

Prevalence, Consequences and Interventions against Drug Abuse in Old Town, Mombasa, Kenya

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Abstract

Drug Abuse in Old Town Mombasa is multitudinous. The study seeks to establish prevalence, consequences and interventions on drug abuse in Old Town, Mombasa. A total of 16 respondents comprised the population. Qualitative data was collected using unstructured interviews on a sample of sixteen. The study recommends more functional, practical and transparent methods to be used to help eradicate the problem of drugs in Old Town, Mombasa.

Key words: Drugs, interventions, addiction

1. Introduction

Drug abuse has been a matter of great concern to the international community and in response; the Kenyan government has taken a tough stand on the war on drugs. Drugs that are on transit to Europe and Asia having been impounded (United Nations Office on Drugs and Crime, 2013). In 2014, the President of Kenya ordered a vessel to be blown up at high seas with drugs impounded at the port of Mombasa worth 1.3 billion Kenya Shillings. Despite the tough stance the Kenyan Government has taken drug trafficking is still rife. This became evident with the recent seizure of 99kg of cocaine alleged to have been discovered in containers in the port of Mombasa that was shipped from Brazil and was destined for Uganda (Telegraph News, 2016). Drugs are brought to Kenya on transit and then they are re-routed to final destinations using transshipment methods. Smuggling operations in poorly regulated small ports such as Old Port located in Old Town find themselves in the local market (Dimova, 2014). Drugs on the transit circuit have created a serious local usage problem in Mombasa (UNODC, 2013). Globally, United Nations Office on Drugs and Crimes (UNODC) estimates that a quarter of a billion people between ages 15 and 64 used at least one drug in 2014, twelve million people in the world inject drugs of which 14% are living with HIV and there were estimated 107,400 drugs related deaths in 2014 (World Drug Report, 2016). According to the World Drug Report (2016) opioids use may have grown in Africa but the drug problem in Africa is incomplete because data has been limited.

East Africa is one of the largest producers and users of cannabis while the number of those injecting drugs has been on the increase (Kaisiye, 2011). The local eastern Africa market is estimated to consume 2.5 tonnes of pure heroin per year (UNODC, 2013). Cannabis (bhang) is the most widely accessible drug in Kenya (National Agency for Campaign Against Drug Abuse in Kenya, 2012). Heroin is the most frequently abused drug followed by cocaine in Nairobi and Mombasa. The percentage of individuals injecting heroin is 49.4% in Mombasa and 18% in Nairobi (NACADA, 2013). Mombasa is a haven of drugs because of its geographical setup and proximity to the Indian Ocean and its economic dominance in the coast region (Weldon, 2013). People who use drugs have a risk of contracting HIV, Hepatitis C, tuberculosis and other infectious diseases. In Kenya 18.3% of people who inject drugs are living with HIV (UNAIDS, 2016).

2. Method

The study used a qualitative design. Individual unstructured interviews with four respondents; a village elder, a resident, a drug addict and chief of Old Town, Mombasa, were carried out. Two focus groups comprising three staff of Reach out Centre Trust and nine recovering drug users at the rehabilitation centre were organised. Data was analysed thematically.

3. Findings

3.1 Prevalence of drug use/abuse

The study sought to establish the extent of the drug problem in Old Town, Mombasa. Findings indicate an enduring drug problem. In an interview with the village elder, it emerged that drug users used condemned houses in Old Town as dens to smoke cannabis (bhang/ marijuana). Additionally, alleyways and the beachfront provided good drug taking hideouts. According to the resident who was interviewed, inject able drugs are also very common. The challenge of ready availability came up in the focus group discussion with staff at the rehabilitation centre who confirmed that heroin was readily available in the neighbourhood.

The problem has become intolerable because drug users seem to be on a mission to ensure that all children in Old Town use drugs. It also emerged that though chronic cases have dropped, new cases are increasingly emerging especially within gangs. The resident corroborated the information, admitting that younger children are increasingly getting influenced into the drug habit quite early. This confirms studies that reveal that majority of drug users are initiated at a tender age (Masudi, 2011). According to the resident and the area chief, drug taking behaviour is exacerbated by parents who bail their children out from police cells when they are arrested for drug taking and petty crime. According to the area chief, gangs are highly organised and dangerous. The drug pushers are protected by machete-armed youth. This is because they make a lot of money and hence need protection in an area rife with criminals. The relationship between drug users and pushers emerged in the focus group discussion with drug users at the rehabilitation centres. According to the respondents, drug users (mateja) pay USD 2 or more in cash for a sachet of heroin from the pusher (Zungu). If they cannot get the money, they will have to pay in other material e.g. phone. This is basically the motivation for crime. The drug user claims to be getting protection from some security personnel who are paid money by the drug pushers to give them prior information before raids are conducted in dens. This enables them to hide before the security personnel arrive. This interestingly has been confirmed by the Regional Police Coordinator who publicly warned the rogue police officers who work with drug peddlers (Standard Digital News, April 2016). Many markets operate with the collusion of corrupt officials who ensure that the law is not enforced. (UNODC, 2013).

3.2 Consequences of drug use

Much of the crime reported by staff in the rehabilitation centre revolved around breaking into vehicles or stealing side mirrors, snatching purses, phone theft and burglary. Though the use of knives and machetes is on the increase, no murders have been committed in the process. Additionally, most of the petty theft arising out of drug use begins from home. Respondents in the recovering drug users' focus group agreed that they started out stealing items from their parent's house and later moved out when they were found out. According to the staff in the focus group, the major reason for crime-for-drugs is the withdrawal symptoms that drug users encounter. The recovering drug user's focus group pinpointed such symptoms to include discomfort, body pain, headache and nausea. In such circumstances, they will do anything for a fix including "stealing from your mother". They also corroborated the fact that petty theft begins at home. They will steal clothes from the line and any household items to exchange for drugs. Once they are discovered, they have to seek other avenues for getting items for sale.

According to the resident who was interviewed, drug users steal everything including a burning charcoal stove outside the house. The drug pusher (Zungu) emerged as a very important pillar of the crime-for-drugs lifestyle. In the recovering addicts' focus group, it was pointed out that drug pushers did not like drug users who go begging for drugs. Neither did they sell drugs on credit. The drug pusher loves the drug user who "hustles" and heaps praises on such people. For drug users who require praises from the drug pusher, it becomes inevitable that they will commit crime to purchase drugs. The drug user who "hustles" more and "pays cash" becomes the "real Kenyan" and therefore gets a "scoop" from the drug pusher. A "scoop" is a few more grams of heroin as appreciation of hard work. In such instances, drug users target fast moving goods including women's purses, men's wallets and mobile phones. According to the respondents, the drug pusher is a rich man who lives off their misery. This client-patron relationship between Mateja and Zungu therefore underlie the crime situation.

Between the drug user and the drug pusher is a "broker" who sells stolen property on behalf of the former. According to the nine respondents, every drug user knows to whom the stolen property goes before they steal it. Such brokers are not drugging addicts and pocket more money from the sale of stolen property. For instance, an item that costs USD 100 will fetch the drug user USD 20 or less. This discrepancy is explained by brokers in terms of the risk they expose themselves to by handling stolen goods.

The link between drugs and crime was supported by the village elder who pointed out the economic loss to Old Town because of fear from tuktuk (auto rickshaw) operators and tourists; and by the resident who asserted that all criminal activities were the result of drugs and not poverty. The latter recalled an incident involving the nephew who saw a woman robbed by a man wielding a knife. It appeared that the next man was also an accomplice because the nephew's cry for help did not draw the second man's attention. Police in Mombasa are grappling with a wave of crime perpetuated by gangs of young criminals. In Old Town two groups Mawayu and Crazy Boys beat, rob and stab their victims has led US embassy to issue travel advisory that discourage its people from visiting old town(Daily Nation,2016).

The risk the drug user was ready to take depends to a great extent on the demands of Zungu and the need to "take it easy" for a month or more. According to the recovering addicts, they are ready to take any risk, including "breaching an electric fence" as long as the possibility of bigger loot beckons. The loot ensures that they can sit pretty for longer, visiting the drug pusher when they want. They only regret their actions when the mission is unsuccessful or occasionally when they meet the victim. The chief introduced a new dimension to the discussion by relating the increase of TB and HIV/AIDS to the drug habit. According to the chief, those drug users who ended up in jail left already infected. Secondly, the contacts they made in jail among criminals increased crime rates in Old Town.

3.3 Interventions against drug use and challenges

In the staff focus group, it was found out that many steps have already been taken to deal with the problem of drugs. One of the ways was the establishment of the Reach out Trust Centre which provides counselling and rehabilitation. Among the programs provided is Narcotics Anonymous that deals with drug users and open meetings where users and non-users interact. Additionally, there are groups of former drug users who liaise with organisations to fund income-generating activities for self-reliance. The centre also runs hospital services free of charge especially for physical injuries among drug users. Outreach staff goes out on outreach programs to get addicts and bring them to the centre while others check in of their own volition. They also sensitise the community on issues affecting drug users in order to deal with stigma and also keep drug users away from harm e.g. mob justice by having a shelter for them. Currently, some addicts have stepped down to methanol use while a number have quit drugs. According to the recovering addicts, they provide social support to each other to avoid relapse while they undergo methanol treatment at the referral hospital. The centre is playing an active role in the management of HIV and AIDS and Hepatitis especially among female drug users who have sexual relations with non-drug using men. The centre also provide lunch program to 80-90 recovering drug users. Recovering addicts are also playing an important role as peer educators. However, they claim that the society still stigmatises them. The depth of stigma and revulsion was expressed by the resident who wondered why the Reach out Centre gives criminals free food only for them to turn back and steal when they are full. It also emerged that administrative interventions have been put in place to deal with the drug menace. One of the ways is through the nyumba kumi (ten houses) initiative where an individual (ambassador) is appointed to be in charge of every ten households. This helps residents to know newcomers in their locality.

According to the guidelines for implementation of community policing (2015) the nyumba kumi strategy was introduced by the Kenyan Government as a strategy to anchor community policing at the house hold level. It is supposed to bring in partnership between communities and government policing agencies to look at issues of public safety issues such as crime and social disorder. However, such interventions are hindered by death threats and actual murders of those ambassadors who report drug-related activities in their area. There has been a spree of killings of village elders and nyumba kumi officials in the Coast region (Reuters Africa, May 2016). This is in addition to the volunteer nature of the appointment. This confirms Weldon (2013) findings that drug cartels are ready to kill to safeguard their market.

4. Conclusions

Heads of States and Government, Ministries and representatives of States assembled at the United Nation for the 13th special session of the General assembly to show commitment in effectively addressing and controlling the world drug problem (UNGASS, 2016). This commitment should trickle down to the villages where people are enslaved by the drug monster. Proper structures, commitment and dedication should be forthcoming from all and sundry. Without proper coordination and enthusiasm the drug problem will continue to persist.

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