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Research paper

An ethnographic exploration of drug markets in Kisumu, Kenya

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ABSTRACT

Background: Illegal drug markets are shaped by multiple forces, including local actors and broader economic, political, social, and criminal justice systems that intertwine to impact health and social wellbeing. Ethnographic analyses that interrogate multiple dimensions of drug markets may offer both applied and theoretical insights into drug use, particularly in developing nations where new markets and local patterns of use traditionally have not been well understood. This paper explores the emergent drug market in Kisumu, western Kenya, where our research team recently documented evidence of injection drug use.

Methods: Our exploratory study of injection drug use was conducted in Kisumu from 2013 to 2014. We draw on 151 surveys, 29 in-depth interviews, and 8 months of ethnographic fieldwork to describe the drug market from the perspective of injectors, focusing on their perceptions of the market and reports of drug use therein.

Results: Injectors described a dynamic market in which the availability of drugs and proliferation of injection drug use have taken on growing importance in Kisumu. In addition to reports of white and brown forms of heroin and concerns about drug adulteration in the market, we unexpectedly documented widespread perceptions of cocaine availability and injection in Kisumu. Examining price data and socio-pharmacological experiences of cocaine injection left us with unconfirmed evidence of its existence, but opened further possibilities about how the chaos of new drug markets and diffusion of injection-related beliefs and practices may lend insight into the sociopolitical context of western Kenya.

Conclusions: We suggest a need for expanded drug surveillance, education and programming responsive to local conditions, and further ethnographic inquiry into the social meanings of emergent drug markets in Kenya and across sub-Saharan Africa.

Introduction

Illegal drug markets are shaped by multiple forces, including local actors and broader economic, political, social, and criminal justice systems that intertwine to impact health and social wellbeing (Hoffer, Bobashev, & Morris, 2009). While the material dimensions of drug markets including drug availability, formulation, price, and purity create risk for health harms such as HIV, Hepatitis C, and fatal overdose (Ciccarone, 2005; Ciccarone & Bourgois, 2003; Koester, Glanz, & Barón, 2005), the social dimensions of drug markets also shape and reflect the broader cultural and sociopolitical contexts in which these markets operate (Fitzgerald, 2005). Ethnographic analyses that interrogate multiple dimensions of drug markets may offer both applied and theoretical insights into drug use, particularly in developing nations where emergent markets and local patterns of use traditionally have not been well understood.

Across sub-Saharan Africa, the legal trade of commodities has long flourished on well-established trade routes (Carrier & Klantschnig, 2012). In the 1970s and 1980s, economic crisis and structural adjustment programs negatively impacted livelihoods across the continent, and small scale drug trade began to open up as an alternative or in addition to the legal trade along these routes (Carrier & Klantschnig, 2012). International airport and sea links,

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weak law enforcement, corruption, expansion of telecommunication and global financing, and increased connectivity in global commerce networks have strengthened drug trafficking across sub-Saharan Africa over time (Needle, Kroeger, Belani, & Hegle, 2006). Since the 1980s and 1990s, trafficking of South American cocaine through West Africa and Asian heroin through East Africa has intensified to meet demand in European markets (Adelekan, 1996; Mbwambo et al., 2012). While early research pointed to such increasing trafficking patterns and indications of heroin and cocaine availability across the region, data have historically been limited on the extent and modes of local drug consumption (Adelekan, 1998; Adelekan & Stimson, 1997).

In East Africa, the recent proliferation of heroin markets represent an extension of historical economic and cultural ties between countries bordering the Indian Ocean (Beckerleg, Telfer, & Hundt, 2005). In major hub cities in Tanzania and Kenya, factors such as theft, courier payment in drugs, demand from tourists in coastal resort areas, and other forms of drug "spillover" have reportedly fomented local heroin markets (Beckerleg & Hundt, 2004a, 2004b; Beckerleg et al., 2005; McCurdy, Ross, Kilonzo, Leshabari, & Williams, 2006). In Kenya, "brown sugar" heroin emerged on the coast in the 1980s, reportedly supplied first through the Golden Triangle and later Pakistan (Beckerleg et al., 2005). In general, coarse brown heroin has good heat stability but is not water soluble unless acid is added, which complicates its preparation for injection (Ciccarone, 2009). As such, "brown sugar" was typically sniffed or chased (heated on foil and its vapors inhaled) or smoked in joints with cannabis as a "cocktail" (Beckerleg, 1995) and sometimes mixed with caffeine or mandrax, a barbiturate (Beckerleg, Telfer, & Sizi, 1996). However, the drug market shifted in the late 1990s when "brown sugar" heroin was replaced by "white crest" heroin, which users in Kenya believed to be from Thailand (Beckerleg et al., 2005). However, this new form of white powdered heroin originated in Afghanistan, and was so pure that it precipitated a shift to injecting in Kenyan and Tanzanian markets because it did not require complicated preparation or heating processes (Beckerleg et al., 2005; McCurdy & Maruyama, 2013; McCurdy et al., 2006; McCurdy, Williams, Kilonzo, Ross, & Leshabari, 2005). Indicators suggest that availability of heroin has remained unabated in the region: since 2009, seizures of heroin in East Africa increased almost 10-fold, potentially rendering this the largest trafficking hub for heroin in Africa (International Narcotics Control Board, 2014; UNODC, 2013a, 2013b). Although it is difficult to quantify, nearly 22 tons of heroin is reportedly smuggled through East Africa annually, including the estimated 2.5 tons of heroin currently consumed in local markets, worth $160 million (International Narcotics Control Board, 2014).

Indeed, a growing body of scholarship has documented that heroin injection is a significant health and social concern in East Africa (Beckerleg et al., 2005; Brodish et al., 2011; Deveau, Levine, & Beckerleg, 2006; Dewing, Pluddemann, Myers, & Parry, 2006; Guise, Dimova, Ndimbii, Clark, & Rhodes, 2015; Kurth et al., 2015; Matiko et al., 2014; McCurdy et al., 2006, 2005; Rhodes et al., 2015; Strathdee et al., 2010; Tun et al., 2015). Recognition of the high HIV prevalence among heroin injectors underscored efforts to launch East Africa's first harm reduction programs (Nyandindi et al., 2014), including establishing methadone clinics in Tanzania in 2010 (Lambdin et al., 2013; McCurdy, Kilonzo, Williams, & Kaaya, 2007). Starting in 2013, Nairobi and coastal locations in Kenya followed suit, gradually introducing needle exchange and methadone as part of a new public health approach to combat addiction (Guise, Tim, Ndimbii, & Ayon, 2015; NASCOP, 2013; Rhodes et al., 2015).

Within this context, in 2013 we partnered with Impact Research & Development Organization (IRDO), a Kenyan non-governmental organization (NGO), to conduct the first study of injection drug use in the western Nyanza region of Kenya. Little research has been undertaken outside larger cities and transport hubs in the region, despite indications that drug markets may be expanding into rural and developing areas (NASCOP, 2013). Nyanza's main city of Kisumu (population ~400,000) is currently undergoing rapid investment in infrastructure and new construction. Kisumu largely lacks the tourism economy found elsewhere in Kenya, but is better known for its large presence of foreign donors, NGOs, and health programs (Prince, 2013) and as a site of seminal HIV clinical trials (Baeten et al., 2012; Bailey et al., 2007). The Nyanza region has the highest HIV prevalence in Kenya, with prevalence in Kisumu County reaching 18.7% (NASCOP, 2014). Drug use in western Kenya is hidden, criminalized, and stigmatized, if acknowledged at all. There is only one drug treatment facility in Nyanza, located two hours from Kisumu and financially out of reach for much of the population.

When the current research began, IRDO had recently launched the first program in Kisumu for people who inject drugs, which uses peer educators to identify and recruit injectors for HIV testing and drug counseling. Our research partnership was designed to collect quantitative and qualitative data on injection drug use patterns and identify related health concerns in order to inform service provision. Although we approached this work anticipating to document the heroin injection that dominates public health discourse, our inductive research approach led us down an alternative path. The first day that the PI (JLS) set out with the NGO's peer educators to conduct street outreach, one told her about how injectors sometimes "take a nap after injecting cocaine." Both the mention of cocaine injection and its symptomology were a surprise, and further conversations in the field around cocaine were then systematically studied by the research team using a survey and in-depth qualitative interviews that asked about the drug market and multiple categories of injected drugs in Kisumu. Thus, our ethnographic study design enabled us to take a broad perspective of a heretofore unstudied drug market in sub-Saharan Africa.

This paper provides a descriptive analysis of Kisumu's drug market from the perspective of people who inject drugs, focusing on their perceptions of the market and reports of drug use therein. Specifically, we explore market characteristics, locally shared socio-pharmacological experiences of drug injection, and the motivations and social contexts of use that drive demand within a newly emerging market. While we suggest the possibility that drugs beyond heroin may be circulating in Kenya, a broader goal of our analysis is to theorize how the chaos of new drug markets might lend deeper insight into the sociopolitical context of western Kenya and similarly developing regions across the continent.

Methods

Data collection for our study occurred between July 2013 and July 2014. During this period, the PI undertook nearly 8 months of ethnographic fieldwork in Kisumu, including participant observation in daily NGO activities, visiting fieldsites with the peer educators, and holding informal interviews and conversations with injectors, which were recorded as daily fieldnotes. With the help of two Kenyan Research Assistants (one female and one male), the research team worked with peer educators to use targeted and snowball sampling to recruit study participants for surveys and in-depth qualitative interviews. Eligibility criteria included being at least 18 years old, reporting injecting drugs at least once in the prior month, and having physical evidence of injection. Eligible participants provided written consent for surveys and qualitative interviews conducted in English, Swahili, or Luo, based on participants' preference, and were reimbursed 300 Kenyan shillings (~U.S. $4) per interview. Protocols were approved by the