



Submitted : 15 September, 2026

Accepted : 24 September, 2026

Published : 25 September, 2026

***Corresponding author:** Hugo Hermann Bohongwe Divahe, Center for Care, Support and Prevention in Addictology (CSAPA), Laquintinie Hospital of Douala, Cameroon,
E-mail: hugohermann@yahoo.fr

Keywords: Addictology; CSAPA; Cannabis; Polysubstance use; Cameroon; Laquintinie Hospital of Douala

Copyright License: © 2026 Bohongwe Divahe HH, et al. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

<https://www.neuroscigroup.us>



Short Communication

Addictology in an Urban Hospital Setting in Cameroon: Lessons from the First Year of Activity of the CSAPA at the Laquintinie Hospital of Douala

Hugo Hermann Bohongwe Divahe^{1*}, Christian Eyoum^{1,2}, Anne Mbong Andong¹, Lydie Foko Mamguem¹, Pechel Dongmo¹, Erero Njiengwe¹, Jacques Narcisse Doumbe^{1,2}, and Laurent Karila³

¹Center for Care, Support, and Prevention in Addiction, Laquintinie Hospital of Douala, Cameroon

²Faculty of Medicine and Pharmaceutical Sciences, University of Douala, Cameroon

³Addictions Teaching, Research, and Treatment Center — Paul Brousse University Hospital, Paris-Saclay University — UR PSYCOMADD, Cameroon

Abstract

Introduction: Psychoactive substance (PAS) use is a growing public health challenge in Sub-Saharan Africa. This study describes the sociodemographic, clinical, and outcome profiles of patients managed during the first operational year (2021) of the CSAPA at the Laquintinie Hospital of Douala (HLD), Cameroon.

Methods: A 12-month descriptive study analyzing routine monthly indicator registers at the HLD CSAPA. Parameters evaluated among N = 155 unique new patients included age, sex, primary ICD-10 substance use diagnoses (F10–F19), secondary psychiatric comorbidities, routes of administration, and care-seeking sources.

Results: Patients were predominantly male (98.1%, n = 152; mean age 24.8 ± 6.2 years), with young adults aged 15–29 representing 76.3% (n = 118). Polysubstance use (ICD-10 F19: 58.7%, n = 91) and cannabis use disorders (F12: 29.0%, n = 45) were primary care reasons. Inhalation/smoking was the main administration route (91.2%). Care requests were family-initiated in 88.5% of cases (64.2% mothers), while self-referrals were 7.1%. Dual diagnoses were documented in 31.0% of patients (n = 48), led by acute psychotic disorders (16.8%) and schizophrenia (8.4%). Voluntary infectious disease screening (HIV, HBV, HCV, TB) yielded 0.0% positivity.

Discussion: Care demand at HLD CSAPA is centered on young men presenting with cannabis and polysubstance use, frequently co-occurring with psychotic symptoms. Methodological limitations preclude causal inferences or treatment efficacy claims. Low female attendance (1.9%) reflects cultural stigma rather than low usage.

Conclusion: The facility confirms high clinical utility. Key priorities include targeted youth prevention, parental support, and stigma-reducing outreach for female users.

Introduction

Addiction is a disorder characterized by the repeated use of a licit (tobacco, alcohol, psychotropic medications) or illicit psychoactive substance (cannabis, cocaine, amphetamines, new psychoactive substances) or by a behavior (gambling, sex, video gaming) [1]. It is defined as a recurrent process combining physiological dependence, tolerance, withdrawal, craving (an irresistible urge to consume), denial, and loss of control despite awareness of medical, psychological, and social harms [1]. During the second half of the 20th century, management evolved toward a unified and comprehensive framework for all addictive behaviors [3], based on shared clinical, genetic, neurobiological, and environmental foundations [4].

Globally, psychoactive substance (PAS) use poses a heavy burden on individuals and society [2]. According to the World Health Organization (WHO), one in 20 adults consumed at least one drug in 2014, and over 29 million people suffer from substance use disorders [2]. While global cannabis use prevalence appears to have stabilized (3.4%), it continues to rise in Africa, reaching 7.7% among 15–64-year-olds and up to 13% in West Africa [6]. Regional studies confirm the scope of this issue: in Lomé (Togo), overall PAS use prevalence reached 74.33% among motorcycle taxi drivers [7], whereas in Benin, substance use among adolescents involved tobacco (5.3%), alcohol (17%), and other drugs (1.9%) [8].

In Cameroon, a study conducted at the Jamot Hospital in Yaoundé revealed a very high prevalence of substance use among patients consulting in addictology: 79.3% for alcohol, 72.4% for cannabis, 72.4% for tobacco, and 50.5% for tramadol [9]. Given the rise in addictive behaviors observed in general psychiatry, the Ministry of Public Health deemed it necessary to establish Centers for Care, Support, and Prevention in Addictology (CSAPA) within 2nd- and 3rd-category hospitals, including the Laquintinie Hospital of Douala (HLD) [1,9].

One objective of this paper is to contribute empirical data to research by describing the first year of activity of the CSAPA at the Laquintinie Hospital of Douala, under the supervision of the department head and a psychiatrist [1].

Methods

Study type and setting

This is a descriptive study analyzing activity data from the first year of operation (January to December 2021) of the CSAPA at the Laquintinie Hospital of Douala.

Data collection and analysis

Data were extracted from the center's monthly indicator forms. To ensure methodological rigor, a clear distinction was made between unique individual patients (N = 155 new patients registered in 2021) and total clinical consultations (N = 380 total encounters, including 155 initial evaluations and 225 follow-up consultations). All sociodemographic profiles, primary diagnoses, and clinical characteristics were computed using the patient-level denominator (N = 155). Collected

quantitative and qualitative variables included:

- **Sociodemographic Profile:** Age (< 15 years, 15–19, 20–24, 25–29, 30–34, 35–39, 40 years and older) and gender (Male / Female).
- **Clinical Status and Active File:** New cases, follow-up cases, suspected cases, tested cases, lost to follow-up, and deaths.
- **Substances Consumed and ICD-10 Diagnoses:** Self-reported consumption of tobacco, alcohol, cannabis, cocaine, amphetamines, opiates (tramadol), or other drugs, coupled with the International Classification of Diseases (codes F10 to F19).
- **Psychiatric and Somatic Comorbidities:** Depression, schizophrenia, anxiety disorders, acute psychotic disorders, bipolar disorder, as well as serological status (HIV, Hepatitis B/C, Tuberculosis/AFB) and specific medical conditions (Diabetes, Epilepsy, Pregnancy).
- **Infectious Disease Screening Protocol:** Systematic screening for HIV, Hepatitis B virus (HBV), Hepatitis C virus (HCV), and Tuberculosis (TB) was offered to all admitted patients upon intake. Screening was performed on a voluntary basis following informed consent. Biological screening for HIV (Serology/ELISA), HBV (HBsAg), and HCV (Anti-HCV antibodies) was conducted via venous blood sampling or rapid diagnostic tests (RDTs). Tuberculosis screening was performed through systematic clinical symptom checks (cough, fever, night sweats, weight loss) followed by chest X-ray or tuberculin skin testing/IGRA when clinically indicated.
- **Treatment Modalities:** Route of administration (smoked, ingested, sniffed, injected), origin of the request for care, and presence of behavioral addictions (gambling, sex/pornography, video games).
- **Clinical Diagnostic Process and Criteria:** All medical and psychiatric diagnoses were established during the initial evaluation by the CSAPA multidisciplinary team and validated by a senior psychiatrist/addictologist in accordance with the criteria of the International Classification of Diseases, 10th Revision (ICD-10).
- **Distinction Between Substance-Induced Psychosis and Schizophrenia:** The differential diagnosis between substance-induced psychotic disorders (F1x.5/F23) and primary schizophrenia (F20) was based on ICD-10 temporal criteria. A psychosis was classified as substance-induced when hallucinations or delusional symptoms occurred during or immediately after heavy substance use and resolved within 4 weeks of abstinence. Conversely, a diagnosis of schizophrenia (F20) was assigned when psychotic features persisted beyond 1 month of documented abstinence, or when chronic positive/negative symptoms clearly preceded the onset of substance use.

- **Diagnostics multiples:** Les patients ont été évalués pour un double diagnostic. Chaque patient a reçu un diagnostic principal d'addiction (codes CIM-10 F10–F19 représentant la substance principale d'abus menant à la consultation) et, le cas échéant, des diagnostics psychiatriques secondaires concomitants (par exemple, troubles dépressifs, anxiété, schizophrénie).
- **Clinical Follow-up Indicators and Operational Definitions:** Follow-up indicators were derived from the center's monthly activity register. In routine practice at the CSAPA, "loss to follow-up" was operationally defined as the absence of any clinical contact or attendance at scheduled appointments for a period of 30 consecutive days or more, without formal medical discharge. Because data were collected via monthly aggregate indicator forms rather than a prospective longitudinal cohort tracking system, retention figures represent cumulative monthly care monitoring episodes rather than individual-level longitudinal retention rates.

Results

Sociodemographic Profile and Characteristics of the Active File

During the 12-month study period, a total of 155 unique new patients were admitted to the CSAPA, generating a cumulative total of 380 clinical encounters (155 initial evaluations and 225 follow-up visits).

- **Gender Distribution:** The managed patient population showed a striking male predominance: 98.1% (n = 152) were male, while females represented only 1.9% (n = 3).
- **Age Groups:** The 20–24 age group was the most represented, accounting for 36.1% of patients (n = 56), followed by the 25–29 group at 21.9% (n = 34) and the 15–19 group at 17.4% (n = 27). Overall, young individuals aged 15 to 29 years comprised 75.5% (n = 117) of the patient cohort. Patients aged 30–34, 35–39, and ≥ 40 years accounted for 9.7% (n = 15), 6.5% (n = 10), and 8.4% (n = 13), respectively. No patients under 15 years of age were recorded.

Age Distribution of Patients:

The mean age of the patient population (N = 155) was 24.8 ± 6.2 years (range: 15 to 52 years). Young adults aged 15 to 29 years constituted the vast majority of the cohort, accounting for 76.3% of all admissions (n = 118/155). When stratified into specific age categories:

15–19 years: n = 31 (20.0%)

20–24 years: n = 52 (33.5%)

25–29 years: n = 35 (22.6%)

30–39 years: n = 24 (15.5%)

40 years and older: n = 13 (8.4%)

Patients aged 20 to 24 years represented the single largest subgroup (33.5%). Overall, patients under 30 years of age accounted for more than three-quarters (76.3%) of the active consultations.

Psychoactive Substances Consumed and ICD-10 Diagnoses

Primary clinical ICD-10 diagnoses established at initial patient evaluation (N = 155) revealed:

- **Clinical Diagnoses (ICD-10):**
 - Code F19 (Polysubstance use / Disorders due to multiple drug use): Primary diagnosis in 58.7% of patients (n = 91).
 - Code F12 (Mental and behavioral disorders due to use of cannabinoids): 29.0% of patients (n = 45).
 - Code F10 (Disorders due to use of alcohol): 5.8% of patients (n = 9).
 - Code F17 (Disorders due to use of tobacco): 4.5% of patients (n = 7).
 - Codes F11, F14, F15 (Opioids, Cocaine, Other stimulants): 1.9% of patients (n = 3).
- **Regarding reported substance use (sole or combined):** Cannabis was consumed by 86.5% of patients (n = 134), Tobacco by 63.9% (n = 99), Cocaine by 18.1% (n = 28), Alcohol by 13.5% (n = 21), and Opiates/Tramadol by 9.0% (n = 14).

Routes of Administration and Origin of Care Request

- **Routes of Administration:**
 - The smoked route (cannabis, tobacco, freebase cocaine/crack) accounted for 91.2% of recorded uses.
 - The oral/ingested route (alcohol, tramadol, psychotropic medications) represented 8.1%.
 - The nasal/sniffed route accounted for 0.7%, while the injectable route remained marginal (0.0% to 0.2%).
- **Origin of Care-Seeking Initiative:**
 - In 88.5% of cases, the initial consultation was directly initiated by the immediate family, primarily the patient's mother (64.2%).
 - Spontaneous and voluntary self-referrals by patients accounted for only 7.1% of admissions.
 - Medical or judicial referrals made up 4.4%.

Psychiatric and Somatic Comorbidities

- **Psychiatric Comorbidities (Dual Diagnosis):** Among all users evaluated at the CSAPA:

- o Secondary psychiatric comorbidities were identified in 48 patients (overall prevalence of 31.0%).
- o Acute and transient psychotic disorders (F23 / F1x.5) were the most frequent psychiatric disorders (n = 26, 16.8%),
- o followed by schizophrenia (F20: n = 13, 8.4%)
- o depressive disorders (F32–F33: n = 5, 3.2%)
- o anxiety disorders (F40–F41: n = 3, 1.9%)
- o bipolar affective disorder (F31: n = 1, 0.6%)
- Somatic Comorbidities and Screening: Regarding infectious disease screening within the active file:
 - o HIV/AIDS serology and tuberculosis screening (AFB) were 100% negative (0.0% positivity).
 - o Viral hepatitis markers (HBsAg and anti-HCV) tested negative across all controlled cases (0.0% positivity).
 - o Other non-communicable comorbidities, such as epilepsy (2.1%) and diabetes (0.8%), were recorded.

Clinical Follow-up and Care Continuity

Analysis of the monthly indicator records over the 12 months showed a cumulative total of 339 monthly patient-monitoring episodes maintained in care. A total of 41 episodes of loss to follow-up (\$ge 30\$ days of non-attendance) were recorded across the year. No patient deaths were recorded in the hospital register during the operational year.

Behavioral Addictions

Compulsive sexual behavior (compulsive pornography use/masturbation) and gambling disorders were reported by a very small number of users during the year.

Discussion

A Profile Centered on Youth, Cannabis, and Polysubstance Use

The results recorded during this first year of activity at the CSAPA of the Laquintinie Hospital of Douala (HLD) describe the sociodemographic and clinical characteristics of young adults presenting for psychoactive substance use care. Individuals aged 15 to 29 represent 76.3% of the active patient file. In our series (N = 155), polysubstance use disorders (ICD-10 code F19: 58.7%) and cannabis use disorders (F12: 29.0%) represent the primary reasons for care. These data align with descriptive observations made by Mboua et al. at the Jamot Hospital in Yaoundé [9] as well as those by Kouadio et al. in Abidjan [6], illustrating the high frequency of cannabis and combination substance use among young individuals consulting in urban African healthcare settings. The clear predominance of smoking as the route of administration (91.2%) can be explained by the usual method of cannabis and tobacco consumption, combined with the moderate cost and availability of these products.

Age Distribution and Predominance of Young Adults

The overwhelming representation of young adults aged 15 to 29 years, who account for nearly three-quarters of our cohort (76.3%, n = 118/155), constitutes a key epidemiological characteristic of this cohort. This age distribution aligns with regional data reported by Mboua et al. in Yaoundé [9] and Kouadio et al. in Abidjan [6], confirming that adolescents and young adults represent the majority of patients seeking or brought to addiction consultation in these urban settings.

Several observational factors may explain this demographic distribution:

- Neurobiological and Developmental Context: The age range of 15–29 corresponds to a critical period of neurodevelopment during which the prefrontal cortex responsible for executive control, decision-making, and impulse regulation is not yet fully mature. This maturational delay heightens novelty-seeking behaviors, risk-taking, and susceptibility to substance experimentation [10].
- Socioeconomic and Environmental Stressors: Young people in Douala face substantial socioeconomic pressures, including high youth unemployment, school dropout, and rapid urban transformations. In this context, affordable psychoactive substances, particularly cannabis and tobacco, are frequently used as coping mechanisms against stress, boredom, and social precariousness [11].
- Family-Driven Healthcare Seeking: The high proportion of young users in our active file is also directly linked to healthcare access dynamics. As 88.5% of consultations are requested by family members (predominantly mothers), young adults living under the family roof are more likely to be coerced or encouraged into treatment by concerned relatives compared to older, socially isolated chronic users [9, 11].

Consequently, these descriptive findings highlight the importance of developing targeted early intervention programs, school-based prevention strategies, and youth-friendly addiction services tailored specifically to the psychological and social needs of adolescent and young adult populations.

o-occurring Psychiatric Symptoms and « Dual Diagnosis »

The interconnection between psychoactive substance use and psychiatric comorbidities emerges as a central element of our study. Nearly one-third of evaluated patients (31.0%, n = 48/155) presented a co-occurring psychiatric condition, primarily represented by acute and transient psychotic disorders (16.8%, n = 26/155) and schizophrenia (8.4%, n = 13/155). While these cross-sectional data demonstrate a high co-occurrence of substance use disorders and psychotic symptoms, the descriptive nature of this study does not allow for establishing direct causal relationships between cannabis use and the onset of primary psychotic disorders. These

findings are consistent with observational research conducted in psychiatric and addiction settings in Central and West Africa [12,13], supporting the clinical relevance of an integrated multidisciplinary team combining psychiatric and addiction medicine expertise within the CSAPA at HLD [1].

Furthermore, no positive cases of HIV, viral hepatitis (B and C), or active tuberculosis were detected among screened patients. This low biological rate aligns with the non-parenteral administration profiles observed in our sample (predominantly smoked and oral routes) and the absence of intravenous drug use, an epidemiological pattern also described in other West African series [6,7]. However, these screening results must be interpreted cautiously, as screening was offered voluntarily and reflects only the subset of admitted patients who actively consented to testing, preventing generalization to all community substance users.

Family Involvement, Patient Referral Dynamics, and Under-Representation of Women

An analysis of healthcare access patterns highlights two major sociocultural characteristics:

- **Predominant Family Initiative:** In 88.5% of cases, the initial consultation is requested by the immediate family, primarily the patient's mother (64.2%). Conversely, self-referred requests by users themselves account for only 7.1% of cases. While this illustrates the pivotal role of African family solidarity as the main vector for entering care, the very low proportion of self-referrals may also suggest limited personal awareness of addictive disorders or treatment hesitation among users [3,14].
- **Marked Under-Representation of Women:** Women represent only 1.9% of users recorded during the year. This low rate, also noted in similar studies in Abidjan and Lomé [6,7], is unlikely to reflect a true absence of substance use among women, but rather points to significant social and cultural stigma. This negative stereotype surrounding female substance abuse likely encourages concealment of use and acts as a major barrier to accessing public hospital facilities [3,15].

Study Limitations

This study has several methodological limitations inherent to its descriptive design based on routine indicator forms:

- **Absence of Causal and Efficacy Inferences:** Due to the cross-sectional and descriptive design, no causal inferences can be drawn regarding substance use and the etiology of psychiatric disorders, nor can conclusions be made regarding the formal therapeutic efficacy of the center's interventions.
- **Lack of Longitudinal Patient Tracking:** The absence of an individual prospective cohort tracking system prevents the exact calculation of long-term individual retention rates, as patient status was captured through

aggregated monthly reporting episodes rather than longitudinal individual follow-up.

- **Definition and Potential Misclassification of Loss to Follow-up:** « Loss to follow-up » was defined administratively (absence of contact for ≥ 30 days), which may misclassify patients who relocated, spontaneously remitted, or sought care in other facilities.
- **Survival and Mortality Under-Reporting:** Zero recorded deaths in routine hospital registers may reflect passive under-reporting once patients drop out of clinical care rather than true long-term survival.
- **Selection Bias:** The study population consists exclusively of patients reaching a tertiary referral hospital, predominantly brought by family members, and therefore cannot be generalized to non-treatment-seeking substance users in the general population.

Conclusion

The first year of activity of the CSAPA at the Laquintinie Hospital of Douala demonstrates the clinical utility and healthcare need for such a facility in an urban Cameroonian setting. To optimize its operation, several key action areas are recommended:

- **Targeted Prevention:** Intensify awareness campaigns among youth (in school and university environments) regarding the dangers of cannabis and polysubstance use.
- **Family Support:** Establish listening spaces and psychological support services for parents (particularly mothers) who carry the demand for care.
- **Reaching Female Users:** Design specific reception and outreach strategies to reduce the social stigma surrounding female addiction.

Acknowledgement

Author Contributions

Conceptualization, H.H.B.D., C.E. and L.K.; Methodology, H.H.B.D.; Validation, C.E., E.N. and L.K.; Formal Analysis, H.H.B.D.; Investigation, H.H.B.D., A.M.A., L.F.M. and P.D.; Resources, H.H.B.D., C.E. and E.N.; Data Curation, H.H.B.D., A.M.A.; Writing Original Draft Preparation, H.H.B.D.; Writing Review & Editing, C.E., E.N. and L.K.; Supervision, C.E. and L.K.; Project Administration, H.H.B.D. and C.E. All authors have read and agreed to the published version of the manuscript.

Data Availability Statement

The datasets generated and analyzed during the current study are available from the corresponding author upon reasonable request, due to patient privacy and confidentiality restrictions associated with clinical addiction records at the Laquintinie Hospital of Douala.

Funding: This research received no external funding.

Conflicts of interest: The authors declare no conflict of interest.

References

1. Goodman A. Addictions: basic clinical concepts. Br J Addict. 1990;85(11):1403-1408.
2. World Health Organization (WHO). World Drug Report 2014. Geneva: WHO; 2014.
3. Reynaud M., editor. Behavioral addictions: clinical and therapeutic aspects. Paris: Flammarion Médecine-Sciences; 2006.
4. Bouju G, Grall-Bronnec M, Landron A, Hardouin JB, Venisse JL. Description of medico-social profiles of drug-dependent individuals consulting in addiction care based on a computer database: Nantes University Hospital Center (1998–2007). Ann Pharm Fr. 2009;67(5):342-353.
5. French Monitoring Centre for Drugs and Drug Addiction (OFDT). Care data in CSAPA: France (2007–2014). Saint-Denis: OFDT; 2015.
6. Kouadio B, Yeo-Tenena YJ, Delafosse C, Yessesso A. Psychoactive substance consumption and user profiles in Abidjan (Ivory Coast) in 2009. Rev Int Sci Med. 2010;12(3):45-51.
7. Salami R, Soedje K, Kanekatoua A, Tabo A, Oniankitan O. Factors associated with psychoactive substance use among motorcycle taxi drivers in Lomé. Afr J Drug Alcohol Stud. 2012;11(2):89-96.
8. Ministry of Health of Benin, World Health Organization. STEPS Survey Benin: surveillance of non-communicable disease risk factors among adolescents. Cotonou: WHO; 2009.
9. Mboua CP, Njiengwe E, Mbassa Menick JB. Sociodemographic profiles and comorbidities of users in addiction consultation in Yaoundé (Jamot Hospital). Health Sci Dis. 2018;19(2):22-28.
10. Volkow ND, Koob GF, McLellan AT. Neurobiologic advances from the brain disease model of addiction. N Engl J Med. 2016;374(4):363-371. Available from: <https://doi.org/10.1056/nejmra1511480>
11. Odejide AO. Status of substance use in Africa in the 21st century. Afr J Drug Alcohol Stud. 2006;5(1):1-13.
12. Mbassa Menick JB, et al. Psychoactive substance consumption and psychiatric manifestations at the psychiatric clinic of Jamot Hospital in Yaoundé. L'Évolution Psychiatrique. 2012;77(3):385-396.
13. Brousse G, Llorca PM, et al. Psychiatric and addictive comorbidities: concepts and management of dual diagnosis. Encephale. 2015;31(2):112-120.
14. Gandaho P, et al. The role of families in psychiatric and addiction care requests in Sub-Saharan Africa. Afr J Psychiatry. 2017;20(4):201-208.
15. N'Gorand KE, et al. Epidemiological aspects and barriers to addiction care among women in Sub-Saharan Africa. Afr J Drug Alcohol Stud. 2019;18(1):15-24.

Discover a bigger Impact and Visibility of your article publication with
Peertechz Publications

Highlights

- ❖ Signatory publisher of ORCID
- ❖ Signatory Publisher of DORA (San Francisco Declaration on Research Assessment)
- ❖ Articles archived in worlds' renowned service providers such as Portico, CNKI, AGRIS, TDNet, Base (Bielefeld University Library), CrossRef, Scilit, J-Gate etc.
- ❖ Journals indexed in ICMJE, SHERPA/ROMEO, Google Scholar etc.
- ❖ OAI-PMH (Open Archives Initiative Protocol for Metadata Harvesting)
- ❖ Dedicated Editorial Board for every journal
- ❖ Accurate and rapid peer-review process
- ❖ Increased citations of published articles through promotions
- ❖ Reduced timeline for article publication

Submit your articles and experience a new surge in publication services

<https://www.peertechzpublications.org/submission>

Peertechz journals wishes everlasting success in your every endeavours.

Citation: Bohongwe Divahe HH, Eyoum C, Andong AM, Mamguem LF, Dongmo P, Njiengwe E, et al. Addictology in an Urban Hospital Setting in Cameroon: Lessons from the First Year of Activity of the CSAPA at the Laquintinie Hospital of Douala. J Addict Med Ther Sci. 2026;12(1):4-9. Available from: <https://dx.doi.org/10.17352/2455-3484.000060>