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Quality of Psychosocial Services on the Care of Adolescents Dependent on Cannabis in Goma City: Extent of Drug Addiction in DR Congo

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Abstract:-Introduction: The context here relates to the explanation of the current situation of psychosocial care organizations for cannabis addicts in the city of Goma in eastern DRC. The results in this regard concern the impact of governance on care structures, the involvement of households and communities for its success in the city of Goma. More than 2800 dependent adolescents are under care of five centres in the city.

Methodology: A sample of 166 respondants, where 36 adolescents, 37 parents and 93 responsible of caring centres and political leaders were interviewed to testified about the current situation of psychosocial services of drug addicted people. Causes, perception or attitude and recommendation for remedy were outlined during the different methodological technics. In-depth Interview and FGDS were administered using Kobo collect tool. Stata Analysis software was used for quantitative data. The Frequencies, percentages and rate were used as statistical interpretation parameters.

Resultats: The study highlights the influence of friends (0.53), curiosity (0.22) as well as the difficulties of life (0.17) were the reason of taking cannabis. However, we note that many of them persist in the consumption following easy access (0.89). Unemployment is also mentioned as a reason for dependency, although with a reduced proportion (0.11). although the mobilization of funds (75.68%) as well as the passivity of the law on the regulation of the production and marketing of psychoactive substances (59.46%) are the most formulated in terms of proposals for better care, several other proposals were provided to us by our respondents, in particular: the creation and equipment of other rehabilitation centres, the supervision of children in schools on the fight against drug addiction, job creation as well as a surveillance system in public institutional.

Conclusion: the lack of qualified personnel, the weak support from government and other non-governmental actors, the insufficient financial means of the centres, the high cost of care for patients, the passivity of the law on the regulation of production, marketing and of cannabis consumption. The results show the impotence of the community in psychosocial support, its indifference to the harmful effects of drug addiction as well as the incapacity of households in the supervision of adolescents, which makes the scale more glaring and worrying. The complexity of drug addiction in the city of Goma remains a puzzle.

Keywords:-*Drug addiction, Adolescents, Dependant on cannabis, psychosocial services, DR Congo.*

I. INTRODUCTION

Psychosocial and mental health care are essential therapy for human beings to be able to avoid individually and collective affects and influential feelings during the interaction with others. In terms of looking forwards to earn a living and enjoy life. Therefore, the promotion, protection and recovery of mental health are central concerns for individuals, communities and societies globally for better wellbeing (IASC, 2010).

Indeed, the theoretical reflections on the phenomenon of drug addiction are numerous. The treatment of a problem as global as that of drug addiction cannot be done without correctly identifying the causes or the factors underlying the behaviour and taking them into consideration in the phase of establishing viable intervention measures. In this logic, treating drug addiction requires directing efforts towards the means that can enable the individual to get out of this situation while integrating into this treatment the triggering factors of this phenomenon. For example, a dependent individual whose family is fragile or poor, or one of the parents has already died, will only be able to recover properly if this factor is taken into account in the treatment.

Thus, the theories of etiologic make it possible to establish the causes of addiction to narcotics while those called intervention are oriented towards the integration of these factors in order to develop prevention plans. Before addressing these different theories, two aspects deserve particular attention; risk factors (situation increasing the risk of substance use) and protective factors (factors reducing the risk). These factors constitute “mediator” elements between the etiologic and the intervention.

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As indicated in the previous paragraphs, and as can be seen in terms of risk or protective factors, the phenomenon of drug addiction can have several origins and the elements that can also mitigate it. Although each case deserves special attention, the analysis of the phenomenon and the evaluation of its management requires a more global vision on the part of the researcher.

Thus, the objective of this part concerning the theory is not to list all the theories developed in drug addiction, but rather to select those that are similar to our problem and reveal to us the factors responsible. Taking substances on the one hand and on the other hand, to take them into account in order to contribute to updating the documentation of the said phenomenon.

A. Risk factors

Risk factors are characteristics that may increase the likelihood of engaging in problematic behaviour. The presence of these risks and their number increase the risk of consumption in an individual. The danger is therefore linked not only to the presence of these factors but also to the multiplicity of these substances in the environment of the individual. Thus, exposure factors originate at the level of society, the community, the school, the family, peers or the person himself.

These factors are fuelled by ingredients like: ease of access to substances; low level of social cohesion and lack of social control; an unfavourable starting situation economically (poverty of the parents), social (dysfunctional family, problem of addiction in the family); a disorganized school, unclear standards; the absence of a strong bond between young people and their parents; School failure; difficulty managing emotions, lack of social, cognitive and emotional skills; behavioural problems or early onset of attention-grabbing behaviour (breaking boundaries); genetic risk factors; experience of violence or abuse, Lausanne prevention, aid, research, 2013).

B. Protective factors

Unlike risk factors, protective factors reduce the chances of a problem behaviour occurring. They promote well-being and a good quality of life. Protective factors can thus attenuate or “counter” the effect of risk factors and are not likely to be influenced in the same way. The existence of a warm emotional bond between parents and children, or even a consistent style of education, are protective factors that can very well be the subject of preventive measures.

Like risk factors, protective factors also exist at the level of the society, community, school, family, peers and the person themselves with values such as: the possibility of participating in the society or the community and to be integrated into it (training, employment and income); positive values and norms, and their practice; a positive school climate, consistent values and norms; a positive and stable relationship with parents; a coherent educational mode; cognitive skills; social and emotional skills.

In short, two main types of theories seem to take into account the two dimensions of care, these are the theories of etiologic and theories of intervention. They are to a large extent complementary to understanding and solving the phenomenon of drug addiction, in the phase of dependence.

According to Alain Meyer (2019), drug-dependent patients have a long journey. Drug use may respond to deeper causes; post-traumatic disorders or suffering related to malaise. For Alain, despite the conditions that pushed the patient to sniff, smoke dope or consume narcotics constantly, the result is always the same, we become dependent on it, that is to say a prisoner. As a result, the patient himself is considered responsible for his state of health and can, if necessary, follow a detoxification program.

In this study, which is evaluative, we will take into account the theory of Lausanne (2013), Ingrid Haberfeld (2021) by defining the theories of etiologic (the causes and effects and or consequences of drug addiction among adolescents in the city of Goma) and the theories of the intervention which is the care of adolescents under cannabis in Goma.

II. LITERATURE REVIEW

The cost of psychosocial substance abuse management impacts the economy, health care, and law enforcement. Drug addiction, being a public health problem, presents itself as a social problem and the solution must be through the involvement of social institutions such as the family, church and the community (AFDER, 2014).

Studies show that young adults who received strong parental support during adolescence are less likely to develop drug use problems (Callaghan, 2013) regardless to those adolescences who receive insufficient parental education support, these last ones are likely at the long to be influenced with peer education. This can led to idleness and end up of use of drug abuse. In this regard, Mélanie (2019) argued that psychosocial care providers need the mobilization of communities to face the challenge of psychosocial care because the target is difficult to manage if there is no everyone's involvement .The management of drug addiction ought to be holistic, that is to say, through curative measures, preventive measures and rehabilitation. For the success of these measures, there must be a collaboration between social structures within the community.

The national report on the state of the health of the population of Quebec, revealed that the proportion of young people aged between 12 to 24 suffer from mental illnesses due to excessive consumption of narcotics. As a result, their families continue to live in poverty due to overspending on narcotics related treatment. Furthermore, a study by the National Institute of Public Health of Quebec, showed that the prevalence of substance consumption is 22% higher among youth of low socio-economic status, compared to youth of higher economic status. The study goes on to find that among high school students, drug abuse is more

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common among young people who have a job or a higher allowance(Québec, 2010),.

In 2011, France was reported to have the highest number of young cannabis users out of 36 countries that participated in the survey by the French Observatory for Drugs and Drug Addiction (OFDT). There were many 17-year-old experimenters, rising from 0.9% to 3% between 2000 and 2011, according to the survey. In this regard, the WHO argues that for good health governance, care must be available, accessible, affordable, attractive, effective, equitable and adequate (Borgès, 2003) and financial mechanisms must be put in place to maintain the stability of the quality of care (World Bank, 2019).

According to Karila (2014), L'INSPQ (2010), and Rolf Wille (1996), curiosity, the pressure of life, company, group pressure, and ease of access are generally at the origin of addictions. The study conducted by Garanet et al. (2016) on the "use of psychoactive substances among street adolescents in Ouagadougou" showed that the adolescents who were questioned about the reasons for their consumption of psychoactive substances mentioned that it was meant to “induce courage, to calm hunger, to look like others , to be accepted in a given group, to fight against the cold for those who live on the streets” (Garanet et al. 2016).

To address the negative effects associated with substance use, interventions especially for low- and middle-income countries aimed at developing treatment services should be strictly followed (WHO, 2014). These interventions require effective treatment by specialized or non-specialized professionals trained in this field, supervised and guided by self-training (Marc, 2001). However, for Chan (2018), mental disorders related to the use of psychoactive substances are very widespread and represent a heavy burden all over the world and the management of these is a challenge. She adds that the resources available in the field of health are insufficient, inequitably distributed and that the results of care are ineffective. The majority of people dependent on psychoactive substances do not receive care because low- and middle-income countries are unable to provide care for their populations who have fallen into addiction to psychoactive substances.

For example, mental health policies are enshrined in law of the DRC, but unfortunately do not seem to have been applied since their creation (Law n°18/035, 2018). To deal with the phenomenon “Kuluna” which means drug addiction or adult child in the street, the Congolese government has chosen to transport them to rural areas for forced labor without therapeutic assistance.

According to the five-year plan of the National Program for the Fight against Drug Addiction 2016-2020 (2016), it is said that 3% of Congolese children aged 10 to 19 are polydrug users; 75.1% want to quit drug addiction; 48.3% need medical care; 11.8% need psychosocial care. This support exists but ineffective because the situation is only getting worse.

The majority of drug addicts in the city of Goma are young people of all sexes, between the ages of 12 and 35, but a large number are boys. There are many children in the streets, including forming child soldiers. A comprehensive, comprehensive and integrated approach is therefore needed to address risks and harms associated with drug addiction in Goma. The continuum of services and supports includes not only treatment, but also a much wider range, both upstream and downstream, collectively provided by multiple sectors. The best known of these Centres in the city of Goma are: CHNPG (Neuropsychiatric Hospital Centre of Goma), CAJED (Reception and Training Centre for Youth and Street Children), PAMI (Program to Combat Poverty and Misery), ETN (Nyiragongo Trauma Education and Support Team), INUKA, EGEE (State Guard and Education Establishment), Centre Dyna and Betsaida. But, the residents of Goma think that drug addiction is a disease of shame. This is why in the existing centres, the majority are children living on the streets, or demobilized child soldiers. The population prefers to keep their drug-addicted children at home and if possible bring them to church (GTPE RDC, 2020).

III. RESULTS

With regard to governance for different care structures encountered, several challenges were identified such as lack of qualified personnel, weak support from the government and other non-governmental actors, insufficient financial resources for the centres, high cost of care for patients, the passivity of the law on the regulation of production, marketing and consumption of cannabis.

As for the involvement of households, the results reflect the powerlessness of the latter in the supervision of adolescents for the reduction of drug addiction in the city of Goma. Most adolescents dependent on cannabis have a lower level of education (primary) and come from underprivileged families where majority of the parents are subsistence farmers. Some of the teenagers are also orphans. With regard to the involvement of the community, the results show a weak concern for psychosocial assistance, and indifference to the harmful effects of drug addiction leading to an escalation of drug use among adolescents. The following tables present a description of the respondents in terms of their educational level and economic status.

A. Context of the situation of psychosocial care by institutionSaint Vincent de Paul Neuropsychiatric Hospital Center

The CHNP/Saint Vincent de Paul centre is a Catholic centre located in the Democratic Republic of Congo, North Kivu Province, City of Goma, KyesheroDistrict , Avenue Mayiyamoto at number 22 with as BP. 175/Goma. It is affiliated with the Ministry of Health and Fracarita International.

Its budget was not given to us but as it is a private centre, the source of funding is private health insurance (very sufficient). The centre organizes patient consultations as well as hospitalization. As for the average cost per day of the outpatient, it is estimated between 50 and 150USD

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(consultation) while for the inpatient, the cost varies between 55 and 55 65USD per day.

The CHNP collaborates with other centers for referrals. These are HEAL Africa, Maternal Charity, North Kivu Provincial Hospital, HGR Bethesta, HGR Virunga and the Health Zone and CNP CIZERE/Rwanda. For the prison and probation services, he collaborates with Munzenze. With regard to staff, the center has 6 support staff, 18 staff for the medical branch (doctors, nurses, pharmacist), 4 psychologists including 1 psychiatrist, 17 social workers and 1 volunteer. In addition, the center uses RECOs on an occasional basis estimated at 197.

B. State Guard and Education Establishment

The EGEE is located in the city of Goma, commune of Karisimbi, Qaurtier Virunga and emanates from the Ministry of Justice. It is a public facility. The budget for its operation was not given to us. This center collaborates with the Munzenze prison and is financed by the Ministry of Justice. From a human resources point of view, the center has a total of 26 full-time staff including 22 for medical services, a pharmacist and 3 volunteers.

C. Transition and Orientation Center / CAJED

The CTO/CAJED is in the Kyeshero district, commune of Goma, city of Goma in the DRC. It collaborates with the Ministry of Social Affairs, which finances it sufficiently.

D. Support program for the fight against extreme poverty

Located in Kituku number 3, BP.141 GOMA RDC, it has as parent organizations MONUSCO, FDHM, UNICEF and ROI BAAUDOUIN. It is an official organization and it is non-profit, sufficiently funded by the Ministry of Social and Internal Affairs, its annual budget is 49,000USD. Patients do not pay anything in terms of medical care received but the average cost per day would be 10 USD. He collaborates with HGR KYESHERO, AFIA KYESHERO and LA PROVIDENCE regarding SEO. Its social services are FJA (Home for Independent Youth) and Pointd'Ecoute. In relation to its staff, PAMI has 2 full-time psychologists, 5 social workers, 12 community health workers, 5 staff (managers) and 1 volunteer. PAMI also collaborates with DIVAS , DIV. JUSTICE, DGI, CNSS, DGRAD, INPP, Div. Prov. Social, DPS for better support.

IV. ANDN

It is located inKaribu, number 17, Goma DRC. It is a non-profit organization, funded by the Ministry of Health and Social Affairs but also by some international organizations. Its budget is 170,000USD allocated to the salary and training of young people. As an affiliated health centre, it has the CH la Providence for certain referral cases. In terms of staff, ETN has a psychologist, 3 social workers, 2 members providing treatment and 5 staff members.

V. BETHSAIDA

It is located in Quartier Kyeshero, Avenue de l'Unité, Goma DRC. It is a non-profit center operating on its own budget of 4800UDS. Care is free for patients and works directly with Kyeshero Hospital. With regard to human resources, he has a psychologist, 2 treatment agents and 2 volunteers. There are also members of the management committee.

- *Quality of psychosocial care: Perception of actors*

Crosstabulation Teenagers' occupations * Teenagers' level of education				
	Educational level of teenagers			
	Unschooled	Primary	secondary	Total
farmer	6(0.17)	0	0	6(0.17)
Trader	1(0.03)	6(0.17)	0	7(0.19)
student or pupil	1(0.03)	1(0.03)	1(0.03)	3(0.08)
Informal sector	2(0.06)	6(0.17)	2(0.06)	10(0.28)
Unemployed person	1(0.03)	5(0.14)	1(0.03)	7(0.19)
taxi driver	1(0.03)	2(0.06)	0	3(0.08)
	12(0.33)	20(0.56)	4(0.11)	36(1)

Table 1: SampleDescription

According to this table 4.2 above, most of our respondents have a primary school level of education (0.56) followed by those who have no formal education. Those with secondary level education (0.33) are the least represented with (0.11). It is also observed that, in addition to the informal sector (0.28), trade (0.19) in which a large part of our respondents work, included agriculture and taxis.

Agriculture (0.17) is the occupation par excellence of our respondents with no formal education (0.33). While those with primary school level of education (0.56) are much more in the informal sector (0.17) and in trade (0.17), those with secondary level (0.11) are mostly in the formal sector (0.06).

Cross table Profession * Education level					
	Study level				
function	D6	Graduated	Licensed	University post	Total
Framer	2(0.13)	1(0.07)	0	0	3(0.20)
Secretary	0	0	2(0.13)	0	2(0.13)
Humanitarian	0	1(0.07)	1(0.07)	0	2(0.13)
receptionist	1(0.07)	0	0	0	1(0.07)
male nurse	0	0	2(0.13)	0	2(0.13)
Psychologist	0	0	2(0.13)	1(0.07)	3(0.20)
social worker	0	1(0.07)	0	0	1(0.07)
Teacher	0	0	0	1(0.07)	1(0.07)
Total	**3(0.20)**	**3(0.20)**	**7(0.47)**	**2(0.13)**	**15(1)**

Table 2: Characteristic of service providers according to their level of study and function within the center

dad's job		
Occupations	**Frequency**	**percentage**
Trader	6	16.7
Farmer	4	11.1
Bureaucrat	3	8.3
Unemployed person	2	5.6
Teacher	2	5.6
Military	2	5.6
commissioner	1	2.8
Total	**20**	**55.6**
Number of adolescents who have lost their father	16	44.4
Total	36	100.0

Table 3: Description of parents of teenagers (dad)

According to Table 3 above, our respondents were mostly traders (16.7%) and agriculture occupies the 2nd place while Bureaucrat, Unemployed, Teacher and Military are in 3rd position. The majority of our respondents are fatherless (44.4%).

occupations	**Frequency**	**Percentage**
Trader	14	38.9
farmer	7	19.4
Unemployed person	2	5.6
Unemployed	2	5.6
teacher	1	2.8
Doctor	1	2.8
Carrier	1	2.8
gravel collector	1	2.8
Total	**29**	**80.6**
Number of teenagers who have lost their mother	7	19.4
Total	**36**	**100.0**

Table 4: Description of the parents of the teenagers (mom)mom's profession

The Table 4 shows out of 80.6, 38.9 were trader and others were proportionally having occupations.

Cross table consumption circumstance * reason for cannabis dependence				
		Reason for Cannabis Addiction		
		Lack Of Occupation	**Easy Access To Cannabis (Cheaper)**	**TOTAL**
consumption circumstance	Curiosity	1(0.03)	7(0.19)	8(0.22)
	influence of friends	2(0.06)	17(0.47)	19(0.53)
	worries and difficulties of life	1(0.03)	5(0.14)	6(0.17)
	Sale of cannabis	0	2(0.06)	2(0.06)
	Cannabis farmer	0	1(0.03)	1(0.03)
Total		4(0.11)	32(0.89)	36(1)

Table 5: Reason for cannabis dependence

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Although the circumstances that led our respondents to cannabis consumption are numerous, table 4.6 above highlights the influence of friends (0.53), curiosity (0.22) as well as the difficulties of life (0.17). However, we note that many of them persist in the consumption following easy access (0.89). Unemployment is also mentioned as a reason for dependency, although with a reduced proportion (0.11)

No	Perception of the environment	F	Effective	%(Clear.)	% Obs. (F)
1	Mistrust/indifference (helplessly assisted) from the environment	12	9	24.49	32.43
2	Normalization of the situation for a category of people (orphan, poorly educated)	11	8	22.45	29.73
Sum		**49**	**37**	**100.00**	**132.43**

Table 6:Perception of leaders on the environment and the services of care centres

Table 6 above indicates that 37 respondents gave 49 answers of which 26 or 53% mentioned a disease of shame creating an imbalance within the family and 9 answers or 24% argued that mistrust fuels drug addiction. As a result, 8 respondents, or 22.4%, believed that it is normal to see unaccompanied orphans and poorly educated children consuming cannabis.

1	Lack of support for the centers' actions	23	9	24.73	62.16
2	Low level of awareness on the fight against drug addiction	19	8	20.43	51.35
3	Lack of strategies for social reintegration	12	5	12.90	32.43
4	Lack of qualified personnel	10	4	10.75	27.03
5	Non-accompaniment of parents of patients by the center	9	4	9.68	24.32
6	Weak Advocacy with the Government for the subsidy for the actions of the center	7	3	7.53	18.92
7	Poor management of funds allocated to the operation of the center and institutional audit	7	3	7.53	18.92
8	Informal entry of psychoactive substances into care centers	6	2	6.45	16.22
Sum		**93**	**37**	**100.00**	**251.35**

Table 7: Perception of community leaders on the services of the centers

The Tab 7 concerning better psychosocial care, multiple recommendations were made by our respondents. While the consolidation of the center's actions and the intensification of awareness on the fight against drug addiction are the most mentioned with 62.16 % and 51.35% respectively, the formal ban on the entry of psychoactive substances into the care centers, efficiency in the management of funds allocated to the operation of the center and institutional audit , as well as advocacy by the Government for subsidies for the center's actions were the least mentioned. In addition to these, many other recommendations were made, including social reintegration,recruitment of qualified staff and support for parents by the center.

	Context of Care				
		F	**Effective**	**%(Clear .)**	**% Obs.(F)**
1	Lack of funds for better care	28	11	30.77	75.68
2	Passivity of the law on the regulation of the production and marketing of psychoactive substances)	22	9	24.18	59.46
3	insufficient centers and equipment	13	5	14.29	35.14
4	Low level of supervision of children in schools on the fight against drug addiction	11	4	12.09	29.73
5	High unemployment rate	9	4	9.89	24.32
6	Low level of control	8	3	8.79	21.62
Sum		**91**	**37**	**100,**	**245.95**

Table8: Context of psychosocial care and consumption reduction strategies

According to table 8 above, although the mobilization of funds (75.68%) as well as the passivity of the law on the regulation of the production and marketing of psychoactive substances (59.46%) are the most formulated in terms of proposals for better care, several other proposals were provided to us by our respondents, in particular: the creation and equipment of other rehabilitation centres, the supervision of children in schools on the fight against drug addiction, job creation as well as the institutional audit.

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No	Strategies	F	Effective	%(Clear.)	% Obs. (F)	Chi-square(F)
1	involvement of government, leaders community and parents	29	12	33.33	78.38	14.50
2	awareness of the population on the consequences of taking cannabis	24	10	27.59	64.86	6.22
3	Creation of rehabilitation centres for adolescents	13	6	14.94	35.14	0.16
4	Job creation	10	4	11.49	27.03	1.40
5	Reintegration	6	3	6.90	16.22	4.98
6	Improvement of neuropsychiatric center services	5	2	5.75	13.51	6.22
Sum		**87**	**37**	**100.00**	**235.14**	

Table 9: Consumption reduction strategies

On the other hand, several strategies can contribute to reducing the rate of cannabis consumption. To do this, 87 occurrences were provided to us by 37 respondents, of which most, 29 or 78.38% referred to the involvement of the government, followed by 24 or 64.86% and 13 or 35.14 arguing for the sensitization of the population and the creation of rehabilitation centers. The creation of occupation for the social reintegration of consumers as well as other neuropsychiatric centers were the least mentioned with 16.22% and 13.51% respectively. Comparing the opinions of our respondents with the chi-square test, a numerical superiority is observed for the calculated chi-square compared to the critical chi-square (33.48>11.07). Considering these values, government and community involvement as well as raising awareness of the harmful effects of cannabis prove to be eminently important as a means of reducing this scourge.

The findings of this study revealed several challenges with regards to Governance such as: lack of qualified personnel, weak support from the government, high cost of care for the patients, the passivity of the law on the regulation of production, marketing and consumption of cannabis and the inability of households to supervise adolescents addicted to cannabis.

The results further showed that most adolescents dependent on cannabis have a lower level of education (primary) and come from underprivileged families with majority of their parents are economically struggling. Y and these results show a high cost of care for psychosocial care ranging from $10 to $40 per day. In addition, it should be noted that the structures that provide psychosocial care in the city of Goma do not have subsidies. This reveals the inability of the parents to efficiently take care of their adolescent, hence such adolescents find it easy to remain addicted to cannabis. These results support AFDER's (2014) assertion that the cost of psychosocial addiction management has an impact on the economy.

The number or ratio of psychologists and psychiatrists were low across all the surveyed care providers. This may be having a bearing on the quality of services currently provided and the escalating addiction problem among young people in the city of Goma. The results are inconsistent with the low investment in solutions, as seen elswhere. For instance, in Geneva the findings of Barben et al. (2007) showed that the Geneva Government is investing in the care of its population that has become dependent on psychoactive substances.

Regarding the extent of cannabis use in the community in the city of Goma, the rate of drug addiction is high. According to the epidemiological situation of drug addiction in the Province of North Kivu 2021, the report indicates that 5,449 cannabis addicts presented themselves in care structures, including 481 from the city of Goma. During this same year (2021), the government recorded cannabis seizures were 39.5 tons. Weed now accounts for over a third of total cannabis seizures (over 35% in 2021 compared to 6% in 2012) (Spilka, Legleye, 2020).

Some of our respondents said that cannabis addiction is a disease of shame. These results confirm the ideas of the GTPE RDC (2020), Pierre (2014) and Adrian (2013) who observed that community mobilization is not felt in the fight against drug addiction in the DRC and think that it is a disease of shame. Mélanie (2019) and IASC (2010) argue that for a good fight against drug addiction, healthcare providers, communities, parents, the Government, each in his own right must do his part.

According to the respondents, the involvement of the government, community leaders and parents would reduce the scoop of drug addiction in Goma. This is supported by literature where Najjuma (2016) and WHO (2020) says that case management must be focused on community-based and proactive approach. This implies case finding, assessment, planning and coordination of care to integrate services according to the needs of people at high risk and in need of complex care (often delivered by multiple providers or in multiple locations and areas), vulnerable people, or people with complex health and social needs.

VI. CONCLUSION

After analyzing the data collected from the different strata constituting the sample of this study, we noted that the care of drug addicts as well as its effects faces many problems of insufficient resources. Supported on the basis of the results, it could be that the extent of cannabis consumption is high within the community of the city of Goma. This could be attributed to low levels of education and higher employment rates in the region.

The respondentsconsidered that the revision of the law regulating the production and marketing of psychoactive substances would be one of the solutions in the fight against drug addiction. Government initiatives aimed at investing in prevention (repression, reduction of unemployment) and in therapeutic actions would contribute to the reduction of drug addiction in the city of Goma.

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