



# **DRUGS: GLOBAL HARM REDUCTION IN ACTION**

## **AFRO REGIONAL GUIDE**

**2021 REGIONAL  
CONFERENCE**  
University of Oklahoma

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# INTRODUCTION

The WHO's African Region (AFRO) is an incredibly diverse region consisting of 47 member states and over 1.3 billion individuals. The WHO Regional Office for Africa is involved with the translation of global health initiatives into regional plans that respond to the specific needs and challenges of its member countries, with their main areas of work being health sector development, combating diseases (infectious and non-infectious), and disaster and emergency response. The AFRO region has also seen increasing rates of drug use, particularly opioids, over recent years, and while nations' expanding medical field may be able to mitigate that, healthcare and pharmaceutical industries face difficulties in dealing with privatization and a lack of access to resources.

As more individuals turn to drug use due to drugs' increased accessibility and due to the lack of accessible mental health care, the AFRO region has been paying more attention to the issue. Countries such as Nigeria have created specialized organizations to study the reasons for and effects of drug use among their most vulnerable populations. Ghana and many others prioritize expanding their medical field and ensuring everyone has access to treatment, thereby reducing their populations' desire to use drugs to self medicate. Therefore, mental health, pharmaceutical research, equitable access to medicine, drug policy, and women's drug use are all important factors when considering how drugs affect the AFRO region.



# MENTAL HEALTH

In 2020, the National Institute of Drug Abuse stated in a report that nearly half of those who struggle with any mental illness in their lives may struggle with a drug abuse disorder as well. While this statistic is only proven in the United States, it demonstrates the intense relationship between mental health and drug use. Mental health is affected by multiple social factors such as poverty, gender, and marginalization, and in the AFRO region, higher rates of drug use have been found among the unemployed and impoverished and marginalized populations and women have been found in some instances to be at higher risk for substance abuse disorders.

Across the AFRO region, 46% of countries who reported to the WHO's 2014 Mental Health Atlas Survey did not have any standalone mental health procedures (the world average was 24%). Compared to the world average of 9 mental health workers per 100,000, the region averages 1-4. In Sierra Leone, the estimated rate of those who need mental health services but go untreated is an approximate 98%. Because so few people in the AFRO region receive mental health treatment, it is hard to precisely analyze the nature of mental illness and the extent to which substance abuse is involved. However, it may be hypothesized and has been supported by some AFRO countries such as Tanzania that many people who suffer from mental illness or factors such as poverty, isolation, and unemployment are at higher risk for drug use as they may attempt to self medicate.

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research, equitable access to medicine, drug policy, and women's drug use are all important factors when considering how drugs affect the AFRO region.



# PHARMACEUTICAL INNOVATION

Many African nations are placing a strong emphasis on expanding their own pharmaceutical industries and developing new medicines and treatment through them. According to the Impact Africa Summit, their 2021 conference will place a heavy focus on designing and conducting clinical trials, organizing and using clinical data, healthcare funding, service delivery, patient advocacy, and manufacturing. This summit's agenda demonstrates the goals of many African countries to research health and health policy, to develop their own procedures, and to expand their healthcare industries so more people can have access to treatment and care.

Ghana's pharmaceutical goals revolve mainly around equitable access to essential medicine, quality assurance, a functioning and efficient supply chain, and a responsible use of drugs by professionals and patients. To achieve this, Ghana offers public insurance which allows anyone in Ghana, once registered, to receive free care for malaria, diarrhea, asthma, and many other diseases. While Ghana's healthcare is successful, privatization, provider indebtedness, and regulation remain issues for the country. Ghana's Pharmacy Council was created in 1994 to research, regulate, and advise the public health sector in Ghana. The Council's focus is to ensure high standards of medical practice and care. The creation and use of this council reflects Ghana's commitment to producing and delivering quality care to all.



# ESSENTIAL MEDICINE

Currently, many African nations are experiencing great difficulty in providing consistent health care to their populations. Many countries are experiencing a shortage of healthcare professionals, rapidly changing health needs of their populations, and corruption in the medical industry as some doctors in the public sector attempt to sell drugs or divert public sector resources to private buyers and as patents make importing necessary resources difficult or impossible. However, access to medical care has been simultaneously improved in some ways through technology as it has become possible for health care providers to conduct some health services remotely, providing many in rural areas better access to health care.

Even though Nigeria has one of the largest populations of health care professionals, this population is still too small and urban-based to adequately care for the entirety of the country's population. The Nigerian WHO office argues that many of Nigeria's institutional health care issues stem from a lack of communication between public and private sectors, brain drain, and long-term planning. While most of the country's health care is public (73%), the lack of sharing resources and information between the public and private sector causes a lot of disparities and problems for Nigeria's healthcare field. Furthermore, the international private sector often withholds resources as well through the use of patents on necessary and lifesaving drugs and technology. The international private sector also attracts many potential health care workers from Nigeria, causing many to leave the country in order to be paid more elsewhere; this causes a lack of health care workers in Nigeria, preventing many from quality care. Still, there is hope as Nigeria has been investing in telehealth communication and new technologies for the medical field. Through these efforts, they are able to reach their sizeable rural population better.



# LEGALITY OF SUBSTANCES

According to the WHO, cannabis remains the most widely used illicit substance in the African Region, with West and Central Africa reporting the highest rates of use (between 5.2% and 13.5%). Amphetamine-type stimulants such as ecstasy and methamphetamine now rank as Africa's second most widely abused drug type. 3.7% of the children and youth surveyed in Sierra Leone were injecting drugs. In the AFRO region, no member states have legalized any recreational drug use, though the extent to which different states punish violations for drug possession, use, supply, and production varies greatly. In recent years, many west African countries are trying to create more proportionate responses to drug violations.

In 2009, Burkina Faso was one of the first countries to focus their policy on public health when they revised their 1999 drug policy. This approach includes an emphasis on conducting research into both the extent of drug use in the country and who drug use affects the most. Among those most likely to use drugs, educational campaigns discuss how to avoid the transmission of HIV through injections and used needles. Interventions for drug abuse and outreach services for vulnerable groups are widely available, and treatment and reinsertion of drug users has become a focus of the country. Underage and/or first time drug offenders in Burkina Faso may avoid any punishment if they sincerely renounce drug use and promise not to use again. Still, Burkina Faso has some of the highest penalties for continued drug possession and use, with the standard punishment being 2-5 years in prison. The penalty for drug supply, trafficking, or production is anywhere from 10-20 years in prison. Still, Burkina Faso has an incredibly low death rate due to drug use; in 2018, only .03% of all total deaths were drug related.



# VULNERABLE POPULATIONS

While the majority of drug use occurs in Europe and the Americas, the AFRO region experiences increasing rates of drug use as synthetic drugs become cheaper, more prevalent, and more accessible globally. As the 2020 World Drug Report found that globally only one out of 8 people who need drug-related medical treatment receive it, it is easy to understand why illegal drug use, particularly the use of opiates, is so prevalent today. Marginalized populations who face further stigma or access issues in medical care may be even more likely to turn to illicit drugs and develop high risk behaviors when taking them.

In Nigeria, drug use has seemingly been on the rise. In 2019, an estimated 376,000 people were classified as high-risk drug users, and the vast majority of those at risk were regularly taking opioids. 20% of high risk people injected drugs, with the average age of first injection being 21 for high risk men and 20 for high risk women. HIV prevalence among women who injected drugs was almost 7 times higher than the men who injected drugs. Disparities such as these led the Nigerian Federal Ministry of Health to begin looking into how social, psychological, cultural, and economic influences may affect women's drug use differently from men's. The Federal Ministry of Health found that opioid use often led to extreme health conditions in those giving birth, leading the Ministry to further prioritize sexual reproductive health, especially for women, in the context of drug treatment and harm reduction.







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