CIVIL SOCIETY: A PARTNER OF CHOICE FOR ADVOCATING AGAINST ILLICIT SUBSTANCES

MAURITANIA
CIVIL SOCIETY TO BREAK THE DRUG TABOO
PAGE 04

CÔTE D’IVOIRE
Dr LANCINA TALL (CONAD-CI): “DRUG USERS HEALTH CARE NEEDS TO BE IMPROVED”
PAGE 17

GHANA
TRAINING SESSIONS FOR CIVIL SOCIETY
PAGE 21

GUINEA-BISSAU
CIVIL SOCIETY Commits to Curb Drug Use Vulnerability
PAGE 08

ALSO IN THIS ISSUE...

NIGER Page 14
CIVIL SOCIETY HAS A PIVOTAL ROLE IN REDUCING DRUG DEMAND

LIBERIA Page 23
BOBBY’S STORY: HOW ONE MAN’S EXPERIENCE LED HIM TO THE FOREFRONT OF THE BATTLE AGAINST DRUG ABUSE IN LIBERIA

NIGERIA Page 25
THE WADPN ADVOCATES FOR DRUG DEMAND REDUCTION CENTRED POLICIES IN WEST AFRICA
Devoting an issue with a thematic focus to the work of West African civil society organizations (CSOs) is the culminating point of a logical approach. This is because many CSOs, through their actions for awareness and advocacy, engage in prevention and thereby reduce the demand for drugs.

For all these reasons, this issue reports on the work CSOs are doing by highlighting some examples or good practices in Mauritania under rather difficult conditions in a context where speaking out about drug issues comes up against social taboos. Several pages are also dedicated to Guinea-Bissau, where CSOs are directly in contact with drug users through initiatives for awareness, rehabilitation and psycho-social treatment.

In Liberia, the story of a former drug user, who now raises awareness of substance use among young people, takes centre stage.

We also take interest in the work CSOs are doing on the ground in Ghana and Nigeria, and in the way a coalition of CSOs in Côte d’Ivoire is working to prevent the dangers of substance use and involve the Government of Côte d’Ivoire. And in Niger, we find out how the synergy between the public authorities and civil society is improving coordination in the fight against drugs.

Awareness of the need for greater effectiveness at the regional level is the reason why efforts are being made, under the auspices of ECOWAS, to establish the Network of Civil Society Organizations against Illicit Substances in West Africa.

That goes to say this issue, from the example of seven countries, presents a fairly representative overview of the work CSOs are doing in West Africa. Whether this has to do with curbing demand for drugs, preventing, or even reducing risks and treating users with addictions, CSOs are taking concrete actions, as we have reported in this newsletter.

Talking about the work of CSOs not only helps to shed light on their initiatives on the ground; it also measures what still needs to be done and points out existing weaknesses. This is because commitment alone is not enough. There is a need for a suitable legal framework, a national strategy and the political will to structure this action and support the organizations working to prevent and stop young people from experiencing the disastrous consequences of addiction to illicit substances. The issue of adequate health and psychosocial care for users continues to be the major gap almost all ECOWAS member states need to address.

At a time when the use of opioids such as tramadol, fentanyl and many others is ravaging an increasing number of young people, this issue of our newsletter, dedicated to civil society, deserves praise for sounding the alarm and inviting greater commitment from the public authorities, international partners and sub-regional organizations that can synergize their efforts to put a lasting barrier to the spread of illicit substances in West Africa.

Enjoy
MAURITANIA 4-7
Mauritania still sees the drug issue as a taboo subject. Unfortunately, the country is confronted with trafficking and the use of cannabis and other addictive drugs. Health care outlets for drug users, where these exist, are far from the standard. Some civil society organizations have chosen to invest in raising awareness and in advocating for a change to the situation in this West African Muslim country.

GUINEA-BISSAU 8-13
Guinea-Bissau has a poor image when it comes to drug use. Some political and military dignitaries have gone to prison for alleged drug trafficking. But civil society is not stopping at this point and has continued to work towards lower drug demand through concrete actions on the ground.

NIGER 14-16
Niger’s civil society is a key component of the system for controlling illicit substance abuse, coordinated nationwide by the Ministry of Justice. Aware of the gaps to close and the reforms required, ministry officials want to learn from the good practices in other countries.

NIGERIA 25-26
As West Africa continues to witness a surge in the trafficking and the use of drugs, it has become increasingly important for governments to have robust and effective policy responses. UNODC met with the West African Drugs Policy Network (WADPN) to discuss their work in the region, particularly in Nigeria, and to analyse the extent to which the region has truly been able to develop effective policy in this area.

CÔTE D’IVOIRE 17-20
In the land of the Ebrie lagoon, drug use is a cause for concern. The institutional response has been to set up bodies and a regulatory framework. Only recently, a parliamentarians’ network for drug control was set up. Some civil society organizations have come together under the Côte d’Ivoire Drug Control Organizations Network (CONAD-CI) and are working to slash drug demand while promoting care for users. Dr Lancina Tall, President of the Council, looks at where things stand and deplores the lack of tools for drug control, such as a National Strategic Plan for Drug Control.

GHANA 21-22
At Pantang Drugs Rehabilitation Centre Hospital, individuals from different Civil Society Organizations (CSO) gathered to participate in a substance use disorders workshop. The workshop was aimed at developing the knowledge of young health professionals on the treatment of drug users.

LIBERIA 23-24
Bobby’s story: With his own personal experience with drugs, Bobby understood the importance of reaching out to individuals to understand what brought them to a life of substance abuse, and many involved in crime as a result.
MAURITANIA

CIVIL SOCIETY TO BREAK THE DRUG TABOO
Mauritania still sees the drug issue as a taboo subject. Unfortunately, the country is confronted with trafficking and the use of cannabis and other addictive drugs. Health care outlets for drug users, where these exist, are far from the standard. Some civil society organizations have chosen to invest in raising awareness and in advocating for a change to the situation in this West African Muslim country. The work to be done is immense. We met with some of the actors involved in the fight against drugs.

How do you make the fight against drug abuse a national priority and a public health issue in a country like Mauritania?

Aicha Balde says, “this is a taboo in Mauritania. Despite the cases recorded, we are in denial because we do not want to accept that prohibited substances are consumed in a Muslim country”. Aicha Balde is the founder of the Association for Addiction Prevention. But, for Abdou Aziz Sall, senior mental health technician working at the specialty hospital, “the fact that drug-related disorders are not recognized has created a great deal of suffering among users”.

It was in this unconducive environment that Aicha founded her association in 2015 to create awareness and promote prevention in schools and among young people in the neighbourhoods around the five Moughataas of Arafat, Misignour, Baghdad and Socogim ps; because “in these areas, one has the impression that young people are being left behind”, she explains. Other actors are also taking up this difficult venture. One of these actors is the Organization for the Development of Semi-Arid Arid Zones, led by Mouhamed Mouktar, who has even received a grant from UNODC.

Drug use in Mauritania

When asked about drug use, civil society actors sound the alarm. “Trafficking is growing around famous hubs like border areas, prisons, and schools too, especially in wealthier communities whose children are targeted by traffickers”, Mouhamed Mouktar argues. He thinks that donors and authorities need to accord more attention to the drug issues in Mauritania.

The question of whether drug use affects the country no longer even arises, according to the mental health specialists and civil society leaders we met. It is difficult to get statistics, “but what is certain is that there is an increase in drug consumption in Nouakchott, Nouadhibou and Rosso, both at the borders and in Nema”, says Aicha.

The school environment has become a subject of real concern, following a survey that was carried out by a young Mauritanian journalist in a school in Nouakchott. The survey suggests that “about 70% of students in the school are cannabis users”. During a workshop, held at the Youth Centre by Aicha’s NGO, she confirmed that the school in question has a place that the students have nicknamed “death row”, where young people go to use cannabis.

Abdou Aziz Sall, who works at the Specialty Hospital, does a quick mapping based on the visits they receive from patients. And for him, “many students are affected, including those in Quranic schools. The trend in high consumption is spreading across the right bank among the Soninke, Wolof or Pulaar. But there are consumers also among the wealthy Beidan (Moor) population who travel a lot”. And Sall goes on to say “drug addiction is mainly in Nouakchott”. This is why there have been frequent cases of stolen pills, and of fake prescriptions that are used to get drugs at the pharmacy.

The authorities are overwhelmed and have practically prohibited Valium which health service providers use as a muscle relaxing drug, or as a remedy for epileptic patients. Consequently, “Mauritania’s drug procurement authority (CAMEM) no longer orders Rivotril and Valium because these are considered to be hard drugs, which is totally wrong”, Mr. Sall adds.

Mr. Sall wonders if addiction has not become a fashion trend, because of the growing number of young college and university students who indulge in it: “it is a whole generation that has started to smoke weed. And I was surprised to learn that even those who are in prison continue to get supplies”, he adds in an angry voice.

According to the mental health practitioner, it is not only hashish, but also cocaine (more rarely), alcohol, glue, spring water ... that are generally used by children between 11 and 12 years ...

Border vulnerabilities

Border towns like Nouadhibou and working-class cities like Zouerate are hard hit. The border strip between Mali and Mauritania is one of the unsafe transit and migration points between the two countries.

According to Mouhamed Mouktar, “cannabis comes from Morocco and cocaine from Mali”. Border areas, the less controlled areas, would therefore be crossing points for all kinds of trafficking, including drug trafficking. For Mouhamed Mouktar, “the fact that these areas have been abandoned by development...
partners, for reasons of insecurity, has paved the way for terrorism and drug trafficking, which rely on internal and external migration routes to Europe, on the Moroccan side, or towards West Africa”.

On the other hand, the inevitable consequence of such trafficking destined for Europe is that local consumption of drugs begins to develop. This is why, Mouhamed believes, “we must stay and support the communities in these areas through important prevention work”.

To explain this situation, Mouhamed Mouktar thinks that young people who are facing problems with education, identity and exclusion turn to drugs to seek refuge from all forms of marginalization.

The headache of providing health care for addictions

In such a context, how are users with drug-related disorders being cared for? Clearly, care is approximate or non-existent at health care centres and services, but there is also a great lack of knowledge of the harmful effects of drugs. “We were very poorly equipped to take care of everyone, we were juggling, we were trying to resolve the consequences of behavioural disorders”. Sall explains.

The specialty hospital, the only healthcare facility for treating drug addicts, suffers from a blatant lack of equipment and personnel. Its only two psychiatrists, Dr Sall and Dr Sissoko, have retired and are yet to be replaced. This leads Mr. Sall to say “In fact, the hospital is overwhelmed and it is difficult to consider real care for users”.

Aware of the limitations of the facility, which unfortunately is way below standard, and of the “relatively poor health system”, in the words of Mr. Sall, some have even come up with solutions that are sought beyond borders. “We are planning with Dr Idrissa Ba, coordinator of the Dakar Integrated Treatment Centre for Persons with Addictions, to send users there for courses of treatment such as detoxification”, Aicha says.

According to several Mauritanian civil society organizations, a counselling centre should be set up to support users and take charge of legal cases. Aicha explained that “there are a lot of people who are taken to court and sent to prison. The work to be done is immense”. This will also help people to better understand the causes and reasons behind the spread of the drug scourge. In their view, we must also be at a strategic level to limit the damage drugs are wreaking on society. But for this to happen, we must begin to treat drug users as victims of a sometimes difficult context where they are confronted with the problems of unemployment and exclusion.

The changing institutional context

Civil society actors know that significant efforts are needed to raise awareness among the authorities and other partners for a change to this situation. The institutional sector has seen little change, and only a slight change in the use of repression against trafficking. Policies on providing care to drug users have not changed. “At the legislative and judicial levels, there are many things to do”, Aicha says.

For civil society leaders, the legal framework needs to be reviewed and tailored to the health care needs of drug users, for they consider that “the law is rather repressive”. Until now, imprisonment has been the rule with no alternative. The interdepartmental committee on drug control which is in place does not work. Plans to advocate these issues to parliamentarians are being considered.

Advocacy efforts are being pursued also to ensure that the drug issue “takes centre stage at the Ministry of Health and the Ministry of Education, and is also integrated into the National Strategy for Accelerated Growth and Shared Prosperity (SCAPP)”, Mouhamed Mouktar explains. “Our goal is to put addiction awareness on the civic and moral education curriculum of all schools”, Aicha adds.

But beyond raising drug issues to a national priority, civil society wants to have better access to the media and to strategic meetings, because the issue must be driven by political will that provides support not just for security aspects, but also for the prevention, care and reintegration segments of drug control.

Mauritania may have ratified the relevant international drug conventions, but it is obviously facing problems in implementing them.
Youth-centred prevention and regional strategy

The prevention efforts in place seek to help change attitudes and perceptions about drug use in Mauritania. The involvement of authorities at the national/country level and the regional/community level has to be a vital element in this area. Civil society advocates aim also to reform the legislative and regulatory framework, so that there is improved management of drug users’ needs with greater emphasis on the health approach, rather than on the repressive approach. Mauritanian civil society is also in contact with other West African organizations on the forthcoming launch of the West Africa Civil Society Network on Illicit Substances (WANCSA), which held its meeting in Abuja. WANCSA’s launch will be a significant source of support for national and regional level activities.

The project is immense, yet the main target remains young people because, according to Aicha, “there is a need to prevent them from falling into addiction and its disorders that create great suffering once they set in”. In this prevention effort, communicating with parents is vital, because of the long tradition of tobacco consumption in the area. “We want parents to be aware of certain behaviours that must alert them so that the cannabis habit does not set in”, she concludes.

Abdoul Aziz SALL,
Senior Mental Health Specialist, Nouakchott Specialist Hospital

“\text{In Mauritania, the victims of addiction suffer greatly}”

I have been working at the hospital for 26 years, and served under Professor Dia El Hussein, who is the father of psychiatry in Mauritania, and director Sall Ousmane. From my experience on addictions, people who are drug dependent are leading a life of acute suffering in Mauritania. I, myself, had a lot of difficulty in the beginning when it came to taking care of a person who was dependent on a toxic substance. I simply lacked intimate knowledge of the problem. And there lies the challenge in the status of addictions in Mauritania. We were very poorly equipped to take care of all these people; we were juggling and trying to solve the problems tied to behavioural disorders.

Over time, one finds that sedatives are not a suitable answer. We slowly come to understand that drug users are people who suffer, because every drug addict has an addiction, has a story, and the health facilities are unsuitable to deal with this. With psychologists, fortunately, we succeed, little by little, to reconstruct the story of this addiction. And that helps us a lot in handling the behavioural problems.

was lucky last year to go to Marseille in France for training in an addiction treatment centre so that I would have the tools. This allowed me to question my past practice. And it was at the time, that I realized the mistakes I had been making. Now, before a case of dependence, I always call on a psychologist to clear the ground and trace the story of the individual, the story of his family too. Currently, it is the social worker, the psychiatrist, the psychologist who see the patient.

In the context of systemic family therapy, we sometimes have to invite the extended family, the father and the mother, to inform them. We explain to them that when someone takes toxic substances, it means he does not feel good about himself and needs to get support. He is not a delinquent or a pervert. Because in Mauritania, when one takes alcohol, hashish or Rivotril, he is immediately considered to be delinquent. So, there is considerable effort to be made in raising the awareness of many Mauritanians. Mental illness is not taken as a public health problem.

The demand is strong, and we are not equipped. Apart from Professor Dia and Dr. Sall Ousmane, we do not have a psychiatrist, just a few technicians and clinical psychologists who have not had their fair share of trainings. From a hospital with 40 to 50 beds, we have become a service that barely works. If we do not change the situation, the service faces the risk of closing down.
Guinea-Bissau has a poor image when it comes to drug use. Some political and military dignitaries have gone to prison for alleged drug trafficking. But civil society is not stopping at this point and has continued to work towards lower drug demand through concrete actions on the ground. Enda Santé Bissau works with young people to overcome illegal drug use. The Quinhamel Mental Health Centre, another CSO player, works to socially rehabilitate drug users. At the institutional level, however, efforts to update the 2011-2014 Strategic Plan for Drug Control are still awaited.

“THE FOCUS SHOULD BE ON WORKING TO REDUCE THE RISKS ASSOCIATED WITH DRUGS, INSTEAD OF PURSUING A REPRESSIVE RESPONSE TO DRUG USE.”

Katia Ribeiro Barreto,
Programm Manager / ENDA SANTE BISSAU
Both civil society and the institutional authorities in Guinea Bissau nurse an unhealthy feeling over the poor image the country is stuck with when it comes to drug issues. Cases involving senior civil and military authorities in drug-related stories have not helped matters. Francesco Sanha, Coordinator of the National Council for Drug Control, says “It is not impossible to change the situation. We are working on it”.

Enda Santé, an NGO which opened an office in Bissau in 1998, runs activities for vulnerable persons in the country. In the words of Kátia Ribeiro Barreto, the NGO’s Programme Manager, “drug users are the most vulnerable of vulnerable persons”. This comes from the legal framework that criminalizes drugs at all levels. And the stigma on this group makes it difficult for them to get access to health services. In Kátia’s view, the focus should be on working to reduce the risks associated with drugs, instead of pursuing a repressive response to drug use.

**Working with drug users**

Enda Santé’s work began with the Frontiers and Vulnerabilities to HIV/AIDS in West Africa (FEVE) programme. The initiative covered four countries in its first phase and plans to expand to nine countries in the third phase. FEVE is Enda’s first programme for vulnerable groups such as sex workers, prisoners, people living with HIV ... and drug users are one of these groups.

Conducting effective interventions for drug users requires loads of patience. For Enda Santè’s programme manager, there is a need to gather strategic information on HIV prevalence and other key facts from user groups. Things were tough at the beginning: “One of our teams was attacked,” she adds. But we continued to work and eventually won the trust of the users.

To begin gathering Information, Enda conducted a mapping exercise in 2017 to locate drug users in Bissau and out of Bissau, specifically in the areas of Oiou, Bafatà, Farim and Gabú. This year, they plan to carry out a social and behavioural study and a size estimate that will cover not only Bissau, but also two other regions inside the country. Drug users come from all social groups and are based all across the country, not only in the capital.

**Awareness, prevention and advocacy**

After establishing contact, Enda uses on several strategies in its work. It creates awareness for prevention from sexually transmitted diseases (STDs), HIV and AIDS, tuberculosis and other comorbidities related to drug use. It also trains peer educators for them to carry out field work with drug users. Efforts are underway to build capacity for peer educators and health technicians, so that specialized treatment can be provided to drug users through their work. An advocacy strategy for drug control, targeting policy makers, is soon going to be rolled out.

Kátia says “in 2017, nine hundred users in Bissau, including 90 injecting drug users, were reached. For medical care, 86 users attended medical consultation sessions between 2016 and 2017; and 7 users received treatment for sexually transmitted diseases (STDs). For psycho-social care, about 73 people took part in self-help groups. But there is a new activity that was not on the agenda before - culinary demonstrations “We found that drug users sometimes “forget” to eat. We use local products to prepare meals and make these available to them afterwards”, Kátia explains. In 2017, 20 drug users took part in such events.

**Providing care to drug users**

Cannabis and cocaine (in the form of crack) are the most used drugs. Heroin also features on this list, but its use is not very widespread. The lack of specialized services in the treatment of addictions is a weakness that must be addressed to determine the level of dependence among users who are under care.

The Mental Health Centre provides care to drug users, but such care comes especially when the person has psychiatric problems. “We continue to work with the Ministry of Health to develop the centre’s capacity, so that it has a package of tailored integrated services. The spiritual care centre, run by Pastor Rodrigo, offers treatment that is more of a spiritual than a medical nature”, Kátia explains. Taking a community-centred approach to treatment of drug issues is being looked into, but there is still no association of drug users or former users. Much still has to be done to achieve community-based provision of care, and this includes capacity building.

On the other hand, Mental Health Centre and the Dakar Integrated Treatment Centre for Persons with Addictions (CEPIAD) have developed relations on various occasions. The Centre is planning to send a team to CEPIAD for training on care delivery to drug users and on good practices to adapt to the local context.

**Institutional framework for drug control**

The current situation in Guinea Bissau has led to increased awareness among all actors. Civil society, the church, the national youth council, the Guinea observatory for drugs and drug dependence ... are all involved in neighbourhood initiatives for risk prevention and awareness.

The 2011-2014 National Plan was the blueprint for the national strategy.
But according to Francesco Sanha, the political crisis did not allow the National Council, which he coordinates, to update the document with all the actors involved. The political instability at the helm of the state has been a major impediment. “If there is political stability, as we hope, we will be able to extend the plan, which makes provision for repression, so that it also includes treatment for drug users”, Mr. Sanha explains.

The lack of a blueprint and an orientation document is a major deterrent. But in Katia’s words, “drug users are included in the strategic plan to respond to HIV and AIDS. Interventions focus on AIDS and other health issues, but there is no updated plan for drug-related issues”.

**Challenges and difficulties to address**

Katia is satisfied, nonetheless, with the results obtained so far. Trust is building progressively among users who now accept consultation and screening, and this gives Katia reason to be happy. “We plan to initiate a neighbourhood strategy with mobile clinics to deliver on-site health care services,” she adds.

Stakeholders consult with one another via the Steering and Monitoring Committee where civil society and the Ministry of Health discuss interventions under the FEVE programme, or those relating to drug users. To be more effective, a taskforce, made up of civil society members, the National Council for Drug Control and other actors, coordinates the different responses.

But there are other challenges which still need to be addressed. The Strategic Plan on illicit drug trafficking, organized crime related to it and drug abuse needs to be updated. This is an essential step for maintaining overall coherence in the work of all the stakeholders. Apart from the national strategy, setting up a specialized service unit for integrated management of drug users is another key step in the treatment of addictions. Building capacity for stakeholders is also necessary to enhance the effectiveness of interventions. At the institutional level, efforts have to be made - through training, the provision of equipment, and organization, to develop the capacity of law enforcement services.

---

**WHO SITS ON THE INTER-MINISTERIAL COMMITTEE AND THE NATIONAL COUNCIL?**

We have the Inter-Ministerial Committee for Drug Control, headed by the Prime Minister. I was appointed by the 1994 Decree, which gives the composition of this committee, including: Ministry of Homeland Security, Ministry of Foreign Affairs, Ministry of Finance, Ministry of Justice, Ministry of Health, and Ministry of Women’s Affairs.

The National Council I am chairing includes a court judge, a magistrate, two appointees of the Inter-Ministerial Committee, a representative of each of the eight regions in the country, a representative of Secondary schools, a representative of the Institute of youth, and a representative of NGOs.

---

**WHAT HAS BEEN ACHIEVED?**

As stated in our provisions, we collaborate with civil society groups such as Enda Santé, which works to reduce the risks of drug use.

---

**GUINEA BISSAU IS SEEN AS A NARCO-TRAFFICKING PLATFORM; HOW CAN THIS IMAGE BE CHANGED?**

Drugs are hurting the country badly and this is a fight that is still going to last for long. As the head of the National Council, I do not like my country to be seen as a platform for trafficking. We are committed to fighting drug trafficking to change that. And partners like UNODC support us. We understand there is need to extend our activities to the regions and include the judicial police, because the majority of illicit drug deliveries take place on locations outside Bissau. At the border, we have a new project called AIRCOP (Airport Communication Programme), implemented with the support of UNODC, which is being implemented at the airport with satisfactory results.
RAISING DRUG USERS’ AWARENESS TO REDUCE RISKS

Every month, Enda Santé holds a session to raise the awareness of drug users in Bissau. Today, 26 people attended the session. The targets are the diseases drug users often suffer from, diseases that make them vulnerable to HIV and AIDS, TB and hepatitis. The session is moderated by Rovena Ferreira, a psychologist working for Enda. This afternoon, she talks to the participants about hepatitis. Twenty-six people answered the call. They are all drug users. Rovena’s style is clear, direct and precise.

She begins by explaining the ways of transmitting hepatitis B: sexual contact, blood contact, scissors, needles, tattoos, needles, razor blades (...). She also discusses the modes of transmission of HIV and AIDS. The audience is attentive.

The psychologist recommends that they should go for screening and avoid self-medication, which is done usually with street drugs or traditional remedies. “My brother died of hepatitis, he was using medicinal roots to treat himself and get relief. By the time we knew he had hepatitis, it was too late”, one young man in the audience explains. The discussions last about 30 to 45 minutes before the entire group queues in front of the Enda doctor’s office for screening. Each of them will be given a tracking card. Risk reduction requires proximity to users.
QUINHAMEL MENTAL HEALTH CENTRE:
PROVIDING PSYCHOLOGICAL AND SPIRITUAL CARE TO DRUG USERS

The Quinhamel Mental Health Centre is just over an hour’s drive from Bissau. The road to the site is a winding course through the greenery. The place is quiet. In the courtyard we see people talking in the shade of trees. They are the residents of the centre. Pastor Domingo TE welcomes us with a broad smile. He is the founder of this centre which has earned a reputation in Guinea Bissau and across its borders. Since the pastor opened the centre in 2002, with help from young people in the community including even drug users, and support from the local authorities who allocated the space, its main objective has been to prevent, rehabilitate and reintegrate young people in society.
Latients come from Guinea-Bissau, Gambia, Senegal, Guinea, or even from Europe (Portugal, France, Spain). They are sent by their families. The centre works on three areas: the practical, educational, and spiritual and social aspects to “help young people free themselves from their physical and psychological problems through prayer and manual work”, Pastor Rodrigo says.

“The spiritual component seeks to push young people to read the Bible or the Koran, because I receive Muslims and Christians. We try to work on primary prevention to encourage young people to quit bad practices”, he adds.

An approach based on spirituality and manual work

Since the centre opened, it has supported nearly 3800 people. “Sixty-eight residents are currently under treatment,” the Pastor explains. The patients have different profiles. Some were imprisoned for crimes and misdemeanours, but sent to the centre for drug-related disorders. Some are soldiers sent by former Chief of Staff, Tagme Na We (who was murdered), or Bubo Na Tchuto (former chief of the Guinea-Bissau Navy). Others were sent by the police commander for drug-related problems.

The drug users at the centre also include the sons of businessmen or political and administrative authorities, students, women facing domestic violence or other forms of trauma that have left their mark. Their ages range from 18 to 45 years.

The treatment is described as psycho-occupational therapy, because the patients are kept busy with manual activities and also receive group therapy. Those of school age get support with their studies. In case of aggressive behaviour, the patient is treated with tranquilizers. As Pastor Domingo explained “Some have sometimes been to hospital or a mental health centre in Dakar or Ziguinchor. In coming here, they want to try another approach.”

Aiming for social reintegration

Apart from religious activities, the residents do their own cleaning, cooking, and other household chores. The Pastor aspires to open a mechanical workshop, but the financial resources have been lacking.

The treatment lasts twelve months, divided into four phases. It is in the fourth phase that residents are given more freedom to go out and interact with the community because, by the centre’s approach, “this makes it possible to observe their reactions in real life situations and encourages positive change”.

“In 2008, the centre’s team, made up of persons from the advanced stage, took part in the football tournament here in Quinhamel and won it! They won a cow and spent time having a party. This shows the importance of participating in community life. problème. » ajoute le Pasteur non sans fierté. Those who agree to follow the programme to the end go back into the community without a problem”, the Pastor explains with some pride.

Operational challenges

The centre is facing operational challenges. Food takes the biggest share of the budget because a ton of rice is needed each month. Basically, “it takes between 850 thousand and one million CFA francs to cover the costs, pay the instructors and supervisors and cater to other activity costs”, the Pastor says. In spite of this, the pastor is not losing hope, for himself and his five monitors, woman and four young people. “Two of them are beneficiaries of the programme who studied in the capital city and later returned to work with us. They have no fixed salary, and can earn between 30 and 40 thousand, depending on the month”, he adds. Former residents who have been through the torments of drug use offer their help from time to time.

Despite the lack of resources, the Pastor believes his work is useful for young people in his country and he urges them to give up harmful drug-related practices, so that they can invest in education, go to university and be able to govern and take charge of Africa.
Civil Society Has a Pivotal Role in Reducing Drug Demand

Niger’s civil society is a key component of the system for controlling illicit substance abuse, coordinated nationwide by the Ministry of Justice. Aware of the gaps to close and the reforms required, ministry officials want to learn from the good practices in other countries. The Niger Drug Control Federation (FENILAND), together with the country’s authorities, is committed to reducing the effects of illicit substance abuse on the country’s youth.
Founded in 2003, the NGO for the prevention of drugs, corruption and human trafficking in Niger began field activities in 2006. Its founder, Mr. Saley Ganda, is also the chairman of FENILAND. After 28 years in the army, this former career military officer invested in prevention and has welcomed the milestones attained. “At the time of our founding, drug issues were taboo. But now, several entities have followed suit in this common struggle”.

The fight against drugs is coordinated within the Ministry of Justice by the National Commission for Drug Control.

**Extent of drug use**

For Mr. Ide Oumarou Zazi, head of the Criminal Affairs Division at the Ministry of Justice, “the drug issue has been a concern for some years because cocaine and heroin have started to appear and several types of drugs we did not know about are seized by the investigative services”.

Observers say Niger is not a drug producing country, but has become a transit and consumer country. Youth are affected by cannabis and synthetic drugs, as well as locally manufactured drugs. “For cocaine, it is a well-defined class that is concerned. There are isolated cases of injecting drug users”, says Ganda Souley.

But the new threat of tramadol seems to pose new challenges. Reports suggest this product is brought back by traders from Ghana, Nigeria and even Guinea. “There are so many tramadol seizures that it is not possible! Because it is cheaper and easier for young people to buy. But like cocaine and heroin, tramadol has been criminalized”, he says jubilantly.

Drug trafficking by air, land and even by river is a reality, whether this involves cocaine or cannabis resin coming from a “neighbouring country”. The cannabis route, as the police call it, stretches across Niger, Burkina Faso and Ghana, and is particularly monitored. “More and more, the Diori Hamani airport is becoming a platform for traffickers. Not a month goes by without a trafficker being arrested. It is from here that people board to Europe”, Ganda says.

However, Mr. Zazi reports that an ongoing study, funded by UNDP in 2017, will provide reliable data on consumers in schools and in the transport, mining and prison sectors. The only data collected at the police service and health centres suggests that “young people under 29 years of age exceed 60% of the reported cases”, Zazi adds.

**Strategic and institutional framework**

Niger has ratified all international conventions to combat drugs. It adopted the 1999 ordinance that provides the institutional framework for drug control. The Ministry of Justice coordinates the fight throughout the country, and an inter-ministerial committee for drug control has been set up under the Ministry of Justice. But it “must be under the supervision of the Prime Minister”, according to FENILAND’s Ganda. Moreover, this committee does not have the resources to do its work. Ironically, “in the national budget for 2017, the State did not allocate a franc for the fight against drugs”, Ganda points out. A reform of the provisions is under way, according to Zazi, to provide the organs with a substantial amount of resources.

The National Commission for Drug Control, under the Ministry of Justice, also includes the Ministries of Health, Communication, Sport, Homeland Security, and Education (secondary, primary). The awareness component is supported by FENILAND, a member of this commission.

Relations between the State and civil society seem rather excellent. “Today the authorities listen to us and even involve us in legislative reform efforts. They take our observations into account. We have been working hand in hand with the National Commission for three or four years, including on matters relating to the ECOWAS Action Plan”, Ganda says cheerfully. According to FENILAND’s chair, there is no proper facility in Niger providing care to drug users. “There is only the national hospital with a service called Pavilion E, where drug users are admitted. They undergo a weaning system with other products. There are also some private clinics trying to do this”.

---

Monsieur Saley Ganda
Founder and Chairman of FENILAND.
Prevention activities

Prevention activities take place mainly in Niamey, where “over 50 institutions have been targeted with awareness raising activities”. Other hot spots outside the capital have also been covered. “We have chosen the gateways for drugs, such as the Burkina-Niger and Benin-Niger borders, where trained peer educators have taken over; observers on the ground send reports with information”. In the ten youth centres in Niamey, skilled young people have become peer educators.

Civil society relies also on sports and cultural activities to spread messages for awareness. Rap musicians and the vocalists of Tourodi troupe have contributed in outreach initiatives for the youth. Televised debates are also organized. At the workshops organized by FENILAND, a drug specialist, a lawyer and a mental health expert take turns to improve the level of knowledge among the youth, “some of whom take drugs out of curiosity”, according to the actors we met. “Fourth graders were dismissed for drug-related violence. There are also talibés. At the borders, innocent people are used as drug carriers”, Ganda tells us.

In the 12 years spent on the area, Ganda understands the importance of involving parents in this process. “On TV, I talk about the ten behaviours to monitor in children and young people”, he adds. This has helped to make parents more aware and they are more willing to come and talk about their children where these latter use drugs. However, some civil society actors point to a lack of donor interest in funding drug control activities, because of the political instability that prevailed for some time at the helm of the State.

Remobilizing all actors

As civil society deplores the lack of resources, Ganda cautions that “partners such as UNODC, European Union and ECOWAS need to lay emphasis on drugs because drugs are the starting point on the path to terrorism, and drugs serve as a refuge for people in armed groups”.

Ide Oumarou Zazi,
Head of Division for Criminal Affairs, Ministry of Justice - WENDU focal point

“CIVIL SOCIETY IS A PARTNER IN OUR DRUG CONTROL STRATEGY”

The General Directorate of Judicial Affairs chairs the National Commission for Drug Control in Niger. According to the provisions, the Director General of Judicial Affairs at the Ministry of Justice is the ex-officio chairman of the commission. It is in this capacity that our directorate is coordinating the fight against drugs. The commission is made up of several ministries and holds regular meetings to decide on the drug control policy for the entire country, including the health component. One of the two members of the Ministry of Health, who are members of the commission, is our second focal point for the West African Epidemiological Network on Drug Use (Wendu).

We have services dedicated to the fight against drugs in the Ministry of Health, Ministry of Homeland Security and Ministry of Justice, which is responsible for coordination through the National Coordination Commission for Drug Control. With the Ministry of Health, we learned from the example of Cameroon, which has set up specific units in each region to deal with the health care needs of drug users. Our goal is to empower the commission to raise the profile of its activities. But for this to happen, the relevant provisions have to be reformed. The Ministry of Secondary Education initiates awareness campaigns on the harmful effects of drugs on young people; and we have time slots on national TV to raise awareness of the harm drugs can cause.

We have many gaps to fill because the fight against drugs put the emphasis primarily on repression. But we realize there is a need to progressively include the health care component. We have understood that many people ask for mental health support to overcome drug addiction. We opted to cooperate with civil society because we have the same goal of fighting effectively against the drug scourge. It will occupy a larger place in the reforms we are planning to carry out. The only specialized centre today is a private clinic that does its best to provide psychotherapeutic support and deal with the effects of drugs on patients. Otherwise, we have a unit within the hospital which deals with all psychological problems and not drug issues alone.

In the context of the WENDU Network, where I serve as the focal point, ECOWAS wants to help its States. Last year, I was a member of the team that evaluated the drug control and user care system in Ghana. And with the help of UNODC, we reviewed our drug legislation to look at the shortcomings ahead of the reforms planned..
In the land of the Ebrie lagoon, drug use is a cause for concern. The institutional response has been to set up bodies and a regulatory framework. Only recently, a parliamentarians’ network for drug control was set up. Some civil society organizations have come together under the Côte d’Ivoire Drug Control Organizations Network (CONAD-CI) and are working to slash drug demand while promoting care for users. Dr Lancina Tall, President of the Council, looks at where things stand and deplores the lack of tools for drug control, such as a National Strategic Plan for Drug Control.
How many CSOs are involved in the fight against drugs in Côte d’Ivoire?

There are at least 42 civil society organizations (CSOs) in Côte d’Ivoire that are engaged in the fight against drugs.

What drugs are used in Côte d’Ivoire, including tramadol and other diverted medicines?

According to police records and data from investigations conducted in the community of drug users, the drugs used in Côte d’Ivoire are cannabis, heroin, cocaine, crack, non-registered pharmaceutical products (NPP), sold illicitly on the market, drugs diverted for drug addiction (anti-cough medicines, especially in prisons), glue, and batanan (a plant consumed for drug addiction in the north of the country).

Cannabis consumption is associated with the use of PPNES (drugs presented in the form of tablets or capsules) for energy. Other drugs diverted for drug addiction are diazepam, ephedrine, rivotril, valium and tramadol.

How is civil society working to reduce drug demand?

Several humanitarian and community organizations are coordinating their actions within the network. Information programmes and awareness-raising campaigns on drug abuse are organized in schools, at youth gathering points, among vulnerable people, and so on. Advocacy is nurtured to the relevant authorities for appropriate drug policies consistent with human rights. A case in point is the action taken to develop a new anti-drug law that encompasses medical and psychosocial care for drug users. At national and international level, civil society is actively involved in brainstorming on the provision of care to drug users.

CSOs are also providing risk reduction measures through information sessions and health approaches to drug users in smoking rooms (for drugs) or within the family to help them better control and prevent risky behaviours and, if possible, to get rid of them. Further, they distribute safe protection and drug consumption kits (syringes, joint tips, condoms, etc.), offer screening sessions for infectious diseases (HIV, tuberculosis, hepatitis, etc.), and provide health care to those who are infected. They also train agents in community aid practices, offer training and professional reintegration to drug users (occupational therapy), or to former drug users.

How is health care for drug users in Côte d’Ivoire addressed?

Health care for drug users, in its practical and experimental phase, is provided by facilities...
that operate in a private capacity, such as the Regional Centre for Drug Control Training (CRFLD) in Grand-Bassam, the National Institute of Public Health (INSIP) in Abidjan-Adjame (which operates on an outpatient basis), the “Blue Cross” in Abidjan-Williamsville, the Saint Vincent de Paul Centre in Yamoussoukro, REMAR in Abidjan and some cities in the country, Espace Confiunce in Abidjan, and ASAPSU under the risk reduction project with Médecins du Monde (MdM).

We also have EFED, an NGO working in the context of its project to support drug users, with the support of OPPELIA (a French organization).

Health care to drug users is provided through medical and psychosocial treatment, and through internment on an inpatient and sometimes outpatient basis. However, because of the very limited number of health care facilities, the lack of suitable health practices, the lack of skilled health personnel and, above all, the very high cost of treatment, health care for drug users in Ivory Coast is not effective.

Other non-governmental organizations like TEEN Challenge and ONG Y Voir et Sourire in Abidjan have a more religious approach.

**What are the identified gaps and reforms civil society recommends for drug-related public policies?**

On the whole, the gaps identified are the lack of a national strategic plan and a national action plan. Drug control does not seem to be a priority for the authorities, because we do not have support facilities. Funding for drug control is non-existent. Finally, with the lack of good coordination of sectoral responses, ineffective interventions are the end result.

In response, we recommend that the State should put in place a National Strategic Plan and a National Action Plan; as well as a fund to finance all drug control activities; that it should improve the coordination of sectoral responses; that alternatives to incarceration be introduced in cases of drug possession for personal use and in appropriate cases of minor offenses; that effective criminal justice measures be based on human rights and a policy that effectively prevents the spread of infectious diseases.

The State also needs to develop a policy of medical and social care for people who are totally dependent on drugs, in particular by preventing and treating drug-related disorders on a larger scale in order to achieve the 2030 Sustainable Development Goals (target 3.5 - Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol); there is need to take into account the specific difficulties and needs of drug users and persons with disorders related to its use, which is essential for eradicating tuberculosis.

Finally, we must facilitate the social rein-

**How were you involved in the establishment of the West African Network of Civil Society on Substance Abuse (WANCSA)?**

We participated in the establishment of WANCSA. An ad hoc committee was put in place to draft the constituting enactment of the network. We are waiting for the outcome of this committee’s work. We have, in the context of CONAD-CI, given a reporting back presentation on the Abuja meeting. This network is very important for the future of the fight against illicit substances in the West African sub-region.
AREAS MOST AFFECTED BY DRUG USE?

According to a mapping survey conducted in 2014 by the Inter-Ministerial Committee for Drug Control (CILAD) in Côte d’Ivoire, there are drug transit routes from Ghana to Liberia via the country’s central line (East-West, Central and Coastal strip). There have been a ton of cannabis seizures in cities such as Bondoukou, Duekoue, Man, San Pedro, Daloa, Abidjan, Yamoussoukro, Bouake, Korhogo, Aboisso, Abengourou, etc. These cities are exposed to drug trafficking and they are the most affected by drug use.

According to a survey conducted by doctoral student Traoré Didiata (Criminal Sociology), the areas most affected by drug use between 2014-2016 were mainly those where armed clashes took place during the 2002-2011 war. These are the District of Abidjan (Abidjan and the surrounding areas like Anyama), the Bouake zone, the western and coastal zone of the country (Duekoué, Daloa, San-Pédro); and the eastern part of the country (Abengourou, Aboisso, Bonoua), because of its proximity to Ghana (drug producing and exporting countries).

A new trend is to areas that are home to a large young population, or even secondary school and university students: Bouake, Daloa, Soubre, Yamoussoukro, and especially the southern part of the country with cities like Abidjan, Grand Bassam, Dabou. All these cities stand out by the presence of drug user communities and a large number of drug smoking houses (areas for illicit drug sales and use).

THE SOCIAL GROUPS (AGE GROUPS) MOST AFFECTED BY DRUG USE?

The field survey conducted by Traoré in the District of Abidjan (2014-2016), in drug smoking houses, in drug treatment centres and within drug control structures (Police, Gendarmerie, MACA Prison) provided the following information. The 18-to-29 age group accounts for 43% of drug users; the 30-to-40 year olds represent 30% of drug users; and the 13-to-17 year olds account for 20% of consumers.

Following a study of 2016 data from the Police Narcotics and Drug Department (DPSD), it was found that the people most affected by drug use belong to the 18-to-29 years age group, representing a rate of 66% of referrals. In Côte d’Ivoire, drug use is the result of a young population.
Classes and training sessions were delivered by the Manager of the Rehabilitation Centre, Judith Kokui, Narcotics Control Board (NACOB) President Sylvester Adu, and Head of the Addictive Diseases Unit at Korle-Bu Teaching Hospital, Logosu Amegashie. All of which were trained, and certified under a Training of Trainers programme that was conducted by NACOB in collaboration with the American government. The Colombo Plan Drug Advisory programme began in Ghana in 2014 and trained 17 individuals who received their accreditation as national trainers, with the task of training others in the country. However, after having difficulties with funding, NACOB was unable to roll out this training across the country.

At Pantang Drugs Rehabilitation Centre Hospital, individuals from different Civil Society Organizations (CSO) gathered to participate in a substance use disorders workshop. The workshop was aimed at developing the knowledge of young health professionals on the treatment of drug users. The training covered ethics, patient care, provided a general understanding of commonly used drugs, and both short term and long-term effects. As this was a workshop for health professionals, the training encouraged the participants to view drug use through a public health lens, as opposed to a security or criminal issue.
HOW TO BETTER DEAL WITH SUBSTANCE USE DISORDERS?

The training at Pantang Hospital was the second batch that the hospital, in collaboration with NACOB, has been able to deliver alongside the certified national trainers. Provided they are able to secure additional funding, the participants will return in August for further training, and complete the course.

It is clear that a lack of funding has often been the cause of delay and occasionally the termination of activities amongst CSOs. After an interactive assessment with the participants, UNODC sat down with the trainers to discuss the importance of the work being done with health professionals, and the need to encourage greater investment from the government.

Logosu Amegashie explained, “These trainings are always organized amidst difficulties and challenges, although this is the second batch of participants being trained, both groups have not completed the final section of training and as such have not received formal accreditation”.

According to Logosu, the goal of the training is to develop the participants to a stage where they are able to take an international exam that would qualify them as Addiction Professionals. There are many individuals working in rehabilitation centres, but the treatment they are providing may not necessarily be the best approach. “With this training and qualification, they will be able to provide a better service through adopting evidence-based approaches, with developed knowledge on substance use”, he added.

When explaining the importance of the training, the Manager of Pantang Rehabilitation, Judith Kokui, emphasized that “If more individuals were equipped with training to deal with substance use disorders, it would develop a standard of care that is based on evidence-based approaches. This would ensure that the best methods of care, that have been proven to be effective, are being used”. Judith explained that additionally, developing this standard of practice would allow NACOB to monitor the treatment of substance users in hospitals across Ghana, allowing them to better analyse and identify whether an institution needs further training or needs to reassess its practices...

FUNDING ISSUES

As we witness an increase in the number of people using drugs, we also see an increase in the need for rehabilitation centres and substance abuse health professionals. However, it is clear that funding is an issue. How does the Pantang Rehabilitation Centre operate? Is it government funded?

“When it comes to receiving treatment, the government does not fund the Pantang Rehabilitation Centre. Instead, clients cover the cost of their own treatment. However, the hospital does offer some subsidies that reduce the associated costs of receiving treatment. If a client is unable to pay, we will direct them to another facility that can provide the treatment for free. For example, there are some NGOs that are able to provide treatment with no charge.

“The demand on services is growing, and there are very few professionals. There is a need to develop these services available outside of the capital, Accra. Ms. Judith Kokui explained that clients will often come as far as the North to seek treatment because services are not readily available in their area.”

TRAINING MORE HEALTH PROFESSIONALS

Ameagashie continued “As trainers in our respective organizations and hospitals, we are able to provide some care and share knowledge. However, without money, we are unable to provide regular training and services to meet the demand of those with substance use disorders. The training we are doing today should be the 20th batch, but the funds are just not available to train more health professionals. Kenya has the largest number of certified substance abuse professionals in Africa, because each year they train more people. We are interested in training more people – we just do not have the support to do so.”

The Kenyan government established a certification process and national standards of practice for the treatment of substance use disorders. These standards were based on international guidelines of services and were produced by the Kenyan Ministry of Health. As such, the country is better equipped to treat and respond to substance use. Governments across West Africa should adopt a unified approach that will not only increase the availability of SUD professionals, but also develop a standard of care, based on evidence, that can be adopted nationwide.
Liberia has a unique history. As Africa’s first republic, the country became home to many freed American and Caribbean slaves. Although marred by decades of civil war, Liberia later became the first African country to elect a female head of state. And more recently, the country was able to hold its first democratic elections since 1944, bringing in former footballer, George Weah as President. In that context of renewal and hope for the young men and women, the Association of Progressive Youth of Liberia (APYL) is striving to get them out substance abuse.

APYL is an organization that focuses exclusively on empowering young men and women in Liberia. The organization operates across 17 districts in Mosserato County, and through its own research, has identified 35 different ‘hot spots’ that are known to have a significant amount of drug users.

"The issue of drug abuse is a personal one for me. I have been a victim, and because I was able to come out of it successfully, I wanted to encourage other young Liberians to see reason, and to provide them treatment and access…"
LARCENY, BAG SNATCHING AND DRUG ABUSE

The CSO began when Bobby witnessed a woman get her phone stolen. He knew the perpetrator, so he committed himself to finding the phone. Unfortunately, by the time they had found the young man, he had already sold the phone off for $50 worth of crack. He worried about what might have happened to the lady had he not been there to witness the attack – could it have been worse? It could be a family member. He started to ask himself what gets these young kids into this life of drug abuse and crime related to it.

With his own personal experience with drugs, Bobby understood the importance of reaching out to individuals to understand what brought them to a life of substance abuse, and many involved in crime as a result.

SOCIAL CHAOS FOLLOWING WAR

“I started going into ghettos and talking to the young kids, asking them what it was for them that brought them to this lifestyle. For me it was peer pressure, leaving my family home, getting involved in the wrong groups...”, Bobby commented. Above all he understood the importance “to speak to [the youth], to understand what led them along the path of substance abuse...”

Poor living conditions, peer pressure, breakdown in family structures, might have led some to drug use and abuse, whereas others talked about how the war affected them, and how they got neglected, and abandoned by their families.

HOW BOBBY BECAME FAMILIAR WITH MARGINALIZED PEOPLE?

“[On my own] I can’t talk to everyone, so I started taking it one at a time, or taking very small groups of serious youth and just talking to them.”, he explained.

From there, Bobby would get in touch with family members, and if they have the necessary facilities within their house, then that becomes the place for rehabilitation. “Of course, when it becomes severe, we contact the nearby hospital which will treat them for any health issues”, he concluded.

However, through the community-based approach, the organization has often found it difficult to help those who do not have a family support system. The organization recently assisted a young man who had lost his entire family to the Ebola virus during the outbreak in 2014 – 2015. Of the affected countries, Liberia reported the highest number of casualties during this period. Although the young man did not have family support, through the mentorship and financial sponsorship of APYL, he has since recovered and is an active donor of the organization, contributing both financially and through mentorship.

THE LONG PATH TO SOCIAL REHABILITATION

APYL’s community centered approach focuses on the availability of resources within a given community. It seeks support primarily from family members, local health professionals and religious leaders within the region. Due to a lack of funding at the national level for rehabilitation centres, the CSO has often resulted in developing ‘make shift’ centres, often in substance users’ homes.

“Africa is still developing their rehabilitation centres, so a lot of the time, when the youth are serious about stopping [drugs], we take the rehabilitation process into our own hands.”, Bobby says.

A COMMUNITY CENTERED REHABILITATION APPROACH

APYL places significant importance on mentorship and developing trustworthy relationships with youth. Most recently, the organization launched the ‘Meal a Day Programme’ across all 17 districts in Moosserato County. When local youth come to the weekly gathering they will be given food, and counselling from former drug users. Additionally, the youth can expect to receive medication and assistance with any other needs they may have.
As West Africa continues to witness a surge in the trafficking and the use of drugs, it has become increasingly important for governments to have robust and effective policy responses. UNODC met with the West African Drugs Policy Network (WADPN) to discuss their work in the region, particularly in Nigeria, and to analyse the extent to which the region has truly been able to develop effective policy in this area.

The West African Drugs Policy Network is a coalition of over 600 civil society organizations across West Africa. These organizations work on a variety of drug related issues, from rehabilitation, harm reduction to government policy. At the regional level, the network has a coordinating body that oversees the entire organization. This also includes national focal points from each country that lobby with their respective governments on policy reform. The network places significant emphasis on the development of evidence-based drug policy reform, and approaches across all areas from legal to health.
ADDRESSING GAPS IN DRUG POLICY RESPONSE

In commemoration of World Drug Day 2018, WADPN organized a media round table alongside Youth Rise Nigeria. Youth Rise Nigeria will be launching their Drug Policy recommendation and flagship advocacy campaign “WE ARE PEOPLE”. The event is part of WADPN’s annual campaign that seeks to encourage a change in the perception of drug users. Ultimately, the goal of the campaign is to encourage governments to adopt a health centred, rather than law enforcement approach to drug abuse, and to challenge negative perceptions of drug users.

When discussing the policy response in West Africa as a whole, Mr. Adeolu, Regional Director for WADPN, explained that there is a gap in drug policy response. “[…] it is usually law enforcement driven, and criminal justice has become the standard response to drug use”, he explained. Mr. Adeolu noticed that “some areas of concern are not given the right attention by governments. For example, Drug Demand Reduction (DDR) is often an afterthought.”

Engagement of youth has become a significant part of DDR policy. However, Mr. Adeolu believes this approach needs to go further.

SUPPORTING EVIDENCE-BASED APPROACHES

“It needs to be more than just going to schools and having a campaign for the youth. We need to invest more to understand if there are any correlating factors that would lead someone into drug abuse. Thus the need to have a scientific approach, to determine whether biological and/or socio-economic factors have a role to play”

WADPN is interested in the role that drugs play within the economy of West African states. The advent of drug trafficking in West Africa can be correlated with economic hardship. There was a need to provide, individuals needed a means of financial income.

Adeolu, again emphasizing the importance of research and evidence-based approaches, added, “We need to address economic disparity and the effects of lack of employment. This has been a significant contributing factor to individuals distributing and eventually taking drugs. And so, until we rightly situate the drug policy response, as part of the development agenda, we will not be effective in tackling this phenomenon”.

STRENGTHENING HARM REDUCTION PROGRAMMES

Whilst it is clear that, around the world, significant emphasis is placed on law enforcement as a response to drug abuse, some countries have made significant strides towards developing their response to drug use. Senegal has pioneered progressive harm reduction programmes and was the first West African country to offer a government funded treatment programme. The Dakar Integrated Treatment Centre for Persons with Addictions (CEPIAD) offers a needle exchange programme, opioid substitution treatment and social reintegration.

As governments seek to develop their response to drug use, it is important that policies that have been proven to be successful are explored. In March 2013, UNODC launched the “International Standards on Drug Use Prevention.” The document outlines the interventions and policies that have been proven to produce positive prevention methods. The purpose of the document is to guide governments and organizations as they seek to develop their own prevention programmes and activities. In addition to this, UNODC is working in direct collaboration with governments across West Africa to develop their national drug response, and to encourage greater collaboration between countries.
UNODC and ECOWAS organized a workshop in Abuja, Nigeria, from 7 to 9 January 2018 to “Strengthen CSO capacities for drug-related prevention and treatment in ECOWAS Member States and Mauritania.”

The workshop provided tools and knowledge to develop and implement effective evidence-based prevention interventions; 32 participants from Civil Society Organizations (CSOs) were also trained to use tools such as the Strategic Prevention Framework (SPC) developed by the Substance Abuse and Mental Health Services Administration (SAMHSA).

At the end of the meeting, the focal points of Civil society organizations from the 16 ECOWAS countries began the process of creating the West African Civil Society Network on Drug Abuse (WANCSA) to better coordinate prevention and treatment efforts in the region.

This network is expected to become a strategic framework for action by CSOs committed to drug demand reduction across West Africa. The working groups have already identified a logo and the network should be launched shortly according to the members of the CSOs involved.