Emerging trends in illicit Drug Consumption in West Africa

“This is unacceptable. We cannot build a great region on the backs of drug users because our economies are bound to fail.”

Ambassador James Victor Gbeho, President of ECOWAS Commission

In much of West Africa, the spectre of someone going public about the problem of addiction to illicit drug consumption may be considered as washing one’s dirty linen in public and society frowns at that. However, these are unusual times in West Africa as the region is experiencing a melt-down of sorts due to trade and consumption of illicit drugs.

More people are turning themselves up at national drug rehabilitation centres seeking assistance to exorcise their demons and kick the habit.

The fabric of society is being eroded by the increasing consumption of illicit drugs. It is a problem the international community has been contending with for decades and now West Africa must tackle the problem head on.

The United Nations Office on Drugs and Crime World Drug Report 2011 noted that West Africans had become some of the heaviest users of marijuana in the world while alcohol abuse was on the rise as was the case with other hard drugs such as cocaine and heroine.

“This is unacceptable. We cannot build a great region on the backs of drug users because our economies are bound to fail. Everything is going to be predicated on the

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More:
The problem of illicit drug trafficking and abuse coupled with its attendant partner of crime has reached such dangerous proportions in West Africa where no country is in denial even for national pride. Not too long ago, the region was largely regarded as a transitory route for hard drugs but has since ‘graduated’ to being a consumer market as well.

As reported elsewhere in this issue, West Africa is experiencing a melt-down of sorts. But it is the seriousness with which member countries of the Economic Community for West African States (ECOWAS) have responded to the drugs scourge that is heartening.

All countries in the regional grouping have anti-drug policies largely premised on curtailing aspects of supply and demand. However, not many countries are fully equipped to win this war. Translating rhetoric into action will almost always remain an Achilles heel, where resources – human, material and financial - are scarce.

Effective intervention strategies can only be implemented where there is adequate intelligence. But this demands sufficient human and financial resources to do thorough research. Meanwhile, treatment and rehabilitation in many countries is being hampered by lack of human and infrastructural resources.

While counter action is slow, the problem of illicit drugs has a domino effect on the economy. It is being felt socially, economically and politically. It is a cross-cutting issue that also has serious national security and health implications.

Africa cannot afford to remain silent. Action is required now. We believe that a problem shared is a problem solved. Therefore, your comments and articles are appreciated. Let’s share your research, good practices and challenges.

The spirit in our DNA is always to tackle the problems of drug and crime head-on to emancipate ourselves. It’s in Our DNA.

H.E. Adv. Bience Gawanas, AUC Commissioner for Social Affairs

Feature: Emerging trends in illicit Drug Consumption in West Africa

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labour of people who are sick,” said President of ECOWAS Commission, Ambassador James Victor Gbeho, commenting on the drugs scourge in West Africa.

“But again this is a factor of poverty and so while we fight to reduce poverty, we must fight the drugs menace also.”

Ambassador Gbeho said there was now no family in West Africa that had not been affected in one way or another by use of illicit drugs.

“It is ruining our youth, it is ruining economies of our countries and it is ruining governance,” said Ambassador Gbeho.

Margaret Molnar of UNODC said one of the major issues related to the use of drugs particularly crack cocaine was the link to HIV/AIDS.

“It is either because of injecting drug use as in the case of such drugs as heroin, Amphetamine and cocaine and also due to attendant risky sexual behaviours,” she noted.

The ECOWAS long identified the menace caused by illicit drugs and in 2008 the regional economic grouping’s Heads of States came up with a policy centred on a concrete action plan encompassing a balanced approach for countering both supply and demand elements. ECOWAS co-ordinates regional strategies to stem the flow of drugs in the region.

“Advocacy for prevention and treatment of this increasing drug abuse has to be evidence-based,” said Dr Sintiki Ugbe Tarfa, ECOWAS Director for Drug Control.

She added, “We have to set up a structure that will allow us to effectively gather evidence, analyse the information and share it with the various stakeholders who will be able to implement policies for the benefit of our community citizens. But members need help in building capacity.”

Each ECOWAS member state has a story to tell. Elsewhere in this issue of Drug News Africa, is a synopsis of the drug problem in selected West African States and or some actions being taken to address it.
Emerging trends in illicit Drug Consumption in West Africa

Ghana

School survey shocker

An estimated 1.25 million Ghanaians are thought to be having problems with drugs, mostly marijuana. A recent school health survey by the Ghana Health Service in conjunction with the World Health Organisation showed that 23 per cent of Ghanaian school pupils had tasted drugs at least once. The problem was high in the country’s northern region compared to the southern part.

According to the Executive Secretary of Ghana’s Narcotic Drugs Control Board, Yaw Akrasi-Sarpong, it was worryingly shocking to note that 36 percent of high school girls had taken or were taking drugs.

“There is something wrong in Ghana where younger girls are getting more into drugs than boys,” added Dr Logosu Amegashie, a Clinical Psychologist.

“There is also another problem in Ghana. When the drugs menace started in the 1960s people got into it progressively through use of alcohol, nicotine and marijuana. Now, unfortunately we have people, students who go straight for cocaine and heroine,” said Dr. Amegashie.

He said it was also worrying that professionals in health and security services were also involved in drugs thereby complicating prevention and treatments efforts.

“It is known that some security people use drugs with the convicts and health professionals are also using drugs with their clients,” observed Dr. Amegashie.

Richard Armah a reformed addict had wise words for those tempted by drugs.

“It worsened my life. When I became an addict, the will power to stop was no longer working. I went to so many hospitals and ended up in Christian rehabilitation centres to the extent that at one time they would not take me because I had gone in and out so many times.

“But one thing I did which I strongly believe helped me was that I kept praying to God even though at that time I did not have much understanding of Him...it was unusual for an addict to kneel down and pray to God,” said Armah.

Richard Armah a reformed addict had wise words for those tempted by drugs.

“The Korie Bu Teaching Hospital in Accra – Ghana’s premier medical institution has a psychiatric unit where volunteers like Armah and others spend time counselling addicts. It is one of a few Government facilities in Ghana with a wing dealing with drug addicts.

“Addiction is an illness, a sickness which is progressive and which starts from somewhere and ends somewhere,” said Richard Opare another reformed Drug Addict adding that there was need for assistance of victims.

Another such facility is at Pantang Hospital. At the hospital, residents as the inmates are called, pay a monthly fee of 600 Cedes for a stay of six months. The hospital employs a unique programme called “Therapeutic Community” where every member of the community is responsible for the recovery of the other. As a “family unit” they pull each other up.

“We do not use drugs in treating addiction. Exercise is part (of it). As you work out your body, the excess of drugs in your tissues wears off naturally,” said Programme Manager, Judith Avevor.

“We started this programme in 2009 and the success rate has been great.”

The problem with illicit drug abuse is that it has become an epidemic in parts of West Africa.
In Cape Verde, 60 per cent of people who undertook an intensive nine month rehabilitation programme at a national centre that opened in 2005 are said to remain clean.

Every day starts with prayers and recitations by inmates reminding themselves why they are there for them to look at the man or woman in the mirror and confront demons chasing them.

The structure of the centre is probably the most integrated in West Africa. There are standard group therapy sessions where inmates work together with in-house specialists including reformed addicts. There is also something else. The inmates, as part of their pre-occupation, cultivate a banana plantation.

They process harvests into products such as chocolates at an in-house facility managed by a reformed addict. Proceeds from sales of produce return to fund the centre. The inmates also produce art work marketed for revenue which is ploughed back.

“I have to recognise the value of this centre and thank God. It saved my family. Sometimes I ask myself where I would be if the centre had not opened in 2005,” said Antonio Friere, a reformed addict who indulged in drugs for 17 years.

This is good news for a country grappling with the challenge of trade and consumption of illicit drugs. Dr Emilio Tavares Silva, Director of Central Prison in Praia, Cape Verde said inmates were routinely sensitized on drugs using an interactive approach by health professionals. This approach has worked positively as it helped a number of released prisoners.

“I can say 90 per cent of crime people do is due to drugs. As a result we prioritise sensitisation,” said Dr Silva. International agencies have also stepped in to sensitise youths in intense national projects which also target educational institutions. Radio and television programmes are also conducted to sensitize the general population. Education on drugs is also imbedded in sports programmes.

“We create units which organise information activities and sensitisation training with different target groups. Working with families has been one of our major priorities,” said Dr Fernanda Marques, Executive Secretary, Co-ordinating Committee on Drugs in Cape Verde.

Femi Meletoyintan, of the National Drug Law Enforcement Agency (NDLEA) said the biggest challenge the country faced was use of unconventional drugs which had the same effect as the conventional ones.

The problem is that there is no legislation banning their possession, production of consumption.

“These (unconventional drugs) include volatile solvents, inhalants, rubber solution, Datural metal, lizard excretes, cocoa paste mixed with tobacco glue, paw paw leaves, pit latrine, cough syrup with codeine and soak away,” said Meletoyintan.

He said efforts were underway by the NDLEA to determine chemical components of these substances as a basis to proposing legislation that will ban them and get them listed on the list of prohibited substances.

Nigeria used to be a transit country but of late it has “graduated” to being a consumer nation.

“The challenge is in the use of unconventional drugs for which there is legislation governing the use of such..” Femi Meletoyintan, NDLEA, Nigeria.
In Guinea, sensitisation is a primary agent for information dissemination as a catalyst for change. Col. Moussa T. Camara, Anti-Drugs and Terrorism Secretary General, said Guinea was previously seen as a drug hub of West Africa. The image of our country was tarnished. We had to accept that everybody was involved, general administration, civilians, military police (and) at the time 40 per cent was involved.

“What we have always lacked was political will. Today the democratically elected President Alpha Condé has decided to establish this general secretariat and placed it under his watchful eye,” said Col. Camara.

An inter-ministerial committee was also established to give impetus to the country’s campaign against illicit drugs. There is also an institution devoted to the study of drugs. Its certain that Guinea is high on determination. But determination alone is not enough where funds are scarce. “Our resources are limited but we have political will,” enthused Col. Camara said.

The most commonly abused drug is marijuana. People smoked it and produced pepper soups commonly consumed at parties.

“I remember a kid who went to a graduation party and drank the pepper soup... He slept for two days,” said James Jadder, Director for Drug Law Enforcement in Liberia. Some enterprising Liberians were also preparing marijuana mixed with milk and honey which they sold unsuspectingly around schools.

“They also have what they call Chinese tea...You have to know what class of tea you buy otherwise you will get high,” said Jadder.

Growing of Cannabis has become big business in most countries in Africa.
Drug News Africa

Drug Rehab Encourages Musicians

to Aid Stop Addiction in South Africa

“South Africa is probably one of the most addicted countries in the world, we are a very addictive society.”

Hugh Masekela.

World fusion music initiate and South African trumpeter Hugh Masekela says assisting people to end alcohol and drug addiction in his native country is a motivating force in his life, both on and off the stage.

The 68-year-old musician, a recovered addict himself after decades of addiction, says he feels a duty to help others suffering from the same problems. His concern about these problems in South Africa intensified in the late 1990s when he resolved his own addictions through successful drug rehab.

Masekela made his name in America in 1968 with the Billboard number-one hit “Grazin’ in the Grass” – one of the few instrumental tracks to reach such heights. He has played with Herb Alpert and Bob Marley, performed on albums by the Byrds and recorded and toured for Paul Simon’s 1986 smash album, “Graceland.”

Masekela’s life did not have an easy start. In a recent newspaper interview he said that as a child his ambition was to “live inside the gramophone, so I could be with all those people in there.” But it wasn’t just love of music that made him want to escape reality. South Africa’s oppressive apartheid system had begun in 1948 when Masekela was 9 years old, and life for black South Africans became more of a struggle than ever.

By the time he was 20 he had recorded successful jazz albums and played professionally all over South Africa.

But Masekela’s political leanings and the brutality of apartheid forced him into exile. With the help of friends like classical violinist Yehudi Menuhin and British bandleader Johnny Dankworth, Masekela travelled to England and later to America where he continued to perform and to further his musical studies.

Calypso great Harry Belafonte offered help and advice, and fellow South African singer Miriam Makeba, to whom he was married for a few years in the ‘60s, was also helpful to his career. In 1990, as apartheid was coming to an end, Masekela moved back home after 30 years of living abroad. He had released more than 30 albums and enjoyed international acclaim.

But all was not well. Masekela was suffering from more than 30 years of alcohol and drug abuse and was in serious need of drug rehab. His decision to enter a successful drug rehab program meant one more trip to England, but it was a journey to a new life.

In his 2004 autobiography, grazin’ in The Grass: The Musical Journey of Hugh Masekela, he frankly discusses his personal struggles with alcohol and drug addiction. He says he had little confidence in his playing without using some sort of drug.

But after getting clean through drug rehab and studying about addiction, he says now that he wants music to be his only addiction. And he wants to help his country by improving political and social conditions, including South Africa’s skyrocketing drug and alcohol addictions.

“South Africa is probably one of the most addicted countries in the world,” he said. “We are a very addictive society.”

In the Western Cape region, for example, a study found that almost 20 percent of children start drinking before they are 13. In the poor townships especially, many lives are seriously compromised and could be helped if successful alcohol and drug rehab were widely available. Masekela hopes to result in positive transformation by using his personality to draw the attention to this issue.

Story extracted from:
http://www.soberrecovery.com
TREATNET Project Improves Quality of Drug Dependence Treatment Services in Africa

“The goal of the project TREATNET is to improve the quality of drug dependence treatment services and increase access to drug treatment for all those in need...”

By Stephane Ibanez-de-Benito

The World Drug Report 2011 estimates that in 2009, between 149 and 272 million people, or 3.3 per cent to 6.1 per cent of the population aged 15-64 used illicit substances at least once in the previous year.

About half that number is estimated to have been current drug users, that is, having used illicit drugs in the past month previous the assessment.

Developing countries, and particularly least developed ones, are affected by enormous economic and social problems including a dramatic lack of health care facilities, poor or inexistent welfare and educational systems, lack of state presence, and corruption.

Social inequalities induce social exclusion, deprivation, marginalization and hopelessness. In these conditions, drug use, violence and crime are common, undermining public health, social and economic development, community cohesion and in general the future of new generations.

One of the most severe consequences of drug use is the spread of HIV and other blood borne disease such as Hepatitis B and C. Drug use, especially injecting drug use (IDU) is closely linked to HIV transmission through the sharing needles, but also in relationship to the risky behaviours of non-injecting drug users.

Efforts to reduce illicit drug demand, with appropriate prevention, treatment and sustainable livelihood programs may consistently prevent severe health and social consequences of long lasting drug use, such as HIV, Hepatitis and many other medical disorders.

Comprehensive demand reduction interventions, including specific harm reduction activities, have been proven effective in counteracting HIV epidemics and breaking its vicious circle with poverty/underdevelopment and drug use.

In many countries individuals affected by drug dependence, psychiatric disorders and HIV are concentrated in prison settings, usually in destitute condition, excluded from real opportunities for rehabilitation and treatment.

This population of inmates is easily relapsing into substance abuse after release from prison, with further engagement in criminal activities and unprotected sex. This translates into a heavy cost for society as well as risk for public health and security.

Unfortunately, although an increasing body of knowledge demonstrates that drug dependence treatment and measures to reduce the harm caused by drugs are effective if implemented through a number of qualified comprehensive interventions, the dissemination of good practice facilities is still scarce, often not based on sound scientific evidence and not fully accessible to those most in need.

In response to the severe situation described above, affecting in particular developing countries, several countries have been part of a global project at increasing awareness about drug dependence as a treatable multifactorial disease and the need for a science-based approach to drug use and dependence prevention and treatment.

The goal of project TREATNET is to improve the quality of drug dependence treatment services and increase access to drug treatment for all those in need, thus reducing the negative health and social consequences of drug dependence, including HIV and AIDS. The project started originally being implemented in seven countries in Sub-Saharan Africa Region, namely, Kenya, Sierra Leone, Tanzania and Zambia, directly coordinated by the Regional Coordinator in Nairobi, UNODC ROEA, and Ivory Coast, Mozambique and Uganda, in partnership with Associazione Casa Famiglia Rosetta (ACFR). A further 7 countries joined this initiative including Cape Verde, Ethiopia, Madagascar, Mauritius, Seychelles, South Africa and Uganda. An Eastern Africa network on drug dependence treatment is aimed to be developed, including government counterparts, academic institutions and treatment providers.

The strategy of the project includes three synergic lines of action:

- Systematic advocacy to promote a sound understanding of drug dependence and care (including HIV/AIDS) and recognition of drug dependence as a health disorder;
- Capacity building for health and social care service providers, including prisons.
- Support to the development and strengthening of sustainable quality drug dependence treatment services.

In this regard, to date several activities have taken place in the past two years with extremely good outcomes in terms of capacity building and service improvements.

The Regional Training of Trainers (TOT) on TREATNET II training package for Sub-Saharan African region, was successfully completed and it took place in Mombasa, Kenya, over two rounds, October 2009 and August 2010. In summary, a total of 71 National...
Trainers were trained in three different Volumes on Drug Dependence Treatment from 13 different countries from Sub-Saharan Africa Region.

Amongst these participants included experts with varied backgrounds such as psychiatry, drug dependence treatment experts, psychologists and counsellors, teachers, medical doctors, prison services and service providers working in the NGO and other settings.

In total, combining activities under TREATNET and Regional Programme, 2243 Health and Social Care Professionals have been trained in Screening and Assessment, Psychosocial Interventions and Medically Assisted Treatment in Sub-Saharan Africa.

Several initiatives also are undergoing in Kenya, Sierra Leone, Tanzania, including Zanzibar, with regards to service improvements/delivery. With the aim of to improving on residential drug treatment and rehabilitation services, to start community outreach, prevention and early intervention and risk reduction and to initiate outpatient/ non-residential treatment (including outpatients and intensive outpatient treatment/partial hospitalization services), Kenya, Sierra Leone, Tanzania, including Zanzibar, are in the process of completing drug treatment services which will address drug dependence treatment in the community.

The main objective of the service implementation is to increase access to treatment and rehabilitation of drug dependent persons as well as to facilitate policy development in drug dependence treatment:

- To provide accessible drug dependence treatment to patients referred.
- To increase coverage of treatment services for drug dependence persons
- To provide specialised drug dependence out-patient treatment and comorbidities
- To create awareness on the harmful effects caused by drug and its prevention approaches.

In conclusion, it is expected that this programme will contribute to the overall goal of reducing or halting the HIV epidemic in the regions concerned.

Moreover, as a consequence of the improved accessibility and quality of treatment services, it is envisaged that all persons whose life are impaired by drug use receive a wide range of quality services with a view to a reduction in their drug use and its related health and social consequences.

It is also expected that the programme interventions will improve the well-being and social integration of the beneficiaries, who will then become active and productive members of their societies. In turn they can contribute to the overall improvement of the situation of their community and leave the cycle of poverty and marginalization.
Addiction treatment and community mental health in Africa

The implications of policy and institutional gaps for effective intervention

By Antony Otieno Ong’ayo

Introduction

In recent years, most countries in Africa have seen a steep rise in the use of addictive substances beyond relatively basic forms of traditional drug use.

At the same time, majority of countries are witnessing a gradual decline in quality of health services particularly in the public health sector due to austerity measures imposed by international lending institutions. This has adversely affected health status of vulnerable groups including the poor, children and women, but more so the mentally ill and addicted persons.

In the absence of comprehensive government policies, legislation, programmes and adequate facilities, huge sections of the population are left out of the overall health care system in their current formats yet it is a fundamental area of public service that underpins other forms of human productivity. Although there have been some modest levels of state provision of Medicare, much of the interventions to hard to reach groups such as street children, mentally handicapped and addicted persons are mainly offered by non-state actors especially the mission hospitals and Non-governmental organisations.

The group mostly affected by this policy and institutional inadequacy is that of addicted persons. In the case of Africa, addiction service is a policy domain largely left in hands of non-governmental organisations, community as well as individual initiatives.

But most of these efforts are inadequate, lack appropriate technology and relevant skills to address widespread suffering of persons with drug addiction and substance related mental health problems. Moreover current health services offered by government facilities mainly focus on the general health problems, while services for addiction and related mental health problems do not exist in most countries.

There are however some variations with regards to geographical proximity to urban areas where most of these services are available yet addiction to a variety of substances is common across regions, rural and urban areas.

For example in Kenya, majority of addicted people across the country who seek what could be described as relatively advanced/professional addiction and mental health treatment have to travel to the capital city Nairobi which is more than 500km from outlying provinces.

The existing addiction treatment facilities in Nairobi are privately run and charge exorbitant prices beyond the reach of many addicts from poor families. In the case of mental health services, provinces other than Nairobi and parts of Coast have no mental health facilities or services to local communities.

As a consequence, all mental health cases have to be referred to Mathare Hospital in Nairobi, which admits patients from all over the country, often those who failed to improve elsewhere. These observations brings to light the health challenges that most African countries face in terms of addressing addiction problem from a holistic perspective and through the use of comprehensive policy and institutional frameworks.

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Addiction as a major health policy issue

While addiction problem is sometimes argued within the conservative mindset to be self-inflicted, scientific evidence on the contrary confirms that addiction is also a disease even if it has its origins in the habits and circumstances, which relates to a person’s psychological, physical and social circumstances.

Some of these conditions are not self-inflicted but the result of a combination of factors at a given time in society. The environment in which addiction takes place plays a very significant role in terms of availability, access, regulation/control, management of health as well as availability of opportunities for preventive as well as curative and coping strategies.

Although addiction has been largely seen as a social issue in most societies especially in Africa, experiences in Europe, the Americas and Asia confirms that any form of intervention in addiction services require a holistic approach with health perspective as critical component.

This is because the addicted persons are affected in the most fundamental parts of their human physiology (the mind, body and soul). These are areas which addiction disrupts and often end up being given a medical approach upon deterioration.

These characteristics of addiction, therefore demand an intervention well thought out, well-designed, well-resourced and necessary skills made available and constantly upgraded due to constant shifts in patterns and trends in addiction.

By not acknowledging this reality African governments are undermining the same goals for development that they have set in the National Action Plans, the PRSs and MDGS.

Experiences in other continents have shown that addiction treatment requires a multifaceted approach, due to the varied nature of its implications.

Besides health and social dimensions, addiction also has other dimensions whose multiplicity and complex mix, often works as a major obstacle to the recovery of an addict.

The broader impact of addiction in society transcends health of the population and includes safety and economic issues since it hits at a significant group (youth) in society, a group that is much needed for economic growth.

Moreover, families are heavily impacted upon through domestic violence, theft and loss of property, savings, reproductive health complications and in recent years, infection through unsafe methods of drug use.

For these reasons putting addiction treatment in health and social policy agenda would immensely contribute to enhancement of care service delivery in the field of addiction treatment.

Multiplicity and complexity of the different dimensions of addiction

In order to develop appropriate strategies for addiction treatment at the national, regional and continental levels in Africa, there is the need to develop an in-depth understanding of the various implications of addiction, its underpinning factors as well as the dynamics that influence its characteristics.

Such an understanding also needs to be context specific since there are differences in the way addiction manifest itself and how respective governments respond to it in Africa.

Any form of intervention in addiction services requires a holistic approach with the health perspective as critical component. This is because the addicted persons are affected in the most fundamental parts of their human physiology (the mind, body and soul).
Supply and demand reduction

Africa needs capacity to tackle drug supply and demand reduction

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While most debates on addiction in Africa largely focus on its impact on the individual, addressing the problem in a comprehensive way requires attention to its other dimensions. This is because the problem has an individual orientation but the impact is always collective, often engulfing the whole society or nation.

Drug addiction is also a multiple context and dynamic phenomenon, with multiple actors involved in the supply of the drugs, which is a complex network from the source of the drug to its final destination (the addict). Drugs pass through geographical spaces and multiple jurisdictions, and its impact is also felt or affect multiple state institutions (health, Justice, social services, foreign affairs among others).

The major actors behind drug trafficking also transcend individual and group formations, but also formal and informal institutions. The network often undermines the justice system in cases where drug cartels have captured the state system (political, judicial, executive and legislature) and the business community with local, regional, national and international tentacles.

However approaches adopted by states can range from local/national to regional and international intervention, but the immediate concern largely relates to preventive and curative aspects addiction treatment at local level within a country.

Health implications and appropriate interventions

Addiction has an enormous impact on the health of an addict but also on people that interact and relate with the person. Besides psychological trauma to the family, physical and psychological deterioration of the person often has a direct health implication to society in terms of the consequences if the habit and cost of recovery.

In the case of injectable drug use or use of unsterilised paraphernalia, people risk infections that are lethal. Examples include the sharing of needles in contexts and situations where such instruments are expensive, or not readily available and beyond the reach of many addicts due to conservative perceptions and prohibitive government policies.

While provision of basic needs such as food, shelter, medicines and counselling are important ingredients in a therapeutic intervention, ad hoc responses that are devoid of long-term strategies with adequate resources hinders the noble intentions of intervening organisations.

Since addiction starts with the individual, the aspect of awareness within the population (at all levels) is critical for the success of subsequent intervention measures. This relates to the utilisation of treatment services and the extent to which people are well informed about the problem, availability of services and how to access them.

Studies in the USA have shown that utilisation of substance abuse treatment depends on ‘perceived need for treatment’, ‘problem severity’, ‘psychological functioning’ and ‘social support for abstinence’.

But treatment utilisation is also impeded by such factors as ‘affordability, limited awareness about where to seek help, geographic access, stigma’ and ‘neighbourhood environment’. Even though the USA may not be comparable to the entire African context, what is evident is that addiction treatment is only possible in an environment where there are facilities. Utilisation is therefore dependent upon availability, something that is lacking in the case of Africa. The kind of interventions witnessed in few countries such as South Africa and Kenya point to a less uniform approach but also the availability of services, which are not accessible to the majority of the most marginalised groups.

Economic implications

Addiction does impact negatively on the formal economy. While the underground economy may thrive in a situation where drug trafficking is rampant, the fact that it has potentials to introduce a parallel economy implies lost revenue to the state, evolution of unregulated economic activities, increase in corruption and money laundering which does not auger well for the formal economy.

Moreover the presence of easy money from activities such as drug trafficking, money laundering and extortion, have led to an increase in the markets of violence in which various actors resort to violence to protect their interests. Young people who are hard hit by unemployment are easily drawn into gang activity.

In the case of Kenya, informal security, youths for hire during electioneering period have emerged for economic reasons. The same dynamics have negative effects on overall economic activity in cities or location in which drug barons, traffickers and peddlers operate.

Businesses often leave such areas while potential investors avoid such locations. The end result is minimal economic activity that could create employment opportunities, while public goods and services end up in the control of criminal gangs.

The security implications

From a crime and security perspective, increased levels of drug peddling at the
Continued from page 11

lowest level both in urban and rural areas expose inhabitants to safety problems when groups begin to form and fight over territorial and market control.

Drug business is also closely related to violence which takes place between the various trafficking and peddling groups but also within thin the communities with large number of users who seek resources to finance their habits by any means necessary including muggings, robbery, and violent pick-pocketing.

In worst cases, gun battles between groups and with the police have always been the trademark of drug-infested locations as shown in the case of Latin America and some suburbs of major South African cities.

In emerging large metropolis such as Nairobi, various groups control informal settlements where they create insecurity while at the same time offering security services at a fee.

Most of these services are imposed on shopkeepers, and other traders who are held ransom by the gangs. At the regional and continental level, drug trafficking has direct links to hot spots where weapons are also trafficked through the same networks.

Small-arms proliferation in Africa is not only an activity of one particular segment of the underworld, but includes diverse types or a combination of traffickers. While there are limited studies on the link between drug trafficking and arms trafficking in Africa, the recent developments including expansion of the activities of extremists groups who are constantly in need of large amounts of capital for operations point to a potential link.

This is due to the fact that the groups tend to diversify their source of income due to the increased pressure and fight against terror, but also due to the fact the policing are still a major problem in Africa including ineffective border controls. The continued existence of conflicts in Africa provides a fertile ground for the two forms of trafficking due to state incapacities and mal-governance.

Barriers to addiction care

The most significant barriers to addiction treatment in Africa include the following:

- Lack of awareness of substance abuse treatment services is an important enabling resource for people from disadvantaged communities. Greater awareness of available substance abuse treatment facilities increases the likelihood of treatment utilization. Availability of appropriate and up-to-date information about addiction services including community mental health care would empower the community to address the various aspects of preventive health care, with initiatives, which are cost effective.

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In worst cases, gun battles between groups and with the police have always been the trademark of drug-infested locations as shown in the case of Latin America and some suburbs of major South African cities.
Continued from page 11

at village level.

• Financial and geographic access. This mainly affects people from poor communities and families due to widespread poverty and unemployment present in disadvantaged communities; the cost of treatment and transport to the few facilities in major cities is beyond the reach of most families. The main financial barriers include affordability of treatment, accessibility to national and private health insurance. Financial barrier also limit the ability of recovering addicts to stay long in treatment since majority cannot pay for their basic needs during and after treatment.

• Lack of appropriate facilities but also not designed from therapeutic perspective hinders effective service delivery and long-term recovery.

• Skills gap in addition treatment and after care. While addiction treatment varies in terms of duration, the most critical part is the after care, which is very important for addressing relapse and re-integration into society. This is an area which is still lacking in the health training curriculum in medical colleges in Africa yet evidence from advanced practices have shown their valuable input to overall treatment success.

• Myths about drug use in Africa continue to distort factual information based on scientific work that has been carried out about addiction. The link between traditional use and modern use of drugs is still a grey area since drug use in some cultures was and is still connected to some important events, ceremonies and rituals. Many societies in Africa are yet to make a distinction between different types of contemporary drugs, mode of use and impact, which could be different to the traditional use and the conditions under which certain drug were used.

At the regional (RECs) or continental level (AU), there is no policy initiative that captures various contextual dynamics in Africa.

Lack of policy initiatives at this level denies this area of health care the policy visibility it requires since drug trafficking is a cross-continental issue whose major sources are covered by jurisdictions outside Africa.

Moreover, Africa has been and is still being used as a transit continent, a process that leads to spill over effect in the entire continent. As Europe and North America tightens their drug control mechanisms, Africa is likely to be on the receiving end as a transit and alternative destination of drugs.

What kind of interventions?

Any form of intervention in addiction care ought to be informed by a deeper understanding of the main causes of addiction and the conditions under which the habits are formed and thrive.

Due to high levels of poverty, unemployment, and poor living standards in both rural and urban areas in Africa most people resort to addictive substances and behaviours of various sorts in order to cope with their emotional and economic problems.

In the context of these hardships there is an increase in addiction to alcohol and other hard drugs in both urban and rural areas, and the increasing prevalence of HIV/AIDS related mental health problems, which are exacerbated by high levels of poverty, and lack of appropriate intervention measures. Secondly addressing addiction problem should not only be confined to the usual therapeutic approaches.

The mental health dimension, which is missing in most African contexts, is very crucial in the overall preventive and curative measures that governments can adopt. The relevance of this component lies in its connection to the drug use.

There are cases of drug-induced mental health and persons with mental health who use drugs. There are also groups who use drugs for medical purposes. These distinctions have not been made in Africa with regards to dual or multiple diagnoses in order to effectively verify the root cause of addiction in a person and what treatment options would suit each case.

Mental health and addiction are issues that affect many communities especially in the African context where mental health is either kept secret within families or neglected through lack of intervention as a result of emphasis on other forms of illnesses.

A more robust response to mental health at community level would therefore break some of the taboos around mental health but also release thousands of victims in bondage through...
Continued from page 13

outdated traditions and unnecessary institutionalisation which reduces mental patients to objects.

Because government and mission health facilities in many countries have no services for the addicted and mentally ill, a huge population, continue to suffer through deprivation of opportunities for recovery and being productive members of their families and society.

Policy level

At the policy level, a comprehensive policy and institutional frameworks that is responsive to needs and responds to global and specific country contextual dynamics is necessary. Such mechanisms will encourage the establishment of policy frameworks that facilitate policy coherence within the government and between relevant government ministries, departments and agencies that are affected by addiction.

It will also facilitate institutional complementarity which makes it easy for inter agency or organizational referrals.

The policy and institutional framework also need to factor in other non-state actors through the use of a stakeholder approach – in which relevant institutions and departments exchange ideas, share experiences and contribute to the development and improvement of the national framework for care delivery to addicted persons.

The health policy should incorporate addiction treatment and aftercare, through an arrangement that provides for access to services in specialized institutions, government hospitals and referrals between the various actors. Such a policy should provide for the health insurance to cover addiction in order to support an addict’s entire recovery process regardless of income status (which is a major barrier to access).

At the national and local government levels where financial and geographic barriers pose greater challenges to addiction treatment, one strategy for reducing these barriers is to develop tools and services that can be flexibly applied in reaching out to the most marginalized groups.

An example includes mobile treatment services into disadvantaged communities would greatly reduce the travel time to the service points and costs associated with operating facility-based treatment.

There is also need for national and local governments to develop a comprehensive health policy that includes addiction treatment community mental health care, and training component in the national health care training programme that targets community based care workers in managing addiction and mental health.

Setting up of addiction treatment programmes should be in line with the Government’s national health policy with aim of addressing health problems.

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Cocaine trafficking through Liberia, a country with few effective counter narcotics programs, is on the rise.

Interventions should use a multi-faceted approach in which addiction treatment is combined with long-term recovery programmes and a skills training component whose main goal is to equip clients to resume normal lives, and reintegrate into society as productive members.

This should entail the establishment of appropriate and relevant facilities to house the various activities and programmes. Local interventions also require the development of collaborative arrangements between healthcare providers for capacity building and training of local health care givers through shared learning, experience and cultural exchange on addiction and mental health care.

In order to access latest know-how and expertise, local organisations in collaboration with governments need to develop working relationships for research with international and national organisations for the purpose of support and access to the latest technology and information.

Antony Otieno Ong’ayo is a founding Director of SINAM, which was one of the first non-profit initiatives for addiction treatment in Kenya since 1997. He has more than 20 years of experience with management of addiction treatment programmes with international experiences in the Netherlands, UK, Sweden and Kenya. Ong’ayo is currently a PhD Research Student at the International Development Studies Department at Utrecht University and focuses on migration and development issues between Africa and Europe, but also consults on development policy and institutional frameworks.

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U.S. Government Hosts Meeting with International Partners to Coordinate Counternarcotics and Anti-Crime Assistance in West Africa

West Africans are facing a growing danger from transnational criminal organizations, particularly narcotics traffickers.

Traffickers threaten the collective security and regional stability interests of the United States, our African partners, and the international community.

On February 21, 2012, the U.S. Department of State chaired an experts meeting on West Africa along the margins of the G8 Roma-Lyon Group in Washington, D.C.

Stakeholders for counternarcotics and anti-crime assistance in West Africa, including Canada, Colombia, European Union, France, Germany, Italy, Japan, Mexico, Russia, Spain, United Kingdom, and the United Nations Office of Drugs and Crime, participated in the meeting.

The main purpose for gathering was to share program plans for the year, review mechanisms for sustained donor coordination, and discuss engagement with the Economic Community of West African States (ECOWAS). The U.S. government’s West Africa Cooperative Security Initiative (WACSI), a whole-of-government approach to combating transnational organized crime in West Africa, is one way of contributing to greater regional security.

WACSI is based on the premise that cooperation with international partners and donor coordination is essential to successfully combat transnational crime.

Through WACSI, the Department of State will partner with the donor community to engage ECOWAS and support its strategy, the Regional Action Plan to Address the Growing Problem of Illicit Drug Trafficking, Organized Crimes and Drug Abuse in West Africa.

(For further information contact: www.state.gov/r/pa/prs/ps2012/02/184469.htm)

Cocaine trafficking through Liberia, a country with few effective counter narcotics programs, is on the rise.
Drug News Africa is a publication of the African Union Commission’s Department of Social Affairs in collaboration with the Directorate of Information and Communication.

The Department of Social Affairs headed by the Commissioner for Social Affairs, Her Excellency Advocate Bience Gawanas, runs seven Divisions in addition to specialized agencies all dedicated towards initiating, planning, coordinating, harmonizing and monitoring accelerated and sustained continental policies, programmes and projects that promote human development, and social justice and the wellbeing of Africans.


For this issue, we are especially indebted to the ECOWAS Drug Control Unit for collaboration. All stories on emerging trends in illicit drug consumption in West Africa are based on a documentary film by the ECOWAS Drug Control Unit.

Feedback and contributions are welcome from all stakeholders and in particular African Member states. Please note that contributed articles should not exceed 1200 words.

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