

Full Length Research Paper

An analysis of drug abuse along the coastal region of Kenya

Korir Weldon

Rural Economic Resource Centre, P. O. Box 962-80100 Mombasa, Kenya.

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This study sought to examine the connection between youth and drug abuse which has raises several questions, like: Why are young people at risk of drug abuse? Why do young people use drugs? What is wrong with doing drugs? The study will try to answer some of these questions, but there is a need to start with the basics. In Kenya today more youth are abusing drugs than in any other time in history, and many of the youth are found most along the coastal town of Kenya. The objective of the study is to find the extent to which the damages has gone within the limits of coast town in Kenya such as Mombasa, Kilindi, Kilifi, Malindi, Kwale. The study used descriptive survey design. The target population of this study is 50 (10 for each town). Respondents were 45, among them are victims of drugs, parents, community leaders and teachers. Data were analyzed through descriptive opinion from the interview plus observation on activities involving the drug addicts in the region. There is an indication that over 60% of drug abusers are below 30 years of age.

Key words: Drugs abuse, youth, coast region.

INTRODUCTION

An argument has been advanced that if the same trend continues on youth and drug abuse for the next 10 years, then the coast region will miss a whole generation.

Understanding what drugs are is fundamental to understanding their potential abuse.

A psychoactive substance is something that people take to change the way they feel, think or behave. Some of these substances are called drugs, and others, like alcohol and tobacco, are considered dangerous but are not called drugs. The term drugs also cover a number of substances that must be used under medical supervision to treat illnesses (United Nations – June, 2011).

A drug is any substance which when introduced into the body will alter the normal biological and psychological functioning of the body especially the central nervous system (Escandon and Galvez, 2006). For our purposes then, we will talk about drugs as those man-made or naturally occurring substances used without medical

supervision basically to change the way a person feels, thinks or behaves so that they "can have fun."

Substance abuse has many negative physiological health effects, ranging from minor issues like digestion problems or respiratory infections, to potentially fatal diseases, like AIDS and hepatitis C. A Study done by NACADA (2007) shows that drugs and substance abused both licit and illicit are forming a sub-culture in Kenya among youth and the students. This is a big challenge to the Kenyan and more so in the coastal region. Some drugs are very addictive, like heroin, while others are less so. But the upshot is that regular drug abuse or sustained exposure to a drug - even for a short period of time - can cause physiological dependence, which means that when the person stops taking drugs, he/she experiences physical withdrawal symptoms and a craving for the drug. Drug abuse also causes brain damage.

Again, depending on the drug, the strength and

character of this damage varies. But one thing is clear, drug abuse affects the way the brain functions and alters its responses to the world. That is what psychoactive means, after all, something that acts on your brain. Drug abuse affect behavior, actions, feelings and motivations is unpredictable. By meddling in the natural ways the brain functions, abusers exposes themselves to risks they may not even have imagined.

A study by Winger et al. (2004) came up with various physiological effects such as accelerated heart beat, speeding in the peripheral circulation of the blood, alteration of blood pressure, breathing rate and other body functions normally decline. Substance use and abuse by young people, and problems associated with this behaviour have been part of human history for a long time. What is different today is increased availability of a wide variety of substances and the declining age at which experimentation with these substances take place (WHO, 2005:45).

Additionally, there are some drugs like heroin and crack cocaine that are highly addictive. This means that even if they are used recreationally, they tend to induce physical dependence, leading to an increased need for the drug. Even those drugs that people think they can take occasionally, the so-called party drugs (like Ecstasy and speed), tend to produce a craving to repeat the sensations again and again.

The effects of most drugs are not very well known. Even when they are, their influences are dependent on an individual's physical and psychological makeup, and even occasional drug use can lead to unforeseen complications and reactions.

LITERATURE REVIEW

Drug effects

Illicit drug abuse and HIV/AIDS have increased rapidly in the past 10 years along the coastal line. This paper reviews drug abuse in Mombasa, malindi, kilifi, and kwale, the HIV/AIDS epidemic and its association with injection drug use (IDU), the Kenyan policies on illicit drugs abuse and prevention of HIV/AIDS based on published literature and unpublished official data. As a major drug transshipment country with source drugs from the golden tangle and gold crescent in Asia, the coast has also become a major rather important drug consuming market. About half of the sample population has reported documented drug users inject, many share needles and other ills associated with drug abuse. IDU has contributed to a big percent cumulatively reported HIV/AIDS cases thus far. Drug trafficking is illegal in Kenya and can lead to death penalty. The Government of Kenya through public Administration ministry/department adopts zero tolerance approach to drug use which

supports the harm reduction policies of the public health departments. Past experience along the coastal line of Kenya show that cracking down on drug smuggling and prohibiting drug use alone cannot prevent or solve illicit drug related problem in the era of globalization. In recent years, the central government has outlined a series of pragmatic policies to encourage harm reduction programs; mean while, some local government have not fully mobilized to deal with drugs abuse and HIV/AIDS problems seriously.

Strengthening government leadership at both central and local levels; scaling up methadone substitution and needle exchange programs; making HIV voluntary counseling and affordable to both urban and rural drug users; and utilization of outreach and non-governmental organization are offered as additional strategies to help cope with drug abuse problem along the coastal line. There are several non-governmental organizations along the coastline which are currently contributing positive activities towards assisting the central Government and other Government agencies.

The social aspect

Following the wave of drug abuse along the coast line in recent years, violence has erupted again, this time in Kenyan schools. Several schools and dormitories and administration blocks were set on fire in the last few months by students whose indiscipline continue to be source of concern in many parts of the country.

Characterized by destruction of school property running into millions of Kenyan shillings, loss of study time, and even death, this unrest spread spontaneously like bush fire in the dry season. In Nairobi, One student was burnt to death while he sacrificed his life in an inferno to save another student.

In 1991, male student in a mixed school invaded the girls' dormitory and raped more than 70 girls. At least 19 females lost their lives at a tender age of 15. In yet another incident in 1999, a group of male students locked up 4 prefects in their cubicles at night and doused them in petrol killing them instantly (*Daily Nation Newspaper September 14, 2003*)

The worst calamity was in 2001 when 68 students were burnt to death and scores injured after their dormitory was set on fire by two boys who petrol bombed the school. In 2006, a mass rape again occurred against school girls, this time approximately 15 girls were raped as other students staged a protest march in the middle of the night. (*Daily Nation Newspaper October 20, 2008*)

Several reasons have been advanced by different stake holders as the underlying root cause; overloaded curriculum, autocratic school administration; drug and substance abuse; poor living conditions in schools; use of corporal punishment; lack of performance; abdication of parental responsibility; incompetent board of governors;

culture of impunity in the society; adolescent identity crisis; mass media campaigns and the perfect system. A professional applied research could help unveil other underlying root causes of the problem base on the above stated causes, However the Government will have to inject more funds on this project as professional research need money.

A survey data on arms management programme of the Institute for Security Studies (ISS), Evidently the Kenyan coast faces a new kind of crisis, with a number of tourists visiting the destination ostensibly to have sex with children. While sex has always been part and parcel of the "feel good" tourism industry, new investigations have revealed that there is a category of tourists who come to Kenya solely looking for virgins and drugs; (Jefferson and Angus, 2002), a quest buoyed by the myth that virgin could cure terminal conditions e.g. HIV/ AIDS. Most of the tourists- between the age of 45 and 65- are pensioners who are either divorced, are seeking to rekindle their sexual lives by having sex with teenagers who are also perceived to be safe from HIV. The same tourist who are regular drug user then introduce young girls to drug abuse considering that some have a lot of money sourced from the same tourist. A case in point is the number of young girls who are drug user in Mtwapa, shella, Malindi, Kilifi and Ukunda.

Social evils

A social problem is defined as a situation confronting a group or a section of society of which inflicts injurious consequences that can only be handled collectively.

There are a number of social problems in the coast, they have been identified as poverty, illiteracy, unemployment, population explosion, communalism, secularism, regionalization, youth unrest and agitation, child abuse, violence against women, urbanization, crime and criminals, juvenile delinquency, alcoholism, drug abuse, and drug dependency, HIV/AIDS, terrorism, corruption, bonded labour, black money among many more.

Multiple efforts to accurately identify social determinants of these social evils have been performed and some efforts have evolved recently. Marmot and others at the solid facts program of the world health organization (WHO) the following factors; early life events, life-course social gradient, high unemployment rates, psychosocial work environment, transport, social support and cohesion, food, poverty and social exclusion, and individual health behaviors among others. These factors are classified as social evils that directly influence health.

Another, perhaps more serious, contributing factor is the lack of access for African agricultural products to the markets of the developed world. The decision taken at the world trade organization (WTO) for the full implementation of the long-standing commitment to the fullest liberalization of trade in tropical agricultural products and for the products of particular importance to the

diversification of production from the growing of illicit narcotic crops is welcome.

Apart from food security problems, the cultivation of cannabis contributes to lack of environmental and agricultural problems such as deforestation (arising from the clearing of forests).

As pointed out above, coastal countries on the continent serve as a drug trafficking routes. The International Narcotics Control Board (INCB) has suggested that drugs have contributed to fueling conflicts in western African countries such as Liberia and cote d ivoire. Although difficult to confirm, allegations are rife that activities of rebel groups in such countries are financed by money mad through the sale of illicit drugs.

Large scale drug consumption and trafficking in communities are often characterized by a breakdown of the social fabric and social disorders. Such developments can lead to anxiety, hopelessness or anger in communities, which in turn can lead to political consequences and possible conflict. Vigilant groups that use violence and can threaten national security tend to exploit such conditions. People against Gangsterism and drugs (PAGAD) in South Africa and the Hezbollah in Mauritius are examples.

Whether or not the coastal people can shun a generalized of drug abuse may largely depend on how Kenya deals with IDU which also leads to HIV infection amongst the users and breaks the bridge between IDU and heterosexual transmission. Past experience in Kenya suggests that solely cracking down on drug smuggling and prohibiting drug related problems in the era of globalization. Voluntary counseling and testing, and utilization of nongovernmental organizations are recommended by Schumacher et al. (2007).

ANALYSIS AND FINDINGS

An account given by one local politician in Malindi, shows that girls between the ages of 12 to 14 years are being lured into hotels and private villas where they are sexually exploited after being lured by promises of riches and trips abroad. Havens include closely guarded and secluded villas, hair saloons, massage parlours and lodgings. The illicit trade also involves some tour operators, hotels and well-connected agents.

The tourism officials admit that Kenya's role as a child sex destination has been down played or the fear that the publicity could undermine the crucial tourism industry, which is already reeling from the effects of negative travel advisories from the US government, post election violence etc. Further, Kenyan supremacy as the ultimate tourist destination in Africa is threatened currently by emerging destinations such as South Africa, Tanzania, Botswana, and Namibia.

The ministry of tourism revealed that paedophiles were leaving child sex tourism in Asia because of new tough laws and were heading for African countries like Kenya,



Figure 1. Drug dens in Lamu (June 2013).



Figure 2. Police officers in Malindi (2006).

where laws are lax. Besides laxity in the enforcement of laws, Kenya is yet to ratify international protocol on sexual exploitation and trafficking, and children involved in child conflict. The children's act specifically neither addresses the problem of child prostitution nor provides stiff penalties for offenders. Campaigns against sex tourism are further undermined by the fact that most hotel management lacks the knowledge on how to deal with tourists who engaged in the vice.

Mombasa leads in the pack of cities in the sex trade, Kenya's second largest city, and a major port of call by seafarers, frequented by thousands of sailors and marines, whose vessels usually dock at Kilindini Harbour. For instance, when American navy aircraft carriers dock in Mombasa, girls come from as far as the Democratic Republic of Congo (DRC), Rwanda, Burundi, Tanzania, and Uganda. The sailors who have a few hours on land, pay as much as \$100 per person.

A common trend in cities shows that drug trade have not only affects girls; it has also affects young boys, many of whom are orphaned as a result of HIV/AIDS. Other sex havens include Malindi, Ukunda, Nairobi, and the 12th century Lamu town, which is slowly gaining reputation as an attractive destination for homosexual tourists looking for young boys (Figures 1 and 2).

The allure of sex tourism is really growing. The prospect of easy money in a situation in which unemployment is rife drives more and more girls into the trade. Apparently, the mixture of Islamic and African culture helps to conceal the extent of the problem. Tackling the issue of child sex is complicated by some traditional practices.

Mombasa presents the greatest opportunities given its economic dominance, its range of its sophisticated resources (by regional standards) and is attraction for criminal enterprises of all kinds, any significant improvement on the drug and crime front in Kenya could reverberate positively around country. "Law enforcement is very thin on the ground," says Gideon Kibunja, spokesman for Kenya Police.

In coast region, marginalized communities, often in poverty stricken ghettos around the large cities, are frequently the targets of drug dealers, contributing to social disintegration, increased criminality and urban crime as well as an increase in the potential for conflict between the state and its citizens.

According to Catherine Mgendi, CGIR media specialist and a researcher, Although Kenya has established an anti-narcotics police unit and hosts one of the three offices in Africa of the UN International Drug Control Programme, drug syndicates not only use sophisticated methods but also have effectively pocketed some law enforcement agents, despite the government's determination to combat the problem. In a well-documented 1997 court proceeding, one District Officer and four policemen were sentenced to long jail terms for complicity in bringing drugs into the country. "Experience has proved that no single country can successfully control the drug menace within its boundaries," says Mr. Marsden Madoka, Kenya's Minister of State (1997).

Corruption seems to be a major part of the Kenya drug problem. In one recent case where 20 tonnes of hashish - - the largest haul ever -- were seized, the suspects were released for lack of evidence. Making his ruling, Mombasa Chief Magistrate, Justice Aggrey Muchelule, said the case had been "interfered with by the Mafia and riddled by police cover-up." In another case, it was revealed that 600 acres of the Mount Kenya forest reserve had been cleared for a bhang (cannabis) plantation. Administration police and forest rangers were used to guard the plantation.

The well-organized syndicates operate in the capital, Nairobi, and the seaside port city of Mombasa. Even the country's anti-drug laws, enacted in 1994, have been criticized for prescribing heavy punishment for drug



Figure 3. Drug Addict in Majengo, Mombasa (20013).

abusers but leaving suppliers unscathed.

"Drug trafficking is a business of the rich and powerful. It is a network that is difficult to break," a forum concluded by Mr. Samuel Limo, then Coast Provincial Commissioner during a workshop in Mombasa, warned sometime back that if urgent measures are not taken to deal with the menace, Kenya, and more so mombasa, which has become a major transit point, might be transformed into a "narco state" in which the drug trade is a way of life.

In Mombasa, research estimate that one out of every ten 10% people actually indulges in drugs. A much higher percentage of males carry drugs than female, this is mostly in places like Kisauni, Majengo and some part of Likoni (Figure 3).

CHALLENGES

The local political administrator especially Councilors are not willing to contribute any information or any suggestion on the way forward, this situation was encounter mostly in Lamu and Ukunda but the Malindi was more positive and supportive to the long term solutions and rehabilitation of the currently victims of drugs abuse which has affect mostly the youth.

The situation has gone to a dangerously level for some youth especially in Malindi whereby a meeting with the victims to gather any information is so difficult unless you promise to give them Money to buy the same drugs you are discussing. An alternative offer for food instead of drugs is not acceptable to them. Some of the addicts completely refused to touch the local delicacies when invited for any discussion a hotel and prefers drugs to food.

According to former drugs addicts in some town, it is so dangerous to fight against the use of drugs since the major distributors are trying to safeguard their market and they source of livelihood, they even threaten to kill or

harm anybody exposing the activities involved and hence getting information is only through conceal identities.

According to some information gathered from the ground which could not be proof because of its sensitivity, some of the regions covered revealed that police officers are on the beat collect "cut" from drug peddlers delivering their wares to the many dens littering the coastal strip, where is is common knowledge to both locals and any visitors stay in the locality for only a day or two, in these dens drug users liberally shares needles.

Information gathered from the ground shows that National Campaign Against Drug Abuse (Nacada) is play an important role in sensitization but the regional reach is limited to only few areas and they are short of funds and manpower in specialized area especially social work and research areas.

Group of women who talk to the researcher without any fear explain the various ills associated with the drugs user and one common feature among all was that all drugs users have abandoned their wives from drugs, they no longer perform conjugal activities and this have break most of the families. Some have resort to giving their women freedom to look for man to satisfy their conjugal needs and in the process bring the money for them to buy drugs.

There is also a large number of drug users especially in Mombasa who are working class people, students in colleges and business people. Some of them are struggling hard to leave the habit but it is so difficult to an extend whereby a lady who was employed with a reputable company in Nairobi had to leave the job and came back to Mombasa where she can get easily the drugs for daily use. As we are writing this report the lady is unemployed but cannot go back to Nairobi because accessibility of drugs is not easy.

CONCLUSIONS

Many of the challenges facing those attempting to establish drug information systems in Kenya are not unique to either drug epidemiology or Africa, but are problems encountered when attempts are made to establish any new process or programmes in developing countries. The basic infrastructure that is taken for granted on developed countries, such as efficient postal and telecommunication services, is inevitably more complicated than similar projects in developed countries. Over and above the challenges posed by poor infrastructure, however, are a set of challenges brought about by economics, culture and politics. Other research takes the argument further, claiming that the risk of adolescent alcohol use and associated problems are significantly associated with advertising (Stacy et al., 2004; Unger et al., 2003; Collins et al., 2003; Wyllie et al., 1998b) despite the variance in the methodology throughout these studies, several common certainties

can be drawn from them; Exposure to alcohol advertising results in youths having more favorable attitude towards drinking, and a greater intention to drink a adults; Exposure or awareness of alcohol advertising may lead to heavier or more frequent drinking among young adults; Exposure to alcohol advertising significantly increases the risk of adolescent alcohol use and associated consequences.

REFERENCES

- Collins R, Schell T, Ellickson P, McCaffrey D (2003). Predictors of beer advertising awareness among eighth graders. *Addiction*, 98, 1297-1306.
- International narcotics board (INCB), report 2003, Vienna, united nations. p.45.
- Jacinta J (2008). Violence in Kenyan schools spreading , ISS Nairobi.
- Jefferson C, Angus U (2002). The Impact of Small Arms in Tanzania results of A country Survey, University of Wales, Swansea.
- National youth anti drug media campaign (2009), office of national drug control policy, Nairobi, Kenya.
- Schumacher JE, Fischer G, Qian HZ (2007). Policy drives harm reduction for drug abuse and HIV/AIDS in some developing countries. *Drug and Alcohol Dependence*.
- Stacy A, Zogg J, Unger J, Dent C (2004). Exposure to Televised Alcohol Ads and Subsequent Adolescent Alcohol Use. *Am. J. Health Behav.* 28(6):498-509.
- Unger J, Schuster D, Zogg J, Dent C, Stacy A (2003). Alcohol Advertising Exposure and Adolescent Alcohol Use: A comparison of exposure measures. *Addict. Res. Theory* 11(3):177-193.
- World trade organization (WTO), decision adopted the by the general council on 1st August 2004.
- Wyllie A, Zhang J, Caswell S (1998b). Positive responses to televised beer advertisements associated with drinking and problems reported by 18 to 29-year-olds. *Addiction* 93(5):749-760.