



# The long road to recovery...

Photo/JS Nature Photos

## *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.

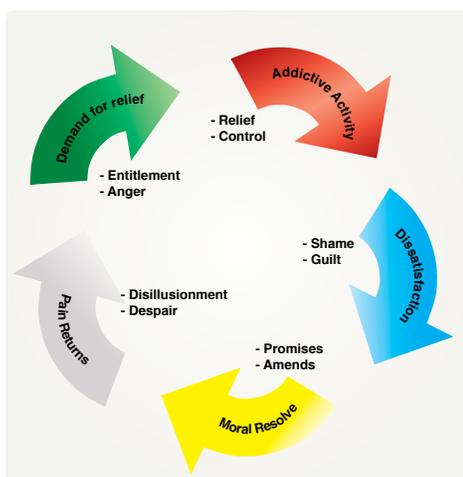
For these reasons putting addiction treatment in health and social policy agenda would immensely contribute to enhancement of care service delivery in the field of addiction treatment.

**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.

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**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

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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 extortions, 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

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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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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 train-

**The focus should be on the following aspects:**

- ▶ Making all health services more effective, accessible and affordable.
- ▶ Restructuring the health sector to respond to reforms that would lead to improved capacity to address emerging health needs and challenges such addiction, mental health and HIV/Aids-addiction related problems
- ▶ Raising a population tuned to health seeking behaviour
- ▶ Establishing frameworks for policy dialogue with relevant authorities and actors to enhance collaboration between service providers

ing 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 an aim of addressing health problems.



*Patients at a national drug rehabilitation centre in Cape Verde are engaged in a variety of projects including arts and craft to raise money for the centre*

**Intervention level (primary and tertiary)**

In order to address the issue of access barriers, a major component especially for the residential therapeutic approach is the establishment of suitable and appropriate facilities.

While most interventions in Africa are carried out in makeshift or modified buildings, the overall infrastructure is not often therapeutic in design. Moreover space for individual recovery within a collective (group) requires attention during facility design.

This also relates to gender dimension of addiction in which attention is paid to the needs of each gender category. Recovery in a mixed context and separate units has both advantages and disadvantages but in the African context where male-female relations exhibits imbalanced power relations requires models that will allow each category to recover in a safe environment.

As noted in most developed countries with decades of experience with addiction treatment, facility is always the most expensive component of the intervention. Cost of putting up units or recovery houses and communities is way beyond small NGOs or community initiatives hence the role of government is very critical for addressing this area, which is also a major barrier to access.

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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 develop-

ment 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.*

**T**raffickers 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](http://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.*