UNITED NATIONS
ECONOMIC COMMISSION FOR AFRICA

Public Administration, Human Resources
and Social Development Division

REPORT OF THE NATIONAL SEMINAR ON
YOUTH, DRUGS AND HEALTH

Organized Jointly by the Public Administration,
Human Resources and Social Development Division
of the United Nations Economic Commission for Africa,
the World Health Organization and the Ministry of
Health of the Transitional Government of Ethiopia

(Africa Hall, Addis Ababa, Ethiopia)
11 - 15 July, 1994

September 1994
UNITED NATIONS
ECONOMIC COMMISSION FOR AFRICA

Public Administration, Human Resources
and Social Development Division

REPORT OF THE NATIONAL SEMINAR ON
YOUTH, DRUGS AND HEALTH

Organized Jointly by the Public Administration,
Human Resources and Social Development Division
of the United Nations Economic Commission for Africa,
the World Health Organization and the Ministry of
Health of the Transitional Government of Ethiopia

(Africa Hall, Addis Ababa, Ethiopia)
11 - 15 July, 1994

September 1994
# TABLE OF CONTENTS

## I. CONCLUSIONS AND RECOMMENDATIONS

1. The impact of the African socio-economic crisis on youth, drugs and health .. .. .. .. .. .. .. .. .. 1

2. Youth and the drug problem
   (a) Regional and international overview of drug abuse and illicit trafficking .. .. .. .. .. .. .. 3
   (b) Dangers of drug abuse.. .. .. .. .. .. .. 4

3. Youth and health
   (a) The HIV/AIDS pandemic.. .. .. .. .. .. .. .. .. .. 5
   (b) Youth reproductive health .. .. .. .. .. .. .. .. .. 6

4. Youth, Drugs and Health: Inter-linkages.. .. .. .. .. .. .. 6

5. Existing national policies, measures and the role of the various national institutions and agencies in
   (a) Drug control activities (supply reduction) .. .. .. .. .. .. .. 7
   (b) Prevention, treatment and rehabilitation of youth drug abusers.. .. .. .. .. .. .. 9
   (c) The protection of youth health.. .. .. .. .. .. .. 11

6. Modalities for the Implementation of the Conclusions and Recommendations of the seminar on Youth, Drugs, and Health . .. .. .. .. .. .. .. .. .. .. .. 12

## II. ORGANIZATION OF THE MEETING

1. Background .. .. .. .. .. .. .. .. .. .. .. .. 13

2. Opening Session.. .. .. .. .. .. .. .. .. .. .. .. 13

3. Attendance .. .. .. .. .. .. .. .. .. .. .. .. 16

4. Agenda of the Seminar .. .. .. .. .. .. .. .. .. .. .. 17
III. ACCOUNT OF PROCEEDINGS

The impact of the African socio-economic crisis on youth, drugs and health. 17

Youth and the drug problem
(a) Regional and international overview of drug abuse and illicit trafficking. 18
(b) Dangers of drug abuse. 20

Youth and health
(a) General Overview. 21
(b) The HIV/AIDS pandemic. 22
(c) Youth reproductive health. 23

Youth, Drugs and Health: Inter-linkages. 26

Existing national policies, measures and the role of the various national institutions and agencies in
(a) Drug control activities (supply reduction). 28
(b) Prevention, treatment and rehabilitation of youth drug abusers. 31
(c) The protection of youth health. 35

Tenth anniversary of the International Youth Year:
Focus on youth, drugs, and health. 38

IV. ADOPTION OF THE REPORT. 40

V. CLOSURE OF THE MEETING. 41

ANNEX I

List of Participants. 42

(ii)
I. CONCLUSIONS AND RECOMMENDATIONS

1. The seminar on Youth, Drugs and Health, pursuant to its examination of various issues concerning youth in Ethiopia, adopted the following conclusions and recommendations, for the consideration and implementation of the Transitional Government of Ethiopia, nongovernmental and intergovernmental organizations, United Nations bodies, as well as private agencies and concerned individuals.

   1. The Impact of the African Socio-economic Crisis on Youth, Drugs and Health

2. The social and economic conditions prevailing on the continent have had the consequent effect of increasing anti-social behaviour and pushing up the levels of crime, drug-abuse, prostitution including the deadly HIV/AIDS. Various factors such as the weakening of the family structure and its traditional role in controlling activities of adolescents and youth; decline of traditional and moral values due to migration and urbanization; displacement of people due to socio-economic and political instability; unemployment; weak control mechanisms of drug trafficking and dispensing as well as easy accessibility of psychoactive substances have resulted in increase of drug abuse and its concurrent health hazards among the youth. The problem of drugs and health present a daunting challenge and cannot be dealt with in isolation. Greater emphasis on multidisciplinary strategies in which all partners take concerted action at national, regional and international levels is essential.

   At the national level

   (a) Governments and all concerned policy making bodies at the inter-ministerial level (e.g Ministries of education, health, youth, sports, social development and labour) should put the welfare of people, and youth in particular, at the centre of all development initiatives, policies and programmes especially in such areas as education, health, social services, promotion of food self-sufficiency and security, productive employment and reduction of poverty;

   (b) African governments should ensure the effective implementation of the recommendations of the Dakar/NGOR Declaration on Population, Family, and Sustainable Development;1/

   (c) Governments and all concerned should provide viable opportunities for the productive employment and development of youth in order to achieve self-reliance;

---

(d) African countries should promote a culture of peace including democracy, dialogue, tolerance, justice and human rights through education and culture. In this connection, youth must be mobilized to promote dialogue and peace;

(e) Governments should review, revise and improve legislative policies regarding the welfare of youth and expand their scope as well as establish appropriate institutions for the implementation of youth development programmes;

(f) Governments should ensure that adequate resources are devoted to the development of youth policies and programmes.

3. African efforts at achieving this stupendous task must be supported by complementary actions by international development agencies, bilateral partners and NGOs. Agencies responsible for youth issues should consider reviewing their medium-term plans to include programme elements of direct interest to young people.

4. The international community can assist by:

(a) Providing training and technical assistance to health personnel, law enforcement officers, as well as personnel involved in drug control legislation and demand reduction, including treatment and rehabilitation of drug addicts/AIDS patients;

(b) Providing technical equipment (vehicles, radios and other security-related equipment) to the police and customs authorities;

(c) Providing testing equipment for HIV/AIDS;

(d) Providing legal assistance to integrate the country into the international legal framework;

(e) Strengthening existing drug control institutions through fellowships and consultancy services;

(f) Providing financial assistance to governments to launch communication campaigns, organize national seminars on drug control/AIDS policy and planning; preventive health education programmes, etc;

(g) Providing, at low cost, vital drugs for health, family control devices, and other essential medical supplies.
2. **Youth and the Drug Problem**

A. **Regional and international overview of drug abuse and illicit trafficking**

5. The cultivation, trafficking and consumption of drugs have progressively spread throughout the African continent including Ethiopia. A number of African countries serve as trafficking points and African nationals including young people, are being used as couriers by traffickers, smuggling drugs to Western Europe and North America. Despite measures introduced in various countries, Africa continues to be the weakest link in the international drug control system with a number of countries not yet party to any international drug-control treaties. Moreover, the prevailing political, economic, social and even climatic conditions of the continent create enormous obstacles for many governments in coping with the devastating effects of abuse of drugs and illegal trafficking. Subregional, regional, and international actions which are supportive of national policies and actions should likewise be developed.

(a) Information is vital to an understanding of the global drug problem and in order to introduce new counter measures for follow-up and control, it is essential that a network be established between international, regional and central police, customs, drug control and other agencies in order to develop a well established system of information exchange;

(b) Regional organizations and research and training institutions including African universities should be encouraged to undertake integrated research at the regional level that will feed into policy, facilitate country-to-country comparisons and provide a scientific basis for the action programmes to be undertaken. Priority areas should include:

1. demand trends
2. trafficking routes
3. drugs seized
4. methods used in trafficking
5. control of cross-border traffic

(c) There is an urgent need to strengthen capacity of drug control agencies through training personnel who are involved in drug control activities, including law enforcement officers, in techniques of surveillance, control and co-ordination of controlled delivery as well providing them with the necessary equipment required for the purpose of detection, searching, identification and testing of drugs;

(d) Governments should intensify regional cooperation and coordination in combating illicit traffic in psychotropic substances through establishment of control mechanisms at entry points (airports, sea, borders); harmonizing of their laws, coordination of policies and where possible adopting joint operations/activities including the exchange of information and intelligence. In this connection, States should be encouraged to sign memoranda of
understanding, enter into bilateral agreements or other forms of cooperation at the subregional and regional level;

(e) Governments should enhance the scope of drug control agencies established under the provisions of existing United Nations conventions to monitor the distribution of addictive drugs;

(f) Governments should enact legislation as well as establish and/or strengthen, where they exist, law enforcement agencies to control the production, sale or use of certain specific dependence-producing drugs, medical as well as non-medical;

(g) Governments must abide by the international treaties regulating drug cultivation, production, manufacture, trade and use of these drugs in accordance with the international conventions.

B. Dangers of drug use

6. Although drugs are considered an important source of revenue, they have far reaching socio-economic and political consequences, including increase in crime and traffic accidents, low productivity, absenteeism from school and work, family disharmony and disruption, increase in economic cost of health and social care as well as many other criminal activities including racketeering, conspiracy, bribery, violation of national laws, corruption of public officials and undermining governments and international economies.

7. There is therefore an urgent need to:

(a) Create awareness among policy and law-makers regarding the magnitude, seriousness, severeness and urgency of drug abuse problems;

(b) Sensitize the public, and in particular those most vulnerable, to the adverse consequences of drug abuse;

(c) Create a body of public opinion that not only supports the notion of a drug-free society but is also ready to seek and support community preventive and rehabilitative programmes for those who do abuse drugs;

(d) Enhance and reinforce individual restrain in matters of drug use, through a variety of mechanisms, ranging from personal awareness to criminal law;

(e) Develop treatment and rehabilitation measures in collaboration with local government and NGOs in the fight to control drug abuse.
3. **Youth and Health**

A. **The HIV/AIDS pandemic**

8. The problem of rising sexuality and fertility among the African youth population and Ethiopia in particular has given rise to an increase in the number of sexually-transmitted diseases including the new killer-disease HIV/AIDS. AIDS is being reckoned as "a disease of the young adult male and female in Africa", with 60 percent of the newly HIV positive cases ranging from 15 to 24 years and a large proportion of them having become infected during adolescence. Cultural traditions, beliefs, fears and taboos about sex education and use of contraceptives as well as society’s reluctance to discuss sexuality topics often leave the youth uninformed and unaware of the effect the HIV virus may have on their lives and also prevents them from acting on the knowledge they have.

It is thus recommended that the education system in Ethiopia:

(a) Inform young people about HIV/STD infection, transmission, and means of prevention, and help them develop skills to act on their knowledge and communicate it to others;

(b) Address the needs of those infected with HIV/STD through fostering attitudes and behaviour that will prevent discrimination against them including their right to privacy and confidentiality and their full participation in the community;

(c) Solicit support of NGOs and community leaders to disseminate information/education on aids prevention and control in rural areas, in light of rising rates of HIV/AIDS cases among the rural youth;

In view of the increasing number of females infected by their spouses and partners and the serious consequence this has on the household, the Ethiopian government should:

(d) Promulgate legal provisions that protect the woman; and mobilize the communities to assist in the management of AIDS patients and their families;

(e) Establish and strengthen programmes to combat spread of AIDS as part of the overall health programmes with special focus being given to high-risk groups;

(f) Screen sexually active teenagers regularly for infections with more frequent screening being considered for high-risk adolescents.
B. Youth reproductive health

9. Linked to adolescent sexuality and fertility is the problem of adolescent pregnancies which are increasing, among the Ethiopian youth, at an alarming rate and being reckoned as symptoms of poverty, unemployment and deprivation. Adolescent pregnancy is associated with early pregnancy, high rates of abortions, still birth, infection, infant and maternal mortality and morbidity. Moreover, educational and career opportunities are cut short as well as immediate and long-term employment prospects and many are forced into premature marriages thus contributing to lost productivity of the youth in Ethiopia. Worse still, adolescent health has received neither concern nor attention and the attitude of most governments including Ethiopia remains ambivalent as far as provision of family planning services to unmarried, young adolescents is concerned.

There is an urgent need to:

(a) Sensitize policy makers, planners, teachers, health professionals, families and the communities at large in Ethiopia, on adolescent reproductive health as a significant element of social, economic and political development;

(b) Initiate and organize in cooperation with relevant departments of health, education, welfare, labour and social affairs, youth associations and the nongovernmental organizations, reproductive health education, counseling and other support services for young people. In particular, among girls pride in womanhood and pride in their physical sanctity should be reinforced and among boys, the concept of responsibility towards sexual activity as well as its consequences should be instilled;

(c) Launch information, education and communication (IEC) campaigns at all levels utilizing different approaches through formal and informal channels and involving the mass media, religious institutions, communities, families, public figures, political leaders, and youth in particular.

4. Youth, Drugs and Health: Interlinkages

10. As regards the interlinkages of drugs and health, there is growing evidence to suggest that substance abuse such as alcohol, khat, cannabis and other hard drugs not only affects the health of the youth in Ethiopia, but potentiates risk taking behaviour such as prostitution, multiple crime, rape, pervasive sexual acts, sexual exploitation and unsafe sex practices, all of which have contributed to a growing incidence of AIDS/HIV. It is widely acknowledged that the primary cause of HIV transmission in Africa is heterosexual activity, however, there are indications that 10 to 20% AIDS/HIV cases are drug abusers. Although intravenous drug consumption is virtually absent in Africa, and quite alien to the Ethiopian culture, the linkage between drug users and AIDS is well founded and success in controlling the spread of AIDS will depend on targeting the population, among others, that is abusing drugs.
In this connection, the Transitional Government of Ethiopia should:

(a) Develop, with educational institutions, school teachers, health professionals, families and the communities at large an integrated curricula on STDs/AIDS/Drugs as well as appropriate family-life education and it should also be propagated at all levels through formal and non-formal ways using mass media, religious institutions and people, public figures, political leaders, youth, etc.;

(b) Institute comprehensive prevention and control programmes for drugs, HIV/AIDS, and sexually transmitted diseases which should be incorporated into primary health care and community based programmes;

(c) Promote and upgrade existing family welfare services and programmes to enable it to fulfil its traditional functions of social integration and security and ensure legal protection of children;

(d) Undertake systematic and comparative studies of drug abuse, demand patterns and AIDS and its various co-factors.

5. Existing National Policies, Measures and the Role of the various National Institutions and Agencies in:

A. Drug control activities (supply reduction)

11. As regards existing national policies and the role of the various national institutions in drug control activities, it was concluded that in Ethiopia the existing penal code for narcotic and psychotropic drugs as well as the pharmacy laws are out-dated and weak; the concerned sectors for the control of drugs are not well organized and drug control activities are not co-ordinated among the concerned ministries and departments; and drug control units/departments lack resources, appropriate equipment and instruments for detecting and testing of drugs as well as skilled manpower.

It was thus proposed that the government should:

(a) Revise and amend the existing legislation and regulations regarding drug control in Ethiopia, including stringent penalties for drug offenders such as imprisonment and fines commensurate with the offense;

(b) Develop guidelines for improving prescription and dispensation practices to prevent misuse of psychotropic substances;

(c) Establish mechanisms to encourage greater cooperation among judicial, police and customs authorities to deter traffickers from exploiting the diversity of laws;
(d) Organize a National Drug Intelligence Unit comprising all the law enforcement agencies such as police, customs, the marine and the army for follow-up and investigation of drug criminal activities. This could be considered as the model for co-ordinating drug control activities in Ethiopia;

(e) Implement Article 4.10 of the Ethiopian National Drug Policy (i.e. establishment of the National Co-ordinating Committee);

(f) Ratify the 1972 Protocol amending the Single Convention on the Narcotic Drugs and the 1988 United Nations Convention Against Drug Trafficking in Narcotic Drugs and Psychotropic Substances which Ethiopia is not a party to;

(g) Impose strict control mechanisms to control drug diversion and import of drugs;

(h) Enforce tighter mechanisms at entry points, harbours, airports including assigning mature, well educated inspectors and controllers at the potential entry point for drugs;

(i) Make available to all concerned bodies information on drug abuse patterns, drugs and substances liable to abuse, local drug laws and report any illicit activities;

(j) Seek immediate necessary assistance from UNDCP and other relevant international organizations.

12. A serious concern noted under this agenda item was the inadequate attention paid to illegal cultivation and distribution of Khat in the country by concerned departments. Khat, a plant indigenous to Ethiopia, is not only being cultivated and produced in large scales in the Western, Eastern and South Eastern parts of Ethiopia replacing other important food crops but it is being exported to different parts of the world thus spreading its abuse to the rest of the world. Khat in the Ethiopian culture is chewed for recreational, cultural and religious reasons, however, recent statistics demonstrate that use of khat has escalated in Ethiopia because of the availability and capacity of Ethiopian abusers to buy and use these drugs. Cultivation and use of cannabis is also becoming common in several areas of Ethiopia such as Dire Dawa, Awassa, Shashemane, and Jimma.

In light of its serious implications on the Ethiopian youth, it was recommended that the government should:

(k) Encourage substituting cultivation of khat with other economically profitable crops in order to reduce its supply;

(l) Create suitable conditions, as part of a broader development effort, for increasing agricultural output for crop substitution;
(m) Impose policy regulations to limit the expansion of its cultivation and use rather than banning it immediately. The proposed regulations should include limiting:

   i. the area of cultivation
   ii. distribution
   iii. transportation
   iv. place of use
   v. age of users

B. Prevention, treatment and rehabilitation of youth drug abusers

13. As supply and availability of illicit drugs is extremely difficult to control and involves vast amounts of resources, it is important that consistent policies and recommendations for preventive education, treatment and rehabilitation should be developed to reduce demand for psychoactive substances.

In the context of prevention programmes in Ethiopia, it was recommended that:

(a) Drug abuse education programmes should be included in the curricula of schools as part of an agreed national strategy and the Ministry of Education should take the responsibility in implementing this;

(b) Drug abuse education programmes should also be conducted in informal settings such as religious gatherings, in dwellers associations and other social groupings; special prevention campaigns should be launched for the out-of-school youth as well as the drug users;

(c) Instructional materials used in these campaigns should be realistic and based on the cultural values and traditions of the Ethiopian society as well as on the socio-economic status of the society and the targeted group;

(d) Teachers training colleges should also incorporate drug abuse courses in the training programmes so as to train teachers and school counsellors to instruct students on the advantages of a drug-free life style and the dangers of drug abuse;

(e) Consistent policies and recommendations for school settings should be developed through consultations among teachers, their representative organizations, NGOs, Ministry of Education, national AIDS committees, and as much as possible, school administration and staff, parents and other interested community groups and youth themselves should participate in the conduct of educational programmes;
Public awareness campaigns should be conducted through the mass media and other possible measures to publicize the dangers of drug use and the advantages of a healthy drug-free life style. The involvement of important social figures such as religious leaders, political figures, and other respected personalities in anti-drug campaigns should be encouraged.

There should be coordinated and concerted efforts among concerned organizations (governmental and non-governmental). The Ministry of Health should take the responsibility of coordinating voluntary community activities, by civic, religious and other groups against drug use;

National authorities responsible for monitoring the manufacture and distribution of pharmaceutical products should also be involved in anti-drug campaigns. The Ministry of Health should also promote drug abuse prevention know-how among the health professionals to increase their knowledge of drug abuse;

Recreational facilities, materials and funding for the youth should be established and extended so as to enhance drug-free leisure time activities and positive social behaviour;

Peer-led anti-drug initiatives and activities within youth clubs should be encouraged.

Regarding treatment and rehabilitation of drug abusers, it was proposed that:

A treatment, research and training centre should be established at the Amanuel Hospital at the national level with branches in the regions. The above centre should serve as a referral centre involved in training of professionals, undertaking research, surveys, studies and as a source of scientific information for other concerned agencies;

Rehabilitation programmes for individuals who have returned to a drug-free life should be set up to prevent reversals and to reintegrate them into community life;

Guidelines for all educational establishments, social welfare agencies, non-governmental organizations should be issued by the government to participate in solving this problem and drawing attention to the fact that addiction and abuse is a condition that requires treatment and is not a criminal activity;

Health workers should be trained on how to manage patients with psychoactive substance problems.
C. Protection of Youth Health

14. Lack of social services targeted specifically to the adolescents and youth such as medical, recreational and educational; loose policies on the protection of youth health; existing harmful traditional practices such as early marriage; and lack and ignorance of existing laws are among the factors that have compounded the health problems among the youth in Ethiopia.

15. It is recommended that the government should:

(a) Adopt a comprehensive strategy on youth encompassing

1. formulation and implementation of policies for young people;

2. development of educational, sports, cultural and vocational training programmes for in and out-of-school youth;

3. strengthening family planning services;

4. improving the role and status of youth in society;

5. providing employment opportunities for young people;

6. promoting participation of youth in health, education, environmental programmes.

(b) Formulate national policies aimed at protecting the youth from any form of abuse, economic exploitation as well as other policies aimed at curbing drug abuse and alcoholism;

(c) Remove institutional and policy biases against women and introduce special measures to enhance their status and integrate them in productive and remunerative activities including those who wish to leave prostitution;

(d) Train youth as health educators to promote reproductive health know-how amongst their peers and within the community;

(e) Re-enforce existing laws on:

1. handling of harmful substance

2. age at first marriage

3. childbearing

4. access to alcoholic beverages and drugs

(f) Impose rules and regulations in the schools concerning selling of harmful substances (cigarettes) and illicit video shows around the schools;
(g) Expand universal elementary education.

6. **Modalities for the Implementation of the Conclusions and Recommendations of the Seminar on Youth, Drugs, and Health**

16. As regards the modalities for the implementation and follow-up of the recommendation, the seminar agreed as follows:

(a) The final report should be sent to the concerned policy makers drawing their attention to the need to implement the recommendations and conclusions;

(b) Under the Chairmanship of the Ministry of Health, the recommendations and conclusions of the seminar should be brought to the attention of the members of the *Ad hoc Committee* for the follow-up of the Production, Distribution and Use of Narcotics Drugs and Psychotropic Substances;

(c) In order to create public awareness on drug abuse and its health hazards, the Ministry of Health will take the lead in organizing regional seminars involving various target populations such as youth, health personnel, teacher trainers, etc.

(d) Provincial *Ad hoc* committees, similar to the inter-ministerial committee will be established by the Ministry of Health to develop coordination, information exchange among the concerned ministries and departments, and to link together all the activities related to drug abuse; to mobilize resources and ensure their best use;

(e) International agencies such as ECA, OAU, WHO, UNDP, UNDCP, UNICEF, UNESCO as well as NGOs should undertake all possible measures to implement within their respective mandates the recommendations and conclusions of the seminar;

(f) Each seminar participant should play a very active role in the implementation and follow-up, within the context of their ministries/departments/agencies, by bringing the recommendations and conclusions to the attention of relevant authorities and policy makers and by initiating their implementation;

(g) An evaluation seminar should be convened in the future to assess progress in the implementation and follow-up on the recommendations and conclusions;

(h) The representative of UNDCP will submit the recommendations to UNDCP headquarters for implementation of the relevant sections, within a given time-frame.
II. ORGANIZATION OF THE MEETING

Background

17. The national Seminar on Youth, Drugs and Health was jointly organized by the United Nations Economic Commission for Africa (UNECA), World Health Organization (WHO) and the Ministry of Health of the Transitional Government of Ethiopia, at Africa Hall, in Addis Ababa, from 11 to 15 July 1994. The major objectives of the seminar were to (i) examine the problem of drugs and health as they affect the youth in Ethiopia; (ii) review existing national policies and measures and their efficacy for prevention, control and rehabilitation; and (iii) propose effective national strategies and measures for prevention and control of drug abuse and illicit trafficking, and for the rehabilitation and reintegration of youth.

Opening Session

18. In his address to the opening session, Mr. Layashi Yaker, United Nations Under-Secretary General and Executive Secretary of the Economic Commission for Africa welcomed the participants and expressed his gratitude to the WHO and the Ministry of Health for their generous support and excellent cooperation provided to UNECA in convening the seminar.

19. Noting the adverse impact of the social, economic and political crises on the African youth, Mr. Yaker stated that the prevailing view both in Africa and in the outside world, that drug dependence posed no threat to African countries, even if some of them were producers of the raw materials used in manufacturing narcotics, has been proven erroneous. Most African countries have seen the menace of drug abuse progressively spread throughout Africa. Moreover, the problems of drug abuse and rising sexuality and fertility among the African youth not only have serious health implications, but also have a direct bearing on the socio-economic development of Africa.

20. He underscored that youth represent a vast potential of human resources for Africa’s development, which the continent cannot afford to waste and investing in their well-being is the cornerstone to sustainable development. Africa’s future depends on today’s youth as well as on how we address the emerging issues affecting youth.

21. He emphasized that the problems of drugs and health present a daunting challenge and cannot be dealt with in isolation. Pertinent to winning the battle against drugs and AIDS is the political will of the governments and the people, the empowerment of communities, enhancing the status of women; and the need for closer regional cooperation among the African countries. Most of all, he stated, the campaign against HIV/AIDS and drugs requires that educational institutions develop and integrate curricula on sexually transmitted diseases, AIDS and drugs as well as appropriate family-life education at all levels.

22. In closing, he urged the participants to give serious thought to the above issues and to make concrete recommendations for dealing with them so as to guide governments and popular development organizations in Africa.
23. Dr. Mwambazi, WHO Resident Representative for Ethiopia, addressing the Seminar on behalf of Professor Gottlieb L. Monekosso, WHO Regional Director for Africa, noted that drug abuse has become a major public health problem in the African region and is closely associated with lower socio-economic status, family problems, lower educational attainment, lower self-esteem and moral corruption of the youth. Current data indicates that over 20% of youth in Africa use or have used one form of drug or another. The rate of drug consumption is reportedly higher among unemployed youth than among those employed and female youth are also involved in the use of drugs and alcohol though as yet in a lesser degree.

24. He further stated that youth often have an inadequate level of understanding of their health needs; few health workers and teachers are trained in understanding the health problems of young people; most health services are designed either for adults or children and often do not meet the special needs of young peoples; and national policies and legislation often do not provide adequate information, education, guidance, counselling and clinical services. The key to successful health promotion for youth is education and partnership between young people and adults, between the health sector and other key sectors, between government and nongovernmental organizations and within the United Nations system itself.

25. WHO's immediate objectives, he stressed, were to obtain and instill technically-sound and culturally-appropriate knowledge in adolescents and influential key adults; train and sensitize adolescents and key adults in the skills needed to promote effective health care and healthy behaviour; create an appropriate climate for policy and legislation to better meet adolescent health needs; contribute to better provision for and by young people of effective and accessible information, guidance and services; and facilitate the application of effective evaluation.

26. In closing, the WHO representative underscored that the youth are the pride and joy and the hope of the continent and deserve all our attention and the Africans must realize that the most prized treasure of their countries is neither gold nor oil deposits but, rather their human resources.

27. In his introductory remarks, the representative of UNDCP briefed the participants of UNDCP's role in the area of drug abuse and illicit trafficking. He pointed out that UNDCP was the designated focal point, responsible for co-ordinating all United Nations drug control activities. It was established in 1991 by integrating the structures and functions of the three United Nations drug units, i.e., the Commission of Narcotic Drugs (CND), the United Nations Fund for Drug Abuse Control (UNFDAC) and the International Narcotics Control Board secretariat (INCB).

28. As regards its activities, the speaker reported, that UNDCP provides assistance to countries in the area of interalia laboratory/scientific support, legal assistance, suppression of illicit traffic, demand reduction, and prevention campaigns and training. It also assists, governments to formulate master plans, train their law enforcement officers as well as develop drug control programmes. Of particular significance, he noted, is the identification
and involvement of NGOs in drug control activities and the assessment of the drug abuse problem in the region.

29. In his opening address, Dr. Abdi Adem Mohammed, Vice Minister of Health expressed his appreciation for the opportunity to open the national seminar on "Youth, Drugs and Health." He stated that in Ethiopia, problems associated with the illicit production, consumption and trafficking of drugs have increased because of its strategic geographical location and transport system which links the country with other African countries and the rest of the world.

30. Cannabis, he stated, was the most abused substance in the country. It was being cultivated in central, western and eastern parts of the country hidden among other crops and under trees, thus making it difficult to trace and destroy the plant by law enforcement officers. Data collected during the past five years showed a ten-fold increase in the number of arrests made for possession, consumption and trafficking of cannabis. Those involved are mostly males below the age of 30, unemployed, returnees from abroad and closely linked to foreigners. In addition to cannabis, several other narcotic substances have been seized at Addis Ababa international airport indicating that the problem of drugs is acute in the country.

31. Ethiopia, he noted, was a party to the 1961 Single Convention on Narcotic Drugs and the 1971 Psychotropic Substances and the country was currently in the process of ratifying the 1972 Protocol amending the Single Convention on Narcotic Drugs and the 1988 Convention against Illicit Traffic of Narcotic Drugs and Psychotropic Substances. An adhoc committee composed of various ministries has been established with the primary objective of laying the groundwork for the establishment of a National Standing Committee that will coordinate illicit drug related activities in the country. Orientation and training seminars for health professionals on illicit use of drugs, establishment of controlling systems are among the activities that are underway.

32. In closing, he stressed that illicit drug activities can only be combatted by international cooperation, national coordination and through exchange of information and experience. This requires integrated and multi-sectoral control mechanisms; public awareness campaigns; and appropriate prevention and rehabilitation programmes. He urged the meeting to come out with recommendations that would help Ethiopia to fight against illicit production, consumption and use of drugs and concluded his speech by declaring the seminar on "Youth, Drugs and Health" officially open.
Attendance

33. The Seminar was very well attended by a cross section of experts representing the Ministries of Health, Education, Justice, Foreign Affairs, Internal Affairs, Information, Labour and Social Affairs, Customs Authority, Culture and Sports Affairs, Police Force Central Bureau, Ethiopian Medical Association, Ethiopian Pharmaceutical Association, Family Guidance Association of Ethiopia, Prime Ministers Office (Women’s Bureau), representatives of NGOs, namely, Organization for Social Services for AIDS, Ethiopian Red Cross Society, Forum on Street Children, Hope Enterprise, and Remand Home. Intergovernmental and international organizations at the seminar included OAU, UNESCO, WHO, UNICEF, UNDP, UNFPA, ILO and UNDCP. A full list of participants appears in Annex I of the report.

Agenda of the Seminar

34. The agenda for the seminar consisted of the following topics:

1. The impact of the African socio-economic crisis on youth, drugs and health

2. Youth and the drug problem
   (a) Regional and international overview of drug abuse and illicit trafficking
   (b) Dangers of drug abuse

3. Youth and health
   (a) The HIV/AIDS pandemic
   (b) Youth reproductive health

4. Youth, Drugs and Health: Inter-linkages

5. Existing national policies, measures and the role of the various national institutions and agencies in:
   (a) Drug control activities (supply reduction)
   (b) Prevention, treatment and rehabilitation of youth drug abusers
   (c) The protection of youth health

6. Tenth anniversary of the International Youth Year: focus on youth, drugs, and health
III. ACCOUNT OF PROCEEDINGS

Agenda Item I: The Impact of the African Socio-Economic Crisis on Youth, Drugs and Health

35. The representative of the ECA Secretariat introduced document ECA/PHSD/SDU/SY/WG1 on "The Impact of the African socio-economic crisis on youth, drugs and health." She noted that the socio-economic crisis afflicting the African continent has been particularly devastating for the African populations as a whole and the youth in particular. The weakening of the family structure and its traditional role in controlling activities of adolescents and youth; unemployment; population migration and urbanization; deteriorating agricultural situation; diminishing incomes and unacceptable living conditions; political instability; weak control mechanisms of drug trafficking and dispensing as well as easy accessibility of psychoactive substances have resulted in increase of drug abuse and its concurrent health hazards among the youth.

36. She further underscored that the socio-economic factors have also engendered dramatic changes in sexual behaviour and practices, including increase of prostitution amongst the young, thus fuelling the spread of AIDS, which in certain parts of the continent, has reached epidemic proportions, creating an additional burden on already inadequate health services. Of even graver concern is that young Africans are not receiving the necessary information or practical assistance to help them cope with the problems and trauma associated with early parenthood, sexually-transmitted diseases, AIDS and drug abuse.

37. At present, she emphasized, there are about 122 million youths on the continent representing 19% of the total population of Africa. By 1995, there will be 512 million young people aged 15-19 worldwide of whom 83% will be from developing countries. This has long-term adverse implications for Africa. A youth population of this magnitude represents a vast potential of human resources for Africa’s development, a potential the continent cannot afford to waste. The development of their socio-economic potential and their physical, moral and social health is, therefore, of prime importance.

38. The problem of drugs and health, she further stated, cannot be dealt with in isolation. The issues and problems involved are so inextricably interwoven that one cannot afford to overlook the social, economic, medical, cultural and psychological factors that impinge, in one way or another, on the development of youth. Moreover, efforts made by a single entity will not effect long-term success. This requires that all concerned policy making bodies at the inter-ministerial level (e.g. Ministries of education, health, youth, sports, social development and labour) consolidate their efforts at national, regional, and international levels to embark upon integrated and multisectoral programmes.

39. In the discussions that followed, participants noted that in light of the adverse impact of the socio-economic crisis on youth in many countries, the convening of the seminar on the theme of youth, drugs and health was highly opportune. Among the concerns expressed by the participants were the lack of information on the impact of drugs and health on youth; an absence of coordination and integration among various governments at the programme level; and the lack of commitment on the part of policy makers. In this connection, it was proposed
that information dissemination and data banks on drugs and health issues need to be set up. It was suggested that policy makers and educators need to consolidate their efforts and embark upon collaborative programmes to have a meaningful impact.

40. It was also observed that the problems of youth were not entirely of their own creation but a result of dysfunctional adults and stronger punitive measures were required to deal with them. Countering this viewpoint, a participant pointed out that it was not an individual but a societal problem and an appropriate response to this would be to strengthen the institution of the family and to provide family life education at all levels rather than deal with dysfunctional cases on an individual basis as the resources required are enormous.

41. It was reported that some of the drug traffickers were not school drop-outs as often assumed, but from the highly educated, unemployed segment of the population. It was pointed out that drug traffickers seek the latter category as they are well qualified and capable of handling the customs and law enforcement agencies of various countries across the globe. Relevant education suited to Africa's socio-economic needs is a prerequisite to the problem of drugs and health. Therefore, youth need to be instilled with the relevant education and skills as well as provided with alternate employment opportunities.

42. Skill training programmes for out-of-school youth, mobilizing youth for conflict management and rehabilitation activities, mobilization of NGOs and youth associations; establishment of regional network units for dissemination of information were among the issues highlighted by the participants.

Agenda Item 2: Youth and the Drug Problem

A. Regional and international overview of the drugs situation in the world

43. Mr. Beyene Seiletsion, Head of Narcotic Drugs and Psychotropic Substances Control Division, Ministry of Health, presented document ECA/PHSD/SDU/SY/WD3 which dealt with "Regional and International overview of the Drugs Situation in the World". The speaker stated that over the past two decades the use of illegal drugs has spread at an unprecedented rate and has reached every part of the world causing grave concern. Drug trafficking is a world-wide industry with net sales greater than those of petroleum and exceeded only by the international arms trade. The falling commodity prices in the world economy, has motivated many farmers across the globe to turn to cash crops like the coco bush and opium poppy. In short, drug abuse is no longer a victimless crime. It is a crime that imposes a staggering burden on the people and the nations of the world and is a burden no society can afford to carry.

44. As regards the African situation, he explained that severe drought, famine, civil war, mass migration, ecological disasters along with the global economic recession have had a devastating impact on the region. Opium, cannabis, heroin, cocaine and khat are among the drugs being trafficked in the African continent. Besides, Ethiopia's strategic location creates a fertile ground for smuggling and trafficking cannabis and exporting khat. In addition, a large number of farmers depend on it as a cash crop. He added that Ethiopia is not only
known as a transit point and supplier of illicit substances but available information indicates that the country is also a user of the illicit substances. Although Ethiopia is at the bottom level among the illicit users, if effective steps are not taken soon, he stressed, the situation will escalate, compounding the misery, violence, corruption and instability of communities.

45. Highlighting the international drug treaties concluded between 1912 and 1988 by the United Nations and the number of countries that had ratified them, the speaker stated that no single country could succeed alone in preventing drug abuse and illicit trafficking. This requires continuous cooperation among countries and for every nation to place comparable emphasis on education, prevention, rehabilitation, supply control and law enforcement aimed at halting the flow of illegal drugs.

46. Following the presentation, the representative of UNDP, informed the participants that UNDP’s Resident Coordinator has been assigned as the representative of the UNDCP in Ethiopia to promote and coordinate drug control activities at the field level following the adoption of Resolution 6 of the Commission on Narcotic drugs at its 35 session. The Resolution calls for the cooperation of national and international, governmental and non-governmental organisations, communities, men and women in all walks of life, and indeed the youth themselves.

47. She further stated that the concerns and objectives of drug control and the sustained human development effort are co-terminus as both underline the necessity of promoting a unified approach to the problem of drugs and fostering broader cooperation amongst international and national organisations.

48. Drug abuse, she underscored, has far reaching consequences and must therefore be countered by mechanisms ranging from finding alternative means of income generation; to strengthening of educational and health services; from poverty reduction and rural development to human rights and good governance. Women who suffer the consequences of drug abuse to a greater extent cannot be overlooked as they play a major role not only in earning the family’s income but also in caring for the children. Lastly, the issue of environment is equally important as it too is seriously affected by the illicit cultivation of drugs as this results in deforestation, soil degradation and water pollution.

49. In the discussions that followed, it was observed that the cultivation, trafficking and consumption of khat has increased dramatically in the Horn of Africa and Ethiopia in particular. In the past, khat was a drug confined only to few groups in the Eastern region of the country. Although reliable statistics are not available, it was reported that presently the problem has spread all over the country and affects a large proportion of the population including an increasing number of youth. Not only is khat being sold and consumed openly, but Ethiopian Airlines is the largest carrier. Moreover, farmers in order to earn higher revenues are resorting to cultivation of khat in place of food crops, coffee and other cash crops. Resources that are already limited are being deployed towards rehabilitation of drug users which could have been utilized for more productive activities.

50. Among the negative consequences of khat, the participants cited traffic accidents, low-productivity, absenteeism from school and work and its adverse impact on pregnant mothers.
Moreover, in order to maintain the stimulant effect, chewing of khat often leads to use of multiple drugs including alcohol. Another concern that emerged was that khat was not subject to international controls and banning its production would be difficult since many families depend on it economically and it draws a high amount of export revenue.

51. It was emphasized that adequate research and data collection needs to be undertaken on the pharmacological content of khat as well as trends and patterns of consumption and its effects on the population. Furthermore, it was proposed that this seminar should recommend effective measures and strategies concerning prevention mechanisms.

52. Provision of education and training, alternative employment opportunities, income-generating schemes, coupled with dialogue and advocacy at policy level were among the measures proposed by the participants to curb the problem of drug abuse, especially among youth in Ethiopia.

B. Dangers of Drug Abuse

53. Mr. Teyib Abdulkadir, Expert in the Division for the Control of Narcotic Drugs and Psychotropic Substances, Ministry of Health, presented paper ECA/PHSD/SDU/SY/WD4 on "Dangers of drugs: socio-economic and political implications" focusing on the health, socioeconomic and political consequences of drug abuse and illicit trafficking. The paper highlighted characteristics of drugs which could lead to abuse including acting on the brain, producing neuron-psychological and psychomotor effects and pleasurable feelings, alteration of sensory perception, acting as reinforcers by inducing craving and eventually dependence.

54. Frequent daily use of such drugs, he stated, is associated with tolerance and prolonged use results in psychophysical dependency. As the dependent drug abuser seeks to increase the dose, it pushes the individual to illicit traffic and further abuse of drugs. The consequences on health of drug abuse are central nervous system disturbances, mental disorders, acute and chronic toxicity and intoxication and damage of the body organs, disease and death. Moreover, once the individual has become dependent, he suffers from withdrawal syndromes which are most of the time expressed by behavioral changes, crimes and other antisocial activities.

55. As regards the socioeconomic and political consequences, the speaker highlighted unemployment; family disharmony and disruption; street children and prostitution; individual or organized robbery, theft, forgery, extortion and crime; traffic accidents; increase in economic cost for health, social care, and law enforcement; and decrease in economically important manpower and decrease in productivity of a nation; violation of laws and intimidation or corruption of officials.

56. In the discussions that followed, several participants submitted questions, comments and suggestions. One participant wished to know whether a drug abuser should be treated as a patient or as a criminal and it was explained that once the individual is caught trafficking and abusing drugs, he is considered a criminal and is prosecuted under the Ethiopian penal sanction. But once the victim becomes dependent on a drug, he/she is considered as a patient
and therefore proper medical treatment, rehabilitation and social reintegration should be provided.

57. In recognition of the danger of drugs on youth health, it was noted that the problem of drug abuse is not a matter that should be left to a single entity. Rather, it is an issue that should be resolved by joint efforts of different governmental and non-governmental organizations and the community at large. In this connection, the role of the family in controlling children; the importance of incorporating drug related issues in school curricula; and the need for an integrated multi-sectoral approach in prevention, rehabilitation, and social reintegration programmes were highlighted. Equally important was that the youth should be involved in discussion forums, information dissemination, drug rehabilitation activities and policy making on matters of drugs.

58. Several participants stressed that political will and commitment of policy makers as also being essential to fight drug abuse. In particular, it was emphasized that the government should realize and give due attention to designing policy to combat drug abuse and its consequences.

Agenda item 3: Youth and Health

A. General overview

59. Dr. W. Mwambazi, the WHO representative to Ethiopia presented document ECA/PHSD/SDU/SY/WD2 on the "General overview of Youth Health in Africa". He emphasized the importance of youth health and the role of governments in promoting the welfare of the youth in every culture. He pointed out that there was no universal definition of youth as it encompassed several age ranges whose limits differed from country to country and from culture to culture. The age range proposed by a WHO expert committee in 1964 was 10 to 20 years, although the term in stricter sense applies to individual in the 15-24 age range.

60. He noted that international concern for the welfare of youth has been gradually increasing in view of the various initiatives which include the 1964 UNICEF Conference which emphasized importance of including health care and other social services for children and adolescents in development planning, the 1979-1980 world fertility surveys on the role of youth in fertility trends in Africa; the 1984 Mexico city declaration, and with 1985 being designated as the International Year of the Youth.

61. As regards demographic trends of adolescence and youths in the African Region, Dr. Mwambazi pointed out that it was characterized by an increasing population, early marriages, high rates of fertility as well as pre-marital sexuality, limited opportunities for education, training and employment, lack of access to family planning services and programmes, and inadequate law enforcement infrastructure and provisions. The economic hardships have in addition led to compromised moral strength for the survival of youth which is manifested in prostitution, stealing and violence. Compounding this is the high risk of unwanted pregnancies and a high risk of death among pregnant youth below 24 years of age due to
pregnancy complications. The practice of female genital mutilation also has health consequences, both immediate and subsequently, during the reproductive years.

62. Regarding sexually-transmitted diseases and AIDS which was on the increase, Dr. Mwambazi pointed out that the diseases signalled a lot of danger since many young people did not have access to medical facilities and, in addition, they often did not take STDs seriously for lack of knowledge of its health hazards. Chronic medical conditions, alcoholism, smoking, drug abuse, oral health were among other diseases also afflicting the youth in varying degrees. All those concerned, individuals, families, communities, governments and NGOs including youth organizations must be mobilized to address the major issues influencing or affecting adolescent health.

B. The HIV/AIDS Pandemic

63. Dr. Workenneh Feleke, Ministry of Health, in his paper, ECA/PHSD/SDU/SY/WDS on "Adolescents and Sexually Transmitted Diseases, including AIDS" noted that both biological and behavioral characteristics determine growth and change in an adolescent. Behavioral patterns, resulting from the framework of environmental and social interaction, propel the youth toward increasing independence (psychological and physical), increased responsibility and social mobility. Each step towards maturation exposes the individual to new possibilities of risk to his/her well being and health. Risk-taking greatly increases the likelihood of sexually-transmitted diseases including AIDS. This, he stressed, is compounded by the fact that early and middle adolescents are less likely to use preventive measures and more likely to deny the symptoms of infection. Even when adolescents do suspect infection, embarrassment, fear, anger and/or shame often lead to delays in seeking treatment. And once diagnosed, they frequently fail to complete therapy, appear for tests or inform partners. Inadequately-trained health professionals, limited accessibility of services, high cost and staff attitudes provide additional barriers to health care.

64. Concerning the epidemiology of sexually-transmitted diseases among adolescents, Dr. Workineh stated that AIDS is one of the leading causes of outpatient morbidity, accounting for 18.6% of total hospital attendances in the 15-44 age group. Attendance at the Kazanchis health centre revealed 14% females and 23% males within the age bracket of 14-19 years suffering from STDs. The decline in the age of sexual maturation and a concomitant increase in the age at marriage are major factors leading to the high risk rates of STD and AIDS. Age specific rates for STDs, for example, are highest among 15-29 years old. He further stated that the distribution of STD cases by sex and age placed a heavy burden on the population of Ethiopia, particularly on women, and on available health services.

65. Key factors that influence adolescent behaviour with respect to prevention, diagnosis and treatment of STD/HIV/AIDS include the social and economic structures of each society; the cultural components of beliefs, attitudes and values and the resultant expectations of young people; industrialisation and urbanization, rural-urban migration, population movements, seasonal labour movements all of which contribute to young people being deprived of the traditional social structures for forming stable relationships.
66. Referring to treatment considerations, Dr. Workineh stated that adolescents found to be infected should be counselled about infections and the necessity of seeking and completing treatment. He emphasised the necessity of preventive education counselling regarding "safe sex", regular screening for infections and making health services more available, accessible and acceptable to adolescents. In addition, the mass media should be used to disseminate direct, clear, simple and reassuring communication on the subject, targeted specifically at adolescents.

C. Youth Reproductive Health

67. Under this agenda item two papers were presented. Ms. Hiwet Mengistu, Ministry of Health, in presenting her paper, ECA/PHSD/SDU/SY/WD6 on "Youth and Reproductive Health in Ethiopia" emphasised the importance of the biological, social, psychosocial, cultural and medical aspects of the reproductive system. She emphasised that her concern centred on the improvement of the reproductive health of the age group 10-24 in order to decrease the burden and risk of death associated with young people's sexuality and reproduction. This segment of the population, she noted, had for a long time been considered relatively free from diseases and was thus neglected by the health care services despite its potential for becoming an innovative reservoir for the labour force in terms of national development.

68. In traditional societies, she explained, sexual expression is often greeted with anxiety and/or anger by adults resulting in fear, guilt and shame amongst the young. A lack of communication about the healthy development of sexuality frequently drives sexual behaviour underground often resulting in unprotected sex, unwanted pregnancies and sexually-transmitted diseases.

69. She pointed out that according to the results of a hospital-based study on abortion in the Addis Ababa area, 54% of all women admitted die of complications. An alarming 20.8% of these deaths occur among girls in the age group 15-19 years. Another study conducted in five maternity hospitals in Addis showed that 40% beds were occupied by abortion cases, the majority in the age group of 15-20 years. She presented some alarming figures in the increase in STD cases reported by 29 health institutions in the country in 1993.

70. Dr. Eyob Tadesse, UNICEF, in his presentation of document ECA/PHSD/SDU/SY/WD14 on "Adolescent Reproductive Health in the city of Addis Ababa", noted that adolescent fertility continues to contribute substantially to over-all fertility in Ethiopia as births to adolescent women represent up to 29% of the country's total fertility rate of 7.7% child inberents, a problem that has not yet received general recognition.

71. Adolescent pregnancy, he stated, is part of a culture of poverty, unemployment and deprivation and it is unfortunate that existing laws do not encourage the use of contraceptive methods as traditional societies continue to equate contraception with promiscuity. Moreover, policy makers in the country have not so far taken serious note of the social, economic and biological consequences of adolescent pregnancy and the major physical and psychological problems posed by premature delivery, still birth, low birth-weight and, most importantly,
the increased risk among young people of sexually transmitted diseases, including AIDS. Furthermore, septic criminal abortion is the most serious complication of adolescent pregnancy resulting in more maternal deaths than any other obstetric complication, particularly in those communities with restrictive laws.

72. Dr. Eyob emphasized that there is an urgent need to recognize and accept adolescent reproductive health as a significant element of the country's socio-economic development. The establishment of adolescent clinics in every health institution in the country and the setting up of family life education in schools, colleges, universities; improving the status of women in the community by encouraging girls to continue their formal or vocational education would go a long way in making people and women in particular, more aware of their sexual responsibility. It will prepare them for the responsibilities they will have to bear as the leaders of tomorrow.

73. In the discussions that ensued following the various presentations under agenda item youth and health, participants raised searching questions. Some were concerned as to what kind of collaboration existed between the Ministry of Health and other participating organizations like NGOs, donors, religious institutions, etc. under the AIDS Prevention and Control Programmes; whether surveys had been undertaken on the spread of AIDS among street children in Ethiopia; and what measures were being pursued to protect them. Concerning implementation of AIDS programmes, it was also observed by some that preferential treatment was being meted to urban youth as compared to rural youth. Questions related to the implications of economic depression and unemployment; the prevalence of tuberculosis among adolescents and its linkage to HIV, and the reliability of HIV testing apparatus were also raised. On the issue of use of condoms, many participants wondered as to what the implications were in terms of costs of condoms, their availability to the youth, their lack of skills in using them, the promotion of the use of condoms in schools vis-a-vis the preaching of anti-pre-marital sexual practices, use of traditional sexual control mechanisms in regulating the behaviour of young people; and the rights of people affected by HIV and other related diseases to free medical treatment.

74. In reaction to the questions raised, it was pointed out that the Ministry of Health has adopted an inter-sectoral approach to AIDS prevention strategies with shared responsibilities between the Ministry and participating organizations, in order to avoid duplication of efforts and waste of resources. Regarding statistics on spread of AIDS among street children, it was pointed out that it was difficult to assess the magnitude of the spread but that the problem was being given priority in future plans. It was, however, also pointed out that the issue of street children entailed definitional problems. In order to adequately address the issue, it was necessary to define who the street children are in Ethiopia. It was proposed that the Government should shift some responsibility on the street children themselves by encouraging them to identify themselves at reporting centres.

75. On the issue of rural youth, it was pointed out that there was a need to assess the magnitude of HIV spread in rural areas since evidence already existed of rising rates of HIV/AIDS cases in those areas. There was also the need to disseminate information on aids prevention and control in rural areas and to solicit support of NGOs and community leaders to facilitate education of rural youth. In connection with implications of economic depression
and unemployment, the seminar noted that perhaps the solution lied in pragmatic approaches by African Governments in designing policies whose objectives were to provide increased self-employment opportunities to youth. The promotion of self-help schemes under democratized structures was a possible remedy. The key determinants for this were political will and concerted action.

76. Regarding the validity of HIV tests, WHO informed the seminar that efforts were being made to improve their quality. WHO, in collaboration, with national experts, was involved in refining and perfecting the HIV tests to render them more reliable. In general, much research was underway on improving the tests. As regards use of condoms, it was stated that knowledge of condoms among the youth is high, however its practical use is low. A major constraint noted here was that condoms were perceived to interfere in sexual satisfaction and thus it was not a popular mechanism. Survey findings among the Ethiopian youth also demonstrated that they did not believe that AIDS was a reality. The viewpoint that it is better to die of AIDS rather than of other diseases was prevalent among many youth. AIDS also symbolized sexuality and maturity for them.

77. As regards providing condoms to boys and girls in school a concern expressed was that there was lot of opposition to this practice. The traditional viewpoint was that this would increase sexual promiscuity among the youth which in turn would lead to further increase in HIV/AIDS. In light of this, it was felt that information giving and discouraging pre-marital sex were more viable options for youth. The key issue was that education at all levels, for men and women was a prerequisite to changing the behaviour of society towards sexual practices and to provide an enabling environment for the youth outside school education so as to bring about behavioural change.

78. In response to the question on free treatment for STDS, it was reported that the University of Addis Ababa as well as many public sector institutions have a policy which prevents students or employees from obtaining free treatment if they contracted STDS. Despite the increase of STD/AIDS in the country among the youth population, there has been no change in this policy. However, the Ministry of Health, under the framework of an EEC sponsored programme is providing treatment for those infected with STDS.

79. Another particular concern raised by several participants was the preference for young girls by older men including men of high responsibility, under the assumption that they were not infected with HIV. On the contrary, it was pointed out that the very age group that is being sought by these "sugar daddies" (15-19) is the one that is most vulnerable and has higher rates of HIV incidence. It was also brought to the attention of the participants that this phenomenon of "sugar daddies" had no linkage to AIDS but was rooted in African traditions where it was common for young girls to be given to older men as second and third wives. It was, however, argued that the phenomenon of "sugar daddies" "chasing" young unmarried girls did not start with HIV/AIDS. It is a behaviour which has been prevalent in many African societies, and it should be discontinued.

80. In this connection it was noted that one must also be aware of the "sugar moms" who bring young girls from the countryside to the urban centres and set them up in brothels and bars. The empowerment of women is thus of paramount importance, in this respect.
81. The participants made suggestions on the elimination of early child marriage and increasing the age of first marriage, establishing minimum age for school-entry and school-leaving, making registration of birth and birth certificates mandatory.

82. The discussion closed with the seminar endorsing the need of a multi-sectoral approach in confronting the problems of youth, drugs and health. All sections social, economic, medical, cultural, legal, educational and political as well as available resources, governmental, non-governmental, mass media, parents, community need to be pulled together in fighting the war against drugs and its concurrent health hazards.

Agenda Item 4: Youth, Drugs and Health: Interlinkages

83. In order to assess the inter-linkages between drugs and health as they affect Ethiopian youth, the agenda item was discussed in three separate groups under the theme (i) drugs and HIV/AIDS; (ii) drugs and reproductive health; and (iii) the health, social and economic consequences of drug abuse.

(i) As regards drugs and AIDS, it was reported that the numbers of youth afflicted with HIV/AIDS is increasing at an alarming rate and use of khat and alcohol abuse seems to be higher than other psychoactive substances like opiates and other drugs because of availability and capacity of Ethiopian abusers to buy and use these drugs. Psychoactive drug abuse affects primarily the young, at their most productive age group. Although HIV/AIDS is primarily transmitted by heterosexual contact and intravenous drug consumption is quite alien to the Ethiopian culture, however, data indicates, that use of khat in association with alcohol and other hard drugs potentiates sexual activity and that 10 to 20% drug users are HIV/AIDS cases. It was thus recommended that (i) education, on ill effect of drug use in relation to HIV/AIDS transmission should be infused in school curricula in formal and non formal education and it should also be propagated through the mass media, religion institutions, public figures, political leaders etc; (ii) strengthening of the legal control system and overseeing its effective implementation; (iii) mobilization of community groups to fight against drug abuse and HIV/AIDS transmission; and (iv) strengthening the existing recreational centres and establishing new ones to divert youth attention from drug abuse.

(ii) On the issue of reproductive health it was reported that early marriage in females; loose policies on the protection of youth; weakening of the structure of the family and its traditional role in controlling activities of adolescents; displacement of people due to socio-economic and political instability; unemployment; lack of social services targeted specifically to the adolescents such as medical, recreational and educational; and weak control mechanisms of drug trafficking and dispensing have resulted in increase in prostitution, multiple crime, rape, perversive sexual acts and unwanted pregnancies and its consequences of illicit abortion, infections, death. The group recommended that (i) the existing policies and penal codes on the protection of the nation at large should be strengthened; (ii) school teachers, health professionals, families and the communities at large need to get the appropriate education and information on drugs, reproductive health, family life; through formal and informal channels; and (iii) health services targeted to young people should be made accessible.
(iii) As regards the health, social and economic consequence of drug abuse it was reported that the international airport at Addis-Ababa links the country with African countries and other parts of the world, so that it creates a fertile ground for trafficking of psychoactive substances like heroin, cocaine, etc. Khat is a plant indigenous to Ethiopia, because of its economic value it is cultivated and produced in large scale in the Western, Eastern and South Eastern parts of Ethiopia and has replaced other important food crops; abuse of khat has serious health implications for the individual such as physical ill health (cardiovascular, pulmonary, gastrointestinal, malnutrition etc.) and mental illness (direct toxic e.g. psychosis, dementia drug abuse, withdrawal etc.). The abuse of khat has negative socio-economic consequences such as staying away from work, low production, diversion of income to substance abuse, antisocial behaviour (crime, thefts, forgery, violence, etc.), unemployment, family disruption and broken homes, economic cost for health and other social services. It was recommended that (i) trafficking of drugs should be controlled through training of law enforcement agencies, police, etc. (ii) develop awareness in the community at all levels through mass media, schools, churches, health workers, etc.; (iii) encourage research in the field of drug abuse to asses magnitude of the problem, kind of drug abuses, and other demographic characteristics; (iv) enactment and enforcement of strict law for abuser and traffickers of psychoactive substances; (v) reduction of supply of drugs by substituting cultivation of khat by other crops.

84. In the discussion that followed, the UNDCP representative informed the meeting that UNDCP's experience in the case of Latin America and Asia revealed that one needs to improve the infrastructure in the country before crop substitution can be successful as farmers must be able to sell their crops as well as earn a comparable income. In the case of Thailand it was observed that crop substitution was successful. In Latin America, however, it posed several problems as the cultivation of the cocoa leaf was highly profitable as against growing other cash crops.

85. With regard to laws and regulations, it was proposed that one needs to review the experiences of other countries particularly those pertaining to the production, distribution, consumption, and taxation of alcohol for their relevance and applicability to Ethiopia.

86. Whether khat should be banned or not, the response of the participants was mixed: several participants agreed that the situation was irreversible and that immediate action should be taken to place khat on the list of controlled drugs. Others were of the view that total elimination of khat was impossible and that slow and measured steps need to be taken. A third viewpoint that emerged was that education is the cheapest form of combatting this problem and action must be geared towards sensitising the concerned governments and the people at large. To this end, religious leaders, community groups, NGOs and others should be mobilised.

87. In this connection, one of the participants pointed out that the Government of Eritrea has banned the export/import of khat signifying the commitment and dedication of the Government in dealing with this problem.
88. Some felt strongly that further research was needed on the pharmacological contents of khat prior to taking any action with the Narcotic International Commission to ban its cultivation. There was need to include education on drugs in the school curriculum, particularly in regions like Dire Dawa, Harar, Bali, where chewing khat is engrained in the culture. Sensitising of governmental authorities was necessary through the convening of seminars at the national and regional levels. Sensitising the public and various professional groups such as health officers, educators, law enforcement services to the dangers of drugs was also essential.

89. Concerning research on Khat one of the participants informed the meeting that about six years ago research was undertaken about the effects of khat, its pharmacological contents and its social, political and economic implications by the University of Addis Ababa in collaboration with the University of Berne in Switzerland. The participant was of the view that there is enough information available on the hazards of khat and it is time to take appropriate action rather than waste limited resources on duplicating research. Even the UNDCP is also in the process of finalising a project for the assessment of the khat problem in Ethiopia.

90. The discussion concluded on the note that cautious but definite steps be taken to curb the escalating use of khat in Ethiopia; sensitising all concerned about the negative health, social and economic impact of khat must be the first step followed by measures to discourage initiation of drug use by the young, to treat and rehabilitate those already abusing khat and to encourage the cultivation of substitution crops by farmers who rely on khat production for their income. Involvement of political, community and religion leaders in all the efforts required to fight the problem is the key to success.

Agenda Item 5: Existing National Policies, Measures and the Role of the Various National Institutions and Agencies in:

A. Drug control activities (supply reduction)

91. Under this agenda item representatives of various ministries presented papers focusing on the policies and strategies being implemented by the various ministries regarding control, prevention, treatment and rehabilitation of youth. Mr. Fasil Tadese, Central Attorney General's Office, Ministry of Justice presented, document ECA/PHSD/SDU/SY/WD7, on "The role of penal sanctions and criminal justice systems as counter measures against drug abuse in Ethiopia." He pointed out that based on the international conventions and other related treaties, many countries have legislated penal sanctions and justice administration for the suppression of drug related problems. Some countries have created specialized bodies for dealing with the problem; while in others the basic sanctions are included in their penal codes. Some African countries have also passed special legislation on drugs, either in a single law or several laws dealing individually with various types of drugs.

92. He further stated that in Ethiopia, the basic penal regulations for drug related crimes are contained in the 1957 Penal Code, Article 510; which are inadequate because (i) the code does not punish those who possess drugs for personal use or consumption; (ii) no distinction is made on the penal sanctions according to the form of abasement; (iii) criminal
sanctions don’t vary on the basis of the type and quantity of drug produced or trafficked; and (iv) the sanctions are too lenient. He noted that equally important for the fight against drug offenses was an efficient criminal justice system, however, the criminal justice system which derives from the Penal Code regulations is also full of shortcomings.

93. In order to combat the escalating problem of drug trafficking, he stated that Ethiopia should improve its criminal legislation and develop a comprehensive legal system aimed at increasing the penalty according to the form of abasement; expand criminal responsibility for preparatory actions and attempted crimes; expand expediency laws of law enforcement officers to search and seize premises, vehicles and persons; and to create a national strategy for drugs.

94. In the final analysis, he noted that drug abuse is not absolutely a criminological phenomenon. The social and medical dimensions and above all the psycho-sociological problem of the drug addicts require adequate attention, hence efforts should be made to enhance the medical and social rehabilitation of addicts. Coordination among relevant agencies national-wide in the prevention, control and rehabilitation is essential.

95. Mr. Beyene Seiletsion, Head, Control of Narcotic Drugs and Psychotropic Substance Division, Pharmacy Department, Ministry of Health, introduced document ECA/PHSD/SDU/SY/WD10 on “Control Activities of Narcotic Drugs and Psychotropic Substances”. He noted that expansion and development of international transport and trade in modern times have effectively reduced distances between countries and hence plants and drugs that were formerly of local significance have become familiar and available in other parts of the world enabling drug trafficking to become one the most serious international crimes.

96. He further pointed out that the world wide control of drugs is based on the international treaties concluded between 1912 and 1988 with the aim of ensuring that the controlled drugs are used exclusively for medical and scientific purposes. Ethiopia is a party to the Single Convention on Narcotic Drugs, 1961 and the 1971 Convention on Psychotropic Substances. In accordance with the stipulations of the conventions, the Pharmacy Department of the Ministry of Health is the central body responsible for control measures to reduce the supply and demand for drugs exclusively for medical and scientific purposes.

97. Pursuant to the provision of treaties on Narcotic Drugs and Psychotropic Substances, the Ministry of Health established a Division for the Control of Narcotic Drugs and Psychotropic Substances under the Pharmacy Department. Accordingly, the division has been involved in the preparation and distribution of guidelines, regulations and reporting forms; preparation of serially numbered and accountable prescription pads for Narcotic drugs and Psychotropic substances; preparation of import authorization certificate to control the importation of the drugs; and organization of national committee to establish coordination between different law enforcement bodies and concerned Ministries. As regards forthcoming activities, he informed the seminar that the division will undertake an epidemiological survey to determine the nature, extent and magnitude of drug abuse patterns.
98. Ms. Mulu Aberaha of the Police Force Central Bureau, in her presentation on the "Role of the Police in Drug Control Activities in Ethiopia", document ECA/PHSD/SDU/SY/WD9, emphasised that society must be realistic in its assessment of the current drug problem. As the total elimination of drug abuse is unlikely, the best defense lies in the maintenance of a proper balance in the attack on the problems of supply and demand, prevention and control.

99. She noted that the police in Ethiopia has contributed a lot in the follow-up and control activities of hundreds of drug cases. Its activities include the control and destruction of illicit drug cultivation; following the operations of clandestine drug laboratories in order to prevent illicit drugs reaching the local market and users; control of illicit trafficking of precursor and essential chemicals used in drug manufacture. The police is also responsible for the detection, arrest and prosecution of persons who illegally use, sell, distribute or manufacture dangerous drugs. The Ethiopian police, she added, also works in cooperation with other national organizations engaged in drug control activities.

100. Ms. Mulu emphasized that trafficking in and abuse of cannabis, was on the increase, particularly amongst the youth. In 1990 the number of cannabis abuse cases recorded numbered 35; in 1993 the number of cases jumped to 140 and cases recorded in the first half of 1994 reveal an alarming 54. The amount of cannabis used shows a marked increase from a mere 316 grammes in 1990 to 11,305 grammes in the first six months of 1994. Heroin, morphine and cocaine too have made their appearance on the market and there is little doubt that drug abuse is one of the major causes of the increasing incidence of crime and the worsening of misery, violence, corruption and instability in the country.

101. She informed the seminar that a recently instituted data collection and reporting system has helped greatly in the understanding of the drug problem. The Ethiopian police also exchanges information on a regular basis with INTERPOL and other international bodies to help provide a global picture of drug abuse and trafficking patterns, and determine trends and routes. She emphasized that cooperation between organisations, national and international, is the most important factor in narcotic investigation. The setting up of an information network between regional and central police bureaus with linkages to treatment and rehabilitation centres, would help greatly in designing appropriate policies and strategies, and the formulation of an integrated and balanced approach to the problem.

102. She concluded by noting the necessity for the establishment of a specially trained narcotic squad, advanced training courses for police officers and improved facilities provided in police laboratories. Intensive efforts, should also be made by the police in combatting narcotic plantations and clandestine laboratories and in devising awareness programmes on the dangers of drug abuse and trafficking.

103. In the discussion that ensued, a general concern expressed by the participants was that the penal code that prescribes punishment to drug traffickers in Ethiopia is extremely obsolete and that most drug traffickers escape penalty because of leniency on one hand and ineffective enforcement on the other. For example, jurisdiction has been given to the lower court and drug trafficking is a bailable offense regardless of how serious the crime. Instead of facing criminal charges, all that is required of drug traffickers is to deposit the money. It was also...
reported that as a result of the leniency of the law, drug traffickers from across the globe prefer to be caught in Addis Ababa where the punishment is only three months of imprisonment than in Cairo where, the penalty of carrying drugs is death.

104. In the same vein it was reported that a similar situation prevails regarding pharmaceutical operations in the country. Although, according to the pharmacological law, no pharmacy or institution can import drugs without a valid permit or license and the legal implications for those who violate the law are suspension of one's license to practice including a fine between 300 to 600 birr maximum. Yet, illicit and contraband substances are entering the country from all over and in rural areas the situation is far worse. Drugs are often sold without any form or prescription. Moreover, when there is a prescription, the full dose is frequently not dispensed.

105. Other concerns raised by the participants included the following: what mechanisms could be evolved to prevent drugs crossing borders; how to prevent pharmacists from hoarding illicit contraband drugs and thirdly what steps has the Ministry of Health taken to disseminate information.

106. As regards to what the Ministry of Health has done, the representative of the Ministry informed the participants that four workshops had been conducted in Regions 14, 4/5, 6 and 12 to discuss the rational use of drugs. Participants included professionals, educators and police personnel. Furthermore, the Ministry of Justice in consultation with the UNDCP is in the process of revising the existing penal code and jurisdiction for drug traffickers has moved from the lower to the higher courts.

107. The general consensus of the seminar was that severe punishment and revision of penal sanctions, unless combined with prevention, rehabilitation, education and social integration programmes their impact will be minimal. The key to the problem is mass education and public awareness campaigns to effect a behavioral and attitudinal change amongst the people. It was also proposed that coordination between various agencies - police, justice, health, customs - is essential. Strengthening of the police force, customs regulations, control of clandestine laboratories and drug cultivation can also play a vital role in reducing the drug problem.

B. Prevention, Treatment and Rehabilitation of Youth Drug Abusers

108. Mr. Abraham G/Giorgis, senior expert in the Division for Control of Narcotic Drugs and Psychotropic Substances presented document ECA/PHSD/SDU/SY/WD8, on "The Role of the Ministry of Health in Drug Abuse Prevention". He informed the participants that drug abuse harms the individual's health, directly affects the community where the abuser lives (i.e. crimes, traffic accidents, violent aggressive behaviour, to obtain drugs) and indirectly influences the economic and social costs (i.e. health, police, prison services, etc.). Two approaches are mainly used to prevent these problems, namely, preventing the individual from trying or experiencing the drug, and intervening in the process which leads to the dysfunctional state of the drug user.
109. He further explained that there are different levels of prevention: primary prevention attempts to discourage the initiation of drug use through educational and information methods; secondary prevention discourages the escalation of drug consumption by occasional or experimental users by counselling and education; tertiary prevention provides treatment, rehabilitation and after care to help people stay off drugs, using methods of detoxification, clinical care, job training, rehabilitation and social reintegration. Planning and implementation of preventive programmes requires knowledge of the nature and extent of the problems of drug demand; the underlying psychosocial and cultural factors associated with the drug use; the availability and quality of health and social service programmes and educational facilities; the community's attitudes towards drug use; and other activities which are components of preventive programmes - law enforcement, treatment and rehabilitation activities.

110. He emphasized that a single approach can never do the full prevention job. The purpose is to combine selected approaches in the most powerful sequence possible. Moreover, well designed prevention programmes can be successful only if applied at an early stage, otherwise the country would need huge amounts of money, well established institutions, and qualified manpower.

111. In his presentation in the "Role of Ministry of Education in drug prevention", ECA/PHSD/SDU/SY/WD11, Mr. Sitotaw Yimam, Ministry of Education, noted that in Ethiopia, the drugs in common use particularly among the student population are cannabis, Khat, cigarettes and alcohol. Hard drugs such as heroin, cocaine and marijuana are not as widespread as in other countries. Moreover, multi-drug use is also prevalent among school and college going students who indulge in khat, tobacco and alcohol simultaneously.

112. He further stated that preventive measures have been established and encompass suspension and expulsion from school; guidance and counselling services; extra curricular activities, youth clubs where activities include art, drama, debating, anti-AIDS discussions and the like. The mass media, too, has been enlisted to enhance educational programmes for the entire population and a school health section has been set up in the Ministry of Education. However, the measures are inadequate and students have neither the opportunities nor the facilities to occupy their leisure time; and the fact that young people are the most vulnerable segment of the population makes them the most sought after by drug peddlers and dealers.

113. Mr. Yimam added that school curricula and teaching materials including educational journals and posters could be used to provide preventive instruction and suggested that the number of guidance counsellors should be increased. To be effective in the long run a good education system, should not limit itself to teaching students how to read and write; it must also teach them how to live.

114. Dr. Mesfin Araya, Psychiatrist, Amanuel Hospital presented, document ECA/PHSD/SDU/SY/WD12, entitled "Substance abuse disorders treatment". Drawing upon the cases encountered in Amanuel hospital as a result of drug abuse, he pointed out that substance use disorder has become one of the most widespread and serious public health problem of this century which affects countries everywhere, both developed and developing. He stressed that the combined and often synergistic effects of substance abuse and poverty
have proved to be a major impediment to socio-economic development contributing not only to the emergence of new health and social problems, but also to the institutionalization of old ones.

115. He emphasized that prevention of substance abuse, as well as reduction of its impact, is enhanced when effective treatment and rehabilitation programmes are made available and accessible to affected individuals and groups. However, the nature and level of sophistication of treatment services varies from country to country. In some countries, a complete specialist team includes psychiatrists, social workers and psychologists operating in a specialized facility and in others, this may not be possible. He furthermore mentioned that whatever the level of development of a particular country, there should be an attempt to provide at least some elements of both inpatient and outpatients care and to establish and/or strengthen treatment units.

116. He explained that it is not only giving treatment to the victim that is required from the therapist but efforts in improving social relationships; developing confidence in ability to change; identifying reasons to change; developing alternate activities; preventing relapse are also equally important in helping victims recover from substance abuse disorders. Finally he emphasized that treatment is a major component of a good prevention programme and it should not only involve health workers but all segments of society as well.

117. Introducing her document, ECA/PHSD/SDU/SY/WD13, on “Rehabilitation and Social Re-integration of Drug Abusers in Ethiopia”, Mrs. Mekdes G/Tensay briefed the participants on the concept of rehabilitation. She stated that rehabilitation is the restoration of a person to his/her former capacity, making a person aware of his potential and then providing him/her with the means of attaining that potential. Rehabilitation in the fields of psychology or sociology means social and psychological restoration of the individuals that have been affected by illness, conduct disorder, disability, addiction, etc. However, in its practical application, rehabilitation, is not only the services and techniques of functional restoration but also the organization of all the efforts, of all the people involved, as well as the end result of these efforts.

118. The process of rehabilitation, she stated, involves making assessments on the scope of the problem. As very often delinquency, conduct disorders, vagrancy criminal acts and drug addiction are often interrelated. It also involves understanding the prevailing causes of the problem as well as identification of the type of services, manpower facilities, activities, resources and budget required to rehabilitate the target group. Rehabilitation also requires psycho-therapy where the patient is assisted to cope with the psychological problems and guidance and counselling whereby the psychotherapist and the patient work out a solution to the problem.

119. Ms. Mekdes emphasized that isolating the offender in an institution and trying to change him is not a successful approach. For rehabilitation to be effective, it should be community based involving all relevant community organizations, parents, teachers and other members in the rehabilitation and planning process. Moreover, social skill training, group counselling and provision of recreational opportunities with the involvement of youth workers.
and intermediate treatment programmes should be supplemented along with rehabilitation programmes.

120. The representative of UNESCO informed the seminar of UNESCO's role in drug prevention. She noted that one of UNESCO's major missions is to promote new policies in support of sustainable human development with a strong emphasis on the prevention of social exclusion, migration, drug abuse, health problems particularly HIV/AIDS, in cities and rural zones. The seminar is of strategic importance to UNESCO since the problems of youth, drugs and health are of fundamental significance for the future and are related to UNESCO's fields of competence (education, science, culture, mass communication).

121. She underscored prevention as a prerequisite to solve the serious problems caused by contemporary social changes. The best way to do that is to assure access of youth to education specially for school dropouts and training programmes geared for employment. She further stressed that because the consequences of drug abuse are felt both nationally and internationally, emphasis should be placed on a shared determination. As real social development necessitates the active and democratic participation of all members of the society.

122. She further recalled that 1994 has been proclaimed as the International Year of the Family by the United Nations. This is a mark of the persistent efforts geared towards the protection of youth, drugs and health. The best way of strengthening the social fabric and the family is for us all to commit ourselves decisively to non-violence, tolerance and receptiveness to others.

123. In conclusion, the representative of UNESCO offered her organization's readiness to participate in the follow-up and implementation of the resolutions to be adopted by the seminar.

124. Following the presentations of the various papers on Agenda item five the participants made comments and observations. It was observed that under the penal code of Ethiopia it is prohibited to serve alcohol to anyone below 18 and if a person is found selling alcohol for that age group he/she can be prosecuted. Similarly, a person who is found to be disturbing others while under the influence of alcohol can be prosecuted. It was also observed that the majority of the community is not aware of existing laws and regulations concerning substance use and abuse and making the community aware of such laws and regulations is paramount to prevention programmes. Concerning the increase of drug abuse among the Ethiopian youth, it was pointed out that the socio-economic climate and the lack of alternative opportunities for the youth have encouraged involvement in drug abuse and illicit trafficking. It was stressed that to facilitate the measures that should be taken regarding drug abuse and illicit trafficking, the magnitude and the scope of the problem has to be studied before intervention measures can be designed.

126. Training of health workers on how to manage patients suffering from psychoactive substance problems at different levels of health institutions and revision of school curricula to include courses on drug abuse problems and their consequences need to be considered in
designing and planning rehabilitation programmes. In this connection, several participants noted that the Ministry of Education should not confine itself to simply teaching students how to read and write, but should instil in them the values of a more productive and richer life. Moreover, it is not the duty of a single entity to change the attitude and improve the teaching/learning process. The involvement of the community, particularly the parents and teachers was extremely crucial as parents and teachers constantly blamed each other. An attitudinal change has to be engendered to alter the present situation and to improve the moral and ethics of learning and teaching.

A participant questioned whether the Ministry of Labour and Social Affairs was involved in the treatment of drug abusers in Amanuel Hospital. It was explained that the Ministry was not involved in any of the rehabilitation activities being undertaken by the psychiatry hospital. However, with the establishment of the national committee and sub-committees composed of different ministries and agencies, it was emphasized, that the Ministry of Labour would play an active role in the treatment, rehabilitation and social reintegration of drug abusers.

C. The protection of youth health

Ms. W/o Mekdes from the Ministry of Health briefed the participants on the priority areas of the health policy of the Transitional Government of Ethiopia. She stated that the policy emphasizes information, education and communication programmes to enhance awareness and create a sense of responsibility on issues of health. Appropriate support will be given to the curative and rehabilitative components of health, including mental health; and special attention will also be given to the health needs of the family particularly women and children, pregnant women, those hitherto most neglected regions and segments of the population including the majority of the rural population, pastoralists, the urban poor and national minorities, victims of man-made and natural disasters.

Democratization and decentralization of the health service system; inter-sectoral collaboration in preventive activities aimed at the prevention of unwanted pregnancies, HIV, AIDS and other STDs; applied research in major health problems and health service systems, maximising the utilisation of information at all levels; updating the existing health laws as well as developing new rules and regulations to help in the implementation of the current policy; and financing the health services, administration and management, and provision of drug supplies and equipment are among the other areas that the policy will address.

Within the framework of the general health policy, other areas of intervention include promotion of attitudes and practices conducive to the strengthening of self-reliance; development of an equitable and acceptable health service that will be within the reach of all segments of the population; and the development of appropriate capacity building based on assessed needs. The speaker emphasized that the government will also promote and encourage the participation of the private sector and concerned NGOs in health care. In this regard, the Transitional Government of Ethiopia would like to collaborate with neighbouring countries, regional and international organizations to share information and experiences.
131. As regards the general population situation in the country and the population policy of the Transitional Government of Ethiopia, the representative from the UNFPA informed the seminar that the mid-year population of Ethiopia in 1994 is estimated at approximately 55.0 million and the country is the third most populous country in Africa next to Nigeria and Egypt. Available data indicate that the population increased fourfold between 1900 and 1988. In 1900 the total population was estimated at 11.9 million; it took 60 years for this to double to 23.6 million in 1960 and it took only 28 years for the population to double to 47.3 million in 1988. More importantly, the population below 15 years of age is estimated to be about 48% indicating a higher dependency ratio and which also means that every year more women are entering the reproductive group (responsible for the high growth rate).

132. The speaker further emphasized that currently the crude rate of natural increase is estimated at 3.1% a year and since there are no indications that the high fertility status of the Ethiopian population will change significantly within the foreseeable future, growth rates even higher than the present are to be expected during the rest of the present decade and well into the early decades of the 21st century. It is estimated that the country’s total population would be 100.8 million by the year 2010 and 138.9 by the 2020. If the current situation continues, he added, the attainment of important national goals such as food self-sufficiency, universal primary education, improved access to modern health care services, increasing labour productivity, creating more jobs and improvement in the status of women would be very difficult.

133. In order to solve this problem, the government of Ethiopia has launched a National Population Policy the highlights of which are to close the gap between high population growth and increasing economic returns; raising the status of women and improving the social and economic status of vulnerable groups such as youth.

134. In the discussion that followed the participants raised some questions and comments regarding the policies that are in force. A major concern expressed was that in light of the increase in population growth in many countries, what kind of measures are required to close the gap between population growth and low food production.

135. In response to this the participants were informed that UNFPA was encouraging the setting up of clinical services on family planning as well as counselling of youth in career development and employment opportunities through formal and informal modes of education. Teenage health centres geared specifically to reproductive health needs of the youth; increasing the age of marriage from 15 to 18 were among the measures being launched to reduce the population growth. As regards closing the gap, it was observed that there had to be a simultaneous increase of agricultural production for the gap between the two to close in any country.

136. Another concern expressed by several participants was that the people are knowledgeable about family planning concepts but resent to apply them. It was thus proposed that in order to ensure that people adopt family planning practices the implementation and enforcement of policy is important. It was also emphasized that strict laws should be enacted and education should be reoriented accordingly. Moreover, research findings and available data should also be utilized to design policies and programmes.
137. Citing the example of India, it was reported that initiating change is a slow process. The family planning programmes and population policies that were enforced by the government of India were met with a lot of resentment and opposition from the general population and it took several years to institute an attitudinal change in the population. Today, twenty years hence people are aware and more conscious of family planning.

138. Following the extensive presentations and subsequent discussion, participants divided into three working groups under the theme (i) Drug control activities (supply reduction); (ii) Prevention, treatment and rehabilitation of youth drug abusers; (iii) The protection of youth health.

(i) As regards drug control activities, it was reported that the existing penal code and pharmacy law is very weak; the concerned sectors for the control of drugs are not well organized and equipped; control activities are not properly implemented due to lack of coordination among different department/agencies and awareness of the problem; there are no appropriate equipment and instruments at the airport or forensic laboratories to test the samples of drugs; lack of controls regarding illegal domestic production, distribution, and cultivation of drugs; and lack of adequate budget and skilled manpower. The group recommended that (i) urgent attention should be paid to the revision and amendment of the existing legislation and regulation regarding drugs control in particular the 1972 protocol amending the single convention and the 1988 United Nations Convention Against Drug Trafficking in Narcotic Drugs and Psychotropic Substances; (ii) immediate implementation of Article 4.10 of the Ethiopian national Drug Policy (i.e. about the establishment of the National Co-ordinating Committee); (iii) train personnel who are involved in drug control activities and provide them with detection, searching and identification devices; (iv) create awareness among policy and law-makers regarding the magnitude, seriousness, severeness and urgency of drug abuse problems; and (v) impose regulations to limit the cultivation of khat and its use rather than banning it immediately.

(ii) In view of the importance of conducting prevention programmes at all levels, the group recommended (i) drug abuse education programmes should be included in the curricula of different levels of educational institutions and out-of-school youth should also get informed about the hazards of drugs through informal education. The Ministry of Education should take the responsibility in implementing this; (ii) public awareness campaigns should be conducted through the mass media and religious leaders, political figures, and other respected personalities should be involved as much as possible; (iii) recreational facilities for the youth should be established; (iv) regarding treatment of drug addicts, the group recommended the need for the establishment of a treatment, research and training centre at the Amanuel Hospital at a National Level; (v) requested UNDCP to open a unit in Addis Ababa to support the efforts of the country to curb the drug abuse and illicit trafficking problems and called upon the UN agencies such as UNESCO, UNFPA, UNICEF, ILO, ECA to collaborate in the protection of the youth from drugs.

(iii) In connection with protection of youth health the group reported that socio-economic factors such as poverty, migration, unemployment, disintegration of family unit, family displacement, lack of awareness on all aspects of health, inaccessibility of Health services, easy accessibility of psychoactive substances (khat, alcohol, cigarette), problem of illiteracy,
existing harmful traditional practices; ignorance of existing laws; and lack of inter-sectorial collaboration and coordination have aggravated the health problems of STDs/AIDS, pregnancy related problems (abortion, infection, abnormal disease, fistula) and problems related to substances of abuse. The group thus recommended that (i) Information, education and communication (IEC) programmes should be launched at all levels; (ii) a national committee should be established to strengthen the inter-sectoral coordination and collaboration efforts; (iii) youth centres/clubs for in and out of school youth should be set up that provide guidance and counselling on family planning services as well cater to need of youth for sports and physical activities; (iv) capacity of the already existing community health based services should be expanded and made accessible; and (v) existing laws on handling of harmful substances, age at first marriage, child bearing, rules and regulations in schools, policies concerning youth should be reinforced; and universal elementary education should be expanded.

Agenda Item 6: Tenth Anniversary of the International Youth Year: Focus on Youth Drugs and Health

139. Under this agenda item, the representative of ECA introduced document ECA/PHSD/SDU/SY/BD1, "Draft World Youth Programme of Action to the Year 2000 and Beyond". The ECA representative informed the participants that the objective of the agenda item was to bring to the attention of the seminar the Tenth anniversary of the International Youth Year in 1995, and seek concrete proposals on how best the conclusions of the seminar could be disseminated widely during the national celebration of IYY in Ethiopia. She briefed the participants that the United Nations General Assembly had designated 1985 as the International Year of Youth, through Resolutions 34/151 of December 1979 and 35/126 of 11 December 1980.

140. Within the framework for the preparation and commemoration of IYY, ECA, OAU and the United Nations Office in Vienna had convened a Regional Meeting on the International Youth Year in June 1983, in Addis Ababa, Ethiopia. The major outcome of the meeting was the African Regional Plan of Action on Youth. Some of the highlights of the Plan include youth and human resources development, health and the environment, culture, education and peace. The issue of drug abuse and control was not included in the Plan as the threat of drug trafficking and abuse and youth involvement had not been considered critical in the African region then.

141. She suggested that national commemoration of IYY could be undertaken in the context of other major international events taking place in 1995, such as the Forth World Conference on Women, the World Summit on Social Development as well as the 50th anniversary of the Charter of the United Nations. It could also be celebrated in the context of major days designated by the United Nations such as the World Health Day (7 April), International Day against Drug Abuse and illicit Trafficking (26 June) and World AIDS Day (1 December).

142. In closing the ECA representative informed the participants that the United Nations was in the process of refining the Draft of the World Programme of Action for Youth to the
Year 2000, which is based on suggestions from member States, NGOs, intergovernmental organizations and United Nations agencies. It will be submitted to the next sessions of ECOSOC and the United Nations General Assembly in 1995.

143. Following this, the OAU representative also informed the participants that IYY will be celebrated continental-wide. As part of the celebration, a regional conference on youth will be held in January 1995, to review the achievements and failures of the decade and work out future strategies for the effective participation of youth in Africa’s development process. The regional meeting will be jointly organized by OAU, ECA and the Panafncan Youth Movement.

144. In the discussion that followed, participants expressed concern as to how all these recommendations that have emerged from the seminar could be implemented by the concerned organizations. What kind of follow-up strategies should be followed and what is the role of ECA and other international agencies in this respect.

145. As regards how the conclusions and recommendations of the seminar could be effectively implemented at the national level, the participants suggested that the final report should be sent to the concerned policy makers drawing their attention to the need to implement the recommendations and conclusions. The recommendations and conclusions of the seminar should also be brought to the attention of the members of the Ad hoc Committee established under the Chairmanship of the Ministry of Health, for the follow-up of the production, Distribution and Use of Narcotics Drugs and Psychotropic Substances. Seminar participants should play an active role in bringing the relevant recommendations and conclusions to the attention of their ministries/ departments/agencies and other relevant authorities.

146. In order to create public awareness on drug abuse and its health hazards, the Ministry of Health will take the lead in organizing regional seminars involving various target populations such as youth, health personnel, teacher trainers, etc. In order to develop coordination, information exchange and to link together all the activities related to drug abuse, to mobilize resources and ensure their best use, the Ministry of Health will also initiate Regional ad hoc committees, similar to the inter-ministerial committee.

147. International agencies such as ECA, OAU, WHO, UNDCP, UNICEF, UNESCO as well as NGOs will undertake all possible measures to implement within their respective mandates the recommendations and conclusions of the seminar. The representative of UNDCP will submit the recommendations to UNDCP headquarters for implementation.

148. It was proposed that an evaluation seminar should be convened in the future to assess progress in the implementation and followup on the recommendations and conclusions.
ADOPTION OF THE REPORT

149. Participants of the seminar on youth, drugs and health prior to consideration of the draft report of the meeting proposed certain modalities on how the conclusions and recommendations of the seminar could be effectively implemented at the national level. Subsequently, the seminar participants with a few amendments and additions adopted the draft report and endorsed the proposals which appear in Section I of this report under "Conclusions and Recommendations", and authorized the secretariat to undertake the necessary editorial work before its finalization and publication.

CLOSURE OF THE MEETING

150. In closing the seminar, Dr. Mwambazi, WHO representative to Ethiopia made a brief statement. He expressed his deep appreciation for being associated with all those assembled at the seminar and congratulated the participants for a job well done. He noted that the seminar had provided an opportunity for sharing and exchanging of experience among a cross section of experts. He emphasized that the recommendations that have emerged as a result of the five day deliberations involving very highly productive, integrated group debates represent a consensus on very complex national issues. For Ethiopia, the UN agencies, NGOs and for each of one of us the report depicts a consolidated reference point that each one of us can identify with and play a major role in the implementation of its recommendations in our respective organizations. Finally, he thanked the UN ECA for their commendable initiatives in convening this seminar.

151. In her closing remarks, the ECA representative expressed her gratitude to the Transitional Government of Ethiopia and WHO for their generous support and excellent cooperation extended to ECA in convening this seminar. She thanked the Ministry of Health and their staff for having worked so closely with ECA during the organization and convening of this seminar. The active participation of UNDCP in particular as well as other UN agencies, the OAU, and participants was also acknowledged.
Seminar on Youth, Drugs and Health
(Africa Hall, Addis Ababa, 11-15 July 1994)

List of Participants in Alphabetical Order

EXPERTS

1. Mr. Adem Seid
   Education Expert
   Department of Physical
   Culture and Sports
   Ministry of Culture and Sports
   P.O. Box 3241
   Addis Ababa
   Tel. 15-34-93/12-88-08

2. Mr. Beyene Seiletsion
   Head, Control of Narcotic Drugs
   and Psychotropic Substances Division
   Ministry of Health
   P.O. Box 1234
   Addis Ababa
   Tel. 15-17-90

3. Mr. Gidey Amare
   Expert
   Drug Evaluation and Registration Division
   Ministry of Health
   P.O. Box 30547
   Addis Ababa
   Tel. 15-17-90

4. Mr. G/Giorgis Abraham
   Senior Expert on Drug Control
   Ministry of Health
   P.O. Box 1234
   Addis Ababa
   Tel. 15-17-90
5. Ms. Hiwot Mengistu  
   Head of Adolescent Unit  
   Ministry of Health  
   P.O. Box 1234  
   Addis Ababa  
   Tel. 15-55-42

6. Dr. Workneh Feleke  
   Teamleader  
   AIDS/STD Control Programme  
   Ministry of Health  
   P.O. Box 1234  
   Addis Ababa  
   Tel. 15-17-90

7. Mr. Teyib Abdulkadir Musa  
   Expert Drug Control  
   Ministry of Health  
   P.O. Box 50230  
   Addis Ababa  
   Tel. 15-17-90/20-11-70

8. Mr. Yohannes Jorge  
   Vice President  
   Ethiopian Pharmaceutical Association  
   Addis Ababa University  
   P.O. Box 2380  
   Addis Ababa  
   Tel. 51-12-11

9. Mr. Fasil Tadese  
   Deputy Assistant Attorney General  
   Ministry of Justice  
   P.O. Box 24965  
   Addis Ababa  
   Tel. 15-74-27
10. Mr. G/Michael Getaneh  
Legal Drafter  
Ministry of Justice  
P.O. Box 1370  
Addis Ababa  

Tel. 51-73-90

11. Sister Ehete Ketema  
Women's Affair Section  
Prevention and Rehabilitation Project for Street Children  
Ministry of Labour and Social Affairs  
P.O. Box 8996  
Addis Ababa  

Tel. 12-99-72

12. Mr. Kassaye Tikuye  
Expert  
Ministry of Labour and Social Affairs  
P.O. Box 2056  
Addis Ababa  

Tel. 15-61-71

13. Ms. Mekdes G/Tensay  
Research Expert  
Ministry of Labour and Social Affairs  
P.O. Box 4012  
Addis Ababa

14. Mr. Menbere Woldehiwot  
Head of Social Defence Unit  
Ministry of Labour and Social Affairs  
P.O. Box 2056  
Addis Ababa  

Tel. 51-52-75

15. Mr. Kassu Abdie  
Senior Expert in Biology and Chemistry  
Ministry of Education  
P.O. Box 1367, Addis Ababa  

Tel. 11-38-15
16. Mr. Setotaw Yimam  
Senior Expert, Co-curricular Programmes  
Ministry of Education  
P.O. Box 1367  
Addis Ababa  
Tel. 11-27-59

17. Mr. Yohannes Godanna  
Senior Expert  
Ministry of Education  
P.O. Box 1367  
Addis Ababa  
Tel. 13-45-41

18. Dr. Mesfin Araya  
Amanuel Hospital  
P.O. Box 1971  
Addis Ababa  
Tel. 13-45-41

19. Dr. Mitike Takel  
Amanuel Hospital  
P.O. Box 1971  
Addis Ababa  
Tel. 13-45-41

20. Dr. Yilma Yitayew  
Medical Doctor  
Amanuel Hospital  
P.O. Box 1971  
Addis Ababa  
Tel. 13-45-41

21. Dr. Yewondwossen Tadesse  
Ethiopian Medical Association  
P.O. Box 2179  
Addis Ababa  
Tel. 15-81-74
22. Ms. Yikanu Tewolde  
   Prime Ministers Office  
   Women’s Affairs Bureau  
   P.O. Box 314  
   Addis Ababa  
   Tel. 11-41-47

23. Mr. Wondemagegenehu Alemayehu  
   Journalist  
   Ethiopian Television  
   Ministry of Information  
   Addis Ababa  
   Tel. 12-34-82

24. Mr. Mesfin Assefa  
   Journalist  
   Voice of Ethiopia  
   Ministry of Information  
   Addis Ababa  
   Tel. 15-09-56

25. Mr. Shiferaw Belaineh  
   Customs Authority  
   Ministry of Finance  
   P.O. Box 3248  
   Addis Ababa  
   Tel. 51-80-00

26. Miss Mulu Aberha  
   Police Force Central Bureau  
   Ministry of Internal Affairs  
   P.O. Box 199  
   Addis Ababa  
   Tel. 15-73-64 or 15-04-84

27. Lt. Dereje Tefera  
   Asst. Head NCB-INTERPOL  
   Police Force Central Bureau  
   Ministry of Internal Affairs  
   P.O. Box 199  
   Addis Ababa  
   Tel. 15-73-64 or 15-04-84
28. Cap. Temesgen Tezazu  
Region 14 Police  
P.O. Box 5647  
Addis Ababa  
Tel. 11-77-79

29. Mr. Zeleke Shewarega  
Counter Drug Intelligence (CDI)  
Ministry of Internal Affairs  
P.O. Box 2744  
Addis Ababa  
Tel. 18-13-70

30. Mr. Zinabu Habtu  
Investigator  
Counter Drug Intelligence (CDI)  
Ministry of Internal Affairs  
P.O. Box 2744  
Addis Ababa

NONGOVERNMENTAL ORGANIZATIONS (NGOs)

31. Mr. Amakelw Cherkosie  
Forum on Street Children  
P.O. Box 40861  
Addis Ababa  
Tel. 65-26-69

32. Mr. Berhanu Atnafu  
Chief Pharmacist  
Ethiopian Red Cross Society  
P.O. Box 195  
Addis Ababa  
Tel. 51-93-38

33. Mr. Dawit Chernet  
Region 14 Youth for Peace Forum  
P.O. Box 6557  
Addis Ababa  
Tel. 51-16-17/51-32.20
34. Mr. Solomon Girma  
Region 14 Youth for Peace Forum  
P.O. Box 6557, Addis Ababa  
Tel. 51-16-17

35. Ms. Tewabetch Mengistu  
Head, Clinical Services Section  
Family Guidance Association of Ethiopia  
P.O. Box 5716, Addis Ababa  
Tel. 51-41-11

36. Mr. Fasil Nabeylul  
Co-ordinator  
Save Your Generation Anti AIDS Society  
P.O. Box 2385, Addis Ababa  
Tel. 51-45-64

37. Mr. Mulugeta Berhe  
Principal of the Remand Home  
P.O. Box 1677, Addis Ababa  
Tel. 51-63-67

38. Sr. Saba W/Gebriel  
Remand Home  
P.O. Box 102314, Addis Ababa  
Tel. 15-02-60 or 15-07-19

39. Sr. Wolansa Seyoum  
Hope Enterprises  
P.O. Box 30153, Addis Ababa  
Tel. 71-18-00

40. Mr. Zewde Tamrat  
Manager  
Organization for Social Services for Aids  
P.O. Box 2385  
Addis Ababa  
Tel. 51-45-64
41. Mr. Bjorn Franzén  
Adviser, NGO Development  
UNDCP  
P.O. Box 30218  
Nairobi, Kenya  

Tel. 22-66-02/22/87/76 Ext. 310  
Fax No. 215236

42. Ms. Brutawit Habte Selassie  
Programme Assistant  
UNDP  
Addis Ababa  

Tel. 51-51-77

43. Mr. Kimberlx Breuer  
UNDP  
c/o Canadian Embassy  
Addis Ababa  

Tel. 71-29-18

44. Ms., Meskerem Shiferaw  
Economist/Consultant  
UNDP/RLO  
Addis Ababa  

Tel. 51-59-19

45. Mr. Philomene Makolo  
UNDP Resident Representative  
P.O. Box 1370  
Addis Ababa  

Tel. 61-39-20

46. Dr. Eyob Tadesse  
Ob/Gynaecologist  
UNICEF  
P.O. Box 1169  
Addis Ababa  

Tel. 51-51-55
47. Dr. Hein Roma  
   Project Officer  
   P.O. Box 1169  
   UNICEF  
   Addis Ababa  
   Tel. 51-51-55  

48. Mr. George Ruigu  
   ILO/East African Multi-disciplinary  
   Advisory Team (EAMAT)  
   P.O. Box 2532  
   Addis Ababa  
   Tel. 51-73-20  

49. Mr. John H. Fisk  
   Chief Technical Advisor  
   ILO  
   P.O. Box  
   Addis Ababa  
   Tel. 51-72-20  

50. Mr. Mohamed Musa  
   Director  
   UNESCO  
   P.O. Box 1177  
   Addis Ababa  
   Tel. 51-39-53  

51. Ms. W. El-Fadli Neguede  
   Liaison Officer  
   UNESCO  
   P.O. Box 1177  
   Addis Ababa  
   Tel. 51-39-53
52. Mr. Layashi Yaker
United Nations Under-Secretary-General and
Executive Secretary of the
Economic Commission for Africa
P.O. Box 3001, Addis Ababa
Ethiopia
Tel (251)(1)51-72-00
Telex No. 21029 UNECA ET
Fax No. (251)(1)51-44-16

53. Mr. Anaclet Rwegayura
Chief
Inter Press Service
UNECA
P.O. Box 60159
Addis Ababa

54. Ms. Cecile Nkouelolo
Assistant Programme Management Officer
TACOO, UNECA
P.O. Box 3001, Addis Ababa

55. Mr. C. Grey-Johnson
Senior Regional Advisor
UNECA
P.O. Box 3001, Addis Ababa

56. Mrs. Daria A.P. Tesha
Chief
Social Development Unit
Public Administration, Human Resources
and Social Development Division
P.O. Box 3001
UNECA, Addis Ababa

57. Mr. Joseph B.M. Simelane
Public Administration, Human Resources
and Social Development Division
P.O. Box 3001
UNECA, Addis Ababa
58. Mrs. Meera Sethi  
Public Administration, Human Resources  
and Social Development Division  
P.O. Box 3001  
UNECA, Addis Ababa

59. Mr. P. Chiwona  
Public Administration, Human Resources  
and Social Development Division  
P.O. Box 3001  
UNECA, Addis Ababa

60. Ms. R. Bardouille  
Public Administration, Human Resources  
and Social Development Division  
UNECA  
P.O. Box 3001, Addis Ababa

61. Mr. Urbain Zadi  
Public Administration, Human Resources  
and Social Development Division  
UNECA  
P.O. Box 3001, Addis Ababa

62. Mr. Wilfred Asombang  
Public Administration, Human Resources  
and Social Development Division  
P.O. Box 3001  
UNECA, Addis Ababa

63. Ms. Phyllis Kotite  
Consultant, UNECA  
65, Boulevard Exelmans  
Paris, France
ORGANIZATION OF AFRICAN UNITY (OAU)

64. Mrs. Jennifer M. Kahurananga
   Chief of Section
   Youth, Children and Social Welfare
   Organization of African Unity (OAU)
   P.O. Box 3243
   Addis Ababa
   Tel. 51-77-00

65. Mr. Mamadou Diallo
    Pharmacist
    Organization of African Unity (OAU)
    P.O. Box 3243
    Addis Ababa
    Tel. 51-77-00

66. Dr. O.S. Khalib
    Head of Health Bureau
    Organization of African Unity (OAU)
    P.O. Box 3243
    Addis Ababa
    Tel. 51-77-00

67. Mrs. Sadequa Rahim
    Coordinator
    Youth, Children and Social Welfare Section
    Organization of African Unity (OAU)
    P.O. Box 3243
    Addis Ababa
    Tel. 51-77-00