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A Small Town Drug Problem: The Socio-Economy of Malindi's Heroin-Using Population

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A Small Town Drug Problem:

The socio-economy of Malindi's heroin-using population

ABSTRACT

Research was conducted in Malindi focusing on the social and economic characteristics of heroin-users. A survey of users' ages, employment, education level, future ambitions, family status,

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Fall 2005

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Acknowledgements

First and foremost, a very warm thank you must be extended to the staff and clients of The Omari Project. This project would not have occurred if not for your help. Thanks to Ahmed Seddiqi and George Makori for piquing my interest in the issue of heroin abuse and rehabilitation, and special thanks to Ms. Lydia, Bakari, and Maina for aiding me in Malindi. Thanks to my advisor, Manundu, his ever-accommodating assistant David Mbuvi, and his secretary Jane, who prepares a lovely tea and mundazi. Finally, thanks to JB, who helped brighten some dark days.

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Situated on the coast of the Indian Ocean almost midway between the port cities of Lamu and Mombasa, Malindi has played an important role in the coastal economy since the settling of the area by the Swahili people more than 500 years ago. In the past three decades, however, Malindi has developed a significant problem with illicit drugs, in particular heroin. The city has become an important transit point for the trans-Indian drug trade that moves products from South Asia to South Africa and the Americas. At the same time, a local drug using community has become more visible throughout the years and now constitutes a major threat to the local community and future economic

prospects of the region. In particular, the intersection of a one-dimensional economy, a large drug-using community, and a large number of people living in poverty may inhibit the development of the region and cause significant stress on the Kenyan national fabric if these challenges are not analyzed and resolved.

It is said that statistics only tell half the story. That is true, but in light of this research, it is a big half. Please bear with the inundation of numbers and indicators that follow, because by simply looking at them and pondering their implications, it will be much easier to see why Malindi's drug community has thrived for twenty years and will continue to do so in the future unless there are significant adjustments in the local politico-economic arrangement.

While there exists no national estimate on the number of drug users in Kenya, a recent study carried out in Mombasa put the heroin-using population at approximately 10,000.¹ A rapid-assessment done in Lamu in 2004 revealed an increasing number of heroin users among its youth population.² The Kenya Police Department's official statistics show a 60% increase in the number of drug arrests from 1997 to 2004.³ All of these elements suggest an already formidable drug problem that is continuing to rise. In Malindi, current estimates place the number of users at more than 1000.⁴ While the projections of current users are bound to fluctuate and invite criticism of methods, it is difficult to find a family in Malindi who has not experienced the drug problem firsthand, either through fellow family members or friends.

This study has been undertaken due to concern about the problems of drug abuse, especially among youth (25 and younger), which constitute a large sector of Kenya's population (42%)⁵. Failure to meet the needs of these populations, as is occurring currently in Malindi, will lead not only to greater drug abuse, but higher figures of crime, unemployment, and poverty. Furthermore, an aspect not fully considered in this study

¹ Susan Beckerleg, Maggie Telfer, Ahmed Seddiqi, Mombasa Rapid Assessment of Injecting Drug Use, report prepared for TOP: 2004.

² Researcher interview with Uthman, counselor, TOP, 11/26/05

³ Republic of Kenya Central Bureau of Statistics; *Economic Survey 2002*, and *Economic Survey 2005*, Nairobi, Kenya: 2002, 2005

⁴ Researcher interview with Maina, outreach counselor, TOP, 11/29/05. While this estimate is admittedly rough, Maina pointed to TOP's registration of over 500 users in the community, and suggested that they reach less than ½ the using population with their services.

⁵ World Bank, 2005 World Development Indicators, World Bank Publications, Washington DC: 2004

but nonetheless extremely relevant, is the effect of drug use among youth and its relation to increased transmission of HIV. The findings of this study will be examined with regard to their implications for the large and vulnerable youth population that exists, and a short series of recommendations will be offered for the resolution of these challenges.

Objectives

- 1) Create a profile of socioeconomic characteristics for a select group of drug users in Malindi, with attention to the particular factors of age, employment status, education level, and family status.
- 2) Analyze critical factors to the heroin-using community in Malindi, such as origins of drugs, prevention and rehabilitation, and law enforcement.
- 3) Offer recommendations on the basis of the findings of this research.

Background

Malindi's modern roots as a tourist haven can be traced back to the late colonial period. Colonial settlers from the hinterlands came to the area with hopes of removing themselves from the stresses of plantation life and enjoying the beaches and favorable climate. The first major resort, Lawford's, was erected in 1934, and it was followed by a number of other European owned ventures.⁶ This trend has continued to the present day, with European-owned hotels and resorts lining the beaches both north and south of the main urban center. Successive waves of international tourists, first arriving in the 1960s, gradually diminished the role that fisherman played in the local economy, as people found there was more money to be made in the service sector. The 1980s saw a considerable increase in Italian tourism and a number of local businesses were bought out

⁶ Esmond Bradley Martin, *The History of Malindi: a geographical analysis of an east African coastal town from the Portuguese period to the present*; East African Literature Bureau, Nairobi, Kenya: 1973, p. 101-112

by or partnered with Italian investors.⁷ The 2002 Malindi District Development Plan highlights the importance of the industry to the region, stating:

*“The West Coast line has good beaches attracting tourism activities, which have positive effects on economic growth and poverty reduction through employment creation and promotion of socio-economic activities.”*⁸

Though the tourist industry itself will not be explored in-depth in this study, it is nonetheless an important factor in understanding the impact of drugs in Malindi.

Kenya is classified by the World Bank as a low-income developing country, with the majority of its citizens living on \$825 or less per year.⁹ The Coast Province, in which Malindi resides, is one of Kenya’s poorest provinces, viewed by many as being historically marginalized in the post-colonial period by rulers from other parts of the country. Unemployment in the Coast hovers around 40%, while Malindi’s stands slightly lower, at 27%.¹⁰ In conjunction with high unemployment figures, it is estimated that 66% of Malindi’s urban population lives in absolute poverty, meaning they live on less than \$1 per day.¹¹ Secondary education remains a rare commodity throughout Kenya, but the problem is exaggerated in Malindi district, where the total enrollment in secondary schools was 12% in 2002.¹² The high unemployment and poverty indicators in the area have led to the development of an atmosphere in which any paying job is highly prized, under nearly any conditions. Again, while this study will not attempt an in-depth analysis of poverty in Malindi, it is an important factor when considering the socio-economy of the town’s drug using community.

Literature Review

There is a considerable amount of academic work on the drug phenomenon in Malindi, though much of it focuses specifically on the heroin-injecting population. Perhaps the

⁷ Susan Beckerleg, Gillian Lewando Hundt, “Structural Violence in a Tourist ‘Paradise,’” *Development*, 47:1, 2004

⁸ Ministry of Finance and Planning, Republic of Kenya, 2002-2008 Malindi District Development Plan, Nairobi, Kenya: 2002

⁹ World Bank, *World Development Report 2006: Equity and Development*, New York, New York: 2005

¹⁰ Ministry of Finance and Planning, 2002-2008 Malindi District Development Plan

¹¹ Ibid.

¹² Ibid.

most relevant piece to this study is an article by Beckerleg and Lewando Hundt, (2004), “Structural Violence in a Tourist ‘Paradise,’” in which they examine the presence of structural violence in the area’s economy. This article uses Farmer’s definition of structural violence as a set of economic and political conditions that negatively impact the health and quality of life of a certain community. They cite the heavy drug use and commercial sex work that women engage in as a result of a large tourist presence as an indication of structural violence in Malindi. The thesis of this article is both provocative and accurate in the eyes of this researcher; however, the authors fail to provide depth or breadth to their article. It offers skims the history of tourist development in Malindi and gives an abbreviated case study of one local user, but fails to go any deeper into the lifestyles and economic status of male users and female users not involved in commercial sex work.

Two articles put forth by Beckerleg (2004) and Beckerleg, Telfer, and Lewando Hundt (2005), “How ‘Cool’ is heroin injection at the Kenya coast,” and “The rise of injecting drug use in east Africa: a case study from Kenya,” seek to examine the attitudes and behaviors of Malindi’s heroin-injecting population. These pieces are helpful in understanding the culture that drug users inhabit, but questions of motivations for the entrance and withdrawal of a drug-using lifestyle are not examined, nor are broader questions of where these users fit in the local economy.

A useful publication on the origins, use, and prevalence of certain drugs in the region is the 2004 report of the United Nations Office on Drugs and Crime (UNODC) Kenya regional office. This report examines the trafficking patterns of bhanghi (marijuana) and heroin, tracing the former to regions throughout Kenya and Tanzania, and the latter to South Asia, especially Thailand and Pakistan. It also indicates the presence of West African criminal syndicates in the regional drug trade and the importance of the East Africa coast as a transit point for drugs both to South Africa, which has a high domestic demand, and Europe. The UNODC report provides a useful account of organized drug trafficking in the region, but due to its scope, is unable to look at the problem in a more personal manner.

This study will distinguish itself from previous examinations of the Malindi drug phenomenon by focusing in a small part on the conditions that bring drugs to Malindi,

such as trafficking, and local and tourist demand. Unlike Beckerleg et al., an attempt will be made to determine the socioeconomic characteristics of a small group of users – age, employment status, education level, and marital/familial status – and analyze this group for trends that offer more insight into Malindi’s unique economy. Unlike much of the previous work in Malindi, this study will not relegate itself to the heroin-injecting population, but rather examine all methods of use and users.

Setting¹³

Malindi town, the main focus of this study, lies in the Malindi District of the Coast Province in Kenya. The town population in 2002 was approximately 130,000, making it the second largest urban center in the Coast Province behind Mombasa. The town consists of several different neighborhoods, some notable for their historical importance and others for their poor economic status and associated low standard of living. The majority of research was conducted in Shella, a predominantly Muslim area immediately along the beachfront and housing many of the town’s tourist-oriented enterprises, such as restaurants, bars, and a large tourist market.

Other areas relevant to this study are Mawini, a slum area located just south of Shella; Bomani, a commercial center in town that is the economic center for most local residents; and Muyeye and Kisumu Ndogo, two slum areas located southwest of the town center, far from the ocean front. In addition to these areas within Malindi town, a good deal of research was conducted at a heroin rehabilitation center located in the village of Msabaha, about 10 km southwest of Malindi. Two days were spent visiting Watamu, a nearby tourist-resort town that also possesses a considerable amount of heroin users.

Methodology

This research project was undertaken in collaboration with The Omari Project (TOP), a non-governmental organization (NGO) started in 1995 to address heroin abuse in Watamu and Malindi. Today TOP has a drop-in counseling center in Malindi, a four

¹³ Refer to the appendix for a map of Malindi

month rehabilitation program based at a small compound in the nearby village of Msabaha, offices in Mtwapa and Likoni, and it also provides outreach services to Watamu. With the consent of TOP, participant observation was conducted by accompanying counselors both in the Malindi drop-in office and on their twice-weekly outreach walks to the most affected communities of Malindi and Watamu. Formal and informal one on one interviews were conducted with members of TOP's staff, current and former users from the Malindi community, current clients staying at the Msabaha rehabilitation center, and other relevant stakeholders. Due to the sensitive nature of some data, names of users and associates have either been omitted or changed. The structure of many of the informal interviews conducted in the community did not allow for either recording of conversations or active written recording of participants' comments. In these cases, an attempt was made to record details as accurately as possible as soon as conditions permitted.

Limitations

As in any case when field research is being conducted in a foreign locale, the researcher's lack of complete grasp of the local languages and culture prevented a full absorption of all information provided to him. In addition, the time requirement for the research project limited the scope and depth of the data collected.

While association with The Omari Project was extremely beneficial, it was also a limiting factor in the sense that users responded to the researcher as one who could possibly help and who was interested specifically in rehabilitation. This perception may have altered responses to some inquiries, especially considering the fact that admittance to the Msabaha rehabilitation center is in high demand and some people may have been seeking the researcher's assistance in getting there.

Yet another limitation was the sensitivity of informants to discussing their habits, attitudes, and beliefs with regard to drug addiction, a deeply personal and often painful subject that one often finds difficult to talk about with others, especially a stranger from outside the community. While the data gathered was substantial and relevant, there was a

point at which many informants' responses to the researcher's questions seemed to coalesce, likely due to the unwillingness of informants to grant full disclosure about their lifestyle, which is often stigmatized and perceived as shameful.

Findings

Motivations for Heroin Use

One informant remembered explicitly why he had started using heroin more than 15 years earlier. He was insecure about his new girlfriend; a friend informed him that using heroin would allow him to perform better sexually, thus preventing the break up of the relationship. He began to use heroin just to enhance his sexual activity, but soon found himself a slave to the drug.¹⁴ This instance is indicative of many users' reasons for starting; psychological issues provoke the user to seek an outlet in the form of an altered state.

Many informants revealed frustrations about their lives, such as family or personal pressures. Given the choice of facing these facts idly without proper outlets for expressing their frustrations, such as physical activity, work, or leisure activities, or seeking refuge in a drug-induced state, they chose the latter. Especially among men, the difficulty of facing a family without the ability to provide income or sustenance seemed to be an especially difficult issue that factored in precipitating use.

Modes of Heroin Use

By all accounts, heroin injection is not nearly as common in Malindi as Mombasa.¹⁵ In the course of this research, only one of twenty current users was known to have injected at one point, and she had moved on to smoking. There seemed to be a stigma among the users interviewed attached to heroin injection; many had knowledge of the health risks of injection, citing the chances of getting HIV or Hepatitis among them. Even the one

¹⁴ Author interview, M14, 12/1/05

¹⁵ Beckerleg et al., Mombasa Rapid Assessment

informant who had injected would not disclose this in an interview; it was revealed privately by an acquaintance of hers.

Of the users interviewed, all currently smoked the drug with either a cigarette, known as a joint, or with a marijuana cigarette, known as a cocktail. Smoking a joint is the cheapest option, and although it was somewhat less pleasurable, (“It smells like burning plastic”¹⁶), they would not hesitate to use a joint if they lacked the necessary funds for a cocktail. The preferred method among users was smoking a cocktail.

Origins

As has been noted elsewhere,¹⁷ the type of heroin currently used in Malindi is white crest, a white powder substance that can be purchased in small quantities for 100 shillings each. Brown sugar, a stronger form of heroin, arrived in the coastal region first in the 1980s and continued until the late 1990s, when white crest began to dominate the local drug market. Reasons suggested for the shift in product is the higher price that brown sugar can fetch in European markets, and the unwillingness of suppliers to expend a superior product on a region wracked with poverty.

Heroin is produced chiefly in Afghanistan, Pakistan, and Thailand. While it is difficult to know exactly how much of what comes from where, many people believe the Karachi - Nairobi - Malindi route is responsible for the majority of drugs in the region. The expansive Kenya coastline is also a likely point of entry, with minimal coastal authorities to prevent trafficking.

Age

Of the twenty current heroin users residing in Malindi that were interviewed for this study, the average age was 27 years old, with a range of 17 to 45. The average age of first heroin use was 20, with a range of 14 to 30. The majority of informants were in their twenties. These findings suggest that the lack of recreational activities in the community affects not just the young, but the old as well. One informant lamented the

¹⁶ Author interview, Maina, TOP counselor, 11/29/05

¹⁷ Susan Beckerleg, “How ‘Cool’ is Heroin Injection at the Kenya Coast,” *Drugs: education, prevention, and policy*, 11:1, 2004

lack of leisure activities offered in town that were not geared explicitly towards tourists.¹⁸ One of the principal evening recreational activity for residents of Shella , one of the heavy-use areas, is sitting along the beachfront and watching soccer. The football field along the ocean draws all ages, from pre-adolescent to near post-mortem. Many older spectators chew miraa and smoke cigarettes. This area is also a prominent gathering spot for heroin users in Shella, who will congregate during a game and depart in groups either to smoke or find food and shelter for the night.

Employment

Following the trend of high unemployment among the urban population of Malindi, eleven of the twenty users interviewed were not presently employed. Of those who earned an income, this employment was both informal and unpredictable; independent fisherman, tour guides, or commercial sex workers. The residents of the Msbahaa rehabilitation center followed this trend as well, with one informant saying it was impossible for an addict to work because he couldn't keep time and no one would trust him.¹⁹ Another resident epitomized this sentiment; originally a matatu driver, he began to use heroin more heavily and would skip work on days when he was feeling ill or in need of heroin (*arosto*). He lost his job on the matatu but received freelance driving jobs for a time. His addiction progressed, though, and his inability to keep commitments or perform reliably prevented his friends from recommending him for future jobs. He was soon unemployed and turned to petty theft for sustenance.²⁰

Though a large percentage of users are unemployed, many nonetheless possess skills which could provide income generation. The challenge seems to be an inability to manage both a demanding addiction and the tasks of searching for, securing, and performing a job. On one outreach walk, a group of eight users discussed jobs. One was a tour guide; he assisted in arranging safaris, diving, and snorkeling activities for tourists. Two others were skilled laborers; one a mason, the other with experience in both

¹⁸ Author interview, Simon Wachira, Kenya Police Department, 12/2/05

¹⁹ Author interview, Abubakr, 11/22/05

²⁰ Author interview, Ali, 11/22/05

plumbing and electrical work. Neither could find work. The five remaining users were not presently employed and did not possess any specialized skills.

Indeed, the predominant occupation among users is that of tour guide, also known as tour operator or beach boy. The duties of a tour guide vary; some are owners of boats who actually take tourists on the ocean to sail or snorkel, while others are relatively unskilled, uneducated young men who offer to show tourists the shops, restaurants, and attractions around Malindi town. One informant described himself as a tour guide and spent several mornings driving people back and forth from the beach resorts south of town to the shops in Malindi town.²¹ Another adopted the same title but offered the following description: “I’m a beach bum. I’m a beggar. I follow around the Italians and show them where to go and beg for money.”²²

Three of the informants were fishermen, but all flatly refused to accept this as a form of employment: “It’s not work; it’s a way to pass time.”²³ Nonetheless, if passing time on the ocean yields a large amount of fish, these three men are among the wealthiest of Malindi’s heroin users for as long as the money lasts. One man has a large family in a nearby village, and he travels home when he has money or fish to give. Otherwise he stays in Malindi, sleeping on a boat and using on a daily basis.

Of the three female informants, one had engaged in commercial sex work. Previous studies have focused more exclusively on women users and found many to be engaged in the commercial sex trade. An employee of Solwodi, a local NGO that focuses on empowerment of women involved in or at risk of entering the commercial sex trade, said many clients have developed a dependence on drugs of some sort in order to cope with the harsh working conditions they face.²⁴

While there have been users with professional backgrounds admitted to the Msabaha center, they have come from Mombasa and possessed post-secondary education. In Malindi, the population is overwhelmingly composed of presently unemployed or underemployed people with a similar status before developing an addiction.

²¹ Author interview, M17, 12/4/05

²² Author interview, M9, 12/2/05

²³ Author interview, M11, 11/30/05

²⁴ Author interview, Joanne Odondi, SOLWODI, 11/30/05

Education

The level of education among users is perhaps the most telling finding. One informant of the Malindi group had progressed beyond the primary school level. However, she had grown up in Nairobi and attended school there. No other user had completed secondary school, again following the general trends of Malindi district, where the secondary school enrollment rate was 12% in 2002. A number of users had begun secondary school but dropped out in order to contribute to the family income. Two informants began dealing drugs as a quick way of earning money, and both developed an addiction after a short while.

The reasons for low secondary school enrollment in Malindi are not especially difficult to ascertain. In 2002, there were 12 secondary schools for a school-aged population of 27,702.²⁵ Fees for secondary education are high, and as noted, poverty in Malindi district is substantial. Many users perceive a secondary school education as useless when it comes to finding a job in the local economy; for that, you need a command of Italian or knowledge of the regional tourist attractions.

Crime

Every one of the twenty informants mentioned crime as a concomitant of drug addiction. As one client of TOP put it, "Every junkie is a thief."²⁶ When heroin addiction takes hold of a person, a day without the drug results in *arosto*, or violent withdrawals that include stomach and muscle pain, heat exhaustion, and headache. This painful experience can cause a user to go to any lengths to obtain a small amount of heroin to satisfy their craving. It is in these instances that petty theft is most common; users admitted to purse snatching, stealing goods from shops and then selling them on the street, and even stealing shoes from a mosque. While no one admitted outright to having participated in armed robbery, some informants mentioned friends who had held people

²⁵Ministry of Finance and Planning, 2002-2008 Malindi District Development Plan

²⁶ Author interview, Abubakr, 11/22/05

up for money. One female user was adamant that she never stole anything in her life; instead, she simply “cheated” people out of money.²⁷

As expected, this propensity to engage in criminal behavior has led to a good number of users spending time in jail. Informants mentioned serving sentences ranging from a few days up to three years for theft, possession of drugs or drug paraphernalia, and loitering in heavy-use areas. The latter offense seems to give rise to the greatest amount of resentment among users; one informant said you can be arrested and jailed for simply sitting around other users, even if you have not used all day and don’t have any drugs on your person.²⁸ Indeed, this practice was confirmed by a member of the Malindi police’s anti-narcotics unit. According to the officer, police know users and know where they congregate, so it doesn’t matter if they have drugs or not; they will be arrested.²⁹

Users who have spent time in jail find it is a painful and harrowing experience. Inmates are put to hard labor, quartered in dismal conditions, and fed poor meals including, in one informant’s case, rotting maize.³⁰ If a user wishes to avoid this fate, he or she can attempt to bribe officers. One user’s husband paid 60,000 shillings to three officers after she was caught smoking in her house and threatened with imprisonment.³¹ It is believed by many that the only time officers stage raids on known heavy-use areas is when they are in need of money. The blame for this corruption cannot be laid solely at the feet of the anti-narcotics unit, however; in Malindi it consists of only three officers, and is expected to coordinate its patrolling and enforcement activities with the regular police force.

As heroin use is a criminal activity, it is self-evident that users are linked to crime. In most cases, however, the crime in which users engage extends beyond illegal substance use and enters terrain more threatening to the community at large, such as theft, robbery, and violence.

Family Status

²⁷ Author interview, W3, 11/30/05

²⁸ Author interview, Salamah, 11/22/05

²⁹ Author interview, Officer, Kenya Police Department, 12/2/05

³⁰ Author interview, M14, 12/1/05

³¹ Author interview, Salamah, 11/22/05. This figure may be slightly skewed, as the event occurred in the mid-1980s, when 60,000 shillings would have been a tremendously large amount of money. In any case, the amount paid is really irrelevant.

The family status of informants in this studied varied considerably, so much so that no general trend can be ascertained. One user had a wife and large family in a nearby village. Two others had parents and significant others residing in England and America. One man was a father of three, the oldest 13 years old. As might be expected, no younger informants (20 or below) had wives or children, while among older men it varied.

The reaction of families to informants' drug use was varied. One young user was upset about being disowned from his family and not allowed to return home. Another young user returned home sporadically, sometimes once every few days. He would sleep, eat, and relax, then leave again for a period of time. Some families have been accommodating to users, seeking to provide a stable environment and encourage rehabilitation. Indeed, TOP and the Council of Imams and Preachers have attempted to educate families in the community how best to accommodate family members who use. Issues surrounding drug use have been addressed during Friday prayers and at community gatherings, with the central message being that users need the support and love of families in order to relinquish their habit.³²

Rehabilitation

One of the most telling signs of the disastrous effects of heroin use in Malindi is the large number of users who desire to be completely free from the shackles of addiction. Unlike other addictions, such as alcohol or bhanghi, in which continual use may cause feelings of euphoria and happiness for short periods, heroin addiction seems to completely remove all joy and desire to live productively from its victims. One middle-aged informant remarked that of the 15 or 20 of his friends who used, he was the only one still living.

On one outreach walk, a new heavy-use area was uncovered in the slum area of Muyeye. Known as *Kajificheni* ("the place where we hide ourselves"), it was a refuge for users from Shella, Mwini, and Kisumu Ndogo who sought to evade police raids or arrest. One resident said there were perhaps 100 users who visited *Kajificheni* per week, due to both its security and to the peddling of a prodigious amount of bhanghi that

³² Author interview, Shami Athman, Council of Imams and Preachers, 12/5/05

occurred there. During a discussion with a TOP outreach counselor and eight users there at the time, seven of them expressed a desire to engage in TOP's home detoxification program, which involves the administering of two weeks of medication developed to stop cravings followed by intensive counseling. The desire to drop addiction was perhaps the most uniform trend among informants.³³ Another informant expressed anger with the staff of TOP one day for his inability to be admitted to the Msabaha center. The waiting list of people was over 70 people at the time, and he had seen three people go the week previous only to leave after three days. He contended that he was more dedicated and would successfully complete the four month program.

The voluntary nature of TOP's rehabilitation services seems to be its strongest and weakest asset. Every client at the center and every counselor maintains that the only way to be rehabilitated successfully is to do so on one's own accord. Yet, the relative non-binding nature of the program (a client can walk out of the compound anytime he or she wishes) result in a number of people staying for a few days or weeks and then leaving out of boredom, anger, or lack of resolve. This in turn deprives other, perhaps more dedicated users, the opportunity to use TOP's services. The program manager noted one day that five clients left the week previous to this research beginning because the tourist season was beginning to pick up. They saw an opportunity to make money as more beneficial than spending time in the center.

The challenges presented by successful rehabilitation of heroin users are formidable. In order to maintain a successful drug free lifestyle (not simply a "bargaining" of heroin for another drug, such as alcohol, miraa, or bhang), a user will need to cope with past triggers and peer pressure, while simultaneously seeking to create a new life not built around drug use. This includes finding living space, securing employment, and maintaining leisure activities so as to avoid idleness. While TOP provides the essential service of administering to a user's withdrawal symptoms upon

³³As noted, one of the limitations of this study was being associated with TOP. While it provided tremendous access, it is quite possible that my interaction with users was relegated only to those who wished to receive the services of TOP. Nonetheless, after spending about one and a half weeks walking and being seen with users who familiarized with TOP counselors, I began to be approached by users individually when not with the counselors. In these interactions, the desire to quit came across as strongly as with the people who were associating with TOP staff.

stopping use, it also provides counseling services for a four month period in an attempt to prepare the client mentally for the challenges ahead.

After the four month period, clients face the same environment, ideally with a commitment to changing their life and a plan for so doing. Among clients at the center, two who were soon to complete their stay had detailed plans for working and living. Both planned on reuniting with family members and seeking their support. Another user who was near completion expressed a great amount of fear and uncertainty. The client's family had left the area, and the client possessed no skills by which to earn a living. Past income had been generated through commercial sex work, and she lamented the fact that she may have no choice but to return to the field.

As the most common motivating factor cited among both users and clients for their initial use was unemployment or idleness, the lack of an organization which seeks to equip rehabilitating clients with employment skills which they can use upon completion seems like a major impediment to long-term success. The Omari Project has experimented with different structures of addressing this problem, including the granting of a micro-loan to enterprising clients, and discussions are underway with local business leaders concerning the creation of a skills training school. These steps seem to represent a response to one of the biggest needs of both users and clients.

It is difficult to conjecture about where precisely TOP's successful rehabilitation rate stands. One employee suggested about 60%, but it was not clear whether this was anecdotal or empirical.³⁴ The task of following former clients once they complete the program is difficult; while there is post-program contact and counseling, many clients also seek to relocate or lose touch. Knowing whether or not these users have maintained a drug-free lifestyle is impossible. Even if clients can be traced, the question arises as to how long the follow-up research should extend; a user can maintain a drug-free lifestyle for three years and relapse just as easily as a client who relapses three months after completion. This fact suggests that any research on success rates would take a long period of time to conduct, and casts doubt on whether such research would prove useful anyways. The question remains, however: how can TOP determine the effectiveness of its services without such data? As one prescient counselor suggested, the answer lies not

³⁴ Author interview, George Makori, TOP, 11/23/05

in refining rehabilitation services to the nth degree; rather, it is necessary to provide a comprehensive message of prevention to the community.³⁵

Prevention

Community prevention efforts in Malindi seem to be modest at best, and certainly nowhere near meeting the needs of the youth and unemployed populations. Among those endeavors undertaken is a dialogue that has been initiated by the Council of Imams and Preachers (CIPK) to discuss drug use through seminars, community meetings, and during Friday prayers in mosques. The CIPK has also cooperated with the Malindi branch of the Kenya Police Department, creating a community policing program that alerts the police to heavy-use areas and informs them about other developments in the community regarding drugs. While this action has caused a good deal of suspicion and resentment among current users, a member of CIPK thought it the best way to mediate between two challenges within the community: current drug users and corrupt police officers.³⁶

Other than the efforts of CIPK, The Omari Project has hosted community gatherings and sponsored sporting events in attempts to spread the message of the importance of maintaining a drug-free lifestyle. Clients at the Msabaha center are now participating in peer education sessions to tell others about their slide into heroin addiction and inform them to stay clean. Other than this, the only other noticeable message of drug prevention is a sign on the beachfront placed by the Rotary Club. It reads, in large block letters, “Keep Off Drugs!”

Like rehabilitation, prevention efforts face considerable challenges. As this study suggests, most heroin users begin using around age twenty. An ideal time to reach these people would be during secondary school years, but enrollment is so low that only a small portion of the population would receive the message. Furthermore, the nature of heroin use is such that it builds on previous patterns of drug use, cigarettes and bhang in particular. Oftentimes it is the culmination of a few years of previous use of these drugs. To construct a prevention message for heroin, it is therefore necessary to address use of these drugs, as well as others such as alcohol and miraa. This demands considerable resources dedicated to the effort, and there are no signs that such a campaign is currently

³⁵ Author interview, Uthman, counselor, TOP. 11/26/05

³⁶ Author interview, Shami Athman, CIPK, 12/5/05

underway in Malindi. Finally, perhaps the biggest challenge is creating and disseminating prevention information in a way that the at-risk populations can relate to and take seriously. Brochures and books are not suitable for a population that does not read recreationally, nor are lectures and seminars for those not accustomed to learning in this fashion. In the United States, this issue has led researchers to question the effectiveness of programs such as Drug Abuse Resistance Education (DARE), which have been accused of propagandizing more than educating. The same question must be answered in Malindi: how can a credible and effective message be created, tailored, and delivered to prevent drug abuse?

Law Enforcement

If Malindi's drug problem is to be addressed adequately, the police, and specifically the anti-narcotics unit (ANU) will play a pivotal role. In the past it seems this role has been reactionary and counterproductive, focusing on arrest, harassment, and belligerence. This seems to be slowly changing, however. An officer in the ANU expressed not only a good deal of empathy for the socioeconomic conditions of users ("We once went to the house of a woman dealing bhanghi. She had three or four kids she was supporting. How can you arrest her?"³⁷), but also stated that jailing of users was absolutely useless to solving the problem. The ANU has presented at local seminars about drug prevention, for example, and is seeking a closer relationship with NGOs and community based organizations to develop a plan to respond to the community's drug plan.

Two factors severely hamper the effectiveness of the ANU: a lack of resources and an overwhelmingly large jurisdiction for a small staff. The unit is responsible for patrol and enforcement from Mtwapa to Lamu, and its Malindi district branch consists of three officers. Offices are modest; no computer, no landline phone. Officers are encouraged to use public transport as much as possible. The unit lacks any resources for marine patrolling; there is no police boat, and they have no contact with the Kenyan Navy, despite the fact that they are responsible for the protection of hundreds of kilometers of coastline from illegal trafficking. While the ANU has voiced a desire to

³⁷ Author interview, Officer, ANU, 12/2/05

take some proactive steps in the addressing of Malindi's drug problem, it lacks many of the resources necessary to do so.

Conclusion

The drug challenge in Malindi is a multi-faceted phenomenon. There is no simple answer for its causes, nor do the steps needed for its resolution present themselves readily. In light of this research, poverty and unemployment play a large part in exacerbating the drug problem. These issues can be looked at partly as manifestations of a one-dimensional economy based on international tourism. It would be unfair to point to tourism as the sole cause, however. There is clearly a culture of drug use that thrives in Malindi and is attracting younger members to its ranks. Low school attendance among Malindi's youth is likely both a cause and a symptom. Furthermore, as Beckerleg and Lewando Hundt have noted,³⁸ the shrinking of the globe has contributed to the importation of foreign ideas about what is "cool": many a t-shirt in the Malindi town center sport Bob Marley with a tremendous spliff hanging from his lips. Although the halting of these factors may be the only area in which traditionalists and idealists agree, it is nonetheless an unrealistic wish. Malindi, and much of the Kenyan coast, will continue to see in the future the glorification of the Rastafarian and global drug culture, as well as the arrival of wealthy European and American tourists with excess money.

What is necessary, therefore, is a pragmatic approach to prevention and rehabilitation met with gradual steps to adjust the politico-economic structure of the region. Grassroots efforts by groups such as The Omari Project must be further endowed and expanded to address needs of users upon immediate release from rehabilitation. Discussions about a post-rehabilitation skills training school are a positive step. These efforts need to be further fostered and supported.

Initiatives must be undertaken to provide a pervasive and effective message of prevention for Malindi's youth and unemployed populations. One such example is the development of a dramatic or theater-based approach to prevention; this effort would not only build upon the tradition of political performance in the Swahili culture, but it would also provide a non-academic method of communication for a population without a high

³⁸ Beckerleg and Lewando Hundt, "Structural Violence in a Tourist 'Paradise'"

level of academic education. The crafting of such a message must be inclusive and not marginalize any member of the community; users, former users, youth, police, families affected, and non-affected community members should participate in such endeavors.

The promotion of participatory leisure activities must be expanded to respond to the growing complaints of idleness among members of the community. The daily soccer matches that occur along Shella's beach are one such example of this kind of activity, but it is also important to focus on non-sports activities. The establishment of a Playstation or computer gaming center, such as those in Mombasa's Old Town, may be one such option. Furthermore, efforts to promote recreational reading should be undertaken at Malindi's primary and secondary schools. This activity is a cost-effective, universal form of leisure for literate residents.

Through a macroeconomic lens, it is vital that Malindi diversify its local economy to place less emphasis on the tourist industry that currently dominates the town. Promoting professional and industrial investment in Malindi would create the need for skilled and professional laborers, and in turn decrease the demand for low-skilled service employment. This is the kind of employment which most drug users engage in as tour guides or drivers. The demand for new types of employment would ideally be met with an increase in educational institutions to equip a higher number of Malindi's residents with the skills to work and possess a more transitive form of labor.

While these are by no means the only answers to Malindi's drug challenge, the research undertaken suggests these measures would be beneficial. Any adjustments, however, are positive developments. Failure to first diagnose the causes of the problem and then address them will result in Malindi's continued occupation of the lower echelon of economic and social development in Kenya.

Areas of Further Study

Issues of import that presented themselves throughout the course of this research were myriad. The commercial sex trade in Malindi is both thriving and harrowing; a study of

its economy or culture would be enlightening and useful. A more in-depth study of the culture of TOP's Msabaha center and the attitudes and beliefs of its residents would be equally interesting. Finally, a somewhat unrelated topic to explore is noise pollution in Malindi; *tuk-tuks* seem to be an annoyance to many of the town's residents, and also to this researcher.

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List of Interviews

Formal

Umar^{*}, client, TOP Rehabilitation Center, 11/22/05
 Mahmoud, client, TOP rehab center, 11/22/05
 Ali, client, TOP rehab center, 11/22/05

* The names of all clients of TOP rehab center have been changed.

Salamah, TOP rehab center, 11/22/05
 AbuBakr, TOP rehab center, 11/22/05
 George Makori, finance manager, TOP, 11/23/05
 Bakari, outreach counselor, TOP, 11/23/05
 Uthman, counselor, TOP rehab center, 11/26/05
 Ahmed, client, TOP rehab center, 11/27/05
 Maina, outreach counselor, TOP, 11/29/05
 David Kinyangi, District Tourist Officer – Malindi, Ministry of Tourism and Wildlife,
 11/30/05
 Joanne Odondi, Program Assistant, Solwodi, 11/30/05
 Officer, Anti-Narcotics Division, Kenya Police Department – Malindi Branch,
 12/2/05
 Shami Athman, Treasurer, Council of Imams and Preachers of Kenya, 12/4/05

Informal[#]

11/24/05 – M1, M2, M3, M4, M5, M6, M7, W1, W2, Kajificheni
 11/29/05 – M8, M9, Shella
 11/30[^] – M10, M11, M12, W3, Shella
 12/1 – M14, Shella
 12/2 – M15, M16, Watamu
 12/4 – M17, Shella

Research Questions

*While on no occasion did I set out with this specific list of questions and seek answers due to the informal nature of many of the interviews, I nonetheless tried to work as many of the questions into conversations with users and ex-users as they seemed comfortable answering.

[#] As informal interviews with former and current users were undertaken on outreach walks or in areas where users congregate, often it did not prove either possible or necessary to record the names of informants. M denotes a male user, W a female.

[^] This group of interviews was conducted at TOP project drop-in center in the form of a focus group. Although all users were staying in Shella at the time, three reside there full-time while one comes from Ras Ngomeni.

- How old were you when you started? How old are you now?
- Were you employed when you first started using? What kind of job? Did you like it?
- Who introduced you to drugs?
- What made you want to do more?
- How do you buy drugs?
- Who sells them and from where?
- How do you get money for them?
- Do you ever steal or commit a crime to get drugs?
- Where do you usually use? Where do you usually buy?
- Do you continue to work as you use?

For ex-users:

- What made you want to stop?
- Did you have a way out?
- Did you have plans for after you quit, such as a job or place to live?