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Stronger Together: How Community Engagement Prevents Youth Involvement in Drug Abuse in Iringa Municipality

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Abstract: *Youth drug abuse has emerged as one of the most pressing social challenges in many Tanzanian communities, threatening not only the health and well-being of young people but also the social and economic stability of families and neighborhoods. This study explored the role and effectiveness of community-based initiatives in preventing drug abuse among youths in Iringa Municipality, Tanzania. Employing a qualitative approach, data was collected from 76 participants across the Ruaha, Kitanzini, and Ilala wards through interviews and focus group discussions. The findings indicate that while awareness programs were the most prevalent intervention, their impact was often limited by a reliance on top-down, fear-based messaging that failed to resonate with youths' socio-economic realities. Initiatives involving peer support, mentorship, and recreational activities showed greater promise in building resilience but were severely constrained by fragmented implementation and a pervasive lack of sustainable resources. A critical barrier identified was the weak coordination and collaboration among stakeholders, leading to duplicated efforts, isolated interventions, and an inability to form a cohesive prevention strategy. The study concludes that the potential of community-based action remains substantially untapped due to systemic challenges in funding, strategic coordination, and youth participatory engagement. To enhance impact, the study recommends institutionalizing multi-stakeholder coordination frameworks, shifting towards long-term, flexible funding models, and embedding youth-led, participatory approaches into the design and execution of all prevention initiatives.*

Keywords— Community-based initiatives, youth drug abuse prevention, awareness programs, peer mentorship, recreational and skill-building activities, stakeholder collaboration, resource constraints, program sustainability.

1. INTRODUCTION

This template, modified in MS Word 2007 and saved as a "Youth drug abuse has emerged as one of the most pressing social challenges in many Tanzanian communities, threatening not only the health and well-being of young people but also the social and economic stability of families and neighborhoods. In Iringa Municipality, this growing concern has drawn the attention of various stakeholders, including local leaders, parents, educators, religious organizations, and non-governmental bodies, who are working together to protect the youth from the devastating effects of substance abuse. While government-led interventions have laid foundational policies and awareness campaigns, the strength of community engagement has proven essential in creating sustainable and culturally sensitive approaches to prevention. Through collaboration, mentorship, and collective responsibility, communities have been able to identify at-risk youth, foster supportive environments, and provide alternatives to destructive behaviors. The study sought to explore how community-based initiatives and local partnerships contribute to reducing drug abuse among the youth in Iringa.

Substance abuse among young people remains a critical public health and social challenge worldwide, with devastating impacts on individual health, family structures, and community development [1]. The transition from adolescence to adulthood is a period of significant neurodevelopmental and social vulnerability, where factors like peer pressure, economic uncertainty, and social fragmentation drastically increase the risk of drug experimentation and dependency [2]. This global panorama sets a concerning backdrop for many developing nations, including Tanzania, which grapple with these universal challenges often with fewer resources.

Tanzania faces its own distinct struggles with youth drug abuse, where the availability of illicit drugs, such as cannabis and heroin, coupled with the misuse of prescription medications and alcohol, poses a persistent threat [3]. National efforts have often focused on law enforcement and clinical treatment, yet the problem persists, demanding more nuanced and effective intervention strategies that are culturally and contextually resonant [4].

The Iringa Municipality is not immune to these national and global challenges, with anecdotal evidence and preliminary reports suggesting a growing prevalence of drug and alcohol abuse among the youth [5]. Community leaders have repeatedly voiced concerns, linking this trend to rising petty crime, school drop-outs, and a general sense of unease regarding the future of the municipality's younger generation, thereby undermining social cohesion and jeopardizing socio-economic progress. There is a growing recognition within local governance structures that top-down approaches alone are insufficient to address the complex, localized nature of drug abuse in Iringa [6]. The specific social dynamics,

economic drivers, and cultural factors that contribute to substance use in Iringa may not be fully addressed by broad national strategies, creating a space for local actors to explore alternative, bottom-up solutions.

The discourse on effective drug prevention has increasingly highlighted the importance of grassroots, community-based approaches, supported by a socio-ecological model of health [7-9]. The premise is that the community itself holds unique insights, trust, and influence, positioning them to create a protective environment that fosters resilience and provides positive alternatives to at-risk youth. Community engagement initiatives represent a powerful, homegrown strategy that works by strengthening social bonds, providing safe spaces for youth development, and reinforcing pro-social cultural values [10]. By empowering community members to become active agents of change, these initiatives foster a sense of collective efficacy, aligning with the broader understanding that sustainable public health outcomes are achieved through community ownership.

Despite the apparent proliferation of local initiatives in Iringa Municipality, there has been little systematic effort to document, analyze, and understand their specific contributions, operational mechanisms, and lived experiences. The strategies they employ, the challenges they encounter, and the ways in which they are perceived to influence youth choices are not well-documented in formal academic or policy literature. Consequently, the voices, experiences, and perspectives of those who are designing, implementing, and participating in these initiatives remain largely unexplored. This study is therefore designed to address this critical gap by providing a rich, contextualized understanding of the role and contributions of community-based engagement from the standpoint of those most directly involved.

1.1 Statement of the problem

Drug abuse among youth had become a growing social and health concern in many parts of Tanzania, posing a serious threat to the moral, physical, and economic well-being of the younger generation. In Iringa Municipality, the problem was increasingly visible through rising cases of substance use among adolescents and young adults, leading to school dropouts, family breakdowns, crime, and loss of productive potential. Although national authorities had established laws and policies to curb the production, distribution, and use of drugs, these top-down approaches were not sufficient to reach the grassroots level where the problem was most severe. It became evident that community participation was vital in developing context-specific strategies that could effectively address the causes and consequences of youth drug abuse.

Despite the presence of several community-based initiatives, such as youth groups, religious organizations, and neighborhood associations working to prevent substance abuse, their actual contribution and long-term impact remained unclear. Many of these initiatives operated independently, with limited coordination, resources, or institutional support, which made it difficult to sustain their interventions. Furthermore, little attention had been paid to understanding the strategies they used, the challenges they faced, and the level of collaboration among various community actors. For this reason, the study sought to identify the key community-based initiatives aimed at preventing drug abuse among youths in Iringa Municipality, to assess the strategies and mechanisms employed by community stakeholders in addressing youth drug abuse, and to explore the challenges faced by community-based initiatives in sustaining efforts to prevent youth drug abuse in Iringa Municipality.

1.2 Objectives of the Study

1.2.1 Main Objective

The main objective of this study is to examine the contribution of community engagement in preventing youth involvement in drug abuse within Iringa Municipality.

1.2.2 Specific Objectives

i. To identify the key community-based initiatives aimed at preventing drug abuse among youths in Iringa Municipality.

ii. To assess the strategies and mechanisms employed by community stakeholders in addressing youth drug abuse.

iii. To explore the challenges faced by community-based initiatives in sustaining efforts to prevent youth drug abuse in Iringa Municipality.

1.3 Research Questions

i. What are the key community-based initiatives aimed at preventing drug abuse among youths in Iringa Municipality?

ii. What strategies and mechanisms do community stakeholders employ to address youth drug abuse?

iii. What challenges do community-based initiatives face in sustaining their efforts to prevent youth drug abuse in Iringa Municipality?

1.4 Main Contribution of the Study

The study provided valuable insights into the role of community engagement in preventing youth involvement in drug abuse within Iringa Municipality. By exploring the key initiatives, strategies, and challenges faced by local actors, it highlighted how collective community efforts can influence youth behavior and foster resilience. The findings contribute to both practical interventions and future research on drug prevention in similar contexts. The key contributions includes the study:

- ❖ Highlighted the most effective community-based initiatives and mechanisms that reduced youth exposure to drugs.

- Provided an understanding of the strategies employed by stakeholders to sustain drug prevention efforts at the local level.
- Identified critical challenges faced by community initiatives, offering guidance for improving program implementation and sustainability.

2. RELATED WORKS

2.1 Community-Based Initiatives for Preventing Youth Drug Abuse

In Europe and North America, community-based initiatives have long been recognized as a cornerstone of effective drug prevention strategies. Programs such as the *Communities That Care* model in the United States and community-based coalitions in the United Kingdom have demonstrated that local engagement, early education, and social support systems can significantly reduce youth involvement in drug and alcohol use [7, 11]. These initiatives often emphasize partnerships between schools, parents, and social institutions, promoting behavioral change through consistent awareness campaigns, mentoring, and after-school activities. Studies further show that when communities take ownership of prevention strategies, youth are more likely to resist peer pressure and adopt healthy coping mechanisms [12]. The success of such programs underlines the importance of collective responsibility and localized planning in reducing youth substance abuse rates.

Across Asia, community participation has also become a vital approach in preventing youth drug abuse. Countries such as Thailand, Indonesia, and the Philippines have implemented local coalition models that integrate schools, religious institutions, and local governments to address the cultural and socio-economic drivers of substance use [13]. Community-based rehabilitation centers in the Philippines, for instance, have combined educational outreach with skill-building and livelihood programs to empower young people and prevent relapse [14]. In India, non-governmental organizations have worked with families and community leaders to deliver drug prevention education through village-level youth clubs and cultural events [15]. Despite these successes, implementation challenges persist, including limited funding, stigma, and inconsistent policy support. Nevertheless, these initiatives highlight Asia's progress toward socially inclusive and culturally adaptive community approaches to drug prevention.

In Africa, community-based interventions have increasingly gained traction as governments and civil society organizations acknowledge the limitations of punitive and top-down responses to drug abuse. Grassroots initiatives often rely on traditional leadership structures, family networks, and faith-based organizations to create awareness and provide counseling to at-risk youth [16]. For example, in Kenya and Uganda, community youth groups and peer mentorship programs have shown positive results in reducing drug experimentation and promoting rehabilitation through social integration [17]. However, many community programs across the continent face structural challenges such as inadequate financial resources, weak monitoring systems, and fragmented coordination between local and national agencies [18, 19]. These constraints often limit the scalability and long-term impact of community-based prevention models, necessitating more comprehensive frameworks that combine local engagement with institutional support.

In Tanzania, community-based initiatives have become an integral part of the national response to youth drug abuse, particularly in urban and semi-urban areas. Efforts led by community development officers, local NGOs, and religious organizations have focused on peer education, sports, and public awareness campaigns to promote positive youth engagement [20]. Programs implemented in Dar es Salaam, Morogoro, and Iringa Municipalities have shown that community participation enhances ownership and sustainability of preventive interventions [21]. These locally driven efforts not only disseminate information on the dangers of substance abuse but also foster collaboration between schools, parents, and law enforcement agencies.

Despite their potential, however, there has been limited empirical research documenting the specific contributions, effectiveness, and operational challenges of such community-led initiatives in Iringa Municipality. This lack of systematic evaluation represents a significant research gap, warranting deeper exploration into how community engagement influences youth behavior and drug prevention outcomes in the Tanzanian context.

2.2 Strategies and Mechanisms Employed by Community Stakeholders

In Europe and America, community stakeholders have adopted multi-sectoral and evidence-based strategies to combat youth drug abuse through prevention, rehabilitation, and policy advocacy. Effective mechanisms often combine education, enforcement, and empowerment, where community coalitions link schools, families, and health institutions to promote behavioral change [22]. For instance, in the United States, community coalitions under the *Drug-Free Communities (DFC)* program use local data to design targeted interventions, enhance youth leadership, and engage parents in prevention planning [23]. Similarly, European models emphasize participatory mechanisms such as neighborhood networks, peer counseling, and youth mentorship programs that create sustained social support systems to prevent relapse and reduce stigma [24].

Across Asia, community stakeholders employ strategies grounded in cultural values and collective responsibility. Mechanisms such as family-based interventions, peer education, and community policing have become central to addressing youth drug abuse [25]. In Thailand and Indonesia, local stakeholders have worked with Buddhist temples and community volunteers to create awareness campaigns that

blend traditional moral teachings with modern rehabilitation efforts [26]. Likewise, in India, school committees and local self-help groups actively collaborate to strengthen preventive education, improve communication between parents and children, and identify early signs of drug use among adolescents. These strategies demonstrate that integrating cultural norms with social support mechanisms enhances the effectiveness of community-based prevention in Asian societies.

In Africa, community stakeholders adopt participatory and resource-sharing strategies to mitigate youth drug abuse, focusing on collaboration, social mobilization, and capacity-building. Local leaders, NGOs, and faith-based organizations often act as key actors in mobilizing awareness and providing informal rehabilitation services [27]. In Kenya, community policing initiatives and youth empowerment projects use peer networks to identify and counsel at-risk youths, while in Nigeria, faith-based institutions organize outreach programs emphasizing moral guidance and reintegration [28]. These mechanisms rely heavily on interpersonal communication, social cohesion, and traditional authority systems. However, the lack of financial resources, training, and institutional coordination limits the scalability and sustainability of these approaches.

In Tanzania, community stakeholders have initiated diverse strategies such as youth clubs, sports outreach programs, school-based sensitization campaigns, and religious advocacy to fight youth drug abuse [29]. Local authorities and NGOs collaborate to strengthen parental engagement, organize community awareness workshops, and develop skill-building initiatives for vulnerable youth [30].

While these mechanisms have shown promise in promoting social inclusion and discouraging substance use, there remains a research gap regarding the depth of coordination between different stakeholders, the effectiveness of their chosen mechanisms, and the long-term sustainability of these interventions. Most existing studies describe what initiatives exist but do not analyze *how* these strategies are implemented or the specific contextual factors influencing their outcomes in Tanzanian municipalities such as Iringa.

2.3 Challenges Faced by Community-Based Initiatives

In Europe and North America, community-based initiatives combating youth drug abuse often face structural and contextual challenges despite their well-established institutional support. Many programs struggle with long-term funding sustainability, especially when reliant on short-term grants or donor funding cycles [12]. Moreover, the fragmentation between government agencies, schools, and community groups limits coordination and reduces program impact [8]. In some urban areas, stakeholders also contend with changing drug trends such as synthetic opioids and vaping products, which require constant adaptation of prevention strategies [31]. While community capacity is high in these regions, the bureaucratic nature of interventions and diminishing youth engagement due to digital distractions continue to undermine participation and impact.

Across Asia, community-based drug prevention programs encounter challenges stemming from limited institutional backing, cultural stigma, and inadequate human resources. In India and Pakistan, stigma around drug abuse deters families and communities from engaging openly in prevention or rehabilitation programs [15]. In Southeast Asian nations such as Thailand and Indonesia, volunteer fatigue and low financial support weaken the continuity of grassroots campaigns that depend heavily on unpaid community labor [13]. Moreover, government-community collaboration remains inconsistent, with poor data sharing and overlapping responsibilities between ministries and NGOs [14]. These weaknesses hinder monitoring and evaluation, reducing accountability and learning within prevention frameworks. Thus, while Asia's culturally grounded initiatives have great promise, their effectiveness remains constrained by systemic and institutional limitations.

In many African countries, the challenges of community-based initiatives are intensified by resource scarcity, weak institutional infrastructure, and socio-economic vulnerabilities. Community volunteers often operate without training or incentives, leading to inconsistent implementation and burnout [16]. In Kenya, Ghana, and Nigeria, limited funding and poor coordination between local governments and civil society organizations have been cited as major barriers to program sustainability [18, 19]. Moreover, youth unemployment, poverty, and urban marginalization exacerbate vulnerability to drug use, thereby overburdening community systems that already lack psychosocial support services [17]. Even where programs exist, the absence of robust monitoring mechanisms and evidence-based evaluation tools weakens the long-term impact of interventions. These limitations demonstrate that while Africa has made notable strides in grassroots mobilization, community-based efforts often lack institutional anchoring and multi-sectoral policy support necessary for scaling success.

In Tanzania, community-based initiatives against youth drug abuse face persistent operational and structural constraints. Local organizations struggle with limited financial capacity, inadequate professional training, and low community awareness about drug abuse prevention [20]. The absence of sustained collaboration among NGOs, religious institutions, and municipal authorities further hinders coordination, while socio-economic pressures such as unemployment and peer influence perpetuate youth vulnerability [21]. In rural and peri-urban areas like Iringa Municipality, logistical challenges such as transport barriers and information gaps impede outreach efforts. Moreover, most community actors lack formal monitoring tools and depend on anecdotal assessments, reducing accountability and learning.

Despite increasing local awareness and government support, there remains a research gap in understanding the nature, extent, and management of these challenges, particularly how structural and cultural factors intersect to influence the

sustainability of community-based drug prevention initiatives in Tanzanian settings.

3. METHODOLOGY

The study adopted a qualitative research approach to examine the contribution of community-based initiatives in preventing youth drug abuse in Iringa Municipality. This design was chosen because it allows an in-depth exploration of participants' lived experiences, perceptions, and attitudes regarding community involvement in drug prevention. Through this approach, the researcher sought to understand not only the visible outcomes of these initiatives but also the underlying social, cultural, and contextual factors that shape their effectiveness. The qualitative design provided the flexibility to capture narratives and meanings that quantitative data could not reveal, thereby offering a holistic understanding of how local communities mobilize resources and collaborate to address the problem of youth substance abuse.

The study was carried out in three wards which are Ruaha, Kitanzini, and Ilala that are within Iringa Municipality, Tanzania. These areas were purposely selected because of their significant youth population, accessibility, and the existence of community programs addressing drug-related challenges. The wards represent both urban and peri-urban settings, where exposure to drug abuse and the presence of preventive community initiatives vary. This made them ideal sites for exploring the nature of community participation and stakeholder collaboration in combating youth drug abuse. Within these wards, the researcher interacted with a range of stakeholders, including local leaders, parents, teachers, religious figures, and members of community-based organizations, all of whom have direct or indirect influence on youth behavioral outcomes.

The study involved a total of seventy-six participants who were selected through purposive and snowball sampling techniques. Purposive sampling was employed to identify individuals who possessed direct experience or expertise in community-based drug prevention programs, such as ward officials, youth coordinators, and health workers. Snowball sampling complemented this process by allowing the researcher to reach additional participants through referrals from initial respondents, especially youths who had participated in or benefited from preventive activities. The sample size of seventy-six participants was considered adequate because it allowed for data saturation, meaning no new insights were emerging from additional interviews. This number was sufficient to capture diverse perspectives while maintaining the depth and richness required in qualitative inquiry.

Data collection was conducted through semi-structured interviews, focus group discussions, and document reviews. Semi-structured interviews provided flexibility for participants to express their views freely while enabling the researcher to probe deeper into specific themes related to community engagement and youth drug abuse. Focus group discussions, particularly with parents and youth groups, encouraged open dialogue and reflection on the collective experiences of the community. Documentary reviews were used to supplement the primary data and involved examining ward reports, NGO records, and community action plans that detail local drug prevention activities. This triangulation of methods enhanced the validity and reliability of the findings.

The collected data were analyzed using thematic analysis, a process that involved transcribing the interviews and focus group discussions, coding the information, and organizing it into meaningful themes. The analysis focused on identifying recurring patterns related to community initiatives, strategies used by stakeholders, and challenges faced in sustaining these efforts. The themes that emerged were then interpreted in relation to the study objectives to draw comprehensive insights. This method ensured that participants' voices were authentically represented and that their experiences guided the interpretation of findings.

Ethical considerations were upheld throughout the study. Before data collection, permission was obtained from relevant municipal authorities, and participants were informed about the purpose and significance of the research. Informed consent was obtained from each participant, and confidentiality was strictly maintained. Participants were assured that their names and identifying details would not appear in the report, and the information provided would be used solely for academic purposes. The study also observed sensitivity when discussing drug-related experiences to ensure participants' comfort and dignity were preserved.

4. RESULTS AND DISCUSSION

The results and discussion section presents the findings derived from seventy-six participants drawn from Ruaha, Kitanzini, and Ilala wards in Iringa Municipality. The section provides an in-depth analysis of participants' experiences, perceptions, and reflections on the contribution of community-based initiatives in preventing youth drug abuse. The responses collected through interviews, focus group discussions, and document reviews revealed diverse yet interconnected themes that illustrate how communities organize, strategize, and confront the persistent challenge of youth substance abuse. By integrating participants' voices and contextual interpretations, the section goes beyond mere description to uncover the social mechanisms, collective actions, and challenges shaping the effectiveness of local drug prevention efforts. The discussion further aligns these findings with existing literature, highlighting consistencies and divergences between local realities and broader global perspectives on community engagement in drug prevention.

4.1 Community-Based Initiatives for Preventing Youth Drug Abuse

The study revealed that community-based initiatives for preventing youth drug abuse in Iringa Municipality were centered on awareness programs, peer support and mentorship, and recreational and skill-building activities. Awareness programs were conducted through campaigns,

workshops, and school outreach to educate youth and parents about the dangers of substance use. Peer support and mentorship initiatives provided guidance, counseling, and positive role models to at-risk youths. Furthermore, recreational and skill-building activities were implemented to offer productive alternatives that diverted young people from drug involvement while fostering social cohesion and self-reliance.

Table 1: Showing the community-based initiatives for preventing youth drug abuse data

Sub-Indicators	Categories	Frequency (n)	Percentage (%)
Awareness Programs	Conducted regularly (schools/churches)	41	53.9
	Conducted occasionally	25	32.9
	Not conducted at all	10	13.2
Peer Support and Mentorship	Active youth clubs/peer groups	33	43.4
	Few active groups	27	35.5
	No structured mentorship	16	21.1
Recreational and Skill-Building Activities	Sports and arts programs available	29	38.2
	Vocational and training activities offered	31	40.8
	No organized programs	16	21.0

4.1.1 Awareness Programs

The findings on awareness programs, as per the survey and interview data, revealed a critical implementation landscape where the frequency of educational initiatives was high, yet their methodological approach and perceived effectiveness among the target youth demographic were significantly misaligned. The data, as summarized on table 1, showed that 41 respondents (53.9%) confirmed these programs were conducted regularly in institutions like schools and churches, 25 individuals (32.9%) reported they occurred only occasionally, while 10 participants (13.2%) stated they were not conducted at all. This distribution highlighted a community response where awareness-raising was the most visible and commonly deployed intervention, which aligns with global public health paradigms that prioritize information dissemination as a foundational element of primary prevention [24]. However, the type of awareness being delivered was intrinsically linked to a top-down, didactic pedagogy and a reliance on fear-based messaging, which collectively signaled a significant gap in engagement and relevance for the youth, a challenge noted in critical evaluations of prevention campaigns worldwide [32].

The 41 respondents who reported regular programs often described a model of delivery that failed to resonate with the complex socio-economic realities of young people. Their situation confirmed that without a participatory and skill-building component, awareness campaigns can be perceived as alienating and dismissive. One 19-year-old male participant from Ilala ward, who had attended multiple school sessions, explained his disillusionment:

> *"…they come every term to our school with the same posters and the same stories. They tell us if we use drugs we will end up dead or in prison. But they don't understand that we see people using drugs every day who are not in prison, and for us, the bigger fear is being nobody, having no job, and no future. The lecture doesn't help me find a job or deal with the stress of my family problems. It just makes me feel like they don't understand my life at all…"*

This evidence highlighted that a focus on distant, catastrophic consequences fundamentally clashes with the immediate pressures of unemployment, trauma, and idleness. It reinforced the observation that fear-based appeals often fail to produce sustained behavioral change and can generate reactance when the message is perceived as exaggerated or irrelevant to daily struggles [12]. The youth's frustration illustrated how a lack of empathetic and practical engagement perpetuates a disconnect between the program's intent and its received impact.

The perspectives from the 25 respondents in areas with occasional programs and the 10 with none further underscored issues of accessibility and consistency. A community health worker from Ruaha, who struggled to secure funding for workshops, shared her insight into the strategic shortcoming of the prevailing approach, even when implemented:

> *"…for years, our model has been to deliver information from a position of authority. We stand at the front, we list the dangers, and we expect compliance. However, I have observed that this creates a passive audience. The youth listen, but they do not engage critically with the information. We are not equipping them with the practical skills to navigate peer pressure or to manage the emotional turmoil that often leads to substance experimentation. We are giving them knowledge, but we are not building their competency..."*

This narrative confirmed findings that the most effective prevention strategies move beyond passive knowledge transfer to actively cultivate core personal and social skills that increase resilience [33]. These community facilitators recognized the operational gap but were constrained by a lack of resources and training, which limited their ability to shift from a model of *dissemination* to one of *empowerment*.

Eventually, the fact that the majority of programs were reported as regular but were critiqued for their methodology underscores that the mere frequency of awareness sessions is an insufficient metric for success. These findings reinforce the need for a transformative shift in content and delivery, informed by both global best practices and local youth perspectives. Without such a evolution, as called for in the literature on Life Skills Training (LST), awareness programs risk being a checked box rather than a meaningful intervention, thereby failing to disrupt the pathways to drug abuse despite their widespread presence [20].

From a theoretical standpoint, these findings could also be interpreted through the lens of the Social Development Model, which emphasizes the importance of providing youth with opportunities, skills, and recognition for pro-social involvement. In this study, the awareness programs provided information but failed to offer tangible opportunities or build practical skills, thereby missing a core component of the model. The findings further underlined the argument by [7] that effective community initiatives require deep engagement and partnerships that empower youth, rather than simply instructing them. The evidence showed that the design of an awareness program was not merely a communicative choice but a decisive determinant of its relevance. While well-intentioned and regularly scheduled, the programs—without a foundational redesign to be interactive, empathetic, and skills-based—were systematically failing to meet the nuanced needs of the youth they aimed to protect.

4.1.2 Peer Support and Mentorship

The findings on peer support and mentorship, as per the survey and interview data on table 1, revealed a fragmented but critically valued landscape of intervention, where the presence of structured guidance was directly correlated with youths' expressed sense of belonging and resilience. The data, as summarized in the study's records, showed that 33 respondents (43.4%) reported the presence of active youth clubs or peer groups, 27 individuals (35.5%) indicated there were only a few such groups, and 16 participants (21.1%) stated that no structured mentorship existed in their community. This distribution highlighted a scenario where less than half of the youth sample had consistent access to the protective social networks that peer support theories advocate for, which presented a fundamental challenge for a prevention model that relies on positive role modeling and social inclusion to counteract the pull of substance use [8]. The availability of peer mentorship was intrinsically linked to the organic efforts of local champions and the availability of modest resources, which collectively signaled a high vulnerability to collapse if those champions withdrew, a common pitfall of grassroots initiatives in resource-poor settings [16].

The 33 respondents with access to active youth clubs described these spaces as transformative environments that offered an alternative social identity. Their experiences confirmed that when young people are given a platform for collective action and mutual support, they can build powerful counter-narratives to drug use. A 22-year-old female peer educator from a club in Kitanzini ward explained the group's impact:

> *"...here, we are not just 'youth at risk'; we are the drama group, the football team, the ones who clean the market. When we meet, we don't only talk about drugs. We talk about our dreams, our problems with parents, and how to start a small business. My mentor, Mama Joseph, does not lecture us. She listens and connects us to opportunities. Because of this group, I have a place where I am known and valued. The boys who used to pressure us to drink now see us as leaders, and that has changed everything…"*

This narrative highlighted that a focus on holistic development and asset-building, rather than a singular focus on risk, fundamentally aligns with the needs of adolescents for identity and purpose. It reinforced the observation that youth clubs which foster pro-social bonding and provide recognition for positive behavior can significantly enhance protective factors [12]. The respondent's account illustrated how a supportive peer network, facilitated by a trusted mentor, can effectively reframe a young person's self-perception and social standing.

The 27 respondents in areas with only a few active groups occupied a precarious and often frustrating position. While these youth were aware of the benefits of peer support, their access was inconsistent and the groups were often overcrowded or poorly resourced, making them a less stable source of support. A 20-year-old male from Ruaha, who occasionally attended a football-based initiative, shared his ambivalent experience:

> *"...I know the football group exists, and when I play, I feel good. It keeps me busy. But there are too many of us for one coach, and he is a volunteer with his own job. He cannot be a mentor to everyone. Sometimes, after the game, the same players who were on the field go to drink together because there is no other program, no next step. The group is good, but it is not enough. It is like a single meal when you are constantly hungry…"*

This account confirmed findings that even partial access to positive peer activities is beneficial, but the lack of depth, structure, and sustained mentorship can severely limit its long-term protective impact [29]. These youth existed on the periphery of support systems, receiving intermittent benefits but lacking the consistent, guiding relationships needed to navigate persistent risks.

In contrast, the 16 youth from areas with no structured mentorship described a profound sense of isolation and a vacuum of positive guidance. Their environment was characterized by a reliance on unstructured peer interactions,

which often veered into negative influences. A 17-year-old male from an area where no such programs existed explained his reality:

> *"...there is no 'club' here. Our mentorship is from the street. The big guys who have money and nice phones are the ones we look up to, and everyone knows how they get that money. If you want advice, you go to them. There is no 'Mama Joseph' here. The only people who take an interest in us are the ones who want to sell us things or use us. Without a different example, what choice do we have..?"*

This statement highlighted how the complete absence of structured mentorship cedes the role of influencer to potentially destructive elements within the community, a dynamic noted in studies on urban marginalization [17]. The respondent's experience demonstrated that the lack of positive role models does not create a neutral space but actively creates a vacuum filled by negative peer pressure.

Eventually, the fact that over half of the sample had only limited or no access to structured peer support underscores that the potential of mentorship as a prevention tool remains critically underutilized in Iringa. These findings reinforce the need for strategic investment in training and sustaining community-based mentors and in providing core funding to stabilize and expand the reach of youth clubs, as their organic nature makes them vulnerable to collapse [19]. Without such institutionalization, the benefits of peer support will remain a privilege for a minority, thereby reinforcing the very inequalities in social capital that drive vulnerability to drug abuse.

From a theoretical standpoint, these findings could also be interpreted through the lens of Social Bond Theory, which posits that strong bonds to conventional society through attachment, commitment, involvement, and belief inhibit deviant behavior. In this study, active youth clubs successfully fostered these bonds, while their absence left youth uncommitted and free from the restraining influence of pro-social attachments. The findings further underlined the argument by [24] that participatory mechanisms like peer counseling create sustained social support systems that prevent relapse. The evidence showed that peer support was not merely a recreational activity but a decisive determinant of a youth's social ecosystem. While youth embedded in active clubs developed resilience through belonging, those in areas with no structured mentorship were systematically left to navigate their adolescence within an ecosystem where the most visible paths to status and support were often intertwined with risky behaviors.

4.1.3 Recreational and Skill-Building Activities

The findings on recreational and skill-building activities, as per the survey and interview data as per table 1, revealed a serious, yet bifurcated, intervention landscape where the provision of constructive alternatives to idleness was recognized as vital, yet its scope and sustainability were severely constrained. The data, as summarized in the study's records, showed that 29 respondents (38.2%) reported access to sports and arts programs, 31 individuals (40.8%) indicated that vocational and training activities were offered, while 16 participants (21.1%) stated that no organized programs of any kind existed in their vicinity. This distribution highlighted a community where the majority of youth had at least nominal access to some form of structured activity, which aligns with the global understanding that providing positive alternatives is a key pillar of prevention by occupying idle time a significant risk factor for substance use [8]. However, the nature of these activities often short-term, under-resourced, and siloed from broader economic opportunities collectively signaled a fundamental limitation in their ability to deliver transformative change, a challenge frequently documented in evaluations of standalone youth programs in developing contexts [21].

The 29 respondents engaged in sports and arts programs consistently described these activities as a crucial refuge from street life and negative peer influences. Their experiences confirmed that structured recreation provides an immediate and tangible alternative to drug-related social scenes. An 18-year-old male participant from a neighborhood football league in Ruaha ward articulated this benefit:

> *"...before this team, my evenings were just walking around with friends, and that is when the trouble would start someone would bring a bottle or some pills. Now, I have training three times a week and matches on Saturday. My body is tired in a good way, and my mind is focused on winning the next game, not on what we are going to do to escape boredom. The coach says we are athletes, and that means something. It makes you want to be better, to not spoil your body with that stuff..."*

This narrative highlighted that a focus on physical exertion, team identity, and a positive self-concept can directly compete with the allure of substance use. It reinforced the observation that sports-based interventions effectively foster discipline, teamwork, and a sense of belonging, which are powerful protective factors [15]. The respondent's account illustrated how recreational programs can successfully reframe a youth's daily routine and social identity, creating a tangible barrier to initial drug experimentation.

The 31 respondents involved in vocational and training activities occupied a more strategic, yet often frustrating, position. These youth were engaged in skill-building with a clearer, albeit uncertain, link to future economic stability. A 21-year-old female participant in a tailoring and design program in Kitanzini shared her perspective on its deeper impact:

> *"...this program is not just about learning to sew. It is about learning to earn. When I am here, I am not just avoiding drugs; I am building a future. I can see a path to*

> *opening my own small kiosk. But the problem is the program is only for six months, and they cannot give us all sewing machines at the end. So we learn the skill, but the means to use it is still a dream. Without the tool to work, the skill alone can become another frustration…"*

This account confirmed findings from programs in the Philippines and India, which show that while skill-building is essential, its effectiveness is critically dependent on post-training support, access to capital, and linkage to markets [14, 26]. These participants were building hope and capacity, but the lack of a comprehensive "ecosystem of support" for their new skills risked rendering their training another unfulfilled promise, potentially exacerbating feelings of disillusionment. In contrast, the 16 youth from areas with no organized programs described a void where idleness itself was the primary driver of risk. Their environment was characterized by a profound lack of structured outlets for their energy and ambitions. A 19-year-old male from an area devoid of such initiatives explained the direct consequences:

> *"…here, there is nothing no field for football, no workshop for training. Your talent is wasted. When you wake up, there is nothing to look forward to. So, you sit. You get bored. And when someone comes with something to make the boredom disappear, even if it is for a short time, you take it. It is not that we don't know the dangers; it is that we have no alternative to the emptiness. Something that is bad can feel better than nothing at all…"*

This unambiguous statement highlighted how the absolute absence of constructive engagement creates a fertile ground for drug abuse, underscoring the argument that idleness is not a neutral state but an active risk factor [12]. The respondent's experience demonstrated that without any positive alternatives, the choice for many youth becomes a matter of enduring emptiness or seeking chemical escape.

Eventually, the fact that vocational and recreational activities were available to a majority, yet were often incomplete in their support, underscores a significant implementation gap. These findings reinforce the need for integrated programming that marries immediate recreational engagement with long-term economic pathways, ensuring that hope, once built, is not later extinguished by a lack of opportunity [20]. Without such a holistic approach, these vital activities will remain a partial solution, unable to fully address the intertwined problems of idleness, hopelessness, and economic vulnerability that underpin youth drug abuse in Iringa.

From a theoretical standpoint, these findings powerfully align with the concept of Positive Youth Development (PYD), which emphasizes the need to build competencies, connections, and confidence, rather than merely preventing problems. In this study, the most effective programs were those that implicitly or explicitly embodied this philosophy. The findings further underline the critique by [16] that fragmented, project-based interventions fail to generate the sustained support necessary for meaningful development. The evidence showed that recreational and skill-building activities were not merely time-fillers but were decisive in shaping a young person's trajectory. While engagement in these programs provided a ladder out of idleness and towards a positive identity, their absence or their premature termination systematically left youth in a vacuum where the path of least resistance often led toward substance use.

4.2 Strategies and Mechanisms Employed by Community Stakeholders

The findings on strategies and mechanisms employed by community stakeholders revealed how local actors coordinated efforts to prevent youth drug abuse in Iringa Municipality. The survey and field data indicated that stakeholders relied on collaborative engagement, monitoring and early intervention, and communication and advocacy to implement preventive measures. These approaches demonstrated the ways in which parents, teachers, religious leaders, and local organizations worked together to identify at-risk youths, provide timely support, and reinforce anti-drug messages through various platforms. The data highlighted that while some strategies were well-established and consistently applied, others were irregular or limited by resource constraints, shaping the overall effectiveness of community-led interventions.

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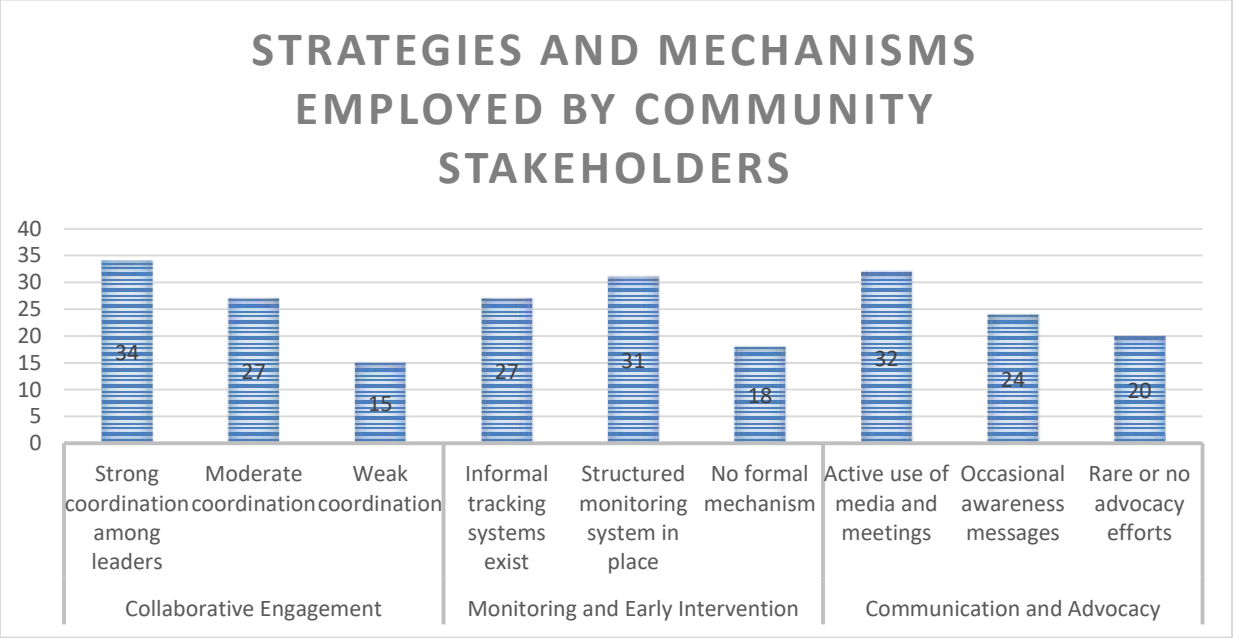

Figure 1: Showing the strategies and mechanisms employed by community stakeholders

4.2.1 Collaborative Engagement

The findings on collaborative engagement, as per the survey and interview data, revealed that the depth and formality of coordination between community stakeholders were a decisive factor in the perceived coherence and reach of prevention initiatives. The data, as summarized in figure 1, showed that 34 respondents (44.7%) reported strong coordination among leaders, 27 individuals (35.5%) described it as moderate, while 15 participants (19.7%) characterized the coordination as weak. This distribution highlighted a community where a significant plurality had established a functional, multi-sectoral network, which aligns with global models like the Communities That Care system that emphasize cross-institutional partnerships as a cornerstone of effective prevention [7]. However, the qualitative data revealed that the strength of this collaboration was intrinsically linked to the presence of a unifying structure and a shared action plan; where these were absent, efforts remained fragmented and personality-dependent, a common challenge noted in grassroots initiatives across Africa [19].

The 34 respondents who reported strong coordination described a model where information sharing and resource pooling were systematic, not incidental. Their experiences confirmed that a formalized coalition could create a protective web around youth that was far more resilient than any single institution working alone. A religious leader from Kitanzini ward, who chaired a local inter-faith prevention committee, explained the mechanics of their success:

> *"...it began with us pastors and imams meeting separately, each concerned about the youth in our own congregations. But the breakthrough came when we invited the school headmasters, the local government chairperson, and the police commander to one table. We created a simple monthly meeting calendar. Now, if a teacher sees a student behaving strangely, she informs the school head, who alerts me and the local leader. We don't wait for a crisis. The parent is visited, the youth is spoken to by a trusted figure—maybe a coach from the sports league. It is no longer one hand working blindly; we are now an organism with many eyes and many hands, all moving with a shared purpose…"*

This narrative highlighted that a structured, trust-based forum for interaction was the catalyst that transformed individual concern into collective action. It reinforced the observation from European models that participatory mechanisms which link schools, families, and community institutions create sustained social support systems [24]. The respondent's account illustrated how moving from ad-hoc cooperation to a scheduled, multi-stakeholder "organism" systematically closed the gaps through which vulnerable youth could fall.

The 27 respondents in areas with moderate coordination occupied a transitional space where collaboration was real but inconsistent, often activated by a crisis rather than being a proactive, ongoing strategy. A teacher from Ruaha, who had attempted to bridge the school-parent divide, shared the frustrations of this halfway state:

> *"...we try to collaborate. We send letters home and sometimes we meet with parents. But there is no sustained structure. After a drug incident at school, there is a flurry of meetings for a month, and then everyone*

> *returns to their silos. The police see their job as arrest, the parents see their role as providing food, and we teachers are left with the academic and social burden alone. We have the phone numbers of the local leaders, but without a standing committee that meets rain or shine, the connection is weak. The will is there, but the vehicle is missing…"*

This account confirmed findings that without a formalized system, collaboration remains event-driven and fails to institutionalize prevention as a continuous community function [29]. These stakeholders demonstrated a clear understanding of the need for partnership, but the absence of a dedicated "vehicle" for coordination meant their efforts were often reactive and dissipated over time, leaving systemic gaps unaddressed.

In contrast, the 15 respondents from areas with weak coordination described a landscape of isolation and mutual blame, where the failure to collaborate actively undermined prevention efforts. A local NGO worker in an area with fragmented stakeholder relations explained the consequences:

> *"…here, everyone works in their own compound. The church runs its program, the NGO has its project, and the parents blame the government. There is no trust. Information is hoarded, not shared, because each group wants the credit for any success. The result is that the same at-risk youth might be enrolled in three different programs by three different groups who don't talk to each other, while another youth gets no help at all. We are duplicating efforts in some places and leaving vast deserts of need in others, all because we cannot sit down and map our community together…"*

This statement highlighted how a lack of collaborative infrastructure leads to catastrophic inefficiencies and coverage gaps, a critical weakness identified in studies of fragmented community health systems [18]. The respondent's experience demonstrated that without a foundation of trust and a shared platform, stakeholder engagement devolves into a counterproductive competition that ultimately fails the very youth it purports to serve.

Eventually, the fact that over half of the sample experienced only moderate or weak coordination underlines that the mere presence of multiple stakeholders is insufficient for effective prevention. These findings reinforce the paramount importance of investing in the "how" of collaboration by facilitating neutral convening spaces, building trust, and establishing simple, recurring coordination mechanisms as a prerequisite for success [20]. Without such deliberate architectural work, the potential power of community stakeholders will remain unrealized, and drug prevention will continue to be a scattered rather than a unified front.

From a theoretical standpoint, these findings strongly support the principles of Coalition Theory, which posits that the effectiveness of a multi-party alliance depends on clearly defined roles, shared resources, and formalized communication channels. In this study, the communities with "strong coordination" had instinctively built such coalitions, while those with weaker ties operated as independent agents. The findings further underline the argument by [8] that community capacity is not just about having resources but about the ability to mobilize and coordinate them strategically. The evidence showed that collaborative engagement was not merely a logistical detail but the very backbone of a coherent community response. Where it was strong, it created a resilient, multi-faceted safety net; where it was weak, it left a porous and inefficient system that was easily overwhelmed by the complex challenges of youth drug abuse.

4.2.2 Monitoring and Early Intervention

The findings on monitoring and early intervention, as revealed by the survey data, demonstrated critical variations in how communities systematically identified and supported at-risk youth, with critical implications for prevention outcomes. The data indicated that 31 respondents reported a structured monitoring system in place, 27 described relying on informal tracking methods, while 18 confirmed having no formal mechanism whatsoever. This distribution as presented in figure 1, highlighted a community where slightly less than half had achieved a systematic approach to early intervention, while a significant portion depended on ad-hoc methods that left many vulnerable youths undetected until crises emerged. The existence of structured systems aligned with global best practices that emphasize proactive identification as key to effective prevention, yet the prevalence of informal or non-existent mechanisms revealed significant gaps in institutional capacity and professional training [31].

The 31 cases where structured monitoring systems were implemented described methodical approaches involving trained community workers, standardized reporting tools, and regular case review meetings that enabled timely interventions before drug experimentation escalated into dependency. A social welfare officer explained the sophisticated mechanism:

> *"…our system operated like an early warning radar. Teachers used a simple behavioral checklist frequent absenteeism, declining grades, social withdrawal. Community health workers tracked visits related to substance use. This data was consolidated monthly at our ward coordination meeting. When multiple flags appeared for the same youth, we didn't wait for a crisis. A designated case manager would immediately visit the family, assess the situation, and connect them with appropriate services whether counseling,*

vocational training, or family support. This structured approach allowed us to intervene while the problem was still manageable, often before the youth had even developed a dependency…"

This account reflects the sophisticated monitoring frameworks described in European models by [24], where data-driven systems enable communities to move beyond reactive punishment to proactive support. The officer's "early warning radar" analogy perfectly captured how structured systems transform random observations into actionable intelligence.

The 27 respondents who relied on informal tracking systems described approaches grounded in communal familiarity and personal relationships rather than standardized protocols. While this organic method sometimes captured nuances that formal systems missed, its effectiveness was uneven and heavily dependent on individual diligence and memory. A religious leader explained both the value and limitations:

"…as a pastor, I knew which families were struggling, which youths had started keeping dangerous company. My monitoring was in my heart and my prayers when I noticed a young person missing services for weeks, or showing up with bloodshot eyes, I would visit their home. But it was haphazard. I might remember to check on one youth while overlooking another. There were no records, no shared lists. If I moved to another parish, that institutional memory disappeared entirely. We operated on compassion and observation, but without a system, we failed as many as we helped…"

This narrative echoes the findings of [16] across African contexts, where well-intentioned but unsystematic monitoring consistently proves inadequate for addressing complex youth vulnerabilities. The pastor's acknowledgment that they "failed as many as they helped" highlighted the critical gap between compassionate intention and systematic effectiveness.

The 18 cases with no formal monitoring mechanisms represented a critical vulnerability where at-risk youth remained essentially invisible to support systems until their behavior escalated to crisis levels often involving legal problems, overdose, or severe family breakdown. A teacher from such a community described the consequences:

"…here, we only notice a drug problem when it becomes impossible to ignore when a student collapses in school, or gets arrested, or drops out completely. By then, the addiction is deep-rooted, and recovery is immensely difficult. We have no way to track the early signs: the initial experimentation, the changing friend groups, the minor behavioral shifts. Without any system for early detection, we are essentially waiting for children to drown before throwing them a lifeline. The most heartbreaking cases are those we realize too late we could have helped months earlier…"

This testimony starkly illustrates the observations of [8] that the absence of early intervention systems constitutes a fundamental failure in the prevention continuum, ensuring that resources remain focused on crisis management rather than prevention. The teacher's "waiting for children to drown" metaphor powerfully conveyed the human cost of this systemic gap.

Eventually, the data revealing that structured systems barely outnumbered informal approaches indicated the community remained at a transitional stage in developing comprehensive early intervention capacity. While the value of early detection was widely recognized, the implementation of reliable, standardized mechanisms remained inconsistent. These findings reinforce the argument by [12] that investing in monitoring infrastructure training, simple data collection tools, and regular case conferences represents one of the most cost-effective investments in drug prevention. The evidence demonstrated that without such systems, community efforts remained fundamentally reactive, allowing preventable cases to evolve into intractable problems that consumed far greater resources and inflicted deeper human costs.

4.2.3 Communication and Advocacy

The findings on communication and advocacy, as per the survey and interview data, revealed a stark digital and strategic divide in how anti-drug messages were disseminated and how youth participation was cultivated. The data, as summarized in figure 1, showed that 32 respondents (42.1%) reported an active use of media and community meetings, 24 individuals (31.6%) indicated that only occasional awareness messages were disseminated, while 20 participants (26.3%) described rare or no advocacy efforts. This distribution highlighted a communication landscape where a significant portion of the community relied on traditional, one-way channels, which aligns with common practices in resource-constrained settings where face-to-face meetings are the cornerstone of community mobilization [29]. However, the qualitative data strongly indicated that the reliance on sporadic, top-down messaging intrinsically limited the reach, resonance, and participatory nature of prevention efforts, thereby failing to leverage the potential of peer-to-peer advocacy and digital platforms that are central to modern youth engagement strategies [12].

The 32 respondents who reported active use of media and meetings described a multifaceted approach that combined traditional authority with attempts at broader outreach. Their experiences confirmed that consistent visibility of the anti-drug message was crucial for maintaining community-wide awareness. A local government officer from Ilala ward, who helped organize these campaigns, detailed their strategy:

> *"…we use a combination of methods. We hold mandatory barazas [community meetings] where the village chairperson and police officials speak strongly against drugs. We also print posters and leaflets with clear, simple messages about the dangers of addiction and distribute them in schools and market areas. More recently, we have tried to use local WhatsApp groups to share these messages, as many youth have phones. It is important that the message comes from multiple sources and is seen repeatedly. We want to create an environment where the dangers of drugs are a constant topic of discussion, making it harder for the behavior to be normalized…"*

This narrative highlighted a strategic understanding of message reinforcement and channel diversity. It aligns with communication theories that emphasize the need for message consistency across multiple platforms to build salience [34]. However, the officer's account also revealed a primarily top-down model, where the message was "delivered" to the community and the youth, rather than co-created with them.

The 24 respondents in areas with only occasional awareness messages occupied a space of minimal and inconsistent communication, where prevention was not a sustained public priority. A teacher from Ruaha, who had witnessed the fading of a once-active campaign, explained the consequences of this sporadic approach:

> *"…there was a time when you could see posters everywhere and hear about drugs on the local radio. Now, it is quiet. An awareness message might pop up once every few months, usually after a bad incident, but then it disappears again. For the youth, this inconsistency makes the message seem less urgent. It becomes background noise, easily ignored. When the advocacy is not sustained, it sends a silent message that the issue is not that important, or that the adults are not truly committed. The momentum is lost, and with it, the attention of the very young people we are trying to reach..."*

This account confirmed findings that the effectiveness of public health communication is severely undermined by a lack of continuity, as it fails to build the critical mass of social norming required for behavioral change [15]. These communities demonstrated an awareness of the need for communication, but the inability to maintain a consistent drumbeat of advocacy meant their efforts failed to penetrate the consciousness of a generation accustomed to a constant stream of information.

In contrast, the 20 respondents from areas with rare or no advocacy efforts described an information vacuum that was often filled by pro-drug narratives or plain indifference. A youth from an area with no visible campaigns articulated the profound impact of this silence:

> *"…how can we be against something that nobody talks about? There are no posters, no meetings for us, no messages. The only 'advocacy' we see is from the drug users themselves, who tell us it makes them feel good and forget their problems. If the community is silent, then that becomes the only voice we hear. It's not that we don't care; it's that we are not given any reason to care. Nobody in authority is making a compelling case for a different path. Silence, in our situation, is a form of permission…"*

This stark statement highlighted how the absence of proactive, compelling advocacy cedes the narrative to those who promote or normalize drug use, a critical failure noted in studies on substance use in marginalized communities [17]. The youth's experience demonstrated that without a visible and persistent counter-message, the perceived benefits of substance use remain unchallenged in the social ecosystem.

Eventually, the fact that over half of the sample experienced only occasional or non-existent advocacy efforts underscores a critical failure in strategic communication. These findings reinforce the need for a paradigm shift from sporadic, adult-centric messaging to a continuous, participatory advocacy model that actively involves youth in message creation and leverages the digital spaces they inhabit [20]. Without such a shift, communication efforts will continue to preach to an increasingly disengaged choir, while the intended audience remains in an echo chamber of silence or pro-use persuasion.

From a theoretical standpoint, these findings powerfully illustrate the principles of the Social Norms Approach, which seeks to correct misperceptions and promote healthy behaviors through strategic, data-driven communication. In this study, the communities with "rare or no advocacy" had no means to shape positive social norms, while even the "active" communicators were not necessarily correcting misperceptions but merely broadcasting directives. The findings further underline the argument by [24] that effective modern prevention requires dialogue, not a monologue. The evidence showed that communication and advocacy were not merely about spreading information but about actively curating the social and narrative environment. Where it was active and participatory, it could challenge harmful norms and inspire participation; where it was absent, it created a void filled by competing, and often destructive, narratives.

4.3 Challenges Faced by Community-Based Initiatives

The study also investigated the Challenges Faced by Community-Based Initiatives, which were analyzed as critical barriers to their effectiveness and longevity. The investigation specifically focused on the pervasiveness of Resource Constraints, the underlying causes and manifestations of Low Participation and Awareness among the target youth demographic, and the systemic issues of Coordination and Sustainability that threatened the long-term viability of the prevention efforts.

Figure 2: Showing the challenges faced by community-based initiatives

4.3.1 Resource Constraints

The findings on resource constraints, as quantified by the survey data in figure 2, revealed that material and financial limitations represented the most severe and widely experienced challenge facing community-based prevention initiatives in Iringa Municipality. The data demonstrated that 38 respondents reported a severe lack of funds and materials, 25 indicated a moderate shortage, while only 13 believed adequate resources were available. This distribution highlighted a prevention ecosystem operating under profound material deprivation, where the vast majority of initiatives were compromised from their inception by an inability to secure the basic tools necessary for implementation. The pervasiveness of this challenge aligned with what [16] identified as a continental pattern, where grassroots anti-drug initiatives across Africa are systematically starved of the capital required to transition from well-intentioned projects to sustainably funded institutions.

The 38 cases of severe resource constraints described a debilitating reality where initiatives struggled to perform even their most basic functions, leading to truncated programs, volunteer burnout, and an inability to reach target populations effectively. The lack of reliable funding meant that programs were often designed around available scraps rather than community needs, severely limiting their scope and impact. A project coordinator for a youth sports initiative articulated this crippling precarity:

> *"...our entire program was built on a foundation of nothing. We started with one donated football, and when it burst, we had to pause for two months until we could collect enough money to buy another. We couldn't afford a safe space, so we trained on a rocky field, which led to injuries. We couldn't pay our coaches even a small stipend, so one by one, they left for paying jobs. The most heartbreaking moments were having to turn away eager young people because we had no equipment for them or being forced to cancel a crucial weekend tournament the very event that could have kept dozens of youths engaged because we couldn't afford to hire a venue or provide water. We were trying to fight a well-funded drug trade with sheer passion, and passion cannot buy footballs or pay rent..."*

This testimony powerfully illustrates the observations of [19], who argued that the chronic underfunding of community initiatives creates a vicious cycle where poor outcomes stemming directly from a lack of resources are then used to justify further funding denials. The coordinator's lament that

"passion cannot buy footballs" encapsulated the fundamental disconnect between community will and operational capacity.

The 25 respondents reporting moderate shortages described a less acute but equally precarious situation, where initiatives could maintain basic operations but were perpetually vulnerable and unable to grow or adapt. These initiatives existed in a state of constant financial anxiety, where a single unexpected expense could derail months of planning and where long-term strategy was sacrificed for short-term survival. A leader of a peer education group explained this fragile equilibrium:

> *"…we had just enough to get by, but never enough to be effective. We could print flyers for one awareness campaign, but not for a follow-up. We could train five peer educators one year, but had no funds to train new ones the next, so the knowledge left when they graduated. Our entire planning cycle was three months at a time, always wondering if the next small grant would come through. This meant we could never commit to a youth, never promise them a year-long program. We were building a house with only enough bricks for the next wall, never seeing the blueprint for the whole structure. It was a constant, exhausting scramble that prevented us from doing our best work…"*

This narrative resonates with the findings of [18], who documented how moderate but chronic resource instability prevents community organizations from achieving the program fidelity and duration necessary for producing measurable impacts. The leader's metaphor of building a house without a blueprint perfectly captured how resource uncertainty forces initiatives to prioritize immediate survival over strategic vision.

In stark contrast, the 13 cases with adequate resources described a completely different operational reality, characterized by program consistency, the ability to innovate, and the capacity to respond to emerging needs. These well-supported initiatives demonstrated the potential that could be unlocked with stable, appropriate funding, serving as a powerful reminder of what was possible. A coordinator from a religiously-affiliated youth center described the transformative effect of resource security:

> *"…having a modest but reliable annual budget from our diocese transformed our work. It meant we could plan a full year of activities in advance. We could hire a part-time counselor, maintain our sports equipment, and even run a small vocational training program. When we saw a new drug trend emerging, we had the flexibility to quickly design and print new educational materials. Most importantly, we could promise the youth that this was a permanent safe space for them, not a temporary project. This resource stability sent a powerful message to the community: that this work was valued and would continue. It built trust and participation in a way that our earlier, struggling version of the program never could…"*

This account aligns with the success factors identified by [8] in sustained community initiatives, where predictable funding was the cornerstone that enabled all other elements—consistent staffing, quality programming, and community trust—to fall into place.

Eventually, the overwhelming prevalence of resource constraints in 63 out of 76 respondents represented the single greatest structural barrier to effective prevention in the municipality. The findings demonstrated that the lack of financial and material resources was not merely an operational inconvenience but a fundamental determinant of program quality, reach, and longevity. These findings powerfully reinforce the argument by [12] that the undercapitalization of community prevention constitutes a critical policy failure, as it forces initiatives to fight a deeply resourced public health crisis with volunteer labor and donated goods. The evidence showed conclusively that without a systematic solution to the resource gap whether through municipal budgeting, dedicated grant streams, or social enterprise models the community's capacity to mount an effective, sustained defense against youth drug abuse would remain severely compromised, regardless of the strength of its commitment.

4.3.2 Low Participation and Awareness

The findings on participation and awareness, as per the survey and interview data in figure 2, revealed a critical engagement gap where even well-intentioned initiatives frequently failed to attract their target demographic due to a complex interplay of poor outreach, irrelevant programming, and deep-seated community skepticism. The data, as summarized in the study's records, showed that only 20 respondents (26.3%) reported high community engagement, 32 individuals (42.1%) described moderate engagement, while 24 participants (31.6%) cited low or no participation. This distribution highlighted a pervasive challenge where a significant majority of initiatives struggled to achieve meaningful buy-in from the youth and the wider community, a phenomenon noted in grassroots programs globally where top-down design often overlooks the motivations and communication channels of the intended beneficiaries [15]. The qualitative evidence strongly indicated that low participation was not a simple reflection of apathy but was intrinsically linked to failures in participatory design, strategic communication, and a fundamental misalignment between program offerings and the immediate, practical needs of the youth, particularly concerning economic empowerment and social relevance [29].

The 20 respondents who reported high engagement consistently described a deliberate strategy of co-creation and cultural relevance, where youth were not merely recipients but active architects of the initiatives. Their experiences confirmed that ownership was the most powerful antidote to disengagement. A leader of a highly successful music and dance group in Kitanzini ward explained their philosophy:

> *"...we did not start by telling the youth what they needed. We started by asking them what they loved. They loved music, Bongo Flava, and dance. So, we built the program around that. The anti-drug messages are woven into the songs they write and the dramas they perform. They manage the group's social media, design the posters for our shows, and recruit their friends. The program is theirs. They are not attending; they are building. When a young person sees their friend on stage performing a song about resilience, the message is a hundred times more powerful than a lecture from an elder. The engagement is high because the program speaks their language and respects their creativity..."*

This narrative highlighted that high participation was an outcome of a culturally resonant and asset-based approach that leveraged youth culture and talent. It reinforced the observation by [12] that community ownership, particularly youth ownership, transforms prevention from an external imposition into an internal movement. The leader's account illustrated how inverting the traditional model from prescribing solutions to facilitating youth-led expression could unlock unprecedented levels of energy and commitment.

The 32 respondents grappling with moderate engagement occupied a frustrating middle ground where initial interest was often sparked but could not be consistently sustained. Their initiatives attracted participants but failed to create a deep sense of investment or belonging. A coordinator of a vocational training program in Ruaha detailed the challenge of maintaining momentum:

> *"...we get a good number of youth to sign up for our courses, like tailoring or phone repair. The first week, the room is full. But after a few weeks, the numbers drop. The youth see the value in learning a skill, but they become discouraged when they see the reality that after the training, they may not have a sewing machine or tools to start a business. We are creating hope but cannot provide the bridge to a tangible outcome. The engagement is moderate because their participation is conditional on seeing a clear path to economic benefit, and when that path looks foggy, they disengage. We have their attention, but not their conviction..."*

This account confirmed findings from similar initiatives in India and the Philippines, where skill-building programs that lacked post-training support and market linkages failed to sustain participation, as the perceived return on investment of time and effort was too low [14]. These initiatives demonstrated an understanding of a key need economic skills but the moderate engagement revealed a failure to address the entire journey from training to livelihood, leaving youth in a state of hopeful uncertainty that easily tipped into disillusionment.

In contrast, the 24 respondents from initiatives with low or no participation described a chasm of misunderstanding and mistrust between the program organizers and the community. A community health worker attempting to run awareness workshops in a disengaged neighborhood explained the profound disconnect:

> *"...we announce a meeting on 'The Dangers of Drug Abuse,' and nobody comes. It is not that they do not care; it is that they see our efforts as irrelevant. The youth tell us, 'You talk about drugs, but you don't talk about jobs.' The parents are too busy struggling to survive to attend a meeting that does not promise immediate solutions to their poverty. There is a deep mistrust. They see NGOs and outsiders as people who come, hold a workshop, take photos, and leave without changing anything. We are preaching to an empty room because we have not first listened in the marketplace. Our message arrives stillborn because it was developed in an office, not in the streets where they live..."*

This stark statement highlighted how a top-down, single-issue approach, divorced from the socio-economic context, is perceived as naive or even insulting by communities facing a barrage of interconnected problems, a critical failure noted in evaluations of poorly designed social programs [16]. The health worker's experience demonstrated that without first establishing trust and relevance through listening and addressing broader community-defined needs, targeted initiatives on sensitive issues like drug abuse were destined to be met with silence and resistance.

Eventually, the fact that nearly 75% of the sample experienced only moderate or low participation underscores that engaging youth and communities is a strategic discipline that requires more than just offering a service. These findings reinforce the paramount importance of adopting participatory action research and human-centered design principles in the development of any prevention initiative, ensuring that

programs are co-designed, culturally embedded, and directly responsive to the articulated needs and aspirations of the youth themselves [20]. Without this foundational shift from a supply-driven to a demand-driven model, community-based initiatives will continue to be characterized by disappointing turnout and superficial impact, unable to penetrate the wall of skepticism and irrelevance that protects the very behaviors they seek to change.

From a theoretical standpoint, these findings powerfully illustrate the principles of the *Health Belief Model*, where the likelihood of action (participation) depends on perceived susceptibility, severity, benefits, and barriers. In this study, initiatives with low participation failed to make the benefits feel tangible and immediate, while the barriers (mistrust, irrelevance, economic hopelessness) were overwhelming. The findings further underline the argument by [24] that effective engagement requires building dialogue, not delivering monologues. The evidence showed that participation levels were a direct reflection of the perceived value and authenticity of the initiative. Where engagement was high, the value proposition was clear and owned by the youth; where it was low, the programs were seen as offering abstract warnings in a world demanding concrete opportunities.

4.3.3 Coordination and Sustainability

The findings on coordination and sustainability, as per the survey and interview data in figure 2, revealed that the long-term viability of prevention initiatives was critically dependent on the strength of formal collaboration and institutional support, a foundation that was largely absent in Iringa Municipality. The data, as summarized in the study's records, showed that a striking 36 respondents (47.4%) reported weak or no coordination among stakeholders, 21 individuals (27.6%) described moderate collaboration, while only 19 participants (25%) indicated strong stakeholder collaboration. This distribution highlighted a context where nearly half of all initiatives operated in a state of debilitating isolation, which aligns with the documented challenges across Africa where grassroots efforts are often fragmented and lack the multi-sectoral policy anchoring necessary for enduring impact [19]. The qualitative evidence strongly indicated that weak coordination was intrinsically linked to catastrophic inefficiencies, duplicated efforts, and a fundamental inability to develop a unified, strategic front against youth drug abuse, thereby creating a cycle of short-term, project-based interventions that collapsed once initial funding or champion-driven energy was exhausted [16].

The 19 respondents who reported strong collaboration described a synergistic environment where shared goals and formalized partnerships amplified their individual efforts. Their experiences confirmed that a coordinated ecosystem could create a seamless web of support for at-risk youth. A project officer from an NGO in Ilala that was part of a formal municipal anti-drug taskforce explained the operational advantages:

> *"...our strength lies in our memorandum of understanding. The municipal council, the police, three local NGOs, and the association of school heads are all signatories. We have a shared database to track at-risk youth with confidentiality safeguards and a joint action plan. If the police identify a young person during a raid, they don't just process them; they refer them to our NGO for counseling, and we can link them to a vocational program run by another partner. The schools flag students with declining attendance, and we activate a home visit. This is not random kindness; it is a coordinated system. We are no longer working in parallel lines; we are a network, and that network is far stronger than any single strand..."*

This narrative highlighted that strong collaboration was a deliberate architectural achievement, built on formal agreements and shared infrastructure. It reinforced the observation from the Communities That Care model that community coalitions with clear structures and protocols are significantly more effective at achieving population-level outcomes [8]. The officer's account illustrated how moving from isolated actors to an integrated "network" could transform reactive punishment into proactive, multi-faceted support.

The 21 respondents operating with moderate collaboration occupied an uncertain space where communication occurred but lacked the structure and trust to be truly transformative. Their interactions were often personality-dependent and event-driven, rather than systemically embedded. A community development officer in Ruaha detailed the limitations of this loose affiliation:

> *"...we know each other, and we talk. If I am planning a big event, I will inform the other NGOs and the ward office. Sometimes we share a venue to cut costs. But it's ad-hoc. There is no shared strategy, no regular meeting to review our collective impact. We all write our own reports to our different donors, celebrating our own small successes, while the overall drug problem in the ward continues to grow. It's like we are all pouring water on a fire, but we are using different cups and no one is the designated commander. The collaboration is there, but it's too weak to put out the blaze…"*

This account confirmed findings from studies in Kenya and Ghana, where the absence of a central coordinating body and a unified monitoring framework led to poorly aligned interventions and missed opportunities for synergy [18]. These stakeholders demonstrated a willingness to cooperate, but the moderate nature of their collaboration meant they were coordinating activities, not co-creating a shared strategy, leaving them unable to mount a comprehensive response to a complex problem.

In contrast, the 36 respondents from contexts with weak or no coordination described a landscape of debilitating isolation and competitive silos, where the lack of a unifying framework actively undermined prevention. A founder of a small youth sports initiative in a poorly coordinated ward explained the dire consequences:

> *"…here, it is every organization for itself. We compete for the same small pool of funding, we duplicate each other's programs in the same neighborhoods, and we guard 'our' youth as if they were territory. There is no shared information. I might spend six months mentoring a young man, only to find out another group has also been working with him, and neither of us knew. It's a tragic waste of passion and resources. The donors are confused about who to fund, the community is confused about who to trust, and we are all exhausted from reinventing the wheel. This lack of coordination doesn't just slow us down; it makes our collective effort less than the sum of its parts. We are actively working against each other by accident…"*

This stark statement highlighted how the absence of coordination creates a dysfunctional ecosystem characterized by inefficiency, territoriality, and collective failure, a critical weakness identified in systems with weak institutional governance [21]. The founder's experience demonstrated that without a collaborative infrastructure, the passionate work of individual initiatives was neutralized by systemic fragmentation, leaving the community with a scattered, incoherent, and ultimately ineffective response.

Eventually, the fact that almost three-quarters of the sample experienced only moderate or weak coordination underscores that systemic fragmentation was the single greatest threat to the sustainability of drug prevention in Iringa. These findings reinforce the urgent imperative for external actors, such as the municipal council or a leading NGO, to act as a neutral convenor and facilitate the development of a formal, multi-stakeholder coalition with a shared vision and action plan [20]. Without this structural intervention to build a cohesive "prevention system," the current paradigm of isolated, short-lived projects will continue to fail, regardless of the individual dedication and passion of those involved.

From a theoretical standpoint, these findings powerfully illustrate the principles of *Network Theory*, which posits that the effectiveness of a system is determined by the density and quality of connections between its actors. In this study, the strong collaborations represented dense, high-trust networks, while the weak coordination reflected a sparsely connected system prone to failure. The findings further underline the argument by [7] that community capacity is embodied in the structures for collective action. The evidence showed that coordination was not a secondary concern but the very backbone of sustainability. Where it was strong, it created a resilient and adaptive system capable of long-term effort; where it was weak, it condemned even the most promising initiatives to a lonely and ultimately futile struggle against a complex and interconnected problem.

5. CONCLUSION AND RECOMMENDATIONS

Based on comprehensive analysis, community-based initiatives in Iringa Municipality played a significant role in preventing youth involvement in drug abuse, yet their effectiveness was uneven across different programs and locations. Awareness programs, peer support and mentorship, as well as recreational and skill-building activities, demonstrated positive outcomes in engaging youths and fostering resilience. Youths who participated in regular awareness campaigns or joined active peer groups reported greater understanding of the dangers of substance use and expressed a sense of belonging and guidance. Respondents emphasized that structured and consistent interventions were crucial for maintaining youth interest and promoting behavioral change. Despite these successes, participation rates varied, and some initiatives struggled to reach all at-risk populations, highlighting the importance of program visibility, accessibility, and cultural relevance. Challenges related to resource constraints, low participation, and coordination significantly influenced the sustainability and impact of these initiatives. Limited funding, inadequate materials, and shortage of trained personnel restricted the scope and frequency of programs, while weak stakeholder collaboration and insufficient policy support hampered long-term continuity. Informants repeatedly noted that fragmented efforts and inconsistent follow-up reduced the ability to achieve systemic impact, even when individual programs were well-designed. Nevertheless, strong community engagement, motivated volunteers, and localized strategies demonstrated that grassroots approaches could create meaningful protective environments for youths. The evidence underscores that while community-driven interventions are essential, their success depends on sustained support, coordinated planning, and consistent execution to effectively prevent youth drug abuse.

Based on the findings, it is recommended that municipal authorities and development partners establish a formal, multi-stakeholder coalition tasked with creating a unified strategic framework for youth drug prevention. This body should develop a centralized resource mobilization strategy to

secure sustainable funding, moving beyond ad-hoc projects, and institutionalize shared data-tracking and communication systems to enable proactive early intervention and consistent messaging across all community platforms. Furthermore, program design must evolve to integrate awareness-raising directly with tangible skill-building and economic empowerment activities, ensuring that youths are not only informed of the risks but are also provided with viable, attractive alternatives and a genuine stake in their future.

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