

# DRUGS ARE TAKING OUR YOUTHS AWAY

## Ensuring Inclusion of Substance Use Disorder management in the Universal Health Coverage in Cameroon



### KEY MESSAGES

- Substance use and substance use disorder are a public health problem in Cameroon, posing a significant threat to adolescents' health and hindering the attainment of their full potential in future.
- The prevalence of substance use and substance use disorder is high among young people in Cameroon. In 2023, reports from addiction treatment centers revealed that 17.2% of addiction cases were adolescents aged under 19, while 34% were young adults aged between 20 and 24. Within secondary schools, 1 out of 4 students consume drugs; meanwhile 6 out of 10 street children have consumed drugs.
- In 2023, 19 existing addiction treatment centers had 1,719 adolescents under treatment and 420 in the first quarter of 2024. Access to the treatment centers is still a challenge due to care costs.
- Untreated addiction has long-term costs for society, including healthcare expenses borne by individuals, households and the health system, lost productivity, and increased law enforcement and judicial system burdens. Extending Universal Health Coverage (UHC) for addiction services could be more cost-effective by promoting early intervention and reducing these downstream costs.
- Including addiction treatment under UHC would ensure equitable access regardless of socioeconomic status, aligning with the principles of UHC to leave no one behind.
- The fight against drug abuse and addiction concerns every strand of Cameroonian society. Incorporating this treatment of addiction cases in the UHC program of Cameroon will be timely as it could reduce the prevalence by up to 38.4%.

### PROBLEM STATEMENT

The use of illegal drugs or the use of prescription or over-the-counter drugs or alcohol for purposes other than those for which they are meant to be used, or in excessive amounts is

an increasing global concern. Adolescents and young adults are among the biggest users. Several studies have indicated a growing epidemic in the consumption of tobacco, heroin, and alcohol amongst adolescents in the developing world, especially within sub-Saharan Africa. (1-3).

In Cameroon, drug consumption, drug abuse, and drug addiction<sup>1</sup> are concerning. Cameroon's Anti-Drug National Committee estimated that 21% of the nation's population have consumed hard drugs and 10% are regular consumers. The situation is particularly serious among young people, with over 60% of drug users being youths under 25 years of age (4). Based on data on drug consumption, prevalence rates of drug-related disorders have risen from 18.83% to 31.82% (psychoses), 10.38% to 14.99% (depression) and 6.88 to 8.83% (drug use and consequences) between 2021 and 2024, with even greater increases in some regions, such as Centre, North-West, South-West, East and Littoral over the same period (5).

Adolescents constitute a particularly vulnerable population, and in Cameroon, they are highly exposed to different types of drugs, including illicit ones, as most drugs are highly accessible. (6) Within school settings, the consumption rates of alcohol, shisha, tobacco and tramadol were respectively 82.1%, 46.2%, 25.6% and 6.1%, whereas cannabis (36.5%) and tobacco (35.9%) are the most consumed drugs among street adolescents. (7-9) Initially, most adolescents consume drugs as an experimental or recreational activity; however, abuse can lead to drug addiction (substance use disorder). This leads to harmful consequences for the individuals, their entourage, families, and the society, such as sexual violence (e.g. rape), physical violence, criminal activity, neglect of social responsibilities, disease, injury and death. (10) Indeed, it is imperative to address drug abuse and drug addiction amongst adolescents as a matter of priority.

The problem of drug abuse amongst adolescents in Cameroon is a national and public health problem, exemplified by several recent and negative occurrences within schools and in the society nationwide. (11) At the Government Bilingual High School, Nkol-Eton in Yaoundé, a school inspection revealed students carrying cannabis and weapons, underscoring the link between substance use and school violence. (12) This issue prompted a consultative workshop in Buea, where educators and regional delegates discussed tailored preventive strategies. (13) Additionally, social media has been identified as a key driver of psychoactive substance use among adolescents in urban areas, facilitating access and exacerbating the associated risks (7). Due to peer pressure, low self-esteem, family

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<sup>1</sup> For the purpose of this brief, drug addiction and substance use disorders are used interchangeably as they are considered synonymous.

issues, poverty, forced displacements, and other societal stressors that adolescents must contend with, some resort to taking drugs to ‘relax’ their mental health. Regretfully, the drive to take drugs is often met with a high and readily available supply.

Although much is being done to fight against drug abuse in Cameroon, to achieve significant results, it is important that all stakeholders participate. From regulation of sales and supply to preventing adolescents from taking drugs and treating those addicted to drugs, this fight requires a multisectoral approach. Furthermore, in addition to existing committees for the fight against drugs, the ongoing sensitization campaigns and the 19 addiction treatment centers in Cameroon, the current universal health coverage (UHC) plan offers a unique and timely strategy to address the problem. (13) The implementation of UHC in Cameroon is a phased process aimed at providing equitable access to health services, particularly targeting underserved groups. (7) The government initiated the UHC program in 2015 and began with a pilot phase in April 2023. This first phase focuses on reducing out-of-pocket expenses and improving access to essential health services, including malaria, tuberculosis, and other treatments. The strategy involves gradually expanding coverage to include more regions and populations over time, aiming to progressively include more Cameroonians in the UHC system.

## **POLICY OPTIONS**

To effectively combat drug abuse and addiction among adolescents in Cameroon, the MOH should adopt a comprehensive strategy that includes both prevention and treatment. Prevention involves education and community programs that target root causes such as peer pressure and socioeconomic factors, while treatment focuses on accessible diagnosis and therapy through the Universal Health Coverage (UHC) plan.

Combining prevention and treatment strategies ensures a more holistic approach to addressing drug abuse. It not only aims to curb the current trends of addiction but also builds a sustainable framework that supports long-term recovery and reduces future cases. This dual approach is essential because it provides both immediate intervention and long-term prevention, thereby addressing the complex and multifaceted nature of drug addiction among adolescents in Cameroon. The following policy options could be considered:

### **1. Massive multi-sectoral Community Sensitization campaign all over Cameroon**

<b>Goal</b>	The goal of this policy is to focus on primary prevention through sensitization to avoid adolescents from consuming drugs. It will target adolescents in Cameroon to prevent the initiation of smoking behavior and other drugs consumption.
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<b>How</b>	<p>The intervention will capitalize on the expertise of the Ministry of Public Health (MOH) in drafting and implementing a communication plan through the social and behavioral change approach to produce targeted communication through media houses, radios and social mobilisers that are age-sensitive, gender-sensitive, community-specific, etc. While involving different sectors of society apart from the MOH, including the Ministries of Basic and Secondary Education, Ministry of Commerce, Ministry of Youth and Civic Education, Ministry of Social Affairs, National Security Councils, administrative leaders, local leaders, civil society, etc.</p> <p>Carson, et al., showed that mass media interventions can be used to prevent drug use. (14)</p>
<b>Why</b>	<p>Changing social norms around substance use can empower communities and individuals by providing them with knowledge, skills, and tools to resist drug abuse. By fostering an environment where drug use is stigmatized and discouraged, these campaigns can create a deterrent against experimentation with drugs among adolescents. It is estimated that this strategy will reduce the number of adolescents with substance use disorder by 31.1%.</p>
<b>Feasibility:</b>	High. Given that the MOH has successfully implemented similar interventions.
<b>Intervention period</b>	1 year
<b>Analytic horizon</b>	2 years

**2. Integrate substance use disorders (SUD) management in the Universal Health Coverage plan**

<b>Goal</b>	<p>The goal of this policy is to ensure that all adolescents who have drug addictions are diagnosed and managed at a very reduced cost or free of charge. This policy will make care highly accessible for all those who need it, including both medical and non-medical treatment.</p>
<b>How</b>	<p>Integrating substance use disorder management into Cameroon’s UHC plan involves a multi-faceted approach that integrates treatment into primary health care services, trains healthcare providers, allocates sufficient resources, and implements community and behavioral interventions. This strategy includes early identification and intervention</p>

	in the 19 existing addiction treatment centers. Currently, the costs for treatment centers in Cameroon are primarily covered through a combination of government funding, external aid, and mostly private contributions.
<b>Why</b>	The treatment gap for SUD in Africa is as high as 87%. (10) Substance disorders can be treated most cost-effectively in outpatient drug-free settings (10). WHO recommends screening and brief interventions (SBI) for the identification and management of risky substance use, and for motivating people with probable dependence to seek care. SBIs are efficacious and cost-effective, making them an attractive public health approach for increasing access to treatment for SUD. According to findings from a systematic review related to the treatment of SUD in inpatient or residential settings in Sub-Saharan Africa, barriers to access are both structural and non-structural: financial barriers, limited availability of services, and geographic concentration in cities, stigma and discrimination. (11) The proposed strategy will reduce stigma and improve access to effective treatment, aligning with the broader goals of UHC to provide equitable health services
<b>Feasibility:</b>	Medium. This policy option is very possible with the presence of a strong political will. However, the UHC plan is at its early stage in Cameroon and there is a need to secure more funds.
<b>Intervention period</b>	1 year
<b>Analytic horizon</b>	2 years

**3. Combination of Massive Sensitization Campaign and Management of drug addiction cases under the Universal Health Coverage Plan**

<b>Goal</b>	This is a holistic policy that aims at addressing the problem from primary prevention to tertiary prevention. It combines policy options 1 and 2.
<b>How</b>	The intervention will integrate a well-elaborated and Massive Sensitization Campaign with treatment of drug addiction cases as part of the UHC. Both parts of the policy will be incorporated in the UHC program for a holistic fight against drug abuse and addictions.
<b>Why</b>	This strategy will reduce the number of adolescent use disorders by 59%
<b>Feasibility</b>	Medium. Although this policy could potentially yield very high results, it will be more expensive given that will be combining two efforts.

<b>Intervention period</b>	1 year
<b>Analytic horizon</b>	2 years

**HEALTH IMPACT AND COST EVALUATION**

	Status quo	Sensitization	<b>Management under UHC</b>	Sensitization & management under UHC
# of Adolescents with Substance Use Disorder	1,218,086	839,126	<b>725,051</b>	499,480
Estimated reduction of substance use disorder	-	378,960	<b>493,035</b>	718,606
Estimated annual cost to the government	\$221,500	\$669,310	<b>\$1,045,150</b>	\$1,494,310
Estimated additional cost	-	\$447,810	<b>\$823,650</b>	\$1,272,810
Cost per case of substance use disorder averted	-	\$1.18	<b>\$1.67</b>	\$1.77
<b>Feasibility (political)</b>		High	<b>High</b>	Medium
<b>Feasibility (operational)</b>		Medium	<b>Medium</b>	Low

**RECOMMENDATIONS AND NEXT STEPS**

After taking into consideration the cost-effectiveness, the operational and political feasibility of the different options, **Management of substance use disorders cases as part of the Universal Health Coverage (UHC) in Cameroon** is the option we highly recommend.

Savings from transitioning to the most cost-effective treatment modality may free resources that could be reinvested to improve access to substance abuse treatment for a larger number of individuals in need of such treatment.

To implement our proposed policy option, we suggest the following next steps:

### **Integration into UHC Adoption/Rollout Process:**

1. **Align with UHC Goals:** This means integrating substance use treatment into primary health care services and scaling up services progressively in line with UHC coverage expansion strategies.
2. **Strategic implementation phases:** As UHC is rolled out, substance use disorder management should be incorporated into the phased implementation plans.
3. **Stakeholder engagement and capacity Building:** Capacity building of local health providers should be part of the initial UHC rollout to ensure they can deliver integrated services effectively and sustainably.
4. **Financing and resource allocation:** As UHC is being adopted and rolled out, financing mechanisms need to be established. This will involve reallocating existing health budgets, seeking international aid, and exploring innovative financing options (public-private partnerships).
5. **Monitoring and evaluation:** A robust monitoring system will be established to track progress, identify challenges, and make necessary adjustments.

By linking these next steps with the UHC adoption and rollout strategy, Cameroon can build a more comprehensive and effective system for managing substance use disorders as part of its overall health coverage initiative, ensuring that these services are accessible to all Cameroonians. Indeed, drugs are taking the young population of Cameroon away and the time to act is now, to secure a great future for these adolescents and preserve the health and sanity of our society.

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