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Reactions to problems of drug abuse in Zambia

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ABSTRACT

Apart from cannabis, the abuse of other drugs in Zambia was not considered a major problem in the past. There was obviously a lack of knowledge of the nature and extent of drug abuse. At present, limited information on drugs and drug abuse is incorporated into school curricula. When studies on drug abuse and on attitudes and reactions to abuse were initiated at the request of the United Nations Educational, Scientific and Cultural Organization (UNESCO) and because of rising public awareness, it became apparent that a drug abuse problem was beginning to develop in Zambia although it had not yet reached serious proportions. Such a situation demanded new preventive efforts which should include drug education, information and research components as well as a need to involve the people most concerned at all levels in both programme design and implementation. These components are described in this paper and it is emphasized that the planning of programmes in Zambia must form part of regional activities in co-operation with neighbouring countries.

Introduction

When drug abuse exists or appears to be developing, various actions may be taken by society, ranging from the enactment of laws to the setting up of treatment programmes and the development of educational or other preventive measures. The type of response tends to depend upon the particular form of drug abuse in a society (Nowlis, 1975), but it has often been typically a moral or legal one. Thus, Zambia's first reaction to the occurrence of drug abuse was the enactment of laws and the conviction of offenders. It seems, however, that little was known about drug abuse in the population at that time.

In fact, increasing concern was shown over the years about alcohol abuse (Smith, 1973; Haworth, Mwanalushi and Todd, 1981) but insufficient attention was paid to measures to reduce the abuse of other substances. UNESCO recently initiated action on drug education in Africa (Friderich, 1981), and Zambia was requested to participate. An initial report was produced (Nyambe, 1979) and a request was subsequently received to carry

out a survey of the drugs that were being used, to make a study of attitudes in different sectors of the population, and to carry out a detailed analysis of preventive educational programmes concerning problems related to the use of drugs. The results of a survey on student drug abuse have already been reported (Haworth, 1982), and reports on studies of attitudes will be published in the future. This paper includes a summary of an analysis of preventive educational programmes (Siayangwe and Ng'andu, 1981), as well as a discussion of possible ways to develop appropriate measures for the prevention and reduction of drug abuse.

Appropriate measures depend upon many factors, including how the problem has been perceived and the extent to which the proposed measures can be tested.

Apart from efforts to treat persons abusing drugs who developed psychiatric illnesses, other efforts were educational in nature and were based upon a risk-oriented approach (Schiøler, 1981). Some of the psychiatrists treating the mental patients thought that cannabis might have been a contributory factor to the development of mental illness. The work carried out as a result of the requests from UNESCO gave a new impetus to preventive activities and the time has therefore come when new proposals seem opportune.

Legal response

Beer brewing had been a traditional activity and beer drinking was highly institutionalized in traditional ceremonies. As for other psychoactive substances, *Cannabis sativa* L. was the only drug known to be used, but not in any form of ceremony. The Dangerous Drugs Ordinance was enacted in Zambia in 1926. This Ordinance did not in fact refer to cannabis as such, but to "dagga, wild dagga, red dagga, klip ...". The 1926 Ordinance was complemented in 1938 in a supplement to the laws which defined extract or tincture of Indian hemp (*Cannabis sativa* L.), morphine and its salts, cocaine and some other substances as habit-forming drugs.

In 1967, the previous legal provisions on drug control were replaced by the new Dangerous Drugs Act which had been prepared in accordance with the *Single Convention on Narcotic Drugs, 1961*. This new Act made provision for the control of dangerous drugs, including the importation, exportation, production, possession, sale, distribution and the use of such drugs. In 1971, new dangerous drugs regulations were enacted in the form of a Statutory Instrument (No. 128 of 1971). These regulations provided for the control of raw opium, coca leaves, poppy-straw, cannabis, cannabis resin and all preparations of which cannabis resin formed the base. It restricted the importation and export of these drugs and empowered the Government to make regulations for the control of production, possession, sale and distribution, as well as for the issuance of licences and the prohibition of

cultivation of plants from which the drugs were obtained. The Government was also authorized to prescribe measures for the eradication of such plants. One regulation empowered the Director of Medical Services to allow a medical practitioner to prescribe specified quantities of certain drugs to addicted persons.

Preventive educational programmes in Zambia

No specific programme dealing with the prevention of drug use among schoolchildren has been developed. Drug education was, however, dealt with to a limited extent within the subject of environmental science for grades six and seven. Under the heading "Man and disease", pupils are informed of the dangers of drugs, tobacco smoking and excessive beer drinking. At the secondary school level, drug use and beer drinking may be referred to by the teacher during human physiology classes, when mention is made of the effects of drugs upon fertility and offspring. Although there is some cultivation of tobacco, the pupils are not allowed to take the leaves since tobacco is grown as a cash crop in Zambia. There is a considerable amount of smoking of uncured tobacco in many rural areas by people of all ages, but it is not known whether children attending school in tobacco growing areas smoke the leaves in this way.

As in the schools, only incidental mention is made of the dangers of the use of drugs in the programmes of study offered in teacher training colleges and universities. Lectures on alcohol and drug abuse are, however, given to students in the various health training institutes where the students also have opportunities of seeing alcohol-related problems in their work. Frequently, however, attention is directed to the immediate medical or surgical problem and not to the underlying problems of drug abuse.

The Health Education Unit of the Ministry of Health is concerned with school and out-of-school health education. It co-operates with the Ministry of Education in the development of various curricula, including health education as well as with other ministries. The Health Education Unit also works closely with the mass media, providing suitable material at the grass-roots level for broadcasting or for publication. Whenever possible, material is translated into local languages. The Health Education Unit is hampered by lack of trained manpower, office accommodation, transport and publishing facilities. As far as is known, there have been no studies to evaluate the effectiveness of its work.

The Department of Community Development offers literacy classes to people living in rural areas. In urban areas, these classes are conducted by the district councils. They include information on health education and, in the section on ante-natal care, brief references are made to the effects of smoking and drinking upon the foetus. Neither the Department of Social Welfare nor the Ministry of Youth and Sport has organized any specific programme

dealing with problems relating to the abuse of alcohol or other psychoactive substances.

The Government of Zambia has, however, developed a most effective medium for the education of youth through the publication of a well presented monthly magazine called "Orbit". This magazine is avidly read by youth in all parts of Zambia. Its present circulation is approximately 65,000. Various articles have appeared in the magazine on the dangers of cigarette smoking and the use of alcohol and it is considered an excellent medium for informing young people about drug-related problems.

Two church organizations, the Christian Council of Zambia and the Pioneer Total Abstinence of the Sacred Heart, are also concerned with problems related to tobacco, alcohol and drug abuse. In addition, individual churches occasionally promote campaigns to help people give up smoking or to promote total abstinence from alcohol. The Christian Council of Zambia co-ordinates certain activities of some of the Protestant churches. It has a family life committee and a youth committee. There is, however, no co-ordinated programme on drinking or drug abuse problems, as such. The Pioneer Total Abstinence of the Sacred Heart organization is operated by the Catholic Church. It was founded in Ireland in 1898 and was introduced into Zambia in 1958. Although its members accept total abstinence for life, in order to be of service to others, they neither prohibit others from drinking nor dissociate themselves from those who do. The objectives of the junior section of the Pioneer Total Abstinence of the Sacred Heart are to prevent children from acquiring a taste for alcohol and the provision of regular instruction in various matters. Members make a pledge for a limited number of years only but may become recruits to the senior branch of the organization. The movement's funds for activities such as the distribution of literature and the translation of informational material into local languages, are limited.

Further activities that could be undertaken

While educational programmes are important, their character should be structured to a more situation-oriented approach (Schiøler, 1981) aimed at building upon the types of psychosocial and socio-cultural models (Nowlis, 1975). An example of the need to use models of this type may be drawn from the changing pattern of alcohol use in Zambia.

Certain beverages can now be purchased from supermarkets. Within Zambia there is an important historical context to the current patterns of drinking, in which there has been a move away from traditional brews to commercially produced types of beer, locally brewed lagers and imported beverages. Each type of beverage is linked, to some extent, to social status. While students are in the vanguard of this élitist movement, it was shown in a

survey of alcohol use among students (Haworth, Mwanalushi and Todd, 1981) that the actual situation depended upon the status of the institution. According to that survey, students in Zambia drink alcohol with the intention of "getting drunk". The adoption of modern beverages, however, might bring about a return to the "controlled" drinking of the past. There is no definitive proof, however, that such controlled drinking was the norm throughout Zambia.

The long-term activities must be preventive and of these the most important is drug education. Education could play a key role in providing the main thrust of prevention and would be important in the development of services designed to help those who have problems. Although information exists upon which to base educational materials to be used in the development of services, there are, at the same time, many gaps to be filled requiring future research. Although the three main areas relating to educational activities, provision of services and research overlap and interact, they are outlined separately below.

Educational activities

Information on drugs and drug-related problems will be required both by students and their teachers, by parents, policy-makers and the public at large. Yet, as has been shown, information should be designed for particular target groups, taking into consideration their beliefs, attitudes and behaviour. The mere dissemination of information could well have negative effects if, for example, policy-makers with preconceived ideas about the evils of cannabis use were to demand confrontation and introduce increased penalties for consumers without being informed of the wider issues and consequences of actions. Although this is an extreme example, the same principle applies to less dissimilar target groups. For example, while a core of information might be appropriate for student groups, different emphases might be necessary for other groups within institutions. Patterns of availability of drugs and drug use which may differ from institution to institution as well as the particular social environment, such as religious teaching and peer-group pressures, must be taken into consideration when designing programmes. The students themselves could participate in reviewing the contents of information material intended for them while it is in draft form.

Educational materials could be divided into two categories: (a) one for the general population and (b) another for workers who provide services to persons with drug problems, as follows:

(a) The general population target groups may be classified together with students, target groups and teachers. They could also include the most basic health workers such as community health workers and the police, although these form the forefront of the service component. The police in Zambia tend

at present to feel uncomfortable in roles other than that of law-keepers (Hall, 1980). It has been emphasized that target groups should become involved in the preparation of materials to be used for educational activities. Educational activities which are imposed upon groups or communities by outsiders whose only interest in the people most involved is to provide information, promote a particular line, or impose controls, are unlikely to be effective. The target groups should also be involved in determining how they should react and what priorities should be given when they recognize the existence of drug problems. Assistance and advice from more experienced persons in this field should be made available whenever required. The Health Education Unit of the Ministry of Health would have to be active in developing educational materials and co-operating with all agencies concerned, including the press and radio, in the dissemination of information. Gray and Daube (1980) distinguished between public information and targeted specific public education programmes. Their observation that a general public information programme is a necessary reinforcing agent for more specific education programmes needs careful consideration;

(b) Different levels of competence would be required from workers helping persons with drug problems. In addition, there should also be a general level of understanding given, for example, to all health workers. A first step could be the examination of the various curricula in order to ensure that topics on alcohol and drug problems, including preventive aspects, are dealt with adequately and in a practical manner. Special emphasis should be placed upon the detection of persons with drug problems and upon means of helping them to accept advice or, alternatively, to accept referral to a more specialized service. Emphasis should also be placed upon the value of inter-sectoral collaboration, including the promotion of peer group counselling, where appropriate. Merely because people are informed about various subjects does not automatically mean that they will be able to communicate this knowledge to others in a way which will be the most appropriate or useful. Attention would have to be given to teaching the teachers who will belong to many professions.

Services

The provision of services to those in need because of drug problems would involve various levels of expertise. It is hoped that the most productive would be that of early detection and intervention. Yet this could also be the one demanding the highest skills, because of a reluctance on the part of some persons to admit a need for any form of help. This implies a high degree of co-operation between the various agencies offering services, and the fact that such services must include persons who have themselves suffered from drug problems. Such persons may be able to communicate in more realistic terms than professionals who may be considered as interfering

and repressive outsiders. As already mentioned, some of the agencies involved are also equally repressive; for example, the police and disciplinary authorities within institutions. Ways should, however, be sought to cope with drug problems in a manner which produces positive results with the least possible further damage to the lives of the persons concerned. The role of education should be considered as of the highest importance because without understanding there can neither be effective action nor co-operation.

Research

Initial studies on new problems tend to be more descriptive and the samples chosen for study to be those more easily accessible. The studies carried out at the request of UNESCO (Haworth, 1982) largely fall into these categories. There was, however, some testing of specific hypotheses with respect to the effects of higher levels of consumption and the existence of a vulnerable group of poly-drug users. These results indicated the need for further projects which would be especially relevant to early detection of vulnerable users. Since heavy smoking has been shown to be related to high alcohol consumption, the use of other psychoactive substances and the occurrence of problems might be linked to this fact which suggests that it might be advisable to develop a two-stage questionnaire on the use of tobacco and alcohol and on the abuse of other psychoactive substances as well as the types of problems experienced in association with such use. Where appropriate, such a survey should be linked with examinations of urine specimens. The identification of the majority of vulnerable users by means of a simple questionnaire designed for this purpose could be a major step forward in secondary prevention.

There are a number of young people who are hospitalized for drug overdose. These persons could be studied in more detail both with regard to providing them with more practical assistance and to learning more about the abuse of drugs among their peers and friends. Structured interviews, with suitable ethical safeguards, would probably produce additional information as, for example, on sources of supply of drugs and "sub-cultures" of drug use. There is a lack of information on public knowledge of and attitudes toward the use of various drugs. This information would be especially useful in producing educational materials for the public. It is, however, evident that little is known of the drug using habits of the large majority of the Zambian population. Hence, further surveys should be conducted. Since general population surveys are expensive, means of sampling specific population groups such as unemployed youth, young workers, and illegal street workers ("mishanga boys") are being worked out.

Since data from students have been systematically collected (Haworth, 1982) using a method which is easy to repeat, it would be of interest to follow

trends by collecting the same information in the same institutions at regular intervals over a period of several years. A shorter form of the questionnaire could then be used in order to eliminate the handling of large amounts of data. It would thus be possible to study trends in tobacco, alcohol and drug use in these particular populations.

Such information would be valuable in supplementing information in the last type of research being proposed—the monitoring of effects of the preventive and other activities proposed earlier.

Conclusion

After a visit to East Africa (Rexed and Emblad, 1981) it was reported that none of the countries seemed to be suffering from any serious drug abuse problems but that the situation showed clear signs of changing. This description was confirmed by studies carried out in Kenya (Acuda, 1982) and Zambia (Haworth, 1982) and a similar conclusion was reported from West Africa (Nevadomsky, 1981). Several authors pointed out the need to obtain facts on the nature and extent of drug abuse, having regard to other reports of spreading drug abuse in Africa (Anumonye and others, 1980; Bouzer and others, 1980). Preventive strategies should, therefore, be worked out as soon as possible. The initiative concerning drug education taken by UNESCO is proving especially valuable in drawing attention to the educational component as well as to the need for regional collaboration. Merely informing people about drug abuse would be of little value, and education itself should be an active participatory process. Other actions would also be needed, ranging from inter-governmental co-operation in drug abuse control to the provision of services for those who need help with specific problems. Furthermore, some means of monitoring progress would be needed. A broad plan has been presented for Zambia which, however, requires further elaboration with regard to overall co-ordination. Although parts of the plan are well designed, its overall success depends upon the operation of all its components. The co-ordination depends upon the agreement of all sectors involved as they meet to explore what has to be done. Such a meeting has already been planned in Zambia and, hopefully, it will be possible to report on the progress made at a future date.

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