Communiqué


20 January, 2016 in Accra, Ghana

We, representatives of government ministries, law enforcement agencies, drug policy experts and civil society who participated in the Regional Consultation on Drug Policy Reform on “The Road to UNGASS” which was held in Ghana from 19-20 January 2016, which attracted 11 West African countries namely Benin, Burkina Faso, Cabo Verde, Cote D’Ivoire, Ghana, Guinea, Guinea-Bissau, Liberia, Nigeria, Senegal and Sierra Leone hereby make the following declaration with respect to drug policy reform in West Africa;

Reaffirming the Political Declaration and Plan of Action on International Cooperation, the Common African Position towards UNGASS, AU Plan of Action on Drug Control and the ECOWAS Regional Action Plan to address drug trafficking, production and consumption, and calling upon West Africa Member States to take the measures necessary to fully implement the actions set out therein, with the view to attaining, in timely manner their goals and targets.

Acknowledging the serious threat posed by drug trafficking and production to governance, peace and security stability and economic growth in West Africa, a region that has only recently emerged from decades of violent conflict;

Recognising the efforts made by Member States to comply with the provisions of the single Conventions on Narcotic Drug of 1961 as amended by the 1972 Protocol, the Convention on Psychotropic Substances of 1971, and the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988;

Acknowledging the threat of drug use to public health and social development in West Africa;

Mindful of the current drug policy that has fostered abuses of human rights of drug users, burdened the criminal justice system, deterioration of public health, proliferation of violence, spread of HIV, hepatitis, tuberculosis prevalence and taking priority away from effective treatment and rehabilitation for people who use drugs;

Acknowledging that narcotic drugs trafficking is a major problem that threatens security, social welfare, economic development and political stability in West Africa;

Welcoming the opportunity that the United Nations General Assembly Special Session (UNGASS) 2016 on the world drug problem provides the region to review its progress in the International Cooperation against the World Drug problem;

Recalling that the world drug problem remains a common and shared responsibility that requires effective and increased international cooperation;

We hereby recommend the following inputs towards the contribution of Member States to the outcome document of the UN General Assembly Special Session:

Drugs and Health

- Tackle drugs from public health perspective and not only as a national security and safety issues;
- Allocate more resources to facilitate treatment, interventions and facilities for drug users;
• Integrate harm reduction in national drug policies to complement demand and supply reduction;
• Institute harm reduction programmes and facilitate access to health care in prisons;
• Make available and accessible substitution treatments and risk reduction measures to drug users;
• Support and create an enabling environment for the private sector and CSOs to get involved in treatment, rehabilitation and recovery services;

Drugs and Crime

• Equip adequately the law enforcement agencies in border regions, port of entries and exits to respond effectively to drug trafficking within the region;
• Strengthen the law enforcement agencies technical capacities;
• Ensure balance and proportionality in both drug demand and supply policies and direct the punitive criminal sanction component of the policies to drug traffickers and suppliers;
• Ensure strict law enforcement for drug traffickers and particularly those who target minors;
• Promote collaboration within the region in order to increase the frequency of the identification and capture of major drug barons and cartels;

Drugs and Alternative Development

• Promote alternative livelihoods programmes for individuals, families and communities whose vulnerabilities makes them susceptible to engaging in illicit drug production;
• Explore the possibilities of the production of cannabis for pharmaceutical, cosmetologically and industrial purposes;

Policy and Legal Reforms

• Allocate adequate resources for institutions to undertake research and support evidence based drug policies;
• Promote public health and human rights perspective that is guided a drug policy in addition to criminal justice approach;
• Harmonize drug legislation within the West African sub region to deny drug traffickers a safe haven in West Africa;
• Promote and operationalise alternative measures to incarceration or non-custodial sentencing mechanisms for minor non-violent drug related offence in accordance to the international drug conventions.

Drug Use Education
• Promote evidence based programmes on Drug education, rehabilitation and treatment centres;

• Enhance Information, Education and Communication /Behavioural Change (IEC/BCC) actions to reduce drug consumption prevalence;

Essential Medicines for Palliative Care and Pain Relief

• Ensure the provision of opiates and other essential uncontrolled medicine for palliative care and pain relief as enshrined in WHO convention;

• Provide access and support for opiates and other essential and controlled medicines for palliative and pain relief as enshrined in the WHO convention;

Civil Society Engagement and Support

• Strengthen collaboration between civil society and government in the effort to address the risk associated with drug trafficking, consumption and production; and

• Support civil society organisations working in the field of prevention, treatment and recovery.

On behalf of 2016 conference delegates

This communique done in Accra this day 20th of January 2016.

Signed:

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Drug Policy Reform in West Africa - Adeolu Ogunrumbi

There is an urgent need to reform drug policy in West Africa, driven by the visible impact of drug trafficking on security, governance, health and human development. Drug trafficking through the region contributes substantially to the global illicit drug trade, especially with cocaine being shipped from Latin America to consuming markets in Europe and North America. The United Nations estimates the annual worth of cocaine that goes through the region to be $1.2 billion dollars, which greatly exceeds the national security budgets of many West African states combined. It also has a significant implication for the fragile economies in the region, especially now that many governments are faced with the challenge of dwindling revenues. West African countries need to reform their drug laws to prioritize investment where greater results can be achieved rather than continue to embrace the popular ‘war on drugs’ approach which has not yielded substantial results over many years.

The choice of West Africa as a transit route is based on many factors. Reinforcement of security along the traditional drug trafficking route through the Latin America and North America borders has forced drug cartels to seek locations of less resistance such as West Africa. Other known factors include porous borders, well-established local drug trafficking syndicates, weak governance system, corruption and geographic landscape that makes detection and security checks difficult. Beside cocaine trafficking, there are also reported cases of Afghan heroin being trafficked from Asian countries through West Africa.

West Africa in recent times has also witnessed the emergence of some illicit drugs being manufactured within the region and trafficked to other parts of the world. Besides cannabis, which is traditionally grown in all parts of the region, there are now several clandestine laboratories where methamphetamines are produced. Between 2011 and 2015, about 10 large methamphetamine laboratories have been discovered in Nigeria. It is also reported that West Africa produces up to 1.5 tonnes of the drug every year. This amount may be small compared to the amount of methamphetamines that is globally trafficked but it is a significant trend in a region that grew from zero production to that amount in less than five years.

What has been the impact of drug trafficking in West Africa?

Governance

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2 Mikael Wiggel and Maurice Romereo, 2013. Transatlantic Drug Trade, Europe Latin America and the need to strengthen anti-narcotics cooperation. Briefing paper, Finish Institute of International Affairs.
3 Kwesi Anning and John Pokoo, 2, Drug Trafficking and threat to national and regional security in West Africa. Briefing paper for the West Africa Commission on Drugs.
4 Liana Sun and Nicolas Cook. 2009. Illegal drug trade in Africa: Trends and US policy. Congressional research
Poor economic growth in Africa is strongly linked to poor governance which manifests through corruption, political instability, subversion of rule of law and weak institutions. In West Africa, drug trafficking gangs have taken advantage of the weak governance system and have further weakened it through corrupt practices. Drug networks have huge resources at their disposal, and can easily buy over state officials including the police, judiciary and elected officials to perpetrate their nefarious agenda and sometimes co-opt these state officials into their illicit business.

There have been cases of state officials being involved in the trafficking. In 2010, Guinea Bissau’s Air Force Chief of Staff, Ibraim Bubu Na Tchuto, were both placed on the US drug kingpin list, with the latter subsequently arrested in 2013 and extradited to the US. The coup of 2013 in Guinea Bissau which has been described as ‘Cocaine politics’ was also linked to attempts by the country’s military leaders to fight for control of the drug trade in the country. In January 2015, a Ghanaian socialite was also jailed for the smuggling of 12Kg of cocaine into Britain. Earlier reports had it that she was trafficking the drugs on behalf of high ranking government officials who facilitated her use of the VIP lounge reserved for high profile State officials at the Kotoka International Airport before boarding a British airways flight to Heathrow.

In the same vein, the economic crisis that began in West Africa in the early 1980s has facilitated the entry of drug cartels and mobilization of local collaborators. Over the last 30 years little has changed in terms of socio-economic status of most West African States. According to the UN classification report of 2015, 12 out of 16 West African countries are among the least developed nations of the world. So the socio-economic factors that are required to sustain drug trafficking are still very much present in the region.

The involvement of West African politicians in drug trafficking underscores many issues: the profitability of the venture, corruption, infiltration of government by criminal networks and their desire for control of power. All of these undermine the nascent democracies in West African states. This is connected to reasons why powerful drug traffickers in the region are rarely arrested or prosecuted. Rather, attention is usually focused on low-level offenders and drug users. In 2011, the Nigeria Drug Law Enforcement Agency arrested a political aspirant from Edo state at the Murtala Mohammed airport, Lagos with over 2Kg of cocaine while attempting to board a Lufthansa airline to Frankfurt. He later confessed to planning to use the proceed of the trade to fund his election campaign. There is also the case of a serving Nigeria

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10 The Voice. http://www.voice-online.co.uk/article/ghanaian-socialite-guilty-smuggling-coke-britain


Another area where drug trafficking has greatly impacted is health. Drug trafficking in West Africa has led to an increase in the availability, and consumption, of illicit drugs. In 2012, the UN office on Drugs

19 Benoit Gomis; Demystifying narcoterrorism. Policy brief. Global drug policy observatory, Swansea University. 2015https://www.swansea.ac.uk/media/Demistifying%20narco-terrorism%20FINAL.pdf
and Crime gave an estimate that 1.6m people in West and Central Africa use cocaine\textsuperscript{21}. In a similar report two years later, in 2015, the population of cannabis users in West and Central Africa was estimated to be three times higher than that of the global average\textsuperscript{22}. West Africa is characterized by an overwhelming use of cannabis when compared to other substances. Drug use comes with series of health challenges which put a lot of pressure on the public health system. The public health systems in many West African countries are very weak and the few available infrastructures are over stretched.

The recent Ebola outbreak in countries such as Liberia, Sierra Leone, Guinea, and other countries, further exposed the weak public health systems in the region and it took the support of international collaborators to curb the epidemic. The HIV/AIDS epidemic also remains a considerable challenge for the health systems across West African countries. Now drug use presents another burden that needs to be properly addressed. There is growing evidence of injecting drug practices in West Africa\textsuperscript{23}. Injecting drug use is a practice where an individual or groups of people use illicit drugs intravenously though the use of needles and syringes. This practice, especially the sharing of contaminated needles and syringes, greatly increases the transmission of HIV, hepatitis and other blood borne infections. For instance, a national behavioral surveillance survey conducted in Nigeria in 2010 reported HIV prevalence among people who inject drugs in the country to be 4.2 % and as high as 9.3% in the federal capital territory\textsuperscript{24}. This creates additional burden to the HIV/AIDS challenge in the country. Unfortunately, substance use disorders are still poorly managed in the region and treatment facilities and infrastructures are grossly inadequate\textsuperscript{25}. All these are happening because our policies are law enforcement oriented. The common first line of response to those who use drugs has been to arrest or punish the individual. Harm reduction programs are not in place except for in Senegal. The consequence of drug use may become too much for the region to bear if a public health oriented policy is not urgently adopted for drug control.

**What has been the Response So Far?**

The challenge of drug trafficking in West Africa has not been without a response, but the effectiveness of this response needs to be questioned. Most West African states are signatory to the three UN drug conventions (1961 UN Single convention on Narcotics Drugs, 1971 UN convention of Psychotropic substances, and 1988 UN Drug convention) and also have basic laws, some of which date as far back as 1930s focusing mostly on cannabis use and cultivation\textsuperscript{26}. Many of these laws have been reviewed in the past decades to include other illicit substances. However, these laws are best described as punitive or favoring use of repression to address the drug problem.

ECOWAS, as a regional body has developed several initiatives and made resolutions to address drug trafficking in the region. Some of these include the establishment of Inter-Governmental Action Group against Money Laundering in West Africa (GIABA) in 1999, an initiative that focuses on building the capacity of member states against money laundering activities. In 1998 ECOWAS issued a declaration

\textsuperscript{22} UNODC World Drug Report, 2015.
\textsuperscript{24} IBBSS report 2010. Federal Ministry of Health Nigeria.
\textsuperscript{25} Isidore Obot, Prevention, Treatment of drug dependency in West Africa being a briefing paper prepared for the West Africa Commission on Drugs.
\textsuperscript{26} Aning, Kwesi, organized crime in west Africa : Options for EU Engagement , 5-6. 2010.
titled “Community Flame Ceremony: The Fight Against Drugs” and in the same year a regional fund for financing drug control activities in West Africa was set up\textsuperscript{27}. In 1997, a resolution relating to drug abuse was adopted and eleven years later, there was ECOWAS ministerial conference on drug trafficking and control in Praia, Cape Verde with a political declaration tagged ‘Praia Plan of Action’ which directed the establishment of drug control and crime prevention division within the ECOWAS\textsuperscript{28}. Subsequently there have been developments of regional plans of action for drug control by ECOWAS. There was the 2008-2014 plan of action which was not implemented accordingly due to lack of funding commitment by member states. The plan has now been integrated into the 2016-2020 plan of action which is being funded by the European Union\textsuperscript{29}. However, the regional body has failed to make significant progress in leading the drug control response in West Africa, and will need to do more to mobilize member states to take the necessary steps to address these urgent problems.

The international community has also played a major role in the regional drug response. It can be said that the influence of international organizations in the region have so much shaped policy direction in many West Africa countries. Many Western countries have exported the ‘War on Drugs’, which favors repression and criminal justice system to address the illicit drug challenge in the region\textsuperscript{30}. Activities under this theme are usually well funded with a subtle intention of preventing illicit drugs from crossing the border into their own territory. This approach pays little attention to the other needed issues such as prevention, public health care and socio-economic development.

**What are the gaps in the responses so far?**

Crafting a common approach on drug policy in West Africa should be a principal focus for member states of ECOWAS, through the relevant law enforcement agencies. This includes the use of the criminal justice system to address both drug trafficking, production and consumption. The Nigeria drug law, for example, stipulates that ‘anyone who sells, buys, exposes or offers for sale or otherwise deals in or with the drugs popularly known as cocaine, LSD, heroin, or any similar drugs, shall be guilty of an offence and liable on conviction with a life imprisonment’ and for anyone who uses the illicit drugs shall be sentenced for an imprisonment term of not less than 15 years and not exceeding 25 years\textsuperscript{31}. This law is the same across the region, although with varying degree of sentencing.

The formulation of these laws has been based on a common assumption that harsher punishments will deter people from getting involved in either drug use or trade. Conversely, from all the available evidence, the use of repression has not reduced drug availability and consumption in the region. Consumption and domestic trade in drugs remains ‘alarming’\textsuperscript{32}. In many West African prisons, the high

\textsuperscript{27} Camino, K. International and Regional Responses to Drug Trafficking in West Africa. Background paper for West Africa commission on Drugs
\textsuperscript{28} Anin, Kwesi, International Organized Crime: The Africa experience- responses from regional organizations.
\textsuperscript{29} Presentation by ECOWAS representative at the West Africa regional consultation towards UNGASS, Accra, Ghana. 2016
\textsuperscript{31} NDLLEA Annual report, 2014. Offences under the under national drug law enforcement agency act, CAP N30 laws of the federation of Nigeria 2004. Pg 68
numbers of drug offenders are populated by drug users and not the traffickers. Drug users are arbitrarily arrested, tortured or locked up for months without access to justice. In the same light, law enforcement agencies have used the law as instrument to perpetrate human right violations and corruption. In its 2010 humans rights report on Ghana, the US Department of State highlighted how law enforcement officers use the threat of arrest to extort money from people who are falsely accused of dealing in drugs. This case is not peculiar to Ghana but can be witnessed across the region. Law enforcement still has a major role to play in addressing the drug problem in the region. Over-reliance on foreign donors has shaped policy direction and priority interventions in the region. Most of the foreign aid received in West Africa from international donors focuses more on interdiction efforts and the criminal justice system. The aim of these foreign interventions is to prevent drugs from crossing into Europe or North America. West African countries should consider negotiating a more holistic response to drug control with international partners, and request increased investment in drug-related health and socio-development issues.

Existing drug policies are not development oriented. Current efforts do not to take into account the socio-economic factors that are driving the drug trade, and drug consumption, in the region. A case in point is that of cannabis farmers whom the law enforcement agencies want to give up their livelihood activities without providing sustainable alternatives. It is important for policy makers to review the metrics for measuring our drug control effort along human development indices. With this, our approach will be people-centered and produce better results rather than wasting scarce resources to pursue an unachievable goal of a drug-free region.

**Conclusion and Recommendations**

There is an urgent need to review drug policies across West African countries. This is based on the fact that the current approach has failed to reduce drug trafficking and availability of drugs for consumption in the region. In view of this, it is important to treat drug use as a public health issue and not an issue for the criminal justice system. The local demand for drugs in the region should be of primary concern and this requires a public-health approach and not continuous criminalization of drug users. The arrest and imprisonment of drug users will continue to overburden the already overcrowded prison systems and this approach has been shown not to be effective in reforming the individuals. No country can arrest its way out of drug use. Instead, investment should be prioritized on evidence-based public education, treatment and rehabilitation of those dependent on drugs and implementation of harm reduction programs so as to prevent infectious diseases such as HIV and hepatitis. Also important is integration and implementation of socioeconomic development program into drug control strategy as an effective tool to prevent problematic drug use. Action is needed immediately if we are to avoid a new drug epidemic, and the corresponding health crisis, which may be too costly for West African societies to bear, especially among the youth population. West African countries should be quick to learn from the results of the lack of

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33 Publication by YouthRISE Nigeria, 2015. We are People: The unintended consequences of Nigeria Drug law on Health and Human rights of young people who use drugs.


effective drug policy reform in Eastern Europe and Central Asia that led to dual epidemic of drug use and HIV within a single decade.\textsuperscript{36}

**Strengthening and promotion of good governance in West Africa countries**

It is laudable that West African countries are now under democratic rule but this success can be eroded if governance structures are not further strengthened. Drug cartels have infiltrated the political system and there is a need to address governance challenges that allow corruption within the judiciary, law enforcement and security agencies. This should begin with a critical examination of how political parties and elections are funded. According to Antonio Costa, former executive director of United Nations Office on Drugs and Crime, “Drug cartels in West Africa buy more than real estate, banks and businesses. They buy elections, candidates and parties. In a word, they buy power”\textsuperscript{37}. There is also a need to build systems where political and public office holders can be made to account for their actions or inactions. A situation whereby a drug trafficker is arrested today and tomorrow he or she is walking freely after money has exchanged hands undermines good governance and is a threat to the entire society. West Africa cannot afford leaders who are sponsored into government by drug cartels as this will undoubtedly lead to failed states, and the current economic crisis may increase the vulnerability of some political figures to want to partake in the drug trade. ECOWAS and other relevant stakeholders in the region need to do more to improve good governance and strengthen public institutions in West Africa. In order to limit the interference by interested state parties, a regional court should be established by ECOWAS where high profile drug-related cases are prosecuted.

**Developing new metrics to measure drug control response**

West African countries need to develop new metrics for measuring their drug control response. It is now more evident that drug trafficking impacts many spheres of society. Limiting drug control success to seizures and arrests of drugs and/or traffickers fails to look at the issues in the right way. This puts enormous pressure on drug control agencies to arrest drug users and small scale peddlers just to make up the arrest quota and prove their activity.\textsuperscript{38} It is high time we decided to measure our drug control response with more robust indicators that include public healthcare responses, and relevant human development indices.

In conclusion, the challenges of drug trafficking in West Africa are enormous and impact on governance, security, public health, and development. The vulnerability of the region to drug trafficking is exacerbated by a host of factors that include its geographical location, porous borders, poor governance, poverty and a large networks of West African drug traffickers. The involvement of state officials in this highly lucrative business makes the issue even more complex to address. Another important point to stress is that West Africa is also not simply a transit route for drugs, but has become a region where drugs are also produced and consumed in significant quantities. Unfortunately, drug policies in many West African countries over recent years have focused predominantly on the use of repression, and often ignore the wider impact of

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\textsuperscript{38} YouthRISE Nigeria. 2015. We are people: the unintended consequences of Nigeria drug control policies on young people who use drugs.
drugs on critical sectors of the society such as health, governance and socio-economic development. Law enforcement efforts have focused too much on drug users and the small scale peddlers, and the ‘big’ traffickers are very rarely prosecuted. West African countries urgently need to reform their drug policies so that they can address current day realities. To do this, policymakers will need to adopt new policy directions.
Background/Context:

According to a 2013 report of the United Nations Office on Drugs and Crime (UNODC), while the use of traditional drugs, such as heroin and cocaine, seems to be declining in some parts of the world, the abuse of prescription drug and new psychoactive substance is growing. Africa is emerging as a target for the production and trafficking of illicit substances, making the continent more vulnerable to drugs, crime, as well as health and development related challenges. Cannabis remains the most widely used illicit substance in the continent. While its use has clearly declined among young people in Europe over the past decade, there has been a minor increase in the prevalence of cannabis users in Africa (180 million or 3.9 percent of the population age 15-64) as compared with previous estimates in 2009 (UNODC, 2013). A recent report of the UNODC revealed that little change has been seen with regard to the overall global situation in the production, use, and health consequences of illicit drugs (UNODC, 2015).

In West Africa, the high level of violent crimes is a potential for escalation in violence as a result of drug abused in this sub-region. Violence as a result of drug abuse, together with other violent crimes, can be detrimental to the overall well-being of society, as it undermines the basic tenets of citizens’ expectations as regards their safety and security of life. The link between alcohol/drugs and violent criminal behaviour is well documented, with alcohol/drug abusing behaviours connecting to crime in many ways. Crime is not only related to the possession or sale of illegal drugs, but also to drug related behavioural effects such as violence (National Institute on Drug Abuse, 2014). Alcohol/drug abuse has been implicated in offences directly related to drug abuse (Baillargeon, Giordano, Rich, Wu et al, 2009), or to lifestyles that predispose the drug abuser to engage in illegal activities (Binswanger, Stem, Deyo & Heagerty, 2007).
Drug and alcohol abuse is a global health and social problem with conditions and problems that vary locally (WHO, 1987). The use of psychoactive substances among adolescents and young adults has become a subject of public concern worldwide, partly because of its potential to contribute to unintentional and intentional injuries (Whichstrom & Hegna (2003); Daane (2003). The use of drugs and alcohol has impacts that extend across socioeconomic, cultural, religious and ethnic boundaries; and despite the efforts of the various Nigerian tiers of Government and the National Drug Law Enforcement Agency (NDLEA) to stem its tide in Nigeria, there has been a consistent rapid rise in the number of cases recorded in the country, especially among young adolescents (10 – 24 years) (Oyakhilome, 1990; NDLEA, 1992/93).

Nigeria was highlighted in 2009 by the United Nations Office on Drug and Crime (UNODC) as a high risk country among seven of the eight West African countries assessed as major crime areas. The risks identified range from drug control issues, where Nigeria serves as transit point for cocaine from Latin America, heroin from Asia and a major provider of cannabis which is locally cultivated to small arms, human trafficking, to ammunition and illicit goods such as counterfeit medication. To mitigate these risks, UNODC is implementing a large scale project funded by the European Union, entitled NGAV 16 “response to drugs and related organized crime in Nigeria”. The project is aimed at supporting the effort of Nigeria to combat the illicit production of drugs, trafficking and use— including psychotropic substances and counterfeit narcotics—, and also to curb related organized crime,

Substance use, abuse and dependence are more common in the criminal justice population than the general population. A study conducted at a maximum security prison in North Central Nigeria among inmates already convicted or awaiting trial, reported that 60% of the inmates had used alcohol and illegal drugs before their current offense; 37.3% of them were charged with armed robbery; while 28% were diagnosed with substance use disorder (Armiya’u, Obembe, Audu, & Afolaranmi, 2013). Similarly, a study of jail detainees demonstrated that two thirds of the population had been abusing drugs or were dependent on drugs before they are being detained. These findings are a major cause for concern as the issue is escalating rather than reducing, and might have negative consequences on the future of West Africa in general.

Investigations conducted in Ghana revealed the number of 50,000 drug abusers (Peacefmonline, 2014). It also showed that drug users existed in 275 administrative districts of the 10 regions in
Ghana. Out of the 50,000 people drug users in the country, 35,000 were students from junior/senior high schools and tertiary institutions, aged between 12 to 35 years. It was also pointed out that 70% of patients in psychiatric hospitals in Ghana were youths who abuse drugs (aged between 18 to 35 years). Similarly, in Liberia, the Liberia’s Drug Enforcement Agency (DEA) reported that following the fallout from the civil war, the wide spread use, production and trafficking of illicit drugs has deeply affected the population and prevents post war recovery efforts as well (IRIN, 2008). Taye of IRIN reported that “the bulk of people we arrest for drug abuse are ex-combatants […], when these guys take drugs, many of them also get involved in criminal activities. It is a huge challenge for us” (IRIN, 2008). The sole resident psychiatrist in Liberia opined that “the biggest community-based problem is substance abuse, which has permeated the country” (Cheng, 2009). Another study in Liberia among 800 students of secondary school found 51% of their sample population to be abusing drugs and alcohol (Harris, Levey, Borba, Gray, et al, 2012).

In neighboring Sierra Leone, drug abuse is prevalent in among youths, which is fuelled by the high rates of unemployment (all Africa, 2015). The high prevalence of violent crimes, including armed robbery, was attributed to misuse of drugs by the country’s youths according to Ismaila Samura during the launching of Development and Drug Policy Network in Sierra Leone (all Africa, 2015). Medical practitioners are concerned about the health consequences in the long term, which the country is poorly equipped to address. A mental health specialist in Sierra Leone reported that 80% of his patients, aged 10 to 35 years, are suffering from drug-induced psychotic disorders (Inter Press Service, 2016).

The problem is not unique to Sierra Leone as reported by Samura. It concerns the entire West African region, which is used as a transit point for drugs from Latin America to Western Europe. He further stated that cannabis sativa is cultivated in four regions of Sierra Leone (all Africa, 2015). In Senegal, like in other parts of West Africa and the world, cannabis is the commonest drug of abuse, due to its availability. A sharp raise has been reported in cannabis abuse, which is attributed to the availability of the drug, recreational use and unemployment among youths (Diarisso, & Goredema, 2014). However, cocaine and heroin that were previously considered the privilege of the rich are now used by young drug abusers and/or addicts in Dakar, mainly aged 12 to 29 years.
The study also revealed that crime in Dakar is strongly related to drug abuse. The data provided by the Senegalese penal correction services showed that drug related crime has reached an alarming level. In fact, most of the crimes recorded are either from drug abuse or trafficking offences, and include murder, assault, rape, verbal violence and disturbance of peace (Diarisso, & Goredema, 2014).

Drug and alcohol problems are chronic relapsing disorders that have many harmful and disabling effects, not only on the users, but also on their families and on society in general. For some patients, entry into treatment occurs at a time of withdrawal from drugs following the development of dependence. Individuals admitted to a rehabilitation service have often been using drugs and alcohol for many years and are frequently ill (UNODC, 2013). There is no universal agreement on the definition of “drug abuse”. For example, Edwards and Arif (1980) defined the concept as “the use of a drug which is viewed as posing a problem by the society concerned”.

Most societies do not usually disapprove of the abuse of drugs, which do not produce overt behavioural changes. The World Health Organization (2011) defined “substance abuse as the harmful and hazardous use of psychoactive substances, including alcohol and illicit drugs”. Psychoactive substance use can lead to dependence syndrome:

> a cluster of behavioral, cognitive, and physiological phenomena that develop after repeated substance use and that typically include a strong desire to take the drug, difficulties in controlling its use, persisting in its use despite harmful consequences, a higher priority given to drug use than other activities and obligation/increased tolerance, and sometimes a physical withdrawal state (WHO, 2011).

The World Health Organization defined violence as “the intentional or purposeful use of power or physical force against self, others or against community or group in an actual or threatened manner which could eventually result to psychological harm, injury, deprivation, death or maldevelopment…” (WHO 2002). Over 1.3 million people globally die each year as a result of violence in all its forms, accounting for 2.5% of global mortality (WHO, 2014). Violence is the fourth leading cause of death worldwide for people aged 15 to 44 years (WHO, 2014). Drug abuse is one of the principal causes of violence, especially when abusers are intoxicated or withdrawing from drugs. The presence of drug abuse in the West African region and the violence associated with the issue is a cause for concern. Drug related violence have consequences
ranging from fighting between rival drug dealing gangs to drug traffickers to the pharmacological effects of such drugs. This situation intimidates the highest levels of national government in countries involved (ECOWAS).

**Drugs, Crime and Violence:**

The relationship between drug use and crime is complex. Most crimes result from a variety of factors (personal, situational, cultural, and economic); hence when drug is a cause, it is more likely to be only one factor among many. In short, no evidence suggests that drug use alone inexorably leads to criminal activity. However, at most intense levels of drug use, drugs and crime are directly and highly correlated. Among crime-prone individuals, illegal drug use intensifies criminal activity. As illegal drug use increases in frequency and amount, so does criminal behaviour.

Persons who are criminally inclined tend to commit both a greater number and more serious crimes after they become dependent on drugs. As their drug use decreases, so does the number of crimes they commit. In addition, illicit drug use and criminal activity often occur simultaneously and are mutually reinforcing aspects of a deviant behaviour. The propensity for crime-prone, drug using persons to commit violent crimes might be expressed only after they cross the threshold from use to abuse or dependence. Hence the high number of armed robbery suspects (violent offenders) in a maximum security prison in north central Nigeria with alcohol/drug dependence and intoxicated at the time of their offense (Armiya'u, & Adole, 2015).

The manufacturing, distribution and possession of drugs such as marijuana, heroin and methamphetamine, or the misuse of prescription drugs are illegal and have the potential for abuse. Driving under the influence of alcohol and drugs is also illegal. However, as mentioned earlier, the relationship between drug use and crime is much more complicated. Crime and drug use both usually involve individuals with low self-control. Those willing to try drug are more impulsive and may turn to street crime because of addiction (Idaho State Police, 2010). Drug use does not create a criminal offender; however, it may intensify such actions. In addition, individuals who use drugs are less likely to have a legitimate occupation or the education necessary to find a good job (BRFSS, 2009 cited in Idaho State Police). Life style choices,
environmental factors as well as genetics are determinant factors for those who will abuse drugs as well as those who will commit crime (Idaho State Police, 2010).

**Link between substance misuse and violent behaviour**

The pharmacological properties of a drug can be of effect on an individual, particularly when taken at a high dose. It might inhibit and lead to impulsivity, aggression, abusiveness, argumentativeness, agitation and grandiosity in the abuser, which ultimately results in violent crimes. The link between illegal drugs and offending can also be explored further by focusing on criminal career (Makkai & Payne, 2003). Such a focus provides mechanism for organizing and structuring information, which describes patterns of offending over the life course of the offender (ibid.). In the United States, an analysis of criminal career found significant variation in criminal offending. Though, several researches in criminology have consistently showed that offenders tend to ‘mature out’ of crime. Similar effects were also noticed in drug use literature (Ibid.). There are obvious consequences for interventions that fail to take diversity into account. According to Chaiken and Chaiken (1984):

Faced with high crime rates, fiscal limitations, and a conservative political moment, public officials increasingly long for simple, encompassing policy that would permit them to deal quickly and effectively with criminals. Unfortunately, an important truth has almost disappeared during these developments: There are many kinds of criminals, and to fix on any single punitive solution to the problem of crime is simplistic, unjust and inefficient (p. 195).

Goldstein (1980) undertook a major work in theoretical model of drug and crime. He proposed three models linking drug use with violence. These include:

- The economically compulsive model where an individual commits the crime to fund an expensive drug habit: as reported by Goldstein (1985) “Violence generally results from some other factor in the social context in which the economic crime is perpetrated. Such factors include the perpetrator’s own nervousness, the victim’s reaction, weaponry (or lack of it) carried by either offender or victim, the intercession of bystander, and so on” (p. 257).
- The systemic model argues that the drug distribution system results in violence: drug distribution systems involve large sums of money. Distributors will have to provide their
own protection; due to the illegal nature of the market for obvious reasons, they cannot rely on the formal arms of the criminal justice system. In regulating the drug market, violence could occur. In the late 1980s, the crack cocaine market in the U.S. was surrounded by high levels of violence, which is a clear example of such an association between drug markets and violence.

- The psychopharmacological model which implies that individuals commit crimes due to short and long-term effects of the drugs themselves: several researchers have found high correlation between illegal drugs and violent crime: “research on the nexus of aggression and substance use has consistently found a complex relationship, mediated by personality and expectancy factors, situational factors and sociocultural factors that channel the arousal effects of substances into behaviour types which may or may not involve interpersonal aggression” (Fagan, 1990 p. 243). An extensive review of the literature, as reported by Fagan (1990), found “limited evidence that ingestion of substances is a direct, pharmacological cause of aggression” (p. 214).

**What prospects for West Africa?**

Africa is becoming more crowded; the continent's population density is projected to almost quadruple by 2100 (UNICEF, 2014). By 2050, there will be 80 persons per square kilometre, which is an increase from 39 per square kilometre in 2015. Out of the 10 most densely populated African countries that are mainly low-income countries, Nigeria, the Gambia and Togo were listed as 5th, 6th, and 9th respectively (UNICEF, 2014). West Africa accounts for 45% of Africa’s huge urbanisation—more Africans live in cities and towns than in rural areas. The urbanisation rate in even worrying some countries such as Gabon (in 2015, 87% of the country’s population lived in cities and towns). In West Africa, 53% of the population live below 1.25 USD per day; and 74% below 2USD per day. With population explosion and high fertility rate in West Africa, necessary measures need to be taken with regard to the increasing severity of the drug abuse problem, which is likely to increase crime, particularly violent crimes, due to the various negative effects of drugs on individuals.

West Africa is currently a transit area used by drug traffickers to smuggle large quantities of cocaine, heroin and other illicit drugs from South America and Europe, which has been attributed to political instability in the sub-region (UNODC, 2015). According to Aning and
Pokoo (2014), the West African sub-region is also a final destination of hard drugs not just a transit route. The authors also reported that drugs are trafficked into West Africa as a result of poverty, corruption, and porous borders, ethnic or informal networks. The association of drug users with behavioural challenges, including violence and aggression was highlighted in the 2012 World Drug Report. The rising levels of drug consumption in the West Africa poses a great threat as drugs might weaken human security in the sub-region (Wabala, 2013). In 2012, the Executive Director of the UNODC, Mr. Fedetov, expressed concern about rising drug and crime rates in West Africa. He, in fact, reported that 400kg of heroin and 30 tons of cocaine were trafficked through West Africa in 2011. Moreover, according to Skelton (2013), Methamphetamine laboratories were discovered in West Africa which has become an established source of the methamphetamine smuggled into East and South-East Asia via Southern Africa and Europe (UNODC, 2015). The Economic Community of West African countries (ECOWAS) acknowledged that drug trafficking is an enemy of the state and the rule of law and exists as a parallel power to the legal system, and that the Community is compelled to fight such a situation (ECOWAS 2009; UNSC, 2009; UNSC, 2012).

The West African region is facing an increase in drug abuse and lacks reliable epidemiological data and effective prevention and treatment programmes. For this reason, UNODC is working closely with ECOWAS in planning activities in the areas of drug abuse prevention, treatment of drug dependence, legislative development, forensics, and drug law enforcement in some ECOWAS member states (UNOD, 2016). The growing problem of drug abuse and violent crimes in West Africa needs to be addressed urgently. The issue will not go away on its own, and if left unattended, it will intensify and negatively impact the entire region. Moreover, drug abuse in the region is likely to increase, as drug supply and demand is well developed, and that social and class factors are gradually less relevant with respect to drug abuse, which will ultimately affect all spheres of society. Hence, the difficulty in identifying any specific subgroup as drug users. So far, the response of the various governments to drug problem has been fragmented and poorly funded, without coordination between proactive and reactive programmes.

As several studies have revealed that youths are the largest population abusing drugs, especially in the prison environment, urgent action needs to be taken. The abuse of drugs has
far-reaching effects in the progression and aspirations of youths, which determine how the individual can benefit from the available opportunities provided by the home, community and government. There is need for constructive activities and mentoring programs to provide a strong environment for youths and young adults to reject any form of drug abuse and provide benefits across a wide array of indicators, such as school performance and self esteem. These strategies should be central to efforts designed to reducing youths and young adults’ drug use because as they have proved effective in the past (Tierney, Jean, & Nancy, 1995). Researchers have noted that adolescence is a period when youths reject conventional and traditional authority figures in an effort to establish their own independence. During this period drug use may be a "default activity", especially when youths have few or no opportunities to assert their independence in a constructive manner (Tierney, Jean, & Nancy, 1995). There should be educational campaigns based on scientifically accurate information, thereby achieving educational goals and becoming more a credible force with the younger generation. Special financing should be provided by ECOWAS member states for reducing youths and young adults’ drug abuse, as the current war on drugs to save future generations from being hooked on drugs is tragically insufficient (McCaffery, 1998).

In addressing drug problems and violence, the main goal of any strategy is to reduce supply so as to diminish the demand of drugs. Therefore, to combat drug-related crime effectively, a multidimensional approach, requiring multi-professional assistance, should be the way forward. It is however worth mentioning that the use of law enforcement agents in reducing drug production and distribution has neither stopped nor slowed down the abuse of drugs. As such, a more robust approach should be employed, in which a close relationship is built among all parties involved in the control of drug trafficking, treatment of drug abusers, including law enforcement agents and researchers in the field. Each party or actor involved in the prevention of drug abuse, the focus should engage in collaboration based on individual and collective responsibilities, directly or indirectly

ECOWAS must give priority to illicit drugs and should have a master plan that will enable member states to summarize their national policies, define priorities and assign responsibilities, including drug abuse control measures as part of each member state’s social and economic development programme. There also is need for a coordinated approach
through community involvement in the formulation of drug control policy, as most of the people involved in the abuse of drug live within communities. They should be involved in the design and implementation of culturally acceptable and relevant community based prevention and education programmes. Community based organizations (CBO) need to be provided with human, financial, and technical resources in order to actualize this goal.

REFERENCES:


Inter Press Service. (2016). Unemployed youth turn to drugs. Available at: www.ipsnews.net/2013/01/unemployed_youth_turn_to_drugs/


Peacefmonline. (2014). 50,000 people abuse drugs in Ghana. Resulting in 70% mad cases. Available online at news.peacefmonline.com/pages/social/201411/221894.Php


Skelton, R. (2013). Methamphetamine laboratories found in West Africa as transit hub turns to producing. Available at:


UNODC. (2013). World Drug Report 2013. Available online at:


Drugs and infection risks: challenges and prospects for West Africa—the Senegalese Experience.

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I. Introduction

In its 2014 report launched in Dakar, the West African Commission on Drugs reports that West Africa has become a drug transit area and that drugs are a serious threat to both states and businesses.

Drugs heavily burden the criminal justice systems; they also constitute a security threat (financing of armed conflicts, trafficking of arms, crime and violence, etc.); a threat to social cohesion in countries and communities because of its close ties with organized crime; but also a threat to economic development (direct and indirect costs).

Though the most vulnerable and marginalized population groups are the most affected by the negative effects of drug abuse, communities suffer as a whole.

With nearly 16 million injection drug users (IDUs), contributing about 5 to 10% to new HIV infections in the world, let alone the multiple economic, health and security consequences mentioned above, it is not acceptable that we remain silent; such a stance kills more people than drugs themselves. There is a great danger in allowing new epidemic dynamics to develop in countries that are already deeply affected.

Now, what is the appropriate response to such drug use “pandemic” and the risks it engenders? What are the challenges and prospects of injection drug use (IDU) care and treatment?
To answer these questions, we will first review the international context of drug use and its consequences; then we will describe Senegal’s experience before concluding with existing opportunities and challenges with regard to the management of drug use-related issues.

II. INTERNATIONAL CONTEXT

II.1 Epidemiological Situation:

✓ 16 Million IDUs (11 to 21 million), of whom 3 million are living with HIV (0.8 to 6.6 million). China, the United States, Russia and Brazil account for 45% of the global IDU population.

✓ HIV and drug use are two epidemics that require a common strategy.
  - In fact, 5 to 10% of new HIV infections in the world (30% excluding Sub-Saharan Africa) are related to drug use, which is one of the main vectors of the HIV epidemic (documented in 158 countries).
  - For example, in Eastern Europe and Central Asia, 80% of PLHIV (people Living with HIV) cases are related to drug use.

1. Not quite a rosy picture

   ▪ Lack or absence of potential epidemic risk assessments due to dearth of behavioural and biological data in most countries.

   ▪ Very low service coverage: less than 5% according to the International Harm Reduction Association (IHRA)

   ▪ Global Political contradictions, marked by discrepancies between commitments and realities at country level:
     - Lack of political ownership: countries show strong commitment in AIDS forums and are silent during drug control forums, namely on the issue of Harm Reduction (HR) policy. Moreover, the term “Harm Reduction or Harm Minimization” adopted by the 2001 Declaration of Commitment on HIV, the 2006 Political declaration on HIV/AIDS, and by the UNAIDS
Programme Coordinating Board is disputed by the Commission on Narcotic Drugs (CND).

- Lack of financial ownership: not enough resources mobilized by governments and bilateral and multilateral partners as regards the extent and severity of the issue. A successful HR policy implementation at the country level requires solid, flexible and durable financing.

- Legal barriers to HR policies (Needle and Syringe programmes (NSP); opioid substitution therapy (OST), etc.): there are actually counterproductive laws and policies prohibiting needle and syringe exchange programmes and substitution treatments.
  - In many countries, the distribution of needles and syringes is an offense; and substitute opioids such as methadone and buprenorphine are classified as illegal drugs, although they are included in the WHO Model List of Essential Medicines.
  - The creation of an environment conducive the implementation of risk reduction strategies requires a well-coordinated reform of existing legal frameworks.

- Criminalization, social disapproval at community level, and the stigmatisation in health services they suffer drive IDUs to hiding and from accessing care services they need.

- Lack of provision and access to care services:
  - Absence of reference centres to meet the specific needs of IDUs
  - Lack of specific services to different groups (persons deprived of liberty or detainees; sex workers; men who have sex with men; street or displaced children; migrants, etc.)
  - Absence of specialized drug rehabilitation centres and relevant professional staff to facilitate the enforcement of mandatory treatments.
- Lack of access to biological diagnosis (viral load, genotyping, Good Manufacturing Practice (GMP), etc.), and especially the treatment of hepatitis C, which is out of reach for many countries.
- Lack of attention given to drugs other than those injected (such as amphetamine-type stimulants, crack etc.)

At the international level, since the 2001 Declaration of Commitment on HIV/AIDS (UN General Assembly Special Session/UNGASS), there has been significant progress, namely the creation in 2002 of the Reference Group to the United Nations on HIV and Injecting Drug Use; the production of guidance documents for policy development; and high impact dissemination of good practices, etc.

It is however important to acknowledge that there is political denial, also weak global coverage of HR activities, lack of country ownership, insufficient financial resources to meet the demands of national strategies, legal barriers as part of a purely repressive response and a social environment mainly characterized by criminalization, disapproval and stigmatization of drug users.

II.3 A Global Response:

As part of the global response, one can, among others, identify:

II.3.1 The creation of IHRA in 1996

IHRA is a charitable NGO that came out of England. It has been globally advocating harm reduction policies, especially within the United Nations system, namely through campaigns, publications and experts training around the world.

II.3.2 UN political statements on the issue
- UNGASS Declaration on Drug Demand Reduction (1998)
- UNGASS Declaration of Commitment on HIV/AIDS (2001)
- 2005 UNAIDS Policy Position Paper on HIV prevention scaling up: “Preventing HIV transmission through IDU by the establishment of an integrated and efficient global system”
- 2006 Political Declaration on HIV/AIDS
- UNAIDS Strategy 2011-2015: Getting to Zero
- 2011 Political Declaration on HIV/AIDS

**II.3.3 Creation in 2002 of the UN Reference Group on HIV and Drug Use**

It is an independent body composed of 24 experts from 20 countries (clinicians, researchers, epidemiologists, IDUs representatives of CDI. The group’s main objective is to provide technical advice to UNODC, WHO, the UNAIDS Secretariat and relevant partners.

**II.3.4 Publications on the issue**

  - Reduction of HIV transmission through OUTREACH;
  - PROVISION OF STERILE INJECTING EQUIPMENT to reduce HIV transmission;
  - Reduction of HIV transmission through DRUG DEPENDANCE TREATMENT;
  - ANTIRETROVIRAL THERAPY and Injecting Drug Users;
III. THE AFRICAN CONTEXT

III.1 Drug use is a true reality in Africa

Today, Africa is a privileged ground for heroin and cocaine trafficking:

- **Heroin from Asia transits to Europe and the United States via East Africa, Central Africa and West Africa.** Heroin use has been documented in Kenya, Mauritius, Mozambique, Tanzania, South Africa and Senegal.

- **Cocaine transits through West Africa.** It is delivered to Europe by sea, air and land, via land transport corridors. Cocaine use has been documented in Burkina Faso, Ghana, Nigeria, Senegal, Sierra Leone, Togo, Guinea, and Ivory Coast.

- **The use of stimulants or drugs** (often orally) is particularly common among taxi and truck drivers

III.2 The response in Africa

In the African context, the response against drug use is characterized by:

- Lack of documentation, particularly in West Africa where bio-behavioural studies are very rare;

- The largely misunderstood, ignored or underestimated character of drug use, which is usually due to political denial, even though UNODC has repeatedly warned against the growing influence of drug trafficking in Africa and its serious social, political, health and economic consequences.

- Generally taboo: it is no surprise that up until 2011, only five countries reported the presence of IDU on their territory (South Africa, Kenya, Mauritius, Tanzania and Senegal); and only 4 countries have incorporated a IDU component in their Strategic Plan for the Fight against HIV/AIDS (Kenya, Mauritius, Tanzania and Senegal).
- Response mainly based on repression, namely by criminalizing drug addiction; strong stigmatization of drug users; counterproductive drug legislation and policies.

- While National AIDS Programmes support IDU initiatives, countries’ drug enforcement bodies are static, even though they show commitment in global and regional forums.

- Lack of political ownership (non-inclusion drug users’ care services in most national AIDS strategic plans); and not enough financial resources (no substantial financial support to support large and sustainable actions that can have medium and long-term impacts).

Moreover, for most policymakers, the term risk reduction brings only silence and controversy. Why do drug control authorities are against risk reducing even though they don’t oppose the slogan “drug-free world,” especially when they have pledged their commitment to increase measures to reduce drug use risks through the political Declaration on HIV/AIDS adopted in 2006 (Preventing HIV and other Hepatitis B virus (HBV), Hepatitis C virus (HCV) infections; support for PLHIV, Tuberculosis (TB), Hepatitis B and C; decrease drug injections and drug use).

However, there has undeniably been a slight political upturn over the last three years.

**IV. NATIONAL CONTEXT**

Since 2008, a more suitable response to the issue of drug use has been promoted in Africa under the leadership of UNODC.

At national level, it is noteworthy to mention the medical care provided by mental health services, public outreach activities conducted by several civil society organizations and the Inter-Ministerial Committee on Drug Control (IMCDC).
The introduction of IDU care and treatment services as part of the fight against HIV/AIDS has been facilitated by the UDSEN (Drug users in Senegal) survey conducted in 2011 with support from the French Cooperation—namely the National AIDS and Hepatitis Research Agency (ANRS)—and the Global Fund Project from the National AIDS Control Council (SE/CNLS). The survey allowed the first biological and behavioural data collection in that particular group.

The national strategy combines:

- Promoting Senegal without Drugs (primary prevention designed to reduce drug use among the general population and in some very vulnerable target groups such as PDL (Persons Deprived of Liberty/detainees), Sex Workers, MSM (men who have sex with men), street children, youth in school and out of school).
- Secondary prevention of major risks among IDUs, including socio-medical support.
- And the promotion of a legal, ethical, socio-economic and political environment conducive to respect for human rights and the implementation of all IDU care and treatment services.

That approach takes into account all of the legislation against drug traffickers and is in strict compliance with the socio-cultural realities of the country.

The national strategy developed in response to IDUs’ specific epidemiological situation consists of nine (09) additional key interventions recommended by WHO and UNODC: it is a combination of actions designed to reduce drug use risks and a number of new infections among IDUs:

1. Information, education, communication/behaviour change communication (IEC-CCC) targeted at IDUs and their partners;
2. Needles and Syringes Programmes (NSP)
3. Opioid substitution therapy (OST) and other addiction treatments
4. Antiretroviral Therapy (ART)
5. Distribution of Condoms
6. Voluntary Counselling and Testing (VCT)
7. Diagnosis and Treatment of Sexually Transmitted Infections (STIs)
8. Prevention, Diagnosis and Treatment of Tuberculosis
9. Vaccination, diagnosis and treatment of viral hepatitis

The successful implementation of such a strategy requires a favourable environment that rests on:

- Greater ownership by political authorities (Government, Ministry of Interior / CILD, Ministry of Health, Ministry of Justice, Parliament, etc.), but also civil society organizations (NGOs working on drug issues, religious leaders);
- The removal of legal barriers to the implementation of the risk reduction strategy;
- Stakeholders’ capacity building to implement the programme’s various activities.

V. THE SENEGALESE EXPERIENCE

The HIV/AIDS epidemic in Senegal is of a concentrated type—in 2012, the prevalence was estimated at 0.5% (WHO source). The country is the first in West Africa to have measured the prevalence of HIV, HBV and HCV in the IDU population—in particular among heroin and/or cocaine users (ANRS 12243 Study)—and approved, in July 2013, a multisectoral national strategy against HIV and other comorbidities among injection drug users. The ANRS study was also coupled with an annual operating plan. Its main results showed that:

• The size of the population of IDUs in precarious conditions in the Dakar area was estimated at 1,324 people (95% CI: 1281-1367).
• The study’s population was predominantly male (n = 434, 86.4%) and the mean age was 42.1 years (SD 10.4).
• The month preceding the survey, 91.5% had used heroin; 63% cocaine (mostly as crack); 64% cannabis, 49% alcohol; and 29.8% benzodiazepines. Only heroin (72.5%) and cannabis (62.4%) were mainly consumed daily. 33.1% consumed alcohol every day.
• The prevalence of HIV and HCV in the IDU population were significantly higher than in the general population, with an HIV prevalence of 5.2% [95% CI (3.8-6.3)] and a prevalence of HCV (HCV Ab +) of 23.3% [95% CI (21.2-25.2)]; while it is only 1.4% [15] among blood donors and 1.6% [16] among PLHIV. The prevalence of HBV (HBs Ag +) was 7.9% [CI (α = 0.25)]: (0.052 to 0.111).
• The prevalence of HIV and HCV found in the survey sample (n = 507) were strongly associated with the mode of consumption of drugs and with gender as regards HIV. Current or past use of injection versus never injection: 9.4% vs. 2.5%; women versus men: 13% vs. 3%; and only the consumption pattern for HCV: current or past use of injection versus never injection 38.85% vs. 18%.
• Infection risk behaviours were common: 27.7% of IDUs had injected at least once a drug in their life (13.8% during the month of the survey); and 26.8% of them had sex in exchange for money or drugs, at least once in their life.

So, regardless of the mode of consumption, IDUs are a key population for the control HIV and HCV epidemics in Senegal.

Based on these findings, and with support from the ESTHER programme (Together in a hospital network of solidarity in care and treatment), the Senegalese authorities initiated, in October 2011 in Dakar, risk reduction activities led by a field team composed of social workers and peer mediators.
They focused on individual and group prevention activities, namely a needle exchange program, referrals for care and mortality monitoring.

Consequently, by December 31st, 2013, 565 IDUs were known to the field team, 18,619 syringes were distributed, of whom 58% recovered; 17,564 condoms were also distributed; 240 IDU consultations had been carried out at the Regional Centre for Research and Training in Clinical Treatment (CRCF), in Dakar, involving about 110 IDUs. This field work has also helped build strong trust and proximity relationships with IDUs. It also exposed IDUs inability to access basic medical care; their vulnerability to TB; and the alarming mortality rate they suffer (56 deaths reported between June 2011 and December 2013, of which 50% was injectors).

The Dakar Centre for Integrated Addiction Treatment (CEPIAD) is a unit of the psychiatric department of Fann Hospital. It is the product of a technical and financial mobilization carried out by several actors. (Global Fund; Initiative 5%; ESTHER; UNODC; UNAIDS etc...). The centre was inaugurated on December 1st, 2014.

CEPIAD main objective is to provide comprehensive outpatient care for dependents of psychoactive substances in a way that respects their human rights. The centre has also a mission of training and research at national and regional level.

CEPIAD has adopted a combined approach of risk reduction (including medical and psychological care) and activities that empower drug users (artistic expression, socio-professional reintegration, convivial activities and group self-support etc.), which allows drug users-centred comprehensive care.

Thus, CEPIAD main activities are opioid substitution therapy (OST) with methadone; addictologic, somatic and psychiatric support for addictions; HIV and viral hepatitis B and C counselling and testing; antiretroviral treatment; prevention and treatment of sexually transmitted infections and tuberculosis. Furthermore, a needle exchange program (NEP), the distribution of condoms,
and a Communication for Behaviour Change programme are carried out as part of the infectious risk reduction scheme, in fixed and advanced strategy (outreach team).

Since the beginning of operations in February 2015, and until December 2015, CEPIAD managed to conduct 3,431,405 consultations on 405 patients half for heroin use; of whom 110 people started a methadone OST. HIV screening involved 235 patients, of whom 12 were tested positive.

In late 2016, A second outpatient and residential treatment centre is scheduled to open at the Thiaroye National Psychiatric Hospital Centre for IDUs in the departments of Pikine and Rufisque.

Crucially, the “Test and Treat” HIV strategy for this key population was integrated (in June 2014) in the latest recommendations for care and treatment (Senegal Strategic Plan for the Fight against HIV/AIDS 2014-2017).

Consequently, as the West African Commission on Drugs (WACD) initiated the development of the regional drug policy’s care and HR component, it underlines the leading role of Senegal: “Except for the case of Senegal, research for the development of several WADC reference documents has validated the quasi total absence of policies or protocols as part of treatments or alternatives to incarceration for problem drug users. The Senegalese experience will be very beneficial for other West African countries as it will allow them to initiate effective risk reduction strategies.”

Though an innovative tool in the sub-region, CEPIAD still faces many challenges, namely with regard to human resources, the social and legal environment, the gender aspect and the decentralization of care and treatment services.

Today, civil society is highly mobilized around CEPIAD and various partners for a public health-oriented drug policy reform centred on a risk reduction strategy that specifically features a package of 9 key activities. Thus, the creation of the Civil Society National Network on Drugs (RNSD), which is a
local branch of the West African Drug Policy Network (WADPN). RNSD has been created thanks to the support of the West African Civil Society Institute (WACSI), which is based in Accra.

With the Senegalese authorities, RNSD is currently pushing for a reform of Senegal's policy on drugs. Drug use being considered a crime under law 97-18 of December 1\textsuperscript{st}, 1997 with respect to the Code of Drugs, the NNSD advocates for an easy access to health care for drug users, a public health approach with a legal framework promoting risk reduction activities.

VI. CHALLENGES AND PROSPECTS

As we face the threat of drug trafficking and drug use in the region, silence is no longer allowed, and mobilization is needed to meet the challenge. Since current prohibition and repression policies have showed their limits, a paradigm shift is more than necessary.

The challenges are many and can be listed as follows:

- Public health

The public health approach should be strengthened as part of drug policies. The survey conducted in Dakar shows that injection drug users are a highly vulnerable population. Current policies and the social stigmatization they suffer do not allow them any access whatsoever to health care and other services.

- Economic and financial challenges

The financial capital raised by drug trafficking poses a threat to our young States, because of the risk of corruption and money laundering.

Moreover, drug use involving young people is a threat to the future of our nations.
- Security

Drug trafficking can generate violence. Drug traffickers often use mafia networks to sell their products.

**VII. CONCLUSION**

The link between drug use and infection risks are well documented. Drug users care is an important issue for the control of the HIV epidemic and viral hepatitis. A paradigm shift in drug policy is essential in our region to allow the inclusion of drug users in different health programs.

Investing in prevention, treatment, care and treatment for drug addicts reduces the costs of health services, improves security and contributes to peace and development. As victims of this global phenomenon and its consequences (those with HIV/AIDS, drug addicts, etc.), drug users should consequently benefit from medical and social care alongside the repressive response our country’s laws enacted against traffickers.
DRUG USE AND ITS EFFECTS ON YOUTHS IN WEST AFRICA

by

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Introduction

Contrary to the belief in some sections of society that the drug problem in West Africa is a recent phenomenon, the region has featured in the African story on drugs for a very long time. Cannabis was cultivated in Sierra Leone nearly a century ago¹ and its consumption by “deviant” youth in Nigeria has been associated with mental health problems for at least sixty years.² Also, in pre-colonial West Africa, long before the independent nations we have today, there were concerted efforts by western prohibitionists to control the production and consumption of alcoholic beverages. The Brussels’s Act of 1890, which sought to put an end to the slave trade also included bans on the importation into Africa of dangerous products, including “spirituous liquors”.³ Generally regarded as the first attempt at international control of a psychoactive substance, this Act was the result of campaigns by western religious groups and the reactions of local chiefs to what they saw as the negative consequences of gin among their people.³ What is new in West Africa today is the wide variety of addictive substances that are available for use by mostly young people and the increasing prevalence of substance use disorders and other social and physical problems associated with drug use. This article will focus on these two related issues, the extent of use and consequences, as well as proffer suggestions on how to respond effectively.

Availability of drugs

Though cannabis has remained very popular among drug users across West Africa and is, indeed, the number one illicit drug all over the world, the drug scenes in various countries and cities are complex and fluid. Before the early 1980s, policy makers in several West African countries, e.g., Ghana and Nigeria, were concerned about the consumption of mild stimulants by students and out-of-school youth to stay alert and to boost energy, the suspected association between cannabis use and psychosis, and the social and familial consequences of excessive alcohol consumption. By 1982 the situation changed dramatically with the arrival of cocaine and heroin in the region. These drugs were brought into the region from producing countries and primarily meant for export to large consuming nations in North America and Europe. In Nigeria, for example, one of the earliest records of cocaine trafficking was the arrest of a young man in 1982 who was about to leave the country with 1.2 kg of the drug. Since then there have been substantial increases in the number of arrests of traffickers and seizures of cocaine meant for export across West Africa.⁴

About twenty years ago West Africa came to be known as the transport hub for western-bound cocaine and the involvement of local and foreign criminal gangs has continued to occupy the attention of law enforcement agencies. At the peak of seizures in 2007, the region had indeed seemed to deserve the title of “cocaine coast”. However, due to a combination of factors, including more effective collaboration among law enforcement agencies and the determination of countries to curb the excesses of traffickers, the attractiveness of West Africa as a major
transit route for cocaine seems to have declined but by no means trafficking through the region has not stopped. There are reports of arrests of traffickers of cocaine and heroin, cannabis farmers, and manufacturers of methamphetamine.

Because the focus of drug control efforts in West Africa has been on supply reduction through the criminal justice system (known over the years as the “war on drugs”) and only on drugs that are covered by international conventions, other important aspects of drug control have been neglected. Demand reduction measures – prevention, treatment, care, epidemiology – and the comparative risks involved in the use of licit psychoactive substances (e.g., tobacco, alcohol, inhalants) have received scant attention. This is a significant failure in drug policies especially in the context of better understanding the dynamics of drug involvement and the prevention of substance use among young people. One positive development worthy of mention is a large-scale project currently underway in Nigeria with funding from the European Union and implemented by the UNODC, which may be the game-changer in the country for improved knowledge, capacity and services. Also the adoption of evidence-based services for opioid addiction in Senegal and what seems like a reform-minded review of drug laws in Ghana are signs that changes are beginning to appear in some countries in the region. Success in addressing the many problems associated with drugs will depend to a great extent on the adoption of a perspective that embraces a public health dimension and which by nature will include special attention to the role of licit drugs (alcohol and tobacco) as possible "gateway" substances.

Drug use and related problems in West Africa

The dysfunctional use (or abuse) of addictive substances is obviously a global problem and one that is attracting a deserved attention in nearly every country in Africa. This section of the article is devoted to a summary of what we know today about the extent of abuse of different types of psychoactive substances globally and in West Africa, and the consequences of drug use among young people. The drug categories discussed are cocaine, heroin, cannabis, amphetamine-type stimulants, prescription medications, volatile substances, and alcohol (the last two being examples of licit substance categories popular among youth).

Alcohol: The World Health Organization (WHO) has kept a record of the number of people who drink and those among them who develop alcohol use disorders (including addiction to alcohol) for many years. Globally a little over one third of the adult population are alcohol consumers with considerable variations across the regions, especially because of religious prohibition of drinking in many countries. About 42 percent of Africans drink alcohol, which means most Africans are lifetime abstainers or former drinks. Most of the drinking is done by men, who consume locally made fermented beverages or distilled drinks though there is growing consumption of western commercial beverages probably explainable by increasing economic growth in a good number of countries.
Alcohol is, indeed, no ordinary commodity. Excessive consumption has been linked to many health conditions often in a causal manner and also to a host of social problems affecting the individual, family and the community at large. In a significant number of these problems (e.g., road traffic accidents) young adults are the perpetrators and often the victims and, reflecting the gender differences in the prevalence of drinking, males are more affected than females.  

Alcohol is different from other addictive substances not only because it is a legal drug but because few countries in Africa have national policies to reduce the level of consumption and prevent problems in spite of the fact that it is a lethal substance with a high level of harm. Indeed in the 2014 WHO report on alcohol and health, only two out of 15 countries (mention the two countries) in the ECOWAS region reported the availability of national policies and/or action plans to address alcohol problems, for example, measures to regulate marketing and promotion of the products to young people.  

**Cannabis:** Among the drugs under international control, cannabis is by far the most available and easy to access in West Africa. Cannabis Sativa as a plant grows easily in our favourable climates and is the source of illegal income for people in rural areas of some countries. In terms of use, the United Nations Office on Drugs and Crime (UNODC) has reported that the highest prevalence of recreational use of this drug in the world is in West and Central Africa where more than 12 percent of adults aged 15-64 years in the region are users, a much higher prevalence than the global average of less than 4 percent and what is obtained in other parts of Africa (less than 8 percent). More importantly, the rate of use among youths in countries such as Ghana and Sierra Leone is higher. More than 20 percent. Note this broken sentence.

No drug has received the level attention accorded cannabis today as the world prepares for the United Nations General Assembly Special Session on the world drug problem (UNGASS) in April 2016. To a large extent, this is due to recent spates of legalization for personal use of the drug in some countries (e.g., Uruquay and in several US states) which seems to contradict what many believe to be substantial negative impact of cannabis use on health. Cannabis is the primary drug of abuse among people seeking treatment for drug use disorders in West Africa; in Ghana, Niger; Senegal and Togo cannabis has been mentioned by at least two-thirds of the clients in treatment. It is important to note that this observed association between cannabis use and mental disorders has been reported in many other countries outside West Africa. What is still not clear today is whether cannabis smoking is a direct cause of mental illness or whether it serves as a trigger in people who are already predisposed to disorder. While the jury on the cannabis-mental illness nexus is still out there is good reason to be concerned about the effects of cannabis on the growing brain, which calls for enhanced efforts to prevent or at least delay cannabis consumption among the young and most vulnerable in the region and beyond.
Cocaine and heroin: Cocaine is a potent stimulant produced from the leaves of the coca plant and heroin is derived from the opium poppy and acts as an analgesic. While cannabis has been part of the West African illicit drug scene for quite some time,² both cocaine and heroin have had a significant presence since the early 1980s and for years the concern has been on the trafficking aspects.⁴ Those arrested for trafficking tend to be young adults recruited by older “bosses” to transport the substances to user markets. Because of this exposure and other factors, these young adults often get involved in the use of these drugs. Data on cocaine and heroin use in most African countries are sparse and are drawn from small unrepresentative samples and rarely do we find data on the consequences of use beyond mention of the drugs by some clients in treatment centres.

The estimated prevalence of cocaine and heroin use among people aged 15-64 years in West Africa today is about 0.4 percent, a figure that is double the prevalence of 0.2 percent recorded in 2006. Aggregate information of this nature can be misleading because there are variations from country to country and, more important, within groups in various countries. For example, the evidence-based and responses to injecting drug use we have witnessed in Africa recently – in Tanzania and Kenya in East Africa, and in Senegal in West Africa – have been because of rapid increases in drug use not so much in the general population but within high-risk sub-groups.

Methamphetamine and other stimulants: The amphetamine-type substances (ATS) (especially methamphetamine) have lately captured the imagination of drug control experts and policy makers in West Africa.¹³ Stimulants have been popular among the youth for a long time who have used them for instrumental reasons – to study, at games and for sheer pleasure. ATS was brought from outside West Africa for onward transportation to Asia where there are major consumer markets in China and Thailand. The UNODC World Drug Report of 2015 clearly states that: “West Africa appears to have become an established source of the methamphetamine smuggled into East and South-East Asia via Southern Africa or Europe, with new trafficking routes linking previously unconnected regional methamphetamine markets.”⁷

Two new dimensions have been added to the situation in the past decade. First is that methamphetamine is now being produced in at least two countries (Nigeria and Ghana) in the region; second is that some of what is being produced is consumed locally. For now the level of consumption as reported by the UNODC seems very low with South Africa most affected in Africa, but there is growing anecdotal evidence that “meth” is being smoked in combination with cannabis in Nigeria and Ghana. In Burkina Faso it is reported that a sizeable number of people seeking treatment mentioned ATS as primary drugs of abuse. With improved interdiction activities at air- and sea-ports, which make trafficking more risky and if local production is not eradicated, the local share of the market is likely to expand.
Tramadol and other controlled substances: Tramadol is a potent opioid analgesic often used as a painkiller as prescribed by a physician. Tramadol and other opioid containing substances (e.g., cough syrups with codeine) have become popular drugs of abuse among young people in a growing number of West African countries. In Nigeria the abuse of cough syrups containing codeine have been reported not only among “street children” but secondary school and university students. Those who abuse tramadol or codeine do so because when taken in sufficient quantity they experience a euphoric high. Unfortunately, its use can lead to psychological and physical dependence where users experience unpleasant symptoms when they try to stop using the drug.

Volatile substances: Illicit and controlled substances are generally difficult to access and may sometimes be too expensive for some potential users. Not so volatile substances (inhalants) which are widely available and because they come cheap are popular drugs of abuse among street children and young people in some occupations where they are exposed to products containing these drugs. There are several types of inhalants but the most well known are the organic solvents (“solutions”) which are present in products like carpentry or shoe making glue. These are easily sniffed from the container, “huffed” from a soaked piece of cloth or inhaled from a plastic bag. In one of the earliest studies of inhalant use in Africa conducted more than twenty years ago in northern Nigeria, it was discovered that at least 10 percent of secondary school students and 13 percent of out-of-school children had inhaled a substance “to get high” at least once in the previous year.15 Recent media reports from the same part of the country seem to portray a worsening situation.

Injection drug use (IDU): One major form of drug use is intravenous injection of heroin or any other injectable substance. Injection drug use (IDU) has been reported in almost every country in West Africa, notably Nigeria, Cote D’Ivoire, Ghana and Senegal, often highlighting the potential of exacerbating the already perilous situation with HIV/AIDS. While HIV is primarily transmitted through sexual contact in Africa significant IDU-related infections have been reported in Senegal and the coastal towns of Kenya and Tanzania. Indeed in some parts of the world (Eastern Europe, in particular) the major driver of the AIDS epidemic is HIV infection from sharing contaminated drug using equipment. Hence apart from dependence on drugs, which in itself is a chronic disorder requiring professional care, drug users who inject are faced with the danger of being infected with HIV or any other blood borne virus. It is an easy conclusion to reach that efforts to address the AIDS epidemic in any country must necessarily cater to the needs of people with drug use disorders through the provision of harm reduction measures as is currently the case in Senegal.14

Drugs and youth in West Africa: Some concluding observations

What is presented above is a highlight of the drug use situation among youths in West Africa, it is not necessarily a full picture of the problem. There are questions
about vulnerability factors or why some adolescents initiate drug use and others do not; questions about the consequences of drug use; and questions about what to do to prevent the escalation of use and problems in the midst of increasing availability of licit and illicit mind changing substances. In the realm of immediate relevance to West Africa there are many questions about the risks associated with cannabis – the primary drug of abuse in the region. These questions need answers and progress is being made through research to provide them. For example, there is growing evidence (not conclusive) that THC -- the psychoactive substance in cannabis -- is not risk free and that use of cannabis might be associated with impairment of cognitive functions such as attention, memory, learning and decision-making. The age of initiation is an important factor in this because a brain that is not fully developed will be more affected than a mature brain. What this means is that in West Africa, as elsewhere, young people need to be protected from drug use through well-articulated prevention programmes based on evidence of effectiveness.

The picture of young people in West Africa today is that of a most-at-risk population when compared to their peers in other parts of the world. Viewed from any perspective – employment, literacy, life expectancy, exposure to harm from social conflicts, opportunity to achieve potentials -- the West African adolescent or young adult is at a disadvantage. Drugs have only added to the problems already being encountered by youths and their families on a daily basis. Hence, discussions and programmes on addressing what seems to be a growing drug problem among them must take into account the social and economic conditions under which most in these populations live.

There is no better time than now to contribute to an ongoing debate across the world on how to address the problem of drugs in a modern world with greater knowledge about psychoactive substances. There seems to be general agreement that the approach to drug control that has dominated activities for decades has largely failed with one of the unfortunate and unintended outcomes being the incarceration and other forms of punishment of mostly young people from poor backgrounds. The opportunity that has presented itself to move away from a punitive and knee-jerk response to drugs is the United Nations General Assembly Special Session on drugs scheduled to take place in New York in April. The Common African Position and the various statements from civil society organizations in West Africa presented to the UNGASS secretariat are clear on one thing: drug use is a public health not a criminal justice system issue. While drug trafficking requires concerted law enforcement to reduce if not eliminate supply, the user is not a criminal but someone (most often a young person) who needs help to overcome the addiction. It is time for a global consensus on this to be reached in order to alleviate the burden of drug use on youths in West Africa and all over the world.

References


5. West Africa Commission on Drugs (2014). Not just in transit: Drugs, the state and society in West Africa. Accra, Ghana: WACD.


