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Global Gap in Provision of Services to Problematic Drug Users

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Abstract

The estimate of the global number of problem drug users provides the range of the number of people who need assistance to address their drug problems, including treatment of drug dependence and care (UNODC, 2014). Comparing this with the number of people who are in treatment provides the magnitude of the unmet need for treatment of illicit drug use. Notwithstanding the gap in reporting and coverage of services, Member States reported that between 42% (in South America) and 5% (in Africa) of problem drug users were treated in 2013(Ibid). It can be estimated that globally, between 12% and 30% of problem drug users had received treatment in 2013, which means that between 11 million and 33.5 million problem drug users in the world have an unmet need for treatment interventions. During the High-level Segment of the Commission on Narcotic Drugs in 2009, Member States adopted a Political Declaration and Plan of Action. The Plan of Action called for Member States to ensure that access to drug treatment is affordable, culturally appropriate and based on scientific evidence, and that drug dependence care services are included in the health care systems. It also called for the need to develop a comprehensive treatment system offering a wide range of integrated pharmacological (such as detoxification and opioid agonist and antagonist maintenance) and psychosocial (such as counselling, cognitive behavioural therapy and social support) interventions based on scientific evidence (UNODC,2014).

Keywords: Global Gap in Provision of Services, Problematic Drug Users

1.0 INTRODUCTION

Globally, UNODC estimates that between 155 and 250 million people, or 3.5% to 5.7% of the population aged 15-64, had used illicit substances at least once in 2013(UNODC,2015). The report estimated that, Cannabis users comprise the largest number of illicit drug users (129-190 million people) Amphetamine-type stimulants are the second most commonly used illicit drugs, followed by opiates and cocaine. However, in terms of harm associated with use, opiates would be ranked at the top. A comprehensive understanding of the extent of the drug use problem requires a review of several indicators – the magnitude of drug use measured by prevalence (lifetime, annual, past 30 days) in the general population, the potential of problem drug use as measured by drug use among young people, and costs and consequences of drug use measured by treatment demand, drug-related morbidity and mortality.

Additionally, to understand the dynamics of drug use in a country or region, it is important to look at the overall drug situation rather than merely the trends for individual drugs (UNODC, 2015). This information helps to discern the extent to which market dynamics (availability, purity and price) have temporarily influenced the use, compared to results of long-term efforts such as comprehensive prevention programmes and other interventions to address the drug use situation. According to the report at the core of drug use lie the problem of drug users; those that might be regular or frequent users of the substances, considered dependent or injecting and who would have faced social and health consequences as a result of their drug use. Information on problem drug users from a policy and programme planning perspective is important as this drives the need and nature of the services required to address the diverse needs for treatment and care of drug dependent persons. According to UNODC, (2015 report), one of the main challenges remains the compilation of data reported by member states and their comparability across countries and regions.

The Commission on Narcotics Drugs in its forty-third session in 2000 endorsed the paper on 'Drug information systems: principles, structures and indicators' also known as the 'Lisbon Consensus Document'. The document outlines the set of core epidemiological indicators to monitor the drug abuse situation, against which Member States could report their respective situations through the Annual Reports Questionnaire (ARQ). One of the core indicators in the paper was 'high-risk drug consumption'. The assumption was that some drug- taking behaviours were particularly associated with severe

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problems and as such merit the attention of policymakers. The document further elaborated that high-risk consumption included information on the number of drug injectors, estimates of daily users and those who are dependent. One challenge in measuring problem drug users or high-risk drug consumption is that most of these behaviours are hidden and have low prevalence.

Therefore, they are poorly covered by general population estimates. Specific methods are required to gather information on such behaviours. Out of the 110 Member States who responded to the 2008 ARQ on the extent and pattern of drug use, only 24 reported information on problem drug use. The definitions and methods of calculation differ from country to country. Most African countries defines problem drug use as "drug users who constitute social harm and insecurity and drug users who relapse after rehabilitation (EMCDDA, 2012), In North America, the DSM-IV defines the criteria for illicit drug dependence or abuse, while one country in Asia only considers heroin injectors as problem drug users. The European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), in its efforts to compile comparable information on problem drug use, defines it as "injecting drug use or long duration/regular use of illicit drugs.

2.0 ILLICIT DRUG USE IN AFRICA

Africa now occupies second position worldwide in the trafficking and consumption of illegal drugs. (UNODC, 2015) According to UN statistics 37,000 people in Africa die annually from diseases associated with the consumption of illicit drugs. The UN estimates there are 28 million drug users in Africa, the figure for the United States and Canada is 32 million. The United Nations says the rate of consumption of illegal drugs in Africa is on the rise, but it insists it cannot supply specific figures, because records of drug consumption in Africa are incomplete. The UN says drug trade has increased in Guinea-Bissau since the April 2012 coup (UNODC, 2015).

Gilberto Gerra, chief of Drug Prevention and Health Branch at the United Nations Office on Drugs and Crime, (UNODC) said Africa's rising illicit drug consumption can be attributed to political instability as well as porous borders. "West Africa is completely weak in terms of border control and the big drug cartels from Colombia and Latin America have chosen Africa as a way to reach Europe," Gerra told Deutsche Welle (DW, March,2017) (http://p.dw/p/17i47). He said West African countries such as Guinea Bissau, Liberia and others were becoming the target of these criminal organizations, which were taking advantage of the weakness of police and the lack of money and resources to use these countries for transit purposes. "When you become a transit country, you are immediately also a consumption country," the UN official added (DW, March, 2017).

2.1 Drug Use Trends in West Africa

There is substantial concern today about the use and abuse of illicit psychoactive substances in West Africa but the problem is not a new one. As far back as the late 1950s there was clear evidence that cannabis was being grown and consumed in some countries. Concerns were raised then about the perceived impact of that drug on the mental health of the people, especially those within fringe groups, low skilled labourers in urban areas and, later, students and young professionals. It is not clear how much the available knowledge about illicit drug use and its effects influenced legislation in the 1960s but it seems that whatever controls that were put in place at the time were developed on the basis of insufficient information about the role of drug use in psychiatric disorders (UNODC,2013).

The knowledge situation today has changed but not by much: progress has been made in some countries but a lot remains to be known about the relevant characteristics of illicit drug use in the region. According to UNODC estimates, the number of drug users among adults in Africa is between 22 and 72 million, with a prevalence rate in the range of 3.8 percent and 12.5 percent. We have an emerging picture of drug use in West Africa but it must be noted at the outset that studying the distribution and determinants of illicit drug use is a difficult task in the best of situations and much more so in the low-income countries of West Africa. This difficulty is due to many structural and developmental factors and, more important, the fact that dealing in or using illicit drugs attracts stiff penalties which at different times and in different countries have included the extreme penalty of death (UNODC, 2012a). One source of available aggregate data on drug use in West Africa is UNODC's annual World Drug Report which depends on data provided by countries using the Annual Research Questionnaire (ARQ). Unfortunately, this source of data is limited in

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scope as many countries in Africa as a whole sometimes fail to provide their annual estimates. For example, only seven out of 54 countries in Africa completed and submitted the questionnaire for the 2010 data (UNODC, 2012b). However, as outlined below, there is some data in these sources that that can be used to describe the epidemiology of illicit drug use in West Africa:

Cannabis: The highest prevalence of cannabis use in the world is in West and Central Africa and this drug has remained the most popular illicit substance across the globe. In 2010 some 12.4 percent of adults in West Africa aged 15-64 years had used cannabis compared with 4.2 percent and 5.4 percent in East and Southern Africa, respectively. While the average for our region is certainly much higher than the global average (3.8 percent) or the overall African average (7.8 percent) and has been consistently so for many years, it must be noted that reported prevalence of cannabis use can be much higher within high-risk subgroups in some countries, e.g., 65 percent of street children in Sierra Leone reported smoking cannabis (UNODC, 2013, WHO, 2014).

Cocaine and Heroin: These relative newcomers to the illicit drug scene in West Africa were unknown in countries across the region before the early 1980s when the first arrests for trafficking were made in Nigeria. Many small surveys of drug use involving heroin and cocaine have been conducted in several countries in the region some with financial support from UNODC. What these rapid assessments highlight is that the prevalence of cocaine and heroin use in West Africa is about the estimated African average of 0.4 percent and less than the global average of 0.7 percent recorded in 2014(UNODC,2015). According to UNODC (2014) report, while this estimate is relatively low, there has indeed been a substantial increase in the annual prevalence been sustained in recent years.

Amphetamine-type stimulants (ATS): It is well known that ATS (especially methamphetamine) has become a popular drug among traffickers in West Africa and local production has been reported in at least two countries. Though the abuse of ATS has been a problem in South Africa for many years, the effects of these drugs are only beginning to be felt in West Africa. Unfortunately there is hardly any reliable data on ATS use in the region though the estimated annual prevalence for Africa has been placed at about the global average of 0.8 percent. With an increase in trafficking of ATS through the region and what appears to be an emerging local production capacity, use can only be predicted to pick up in the future with harrowing consequences.

Injection drug use (IDU): The self-administration of illicit drugs to get high is an old phenomenon. In the 1980s IDU provided some sense of urgency to drug control in western countries because of its association with the transmission of the viruses that cause infectious diseases (AIDS, hepatitis B and C). It is estimated that globally, some 16 million people inject drugs (usually heroin but also cocaine and other stimulants) with 3 million of them infected with HIV. In Africa, where the main route of HIV transmission is heterosexual contact, some 221,000 of injection drug users are living with HIV, with the severity of the situation rapidly increasing in coastal East African cities such as Mombassa and Dar es Salaam where prevalence rates are higher than 40 percent and up to 90 percent in Mauritius. In West Africa, studies of IDU have been conducted in several countries showing that the numbers of people who inject drugs vary from a few hundreds to a few thousand (UNODC, 2014). As far back as 1998 IDU was reported in five countries in the region, namely Nigeria, Cote d'Ivoire, Gabon, Ghana and Senegal. Three rounds of UNODC-funded rapid assessments in Nigeria show that out of the 1,147 street injectors recruited into the survey, 90 (8 percent) were current injectors and 145 (13 percent) had injected at least once in the past (UNODC,2012).

The drugs most often injected were heroin, cocaine, pentazocine and speedball (a combination of heroin and cocaine). Two groups in the population – female drug users and prison inmates – seem particularly at high risk of being infected with HIV if they inject drugs, hence the need to focus attention on these often-neglected groups. Prevalence of drug use disorders: Another source of data on drug use in West Africa is a survey conducted by the World Health Organization which focuses on resources for prevention and treatment. The survey asked for estimates of drug use disorders (abuse and dependence) among males and females aged 15 years and above. Almost all countries provided estimates below 0.5 percent (lower for women than men), with only Ghana and Nigeria reporting a prevalence of about 2.5 percent for males. According to anecdotal evidence (newspaper stories and word-of-mouth), a growing number of families in the region are experiencing the trauma of having a member addicted to a licit or illicit substance (UNODC, 2014).

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2.1 The Impact of Illicit Drug Use

Drug use is associated with a myriad of health, social, employment, security, and family problems with clear and often measurable impacts on the afflicted, the people around them, and society at large. As researchers continue to develop better estimates of drug use, efforts are also underway to capture in finer details the health burden and other problems associated with drugs. Estimates of the economic costs of drug abuse have also been conducted in a limited number of countries (Canada, US, Australia, UK) all showing that the economic losses from drug related crime, violence, health care costs, accidents, etc. make up a substantial percentage of GNP(World Drug Report,2015). According to recent analyses by International Drug Control Board (2015) of the impact of drugs on health, cannabis remains the primary drug of abuse among people seeking treatment for drug problems. In Ghana, Niger, Senegal and Togo (and probably in all countries in the region with no reported data) cannabis was mentioned in at least two-thirds of the cases, and in Africa as a whole cannabis is implicated in up to 64 percent of cases of treatment demand. In Burkina Faso cocaine and ATS were mentioned in 20 percent of the cases. As discussed above, some forms of drug use (especially IDU) have a direct link to infection with HIV and hepatitis B and C. In terms of drug-related death, the Comparative Risk Assessment project drugs globally is about 200,000 and 41,000 in Africa.

3.0 RESPONDING TO DRUG PROBLEMS IN WEST AFRICA

What has been the response to drug problems in the West African region? By all measures of development in the substance abuse prevention and treatment fields, West Africa has been the least developed region for many years. In terms of drug policy orientation, the focus has tended to be predominantly on law enforcement, in some cases with severe punitive measures (Babor, T., Caulkins, J., Edwards, G. et al. (2010). In addition, drug control bodies tend to fall under the responsibility of Ministries of Justice and Interior, and success is generally measured in terms of number of arrests. Policies, when they exist, tend not to be guided by evidence of effectiveness, a problem that is not limited to West African countries where policies are often driven by external considerations and not the public interests of citizens(African Union ,2013).Other challenges to effective responses in the region include a very weak empirical base underpinning existing policies; an underdeveloped capacity for research and treatment; more reliance on supply reduction than demand reduction; and cultural beliefs and practices that help sustain the perception of the "addict" as a criminal, social outcast or moral failure.

3.1 Socioeconomic Variables and Illicit Drug Use

It is estimated that, annually millions of people are arrested for committing crimes under the influence of alcohol and illicit drug use. The safety of many neighborhoods and the people living and working in them is threatened by violence associated with drug use and sales (Schneider Institute, 2001). In the U.S for example, over $414 billion is estimated to be the economic cost of substance abuse yearly, with drug use constituting $109.9 billion. The economic cost includes productivity loss, health care cost, and criminal cost (Schneider Institute, 2001). The consequences of having this many people using drugs create an overwhelming burden on society's members. For instance, deaths and illnesses created from drug abuse put strain on the national health care system. Drug-related deaths have doubled since 1980, mostly due to a combination of illicit drugs and alcohol. However, many drug-related deaths are due to AIDS, which was contracted from sharing needles while using. Another cost to society relates to the law. Drug users make up an increasing percentage of incarcerated individuals. For example, in Ghana, they constitute about 10 percent of the total prisoner population (Annual Report, 2015). Increases in incarceration are due to increased minimum sentencing laws for drug offences and are often blamed as major reasons for prison overcrowding (Schneider Institute, 2001).

3.2 Socioeconomic Variables

Many past researches have investigated aspects of the relationship of socioeconomic variables and drug use.

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3.3 Economic Variable

Income- Illegal drugs are not inexpensive goods. A single gram of cocaine can cost $100 (Office of National Drug Control Policy, 2004). Income is necessary to support recreational or problematic drug use. In a study conducted by Bushmueller and Zuvekas (1998), it was established that, income positively affects drug use for young workers. But income negatively affects heavy drug use and those with lower incomes levels use drugs more often than those with higher incomes levels. In another comparable study, Gill and Micheals (1990), concluded that, drug use actually increases wages a little for all ages and thus people earning an income demand more illicit substances.

Employment-One issue that arises when considering drug policy is how drug use might affect productivity and in turn wages. Gill and Micheals (1990), finds that drug use is associated with reduced probability of employment. According to their demand side findings, lower productivity and increased absenteeism from work may indicate drug use. The supply side findings indicated that, drug use seems to be a leisure activity. A study by Van Ours (2006), investigated employment and productivity effects of the use of cocaine and cannabis. He finds that the job attainment rate decreases with Cannabis use. In fact as soon as someone starts using illicit drugs their likelihood of finding a job goes down.

3.4 Background variables

Education-The relationship between drug use and dropping out of high school has attracted the attention of researchers. There is a little question as to whether these issues are interrelated. The impact of prior drug use on dropping out of school may be spurious because it plays so much on other school and family factors. Some theorists believe that dropping out of school reduces the level of frustration students feel and reduces involvement in drug use. Social control theorists on the other hand, view dropping out of school as disengaging from society and thus increasing the rate of drug use (Krohn et al., 1995). Chatterji, (2006), also estimates a model to determine the association between illicit drug use during high school and the number of years of high school completed. He finds that, marijuana and cocaine demand while in high school reduces the number of years of high school actually completed.

Prior Incarceration-Alcohol and illicit drug users are involved in many violent crimes and other serious offences. For example, at least half of adults arrested for major crimes, such as homicide, theft and assault and more than eight in ten arrested for drug offences tested positive for drugs at the time of their arrest (Schneider Institute, 2001). A study conducted by Charles Terry (2003) on the relationship between drugs and imprisonment, finds that escalating numbers of incarcerated individuals have committed a drug offence or several offences. Their demand continually increases throughout their lifetime. The Bureau of Justice Statistics finds that 82 per cent of people on parole are returned to prison because of drug and alcohol use. Furthermore, the number of people in prison for drug use has increased seven-fold from 1978 t0 1996 (Terry, 2003). Terry finds that the regular drug users in his study had similar characteristics. They all came from mostly lower socioeconomic environments in which violence and the use of drug is normal.

3.5 Demographic Variables

Geographic Location- It is believed that preferences towards drug may differ over geographic areas. Many studies use geographic location in some way as an independent control variable. Some use geographic location to mean the difference between urban and rural areas (DeSimone and Farrelly, 2003).

Age- According to Sickles and Tuabman (1991), age is of marginal significance when considering those who use illegal drugs. However, Caulkins et al (2005), believe that, age does not matter and new drug users often are in their teens or young adult years. The research team investigated cocaine addiction, and since cocaine is such a highly addictive drug, constant use quickly leads to heavy addiction at a young age. The study indicated that, 17 percent of those that are heavy cocaine users started using cocaine at an early age. Niskanen (1992) also finds that addictive behaviour is more likely to occur in those who are younger.

Gender- Several studies have incorporated gender in some way. Van Ours (2006) studied the relationship between gender and employment on drug use. He finds that being female has no negative effects on employment when using drugs; but finds that being a male has a negative effect on employment when using drugs. Most studies already mentioned, used gender as control variable is some way.

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4.0 EXTENT AND NATURE OF DRUG USE IN THE WORLD

Globally, UNODC estimates that between 155 and 250 million people, or 3.5% to 5.7% of the population aged 15-64, had used illicit substances at least once in 2013(UNODC,2015). The report estimated that, Cannabis users comprise the largest number of illicit drug users (129-190 million people) Amphetamine-type stimulants are the second most commonly used illicit drugs, followed by opiates and cocaine. However, in terms of harm associated with use, opiates would be ranked at the top. A comprehensive understanding of the extent of the drug use problem requires a review of several indicators – the magnitude of drug use measured by prevalence (lifetime, annual, past 30 days) in the general population, the potential of problem drug use as measured by drug use among young people, and costs and consequences of drug use measured by treatment demand, drug-related morbidity and mortality.

Additionally, to understand the dynamics of drug use in a country or region, it is important to look at the overall drug situation rather than merely the trends for individual drugs (UNODC, 2015). This information helps to discern the extent to which market dynamics (availability, purity and price) have temporarily influenced the use, compared to results of long-term efforts such as comprehensive prevention programmes and other interventions to address the drug use situation. According to the report at the core of drug use lie the problem of drug users; those that might be regular or frequent users of the substances, considered dependent or injecting and who would have faced social and health consequences as a result of their drug use. Information on problem drug users from a policy and programme planning perspective is important as this drives the need and nature of the services required to address the diverse needs for treatment and care of drug dependent persons. According to UNODC, (2015 report), one of the main challenges remains the compilation of data reported by member states and their comparability across countries and regions.

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Therefore, they are poorly covered by general population estimates. Specific methods are required to gather information on such behaviours. Out of the 110 Member States who responded to the 2008 ARQ on the extent and pattern of drug use, only 24 reported information on problem drug use. The definitions and methods of calculation differ from country to country. Most African countries defines problem drug use as "drug users who constitute social harm and insecurity and drug users who relapse after rehabilitation (EMCDDA, 2012), In North America, the DSM-IV defines the criteria for illicit drug dependence or abuse, while one country in Asia only considers heroin injectors as problem drug users. The European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), in its efforts to compile comparable information on problem drug use, defines it as "injecting drug use or long duration/regular use of illicit drugs.

4.0 CONCLUSION

The estimate of the global number of problem drug users provides the range of the number of people who need assistance to address their drug problems, including treatment of drug dependence and care (UNODC, 2014). Comparing this with the number of people who are in treatment provides the magnitude of the unmet need for treatment of illicit drug use. Notwithstanding the gap in reporting and coverage of services, Member States reported that between 42% (in South America) and 5% (in Africa) of problem drug users were treated in 2013(Ibid). It can be estimated that globally, between 12% and 30% of problem drug users had received treatment in 2013, which means that between 11 million and 33.5 million

problem drug users in the world have an unmet need for treatment interventions. During the High-level Segment of the Commission on Narcotic Drugs in 2009, Member States adopted a Political Declaration and Plan of Action.

The Plan of Action called for Member States to ensure that access to drug treatment is affordable, culturally appropriate and based on scientific evidence, and that drug dependence care services are included in the health care systems. It also called for the need to develop a comprehensive treatment system offering a wide range of integrated pharmacological (such as detoxification and opioid agonist and antagonist maintenance) and psychosocial (such as counselling, cognitive behavioural therapy and social support) interventions based on scientific evidence(UNODC,2014).

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