Brown sugar smack & syringes

The Kenyan coast has long been a sunny paradise with a slower pace of life, but a darker underside is emerging – one where heroin addicts do anything to score their next hit. Health, government and community officials debate the solution, but on the ground the problem continues to grow By **Jill Craig**

Just minutes from the glistening, white powder sands of Diani beach is a lush mango grove overlooking a football pitch where young men gather every evening to practice their game and socialise with friends. But this forest is no ordinary one; it is inhabited by about 30 female sex workers between the ages of 16 and 31 and their male clients. Coming from different towns and cities across Kenya, a number of the women are former models and beauty pageant winners, and many have children. But what they all have in common is their addiction to heroin, also known as smack, the hard drug of choice at the coast.

If the women are not undergoing withdrawal symptoms, they will sell their bodies for KSH 50 – or perhaps a bit more on a good day – to the men venturing into the forest for a quickie. These are men who construct houses, push handcarts containing water-filled jerry cans, sell fruit on the streets and wooden carvings on the beach, and who solicit passengers from the side doors of matatus. Others wear nice suits, detouring through the forest on their way to or from the office or perhaps stopping by on their lunch breaks.

Sometimes the men may pay even less. When a woman is experiencing heroin withdrawal, for example, she might accept as little as KSH 20. Since a sachet, or hit, of heroin in Mombasa costs about KSH 300 and injecting users shoot an average of three to six sachets per day, these women often have sex with at least 20 men daily to support their heroin addiction. And as Teens Watch Treatment Centre Programme Manager Cosmus Maina says, "If they can sell their bodies for 20 shillings, what can't they do?"

Heroin – The Scourge of the Coast

Miriam Bashir Hussein Ali, aka Mama Kukukali, is the coordinator of the Defence Drugs Women community-based organisation. She organises various support groups for community residents affected by drug use – one group for women who contracted HIV from their drug injecting husbands, another for women whose children are drug addicts, and one to educate village elders on the subject of drug abuse.

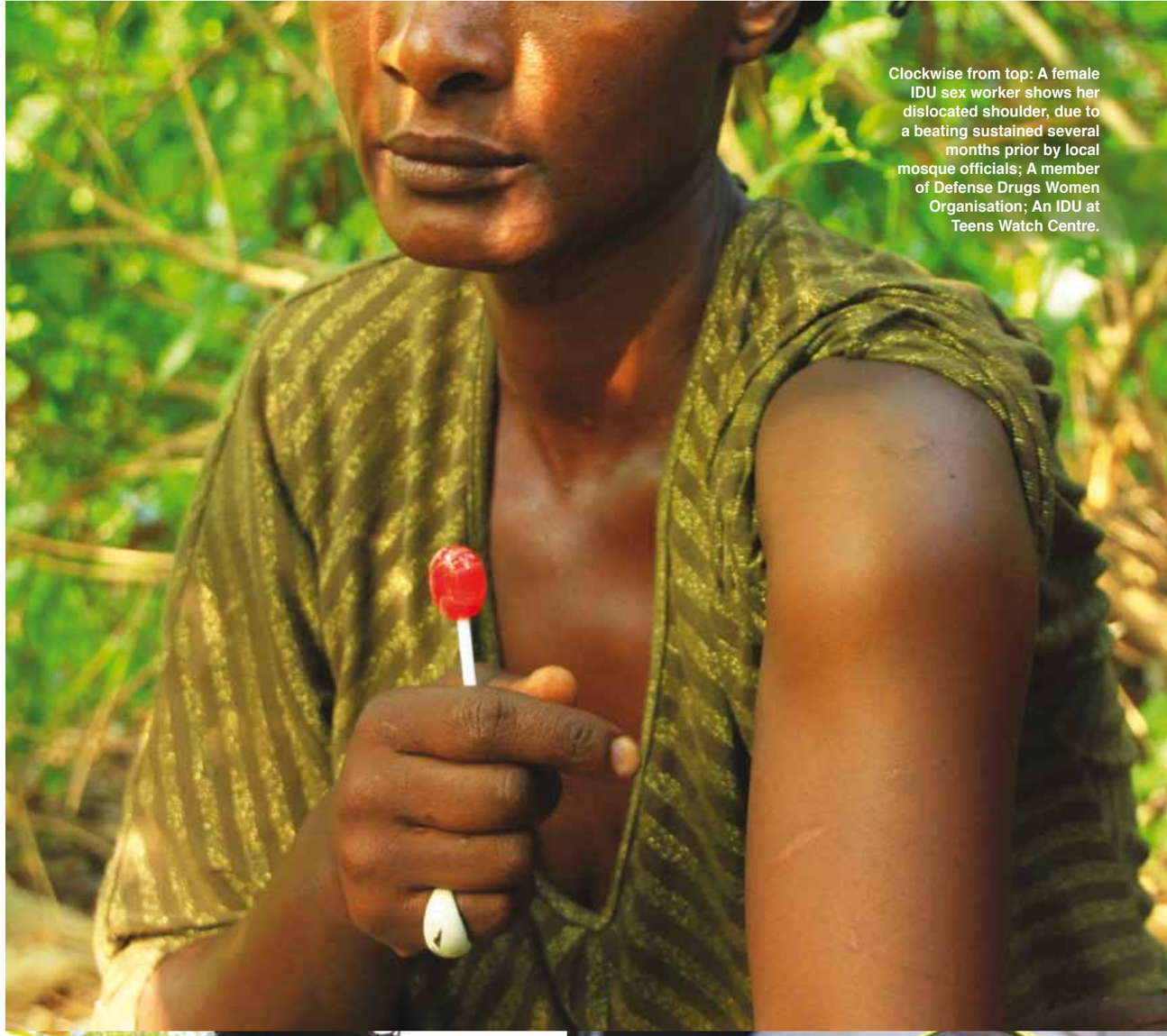
She says that the drug problem in Mombasa is particularly bad because it is a port city, and as such the supply comes right off the boat. Distributors and suppliers abound. Drugs come from the East and land in Mombasa as they make their way to Europe and beyond. Mama Kukukali says that she started seeing heroin crop up in Mombasa around 1999, and by 2005 it was a big problem. Now it seems to be spiralling out of control.

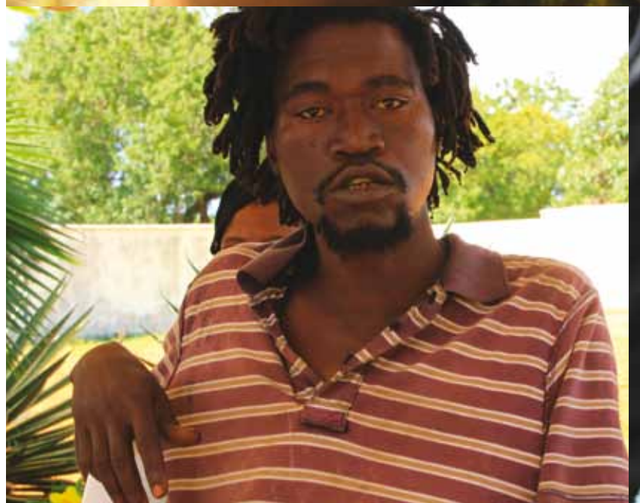
Why Do They Start?

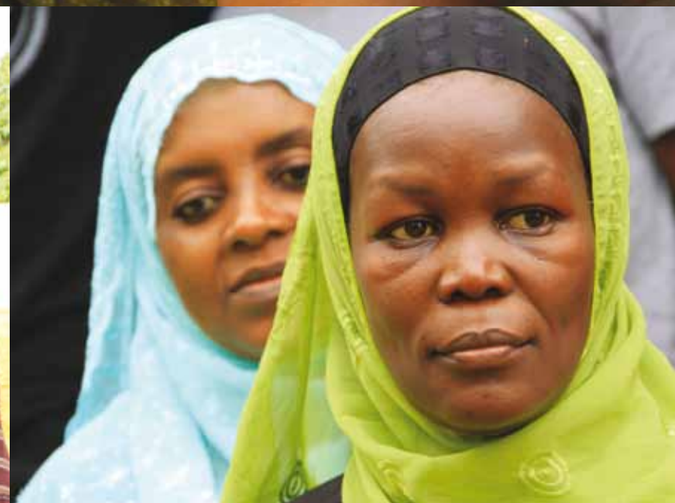
Unemployment, boredom, idleness, curiosity, and stress relief seem to be the primary motivators for a young person to try heroin. On the coast, there's no particular tendency when it comes to users, there are locals and people who have moved there from upcountry. Like drug abusers around the world, many simply started after watching their friends do it. Peer pressure is a strong force.

Many injecting drug users, commonly known as IDUs, say they tried alcohol, cigarettes, and marijuana in primary school. These so-called gateway drugs opened the door to heroin use. Sporting aviator sunglasses and a Chicago Bulls cap, 33-year-old recovering addict Alex* says that after experimenting with these drugs he started smoking a heroin cocktail (street name, Brown Sugar), which is a mix of heroin, marijuana and tobacco. Sheer economics made him switch to injecting; Alex says one cocktail joint costs KSH 250, but he would need to smoke about 10 of them a day to get the same effect as three hits of heroin. This was a difference of KSH 2,500 versus KSH 900. For him, the choice was clear.

A five-minute taxi ride from the Diani beaches where Kenyan and foreign tourists splash in the ocean with their children, sip cocktails from the cocoons of their beachfront hotels, and decide whether to get







Clockwise from top: A female IDU sex worker shows her dislocated shoulder, due to a beating sustained several months prior by local mosque officials; A member of Defense Drugs Women Organisation; An IDU at Teens Watch Centre.

a massage, take a camel ride, or learn how to kite surf, is the Teens Watch Treatment Centre, where Maina serves as programme manager for the IDUs who come for counselling, HIV testing and free condoms. The centre is located at the show grounds in Ukunda, right down the road from Nakumatt. It's a bit hidden away, so you'd likely not even notice it as you zipped by on your way to the beach. But it is here that IDUs know they can come for some support from a man who knows firsthand their difficulties.

A heavyset man in his mid-forties and reminiscent of a jovial high school basketball coach, Maina is also a recovering addict, which he says gives him the necessary patience for helping the IDUs who come to his treatment centre. He started smoking marijuana in primary school; by high school, he was taking alcohol and miraa. After graduation, he opened a discotheque in Malindi and started dating an Italian woman who provided him a seemingly limitless supply of marijuana, alcohol, miraa and heroin. He continued injecting heroin for the next four years before going to rehab – he's now been clean for 15 years.

Twenty-eight-year-old Alexis* is one of the women who works in the mango grove. She wears a tattered red tank top, dilapidated red Bata flip-flops and a threadbare corduroy skirt to cover the skimpy shorts she wears in the forest to attract men. She doesn't own much else. Alexis began sex work eight years ago when she saw her friends doing it and making good money. Her parents begged her not to start, saying that although the family was poor, they could share what they had. Ignoring their pleas, Alexis became a sex worker and started injecting heroin with her friends to cope with the stress of her new lifestyle.

Life as a Heroin Addict

Most IDUs are quite thin because they spend almost all of their income on heroin, to the detriment of their own and their family's needs, including school fees, rent and food. They have an almost vacuous look in their eyes. They can talk about family, shooting up, or being sex trafficked with the emotion we would use when ordering a hamburger at McDonald's. Only when they ask you for money do they perk up a bit.

Alexis speaks openly when she describes the things she and her colleagues are willing to do to get the next sachet of heroin. She claims that other sex workers at the coast look down upon the addicts because they wear torn, dirty clothing, they rarely bathe, and they don't take care of themselves. The customers also treat them with disdain, often offering them less than KSH 50 because they know that if one woman won't agree, another certainly will. According to Alexis, it is common for men to beat them, engage in brutal sexual acts, leave without paying and refuse to use condoms. And the women usually accept whatever is demanded in their quest to get some fast cash before withdrawal symptoms set in.

Heroin withdrawal is a miserable experience, although usually not life-threatening, and can start as soon as five to six hours after the last hit. Symptoms include abdominal pains, vomiting, diarrhoea, chills, joint pains, gooseflesh, dilated pupils and dry mouth. Once the person injects, these symptoms disappear. So the IDU becomes obsessed with getting that next hit as quickly as possible.

As a result, petty theft is common. When a heroin addict is in such a state, he or she will steal, sell, or do whatever it takes to get the drug. Joseph* is a 28-year-old addict who has been using heroin for the last six years. He wears denim shorts and a white Billabong t-shirt that exposes track marks on his arms from many years of heroin injection. He says he has previously stolen three mobile phones and a radio from his friends to pay for heroin. He makes money driving a boat to take tourists to the coral reefs, but he doesn't steal from them. The reason, he says, is that, "If I steal from them, they won't come again. That's why I steal from my friends."

Women in Mombasa protest for harsher punishments for drug suppliers in the wake of Kenyan Government officials receiving US travel bans for suspected drug activity.

Photographs: Jill Craig, Getty/Thinkstock

Alex used to snatch gold necklaces from ladies' necks to sell to local black market dealers. He was caught twice, which he says was a (temporarily) sobering experience. According to Alex, "In the beginning, I found it [the drug use] interesting and attractive but later on, I didn't because it was so disgusting. At the end of the day, you're not satisfied. The more you use, the more you end up with nothing. It's risky and it's scary. You wake up the next morning, and are teetering, so you find someone else's needle, you rinse it with water, and you use it. So that was not good."

A Family Affair

Many addicts want to quit heroin because of the suffering they are inflicting upon their families. The recovering addicts have really turned their lives around, and while you'd expect them to look back on their bad times with pain and wax poetic, they are as unemotional as those still injecting. While heroin use saps at a person's sentiment, so does the weary relief of kicking it – simply, their families are happy now and they are satisfied.

Alex decided to enter rehab because he wanted to stop hurting his loved ones. While staring down at the open pages of his Narcotics Anonymous book, Alex says quietly, "It pained my family so much and especially my mom. That is why I had to quit, because she was so sad. Someone had to come and talk to me about this. He said I was killing her in a way. They [my family] didn't have any respect outside anymore because people were talking badly about them. And it was all because of me."

Alexis has two daughters, aged 11 and 13, who live with her family in western Kenya. She has not seen them in over a year. She had her first daughter when she was 15 years old, a child herself. Alexis says she has never been able to provide for them, since almost all of her money goes toward the heroin. She wants to be a good mother, but admits that she is currently unable to do so, explaining with a slight tremor in her voice, "I am feeling very bad because they are ladies, and I don't take care of them. I am afraid that they will become prostitutes like me. They don't have a parent's love and I feel very bad about that. I want to change my life, by going to rehab, so I can take care of my children."

Non-Despondent Users

Kenyans are not the only IDUs at the coast – foreigners also support the drug trade. Jack* is an IDU who makes his living selling curios to tourists on the beach. He often sells them heroin as well. This side business provides additional funding to feed his own addiction;

A red tank top, dilapidated red Bata flip-flops and a threadbare corduroy skirt to cover the skimpy shorts she wears in the forest to attract men. She doesn't own much else

he can sell a tourist a sachet of heroin for KSH 3,000 – 10 times what he pays.

Ibrahim* is a taxi driver operating from Mombasa. Claiming to detest the influx of drugs at the coast, he admits that once he becomes "friends" with his foreign clients, he will arrange for whatever they request, including heroin. He says, "I'm okay getting the drugs for them because they have a job and they can handle it. The heroin addicts on the coast are idle, they are unemployed, and they are basically wasting their lives away. They have nothing."

Drug abuse on the coast is not limited to Africans and tourists alone. Heroin usage by local whites is well known, especially in the coastal towns of Diani and Lamu where seaside venues are popular and frequented by sons and daughters of some of the local residents. However, it is very difficult to determine these numbers correctly because the white experience with hard drugs is more private. White Kenyans can do drugs much more discretely than their counterparts, and generally, they're not the ones stealing cell phones or selling their bodies for it, so they don't cause as much of a public nuisance.

But recovering addict Tom* insists that it doesn't matter who you are – as a drug addict you end up losing everything. Holding a university degree, Tom had a good job after graduation. His addiction caused him to lose his wife, his home and his savings; he ended up living on the streets for over a year. He says that no one is immune from the devastation of drug use.

Rehab

Rehabilitation programmes may vary slightly from centre to centre, but they all aim to instil a sense of discipline in their clients. Recovering addicts are required to help with the daily cooking and cleaning of the centre. They are taught not to blame others for their addictions – one of the first things they learn is that they alone are responsible.

Recovering addicts often become friends and can be found sipping juice in the courtyard, watching TV, or even meditating. Rehab provides them time for reflection and goal setting – luxuries they've rarely, if ever, had before. Most of the rooms resemble college dorms, with two to four sets of bunk beds and motivational posters adorning the walls. Unlike most dorms, however, these rooms feature well-made beds and no clutter – all part of taking responsibility for one's self.

Recovering addicts in rehab usually don't look like stereotypical "addicts." They are clean, well-dressed, and take care of themselves. They learn how to deal with the factors contributing to their drug abuse in the first place, which seems to give them a sense of peace. And the vast majority appear excited to have the rare opportunity to turn their lives around.

That opportunity doesn't come easily. At the coast, there is one public facility, which recently opened at the Coast Provincial General Hospital. It has occupancy for only 13. As of now, patients must be enrolled in the National Hospital Insurance Fund (NHIF), but very few heroin addicts are.

There are 10 private rehab centres, but the problem is the cost – centres range from KSH 45,000 to KSH 195,000 for three months, but both ends of that spectrum are out of reach for most addicts. Yes, heroin is an expensive addiction. A typical three-month supply can be extrapolated to KSH 81,000, but using addicts are also doing whatever they can to earn money, an option removed in rehab.

This is where a supportive family or sympathetic donor comes in. Some addicts are fortunate enough to have one or the other, but most do not. As a result, a very small percentage of IDUs at the coast are getting the medical and psychological help they need.

What Now?

According to the Kenya National AIDS and STI Control Programme, the numbers of IDUs in Kenya are reaching astronomical levels. Although exact figures are difficult to determine, a March 2012 report suggested that there are now more than 26,000 on the coast alone. Within IDUs, HIV rates have skyrocketed, with 18 percent of men testing positive and, astoundingly, nearly half of the women.

While many community leaders and addicts think more affordable or even free rehab centres would help curb the rising epidemic, the government is looking towards a controversial new plan based on recommendations from the World Health Organisation and the United Nations Office on Drugs and Crime.

The basic idea is to make sterile, one-use needles freely available to addicts, in an effort to stop disease transmission. The programme would also have educational and treatment components, as it is a sure fire way to get IDUs in a place where they'd have to listen.

However, many community leaders, especially from the large Muslim population on the coast, argue that giving away needles will only make drug use easier, and that addicts could still share the syringe if they were sharing a single dose. Another issue is that the needles wouldn't be properly disposed, so used, and statistically diseased, syringes would be scattered where non-users and children could accidentally be stuck.

There are also those who say the supply side will benefit. They think the most effective solution would be for the government to prosecute the drug barons, and allege that it doesn't happen because government officials are involved in the illicit trade. And their allegations are likely founded – in 2011 the United States banned four Kenyan government officials and a prominent businessman from travel over suspected drug activity. Mama Kukukali insists that the government needs to stop the drugs from entering the country, and one way of doing so is by meting out the death penalty to drug barons.

According to Saad Yusuf Saad, the National Secretary of the Coast Community Anti-Drugs Coalition, even the dealers escape punishment. "We can go to Old Town [Mombasa] right now and I can show you where the drugs are being sold. The police will arrest the middlemen and once they are taken to court, the charge sheet is changed from 'caught with heroin, 1kg,' to 'caught with bhang [marijuana], 50mg.' Then, by the end of the day, the same middlemen are back in the streets."

While these policy decisions are being debated, the young women in the mango forest continue to sell their bodies for pocket change in order to score another sachet. As long as heroin-induced fog provides them transient relief from daily reality, concerns of needle-sharing and condom usage will float behind the more-pressing question of how to get that next hit. D

**Names have been changed*