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Prioritising Research and Data Collection in Africa's Drug Control Policy

POLICY COMMENTARY

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ABSTRACT

African countries have been experiencing an upsurge in public health problems as a result of the increased availability and use of psychoactive substances trafficked into the continent and also produced locally. However, mounting effective policy and programme interventions have been impeded by a lack of reliable data on various aspects of drug use and the harms associated with drugs. To address this challenge, the African Union started an ambitious programme aimed at improving the capacity of African Union member states to respond effectively to drug demand reduction challenges through strengthening research and data collection capabilities. The programme entails the establishment and operationalisation of a continent-wide drug surveillance sentinel with a public health orientation for the systematic collection and dissemination of comparable data on drug use and related problems in Africa. A key finding of the surveillance system, which draws data from national networks, has been the increase in the number of young drug users in the context of inadequate comprehensive treatment and care services, which threatens harnessing the continent's demographic dividend. Sprouting evidence on drug use patterns and trends has aided shifts in policies and programmes towards addressing drug addictions and related health challenges at the national level.

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INTRODUCTION

The African continent has not been insulated from the global challenge of drugs. The impact of drug trafficking and use continues to be felt in Africa, threatening the public health, security and socio-economic wellbeing of the continent's 1.3 billion people, over 60% of whom are under the age of 25 (Rocca & Schultes 2020). Cannabis and khat have traditionally been grown and widely consumed in Africa for centuries. These have been complemented by opiates such as heroin and stimulants like cocaine and methamphetamine, which are increasingly trafficked into the continent with ease. There has also been a new threat posed by the meteoric rise in new synthetic drugs while pharmaceutical opioids such as tramadol and cough syrups containing codeine are invariably diverted for illicit misuse. Drug use and related mental health disorders have become an albatross around the necks of many African Union member states, threatening fragile health care systems struggling to recover from the COVID-19 pandemic.

Drug addiction is a compulsive urge to use a substance repeatedly, even to the point where it may harm the user (Healthdirect 2018). Addiction to illicit drugs and those not under international control, such as alcohol and tobacco, contributes significantly to the burden of disease and mortality both globally and in Africa. In 2015, an estimated 18.4% (almost one in five) of the world's adult population regularly indulged in heavy episodic alcohol use, while the prevalence of daily smoking was 15.2% (Peacock et al. 2018). Medical facilities across the continent have been reporting a significant rise in the number of people seeking treatment for substance use disorders, especially (AU 2019a).

Africa has, over the years, transformed from being a transit area for trafficked drugs to a major destination and consuming region. World Drug Reports (2014–2021) have consistently indicated increasing drug use in Africa, though prevalence varies per region and country, with a projected 40% growth by 2030 (UNODC 2021). Northern Africa has been experiencing high non-medical use of tramadol and increased cocaine trafficking. Eastern Africa has been afflicted by heroin in transit spilling over into local heroin use, contributing to the high prevalence of HIV among people who inject drugs. Southern Africa has been grappling with increased use of synthetic stimulants, heroin and cocaine trafficking and the high prevalence of HIV among people who inject drugs (ibid.). The production of some drugs, like cannabis, dates back to ancient times. Most of the controlled drugs, in addition to alcohol and khat, have been considered mainstays of abuse on the continent. Further, the nexus between drug trafficking and related organised crime is well documented (African Union 2014a; WACD 2014), as is the correlation between psychoactive substance use and mental health disorders (WHO 2019; UNODC 2021).

To facilitate effective interventions towards addressing the availability and problematic use of psychoactive substances among member states, the African Union (AU) has been strengthening mechanisms to ensure the availability of drug epidemiological data at national, sub-regional and continental levels. This paper chronicles the development of a continental drug surveillance sentinel system—the Pan African Epidemiology Network on Drug Use (PAENDU)—to improve the evidence base for the review of legislative, policy and operational responses to address drug use and related mental health disorders. While not delving into the aetiology of drug use, it argues the case for standardised drug epidemiology on the continent as a developmental process intrinsically linked to drug use and intervention strategies that can mitigate vulnerability in the public health agenda.

BACKGROUND

While there has been significant concern over the availability and use of drugs and psychoactive substances in Africa, real gaps in the nature and extent of drug use have remained a challenge, as consistently outlined in three continental drug action plans for 2007–2012 (AU 2007), 2013–2017 (AU 2013) and 2019–2023 (AU 2019b), as well as reports on progress by member states in implementing continental drug action plans, which are major backbones for policy discussions during ministerial meetings (AU 2012; AU 2014b; AU 2015a). The biennial meetings of African Ministers of Health, Population and Drug Control, also known as Specialised Technical Committees on Health, Population and Drug Control, are policy organs of the African Union responsible for the formulation of continental policy and strategic direction.

Policymakers have been struggling to address the dual problem of increased availability and problematic use of psychoactive substances, and their efforts have not been assisted by the dearth of reliable information on drugs produced, trafficked and used in member states.

In the period leading to the 2016 United Nations General Assembly Special Session (UNGASS) on the world drug problem, the AU began to take stock of where the continent was and what needed to be done to address the worsening situation regarding drug use and the burden of drug use disorders on the continent. This saw the development of the "Addis Ababa declaration on scaling up balanced and integrated responses towards drug control in Africa", shifting focus from law enforcement towards addressing the harmful and social impact of drug use (AU 2014c), followed by the Common Africa Position (CAP) for UNGASS in 2015 (AU 2015b). The CAP, inter alia, recommended the treatment of drug use and drug dependence as a public health issue with socioeconomic consequences. These positions were aimed at bolstering the implementation of continental Plans of Action on Drug Control and Crime Prevention, especially two most recent of the last fiveyear plans (African Union 2013: African Union 2019b). Through the action plans, AU Member States are encouraged to adopt balanced and coordinated, holistic and multi-sectoral approaches to drug control and specifically recalibrate to appropriate more resources towards public health and social development programmes.

These bold approaches needed to be backed by reliable data carefully collected by African Union member states. Few member states completed the Annual Reporting Questionnaires used for compiling the World Drug Report by UNODC, which was the single most important source of data. A need arose for the AU to begin collecting data on selected drug supply and demand reduction indicators.

RESPONSE OF AU POLICY ORGANS

The Sixth AU Conference of Ministers of Drug Control in 2014 (AU 2014c) and the First Ordinary Session of the African Union Specialised Technical Committee on Health, Population and Drug Control (STC-HPDC-1) in 2015 (AU 2015a) strongly pronounced themselves on the need for systematic data collection. The ministers identified the lack of baseline data and information on drug use as a major hindrance to the adoption of evidence-based treatment and care for drug use disorders, including harm reduction services for drug-dependent users on the continent.

The ministers recommended the establishment and strengthening of national, sub-regional and continental surveillance networks to promote data collection, statistics, research and analysis with the aim of developing a body of evidence that would facilitate the review of legislative, policy and operational interventions. The argument of the ministers was that social development programmes of the AU should be based on a human-centred approach seeking to promote human rights and dignity, promote employment, eliminate poverty and improve access to social services, thus improving the quality of life of African people, in particular the vulnerable and marginalised groups. This is in sync with the African Union Agenda 2063 and would provide the opportunity for member states to collectively advocate for political and fiscal space for intensified social policy interventions at the country level. Agenda 2063 is the AU's shared strategic vision and blueprint for continental socio-economic transformation based on inclusive human development and social protection for all, including individuals and their families who are victims of substance abuse and drug trafficking.

In August 2015, the African Union launched its novel programme to strengthen research and data collection capacity for drug use prevention and treatment in Africa, with financial support from the Bureau of International Narcotics and Law Enforcement Affairs (INL), the US State Department and African Union Member States. The programme was predicated on the establishment of national drug observatories and epidemiological networks that would share national drug data with the supra-continental network. Subsequently, a continent-wide drug surveillance sentinel with a public health orientation for the collection and dissemination of comparable data on drug use and related problems in Africa was inaugurated in 2016, with the first being a group of five countries with nascent and/or pre-existing surveillance systems or observatories, namely: Kenya, Mauritius, Nigeria, Senegal and South Africa. More countries were incrementally added to the continental network in groups of five per year after training and the launch of their national surveillance systems.

Another component of the project, besides strengthening continental coordination mechanisms, is the provision of technical assistance to African countries towards evidence-based services for drug use prevention and treatment in Africa through country-specific inputs and annual consultations for national drug demand reduction and epidemiology focal points.

The PAENDU was established in 2016, exactly two years after the ministers' recommendation of 2014, to improve the information base for policymakers in addressing the health, social and economic consequences of alcohol and drug use. As of 31 December 2021, national drug epidemiology networks from 32 countries were linked to the PAENDU, namely: Angola, Botswana, Burkina Faso, Cabo Verde, Chad, Cameroon, Comoros, Cote d'Ivoire, Egypt, Eswatini, Ethiopia, Gambia, Ghana, Guinea, Lesotho, Liberia, Madagascar, Malawi, Namibia, Niger, Tanzania, Togo, Tunisia, Uganda and Zambia, whose national networks were established with AU assistance; Kenya, Mauritius, Nigeria, Senegal and South Africa, which had pre-existing national surveillance networks; and Eritrea and Zimbabwe, which voluntarily joined the network. While more national networks will be added, the current thrust has been to improve operational mechanisms through enhancing quality and consistency in reporting as well as geographical coverage within the country. The goal is for all member states to establish national drug epidemiology networks and eventually join the continental network, which will give a fair picture of trends and patterns of drug use on the continent.

The continental network is complementary to the West Africa Epidemiology Network on Drug Use (WENDU), established a few years earlier. Eleven of the 32 countries enrolled on the continental network are in West Africa, where the Economic Commission of West Africa has successfully galvanised political support for drug epidemiology. AU is grateful and hopes similar sub-regional initiatives will be replicated or revived in other regional economic communities.

METHODS OF DATA COLLECTION

This paper articulates the methodology employed in the collection of drug data at the national level and its collation into the continental report. The overall objective of the AU Programme is the establishment and operationalisation of a continent-wide drug surveillance system with a public health orientation for the collection and dissemination of comparable data on drug use and related problems in the African region.

The mechanism for attainment of this objective is the development, in each country, of a sustainable national drug epidemiology system or observatory, which is a network of experts responsible for monitoring trends in drug use and trafficking from existing sources of information. The multi-agency national network brings together individuals representing different key stakeholders who serve as resource persons in monitoring and reporting on drug demand and supply issues in their communities. An annual report of the country situation, based on data submitted by participating organizations and agencies, is shared with the AU using a standard reporting format for the compilation of the PAENDU after further statistical analysis. Through the project, reliable data on the situation in each country is made available on a regular basis to inform the work of prevention and treatment professionals and the decisions of policymakers.

Two forms were therefore developed by the AU for the collection of data from existing sources (file data) nationally. The first is for treatment demand-related data, and the other is for selected law enforcement indicators (AU 2019a). Drug use data entails data pertaining to the use of drugs, which encompasses any form of record, on paper or computerised, collected from prescribing and/or dispensing authorities (Vegni & Wilkinson 2004). The treatment demand data form, used in treatment institutions, consists of 25 indicators, which include socio-demographic information, type of centre from which the information has been collected, sources of referral to treatment, drug-related information such as primary and secondary drugs used, other illness conditions, how treatment was paid for and whether or not the client has been tested for HIV and hepatitis in the preceding 12 months.

The law enforcement form seeks data on 12 selected indicators, which include aggregate data on drug supply (number of people arrested for drug offences in the previous year), types and quantities of drugs seized, source of drugs and intended final destination, information on the availability of national anti-drug strategies, existence of forensic laboratories to test for nature, purity of drugs seized and the conviction rate for arrested drug offenders. The collected data

is analysed by statistical means and condensed into a standardised national reporting format. A copy of the national drug epidemiology report is submitted annually to the continental drug surveillance system, the PAENDU, and a continental report is produced to inform the decisions of policy organs.

SUMMARY OF FINDINGS

This paper will focus only on three key findings based on the reports of the Pan-African Epidemiology Network on Drug Use for the periods 2016–2017 (AU 2019a), 2018 and 2019 (AU 2021).

DEMOGRAPHIC FACTORS

Young adults (15–34 years) were over-represented among people who develop problems from drug use and seek treatment. Age-disaggregated data from the continental surveillance sentinel, PAENDU, for all treatment entrants for SUD in 2019 shows that about 70% were aged 15 to 34 years, classified as youth according to the African Charter on the Rights and Welfare of the Child. In addition, 2.3% of individuals treated for SUDs in 2019 were aged 10 to 14, implying that early initiation of substance use often occurs in some settings.

SUD is predominantly a male problem, and most of those affected have completed secondary school education and are generally unemployed. The typical drug user in Africa is therefore young, male and literate, as follows:

- Young adults between the ages of 15 and 34 years accounted for the majority of people seeking treatment in various countries, with an average age between 25 and 29 years. The average age for entry into treatment for alcohol problems was higher than for cannabis dependence.
- About 70% of all treatment entrants in West Africa that accessed treatment for SUD in 2019 were aged 15–34 years, classified as youth according to the African Charter on the Rights and Welfare of the Child.
- About 75% of all treatment entrants in the Southern Africa Region that accessed treatment for SUD in 2019 were aged 15–34 years.
- About 67% of all treatment entrants in the North and East Africa Region that accessed treatment in 2019 were aged 15–34 years.
- About 2.3% of individuals treated for SUDs in 2019 were aged 10 to 14 years (classified as children and young teens by the CDC), implying that early initiation of substance use often occurs in some settings.
- Approximately 40% of the drug users in treatment were unemployed at the time of entering treatment, with up to 75% in that category in Zambia in 2016.
- Most people accessing treatment had completed at least a secondary level of education, and up to 41% in Ghana and 23% in Uganda had some tertiary education.
- The majority of drug users in treatment in all facilities were single and lived in urban or semi-urban areas. Urban residence was as high as 74% in Uganda, 86% in Nigeria and 90% in Cameroon.
- In terms of gender distribution, males accounted for more than 90% of people seeking treatment in countries where such information was reported (Nigeria and Angola). Males were more likely than females to seek treatment for cannabis use, while the primary drug of choice among females was opiates in Nigeria, over-the-counter/prescription medications in South Africa and alcohol in Guinea.

The sizeable number of young people affected by drugs is a matter of concern for Africa's hugely eroding demographic dividend. These findings are to some extent consistent with the World Drug Report 2020, which shows that "vulnerable and marginalized groups, youth, women and the poor pay the price for the world drug problem" as they are disproportionally affected. Adolescents and young adults, for example, account for the largest share of those using drugs, while young people are also "the most vulnerable to the effects of drugs because they use the most and their brains are still developing." (UNODC 2020).

While it is a given that "poverty, limited education and social marginalization remain major factors increasing the risk of drug use disorders" (ibid.), it is disturbing that females have remained under represented in treatment seeking in Africa. Women make up approximately one-sixth of all entrants to drug treatment in Africa in 2019 (AU, 2019a). There is therefore a need to investigate further the barriers they may be facing. such as violence, stigma, a lack of female-centred facilities and competing demands for their time.

DRUGS OF ABUSE AND TREATMENT INFRASTRUCTURE

The two most problematic drugs on the continent in terms of treatment demand are cannabis and alcohol. Cannabis remains the main drug for which people undergo treatment in Africa. Alcohol is the most commonly reported principal psychoactive substance used among people in treatment in Africa. Where one was the primary substance, the other tended to be the secondary substance, except in a few cases where opiates and cocaine were the secondary substances of abuse, mainly in Nigeria and Guinea, respectively.

The continent is also facing a challenge in the growing use of opioids (heroin, tramadol, and codeine). In particular, the non-medical use of pharmaceuticals presents a serious concern for public health, safety and law enforcement on the continent, as does the dramatic rise of new psychoactive substances (NPS). In some countries, the HIV/AIDS epidemic has spiked due to drug use (especially the injection of heroin, for example, in Tanzania). However, in other countries, there was very little injection, and HIV remained a predominantly heterosexual infection. Except in Tanzania, there were no harm reduction (including opioid substitution) services, which could serve as a source of data on the impact of drug use and response to interventions.

This is consistent with seizure data, which indicated that seizures of cannabis, pharmaceutical opioids, khat, cocaine, heroin, ephedrine and methamphetamine remained relatively high. For example, over 40,000 individuals were arrested for drug-related offences between 2018 and 2019 in the ECOWAS region. In addition, there were seizures of large quantities of substandard, spurious, falsified and counterfeit medicinal products.

In terms of available services, most people who seek SUD treatment in African countries do so as outpatients. Except in Nigeria, where most treatment episodes were recorded in psychiatric or other tertiary medical facilities, the majority of cases of persons entering treatment for substance use disorders occurred in outpatient clinics. Moreover, few countries offered a full spectrum of evidence-based services, including harm reduction. In many countries, SUD treatment involves detoxification services in mostly government psychiatric centres.

Indeed, the report showed many barriers related to overall treatment and service infrastructure, limited resources, high cost of service and the shortage of qualified personnel for SUD treatment programmes, worsening the challenges encountered by healthcare providers and patients when navigating the SUD treatment systems. A myriad of legal, social and economic factors, for example legislation that calls for the punishment of drug users instead of treatment, exacerbates stigma. According to UNODC, the availability of evidence-based treatment facilities in Africa falls below the world average at 5%, compared to 16% globally (UNODC 2018; UNODC 2021).

While cannabis is a big problem, the presence of other drugs shows the need for comprehensive and integrated responses ranging from prevention to low-threshold harm reduction to treatment. As per the World Drug Report (UNODC 2021), opioids, however, remain the most harmful, as over the past decade, the total number of deaths due to opioid use disorders went up 71%, with a 92% increase among women compared with 63% among men, calling for prompt action to reduce the harms associated with such. The prevalence of cannabis is also reflected in drug-related incarceration, according to law enforcement data.

STATE SUPPORT

Significantly, state support for SUD problems has been minimal, although there have been noticeable policy shifts. There has clearly been an absence of state support for people seeking treatment for SUD, except in Mauritius, Botswana, South Africa and Kenya. Services

for rehabilitation and treatment are free for all citizens of Mauritius and Botswana; hence non-governmental organisations and the psychiatric hospital in the epidemiology network use government revenues to operate the facilities. In other countries, payment for treatment mostly comes from personal income or the support of family/friends. Mostly, when problems develop, friends and/or family members are more likely than others to refer affected persons for treatment. This can partially explain the gender dynamics where females access treatment and the overall low availability of treatment services in Africa.

The number of centres providing data to national networks has been rising consistently. For example, in 2016 the number of centres and facilities providing data for the project ranged from two in Uganda to 73 in South Africa, with the largest number of persons treated for substance use disorders.

POLICY IMPLICATIONS

The biggest challenge is how we respond in terms of accelerating coordinated approaches to prevent illicit drug manufacturing, detecting emerging drug threats, disrupting trafficking and related organised crime and responding to public safety and public health impacts in a timely manner. Harnessing the demographic dividend remains central to realising Africa's aspiration for socio-economic transformation and is fundamental to reducing youth vulnerability and maximising human capital. It presents a great opportunity to build the resilience of young people and address the root causes of some key challenges facing Africa today, including drug trafficking and use, forced migration, radicalisation and violent extremism. The accessibility of treatment for women with SUD is an issue that needs attention. Policymakers also have to look into improving the number and quality of drug treatment facilities and personnel.

Little but progressive steps have been taken towards comprehensively tackling the world drug problem. Strengthening research and drug epidemiology shows some good things are happening, albeit brick by brick. The establishment of national and regional drug observatories and epidemiology networks, once a narrow discourse restricted to specific communities, is now entwined in the continental narrative of drugs, security, public health and socio-economic development. Since the publication of the first PAENDU report, there has been noted progress in the expansion of infrastructure and services for people with SUD, including the provision of harm reduction services. The African Union has started an interesting discourse on cannabis, and it has also started drafting the first continental policy paper on cannabis, which is still under discussion.

At the continental level, the African Union has begun integrating traditional leaders in drug dependency prevention treatment and care to widen the reach of community interventions amid a growing burden of substance use and related mental health disorders on the continent, especially among youth, women and children (AU 2022a). It has become important for the AU to explore indigenous and inclusive ways to brace communities at risk and in need, especially youth, children and women, to strengthen protective factors and reduce risk factors for drug use, offer mental health support and galvanise young people with resilience to withstand the tide of drug initiation and use. As part of the initiative, South Africa became the first country to launch a national network of traditional leaders in drug demand reduction (ibid.). The rationale is that many people access services from community leaders, so it's important to begin to have a discussion with traditional leadership as the first line of intervention for people experiencing challenges with drug use.

In 2022, the African Union recorded significant milestones in the implementation of key priority areas of the AU Plan of Action on Drug Control and Crime Prevention (2019–2023) due to increased data on drug use through the PAENDU. These include: 1.) The increase in the number of countries with national strategies on drug control from 30 in 2021 to 35, indicating strong commitment to tackling drug challenges nationally; 2.) The increase in the number of member states submitting annual national drug epidemiology reports to the Commission from 15 in 2021 to 22; 3.) Launch of the Global Dialogue on Drug Demand Reduction, bringing together focal points from three continents—Africa, Asia and Latin America—as a platform to promote dialogue, cooperation and collaboration, as well as sharing best practices and benchmarking

towards addressing drug challenges and fostering the health and wellbeing of the societies represented (AU 2022b); 4) Joint establishment of the International Consortium for Quality Assurance in the treatment of disorders caused by the abuse of psychotropic substances aimed at ensuring that people with drug use disorders obtain quality-assured treatment; 5.) Development of a ministerial declaration that sets the agenda/framework for addressing drug use and substance use disorders among youth, women and children (AU 2022c); and 6.) Strengthening of collaboration with international organisations implementing drug demand reduction programmes in Africa to facilitate training of Member States' Drug Dependency Prevention and Treatment professionals.

Nationally, the Government of Zambia is now developing its first drug treatment and rehabilitation centre. Nigeria conducted its first large-scale, nation-wide survey to examine the extent and patterns of drug use in 2018 (National Bureau of Statistics 2018). Kenya has translated the International Drug Prevention Standards developed by UNODC into local languages. Eswatini has started incorporating young people into sustained drug prevention programmes.

CONCLUSION

The ultimate goal of the AU programme is to reduce the prevalence of drug use and its various health and social consequences in communities across Africa. The inter-linkages between drugs and development and the importance of 'development-sensitive' drug control policies cannot be overemphasised. Drug policies need to ensure no one is left behind. Balanced and coordinated, holistic and multi-sectorial approaches to drug control can adequately address drug use and trafficking in all their forms including reducing harm associated with drug use and expanding health and social services for those with problematic use and their families. Investment in evidence-based services and tackling drug trafficking is predicated on good data, hence the need to develop regular, systematic and sustainable systems for data collection. As more countries establish national drug surveillance systems and join the continental network, it will become easier to monitor trends and patterns in the availability and use of psychoactive substances, which facilitates appropriate interventions.

Plenty of opportunities exist, notably that: epidemiology information can be used to spark national debate on drugs, thereby enhancing understanding and national sustainability, as was the case with the South African Community Epidemiology Network established in 1996; facilitating continuous record-keeping and providing continuous staff training. Also, countries have the opportunity to use PAENDU to scale up data collection at the national level and leverage existing political commitments at the continental level to follow up on budgetary commitments and allocations for drug data management.

There are, however, challenges to be surmounted, including: debunking the weak tradition of record keeping where data collection is ad hoc; lack of funding for research, especially population surveys; questionable reliability and validity of data from existing sources of information; lack of qualified personnel for data collection, analysis and reporting; limited geographic coverage for data collection to mostly urban areas and lack of basic equipment for data collection.

AUTHOR NOTES

The African Union is a continental body comprising 55 African member states. It was launched in 2002 as a successor to the Organisation of African Unity which had been formed in 1963. The re-launch was predicated on the need to refocus from fighting for the political liberation and independence of African countries towards the promotion of inclusive socio-economic development and increased cooperation among member states. The African Union Commission (AUC) is its executive secretariat and administrative organ responsible for the development of continental policies and frameworks, monitoring implementation and capacity building, including through technical partners.

COMPETING INTERESTS

The authors have no competing interests to declare.

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