

DRUGS IN AFRICA

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Drugs in Africa: the Context

- Poverty: More than 3/4 of the population live on less than \$2; GDP per capita is less than \$500 in many countries.
- Low level of development: Of the 24 countries with low human development, 22 are in Africa.
- Youthful population: 43% of the population is under 15 years of age.
- Violence and conflicts
- Corruption and weak governments
- Diversity: Religious and cultural
- Rising urbanization and mobility of persons
- Increasing personal incomes in some countries

Transnational Trafficking Flows Affecting

- Workers from West Africa to Europe
- Oil from Nigeria to the world
- Trafficking for sexual exploitation from West Africa to Europe
- Small arms to West Africa
- Toxic waste from Europe to Nigeria and Ghana
- Cigarettes from the world to Africa
- Counterfeit medicine from Asia to West Africa
- Cocaine from South America to Europe

Thinking (worrying?) about drugs in Africa: A brief history

- Alcohol in the 19th Century
- Cannabis in the late 50s and 60s
- Psycho-stimulants in the 60s
- Smoking in the 70s and 80s
- Cocaine and heroin in the 80s
- Large scale transnational cocaine trafficking in the 2000s

Current Situation: West Africa in the News

“In 2007, 83% of total seizures of cocaine in Africa were reported in West and Central Africa, 12% in Southern Africa, 5% in Northern Africa and 0.3% in Eastern Africa. The largest seizures in 2007 were reported by Senegal (2.5 mt). The cocaine found in Africa originated mainly in Colombia and Peru and frequently transited through Brazil. There is, however, significant trafficking of cocaine across the continent. The main African transit countries in 2007 (in terms of cocaine seized in other African countries) were Cape Verde, Guinea, Mali, Guinea-Bissau, Ghana, Benin, Togo, Gambia and Nigeria, all in West Africa” (p. 74).

The share of African traffickers to Europe has, however, declined since 2008.

Source: UNODC, World Drug Report 2009

Annual cocaine seizures in West Africa, 2000-2007

Year	Kgs seized
2000	97
2001	268
2002	95
2003	266
2004	1,788
2005	1,323
2006*	3,161
2007**	6,458

*Preliminary data **January - November.

Source: *Transnational trafficking and the rule of law in West Africa: a threat assessment*. UNODC, 2009

Drug seizures in Nigeria (kg), 2001-2008

Year	Cocaine	Heroin	Arrestees (for all drugs)
2001	195.82	46.63	2829
2002	35.35	55.62	2657
2003	134.74	87.58	2490
2004	124.47	90.94	3700
2005	395.91	70.42	3473
2006	14,435.88	33.09	6323
2007	393.68	120.64	6308
2008	365.49	11.61	7899

Source: NDLEA 2008 Annual Report, National Drug Law Enforcement Agency, Lagos. Most arrests (67%) are for cannabis, followed by cocaine (18%), other drugs (10%), and heroin (5%).

Top 5 destinations of couriers arrested in 2008 at the Lagos (MMIA) airport

Country	Number	%
Italy	33	21
Spain	28	18
UK	26	17
Netherlands	14	9
Germany	13	8

CONSUMPTION

Annual prevalence of Illicit drug use in Africa (% of 15-64 year-olds)

Drug category	2002	2003	2004	2005	2006	World (2006)
Opiates	0.19	0.20	0.17	0.2	0.2	0.4
Cocaine	0.2	0.20	0.21	0.2	0.2	0.3
Cannabis	8.1	8.6	8.6	8.0	8.1	3.9

Cannabis use in Africa

Region	Number of users (lower limit)	% of 15-64 year-olds (lower limits)
North Africa	3,670,000	3.0
West and Central	16,110,000	9.3
Eastern	4,490,000	3.4
Southern	4,570,000	4.3
Africa	28,850,000	5.4
Global	142,580,000	3.3

Reported use of cocaine and heroin in African regions (% of population aged 15-64, lower limit)

Region	Cocaine	Opiates (Heroin)
West and Central Africa	0.4	0.3
North Africa	0	0.3
Eastern Africa	-	0.1
Southern Africa	0.3	0.2
Africa	0.2	0.2
World	0.4	0.3

Use of illicit drugs in selected countries

Country	Opiates	Cocaine	Cannabis	Ampheta mines
Ghana	0.3	1.1	21.5	1.0
Kenya	-	0.1	-	0.6
Mauritius	2.0	-	-	-
Nigeria	0.6	0.5	13.8	1.1
Sierra Leone	-	-	16.1	-
South Africa	0.3	0.8	8.4	0.4

Other drugs of abuse

- Club drugs: Ecstasy use reported in South Africa, Zambia, Namibia, Zimbabwe and Ghana
- Khat: Ethiopia, Somalia, Kenya
- Inhalants: Cameroon, Kenya, Nigeria
- Methaqualone (Mandrax, Quaaludes): Namibia, South Africa
- Pentazocine: Nigeria

Injecting drug use

- IDU has been reported in several countries, including Kenya, Nigeria, Tanzania and South Africa.
- Special issue of the African Journal of Drug and Alcohol Studies devoted to drugs and HIV
- Surveys have been funded by UNODC in Nigeria in 2000 (1 city), 2003 (3 cities), 2006 (5 cities).
 - 23% of 546 drug users in five cities had injected at least once, significant increase over previous years.
 - Drugs injected were heroin, Pentazocine, cocaine.
 - Profile of injector: male (90%), mean age of 31 years, single (60%), self-employed, less than secondary school education (54%), 30% had been in jail.
 - Few cases of HIV infection among injectors

Primary Drugs of Abuse Among People in Treatment for Drug Problems in Different Regions of the World, 2002

Region	Cannabis	Opiates	Cocaine	ATS
Africa	65.5	12.0	8.6	6.5
Americas	26.9	1.8	56.7	4.1
Asia	8.6	66.5	0.1	16.5
Europe	15.4	61.4	4.3	9.8
Oceania	19.0	47.1	0.7	11.3

Source: UNODC (2004)

Primary drugs of abuse in treatment population

- In most countries cannabis mentioned in 50-100% of new admissions
- Khat - 75% in Ethiopia
- Methaqualone - 43% in Namibia and 24% in South Africa
- Cocaine - 72% in Sao Tome & Principe
- Opiates (mostly heroin) - Mauritius
- Inhalants - 35% in Cameroon; 21% in Kenya

Source: UNODC, WDR, 2004

ALCOHOL

The Other Drug

Consumption

- High level of abstention in the region
- About 50% of what is consumed is informally produced/non-commercial alcohol
- Adult per capita consumption is 6.2 litres, similar to global average
- But higher volume per drinker, by both male and female drinkers
- Highly detrimental pattern of consumption; with average drinking pattern of 3 (out of 4), more than global average of 2.6

Problems

- More than 270,000 alcohol attributable net deaths in 46 countries in 2004, or 2.3% of all deaths
- 2% of DALYs attributable to alcohol
- Most deaths and disability due to unintentional injuries
- Strong association with violence, road traffic accidents, child and spousal abuse, rape and homicides in South Africa and other countries
- In South Africa, 6.3% of burden of disease attributable to alcohol
- Emerging association with HIV and infectious disease

RESPONDING TO THE PROBLEM

The health and social problems associated with alcohol and other drugs in Africa can be prevented or reduced.

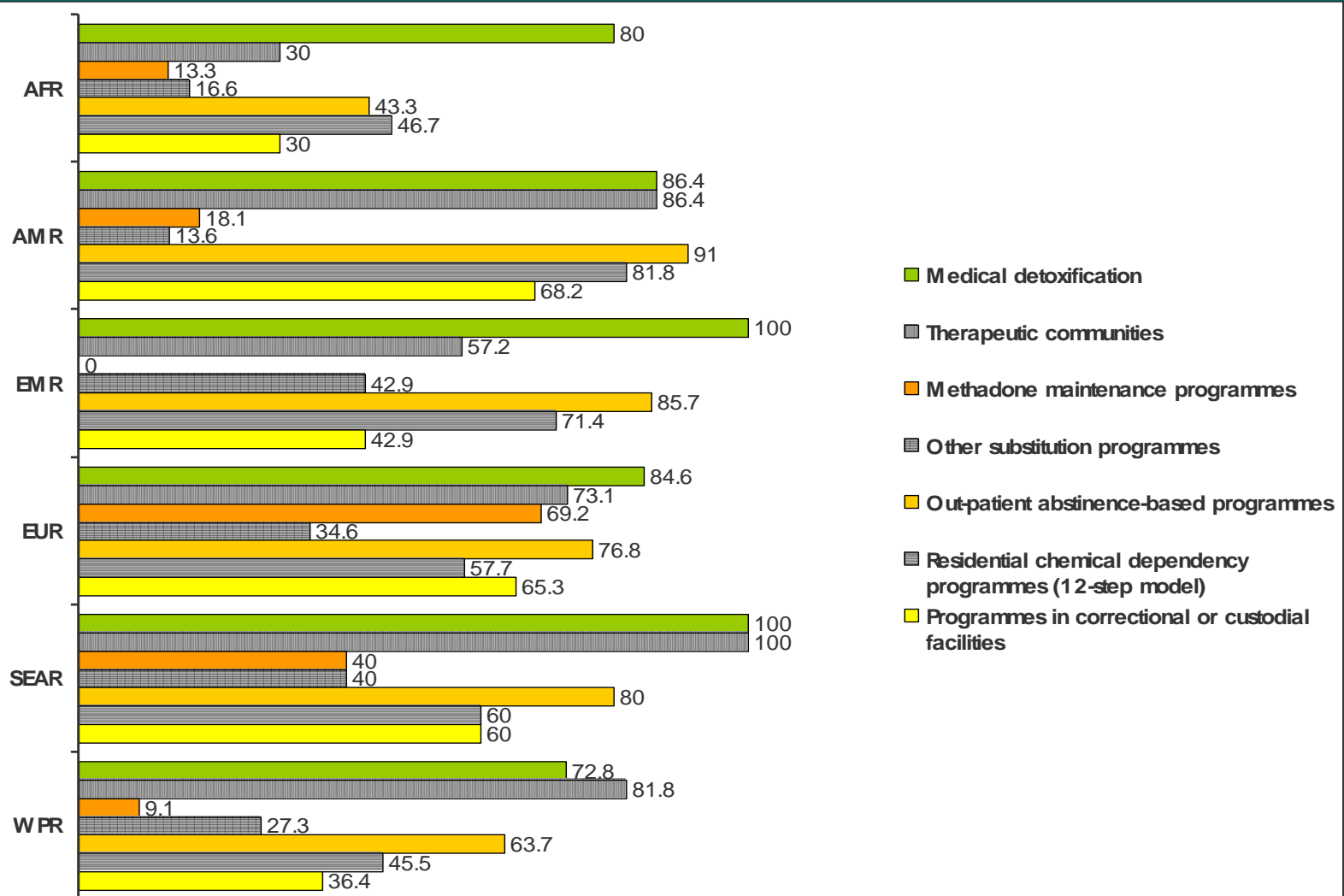
Existence of substance abuse policy

(Written document containing goals of prevention and treatment activities related to use, abuse [of] and dependence [on] alcohol, prescription and non-prescription (including illicit) drugs)

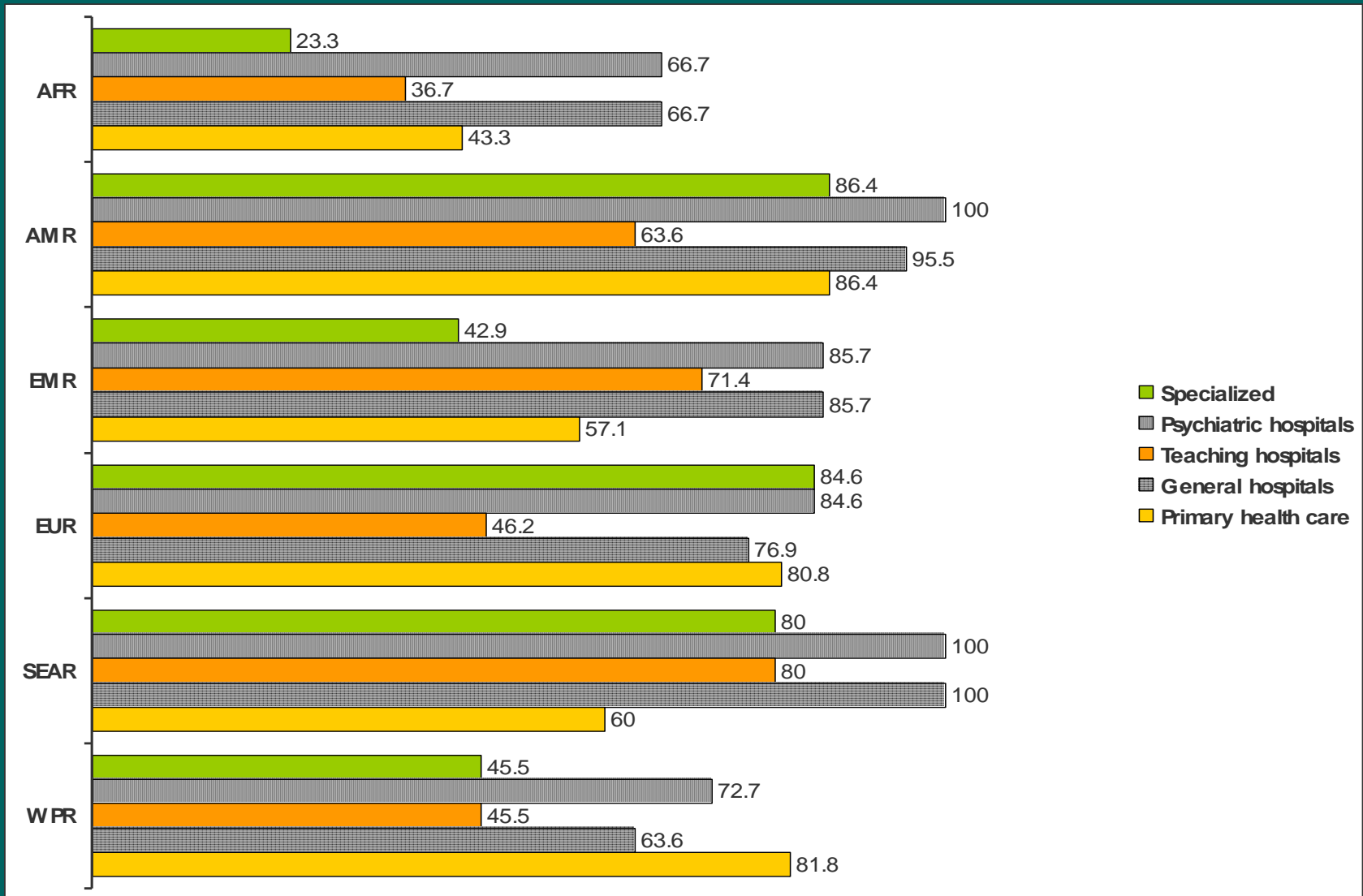
Region	2001	2005
Africa	52.2	50
Americas	71	72.7
Eastern Mediterranean	81	77.3
Europe	85.7	86.3
Southeast Asia	80	72.7
Western Pacific	53.8	53.8
World	69.4	68.8

Source: WHO mental health Atlas project

Availability of interventions for substance use disorders in different regions



Health care settings providing treatment for drug use disorders



Mental health professionals available in different regions (per 100,000 population, 2005)

Region	Psychiatrists	Psychiatric nurses	Psychologists in MH	Social workers
Africa	0.04	0.20	0.05	0.05
Americas	2.00	2.60	2.80	1.00
EM	0.95	1.25	0.60	0.40
Europe	9.80	24.8	3.10	1.50
SEA	0.20	0.10	0.03	0.04
West P	0.32	0.50	0.03	0.05
WORLD	1.20	2.00	0.60	0.40

Treatment availability: the challenges

- Lack of qualified professionals
- Non availability of treatment facilities
- Poor quality of available treatment services
- Stigma among professionals (at primary care level)
- Negative attitudes to people with SUD/
discrimination
- Denial that problem exists

Other challenges

- Cultural and moral attitudes which affect social acceptability
- Delayed onset of treatment due to poor accessibility
- Little investment in treatment
- Treatment in criminal justice systems and psychiatric hospitals
- Lack of data on treatment and rehabilitation

Parties to UN Drugs and Crime Conventions

Country	1961	1971	1988	Corruption	Organized crime
Benin	X	X	X	X	X
Burkina Faso	X	X	X	X	X
Cape Verde	X	X	X	X	X
Cote d'Ivoire	X	X	X		
Gambia	X	X	X		X
Ghana	X	X	X	X	
Guinea	X	X	X		X
Guinea-Bissau	X	X	X	X	X
Liberia	X		X	X	X
Mali	X	X	X	X	X
Mauritania	X	X	X	X	X
Niger	X	X	X	X	X
Nigeria	X	X	X	X	X
Senegal	X	X	X	X	X
Sierra Leone	X	X	X	X	
Togo	X	X	X	X	X

ECOWA REGIONAL ACTION PLAN TO ADDRESS THE GROWING PROBLEM OF ILLICIT DRUG TRAFFICKING, ORGANISED CRIMES AND DRUG ABUSE IN WEST AFRICA 2008-2011

This Regional Action Plan is derived from the ECOWAS Political declaration on Drug Trafficking and Other Organised Crimes in West Africa and African Union Action Plan is articulated around five thematic areas:

- Mobilisation of ECOWAS political leadership and need for allocation of adequate national budget by ECOWAS member states for preventing and combating illicit drug trafficking, related organised crime and drug abuse;
- Effective law enforcement and national/ regional cooperation against the high level increase in illicit drug trafficking and organised crime;
- Appropriate and adequate legal framework for effective criminal justice administration;
- Facing and dealing with the emerging threats of increased drug abuse and associated health and security problems;
- Valid and reliable data to assess the magnitude of the drug trafficking and abuse problems affecting the region on a sustainable basis.

Strategies for Dealing With the Emerging Threats of Increased Drug Abuse and Associated Health and Security Problems (1)

1. Multi-media campaign to inform and educate: and renewed publicity on the drug threat in the media
2. Integration of drug abuse counselling in health care services
3. Mobilize and involve the civil society to raise awareness and educate the general public on the dangers of drug trafficking and abuse and contribute to data collection to monitor trends.
4. Establish national review mechanisms to identify and harmonise areas where common action is required in the HIV / AIDS and drug abuse paradigms.
5. Establish integrated health services to address Mental Health and HIV/AIDS and drug abuse.
6. Train prison staff to manage HIV/AIDS and drug abuse in the prisons
7. Member States to establish multiple screening and prevention centres, especially in areas that have concentration of vulnerable groups that are hard to reach.

Strategies for Dealing With the Emerging Threats of Increased Drug Abuse and Associated Health and Security Problems (2)

8. Establish programmes to increase access to treatment services for prisoners by integrating drug abuse and HIV/AIDS monitoring programmes into prison healthcare services.
9. Systematic and progressive integration of drug abuse prevention and early detection and counselling services into the primary healthcare, workplace and educational institutions.
10. Make available and equip social rehabilitation centres for the rehabilitation of drug users outside of formal treatment institutions and psychiatric settings.
11. Make available wide range of treatment options and methods to address the different treatment / rehabilitation needs of people with addiction problems.
12. Provide relevant vocational training to drug users undergoing rehabilitation
13. Develop and implement evidence-based policies targeting special drug-related behaviours, e.g., driving under the influence of drugs
14. Involve NGOs, CBOs and the media in addressing the public welfare and safety consequences of drug abuse

UNODC TreatNet Project

- International network of drug dependence treatment and rehabilitation resource centres
- Initiated in 2005 to deliver and disseminate a variety of effective drug dependence treatment and rehabilitation
- 4 priority areas - community based treatment, treatment and rehabilitation in prisons, role of drug treatment in HIV/AIDS prevention and care, reintegration and rehabilitation
- Network of resource centres, trainers, multipliers
- Many partners -- ILO, RWJF, EMCDDA, UNIADS, NIDA, CICAD
- Seven sub-Saharan African countries participating

TreatNet II Lines of Action (2009-2011)

- Systematic advocacy to promote a sound understanding of drug dependence and its treatment and to counteract stigma and discrimination;
- Capacity building for trainers and service providers; and
- Support to the development and strengthening of drug dependence treatment services.

Assessment of Treatment and Rehabilitation Centres in Nigeria

- Survey of 24 facilities including church based and traditional healing centres
- Most were government owned psychiatric hospitals, followed by traditional healing centres, and church based facilities (Islam and Christian). Few were run by NGOs; none was private-for-profit
- Religion based facilities had highest level of patronage
- Clients were young (15-40 years); male (4:1 M:F ratio); from all socio-economic backgrounds; but mostly dropouts; and usually referred by relatives
- Drugs used: cannabis, alcohol, heroin, cocaine
- Physical complications: tuberculosis, liver problems, infections, weight loss

The future ...if effective policies are not implemented

- Illicit processing laboratories in the region
- Cultivation of opium at high altitudes
- More crime and violence
- Increased use and problems

Critical Issues in Dealing with the Problems of Drug Use and Dependence in Africa

- **Policy:** Develop and implement broad-based drug policies
- **Services:** Invest in effective prevention and treatment services for problem users, focusing on early identification and brief intervention
- **Health vs crime:** Recognize that addiction is a public health problem
- **Stigma:** Separate drug dependence treatment from psychiatric care, except in cases of dual diagnosis
- **Players:** Encourage greater civil society involvement in the provision of services
- **Data:** Develop monitoring and surveillance systems

Thank you

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www.crisanet.org