WORLD HEALTH ORGANIZATION

Regional Office for the Eastern Mediterranean

ORGANISATION MONDIALE DE LA SANTÉ

Bureau régional pour la Méditerranée orientale

WHO Inter-Regional Workshop on
Prevention and Treatment of Drug Dependence

Alexandria, 16 - 21 October 1978

Country Profile - Sudan

by

Dr H. El R. Suleiman, Director, Mental Health Services,
Ministry of Health, Khartoum

THE PROBLEM OF DRUG DEPENDENCE

IN THE SUDAN

Medical services in the Sudan are run on the basis of districts and occasionally, in some aspects, on regionalization. The country is divided into 18 provinces; and each province has its own executive, health, educational and local government specified personnel who run these different services. At the Province Headquarters the Governor and his assistants outline their priorities and discuss the relevant policies which are necessary to execute these tasks. This phase, is completely decentralized but it is also incorporated in the general frame of the national policy. By so doing, a state of integration is maintained with the other provinces, and national issues of any sort can, therefore, be worked out on common basis.

The P..... (who is also known as the Assistant Commissioner for Health) is fully responsible for all aspects of health including the preventive and curative sides. But the Provincial Hospital which is situated in the capital of the province, is run by a team of specialists and has an independant management committee. At the Ministry of Health headquarters, the Minister, the Under Secretary and their assistants are the programme makers and organizers and they act as the conductor for harmonising the services throughout the country.

At the Headquarters level also exists the international health department with the WHO Representative and his staff who are available for any relevant commitments.

All medical provisions that are needed for the therapeutic, preventive, laboratory services etc., are catered for by the Director General for Medical Supplies. From his headquarters such provisions are issued to the different provinces according to their needs. It is

perhaps of interest to note that each province sends its annual request for the supplies needed to the Director General Medical Supplies, who compiles all the needs into one tender which is then subjected to a detailed study by the heads of the different specialities. When a final agreement is reached, the tender is put out and it is then studied by the different drug firms who apply, each in his own line of pharmaceuticals, etc. In this way drugs are made available for the pertinent use. Drug control is the duty of the Senior Pharmacist who maintains upto date list of all drugs used in the Sudan. He is also directly involved with registration of new drugs after being satisfied of their reliability and the need for their use. There is a national formulary for drugs and a national pharmacopia is in the process of making.

As far as drug dependence is concerned, I think very few countries in the world can really stand up and honestly say that they have no such problem. Each country has its own problem of drug dependence. The main differences will be in the nature of the drugs abused, the degree of this abuse, the complications so produced and the way in which the problem is looked upon and managed.

The Problem of the use of Cannabis in the Sudan:-

Our main problem in the Sudan is the use of Cannibas Sativa L. This plant grows freely in all parts of the country and its annual crop is definitely on the increase.

Cannabis is now very widely smoked. Its use was limited to the illitrates and preliterates who came from lower socio-economic classes and who were then employed in the manual or sub-technical jobs. But of late, Cannabis is being used extensively by the people of younger age

....3

groups who generally came from upper socio-economic groups and who themselves have a fair amount of education; some of whom are college or university boys or graduates. In a recent study carried out by my colleagues and myself, it was found out that most of the Cannabis users are males who usually smoke Cannabis in groups. The evening is the best time for smoking and people of the same neighbourhood from the group, one or more of whom are responsible for the availability of Cannabis.

Town or urban people use Cannabis more so than rural or village people. Cannabis is usually smuggled into these urban localities and is brought from far away. The South-West part of the Sudan is a very popular area of growth for the following reasons:-

1. It is a tropical area with lots of high ground where the condition of rain, humidity and the right temperature are ideal for the growth of the Cannabis plant which can grow as high as two metres or more.
2. The area is inaccessible throughout most of the year. There are no roads of any kind and animals are usually used for transport.
3. The inhabitants of the area grow Cannabis for sale, and not for personal use. They treat it as a cash crop.

Our research into the problem of Cannabis also shows that its traffication and distribution are now governed by enlightened groups of so-called business men who run the show for the easy and continued profit. A kilogram of Cannabis in the production area sells for one Sudanese pound. It fetches more than one hundred pounds in the distribution area. The group of Cannabis users, whom we have studied,

.....4

told of the pleasurable effects after the use of Cannabis. They also stated some unpleasant symptoms when they did not find Cannabis. Whether these symptoms are to be labelled as "withdrawal" or not; is very debatable. What clearly came out of our study is that the use of Cannabis is on the increase and has almost been accepted amongst younger age groups the same way alcohol has. The illegality of possession and use, is no longer a potent deterrent.

If police seizures are to be used as an indicator for the gravity of the problem, then the ~~following~~ figures for the last five years show the escalation of the problem, and if such seizures are accepted to show 10% of the actual bulk of Cannabis used, then the situation is very grave. As recent as five months ago the police have seized two farms in the Gedaref area (this area is an expanse of very fertile land in the mid-eastern region of the country which is used for growing grains and sesame. One farm was about fifty acres and the other was about thirty acres. The farmers are not the usual farmers involved in the growth of other crops. They were men who were newcomers to the area and whose objectives were, obviously, to plant Cannabis in that area, which is connected to the main cities of the country by a new macadam road which reduced the time of the journey to the capital from 16 hours to four hours only. Sometimes, development carries with it more risks and social hazards more than what is usually anticipated.

Impact of use:-

(a) On Health:

Cannabis in the Sudanese does not seem to produce serious physical disabilities. Some reports maintain that the prolonged use may lead to liver disturbances with occasional terminal internal haemorrhages.(A report on two cases by Bakheet etal).

.....5

The main health hazards seem to be psychological. Acute psychosis can happen in the naive user. The psychosis is possibly toxic, and is schizophreniform in nature. Acute attacks of prolonged fear and bewilderment dominate the scene. The condition is usually controlable and it can be greatly helped by the use of ECT and phenothiazine drug. There is also a chronic phase of this disturbance. Occasionally some of the acute psychotics drift into a more schizophrenic state. This is a debatable issue. Some authors think that this chronic psychotic reaction is a schizophrenic syndrome which has been triggered off by the naive use of Cannabis, while others maintain that it is directly attributable to the toxic effects of Cannabis. Such patients usually end up in mental hospitals and institutions.

Some authors, who are much acquainted with seeing, interviewing and observing regular Cannabis users, get the impression that a personality type develops with such prolonged use, such people can be easily spotted. They are usually restless, tend to be overactive, talk more than average, and tend to be either too over-reactive or too docile. On average, they hate violence, but once provoked they cannot be easily controlled. It is fair to say that many of the sociopaths also use Cannabis and this aggressive behaviour can be a concurrent happening.

(b) <u>Social</u>:

Most of those who use Cannabis regularly and over long periods seem to be socially stable. They keep up their wives and children and homes do not seem to brake easily. They keep their jobs and some get promoted to quite senior and responsible offices. These people use a certain number of cigarettes and divide them to certain times of the day. Others who cannot establish such a regularity of habit and who keep on increasing their intake of Cannabis, look more disturbed and they seem to

.....6

float away with the current, more so than keeping to a certain code of behaviour.

The users of Cannabis do not come against the law easily. They do not involve themselves in crimes of violence, or any major crimes. If they ever appear before the law, it is usually because of some petty stealing or occasional pick-pocketing.

(c) Economic:

Most of those who use Cannabis buy their own, but occasionally and especially in the group, sharing is adopted; those who cannot pay their share are tolerated up to a point, but no one can become completely dependant on the group. On average, not more than 5% - 10% of the earnings are spent on Cannabis, as the stuff is still relatively cheap compared to international prices.

(d) Major policy approaches:

Cannabis is prohibited by the law. No one is allowed to grow, possess, trafficate, deal in or use Cannabis. Side by side with this legal approach, there exists the S.N.N.C.B. (Sudan National Narcotic Control Board). This is a Board composed of members of the highest calibre from the following ministries, organizations and other bodies who are keen to serve on the board:-

Ministry of Health
- Chief Psychiatrist
- Chief Pharmacist

Ministry of Interior
- Head of C.I.D.
- Head of Interpol
- Chief Commander of Prisons
- Head of Criminal Laboratory.

Representative from the Chief Justice's Office

The Attorney General

Under Secretary, Ministry of Education

Representative of the Council of Ministers

.....7

Under Secretary, Ministry of Youth Affairs

Under Secretary, Ministry of Social Affairs

Under Secretary, Ministry of Culture and Information

Under Secretary, Ministry of Religious Affairs

Prof, of Psychiatry, Faculty of Medicine

Prof. of Pharmacy, Faculty of Pharmacy

Representative of Customs and Excise

Other interested bodies.

The responsibilities of the Board lie within the different working groups which are formed from the members who are appointed by the preceding Presidential resolution. The groups are:-

(1) The legal group: Representative of the Chief Justice's Office

The Attorney General

The Chief Psychiatrist

The Chief Pharmacist

The Head of C.I.D.

This group is engaged in the study of the existing laws, to see how much they follow the modern trend and approach to the problem of drug dependence. The group has the power to advise on deleting, changing or establishing new laws concerned with the problem. The group is also responsible for adoption, ratification and signing of the international treaties, and other regional and inter-regional agreements.

(2) The scientific group: The Chief Psychiatrist

The Chief Pharmacist

The Head of the Criminal Laboratory

The Dean, School of Pharmacy

Prof. of Forensic Psychiatry.

.....8

This group is engaged in the scientific aspects of drug dependence. They follow all work published on the subject, go on with research on Cannabis, opium and drugs etc., and publish periodic news letters.

(3) The Public Information Group: The representative of the Ministry of Culture and Information

The representative of the Ministry of Youth Affairs

The Under Secretary, Ministry of Social Affairs

Members of the Press

Members of Sudan Radio

Members of Sudan Television.

The main activities of the group are to conduct radio and television programmes, to write in the press, to hold public lectures, and inform on the seriousness and gravity of habituation and dependence on the different drugs.

(4) The Financial group: has the task of looking after the payments for the different activities of the Board. The funds come from the Government and are, therefore, governed by the laws of state expenditure. The main chargeable headings include payments for equipment, instruments, stationary, publications and conferences. No member of the Board receives any salary or any other financial aid.

The Board meets once a month. The present offices are held as follows:-

President - Chief Psychiatrist

Secretary - Head of the C.I.D.

Secretary (Information) - Under Secretary, Ministry of Culture & Information

Secretary (Scientific) - Head of Criminal Laboratory

Members of all the other persons outlined earlier.

.....9

The Scientific group has already finished two major field surveys, one in the South-west of the Sudan and the other is in Mid-Eastern region of the country. Their work is published in the International Council of Alcohol and Addiction Proceedings of the 3rd Arab International Conference on Alcohol and Drug Dependence held in Khartoum in early December 1977.

The Scientific group has also studied Cannabis in detail in the rural, suburban and urban population. A paper was delivered on this subject at the above mentioned meeting and is included in the International Council of Alcohol and Addiction Proceedings of that meeting. All aspects of research are financed by the Board; occasionally, financial limitations are a hindrance.

Training Activities: training is being given to those who are engaged in the health aspects of the problem, to the staff of the Criminal Laboratory, to the Customs Officers and to the C.I.D. staff. Part of the training is carried out locally, but when an occasion arises, regional or international training is given.

Drug dependence and the Law; and the International treaties: The Sudan has signed and ratified all international treaties concerned with drug dependence, including the single convention of 1961, the modified single convention, and the treaty on Psychotropic Substances. We abide by those treaties, and also by the laws on Narcotic Drugs of the Sudan.

Legally, it is criminal to cultivate, possess, traficate or use opium and Cannabis. It is also prohibited by law to abuse all the drugs listed in the single convention and the act on Psychotropic Substances. No drugs are issued without prescription and a record is made of all the drugs issued which are included in these legal acts.

.....10

Prevention Activities: In our attempt to fight the use of Cannabis, a close watch is kept on all the areas suspected for the growth of cannibas. The plant grows during the rainy season which starts in July and ends by early November. At the end of the rainy season, the plant will be ready for harvesting. The police raid these farms before the crops ripen enough and after seizure of the farms, the plants are cut down, dried and burnt. The owners are lawfully dealt with. After November, roads that come out of suspected areas are closely watched and a check is made on all transport. At the point of distribution and use, the police keep a regular check on all subjects suspected of dealing in Cannabis and occasional raids are carried out on such places.

An active information programme showing all the hazards and bad effects resulting from the use of Cannabis is being regularly carried out. This includes radio and T.V. programmes and articles in the local press. Public lectures are also conducted in schools, Universities and youth centres. These youngsters are made aware of all the hazards resulting from the use of Cannabis and the abuse of drugs. But, despite all these efforts, the problem still exists.

Technical Aspects of Treatment

(a) Treatment facilities: There are special units for the treatment of drug-dependent patients at the main psychiatric hospital (Tigani El Mahi hospital) in Omdurman and in the psychiatric ward in the Teaching Hospital in Khartoum. There are also facilities for IP treatment at the provincial psychiatric clinics. These I.P. facilities exist in the provincial hospital as 5% of all the beds in these hospitals are made available for I.P. psychiatric care.

.....11

There are also I.P. treatment facilities at all provisional psychiatric institutions. These institutions are to cater for the mentally disturbed who run against the law. The institution is very much hospital-like except that the administration is carried out by the prison authorities, as the inmates are offenders but who are not well. The personnel in these institutions include trained nurses, psychiatric medical assistants, social workers and doctors.

(b) Treatment methods: These patients are admitted to the hospital. They are physically checked and any physical ill-health is attended to. They are kept in such a way out of reach of any possible drug. The symptoms so produced on deprivation are dealt with. When they become well enough, individual and group therapies are conducted. The period of stay in hospital varies from 6 - 10 weeks. On discharge, they are given short follow-ups and are entrusted to the company and care of their relatives, or to the care of non-drug dependent friends.

The patients come to hospital voluntarily and accept all methods of treatment without much resistance. When they get over the acute phase, they form good participants in the groups. Involuntary admission is carried out when these drug addicts run against the law and are, therefore, criminally detained.

The extended family system in the Sudan provides a very good and warm relationship between the patient and his relations and friends. This in a way, acts better than an A.A. because of the obvious advantages it carries with it.

It is, perhaps, of interest to mention briefly the abuse of alcohol. Alcohol is religiously not allowed and drinking is not acceptable. Legally alcohol is not prohibited, but getting drunk is an offense and chronic

.....12

alcoholism is treated as a bad sign both socially and at work. The detoxificating units in the hospitals also cater for the chronic alcoholic who is usually in a worse state than most of the drug dependents.

Opium

Opium does not show up as a problem in the Sudan. The limited use of opium is mainly observed in Port Sudan District. Port Sudan is our main sea-port situated on the Red Sea. Limited supplies of crude opium are brought in by seafaring men who sell them to local dealers, who in turn supply the users. Our last figures show that there are 128 opium-takers, most of whom use the stuff in moderation. The problem does not seem to be on the increase as most of these people are well over thirty-five years of age.

The police seizures of opium in all the Sudan are nine kilograms of crude opium in the past ten years with only two kilograms seized last year.

Other drugs

Amphetamine started to be a problem in 1972-1973. Its use was then limited to younger age groups who were mainly students. It was also used by night workers and lorry drivers who wanted to stay fully awake on long journeys. Amphetamine came to the Sudan from West Africa, and was mainly meant for Saudi Arabia, as drivers use it extensively over the pilgrimage season. It is also used there by groups of people who want to enjoy late night gatherings in parties and occasionally in wedding feasts.

Amphetamine has therefore been banned by law in the Sudan, and since 1974 no amphetamine was allowed into the country.

Other drugs that are occasionally abused include mandrax, sosegon, pethidine, barbiturates and cough mixtures that contain opium derivatives. These give rise to sporadic cases and the start of the use is mainly iatrogenic. It is not allowed to get any drug in the Sudan without prescription and these drug dependents keep on going from one practitioner to another in a process of manipulation to get their prescriptions.