

Prevalence of drug abuse in the Eastern African region

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Introduction

The Eastern Africa region is composed of 11 countries by UNODC report including Kenya, Ethiopia, Djibouti, Eritrea, Uganda, Rwanda, Tanzania, Zanzibar, Mauritius and Madagascar.

Prevalence of drug abuse: East Africa is biggest producer of the Cannabis plant, commonly known as Marijuana. An anecdotal report from these countries continues to show that Cannabis is the biggest poses the biggest problem among drug of abuse and also in terms of seizure.

Country overview

Rwanda: In Rwanda for instance in Rwanda it was reported that in 2009 alone 2,890.179 kilograms of cannabis were tracked and 1,671 people arrested. Again in 2010 in January 563,988 kilograms of cannabis had been seized and 999 people arrested. Drug abuse relates offences were number one. Increasing use and smuggling, weak laws and challenges in enforcement are highlighted as some of the critical issues needing attention.

Uganda: In Uganda, Drug abuse has been described as a problem especially among marginal groups, who are unemployed Cannabis is mainly abused by street and school youth, as well as by soldiers; heroin tends to be consumed by urban and street youth; cocaine abuse is prevalent among high income groups; Somali refugees and town youth abuse khat. An increase is reported in the abuse of opiates and cocaine, as well as in the abuse of cannabis and volatile solvents. Some increase in the abuse of benzodiazepines, some decrease in the abuse of barbiturates, and a large decrease in the abuse of amphetamines. According to the 2009, Uganda annual Police crime report, there were 2,034 reported and investigated narcotics cases, which led to 2,274 arrests compared to 2,542 in 2008. The trend has been attributed to inadequate laws and weak border controls.

The increase in the abuse of cannabis, hard drugs and volatile solvents is attributed to unemployment, social upheavals, family disruptions as well as high rates of drop-outs from school. Increased production and trafficking of cannabis has led to increased availability of the drug. Opiates and sedatives are mostly injected. Some sedatives are also ingested and some opiates smoked. Hallucinogens and amphetamines are ingested. Multiple drug abuse like volatile solvents mixed with alcohol, and combinations of cannabis and volatile solvents with alcohol have been reported by NGOs as an occurrence in Uganda. Cannabis is smoked and dissolved in water for consumption. Khat is sold openly and chewed by youth in urban centres. Petrol is sniffed either from small bottles or from soaked cloth, mostly by urban youth and street children.

Uganda is now known as a producer, consumer and transit country for drug trafficking. Traffickers of whom some are Ugandan have been arrested as far as China. In 2008-9 over

54 Ugandans had been arrested on drug related offences and 38 had been convicted to death Other traffickers from various countries from India Nigerian, Pakistanis and of recent Tanzanians have been arrested at border points trying to traffic drugs where they obtain heroin, mandrax, cocaine and other drugs which they then transit through Uganda to Kenya, Southern Africa and Europe.

In terms of responses to drug use, Uganda does not have an effective law, though one has been on the shelves since 2005. The National Drug Authority Act 2000 is weak and comprehensive. Similarly, Uganda does not have a master Plan and Policy on drug abuse all documents have remained drafts and cannot provide the commitment to addressing drug abuse. The Uganda, Police operate a narcotic police unit very vigilant at airports and destroying cannabis. The unit is underfunded, fewer manpower and limited infrastructure. Enforcement is mainly done more a Police and Ministry of Health (mental health division and psychiatry hospital). Ugandan law enforcement officers received anti-drug training in the U.S and by UNODC have since left or passed on heir is dire need to increase capacity not on in treatment and management but train people in prevention and law enforcement.

NGOs with limited capacity also operates mainly in major urban centres and reach out with a few messages on posters and a radio which are not frequent and impact very difficult to measure. The most active NGOs have been UYDEL, Serenity centre. There has also been a decline in NGOs operating in this field in Uganda due limited access to funding, yet the vice of drug abuse is spreading. The media, health and NGO professionals once in a while participate in drug abuse awareness on TV, radio and print media. Drug education is incorporated in curricula at primary, secondary schools and higher education students include lectures and drug awareness talks and seminars on issues relating to drugs in which students' participation is encouraged.

Treatment and Rehabilitation: The treatment guidelines are largely curative and conducted at the refurbished National Mental Hospital and related regional units. The number of facilities in the country has gone from 12 treatments specialised facilities including those of NGOs

Lack of a policy limits comprehensiveness of programmes and areas like community based rehabilitation and social reintegration are largely underdeveloped. NGOs, through their general rehabilitation centres, assist in the rehabilitation of street children. Government hospitals have psychiatrists, doctors, and social workers whose tasks are to provide treatment and mental rehabilitation to patients, arising out of drug and substance abuse. Cases arising out of drug abuse for now are estimated at 25% at all those treated (1out of 4 psychiatry mental cases) is due to drug abuse.

Joint fight against drug trafficking in the east African region is affected by different levels of facilitation, border porous and a unmanned and manpower who fight drug abuse. National data is lacking; there is a need to do a national survey to establish the magnitude of the problem. Coordination of efforts within government and civil society needs strengthening and support. Increase more awareness and other preventive activities involving NGOS and communities.

Kenya: In Kenya, national surveys have been done by NACADDAA since its inception and passing the anti-drug abuse law. These findings have shown that drug and substance abuse

is on increase in Kenya; and has a complex cause and effect relationship. Drugs are easily available on market and cheap to buy including cocaine and heroin which are more costly and less accessible.

Provincial variations in access to drugs were revealed by the study. Cocaine was most easily accessed in Nairobi, Coast and North Eastern Provinces. Wide provincial disparities among the three factors namely young adults that have the highest drug and substance abuse prevalence. Factors influencing abuse listed in the previous surveys include, immediate social environment, acting as both the source of peer pressure, money and the drugs. Surveys also show that, nearly half of the children had never received any information about drugs at home. Schools and religious institutions are the main channels for passing information to children.

Commonly abused drugs in Kenya were alcohol, bhang, glue, (khat) miraa and psychotropic drugs. The prevalence of HIV/AIDS among injection drug users is estimated at 68-88 percent (UNODC 2004). The UNODC report documents a relationship between injecting drug use and HIV/AIDS. Nairobi and Coast provinces were most affected with an estimated 10,000 heroin users in Nairobi and 8,000 in Coast province.

Cocaine has high acceptability ratings in Nairobi and many; It will therefore be a daunting programme task to positively influence and change these high acceptance levels. The second challenge is the observation that majority of people are not aware of the available drug and substance abuse treatment facilities. Kenya has a coordinating body NACADAA which coordinates all actors in the fight against drug abuse. The NACADAA responses in Kenya have increased response drug law enforcement, prevention and treatment as well information management compared to other countries.

Tanzania and Zanzibar Islands: Zanzibar's health authorities¹ have regularly reported the incidence of Drug abuse and how HIV is impacting the island. They do warn that the HIV infection rate among drug injectors and sex workers is much higher than in the general population. A 2006 study of 508 injecting drug users found that 26 percent were HIV-positive and that addicts were more likely to make their sexual debut as teens; to have multiple, concurrent sexual partners; and to engage in unprotected sex, further increasing their risk of contracting HIV. Zanzibar's AIDS burden could swell as drugs become more widely available: local police report that three percent of the adult population use illegal drugs, and the number is growing. Zanzibar lies on a drug-trafficking route between Asia, the Middle East and Europe, which has contributed to greater use of heroin in the region, according to the Zanzibar AIDS Commission.¹

In 2005, police intercepted 375 metric tonnes of cannabis, 101.5kg of heroin and 35kg of morphine, among other prohibited substances. Over the past two years, 11,500 people have been arrested on drug-related charges, according to Tanzania's anti-narcotics unit. Many injecting drug users share dirty needles or use a dangerous cash-saving technique known as "flash blood", in which a user injects heroin or another illicit substance and then draws a syringe full of blood that is passed to a second user to inject. Poverty is part of the problem in Zanzibar, where the average per capita income is US\$330. The 2006 study found that users often turned to prostitution to support a drug habit costing up to \$8 a day. Some

¹ <http://www.plusnews.org/Report.aspx?ReportId=73465>

observers also complain that tourism, one of Zanzibar's top foreign exchange earners, is contributing to an "un-Islamic" Western lifestyle. "There are aspects of life changing here, with more tourists coming and a faster pace of life than the past," said Sadaat Idi of the Zanzibar AIDS Commission.

General situation in Easter Africa

Apart from alcohol being the biggest and number one problem; cannabis is the second largest problem faced by this region Africa. Urban slum youth also widely paint thinner and other solvents including petrol for abuse. Injecting drug use has also been reported in Kenya, Zanzibar and Tanzania and is wide spreading and appears to be pushing back the gains made in fighting HIV/AIDS; efforts to deal with this are also limited again. Police chiefs regularly meet in the region to review and discuss efforts. UNODC has been very supportive off efforts to help the states improve their capacities in prevention, law enforcement and treatment to governments and NGOs. They have undertaken trainings, funded projects and regularly collected data using the annual questionnaire and this data has been very useful.

Networking among NGOS is steal weak, some work to reduce alcohol and drug abuse is supported by IOGT-NTO and Mentor Foundation International. A substantial funding has been channelled by WHO and USAID related to drug abuse and HIVAIDS Risky behaviour. Most of these activities are project based, short in time and rarely have good practices been documented

Case study: The UNODC Report/ICBN 20092 has indicated and gives more detailed picture on East Africa.

Regional cooperation In East Africa

Under the African Union's current Plan of Action on Drug Control and Crime Prevention, the African Union Commission has strengthened its cooperation in the areas of drug control and crime prevention with relevant international organizations, such as INTERPOL, the African Institute for the Prevention of Crime and the Treatment of Offenders and UNODC, and with the European Commission within the framework of the Africa-European Union Strategic Partnership.

The regional economic communities in Africa are to play a key role in the implementation of the African Union Plan of Action. In that regard, particular progress has been made by the member States of East Africa has adopted a sub-regional action plan on drug trafficking, organised crime and drug abuse. It also launched a joint programme to build national and regional law enforcement capacity including in the areas of drug interdiction, forensics, intelligence, border management, money-laundering and criminal justice.

The Nineteenth Meeting of Heads of National Drug Law Enforcement Agencies, Africa, was held in Windhoek in October 2009. The participants examine d the current situation with respect to regional and sub-regional cooperation in countering drug trafficking and formulated strategies to improve cooperation and mutual support in drug interdiction efforts. In July 2009, INTERPOL convened its twentieth African Regional Conference in Cairo. Some 160 law enforcement officials from 40 countries and 8 international organisations took

part in the Conference, which addressed, inter alia, drug trafficking, maritime piracy and counterfeit medicines.

In February 2009, a regional expert meeting, convened jointly by the Government of Kenya and UNODC in Nairobi, elaborated a programme for East Africa for the period 2010-2012, the aim of which is to promote the rule of law, health and human security in that sub region.²

In November 2008, some 150 representatives of police, customs and drug regulatory authorities of 26 East and Southern African countries took part in training workshops on intellectual property crime; the workshops were co-hosted by INTERPOL and the Kenyan police in Nairobi.

Strengthening national drug control legislations

A number of African countries have taken steps to strengthen their national drug control legislation and to improve their mechanisms for administrative monitoring and control in implementation of the international drug control treaties.

The Government of **Ethiopia** has adopted a national drug control master plan and is now in the process of establishing an inter-ministerial body to facilitate implementation of that plan.

The Government of **Kenya** has introduced a drug control component in its system for the performance appraisal of civil servants, who are now required to carry out a drug control activity as one of their duties. This measure is expected to contribute significantly to advocacy; training and drug abuse prevention in a number of African countries have established or are in the process of establishing integrated national Programmes to combat drug trafficking, drug abuse and associated transnational organised crime. The programmes, which have been developed by UNODC in partnership with national authorities, tackle a variety of issues such as capacity-building in law enforcement, drug supply and demand reduction, treatment for drug abusers, criminal justice, and regional cooperation. Cannabis herb is illicitly produced in all sub regions of Africa. Cannabis plants are also cultivated in most countries of East Africa, especially in Comoros, Ethiopia, Kenya, Madagascar and Uganda.

Large consignments of the drugs have been seized in several countries in East Africa. The number of drug seizures and related arrests at the international airports of Nairobi and Addis Ababa continued to rise in 2008. The United Republic of Tanzania continues to report the largest seizures of cannabis herb in East Africa.

The sub region of East Africa continues to be used as a transit area for cocaine consignments destined for illicit markets in Europe. Heroin continues to enter Africa mainly through the countries in East Africa. Countries in that sub-region have been identified as both countries of destination of heroin consignments and transit countries; moreover, trafficking in and abuse of heroin have recently increased. Most of the heroin seized had been transported by passengers on commercial flights arriving at or departing from the international airports of Addis Ababa and Nairobi; both airports provide flight connections between West Africa and heroin-manufacturing countries in South-West and South-East Asia. From West Africa, heroin is frequently smuggled into Europe and North America in

² http://www.incb.org/pdf/annual-report/2009/en/AR_09_E_Chapter_III_Africa.pdf

operations often organised by West African criminal organisations. Heroin smuggled by sea enters East Africa through the ports of Djibouti, Eritrea, Kenya and the United Republic of Tanzania. In addition, postal and courier services are increasingly being used to smuggle heroin.

Heroin traffickers in Africa also use land routes, taking advantage of the porous borders and weak border control of many countries in the region. There is evidence of an increase in the smuggling of heroin to the islands of the Indian Ocean, particularly Mauritius. Opiates from India and Pakistan are smuggled into Mozambique and then South Africa and from South Africa into Europe, as well as into East African countries, notably Mauritius and Seychelles. Mauritius now has one of the highest levels of opiate abuse in Africa, a spill over effect of the heroin trafficking in the country.

Substances not under international control: Khat, which is not currently under international control, continues to be cultivated in some countries of East Africa and in parts of the Arabian Peninsula and is commonly chewed as a stimulant in those areas. Although khat consumption is associated with health risks and may have detrimental social consequences, the prohibition of khat in the region is limited to some countries in East Africa, such as Eritrea, Madagascar, Rwanda and the United Republic of Tanzania. As a result of an increase in the smuggling of khat into countries in Europe and the Americas, khat has also been prohibited in a number of countries in Europe and in Canada and the United States.

Abuse and treatment: Most African States continue to lack proper systems for monitoring drug abuse and are therefore unable to gather sufficient data on the extent and patterns of drug abuse or to carry out accurate assessments of prevalence rates. The only systematic monitoring of drug abuse in the region is taking place in South Africa, through the South African Community Epidemiology Network on Drug Use (SACENDU), a drug abuse monitoring system based on demand for treatment. Consequently, neither the success of prevention campaigns nor the need for the treatment and rehabilitation of drug abusers can be properly assessed. Most national estimates of the prevalence of drug abuse are based only on rapid assessments of drug abuse among specific groups within the drug-abusing population and a limited number of school surveys. The cross-country comparability of national drug abuse estimates is therefore severely limited in Africa.

Furthermore, in most countries in Africa, national health-care systems are not able to meet needs of the population with regard to the treatment and rehabilitation of drug-dependent persons. National medical facilities for such treatment and rehabilitation are often seriously inadequate or simply non-existent. Frequently, only small numbers of drug-dependent persons can be accommodated in the psychiatric wards of general hospitals. Treatment and rehabilitation of drug-dependent persons in Africa often depend on assistance provided by relevant international organisations, such as WHO and UNODC, and nongovernmental organisations.

Governments need to provide adequate support to existing treatment services and medical structures in order to ensure proper treatment for drug-dependent persons, to provide the support necessary to establish and maintain suitable rehabilitation facilities for such persons and to evaluate the quality of the treatment.

Cannabis is generally regarded as the most problematic illicit drug in Africa, where an estimated 8 per cent of the population use cannabis and where that drug accounts for an estimated 64 per cent of the demand for treatment of drug abuse. Available information suggests that cannabis abuse is continuing to increase in Africa, albeit at a slower pace than previously. The widespread abuse of cannabis by children is of particular concern; in some countries, even children 7-10 years old are reported to have abused cannabis.

Heroin abuse also appears to be increasing in Africa. Heroin is the drug most commonly abused by problem drug abusers in countries such as Kenya, Mauritius, Nigeria, the United Republic of Tanzania and Zambia. Rwanda and Seychelles have also reported an increase in the abuse of heroin.

The international network of drug dependence treatment and rehabilitation resource centres (Treatnet) was recently launched jointly by UNODC and WHO to improve the quality of treatment for drug-dependent persons through cooperation, information exchange and the empowerment of selected resource centres in all regions of the world.

In Africa, Cape Verde, Côte d'Ivoire, Kenya, Mozambique, Nigeria, Sierra Leone, the United Republic of Tanzania and Zambia are currently participating in Treatnet. In East Africa, an opiate substitution programme is being implemented in Mauritius, while treatment for drug abusers is being provided in Kenya, Seychelles and Uganda.

Recommendations

- a) Uganda Harm Reduction Network could help Eastern Africa to develop to deal with the lack of proper systems for monitoring drug abuse and be able to gather sufficient data on the extent and patterns of drug abuse or to carry out accurate assessments of prevalence rates.
- b) There is a demonstrated need among law enforcement authorities for exchanges of experts, awareness-raising with regard to precursor control and training initiatives, including training in forensic skills. There is also a need to improve the reporting of precursor-related data and to enhance cooperation in the area of investigations.
- c) To appeal to other countries to a number of African countries to take steps to strengthen their national drug control legislation and to improve their mechanisms for administrative monitoring and control in implementation of the international drug control treaties.
- d) Support NGO efforts to increase prevention in those countries, since governments appear to be concentrating on drug law enforcement and treatment.
- e) Programmers targeting young people are limited due to limited capacity of NGOs and Government, there is critical shortage of educational materials, counselling, training staff and rehabilitation. Virtually training of staff in the region is so limited and capacity is lacking yet numbers of those abusing drugs is increasing.