

**COMMUNICATION AS A TOOL FOR COMBATING ILLICIT DRUGS IN
ZAMBIA: AN ASSESSMENT OF THE DRUG ENFORCEMENT
COMMISSION'S ANTI-DRUG CAMPAIGN IN LUSAKA**

BY

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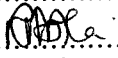
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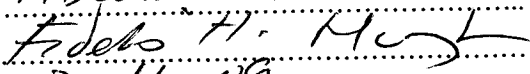


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DECLARATION

I declare that this report has not been previously submitted for a degree in this or any other University.

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ABSTRACT

Illicit drugs are, today, a world concern and Zambia, being part of the global village has not been spared. Global drug trends indicate that there has been stability in the cultivation and production of illicit drugs. However, the stability has been to the varying production trends in various parts of the world which have evened each other. On the other hand, there has been an increase in the number of persons reported to be addicted to drugs. Anti-drug interventions have been instituted among which are supply interdiction and drug demand reduction strategies.

In Zambia, the Drug Enforcement Commission (DEC), as lead agent against illicit drugs, has through its National Education Campaign Division (NECD), been spearheading awareness campaigns on the nature and effects of these drugs. In order to assess the drug knowledge base of the public and the impact of these awareness campaigns, 150 questionnaires were administered in Kalingalinga, Kabulonga and Chilenje townships. In-depth interviews were also conducted with former and current drug dependent persons as well as some civic leaders. For analysis, the Social Package of the Social Sciences (SPSS) software was utilised.

The objectives of the study included; i) identify the attitudes and views of the public regarding illicit drugs in Zambia; ii) identify any misconceptions held by the public concerning illicit drugs in Zambia; iii) Assess the level of knowledge of the public vis-à-vis what illicit drugs are and the potential dangers they pose; iv) Examine the current information available to the public on illicit drugs; v) Examine the role and extent to which participatory communication can assist in fighting illicit drug trafficking and abuse.

The study revealed some information gaps among the members of the public in so far as illicit drugs are concerned. This information deficit has partially contributed to the community's indifference regarding the fight against illicit drugs. The study further revealed that the drug fight requires multiple interventions including massive information dissemination and participatory communication.

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DEDICATION

This dissertation is dedicated to my parents Maurice and Catherine Mbolela for being there for me in times of need; my daughters Doreen and Tasheni for understanding and coping with my busy schedule; and my late brother Mumbi Mbolela (MHSRIP) whose death gave me the inspiration to embark on this research.

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ABBREVIATIONS/ACRONYMS

AMLIU	Anti-Money Laundering Investigations Unit
AIDS	Acquired Immune Deficiency Syndrome
CSO	Central Statistical Office
DEC	Drug Enforcement Commission
FAO	Food and Agriculture Organisation
GRZ	Government of the Republic of Zambia
HCP	Health Communication Partnership
HIV	Human Immunodeficiency Virus
IDUs	Injectable Drug Users
INCB	International Narcotics Control Board
LSD	Lysergic acid diethylamide
NECD	National Education Campaign Division
SADC	Southern African Development Community
SAMHSA	Substance Abuse and Mental Health Services
SPSS	Statistical Package for the Social Sciences
THC	Tetrahydrocannabinol
UNAIDS	Joint United Nations Programme on HIV and AIDS
UNDP	United Nations Development Programme
UNDCP	United Nations Drug Control Programme
UNINCB	United Nations International Narcotics Control Board
UNISA	University of South Africa
UNODC	United Nations Office on Drugs and Office
WADD	World Anti-Drug Day
ZNBC	Zambia National Broadcasting Corporation

CHAPTER 1

1.0 INTRODUCTION AND BACKGROUND

1.1 Introduction

Drug trafficking and abuse have for many years plagued the world in general, and Zambia being part of the global village, has not been spared. They have wrought havoc and forced changes in the way people lead their lives. Drugs are among the greatest threats to the peace, security, and well-being of humanity alongside crime and terrorism. Since the beginning of the 19th century when the colonial administration in Zambia noted with concern that there was an apparent problem arising from illicit substance abuse, illicit drugs and substances have been fought using various strategies. The fight emanated from the workforce's poor performance, late reporting as well as reporting drunk for duty.

The illicit drug problem has since then been exacerbated by the global winds of change coupled with the increasingly free movement of persons and goods. The political, socio-economic, and geographical position of Zambia has also been a contributing factor to the growth of the illicit drug problem. Surrounded by eight countries, Zambia's landlocked position enables the passage of goods and people from all around the borderline most of which is porous. The porous nature of the borderline coupled with the sophistication of illicit drug dealers has turned Zambia into not only a transit point but also a consumer nation as well. This is depicted by the increasing number of persons counselled for drug addiction at various institutions through out the country.

1.2 Background information on Zambia

Zambia is a country in south-central part of Africa and covers an area of 753,000 square kilometres and has an estimated population of 12 million people. It is a landlocked country and is surrounded by Tanzania and Democratic Republic of Congo to the north, Malawi and Mozambique to the east, Zimbabwe, Botswana and Namibia to the south, as well as Angola to the west. Zambia lies between latitudes 8 ° South to 18° South and longitudes 22° East and 32° East (Central Statistical Office, 2005).

Much of the land is plateau and is well watered by rivers such as the Zambezi, Luangwa and Kafue as well as such water bodies as lakes.

Zambia has a tropical climate with three distinct seasons namely the cool and dry season from April to August, hot and dry from September to October/November, and warm and wet from November to April. Agriculture in Zambia plays an important role in the sustenance of the country's population. With the tropical climate, Zambia produces crops such as maize, cotton, cassava, and groundnuts among others. The high rainfall areas are the Copperbelt, Luapula, Northern, and North western provinces, while the main agricultural centres include Southern, Eastern, Central, and Copperbelt provinces (Central Statistical Office, 2001).

Though an agricultural country, Zambia's economy for many years been supported by the mining of minerals such as copper, zinc, lead, emeralds and cobalt among others.

Administratively, Zambia is divided into nine provinces and seventy -three districts. The major towns include Lusaka (capital city), Kitwe, Ndola, Livingstone, Mongu, Kabwe, Chipata, Kasama, Solwezi, and Mansa. Zambia has been cited as one of the most highly urbanised sub-Saharan African countries with about 44 percent of the population living in the urban areas, while rural areas remain sparsely populated. (<http://en.wikipedia.org/wiki/Zambia>). During the period 2000-2009, there was high unemployment and underemployment in urban areas and a dependence on subsistence farming in rural areas.

1.3 History of Drug Interdiction in Zambia

Drug interdiction dates as far back as the early colonial days and has evolved through the years. Several attempts were made by authorities to curb illicit drug use, which saw the introduction of measures and laws to govern the in-take of substances. These laws included the Dangerous Drugs Ordinance, enacted in 1926, and later the Dangerous Drugs Act No. 42 enacted in 1967 which was a direct response to the United Nations Single Convention on Narcotics of 1961 to which Zambia is a signatory (DEC, 1999). Although this Act prescribed some administrative and regulative provisions, it was not adequate to address the situation on the ground in terms of drug use. It did not prescribe any punitive measures for drug offenders but was more concerned with health matters. In the years that followed, there were attempts to introduce and stiffening penalties for illicit drug trafficking as a way of discouraging drug trafficking and ultimately, drug use.

With the passing of years, Zambia in the 1980s witnessed an increase in the trade of an illicit drug known as methaqualone (commonly known as mandrax). This mandrax became a medium of exchange by drug traffickers in exchange for goods such as motor vehicles. Gradually, Zambia became a major gateway for illicit drugs, which exposed the country to many negative and 'harmful' elements. This prompted the setting up of the Chaila Tribunal in 1985 to ascertain the extent of the drug scourge and possibly identify those who were involved in the trade of illicit drugs such as mandrax. The tribunal found some 60 persons, both Zambian and non-Zambian, 'guilty' of drug trafficking. However, since the existing legislation did not prescribe the punitive measures for drug trafficking, the suspects could not be tried in courts of law and hence were released.

One of the recommendations of the Chaila Tribunal was the strengthening of existing anti-drug laws to address the problem and form an entity that would be charged with specifically curbing drug trafficking and abuse in Zambia. Thus, the Drug Enforcement Commission (DEC) was formed in 1989 and has since continued to pursue its mandate as stipulated in the Narcotic Drugs and Psychotropic Substances Act (Chapter 96 of the Laws of Zambia) which is to curb illicit drug trafficking, abuse and money laundering.

As part of the strategy to meet its mandate, the DEC fights illicit drugs from two fronts, namely supply interdiction, and drug demand reduction. The two-fold fight is based on the premise that if there is no demand for these illicit drugs, then the supplier will not produce the merchandise. The most commonly found illicit drugs in Zambia are cannabis, heroin, cocaine, and miraa/khat. Other drugs that have been seized or

abused in the country include mandrax as well as medical drugs such as diazepam (valium), Phenobarbital and Ephedrine.

With the introduction of multi-party politics in 1991 and the consequent liberalization of the Zambian economy, there has been an influx of persons and goods, a trend that has contributed to the growth in the drug problem. More persons are now able to move from one end of the country to the other, and Zambia has often been used as a transit point for illicit drugs, as per the reports from the Drug Enforcement Commission.

1.3.1 World Drug Trends

The world has for many years battled with the trade and abuse of illicit drugs such as heroin, cocaine, marijuana (cannabis), methamphetamines, and other illicit substances. According to the United Nations Office on Drugs and Crime (UNODC) 2008 World Drugs Report, global supply, trafficking and consumption of cocaine, heroin, cannabis, and amphetamines have stabilised although Afghanistan has continued with an upward trend in the cultivation of opium poppy from where heroin is derived.

Despite the stability alluded to above, the illicit drug situation remains fragile, and global concerted efforts continue being employed to contain illicit drugs. Whereas in some areas, reports indicate a decline in areas such as Morocco in the production of marijuana/cannabis, there was an increase in the cultivation of coca and opium in Colombia and Afghanistan, respectively. In fact, Afghanistan recorded an increase in

the harvest of opium poppy in 2007 compared to that recorded in 2005. Regarding cocaine, coca cultivation increased by 27 per cent in Colombia in 2007. On the other hand, the global cannabis market is stable but Afghanistan has become a major producer of cannabis resin perhaps exceeding Morocco. Cannabis has reportedly become much stronger in as far as the psycho-active ingredient (THC) is concerned, especially in the United States of America.

It is estimated that approximately 200 million people aged between 15 and 64 years, worldwide, use illegal drugs. Further, there are about 13.1 million injecting drug users in 130 countries who are at risk of contracting and spreading diseases such as HIV/AIDS. In the UNODC 2008 World Drug Report, it is suggested that drug abuse can be treated and controlled, but if left unchecked, it may cost society in terms of violent crimes, prison and court cases, emergency room admissions, child abuse, foster care, welfare and unemployment benefits. Such costs place a heavy burden on developing countries which often lack adequate health care and educational facilities to cope with the consequences of addiction.

Further, it should be noted that in recent years, there has been a shift from rampant abuse of illegal substances to those that are legal. The problem has been exacerbated by the fact that it is difficult to police the trade in prescription drugs (UNISA, 2008).

1.4 History of the Drug Enforcement Commission

Stemming from the 1985 Chaila Tribunal, the Drug Enforcement Commission was established in 1989 by an Act of Parliament with its first offices being limited to

Lusaka only. Since then, the Commission has spread its tentacles to the nine provincial centres and eighteen districts namely Lusaka, Ndola, Livingstone, Kasama, Mongu, Chipata, Solwezi, Mansa, Kabwe, Sesheke, Kitwe, Samfya, Nchelenge, Nakonde, Chirundu, Siavonga, Mpulungu, Kapiri Mposhi, Choma and Serenje. Others are Mpika, Kasempa, Mwinilunga, Zambezi, Mumbwa, Luangwa, and Mazabuka.

The Commission has also increased its staff establishment from 252 in 2003 to 522 as at 31st December, 2008. However, the staff strength as at end of 2008 was 447. From the given establishment statistics, the officer-citizen ratio stands at approximately 1: 23,000 thus rendering drug interdiction and drug demand reduction, challenging for the authorities concerned. In this vein, the Commission works in close collaboration with local and international partners. (DEC, 2007).

The Commission has since 2003 seized fluctuating tonnages of various drugs as depicted in the figure below:

YEAR	DRUGS SEIZED			
	<i>Cannabis</i>	<i>Miraa/Khat</i>	<i>Cocaine</i>	<i>Heroin</i>
2003	182,143,661gms	247,360gms	43.68 gms	1,529 gms
2004	107,880,996gms	98,756gms	6.13 gms	24.11 gms
2005	17,038,917gms	255,158gms	2,054.98 gms	5.90 gms
2006	115,322,293gms	506,322gms	73.20 gms	2,385.22 gms
2007	53,331,444.15gms	305,866gms	745.98 gms	3,860.18 gms

Table 1

Source: 2003, 2004, 2005, 2006, 2007 DEC Annual Reports

Similarly, the Commission has in last five years recording a steady increase in the number of persons accessing assistance from the NECD counselling office. The most abused drug was the locally grown cannabis/marijuana taken either alone or in combination with alcohol. Other drugs of abuse included cocaine, heroin, diazepam (valium), and inhalants (such as petrol, glue). The statistics depicted in the table below are only indicative of those cases that have been brought the attention of the Commission. Hence, the affected number could be higher.

Number of Drug Dependent Persons

YEAR	NUMBER OF DRUG DEPENDENT PERSONS ATTENDED TO.
2003	142
2004	219
2005	233
2006	342
2007	340

Table 2

Source: 2003, 2004, 2005, 2006, 2007 DEC Annual Reports

1.5 Statement of the Problem

Although the Government of Zambia, through the DEC, has endeavoured to address the drug problem by intercepting the flow of drugs as well as offering educational information, counselling and rehabilitation services, the impact of these efforts has apparently not achieved the desired outcome. There has been an increase in both the tonnage of drugs seized and the number of persons receiving attention for drug dependency or addiction.

Further, there is an apparent gap between the public, a pivotal partner, and the DEC as can be seen from the lack of significant community-based anti-drug programmes. There have been mixed reactions from the public over illicit drug matters and a seemingly lack of interest in the anti-drug fight. This is largely due to the knowledge, attitudes, and perceptions that are held by members of the public on illicit drugs. However, on the other hand, the fight against drugs has been somewhat disjointed in the manner it has been waged. This study was aimed at providing an insight into the public opinion in as far as illicit drugs are concerned so as to understand what strategies would be best suited for combating illicit drugs in communities.

1.6 Rationale

Lusaka provides a good sample area for the study because of its centrality and status as capital city of Zambia. With its central location, it has become an important distribution centre for illicit drugs coming in from outside Zambia by either road or air to various destinations within and outside the country. The city is demarcated into suburbs, which are classified into three namely low, medium, and high-density areas.

One area from each of the three classifications has been included in the study to assess what members of the public think and know about illicit drugs. The rationale behind is that there could be some peculiar issues in the given areas that must be understood and incorporated in the anti-drug strategies to be utilised. Manifestation of ignorance, negative attitudes and misconceptions as regards illicit drugs, will have to be addressed if the fight against drugs is to succeed.

The survey conducted included three sample residential areas namely Kalingalinga (high density), Chilenje (medium density), and Kabulonga (low density). The three areas are classified according to the number of persons occupying a given square metre. In addition, these areas are somewhat representative of the different socio-economic levels of people of a given area.

1.7 Objectives

Through this study, the researcher intends to:

- i) Identify the attitudes and views of the public regarding illicit drugs in Zambia;
- ii) Identify any misconceptions held by the public concerning illicit drugs in Zambia;
- iii) Assess the level of knowledge of the public vis-à-vis what illicit drugs are and the potential dangers they pose;
- iv) Examine the current information available to the public on illicit drugs;
- v) Examine the role and extent to which participatory communication can assist in fighting illicit drug trafficking and abuse;

1.8 Research Questions

- 1) What are the views and attitudes of the public to the presence of illicit drugs in Lusaka?
- 2) What misconceptions are held by the public concerning illicit drugs in Lusaka?
- 3) What does the public know about illicit drugs and drug abuse?
- 4) What kind of information is available to the public on illicit drugs?
- 5) What is the role of and to what extent can participatory communication assist in the fight against illicit drugs?

CHAPTER 2

2.0 METHODOLOGY

2.1 Introduction

This chapter outlines the methodology used in collecting data for the study at hand. The researcher used triangulation in the study so as to have a balanced result of the knowledge, attitudes, and practices of the public in Lusaka.

2.2 Methods of Data Collection

The following methods were used to collect data:

- i) Quantitative survey through the questionnaires;
- ii) Content analysis of the information offered by the National Education Campaign Division of the DEC;
- iii) In-depth interviews with drug dependent persons
- iv) Analysis of primary data
- v) Attending scheduled anti-drug activities

2.2.1 Quantitative Survey

Pre-tested structured questionnaires were administered to respondents in the selected areas to afford them an opportunity to participate in the survey. The questionnaires provided feedback on the opinion of people concerning illicit drugs, the operations of the DEC and the role of the community in fighting drugs.

2.2.1.1 Sampling Procedure

The study entailed the involvement of the entire population but due to limited time and capacity, samples were used. Lusaka, as capital city of Zambia, was selected as the area of study because of its cosmopolitan nature, which has enabled illicit drugs' trade and abuse to thrive. Due to its central location, Lusaka is a hub for most of the drugs consumed in Zambia making it an ideal distribution centre. At the time of study, the city's population of 1,084,703 resided in various residential areas that were structured in such a way that they were largely defined by the economic level of residents (CSO, 2004). The population density refers to the number of people resident within a standard unit of area, in this case, measured per square kilometre (CSO, 2004). It therefore follows that each of the sample areas is classified in accordance with the number of persons living in a given square kilometre.

An analysis of the population distribution by age reveals that Lusaka has more young persons than adults. According to the 2000 Census of Population and Housing Report, there were more persons between the 15-64 age band than the 65+ band (CSO, 2004). In studying the knowledge and attitudes of people on illicit drugs and drug abuse, the

sample population was drawn from the entire population of Lusaka district living in different residential areas. The general assumption was that attitudes towards issues such as illicit drugs differ in the way that people lead their lives. This links with the quantitative approach of phenomenology, which is concerned with people's perceptions as a way of understanding the world better.

From the total Lusaka population of 1,084,703, a sub-total of one hundred and fifty respondents from the three identified residential areas was included in the survey. To achieve this, multi-stage cluster sampling has been used to select the areas to be included in the study namely Kabulonga, Chilenje, and Kalingalinga. The three were purposively chosen to represent the three types of residences namely, low, medium and high-density areas. The proposed clusters to be used are ideal because they are occurring naturally according to the geographical set up. From the identified areas, participants were drawn using simple random sampling from each cluster. A proportionate number of people from each residential area were included in the study in order to strike a balance. In using simple random sampling, each participant had an equal and known chance of being selected. The study targeted both young persons and adults.

The three residential areas that were part of the survey have been chosen for specific reasons. Kabulonga (with a population of 13,166 persons) was chosen as a sample area to represent all other low-density residential areas in Lusaka. Somewhat affluent persons inhabit this area. The study was aimed at gauging the difference (if any) that might exist in terms of knowledge, attitudes and practices concerning illicit drugs between Kabulonga and its neighbouring residential area of Kalingalinga (a high

density area). In a similar manner, Kalingalinga (with a population of 28,686) was used as a sample area to represent other high-density areas. Kalingalinga has a somewhat less affluent population than in areas such as Kabulonga and Chilenje.

Chilenje (with a population of 23,841) is a medium density residential area, which represented other areas in the same category. The area represents persons of a medium income level.

In the three areas of study, the multi-stage cluster sampling formula was used to determine how many questionnaires to administer in each area. 150 questionnaires were administered and were broken down as 30 for Kabulonga, 65 for Kalingalinga and 55 for Chilenje. The following formula was used to arrive at the breakdown:

$$\frac{n}{N} \times \text{no. of questionnaires}$$

N

where n stands for the total number of people in a given residential area and N is the total number of the people in the three sample areas).

$$\text{Kabulonga (Low density)} \quad 13,166 = \frac{13,166}{65,693} \times 150 = 30 \text{ questionnaires}$$

$$\text{Kalingalinga (High density)} \quad 28,686 = \frac{28,686}{65,693} \times 150 = 65 \text{ questionnaires}$$

$$\text{Chilenje (Medium density)} \quad 23,841 = \frac{23,841}{65,693} \times 150 = 55 \text{ questionnaires}$$

Population By Residential Area

TYPE OF RESIDENTIAL AREA	TOTAL POPULATION PER RESIDENTIAL AREA (n)	NUMBER OF QUESTIONNAIRES ADMINISTERED
Kabulonga (Low Density)	13,166	30
Chilenje (Medium Density)	23,841	55
Kalingalinga (High Density)	28,686	65
TOTAL	N= 65,686	150

Table 3

Statistics obtained from the CSO report

In terms of actual distribution of questionnaires, the researcher purposively chose East and West Kabulonga, central Chilenje and central Kalingalinga. In order to get a rough estimation of the population in the said areas, statistical reports from the Central Statistical Office of Zambia have been used for reference. From this, the sample size has been determined in order to have a representative number included in the sample. The age range of the participants was not restricted because the fight against illicit drugs is for every law-abiding citizen.

2.2.2 Content Analysis

The researcher analysed the information that is given to the public when delivering lectures and/or talks by the NECD of the DEC. The analysis was meant to ascertain

the relevance and appropriateness of the information in raising awareness on illicit drugs. The Commission's curriculum is used countrywide wherever NECD officers are present.

2.2.3 In-depth Interviews with Drug Dependent Persons

The study included interviews with persons who are either addicted to illicit drugs, or were once on drugs. These were all reached through the counselling office of the DEC. Of the interviewees, one was a female who was a former heroin addict. In a bid to get more information from persons that may already be abusing illicit drugs, snowball sampling was used. This group of people that was somewhat difficult to engage in dialogue gave insight into the aspect of how and why people get involved in drug abuse. The survey included six drug dependent persons through the existing structures such as the DEC counselling centre.

The in-depth interviews also covered area counsellors (number), church leaders (number) and area development committee leaders (number). The identified persons were mainly those with a good overview of their topic/ subject areas.

2.2.4 Analysis of Primary Data

Analysis of documents provided insight into local and international drug trafficking and abuse trends as well as the methodology and topics used in the educational campaign.

2.2.5 Attendance of scheduled anti-drug activities

The meetings, discussions and other anti-drug activities were a convenient real life situation for observing the methodology and techniques used in delivering anti-drug messages to the public. At the same time, group discussions were also used to gather information because some people found it easier to express their views in the presence of others. The discussions, which often turned into debates on the extent of the drug problem as well as the current efforts being put in the fight against illicit drugs, provided a gauge for the different views held by members of the public.

2.3 Data Gathering

In the questionnaires that were administered and the interviews that were conducted, both closed and open-ended questions were used in order to get a clear picture of the situation on the ground.

2.4 Data Analysis

Data analysis was done with the use of the Statistical Package for Social Sciences (SPSS) software. Hence, tables, charts, and graphs were used to summarise the collected data.

2.5 Limitations of the study

Respondents in the survey exhibited an apparent reservation to discuss matters pertaining to illicit drugs. Thus, the researcher had the challenge of assuring them that they would not be victimised for their opinions concerning illicit drugs and the operations of the DEC. Despite the assurances, most respondents still appeared to be cautious of what they indicated in their responses. This proved to be a hindrance in the acquisition of knowledge concerning the public views and opinions on illicit drugs. It is this fear that needs to be surmounted if the public is to be engaged as partners in the fight against illicit drugs.

CHAPTER 3

3.0 CONCEPTUAL AND THEORETICAL FRAMEWORK

3.1 Conceptual and Operational Definitions

3.1.1. *Drugs*

According to Wikipedia, the free encyclopaedia, a drug is defined as a substance that when absorbed into the body of a living organism, alters normal bodily function (<http://en.wikipedia.org/wiki/Drug>). In this study which is centred on illicit drugs, the term ‘drug’ shall refer to every substance that is psychoactive and causes some distortion in ‘normal’ behaviour of a person. Although alcohol is socially accepted and considered as not being as dangerous as hard drugs, it shall be included for purposes of understanding the link, if any, between alcohol and illicit drugs.

The concept of ‘normal behaviour’ shall mean that which is acceptable to every one in the community as reflecting commonly held values and norms. In order to differentiate this drug abuse from the use of drugs for medical purposes, the term ‘illicit’ shall be used. These illicit drugs include such plant-based products as cannabis, cocaine, heroin and morphine, and synthetic drugs such as methaqualone (commonly known as mandrax), amphetamine, LSD (lysergic acid diethylamide) and ecstasy.

3.1.2. *Psychoactive substance*

Psychoactive substances are those that primarily act on the central nervous system where it alters the brain function resulting in temporary changes in perception, mood, consciousness, and behaviour. Owing to these effects, psychoactive substances tend to be abused.

These substances include both legal and illegal chemicals that are used to change the user's moods, feelings and perceptions (UNISA, 2008).

3.1.3. *Cannabis*

This is also referred to as “marijuana” and “ganja.” Cannabis is a plant of the sativa family which contains psychoactive chemicals and is commonly found and used in its natural herbal form. Marijuana on the other hand refers to the dried stem, leaves and flowers of the cannabis sativa plant which are usually rolled together. The drug contains more than 66 chemical compounds including the major psychoactive chemical compound Tetrahydrocannabinol ([http://en.wikipedia.org/wiki/Cannabis_\(drug\)](http://en.wikipedia.org/wiki/Cannabis_(drug))).

Among its effects are increased heart rate, lowered blood pressure, impaired concentration, and working memory. In this study, the term cannabis shall be used interchangeably with marijuana.

3.1.4. Tetrahydrocannabinol (THC)

This is a chemical compound also known as delta-9-Tetrahydrocannabinol and is the main psychoactive substance found in the drug cannabis/marijuana. In its pure form, it is a glassy solid when cold and becomes thick and sticky when warm. It is difficult to dissolve in water but more soluble in most organic solvents. It is sometimes used medically for pain relief as in the case of Marinol (<http://en.wikipedia.org/wiki/Tetrahydrocannabinol>).

Its effects include relaxation, euphoria, altered space-time perception, alteration of visual and auditory senses, anxiety, disorientation, fatigue, and appetite stimulation. For the purposes of this study, THC is referred to by implication in cannabis/marijuana.

3.1.5. Amphetamines

These are known to produce increased wakefulness and focus in association with decreased fatigue and appetite. They belong to a group of potent drugs that act on the brain. These could be used to treat traumatic brain injury and chronic fatigue syndrome among others. Illegally, they are used as performance enhancers.

Amphetamines are included in the category of illicit drugs that are under discussion in this study.

3.1.6. *Inhalants*

Inhalants are a broad range of chemical substances in the forms of gases, aerosols (container with gas under pressure) or solvents, which are breathed in and absorbed through the lungs. Some inhalants are used for medical purposes (e.g. nitrous oxide, a dental anaesthetic) while others are abused for their intoxicating effect (<http://en.wikipedia.org/wiki/Inhalant>). Examples of these inhalants include fast-drying glues, cleaning products, nail polish remover, petrol, kerosene/paraffin, and products containing hydrofluorocarbons (e.g. hairspray, non-stick cooking spray, and whipped cream).

Although these may not qualify as illicit drugs, and are not prohibited, they are abused by individuals in the same that legal drugs such as valium (diazepam), ephedrine, and phenobarbital are abused.

3.1.7. *Miraa/Khat*

This drug is also known as *Catha edulis* and is a flowering plant which is native to tropical East Africa and the Arabian Peninsula. It contains cathinone, which has stimulating effects, thus causing excitement, loss of appetite and euphoria. In Zambia, it is mostly consumed by persons of East African origin by way of chewing the leaves and stems.

The drug has been included in the study due to its apparent prevalence among persons of East African origin living in Zambia. Unlike in other East African countries, the drug is prohibited in Zambia.

3.1.8. Cocaine

Cocaine is obtained from coca leaves and is both a stimulant on the central nervous system and an appetite suppressant. It is very addictive and among its effects are hyperactivity, restlessness, increased blood pressure, increased heart rate, and euphoria.

In this study, the term 'cocaine' shall refer to other forms such as crack cocaine as well as pure cocaine.

3.1.9. Opium poppy

The poppy is a family of plants with colourful flowers, with one per stem usually appearing. The opium poppy is one of the afore-mentioned family of plants from which opium is obtained. Opium is a narcotic formed from the latex released by lacerating the immature seed pods of opium poppies. It contains up to 12% morphine, which is most frequently processed chemically to produce heroin. In addition, it includes codeine, which is used for medical purposes as is morphine (painkiller).

For the purposes of this study, opium is referred to by implication in heroin and its derivatives.

3.1.1.0. Heroin

Heroin is a derivative of the opium poppy. It has sometimes been used as a painkiller but has more often than not been abused. It is a drug that acts on the central nervous system thus causing drowsiness, disorientation, affects respiratory system as well as the cardiovascular functions.

Heroin shall, in this study, refer to products of the opium poppy plant that come in diverse forms such as black heroin, and brown heroin.

3.1.1.1 Communication

It is defined as a two-way process in which there is an exchange and progression of thoughts, feelings, and ideas towards a mutually accepted goal or direction. Communication is a process whereby information is encoded and imparted by a sender to a receiver via a channel/medium. The receiver then decodes the message and gives the sender a feedback.

In this study, the term is used to refer to all kinds of exchange, dissemination and reception of information in as far as illicit drugs are concerned.

3.1.1.2. Interpersonal Communication

Interpersonal communication is defined as involving participants who are dependent upon one another and have a shared history. It differs from other communication in

that there are few participants involved, the interactants are in close physical proximity to each other, there are many sensory channels used, and feedback is immediate. This is a kind of communication that involves the transmission of information from the sender to receiver (and vice versa) on a face-to-face basis, although interpersonal communication may also involve use of media such as phone.

Interpersonal communication is, in this study, be used to refer to all communication that takes place between two persons on a face-to-face basis.

3.1.1.3. Group Communication

Group communication refers to the nature of communication that occurs in groups that are between 3 to 12 and 20 individuals. In this study, group communication encompassed communication involving groups of persons in their various locations.

3.1.1.4. Participatory Communication

Participatory communication is an approach, which was conceived in the 1970s after many questioned the top-down approach of development that existed in the 1950s and 1960s. It is a concept that refers to the full involvement of participants in communication processes and includes giving those individuals access to communication channels and enabling them to participate freely and equally in dialogue and debate.

The term is be used to refer to the approach that is being advocated in the fight against illicit drugs in a bid to enlist the support of the general public.

3.1.1.5. Mass Communication

Mass communication is the process of transmitting messages from the sender to the receiver via mass communication media such as television, newspapers, and radio. In this case, the receiver(s) is/are undefined, may be spread out over a wide area, and are anonymous. Lastly, the target audience is reached at the same time.

For purposes of the study, the concept of mass communication is used to refer to the use of radio, television, newspapers, and other mass media in the dissemination of information.

3.1.1.6. Innovation

An innovation is an idea, attitude, or practice that is deemed new among a given social system even though it may not be new to the rest of the world. In this study, innovation refers to the anti-drug messages that are aimed at bringing about change in people's attitudes and practices.

3.1.1.7. Change agent

A change agent is an individual who is employed to influence a change in the behaviour of the target audience. In this study, the change agent refers to any person or entity that embarks on fighting illicit drugs.

3.1.1.8 Target adopters

Target adopters are the members of the community who are the intended beneficiaries of an innovation.

3.1.1.9. Group think

It is the mode of thinking that people engage in when they are deeply involved in a cohesive in-group, when the members' strivings for unanimity override their motivation to realistically appraise alternative courses action.

In this study, the ultimate goal is to ascertain the best way to enhance drug demand reduction. Here drug demand reduction refers to the cutting down on people's dependence on illicit drugs.

3.2 Theories Applicable to the study

3.2.1 Agenda setting theory

According to McCombs and Shaw (1972), the media has strong influence on the public by focusing attention on what is seemingly topical at any given time. This was determined in their study on the effects of mass media on political opinion in the 1968 presidential election in the United States of America. Their theory asserts that audiences are influenced by what they are exposed to on the media and the rate at

which the media cover a story, dictates the prominence and space given to such a story (http://en.wikipedia.org/wiki/Agenda-setting_theory).

However, Cohen (1963), argues that although the media has been so much credit for influencing people's attitudes and perceptions, the media may not be successful much of the time in telling people what to think. They have, nonetheless, succeeded in telling its readers what to think about. This means that people who are exposed to the similar media, place importance on the same issues. However, although the same issue is viewed as being important, different people feel differently about the issue (www.uky.edu/~drlane/capstone/mass/agenda.htm). In the same vein, Klapper (1960) concluded that:

“Mass communication ordinarily does not serve as a necessary and sufficient cause of audience effects, but rather functions among and through a nexus of mediating factors and influences...”

(www.sou.edu/~Klapper).

His assumption is that there are intermediaries between the media and the target audience that assist them to form attitudes and perceptions. These include selective exposure, selective perception and selective retention. People predispose themselves to mass communications that are in accordance with their attitudes and inclinations, and therefore perceive and retain such messages. Therefore, the media is not the only influence on public perception.

In this research, the use of mass media is cardinal in informing and possibly stimulating public debate on the fight against illicit drugs. The researcher was aware that radio, television and the print media were not the only source of information on illicit drugs. Debates, discussions and lectures have been used to disseminate information. Hence, the need to ascertain how much the public knows on illicit drugs.

3.2.2 Multi-Step flow Model

This model postulates that as information flows from the communicator to the receivers via mass media, there are individuals who act as 'data banks' for others in society. These are referred to as opinion leaders and tend to be attentive to current affairs and then inform others. Unlike the two-step flow of information, the multi-step flow model suggests that information flows from media to opinion leaders and to other members of the social network. Katz and Lazarsfeld (1955) postulated that mass media messages stimulate interpersonal communication about the messages thus affecting their knowledge, attitudes, and behaviours (www.inforamerica.org/./eliu_katz2.pdf).

The dissemination of anti-drug messages through 'opinion leaders' could act as a participatory way of outreach to the rest of the target audience.

3.2.3 Cultivation theory

Gerbner and Gross (1976) advanced the cultivation theory which posits that media, such as television, have become the main source of information in modern society (http://en.wikipedia.org/./Cultivation_theory). The theory also posits that people who

watch television consistently and regularly, for long hours, are affected by what the programmes they watch. Although cultivation theorists are best known for their study of television and its viewers, and in particular, for a focus on the topic of violence, the same could be extended to other issues.

In this research, with the fact that currently, households living in Lusaka severally have access to television, people could be exposed to some negative influence from certain programmes in as far as illicit drugs are concerned. Some programmes tend to portray illicit drugs as being *en vogue* (in fashion) and harmless thus enticing some viewers who may be disillusioned into thinking that illicit drugs are part of modernity and that drugs cannot manipulate anyone's life. It has increasingly become clear that among the youth, peer pressure has coerced many into experimentation with illicit drugs.

3.2.4 Knowledge gap theory

However, it must be borne in mind that information disseminated by mass media is received and assimilated differently by different people depending on their social status (including educational background). Although people may be given the same information, the reaction differs for divergent reasons. According to Tichenor, Donohue and Olien (1970), the knowledge gap theory states that information in society is not evenly acquired by every member of society because people with higher socio-economic status tend to have better ability to acquire information (www.tcw.utwente.nl/theorieenoverzicht/Theory%20clusters/Mass%20Media/knowledge). This means there are two groups of people namely the better educated who

know more about most things and those of low education who know less. The latter are said to be usually disconnected from news events and important discoveries and are not concerned about their lack of knowledge.

Since the drugs' study aims at including people from three different residential areas in Lusaka, the theory assists in understanding the disparities that may exist among members of the various residential areas (i.e. low, medium, and high density).

3.2.5 Participatory Communication Approach

In addressing the drug problem, the community is a very important variable in reaching sustainable solutions. It allows the target audience to communicate not only at a level playing field with the change agents, but also with each other. This is because the community has a better understanding of their environment and realities surrounding it. As the community discusses among themselves, a broad spectrum of views assists in painting a true reflection of the situation in question. At this stage, change agents play the crucial part of facilitating the planning of implementation strategies.

In using this approach, the focal problems are identified and used to set communication objectives and selecting the interaction groups that could be key in addressing the illicit drug situation.

3.2.6 Theories of Group Persuasion

In understanding the cohesion that leads people into partaking of illicit drug activities, there is need to consider the group dynamics that govern people. Such dynamics determine the focus of the group on particular issues. According to Lewin (1943), small groups and individuals act and react to different circumstances in diverse ways. He explains that in groups, individuals are connected to each other through common goals and a shared identity (<http://serendip.brynmawr.edu/exchange/node/481>). In the case of drug dependent persons, the concepts of groupthink and group cohesion are vital because drug addicts usually require support and acceptance from the other members of the group in achieving their goal. In addition, some groups in the community display certain attitudes to illicit drugs depending on groupthink tendencies where these exist, or other group ideals, negative or positive.

An example of such groupthink is that which exists among drug dependent persons who tend to be convinced that drugs give them a certain satisfaction that could not otherwise be realized. Such perception causes them to support each other by supplying each other with the drugs. Similar cohesive ideals are held in other groupings such as neighbourhoods with residents of similar backgrounds. Hence, in this study, positive group persuasion can be incorporated in drug interventions.

CHAPTER 4

4.0 LITERATURE REVIEW

4.1 Introduction

Illicit drug trafficking and abuse have taken centre stage at various fora the world over. According to world drug reports, there has been a shift in trends where legal substances have become a source of concern. Drug law enforcement guidelines have advanced that illicit drugs require a two-prong fight on both the supply and demand sides. The three United Nations Conventions have ably addressed the issue of illicit drugs. The 1961 Single Convention on Narcotics as amended by the 1972 Protocol provides for controls over opium and its derivatives (e.g. heroin, morphine), cocaine and cannabis, while the 1971 Convention on Psychotropic Substances provides for similar controls over synthetic drugs that act on the central nervous system such as stimulants, sedatives, and tranquilisers.

The 1988 Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances provides for mutual legal assistance, extradition and prosecution of accused drug traffickers, defines the responsibility of commercial airlines and shipping firms and binds Governments to eradicate illegal cultivation of narcotic plants (DEC, 1999). Zambia is party to all three Conventions including the Southern African Development Community (SADC) Protocol on the Combating of Illicit Drugs.

In its 1998 report to the Special Session of the General Assembly devoted to the fight against the illicit production, sale, demand, traffic, and distribution of Narcotic drugs and Psychotropic Substances and related activities, the United Nations International Narcotics Control Board (UNINCB) emphasized the need for national drug demand reduction as well as supply reduction to involve the local communities. The report recommended that drug reduction strategies should take into consideration not only the individuals but also the socio-cultural and economic milieu (INCB/DDR/1998). This entails the adaptation of intervention programmes to the prevailing local socio-economic and political conditions.

The report acknowledged the fact that community empowerment in relation to drug abuse is often the key link between education and treatment services. By doing this, the community feels that it has some control over the process of making decisions that directly affect them. The participation of the community in identifying illicit drugs as a problem is one of the two factors needed to successfully combat illicit drugs. The other factor is the political will of Governments to tackle the problem. The study on the knowledge, attitudes, and practices that communities have over illicit drugs provides insight into the extent of the knowledge lapse that exists in communities. With this information, appropriate anti-drug strategies can thereafter be designed.

The UNINCB (ibid) report also noted that:

“Preventing the abuse of drugs is becoming an increasingly difficult endeavour, at least partly because of the rapid and growing spread of messages in the environment that promote drug abuse. Many of them can be regarded as public

incitement and inducement to use and abuse drugs...”

This means that the international body recognised the fact that the media has possibly played some role in perpetuating the drug problem through some of the messages that were disseminated and to reverse this, there was need for a counter campaign. In addition, such attitudes and opinions that could have been formed because of pro-drug messages needed to be changed.

Generally, attitudes are formed at an early age in a person’s life and are because of influence from parents, teachers, peers and other role models. It is for this reason that regarding illicit drugs, communities need to have the right information in order to shape the young minds in such a way that illicit drugs have no place in their lives. This information should be reinforced by messages from the media, which has potential to contribute to the campaign for preventing drug abuse. However, sometimes broadcasts and publications could be damaging and counterproductive. Inaccurate and misleading information regarding narcotic drugs and psychotropic substances as well as poorly designed campaigns may lead to the opposite effects of the original line of thought (United Nations Publications, 1988).

In the Drug Control Strategy For Africa (2002) designed by the United Nations Office for Drug Control and Crime Prevention (UNDCP), it was suggested that there should be greater participation in drug abuse awareness by communities, the media and opinion makers (UNDCP, 2002). This entails that both the drug law enforcers as well as the people they are meant to protect against illicit drugs should work together to arrive at a lasting and effective solution.

In a nationwide survey that was conducted in the United States of America in 2007, it was reported that there are approximately 16.4 million people engaged in illicit drug abuse while about 15 million were heavy alcohol users. All these were employed on a full-time basis in various organizations (www.samhsa.gov/newsroom/advisories/070713survey0610.aspx). The study, which was done by the Substance Abuse and Mental Health Services (SAMHSA), showed that substance abuse could pose significant risks to workers' health and productivity. SAMHSA, a public health agency within the Department of Health and Human Services, is responsible for improving the accountability, capacity and effectiveness of the nation's substance abuse prevention, addictions treatment, and mental health services delivery system.

The extent of the drug problem in Zambia cannot be accurately measured due to the absence of statistical data. This lack has been due to the fact that illicit drug production and trafficking are clandestine activities pursued using underground means. In addition, the institutional infrastructure and work force required to collect data are inadequate. The 1998 Rapid Assessment Survey on illicit drug trends in Zambia provided insight into the extent of the drug problem.

In his dissertation on the Knowledge, Attitudes and Experiences of Secondary School Pupils In Lusaka Urban District: Implications for the Development of Drug Education, Chita (2002) found that secondary school going children had notable levels of knowledge about drug abuse and that despite the knowledge of the adverse effects of illicit drugs, more and more pupils were getting involved in drug abuse. The study revealed that pupils disapproved of drug abuse and related behaviour and

he concluded that it was imperative to introduce drug education at all levels of education. He also recommended that mass media be used in disseminating drug related information.

Chita's study was biased towards school going children, but did not address the views of the people that form part of the surrounding environment and this includes teachers, parents, guardians, and the community at large. Much as the pupils may have some knowledge on illicit drugs, there is little corresponding information with the rest of the community. This poses a challenge for drug law enforcers, as it is difficult to enlist support from them since they may not recognise the adverse consequences of illicit drugs.

In recognising the extent of the drug problem in Zambia, Professor Alan Haworth (1983) suggested that preventive efforts should include drug education information and research components as well as involve the people most concerned at all levels in both programme design and implementation ([http://www.ncbi.nlm.nih.gov/pubmed/6555052?log\\$=activity](http://www.ncbi.nlm.nih.gov/pubmed/6555052?log$=activity)). Since illicit drugs are a cross-cutting issue that affects society, they require a multi-faceted approach including communication. Hence, emphasis should also be placed on the community members who are in daily contact with the realities of illicit drugs. The FAO Participatory Rural Communication Appraisal Handbook (2004), postulates that proper problem identification is cardinal for effective and efficient solutions to be reached. The approach of 'Starting with the People' was adopted with a view to involve the communities in projects that are designed at benefiting them. The

handbook acknowledges the fact that although communication is not the only solution, it is part of the solution.

Certain problems require effective communication between the change agent and the target audience. The absence of this communication may lead to wrong implementation of projects or wrong solutions to existing problems. In the same vein, Simons-Morton, Donohew and Gump (1997) postulated that substance abuse prevention programmes tend to be more effective when used in multiple intervention approaches. They postulated that reaching remote audiences in order to change their health attitudes and behaviour requires well-designed and well-delivered health communications. (<http://www.ncbi.nlm.nih.gov/pubmed/9307812?dopt=Abstract>). In this vein, since drugs are a public health matter, communication offers a strategy that can be used to understand the real underlying factors to the drug problem.

Further, the FAO handbook stipulates that communication objectives directly address issues such as awareness, knowledge, attitude, practice, behaviour, and participation. There is need for the public to perceive that there is a problem in the first place and have interest in it. For change to occur, knowledge about the problem coupled with positive attitude is pertinent. Once the problem has been identified, appropriate communication channels and approaches can be designed and utilised.

According to the Healthy People 2010 Information Access Project (aimed at improving the health of the American people), not even the most carefully designed health communication programme would have impact on communities that lack access to crucial health professionals and services (<http://phpartners.org/hp/>) . Hence,

as information is disseminated, there must be a corresponding service to attend to those that might require assistance from drug dependency.

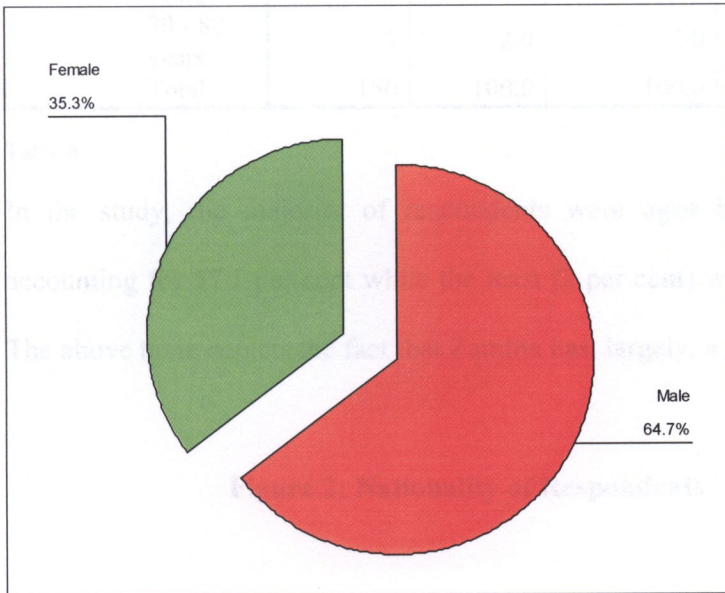
Stemming from the fact that illicit drugs are a public health concern, the use of social marketing would be most appropriate, as has been the case with other public health matters such as HIV/AIDS. This is evidenced by the widespread usage of marketing concepts and techniques to achieve specific behavioural change. Although it was initially propounded by Kotler and Zaltman (1971), social marketing was introduced to the public health community by Lefebvre and Flora in 1988 to address such ailments as cardiovascular diseases (http://en.wikipedia.org/wiki/Social_marketing). It has since been employed worldwide including in Zambia as is evidenced by the Child Health Week campaigns that are conducted every six months in a bid to ensure that parents take their children for vaccination against diseases such as polio and measles.

Similarly, Zambia benefited from the Health Communication Partnership (HCP) which ran from 2002-2007 in selected developing countries. The USAID-funded partnership was aimed at strengthening public health through strategic communication programmes as well as creating an environment that supports individuals, families, and communities to act positively for their own health. (<http://www.aed.org/Projects/Health-Communication-Partnership-HCP.cfm>).

5.0 RESEARCH FINDINGS

5.1 Quantitative Survey

Figure 1: Sex of the Respondents



The respondents of the questionnaires totalled 150 and of these, 35.3 per cent were female while 64.7 per cent were male.

Age Structure

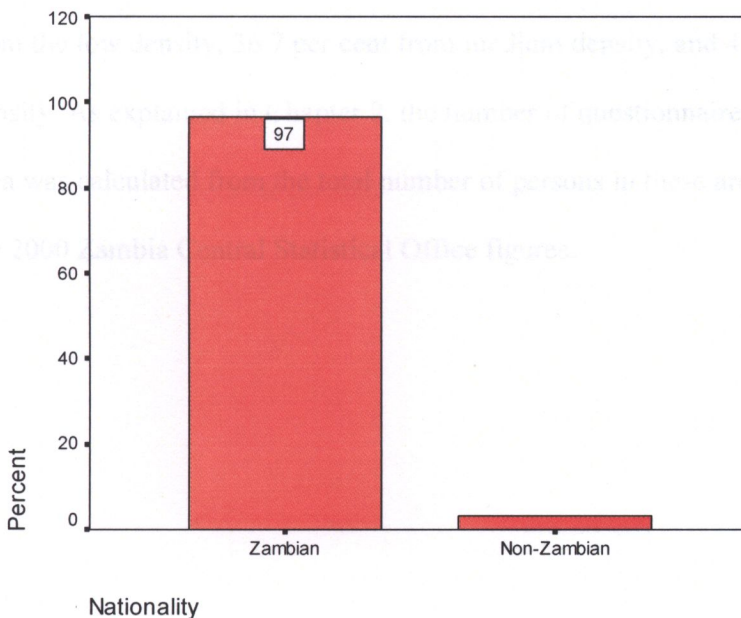
	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 15 - 25 years	84	56.0	56.0	56.0
26 - 36 years	32	21.3	21.3	77.3
37 - 47 years	14	9.3	9.3	86.7
48 - 58 years	8	5.3	5.3	92.0
59 - 69 years	9	6.0	6.0	98.0
70 - 80 years	3	2.0	2.0	100.0
Total	150	100.0	100.0	

Table 4

In the study, the majority of respondents were aged between 15 and 25 years accounting for 57.1 per cent while the least (2 per cent) were of the 70-80 age band.

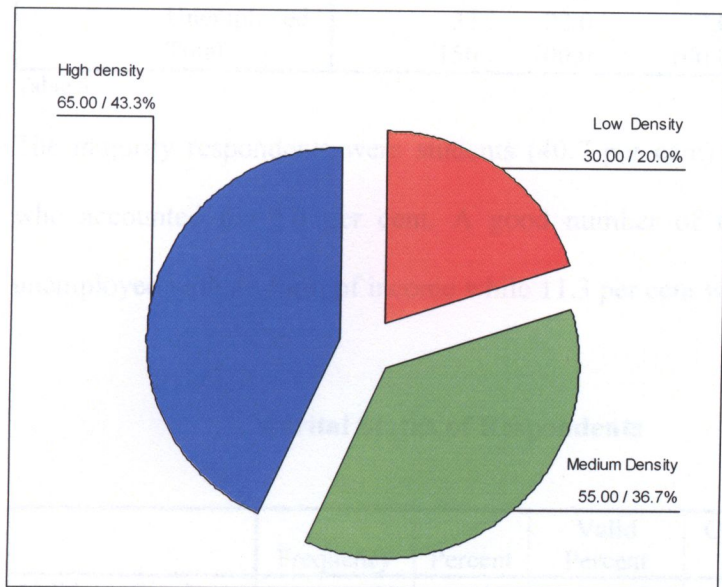
The above table depicts the fact that Zambia has, largely, a youthful population.

Figure 2: Nationality of Respondents



Of the total number of respondents, 97 per cent were Zambian while only 3 per cent were of non-Zambian origin.

Figure 3: Residential Areas of Respondents



According to the population statistics for each residential area, 20.0 per cent were from the low density, 36.7 per cent from medium density, and 43.3 per cent from high density. As explained in Chapter 2, the number of questionnaires administered in each area was calculated from the total number of persons in these areas in accordance with the 2000 Zambia Central Statistical Office figures.

Occupation of Respondents

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Employed	33	22.0	22.0	22.0
	Self-employed	17	11.3	11.3	33.3
	Student	61	40.7	40.7	74.0
	Retiree	6	4.0	4.0	78.0
	Unemployed	33	22.0	22.0	100.0
	Total	150	100.0	100.0	

Table 5

The majority respondents were students (40.7 per cent) and the least were retirees who accounted for 4.0 per cent. A good number of them (22.0 per cent) were unemployed with no form of income while 11.3 per cent were self-employed.

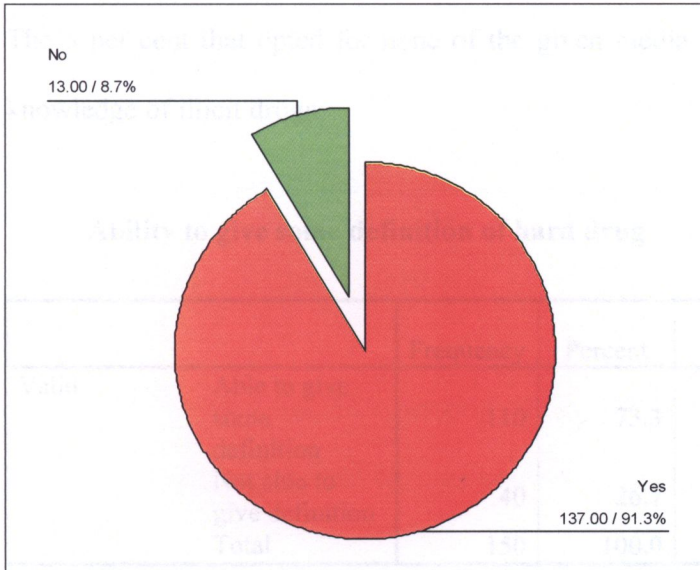
Marital Status of Respondents

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Single	98	65.3	65.3	65.3
	Married	40	26.7	26.7	92.0
	Divorced	8	5.3	5.3	97.3
	Widowed	4	2.7	2.7	100.0
	Total	150	100.0	100.0	

Table 6

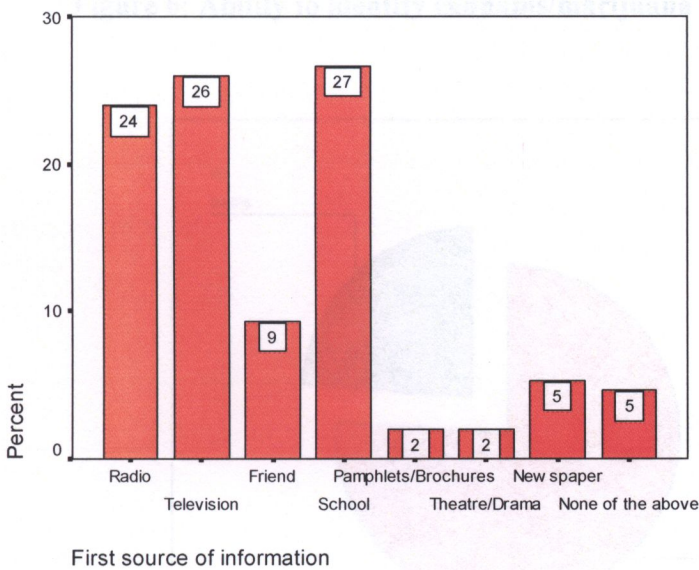
From the total number of respondents, 65.3 per cent were single, 26.7 per cent were married, 5.3 per cent were divorced, and 2.7 per cent were widowed.

Figure 4: Respondents' knowledge of hard drugs



The survey revealed that 91.3 per cent of the respondents had some knowledge and were aware of hard drugs whereas only 8.7 per cent had no such knowledge.

Figure 5: First source of information



The chart above depicts that the majority respondents (27 per cent) first learnt of hard drugs from school presentations and talks while brochures/pamphlets and theatre/drama were the least sources of illicit drug information at 2 per cent a piece. The 5 per cent that opted for none of the given media represent those that have no knowledge of illicit drugs.

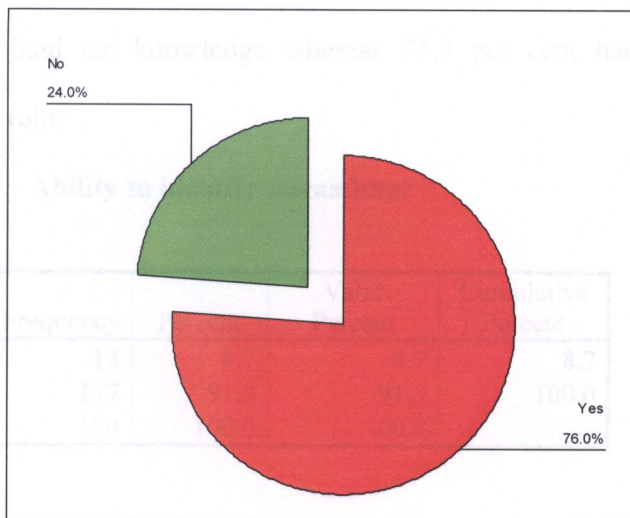
Ability to give some definition of hard drug

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Able to give some definition	110	73.3	73.3	73.3
	Not able to give definition	40	26.7	26.7	100.0
	Total	150	100.0	100.0	

Table 7

The study also revealed that 73.3 per cent of the respondents were able to give some definition of what a hard drug is. The other 26.7 per cent exhibited no knowledge at all of what a hard drug is.

Figure 6: Ability to identify cannabis/marijuana



76.0 per cent of the respondents indicated having some knowledge of the commonest drug in Zambia known as cannabis/marijuana. The rest (24.0 per cent while rest of the respondents had no idea of the appearance of cannabis/marijuana.

Ability to identify cocaine

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	81	54.0	54.0	54.0
No	69	46.0	46.0	100.0
Total	150	100.0	100.0	

Table 8

The survey revealed that 54.0 per cent of the respondents indicated that they were able to identify cocaine while 46.0 per cent were not able.

Ability to identify heroin

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	37	24.7	24.7	24.7
No	113	75.3	75.3	100.0
Total	150	100.0	100.0	

Table 9

Regarding the identification of heroin, the study revealed that only 24.7 per cent of the respondents had the knowledge whereas 75.3 per cent had no idea of the appearance of heroin.

Ability to identify miraa/khat

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	13	8.7	8.7	8.7
No	137	91.3	91.3	100.0
Total	150	100.0	100.0	

Table 10

A meagre 8.7 per cent of the respondents had knowledge of the nature of the drug miraa/khat while the majority (91.3 per cent) did not.

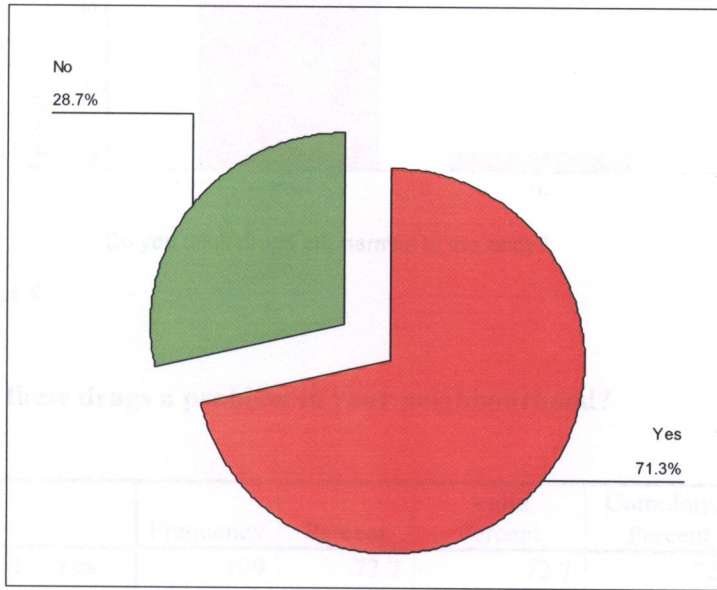
Source of knowledge of these drugs

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid				
Television	40	26.7	26.7	26.7
Known person	18	12.0	12.0	38.7
On the streets	24	16.0	16.0	54.7
Exhibition	10	6.7	6.7	61.3
Newspaper	1	.7	.7	62.0
Pamphlet/Broc hure	3	2.0	2.0	64.0
Theatre/Drama	3	2.0	2.0	66.0
Television, Newspaper, Pamphlet/Broc hure	4	2.7	2.7	68.7
Television, Exhibition, Newspaper, Pamphlet	2	1.3	1.3	70.0
None of the given	19	12.7	12.7	82.7
Television, Known person, On the streets	9	6.0	6.0	88.7
Television, on the streets	10	6.7	6.7	95.3
Television, known person, on the streets, pamphlets	2	1.3	1.3	96.7
Television, Newspaper	1	.7	.7	97.3
Television, Newspaper, Billboard, Pamphlet	1	.7	.7	98.0
Known person, Pamphlets	1	.7	.7	98.7
Streets, Exhibition, Known person	1	.7	.7	99.3
Known Person, Exhibition	1	.7	.7	100.0
Total	150	100.0	100.0	

Table 11

Most respondents (26.7 per cent) indicated that television was their initial source of information on illicit drugs while 16 per cent indicated that they had never come into contact with facts about drugs and so chose Option 10 (none of the given).

Figure 7: Knowledge of drug addict



Regarding drug addicts, the survey revealed that 71.3 per cent of the respondents possessed knowledge of a drug addict and were able to give a description of the behaviour displayed by such persons under the influence of drugs. On the other hand, 28.7 per cent had never known any drug dependent person.

Do you think drugs are harmful to the body?

There was general consensus that drugs are harmful to the body with 95 per cent in agreement and only 5 per cent stated that drugs are not harmful to the body.

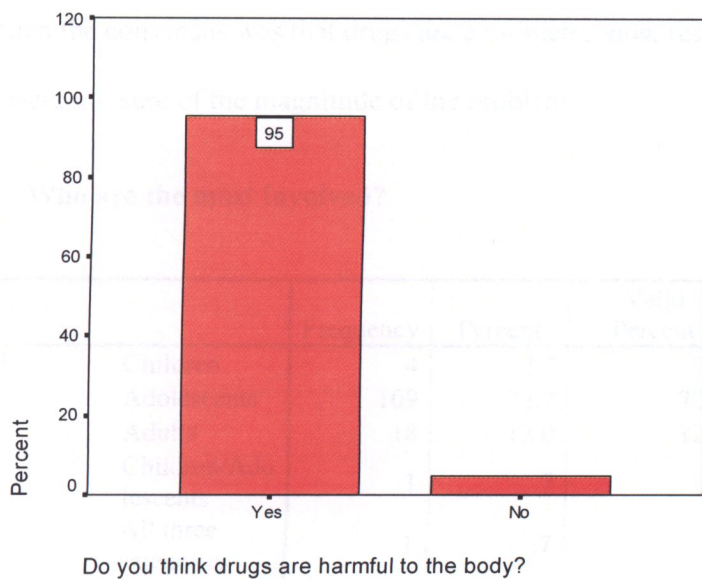


Figure 8

Are these drugs a problem in your neighbourhood?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	109	72.7	72.7	72.7
No	41	27.3	27.3	100.0
Total	150	100.0	100.0	

Table 12

Findings in this instance were that drugs are a problem in the various neighbourhoods with 72.7 per cent for and only 27.3 per cent against.

How would you rate the drug problem?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Very big	46	30.7	30.7	30.7
Big	37	24.7	24.7	55.3
Not sure	47	31.3	31.3	86.7
Small	13	8.7	8.7	95.3
Very small	7	4.7	4.7	100.0
Total	150	100.0	100.0	

Table 13

Although the consensus was that drugs are a problem, most respondents (31.3 per cent) were not sure of the magnitude of the problem.

Who are the most involved?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Children	4	2.7	2.7	2.7
	Adolescents	109	72.7	72.7	75.3
	Adults	18	12.0	12.0	87.3
	Children/Adolescents	1	.7	.7	88.0
	All three categories	1	.7	.7	88.7
	Adolescents, Adults	16	10.7	10.7	99.3
	No idea	1	.7	.7	100.0
	Total	150	100.0	100.0	

Table 14

There was an apparent agreement among the respondents that adolescents were the most involved in drug abuse. 72.7 per cent ascribed to that notion while 12 per cent stated that it was the adults that were most involved.

Any awareness campaigns in neighbourhood?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No campaign	119	79.3	79.3	79.3
	Campaign by non-governmental entities	6	4.0	4.0	83.3
	Campaign by government entity (e.g. DEC)	25	16.7	16.7	100.0
	Total	150	100.0	100.0	

Table 15

79.3 per cent of the respondents stated that there had not been any drug awareness campaign in their neighbourhood whereas 16.7 per cent stated that campaigns had been conducted in their area by the DEC. Only 4.0 per cent indicated that non-governmental entities had conducted drug awareness campaigns.

What medium was used?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Television	4	2.7	2.7	2.7
	Billboard	2	1.3	1.3	4.0
	Theatre/Drama	24	16.0	16.0	20.0
	None of the given	117	78.0	78.0	98.0
	Radio,				
	Pamphlet,	1	.7	.7	98.7
	Theatre				
	Pamphlets,	1	.7	.7	99.3
	banner				
Newspapers,	1	.7	.7	100.0	
Banner					
Total	150	100.0	100.0		

Table 16

Among those that had witnessed a drug awareness campaign in their area, 16.0 per cent stated that the presentation was through popular theatre/drama. The survey also revealed that 78 per cent could not give any answer because they had not attended any such awareness campaign.

What do you know about the Drug Enforcement Commission?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Arrest drug offenders	38	25.3	25.3	25.3
	Attends to drug addicts and controls drug situation	79	52.7	52.7	78.0
	No knowledge	33	22.0	22.0	100.0
	Total	150	100.0	100.0	

Table 17

From the survey, 52.7 per cent attested to the notion that the Drug Enforcement Commission attends to drug addicts and controls the drug situation in Zambia. While 25.3 per cent thought the Commission only arrests drug offenders, 22 per cent had no knowledge about the Commission.

Are the Commission's efforts ridding Zambia of drugs?

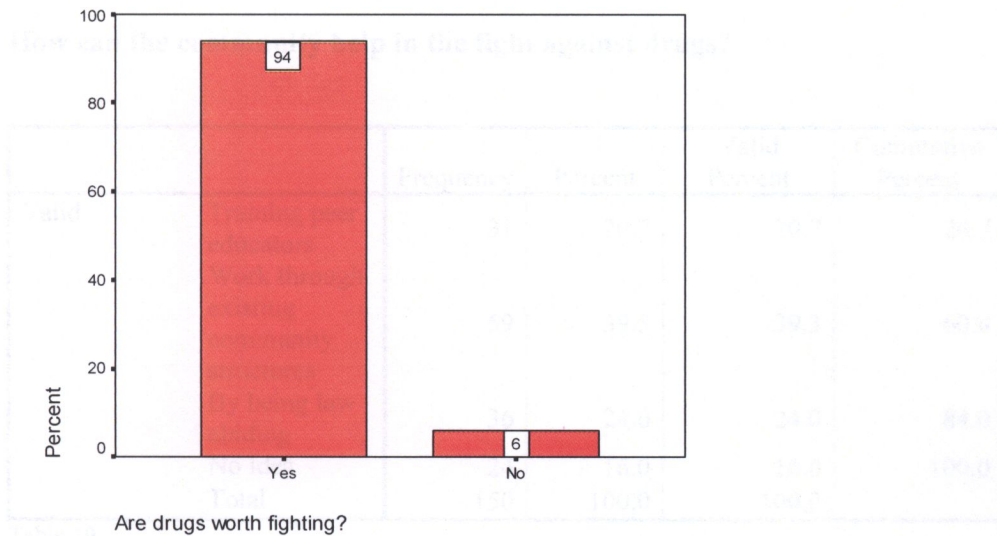
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	36	24.0	24.0	24.0
	Agree	67	44.7	44.7	68.7
	Not sure	28	18.7	18.7	87.3
	Disagree	14	9.3	9.3	96.7
	Strongly disagree	5	3.3	3.3	100.0
	Total	150	100.0	100.0	

Table 18

Stemming from the respondents' knowledge about the Commission, 68.7 per cent (cumulative per cent) agreed that the Commission's anti-drug efforts were yielding desired results as evidenced by the number of arrested persons and the drugs intercepted. About 12.6 per cent (cumulative per cent) felt that the Commission's

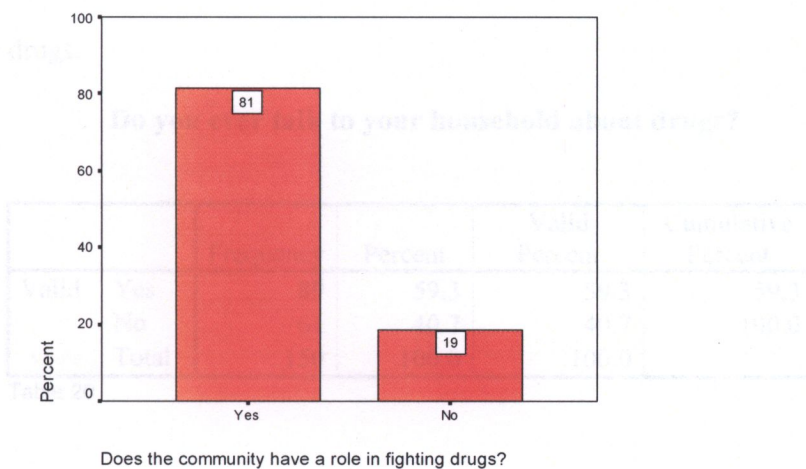
efforts were not yielding much due to the escalation of the drug problem in certain areas such as Chibolya compound.

Figure 9: Are drugs worth fighting?



The study revealed that 94 per cent agreed that drugs are worth fighting and only 6 per cent disagreed. Of those that disagreed, some gave the reason that the illicit drug problem in Zambia had not risen to such levels that would warrant fighting.

Figure 10: Does the community have a role in fighting drugs?



The respondents generally agreed that the community has a role to play in the fight against illicit drugs. 81 per cent agreed while 19 per cent disagreed. The major reason given for the disagreement is that the fight belongs to the DEC for which it was created.

How can the community help in the fight against drugs?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Training peer educators	31	20.7	20.7	20.7
	Work through existing community structures	59	39.3	39.3	60.0
	By being law abiding	36	24.0	24.0	84.0
	No idea	24	16.0	16.0	100.0
	Total	150	100.0	100.0	

Table 19

According to the respondents, 39.3 per cent were of the opinion that the community could help fight drugs through existing community based programmes while 24 per cent thought that the community should simply be law abiding by reporting drug offenders to the authorities. 20.7 per cent opted for the training of peer educators and only 16 per cent had no idea on how the community could help in the fight against drugs.

Do you ever talk to your household about drugs?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	89	59.3	59.3	59.3
	No	61	40.7	40.7	100.0
	Total	150	100.0	100.0	

Table 20

Only 59.3 per cent of the respondents talk to their households about the nature and consequences of illicit drugs whereas 40.7 per cent indicated that they do not.

How much information on drugs does one have?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Plenty	14	9.3	9.3	9.3
	Enough	27	18.0	18.0	27.3
	Not sure	15	10.0	10.0	37.3
	Not much	54	36.0	36.0	73.3
	Little	40	26.7	26.7	100.0
	Total	150	100.0	100.0	

Table 21

The survey depicts that 37.3 per cent (cumulative per cent) respondents have enough information to understand neither the nature nor the consequences of illicit drugs. Approximately 10.0 per cent of the respondents were not sure regarding information on illicit drugs while only 26.7 per cent claimed to have knowledge on the matter at hand.

Does alcohol in-take lead to drug abuse tendencies?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	59	39.3	39.3	39.3
	Agree	62	41.3	41.3	80.7
	Not sure	23	15.3	15.3	96.0
	Disagree	5	3.3	3.3	99.3
	Strongly disagree	1	.7	.7	100.0
	Total	150	100.0	100.0	

Table 22

Concerning the link between alcohol and illicit drug in-take, 80.7 per cent (cumulative per cent) of the respondents replied in the affirmative, 15.3 per cent were not sure and 4.0 per cent were in disagreement.

Are there any legitimate uses of illicit drugs?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	23	15.3	15.3	15.3
No	127	84.7	84.7	100.0
Total	150	100.0	100.0	

Table 23

A total of 84.7 per cent were convinced that there are no legitimate uses of illicit drugs while 15.3 per cent thought that there are some legitimate uses for the said drugs. Among the examples given for these legitimate uses include medicinal purposes such as morphine for pain relief and marijuana for treating ear infections.

Are the anti-drug messages on radio/television adequate?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	57	38.0	38.0	38.0
No	93	62.0	62.0	100.0
Total	150	100.0	100.0	

Table 24

The majority respondents (62.0 per cent) indicated that the current package of anti-drug messages on television and/or radio is not adequate for the public. The rest (38.0 per cent) of the respondents were of the view that the messages were adequate.

Have these messages affected your perception of drugs?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	103	68.7	68.7	68.7
No	47	31.3	31.3	100.0
Total	150	100.0	100.0	

Table 25

The results of the survey show that 68.7 percent of the respondents were affected, positively and/or negatively, by the anti-drug messages that were on radio and/or television. 31.3 per cent thought that the messages had no effect.

What is the best channel to use in giving anti-drug information?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Mass media (Television, radio, newspaper)	52	34.7	34.7	34.7
Inter-personal communication (door to door,)	22	14.7	14.7	49.3
Participatory communication (involvement of community)	14	9.3	9.3	58.7
Group communication (drama, talks,)	38	25.3	25.3	84.0
Combination of the above four	15	10.0	10.0	94.0
No suggestion	9	6.0	6.0	100.0
Total	150	100.0	100.0	

Table 26

The study showed that the respondents (34.7 per cent) thought mass media are the best channel to use for the dissemination of anti-drug information. The reason given was that such media reaches many people at a given time. 25.3 per cent were of the

view that group communication was the best channel, while only 9.5 per cent opted for the use of participatory communication. 10 per cent opted for a combination of mass communication, interpersonal communication, participatory communication, and group communication.

Has television contributed to drug abuse in Zambia?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	107	71.3	71.3	71.3
No	43	28.7	28.7	100.0
Total	150	100.0	100.0	

Table 27

The survey revealed that 71.3 per cent of the respondents thought that television has contributed to drug abuse tendencies in Zambia through the movies that depict illicit drugs as being *à la mode*. This notion is based on the premise that mass media has substantial influence on its audience. On the contrary, 28.7 per cent were of a different view.

What other ways can be used to address the drug problem?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Active involvement by authorities and communities	4	2.7	2.7	2.7
	Regular clean ups	10	6.7	6.7	9.3
	Regular awareness campaigns	48	32.0	32.0	41.3
	Inclusion of anti-drug information in school syllabus	4	2.7	2.7	44.0
	Set up community-based anti-drug programmes	35	23.3	23.3	67.3
	Review existing laws	10	6.7	6.7	74.0
	Combined efforts by stakeholders	13	8.7	8.7	82.7
	No suggestion	26	17.3	17.3	100.0
	Total	150	100.0	100.0	

Table 28

Stemming from the study, it was revealed that 32.0 per cent of the respondents preferred to have regular clean ups conducted while 23.3 per cent thought community anti-drug programmes were an effective way of addressing the illicit drug problem. Only 2.7 per cent apiece opted for more active involvement by the concerned authorities and inclusion of anti-drug information in school syllabi, respectively.

5.2 A Check on the Anti-Drug information at the DEC

A check of the information kit of the National Education Campaign Division (NECD) of the DEC revealed that the information disseminated to the public covers specific areas such as:

- i) *Definition of a drug:* Through this topic, persons that may not have an idea of what a drug is are given the necessary information. In giving this definition, a wide perspective is given and is not necessarily limited to illicit drugs.
- ii) *Categories of drugs:* This topic is aimed at enlightening people on how drugs are categorised. The four categories that were found in the available information package include illegal, legal, over-the-counter and prescription drugs.
- iii) *Classification of drugs:* Here, information on how drugs are classified according to how they affect the human body is given. These classifications include stimulants, hallucinogens, depressants, inhalants, narcotics/opiates, and cannabis.
- iv) *Effects of drugs and identification of a drug addict:* The topic highlights the socio-economic, political and health consequences that the drugs have. These effects will usually offer people who may be around drug users tell-tale signs indicating that one is on drugs.
- v) *HIV/AIDS related issues and their link to drug abuse:* Being cognisant of the fact that there is a link between illicit drug abuse and HIV/AIDS, the NECD have a topic on the same to enlighten the public. It highlights the risky behaviour that comes with drug use, which may lead to the contraction of conditions such as HIV/AIDS among others.

- vi) *The nature and consequences of money laundering*: A topic on money laundering gives the target audience information on what money laundering is, as well as its consequences on the socio-economic and political well being of a country.

- vii) *The operations and services offered by the DEC and the NECD*: At the end of it all, the audience would want to know about the operations of the DEC and its wings namely the NECD, the Operations, and the Anti-Money Laundering Investigations Unit (AMLIU).

The major purpose of the said topics is to enlighten the public on the general aspects of illicit drugs and their effects. This information has, over the years, been disseminated countrywide.

5.3 In-depth Interviews with drug dependent persons

Eight persons were interviewed under this category among which was one female. The interviews which were held at different times revealed similar facts including that these persons were introduced to the habit by either their close friends or out of their own inner desire to experiment with drugs. The interviewees, especially those that had started receiving assistance from the NECD counselling office, recounted the challenges faced during their ordeal with illicit drugs. Marijuana, cocaine, and heroin stood out as common drugs of abuse among the interviewees. These drugs were taken in combination with alcohol.

The interviewees' ages ranged from 16 to 44 years and all but one of them were attending some institution of learning of one kind or the other. Among these, there was consensus that success in school was adversely affected by the use of drugs. Some testified to the fact that at one point or the other, they had been suspended from school until assistance was sought from the DEC counselling office.

All of them seemed to be in agreement on the fact that supporting the habit of illicit drug abuse was costly in terms of finances, time, and health. To sustain the habit, the interviewees indicated that they had to engage in activities that would earn them the much-needed cash to buy the drugs. This involved stealing household items to exchange them for drugs.

Further, it was revealed in the interviews that the source for the drugs was a named compound in Lusaka known as Chibolya where drug dealers had gone as far as establishing 'fixing rooms' where people go for their doses of drugs. These rooms are usually meant for injectible drug users. It was revealed that these drug dealers have a way of 'following up' their clients thus exerting some pressure on the drug addicts to go for more drugs.

Under the influence of drugs, the interviewees indicated that they could apparently perform activities previously not done. Some became violent while others were docile after consuming the drugs.

5.4 Anti-Drug Activities Attended

In a bid to assess the anti-drug awareness campaigns of the DEC, the researcher attended some of the activities conducted. These included the commemoration of the World Anti-Drug Day (WADD) which falls on 26th June every year as well as various gatherings where anti-drug talks were given.

The WADD is usually characterised by a march past in which representatives from stakeholders participate in a bid to demonstrate solidarity with the DEC's fight against drugs. At the end of the march past, speeches from government, DEC and United Nations Development Programme (UNDP) officials are made directed at the invited audience on drug related matters. In addition, drama presentations, poems, and songs form part of the commemoration. This event facilitates interaction among the stakeholders such as the DEC, school going pupils, students, artists and the community at large.

The Commission, as part of the drug demand reduction strategies, has anti-drug programmes in institutions of learning, workplaces and the community in general. Hence, from time to time, anti-drug talks, lectures, and discussions are organised by the DEC. At these gatherings, the audience gets an opportunity too interact with officers of the Commission on matters of drugs and how they affect the community.

5.5 Analysis of Primary data

Reports on the drug trends in Zambia and the world at large gave an insight on the prevalence of drugs. The DEC each year accounts for its activities by way of producing an annual report. An analysis of the annual reports of 2003, 2004, 2005, 2006, and 2007 revealed that there has been a generally increasing trend in the prevalence of illicit drugs and drug addicts.

The reports indicate that cannabis/marijuana has continued being the most abused and trafficked drug in Zambia. This cannabis is locally grown countrywide but more so in the Western, Northern, Southern, Central and Copperbelt provinces of Zambia. Apart from cannabis, other drugs such as cocaine (from South America), heroin (from the Middle East), and miraa/khat from East Africa are also prevalent in Zambia. Further, medical drugs such as diazepam (valium), ephedrine, and Phenobarbital have emerged as drugs of abuse in the recent past. These are reportedly pilfered from medical institutions.

Another report that was analysed was the 2008 UNODC World Drug Report, which revealed that the drug situation had remained stable. In areas such as Afghanistan, cultivation and production of opium poppy and heroin respectively, has increased over the years whereas cannabis cultivation had reportedly reduced slightly. The report acknowledges the fact that the stability in the drug trends was not a guarantee that the fight has been won, but that more efforts need to be put in place.

Both the Zambian and global drug reports attest to the fact that drug interdiction is not the only way to combat illicit drugs. Drug demand reduction strategies have been advanced for the purposes of curtailing the demand for drugs. This has been suggested on the premise that if demand reduces, the supply of drugs would be equally reduced.

CHAPTER 6

ANALYSIS OF KEY FINDINGS

The study revealed that illicit drugs are a common concern for people regardless of their occupation, age, sex, and area of residence. Although it is the express mandate of the Drug Enforcement Commission to combat illicit drugs in Zambia, concerted efforts are required if the scourge is to be contained. Interventions, such as drug demand reduction have been designed which were aimed at curtailing demand for drugs, but according to the study, community participation is still lacking.

6.1 Content Analysis of the Information Kit

The study revealed that the Commission's drug demand strategy includes information dissemination through the existing anti-drug programmes. These programmes have been designed for institutions of learning, workplaces, and various community set-ups. Analysis of the information package, as disseminated by the Commission, revealed that the facts being given on drugs might not yield the desired results. The ultimate aim of the package is to enlighten people on illicit drugs in the hope that they will be stirred into taking up the challenge of actively fighting drugs, thus ridding Zambia of these illicit drugs.

A check on the package showed that the information that is included for dissemination may sometimes be technical thus going somewhat beyond the sphere of the target audience and what they are familiar with. However, the onus has been on

the anti-drug educators to reconfigure the information so that it is best suited for the audience being targeted at a given time. The use of teaching aids has also been employed in some instances. For example, the Commission has drug kits that are used to display different drugs in their various forms with a view of giving the audience an opportunity to see what these drugs look like. Flip charts, posters, and a smoker's body model have also been used in the dissemination of information. Apart from the listed aids, the study revealed that no other aids were being utilised in the dissemination of information during lectures, talks, or discussions.

Coupled with the above, the presentation of information has also, more often than not, been in form of top to bottom where the educators simply impart the knowledge on drugs and thereafter discussions, if any, arise. Stemming from this, it would be true to say that although the public may have some knowledge on hard drugs; they do not fully appreciate the extent and nature of the problem of drug abuse as well as their role in the drug fight. This is largely due to the fact that presentation of information has been based on the facts of drugs and not so much on the implications. In this way, drugs have not really been viewed as a menace that requires concerted efforts to contain.

Further, the study revealed that the Commission normally uses lectures, talks, debates, drama as well as information, education and communication (IEC) materials such as leaflets, brochures and posters to advance the drug information. On few occasions in the past, the Commission has also used drug exhibitions to interact with the public. Further, in collaboration with cooperating partners, there have been instances in the past when mass media such as radio and television have been used to disseminate

information. For instance, in 2005/6, the Commission had some television broadcasts during local language programmes to ensure that even the non-English speakers could be reached out to. There was good response to such programmes as was evidenced by the numerous questions that arose from the audience. Nevertheless, these programmes were not followed up by consequent programmes to ensure continuity. This entails that the ground that had been gained during that period could have been undone by the silence.

6.2 Survey

In the study, it was revealed that 91.3 per cent of the respondents had knowledge about illicit drugs, but it was not sufficient to enable them make informed decisions. This is evidenced by the fact that only 73 per cent could give some definition of what a drug is. Even though the definitions given were not accurate, they still depicted knowledge of substances that are referred to as drugs and how they affect the metabolism of the human body. Similarly, the study revealed that apart from cannabis/marijuana, which is commonly found in Zambia, the respondents are generally not conversant with the appearance of cocaine, heroin, and miraa/khat. Hence, it goes without saying that if people cannot identify the different drugs, the fight against them would prove difficult if not futile because how would they fight an ‘enemy’ that they cannot identify. The rationale here is that one fights better when one is able to identify one’s enemy. Identification could be done by the characteristics displayed by the drug in terms of appearance, smell and if need be, taste.

On the initial source of knowledge of hard drugs, the study revealed that 26.0 per cent of the respondents first heard of these from television preceded by school at 26.7 per

cent. It is not clear which programmes on television gave out information to the audience, but what is clear is that information on drugs was sourced from the television followed by radio. In schools, many talks have been given and also some science topics have sections on drugs and their effects. This means that generally, as can be seen from the statistics on all three residential areas, people have heard of illicit drugs and only a few are either unaware or have little knowledge.

Therefore, it goes to show that there is more information on hard drugs in schools, on television and radio than any other channel. The study also showed that among those that indicated having no knowledge of hard drugs, some still stated that they had gotten some information the radio, school, and newspaper. Implicitly, these respondents still had some knowledge although not enough for them to acknowledge that they did. This knowledge gap needs to be filled if public is to appreciate the need to contain illicit drugs.

Although it is not necessary for the public to be able to define what a drug is, the study revealed that the respondents were able to give some definition according to what they knew about drugs. The consensus was that drugs have a harmful effect on the human body. With this finding, it gives impetus to the fight against drugs because if people can understand the adverse effects of drugs on the body the battle is already half conquered. It is this knowledge that is critical in keeping our community drug - free. The oft quoted adage 'knowledge is power' applies well in the study under consideration. Fighting hard drugs should be taken to a higher level with the support of an informed community.

Residence * Are these drugs a problem in your neighbourhood? (Cross tabulation)

		Are these drugs a problem in your neighbourhood?		Total
		Yes	No	
Residence	Low Density	21	9	30
	Medium Density	40	15	55
	High density	48	17	65
Total		109	41	150

Table 29

The consensus on the prevalence of drugs in the three residential areas is that drugs are a source of concern. However, some respondents indicated that they did not know the extent of the problem. This is indicative of two things namely that people are not particularly concerned about who is involved in drugs or that people are not knowledgeable about the signs of the prevalence of drugs and drug abuse in their communities. It is therefore imperative that the members of given communities take keen interest in observing what is around them in order to identify any signs of behavioural deviance that may be as a result of drug abuse. Unfortunately, for households with persons who are on drugs that were included in the studied, it became known that sometimes parents are too preoccupied for them to notice change in their children or dependants. Others simply could not tell the signs of drugs and their effects on people.

Further, it was revealed that in some instances, parents/guardians who may have observed some deviant behaviour did not seek professional assistance because either they did not know where to go or that they wanted to keep the issue under wraps. In this vein, it can be concluded that there is some shadow of apathy in as far as fighting

drugs is concerned. In addition, as long as it has not happened to a given household, the notion of drug abuse remains a myth. In the case where parents/guardians choose to keep it concealed, it is indicative of some form of stigmatisation that is being avoided. To some extent, drug addicts have been stigmatized against especially by family members who may not understand the nature of the drug habit.

The study also depicted the fact that adolescents are the most involved in the vice of drug abuse. This can also be collaborated with by the facts in the DEC Annual Reports of 2003, 2004, 2005, 2006, and 2007. The reports indicated that the youthful age, which is the productive age group, had mostly fallen prey to the scourge. However, there had also been instances where children as young as 11 years were reported to be on drugs. One could only conclude that, if nothing was done to address the problem, more and more young persons would take to drugs.

With the realisation that children were becoming involved in drug abuse, it was imperative that drug interventions were intensified. The study revealed that among the respondents, there was a general indication that there had not been any drug awareness campaigns in the neighbourhoods under consideration. From the survey, 79.3 per cent of the respondents indicated that they had not attended any such campaign while 16.7 per cent stated that the campaign they had attended was conducted by DEC officials. Further, there were indications that some of the campaigns being referred to had been conducted a long time back. This means that the DEC in conjunction with stakeholders needs to mount more campaigns in various areas if drug information is to be disseminated to all parts of the *Zambian* community.

Residence * Any awareness campaigns in neighbourhood? (Cross tabulation)

		Any awareness campaigns in neighbourhood?			Total
		No campaign	Campaign by non-governmental entities	Campaign by government entity (e.g. DEC)	
Residence	Low Density	17	3	10	30
	Medium Density	45	2	8	55
	High density	57	1	7	65
Total		119	6	25	150

Table 30

Compounded with the fact that people did not have enough information on drugs, 22 per cent of the respondents demonstrated ignorance of what the Drug Enforcement Commission is. Majority of the respondents (52.7 per cent) think that the DEC only attends to drug addicts and controls drug situation in the country whereas others (25.3 per cent) were of the view that the Commission only arrests drug offenders. From the findings, it is clear that the Commission's operations are fully understood by the community because while others think the Commission is helping drug addicts, others think they are only into drug supply interdiction. This means that more often than not, the public may misunderstand the operations of the Commission due to the knowledge gap that exists. Hence, there are many misconceptions that the public may have concerning the Commission.

This lack of knowledge has sometimes brewed animosity between the Commission and the community as was evidenced in certain communities in Lusaka where law enforcement officers had been met with hostility. Reports indicate that community members who may have knowledge on persons involved in either drug trafficking or

abuse shy away from the authorities because of the fear that they might get arrested too. Without understanding, the Commission cannot expect full cooperation from the community. Therefore, the work of the Commission is two-fold namely to combat illicit drugs and to gain the confidence of the public.

**Residence * What do you know about the Drug Enforcement Commission?
(Cross tabulation)**

		What do you know about the Drug Enforcement Commission?			Total
		Arrest drug offenders	Attends to drug addicts and controls drug situation	No knowledge	
Residence	Low Density	8	22	0	30
	Medium Density	17	32	6	55
	High density	13	25	27	65
Total		38	79	33	150

Table 31

The study also revealed that due to the lack of basic knowledge on the mandate and operations of the Commission, the public generally feels that the Commission’s efforts at ridding Zambia of drugs are not yielding much. The reason given is that there is still rampant trafficking and abuse of drugs in Lusaka (especially in Chibolya township). In fact, the public feels the Commission has failed to contain the drug scourge and that the community should assist in the fight against drugs. The majority of respondents (81.3 per cent) indicated that the community had a role to play and that this role should be done through the already existing structures such as neighbourhood watch groups and community health committees among other community-based groupings (39.3 per cent). This demonstrates a willingness on the part of the community to work closely with the Commission if only closer ties can be fostered.

The community, being the most important stakeholder in any social programme should be actively involved in combating drugs and the Commission should consider adopting the participatory communication approach where communities are engaged in the identification of the underlying factors to the problem of illicit drugs and how the security and peace of communities is threatened by the scourge. With such an approach, it becomes relatively easier to enlist the support of the communities including those that may seem hostile to anti-drug campaigns. However, it should be borne in mind that the participatory communication approach is but only one way to overcoming certain communication problems.

Residence * Are the Commission's efforts ridding Zambia of drugs? (Cross tabulation)

		Are the Commission's efforts ridding Zambia of drugs?					Total
		Strongly agree	Agree	Not sure	Disagree	Strongly disagree	
Residence	Low Density	11	14	1	3	1	30
	Medium Density	10	32	8	4	1	55
	High density	15	21	19	7	3	65
Total		36	67	28	14	5	150

Table 34

The most important aspect that emerged in the study is that the public generally has little information on drugs. Therefore, the Commission must include in their strategies some aspect of communication. It may not suffice to have so much publicity on the interdiction, in terms of arrests and drug seizures, but should also cover prevention as well. A check in the daily newspapers depict reports of the Commission having arrested persons for drug offences and rarely are there reports of instances where the

Commission has held discussions and/or talks with the community on drug related matters. The somewhat 'negative publicity' has inclined the public to believe that the Commission is only concerned with arresting people and not sensitisation of the public or counselling and rehabilitating drug dependent persons.

In suggesting what would be the most appropriate channel for the dissemination of information, the respondents generally felt that the use of mass media (television, radio, and newspapers) would be the best, as it would enable the information to reach a wide spectrum of people over a broad area at a given time. The use of mass media has in the past been a strategy used by the Commission where programmes in local languages were designed and aired on radio and television on the Zambia National Broadcasting Corporation network. The Commission has also used other networks such as the Christian Voice Radio. Next on the list of favoured channels for dissemination of information, the respondents indicated that group communication, interpersonal communication and participatory communication, in that order, could also be used as these provided for a forum where the target audience gets to be engaged in active discussion with the change agents (Commission officers).

Although the use of mass media would be ideal because it has seemingly been backed by the evidence that many respondents had first heard of drugs from television and radio besides school, this would only serve as a point of information centre. Hence, more anti-drug programmes need to be designed for television and radio in both English and the seven local languages (Bemba, Kaonde, Nyanja, Lozi, Lunda, Luvale, and Tonga). However, this is not enough to cause behavioural change because change requires a personal encounter of some sort for a person to make a decision either for

or against. These only act to raise awareness on the nature and effects of drugs, but in order to yield behavioural change in terms of averting drug abuse, there is need for approaches involving group, interpersonal and participatory communication.

In group communication, respondents indicated that drama, theatre, discussions, talks, and debates were also good fora for people to be informed about illicit drugs. In such scenarios, the target audience has an opportunity to discuss and seek clarification on matters that may not be clear to them. The clarification is in real time (there and then) and therefore even decisions on behavioural change can be attained in real time. This also offers people the chance to offer suggestions and views to the Commission on how best the fight could be waged at the same time giving the Commission an insight into the real issues that people are faced with. Interpersonal communication which includes door-to-door campaigns is also another way of giving chance to the target audience to ask as many personalised questions as possible which may not be asked by those that may be timid in public places.

Participatory communication, which includes open community discussions on issues of concern and the formulation of possible solutions, is pertinent to information dissemination, problem identification, and problem solving. Here, the community can identify with the problem at hand and so may have the urge to solve it for the betterment of their community. Nevertheless, having considered the preferences of the respondents on the best channel to use in disseminating information, a hybrid approach would be ideal as suggested by the 10 per cent of the respondents. While mass media would reach many people and inform, group, interpersonal and

participatory communication would supplement that medium in order to secure a firm commitment from the community in the fight against illicit drugs.

6.3 Interviews with Drug Dependent Persons

In as far as problem identification is concerned the study highlights that there are many contributing factors to the drug problem. Among the drug dependent persons interviewed, it seems that each one got involved in drug abuse due to some kind of pressure. To them, drugs were a way of escaping these pressures. Of the eight interviewees, there was some apparent similarity in their family backgrounds. There was an apparent 'disturbance' in the order of their family set up. This ranged from female-headed home, siblings from previous or new marriages (step brothers/sisters) to death of one or both parents.

Although peer pressure was cited as the main reason for getting involved in illicit drugs, there were other underlying factors such as feelings of loneliness, neglect by guardians or parents and self-pity on the part of the drug addicts. Others cited the fact that they took to drugs as a way of expressing their defiance and anger at their parents/guardians. To many what began as an innocent drinking spree with friends, ended up in a life struggle with drug abuse. In the absence of recreational facilities for the youth, substance abuse has become a pass time activity for such youth.

The other notable finding worth analysing is the link between alcohol consumption and illicit drug intake. All the eight interviewees were taken to alcohol consumption before venturing into illicit drug use. There is an apparent problem at secondary

school level in as far as alcohol consumption is concerned. This is evidenced by the fact that these drug dependent persons were introduced to drugs during their drinking binges. However, it is not conclusive as to whether alcohol intake is an automatic route to drug use, but what can be concluded here is the fact that in certain cases it is easier for someone who has experienced the euphoric effects of alcohol intake to be drawn into drug use for the attainment of a higher level of euphoria. Coupled with this apparent alcohol consumption among secondary school pupils, drug dealers seem to have turned the school 'grounds' as their hunting grounds as is evidenced by reports indicating that several pupils have been caught with drugs in the school premises.

All the interviewees indicated that although they had some knowledge of illicit drugs and their effects, this information was in piecemeal and that had they had the full knowledge of what they were getting into, they would chosen a different route. The general assumption was that they could stop the habit of drug use at any time, but they soon discovered that it led to an addiction that had to be satisfied at all costs. This led to them committing petty offences such as stealing money and/or household items from their homes to purchase the drugs. It should therefore be noted that drug use brought not only violence and defiance, but also petty theft in these persons. In this case, many attested to the fact that they were at some stage considered as outcasts and not fit to be in society.

In as far as caring for these interviewees is concerned, there was a feeling of not being appreciated by family members, and that they were discriminated against. Ironically, none of the above interviewees sought help from the Commission's counsellors on their own accord but were taken by their family members. There are two conclusions

that can be drawn from here; some parents bring their dependents for assistance because they have failed to contain certain behaviour for a long time, while others abdicate their responsibilities to the Commission. In the first instance, some parents have admitted to have known about the problem but thought it was a habit that could go with time. Therefore, after waiting for a long time and realise the extent of the problem, they then decide to seek help. Secondly, others have simply left the fight to the counsellors and wait to see positive outcomes without offering any input. This has, more often than not, left a huge burden on the Commission in trying to assist these drug dependent persons especially in the absence of a rehabilitation centre solely dedicated to assisting such persons.

Further, when asked about their behaviour under the influence of these drugs, the interviewees generally responded that they had no control of whatever happened to them. This, of course, subjected them to risky behaviour because it would be difficult to abstain from wrong activities if one does not have full control of what is going on around them. Even in the absence of conclusive research in Zambia on the link between illicit drugs and HIV/AIDS and other sexually transmitted, it is clear that those persons who are into drug use stand a high chance of contracting the virus due to risky behaviour including sharing of injections in the case of injectable drug users (IDUs).

6.4 Consideration of Primary Data

It has been proven, through drug surveys worldwide, that drug cultivation and trafficking is a lucrative business yielding fast returns unlike other business ventures.

It has a ready market, as the drug dependent persons are always in need of the drugs. Certain drugs such as cannabis/marijuana do not require processing for them to be consumed hence; they are cheap to produce. Since, cultivation and production of drugs such as cannabis in Zambia does not require much effort and coupled with the fact there is a ready market, more and more people have gotten involved in illicit drugs.

With the current poverty levels in Zambia where many people are living below the poverty datum line, it is difficult to convince people not to get involved in the drug trade. Hence, if this problem is to be overcome, then there is need to deal with the poverty issue by empowering people with survival skills that could be used to earn a decent and honest living. In addition, a conducive environment is required for these skills to flourish and yield the intended results. The Commission cannot address the issue of poverty, as it does not fall under its jurisdiction. Therefore, the concerned entities should ensure that this is done in order to contribute to combating illicit drug cultivation and trafficking.

Further, in order to discourage cannabis cultivation in Zambia, the agricultural marketing regime should be supported so that a ready market for the legitimate crops such as maize and other food or cash crops is created. In the same vein, the pricing of these crops should be to the advantage of the farmers in order to get a good return on their labour. Currently, a 25 kilogramme bag of maize is sold for much less than what a similar bag of cannabis could be sold for.

From the foregoing, drug cultivation, trafficking, and abuse are not main problem, but they hinge on other factors that need to be addressed by all stakeholders. In this vein, the problem of drug abuse must be tackled as a multi-faceted problem requiring concerted efforts from all stakeholders including the government ministries and departments, non-governmental organisations, faith based organisations, community based organisations, and the community at large. If that be the case, it follows therefore that illicit drugs should be dealt with as an off-shoot problem with underlying factors.

CHAPTER 7

CONCLUSION AND RECOMMENDATIONS

7.1 Conclusion

The major communication need identified in the study is lack of information on illicit drugs and the role of the DEC in combating drugs in Zambia. Without this information, the fight against illicit drugs is futile and support from the community and other would- be donors may not be realised. Having considered the findings of the research, it is true to state that there is an information gap on drug related matters among the public in Lusaka's Kalingalinga, Kabulonga and Chilenje areas. People have little or no information on illicit drugs, which has contributed, in part, to their indifference towards the fight against drugs. If Lusaka, being the seat of the Commission's headquarters does not have that much information, it follows that the situation could be more serious in other districts and towns of the country.

Although the findings depicted that the public seems to be in possession of some knowledge about illicit drugs, it is not adequate to support the fight against the scourge. The campaigns done by the DEC in the areas under consideration have proven to be neither widespread nor consistent. Besides, the messages have not been as intensive as other corresponding advertisements and programmes that promote intake of substances such as alcohol and tobacco. Where some knowledge on illicit drugs is evident, the public does not know how to deal with the drug problem and in some cases feel that drugs are the sole responsibility of the Commission.

However, drugs have an effect on everyone regardless of their race, creed, background or area of residence as was found in the similarity of the responses given by the members of the three residential areas. This means that since the drug problem is a cross-cutting issue, it must be tackled as such and should involve all stakeholders because certain matters perpetuating the drug problem fall outside the jurisdiction of the Commission. In this vein, it should also be borne in mind that drugs have underlying factors that must be addressed if the drug scourge is to be contained. It is such factors that must be identified and addressed with the full participation of the community. Concerted efforts are thus required from all stakeholders if drugs are to be addressed effectively and conclusively.

One fundamental matter that should be addressed is the lack of creativity among the youth. Hence, there should be more youth empowerment and recreational facilities to avert the idleness of youths that promotes illicit activities such as drug trafficking and abuse. There is overwhelming evidence that the youth have no places to expend their efforts and energies. With the proliferation of drinking places (such as clubs, pubs, taverns and "sheens") that seem to be unregulated in the various townships, the youths tend to seek solace in these places.

In the same breath, the current prevailing economic situation is not conducive to discourage peasant farmers from growing legitimate crops. This is because not only is the cost of production high but also the marketing regime is not favourable to the farmers. Hence, if these farmers that are involved in growing cannabis are to embark on growing legitimate crops, there should be a strong support system in place to safeguard the yields and guarantee good returns to the farmer. Similarly, there are

few, if any, opportunities for legitimate business prospects and creation of wealth among the members of the Zambian society. This has been cited as a reason for the involvement of certain persons in drug related crimes.

Further, the study revealed that there is consensus among the members of the public on there being no legitimate use for illicit drugs even though few respondents gave responses in the affirmative. This consensus is a vital stepping-stone for the Commission to exploit in engaging the public in combating drugs. This stepping-stone has not been reinforced by adequate and consistent information dissemination on drugs by the Commission. The current package being used in awareness campaigns is somewhat lacking an aggressive approach to the vices of drug trafficking and abuse. With ever changing drug trends and technological advancement, the package is seemingly not abreast of the foregoing. The methodology used in the package has not been specific to the target audience and has not been revised for many years. The Commission needs to intensify its efforts in re-strategising its approach to information dissemination to the specific target audiences.

7.2 Recommendations

i) Sustained Multi-media Drug Campaigns

In order to counter the growing drug problem, there is need for the DEC to mount well-coordinated, relevant, targeted and sustained multi-media drug campaigns using every available means so as to create an effective and consistent anti-drug strategy. Reports indicate that previous anti-drug campaigns were somewhat disjointed and lacked the urgency and deliberate approach needed to impact the public. Hence, the Commission needs to strengthen its research and information

unit so that appropriate measures can be employed in accordance with the prevailing situation. The information gathered will allow the Commission to formulate different messages for the different target groups in the communities.

ii) Increased Financial and Logistical Support

Seeing that the most ideal method of information dissemination is through a mix of communication approaches namely mass, interpersonal, group and participatory communication, it should also be noted that more resources are required to sustain such a mix. In addition, since the drug business is lucrative, it requires a well calculated, adequately financed and coordinated approach to combat it. Hence, the Government of the Republic of Zambia (GRZ) should consider increasing the funding levels that are given to the Commission. With the increased funding, the Commission would be able to reach the public with the information that is required in order not only to raise awareness but also to enlist the public's support.

The Commission should also take advantage of the donor community that may be interested in enhancing the anti-drug campaign by preparing plausible proposals that will attract such donor funding.

iii) Revision of the Information Package

The National Education Campaign Division (NECD) needs to realign its educational kit to suit the prevailing drug trends and technological advancements. The public should be given up-to-date information because there are so many sources of drug information currently including the internet, television, radio, newspapers and magazines, among others. It is not enough to inform the public

on the nature of drugs and their effects, but the package needs to go a step further and draw relations between drugs and other topical issues so that the information becomes relevant to the prevailing situation. With this, the information will tend to be audience-specific as it will aim at addressing the target audience's information needs.

It follows therefore, that the educators under the NECD should therefore be well trained and equipped with the skills and techniques of information dissemination. In addition, information, educational and communication (IEC) material should be re-designed and translated into the seven major languages for ease of understanding among persons that may not be conversant with the official language, English.

In addition, the use of posters, billboards, advertisements and other such media is a sure way of alerting and provoking people's minds in as far the drug fight is concerned.

iv) Counselling and Rehabilitation

The Commission requires a well equipped rehabilitation centre as suggested by Chita (2002) and the Fifth National Development Plan. This will not only provide a solace for drug dependent persons, but will also offer an isolated place where these persons will receive treatment, counselling and, where necessary, skills training. In this vein, more Commission officers should be trained to specifically handle drug dependent persons. Further, the onus is on the government to give due consideration to the construction of drug rehabilitation centres preferably in

all provincial centres beginning with Lusaka. This will enable the drug dependent persons to receive better assistance in as far as overcoming the habit of drug use is concerned.

In the absence of a rehabilitation centre, the Commission must make maximum use of the prevailing facilities at the Chainama Hills Hospital and the University Teaching Hospital although the two institutions are also laden with other medical cases.

v) *Community Participation*

In order to waylay the misconceptions that the public has concerning the Commission, there should be a deliberate move to enlist the full support of the public through the creation of a user-friendly interface. This interface between the public and the Commission would serve as a point of contact for the collection of information from the public and vice versa. Some respondents indicated that the community has no role to play in the fight against drugs because they lack the knowledge and understanding of what drugs can do not only to individuals but to the community at large if left unchecked.

The Commission, through the NECD and the Public Relations Office, needs to strengthen its community outreach through the existing structures in the communities such as royal traditional establishments, area political leadership, community health committees, neighbourhood watches, residential development committees, faith based bodies and other law enforcement establishments. Through these entities, consultative and awareness meetings could be held and

would serve as a starting point for the Commission's quest to involve the public in the fight against the drug scourge. It would therefore require the re-organisation and re-launch of the NECD and PRO offices so that they become more proactive than reactive.

vi) *Early Interventions and Strengthening of Anti-Drug Clubs*

Although the drug problem in Zambia may not have reached alarming levels compared to other countries such as Colombia, Afghanistan, United States of America and South Africa, the problem exists and should receive urgent attention. It must be nipped in the bud before it is late. With the realisation that the schools have become hunting grounds for the drug problem, the Commission in liaison with the Ministry of Education and the Curriculum Development Centre should consider extending the scope of drug information offered in schools (from primary to secondary). This should be adequate enough to not only raise awareness but also instil a sense of responsibility among the pupils so that should there be any presence of drugs in the school premises, reports will be made promptly to the authorities for appropriate action.

Further, anti-drug clubs in schools need to be strengthened by equipping them with information, educational and communication (IEC) materials for ease of reference and understanding.

vii) *Use of Former Drug Dependent Persons*

Three of the interviewees in the study indicated that they were ready to be part of the information dissemination in conjunction with the Commission. In the same way that

persons living with HIV/AIDS have been credible advocates of the anti-AIDS fight, persons that have successfully overcome the drug abuse habit should be encouraged to be ambassadors of the Commission. This would add value to the fight in that potential addicts would be given an insight into the realities of drugs and those already in the habit could be helped to overcome drug abuse. Besides, these persons would be an opportunity to speak from experience thus putting a human face to the fight against the drug scourge.

viii) Partnerships and Multiple Interventions

The Commission has cooperating partners that it works with, but there is need to strengthen and extend this circle of partners to other stakeholders such as internet providers, mobile phone service providers like Zain, MTN and CellZ so that more persons may be reached out to at a given time. For instance, the Ministry of Health utilised the Zain and MTN facilities to inform and remind parents and guardians to take their under five children for the Child Health Week in July 2009. This was achieved via short message service (sms) (<http://www.reliefweb.int/rw/rwb.nsf/db900sid/ASHU-7U2457?OpenDocument>).

Similarly, the Commission could use that to inform people on some of its planned events or activities.

Since drugs are not only a matter of security concern but also of public health among others, multiple interventions would be required as proposed by Simons-Morton et al (1997). This means that in the wake of insufficient logistics in the Commission, there is need to strengthen ties with those partners that are better endowed with resources.

This can only be realised if the Commission can re-strategise and draw up plans on how the partnerships would operate for mutual benefit.

Also, instead of concentrating national anti-drug activities around the 26th June which is commemorated as the International Day against Drugs (or World Anti-Drug Day), the Commission should consider having a week of activism. During this week, the Commission would intensify their efforts in areas of concern and disseminate as much information as possible through the existing programmes in workplaces, institutions of learning and communities at large. All this activism would then culminate into the commemoration on 26th June.

REFERENCES

Central Statistical Office (2001), Zambia.

Central Statistical Office, (2004), *Zambia 2000 Census of Population and Housing: Lusaka Province Analytical Report*.

Central Statistical Office (2005), Zambia.

Chita, S. Peter, (2002), *Knowledge, Attitudes and Experiences of Secondary School Pupils in Lusaka Urban District: Implications for the Development of Drug Education- A dissertation presented to the faculty of Education of the University of Manchester in partial fulfilment of the requirements for the degree of master of education*.

Department of Criminology, Crime Risk Perspectives Study Guide for CMY 201 E, University of South Africa, Muckleneuk, Pretoria.

Drug Enforcement Commission (2003), *Annual Report*, Ministry of Technology and Vocational Training Printing Service Unit-TEVETA, Lusaka.

Drug Enforcement Commission (2004), *Annual Report*, Ministry of Technology and Vocational Training Printing Service Unit-TEVETA, Lusaka.

Drug Enforcement Commission (2005), *Annual Report*, Ministry of Technology and Vocational Training Printing Service Unit-TEVETA, Lusaka.

Drug Enforcement Commission (2006), *Annual Report*, Ministry of Technology and Vocational Training Printing Service Unit-TEVETA, Lusaka.

Drug Enforcement Commission (2007), *Annual Report*, Ministry of Technology and Vocational Training Printing Service Unit-TEVETA, Lusaka.

Drug Enforcement Commission (1991), *Combating Drug Misuse in Zambia: National Programme of Action Against Narcotic Drugs*.

Fajana, F. O, (2002) *The Economic Implications of Illicit Drug Trafficking and Abuse in Africa*, Paper presented at the 1st OAU Ministerial Conference on Drug Control in Africa.

Food and Agriculture Organisation, (2004) *Participatory Rural Communication Appraisal- Starting with the People Handbook*. Compiled by Mefalopulos, P. Anyaegbunam, C. and Moetsabi, T.

Haworth, A, Mwanalushi M, and Todd D (1981) *Report of a project on community response to alcohol-related problems in Zambia*. Institute for African Studies. Community Health research Reports Nos 1- 7, Lusaka, University of Zambia.
[www.unodc.org/unodc/en/data-and-analysis/bulletin/bulletin1983-01-](http://www.unodc.org/unodc/en/data-and-analysis/bulletin/bulletin1983-01-01_1_page002.html)

[01_1_page002.html](http://www.unodc.org/unodc/en/data-and-analysis/bulletin/bulletin1983-01-01_1_page002.html). Accessed on 21st July, 2009

Haworth, A. "Reactions to problems of drug abuse", Bulletin on Narcotics 1983, Jan-March, 35(1):1-9. [http://www.ncbi.nlm.nih.gov/pubmed/6555052?log\\$=activity](http://www.ncbi.nlm.nih.gov/pubmed/6555052?log$=activity). Accessed on 4th August, 2009

Health Communication Partnership 2002-2007 <http://www.aed.org/Projects/Health-Communications-Partnership-HCP.cfm> Accessed on 4th August, 2009

Healthy People 2010 Information Access Project <http://phpartners.org/hp/> Accessed on 4th August, 2009

http://en.wikipedia.org/..//Cultivation_theory Accessed on 3rd July, 2009

International Narcotics Control Board (1998), Recommendations to the United Nations' General Assembly on Drug Demand Reduction.

Jarvis, I.L, (1972) *Victims of Groupthink*. Houghton Mifflin Company, Boston. (<http://en.wikipedia.org/wiki/Groupthink>) Accessed on 26th July, 2008

Kotler, P. and Zaltman, G. (1971), "Social Marketing: An Approach to planned Social Change", Journal of Marketing 35: 3-12. http://en.wikipedia.org/wiki/Social_marketing Accessed on 5th August, 2009.

Lewin, K. 'Sweetbread study', Bulletin of the National Research Council, 1943. <http://serendip.brynmawr.edu/exchange/node/481> Accessed on 12th July, 2008

McCombs, M. and Shaw, D.L. (1972), 'The Agenda setting function of mass media', *Public Opinion Quarterly*, vol.36 pp. 176-185.
www.uky.edu/~drlane/capstone/mass/agenda.htm Accessed on 1st August, 2008

Publishers Group (2005), *Street Drugs*, LLC, Plymouth.

SADC Protocol on Combating of Illicit Drugs.

Simons-Morton, B.G, Donohew L and Gump A.D, "Health Communication in the prevention of alcohol, tobacco and drug use", *Health Education and Behaviour* (1997) Oct; 24(5):544-54. <http://www.ncbi.nlm.nih.gov/pubmed/9037812?dopt=Abstract>. Accessed on 4th August, 2009

Tichenor, P.J, Donohue, G.A and Olien, C.N (1970) Mass media Flow and Differential Growth in Knowledge', *Public Opinion Quarterly*, vol.34. Colombia.www.tcw.utwente.nl/theorieenoverzicht/Theory%20clusters/Mass%20Media/knowledge Accessed on 1st August, 2008

United Nations Publications (1998), *Declaration of the International Conference on Drug Abuse and Illicit Trafficking and Comprehensive Multidisciplinary Outline of Future Activities in Drug Abuse Control*.

United Nations Office for Drug Control and Crime Prevention (2002), 'Drug Control Strategy for Africa'. www.unodc.org/art/docs/Annex%20B.pdf Accessed on 12th July, 2008

United States Department of Health and Human Services (2007), Substances Abuse and Mental Health Services Administration (SAMHSA) News Release (7/16/2007). www.samhsa.gov/newsroom/advisories/070713survey0610.aspx Accessed on 25th July, 2008

UNODC 2008 World Drug Report www.unodc.org/documents/wdr/WDR_2008/WDR_2008/WDR_2008_eng_web.pdf Accessed on 21st July, 2009

Vlassoff, C. and Tanner, M., (1992), 'The Relevance of Rapid Assessment to Health Research Intervention', *Health Policy and Planning*, Vol.7 (1).

Wikipedia, the Free Encyclopedia. <http://en.wikipedia.org/wiki/Communication> Accessed on 19th July, 2008

Wikipedia, the Free Encyclopedia. http://en.wikipedia.org/wiki/Interpersonal_communication Accessed on 20th July, 2008

Wikipedia, the Free Encyclopedia. http://en.wikipedia.org/wiki/small-group_communication Accessed on 20th July, 2008

Wikipedia, the Free Encyclopedia. http://en.org/wiki/Mass_communication Accessed on 20th July, 2008

Wikipedia, the Free Encyclopedia. <http://en.wikipedia.org/wiki/Drug> Accessed on 4th May, 2009

Wikipedia, the Free Encyclopedia. <http://en.wikipedia.org/wiki/Psychoactive> Accessed on 4th May, 2009

Wikipedia, the Free Encyclopedia, <http://en.wikipedia.org/wiki/cannabis>. Accessed on 22nd July, 2009

Wikipedia, the Free Encyclopedia, <http://en.wikipedia.org/wiki/tetrahydrocannabinol>. Accessed on 22nd July, 2009

Wikipedia, the Free Encyclopedia, <http://en.wikipedia.org/wiki/Inhalants>. Accessed on 22nd July, 2009

Wikipedia, the Free Encyclopedia, http://en.wikipedia.org/wiki/Agenda-setting_theory. Accessed on 27th July, 2009

Wikipedia, the Free Encyclopedia, <http://en.wikipedia.org/wiki/khat>. Accessed on 22nd July, 2009

Wikipedia, the Free Encyclopedia, <http://en.wikipedia.org/wiki/amphetamines>. Accessed on 22nd July, 2009

Wikipedia, the Free Encyclopedia, <http://en.wikipedia.org/wiki/cocaine>. Accessed on 22nd July, 2009

Wikipedia, the Free Encyclopedia, <http://en.wikipedia.org/wiki/heroin>. Accessed on 22nd July, 2009

Wikipedia, the Free Encyclopedia, http://en.wikipedia.org/wiki/Opium_poppy. Accessed on 22nd July, 2009

Wikipedia, the Free Encyclopedia, <http://en.wikipedia.org/wiki/Zambia> Accessed on 5th August, 2009

www.inforamerica.org/./eliu_katz2.pdf . Accessed on 1st August, 2009

www.sou.edu/./Klapper Accessed on 16th July, 2009

1961 Single Convention on Psychotropic Substances

1971 Convention on Psychotropic Substances

1988 Convention against Illicit Traffic in Narcotic drugs and Psychotropic Substances

APPENDICES

1. Sample questionnaire

Dear Respondent,

Thank you for accepting to answer this questionnaire. The questionnaire has been sent to you because you possess the necessary information that is critical to the survey on the public perceptions concerning illicit drugs in Lusaka. Your contribution will not only assist in appreciating knowledge held by the community but it will also form part of the strategies to address the issue of illicit drugs. The information that shall be provided in the questionnaire will be held in the strictest confidence and will only be for the purpose of this survey. Kindly be as truthful as possible.

Please circle your answer where applicable and fill in the answers in the spaces provided.

A. Background Information

1. Sex: 1. Male

2. Female

2. Area of residence: 1. High

2. Medium

3. Low

3. Age: 1. 15-25 years

2. 26-36 years

3. 37-47 years

4. 48-58 years

5. 59-69 years

6. 70-80 years

- 4. Nationality:** 1. **Zambian**
 2. **Foreigner**

- 5. Occupation:** 1. **Employed**
 2. **Self-employed**
 3. **Student**
 4. **Retiree**
 5. **Unemployed**

- 6. Marital status:** 1. **Single**
 2. **Married**
 3. **Divorced**
 4. **Widowed**

B. Illicit Drug abuse

7. Have you ever heard of hard drugs (e.g. heroin, cocaine, cannabis)? 1. **Yes**
 2. **No**

8. Where did you learn about them from? 1. **Radio** 6. **Billboard**
 2. **Television** 7. **Theatre/Drama**
 3. **Friend** 8. **Newspaper**
 4. **School** 9. **Banner**
 5. **Pamphlets/Brochure**

9. In your opinion, what is a hard drug?

10. Do you know what cannabis/marijuana looks like? 1. **Yes**
 2. **No**

11. Do you know what cocaine looks like? 1. Yes
2. No

12. Do you know what heroin looks like? 1. Yes
2. No

13. Do you know what miraa/khat looks like? 1. Yes
2. No

14. If so, where did you see them from? 1. Television 6. Billboard
2. Known person 7. Pamphlet/Brochure
3. On the streets 8. Theatre/Drama
4. Exhibition 9. Banner
5. Newspaper

15. Have you ever known a person/ who is/ was using any hard drug(s)? 1. Yes
2. No

14. What was the behaviour of the person after using drugs?
.....
.....
.....

15. How did that behaviour affect you?
.....
.....
.....

16. In your opinion, do you think illicit drugs are really harmful to the human body?
1. Yes
2. No

17. Do you think drugs are a problem to society? 1. Yes
2. No

18. In your opinion, how would you rate the drug problem in your residential area?
1. Very big
 2. Big
 3. Not sure
 4. Small
 5. Very small

19. In your view, who are the most involved in drugs in your neighbourhood?
1. Children
 2. Adolescents
 3. Adults

20. Has there been any awareness campaign against drugs in your area? If so who conducted it?
-
-

21. What medium was used in the campaign?
- | | |
|------------------------|------------------|
| 1. Television | 6. Theatre/Drama |
| 2. Radio | 7. Banner |
| 3. Newspapers | |
| 4. Pamphlets/Brochures | |
| 5. Billboard | |

22. What do you know about the Drug Enforcement Commission?
-
-
-

23. Do you think their efforts are helping clean up Zambia of illicit drugs?
1. Strongly agree
 2. Agree
 3. Not sure
 4. Disagree
 5. Strongly disagree

24. Give reasons for your answer in (23).

.....
.....
.....
.....

25. In your view, do you think the community has a place fighting drugs? 1. Yes
2. No

26. How can your community help fight illicit drugs?

.....
.....
.....

27. Are drugs worth fighting? 1. Yes
2. No

28. If yes, state your reasons.

.....
.....
.....
.....

29. Do you ever talk to people in your household about drugs? 1. Yes
2. No

30. In your opinion, how much information do you have on illicit drugs?

- 1. Plenty
- 2. Enough
- 3. Not sure
- 4. Not much
- 5. Little

31. Do you think alcohol in-take leads to drug abuse tendencies?

- 1. Strongly agree
- 2. Agree
- 3. Not sure

4. Disagree

5. Strongly disagree

32. Do you know of any lawful use for illicit drugs? 1. Yes

2. No

33. If yes, what are those lawful uses?

.....
.....
.....

34. Do you think anti-drug messages on radio/television are adequate?

1. Yes

2. No

35. Do you think messages broadcast on radio/television have any anti-drug message in them? 1. Yes

2. No

36. Do you watch television regularly? 1. Yes

2. No

37. Which programmes do you watch?

.....
.....

38. Do you think television has in any way encouraged illicit drugs in Zambia?

1. Yes

2. No

39. If yes, state how.

.....
.....
.....

40. In your opinion, what else should be done to address illicit drug abuse in your community?

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.....

Thank you for your co-operation

2. Sample Interview Guide

For interviews with drug dependent persons, the following will be the guide:

Section 0: Introduction

- i) Welcome the interviewee and set the sitting arrangement;
- ii) Introduce myself and explain briefly about the organization or ministry I represent then let the respondents make self-introductions, too;
- iii) Explain the purpose of my visit;
- iv) Explain how I am going to use the information that will be collected;
- v) Reassure the respondents of confidentiality and anonymity.

Section 1: General Questions (Warm up questions)

- i) What are you currently engaged doing for a living?
- ii) What are some of the social challenges that are being faced by the individual?
- iii) What is the major source of these problems?

Section 2: People's perception of Illicit Drugs in the Community

- i) Are there any indicators of substance abuse in your neighbourhood?
- ii) If any, what are these indicators? [Elaborate on the signs that they have noticed in one who has taken illicit drugs such as marijuana (cannabis)].
- iii) What are some of the substances that are being abused?
- iv) What are illicit drugs?
- v) Why are people involved in drugs?
- vi) Who are the most involved in substance abuse?
- vii) In your community, what measures have been put in place to counter the scourge?

Section 3: Role of media in combating illicit drugs

- i) Do you think there is enough information on illicit drugs on television and radio?
- ii) What kind of illicit drug information is on television and radio?
- iii) Is the information adequate to deter would-be offenders?

- iv) Do you think the media has contributed to the involvement of people in vices such as drug trafficking and abuse?
- v) What role can the media play in combating illicit drugs?

Section 4: The Drug Enforcement Commission and the Community's role in the fight against illicit drugs.

- i) What, in your opinion, is the role of the DEC in combating illicit drugs?
- ii) Have the efforts of the Drug Enforcement Commission seemingly been evident in your area?
- iii) How easy is it for your community to work with the Commission?
- iv) Is the community aware on how to contact the Commission for any assistance that may arise?
- v) What role can the community play to supplement the efforts of the Commission?
- vi) Is there anything else you think people should do to get rid of the illicit drug problem?