An investigation into the problems associated with substance use in a developing country – The Gambia, West Africa

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1 Introduction

The Gambia is a small West African country, bordered by the North Atlantic Ocean and Senegal. The country has an estimated population of 1,501,050 with a birth and death rate of 40.77 and 12.35 respectively per 1000 population. In 2003, life expectancy stood at 52.39 years for males and 56.44 years for females\(^1\) (CIA, 2003).

The Gambia, a developing country, has many public health problems, one of which is the rise in substance use (illicit drugs, alcohol and tobacco) and associated problems. In the most part, African countries tend not to experience substantial abuse of substances such as cocaine, heroin or ecstasy (United Nations, 2003). However, as politically isolated countries have opened up their borders to trade and immigration, the drug use landscape has altered, leading to drug markets in areas where drug use was once unknown (National Institute on Drug Abuse, 2002). Throughout 2001, increases in the abuse of cannabis, heroin, cocaine, ecstasy and other stimulant type drugs were noted in The Gambia (United Nations, 2003). Recent news reports have documented problems within tourist areas, where locals under the influence of alcohol are causing nuisance to tourists by asking for money in a rude and aggressive manner (Daily Observer, 2003).

Illicit drug use

The problems associated with illicit drug use are well documented in the literature. Illicit drug use has the potential to destroy lives and communities, undermines sustainable development and generates crime (United Nations Office for Drug Control and Crime Prevention, 2002). These problems are exacerbated in developing societies, where prevention, education and treatment programmes tend to be limited (in comparison to western societies) and an increased burden is put on already fragile health and social structures (National Institute on Drug Abuse, 2002; United Nations, 2002). Problems associated with illicit drug use impinge on all sectors of society, however, particularly on the development/freedom of young people (United Nations Office for Drug Control and Crime Prevention, 2002). Reports of abuse of solvents/inhalants amongst children in The Gambia have been noted (Statehouse, 2003; United Nations, 2003) and it is estimated that more than 40% of illicit drugs users are under the age of 20 years (International Youth Parliament, 2004).

\(^1\) Life expectancy for United Kingdom, 2003, stood at 76 years for males and 80.4 years for females (ONS, 2004).
2004). It is suggested that children in The Gambia misuse illicit drugs to escape problems, such as poverty, failure in school and unemployment (Youth Front Against Drugs and Alcohol Abuse, 2004), all of which are major issues. Research conducted in Nigeria suggested that the poor quality of life of young people has led to an increased willingness of youths to participate in the narcotics trade in order to survive (Obot, 2003).

Cannabis grows naturally in The Gambia, with around three harvests per year. Local production of cannabis has led to increasing concerns around the export of the drug (Statehouse, 2003). It is likely that the potency of cannabis grown in The Gambia is high, due to Tetrahydrocannabinol (the main psychoactive ingredient) being found at higher levels in plants grown in warm climates (Rolfe et al, 1993). Research conducted in The Gambia found a strong link between cannabis use and psychosis; however, international literature on this subject is conflicting (Rolfe, et al, 1993; Witton, 2002).

**Alcohol use**

Excessive alcohol use has both health and social consequences (The Globe, 2003a). The World Health Report 2002 states that alcohol use has increased in recent decades with a particular increase amongst developing countries, although still relatively low in comparison to the developed world (The Globe, 2003). However, per capita consumption of alcohol may in itself understate actual consumption, as large proportions of populations in developing societies do not drink (in particular women) (Parry, 2000), thus actual consumption is focused on small groups of the population. As with illicit drug use, this increase in alcohol use and the negative consequences surrounding excessive use will be an added burden on already stretched/limited resources.

**Tobacco use**

Consumption of tobacco is evident across the world. However, tobacco companies are altering their focus, as wealthier countries develop health promotion policies, tobacco control legislation and smoking becomes less socially acceptable. A lack of health promotion and tobacco control policies in developing countries has meant they are susceptible to aggressive marketing strategies from tobacco companies (Tobacco Network, 2004). The World Health Organisation states the vast majority of the world’s smokers now reside in the developing world (ASH, 2001).
Response

In response to increasing concerns around substance use, the Gambian Government has developed numerous policies and bills with an aim to tackle substance use and its associated problems. All major drugs such as cannabis, heroin and cocaine are illegal in the country and it is illegal to sell alcohol to those under 16 (World Health Organisation, n.d). The Gambia is party to a number of international conventions, for example, ‘The Convention on Psychotropic Substances of 1971’ and the ‘UN Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988’, which put pressure on affiliated parties to comply with specific rules surrounding narcotic drugs. Recent years have seen the implementation of a National Drug Policy within The Gambia. Three of the policy’s aims are:

- To fight against drugs and substance abuse
- To comply with the international regulations on drugs including the conventions on narcotic drugs and psychotropic substances under international control
- Increase knowledge on drugs through promotion of research in all drugs related activities including traditional medicines

(Ministry of Health, Social Welfare and Women’s Affairs, n.d).

The introduction of a National Drug Control Bill (2003), which focuses on law enforcement, prevention, education, treatment and rehabilitation, has given additional power to the National Drug Control Council (NDCC), to be the national drug law enforcement agency in collaboration with the National Drugs Squad (NDS). As stated by His Excellency Alhaji Dr. Yahya A.J.J. Jammeh, the president of The Gambia, ‘the reasons for the new Drug Control Bill revolve around the fact that drug abuse is evident and on the rise around the country with the consumption and production of cannabis among the youths’ (Statehouse, 2003).

Along with Government legislation and substance use programmes, several Non Governmental Organisations (NGO) provide prevention, education and treatment for substance use in The Gambia, for example Youth Front Against Drug and Alcohol Abuse, FORUT (campaign for development and solidarity) and Raid.
1.1 Aims and objectives

Aim
An investigation into the problems associated with use of substances in a developing country

Objectives

- To gain an insight into the pervasiveness of substance use and availability of illicit drugs in The Gambia
- To explore cultural issues related to substance use
- To investigate whether illicit drug use in The Gambia is viewed as problematic
- To identify differences in substance use between urban and rural areas in The Gambia
- Identification of any drug treatment interventions and problems encountered by those delivering the interventions
1.2 Methodology

Multiple research methodologies were utilised:

**Documentation/statistical analysis:**
An analysis of the Gambian Government legislation and regulations pertinent to substance use and criminality was carried out. Records of arrests associated with substance use were obtained.

**Focus group:**
- A focus group with the National Drug Control Council and affiliated groups including representatives from Health, Judiciary, Police, Customs and Excise, Army and Social Welfare Government institutions

**Semi structured interviews**
- Semi structured interviews with eight NGO/health workers.
- Five semi structured interviews with local villagers and elders from rural and urban areas

Issues addressed included substance use, cultural issues, treatment/interventions and Gambian law regarding substance use.
2 Findings

2.1 Substance use

Ninety percent of The Gambian population are Muslim (CIA, 2003). The Koran states that illicit drugs and alcohol are forbidden. However, interviewees perceived drug use to be ‘very common’ and a ‘big problem’. Cannabis remains the most common illegal drug in African countries (United Nations, 2003). Interviewees perceived that a substantial number of the population used cannabis (especially in developed areas), with local cultivation resulting in relatively cheap prices. Other drugs of use include cocaine, heroin\(^1\), roche\(^2\), ephedrine and diazepam, although to a lesser extent than cannabis. In recent years The Gambia has seen an increase in political interest, resources and action regarding combating substance use. However, it was suggested these efforts have been counteracted by underlying corruption within authorities, limited manpower and although resources have been increased, more are still needed. An influx of refugees from Sierra Leone has been suggested as leading to an increase in drug trafficking. Interviewees felt there had been an increase in the number of Nigerian drug barons coming to The Gambia to ‘deal’ and in the number of Gambian people importing cannabis from Senegal. However, these suggested trends seem at odds with local cannabis cultivation.

Tobacco use is also perceived to be ‘very common’ and damaging to health, with particularly high use in developed areas. However, it was felt that recent health messages had decreased the number of people smoking.

Alcohol consumption figures for developing countries tend to be low. For example, The Gambia’s recorded alcohol consumption in 1995 was below 0.1 litres of absolute alcohol per adult capita consumption, whereas the UK stood at just around 9 litres (WHO, 2001). However, such figures underestimate individual consumption, as considerable proportions of people in developing countries do not drink, so figures are based on a minority of people who do drink, heavily (Parry, 2002). This is reflected in interviewees feelings alcohol use was extremely prevalent within developed areas and was associated with many problems. Villagers as well as NGO and Government workers perceived that the alcohol situation had been exacerbated

\(^1\) Although opioid abuse appears relatively low in African countries, The Gambia documented its abuse to the UN throughout 2002/3 (United Nations, 2003).
\(^2\) Roche is a research based healthcare company. Here roche refers to tablets produced by Roche and misused in The Gambia, although the author does not know their contents.
by the increase in tourism in recent years. This has led to an increase in the supply of alcohol to the country and an increase in the number of bars/discos and alcohol related advertising in more populated areas. Parry (2002) suggests the outcome of increased development leads to better technology like refrigeration which may lead to increased heavy drinking in areas where it was not often seen before because previously alcohol beverages did not last in very warm climates. Also, local drug barons focus on the developed areas, where richer Gambian people and tourists can be found. However, economic progress and modernisation cannot be halted completely and do bring benefits. Improvements in technology in The Gambia and increase in tourism are not the only drivers of alcohol consumption. What is needed is appropriate management of progress and development to ensure negative repercussions are minimised.

2.1.1 Differences in use/cultural issues
All interviewees suggested cannabis use in The Gambia was ‘a way of life’, albeit still a problem. However, interviewees of non-Gambian origin suggested that The Gambian population as a whole deny that cannabis is locally grown and blame its prevalence on surrounding countries. This view was supported by the response of Gambian individuals interviewed. One suggested reason for this denial was that substance use was against their religion (Islam).

Interviewees stated that illicit drug and alcohol use in The Gambia was more problematic in developed areas. A boost in tourism was highlighted as a precursor for this with associated development leading to an increase in the market for illicit drugs and alcohol and therefore an increase in availability of these substances (See section 2.1).

Interviewees suggested that smoking (tobacco) was more of a problem within the elder male population. However, unlike developed societies, elders do not view their smoking as a habit, but more of a reward i.e. at the end of the working day or at ceremonies (Forest, 2003; NHS, 2004). Recent health messages on smoking have focused on the younger generation. Interviewees perceived these messages as beneficial, with a noticeable reduction in the number of children smoking tobacco and evidence of children ‘laughing’ at adults when they smoke, as they are aware of the negative health consequences associated with smoking.
2.1.2 Reasons for use
Suggested reasons for cannabis use were relaxation and relief from social problems. However, many users were described as ‘addicted’ and local people held a perception that those ‘addicted’ to cannabis had been taken over by the ‘devil’. Interviewees described murders and rapes that had been acted on, by people possessed by the ‘devil’ who were under the influence of cannabis (cannabis as the cause of the violent behaviour). This may be a situation were a society has a social problem and tries to blame it on something, without any sound evidence. Cannabis use amongst youths was explained by their desire to act like tourists and be confident. They ‘…do as tourists do’ stated one interviewee.

2.1.3 Associated problems
Substance use in the Gambia is associated with an array of problems (see table 1). Relationship problems were highlighted among those who use cannabis, particularly in the villages. Local people saw cannabis users as being immature and incapable of looking after their self. Thus, elders believe ‘if you can not look after yourself, you can not look after my daughter/granddaughter’ and will not allow the individual to marry a member of their family. Due to strong religious beliefs in The Gambia, marriage is important and those who are unmarried are stigmatised. Local villagers perceived that in those marriages where cannabis was used, violence was prominent.

Non Government interviewees suggested wider social problems have occurred due to an influx of drug barons from Nigeria, who can afford yearly deposits on houses. This has led to local workers being unable to afford housing close to their work, as landlords now require a yearly deposit, rather than one monthly. Contradictory views between local people, Government officials and non Gambian NGO workers were evident. It seems local people are externalising The Gambia’s substance use problem, blaming its existence on other countries. Government officials and NGO workers do not necessarily share this view (although they are aware of the problems associated with porous borders and a seaport). This may be out of fear of political backlash (as was seen in Nigeria, where the USA placed trading restrictions on the country due to the level of import/export of illicit drugs in the country (Obot, 2003)), if import/export of illicit drugs is a major issue in the country. If the NDS (see 2.3.1) utilise the community for intelligence, why do the views of Government not reflect
those of the community? Is it because Government do not wish to admit to problems with import/export or do they believe the popular view is incorrect?

<table>
<thead>
<tr>
<th>Drug</th>
<th>Associated problems</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cannabis</td>
<td>School drop out, frustration, psychological problems (hospitalisation) (Rolfe et al., 1993), ‘madness’, violence against family and friends, negative effect on social behaviour, trafficking/transit point</td>
</tr>
<tr>
<td>Cocaine</td>
<td>Crime, murder, money laundering, trafficking/transit point</td>
</tr>
<tr>
<td>Heroin</td>
<td>Crime, murder, money laundering, trafficking/transit point</td>
</tr>
<tr>
<td>Tobacco</td>
<td>Chest infections</td>
</tr>
</tbody>
</table>

### 2.2 Treatment/prevention/education

Education, prevention and treatment are limited in The Gambia. The primary focus of what is available is education and psychiatric treatment. Police, health workers and Government/non Government workers provide education in schools, workplaces and the community. Health forums, TV/Radio advertisements, drama and puppetry are all mechanisms used to educate people. For example TARUD, an NGO, provides nation-wide puppetry on substance use. Local health workers and villagers are trained in puppetry and create puppets themselves, utilising local resources. This seems a culturally specific approach and a good alternative to educational videos, which are appropriate in the UK. Health forums are utilised by many NGOs, rather than lecturing. Here individuals come together to discuss health issues. Engagement and ownership were perceived as benefits of this method. Interviewees welcomed substance use education programmes that focused on all age groups (in particular children as young as 5). Whilst puppetry, drama and health forums were seen as effective, this was only the case if repeated numerous times. It was felt that when children are put in a social situation where others smoke, use illicit drugs or consume alcohol, they might be peer pressured to do so. Unless health messages are reiterated, NGO workers felt this peer pressure may influence children. However, consistent education is expensive, particularly as NGOs try to cover the whole country.

When health workers work with young substance users they involve the whole family. This was felt to be beneficial as people, especially young people, need support and help to stop drinking, taking drugs or smoking. Parents are encouraged
to keep their child away from their friends whilst they are trying to stop their use, to relieve peer pressure and remove them from situations which may involve illicit drug taking, smoking or drinking. To sustain this, parents are encouraged to spread the message and any lessons they have learnt to other families in their community.

Treatment options include admittance to a psychiatric unit and utilising traditional healers. Further investigation of the treatment available at the psychiatric hospital was not possible. However, interviewees stated that the main focus was on mental health, rather than detoxification, which was deemed too expensive (although the NDCC hope to establish a detoxification unit in the coming years). Cannabis is the main drug of use in The Gambia, therefore expensive detoxification programmes may not be necessary. Resources may be utilised more effectively on generic services. Traditional healers provided drug users with a concoction of drugs/herbs to help individuals reduce or abstain from illicit drug use. Other methods included ‘casting a spell’ if it was deemed the individual had been possessed by the ‘devil’. Local people perceived this as very effective. Western NGO workers did not support this view. In their opinion, besides ‘casting a spell’ having no effect, these drugs either made the situation worse or the lack of appropriate support led to individuals relapsing. Individuals would then seek professional help at a time when their problems may have deepened.

As a preventive measure the Government are currently looking into the idea of alternative crops for local cannabis cultivation farmers. However, in the authors opinion, the later may prove difficult, due to problems already experienced in The Gambia around growing crops and sustainable farming. The Gambia experiences drought on a yearly basis and only 19.5% of its land is arable (CIA, 2003).

Although evidence of alcohol treatment was not found, there was evidence of legislative measures. To curtail alcohol consumption, the Liquor Licensing Act requires a license to sell alcohol, places restrictions on sale times and punishes those who sell alcohol to under 16 year olds. Duties are placed on alcohol production and imports. High import duties also serve the additional purpose of protecting local breweries (WHO, 2001).
2.3 Criminal Justice System

2.3.1 National Drug Control Council (NDCC)/National Drug Squad (NDS)

The NDCC is the leading body in The Gambia for advising the Government on substance use issues and implementing prevention, education and treatment. Established around 5 years ago, the council has adopted a multi agency approach with representatives from Police, Health, an NGO (Youth Front Against Drugs and Alcohol) and Immigration, and works under the Department of State for Interior and Religious Affairs. Combating substance use effectively will involve input from a range of agencies and this multi agency approach should ensure this (Cabinet Office, 2004; Home Office, 2002; Obot, 2004). Unfortunately, limited resources mean these representatives not only work for the NDCC, but also the agency from which they originate.

Although in its fifth year of running, the NDCC is still in the process of formulating a project plan and identifying its primary goals. It was felt that this had led to misdirection and problems with multi agency working. Lack of direction has led to partner agencies working to their own goals and not following a common NDCC goal. This problem has been exacerbated, because partner agencies do not sit under one roof. However, measures are currently being put in place to overcome these barriers. In the near future, all representatives from NDCC agencies will sit under one roof, work under the NDCC payroll and have a common goal. However, the potential site for the NDCC was suggested as the Police headquarters. Problems may arise from this, as the NDCC may be seen as a Police led council. Future progress will be driven by a needs assessment, leading to the production of aims and objectives for the council.

The NDS (part of the NDCC) has been established to implement law enforcement on illicit drugs in The Gambia. Current operations include a nation-wide raid to clamp down on drug trafficking, targeting the territories/no go areas of local drug barons (Daily Observer, 2004). The reported outcomes included arrests and confiscation of cannabis. The main source of intelligence for such operations was stated as ‘the community’. To encourage the community to provide information, when information from communities’ leads to a conviction, the NDS informs the community of outcomes and ensures them that any confiscated drugs have been destroyed. The close community network that can be seen across The Gambia facilitates this
process. Other intelligence sources include intelligence from overseas (importation) and intelligence from local business people regarding individuals who spend above their usual means. Where this was the case and individuals were suspected of drug dealing, trafficking or money laundering, their premises would be searched and justification sought for their increased expenditure.

2.3.2 Trafficking/transit point
Drug trafficking has the potential to disrupt international relations and social stability, as can be seen by the international restrictions placed on Nigeria in recent years (Obot, 2004). Interviewees felt The Gambia had a major transit and trafficking problem. A lack of x-ray machines at the seaport has led to the country being a transit place for drugs. All searches of the seaport are manual, which is problematic due to lack of resources. Porous borders, in particular the Southern Gambian/Senegalese border, mean drug barons can easily traffic drugs in and out of the country. Police check points along major roads have been employed with one of the aims being to stop drug trafficking. However, limitations in checkpoints were highlighted, particularly as the major drug barons know ways around the blocks and have established alternative routes to travel up country. It was suggested by local villagers and NGO workers that Police at various checkpoints were not vigilant enough, either looked the other way, were paid off or simply did not have enough man power to stop and search vehicles. Local people also felt it was easy to get through checkpoints, especially if they regularly took that route and their face was known by the officer. It was quoted that generally if an officer knows your face or your vehicle,

‘...they trust you and just let you through the checkpoint without even stopping the vehicle’.

This was felt to be problematic as many local people are turning to drug trafficking to increase their income (Obot, 2004) and they are doing it with ease. One quote by an inspector in a local newspaper was at odds with villager’s perceptions,

‘drug peddlers dub Kalagi as “the bridge to heaven”. If they cross the Kalagi police [checkpoint] with their drugs from the southern Casamance where they cultivate this cannabis, they jubilate (sic). But we are here both day and night. We check every single vehicle that comes from the Casamance end’. (Daily Observer, 2004a)
Local villagers and NGO workers suggested that women are increasingly being used to traffic drugs, due to the perception that they are less likely to be searched or questioned by officials. Due to cultural reasons women tend not to ask questions when they are asked to carry parcels over borders. This practice was stated as leading to an increase in reports of Gambian women being arrested at UK airports.

Limited laboratory facilities for drug and evidence analysis have meant even when arrests are made, the authorities have difficulties in producing sound evidence in court, hampering their case.

2.3.3 Internal corruption
For many years corruption within criminal justice agencies was felt to have hampered The Gambia’s success in fighting drugs. Feedback from local people suggested that the Government should focus on supply of drugs and Police corruption, if they are to reduce substance use. In the past the criminal justice system in The Gambia has had no official record keeping of files. Particular problems with limited access to some judge’s files and files going missing were noted. Members of the NDCC were aware that some judges were fining drug users/traffickers amounts of money and not recording this on their files, thus keeping the money for themselves. All money collected through fines should go back to the NDCC. However, currently NDCC members are finding out about fines via radio broadcasts and not via any official methods. Auditing of files cannot be conducted and there are no ways to check were files have gone missing or altered. In the past, measures have been put in place to reduce the levels of corruption, for example, record book systems were put in place. However, due to limited resources there was no pressure on judges or Police stations to utilise them and stocks were not replenished when judges ran out. The NDCC have learnt from these lessons and hope to reintegrate record book systems in the coming months with more focus on monitoring usage. It is expected that once this system is in place and fines are being sent to the NDCC, a more up to date laboratory for drug testing and evidence analyses will be built.
### 2.3.4 Arrests for drug offences 2000 – 2004

Table 2 shows recorded arrests for drug offences, 2000 to 2003.

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of arrests</th>
<th>Per 100,000 of population</th>
<th>Number Merseyside arrests per 100,000 population</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000</td>
<td>35</td>
<td>0.23</td>
<td></td>
</tr>
<tr>
<td>2001</td>
<td>80</td>
<td>5.33</td>
<td>225.33</td>
</tr>
<tr>
<td>2002</td>
<td>121</td>
<td>8.06</td>
<td></td>
</tr>
<tr>
<td>2003</td>
<td>71</td>
<td>4.73</td>
<td></td>
</tr>
</tbody>
</table>

When considering the perception that drug use and trafficking is problematic in The Gambia, these figures for arrests may seem low. During 2001, Merseyside (which has a similar population to The Gambia, with 1,362,026 people in 2001) had a much higher rate of substance use related arrests for this year. However, what has to be remembered are the numerous problems faced by officials in The Gambia, such as lack of resources. If resources are increased, efforts will need to be focused to ensure best usage of funding, possibly focusing on preventive measures.

A conviction for a drug offence provides the authorities with the power to confiscate possessions, which can include an individual’s compound (land/houses). Possession in The Gambia can lead to a 1-2 year sentence, along with a fine of around 25,000 dalasis (£500). Trafficking, a more serious offence can lead up to an 11-year sentence, with a fine of around 75,000-500,000 dalasis (£1500-£10000). Unlike the UK, prisoners in The Gambia serve their full sentence; there is ‘no such thing as being released on good behaviour’ (interviewee). Although these sentences may be comparable to the UK, local villagers felt they were high penalties and a huge deterrent to drug trafficking/possession.

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3 Many people of The Gambia do not earn £500 in a year.
3 Discussion

3.1 Substance use
As with most African countries, the main drug of use in The Gambia was cannabis. Senegal, which surrounds The Gambia, is one of the main producers of cannabis in West Africa (INCB, 2004; United Nations Office on Drugs and Crime, 2003). Although noted as a ‘way of life’ in The Gambia (particularly in developed areas) there was some debate over the level of local cannabis cultivation. Views of local people did not reflect government views. It was evident that cannabis is cultivated in The Gambia. Denial by local people may be as a result of religious beliefs (Islam).

An increase in tourism over recent years may have exacerbated substance use in The Gambia. The increase in bars, restaurants and clubs in developed areas was deemed to have increased the levels of illicit drug and alcohol use amongst local people. This may suggest that the tourism economy is not currently being managed properly and such indirect effects have not been considered adequately. Although tourism will bring money into the country, such negative effects need to be addressed to ensure they do not outweigh the benefits (Tearfund, 2001).

3.2 Treatment/prevention/education
Substance use treatment, prevention and education are under resourced in The Gambia, although recent years have seen an increase in activity. Current interventions are primarily focused on education and hospitalisation. Detoxification aids are lacking due to inadequate resources. However, the main drug of use in The Gambia is cannabis, thus there may not be a requirement for an extensive detoxification programme. Tackling the pressures of poverty should facilitate the fight against substance use and funds may be used more efficiently on generic services. As with the UK, it seems such services are not utilised to their full extent. In the UK, gaps in service provision including social support and aftercare have been identified (Home Office, 2002).

The Gambia has a range of well-developed prevention activities in place. A variety of groups in The Gambia provide substance use education. Schools, work places and the community are all targeted. Culturally relevant methods such as puppetry, drama and health forums are utilised to educate people about substance use. This is advantageous as such methods can engage those who are illiterate, engage
communities and give a sense of ownership. Although there is some denial amongst Gambian people over local cultivation of cannabis and a tendency to externalise the problem, the people of The Gambia are aware of the problems associated with substance use and try to educate people from an early age. This enables people to make an informed choice regarding substance use, however the pressures of poverty may overrule such choices. Although substance use education is now widespread across the country, due to limited resources, difficulties in maintaining messages do occur.

Evidence of harm reduction, information and advice for individuals using illicit drugs or alcohol was scarce. If development is to continue and a repercussion of this is an increase in substance use, then it will be beneficial to put harm reduction, information and advice initiatives in place. Cannabis use in particular seems to be entrenched; therefore a harm reduction or education approach may be more appropriate than expecting abstinence.

3.3 Criminal Justice System

Anecdotal evidence suggests the substance use problem in The Gambia has amplified over recent years. Corruption within the criminal justice system has hampered efforts to tackle the issue. In the past, this has also been the case in Nigeria (Obot, 2003). In the form of the NDCC, The Gambia has adopted a multi agency approach drawing on a wide range of expertise. Effective monitoring of court files and collection of revenue from fines has been problematic, although the NDCC are currently looking to establish a more effective method of monitoring. Improved procedures for collecting fines from substance use related convictions, should increase funding to the NDCC. However, this is still not enough and inadequate resources will continue to hamper progress in this area.

Enforcement agencies in The Gambia make good use of the community as a source of information and interact well with them providing feedback on successful operations. The close community network that can be seen in The Gambia facilitates this. At first sight, it may be thought that such an approach (encouraging communities to provide intelligence) may prove difficult in the UK, due to a larger population and a more subdued ‘sense of community’. However, the ‘Rat on a rat’ campaign in Knowsley, which follows the same principle, has seen major success since its beginning in 2002 and the campaign was re-launched early this year.
(Merseyside Police, 2004). Crimestoppers, an independent charity also aims to prevent and solve crimes utilising community intelligence (Crimestoppers, 2004).

Adaptability within Government, positive thinking and community support has had a positive impact on initiating the fight against substance use. It seems The Gambia has reached multi agency thinking in regards to substance use and learned from its mistakes more quickly than the UK.

3.4 Substance use - The Gambia and the United Kingdom

Despite the major health and socio economic differences between The Gambia and the UK, both countries have similar issues in tackling substance use problems. Substance use affects a diverse range of groups and to combat this both countries have adopted a multi agency approach. Previously the NDCC (The Gambia) has experienced problems with multi agency working. However, the NDCC has learned from these lessons and has put measures in place to overcome barriers. Both countries need to establish an evidence base identifying which culturally sensitive substance use prevention initiatives work. The UK has established a robust monitoring system for treatment, which The Gambia lacks. Systems such as this need to be expanded and progressed in both countries. Utilising the community for intelligence, both countries’ enforcement agencies are attempting to build a strong relationship with their communities. This should be continually developed to fight substance use and its associated problems. However, if treatment, prevention or education is going to be effective, social stigmatisation that is associated with substance use in both countries needs to be tackled. Substance use education needs to be balanced, focusing on all issues related to substance use, not just health.

Compared to the UK, The Gambia experiences a higher level of corruption and uncoordinated efforts within their criminal justice agencies. If The Gambia can learn from the coordinated efforts within the UK’s criminal justice system at an early stage, these issues should be solved quickly.

Access to travel has been a major influence on substance use. A boost in tourism in The Gambia has been suggested as increasing their level of substance use. In the
UK, the emergence of international nightlife resorts (e.g. Ibiza) has offered UK tourists the opportunity to increase levels of illicit drug use and an opportunity to try new substances in an atmosphere conductive to experimentation (Bellis et al., 2003). The impact of tourism needs to be examined in both countries, to ensure any negative repercussions are limited.

Globalisation has meant there are now common issues around substance use across the world. Therefore broad strategies should be developed that tackle a range of common substance use issues that are experienced by all and provide a basis for local action.
4 Reference:


Merseyside Police, 2004. *Knowsley Residents Urged to `Rat on a Rat’* (online). Available at www.merseyside.police.uk/news/march04/16b_03_04/16b_03_04.html Accessed 24.05.04


NHS, 2004. *Don’t give up giving up* (Online). Available at www.givingupsmoking.co.uk/ Accessed 30.06.04


