SOCIAL RESEARCH REPORTS

ISSN: 2066-6861 (print), ISSN: 2067-5941 (electronic)

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Social Research Reports, 2018, Vol. 10, Issue 2, pp. 74-84

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ILLICIT DRUGS USE AMONG YOUTH: A HINDRANCE TO SOCIO-ECONOMIC DEVELOPMENT IN RWANDA

Gonzague Isirabahenda GONIS[1]

Abstract

While the use of alcohol, tobacco, cannabis and other psychoactive substances constitutes one of most important public health problems among youth world-wide, the use of illegal drugs has spread at an unprecedented rate and has reached at every part of the world. Youths seem to be targeted as the new market for the drug industry globally where in economic term, both licit and illicit drugs are viewed as consumer goods that are traded in a competitive global market. Illicit drugs use is becoming an increasing problem in Rwanda, though little is known in Rwanda about the prevalence of drug use among youth. Illicit drug use has been singled out as one of the major challenges threatening the future of the Rwandan youth. The significant proportions of these young people eventually get addicted posing a threat to their own health and safety, while creating difficulties for their families and the public at large. The general objective of the study was to assess how illicit drugs use among youth hinders youth socio-economic development in Kigarama Sector/Rwanda and analyzed the strategies used to address the problem. The ultimate aim was to find out reason why youths involved in drug abuse especially illicit drug use and means needed to limit the problem. This article focused on trend of illicit drugs use among youth and the study was covered a selected sample composed by Community Policy Committee members, Neighbor' Eye Program members and interviewed key informants include local leaders, Rwanda National Police Officer working in Kigarama Sector, Kicukiro District, Rwanda.

Keywords: Illicit drugs, youth, socio-economic development.

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Introduction

The use of illicit drugs has become one of world's most pressing public health concerns, with the issue occupying a prominent place in the scholars' writings and researchers. Belhassen, et al, (2007) stated that the legality of a drug differs from country to country and one society's perception of a harmful drug may be seen as just another recreational drug such as alcohol. The history of the human race has also been the history of drug abuse. In itself, the use of drugs does not constitute an evil. Drugs, properly administered, have been a medical blessing. For example, herbs, roots, bark leaves and plants have been used to relieve pain and help control diseases. However, over the past few decades, the use of illegal drugs has spread at an unprecedented rate and has reached at every part of the world. (Maithya, 2009).

Substance abuse by young people, and problems associated with this behavior have been part of human history for a long time. What is different today is increased availability of a wide variety of substances and the declining age at which experimentation with these substances take place (World Health Organization [WHO], 2005:45).

During and after the Civil war thousands of injured soldiers were treated with narcotics to relieve their pain; many became addicted. Narcotics addiction was a serious problem from the 1860s to the first decade of the 20th century. Marijuana use has occurred throughout the human history. In the mid-19th century, it was often smoked by writers and artists in the large cities of America where shortly in 20th century; the Latino and African Americans began smoking it. In American society, moderate use of tobacco and alcohol is accepted by many and Americans was convinced that marijuana was a dangerous drug that cause insanity, crime and a host other social ills whereas the occasional use of heroin has been thought for years to be highly dangerous but evidence now indicates that occasional users suffer health consequences and high crime rates. (Zastrow, 1996).

Worldwide, it is during adolescence that most substance abuse begins; if adolescents do not use alcohol, tobacco or illegal drugs during this period, they are less likely to engage in substance abuse later in life. (United Nations Children's Fund [UNICEF], 2003 ; Chang et al. 2005). Behaviors often established in adolescence such as using tobacco, alcohol and drugs; having unprotected sex; and avoiding physical activity along with conditions such as exposure to violence, account for two thirds of premature deaths and one third of the total disease burden in adults. Clearly, adolescence is an important time in which to consolidate the promise of better child health and translate it into lasting good health for adolescents and the adults they will become. (UNICEF 2012:18).

Conditions that contribute to weak socioeconomic development such as unemployment, poverty, and marginalization may also create vulnerable environments for illicit drug use in both wealthy and less developed countries. For example, in the United States and United Kingdom, illicit drug use has been linked to socially and economically deprive urban settings. (Mannava et al., 2010).

In general, uncontrolled illicit drug use is often associated with: (a) Health problems: injury, poisoning (or overdose), unintentional injuries, spread of infection (especially HIV and Hepatitis C), cardiovascular problems, mental disorders and suicide all resulting in significant morbidity and mortality. Only in 2012, global deaths were attributable to illicit drugs; (b) Crime: ranging from small-scale activities (theft, robbery) to systemic violence (armed violence, homicides, domestic violence) to public disorder (unsafe discarding of drug equipment like syringes) and institutionalized corruption; and (c) Decreased productivity, unemployment, and poverty (Babor et al., 2010).

Over the past few decades, the use of illegal drugs has spread at an unprecedented rate and has reached at every part of the world. There are signs of increasing use of cocaine in Africa and Asia. Cannabis use is decreasing in Europe, but there is a resurgence of its use among young people in North America, Africa and Asia. (United Nations 2012:2). According to UN Commission on Narcotic Drugs (1999), drug abuse continues to emerge as a strategy among youth to cope with the problems of unemployment, neglect, violence and sexual abuse. This may be attributed in part to the fact that significant portions of the world's youth population are being exposed to a culture that appears to be more tolerant towards the use of drugs.

Illicit brews, just like narcotics are becoming a menace to the Rwandan society. It is slowly claiming people's lives while perpetrators are only focused at making quick money through offering toxic beverages. Rwanda National Police (RNP) Chief Emmanuel Gasana mentioned that drug abuse as second emerging crimes where he noted that there are six cases which have been on the rise and they need serious awareness with the help of the media to be able to effectively address them. The cases include: road accidents, drug abuse in the youth, human trafficking, robbery, counterfeiting and cyber-crimes respectively (RNP, 2013).

Drug consumption by the youth affects the economy, rampant drug and alcohol abuse among the youth is a cause of worry and threatens to disrupt the development course of the country. The impact of the crisis will obviously affect the social economic progress that we see today if nothing serious is done. Marijuana is said to be smuggled into the country from particularly Democratic Republic of the Congo and Tanzania, while illicit brew, is largely smuggled from Uganda (RNP News March, 2012).

Key concept definitions

The term youth has different meanings depending on the context. For statistical purposes, the United Nations defined 'youth' as those persons between the ages of 15 and 24 years, without prejudice to other definitions by Member States. Within the category of "youth", there are teenagers (13-19) and young adults (20-24), since the sociological, psychological and health problems they face may differ (United Nations Department of Economic and Social Affairs [UNDESA], 2013).

Curtain (2002), quoted in the U.N. World Youth Report 2003 defined youth as a phase when a person moves from a time of dependence (childhood) to independence (adulthood) and identifies four distinct aspects of this move: Leaving the parental home and establishing new living arrangements; Completing full-time education; Forming close, stable personal relationships outside of the family, often resulting in marriage and children; and Testing the labor market, finding work and possibly settling into a career, and achieving a more or less sustainable livelihood. According to the criteria recognized by the UN, in Rwanda, Youth was defined in Rwanda as population aged 14 to 35 years until the new national youth policy of November 2015 officially revised youth age groups and defined it as people aged 16 to 30 years (National Institute of Statistics of Rwanda [NISR], 2016).

According to United Nations Office of Drugs and Crimes [UNODC] (2003:69) and WHO (1994:34), drug is a term of varied usage. In medicine, it refers to any substance with the potential to prevent or cure disease or enhance physical or mental welfare, and in pharmacology to any chemical agent that alters the biochemical physiological processes of tissues or organisms. Illegal drugs refer to the substances that the government regards as harmful to the mental and physical wellbeing of the individual, hence controlling or discouraging their consumption by law. In line with the United Nations Office for Drugs and Crime, 'illicit drugs' are defined as drugs produced, traded, and consumed for purposes prohibited by law, as outlined by the international drug control conventions.

In the context of international drug control, drug abuse constitutes the use of any substance under international control outside therapeutic indications, in excessive dose levels, or over an unjustified period of time. According to UNODC (2003:66) said that WHO found the term "abuse" ambiguous, it abandoned its use; instead the WHO glossary speaks of "harmful use" and "hazardous use", which is defined as *Harmful use*: A pattern of psychoactive substance use that is causing damage to health, physical or mental. Harmful use commonly, but not invariably, has adverse social consequences and *Hazardous use*: A pattern of substance use that increases the risk of harmful consequences for the user. In contrast to harmful use, hazardous use refers to patterns of use that are of public health significance despite the absence of any current disorder in the individual user.

Maas, H. (1984:3) defined social development as a process in which people become increasingly able to interact competently and responsibly resulting in the creation of a caring of a caring and sharing society. A country's economic development is related to its human development, which encompasses, among other things, health and education.

Classes of psychoactive substances, methods of use and United Nations drug control conventions

According to Diagnostic and Statistical Manual [DSM III-R] (1989:169) psychoactive substances are classified in nine types such as: alcohol; amphetamine or similarly acting sympathomimetics; cannabis; cocaine; hallucinogens; inhalants; opioids; phencyclidine or similarly acting arylcyclohexylamines; and sedatives, hypnotics, or anxiolytics. The WHO (2000; 2004) summarized types of psychoactive substances as : alcohol (e.g: Wine, beer, spirits, home-brew, some medicinal tonics and syrups); Nicotine (Cigarettes, cigars, pipe tobacco, chewed tobacco, snuff); Cannabis (Marijuana, ganja, hashish, bhang); Stimulants(Cocaine, crack, khat and "designer" substances such as amphetamines); Opioids (Codeine, heroin, morphine, opium, buprenorphine, methadone, pethidine); Depressants (Sleeping pills, benzodiazepine, methaqualone, barbiturates, chloral hydrate); Hallicinogens (LSD, mescaline, psilocybin, peyote, ayahuasca) and Volatile inhalants (Aerosol sprays, butane gas, petrol/gasoline, glue, paint thinners, solvents, nitrites).

Table 1. WHO (2004) summarized risk and protective factors for substances use

RISK FACTORS	PROTECTIVE FACTORS
Environmental	
Availability of drugs	Economic situation
Poverty	Situational control
Social change	Social support
Peer culture	Social integration
Occupation	Positive life events
Cultural norms, attitudes	
Policies on drugs, tobacco and alcohol	
Individual	
genetic disposition	good coping skills
victim of child abuse	self-efficacy
personality disorders	risk perception
family disruption and	Optimism
dependence problems	health-related behavior
poor performance at school	ability to resist social pressure
social deprivation	general health behavior
depression and suicidal behavior	

Source: The Neuroscience of Psychoactive Substance Use and Dependence, Summary (2004:23)

WHO (2000:15) showed common ways in which people can take substances, given in general order of how quickly the method allows effects to be felt: (1) Injected with a needle under the skin, into a vein or muscle; (2) Smoked or inhaled through the mouth or nose, or inhaled by placing a bag over the head ("bagging"); (3) Placed on a mucous membrane (such as inside the anus or vagina,

the nose or under the eyelid); (4) Chewed, swallowed or dissolved slowly in the mouth and (5) Rubbed into the skin.

In recognition of the economic and social costs resulting from uncontrolled drug use, states worldwide came together to establish an international drug control system. There are three major international drug control treaties which are mutually supportive and complementary. 'The Single Convention on Narcotic Drugs' (1961), 'Convention on Psychotropic Substances' (1971), and 'Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances' (1988) outline which drugs, classified as narcotics and psychotropic substances, are to be strictly controlled based on therapeutic value, risk of abuse, and health threats. The range of illicit narcotics and psychotropic substances existent today and continue to be widely produced and consumed.

Illicit drugs use in Rwanda: A brief report

In Rwanda, a study by a team of researchers from Kigali Health Institute found out that 52.5% of youth in Rwanda have at least once taken drugs, and 92.7% of that group kept on consuming them, which implies that 48.66% of all Rwandan youth consume drugs. The same study further stated that about only 5% have ever tried an illegal substance, mainly cannabis, with 2.54% reporting problems of dependence on it. The other most prevalent illegal drugs are illicit brews such as Kanyanga, solvents (glue) and local brews prepared from sorghum, sugar, etc. collectively responsible for about 1% of reported cases of drug use. These findings point out to the relatively high level use of alcohol (34%) and tobacco (8.5%) among the youths. (Nsengimana, P. 2012).

Illicit drugs use in Rwanda is estimated to have impact on the Rwanda economy in aspects such as criminal justice costs, crime victim costs, and health sphere where treatment costs, health costs. Illicit drugs use also affect productivity where labor participation costs for those who are employed but are not as productive as they might be due to illicit drug use and incapacitation. In order to tackle the illicit drugs use, as in every society, there are individuals and population groups who are more vulnerable than others to come to harm. Generally, the very young, the elderly and people who are sick or live with a disability are especially vulnerable in every society.

To date, Rwanda adopted different measures and strategies to handle illicit drugs use, the following are two processes used: **Community policing** is a philosophy that promotes and supports organizational strategies to address the causes and fear of crime and social disorder. This is done through problem solving tactics and police- community partnerships. Rwanda National Police, directorate of community policing offers training courses to thousands of community Policing committees (CPCs) on how to offer timely information regarding criminal activities within their neighborhoods. These trainings are helpful in ensuring reduced crime rates. CPC are able to detect and offer timely information about crimes such as drug and alcohol abuse, thefts gender based violence domestic conflicts

to name but a few. Every citizen is urged to be "the eye" of the neighbor at the same time a Police ambassador by providing timely information so that criminals are arrested before they flee.

So far the community Policing approach has proved to be a successful crime reduction strategy with crime rates plummeting countrywide. The arrest of criminals has not only led to increased security within communities but also discouraged the would-be criminals. All these efforts put in CPC's are aimed is making certain that Rwandans feel safe involved and reassured as they go on with their lives. Creating a more secure and peaceful Rwanda continues to improve as crime rates reduce. Traditionally, the police had to wait around passively for crimes to occur and only react to urgent calls for services. In a bid to operationalize the concept of community policing and yield more tangible results, the Cabinet approved the formation of community policing committees throughout the country on 10th October, 2007 and consequently published the ministerial decree No. 02/10/2007 that gives guidelines for CPCs.

Rwanda also adopted the program for eradicating drug abuse in Rwanda **'Neighbors' Eye'** locally known as (Ijisho ry'umuturanyi) with the help of local people watching each other's back. The local people are responsible in reporting people who use or sell drugs. The Neighbour's Eye Programme came as one way of finding solution to illicit drug issue because there are no reliable and comprehensive data on drug abuse given that the use of drug is illegal and underreported. Every citizen is his/her neighbor's watch or guard. As the Strategic objectives (Turn Rwanda into a drug free country) where the campaign has a mission to empower communities, to create safe country, responding to crises, drug abuse and violence prevention, ensuring the health and wellbeing of the youth and promoting development of good character and citizenship. Rwanda also created Iwawa Rehabilitation and Vocational Skills Training Centre as another home-grown solution to assist those who have fallen victims of drug addiction leading to petty crime.

Drug dealing and abusing are crimes punishable by the Rwanda's penal code in its articles 599, 598, 596, 595, 594, 593."Any person who manufactures, sells, prescribes a drug, harmful products, cosmetics or body hygiene and other herbal substances prohibited in healing practice, shall be liable to a term of imprisonment of six (6) months to two (2) years and a fine of one million to five million Rwandan francs or one of these penalties," article 598 of the penal code. The penal code also stipulates punishment for anyone who induces children into trafficking or using of illegal (drugs) substances. "Any person who induces a child to use narcotic drugs in any other way shall be liable to a term of imprisonment of more than five (5) years to seven (7) years and a fine of five hundred thousand to five million Rwandan francs," reads the article 596. In its article 594, the Rwandan penal code stipulates penalties for a person who unlawfully uses narcotic drugs and psychotropic substances (mentioned in the list as 'illegal drugs' by the ministry of health): "Any person, who consumes, injects, inhales, anoints him/herself with or makes any other unlawful use of narcotic drugs and psychotropic substances, shall be liable to a term of imprisonment of one (1) year to three (3) years and a fine of fifty thousand to five hundred thousand Rwandan

francs,". It adds that any person who, unlawfully, makes, transforms, imports, or sells narcotic drugs and psychotropic substances within the country, shall be liable to a term of imprisonment of three (3) years to five (5) years and a fine of five hundred thousand (500,000) to five million (5,000,000) Rwandan francs."

Findings

The study revealed that the issue of illicit drugs use in Kigarama Sector was at high extent, illicit drugs are very much available in the area, and most of the time youth are being seen and caught using illicit drugs. The study found out that cultural norms, attitude; availability of drugs, peer pressure, poverty, parent role model; family disruption, social deprivation and social change were among main reasons for youth to use illicit drugs. This study revealed that the illicit drugs use among youth has negative impact on socio-economic development, despite the methods used to curb the issue, the general perception of the respondents indicated that the methods were not fruitful and the study makes a number of recommendations for policy and further research.

Youths in Rwanda are viewed in a developmental perspective as future social and human capital. Their stage of development is viewed as equally important as all stages of human development. The advantages of banning/reducing illicit drugs use are numerous. It was stated that there are several consequences of illicit drugs use and it also leads to health related damages like liver and heart malfunctions, mental illness among others. As the study findings demonstrated, illicit brew, just like narcotics is becoming a menace to the Rwandan society. It was slowly claiming people's lives while perpetrators were and still only focused at making quick money through offering psychoactive drugs and toxic beverages. Just like drugs, illicit brew fuels the rate of criminal activity. The study revealed that who commit crimes such as domestic violence, robbery, rape among others are most of time under influence of illicit drugs as well as excessive consumption of alcoholic drinks.

It is evident from the research that illicit drugs use is determined by both the existence of risk factors (e.g. availability of drugs, stress, peer pressure media advertisements and lack of role models) and protective factors within the individual's social and physical environment (e.g. attachment with people like family members and peers, life skills, performance capabilities that help people to succeed and availability of resources).

Social Work intervention

Rwanda's Government and security organs have used lot of efforts to tackle illegal drugs, but the problem worsens every minute because traffickers continue to change their manufacturing and trafficking methods. Social workers in Rwanda collaborate with relevant institutions and families in sensitizing and encouraging people to participate in neighbor'eye program, they are guiding and counseling addicted young people, social workers educate people with aim in addressing illicit drug use among youth, using holistic approaches by emphasizing on both the risk and protective factors. They ensure and advocate for strengthen the protective factors where strong family bonding could be taken into consideration, youth job creations, society commitment and collaboration, positive role models and so forth.

In Rwanda, Social workers are working closely with families by encouraging parents to become involved in broad preventive efforts, they (parents) of course, have a crucial role to play in preventing illicit drug use among youth through their role as parents. When parents are often not good role models for their children, they become illicit drugs users' easily. Parents could support the local leaders by clarifying and explaining positive values to their children, modeling healthy behavior, communicating effectively with their children, developing problem solving skills, providing appropriate reinforcement and clear consequences for unacceptable behavior and fostering a democratic environment in the family where children will feel free to express themselves and their problems. They also are acquiring accurate information on the various substances of abuse and their effects, so they can discuss them knowledgeably with their children.

Conclusion

Illicit drugs use among youth is common and spells danger not only to the youth who abuse them but also to the well being of the nation, because the youth represent the future of the country. The risk factors associated with illicit drug use are many include lack of family and parents/guardians role models, peer pressures, family conflicts, easy availability of drugs, poor parenting, unemployment, the media, low self-esteem, stress, legalization of some drugs and so forth. Protective factors that make people less likely to involve in illicit drug use include attachments with the family, peers and institutions, skills and performance capabilities that help people succeed in life, and availability of resources that help people meet their emotional and physical needs.

Regardless of illicit drugs types, youths in Rwanda abuse drugs. However, the extent of illicit drugs in Kigarama sector was at high level and it is founded in all people's categories especially more in young people. Overall, commonly illicit drugs used among youth were cannabis, illicit brews (homemade gins), sleeping pills, mairungi and excessive alcohol drinking's. The drugs are usually taken in

secret and "safe" places away from authority but some cases had been recorded by people, local authorities even the RNP. Youth expressed knowledge of dangers of illicit drugs use although they still abused drugs. Among strategies used to address illicit drugs use are mainly neighbour's eye Programme, sensitization campaigns, RNP organized operations, Community policing, Apprehend, investigation and courts persecution. Generally these methods were perceived to be ineffective by the respondents, an indication that there is still needed for more effective strategies to address the problem. The least preferred method was RNP organized operations and apprehend the users.

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