

Original article

Knowledge of "drug" use and associated factors as perceived by health professionals, farmers, the youth and law enforcement agencies in Ethiopia

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Abstract: Illicit "drug" use prevents individuals from realizing their full potential and, hence, has become an obstacle to social development. Adequate data about the use of drugs and the factors related with drug use are not available in Ethiopia. Therefore, a quantitative and qualitative study was conducted in different sectors of the Ethiopian population in January 1998. Accordingly, the study indicated that all the respondents have some knowledge about "drugs" that create dependency. Khat, alcohol and cigarette were the most commonly reported drugs that were abused in the country. "Hard drugs" such as cocaine and heroin were not known by most of the respondents except by those health workers working in the Addis Ababa psychiatric hospital and key informants in the MOH. The use of cannabis was shown to be on the increase. In this study though cultural factors account for the use of "drugs" in khat producing areas, other factors such as unemployment, peer pressure, lack of awareness of the danger of drugs, and lack of recreational facilities were the main reasons cited for the use of "drug". [*Ethiop. J. Health Dev.* 1999;13(2):141-149]

Introduction

All over the world individuals and societies are facing illicit drug problems. Illicit "drug" use prevents individuals from realizing their full potential and, hence, it has become an obstacle to social development (1). The human problems caused by drug dependence are the damages to traditional values, to life styles, and to the national economy. In short, "drug" use has posed a serious threat to the user, the family, the community, and society as whole.

The definition of the word "drug" proposed by the World Health Organization (WHO) (2) and used in this paper, refers to all psychoactive substances, i.e., any substance that, when taken by a living organism may modify its perception, mood, cognition behaviour or motor function". This distinction

includes alcohol, tobacco and solvents and excludes medicinal non-psychoactive substances. Illicit drugs are drugs which are under the international control and produced, trafficked, and consumed illicitly. Drugs such as cocaine, heroin, amphetamine, Khat, barbiturates, sedatives, and LSD are some of the illicit "drugs" like alcohol, and tobacco are licit drugs (1).

The use of drugs has been absorbed into many cultures through ceremonial, traditional or functional usage. Far from being the cause for "deviant" behaviour, some "drug" use has been integrally bound to the spiritual and social life of the inhabitants. For instance, khat use is socially accepted in some parts of Ethiopia like Harrar where khat chewing is considered a normal day-to-day activity by all levels of social and economic categories.

Some related studies about various aspects of khat in Ethiopia (3,4,5,6) have indicated that the prevalence of khat chewing, particularly among the young generation was quite high. There were rough estimates of 85% and 75% life time prevalence and current use rates respectively (5). The social acceptance of its practice was suggested by the values observed in the dedication of one's resources to the special ceremonies, and the tradition of inviting guests to these ceremonies. It is also a normal practice for students to openly request their parents to provide them with daily allowances to purchase Khat.

Nevertheless, "hard drugs" such as cocaine, heroin, LSD, and the like (e.g. morphine) may not be a problem of magnitude at present when compared to the Western Countries. Khat is very popular and is not an illicit drug in Ethiopia though regions like Tigray have started to make khat growing illegal. Khat, according to WHO classification, comes under "hard drugs" and occupies 6th place because of its active ingredient, cathinone (7).

Most of the early researches have shown that "drug" use is common among the youth particularly among students (8,9,10). According to the researchers, when a substantial percentage of any generation engages in "drug" use, that generation will become a crippling social burden.

Any attempt to answer the question why people take "drugs" has been a difficult undertaking as the use of some "drugs" has been there since antiquity within well defined and socially integrated practices of medicine, religion, and ceremonies. But, it is assumed that "drug" use was started for recreational purpose and may also begin legally with a medical prescription for a precise condition and then be continued illegally. Some drugs, eg. stimulants, were easily available in South-East Asia to students who wish to stay awake for long hours of study; and some stimulants have been widely abused by long-distance truck drivers (11). The National Institute on Alcohol and Drugs or NIAD (12) noted that cocaine users were most frequently motivated to initiate use through curiosity and through a desire to experience anticipated effects such as euphoria, stimulation and enhanced sexual motivation. An Indian Government study carried out in 33 cities in 1989 indicated that the most common contributing factors for illicit "drug" use were peer group pressures and curiosity followed by unemployment, stresses, and strains of modern life (13,14). A study among tertiary level students (15) in Ethiopia with regard to the reasons for khat chewing has revealed that concentration and facilitation of rote memory were the main reasons while relaxation has been cited by a very low proportion of respondents.

In the past two decades, "drug" use has been widely spread at an unprecedented rate and has reached every part of the globe (16). It has affected all ages, classes, and religious groups. Gebre-Selassie and Gebre (17) studied drug and substance abuse in selected urban areas in Ethiopia and showed that 82% of street children, commercial sex workers and street vendors have used addictive "drugs" or substances. They also reported that khat, alcohol, hashish, tobacco and solvents were the most abused substances as stated by the law enforcement officers they interviewed. Heroin, cocaine and other narcotic drugs were not considered to be important.

The issue of drug use has not been given due attention by the public in general and the government in particular and, hence, planned prevention strategies at present are not available. Therefore, it is strongly justifiable to do a research on views of the public in Ethiopia on the extent of drug use, the victims and their perception on factors associated with drug use in order to devise mechanisms to reduce "drug" demand and supply using proper community participation.

Methods

Study Area: The study was conducted in two areas in Ethiopia, namely, Addis Ababa, the capital city of Ethiopia, and Butajira, a rural town located south of Addis Ababa. The Butajira study site, which is 130 kms south from Addis, was selected because of the presence of a continuous demographic surveillance data in the area since 1987 that could provide relevant information on socio demographic and economic variables. Moreover, it is a place where the major "drug crop", khat is produced. Addis Ababa, being an international city, might be an important site as a transit route for international "drug transport".

Study Design: The study has two components

1. the quantitative sub-study:

2. the qualitative sub-study:

The quantitative study: was primarily a cross sectional survey that was conducted in Addis Ababa and Butajira. Thus, the study was conducted on health workers, farmers, and police officers.

The qualitative sub-study: involved focus group discussion regarding Illicit "drug" use, and aimed at identifying common drugs used, predisposing factors, control system, and the effect of drugs among the youth in Addis Ababa. Besides, an in-depth interview with officials in the Ministry of Health, and document review from ECNU (Ethiopian Counter Narcotic Unit) were carried out. To examine the history of illicit drug control in Ethiopia, strategies used and problems faced at the national level, the available documents from law enforcement agencies, and literatures on the subject were reviewed and analyzed.

Data collection and management: Document review, in-depth interview, focus group discussion, and survey were the data collection techniques utilized to gather information concerning the view of different sectors of the people in Ethiopia in two towns. Responsible individuals and institutions were contacted to get permission to conduct the study. Meetings were held to familiarize them with the purpose of the study and, through this, to get their assistance. The UNDP, the research team, and the research assistants were involved to facilitate the permission to do the research. Interview guide was prepared prior to the collection of qualitative data. Structured and semi-structured questionnaire were designed for the surveys. Pretesting of the data collection technique was made to evaluate the data collection tools to be used in the study, and modifications were made accordingly. The purpose of the study was explained and informed consent was obtained from the study participants. The information provided by informants and their identities kept confidential by the research team.

Data analysis and summarization: Data analysis was carried out using EPI-INFO statistical software. Tables and graphs were used for demonstration of data.

Results

The results are organized in two major parts. The first part consists of results of the survey and the second part includes the result of focus group discussions and in-depth interviews.

Survey results for farmers and health workers: A total of 122 farmers, 78(64%) males and 44(36%) females, were interviewed. Their age ranges between 18 and 65 the mean age being 33 years. The majority were Muslims (82%) and belong to the Gurage ethnic group. More than half of the farmers were illiterate and 98(80.3%) were married. Almost all, 119(97.5%) of the farmers identified khat as the main drug causing dependency problems in their locality, followed by cigarettes (12.3%), alcohol (5.7%), and hashish (8.2%). Surprisingly, 56.6% stated that dependence on drug creates no problem in the family or community.

Of the 14 health professionals included in the study, 78.6% were males. Their age ranges between 25 and 37. Orthodox Christians comprised 78.6% of the total, and Muslims 21.4%. Health were 35.7% assistants, followed by Nurses 28.6%, Doctors 21.4%, Pharmacist 7.1% and Sanitarian (10.1%). Khat was identified by most 92.9% as a "drug" causing dependency among users, cigarettes by 35.7%, alcohol by 14.3% and cannabis by 14.3%. The government's policy on drug control was unanimously assessed as weak. Lack of trained human resources, absence of a strong government infra structure for the control of drugs, poor community sensitization, lack of knowledge, and absence of a strong legal measure on users, were mentioned as factors weakening the control of drugs.

Survey results for health workers in the psychiatric hospital: Of the 47 health workers from the psychiatric hospital

study, 78.7% were males. More than half (57.4%) belonged to the age group of 30 to 39 years most (38.3%) of the health workers interviewed were psychiatric nurses, followed by health assistants (29.8%).

Unlike the experience of health workers from a rural health centre, a significant number of health workers from a psychiatric hospital in Addis Ababa acknowledged the problem of hard drugs, such as hashish (61.7%), cocaine (10.6%), and Opium (6.4%).

More than three-fourths (80.9%) of the respondents felt that unemployed people are the commonest drug users. Twenty three (48.9%) respondents identified street children as members of the population frequently using drugs, while 15 (31.9%) identified students and 11(23.4%) mentioned prostitutes. Social problems were mentioned as primary reasons for the use of drugs, by 41(87.2%) of the health workers. Other causes included cultural influences by (44.7%), peers/relatives pressure (51.1%), and religious influences (19.1%). Khat was identified by most (78.7%) respondents as a drug causing dependency among users, hashish by 57.4%, alcohol by 44.7%, cigarette by 23.4%, and cocaine by 4.3%. The government's policy on drug control was assessed as weak by 95.7% of the health workers.

The health workers reported that absence of strict laws and policy by the government, lack of trained personnel in the law enforcement offices, inadequate penalty, and low community participation were the factors that weaken the control of drug use in the country.

Results of the qualitative study: The results of qualitative study are organized in three parts: document review, focus group discussion and in-depth interviews

Document review: Reviews of police documents revealed that cannabis production is rapidly expanding throughout the nation, predominantly in the northern part of the country,

Analysis of drug users and traffickers taken from police records (1993-1997): A total of 553 drug users and traffickers of Ethiopian nationality were arrested during 1993 to 1997; 89.5% were males and their age ranged from 12 to 75 years. The median age was 22 years. More than 60% were in the 18-30 years age group while 12.4% were under the age of 18 years.

In more than half (52%) of the prisoners job status was not documented in the police records. However, among those whose jobs were specified (226), nearly 50% (109) were jobless and 26.6% were students. On the other hand, only 3.5% were government employees. (Figure 1). Cannabis was the most commonly used drug by both traffickers and users.

The majority (72.2%) of drug users and traffickers were of Ethiopian nationality, arrested by the police in Addis Ababa, while the rest were arrested from the different regions of the country. The distribution of drug traffickers and users by region is shown in Figure 2.

Focus group discussion with youths organized by save your Generation Ethiopia: Save your generation Ethiopia was established in 1992 with the objective of promoting reproductive health and with especial emphasis to STD/HIV prevention through education and training of peer group educators. In the last two years, the organization has incorporated the provision of information about illicit drugs in to their training model. Police records, 1993-1997 (N=553)

Figure 1: **Occupation status of prisoners**

Figure 2: **Regional distribution of drug**

A. *Knowledge on Illicit drugs*

The participants have some knowledge about illicit drugs: what illicit drugs are, the effect of these drugs on the users, the family, and the community at large. Some of the participants tried to classify them as narcotics and psychotropics. They said "narcotics are drugs used for stimulation purpose and are very serious, while psychotropics are drugs prepared in the laboratory for medical purposes and are not as serious as narcotics". Almost all mentioned that cannabis, cocaine, marijuana, khat, cigarette, and alcohol are classified as harmful drugs. In addition, three of the participants added benzene, and coca- leaves to the above list (Figure 2).

B. *Predisposing factors to illicit drug use:*

The main predisposing factors for the use of illicit drug, as mentioned by most of the participants, are unemployment and lack of social support from families. Some were of the opinion that lack of knowledge, peer pressure, lack of recreational facilities, the easily availability of drugs, and the weak drug control system that currently prevails in the country are the main factors that predispose individuals to use illicit drugs. In addition, the non-existence of teaching about the harmful effect of illicit drugs in the school curricula, the looseness of penalty for illicit drug use, lack of trained law enforcement personal, and the high number of illegal video-show rooms in the city were also mentioned by some as contributing factors.

C. Users of illicit drugs

All mentioned that the most frequent users of illicit drugs are jobless youths and street children. Drivers, commercial sex workers, artists, priests and sports-men were reported to be occasional users. Two of the participants said that some priests use cannabis (hashish) in the churches during praying to keep them awake, while the idea was opposed by the others. It was also reported that cannabis is used by traditional healers for the treatment of wounds, but they were not sure that the substances used were similar to the hashish smoked by others.

They reported that cannabis is the most widely used drug by traffickers within the country while, cocaine and heroin (brown sugar) are drugs handled by foreign traffickers from countries like Saudi Arabia, Nigeria, and European countries.

Cannabis is produced in our country as reported by most of the participants. Shashemene is mentioned as the main place for the production of cannabis and to some extent it is also produced in other parts of the country like Debre-birhan. They also knew that drugs like cocaine are distributed by local "pushers" once the drug has entered the country from abroad by foreigners.

Most believe that the majority of hard drug (cocaine and heroine) users are the rich and foreigners while the poor do not have access to such drugs because of financial constraints.

F. Control system

Most of the participants said that the control system for illicit drugs is weak and the main reason given by them is that the policemen who are involved in the control of illicit drugs are not well trained and they can not identify the different types of illicit drugs. Some of the participants also mentioned that community participation is very minimal in the control of these drugs. Most agreed that the penalty in the courts is not commensurate with the problem of drug use and no education is given in the prison or elsewhere concerning the harmful effect of drugs. Some also noted that there is no effective and integrated control system and hence drug dealers have wide opportunities to distribute the drugs.

Result of interview with MOH official

An in-depth interview was made with official of the MOH (Ministry of Health). He noted that the historical development of khat and its use was limited to eastern parts of Ethiopia mainly Harrar, where khat is said to originated and used to be known as "Abyssinian tea". Currently, khat is cultivated for commercial purposes in all corners of the country except Gambella and has increasing an number of users in all major cities. He noted that the major factor that can be cited for the increase in the production of khat is its economic benefit to the khat farmers. At present khat is the 3rd exportable foreign currency earner for the country that brings.

There are many privately owned co-operatives and enterprises which possess legal licence to export khat. These exporters encourage khat farmers to produce more by providing them with a better pay and giving them technical support to use irrigation scheme for their plantation. This indicates that khat is well accepted by the community and this trend is on the increase.

The official was of the opinion that khat chewing is a deeply rooted cultural practice in most places of the country and that it has its own ceremonial rituals. Although khat is chewed by followers of various religions, most chewers are Muslims who tend to associate khat use with dictates of the Islamic religion.

Similarly, various reports showed that the trend in the use of cannabis is on the increase in Ethiopia. The official noted that historically, the use of cannabis is said to be limited to monasteries where it is grown wild. It was primarily used by priests and deacons to perform better during their religious education. Although the exact mechanism of its spread to other places is not well defined yet, it is suspected that tourists and their guides who visited the monasteries may have played a role in introducing it to other people outside monasteries. The other possibility is that the Jamaicans who have settled around Shashemene area grow cannabis for their own consumption and might have introduced the use of it in the area. Some farmers now grow cannabis for commercial purposes.

At present cannabis is also believed to be produced in North Gondar, around Quara and Matema areas, as well as in Harrar, Garamuleta area, for commercial distribution. Most of the users of cannabis are youth, street children, unemployed people, and criminals. There are five known routes for trafficking cannabis:

1. Shashemene-Addis-Zalanbessa (Tigray and Eritrea)
2. Shashemene-Dessie-Alamata-Mekele-Afar-Djibouti
3. DireDawa - Djibouti (by train)
4. North Gondar(Quara, Metema)-Sudan
5. North Gondar-Humera-Sudan-Egypt

As illegal trafficking of cannabis is increasing, its production and distribution within and outside the country is also seen to increase.

Source of supply and origin of drugs: According to the MOH official, heroin is the major drug that is illegally trafficked to Ethiopia. It comes from countries known to produce opium i.e. the Golden Triangle Countries, particularly from Thailand, and Golden Crescent Countries, mainly Pakistan and India. Ethiopian Airlines has regular flights to these three countries (Bangkok, Karachi and Bombay) and hence Addis Ababa is one of the major transit destinations for drug traffickers. Although the bulk of the heroin is transported to West Africa, some of it is smuggled into Addis Ababa.

Some street girls and commercial sex workers revealed that they use heroin and that their main suppliers are foreign clients. The main drug traffickers who get imprisoned in Ethiopia are Nigerians, Ghaninans, Gambians, and Tanzanians.

Some change in the supply of drugs is noted after Eth. Peoples Revolutionary Democratic Front EPRDF took power mainly due to the following four reasons:

1. Free movement of people into, and out of, the country.
2. Previously closed frontiers are now open, creating free flow of people from neighbouring countries without the need for entry visas.

3. Absence of a strong coordinating body responsible for creating and maintaining a network among existing drug controlling and law enforcement units. There is no national organizational structure put in place for the control of drugs.
4. A reflection of the ever increasing worldwide drug problem.

Discussion

The study has indicated that all the respondents have knowledge of "drugs" that create dependency and that khat, alcohol, and cigarette were the most commonly reported "drugs" that are abused in Ethiopia. Farmers, health professionals, and the youth have rated khat to be the first addictive substance in Ethiopia, perhaps due to its wider availability and its social and cultural acceptability in some parts of the country. The Ministry of Health official also did consider khat as a dependency causing "drug" and as a cash crop generating foreign currency, and influenced mainly by cultural factors. Its dependency causing effect is appreciated by some Regions, Tigray for example, that has endorsed legislation that inhibits the trafficking and use of khat. Though its income-generating role has contributed to its wider availability and use, its effect on the dependent has much more positive reinforcing effect for its use.

Health workers from Addis Ababa and Butajira reported that social reasons, such as unemployment, were the main reasons for using "drugs", while farmers from Butajira were in favour of cultural factors as the area is known for producing khat and the people in the area, across all ages and including both sexes are so accustomed to chewing. The finding was substantiated by the result obtained from police records that indicated that nearly 50% were jobless. This was also in agreement with focus group discussion carried out with the youth which showed that unemployment and lack of social support from families to be the main predisposing factors for the use of khat, alcohol, and tobacco. A study done among tertiary level students in Ethiopia (15) showed that students chew khat mainly for concentration and facilitation of memory and that only few use it for relaxation. The report of the Expert Meeting on the National Institute on Alcohol and Drugs in Rotterdam (12) showed cocaine to be used for the sake of relaxation which also enhanced sexual motivation.

"Hard drugs", such as cocaine and heroin, are not known by most of the participants but only by those health workers working in the Addis Ababa Psychiatric Hospital and experts in the MOH, as revealed in the in-depth interview. Besides, the focus group discussion made it clear that consumption of "hard drugs" is mainly observed among foreigners and a few rich Ethiopians. This could be due to the high cost of the "hard drugs" which is beyond the financial capacity average Ethiopians. However, the use of cannabis is on the increase as seen from police records where 98% of the prisoners were arrested due to cannabis use or trafficking. This is due to the relatively low price of cannabis as it can be grown locally. In addition, the increase in the consumption of cannabis was acknowledged by most of the participants in the focus group discussion as its production is rapidly increasing in many areas, especially in the monasteries and in Shashemene area. Most of the drug users and traffickers (72%) are from the capital city, as drugs like cannabis can enter the city from different directions. Addis Ababa is one of the major transit destinations for drug traffickers of West African countries, the "hard drugs" smuggled and be used in Addis Ababa. This has been ascertained by the survey result where a significantly higher proportion of cannabis and other "hard drugs" were reported from Addis Ababa than Butajira. Heroin and cocaine were reported from Addis Ababa in the focus group discussion, key informant interview, and survey. But no report of "hard drugs" was reported by farmers and health workers in Butajira which is far from international communication, the route of entry to Ethiopia.

In conclusion, the survey as well as the qualitative study revealed that people are aware of the "drugs" that are used in Ethiopia. "Hard drugs", such as heroin and cocaine, though rare, are familiar in Addis Ababa. Though cultural factors account for the use of "drugs" in khat producing areas, other factors, such as unemployment, peer pressure, and lack of awareness of the danger of drugs, and lack of recreational facilities were the main reasons sighted for the use of drugs in this study. Besides, the cultivation of khat for export has contributed to its wide domestic use. However, in some areas such as the monasteries, it was reported that "drugs" like hashish (cannabis) are used by priests for better performance in their religious education and to keep them awake during praying.

Invariably, all respondents assessed the control of drugs as weak resulting from lack of trained personnel in the law enforcement agencies, inadequate penalty, and poor participation of the public in teaching about harmful effect of drugs to their children. The participants of the focus group discussion were of the opinion that there is no effective and integrated control system that controls drug traffickers and users. Hence, traffickers have a wide opportunity to distribute drugs.

Therefore, the government should give assumption to the control of drug use by formulating proper legislation, amending the existing penal code, providing training to law enforcement agencies, and involving the community in this endeavour. In addition, preventive education should be given to the most affected groups of the communities and rehabilitation centres for the affected ones should be established. Job opportunity for the jobless and alternative cash crop for those producing khat as a commercial product should also be considered.

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Table 1. Common " drugs" causing dependence and predisposing factors for "drug' as reported by farmers and health workers in Butajira, 1998.

Drugs causing dependence &
Categories predisposing factors

		HWS (N=14)
	No	%
	No	%

Khat			13	
Cigarette	119	97.5	5	92.9
Alcohol	15	12.3	2	35.7
Cannabis	7	5.7	2	14.3
Heroin	10	8.2	0	14.3
Cocaine	0	0	0	0
	0	0		0
	Farmers (N=122)			
Predisposing factors	70	57.4	6	42.9
Culture	28	23	4	28.6
Social problems	0	0	5	35.7
Peer pressure	25	20.5	0	0
Religion				

N.B Percentages do not add up to 100 because of multiple responses

Table 2. Drugs perceived by health workers to be major causes of dependency problems, predisposing factors for "drug" use and enhancing factors in a psychiatric hospital, Addis Ababa, January, 1998.(N=47)

"Drug"	Number	Percent
Cigarette	44	93.6%
Khat	43	91.5%
Alcohol	42	89.4%
Hashish	29	61.7%
Cocaine	5	10.6%
Opium	3	6.4%
Heroin	1	2.1%

Predisposing factors	21	44.7
Culture	41	87.2
Social problem	24	51.1
Peer pressure	9	19.1
Religion		
Enhancing factors		
Lack of strict laws		
Unemployment		
Lack of knowledge	23	48.9%
Poor parental control	21	44.7%
Illegal video and film shows	12	25.5%
	8	17.0%
	3	6.4%

N.B Percentage do not add up to 100 because of multiple responses.

Table 3. The type of illicit drugs used by traffickers and users, police records(1993-1997). Ethiopia, 1998.

Type of drug	Number	%
Hashish	545	98.6
Heroin	3	.5
Cocaine	2	.4
Heroin and cocaine	2	.4
Unknown	1	.2

Source:
Police
records
of
1993-1997.
7.