

## REVIEW ARTICLE



# Beyond Khat: A Comprehensive Look at Drug Abuse in Somalia

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**Abstract:** This review article explores the under-investigated landscape of drug abuse in Somalia, extending beyond the well-documented khat use. It synthesizes existing research on the prevalence, patterns, and risk factors associated with cannabis, heroin, cocaine, misused prescription drugs, and inhalants. The article highlights concerning trends, particularly cannabis use among young males in southern and central regions. Disparities in drug use by age, gender, and geography are explored. The authors posit that socioeconomic factors like poverty, unemployment, and lack of education, coupled with unaddressed mental health issues and the ongoing conflict, create a fertile ground for substance abuse in Somalia. The review emphasizes the urgency for further research to understand the specific context and calls for international cooperation to develop and implement effective interventions for prevention, treatment, and harm reduction.

**Keywords:** Drug abuse, cannabis, heroin, cocaine, prescription drugs.

## 1. INTRODUCTION

Traditionally, drug use in Somalia has been centered around khat (*Catha edulis* Forsk), a plant whose leaves are chewed for their stimulant properties. Consumption of khat has a long history in the region, documented for centuries [1]. Its use is often interwoven with social and cultural practices, particularly among men, serving as a social lubricant for gatherings and a source of alertness for work [2]. It is important to note that the psychoactive effects of khat are milder than many other stimulants, and its consumption patterns often involve social moderation [3].

However, in recent decades, Somalia has witnessed a rise in the use of modern, illicit drugs. Factors such as ongoing conflict, social unrest, and economic hardship have been linked to this increase [4]. These modern drugs, including canna-

bis, heroin, cocaine, and prescription medications misused for their psychoactive effects, pose a significant threat to public health due to their higher potential for addiction and associated health risks [5].

Somalia faces a growing public health crisis due to the rise of modern illicit drug use beyond the traditional consumption of khat. This paper aims to provide a comprehensive review of this evolving situation. While khat use has cultural significance, the influx of highly addictive drugs like cannabis, heroin, and cocaine poses a significant threat. Understanding the scope of this problem, the factors driving it, and its public health consequences is crucial for developing effective interventions and prevention strategies. This review will move beyond khat to analyze the current landscape of drug abuse in Somalia, informing public health professionals and policymakers about the most pressing issues and potential solutions.

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## **2. THE LANDSCAPE OF DRUG ABUSE IN SOMALIA**

### **2.1. The Prevalence and Types of Drugs Used**

Khat, known locally as qaad or jaad, has a complex history and role in Somali culture. While the exact timeframe is debated, its use likely dates back centuries, with some evidence suggesting the 14th century [6]. Traditionally, khat chewing served as a social activity, bringing people together for conversation and bonding, particularly in male-dominated spaces [7]. It was also associated with heightened alertness and focus, sometimes used by Sufi mystics and during periods of work or travel [6].

However, current trends in Somalia paint a more nuanced picture. Khat use has become widespread, particularly in urban areas, with concerns about its potential negative impacts. The economic burden of khat imports can strain household finances, and some argue its stimulating effects hinder productivity [8]. Additionally, excessive or prolonged khat chewing can lead to health problems like insomnia, anxiety, and even psychosis [7]. The debate surrounding khat reflects its deep cultural roots intertwined with modern realities. Balancing tradition with public health concerns remains a challenge, requiring further research and open dialogue to navigate khat's place in Somali society.

While khat dominates Somalia's drug landscape, there's a concerning presence of other illicit substances. Cannabis, often referred to as "weeds" or "hash", appears to be the second most common illicit drug, with studies suggesting use rates around 10%, particularly among young men in the south-central regions [9, 5]. Heroin and cocaine use seem less prevalent but are documented, especially in urban areas of Mogadishu [5]. There are also reports of misuse of prescription drugs like tramadol, pregabalin, and pethidine, often obtained illegally, and inhalants like glue abused by street children [5].

Disparities in drug use exist across Somalia. Age plays a role, with adolescents and young adults being more susceptible [5]. Research suggests a higher prevalence of cannabis use in southern and central regions compared to the north [9]. Gender also presents a gap, with drug use being predominantly a male issue due to cultural norms.

Somalia's social and political realities likely contribute to drug abuse. Poverty, unemployment, and lack of education, particularly among youth, create fertile ground for escapism through substances [10]. Mental health issues like depression and PTSD, often undiagnosed and untreated due to limited resources, can also lead to self-medication with drugs [11]. Furthermore, the ongoing conflict and displacement can disrupt social structures and increase feelings of hopelessness, further fueling substance abuse [10].

## **3. THE IMPACT OF DRUG ABUSE IN SOMALIA**

### **3.1. Public Health Consequences**

A complex interplay exists between drug abuse and several negative health outcomes. Firstly, drug abuse, particularly intravenous drug use, significantly increases the risk of contracting infectious diseases. Sharing needles and syringes facilitates the transmission of blood-borne pathogens such as Hepatitis C virus (HCV), Hepatitis B virus (HBV), and Human Immunodeficiency Virus (HIV) [12]. Furthermore, drug-induced immunosuppression can render individuals more susceptible to opportunistic infections, worsening existing health conditions [13]. Secondly, a bidirectional relationship is observed between drug abuse and mental health issues. Drugs of abuse can directly alter brain chemistry, leading to the development or exacerbation of mental health disorders such as anxiety, depression, and psychosis [14]. Conversely, individuals with pre-existing mental health conditions may be more prone to self-medicate with drugs, perpetuating a cycle of abuse [15]. Finally, drug abuse significantly increases the risk of accidents and injuries. The intoxicating effects of many drugs impair coordination, judgment, and reaction time, making individuals more likely to be involved in motor vehicle accidents, falls, and other unintentional injuries [16]. This highlights the critical need for comprehensive public health interventions that address drug abuse not only as an isolated issue but also within the context of its broader impact on physical and mental wellbeing.

### **3.2. Social and Economic Costs**

Drug abuse in Somalia, beyond the well-documented presence of khat, has a demonstrably detrimental impact across societal spheres. At the family level, research suggests a correlation be-

tween substance use and domestic violence, neglect of child care responsibilities, and increased financial strain due to diverted resources towards drug acquisition [9]. Communities experience a breakdown in social cohesion as drug use can lead to increased public disturbances, petty crime to fund habits, and a decline in trust among residents [5]. The economic impact is multifaceted. Lost productivity due to absenteeism or impaired work performance from drug use creates a burden on businesses and hinders overall economic growth [9]. Additionally, a rise in crime associated with drug trafficking and addiction creates a need for increased law enforcement spending, further straining national resources [10]. Studies like "The consumption of khat and other drugs in Somali combatants" highlight the link between drug use and violence, potentially exacerbating existing conflicts and hindering peacebuilding efforts [17]. These social and economic consequences necessitate a multi-pronged approach that includes public health interventions, improved access to mental health services, and community-based support programs to mitigate the far-reaching effects of drug abuse in Somalia.

### **3.3. Children and Youth**

Children and youth in Somalia exhibit a heightened vulnerability to drug abuse due to a confluence of biological, psychological, and social factors. The developing brain, characterized by heightened neuroplasticity, is particularly susceptible to the neurotoxic effects of illicit substances, potentially leading to long-term cognitive impairments, including deficits in memory, learning, and decision-making [18]. Furthermore, adolescents grapple with heightened emotional reactivity and a propensity for risk-taking behaviors, increasing their susceptibility to peer pressure and experimentation with drugs [19]. Socially, children from disadvantaged backgrounds marked by poverty, unemployment, and lack of educational opportunities are more likely to turn to substances for solace or to numb emotional distress [20]. The disruption of social structures and family cohesion caused by ongoing conflict and displacement further exacerbates these vulnerabilities, creating an environment conducive to substance abuse among young people [21]. The consequences of drug use on this demographic segment are particularly devastating. Illicit substances can hinder brain development, leading to academic underachievement and school

dropout, jeopardizing future socioeconomic prospects [22]. Furthermore, drug use can exacerbate mental health problems like depression and anxiety, creating a vicious cycle that perpetuates substance abuse [23]. Additionally, children and youth who use drugs are at heightened risk for engaging in risky sexual behaviors and contracting infectious diseases like HIV/AIDS [24]. Therefore, addressing drug abuse among children and youth in Somalia necessitates a multi-pronged approach that tackles not only the supply and demand of illicit substances but also fosters social and economic opportunities, strengthens mental health services, and promotes positive youth development initiatives.

## **4. ADDRESSING DRUG ABUSE IN SOMALIA**

Somalia faces a multitude of challenges in tackling drug abuse. Limited resources and weak infrastructure significantly hinder effective interventions. A 2020 report by the Ministry of Women and Human Rights Development highlights the lack of dedicated treatment facilities and trained personnel, particularly for youth in street situations who are highly vulnerable to substance abuse [10]. Furthermore, the fragile healthcare system struggles to provide adequate support for mental health conditions, which are often co-occurring with drug use [25]. Social stigma surrounding drug abuse creates a further obstacle. Studies suggest a reluctance among individuals to seek help due to fear of judgment and exclusion by family and communities [9]. This stigma also hinders open discussions about drug use, hindering preventative measures.

Despite these challenges, existing interventions offer a glimmer of hope. The Ministry of Health has implemented some prevention programs, including school-based initiatives to educate youth about the dangers of drugs [26]. Additionally, a limited number of NGOs operate treatment centers and harm reduction programs, such as needle exchange for those using injected drugs [26]. However, these efforts are fragmented and lack the necessary funding and scalability to create a substantial impact.

Moving forward, a comprehensive approach is crucial. Increased investment in healthcare infrastructure and personnel training is essential to establish accessible treatment facilities and mental health services [9]. Furthermore, collaborative efforts are needed between government agencies,

NGOs, and community leaders to destigmatize drug abuse and promote open dialogue. Research into the prevalence and patterns of drug use, particularly among specific demographics and regions, is also critical to tailor interventions effectively [10]. Finally, fostering a culture of social support and providing alternative coping mechanisms for vulnerable populations can offer a protective shield against substance abuse. By addressing these challenges and implementing a multi-pronged approach, Somalia can strive towards a future where drug abuse is prevented, treated effectively, and its harmful consequences mitigated.

## CONCLUSIONS

While Khat use remains the dominant concern in Somalia, research suggests a concerning presence of other illicit substances. Cannabis appears as the second most common drug, particularly among young males in the south-central regions, with prevalence rates reaching 10%. Heroin and cocaine use, while less widespread, are documented, especially in urban areas. A critical public health issue emerges with the misuse of prescription drugs like tramadol and pethidine, often obtained illegally, and inhalants abused by street children. These disparities in drug use highlight the need for further investigation, with age and gender playing a significant role. Socioeconomic factors like poverty, unemployment, and lack of education, particularly amongst youth, create a vulnerable population susceptible to seeking solace in substances. Furthermore, the underdiagnosed and under-treated mental health issues like depression and PTSD can lead to self-medication with drugs.

## AUTHORS' CONTRIBUTIONS

The author confirms sole responsibility for the following: study conception and design, data collection, analysis and interpretation of results, and manuscript preparation.

## CONSENT FOR PUBLICATION

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## CONFLICT OF INTEREST

The author confirms that this article's content has no conflict of interest.

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