

**IMPACT OF
DEVELOPMENT ON THE
ALGERIAN EXPERIENCE
IN TREATMENT OF
NARCOTICS ADDICTS**

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ما زالت ظاهرة الإدمان و تعاطي المخدرات و ستظل زاوية مظلمة في فهم
العلاقات الاجتماعية بين الناس.....تبذل هنا محاولة للتعرف عن حالة التكفل بهذه
الظاهرة المعضلة من خلال ما أعدته السلطات العمومية من سياسات تنموية من
أجل حماية الصحة العقلية و الجسدية للمواطنين و المحافظة عليها و ضمان
الانسجام بين الناس.

هناك نوعان من العلاج، يتمثل أحدهما في الطب الحديث و ثانيها ذو طابع
روحي/تقليدي، إذ يتضمن كل واحد منها مستويات معيارية وقائية و قمعية.....
و تشير بعض دراسات الحالة إلى وجود علاقة قوية بين ظاهرة الإدمان على
المخدرات و التفكك الاجتماعي.

Abstract: The aim of this paper is to investigate the state-of-the Art of the facilities and processes in Algeria employed in treating extreme case of addiction within the larger framework of development planning and processes. There are several establishments in the country for this purpose. Their approach is a combination of the French and religious / traditional backgrounds; besides medical therapy. Observations and interviews suggest that the services offered are still below the national level of aspiration. Case studies show the link between addiction and social disintegration. Authorities seem to take these matters into consideration in planning and execution of development plans. An evaluation of the total approach is made in the conclusion section of the paper.

Key words: Narcotics, Narcomenia, and coercion, Stigmatization, Dependence.

Introduction: This paper focus on deployed joint-efforts undertaken by bureaucracy, health care authorities and parents to reduce narcotics addicts in Algeria. While drugs-take is worldwide phenomenon, its wide spreading in Algeria seems to characterize the last decade due to many interweaved reasons, but the geographic threshold of narcotics producers is the most striking cause. Thus, the disguised interplay of drug smuggling, soft state and terrorism has been generally accelerating narcotics demand with its consequences mainly "deviance" in the Algerian society. It is unworthy to number the causes of which are beyond the scope of this paper, but such impression throws lights on how the intoxicated body (biology) is functioning and the identity of the drug user(s) psychologically and sociologically) have become fabricated as a threat to social order over the last decade.

2- Historical Backgrounds: The historical framework of this paper was influenced by various historical mutations as well as modern medicine. To begin with, it is inspired by written literature on agrarian colonialism to Algeria in the last century and every tribal or regional rising against the French settlers was followed by widespread

confiscation of arable lands to produce cash crops such as viticulture, tobacco and cotton. By 1954, small magnates in viticulture and wine production (Alcohol) formed some fifty per cent of the annual trade receipts of economy (CLEGG.I, 1971; PP 29-30). This economic trend was maintained to early seventies when oil and gas revenues replaced wine exportation and viticulture was mostly destroyed for exogenous reasons more than endogenous ones. However, the seventies were characterized by material aspect of development within a general socialist – oriented structure.

The Arabs in French Algeria were subjected to unemployment and extreme poverty; Tabagisme (1) and alcoholism took place and the former veterans of Indochina wars brought to their villages opium seeds to be grown for personal use and was tolerated as "Hemp" (2) especially during the armed struggle 1954 – 1962. The F.L.N. wanted no less than independence and has issued its 24th communiqué of 1956, by which a clear-cut distinction between growing revolutionary social control and colonial authorities. Alcohol, tobacco, narcotics and procuring were banned and punishments may range, in the extreme case, from the threat of death or physical mutilation, through milder penalties such fines used as war efforts against the French, to the subtle controls of social disapproval and community ostracism. Apart from isolated smuggling attempts in the western borders in the 1960's and 1970's, Algeria inaugurated a period of almost quiescence, which lasted until mid 1980's.

One can discern the rising rate of drug users due to disappointing development performances, the growing numbers of desperation among youth in one hand, and the soft state on the other hand. These key causes make 1988 October events possible as a violent course for social change (Boukhobza, M, 1991: PP 26-27.). Thus, the theory and action to solve narcomenia through development processes necessitate more elaboration

3- The Arguments For Coercion – and against:

After we explored the exhaustion of history in this developing

country, particularly the loss of substance in the life of our country, which leads to weightless conditions implied by the subject matter defeating narcomenia. The security, customs forces and courts rapidly became the midwife to solve narcomenia by coercive measures and other institutions were relegated to a second order of the state administration such as psychiatric hospitals. The immediate effect of coercive measures was to contain narcotics in the sphere of smuggling. Faced with the existence of a "big expanding business", Algerian authorities estimate roughly drug users as many as 300 000 which means 1% of the total population; teenagers death toll reported 865 cases in 1999 alone. Various drugs intoxicated them.

The years between 1999 and 2000 saw a tendency towards rate rise consumption of narcotics. The confiscated figures show respectively 4880 Kegs in 1999 and 3600 Kegs for the 1st semester of year 2000.

The confiscated figures represent 1/10 of smuggled substances (4).

It is now time to look at some of the ways in which, almost from the beginning, the administration emprise was unable to contain and control narcomania. This period of intense drug consumption followed culminating in two social strata:

- A) Old dealers suffering from narcomenia.
- B) Youth.

One can distinguish between two separate discourses undertaken by youth to drug consumption substances emerged – whereas the rich youth which render them completely equal to old dealers, the poor background youth do not go far beyond this addiction but, they are engaged in cheap consuming substances such as: sniffed or inhaled glue which is very common and spreading fast among children and youth in the primary and secondary schools. Such practices within the general terms of narcomenia was thus, a purely child imitation (NINI, M.N, 1990. PP 45-57). The abandoned children living in the fringe of hyper – urbanized centers tend to use the glue and the "diluents"(5) as substitute to dear narcotics. If the administration emprise had partly succeeded in confiscating large quantities of narcotics, but they failed

to eradicate narcomenia. Although the bureaucracy emprise does not gave in to reduce demand; we can deduct that coercion is an alternative to corruption especially it plays also as an alternative to corruption in "Soft state", in which the administration of the law lacks impartiality and more often smugglers and narcotic dealers are well protected by a powerful person and functions as "mediator" for corruption.

In short, the dysfunctional of the super structures of the Algerian society to tackle poverty and low quality of life made drug take possible and narcomenia emerged as a societal serious problem.

Low knowledge about Algerian youth problems such as: Alienation, anxiety and violence are well shaped by cultural, familial and psychological characteristics (Boumendjel, S, 1990: PP 59-78). Therefore, Algerian youth is far from being at a state of super wetly complex at that stage of evolution.

4- Strategies to Reduce Addiction Demand:

The growing rate of narcotics addicts and the desperation for a better quality of life in Algeria only served to increase the fears of authorities and parents alike; that any adequate economic and social solutions would bring down the whole structure of the society. In response, the authorities took diverse courses to reduce substances demand, some have coercive nature, and others have therapeutic and educative purposes. Let us see these measures in some details.

a)According to Algerian penal code; the drug user is doomed to be guilty. The imprisonment period varies between 6 months to 2 years. Dealers and smugglers are subject to heavy sentences and fines. We can deduct, that although Algeria had ratified the Vienna convention of 1985; the lawmaker tries to prevent the way by which people suppress the lives of others and their own. In other words, the drug user is regarded as an offender to the law not as "victim" who is well stressed by the above mentioned Vienna convention. This coercive idea steams up from distinguishing between narcomenia as « sickness » or « guilt ».

The penal code adopts the second term that has a stigma attached to "victims" and those do not – for example, respectively macromenia and tuberculosis. In the former case, being ill clearly involves some imputation of moral irresponsibility, especially in the Algerian society where cult of Puritanism and youth are well established.

5- The Formation of the "Centre intermediaire de soins aux Toxicomanes".

In pré-independent Algeria, the French rulers had their own idea of what is normality, Algerians' notion about it give order to their daily experience, thus, the French inaugurated the psychiatric hospital in Blida 60 kms away from Algiers where Porot and Fanon (6) had their own conception of normality about the mental disorders caused by the French and their republic in order to "domesticate" Algerians.

Ian Clegg, one of the best-known sociologist expert in Algeria describes the after math war of indepenence as:

"Thus, at the moment of independence, Algeria was plunged into an almost economic, social and political dissolution. The war had resulted in some one million deaths leaving at least 400 000 orphans. Half a million refugees were returning from Tunisia and Morocco. Two million peasants were in regroupement camps, their villages, crops and livestock abandoned or destroyed –P44."

Almost, the same fate was reserved to Algerians in early 1991 up to year 2000 caused by the nightmare of civil war.

The post-independence era saw the creation of psychiatric hospitals at regional level to host children, women and men suffering from psychological diseases due to their presence, they witnessed horrors which are looked at them from an essentially medical point of view. However, the existing health care facilities are below the aspiration of distressed population. By the initiative of local authorities, psychiatrists and NGO's a new "Centre intermediaire de soins aux Toxicomanes" was inaugurated in June 24, 1999. This trend represents the mental illness emergence of the more scientific,

(Pseudo-scientific) westernized approach to reduce narcotics addictions and the institutionalization of mental illness. Rather than coercion, the authorities confined their efforts to comparable rights to drug addicts. In despite, of these development steps, the process of stigmatization (7) remains crystal clear in the attitudes of authorities and society in general towards narcomenia as "deviant behaviour" rather than "sickness".

Observations and interviews from the CIST in Annaba locality which functions as therapeutic community and rehabilitation programmes and provides doctors, and practitioners. In short, the CIST offers free services to narcotized community. Beside its therapeutic and educative duties, it is also engaged in information gathering and dissemination.

We have also to emphasize some of the odder aspect of drug addicts. One young man explains his problem as "an abandoned child", others speak of particular standing joke imposed by their teachers, elder brothers or humiliating interrogatoire by the police; other describes the panic after his divorce etc.

A few of whom we talked (18-35 years old) express cynism. We have to limit our selves to "externals" of their histories, leaving out the "tensions, conflicts, problems and semi-tragedies".

It is too early to assess a critical appraisal, the efficiency of the CIST at the local community.

6- Getting "Addicted»: Becoming Dependent:

Generally speaking, the modern medicine has its definition to narcomenia, parents and society have their own definition and regarded it as not meriting much attention, but it should be now taken with much seriousness.

In Algeria, there is a moderate institutional complex dealing with illness "Narcomenia" as "sickness" entails what psychologists have

called "infantilization", however, the sick person is no longer considered as an independent actor in society but as someone who is dependent upon the others mainly the family.

7- The Awareness of Narcomania as "Mental Illness".

A crucial question is how the situation of an individual who is in agony and about to die is defined by those around him as well as by himself. In the absence of an adequate health care facilities, more often parents experience "suspicious awareness". By this, we refer to a situation in which patient and his parents begin to suspect the inadequacy of modern medicine and low profile of a psychologist or social worker. Therefore, an attempt should be undertaken.

In the broadest sense, in a society dominated by spirituality (Islam), remains the last resort to escape death via traditional "Rokia". The term refers to cure narcomania through massive confrontation between spirituality arrangements and the search for recovery to his acute and agonizing question of human suffering. The religiously – oriented youth are immune by their obstinacy in resisting attempts to narcotics.

In short, western and traditional approaches are borderline experiences to defeat narcomania in the Algerian society and their combination is frequently commensurate.

8- The Lessons of Algeria:

The lessons to be drawn from the actual nature of narcotics demand in Algeria, and its relevance to defeat narcomania as a whole, were not widely discussed except in terms of sociological preoccupations. At this point, the Algerian experience must be reinserted into therapeutically and analytical processes with which the paper began. Doctors, their qualified personnel and practitioners are faced not just with specific problems of narcotics but with the continuing dilemma of human quality of life. To shield youth from all experiences that would be profoundly distressing, few recommendations are advanced:

- a) Institutionalisation of children and youth in everyday life, especially through the increasing significance of the family, schools, mosques and churches.
- b) Reinforcement of parental authority and their increasing influence on youth interaction in schools and various associative activities.
- c) Algerian society lacks communication at all levels which excludes youth from perfectionism and self-realization. (Geyer. F. 1994: PP 19-21). However, it should be taken as a form of normative integration.
- d) There exists a sharp cleavage between youth and most social institutions (Saghour, A. 1999: PP 411-412). Nevertheless, research projects should investigate, develop and evaluate a model for drug and violence prevention in fundamental and secondary schools.
- e) In the absence of crystal clear strategies to tackle youth problems in depth, we witnessed the revival of traditional forms of structural, functional and normative integration in the Algerian society.

Narcotics continue to be hailed as an alternative to escape low quality of life imposed on the poor, the weaker; unless an effective prevention strategy to destroy the dominance of that deadly commodity is well approached.

In short, it is perfectly valid for the ICCA/CIPAT officials to take into consideration these recommendations and dealt with as the consequence of unsuccessful efforts to achieve drug-eradication by legitimate means (development), which is out of reach in less-developed countries such Algeria.

CONCLUSION

There is a growing awareness of narcotics dependence and addiction is ruled illegal in Algeria. The increasing rate of drug-users has assigned new roles and the involvement of many social actors dealing

with Bureaucratical, pharmacological/biomedical aspects as well as psychological, spiritual and sociological characteristics and processes monitoring the use and abuse of narcotics.

The paper aims to undo and evaluate what we think we know about narcotics dependence in the Algerian society in one hand, sincere contribution to youth conditions that are free of both specious argument and ideological cant in the other hand. It brings an urgent moral vision to bear upon a dehumanization society, that makes the disintegration of the Algerian society may be inevitable.

NOTES

1. Tabagisme: French medical slang to mean tobacco dependence.
2. Hemp: the term applies to independent Marijuana growers for personal use only. For more details see: VANSTAPEL; M (1998) "Hemp": Pros and Cons". 14th International Congress of Sociology, Montreal (Quebec) Canada 27 July 01 August.
3. F.L.N: National Front for Liberation, the political wing of A.L.N. which is the military wing. The two bodies were closely related and became homogenous in both contents and ideology which characterized pre-and post-independence eras until the eighties when President Chadli Ben Jadid decreed the withdrawal of armed forces officers from the party memberships.
4. The scarcity of figures makes it difficult to look at the details of this epidemic predicament. The advanced figures are reliable for the bureaucracy machinery but tend to become indeterminate for independent studies.
5. Diluents: French term for an important concept, which means a synthetic petro-chemical dilution liquid used by marginal as cheap narcotic substance.
6. Dr Fanon resigned from Blida psychiatric hospital to protest against instrumental and expressive exploitation of Arabs by the French. He wrote to French resident minister in Algiers "The events in Algeria are the logical consequence of an abortive attempt to decerebralise a people". He identified himself with

Algerians and joined the F.L.N. in Tunis. A varied collection of extracts of sociology, which constantly refer to, the impacts of colonialism on the mind of Algerians see: Colonial war and mental disorder. For further discussion see:

Fanon, F: (1967) "The wretched of the Earth." Hammondsworth, Penguin

Fanon, F (1967) "Towards the African Revolution". Hammondsworth, Penguin.

By contrast, after a century of colonial rule, Porot exposed his pseudo-scientific findings about mental deficiency of Arabs in the 1st International Conference on Psychiatry held in Brussels, Belgium (1935). See: Ben Samaïl, B: (1991) "La psychiatrie d'Aujourd'hui: O.P.U. Alger

7. Stigmatization: The coercive approach stems from a more extensive study of the pre-world war two, Tannenbaum, F wrote: "There is a gradual shift from the definition of the specific acts as evil to the definition of the individual as evil, so all his acts come to be looked upon with suspicion"- in Crime and the Community, Columbia university Press. New York. 1938 P.17 Thus, S'CHEFF I, J developed this mainstream thought on stigmatization, see for example his contribution in Traub, S etals (1980) Theories of deviance." 2nd Edition, Peacock publishers ITASCA, I.LL.PP 261-277.

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