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June 2015

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FOREWORD

The adverse impact of illicit cultivation, trafficking, production and abuse of drugs on Nigeria is profound. This impact manifests itself in many ways, some of which may not be ordinarily visible due to the clandestine manner in which drugs find their way into society and the stigma associated with drug use. It is therefore not always a straightforward task to articulate the full extent and nature of the harm caused by illicit drugs. It is, however, safe to state that the impact on Nigeria and the world is substantial and requires the combined effort of the Ministries, Departments and Agencies (MDAs) of the Nigerian Government at all levels and civil society to meet the numerous challenges of drugs that threaten all strata of society.

The National Drug Control Master Plan (NDCMP) 2015-2019 proffers both an integrated and comprehensive approach that will address a range of drug-related issues. These include illicit drug supply, drug demand reduction as well as control of licit substances based on International Drug Control Conventions and in line with the principles of balanced approach to drug control.

I am optimistic that strategies outlined in the NDCMP 2015-2019 will provide a solid platform to strengthen responses on drug-related issues that will promote the health, security and well-being of all Nigerians.

The Federal Government will continue to support the National Drug Law Enforcement Agency (NDLEA), and the Inter-Ministerial Committee on Drug Control to ensure the involvement of all stakeholders in this task of tackling the illicit drug problem.

I acknowledge the support of the European Union (EU) to Nigeria, especially in the area of drug control. In addition, I extend my appreciation to the United Nations Office on Drugs and Crime for its support in the area of drug control in Nigeria. Their contributions to the development of our NDCMP 2015-2019 are well noted.

I hereby reiterate the Government’s commitment to providing the required resources for the sustenance and implementation of drug control activities.

The NDCMP 2015-2019 is our national roadmap to ensure that the harm caused by drug trafficking and use on Nigerians is reduced to the barest minimum.

I encourage all actors to embrace this plan and prioritize their actions in a manner that will lead to the accomplishment of the goals contained in this document. There is much we can do to safeguard our youth, who represents the future of our nation.

Dr. Goodluck Ebele Jonathan, GCFR
President, Commander-in-Chief of the Armed Forces
Federal Republic of Nigeria
PREFACE

The National Drug Control Master Plan (NDCMP) 2015-2019 is built on the foundation of the previous efforts from the first NDCMP of 1999 and the second plan for the period 2008-2011 (extended to 2013). The strategic instrument is the national blue print for addressing the complex issues of drug trafficking, production, cultivation and abuse.

The NDCMP 2015-2019 outlines activities that will facilitate reduction of incidences of illicit cultivation, production and trafficking. The document also highlights the approaches for sustaining drug demand reduction programmes and the methodology for accessing drugs for licit use while preventing its diversion.

The NDCMP 2015-2019 has four chapters. The first chapter addresses issues concerning the rationale for the NDCMP 2015-2019 and outlines the outcome of the consultative meetings held across the country with stakeholders, which assisted in identifying the gaps in current responses.

Chapter Two of the document specifically gives an overview of the drug and crime situation in Nigeria.

Chapter Three highlights the three strategic pillars of the Master Plan, these are: Law Enforcement, Drug Demand Reduction, and Access and Control of Narcotics and Psychotropic Substances for Medical and Scientific Purposes.

Chapter Four maps out the mechanism and institutional structures to coordinate the implementation of the Master Plan. The implementation of the NDCMP 2015-2019 is key to resolving the drug problem and related crimes in Nigeria.

I have no doubt that all stakeholders involved in the task of reducing incidences of drugs and crime in the country will place a high premium on the implementation of this Master Plan. This document serves as a catalyst to positive change and transformation in all aspects of drug challenges in Nigeria.

I acknowledge and appreciate the laudable support of the European Union (EU) in funding this project: Response to Drugs and Related Organized Crime in Nigeria. The role of the United Nations Office on Drugs and Crime (UNODC) in facilitating the implementation of this project and support in the development of the NDCMP 2015-2019 document is equally acknowledged and appreciated.

It is the desire of the Government to sustain these partnerships with the EU, UNODC and other relevant international and local organizations in order to give impetus to the implementation of this Master Plan and curb the menace of drugs in our society.

Mr. Mohammed Bello Adoke, SAN, CFR
Attorney-General of the Federation
And Minister of Justice
ACKNOWLEDGEMENTS

The National Drug Control Master Plan (NDCMP) 2015-2019 is an operational planning tool that provides a coherent framework for comprehensive national drug control in Nigeria. The NDCMP 2015-2019 incorporates a number of new approaches and ideas that fully respect the international drug control conventions and our National legislations on drug control.

The NDCMP was developed based on the combined efforts and support of Inter-Ministerial Committee on Drug control (IMC), international collaborators and other stakeholders.

It is proper for National Drug Law Enforcement Agency (NDLEA), the chair of IMC, to acknowledge the efforts and support of the following stakeholders:

NDLEA expresses appreciation to the Federal Government of Nigeria for providing an enabling environment for drug control activities in the country. The strong support and commitment of the President and Commander-in-Chief of the Armed Forces of the Federal Republic of Nigeria, Dr. Goodluck Ebele Jonathan GCFR, to the development of the drug control programme is highly acknowledged.

Our profound gratitude goes to the Honourable Attorney General of the Federation and Minister of Justice, Mohammed Bello Adoke (SAN), for the encouragement and commitment to the completion of the NDCMP document 2015-2019.

Many thanks go to the National Assembly, the Senate and the House Committees on Drugs and Financial Crimes for their contributions to our drug control efforts.

NDLEA also wishes to acknowledge the participation of the IMC and their input, which facilitated the development of the NDCMP document. In addition, our special thanks go to members of the IMC from different Ministries, Departments and Agencies (MDAs).

We applaud stakeholders who participated during the State consultative meetings for their dedication and understanding, which made the process interactive. The output of the consultative meetings was also very instructive.

Our deep regards to Board members, the Director-General, Directors and the entire staff of the NDLEA for their steadfastness and commitment to ensuring the completion of the third edition of the NDCMP 2015-2019.

The Agency tows the line of the FGN in deeply appreciating the European Union (EU) for its financial and technical support to our national drug control programmes under the 10th EU fund: Response to Drugs and Related Organized Crime in Nigeria.

We also appreciate the commitment of UNODC to the implementation of the EU project Response to Drugs and Related Organized Crime in Nigeria, especially the coordination of the NDCMP development process.
Our deep appreciation goes to the Consultants, **Professor Moruf Adelekan and Ambassador Dr. Ugljesa Zvekic** for their tireless efforts in ensuring the development of a professional document.

Many thanks to the UNODC team for coordinating the development process of the NDCMP.

Our deep appreciation also goes to the NDCMP Secretariat for their high level of commitment and support to the IMC. The effective coordination of IMC activities ensured the successful completion of the NDCMP.

It is our hope that all stakeholders use the NDCMP 2015-2019 documents for the execution of programmes and projects that will address the challenges of drug control and other related issues in the country.

Ahmadu Giade  
Chairman/Chief Executive  
NDLEA
<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>AIDS</td>
<td>Acquired Immuno-Deficiency Syndrome</td>
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<tr>
<td>AIRCOP</td>
<td>Airport Communication Programme</td>
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<td>AFRICOM:</td>
<td>Africa Command (US)</td>
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<td>AU:</td>
<td>African Union</td>
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<td>CBOs:</td>
<td>Community-Based Organizations</td>
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<td>CISHAN:</td>
<td>Civil Society on HIV/AIDS in Nigeria</td>
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<td>CSOs:</td>
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<td>DDR:</td>
<td>Drug Demand Reduction</td>
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<td>ECOWAS:</td>
<td>Economic Community of West African States</td>
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<td>EFCC:</td>
<td>Economic and Financial Crimes Commission</td>
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<td>EU:</td>
<td>European Union</td>
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<td>FCT:</td>
<td>Federal Capital Territory (Abuja)</td>
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<td>FGON:</td>
<td>Federal Government of Nigeria</td>
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<td>FMOE:</td>
<td>Federal Ministry of Education</td>
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<td>Federal Ministry of Health</td>
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<td>Federal Ministry of Information</td>
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<td>Federal Ministry of Justice</td>
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<td>FMWA &amp; SD:</td>
<td>Federal Ministry of Women Affairs &amp; Social Development</td>
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<td>FMYD:</td>
<td>Federal Ministry of Youth Development</td>
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<tr>
<td>HIV:</td>
<td>Human Immuno-Deficiency Virus</td>
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<td>IBBSS:</td>
<td>Integrated Biological and Biological Surveillance Survey</td>
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<td>IEC:</td>
<td>Information, Education and Communication</td>
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<td>IMC:</td>
<td>Inter-Ministerial Committee on Drug Control</td>
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<td>INCB:</td>
<td>International Narcotics Control Board</td>
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<td>INL:</td>
<td>Bureau of International Narcotics and Law Enforcement Affairs (US)</td>
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<td>LE:</td>
<td>Law Enforcement</td>
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<td>LEA:</td>
<td>Law Enforcement Agency</td>
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<td>LG:</td>
<td>Local Government</td>
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<td>LGA:</td>
<td>Local Government Area</td>
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<td>M &amp; E:</td>
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<td>MDAs:</td>
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<td>MoU:</td>
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<td>NASAD:</td>
<td>National Survey on Alcohol and Drug Use in Nigeria</td>
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<td>NACA:</td>
<td>National Agency for the Control of AIDS</td>
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<td>NAFDAC:</td>
<td>National Agency for Food, Drug Administration and Control</td>
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<td>NCS:</td>
<td>Nigeria Customs Service</td>
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<td>NCU:</td>
<td>National Coordinating Unit</td>
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<td>NDCMP:</td>
<td>National Drug Control Master Plan</td>
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<td>NDE:</td>
<td>National Directorate of Employment</td>
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<td>NDLEA:</td>
<td>National Drug Law Enforcement Agency</td>
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<td>NFIU:</td>
<td>Nigeria Financial Intelligence Unit</td>
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<td>NGO:</td>
<td>Non-Governmental Organization</td>
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<td>NPC:</td>
<td>National Planning Commission</td>
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<td>NPF:</td>
<td>Nigeria Police Force</td>
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<td>NSP:</td>
<td>Needle and Syringe Programme</td>
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RSA: Rapid Situation Assessment
PWID: People Who Inject Drugs
SDCC: State Drug Abuse Control Committee
SG: State Government
SGF: Secretary to the Government of the Federation
TB: Tuberculosis
TOR: Terms of Reference
UNODC: United Nations Office on Drugs and Crime
WHO: World Health Organization
EXECUTIVE SUMMARY

Background and Rationale

Nigeria’s National Drug Control Master Plan (NDCMP) for 2015 to 2019 aims to strengthen responses to drugs in order to contribute to the enhanced health, security and well-being of all Nigerians. The NDCMP 2015-2019 is a strategic, results and operationally-oriented planning and implementation framework that covers key aspects of drug supply and reduction impacting Nigeria. This is the third NDCMP (the previous two were adopted in 1999 and 2008); its completion in 2019 will mark twenty years of coordinated anti-drug and anti-crime programmes and interventions in Nigeria.

Since the inception of the first NDCMP in 1999, much has changed in the drug use and crime configuration, both in terms of the illicit activities, processes and actors, and in terms of legislative and organizational responses. These changes are notable at international, regional and national levels. In this sense, the Nigerian NDCMP is not and cannot be divorced from global and African development, legislative and policy contexts. The NDCMP 2015-2019 promotes rule of law and human rights approaches to addressing the public health and criminal justice challenges and threats of illicit drug use, as well as to combatting drug-related organized crime. Overall, its objective is to strengthen responses to drugs in order to contribute to the enhanced health, security and well-being of all Nigerians.

Brief Overview of Drug and Crime Situation

Over the past few decades, Nigeria has emerged as a major drug trafficking hub. Nigerians are over-represented among Africans arrested for transporting drugs across international borders. In the last decade, Nigeria became a main transit country for cocaine being transported from Latin America to Europe. In addition, the production of methamphetamine in Nigeria and its export is a growing concern. Cannabis production has been high for the past 30 years, with large commercial-sized plantations clustered in Nigeria’s South-western states. Nigerian organized crime is widely regarded as the most active, connected, dispersed and entrepreneurial of any organized crime networks in the world.

The Government of Nigeria has pursued a law enforcement approach to respond to the challenges of drug trafficking, production and use. Nigeria has ratified all United Nations drug and crime conventions and is supporting and participating in all major international and regional anti-drug and anti-crime initiatives, strategies and programmes. It has enacted comprehensive anti-drug and anti-crime legislation, and established several specialized national agencies to enhance the effectiveness and coordination of drug and organized crime control policies.

Nigeria lacks reliable and comprehensive data on the prevalence of drug use, substances used and the number of people with drug disorders. Existing data comes from a few hospitals, surveys and studies. They identify cannabis as the most commonly used substance, but the use of heroin and cocaine have increased since the mid-1980s. Treatment and continuing care are mainly based in hospitals; some non-governmental organizations (NGOs) and faith-based organizations offer limited services. The majority of treatment options emphasize abstinence; there are no harm-reduction programmes, and counselling services are lacking. The National Drug Law Enforcement Agency (NDLEA) offers counselling services at its state commands across the country. There are insufficient sensitization and drug prevention programmes, and those that exist are constrained by relatively low political and financial support. Drug users are stigmatized. The general public’s negative regard of drug users further limits the use of already scarce resources and services. Despite evidence that HIV is growing in Nigeria, the link between HIV and AIDS and drug use has not received adequate attention.

The licit use of drugs for medical and scientific purposes is inhibited by a lack of quantifiable evidence on the need for those substances, and by limited access and low availability of narcotic drugs. Health
professionals lack awareness about availability, accessibility and distribution mechanisms for narcotic drugs. There is also evidence of illicit facilities for precursor substances and diversion of narcotics through unauthorized channels.

**Strategic Objective of the NDCMP 2015-2019**

The first three pillars of the NDCMP 2015-2019 outline a number of achievable objectives; the fourth pillar is based on implementation coordination. Each pillar consists of several main themes, all of which identify primary objectives, outcomes, outputs, indicators and activities. They also name the responsible entity, partnering agencies and funding sources. The defining features of each pillar and theme are described in narratives; detailed parameters outlined in tables follow.

The participatory and inclusive consultative process is an important feature of the NDCMP 2015-2019. This, combined with its focus on strategic results, makes the NDCMP 2015-2019 reliable, achievable and accountable. It aims to:

- Prioritize issues identified through inclusive and participatory consultation;
- Address the disparity between law enforcement and drug demand reduction dimensions within an integrated strategic framework;
- Provide strategic direction and capacity for law enforcement, drug demand reduction, and access and control strategic pillars;
- Enhance and enable strategic, operational coordination, effective management and implementation of the NDCMP 2015-2019, in particular by identifying leading agencies, including state level partners and strengthening the National Coordinating Unit; and
- Promote systematic policy oversight, monitoring, evaluation and reporting of progress towards achieving strategic objectives.

**Law Enforcement**

Law enforcement successes currently occur when drugs are detectable either through cultivation, movement or use. However, such responses are inadequate to tackle the complex criminal business associated with the drug industry. Moreover, those responses fail to target the organizers, funders and distributors of drugs, where law enforcement actions potentially will have greater impact by disrupting production and supply chains. To have the maximum impact on drug supply in Nigeria, the NDCMP 2015-2019 emphasizes targeting mid- to high-level drug traffickers and producers. Pursuing those targets necessarily requires a change to the strategic and tactical orientation and capacity of law enforcement agencies, in particular the NDLEA.

Therefore, proactive law enforcement requires the following:

- Updated legal and policy framework
- Intelligence-led policing and collaboration
- Targeting of criminal wealth
- Enhanced professionalization and operational capability of NDLEA

**Drug Demand Reduction**

The NDCMP 2015-2019 gives equal priority to drug demand reduction and law enforcement. The integrated strategic approach outlined in the NDCMP 2015-2019 requires that institutional, budgetary and political support be shared in a balanced manner across both drug demand reduction and law enforcement, an element missing in past plans.

Programmes on drug demand reduction include changes in public attitudes and access to public health services to evidence-based prevention, treatment and continuing care. Therefore, within the context of public health, sensitization, advocacy and prevention come to the fore in the NDCMP 2015-2019. Such an evidence-based public health approach towards drug demand reduction requires expansion and improvement of treatment and continuing care services as well as a functional referral system on treatment and continuing care services and strategies. Similarly, in view of the focus on the linkage between drug use and HIV and AIDS, more specialized services and capacities will be established for drug users. The plan also calls for the establishment of a national drug monitoring system.
Therefore, the drug demand reduction strategic pillar consists of:

- Sensitization, advocacy and prevention
- Treatment and continuing care
- Drug use and HIV and AIDS
- Establishment of national drug monitoring system

Access and Control of Narcotics and Psychotropic Substances for Medical and Scientific Purposes

Nigeria faces challenges similar to other developing countries related to estimating the needs for narcotic drugs and psychotropic substances, slow replenishment mechanisms, centralization of procurement and distribution and often inadequate knowledge of health professionals. One of the major concerns in Nigeria is to ensure accurate estimations and to reduce the risk of drug diversion to the illicit drug market. Another concern is the challenge of counterfeit products that find their way into distribution channels.

In view of these concerns, the strategic focus in this area will be on strengthening regulatory mechanisms, developing national guidelines for health professionals and improving collaboration between regulatory and law enforcement agencies.

The access and control strategic pillar consists of the following themes:

- Estimation
- Distribution
- Dispensing and rational use
- Control

Coordinating the Implementation of NDCMP 2015-2019

Based on the assessment of problems experienced in implementing the previous two NDCMPs for Nigeria (1999 and 2008), the outcome of the consultative process during the development of the NDCMP 2015-2019 showed that coordination of implementation issues are as important as substantive strategic concerns. Therefore, the NDCMP 2015-2019 has a strategic pillar focussing on the coordination of the implementation of the Master Plan.

Implementation of the NDCMP 2015-2019 requires strong political support and clear institutional division of labour and coordination; it also requires capacity building among the entities entrusted with specific strategic objectives and tasks, to ensure they are carried out with commitment and professionalism. The NDCMP 2015-2019 presupposes an excellent coordination of programmes and activities between the lead and partnering entities, as well as between actors at the federal and state levels. Within the implementation pillar, the pivotal issues are policy, oversight and coordination, as well as monitoring and evaluation. It also includes the operational structure that will assist the Inter-Ministerial Committee on Drug Control (IMC) in fulfilling its mandate. In view of the detailed objectives and other strategic parameters developed for each pillar, a number of lead responsible and partnering agencies were identified for each output. The implementation strategy recommends:

- Clear roles and responsibilities for lead and implementing agencies at all levels;
- Multi-agency implementation plan within specific roles for each agency; and
- Robust monitoring and evaluation plans in place.

In order to coordinate implementation of the NDCMP 2015-2019, the IMC will be administered by a newly established and adequately resourced National Coordinating Unit (NCU). The NCU will be based at the NDLEA but will be jointly supported by all members of the IMC. The NCU will perform the duties of the Secretariat to the IMC; it will also have responsibility for coordination of implementing agencies, both at the federal and state level. This role will include preparing annual work plans; coordinating monitoring of these plans; preparing and submitting reports to IMC; acting as the focal point for evaluations; and identifying implementation risks and making proposals for corrective actions.

Developed, driven and implemented by Nigerian institutions to strengthen the overall health and security of the Nigerian people, with assistance and support from the international community, the NDCMP 2015-2019 is envisioned as a step forward in fulfilling the strategic results against illicit drug trafficking, its production and use.
CHAPTER 1. 
Background of the NDCMP 2015-2019

1. Background and Rationale

The complexity of the relationship between licit and illicit drug use, drug trafficking and organized crime is well recognized in national, regional and international approaches to drug control. However, those relationships are dynamic in configuration and therefore so are the diverse challenges they pose. Any strategy, in order to be comprehensive and effective, must be flexible enough to respond to changes in drug use and crime situations, hence must be both predictive and responsive.

Nigeria sets a good example by promoting continuity in strategic instruments to respond to this ever-evolving situation: from the first National Drug Control Master Plan (NDCMP) of 1999 through the second one for the period 2008-2011 (extended to 2013) to the current plan for the five-year period 2015-2019.

The Government of Nigeria’s NDCMP 2015-2019 cannot be separated from the international context. The globalization of drug use and drug-related organized crime necessitates international cooperation, both in terms of the normative set-up and operational activities. The NDCMP 2015-2019 must be fully cognizant of the five United Nations drug and anti-crime conventions, the strategic approaches of the African Union and Economic Community of West African States (ECOWAS) and the most recent West African Commission on Drugs report. Moreover, as the most recent African Union strategic and policy instruments cover almost the same period of time as the NDCMP 2015-2019, it is important to ensure their coherence and compatibility. The NDCMP 2015-2019 requires the creation of the systematic capacity in legislation, law enforcement, drug demand reduction, and availability and control of licit narcotics to be both predictive and responsive. Nigeria has promulgated a series of important drug and crime control legislation. In their entirety, these laws have contributed to the use of legal mechanisms in the prevention and control of drug use and related crime. Yet, it is also evident that some may need to be reviewed and amended on the basis of the experience gained in their implementation as well as in terms of changes in drug use and crime linkage and emerging issues which require an adequate legislative response.

In the last decade of the 20th century, several important specialized anti-drug and crime control entities were established in Nigeria. In 1989, the National Drug Law Enforcement Agency (NDLEA) was created, followed in 1993 by the establishment of the National Agency for Food and Drug Administration and Control (NAFDAC). In view of the need to promote coordination among the government

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entities, the Inter-Ministerial Committee on Drug Control (IMC) was created in 1994. Concurrently, at
the state level, the State Drug Abuse Control Com-
mittes were established. With the further advent
of economic and financial crimes related, inter alia,
to drug use and illicit trafficking, the anti-money
laundering legislation was promulgated, and the
Economic and Financial Crimes Commission (EFCC)
was established in 2003. A number of these special-
ized anti-drug and crime control entities have gained
substantive experience since their inception.

In addition, Nigeria has experience in implementing
drug prevention and drug dependence treatment
programmes through specialized hospitals and some
departments and agencies of the Federal Ministry
of Health (FMoH), NDLEA and NAFDAC. These
programmes have also changed over time in terms
of their mandates, size, resources, organizational
division of labour, methodologies and management.
These changes and experiences need to be captured
and strategically applied and cannot be replaced by any
redesign stemming from purely theoretical models.

Good strategic management requires systematic
oversight (monitoring) and systematic periodic
review (evaluation), which are results based. The
consultations held during the formulation of the
NDCMP 2015-2019 identified a number of major gaps
(see Section 1.3) related to the capacity to strategically
manage the drug use and crime situation in Nigeria
including implementation of the NDCMP 2015-2019.

1.2. Objective, Guiding Principles and Target Users

1.2.1. Objective

To strengthen responses to drugs in order to contribute
to the enhanced health, security and well-being
of all Nigerians.

1.2.2. Underpinning Principles

The NDCMP 2015-2019:

- Is to serve as the main driver of drug responses in
  Nigeria over the five-year period of implement-
  ation;
- Complies with basic result-based management
  requirements in the identification, implementa-
  tion and measurement of its results. SMART
  compliant (i.e. Specific, Measurable, Achievable,
  Realistic and Time-bound);
- Emphasizes a balanced approach between supply
  control and demand reduction; conforms to
  global recommendations and best practices7;
- Emphasizes respect for gender equality and
  human rights principles;
- Shifts emphasis to community-based approaches
  for drug prevention, treatment and care;
- Is aligned with other national and regional
  strategies8;
- Is to be costed to enable an adequately funded
  NDCMP 2015-2019;
- Has inter-agency collaboration underpinning
  implementation;
- Calls for enhanced coordination of activities at
  the national and the state levels.

1.3. Formulation Process

The European Union and the Government of Nigeria
have entrusted the United Nations Office on Drugs
and Crime (UNODC) with the implementation of the
project “Response to Drugs and Related Organized
Crime in Nigeria”. The project supports the Govern-
ment of Nigeria’s efforts at fighting drug production,
trafficking and use, and at curbing related organized

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6 Decree 15 of 1993.
7 (i) European Monitoring Centre for Drugs and Addiction (2014). Regional drug strategies across the world: a comparative analysis of intergovern-
mental policies and approaches, EMCDD Papers, Publications Office of the European Union, Luxembourg; (ii) Institutional assessment of the
National Drug Law Enforcement Agency of Nigeria (NDLEA); UNODC May 2014.
8 (i) Regional Action Plan to address the growing problem of illicit drug trafficking, organized crimes and drug abuse in West Africa 2008-2011,
crime. An integral part of the project is its support to the IMC to facilitate the formulation and implementation of the new National Drug Control Master Plan.

In order to initiate development of the NDCMP 2015-2019, an IMC meeting was held in December 2013. This meeting reviewed the NDCMP 2008-2011 (extended to 2013) and identified themes and priority areas for the development of an updated NDCMP for 2015-2019.

The IMC identified an eight-stage process for the development of the NDCMP 2015-2019. One key process was the bottom-up consultative engagement conducted in the form of town hall meetings. A total of 11 consecutive meetings were held at zonal level across all the 36 states and the Federal Capital Territory between April and June 2014. Stakeholders representing law enforcement and regulatory agencies, relevant federal and state government ministries and agencies, non-governmental organizations (NGO), medical and pharmaceutical unions, traditional rulers, community leaders, the Governor’s Office and States’ House of Assembly participated in the consultative town hall meetings. Participants completed a questionnaire concerning the main issues identified by the IMC, including: drug demand reduction, law enforcement, licit drugs and coordination mechanism. This data was analysed and used to inform discussions at subsequent IMC meetings in June and August 2014.

A key aspect in the process of the development of NDCMP 2015-2019 was the high-level meetings held with ministers and heads of key ministries. These meetings enabled the heads of the ministries, departments and agencies (MDAs) to provide input and recommendations on the formulation of the plan. The meetings also served as an opportunity to advocate to key stakeholders for funding, joint ownership and implementation modalities.

1.4. Major Gaps Identified by Stakeholders at Consultative Town Hall Meetings

Based on the analysis of the town hall questionnaires, combined with other input received at town hall forums, the following major gaps were identified.

1.4.1. Law Enforcement Responses to Illicit Drug Supply and Production

Nigerian law enforcement agencies’ efforts were constrained by a low level of technical and logistical capacity to implement drug responses. Linked to this was the limited capacity of law enforcement operatives in most aspects of intelligence collection and analysis. Drug investigations tended to employ retroactive rather than proactive techniques. It was felt that drug interdiction activities were heavily skewed towards drug users, couriers and to some extent low-level drug suppliers, while very limited success was reported targeting mid- to high-level suppliers.

Gaps were identified resulting in inefficiencies within the system including inter-agency rivalry and distrust, and unprofessional and unethical practices amongst law enforcement operatives. There was poor inter-agency collaboration and cooperation at national, regional and international levels. Another gap was the inadequate legal and policy framework, which adversely affected effective investigation, timely prosecution and inconsistent sentencing outcomes. Participants felt there was insufficient political will and support for funding and development of standardized law enforcement programmes. The lack of a national drug intelligence database that could be accessed on a “need-to-know” basis by all relevant agencies was another gap identified at the town hall meetings.

1.4.2. Drug Demand Reduction (DDR) Programme

Over 80 per cent of states reported low to very-low levels of sensitization, advocacy and prevention activities. These activities occur only sporadically, lack implementing structures at state levels, are not nationally coordinated, are characterised by low engagement of key stakeholders and are not informed by scientific evidence (e.g. prevalence and nature of the drug problem). Furthermore, no robust mechanism was in place to identify the most vulnerable groups that could be targeted by these sensitization, advocacy and prevention activities. Also, the development of related guidelines and toolkits remains sub-standard or was found to be
Participants reported that there were very few and inadequate treatment and continuing care facilities available in the country, with many states without any services. Most of the available treatment and continuing care facilities in Nigeria were psychiatric hospital-based (institutional) rather than community-based, and were therefore neither accessible to nor affordable for the majority of drug users. Only a limited number of the available treatment and continuing care facilities had evidence-based programmes and most needed upgrading to bring their practices to international standards. There was a poor level of public awareness of available treatment and continuing care and counselling services, which also affected accessibility of services. There was no evidence of robust or accessible referral pathways among existing treatment, continuing care and counselling services. Participants also reported that there were no specialised treatment and continuing care services for women and children.

On the issue of drug related HIV and AIDS, it was found that very limited data exists on the prevalence of HIV and AIDS among drug users. Although people who inject drugs (PWID) are identified in the national HIV and AIDS programme, there are still no comprehensive\(^5\) prevention, treatment, care and support services for them. There are limited capacity building opportunities for DDR practitioners on drugs and HIV and AIDS. Another deficit was limited collaboration between the national drugs and HIV and AIDS agencies, as well as organizations that could provide care and support for drug users with HIV.

Overall it was found that there was inadequate funding, low level of technical and logistic capacity and support to implement drug demand reduction responses. The small size of the workforce and its low capacity was also identified as a shortcoming. It was felt that DDR programming has relatively low political, advocacy and funding support compared with its law enforcement counterpart. The absence of a unified national policy for DDR activities was identified. Linked to this was the issue of the lack of a national data collection and reporting system on drug prevention and treatment to better inform policies and treatment programmes.

High levels of ignorance on drug issues in the general public resulted in negative attitudes towards drug users, which hinders uptake of available services. Drug user network groups have not been established across the country.

1.4.3. Availability, Access and Control of Narcotic drugs, Psychotropic Substances and Precursor Chemicals for Medical and Scientific Purposes

The lack of guidelines for realistic estimation and quantification of narcotic drugs, psychotropic substances and precursors needed for medical and scientific uses in the country was identified as a gap, as was the lack of regulations and national guidelines on narcotic drugs and psychotropic substances for health practitioners. Linked to this was the low level of awareness and knowledge of health professionals on the availability, accessibility and distribution system of narcotic drugs.

While the above factors contributed to the limited access and low-level availability of narcotic drugs in the country, another factor contributing to it was the over-centralization of the distribution system. Participants felt that the current regulatory mechanisms were weak. Another issue identified was the control of precursor substances and diversion of narcotics and psychotropic substances to unauthorized channels.

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\(^5\) Comprehensive package of interventions include all the following (a) Needle and syringe programmes (NSPs); (b) Opioid substitution therapy (OST) and other drug dependence treatment (c) HIV testing and counselling (TcC); (d) Antiretroviral therapy (ART); (e) Prevention and treatment of sexually transmitted infections (STIs); (f) Condom programmes for IDUs and their sexual partners; (g) Targeted information, education and communication (IEC) for IDUs and their sexual partners; (h) Vaccination, diagnosis and treatment of and vaccination for viral hepatitis; (i) Prevention, diagnosis and treatment of tuberculosis (TB). NSP, OST interventions are non-existent for IDUs while hepatitis and TB interventions are non-specific for drug users; WHO, UNODC, UNAIDS technical guide for countries to set targets for universal access to HIV prevention, treatment and care for injecting drug users, 2009.
There was weak collaboration and coordination among the key national organizations involved in the regulation and control of narcotic drugs, psychotropic substances and precursor chemicals in the country.

1.4.4. Coordination Mechanisms for Implementation of Previous NDCMP (2008-2011, extended to 2013), including Monitoring and Evaluation

Perhaps the most apparent gap was the lack of synergy between activities occurring at the federal and state levels. Also, quite obvious was the lack of evidence of any strategic planning on drug issues at all levels. Another observation was the low level of awareness of key practitioners of the NDCMP 2008-2011 (extended to 2013) and the weak link between activities reported by the key stakeholders and this earlier plan.

Additionally, there was inadequate coordination and collaboration between the main agencies charged with drug control and drug demand reduction at federal, state and local government levels. There is a lack of technical and logistical support to facilitate an effective coordination mechanism, with a low level of awareness and ownership of the NDCMP 2008-2011 (extended to 2013) among relevant agencies and stakeholders. In particular, limited nexus was found between drug control activities reported by MDAs and other stakeholders and the NDCMP 2008-2011 (extended to 2013). An absence of available data on implementation activities or systems to collect this data to facilitate record keeping, tracking of activities, policy formulation and implementation compounded this issue.
CHAPTER 2.
OVERVIEW OF DRUG AND CRIME SITUATION IN NIGERIA

2.1. Brief Country Profile

The country, which gained independence in 1960, is a federation of 36 states and the Federal Capital Territory (FCT). Nigeria is located in West Africa and shares borders with Republic of Benin in the west, Chad and Cameroon in the east and Niger Republic in the north. Its coast in the south lies on the Gulf of Guinea in the Atlantic Ocean. The country is divided into six geopolitical zones: North-east, North-central, North-west, South-east, South-south and South-west. With approximately 174 million inhabitants, Nigeria is the most populous country in Africa and the seventh most populous country in the world. The country is inhabited by over 250 ethnic groups, of which the three largest are the Hausa, Igbo and Yoruba.

In 2014, Nigeria’s economy overtook South Africa to become the largest in Africa and the 26th largest in the world. Notwithstanding its strong fundamentals, Nigeria faces serious challenges including widespread poverty (about 70 per cent of the population live below poverty line), inadequate power supply and infrastructure, an inconsistent policy and regulatory environment, a slow judicial system, corruption\(^1\) and insecurity\(^2\).

Nigeria has a pyramidal age structure with 62 per cent of its population younger than 25 years of age. The literacy rate of the total population is 61.3 per cent (2010 estimates). Nigeria’s health indices reflect a poor state of development. Life expectancy at birth is 52.62 years (2014 estimates).

2.2. Drug Trafficking

2.2.1. The current situation

Drug trafficking is a global phenomenon. A 2012 report by the International Narcotics Control Board (INCB\(^3\)) notes that Nigeria tops the list with the highest trafficking and drug use in West Africa. The report further states that in the last 10 years, West Africa became the new transit hub for cocaine coming from Latin America destined for Europe, with Nigeria’s commercial capital Lagos emerging as the most active centre for air trafficking of cocaine. The report notes that close to 50 per cent of Africa’s drug couriers arrested in Europe in 2011 were citizens of Nigeria. Nigeria also topped the list of major transit routes of heroin destined for Europe. The report notes that Nigeria features prominently among West African countries that produce and export cannabis to countries in Europe.

In 2013, the UNODC\(^4\) published a threat assessment of transnational organized crime in West Africa. According to the report, Nigerian trafficking groups based in Brazil and elsewhere in South America remain quite active in cocaine trafficking, with these groups importing cocaine through containerized consignments and maritime shipping, air couriering and postal shipments. The report also notes that methamphetamine production in West Africa is a growing concern. The main market for West African produced methamphetamine is East Asia, and, to a lesser extent, South Africa. The report states that

\(^{10}\) Nigeria ranked 144 out of 177 nations surveyed in the 2013 Transparency International Corruption Perception Index. Noticeably behind other West African nations, including Ghana (63), Benin (94) and Sierra Leone (119).


Nigerians have been over-represented in the number of West Africans arrested either in West Africa or in Europe for smuggling heroin.

NDLEA Annual Report\textsuperscript{14} (2013) identifies that drug trafficking remains a thriving business and a serious issue in Nigeria and strong concerted efforts are needed to control its trade. The report notes that NDLEA in 2013 arrested 8,843 suspected drug offenders. The total quantity of drugs seized stood at 339,968 kilograms. Like in previous years, cannabis topped the list of drugs seized with a total of 205,373 kilograms. Psychotropic drugs followed at 133,920 kilograms, then methamphetamine (340.8 kilograms), cocaine (290.2 kilograms), heroin (24.53 kilograms), amphetamine (19.297 kilograms) and ephedrine (0.28 kilograms). Compared to 2012, there was a 10 per cent increase in the number of arrests made and a 45 per cent increase in the volume of drugs seized in 2013. However, there was a 91 per cent decrease in the quantity of heroin seizures (211.03 kilograms in 2012 and 24.53 kilograms in 2013). The evidence that Nigeria remains a central transit point in the region was further confirmed in the report, which stated that 43 per cent of arrested suspects in 2013 were smuggling drugs out of the country.

The cultivation of cannabis is well established in various parts of Nigeria. In 2013, 847.46 hectares of cannabis plantations nationwide were discovered and destroyed. The Federal Ministry of Agriculture and Rural Development has already identified licit crops substitution programmes to be implemented. Cannabis plantations are usually located in remote areas with difficult terrain that limits access, which poses challenges for drug interdiction, eradication and crop substitution.

2.2.2. Effects and Consequences

In addition to tarnishing Nigeria’s image as a nation, drug trafficking also has negative impacts on its security, economy and the well-being of its people. The proceeds from drug trafficking can potentially be a source of funding for non-state armed and terrorist groups. The activities of these groups result in prolonged conflicts, instability and consequently overthrow of governments. Armed groups that have profited from trafficking in drugs may turn to predatory activities when this easy money dries up. Secondly, traffickers could use proceeds from the drug trade to fuel high-level corruption, including among top government officials and drug law enforcement operatives, which further weakens drug control efforts. Thirdly, individuals or groups that depend solely on illicit drug funds for their sustenance would not likely expose themselves to legitimate economic development initiatives. Finally, individuals who become dependent on or addicted to trafficked substances could suffer from social, physical and psychiatric complications with resultant untoward effects on themselves, their families, their work, their communities and the nation at large.

2.2.3. Governmental Interventions aimed at Curbing Drug Trafficking

2.2.3.1. Intervention and Coordination Entities

The enactment of Decree 48 of 1989, now CAP N30 LFN 2004, led to the establishment of National Drug Law Enforcement Agency (NDLEA). The Act stipulates that the Agency has the responsibility of controlling illicit drug cultivation, abuse, possession, manufacturing, production, trafficking in narcotic drugs, psychotropic substances and chemical precursors.

In 1993, Decree No 15, now NAFDAC Act CAP N1 LFN 2004, was enacted, establishing the National Agency for Food and Drug Administration and Control (NAFDAC). NAFDAC is mandated to regulate and control the importation, exportation, manufacture, distribution, advertisement, sale and use of food, drugs, chemicals, cosmetics, medical devices, detergents and packaged water.

\textsuperscript{13} UNODC (2013) Transnational organized crime in West Africa: A Threat Assessment, Vienna, Austria.

\textsuperscript{14} NDLEA (Federal Republic of Nigeria): 2013 Annual Report, Lagos, Nigeria.
To effectively involve stakeholders in drug control activities, and in line with the then Global Plan of Action, the Federal Government of Nigeria constituted the Inter-Ministerial Committee on drug control (IMC) in 1994. The committee is headed by the Chairman and Chief Executive of NDLEA and has members drawn from government ministries and agencies. The IMC produced the first National Drug Control Master Plan (NDCMP) in 1999, a second NDCMP 2008-2011 (extended to 2013) and the current NDCMP 2015-2019. The IMC has the responsibility to coordinate implementation of the NDCMP 2015-2019, as well as to monitor and evaluate its outcomes.

In addition, the Money Laundering Decree No 3 was enacted in 1995 to monitor laundering of drug trafficking proceeds through financial institutions. In 2004, the nature, scope and content of this decree were expanded to include the proceeds of other crimes. In the same year, the Federal Government also enacted the Economic and Financial Crimes Act No 20, leading to the establishment of the Economic and Financial Crimes Commission (EFCC).

2.2.3.2. Legal Framework

Nigeria’s legislation on drug control revolves around the United Nations International Conventions on drugs as well as specific responses to local problems. International instruments that shaped Nigeria’s responses include:

- The International Opium Convention, 1912
- The First Geneva Convention, 1931
- The Convention for the Suppression of Illicit Traffic in Dangerous Drugs, 1936
- The Single Convention on Narcotic Drugs, 1961
- The Convention on Psychotropic Substances, 1971
- The Protocol Amending the Single Convention on Narcotic Drugs, 1972
- The UN Convention Against Corruption, 2005

Also the following specific national legislation was adopted to shape the country’s response towards drug control:

- The Dangerous Drugs Ordinance of 1935
- The Indian Hemp Decree No 19 of 1966
- The Indian Hemp (Amendment) Decree No 34 of 1975
- The Indian Hemp (Amendment) Decree,
- The Special Tribunal (Miscellaneous Offences) Decree of 1984
- National Drug Law Enforcement Agency (Amendment) Decree No 33, 1990
- National Drug Law Enforcement Agency (Amendment) Decree No 15, 1992
- The Money Laundering (Miscellaneous Offences) Decree 3, 1995
- The Money Laundering (Prohibition) Act No 7 of 2004
- Poison and Pharmacy Act Cap 535 of 1990
- Food and Drugs Act, CAP F32 LFN 2004
- NAFDAC Act CAP N1 LFN 2004
- Dangerous Drugs Act CAP D1 LFN 2004
- Counterfeit and Fake Drugs and Unwholesome processed Foods (miscellaneous provisions) Act CAP C34 LFN 2004

2.2.3.3. Drug control interventions: highlights of achievements and challenges

The NDLEA\textsuperscript{15} cites the following major achievements of the agency in the past five years:

1. Increased information sharing with other law enforcement agencies and stakeholders;
2. With the effective launch of AIRCOP at Murtala Muhammed International Airport in Lagos, communication has been enhanced among the agencies involved;
3. Enhancement of international cooperation at the African sub-region; strengthened regional, bilateral and multi-lateral relationships with many countries outside Africa;
4. Seizures and arrests have improved at seaports, airports and the land borders (See Table 1 p. 20);
5. More hectares of cannabis farmlands are discovered and destroyed; and
6. Sanitization of the visa clearance procedures to drug source countries.

TABLE 1:

<table>
<thead>
<tr>
<th>Year</th>
<th>Cannabis</th>
<th>Cocaine</th>
<th>Heroin</th>
<th>Others</th>
<th>Total</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009</td>
<td>114,700.71</td>
<td>392.05</td>
<td>104.71</td>
<td>712.77</td>
<td>115,910.24</td>
<td>6,700</td>
<td>342</td>
</tr>
<tr>
<td>2010</td>
<td>174,661.59</td>
<td>706.433</td>
<td>202.08</td>
<td>2,550.622</td>
<td>178,120.73</td>
<td>6,296</td>
<td>492</td>
</tr>
<tr>
<td>2011</td>
<td>191,847.91</td>
<td>410.81</td>
<td>39.752</td>
<td>2,985.447</td>
<td>195,283.9</td>
<td>8,072</td>
<td>567</td>
</tr>
<tr>
<td>2012</td>
<td>228,794.13</td>
<td>131.89</td>
<td>211.03</td>
<td>4,562.585</td>
<td>233,699.64</td>
<td>7,510</td>
<td>542</td>
</tr>
<tr>
<td>2013</td>
<td>205,373</td>
<td>290.2</td>
<td>24.53</td>
<td>134,280.38</td>
<td>339,968.11</td>
<td>8,324</td>
<td>519</td>
</tr>
</tbody>
</table>

Source: NDLEA, July 2014

However, the NDLEA identified the following challenges preventing effective operations:

1. Poor logistics including operational vehicles, surveillance equipment, arms and ammunitions, drug testing kits etc.;
2. Inadequate intelligence gathering capability; 
3. Lack of database; and 
4. Capacity gaps in intelligence-led operations.

2.3. Drug Use

2.3.1 Prevalence data

No comprehensive data is available on the estimated number of illicit drug users in Nigeria. The lack of data is a result of the following factors:

1. There is no national central data-coordinating unit set up for this purpose. The figures reported to the United Nations from government sources are derived mainly from hospital sources. Such data is deficient in that many street users do not have access to, and cannot afford the cost of hospital care.
2. Individual researchers and academics with limited resources conduct most of the substance use studies in Nigeria. Such studies have mostly been hospital-based and retrospective, making prediction of trends rather difficult.
3. Epidemiological studies carried out in the country have been localized and covered mainly easily accessible populations such as students. National substance use/abuse epidemiological surveys are few and far between, with all but one being funded by international organizations.

NDLEA Director of Operations and General Investigations


2.3.1.1. Hospital-based data

The earliest drug studies in Nigeria were hospital-based. In the 1970s and 1980s, hospital-based data from both the Northern\textsuperscript{16} and Southern\textsuperscript{17} parts of the country revealed most patients presented cannabis and amphetamine-related disorders. From the mid-1980s, data from Nigerian hospitals began to reflect the emergence of patients admitted for the treatment of heroin and cocaine-related disorders\textsuperscript{18}. This period coincided with the reported upsurge of the activities of Nigerian syndicates in international trafficking of these substances.

A retrospective survey conducted in 1989\textsuperscript{19} of 4,438 patients treated in 13 centres in the North and 5,960 patients in 15 health facilities in the South found that drug related admissions accounted for 8.3 per cent of all the admissions. The most common drug of abuse in the North was cannabis (17 per cent), followed by alcohol (9.9 per cent), amphetamines (3.5 per cent), heroin (2.4 per cent) and cocaine (1.1 per cent). In the South, cannabis was the most commonly abused drug (60.6 per cent), followed by heroin (40.3 per cent), cocaine (23.7 per cent) and alcohol (15.6 per cent).

2.3.1.2. Community-based/household surveys

In 1989, the United Nations International Drug Control Programme (UNDCP\textsuperscript{20}) conducted a rapid situation assessment (RSA) of substance use in Nigeria that covered four geographically representative sites of the country. The study found that cannabis was the most commonly produced, trafficked and used drug in all parts of Nigeria. The use of heroin and cocaine was reported mainly in Lagos and other cosmopolitan state capitals. The use of amphetamine-type substances (ATS) was more commonly found in the Northern part of the country.

The following year, NDLEA\textsuperscript{21} conducted another RSA of drug abuse in Nigeria. This study was the most comprehensive ever conducted in the country, covering 22 of Nigeria’s 36 states. It confirmed most of the findings of the 1998 RSA survey, including the fact that cannabis was the most widely abused and trafficked drug in the country. For the first time, the study revealed that the abuse of cocaine and heroin was not restricted to Lagos State, but occurred even at higher levels in Kano State (North), the South-south states of Rivers, Delta, and Cross-Rivers, as well as the South-western state of Ogun. The study also found an emerging problem with the abuse of “Zakami” (Datura Metel), an indigenous plant that grows widely in the north and has hallucinogenic properties. The use of solvents was found to be a growing problem, mainly among marginalized youth and street children in some Northern states.

In 2007, a national household epidemiological study\textsuperscript{22} selected 6,752 adults from 21 of Nigeria’s 36 states and found non-prescription sedative use (lifetime use: 17 per cent and 14 per cent respectively; past year: both 3.4 per cent) higher than illicit drugs. The use of cannabis was rarely reported at lifetime prevalence rate of 2.7 per cent and past year use rate of 0.4 per cent. The reported use of stimulants, cocaine, stimulants and “other drugs” was insignificant.

In 2012, a national household survey on alcohol and drug use in Nigeria\textsuperscript{23} covered one state from each of the country’s six geopolitical zones and the FCT. A total of 10,609 respondents participated (see Table 2 on the next page).


### TABLE 2:
**THE NASAD HOUSEHOLD SURVEY, 2012**

<table>
<thead>
<tr>
<th>Drug use</th>
<th>Lifetime rate (%)</th>
<th>12-month rate (%)</th>
<th>30-day rate (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tranquillisers (e.g. diazepam, lexotan)</td>
<td>11.3</td>
<td>5.5</td>
<td>2.9</td>
</tr>
<tr>
<td>Heroin</td>
<td>4.6</td>
<td>2.2</td>
<td>1.8</td>
</tr>
<tr>
<td>Other opiates (e.g. morphine, codeine, pentazocin)</td>
<td>7.2</td>
<td>3.6</td>
<td>2.2</td>
</tr>
<tr>
<td>Hallucinogen-Lysergic Acid Diethylamide (LSD)</td>
<td>2.8</td>
<td>1.3</td>
<td>1.1</td>
</tr>
<tr>
<td>Other hallucinogens</td>
<td>3.3</td>
<td>1.6</td>
<td>1.3</td>
</tr>
<tr>
<td>Cannabis</td>
<td>6.6</td>
<td>2.6</td>
<td>1.8</td>
</tr>
<tr>
<td>Amphetamine</td>
<td>2.6</td>
<td>1.0</td>
<td>0.9</td>
</tr>
<tr>
<td>Methamphetamine</td>
<td>4.1</td>
<td>1.6</td>
<td>1.5</td>
</tr>
<tr>
<td>Ecstasy</td>
<td>3.8</td>
<td>1.7</td>
<td>1.5</td>
</tr>
<tr>
<td>Cocaine</td>
<td>3.3</td>
<td>1.6</td>
<td>1.4</td>
</tr>
<tr>
<td>Crack</td>
<td>4.1</td>
<td>2.0</td>
<td>1.7</td>
</tr>
<tr>
<td>Solvents and inhalants</td>
<td>6.8</td>
<td>3.9</td>
<td>3.2</td>
</tr>
<tr>
<td>Analgesics (e.g. paracetamol, aspirin)</td>
<td>54.5</td>
<td>44.9</td>
<td>31.0</td>
</tr>
<tr>
<td>Other drugs (e.g. Suku-daya, Powerhorse)</td>
<td>14.7</td>
<td>10.3</td>
<td>6.9</td>
</tr>
<tr>
<td>Injecting drug use</td>
<td>4.0</td>
<td>1.9</td>
<td>1.6</td>
</tr>
</tbody>
</table>


Surveys of student and prison populations, despite being limited, have provided complementary substance use data in Nigeria. For example, a study of some condemned armed robbers in Benin-City, Bendel State\(^{24}\) reported that more armed robbers were users of cannabis (45 per cent) versus non-armed robbers (0.9 per cent). In another study conducted in Abeokuta Prison\(^{25}\), the prevalence of current abuse of cannabis was reported to be 7 per cent. Most of those studied were males and young adults. Lifetime prevalence rate for cannabis use was 33.9 per cent.

2.3.2. Drug Use and HIV and AIDS

In Nigeria, it is estimated that persons who inject drugs (PWIDs) account for 9 per cent of new HIV infections annually\(^{26}\). HIV prevalence among PWIDs is 4.2 per cent\(^{27}\) against a backdrop of 3.4 per cent HIV prevalence in the general population. HIV prevalence among PWIDs varies across states from 3 per cent in Lagos to 9.3 per cent in FCT. Prevalence in females is about seven times higher than their male counterparts. The dynamics among female injecting drug users that predispose them to greater HIV risks are not well understood in Nigeria. A report indicated that non-injecting female drug users who also engaged in commercial sex work in Lagos recorded an HIV prevalence rate of 43 per cent\(^{28}\). Despite the incomplete and non-robust nature of available data, they nonetheless indicate that drug users, especially PWIDs, constitute one of the most-at-risk groups for HIV infection in Nigeria.

2.3.3. Sensitization, Advocacy and Prevention Programming

As reflected in its latest Annual Report\(^{29}\), NDLEA noted that one of the responsibilities of its DDR Unit is to effectively sensitize the public to the dangers inherent in drug trafficking and drug abuse. The NDLEA noted that over the past five years (2010-2014), an average of 1,000 schools were covered each year nationwide for preventive education activities. Similarly, activities were carried out for other target groups such as market women, road transport workers and artisans. The DDR Directorate also noted that more than 100 schools have functioning drug-free clubs. Further, preventive drug education has been infused in school curricula in relevant subjects of basic education for secondary schools, in the general studies of tertiary institutions (universities, polytechnics and colleges of education), and in the curricula of adult and non-formal education.

NAFDAC also carries out drug demand reduction activities through drug abuse prevention enlightenment programmes using various platforms such as print and electronic media, and lectures to organized sectors like schools, youth camps, clinics, markets and workplaces. This drug demand reduction activity is also extended through collaboration with and support to relevant NGOs.

Despite achievements, stakeholders through the NDCMP 2015-2019 consultative process have identified several gaps in the current provision of DDR activities in Nigeria (See Section 1.4.2). To close these gaps, stakeholders have recommended the following:

1. Better funding to scale up sensitization, advocacy and prevention activities at local, state and national levels;
2. More logistical and technical support;
3. More involvement of relevant communities and stakeholders;
4. Better coordination between the states and the central body (NDLEA DDR Unit) on sensitization, advocacy and prevention programming;
5. Upgrading of sensitization, advocacy and prevention guidelines and toolkits to international standards;

\(^{24}\) MOT, 2009.
\(^{27}\) IBBSS 2010.
\(^{29}\) NDLEA 2013 Annual Report.
6. Training of sensitization, advocacy and prevention practitioners to international standards; and
7. Better monitoring and evaluation of sensitization, advocacy and prevention activities at all levels.

2.3.4. Treatment and Continuing Care Services

Treatment of drug dependent persons in Nigeria takes place mainly in psychiatric hospitals, although some private hospitals, non-governmental organizations (including faith-based groups) and traditional healers also offer services. Since the early 1960s, federal and state psychiatric hospitals have provided care for persons who present cannabis-induced psychotic behaviour. In March 1983, the first specialised Drug Addiction Research and Treatment Centre was established at the Neuropsychiatric Hospital, Aro, Abeokuta. Since then, more treatment centres have become available, mostly situated within the confines of psychiatric hospitals, though some others are located in general hospitals and the medical units of teaching hospitals. Available reports from these government-funded treatment centres show that treatment methods used follow strictly the orthodox pattern comprising:

1. An assessment of the patient for physical, mental and social deficits;
2. Detoxification, usually offered as an integral part of the treatment service;
3. Various forms of psychotherapy and drug-free counselling; and
4. Educational, occupational and social rehabilitation that is initiated at the start of treatment with active participation of family members.

Treatment is aimed at total abstinence, and there is no evidence that any treatment facility offers other type of drug treatment, such as drug substitution. Inpatient and limited outpatient services are offered in most hospitals and drug units. These facilities often use the services of part-time psychiatrists, medical practitioners and psychologists. They offer a range of services including counselling, vocational and occupational rehabilitation, and, in a few centres, psychotherapy. Informal treatment programmes based on religion also exist.

NDLEA, through its DDR Directorate, also offers counselling services across the state and special area commands. While staff members are dedicated to the DDR function, training is minimal and there is a demonstrated need to improve capacity. In addition, links with the health sector and Civil Society Organizations (CSOs) need to be strengthened. The physical infrastructure of NDLEA counselling centres throughout the country varies and needs to meet minimum standards for the well-being of clients.

In 2013, the UNODC conducted an assessment of the capacity of drug dependence treatment and care facilities in the six geo-political zones of Nigeria, including the Federal Capital Territory, to offer drug dependence treatment and improve service delivery. The assessment found varying degrees of adequacies of available infrastructure, varying bed capacity and staffing levels, very low level of staff training — with the exception of one facility — and varying levels of specialization and sophistication. The report concluded that all facilities needed to raise the level of infrastructure development and service delivery to international standards and recommended a total of seven facilities be used as training hubs. There are clear gaps in HIV prevention, treatment and care services for drug users who are at risk of, or live with HIV infection. HIV and AIDS services for people who inject drugs are currently limited.

CHAPTER 3. STRATEGIC PILLARS AND THEMES

The NDCMP 2015-2019 aims to contribute to reducing the supply and production of illicit drugs, preventing and treating drug dependency and minimising the harm of drug use in order to enhance the health, security and well-being of all Nigerians. The NDCMP 2015-2019 sets out tangible objectives within three main strategic pillars and one support pillar and related themes: law enforcement; drug demand reduction and availability, access and control of narcotic drugs, psychotropic substances and precursor chemicals for medical and scientific purposes; as well as strengthening of structures for the coordination of the implementation of the NDCMP 2015-2019.

3.1. Law Enforcement

The magnitude of drug criminal business and its internationalization places Nigeria at the very centre of one of the most dynamic drug routes in the world. Thus, Nigeria faces a number of complex challenges related to illicit drug trafficking into, through and within its borders.

For several decades, the “war on drugs” was the prevailing strategic approach against drug use. Within this approach, law enforcement was the principal instrument and the most exposed public service. This approach was meant to successfully reduce drug use mainly by arresting, prosecuting and sentencing drug producers (big and small), drug traffickers (big and small) and drug consumers. In many countries this approach led to certain positive achievements and many failures for which law enforcement was blamed. It also led to an increased risk of corruption among law enforcement officials as well as to complaints against power and human rights abuses by the law enforcement sector. This approach also overstretched the already thin strategic, tactical, operational and intelligence capacities of the law enforcement sector. This happened even in countries such as Nigeria, in which a specialized anti-drug law enforcement agency, the NDLEA, was established as early as 1989.

Furthermore, the emphasis on the law enforcement strategy against drug use led to overburdened criminal prosecution and judicial capacity, as well as to overcrowded prisons. With the interplay of other economic and political factors, both domestic and international, the law enforcement and criminal justice response became skewed in favour of managing the small threats and inability to manage the big ones. The emphasis on law enforcement strategy resulted in less attention on drug demand reduction programming and activities. However, over the last decade, there has been a change in how drug consumers are viewed; today they are regarded less as offenders, and more as persons with health issues.

Moreover, law enforcement strategies aimed at reducing the supply of illicit drugs need to focus on the aspects of the drug supply chain where they can optimize the reduction of the supply of drugs to the maximum extent possible. Such strategies need to target mid- to high-level suppliers and producers of drugs, with an emphasis on quality rather than quantity of interventions. This is what the NDCMP 2015-2019 aims to achieve.

While an effective law enforcement response is indeed one of the main pillars of the NDCMP 2015-2019, its implementation must be based on the rule of law and respect of human rights and aligned with the United Nations and other international conventions, standards and norms. This stems both from the obligations of Nigeria as a party to all UN drugs and crime conventions and a member of the African Union and ECOWAS, but also from the requirements for an efficient and well-managed law enforcement response.
3.1.1. Legal and Policy Framework

This pillar consists of two objectives: the review of laws from the perspective of international compliance, and the improved adequacy of the legal and policy framework to facilitate effective investigation and timely prosecution.

For law enforcement to effect the strategic orientation towards pursuing higher-level drug suppliers and producers rather than drug users, a number of legislative and policy-related changes are required. It is of particular importance that the legislative and policy facilitation is in compliance with the relevant drug and crime international conventions as well as international human rights standards.

There is a need for the adoption of clear sentencing guidelines as a policy framework to facilitate a balanced sentencing process. These guidelines are required to ensure proportionality of sentences reflect the true extent of criminality for diverse offenders: from the leaders and members of transnational organized crime groups, to drug producers and street sellers.

Much Nigerian legislation is in compliance with the main provisions of the United Nations anti-drug and anti-crime conventions. However, due to the changing configuration of drug use and crime domestically, regionally and globally, there is a constant need to review and update legislation and policy frameworks. This is one of the policy priorities in order to provide law enforcement with effective investigative powers and tools to successfully target mid- to high-level drug suppliers and producers. This is also important in view of the need to strike the balance between special powers and mandates assigned to law enforcement in order to avoid possible abuses of such powers and mandates. Good legislation and oversight mechanisms are guardians of this balance and respect for the rule of law and human rights.

3.1.2. Targeting Criminal Wealth

With engagement in drug trafficking being driven by a profit motive, it follows that asset forfeiture actions should be prioritized. The asset forfeiture approach has been employed worldwide as an effective way to respond to organized crime threats by removing criminal wealth and preventing its entry either into the formal economy or its re-investment into illicit activities.

Law enforcement needs to focus on capturing the wealth of drug suppliers and producers in order to break the “financing chain of illicit activities” and the “legalization” of criminal profit through its channeling into the formal economy. This policy priority must be accompanied by activities resulting in the improved capacity of law enforcement, and in particular the NDLEA, in the areas of money laundering, asset tracing, seizure, forfeiture and intelligence exchange.

3.1.3. Intelligence-led Policing and Collaboration

The focus of this strategic theme is to create a structural and efficient strategy to enable targeting of higher-level drug suppliers and producers. This is achieved through improved collection, exchange and use of intelligence data to engage in proactive policing, targeting the disruption of criminal networks in drug trafficking and production. Such a policing approach requires good cooperation and partnership within the law enforcement sector, and, in view of the international configuration of the drug use and crime linkage, at the regional and international levels through bilateral and multilateral agreements.

The current drug law enforcement responses in Nigeria are reactive, with seizures and arrests occurring where drugs become visible either through cultivation, movement or use. This reactive approach inevitably targets drug couriers, users and cannabis crop sitters, without adequately addressing the criminal masterminds who orchestrate and fund the manufacture and trafficking of drugs into, through and within Nigeria. Proactivity is required using intelligence development methodology, special investigation techniques, financial investigations and covert sources of information.

The NDCMP 2015-2019 calls for a focus on mid- to high-level drug manufacturers and suppliers. This is a marked departure from the current approach...
and practices exercised by law enforcement agencies and will require significant changes to management processes and capacity building of personnel, with different skill sets being required. It will also require law enforcement to properly assess the threat level of all suspects they intend to target.

3.1.4. Professionalization and Operational Capability of NDLEA

The strategic law enforcement focus on criminal wealth and high-level criminals cannot be successfully pursued without effective implementation of this important thematic area. During the consultative process in the formulation of the NDCMP 2015-2019, concerns were raised over a number of factors affecting the efficiency of law enforcement, with particular emphasis on the need to foster motivation, commitment and integrity of law enforcement officers. Hence, there is a need to enhance integrity, culture and oversight of NDLEA staff.

The level of integrity has a very strong correlation with the level of collaboration and information sharing between agencies. Unless certainty exists that information will not be misused, that information is commonly not exchanged out of fear of operational compromise. This situation is particularly important for foreign law enforcement agencies, whose policies do not allow them to share intelligence with other foreign law enforcement agencies where assurances do not exist that the integrity of the information will be protected. Therefore, improving levels of integrity and professionalism will be paramount for law enforcement agencies to become intelligence-led.
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<th>Baseline/Target</th>
<th>Responsible Entity</th>
<th>Partnering Entity</th>
<th>Funding Source</th>
<th>Indicative Time-frame for Activities</th>
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</table>
| **LEGAL & POLICY FRAMEWORK**                                          | **1. Adequate and efficient legal and policy frameworks facilitating effective investigation and timely prosecution** | **1.1. Reviewed laws to ensure they comply with international conventions/standards on drugs, organized crime, asset forfeiture and human rights**                                                                 | • Number of legislative acts reviewed and critically analysed  
• Number of amendments proposed                                                                                           | Baseline: Current legislation and conventions  
Target: At least three (NDLEA Act, Asset Forfeiture; and Witness Protection)                                               | FMOJ and NDLEA                                    | Police Customs Immigration NAFDAC                                      | FMOJ European Union                              | Jan 2015  
July 2015  
May 2016  
Mar 2017  
May 2017  
June 2016  
Dec 2016 |
|                                                                       | **1.2. Higher level of proportionality of penalties on drug cases**                                                   |                                                                                                                                            | **Activities**                                                                                                                   | 1.1.1. Review gaps in current legislation against international drug and crime conventions  
1.1.2. Recommend proposed amendments to current drug and crime legislation  
1.1.3. Advocacy to relevant MDAs and National Assembly to support enactment of laws |                                                                                                                                     |                                                                                                                                     |                                                                                                             | Oct 2015  
March 2016  
May 2016  
July 2016  
June 2016  
July 2017  
Dec 2017  
June 2017  
Dec 2017 |
|                                                                       | **1.3. Amended policy and guidelines to improve effectiveness of asset management and forfeiture**                    |                                                                                                                                            | **Activities**                                                                                                                   | 1.3.1. Review and revise policy and procedures for asset management and forfeiture  
1.3.2. Develop revised policy and procedures for asset management and forfeiture  
1.3.3. Promulgate revised policy and procedures for asset management and forfeiture |                                                                                                                                     |                                                                                                                                     |                                                                                                             | Jan 2016  
June 2016  
Mar 2017  
Mar 2017  
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May 2017  
June 2017  
Dec 2017  
June 2017  
Dec 2017 |
<p>|                                                                       | <strong>1.2. Higher level of proportionality of penalties on drug cases</strong>                                                   | • Sentencing guidelines for proportionality of penalties for drug cases adopted                                                                 |                                                                                                                                  |                                                                                                                                  |                                                                                                                                     |                                                                                                             |                                                                                                             |
|                                                                       | <strong>1.3. Amended policy and guidelines to improve effectiveness of asset management and forfeiture</strong>                    | • Asset management policy and procedures established                                                                                      |                                                                                                                                  |                                                                                                                                  |                                                                                                                                     |                                                                                                             |                                                                                                             |</p>
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<tbody>
<tr>
<td>2. Criminal wealth of high-level drug suppliers and producers forfeited to the government</td>
<td>2.1. Improved capacity of NDLEA and other related agencies on money laundering, asset tracing, seizure and forfeiture for drug related offending</td>
<td>2.1.1. Conduct money laundering and asset confiscation training of NDLEA and related LEAs</td>
<td>• Number of NDLEA personnel trained as financial investigators • Number of NDLEA operatives trained in asset confiscation and money laundering investigations</td>
<td>Target: At least 100 NDLEA officers training in financial investigation/money laundering during period of NDCMP</td>
<td>NDLEA</td>
<td>Police Customs Immigration</td>
<td>NDLEA European Union</td>
<td>June 2015 - Dec 2018</td>
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<td>2.2. Effective and targeted intelligence exchange between the NFIU and the NDLEA</td>
<td>2.2.1. MOU between NFIU and NDLEA drafted and endorsed</td>
<td>• Percentage increase in the number of cases resulting in asset forfeiture • Percentage increase in the net value of assets seized</td>
<td>Baseline: 23 cases, USD 212,550 seized (2013) Target: 10% increase in number of asset forfeiture cases and value forfeited</td>
<td>NDLEA</td>
<td>Police Customs Immigration</td>
<td>NDLEA European Union</td>
<td>Jan 2016 - Dec 2015</td>
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<td>2.2.2. Establish policy and procedures for regular exchange of intelligence</td>
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<td>2.2.3. Establish electronic platform for regular exchange of intelligence</td>
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<td>July 2015 - June 2016</td>
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<td>2.2.4. Establish biannual forum for exchange of experience and knowledge on drug related money laundering</td>
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<td>2.3. Increased asset seizures and forfeitures</td>
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**Activities**

- **2.1.1. Conduct money laundering and asset confiscation training of NDLEA and related LEAs**
  - Jan 2016 - June 2016
  - July 2016 - July 2017

- **2.2.1. MOU between NFIU and NDLEA drafted and endorsed**
  - June 2015 - December 2015

- **2.2.2. Establish policy and procedures for regular exchange of intelligence**
  - July 2015 - June 2016

- **2.2.3. Establish electronic platform for regular exchange of intelligence**
  - July 2015 - June 2016

- **2.2.4. Establish biannual forum for exchange of experience and knowledge on drug related money laundering**
  - July 2016 - Ongoing
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<td>2. Criminal wealth of high-level drug suppliers and producers forfeited to the government</td>
<td>2.3. Increased asset seizures and forfeitures</td>
<td>• Percentage increase in number of officers in the NDLEA Directorate of Assets and Financial Investigations</td>
<td>Target: 25% increase in number of officers in NDLEA Directorate of Assets and Financial Investigations</td>
<td>NDLEA</td>
<td>Police Customs Immigration</td>
<td>NDLEA European Union</td>
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<td>2.4. Improved capacity of judiciary and prosecutors on asset forfeiture</td>
<td></td>
<td>• Increased knowledge and skills of judicial officers and prosecutors trained in asset forfeiture</td>
<td>Target: At least 50 judicial officers and prosecutors trained on asset forfeiture during NDCMP 2015-2019</td>
<td>FMOJ and NDLEA</td>
<td>National Judiciary Institute</td>
<td>NDLEA European Union FMOJ</td>
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**Activities**

2.3.1. Increase number of NDLEA officers in the Directorate of Assets and Financial Investigations
2.3.2. Conduct basic asset investigation awareness training for NDLEA and LEA operatives
2.3.3. Conduct asset seizures and forfeitures

2.4.1. Develop training curriculum and training calendar for training of judicial officers and prosecutors
2.4.2. Conduct training of judicial officers and prosecutors
2.4.3. Evaluate training of judicial officers and prosecutors
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<th>Themes</th>
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<td>NDLEA</td>
<td>LEAs</td>
<td>NDLEA European Union AFRICOM</td>
<td>Commence</td>
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<td></td>
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<td>3.1. Drug intelligence database networked to all states established to produce actionable intelligence in order to disrupt and dismantle drug trafficking networks</td>
<td>• Number of NDLEA Commands networked to Intelligence databases • Increased percentage of mid- to high-level offenders arrested as a result of actionable intelligence • Number of policies and procedures developed to share and manage intelligence within NDLEA and with LEAs</td>
<td>Target: Networked intelligence database for all NDLEA Commands Target: Policy and Procedures adopted for the managing and sharing of intelligence with the NDLEA and with LEAs</td>
<td>NDLEA</td>
<td>LEAs</td>
<td>NDLEA European Union AFRICOM</td>
<td>Mar 2015</td>
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<td>3.1.1. Establish networked intelligence database across NDLEA Commands</td>
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<td>3.1.2. Develop policy and procedures for managing and sharing intelligence within NDLEA and with LEAs</td>
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<td></td>
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<td>3.2. Improved intelligence capacity of NDLEA</td>
<td>• Number of NDLEA intelligence officers trained</td>
<td>Target: 250 trained intelligence officers</td>
<td>NDLEA</td>
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<td>3.2.1. Design and develop training calendar for intelligence awareness training for NDLEA operatives</td>
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<td>Mar 2015</td>
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<td>3.2.2. Conduct intelligence awareness training for NDLEA operatives</td>
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<td>Jul 2015</td>
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<td>3.2.3. Evaluate intelligence awareness training for NDLEA operatives</td>
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<tr>
<td>INTELLIGENCE-LED POLICING &amp; COLLABORATION</td>
<td>3. Improved proactive responses against mid- to high-level drug suppliers based on intelligence-led policing and inter-agency collaboration</td>
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3.3. Strategies developed and implemented to reduce cannabis production
3.3.1. Conduct national cannabis production survey
3.3.2. Acquisition of resources to improve detection and eradication of cannabis crops
3.3.3. Conduct detection and eradication programs
3.3.4. Establish dedicated intelligence unit for cannabis detection
3.3.5. Develop and implement strategies to prevent farm owners from engaging (directly or indirectly) in cannabis production

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<th>Indicators</th>
<th>Baseline/Target</th>
<th>Responsible Entity</th>
<th>Partnering Entity</th>
<th>Funding Source</th>
<th>Indicative Time-frame for Activities</th>
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<tbody>
<tr>
<td>• National cannabis production survey completed</td>
<td>Target: National Cannabis Survey</td>
<td>NDLEA</td>
<td>Federal Ministry of Agriculture and Rural Development</td>
<td>NDLEA European Union</td>
<td>Commence</td>
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<tr>
<td>• Percentage decrease in hectares under cannabis cultivation</td>
<td>Target: Establish and equip five cannabis detection and eradication units (one for each cannabis growing state)</td>
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<tr>
<td>• Number of cannabis detection and eradication strategies implemented</td>
<td>Target: 10% increase (over life of plan) in detection and eradication of cannabis crops</td>
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<td>Target: Five detection and eradication units established</td>
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Activities

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<th>Activities</th>
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<tr>
<td>3.3.1. Conduct national cannabis production survey</td>
<td>Feb 2015</td>
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<td>3.3.2. Acquisition of resources to improve detection and eradication of cannabis crops</td>
<td>June 2015</td>
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<td>3.3.3. Conduct detection and eradication programs</td>
<td>Jan 2015</td>
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<td>3.3.4. Establish dedicated intelligence unit for cannabis detection</td>
<td>Sept 2015</td>
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<td>3.3.5. Develop and implement strategies to prevent farm owners from engaging (directly or indirectly) in cannabis production</td>
<td>July 2015</td>
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| PROFESSIONALIZATION & OPERATIONAL CAPABILITY OF NDLEA | 4. Improve responses against drug related crime through inter-agency partnerships through mutual trust, sharing of information, knowledge, expertise and resources | 4.1. Improved information and knowledge sharing between law enforcement agencies | • Number of intelligence reports shared between law enforcement agencies  
• Number of joint training exercises undertaken  
• Increased participation of NDLEA Commanders in monthly coordination meetings with other law enforcement agencies | Target: MOUs endorsed with at least 3 agencies  
Target: Increase of 25% in number of intelligence reports shared by NDLEA with law enforcement agencies  
Target: At least one training slot allocated to another agency in at least 30% of training courses  
Target: All state Commanders participating in regular law enforcement coordination meeting | NDLEA | NPF Customs Immigration NAFDAC | NDLEA European Union | Sept 2015 | Dec 2016 Ongoing |
|        |         |        |            |                |                   |                  |              | 4.1.1. Establish MOUs between relevant agencies to establish framework for intelligence sharing  
4.1.2. Conduct joint agency training for law enforcement  
4.1.3. Participate in a joint law enforcement coordination meeting in each state | | | | | | | | Sep 2015 | Jul 2015 |
|        |         |        |            |                |                   |                  |              | 4.2. Optimized use of resources through improved cooperation amongst law enforcement agencies | Number of joint operations undertaken | Number of multi-agency task force established comprising at least two other agencies | NDLEA | NDLEA European Union | NDLEA European Union | Sept 2016 | Jul 2017 |
|        |         |        |            |                |                   |                  |              | 4.2.1. Establish MOU between relevant law enforcement agencies for joint agency drug task force  
4.2.2. Establish NDLEA-led multi-agency task force for complex drug operations. | | | | | | | | Jul 2017 |
|        |         |        |            |                |                   |                  |              | 4.3. Improved regional and international cooperation | • Number of bilateral and multilateral agreements signed  
• Number of international joint investigations undertaken  
• Number of mutual legal assistance requests effected | Target: At least two international and at least three regional agreements signed  
Target: Increase by 10% the number of investigations with foreign LEAs from 2014  
Target: 100% of requests received addressed | NDLEA | FMOJ | European Union | | | | Jan 2016 | Dec 2017 Ongoing |
|        |         |        |            |                |                   |                  |              | 4.3.1. Establish agreements to share information and cooperate with source, destination and neighbouring countries  
4.3.2. Undertake joint investigations with foreign law enforcement agencies  
4.3.3. Request and execute mutual legal assistance request with other countries | | | | | | | | Jun 2016 | Jan 2015 | Ongoing |
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<th>Indicative Time-frame for Activities</th>
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| **PROFESSIONALIZATION & OPERATIONAL CAPABILITY OF NDLEA** | 5.1. Enhanced culture of ethical conduct of NDLEA | | • Number of NDLEA personnel trained in human rights and / or ethics • Review of NDLEA code of ethics completed | Target: All NDLEA personnel
Target: Revision of code of ethics | NDLEA | | NDLEA European Union | Commence | Conclude |
<p>| | | | | | | | | June 2015 | Dec 2016 |
| | | | | | | | | Sept 2016 | |
| | | Activities | 5.1.1. Conduct awareness training of NDLEA personnel on human rights and ethics 5.1.2. Undertake review of NDLEA code of ethics and recommend revisions | | | | | |
| | | | | | | | | |
| | | Activities | 5.2. Strengthened capacity for integrity oversight 5.2.1. Conduct investigation training of NDLEA internal affairs personnel 5.2.2. Conduct vetting for all NDLEA officers involved in joint investigations, intelligence unit and internal affairs | | | | | |
| | | | | | | | | |
| | | Activities | 5.3. Improved performance management framework for NDLEA 5.3.1. NDLEA performance management processes reviewed and revised 5.3.2. Conduct awareness training for NDLEA personnel on revised performance management processes | | | | | |
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<tr>
<td>PROFESSIONALIZATION &amp; OPERATIONAL CAPABILITY OF NDLEA</td>
<td>6. To improve the management, organization and resourcing for NDLEA to effectively carry out their mandate</td>
<td>6.1. A developed and implemented organisational strategy to meet the identified operational needs</td>
<td>Percentage increase of identified operational needs acquired</td>
<td><strong>Target:</strong> At least one needs assessment completed  <strong>Target:</strong> At least 50% of identified prioritised operational needs acquired</td>
<td>NDLEA</td>
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<td>NDLEA AFRICOM European Union</td>
<td>Comence</td>
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<td>6.2. Improved managerial and leadership processes within NDLEA</td>
<td>Number of NDLEA officers trained in management and leadership  Revised NDLEA human resource management policy</td>
<td><strong>Target:</strong> All commanders and executive level NDLEA personnel and at least 100 first-line supervisors trained in leadership and management  <strong>Target:</strong> Revised NDLEA human resource management policy</td>
<td>NDLEA</td>
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<td>NDLEA AFRICOM European Union</td>
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<td>Activities</td>
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<td></td>
<td></td>
<td>6.1. Undertake operational needs assessment of NDLEA  6.1.2. Acquire prioritised operational needs for NDLEA  6.1.3. Development of logistics policy for NDLEA</td>
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<td></td>
<td></td>
<td>6.2.1. Undertake management and leadership training of commander and executive level NDLEA personnel as well as first line supervisors  6.2.2. Review and revise human resource management policy and procedures of NDLEA</td>
<td></td>
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<td>Jan 2015  July 2015  June 2016</td>
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3.2. Drug Demand Reduction

3.2.1. Sensitization, Advocacy and Prevention

Consultative meetings during the formulation of the NDCMP 2015-2019 indicated very low levels of sensitization, advocacy and prevention programming and activities in Nigeria. The inclusion of these action areas in the NDCMP 2015-2019 is therefore aimed at scaling up these activities and producing critically needed positive changes at the federal, state and local levels. During the five-year implementation period, expected activities include: mapping exercises to identify vulnerable groups; establishment of drug user networks for advocacy; development of appropriate guidelines and toolkits for sensitization and prevention; capacity building for service providers in governmental and non-governmental sectors, followed by the implementation of sensitization, advocacy and prevention activities across the country.

Sensitization activities are needed to enlighten the public about drugs and reduce stigma associated with drug use and abuse. The sensitization activities in the NDCMP 2015-2019 are targeted at community influencers including policy makers, journalists, schools, families, health professionals, academics, teachers and NGOs/Community-Based Organizations (CBOs), among others. The expected positive outcomes from sensitization activities should serve as catalysts for other drug demand reduction activities.

Advocacy activities proposed in the NDCMP 2015-2019 are designed to be led by high-level officials in government agencies (Chief Executives of drug and affiliated agencies), with responsibility cascading down to other government agencies, NGOs/CBOs and CSOs. The activities will be targeted at relevant MDAs at federal, state and local government levels, law and policy makers, international and local funding agencies, traditional and religious leaders, community and opinion leaders, youth and the public at large. Advocacy activities are imperative in view of the stigma associated with drug use and drug users as well as the low priority accorded to drug demand reduction programmes and funding by the govern-

Primary prevention comprises all activities aimed at reducing the likelihood of young people getting initiated into drug use. Evidence-based prevention programmes will aim to provide balanced information and knowledge, including behaviour change programmes targeting children, youth, their families and communities.

It is expected that equipping youth, families and communities with such information and knowledge will enable them to make informed choices about drug use. Fewer young people would choose to use drugs if they were enabled to make healthy and informed choices. Other stakeholders (NGOs, CBOs, community leaders, religious leaders, youth organizations etc.) could utilise such information and knowledge for implementing preventive programmes in their communities as well as for sensitization and advocacy purposes. Sensitization, advocacy and prevention activities will be led by NDLEA in conjunction with various key MDAs including Federal Ministry of Youth Development, (FMYD), Federal Ministry of Information (FMOI), Federal Ministry of Education (FMOE), NAFDAC among other key MDAs.

3.2.2 Treatment and Continuing Care

The NDCMP 2015-2019 aims to address major gaps in the current state of provision of treatment and continuing care for drug dependent persons in Nigeria. As there is a dearth of accurate information on the exact level of needs and availability of treatment and continuing care services in the country, one major activity in the NDCMP 2015-2019 is the needs assessment. Another major activity in the plan is the establishment at the community level of additional treatment and continuing care services as well as the upgrading of existing facilities. These services should also offer routine assessment and treatment for family members who may be adversely affected by the drug using behaviour of a relative. It is envisaged that within the five-year implementation period, a

24 International Standards on Drug Use Prevention, UNODC, 2013 will be consulted.
robust and functional referral network system will be established to link institutions providing treatment and continuing care services within each state and across the country. Furthermore, specific action areas focus on the development of guidelines and toolkits on treatment and continuing care to align the services to international standards. Finally, the NDCMP 2015-2019 prioritizes the need to have trained service providers from governmental and non-governmental sectors on evidence-based service delivery techniques.

3.2.3 Drug use and HIV and AIDS

The twin issue of drugs and HIV and AIDS has received very little coordinated attention in previous NDCMPs. Limited information exists on the contribution of people who inject drugs (PWID) to the HIV and AIDS epidemic in Nigeria. PWID are identified as a most-at-risk population and are a priority target population for HIV prevention interventions. The NDCMP 2015-2019 aims to close this gap by including activities that will facilitate the expansion of drug users programme in the National HIV and AIDS Strategic Plan. Specifically, during the five-year implementation period the relevant agencies (National Agency for the Control of AIDS/Federal Ministry of Health) will establish models of comprehensive, accessible, affordable and evidence-based HIV prevention, treatment and care services for drug users, with a focus on PWID. Guidelines and toolkits on HIV prevention, treatment and care services for PWID will be developed. Service providers will also receive appropriate training to ensure the delivery of high quality services.

3.2.4 National Drug Monitoring System

Drug use in Nigeria is a substantial issue, as evidenced by anecdotal and scientific reports available both locally and internationally. However, it is disquieting to note that there is as yet no established national comprehensive data collection and reporting system on drug prevention and treatment in the country. Such a system is vital to better inform policies and programmes, and facilitate the regular production of official reports on drug prevention and treatment at all levels in the country. The NDCMP 2015-2019 has made provisions for the establishment of this system and for the training of professionals who would run and manage it.
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<tbody>
<tr>
<td>DRUG DEMAND REDUCTION</td>
<td>SENSITIZATION &amp; PREVENTION</td>
<td>7.1. Guidelines, toolkits on sensitization and prevention developed</td>
<td>• Number of guidelines, toolkits developed</td>
<td>Target: At least one guideline per thematic area (Sensitization and Prevention)</td>
<td>NDLEA</td>
<td></td>
<td>FGON State Governments EU Development partners</td>
<td>Commence: Mar 2016, Conclude: Jul 2016</td>
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<td></td>
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<td>7. Increased reach of sustainable evidence-based drug prevention and sensitization programmes aimed at vulnerable groups</td>
<td>• Number of reviews of the different guidelines and manuals undertaken</td>
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<td></td>
<td></td>
<td>7.1. Review existing guidelines and strategies for drug sensitization and prevention</td>
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<td>7.1.2. Consult on best practices for guidelines and manuals for drug sensitization and prevention</td>
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<td>7.1.3. Develop, produce and disseminate guidelines and manuals for drug sensitization and prevention</td>
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<td>7.1.4. Periodic review to assess user-friendliness and functionality of the different guidelines and manuals for drug sensitization and prevention</td>
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<td>7.2. Increase capacity of service providers (NGOs, CBOs and Government) in delivery of evidence-based prevention and sensitization programmes</td>
<td>• Number of service providers trained</td>
<td>Target: At least one national training programme per year</td>
<td>NDLEA</td>
<td></td>
<td>FGON State Governments EU Development partners</td>
<td>Mar 2015, Oct 2015, Dec 2015</td>
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<td></td>
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<td>7.2.2. Conduct training on drug prevention and sensitization programmes</td>
<td>• Number of training programmes conducted</td>
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<td>7.2.3. Evaluate training on drug prevention and sensitization programmes</td>
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| SENSITIZATION & PREVENTION | 7. Increased reach of sustainable evidence-based drug prevention and sensitization programmes aimed at vulnerable groups | 7.3. Evidence-based prevention and sensitization programmes developed and delivered to vulnerable groups | • Number of MDAs/organizations implementing prevention and sensitization programmes using the guidelines and toolkits developed  
• Number of prevention and sensitization programmes delivered | Target: At least four sensitization/prevention programmes delivered per year | NDLEA                                           | FGON State Governments EU Development partners | Mar 2015 | Nov 2015 | Jun 2017 | Dec 2016 | Dec 2018 |
|                            |                                                                         | 8.1. Drug user networks established and operational                   | • Number of drug user networks established  
• Number of training events delivered to NGOs and drug user networks | Target: At least one national network and one network established per geopolitical zone  
Target: At least one training event per year for each network | NDLEA                                           | FGON State Governments EU Development partners | Mar 2015 | Jan 2017 | Dec 2016 | Dec 2017 | Dec 2018 |
| ADVOCACY                    |                                                                         | 8.2. Ministers/Heads of Agencies/Chairs of Houses of Assemblies / Committees / Political party leadership cognizant of drug programmes control/use in the country | • Number of high level visits/briefings  
• Number of mass media statements on drugs by high-level officials | Target: At least two high-level visits and briefings per year | NDLEA                                           | FGON State Governments EU Development partners | Mar 2015 | Dec 2015 | Jul 2015 | Dec 2018 | Dec 2019 |
<p>|                            |                                                                         | 8.2.1. IMC to constitute a drug advocacy group | | | | | | | | | |</p>
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<td>FGON State Governments EU Development partners</td>
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<td>DRUG DEMAND REDUCTION</td>
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<td>TREATMENT &amp; CONTINUING CARE</td>
<td>9. Increased availability and accessibility of evidence based drug treatment and continuing care services</td>
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<td>9.1. Treatment and Continuing care needs and services assessed</td>
<td></td>
<td>Number of needs assessments conducted</td>
<td>Target: At least one in each geopolitical zone</td>
<td>FMOH</td>
<td>Academia CSOs NDLEA NDE Prisons FMW&amp;SD</td>
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<td>Mar 2015</td>
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<td>9.1.1. Map existing hospital-based, community-based and prison-based drug treatment and continuing care services</td>
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<td>9.1.2. Assess capacity of hospital-based drug treatment and continuing care services</td>
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<td>9.1.3. Assess capacity of community-based drug treatment and continuing care services</td>
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<td>9.1.4. Assess capacity of prison-based drug treatment and continuing care services</td>
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<td>Activities</td>
<td>9.2. Increased access to treatment and continuing care services for drug users and affected family members</td>
<td></td>
<td>Number of new treatment and continuing care services established at community level and in selected prisons/borstal institutes</td>
<td>Number of existing treatment and continuing care services upgraded</td>
<td>Target: At least seven new community-based treatment and continuing care services (one per each geo-political zone plus FCT) Target: At least one treatment and continuing care in seven prisons (one per each geo-political zone plus FCT) Target: At least two treatment and continuing care centres in each geo-political zone are upgraded</td>
<td>FMOH</td>
<td>CSOs Prisons NDLEA NACA</td>
<td>FGON State Governments EU Development partners</td>
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<td>9.2.1. Establish new community based drug treatment and continuing care services in select states and prisons/borstal institutes</td>
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<td>9.2.2. Upgrade existing drug treatment and continuing care centres in select states and prisons/borstal institutes to international standards</td>
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<td>9.3. Drug treatment and continuing care referral network for service-providing institutions (FMOH, NDLEA, NACA, Prisons, NGOs, NDE) established</td>
<td></td>
<td>MOU on referral system for treatment and continuing care services between agencies signed</td>
<td>Target: One MOU</td>
<td>FMOH</td>
<td>FMOH NDLEA NACA Prisons NGOs NDE</td>
<td>FGON State Governments EU Development partners</td>
<td>Jan 2017</td>
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<td>Activities</td>
<td>9.3.1. Assess current referral practices for drug treatment and continuing care</td>
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<td>9.3.2. Develop referral system for drug treatment and continuing care based on current practices</td>
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<td>9.3.3. Develop and sign referral MOU for drug treatment and continuing care</td>
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| TREATMENT & CONTINUING CARE                 | 10. Improved quality of evidence-based drug treatment and continuing care services | 10.1. Guidelines, toolkits on treatment and continuing care services for drug users and affected family members aligned with international standards | • Number of guidelines, toolkits developed  
• Number of practitioners who rate the guidelines as functional and user-friendly | Target: At least two guidelines and toolkits for treatment and continuing care developed | FMOH | NDLEA, NACA, Prisons, NGOs, Academia, Experts | FGON State Governments, EU Development partners | Mar 2016 | Dec 2016 |
|                                             |                                                                         | 10.2. Increase capacity of service providers (NGO/CBO/Govt.) of drug treatment and continuing care services | • Number of service providers trained  
• Number of training courses conducted across the states  
• Number of trained practitioners who rate the training as useful | Target: At least 20 per year  
Target: At least two courses per year  
Target: At least 70% | FMOH | NDLEA, NACA, Prisons, NGOs, Academia, Experts | FGON State Governments, EU Development partners | Mar 2015 | Oct 2015 |

**Activities**

10.1.1. Review existing guidelines and practices for drug users and affected family members  
10.1.2. Consult on best practices for guidelines and manuals for drug users and affected family members  
10.1.3. Develop, produce and disseminate guidelines and manuals for drug users and affected family members  
10.1.4. Periodic review to assess user-friendliness and functionality of the different guidelines and manuals for drug users and affected family members

10.2.1. Develop training calendar for delivery for training in drug treatment and continuing care for health professionals  
10.2.2. Develop training curriculum for training in drug treatment and continuing care for health professionals  
10.2.3. Conduct training in drug treatment and continuing care for service providers  
10.2.4. Evaluate training in drug treatment and continuing care for service providers

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| **DRUG USE AND HIV & AIDS**   |                                                                        | 11. Multi-sectoral coordinating platforms / committees are established | * Number of multi-sectoral coordinating platforms / committees established at national and subnational levels  
* TOR developed for multi-sectoral coordinating platforms / committees at national and subnational levels  
**Target:** Establish functional committees in every state and at national level  
**Target:** At least two meetings held in each state annually | NACA                                                                 | NACA/FMOH/NDLEA/CISHAN/Criminal Justice                                                                 | FGON State Governments Development partners                                                                 | Com. | C. |
|                               |                                                                        | at national and subnational levels to plan, implement and monitor HIV and TB activities for drug users with a focus of PWID | **Activities**  
11.1.1. Develop a TOR for multi-sectoral coordinating platforms / committees at national and subnational levels to plan, implement and monitor HIV and TB activities for drug users with a focus of PWID  
11.1.2. Advocate to relevant stakeholders multi-sectoral coordinating platforms / committees at national and subnational levels to plan, implement and monitor HIV and TB activities for drug users with a focus of PWID  
11.1.3. Inaugurate committees at all levels (where they do not exist) to plan, implement and monitor HIV and TB activities for drug users with a focus of PWID  
11.1.4. Hold biannual meetings of committees at all levels to plan, implement and monitor HIV and TB activities for drug users with a focus of PWID | Mar 2015 | Dec 2015 | Oct 2015 | Dec 2016 | Dec 2019 |
|                               |                                                                        |                                                                        |                                                                 | **Number of coordinating platforms that take up TB and HIV issues for drug users**  
**Target:** All relevant coordinating platforms mainstream drug user-related concerns in their work | NACA                                                                 | NACA/FMOH/NDLEA/CISHAN/Criminal Justice                                                                 | FGON State Governments Development partners                                                                 | Mar 2015 | Dec 2015 | Oct 2015 | Dec 2019 |
|                               |                                                                        | 11.2. Existing HIV, TB and drug users service coordination platforms take up TB and HIV issues for drug users specifically | **Activities**  
11.2.1. Develop advocacy tools to coordinate HIV and TB activities for drug users with a focus of PWID  
11.2.2. Advocate to HIV, TB and drug users service coordinating platforms such as technical working groups, task teams, and other relevant bodies | Mar 2015 | Dec 2016 |
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<tr>
<td>DRUG USE AND HIV &amp; AIDS</td>
<td></td>
<td>12. To increase access to HIV Prevention, Treatment and Continuing Care services for drug users in all settings including prisons and detention centres</td>
<td>12.1. The National HIV and AIDS Strategic Plan includes comprehensive HIV Prevention, Treatment and Care services for drug users (injecting and non-injecting)</td>
<td>Target: National HIV and AIDS Strategic Plan developed and includes comprehensive HIV Prevention, Treatment and Care services for drug users (injecting and non-injecting)</td>
<td>NDLEA Prisons NGOs NDPE FMOE Community members Academia Experts</td>
<td>NACA</td>
<td>FGON State Governments Development partners</td>
<td>Commence Dec 2015 Conclude Oct 2016</td>
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<td></td>
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<td>12.1.1. Identify relevant stakeholders across different sectors to participate in the development of the National Strategic Plan including community members</td>
<td>Activities</td>
<td>Activities</td>
<td>12.1.2. Engage actively in the development of the new National Strategic Plan</td>
<td>Jun 2015</td>
<td>Oct 2015</td>
<td>Dec 2016</td>
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<td></td>
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<td>12.1.2. Engage actively in the development of the new National Strategic Plan</td>
<td>Activities</td>
<td>Activities</td>
<td>12.2. Guidelines, toolkits on HIV Prevention, Treatment and Care services for drug users developed</td>
<td>Jul 2015</td>
<td>Oct 2015</td>
<td>Dec 2015</td>
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<td></td>
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<td>12.2. Guidelines, toolkits on HIV Prevention, Treatment and Care services for drug users developed</td>
<td>Target: Guidelines produced for HIV Prevention, Treatment and Care services for drug users and drug users in prisons</td>
<td>Target: Guidelines produced for HIV Prevention, Treatment and Care services for drug users and drug users in prisons</td>
<td>NACA FMOH</td>
<td>NDLEA Prisons NGOs Academia Experts</td>
<td>FGON State Governments Development partners</td>
<td>Activities</td>
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<td></td>
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<td>12.2.2. Develop/adapt guidelines and toolkits (using WHO, UNAIDS and UNODC Toolkit)</td>
<td>Activities</td>
<td>Activities</td>
<td>12.2.3. Disseminate guidelines to relevant service providers at all levels</td>
<td>Jul 2016</td>
<td>Jul 2016</td>
<td>July 2017</td>
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<td>13. To develop a competent pool of human resources with skills to deal with TB and HIV among drug users</td>
<td>Target: At least two training programmes per year</td>
<td>Target: At least two training programmes per year</td>
<td>NACA FMOH</td>
<td>NDLEA Prisons NGOs Academia Experts</td>
<td>FGON State Governments Development partners World Bank Global Fund</td>
<td>Activities</td>
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<td>13.1. Capacity of service providers (NGOs/CBOs/Govt.) who have contact with drug users to ensure they have the knowledge of HIV and TB and health problems associated with drug use, risk assessment and provision of comprehensive HIV prevention services</td>
<td>Target: At least two training programmes per year</td>
<td>Target: At least two training programmes per year</td>
<td>NACA FMOH</td>
<td>NDLEA Prisons NGOs Academia Experts</td>
<td>FGON State Governments Development partners World Bank Global Fund</td>
<td>Activities</td>
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<td>13.1.1. Develop training calendar for identified service providers and LE agencies to develop skills to deal with TB and HIV among drug users</td>
<td>Activities</td>
<td>Activities</td>
<td>13.1.2. Conduct training for identified service providers and LE agencies to develop skills to deal with TB and HIV among drug users</td>
<td>Mar 2015</td>
<td>Oct 2015</td>
<td>Dec 2016</td>
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<td>13.1.2. Conduct training for identified service providers and LE agencies to develop skills to deal with TB and HIV among drug users</td>
<td>Activities</td>
<td>Activities</td>
<td>13.1.3. Evaluate training to develop skills to deal with TB and HIV among drug users for identified service providers and LE agencies</td>
<td>Mar 2015</td>
<td>Oct 2015</td>
<td>Dec 2016</td>
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<td>13.1.3. Evaluate training to develop skills to deal with TB and HIV among drug users for identified service providers and LE agencies</td>
<td>Activities</td>
<td>Activities</td>
<td>13.1.4. Develop and distribute training materials to LE agencies to support skills development activities for dealing with TB and HIV among drug users</td>
<td>Mar 2015</td>
<td>Oct 2015</td>
<td>Dec 2016</td>
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<td>Themes</td>
<td>Outcome</td>
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<td>Baseline/Target</td>
<td>Responsible Entity</td>
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<td>Indicative Time-frame for Activities</td>
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<td>NATIONAL DRUG MONITORING SYSTEM</td>
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<td>14. To establish a comprehensive data collection and reporting system on drug prevention and treatment to better inform policies and programmes</td>
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<tr>
<td>14.1. Reporting system for the collection and analysis of prevention and treatment data designed and established</td>
<td></td>
<td></td>
<td>Unit/Dept. in charge of data collection and analysis established</td>
<td>Target: One reporting system for prevention and treatment</td>
<td>FMOH NDLEA</td>
<td></td>
<td>FGON State Governments EU Development partners</td>
<td>Sept 2015</td>
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<td>Resources (financial, technical, human, and material) assigned to Unit/Dept.</td>
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<td>System software developed and installed</td>
<td>Target: One reporting system for treatment</td>
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<td>Jul 2018</td>
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<td>Activities</td>
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<td>14.1.1. Review and understudy existing drug reporting systems</td>
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<td>14.1.2. Consult stakeholders and develop formats for drug data collection (prevention, treatment and continuing care)</td>
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<td>14.1.3. Develop electronic software/database for drug data reporting system</td>
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<td>14.1.4. Establish national drug monitoring system (prevention data-NDLEA and treatment data-FMOH)</td>
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<td>14.2. Capacity on the collection and analysis of comprehensive drug prevention and treatment data strengthened</td>
<td></td>
<td></td>
<td>Number of professionals trained on data management</td>
<td>Target: At least 15 per year</td>
<td>FMOH NDLEA</td>
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<td>FGON State Governments EU Development partners</td>
<td>Jan 2016</td>
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<td>Number of training courses conducted across the states</td>
<td>Target: At least one training per year</td>
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<td>Number of trained practitioners who rate the training as useful</td>
<td>Target: At least 70%</td>
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<td>14.2.1. Develop training calendar and develop curriculum for collection and analysis of drug prevention and treatment data</td>
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<td>14.2.2. Conduct training for identified service providers for collection and analysis of drug prevention and treatment data</td>
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<td>14.2.3. Evaluate training for identified service providers for collection and analysis of drug prevention and treatment data</td>
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<tr>
<td>NATIONAL DRUG MONITORING SYSTEM</td>
<td>14. To establish a comprehensive data collection and reporting system on drug prevention and treatment to better inform policies and programmes</td>
<td>14.3. Prevention and treatment reports made available for policies, programmes and public information</td>
<td>• Number of reports regarding prevention and treatment data produced  • Number of reports regarding prevention and treatment data disseminated</td>
<td>Target: One annual report</td>
<td>FMOH NDLEA</td>
<td>Academia Experts</td>
<td>FGON State Governments EU Development partners</td>
<td>Jan 2016</td>
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<tr>
<td>NATIONAL DRUG MONITORING SYSTEM</td>
<td>15. Develop evidence-base for efficient and effective implementation of TB and HIV activities for drug users</td>
<td>15.1. Operational research conducted to develop evidence-base for efficient and effective implementation of TB and HIV activities for drug users</td>
<td>• Number of operational researches conducted  • Number of operational research findings disseminated to service providers</td>
<td>Target: At least one operational research conducted every year</td>
<td>NACA FMOH NDLEA</td>
<td>Academia Experts NGOs Community networks</td>
<td>FGON State Governments EU Development partners</td>
<td>Mar 2015</td>
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</table>
3.3. Availability, Access and Control of Narcotic Drugs, Psychotropic Substances and Precursor Chemicals for Medical and Scientific Purposes

Nigeria has poor availability and accessibility of opioids for pain management. WHO (2011) estimates that 83 per cent of the world’s population who live in low- and medium- income countries have low to non-existent access to narcotic medicines especially for the treatment of moderate to severe pain. It follows that millions of people suffer moderate to severe pain and death due to not having access to narcotic medicines. Globally identified as barriers to adequate availability are: legislative restrictions; funding shortages; limitations of health care systems; and lack of awareness among health care workers, policy makers, administrators and the public. There is also limited awareness that most pain can be relieved by the medical use of opioids. Regulatory controls are in place in most countries to address concerns that the medical use of opioids can produce psychological dependence. Striking the right balance between access and control of licit medications is a challenge.

A 2013 World Health Organization-led assessment of barriers to adequate availability and access to narcotic drugs in Nigeria revealed some factors responsible for inadequate access to opioid-based medications. They include:

- Centralization of procurement and distribution;
- Lack of adequate prescription of narcotic drugs by medical practitioners;
- Inaccurate quantification of narcotic drugs requirement before procurement;
- Slow replenishment mechanism when stock is either expired or exhausted;
- Irrational prescribing of other non-narcotic analgesics for pain management where use of narcotic drugs is adjudged to be clinically the most appropriate;
- Stocking of a narrow range of narcotics;
- Dearth of information on availability of narcotic drugs at the central storage facility located in Lagos with specific reference to private health facilities and healthcare personnel;

Psychotropic substances and precursor chemicals are thought to be available in sufficient quantities required to meet medical, scientific, research and industrial purposes in Nigeria. The major concern is making accurate estimations to ensure they are only available in quantities that are needed for treatment or research and not available for diversion.

The continued existence of unregulated markets for drugs remains a significant challenge as counterfeit products easily find their way into distribution channels. NAFDAC in line with the current government stance of “zero tolerance to fake drugs” is combating counterfeit medicines through various measures.

In 2010, the Federal Task Force on Counterfeit and Fake Drugs and Unwholesome Processed Foods was inaugurated by the Federal Minister of Health as an inter-agency mechanism targeting the dismantling of criminal drug networks and combating drug counterfeiting. The task force, which is headed by NAFDAC with other members such as the Nigerian Police Force, Pharmacists Council of Nigeria, Consumer Protection Council, Nigeria Customs Service, is involved in anti-counterfeiting activities.

Nigeria chairs the African Regional Committee on Substandard, Spurious, Falsely-labelled, Falsified Counterfeit (SSFFC) Medical Products and is a co-chair of the ECOWAS Medicines Anti Counterfeit Committee (EMACCOM). A regional strategic plan and legislation have been developed and are being implemented.

In 2014, NAFDAC introduced innovative methods to address counterfeiting medications. These include the Mobile Authentication Service (MAS) and TRUSCAN, a hand-held device for on-the-spot detection of counterfeit medicines. This allows regulators and law enforcement agents to conduct field-based screening of pharmaceutical products to quickly and accurately identify counterfeits.

The NDCMP 2015-2019 has included key objectives and activities aimed at addressing identified gaps. At the end of the five-year implementation period, it is expected that the outcomes will include: the
production of a document for estimation of national needs for narcotics and psychotropic substances and precursors; a decentralized supply system for narcotic drugs; evidence of capacity building of health professionals on the rational use of narcotic drugs and psychotropic substances; the production of national compounding guidelines on narcotic drugs and psychotropic substances for health practitioners, and evidence of strengthening of the policy and regulatory mechanism for access and control of the importation, manufacture, distribution, sale and use of narcotic drugs, psychotropic substances and precursors.
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<th>Themes</th>
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<th>Indicators</th>
<th>Baseline/Target</th>
<th>Responsible Entity</th>
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<td>16.3. Realistic estimation of needs for psychotropic substances operationalized</td>
<td>• Number of national baseline survey(s) conducted (for each component) for estimation of psychotropic substances and precursors</td>
<td>Target: At least three surveys&lt;br&gt;Target: Baseline data reviewed at least once every two years</td>
<td>NAFDAC</td>
<td>FMOH, WHO, INCB Federal Ministry of Health National Bureau of Statistics, Pharmacists' Council of Nigeria Manufacturers' Association of Nigeria</td>
<td>FGON EU Development partners</td>
<td>Comence</td>
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<td>16.4. Realistic estimation of needs for quantification of narcotics and precursors operationalized</td>
<td>• Number of national baseline survey(s) conducted (for each component) for quantification of narcotics&lt;br&gt;• Number of reviews of baseline data undertaken</td>
<td>Target: At least three surveys&lt;br&gt;Target: Baseline data reviewed at least once every two years</td>
<td>FMOH</td>
<td>National Bureau of Statistics Pharmacists' Council of Nigeria Manufacturers' Association of Nigeria</td>
<td>FGON EU</td>
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<td>ESTIMATION &amp; QUANTIFICATION</td>
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<td>16.3.1. Engage consultant(s) to facilitate the development of data collection forms and field testing of national estimation guidelines for psychotropic substances and precursors</td>
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<td>16.3.2. Design the survey to collect data estimation of needs for psychotropic substances and precursors</td>
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<td>16.3.3. Conduct pilot study to collect data for estimation of needs for psychotropic substances and precursors</td>
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<td>16.3.4. Conduct of survey to collect data for estimation of needs for psychotropic substances and precursors</td>
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<td>16.3.5. Presentation of survey findings of needs for psychotropic substances and precursors</td>
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<td>16.3.6. Periodic review of established baseline data for estimation of psychotropic substances and precursors</td>
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<td>16.4.1. Engage consultant(s) to facilitate the field testing national quantification of narcotics guidelines</td>
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<td>16.4.2. Design the survey to collect data for quantification of needs for narcotics</td>
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<td>Sept 2015</td>
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<td>16.4.3. Pilot study to collect data for quantification of needs for narcotics</td>
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<td>16.4.5. Presentation of survey findings of quantification of needs for narcotics</td>
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<td>16.4.6. Periodic review of established baseline data for quantification of narcotics</td>
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**Activities**

16.3. Engage consultant(s) to facilitate the development of data collection forms and field testing of national estimation guidelines for psychotropic substances and precursors.

16.3.2. Design the survey to collect data estimation of needs for psychotropic substances and precursors.

16.3.3. Conduct pilot study to collect data for estimation of needs for psychotropic substances and precursors.

16.3.4. Conduct of survey to collect data for estimation of needs for psychotropic substances and precursors.

16.3.5. Presentation of survey findings of needs for psychotropic substances and precursors.

16.3.6. Periodic review of established baseline data for estimation of psychotropic substances and precursors.

16.4. Engage consultant(s) to facilitate the field testing national quantification of narcotics guidelines.

16.4.2. Design the survey to collect data for quantification of needs for narcotics.

16.4.3. Pilot study to collect data for quantification of needs for narcotics.

16.4.4. Conduct of survey to collect data for quantification of needs for narcotics.

16.4.5. Presentation of survey findings of quantification of needs for narcotics.

16.4.6. Periodic review of established baseline data for quantification of narcotics.
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<th>Themes</th>
<th>Outcome</th>
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<th>Baseline/Target</th>
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<th>Funding Source</th>
<th>Indicative Time-frame for Activities</th>
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<tr>
<td>DISTRIBUTION</td>
<td></td>
<td>17.1. Decentralised supply system for narcotic drugs established</td>
<td>• Number of distribution centre(s) for narcotic drugs established in the six geo-political zones</td>
<td>Target: At least one distribution centre established in each geo-political zone</td>
<td>Federal Ministry of Health</td>
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<td>FGON State Governments EU Development Partners</td>
<td>Commence</td>
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<td>Activities</td>
<td>17.1.1. Identify the states with requisite storage facilities, and upgrade the facilities</td>
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<td>FGON State Governments EU Development Partners</td>
<td>Jul 2015</td>
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<td>17.1.2. Recruit the staff members and develop the SOPs for decentralized distribution</td>
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<td>FGON State Governments EU Development Partners</td>
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<td>17.1.3. Provision of the drugs at the established stores</td>
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<td>FGON State Governments EU Development Partners</td>
<td>Jan 2016</td>
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<td>17.1.4. Sensitization of the stakeholders on availability of the drugs at the stores close to their locations</td>
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<td>FGON State Governments EU Development Partners</td>
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<td>17.2. Enforcement of illegal distribution of narcotic drugs and psychotropic substances</td>
<td>• Percentage increase in number of unauthorised premise(s) identified and enforcement action taken annually</td>
<td>NAFDAC</td>
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<td>FGON State Governments EU Development Partners</td>
<td>Jan 2015</td>
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<td>Activities</td>
<td>17.2.1. Identify the illegal narcotics distribution outlets</td>
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<td>17.2.2. Take enforcement action against the identified illegal outlets</td>
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<td>FGON State Governments EU Development Partners</td>
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<td>18.2. Increased and contemporary knowledge of the health care practitioners on the rational use of narcotic drugs and psychotropic substances through development of dispensing guidelines</td>
<td>Development of dispensing guidelines for narcotic drugs</td>
<td>Target: Development of national guidelines on pain management for physicians</td>
<td>Federal Ministry of Health</td>
<td>NAFDAC Medical and Dental Council of Nigeria Pharmacists Council and Nursing and Midwifery Council</td>
<td>FGON EU Development Partners</td>
<td>Feb 2016 May 2016 Mar 2017 Apr 2016 Jan 2017 Ongoing</td>
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**Activities**

- 18.1. Engage consultant/s to facilitate the development of national pain management guidelines
- 18.1.2. Develop, review and finalise pain management guidelines
- 18.1.3. Launch an ongoing advocacy of the pain management guidelines by the key stakeholders

- 18.2.1. Engage consultant/s to develop national dispensing guidelines
- 18.2.2. Develop, review and finalise dispensing guidelines
- 18.2.3. Launch of the dispensing guidelines by the key stakeholders
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<tr>
<td>DISPENSING &amp; RATIONAL USE</td>
<td>18. To improve rational use of narcotic drugs and psychotropic substances</td>
<td>18.3. Rational prescribing included in the curriculum of medical schools</td>
<td>• Number of medical school(s) having rational prescribing of narcotic drugs included in their curriculum</td>
<td>Target: 36 medical schools</td>
<td>Federal Ministry of Health</td>
<td>NAFDAC, Medical and Dental Council of Nigeria, Pharmacists’ Council and Nursing and Midwifery Council, National University Commission</td>
<td>FGON EU</td>
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**Activities**

18.3.1. Engage consultant(s) to review and re-design the curriculum to incorporate rational use of narcotics
18.3.2. Carry out consultations with the stakeholders regarding incorporating rational use of narcotics into curriculum of medical schools
18.3.3. Adoption of revised curriculum incorporating rational use of narcotics into curriculum of medical schools by Nigerian University Commission

**Commence** | **Conclude**
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Jan 2017 | Mar 2017
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<td>CONTROL &amp; ACCESS</td>
<td>19. Strengthened policy (for controlled medicines) and regulatory</td>
<td>19.1. Development of regulations and guidelines on narcotic drugs,</td>
<td>* Number of regulation(s) on narcotic drugs, psychotropic substances and</td>
<td>NAFDAC</td>
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<td>mechanism for control of importation, manufacture, distribution,</td>
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<td>sale and use of narcotic drugs, psychotropic substances and precursors</td>
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<td>19.1.2. Review and adopt the draft regulations and guidelines for</td>
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<td>19.1.3. Gazette the regulations for control of importation, manufacture,</td>
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<td>19.1.4. Promulgate the guidelines for control of importation,</td>
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<td>* Number of policy(s) on controlled medicines produced</td>
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<td>NAFDAC and WHO</td>
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<td>19.2.1. Develop the draft National Policy on controlled medicines</td>
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<td>19.2.2. Convene stakeholder consultative meeting to consider draft</td>
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<td>19.2.3. Convene working group meeting for finalization of draft National</td>
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Target: At least three regulations
Target: Two guidelines
Target: One policy

Activities
- Sept 2015
- May 2016
- Oct 2016
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- June 2016
- Sept 2016
- Dec 2016
- Ongoing
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<th>Indicative Time-frame for Activities</th>
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<tr>
<td>CONTROL &amp; ACCESS</td>
<td>19. Strengthened policy (for controlled medicines) and regulatory mechanism for control of importation, manufacture, distribution, sale and use of narcotic drugs, psychotropic substances and precursors</td>
<td>19.3. Improved inventory and record keeping tools</td>
<td>* Number of standardised inventory(s) and record keeping tool(s) developed</td>
<td>Target: Five redesigned inventory keeping tools</td>
<td>NAFDAC</td>
<td>Federal Ministry of Health</td>
<td>FGON EU Development Partners</td>
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<td>19.3.1. Convene three meetings to redesign and upgrade the inventory and record keeping tools</td>
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<td>19.3.2. Convene training and information session for stakeholders in the six geo-political zones to train them on use of modified tool</td>
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<td>19.4. Improved record keeping on narcotic drugs, psychotropic substances and precursors</td>
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<td>* Percentage of facilities maintaining satisfactory inventory records</td>
<td>Target: At least 75% facilities</td>
<td>NAFDAC</td>
<td>FMOH</td>
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<td>19.4.1. Inspection of facilities to validate their inventory and record keeping</td>
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<td>19.5. Inter-agency collaboration enhanced</td>
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<td>* Number of inter-agency coordination meetings held</td>
<td>Baseline: Two Target: Four annually</td>
<td>NAFDAC</td>
<td>NDLEA Nigerian Police Customs Ministry of Foreign Affairs</td>
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</table>
| **CONTROL & ACCESS** | **19. Strengthened policy for control of importation, manufacture, distribution, sale and use of narcotic drugs, psychotropic substances and precursors** | 19.6. Incidence of diversion of narcotic drugs, psychotropic substances and precursors from licit to illicit channels reduced | • Percentage number of companies monitored for compliance with regulation  
• Percentage increase in number of enforcement intervention in relation to diverted narcotic drugs, psychotropic substances and precursors | Target: At least 25% of companies monitored  
Target: At least 10% increase | NAFDAC  
NDLEA | NAFDAC  
NDLEA | FGON EU  
NAN | Jan 2015  
Jan 2015 | Ongoing  
Ongoing |
|        | **Activities** | | | | | | | | |
|        | 19.6.1. Undertake joint agency inspections of companies  
19.6.2. Undertake investigation and enforcement action where appropriate of diversion cases | | | | | | | Jan 2015  
Jan 2015 | Ongoing  
Ongoing |
| **CONTROL & ACCESS** | **20. Reduction in counterfeiting of narcotics** | 20.1. Enhanced responses to counterfeited narcotics | • Number of products seized  
• Number of arrests  
• Number of cases prosecuted | Target: At least one successful interdiction per quarter | NAFDAC  
Pain Council of Nigeria | FGON EU | NAFDAC  
NDLEA | FGON EU  
PAN | FGON EU  
PAN | Jan 2015  
Jan 2015 | Ongoing  
Ongoing |
|        | **Activities** | | | | | | | | |
|        | 20.1.1. Proactively collect and analyze intelligence regarding counterfeit narcotics  
20.1.2. Undertake appropriate enforcement action against distributors of counterfeit narcotics | | | | | | | Jan 2015  
Jan 2015 | Ongoing  
Ongoing |
|        | 20.2. Increased awareness of counterfeiting | • Number of media releases | Target: At least one media release per quarter | NAFDAC  
Pain Council of Nigeria | FGON EU | NAFDAC  
NDLEA | FGON EU  
PAN | FGON EU  
PAN | Jan 2015  
Jan 2015 | Ongoing  
Ongoing |
|        | **Activities** | | | | | | | | |
CONTROL & ACCESS

20.1 Enhanced responses to counterfeited narcotics

• Number of products
• Number of arrests
• Number of cases prosecuted

Target: At least one successful interdiction

20.2 Increased awareness of counterfeiting

• Number of media releases

Target: At least one media release
CHAPTER 4.
COORDINATING THE IMPLEMENTATION OF THE NDCMP 2015-2019

4.1. Policy, Planning and Implementation

The NDCMP 2015-2019 is a strategic policy driven, results-based planning tool to coordinate interventions against illicit drug use and trafficking and drug-related crime in Nigeria. It envisions a major paradigm shift in the response to drugs in Nigeria with a focus on leveraging political support and commitment for enhanced organizational and methodological capacities to achieve the strategic results. In order for the NDCMP 2015-2019 to achieve its objectives and outcomes, the following elements must be in place: a firm institutional cooperative framework, funding, strategic management practices and trained professional staff. Each of these elements is to be addressed by the NDCMP 2015-2019.

Political support and commitment for the NDCMP 2015-2019 should be much more than just a proclamation of support; rather, a demonstrated commitment to discuss and find the most efficient arrangements regarding the collaboration at the federal level, and then between federal and state authorities. Such arrangements should define the types of collaboration as well as the agency responsibility for the results achieved.

The NDCMP 2015-2019 is a strategic planning framework and instrument with a commitment to improving delivery. It needs to be supplemented by planning of activities and monitoring and evaluation at each level of implementation, and in each entity entrusted with specific tasks and responsibilities. The coordination of the implementation of the NDCMP 2015-2019 is subject to planning, monitoring and evaluation. In order to achieve this, it is important that coordination arrangements are clear and include provisions regarding the position and mandates of the National Coordinating Unit (NCU).

To improve delivery and effective coordination, the IMC through its National Coordinating Unit should:

1. Encourage concrete, achievable, realistic and measurable results;
2. Foster effective and transparent organizational management;
3. Build capacity for staff where required;
4. Provide for coherence of programmes and projects in the area of drug use and crime at diverse levels of administration;
5. Ensure that each entity responsible for the implementation of the relevant parts of the NDCMP 2015-2019 incorporates these in their respective annual plans from 2015 onwards;
6. Ensure knowledge, understanding and acceptance of NDCMP 2015-2019 as the leading political and strategic platform in the area concerned; and
7. Provide for systematic reporting on the progress in implementing the NDCMP 2015-2019 to the stakeholders, donors and the public.

Box 1.
Elements of a new coordination mechanism

A new unit, the National Coordinating Unit (NCU) is established that will encompass IMC Secretariat and, importantly, be responsible for coordinating and monitoring functions.

The NCU is responsible for collecting data and monitoring the relevant activities of federal implementing (lead) agencies and collating and reporting this information to the IMC.

The NCU performs the crucial role of linking the State Drug Control Committees with the IMC at the federal level; it also collects data and monitors implementation at the state level.
4.2. Coordination

The NDCMP 2015-2019 will be implemented both at the federal and state levels. It is of utmost importance that there is an efficient coordination mechanism between the Inter-Ministerial Committee (IMC) and the State Drug Control Committees (SDCC). The best coordination is ensured in a two-way relationship between IMC and the SDCCs. The creation and operation of the NCU should enable such type of coordination.

Figure 1. Governance, Coordination and Implementation Structure of NDCMP 2015-2019
4.3. Coordination Structure

The consultative process identified major gaps in the coordination mechanisms. To close some of these gaps, NDCMP 2015-2019 will entrench in the plan a robust and enduring coordination system that will be well supported and audited periodically for efficiency and efficacy.

The NDCMP 2015-2019 is a complex strategic framework in terms of its substantive dimensions and its implementation. Its implementation will generate a substantial amount of coordination requirements that cannot be the responsibility of just one entity. Rather it requires a carefully planned, monitored and periodically reviewed implementation plan. For all pillars of the NDCMP 2015-2019, effective coordination and implementation requires clear sharing of responsibilities between federal, state and community-level entities. This is a very complex endeavour, which requires full-fledged political support and adequate resource distribution.

Box 2.
Principles for Coordinating the Implementation of NDCMP 2015-2019

- Clear roles and responsibilities for lead and implementing agencies at all levels
- Multi-agency implementation strategy with each agency/organization buying into and implementing specific activities in its operational and professional domain
- Robust Monitoring & Evaluation strategy in place to be conducted by the National Coordinating Unit in close collaboration with National Planning Commission

4.4. Coordinating the Implementation of NDCMP 2015-2019

4.4.1: Lead entities for thematic areas

As the strategy is composed of four main pillars, and within each pillar there are several themes, it is necessary to identify and agree on the lead entity. The lead entity will be the agency responsible for implementation, the one held accountable, with coordinating powers and the recipient of periodic reports from the participating entities.

- The lead entity for the law enforcement pillar will be the NDLEA. It will work closely together with the Federal Ministry of Justice in particular regarding sensitization in certain themes such as on asset forfeiture and proportionality of penalties. It will also work closely with other security agencies developing partnerships to achieve the objectives of this pillar. This cooperative arrangement must be developed for the cooperating entities at the federal, state and local levels.
- For the drug demand reduction pillar, NDLEA is the lead agency for advocacy, sensitization and prevention programmes; the Federal Ministry of Health is the lead agency for treatment and continuing care programmes; NACA is the lead entity for the drug use and HIV and AIDS programmes; and FMOH/NDLEA are joint lead agencies for the National Drug Monitoring System.
- Similarly, under the availability, access and control of narcotic drugs, psychotropic substances and precursor chemicals for medical and scientific purposes pillar, NAFDAC is the lead agency. It also has to develop a detailed programme of devolution to the State and local entities as well as of cooperation with the Federal Ministry of Health and the NDLEA. Much of the work under this pillar is to be carried out in full compliance with the provisions of the conventions, standards and norms emanating from instruments and guidelines.
- At the state level, the same entities will be responsible for the implementation of relevant pillars and themes of the NDCMP 2015-2019. SDCC also provides opportunity for the NGOs
and communities to participate and therefore appropriate cooperation with them should be ensured for specific objectives and outcomes.

4.4.2: National Coordinating Unit (NCU)

The coordination of the implementation of the NDCMP 2015-2019 is a complex and technical endeavour that requires structured effort, finances, human resources and communication. In order to meet the added responsibilities, the National Coordinating Unit (NCU) will be created. The NCU will service the IMC as its Secretariat and the entity in charge of coordinating the implementation of the NDCMP 2015-2019. The NCU will be based at NDLEA and will undertake the following functions:

- On behalf of the IMC Chair, convenes the IMC bi-annual meetings;
- Preparers and circulates a draft agenda;
- Preparers and makes available the documentation for IMC meetings;
- Assists the IMC Chair to prepare a report of the meetings;
- Circulates the reports among the IMC member agencies and other interested partners;
- Maintains liaison with the IMC members;
- Maintains adequate documentation including information management records for use by the IMC;
- Creates and manages a NDCMP 2015-2019 official website;
- Ensures linkages for the coordination of the implementation of programmes and projects under the NDCMP 2015-2019 at the federal and state levels;
- Provides linkages between lead entities and other agencies involved in implementation of the NDCMP 2015-2019;
- Through NDLEA state commanders, supports SDCCs to carry out their functions at the state level;
- Based on inputs from lead agencies, prepares and maintains cotted annual work plans for the NDCMP 2015-2019;
- Ensures NDCMP 2015-2019 work plan is linked with annual work plans of implementing agencies;
- Obtains periodic progress reports from the lead agencies on progress of implementing the NDCMP 2015-2019;
- Obtains regular update reports from each of the SDCCs on progress of implementing the NDCMP 2015-2019;
- Based on inputs from SDCC and lead agencies, prepares and submits regular update reports to the IMC outlining progress against NDCMP 2015-2019;
- Acts as a central focal-point for the evaluations; and
- Identifies the implementation risks associated with the implementation of the NDCMP in a proactive manner; and makes proposals to IMC for corrective actions.

4.5. Monitoring and Evaluation (M & E)

Monitoring and Evaluation are integral components of the NDCMP 2015-2019 implementation. Monitoring will provide information that, among others, will assist implementing agencies to:

1. Track progress of implementation of the NDCMP 2015-2019 within their respective institutions;
2. Identify and, if needed, take corrective actions regarding deficiencies and weaknesses in implementation of NDCMP 2015-2019, and
3. Further promote cooperation among responsible entities and stakeholders.

The monitoring plans and tools will be used to generate information and data that will allow the measurement of changes that may occur as a result of the implementation of the NDCMP 2015-2019. To guarantee efficiency and effectiveness, baselines will be drawn according to the data collected and evaluations conducted.

The IMC, in close collaboration with the NCU, will collaborate with the Monitoring and Evaluation Directorate at the National Planning Commission to carry out the following functions:

1. Develop a NDCMP 2015-2019 Monitoring and Evaluation Plan;
2. Review monitoring activities and implementation
reports from each responsible entity;
3. Advise responsible entities on implementation measures;
4. Hold periodic review meetings to provide opportunities for sharing of experiences;
5. Act as a focal point for the mid-term and final evaluation;
6. Provide annual implementation report. Periodic reports can also be produced to address specific issues that may arise; and
7. Provide technical support to responsible entities upon request.

Figure 2: Information Flow for Monitoring the NDCMP 2015-2019

During implementation, the IMC and the NCU will keep track of the progress made towards achieving the agreed objectives. It will also review data gathered to ensure quality, accuracy, reliability, timeliness and objectivity.

The mid-term and final evaluation will ensure information is also obtained from civil society, private sector, government and development partners. The IMC should adopt a systematic dissemination approach to ensure that stakeholders, especially those at the state and local levels, participate in the monitoring process and ensure relevant feedback is obtained and shared among stakeholders.

Evaluation efforts will include commissioning of a mid-term and final evaluation to inform stakeholders, the public at large and regional organizations about the objectives reached, and to inform the formulation of the next NDCMP; ad-hoc evaluations as per the specific request of the stakeholders, the responsible entity or the National Coordinating Unit. To ensure that evaluation is comprehensive, impartial and results-oriented, carefully selected independent evaluators should carry it out.
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<th>Themes</th>
<th>Outcome</th>
<th>Output</th>
<th>Indicators</th>
<th>Baseline/Target</th>
<th>Responsible Entity</th>
<th>Partnering Entity</th>
<th>Funding Source</th>
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<tr>
<td>21.1. Structures for effective coordination of implementation of NDCMP 2015-2019 established and operational</td>
<td>21.1. Develop Terms of Reference of SDCC</td>
<td>Number of SDCC meetings held in each state</td>
<td>Baseline: Zero</td>
<td>IMC</td>
<td>NDLEA NPC Ministry of Justice FMOH NACA NAFDAC Other LE agencies SDCCs</td>
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<td>21.1.2. Establish SDCC in each state</td>
<td>Number of IMC meetings held</td>
<td>Target: At least three SDCC meetings held in each state per year</td>
<td>NCU</td>
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<td>21.1.3. Through state commanders support holding of SDCC meetings quarterly in each state</td>
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<td>Target: Two IMC meetings held per year</td>
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<td>21.1.4. Review and Revise Terms of Reference of IMC</td>
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<td>21.1.5. Convene and facilitate two meetings of the IMC per year</td>
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<td>21.2. Regular monitoring and evaluation of NDCMP 2015-2019 carried out</td>
<td>21.2.1. Develop monitoring and evaluation plan for implementation of NDCMP 2015-2019</td>
<td>Mid-term and final evaluation undertaken</td>
<td>Target: Mid-term and final evaluation undertaken</td>
<td>IMC</td>
<td>NDLEA NPC Ministry of Justice FMOH NACA NAFDAC Other LE agencies SDCCs</td>
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<td>21.2.2. Facilitate mid-term evaluation of NDCMP 2015-2019 by independent evaluator</td>
<td>Quarterly reporting mechanism established</td>
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<td>21.2.3. Facilitate final evaluation of NDCMP 2015-2019 by independent evaluator</td>
<td>Bi-annual review meeting held</td>
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22. Implementation of NDCMP 2015-2019 efficiently coordinated

22.1. National Coordinating Unit (NCU) established and operational

- NCU established
- Number of staff of National Coordinating Unit receiving relevant training

Target: All members of NCU trained

IMC NCU

NDLEA Ministry of Justice FMOH NACA NAFDAC Other LE agencies SDCCs

EU FGON

Activities

22.1.1. Develop Terms of Reference for National Coordinating Unit (NCU)
22.1.2. Establish NCU including resourcing (financial/human)
22.1.3. Build capacity in project management, planning, monitoring and evaluation for members of NCU
APPENDIX A

List of Ministries/Agencies and Organizations that are Members of the Inter-Ministerial Committee on Drug Control (IMC):

National Drug Law Enforcement Agency
The Nigeria Police Force
Nigerian Customs Service
Nigeria Immigration Services
National Agency for Food and Drug Administration and Control
Federal Ministry of Justice
Central Bank of Nigeria
Department of State Services
Economic and Financial Crimes Commission
Federal Ministry of Agriculture & Rural Development
Federal Ministry of Aviation
Ministry of Defence
Federal Ministry of Education
Federal Ministry of Finance
Ministry of Foreign Affairs
Federal Ministry of Health
Federal Ministry of Information
Federal Ministry of Transport
Federal Ministry of Women Affairs & Social Development
Federal Ministry of Youth Development
Federal Road Safety Commission
National Agency for the Control of AIDS
National Agency for the Prohibition of Trafficking in Persons & Other Related Offences
National Directorate of Employment
National Intelligence Agency
National Planning Commission
National Security Adviser
National Sport Commission
Nigeria Security & Civil Defence Corps
Nigerian Air Force
Nigerian Army
Nigerian Navy
Nigerian Postal Service
Nigerian Prisons Service
Office of the Secretary to the Government of the Federation
Names of Representatives of the Inter-Ministerial Committee on Drug Control (IMC):

**NDLEA**
Ahmadu Giade - Chairman/Chief Executive  
DCGN. Roli Bode-George - Director-General  
ACGN. Lawrence Opara - Director  
ACGN. Femi Oloruntoba - Director  
ACGN. Sunday Joseph Mbona - Director  
ACGN. M. Baba Hussaini - Director  
ACGN. Victoria Egbase - Director  
ACGN. Olubengbe Mabo - Director  
ACGN. Yohanna Sila Mshelia - Director  
CN. Wasilat Audu - Coordinator, ALS  
CN. Suleiman A. Ningi - SA to CCE  
CN. Ngozi V. Oguejiofor - Coordinator NDCMP Sec  
CN. Margaret Ogunide Co-ordinator F&CMU  
DCN. Sylvia Egwuwoke - Asst. Director  
ACN. Olayinka Joe-Fadile - TA to DG

Otunba Femi Ajayi, Fmr. Director-General  
ACGN Daniel Ismaila (Rtd.), Fmr. Director

**NDLEA Board Members**
Dr. Bala J. Takaya  
Mrs. Hannah M. Banfa  
Hon. Sidi H. Ali

**The Nigeria Police Force**
CSP. Benedict Agbo - Senior Forensic Scientist  
ASP. Dada Adedamola

**Nigerian Customs Service**
Compt. D. S. Gambo - Kaduna Zonal HQ  
DC. Idris D. A. Lere - DC MMIA

**Nigeria Immigration Services**
CIS. Maroof Giwa

**NAFDAC**
Dr. Umar Musa - Director  
Pharm. Mrs. Ngozi Onuorah - Deputy Director  
Pharm. Chike Obiano - Asst. Director
Federal Ministry of Justice
Simeon C. Egede Esq. mon
Mr. Larry Ndu Ofulue

Central Bank of Nigeria
Mr. Nasiru Ahmed - Head, Pharmacy

Department of States Services
Mr. David O. Ekwughe - Deputy Director
Mr. Oye Folusho - Deputy Director

Economic and Financial Crimes Commission
SDS. Danladi Daniel - Asst. Director

Federal Ministry of Agriculture and Rural Development
Ms. Mary Inyamge Anyogo - Deputy Director

Federal Ministry of Aviation
Dr. Steven Bassey - SA Technology to SSAP
Dr. Daniel Tarka - CEO Aerotropolis

Ministry of Defence
Mr. Sadiq Olatunji Gegele - Asst. Director
Mr. Nenfort Amos - Principal State Counsel

Federal Ministry of Education
Dr. Folake Olatunji-David - Director
Mrs. Ann Chinwe Ogbonna Asst. Director

Federal Ministry of Finance
Mrs. F.R. Adeniji - Executive Officer

Ministry of Foreign Affairs
Dr. Joseph A. Omede - Director
Mr. Jacob Musa Holma - Minister Counselor

Federal Ministry of Health
Pharm. Okibe Egbuta Onwuka - Director
Pharm. Akanbi Rafiu Folahan - Head, N&DA
Pharm. Damian Agbo - Pharmacist, N&DA
Dr. Yagana Imam - Head, Specialty Hospital
Federal Ministry of Information
Dr. Adebayo Thomas - Deputy Director

Federal Ministry of Transport
Mrs. Nini N. O. Chuku - Deputy Director

Federal Ministry of Women Affairs & Social Development
Mrs. Oby Okwuonu - Deputy Director

Federal Ministry of Youth Development
Dr. Martins Okechukwu Uzoka - Asst. Director
Nwigbo Uchenna - AO II
Oyinye Ofoegbu C. Youth Dev. I

Federal Road Safety Corps
Corps. Cdr. Harrison C. Pepple  HOS NHQ
Mr. Paul J. Okpe

National Agency for the Control of AIDS
Mrs. Ezinne Okey-Uchendu - Asst. Chief Prog. Officer
Mr. Kingsley Essomeonu - Principal Prog. Officer
Mrs. Hafsat Abuoki - Prog. Officer

National Agency for the Prohibition of Traffic in Persons and Other Related Offences
Mr. Audu Ajanaku - NPIO

National Directorate of Employment
Engr. Adegbite S. Adebayo - Director
Mrs. Kila Funmilayo - Deputy Director

National Intelligence Agency
Representatives

National Planning Commission
Dr. Chris Eze Ezeilo - Director
Mr. M.Y. Abdulraheem - Asst. Director
Mr. Emmanuel Atiata - Project Officer

National Security Adviser
Barr. Isaac Idu, fsi
National Sports Commission
Mr. Ayorinde John Oluwafemi - Deputy Director

Nigeria Security & Civil Defence Corps
AC. Cletus Ugwu (Pharm)
Nigeria Air Force
Sqd. Ldr. Mohammed Asuekome Imam
Sqd. Ldr. Duke Daniels

Nigerian Army
Brig. Gen. Ibrahim Umar Babangida (rtd)
Lt. Col. Emmanuel Azenga

Nigerian Navy
Commodore. JD. Jaja - DPM NHQ

Nigerian Postal Service
Mr. Lawal Moh’d Kasimu - SA to PMG

Nigerian Prisons Service
DCG. Ekpedeme Udom (Dr.) - H&SW
CP. Akorede Wahaab (Dr.)

Office of the Secretary to the Government of the Federation
Mr. Uche Onwuanuokwu - Deputy Director
Mr. M. E. Akpore - ACSO

List of Organizations represented at the various Consultative/Town Hall Meetings Held in the Country:

Representatives from each of the following entities from the thirty-six (36) states and FCT were invited to the Consultative Town hall meetings.

National Drug Law Enforcement Agency
Non-Governmental Organizations /Civil Society Organizations
Nigeria Prison Service
State Agency for the Control of AIDS
National Agency for Food and Drugs Administration and Control
State Ministry of Health
State Ministry of Education
Traditional Rulers/Community Leaders
Youth Associations

Pharmaceutical Society of Nigeria
Pharmaceutical Council of Nigeria
Nigeria Medical Association
Patent Medicine Sellers
State Drug Abuse Control Committee
Federal Road Safety Commission
Nigeria Police Force
Nigeria Customs Service
Nigeria Civil Defence Corps
Nigeria Immigration Service
State Ministry of Justice
Chairman of Security Council
State Ministry of Agriculture and Rural Development
Department of State Security Services
Speaker of State House Assembly
Office of the Secretary to the State Government
Office of the State Governor
Office of the Wife of the State Governor
Chairman of Chairmen of Local Government Area

UNODC CONSULTANTS that facilitated
the Development of the NDCMP 2015-2019
Prof. Moruf Adelekan
Dr. Ugljesa Zvekic

UNODC PROJECT TEAM
Koli Kouame, Country Representative
Mariam Sissoko (former) Country Representative
Glen Prichard, Project Coordinator
Harsheth Virk, Project Officer (Drug Demand Reduction)
Wu Shiyin, Project Officer
Maureen Lance-Onyeiwu, National Project Officer
Gunashekar Rengaswamy, Regional HIV AIDS Advisor
Inam Ullah, Monitoring and Evaluation Specialist
Akanidomo Ibanga, National Project Officer
Ayodele Ale, National Project Officer
Folusho Ajayi, Liaison Officer
James Ayodele, Outreach and Communications Officer
Ajayi Adetunji, Finance Officer
Hyginus Ameachi, Administrative Assistant
Iheanyi Anokwu, Project Administrative Assistant
Shadrach Ogbonna, Finance and Administrative Associate
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Vanessa Barchfield, Editor
Matea Zlatkovic, Typesetting and Design
Ilkhan Selcuk Erdogan, Typesetting Assistant

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ACN. Ibiba Odili
CSN. Ijeoma Bulus-Mango
SN. Precious Oyutu
DSN. Fadekemi Ibironke