from grants from other organizations, the women's fee for the treatment and Fatumas own money. The sober house also has a shop in Stone Town where they sell crafts made by the women themselves, but this brings no significant income.

1.3 Women and Addiction - Previous research

In 2004 30.2% of the patients who sought help in Dar es Salaam and Zanzibar abused heroin. Often they had been introduced to drugs by friends and relatives by smoking, which either were consciously stuffed with heroin or the drug was unconsciously given in the cigarette. Possibilities of treatment for substance abuse appears to be limited in Tanzania, for example, there was only one clinic that treated addiction in Dar es Salaam 2004. At the same time, it was estimated that there were approximately 200,000 to 250,000 drug addicts in the area (Dewing, Plüddemann, Myers & Parry, 2006).

Denga, Sringernyuangc and Zhanga (2007) explains how drug users are stigmatized by society and hence get stronger social ties to each other. This gives a security in the groups, which leading to continuing their addiction or a greater risk of relapse. Sanders (2012) highlights in his article the stigma that female drug users who participate in NA or AA support groups perceive from their environment and what strategies they use to deal with this. Women are subjected to a double stigma, partly because of drug abuse but also because they do not live up to the traditional image of how a woman is expected to be. The women often experienced that it was easier to attend meetings that were just for women. Common prejudices that women struggled with was different attributes they associated with because of their addiction , such as dishonesty, selfishness, that they were bad mothers and promiscuous. If they also been criminal or suffered from a mental illness, this was extra stigmatizing. Many of the women felt that the surroundings did not understand them and that they had been subjected to negative treatment by their environment, for example by their families. They were also concerned about failed relationships with family members. That the relationship changed negatively could both be because of the prejudices the family projected on the person but also because they behaved badly towards the family during the period they abused. The problem of abuse could not be seen as isolated for the women because they had strong ties to

their families. The women who participated for a long time in the 12-step program experienced lower degree of stigmatization than those who participated for a shorter time. The treatment method described in Gueta and Addads (2013) article on a number of women's path to a drug free life through Narcotics Anonymous, NA, and their 12 -step program. This describes addiction as a disease that weakens the person's self-control and sanity. It is believed that in order to recover they need a spiritual process and the acceptance of a "higher power" that will guide them. The program also helps women to see themselves as victims of a disease which means they can distance themselves from their abuse identity. This increases the confidence in the therapy from the client's perspective. They are taught to believe that they can change and they can learn to manage their self-esteem easier, and feelings of shame and guilt.

2. Methodology

The method used for data collection were observations, field notes based on conversations and semi-structured qualitative interviews from women at the sober house. The authors did one interview each and data from three different interviews was collected. It was given information to the women that it was optional to participate in an interview and this resulted in that one of the interviews was implemented in English and two in Swahili with interpreter. The interpreter was a person from the organization TZIVA who translated the respondents answers from Swahili to English. The respondent had to take the initiative and decide whether they wanted to be interviewed so there was a convenience sample. Such type of selection means that you cannot generalize the findings (Bryman, 2011). The interviews were conducted in the sober houses office when the respondents were available. The time of the interview ranged between 37 and 130 minutes per person. Before the interview started the respondent was informed of the purpose of the research, that participation was optional and that she had the right to cancel the interview at any time. Furthermore, she was also informed about that the data will be handle with confidentiality and finally asked whether it was okay that the interview was recorded.

The semi-structured interview guide contained 22 questions divided into four different themes (see Appendix 1. Interview Guide). The interview guide was designed in English, as it was the language that would be used in the interview. A semi-structured interview involved a flexibility in the process and gave respondent more freedom in her answer (Bryman, 2011). The themes was designed to fit the purpose and the overarching question, then the questions

sorted into the theme related. An example of a theme was "Rehabilitation/relapse" in which a question was: "What motivates you to stop using drugs?" (See Appendix 1. Interview Guide). Both open and closed questions were used and leading questions were avoided as much as possible. In the interview situation there were room for some flexibility addition to the interview guide, for example various supplementary questions were asked.

The data was analyzed using a conventional content analysis (Granheim & Lundman, 2004). The interviews were transcribed by the author who performed the interview. In the interviews that were translated only the interpreter's English translation of the interviewee's responses were transcribed not the Swahili respons. The text was coded by meaning bearing units and were provided with a label (code). The codes were put together in a common document, and were paired in to 14 different groups of adjacent words. Citations were pasted in each group next to there code and then it was controlled that the codes are placed into the right group. If it was not the case the code and citation was moved to another group. The contents of each group was summed to derive the essential meaning in a manifest level (what the respondent explicitly said) (see Appendix 2. Encoding Model). The authors then examined the summaries together to see which groups could be paired in to categories. This resulted in seven categories that were analyzed to shift to the latent level (what was said between the lines, interpreting). Based on this, the authors came up with the theme "Relationships that help or hinder" which summed up the results of the work.

Regarding the ethical issues were all collected data treated with confidentiality, information that could uncovered the respondents' identity has been removed from the results as much as possible. Before the interview started the respondent were briefed about her right to consent and everyone consent. Respondents were also informed that it was okay not answer questions that they experienced to private. It was also taking into account following ethical principles; such as to ensure that participants are not to be damage or harm, to make clear that participation is voluntary, that the interviewees' choice at any time to cancel the interview will be respected, and protect their right to privacy is of great importance when it comes to research (Bryman, 2011).

3. Results and analysis

The interviewees were between 25 and 33 years old and had been clean for four to nine months. Two were from the mainland and one came from Zanzibar. One had a husband and

the other two had a boyfriend, two of the interviewees had children. Most of the women at the treatment centre had a partner and children. Of the three interviewees all had had at least one relapse. The drugs they had taken were marijuana, crack and heroin. Also alcohol had occurred and caused two interviewees relapses. All of the interviewees had initially the attitude that they could test drugs without becoming addicted. They thought they could control their use, and that it was a certain type of people who became addicts.

It appeared that the interviewees felt that Zanzibar's attitude against drug users was negative. A common belief was that drug addicts came from poor families with poor parenting. They were looked at as thieves, a burden for the community as well as selfish and untrustworthy, which was not always right compared to the interviewees lives and character. They were also considered to have used their chance in life and now be worthless. The fact that they also were women increased the prejudice and distrust towards them, and put them in a difficult position where they depended on their environment for support. This was also confirmed in conversations with other people.

In the analysis of the material seven different categories appeared: *Reasons for drug abuse*, *Life as an addict*, *The influence of close relationships*, *Relations at the sober house*, *The process of recovering*, *Relapses* and *Motivation for recovery*.

3.1 Reasons for drug abuse

Examples of codes in this category were "easily accessible drugs", "self-esteem" and "curiosity". Reasons for the interviewees to start taking drugs could be curiosity, the need to fit in somewhere and to try to escape everyday life. It had also occurred that people could be tricked into taking drugs and thus become initiated into drug use, this according to conversations with other women in the sober house. The interviewees also described family problems which led to feelings of alienation and therefore made them sought acceptance elsewhere than in their home. Some of them also had poor self-esteem and one of them mentioned that she grew up with feelings of loneliness and anger towards his family. Family members or partners could also have contributed to the initiation of substance abuse as they sold drugs, or that they contribute to the environment interviewees were trying to escape from by using the drugs. Two of them did not think they would become like other addicts if they started taking drugs, they thought they could control themselves better. Quote encoded "new style": *I thought I could use and be a normal person and I thought that it 's just a new style ,*

that's what I thought ... But I saw people who were using drugs that and they messed up there life but I thought that i can manage, I could control, I cannot be like them . I did not know it was gonna be a problem.

3.2 Life as an addict

Here it is described how life with abuse was and how the interviewees addiction developed.

Examples of codes in this category were "abuse and love", "addiction" and "poverty".

Usually, people started using marijuana and then moved on to rougher drugs. They described this period in mainly negative terms except one interviewee who thought it had been fun in the beginning, and another describing how the relationship with her boyfriend was improved when she started using heroin. Otherwise, they described how life previously revolved around their addiction and how they prostituted themselves and were stealing from their family in order to buy drugs. Drugs result in them not caring about other things, like children, family, their body and health. They had no plans for the future; they just did what they wanted at the time. This lifestyle increased the risk of suffering from various diseases such as HIV as was the case for some women in the house. One interviewee told us that when she abused she could not stick to one man, and another said she had had suicidal thoughts. A quote that reflects this had been coded "negative about drugs": *She is saying there is no any positive effect from using drugs , instead you only get negative effects of being backwards of any, what do you say ... success in life , the only things of using drugs and all the money you spent they are just used on drugs.*

3.3 The influence of close relationships

In this category it appeared that all the interviewees thought that their closest social relationships were parents, siblings or their own family and partner, as they had been there a long time and supported them. They described some of their surroundings supportive and believing that they would recover and that they could stop using drugs. Others did not believe that an addict could recover and expected them to relapse again. Which attitude the family had against drug use affected the attitude against the person in question. One interviewee described the family's doubt affected her recovery both positively and negatively; it was disappointing that they did not believe in her, but at the same time it spurred her because she wanted to prove she could recover. That the families had been ashamed, renounced and frown on were also retained, as they felt that they were not welcome at home and suspicions such as them being thefts occurred among family and relatives. All the interviewees had the support

from most of the family now that they recovered and were welcomed home again, but some relationships had ceased completely because of the abuse. The support could be both emotionally and financially. There were, however, other women at the sober house who still were not welcome in their families, even after finishing the program. This had in some cases led to women staying at the sober house longer than they necessarily needed to. This emerged in conversations we had in addition to the interviews. Examples of codes in this category were "family relationship", "family influence" and "support". A quote with the code "family relationship today": *She's saying that now they're when she goes there, they care her, they show her love, they give her things and money overpriced. They, they show her the difference that when you were using drugs we did not love you because of, because of the drugs but now we can care you, and we love you so much, so And they do trust her so, even ... that she is sober.*

3.4 Relations at the sober house

Examples of codes in this category were "conflict", "different habits" and "negative impact". The atmosphere in the women's sober house showed to be messy and uncertain. The three interviewees felt that there was no real love between them in the house and that such things as jealousy, gossip and intrigue often occurred. This could affect their rehabilitation negative. A quote that reflected this was: *When the women here, they're just discouraging her. Yeah. To ... they just make her to create hatred, jealous to others and overpriced to bad things. Yeah.* This was encoded "different habits. Even so, one of the interviewees still accentuated the weight of the other women's role and their positive impact on her recovery. Another woman explained how important it was to take into account that some are there for the first time, and that they had extra tough and it was important to give love and support to the others. The problems in the sober house were mainly explained in individual discussions with the women, while in the group discussions the atmosphere were more often presented as good and that the other women in the house were compared as your family. The interviewees told us that the women in the house affect each other, for example if one of them relapses. This arouses sympathy for the other woman, since they all know how it was to live with an addiction. One of the interviewees described that it felt like the woman relapsing betrayed the other women in the sober house: *We felt bad ... we do not want anyone to relapse you know ... We want all of us to stay clean. Because when someone relapses we feel like that she is letting us down or try to make her come back so she can go back on her journey ... So we do not feel okay when someone relapses . We feel bad.* The quote was coded "other people relapse."

3.5 The process of recovering

Examples of codes in this category was "managing emotions", "impact/friends" and "passing on". During the program, the women had to face the difficult feelings of regret and helplessness that they had to learn to cope with by taking one day at a time. One of the interviewees described how she did not want to be accepted too readily by her family, but how she wants it to take time and rather focus more on her own recovery and accept herself instead. Another interviewee described how the family turned their backs on her and did not want to help her, but that she had accepted this now. During the program one part was to confront the feelings that they had excluded during their drug use, and to learn how to deal with them without taking drugs as help. They tried to open their minds and understand people, and to forgive those who had hurt them, in order to move on. Example of a quote that was coded "managing emotions" was: *Because you know when you stop using all your feelings they come back. And I used and I have oppressed it because i did not want them to come, I did not wanna feel anything. So now when i do not use I feel I remember everything. And sometimes I feel bad ... but I am just practicing how to forgive people or to forgive myself you know, yeah.*

3.6 Relapses

This category is about relapse into addiction and how the women handled this. Codes used were "doubts /relapse", "learning from mistakes" and "temptations". All the interviewees had had one to two relapses during her rehabilitation. Relapse occurred when they left treatment to start living a normal life. It could for example be that they started to hang out with old friends and boyfriends from the time using drugs, encountering difficulties, that the drugs were easy to obtain or that they simply were not ready to change. One interviewee even told us that she thought she could control her drug use after treatment, leading to a relapse.

To use drugs again after the treatment was perceived as different from the time before the treatment, as the things learned in the program continued to affect the women even during relapse. This led to feelings of regret. However, all the interviewees felt in one way that it was somewhat positive to relapse because you could see the difference from a drug-free life and a life of drug use. This made them even more motivated to get clean. Once relapsing this could be seen as a step towards the road to recovery. A quote with code "relapse" was: *My relapse... my last relapse it was very bad... Because even me I even kill myself and that was the time I realise that I have a problem. And second I just tell myself "now you need help because I tried*

to do it on my own I try to lower dose and size and take pills to stop and that I could quit using drugs myself but I didn't. It didn't work for me so I said to myself "now is the time" I need people to help me. And I know there was no place to go for me where I can get guidance instead of our fellowship so I came back.

3.7 Motivation for recovery

This category the interviewees told about their dreams for the future and what motivated them to quit drugs. Code word was "future hopes", "independence" and "without drugs". Most interviewees dreamed of an education to be able to find a job. Despite dreams of a home and a family in the future or take better care of the family they already had, two of the interviewees said that they would not like to be dependent on someone else, they wanted to be independent. They described how they came to the sober house because they get tired of the life they lived, prostitution, health problems, the problems affect their families, and that it was not the same now to use drugs as it had been in the beginning. The difference between a life of addict and a drug-free life they now experienced was motivating. *"I was tired, so I was searching for help"* is a quote that describes this and it had been coded "reason (tired)". Another quote that reflects the motivation to recovery was coded "future hopes": *She is saying she is hoping one day she recovering is completed and she will be a good woman, and overpriced she is planning to go back to school and studying, and overpriced fight for successful life and having a good life, and overpriced pray together with her son.*

3.8 Theme – Relationships that help or hinder

How do social relationships affect the rehabilitation from drug addiction? Something that has pervaded our study is that relationships play an important role in how to relate to your addiction and also for the rehabilitation, even if there are other factors that plays a part. Family problems were often one of the reasons that you had gathered with other groups in which you started to use drugs to fit in. When the drug use once had turned into addiction you started to care less about the relation to your family. The relationships with other addicts often improved when you started to use drugs yourself, while the family in most cases rejected the person when the addiction was revealed. Close relationships felt positive for the recovering if they were supporting the person but had a negative effect if they treated her suspiciously or rejected her. In some cases the environment's doubts could brace the interviewee because you wanted to show them that you could recover. Contacts with friends or boyfriend who were still addicted could result in a relapse after completed treatment.

However, relationships with other recovering addicts could be positive since you could support each other in the process of recovering and also had an understanding for the situation of one other. Unfortunately, the atmosphere in the sober house often were pervaded by intrigues and concurrence among the women; something that made the recovery harder but in the same time could be seen as a practice in handling hard situations without using drugs. To redeem yourself and people you have hurt and to accept your situation as it is, was a central part of the treatment program. This takes time and it's common that you relapse during the recovering process. However, a relapse could give you important insights and increase the motivation to become free of addiction. Also, future dreams of a family or a better relationship with your current family and wishes to getting a job and to be economically independent was a motivation to recover. To sum up, social relations can affect the recovery from drug addiction in a both positive and negative way. It depended on the surrounding's view of drug use and the closeness of the relationships. This led us to the theme "relationships that help or hinder". A quote that shows this was coded with the words "positive attitudes/negative attitudes": *My family... My mom is the one who is... She was always there for me when I was an addict and me even when I recover. Also my brother and my sister they help me and care. But then some of the members of my family they take it in a negative way. They are just counting the days... "oh, tomorrow she gone use..."*

4. Discussion

The aim of this study was to investigate how social relationships affect the recovery from drug addiction for a couple of women on the sober house where we did the field study. Through interviews, general conversations and observations we found that social relations can have a both positive and a negative effect, depending on the closeness of the relationship and the persons attitudes towards the rehabilitation.

As for the scientific articles we read before the work started, many issues were confirmed by our own study. For example, some of the women at the sober house unknowingly have had the drugs in cigarettes they've had gotten from friends or boyfriends, which Dewing, Plüddemann, Myers and Parry (2006) wrote about. Since the sober house we visited were the only treatment centre for women in Tanzania we can confirm that the possibility to get treatment is limited. We also saw a connection between Denga, Sringernyuang och Zhangas (2007) theory about that drug addicts get stronger social bonds to each other. The women at

the sober house explained how they'd searched for a community outside their families and on this way got into company whose influence led to drug addiction or relapse when the women came back to them after the treatment.

Sanders article from 2012 pointed out that female addicts were judged harder by the environment because they were women, since they except of being characterised as addicts also broke norms about how a woman is supposed to be. In our study we found that addiction was less accepted for a woman compared to a man. In some way the environments stereotypical picture of the woman addict described by Sanders, were confirmed since the women in our study felt that people in their surrounding portrayed them as thieves and bad people.

When we first decided to write about recovering from addiction and social relationships we were quite sure that it would affect the process in some way, but we didn't realised how much. Relations is a main issue in the women's stories both in the start of their addiction and now during the recovering. Few things seems to affect us so much as other people. One aspect of this is the stigmatization the women experienced. At first we asked ourselves if what the people we met described as a stigma really was a stigma. Were the features which the women's families portrayed them with only prejudices or was the reason for these attitudes the girls bad behaviour towards them during the addiction? It was probably a combination. Many of the women told us that they had stolen from family and friends to get money to buy drugs. When they started the recovering many relations held on to the picture of them like they were before – even if they had changed. Consequently there was a stigma even after you had stopped using drugs. This made it hard to come back to a context that supported you in staying away from drugs. The problem was not only the women's addiction but also the surroundings unwillingness to help them get back into the society.

According to this we believe that it is important to see to the whole context and not only the individual. To recover from addiction you need to change your way of living and let go of destructive habits. Since it's often hard to do this on your own and you probably won't get any help from a former network of addicts you're in need of a new group of people where you are welcomed and accepted. As a social worker you therefore might focus more on restoring broken relationships to people in the surrounding but also try to help the client to meet new people. Naturally, there are more aspects of addiction and recovering than we have pointed

out in this report and it's not so easy that a strong social network who support the recovering automatically lead to an end of the addiction. However, we think it is an important piece in the puzzle.

We also want to say that the study was made in Tanzania, in a society very different from Sweden. Therefore we might have misunderstood things we observed since we don't have the same knowledge of the culture there as here. Attitudes about addiction, family and relationships and social work probably differ between the two countries. Our impression was that family influence over the individual was greater in Tanzania than in Sweden. The Tanzanian government had started to pay attention to the issue of addiction and there is still a lot of work to do. The treatment centres we visited were run by volunteers and with few resources, unlike in Sweden where the government is responsible for providing assistance and pay for treatment. In Tanzania, the families are expected to take much more responsibility for the addicted person and to pay for the treatment if they are willing and able to do that. Since two of the interviews were conducted with the help of a person who translated from Swahili to English, and this person was not a professional interpreter, the material from these interviews is regarded as less credible than the third transcription. This is because the risk of misunderstanding was bigger when a third person was the link between the interviewees and the interviewer, and it may have been misunderstanding in how the questions should be formulated, or how the answers were given. There is also a risk that the interpreter did not repeat everything the interviewee said and simplified and misunderstood the interviewees' responses. The interviewee who spoke English did not have this as their first language, so to some extent, even her interview could have contained misunderstandings or simplifications. One of the interviewees said different things in the interview regarding her family situation compared to what was previously mentioned in conversations with the same person. This affects the credibility of her interview and we cannot be sure of which version who was the true one. Family relationships can be a sensitive subject, and because of that there is a risk that the women did not always answer the questions truthfully. We have complemented the interviews with observations and field notes to gain more credibility. Something else that could have increased the credibility of the investigation is a professional interpreter and more respondents.

Finally, we think that this is an interesting topic that could be explored more. Other aspects that we could delve more into are whether there are differences between addicted women and

men, both in recovering and in the attitudes of society. It could be interesting to compare the women's sober house with one for men. You could also turn on our purpose and investigate how recovery affects social relationships or which other factors that can influence the rehabilitation.

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Attachment 1: Interview guide

Background

How old are you?

Marital status?

Can you tell me about your family?

How long have you been here?

Where do you come from?

How long have you been clean?

What made you come here?

Addiction

What does people at Zanzibar generally think about using drugs? *-Why do you think people have these attitudes?*

What was your thoughts of drug addicts before you started doing drugs?

When did you start taking drugs and how come you started? *- How long have you been using drugs?*

What drugs did you take? How did your addiction develop? *- What made you continue?*

Social network

Do you have other people around you who are using drugs? *-How do they affect your recovery?*

What is the attitude of your surroundings towards you as a recovering addict? *- How do these attitudes affect your recovery?*

Which people do you feel are closest to you? *-what is their opinion of addicts? - How do they affect your drug abuse?*

How do they influence you in relation to your recovery? *- your friends and family? Women in the house, boyfriend, children...*

What was your relationship to them before you started taking drugs? *- And today? -your friends and family? boyfriend, children...*

Rehabilitation / relapse

What motivates you to stop using drugs?

Have you had any relapses? *If so - what would you say was the main reason?*

What does your surrounding think about your relapses? *-How do you react when other people relapse?*

What difficulties do you experience during your rehabilitation?

What do you find positive or negative with a life without drugs?

What are your thoughts and hopes for the future? *Family relations etc. - How will you get there?*

Attachment 2: Code Table

Code table	Manifest/concrete level	Latent/underlying level	
Meningsbärande enheter	Codes	Categories	Theme
<i>I thought I could use and be a normal person and I thought that it's just a new style, that's what I thought. But I saw people who that were using drugs and they messed up there life but I thought that I can manage, I could control, I cannot be like them. I didn't know it was gonna be a problem.</i>	New style, start of the addiction, Self-esteem, negative feelings, problems at home, Naive, Curiosity.	Reasons for drug abuse	"Relationships that help or hinder"
<i>She is saying there is no any positive effect from using drugs, instead you only get negative effects of being backwards of any, what do you say success in life, the only things of using drugs and all the money you spend they are just used on drugs.</i>	Negative with drugs, Life with addiction, suppress feelings, Addiction, Poverty, Health.	Life as an addict	
<i>She's saying that now they're when she goes there, they care her, they show her love, they give her things and money also. They, they show her the difference that when you were using drugs we didn't love you because of, because of the drugs but now we can care you, and we love you so much, so.... And they do trust her so, even... that she is sober.</i>	Family relationship today, Impacts family, Shame, Mistrust, Family Relation, Changed opinion.	The influence of close relationships	
<i>When the women here, they're just discouraging her. Yeah. To... they just make her to create hatred, jealous to others and also to bad things. Yeah.</i>	Different habits, Negative Impact, Environment, Interrupting treatment, Problems in the house, Challenge conflicts, Shuttle guests.	Relations at the sober house	
<i>Because you know when you stop using all your feelings they come back. And I used and I have depress it because I didn't want them to come, I didn't wanna feel anything. So now when I don't use I feel I remember everything. And</i>	Handle emotions, Passing on, Influence Friends.	The process of recovering	

<p><i>sometimes feel bad... but I am just practicing how to forgive people or to forgive myself you know, yeah.</i></p>			
<p><i>But sometimes it happens because of challenges you face back to the street. Cause the life in the street are different than the life here in sober house. Here in sober house you cannot get the drugs easily but in the street you can get it, and sometimes you got wasted by the friends you are having there on the street so it's something which is not good.</i></p>	<p>Temptations, Relapse, Relapse Problem, Not ready, Relapse reason, Learning from mistakes.</p>	<p>Relapses</p>	
<p><i>She is saying she is hoping one day she recovering is completed and she will be a good woman, and also she is planning to go back to school and studying, and also fight for successful life and having a good life, and also be together with her son.</i></p>	<p>Future hopes, Hope Family, Independence, Future, Improve themselves, Motivation/insight.</p>	<p>Motivation for recovery</p>	