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Children and Adolescents at Risk of Drug Addiction

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THE PUBLIC POLICY HUB

Children and Adolescents at Risk of Drug Addiction in Egypt

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2018

The opinions expressed in this paper are those of the authors and or editors and do not reflect UNICEF or AUC policies or views. They are published to stimulate further dialogue on issues affecting children in Egypt in an attempt to expose young graduates to practical policy solutions.

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Executive Summary

This paper was commissioned to examine the reasons beyond the increasing rate of drug abuse and addiction among children and adolescents in Egypt since 2004 and to recommend policy alternatives to tackle the problem.

According to the statistics released by the Fund for the Treatment and Control of Drug Abuse, the number of students who use and abuse drugs rose to more than 7.7% in 2012. One study shows that hashish is the most consumed

drug at 58.9% followed by Bango (28.5%), and Tramadol (22.7%.) in 2012. However, another study shows that in 2017, Tramadol was the most consumed drug at 83.3% because of its availability as a prescription for pain relief. The consumption of these substances is more prevalent among male students (11.1%) than it is among females (3.7%). Regarding regional consumption, Port Said emerged the highest with 15% substance abusers; Assuit (10.7%) came second, Giza (10.4%) and finally Cairo (8.7%) with the lowest percentage drug use in 2017. Nevertheless, in 2017 Cairo had the highest percentage. Peer pressure and pleasure were found to be the main motives for drug consumption among young people. The Fund for Drug Control and Treatment has approached drug abuse and addiction through promoting awareness, making 16023 hotlines and rehabilitation centres available in most governorates, enforcing the Narcotic Law 122 of 1989, and following up with impact surveys.

Notwithstanding such effort, Egypt doubles the global rate of 5% for drug use. The analysis attributes this to several factors. Firstly, more attention is afforded to the treatment approach than the preventative approach. Secondly, very little effort is shown in spreading awareness through different institutions. Thirdly, addicts are generally treated as criminals and/or convicts rather than patients.

Finally, the Egyptian law does not include the role of the family and educational institutions in preventing drug addiction among adolescents.

This policy paper concludes that there should be a shift to an evidence-based prevention-focused approach. The current policy and legislative frameworks should support the reform of the role of relevant institutions such as schools, homes and clubs among others in addition to empowering the community with knowledge on drugs and how to approach the issue.

The Current Drug Problem in Egypt

In Egypt, drug use and abuse remain a critical problem associated with several economic and social consequences. A study conducted by the government of Egypt in 2003 shows that the narcotic problem costs the country's economy \$800 million annually ("Egypt," 2005). This amount comprises the expenditures on substance consumption by drug users and the government's efforts to curb the pandemic. Furthermore, this habit has been found to have a positive relationship with HIV prevalence and Hepatitis C (Dewing, Plüddemann, Myers, & Parry, 2006; Oraby, 2013; UNICEF, 2016). According to the 2013 National HCV

Plan and World Drug Report of the United Nations Office on Drugs and Crime (UNODC), 51% of the drug users who consume drugs through injection are infected with the Hepatitis C virus. Egypt accounts for the highest number of these patients globally with a significant prevalence between 15-59-year olds at about 10% in addition to 150,000 new infections annually.

Bango (cannabis herb) and hashish (Cannabis) are the main drugs abused in Egypt. The August 2004 Rapid Assessment study by UNODC in cooperation with the Ministry of Health shows a significant increase in the consumption of the cannabis herb. The report further indicates that 15 to 25-year olds are more prone to abusing drugs. It has also been found that even if substance abuse is common amongst males between 20 and 30 years of age, the number of female users is on the rise.

Egypt's insufficient control on financial flows have provided a platform of movement for illegitimate monies across continents. For a long time, the country has been believed to be not only a transit point for opium and heroin from southwest and southeast Asia to Africa, Europe and the United States of America, but also as a shipment stop for Nigerian couriers. Moreover, the first Methylenedioxyamphetamine (MDMA) laboratory in Egypt and the Middle East was discovered in Alexandria governorate during the Drug Enforcement Administration (DEA) and the Anti-Narcotics General Administration drug (ANGA) investigations according to the 2005 United State Department report. In the process, ANGA arrested the lab owners and confiscated the raw materials and equipment used. This marked the beginning of artificial drug laboratories within the Middle-East and Egypt, facilitated by the relaxed laws on the trade of illicit drugs. In 2002, Egypt criminalised laundered money from the transaction of drugs and related crimes which resulted in the seizure of more than 3,000,000 Egyptian pounds (\$485,000). Consequently, ANGA set out to fight money laundering through financial investigations in 2004.

The US State Department reported in 2005 that cannabis is cultivated throughout the year in Upper Egypt, the Northern and Southern part of Sinai region, whereas opium poppy is only grown in Southern Sinai between November and March. Nevertheless, ANGA controls the continued growth of these illegal plants by cutting and burning them as soon as the lands on which they are cultivated are identified (UNODC, 2005).

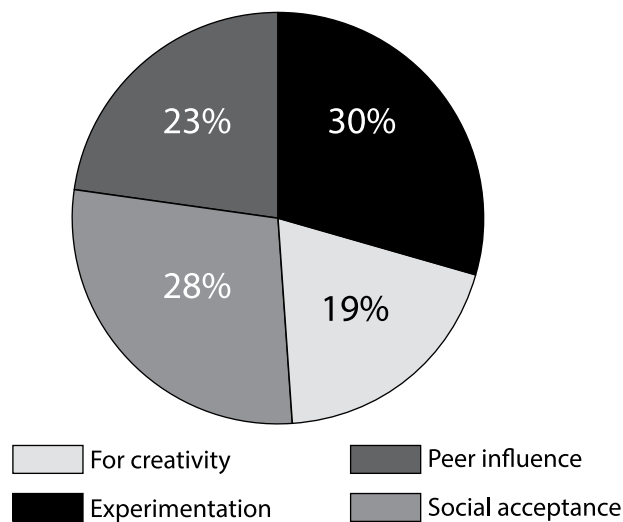
Despite ANGA's effort to combat the continued supply of drugs, high unemployment rates, abject poverty, low economic growth, and lack of awareness account for the prolonged illicit crop cultivation in Sinai. Most of the inhabitants of the Sinai Peninsula depend on subsistence farming, oil, mining, and tourism. The local production of drugs in Egypt makes them more available and affordable for consumption. This enhances the drug consumption problem, particularly among the young people.

The Current Drug Problem among Adolescents:

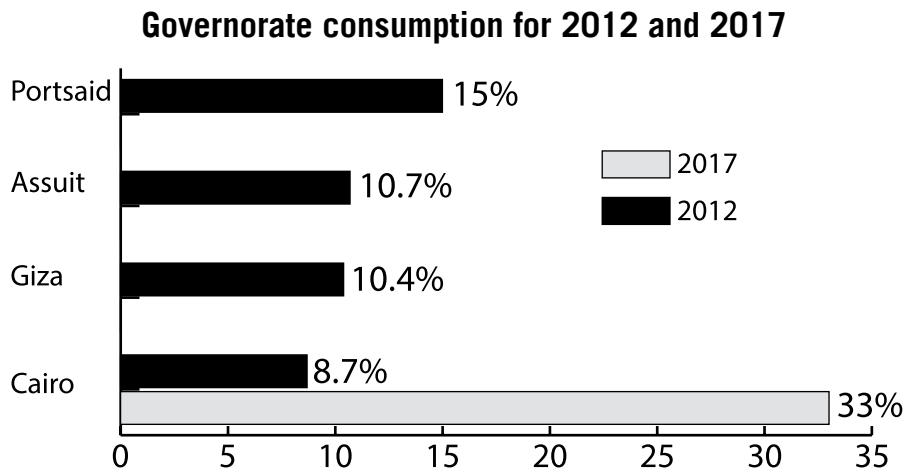
According to the 2017 UNICEF adolescent development report, adolescents account for around 17 million out of the 93 million people in Egypt. This vast population provides a significant demand for drugs and an opportunity for cartels to open new markets and target new customers (UNODC’s Hegazi), which also implies that the country’s future is in danger.

The most recent survey of the Fund for Drug Control and Treatment shows that the proportion of substance abuse among students is 7.7% with hashish being the most consumed drug at 58.9%. It is followed by Bango (28.5%), Tramadol (22.7%), Estrox (14.9%), Voodoo (12.4%), Aptreyl (9.9%), and Paracinol as the least consumed one at 8.7%. Out of the students that abuse drugs, 6.4% attend general secondary schools while 8.9% receive technical education. The survey further indicates that the consumption of these substances is more prevalent among the male students (11.1%) than it is among female ones (3.7%). Moreover, the findings report a 2.3 percentage difference of substance use between the urban and rural governorates. Regarding the geographical consumption, Port Said emerged the highest with 15% substance abusers, Assuit (10.7%) came second, Giza (10.4%) and finally Cairo (8.7%) with the lowest percentage drug use. Additionally, the respondents said they got information on narcotic substances through relatives (12.9%), colleagues (17.8%), and mostly from the media (72.1%).

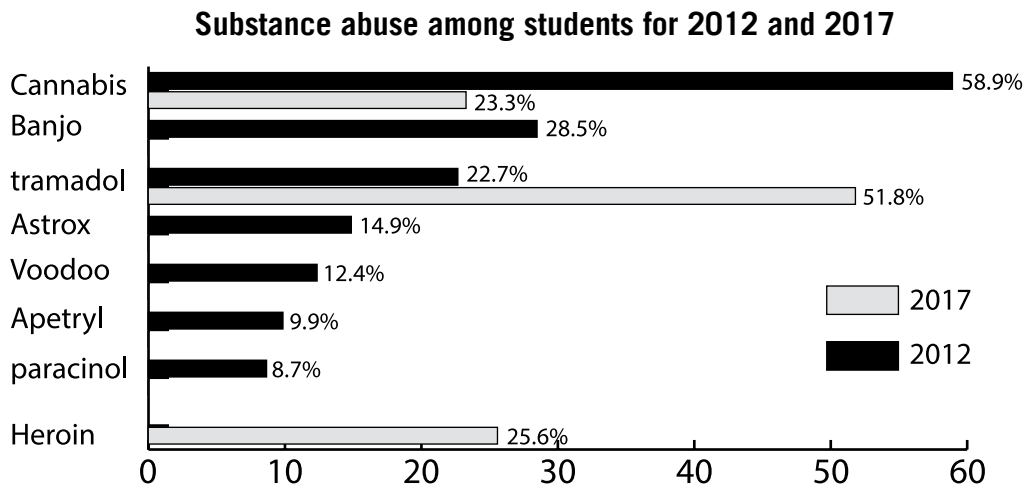
Direct causes of substance abuse among students.



Source: Menawy, M. “Egypt fights a losing battle against drugs”, Arab news, February 2018
<http://www.arabnews.com/node/1254306/middle-east>



Source: 2012 and 2017 survey conducted by Fund for the Treatment and Control of Drug Abuse in the Ministry of Social Solidarity - graph generated by the team.



Source: 2012 and 2017 survey conducted by Fund for the Treatment and Control of Drug Abuse in the Ministry of Social Solidarity - graph generated by the team.

Efforts and Initiatives of the Fund for Drug Control and Treatment (FDCT)

FDCT is a special fund established in 1991 under decree 46 by the president, pursuant to law 122 of 1989. This law allows the establishment of treatment centres for drug users as well as the construction of prisons for drug offenders. Since then, FDCTA has been one of the vessels through which thenational programs for the prevention of drug use and addiction in the country are executed - by supporting and providing free treatment to the patients alongside ensuring their rehabilitation(Law NO. 122, 1989).Today, the fund not only prevents and fights drug addiction but also finances drug prevention projects. Its counter -narcotic efforts to prevent drug addiction and treatment of those addicted are applied through various policies.

Firstly, the fund promotes awareness through 6-month media campaigns to reach the masses. The most recent “You are stronger than drugs” campaign, featuring Mohamed Salah, the famous Egyptian football player and a role-model for youth, received a high viewership that resulted in a 400% increase in the

number of calls received by rehabilitation centres in 2016/2018. Furthermore, drug addiction has been included in the science syllabus to spread awareness among youth at all levels of education. Those out of school are reached through the general authority and NGOs. Moreover, a drug addiction diploma has been introduced in collaboration with Cairo University.

Secondly, Article 37 of the Narcotic Law 122 of 1989 is being enforced through the Ministry of Interior. Through this, the fund has tackled narcotic drug cultivation in Sinai Peninsula besides running blood tests for drivers on highways and factory workers.

Thirdly, 16023 hotlines in most Upper Egypt governorates have been made available for patients seeking help. In addition to providing free treatment and ensuring the confidentiality of patient information, recovering patients are presented with job opportunities and/or business start-up loans.

Finally, the Fund for Drug Control and Treatment carries out surveys every 4 years to analyse the impact of these policies. The Fund implements some of its initiatives through volunteers. They are mostly university and high institute students between the ages 18 and 25. These volunteers undergo training and capacity building by the fund before they get in contact with the targeted patients.

Challenges

Despite the above-mentioned policies and initiatives, the Fund experiences numerous challenges. There is poor coordination between the stakeholders in the areas of planning and budgeting. Drug addiction is a multidimensional phenomenon with a social, economic and legislative aspects. Hence, combating it is a multi-stakeholder effort. Therefore, poor coordination hinders any efforts of drug abuse prevention.

Furthermore, the scope of awareness is still very low within some societies, especially Upper Egypt that is more prone to drug addiction. Moreover, the number of school children using drugs has shot up in the past ten years. Whereas the Egyptian government has endeavoured to curb illicit crop cultivation, research shows that these drugs are still being grown in rural Egypt.

One of the main challenges faced by the community is ignorance associated with failure to acknowledge substance addiction as an illness. For instance, having an addict in a family is connected to poor parenting in some Egyptian societies. The country also faces problems of poverty and unemployment which force the youth to turn to drugs for hope.

The presence of entry points on the Red Sea, Mediterranean Sea and the airports with lax monitoring, and the border between Gaza and Egypt has made the strategy of cutting off drug supply impossible. Furthermore, the easy accessibility of Tramadol on the black market instead of obtaining it from the pharmacy with a prescription has contributed to its widespread use.

The normalization of drugs in Egyptian society has become one of the major hindrances in the fight against drug addiction. This can be witnessed in movies where rich and lonely characters are filmed consuming drugs for no apparent reason.

Where is the Gap?

Even with all the efforts of the Fund for Drug Control and Treatment in the fight against the use of drugs in Egypt, the drug addiction percentage is double the global rate. This results from more attention given to treating the symptoms rather than the preventative measures of substance use especially among the key vulnerable groups of the population (street children, adolescents and minors on the move). Furthermore, very little effort is shown in awareness campaigns through schools, universities and in poverty-stricken areas with limited access to knowledge and education. Awareness is absent where it is needed the most.

Addicts are treated as criminals and/or convicts rather than patients. In addition, the absence of the role of the family and educational institutions in preventing drug addiction among the adolescents is absent. Hence, there is a need to amend the enforcement of Article 37 of the Narcotic Law 122 of 1989. A change in the perception of substance users, abusers and effects on society is also vital in an increasingly unstable Egypt.

Policy Alternatives

1. Enhancing the lifestyle and conditions of children in the main settings in which they live most of their childhood (homes, schools, clubs, etc.) and are vulnerable to causes of drug abuse so that they would be in lesser risk.
2. Developing a new approach for the government to limit children's use of drugs. It needs a participatory approach, engaging multiple stakeholders; evidence-based, prevention and protection-based approach instead of the current treatment-based approach (reinforced prevention factors and mitigated risk factors).
3. Engaging civil society, as a major stakeholder with power and interest in the issue and knowledge of the context, in implementing strategies and programs and suggesting alternatives, including communities, NGOs, media, research centres, etc.

The Involvement of the Ministry of Interior is questionable because, on the one hand, its role is extremely essential to the overall effectiveness of the process but on the other hand, sharing data with other entities, even if governmental, may be not feasible given the sensitive security situation in the country.

The Consequences and Feasibility of Alternatives

1. Employing a protection-focused approach should be supported by a wide array of sustainable tools to address the challenge of children and adolescent drug abuse in the near future. This is in parallel to the ongoing efforts of treating and combating drug distribution.

2. Implementing a high-level coordination among different stakeholders in the government is highly necessary and is a major determinant of the effectiveness of the policy alternatives and the resulting strategies and programs. Time is a major constraint in working on coordination among many stakeholders, each of which has its own agendas and policies. Political feasibility is another question especially in case of changing cabinets and national development priorities.

3. Devoting more effort to data collection, analysis and communication by different government bodies and international health organizations will lead to better policy formulation and implementation as well as proper resource allocation and mobilization. However, high financial resources need to be allocated to data collection in order to have accurate statistics about the situation across the country.

4. Engaging civil society organizations, including local communities, media, educational and research establishments, etc., can be very effective in raising awareness of the dangers of drug use and abuse at a young age.

Recommendations at the Institutional Level:

Our recommendations highlight the necessity of coordination between the Ministries of Education, Health, Social Solidarity, Youth and Interior. The coordination of efforts should focus on two areas: the communication of information between the ministries in charge and implementation of drug prevention programs. With regard to the communication of information, the mentioned ministries should coordinate their plans to carry out regular drug tests and mental health surveys in schools and youth centres located in alarming areas in order to facilitate the information flow of the drug tests results between the three ministries. This will lead to structuring effective treatment plans as well as creating awareness of the most alarming areas requiring frequent interventions from the Ministry of Interior and other ministries in charge. On the other hand, communicating information by the Ministry of Interior on adults involved in drug related felonies and children sentenced to juvenile detention for drug abuse reasons will aid the Ministry of Social Solidarity in implementing effective interventions, prevention plans, and regular follow-up plans that also extend to their family members. With regard to drug prevention programs that aim in fostering resilience and self-esteem among children and adolescents and engaging parents in the discussion, a coordination between the Ministries of Education, Social Solidarity and Youth is required to effectively embed these programs into curricular and extracurricular activities at schools.

Given the important role of religion in the Egyptian community in general, drug prevention programs can also be conducted in cooperation between the Ministry of Social Solidarity, the Ministry of Health and formal religious institutions in mosques and churches to educate and raise awareness about drug abuse and related issues, such as: the role of the family in developing addictive

behaviours among children, child physical and psychological health, violence, and child labour.

As per UNODC reports, evidence-based drug education programs, such as the European Drug Addiction Prevention (EU-DAP), have proven their effectiveness in reducing the onset of smoking, alcohol intoxication and drug abuse. These programs offer information on the short-term effects of drugs through a series of highly engaging sessions that promote resilience and communication skills. In addition, they invite parents into discussions about child abuse, violence against children, and child labour.(UNODC, 2018).

Recommended Actions at the Legislative Level:

New legislations are needed with the aim of limiting drug use among children

- An amendment to article 37 of the Narcotic Law 122 of 1989 to include parents' role in protecting children and differentiate between children and adults in terms of sanctions.
- A new legislation that sets outdoor times for unaccompanied children to limit children's exposure to and use of drugs. Similar legislation was issued and enforced in Iceland as part of the successful 'Youth in Iceland' program to control and limit drug addiction among youth (EACEA, 2018; Jonsson, 2018). The following is an example of the time limits put in Iceland for unaccompanied children and adolescents:

During the school year

- Children, 11 years old or younger, should be home by 8:00 pm.
- Children, 12 to 18 years of age, should be home by 10:00 pm.

During the summer vacation

- Children, 11 years old or younger, should be home by 10:00 pm.
- Children, 12 to 18 years of age, should be home by 12:00 pm.

Recommendations at the Community and Family Level:

Creating and implementing awareness campaigns should be planned by the Ministry of Social Solidarity in coordination with other ministries to achieve the following objectives:

- Inform families and children about new laws and legislations
- Highlight the importance and positive impact of having quality family time on the psychological well-being of the entire family members
- Promote the importance of sports/physical activity and extracurricular activities in schools, cultural, and sports centres
- Inform the community about the physiological and the psychological

hazards of the different forms of drug consumption

- Raise awareness of healthy eating habits and nutrition facts

As the family is the single most important risk factor for youth developing drug use problems, the abuse of drugs by children belonging to different backgrounds and socioeconomic classes has to be addressed using different approaches and channels:

- Families of children from urban areas and higher socioeconomic classes can receive intensive family skills training programs in drug abuse prevention. The effectiveness of these programs lies in targeting the whole family as one unit for the objective of building skills for parents concerning the monitoring and supervision of the day-to-day activities of their children, establishing communication and setting age appropriate limits. These programs can be conducted in schools, clubs and youth centres or other social settings.
- Based on WHO findings and briefings, interventions to prevent interpersonal and self-directed violence contribute to drug abuse prevention. Building on these findings, training programs about preventing violence through the development of safe, stable and nurturing relationships can be conducted for families of children from urban areas and higher socioeconomic classes.
- Building on the important role and good outreach of religious institutions in these areas, families of children from rural areas and lower socioeconomic classes can be informed through awareness-raising programs implemented in mosques and churches, in coordination with the Ministries of Awqaf and Interior, about issues related to drug abuse prevention such as child labour and child health and its effect on developing addictive behaviours.

Conclusion

Prioritizing child protection against drug abuse is an urgent need in a situation where the percentage of Egyptian children and adolescents addicted to drugs is higher than the global average. The urgency of the problem of child drug abuse lies in its deep roots in the Egyptian society and its intersection with other several economic challenges, and cultural and social norms that range from illiteracy, child labour, violence at home and lack of access to quality healthcare services.

Thus, this paper frames this important issue and suggests feasible policy alternatives that can contribute to addressing the challenge effectively. First and foremost, it is proposing to employ a protection-based participatory approach in tackling this challenge that is highly essential to achieve progress and positive results. Despite the importance of treatment and combating drug distribution, the government's approach to the problem should be mainly protection-based instead of treatment-based. Establishing coordination among all stakeholders, especially in the government, and tackling the drug abuse issue each from their different perspective is also critical to the culmination of

the efforts in this area. Informing and engaging the community, especially in urban areas, and capitalizing on their critical role in working on the problem is a precondition for achieving the desirable outcomes. Second, observing and understanding the environments in which children are raised in Egypt will help in changing their lifestyles and mitigating the risk factors in their surroundings. The school and the family are both the most important environments. Hence, steps should be taken to help children thrive in a healthy environment away from an exposure to drug use through working on raising parents' awareness, building the capacity of school staff, and updating school curricula. Finally, a legislative intervention is necessary to provide the basis for all the interventions and guarantee their compliance with international child rights laws.

There is no doubt that preventing and combating children and adolescence's drug abuse and addiction is crucial to Egypt's progress, not only from the human and cultural perspective of protecting a vulnerable age group that represents the foundation of the Egyptian society that is to come, but also from an economic perspective of protecting the quality of the future workforce in Egypt.

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Appendix: Different International Conventions on Drug Control:

Drugs have destructive impacts on individuals and society as a whole. High rates of crimes such as rape and thefts, road accidents and low rates of production are the main detrimental consequences of drug addiction. Therefore, there are many efforts exerted to face and control this danger, especially on the international front. To elaborate, the three main drug control conventions internationally include: The Single Convention on Narcotic Drugs of 1961 as amended by the 1972 Protocol, the Convention on Psychotropic Substances of 1971, and the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988, and The International Drug Control Conventions, UNODC, Nov, 2013. Thus, many trials and conventions since 1961 were set to control this danger and save humanity.

First, the Single Convention on Narcotic Drugs of 1961, as amended by the 1972 Protocol, is considered as one of the most important conventions to control drug abuse. It includes 51 articles, and it was written in 5 languages: Chinese, English, French, Russian and Spanish. Furthermore, the texts are of equal length in all these languages. The articles of this convention are related to define drug, identify the types of drugs, determine the medical usage, put limits on its distribution, plant and trade, limit who are allowed to use it, and put a list of regulations and laws for anyone who acts against this law. Thus, this convention is a framework for the legalization of usage and trade of drugs.

Second, the Convention on Psychotropic Substances of 1971 stipulates a system for controlling the demand and usage of the psychotropic substances internationally. It further establishes control over several synthetic drugs based on their availability for consumption on the one hand and the healing process on the other hand. It further contains the International non-proprietary name and the chemical name for each drug for example, Mesocarb, and its chemical name 3-(α -Methylphenethyl)-N-(phenylcarbamoyl) syndrome imine. Thus, the Convention on Psychotropic Substances of 1971 is deemed a most important reference of drugs names and their chemical components. Therefore, it includes many of products and their components.

Apart from the Single Convention on Narcotic Drugs of 1961 as amended by the 1972 Protocol, and the Convention on Psychotropic Substances of 1971, there is another effective convention which is the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988.

This Convention comprises numerous means to combat drug trafficking, in addition to anti-money laundering measures and the diversion of precursor chemicals.

Furthermore, the convention provides a platform that binds all countries in the fight against the use of drugs. For instance, extradition of drug traffickers, controlled deliveries and transfer of proceedings. Moreover, it puts two tables of drugs according to the convention of October 2017.

To conclude, the outstanding efforts of the international organizations, especially that of the United Nations can be observed. These efforts include controlling and limiting the use, trade, cultivation, and preparation of these dangerous products. However, these conventions would not be successful or effective if there were not enough efforts exerted from the countries, societies and people. Thus, individuals and officials have to believe that the ramifications of drug abuse are ruinous.



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The Public Policy HUB is an initiative that was developed at the School of Global Affairs and Public Policy (GAPP) in October 2017. It was designed to fill in the policy research gap. It provides the mechanism by which the good ideas, plausible answers, and meaningful solutions to Egypt's chronic and acute policy dilemmas can be nurtured, discussed, debated, refined, tested and presented to policymakers in a format that is systematic, highly-visible and most likely to have a lasting impact.

The Public Policy HUB provides a processing unit where policy teams are formed on a regular basis, combining experienced policy scholars/mentors with young creative policy analysts, provide them with the needed resources, training, exposure, space, tools, networks, knowledge and contacts, to enable them to come up with sound, rigorous and yet creative policy solutions that have a greater potential to be effectively advocated and communicated to the relevant policy makers and to the general public.

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