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THERAPEUTIC INJUNCTION

An alternative to incarcerating drug users

Support to ECOWAS Regional Action Plan on illicit drug trafficking, organized crime related to it and drug abuse in West Africa

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THERAPEUTIC INJUNCTION
A health alternative for reduced drug dependence

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EDITORIAL

THE THERAPEUTIC INJUNCTION
A health alternative for reduced drug dependence

Pierre Lapaque,
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The Convention on Narcotic Drugs of 1961, the Convention on Psychotropic Substances of 1971, and the Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988 are the three major drug control treaties currently in force.

Reducing demand, at the same time as supply, must form part of any drug control strategy that aims to be effective and sustainable.

The rising number of seizures, variety of drugs involved and ingenuous concealment methods used by traffickers all point to the magnitude of drug-related organized crime. That is why UNODC is indeed concerned about the volume of drug trafficking, particularly Tramadol in the Sahel region. The response must be of a new dimension which does not leave out users of illicit substances. It must focus on the health of persons suffering from dependence.

Today, scientific research suggests that addiction is a disease and should be considered as such. During the Abidjan conference, researchers specialized in drug addiction provided the most recent scientific results on the mechanism of addiction that affects the neuralgic areas of the human brain. People addicted to psychotropic substances are more in need of addiction medicine that can offer them rehabilitation.

All this shows that alternatives to imprisonment must be sought. In this regard, it is a welcome fact that most legislations in West Africa have provisions for alternatives and some expressly enshrine the notion of the therapeutic injunction.

The conventions of 1961, those of 1971 and of 1988, which were mentioned earlier, provide alternative measures to detention, for they subject dependent users to «*…measures of treatment, education, aftercare, rehabilitation and social reintegration...*»

The protection of users also has to be done together with vigorous prevention policies. Prevention programmes for young students are being tested currently in four countries through the UNPLUGGED programme, developed by University College of Ghent (Belgium).

The principle of injunction should be considered as an act of generosity, based on the finding that individuals who are dependent on psychotropic substances and in prison for drug abuse do not quit those practices, even while in prison. On the contrary, they fall victim to the internal networks which spread trafficking in prisons, and thereby compromise their rehabilitation from these illicit substances.

Combining research findings, the global and domestic legal framework, and the provision of curricula in schools creates a movement for a more coherent and effective response against addiction to psychotropic substances.

This is a resolutely health-centred approach that breaks from conventional wisdom and encourages rehabilitation and reintegration for drug users. States should continue on this path which aims to drastically reduce demand for drugs through bold choices that are in favour of users. The challenge from this point would be how to get everyone to rally around this way of doing things.

To conclude, let me take this opportunity to pay tribute to Divisional Commissioner Mariam Diallo Zorome, Permanent Secretary of Burkina Faso's National Drug Control Committee, who passed away in December 2017. UNODC joins me in extending condolences to Burkina Faso's Minister of Homeland Security, to her colleagues at CNLD, her family and all partners in the "Support to the ECOWAS Regional Action Plan" project.

THE THERAPEUTIC INJUNCTION AND DRUG USE
The legal basis for alternatives to imprisonment

Assane DRAMÉ
Legal Adviser
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The therapeutic injunction is an order against a person convicted of a crime or an offense, particularly in cases of sexual abuse or violation of the Narcotics Act. It is pronounced by a magistrate, after medical expertise, and with the agreement of the convict, who then undergoes medical care and is attended by a doctor. The therapeutic injunction cannot be used without prior procedure. It corresponds to a duty of care provision that is offered in exchange for a reduced prison sentence. This measure makes the magistrate a prescribing doctor and the doctor an executor of a sentence.

There are many questions about this measure that are yet to be answered. Is it used? If so, how, and if not, why? What stops it from being effective? Which solutions are recommended?

Alternative measures

The law provides alternatives to imprisonment. One of them is criminal probation, a pre-trial measure and an alternative to custody pending trial. Here, persons who would have been subject to a detention order are kept under court supervision without confinement.

Another measure is a bail bond, where the presumed offender can be set free or released on bail.

Simple deferral is the first way of personalizing alternative sentences. In this case, the prison term comes with a deferred sentence. During this period of observation, the convict will serve the initial prison term if he commits a new offence. Further, there is the probation order by which the criminal judge defers the enforcement of the prison sentence during a probationary period that generally lasts three years. The duty of care consists in putting the person, who agrees to a process of care, in contact with a health facility.

Sentence enforcement postponement: in the case of a simple postponement, the offender is not subject to probation but must demonstrate efforts for social and professional reintegration, or for detoxification (from drugs, alcohol…). There is provision also for adjournment or «suspended sentence» which can come with a probationary period under the supervision of the sentence enforcement judge and the probation officer. This option allows the convict to receive general social and educational supervision, support during care processes, and preventive measures including information sessions on products and their effects.

Community service is an alternative to imprisonment that must be agreed to by the convict. It consists in performing volunteer work for a public authority, administration, local authority or association recognized as a public utility facility.

West Africa's legislations

Most legislative frameworks attribute a dual status to the "addict". They refer to an addict as the user in violation of the narcotics legislation. In this regard, he is considered a delinquent who is potentially dangerous for society, and also a patient who puts himself at risk and therefore needs care. This provides a common legislative framework for combining care and justice around the notion of duty of care. In trying to resolve this ambiguity, the framework associates the therapeutic injunction with all the stages of criminal procedure, from the prosecutor's court charges to the final judgement.

This means a drug addict has the opportunity to avoid prosecution or imprisonment if he agrees to follow a course of treatment for drug addiction. This can be done under three types of orders. The first is the Public Prosecutor's order, where treatment is imposed and the prosecutor, in exchange, accepts to drop the charges ("therapeutic injunction" in real terms). The second is the examining court order, where treatment is prescribed as a temporary measure of protection. And the third is the trial court order, where the addict is subjected to treatment as a penalty (duty of care). It is this last modality that provides the "alternatives to imprisonment" for health reasons.

There is an important remedial and medical component in the penal system. The convicted user is considered to be a delinquent and a patient at the same time. He can therefore be subjected to treatment under the supervision of health authorities.

A disparity in West Africa's penal response

There are two ways for the drug user to avoid prosecution or incarceration by accepting to undergo rehabilitation.

Alternative to prosecution before judgement: On the order of the Public Prosecutor, the user arrested by the police and referred to the prosecutor's office can benefit from social and health orientation rather than prosecution. Offering the medical option in this way has the advantage of facilitating treatment, if the user agrees voluntarily to do so. This possibility is found only in some legislations (Guinea, Mauritania).

Duty of care pronounced by the trial court: in this case, health orientation is prescribed by the judge. It is mandatory for the convict facing imprisonment in cases where he does not serve the sentence. It is important to highlight however that these two countries are undertaking major changes. Ghana is making plans, in the context of its reform, to decriminalize use, while The Gambia has made provision for alternative measures to incarceration for drug use.

If the offender relapses in this context, it is considered not only as a «breach of contract» after which the suspensive conditions justifying non-imprisonment will be lifted, but also as an indicator of relapse, which can therefore provide the basis for recidivism.

During the trial, the judge has the power to order treatment for drug addiction for anyone charged with the illicit use of narcotics. In some countries such as Burkina Faso, Senegal or Cape Verde, the drug user can get exemption from punishment in the case where the use of drugs occurred under restrictive conditions, for example, where the user is below the age of criminal majority; not in a state of recidivism; or undertakes, by solemn declaration during the hearing, to not repeat the act again.

Challenges and obstacles

There are two major obstacles worth considering. The first is legal for the judge in charge of applying the law. Most laws mention drug addicts and treatment for drug addiction. As criminal law is interpreted in a strict sense, and most laws in West African countries use the term «addict», which is a medical term referring to a patient, it is difficult

for the judge to determine who is an addict and who is not. The occasional user can not be considered a real addict and in many cases does not fall within the premise for withdrawal treatment and the provisions for the therapeutic injunction.

Further, there is often no regulation defining the terms for implementation (implementing orders are not issued, whereas most national laws refer to such orders). The provisions are often silent on how to monitor the therapeutic injunction to ensure it is compliant with the procedures. The ordinary user is left out of the scope of alternative measures.

Institutional barriers: Our assessments show there is a huge gap in facilities that can provide adequate care to users. It is therefore difficult for the judge to refer those under arrest to any of such facilities. There is also the fact that judicial responses to drug addiction still compartmentalize the work of various players or actors in the process (police, justice, health authorities).

To further compound all this, there is no multidisciplinary system to care for drug users (therapeutic monitoring must go along with medical care, when the state of the drug user justifies it, and with psychological care and follow-up. To that end, actors with different profiles need to be involved: doctors, psychologists, educators or social workers).

The last point is the financial issue of care. Who is going to pay? (e.g. Ghana and Senegal). There could be a solution with the seizure and confiscation of illicit assets (with a portion allocated to anti-drug entities).

CONCLUSION

It is worth stressing that West Africa's various legislations are yet to domesticate all the provisions in the different international conventions. Alternatives to imprisonment go beyond the therapeutic injunction. Indeed, with all the individual, public health, social and security problems caused by drug abuse, the different conventions emphasize that programmes providing care to drug users should be implemented. The therapeutic injunction calls for a stronger nexus between justice and health.

The therapeutic injunction
A poorly used alternative to detention

Babacar DIOUF
Drug Demand Reduction Officer
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These days, drug use and its related addictions affect all social groups in all countries. The disorders tied to dependence on psychoactive substances remain a source of concern for governments, therapists, families and the drug users themselves.

Drug use continues to be a subject of bias, stigmatization and repression. The «war on drugs» and the punitive approach vis-à-vis users that prevailed until now have failed to bring about a decrease in drug trafficking and use. At the 1998 special session of the UN General Assembly (UNGASS) meeting on drugs, governments gave themselves ten years to rid the world of drugs and achieve «a drug free world». According to the UNODC 2017 report, about 250 million people worldwide and over 30 million in Africa have used drugs. Excessive repression has not only failed to stem the phenomenon, it has sometimes had negative effects on human rights and individual freedoms.

Similarly, on the basis of repressive moral and religious considerations, drug users face rejection from their families and society. And because of the law that criminalizes their practice, drug users are repressed, incarcerated and even suffer self-stigmatization that plunges them into isolation without assistance. In fact, only 1 in 18 users has access to care in Africa, compared to 1 in 6 in the developed countries. On the whole, the mostly repressive responses against trafficking and drug use deserve to be reconsidered, because of what an indicator like prison overcrowding brings to light. About 40% of prisoners go to jail for drug abuse. Moreover, these prisoners do not stop using drugs during and after prison, which means their addictive behaviour is not resolved as such.

Every year, huge financial and material resources are devolved to law enforcement officers pursuing repressive responses. Nonetheless, illicit traffic continues to enrich drug traffickers and cartels, maintaining corruption and a parallel economy.

Drug use is increasing year by year as a result of an imbalanced approach to drug control that favours the reduction of supply without resolving the issue of demand. Addicted drug users spend a lot of money to satisfy their needs. This places a burden on individual and household budgets, and pushes them into poverty due to the loss of employment and educational opportunities, especially for young people.

Drug use and addiction-related disorders are sources of family conflict and dislocation that also create misery and suffering. Families are left on their own without recourse to social protection services at a time when traditional solidarity systems are crumbling.

Prohibitionist regimes that practise rejection and incarceration push drug users underground and into delinquency. This encourages risky behaviour patterns, recourse to the black market and the spread of diseases such as HIV and AIDS, hepatitis C and tuberculosis, with rates at least ten times higher among injecting drug users, when compared to the general population. However, scientific findings on addiction classify it as one of the diseases of the brain that requires treatment and an adequate social and health response.

That is why, pending the advent of in-depth reforms in current legislative and regulatory frameworks, the therapeutic injunction remains a promising avenue for dealing with addiction to psychoactive substances.

The therapeutic injunction: what is it?

The magistrate's decision for therapeutic injunction consists in calling upon a doctor or an authorized psychologist to intervene and provide the judicial authority with a reasoned opinion on the medical expediency of the measure. This means that legal proceedings are suspended and replaced by medical supervision. The prosecutor issues the therapeutic injunction when he considers that the person in question suffers from a real addiction to drugs that goes beyond simple occasional use.

Some draw a line between the therapeutic injunction and the duty of care, which is a binding judicial measure for the convicted person to submit to medical examinations, treatment or care even under hospitalization.

The issue is raised by the international conventions on drug control. Article 38 of the Single Convention on Narcotic Drugs of 1961 provides that «the Parties shall give special consideration to the abuse of narcotic drugs and shall take all possible measures to prevent it and to ensure prompt detection, treatment, education, aftercare, rehabilitation and social reintegration of those concerned «, emphasizing the essential role of medical and social interventions. [Art. 38, para. 1 of the Convention of 1961; Art. 20, para. 1 of the Convention of 1971.]

Further, under article 14, paragraph 4 of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988, «the Parties shall adopt appropriate measures to eliminate or reduce the illicit demand for narcotic drugs and psychotropic substances with a view to reducing human suffering and removing financial incentives for illicit traffic».

Treatment, instead of imprisonment, is mentioned in many provisions of the Conventions, making it clear that those affected need assistance instead.

Delays in implementation

However, despite the provisions of these international instruments and other human rights instruments, the legal framework in most West African countries still relies on punitive approaches to drug users. Even though the legal arsenal of some States makes provision for the therapeutic injunction, no effective enforcement has been recorded (Molnar, E. Sartoretto, A. Couzy, F. Hariga, 2009).

In Senegal, for example, there is Order No. 97-1219 of 17 December 1997 on the treatment of drug addicts. The method was introduced in Senegal by Act No. 75-81 of 9 July, 1975 and its implementing Order No. 75-815 of 21 July, 1975. But these provisions have hardly been applied due to differences in the way magistrates and doctors approach the state of the «addict» (delinquent or sick person). There has consequently been a lack or absence of collaboration between the different institutions dealing with the multidimensional problem of drugs. The emphasis has been on reducing drug supply, while leaving out the remaining portion on reducing demand for drugs.

And yet, implementing this provision will give drug users confidence and provide the conditions for referring them to health systems. Through opiate substitution therapies, psychotherapies, support groups, social assistance, comorbidities management, post-treatment care and social reintegration techniques, the dependent user will be offered better care, compared to the unique option of incarcerating and punishing or rejecting the «victims».

In addition, psycho-health treatment helps reduce the violence related to the search for narcotics. And in the case of injection practices, it also avoids risky behaviours, the transmission of infections, especially HIV and AIDS, and hepatitis C. Medical monitoring offers an opportunity to manage comorbidities or coinfections, and is an effective harm reduction strategy.

Paradigm shift

To operationalize the therapeutic injunction, pro-public health approaches need to be encouraged to the detriment of prohibitionist and punitive regimes. The current legal and legislative frameworks on drug control need to undergo thorough reform so that they promote more inclusion and social and health protection. The reforms should also provide effective mechanisms for collaboration between the justice sector, health facilities, social services, communities and civil society.

The therapeutic injunction, as advocated by international legal instruments and national laws, has several advantages and heralds the fundamental changes that are needed for a public health and social protection approach to addictive drug-related behaviour. This requires a supportive legal and regulatory framework, a sustainable funding model, social acceptance, community participation and overt political leadership.

Burkina Faso
« The penal code and drug code do not give drug users access to care »

M. Tiraogo Birba
ALUBJ Burkina Faso

The therapeutic injunction is a notion which is not unknown to Burkina Faso's legal and regulatory system. But, as is the case in many West African countries, its enforcement has come up against the lack of practical modalities. Mr. Tiraogo Birba, coordinator of the Universal Liaison Association for Child and Youth Welfare (ALUBJ), takes a hard look at the situation.

Difficulty in estimating the number of drug users

In Burkina Faso, the most commonly used drugs are cannabis, tramadol, alcohol, cigarette and chicha. The other substances are inhaled, including solvent. It is very difficult however to estimate the number of drug users in Burkina Faso in the absence of an epidemiological centre. Apart from the Yalgado Ouedraogo University Hospital, which is also not adapted to the treatment of drug addicts, there is no specialized public care centre.

The therapeutic injunction exists in the law, yet...

Burkina Faso's drug legislation includes the therapeutic injunction. Indeed, Act N° 017/99 / AN of 29 April 1999 on the Drug Code in Burkina Faso states, under Article 72, that «when an addict is convicted for one of the offenses set out in articles 44, 58, 60 to 62, the court may, in lieu of or in addition to the sentence, order measures of treatment or care appropriate to his condition". A regulatory provision sets out the modalities for execution.

However, these provisions contain gaps because the procedures giving drug addicts access to care are not taken into account. In fact, the vigorous efforts Government has been making to combat the illegal consumption of narcotics have focused on repressive measures against traffickers. In the social context, much still has to be done because the Penal Code, the Public Health Code and the Drug Code do not provide procedures for giving drug addicts access to care.

The provisions merely prescribe the possibility for the judge to opt for measures of treatment or care appropriate to the drug addict's condition when he is the subject of a criminal conviction.

Further, the law is silent on the practical modalities for implementing the therapeutic injunction. These modalities are simply not defined. In other words, the Drug Code does not state who assumes liability for this obligation. It merely says in the last paragraph of Article 72 that a regulatory act will specify the practical arrangements for implementing this provision on assistance to drug addicts. So, while the legislation provides this possibility, there is practically no way to implement it unless there is exact clarity on who is responsible for it.

Positive steps from civil society

Civil society is specifically involved in the prevention and reintegration of drug users. The National Committee for Drug Control (CNLD) is a key partner of the National Network against Drugs in Burkina Faso. We work in synergy.

For example, some parents whose children are drug victims are referred occasionally to associations by the Committee for Reintegration and Monitoring of Children. When it comes to treatment, civil society is not very involved because their actions are limited most often to psychological support for users.

Cross-country running and anti-drug sensitization led by schoolboys (Burkina).

As an association, our activities are currently limited to the prevention of drug use. Users do not come to us for care or the implementation of the therapeutic injunction.

Civil society, through its work in the fight against drugs, attempts to make impact in reducing the demand for drugs. During the events that our associations conduct in colleges and high schools, some students approach us to report that their brothers or relatives are victims of drug use and to solicit our support.

Many students are unaware of the harmful effects of drugs, so they use them most often out of ignorance. Prevention brings out the dangers and dissuades those who, out of curiosity, want to venture into drug use.

Epidemiological data, a gap to close

The lack of epidemiological data on and a care centre for drug users makes it very difficult to conduct a reliable assessment, because only a study and a centre illustrating the number of drug addicts can allow us to have the number of drug users and to appraise the ways in which the rate of drug use is evolving as a result of the initiatives led by civil society.

In terms of reform and progress, we are expecting to see a specialized care centre that will provide better care to users in Burkina Faso.

Apart from this specialized centre, data collection needs to be organised at national level through health centres, prison facilities and correctional institutions, establishments or any other place deemed important for collecting data. This will provide reliable data that illustrates the real state of drug users. And such data will be useful in the specialized centre's user management and monitoring activities.

Mme Mariam Diallo ZOROME

Burkina Faso – Obituary announcement: Mrs. Mariam Diallo Zorome, CLND Permanent Secretary, passes on….

Burkina Faso's Minister of Security recently announced the death in Dakar, Senegal, of Mariam Diallo/Zorome, the former governor of the north-central region. After serving as Governor of the north-central region from 2011 to 2014, Mrs. Diallo née Zoromé was a Divisional Commissioner of Police and the Permanent Secretary of the National Drug Control Committee (CNLD). She was also the coordinator of the Ministerial Committee for AIDS Control at the Ministry of Security. She died on 4th December, 2017 in Dakar, Senegal. With her parting, the Support on the ECOWAS Action Plan Project loses a colleague who took part in many activities to harmonize drug control strategies at the regional level. We extend our sincere condolences to her family and colleagues.

CÔTE D'IVOIRE
DRUG USE IN PRISON
A call to review Côte d'Ivoire's Anti-drug Act

Par Didiata TRAORE,
PhD student in political science

This article is a summary of the scientific study, titled «Experiences of drug-using inmates at the MACA». It was carried out from 20 March to 30 September, 2017, at the Maison d'Arrêt et de Correction d'Abidjan (MACA). Using a psychosocial approach, the study covered administrative staff and 44 drug-using inmates. Its findings were presented at the UNODC/WHO Workshop on Alternatives to Imprisonment, held from 20 to 22 November 2017 in Grand Bassam.

In West Africa, applying custodial sentences against drug users is a common occurrence. This has repercussions on the health of the users themselves as well as on public safety. Many users in Côte d'Ivoire serve prison terms instead of getting medical treatment, as stated in the three international drug control conventions (UNGASS, 2016), and Articles 8 and 9 of Côte d'Ivoire's Special Act N° 88-686 of 22 July 1988 on the Suppression of Trafficking and Illicit Use of Narcotic Drugs.

Out of the 532 people the narcotics unit arrested in 2016 in the Abidjan District's «smoking rooms», 66% were charged for illicit drug use. And in June 2017, drug users made up 30% of the 219 inmates held at the MACA for the sale or use of illicit drugs. Imprisonment is practically the most common legal measure for drug control or abuse problems.

Imprisoning users comes with negative effects for their future in society. This is because the prison environment exerts a negative influence on the user, for it contributes to develop delinquent personality traits. The differential association theory (the determining influence of deviant peer groups on delinquent personality formation) and the weakened social control theory (to study weaknesses in MACA's security apparatus) help to support this analysis. (Gassin et al., 2011).

The drug user in the prison environment

The users jailed in the MACA for a 12-month fixed term period generally are young men between the ages of 18 and 35 years. Most are workers in the informal sector and unemployed youth who, in their own words, did not have the required amount to «pay for their release before the verdict of conviction» (acts of bribery and fraud within the prison system). Coming from underprivileged families, they are neglected by their relatives, left on their own in an overcrowded prison (about 5000 prisoners for 1500 places available) and exposed to health risks.

After 4 months in prison, Yacou says: «Once you are thrown into that hole, you have to fight alone to survive. (...). It shatters your morale when you think you are being treated this way for a joint, and that it is sheer bad luck that landed you in jail».

To cope with the demands in prison (dues paid to block, floor and prison cell "landlords", etc.), most drug-using inmates agree to run errands for the well-to-do prisoners for a salary of 300 to 1500 FCFA per week.

BFT, another inmate, says: «[...] So one has to find a job that brings in money, otherwise you become a tramp. For me, this is the fourth time I am coming here, because I sell and use drugs. If you do not want to sell drugs in prison, you can do chores such as ensuring the safety of imprisoned bosses who pay for it».

Moreover, illicit drug sales go on freely in prison. Abdul, an inmate reports: «When I arrived in the cell, the others found out very quickly that it was for drug use. So the little drug dealers in prison identified me as a customer. I later became a drug dealer to survive».

Illicit trade in the prison environment

Evidence suggests that some officers (on duty) are complicit in drug sales by prisoners. A 2014 prevalence study on the MACA attests also that drugs are sold and used in prison. In 2016, the MACA psychiatry unit recorded 48 requests for assistance in weaning from drugs in the 233 consultations it had done. This means requests for weaning off drugs made 21% of all requests for medical assistance.

Moreover, a survey by Monique Barnet (2013), an NGO, suggests there are 80% of cases of recidivism among drug-using inmates. Encountering more experienced offenders, who call the shots in the prison environment, causes most drug-using inmates to fall into delinquency as a means of self-protection. The prison setting therefore facilitates integration into a criminal network and paves the way for delinquent behaviour among drug users.

Souleymane, a 35-year-old, says «I was 19 years old when I got locked up for the first time. I am on my fourth conviction under different names. I was with my friends in a smokehouse when the police landed. [...] We are here for 1 year. The prison made me who I am. I was not like this. It's just a cannabis wrap for 100 FCFA that landed me here. And today, I use cannabis, crack, tablets and other things. Life in prison changes a person». Bad company in prison can spur the user towards more serious crimes and reinforce criminal behaviour.

A public health problem

The intensification in drug use, the shift to more serious crimes, and the level of recidivism observed (80% overall) all demonstrate that prisons are not a reliant means of social re-education for users. The West African Drug Commission report (WACD, 2014: 57) deplores this fact and recommends that drug use should be treated as a public health problem with socio-economic causes and consequences, rather than as a matter for the criminal justice system. President Alassane Ouattara of the Republic of Côte d'Ivoire, who was President of ECOWAS at the time, rightly said: «We must not let our public policies be dictated solely by the war against traffickers. We must look at the big picture in this issue to understand its implications for health and development» (WACD, 2014: 53).

In Côte d'Ivoire, applying therapeutic measures is a problem, due to the lack of services specialized in care for users and the high treatment cost (non-subsidized). This creates the need to harmonize national laws with international and sub-regional conventions, as Kavanagh argues (2013). Bold steps must be taken in this direction.

Creating more centres (subsidized) that specialize in care for users will improve access to medical treatment for drug addiction and provide a framework that is conducive to the application of the therapeutic injunction.

Alternative measures to detention should be encouraged for minor and non-violent offenses such as those limited to drug use (UNGASS, 2016). And for this type of user, therapeutic treatment should be the priority during a jail sentence. Prison care services should be properly equipped to deal with drug addiction.

Further, drug abuse prevention policy must be underpinned by an effective fight against the illicit production and sale of drugs, and by more rigorous supervision in the prison environment (presence of canine units: Girouille, 1993).

*References **

- ***Single Convention on Narcotic Drugs, 1961 (1972 Protocol)***
- ***United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances, 1988***
- ***Convention on Psychotropic Substances, 1971***
- ***Act N° 88-686 of 22 July 1988 on the suppression of illicit trafficking and use of narcotic drugs, psychotropic substances and poisonous substances (Articles 8 and 9)***

SENEGAL
«It takes a medical and judicial commission for the therapeutic injunction to be properly implemented »

Matar Diop
Controller General,
Coordinator of CILD

The Controller General of the Police, Matar Diop, is the Coordinator of the Inter-Ministerial Committee for Drug Control (CILD) under the Ministry of Homeland Security. He decides on the practical modalities for implementing the therapeutic injunction, and on the other mechanisms for intensifying the war on drugs. He also talks about Senegal's National Drug Control Plan.

What do you propose for a good implementation of the therapeutic injunction?

In our efforts to strengthen the legal framework, we have set up a working group to begin looking at the issue. We are going to have a validation workshop. This work will involve all stakeholders from the justice department, the security units or even civil society for very fruitful discussions on the results to be achieved.

The idea is to say, «Should we leave the provision as it is and be satisfied with advocacy, or should we make it an obligation and not a faculty?" This group that is going to come together is going to say we will replace the faculty with an obligation. We will be fully in line with international commitments that encourage treatment for users, bearing in mind the need for proportionality in the sentence: a severe penalty for the trafficker and a less severe sentence for the user.

Or we can go for real change, that is, not wait for the court. So, as soon as the person appears before the police, the gendarmes or a law enforcement unit, we can initiate the injunction proceedings if the person accepts the terms. And, we may have to pass another implementing order to replace Order N° 971217. It is equally necessary to bring article 120 of the Drug Code (which provides for a therapeutic injunction only by the Tribunal) into compliance with the above-mentioned decree.

I believe in-depth reflection is needed to make the most of what the new law is going to set out in a clear way. But we must also train the people in charge of applying this provision, especially the magistrates, to raise their awareness. But the most important aspect is to begin with advocacy. We are moving towards a series of activities to achieve the results we expect, especially as our committee includes judges. The Department of Justice has two representatives who are magistrates, like all the other departments.

What arrangements are there for more coherent dialogue between the Judiciary, the Health Ministry and the bodies combating drug trafficking?

As we figured out initially, we thought of a dialogue between two parties in the form of a medical and judicial commission for medical care where the magistrate intervenes and the doctor also for health-related aspects. According to the implementing order, the judge asks a doctor to issue a medical certificate and a recommendation on the state of the person. Thereafter, the doctor can refer the person to a doctor specialized in this problem of addiction.

Thus, starts the treatment with the consequence of the suspension of the penal sanction. If, in-between, as the order provides, the person goes back to his bad habits, we can apply the sentence from which he was exonerated. We therefore have to set up a commission with doctors and magistrates to implement this therapeutic injunction in a satisfactory way. That is also why we have put it in our strategic plan.

How well can public funds cover the financial side of the therapeutic injunction?

As concerns the medical care and the quite specialized care provided at CEPIAD, the problem does not arise because such services are practically free. If the person or his family wants support voluntarily, it is at this moment that the person must contribute to the tune of 2/5 and the State's

From right to left: Divisional Commissioners O. Cissé (OCRTIS), Matar Diop (CILD), Oumar Maal (National Police Director General) during the incineration drugs ceremony. ©UNODC

contribution is 3/5, the order says. But actually, the State pays 5/5. I encourage CEPIAD to continue like this. But, one has to think about the system's viability, for example, what should be done if the partners withdraw?

However, in case of therapeutic injunction, which means that the person is in conflict with the law, medical care is free.

What mechanisms can exist between the confiscation of criminal assets and the financing of costs induced by the therapeutic injunction?

The confiscation of criminal assets, drawn in particular from illicit drug trafficking, must be used to combat drugs and to take charge of all related matters, because the means of the State are still limited and the charges are huge, whether it has to do with the war on drugs or in increasing resources for the security forces to reduce supply as part of prevention or repression. One may include risk reduction, rehabilitation and reintegration, all of which are areas that have to be covered. So, we have to think about the terms.

In the National Strategic Plan for Drug Control, we talked in principle of creating such structures. That is where we have to work with the National Financial Information Processing Unit (CENTIF), which had plans to set up such an entity. But all in all, this entity can solve a lot of problems. It is almost innovative financing, if you want.

After the National Drug Control Strategy, what are the next steps?

All we are doing presently is included in this strategy, which is our roadmap, our dashboard with very clear indicators: how many addiction specialists should we train, for example? We set up a small coordination group with other partners: the National AIDS Council (CNLS), the National AIDS Alliance (ANCS), and even NGOs. The goal was to avoid overlap and duplication. We deemed it extremely important from start to maintain dialogue with partners. We need financial resources, that is undeniable. This is why the Strategic Plan includes a budget to support implementation of the plan. The budget has been approved by the supervising authority (Head of Government).

The prospects seem to be looking good?

Yes of course! The State is supporting us with the implementation, based on the instructions of the Head of State. In the perspective of the Plan the Committee will be attached to the Prime Minister's Office and will have better visibility. It is an inter-ministerial committee. Its normal institutional anchor point has to be the Prime Minister's Office. Nevertheless, even after being attached to Prime Minister's Office, following the signing of a decree, the Ministry of Homeland Security will still be a member as well as other ministries involved in the drug issue. Moreover, it is expected that the Prime Minister will be the chairman of the committee while the Ministry of Homeland Security will be the vice-chairman.

Interview by Amadou Mansour Diouf

SENEGAL
Considering addiction as a health concern

Dr Idrissa Ba,
Addiction Specialist,
Technical Coordinator, CEPIAD

Idrissa Ba is a child psychiatrist and an addiction specialist. He is the Technical Coordinator of the Centre for Integrated Management of Addiction in Dakar (CEPIAD), a pioneering medical institution in the management of drug-related disorders, thanks especially to the methadone substitution treatments it provides. The facility is currently providing support to 181 patients. Dr Ba talks about the therapeutic injunction in Senegal and its practical implications.

CIn the spirit of the law, the therapeutic injunction is a good measure because it offers the opportunity for a user arrested for possession or use of psychoactive substances to have access to care to avoid prison. It is a duty of care open to him from the moment he agrees to heal himself. The therapeutic injunction, in itself, is positive because it provides access to care. In a context of legal and social repression, this law shows, on the other hand, that drug use in a sense is more of a health problem than a crime.

This is a step forward in approach and we have seized this opportunity to show that drugs are a health problem, not a crime. We focused more on a public health approach, highlighted through the 2011 IBSEN survey, which brought to the fore the high vulnerability of drug users and showed it was necessary to offer them this access to care and services.

For effectiveness in the therapeutic injunction …

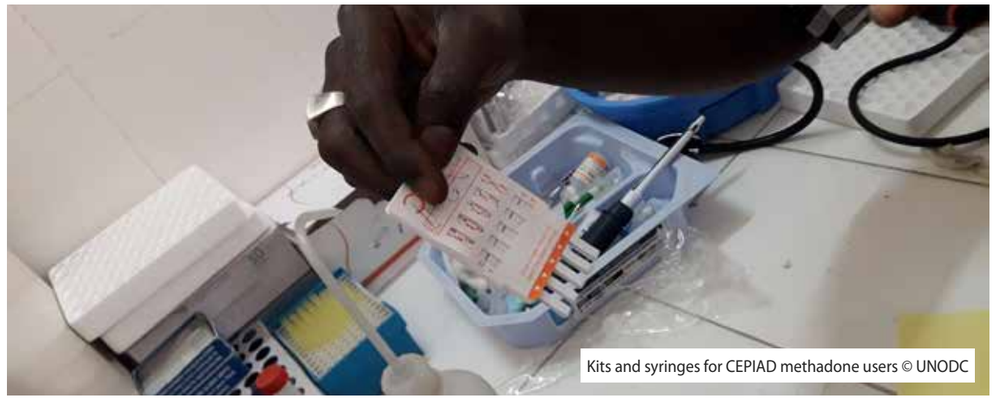
The other side to the coin is that it is an injunction, an obligation for the user because there is pressure on him. Unfortunately though, the attendant measures for the law have not been put in place. Consequently, I have never had to deal with a case of therapeutic injunction in 17 years of service. The person subjected to the therapeutic injunction must be supervised. If we take the case of the Psychiatry Unit at Fann Hospital, for example, it is an open hospital, and no one can be held here against their will. Is it the family which has to take care of the patient to ensure they comply with their treatment and keep away from drugs while in hospital? Is it the State? These questions arise because, without supervision, the user can go out whenever he wants. So, many questions still remain …

On the other hand, the issue of care must be clarified because the costs of hospitalization, medication and medical examinations have to be covered. Who deals with this? The family or the State? This has to do with attendant measures that legal experts and health practitioners need to discuss. There is also the implementing order that must be passed.

Attendant measures

To effectively apply the therapeutic injunction, there has to be consultation among the various parties: financial experts, health specialists and legal practitioners. Some adjustments need to be made. In addiction, problems might arise from some constraining measures. One of the problems is precisely this notion of injunction, which is a constraint because it is very difficult to treat people against their will.

The CEPIAD premises within the University Hospital of Fann



Kits and syringes for CEPIAD methadone users © UNODC

Is it family that cares for the patient and makes sure they comply with treatment and abstain from drug use while at the hospital? Is it the state? This is because, without supervision, the user can go out whenever he wants. So, many questions still have no answers ...

On the other hand, the question of care must be sorted out because the costs for hospitalization, drugs and medical examinations have to be cleared. Who covers them? The family or the State? This relates to the attendant measures legal experts and health professionals are to discuss. Further, the implementing order has to be passed.

An action directed at the user of psychotropic substances

Despite the shortcomings of the law, we are working in a good spirit with the law enforcement services. We do not encourage the transgression of laws. Our only concern is for the person to be able to gain access to care wherever they are, in prison, in the hospital or at home. We are driven solely by public protection and safety, whether these are users or the public at large. We therefore promote this public health approach.

And we are optimistic because the authorities are open to this issue of drug users. For example, the President of the Republic in 2016 instructed the government, at a Cabinet Meeting, to review the current drug code in favour of a public health approach.

Methadone doses already used at the Centre for Integrated Management of Addictions in Dakar (CEPIAD) ©UNODC

The president recommended that CEPIAD's activities should be duplicated elsewhere than in Dakar, so that users nationwide can benefit from our services. This is why sessions were held with CILD, which coordinated the work, and a new Strategic Plan was developed and even validated with provision for this policy reform and support to entities such as CEPIAD and civil society organizations.

As part of efforts to decentralize our activities and transfer skills, we have developed modules and documents. Accordingly, we have trained 25 trainers who specialize in providing care to injecting drug users. These trainers will replicate the training they have received in the surrounding communities to help train other stakeholders. At the university, a degree course on addiction will begin this year so that nurses, doctors and social workers can receive training on addiction.

The environment is quite conducive and the next step will be to advocate reforms for a law suited to the current context of drug use, because we have to be able to tell the difference between consumption and traffic. Trafficking must be repressed in the most rigorous way. But as concerns use, the user needs to have the possibility of accessing care. Because addiction is a health problem, effective treatment exists. We should let users who so desire to have access to care.

At regional level, the Abidjan conference on drug addiction discussed the scientific aspects of drug dependence with the best specialists, who demonstrated there is scientific evidence that addiction is a health problem and has effective forms of treatment. This was a good opportunity UNODC coordinated to take forward efforts we can make for efficient management of addictions.

TOGO – DRUG USE AND ALTERNATIVE SENTENCES

« The injunction procedure is an alternative for coming out of addiction »

Dr Catherine TOURÉ
RAPAA NGO

This interview with Dr. Catherine Toure, Chairperson of the Togolese NGO, Recherche Action Prévention Accompagnement des Addictions (RAPAA), highlights the reality in psychoactive substance use and the legal measures for implementing the therapeutic injunction in Togo.

Estimating drug users in Togo

There are no official statistics on the precise number of drug users in Togo. At RAPAA's inception, we tried to establish a baseline, but qualitative and quantitative data was almost non-existent. That is why RAPAA set up a component on operational research. The studies RAPAA has conducted and the data it has gathered and analysed at its counselling and support centre, inform the interventions we conduct, especially those in prevention programmes.

There are some major trends. We have found that drug use affects people from all social and professional groups, and that women seem to make up about one-third of those who use psychoactive substances (drugs and alcohol). Substance use is penetrating the nation's hinterland and affecting an increasing number of rural areas. Lome and the major cities have islets that are referred to commonly as "ghettos", where groups of de-socialized and marginalized users are living under very precarious conditions. In Lome, there are about twenty ghettos, each with approximately 75 to 100 persons. We expect this data to be confirmed soon by a mapping study on injecting drug users to which RAPAA was associated.

An awareness session led by RAPAA NGO volunteers

Having national data is vital for measuring the scope of the phenomenon and devising appropriate strategies. This falls among the sovereign functions of the State. Civil society should advocate on this issue and help nurture information systems. The denial and stigma surrounding drug use explain why States are reluctant to collect and publish statistics on this social and public health problem.

Drugs used in Togo

The data collected through studies and at the counselling centre suggests that cannabis is the most widely used substance. This is followed by the misuse and abuse of medicines (codeine, tramadol ...). Cocaine and crack are increasingly available to users, especially the cannabis addicts. Heroin use is still very limited. In fact, injecting drug use seems to be less frequent in comparison to other methods of use (smoking, sniffing, etc.). We noted many cases of polydrug use where the users combine several drugs or alcoholic beverages and drugs. There is ease of supply both in the range of substances available and in cost.

Care for drug users

Although the authorities have been making attempts and efforts, there are no specific entities providing comprehensive care to drug users in Togo, especially the young users. Parents are often clueless and do not know where to turn. They go to public health facilities, such as Teaching Hospital Centres (CHU) or private Mental Health Centres (MSCs). Many disarrayed families turn to traditional doctors, churches and prayer camps for alternatives.

RAPAA has opened a counselling centre that provides psychosocial care to people with addictions and to their families. We have opted for support that suits every patient. It combines psychological consultations with chat groups, family mediation, educational or professional reintegration as well as activities for wellbeing and art therapy…. For the moment, we do not offer services for weaning and medical treatment. Our goal is to open a referral centre on addiction, when all the conditions will have been met.

A Training of trainers organized by RAPAA NGO © RAPAA

Health approach or repressive approach?

Togo's authorities know the repressive approach has its limitations. They are aware the priority should be on prevention and care for drug users. Today, our partnership with the State, and more specifically with the National Drug Control Committee (CNAD), is satisfactory and we are hoping that this will serve as a reference in the sub-region. While civil society works on reducing demand, States need to continue and intensify their efforts on controlling supply.

Controlling the supply and sale of drugs should also be done in a rigorous way. There has to be a strict regulatory framework and a multiplicity of care and prevention programmes.

Is the therapeutic injunction prescribed by law?

To our knowledge, the therapeutic injunction does not yet exist in Togo's legislation. Discussions are underway to take the necessary legal and institutional measures before putting it in place. The prison environment is not conducive to care and support for drug users. It does not prepare them for social and professional reintegration. On the contrary, prison conditions cause recidivism and aggravate psychoactive substance dependency among prisoners. For users, and especially first-time users, such as women, it is important to institute this injunction procedure as soon as possible ... We acknowledge that CNAD is willing to take action and RAPAA is committed to intervene in this area through alternatives to imprisonment.

Do you receive requests to implement the therapeutic injunction?

CNAD asked our NGO to design a therapeutic injunction project that will be delivered together with the State. We prepared and submitted the project to CNAD since July 2017. It is a three-year experimental project. Such a project requires a legal system, an institutional mechanism, a system for therapeutic care and social integration. We propose a framework that will involve all stakeholders (Justice, Security, Health and Social Action) with an approach that focuses on the human person and offers him psychological, medical and social and economic reintegration.

What reforms for improving care to users?

A national policy with strategic and operational components needs to be implemented. Such a policy should include legal reforms that suit current realities and the national context. It should also include an institutional framework defining the roles of various actors, with an emphasis on a multi-sector approach and on facilitating relations between the State and civil society.

This approach should include capacity building for all national actors, the establishment of a medical care system with the introduction of substitution treatment and State-subsidized care for persons who want to wean themselves off addiction.

There should be provision for financial cost with significant funding modalities for major prevention programmes at the national level, not forgetting a national information and data management system.

Ghana
Substance use situation in Ghana

Dr Eugene DORDOYE
Psychiatrist, Ghana
Hospital Director, Ankaful Psychiatric Hospital

Substance use disorders are a nationwide problem in Ghana, West Africa, a country with a population of some 28 million people, majority of whom are aged 16 years or younger. Population is much denser in the south compared to the north. There are over 80 ethnic tribes and languages but English is the official language due to its colonial heritage by the Brits.

The major drugs of abuse are alcohol, marijuana, cocaine and heroine in a decreasing order. There is however a rising trend of abuse of benzodiazepines (diazepam and lorazepam) and opiates, particularly tramadol by the general population, and pethidine by healthcare workers. Cigarette smoking is not rampant and mainly restricted to the northern part of the country where there are higher poverty levels. The relatively low numbers of cigarette smoking is attributed to aggressive campaign on the health impact of tobacco by the ministry of health while same has not been done for alcohol and other substance of abuse. The lay people have a perception that cigarette is more harmful, or the other substances of abuse are of lower risk to one's health. Other misperceptions or myths of substance use in Ghana are explained below.

Marijuana the most popular illicit drug

The most consumed alcoholic beverage is a locally distilled gin called akpeteshie with alcohol content ranging between 40 and 55%. The other illicit beverages which may qualify for beer or wine are pito, palmwine and brukutu, and these ones normally begins the alcoholism behavior. Some believe that a little alcohol is necessary for one to be healthy, or even recommended by doctors.

Marijuana is the most abused illicit drug and it is "universally available" as it grows very well in all the soil types in Ghana and sometimes cultivated as a cash crop illegally. Students in the middle belt of Ghana were identified to be growing them to sell for their education. The youth typically start smoking themselves at Junior High 3 (9th grade), Senior High 1, (10th grade) or 3, and during the first year in a tertiary institution. These students may start out of curiosity or peer influence, continue to use after school and may add other illicit drugs such as cocaine and marijuana.

Cocaine and heroin are available in every part of the country. Ghana, like other West African states, has become a major transit point for drug trafficking to Western Europe and North America. As per the modus operandi of the traffickers, about 10% of all trafficked drugs are left to be sold in the transit countries. Proceeds from the 10% left here are used to hush border police and other security agencies and sometimes politicians and even the judiciary. For instance, a Ghanaian sitting legislator was arrested in the US for trafficking heroine about 10 years ago and a lady believed to have connections to the presidency, as she used the presidential lounge when departing Ghana, was arrested and jailed in the UK last year.

Injection drug use is almost non-existent outside healthcare workers who mainly abuse prescription only opiates such as pethidine and tramadol.

Users of these illicit drugs are normally unemployed single youths who commonly commit thefts and deceive cronies for money to support their behavior. Addiction is highly related to spiritual cause hence families seek spiritual healing first for their loved ones and only seek medical attention when all else fail.

Law on illicit drugs seek to punish instead of rehabilitating persons found with illicit substance without authorization.

A public health concerns

There are currently two medication assisted rehab centers in two of the three mental hospitals in the country for a population of 28 million and an estimate of over a million persons with alcohol and drug use disorders. There are three Christian based organizations and two NGOs who provide stand-alone rehabilitation services. Less than 1% of persons with substance related disorder can actually access healthcare for their conditions. The nationwide health insurance mandated by law for all to be insured does not cover rehabilitation treatment, and even if affordable they are not readily accessible as the rehab centers are only in the urban south of the country.

The 12 Steps therapy is currently the mainstay of long-term management of substance use disorder in Ghana. Substitution therapy and exchange programmes are non-existent.

Mental health workers, mainly psychiatrists and psychiatric nurses have been at the forefront on measures to control substance use disorders in Ghana. Mental health is highly stigmatized and persons with use disorders will not want to be associated with treatment in a mental hospital and hence only get into treatment when they develop psychiatric complications from their drug use.

Outside the psychiatric hospitals and to some extent the police on drug seizures, they are no data to show the extent of the problem, which people are involved and where they reside, and efforts being made to reverse the serious condition ravaging the country as at now. Regional collaboration has been mainly with Nigeria on the academia side with demand reduction, while supply demand tend to have a much more collaboration with neighbouring countries and the West mainly through Interpol.

Support for documentation of the magnitude of the problem is needed to convince politicians to raise the alertness of substance use disorders to public health concern as diseases like malaria and HIV/AIDS. Training of health workers other than those in mental health is necessarily to get the disorder diagnosed as the various levels of healthcare provision than to wait till complications set in. UNODC together with AU is helping countries in the subregion collect data on the epidemiology and management of the condition and hope is very high for it to take off. This is so much needed in order to prevent Ghana to turn into a NarcoState.

PROJECT HIGHLIGHTS

Here is a selection of articles related to the project and drug use and trafficking in West Africa. The objective is to give a significant panorama to the reader.

"WENDU": promoting reliable data collection and management systems in West Africa

Providing valid and reliable data, with a view to properly assessing the extent of problems caused in the region by drug trafficking and abuse, is one of the five thematic areas in the ECOWAS Regional Action Plan. To that effect, the West African Epidemiological Network on Drug Use (WENDU) was created to strengthen surveillance of illicit drug supply and use in the region. On 22-23 November 2017, UNODC, under the «Support to the ECOWAS Regional Action Plan» project, organised a regional workshop in Abuja on «Collecting, analysing and reporting data to strengthen national information systems on drug use». The meeting brought together WENDU country focal points from the 15 ECOWAS Member States and Mauritania as well as drug use epidemiologists and drug demand reduction experts from West Africa and beyond.

"UNPLUGGED": preventing drug use in West Africa's schools

The rising levels of drug use among Africa's adolescent/student population over the past years has led government officials to pursue the prevention of drug use by African youth. Training medical and social workers is vital in improving skills to combat drug dependence. To close the gaps observed in these areas, UNODC organised a «regional workshop to disseminate the UNPLUGGED programme on drug prevention in West Africa's schools». The event took place from 14 to 16 November 2017 in Abuja, Nigeria. The UNPLUGED programme is an initiative based on scientific evidence. It was initiated at the first regional scientific conference held in February 2017 in Abidjan, Côte d'Ivoire, and has since attracted a lot of interest from Member States.

Liberia: A national epidemiology network on drugs in Liberia and Côte d'Ivoire

To address the gap in epidemiological data on drug demand and use, UNODC organised the first "National Workshop on Collecting, Analysing and Disseminating Data on Drug Use in Liberia" and the «Inaugural Meeting of the Epidemiology Network on Drug Use". The activities took place respectively in Liberia, from 27 to 28 July, and in Côte d'Ivoire, from 16 to 17 August 2017. The goal of these activities was to provide tools for learning best practices in data collection on drug use, and to develop capacities for collecting and disseminating quality data on drug use patterns. Eight pilot sites in Liberia and nine pilot sites in Côte d'Ivoire were selected to be part of the epidemiology network.

Drugs incineration in Senegal © UNODC

Praia – Developing pilot hubs for forensic science in West Africa

Building forensic skills is a key first step in efforts to effectively combat international drug trafficking in West Africa. UNODC, from 13 to 14 December, 2017, organised a workshop on «Developing forensic hubs and strengthening the regional cooperation network for optimal drug control in West Africa». This workshop, held in Praia, Cape Verde, was an important milestone in preparations for the 2018 Regional Conference on Forensic Science in West Africa that will bring together forensic experts, key international partners, ECOWAS Member States and Mauritania. Dr. Akabrou, Director of Côte d'Ivoire's Forensic Laboratory, «hopes that the results of this workshop will be validated by the Regional Conference on Forensic Science in 2018 and by Member States».

SAHEL– THE TRAMADOL THREAT

Dakar, 11 December 2017 – The United Nations Office on Drugs and Crime (UNODC) alerts the international community to the negative impacts that non-medical use of synthetic opioid tramadol can have on the economies and safety of West African countries and beyond. The regions particularly affected are those in the Sahel and the Middle East. UNODC also wishes to emphasize that responses to this growing traffic must be part of a comprehensive strategy to combat terrorism and transnational organised crime.

A drug trafficker arrested in Liberia © UNODC

«Increasing tramadol traffic and use in the region is a real concern that needs to be addressed as soon as possible. We cannot let the situation degenerate further», says Mr. Pierre Lapaque, UNODC Regional Representative for West and Central Africa, UNODC sources show there is an alarming level of non-medical use of tramadol that is turning into a major health crisis, particularly in northern Mali and Niger.

The non-medical users of tramadol do not follow the recommended doses (about 50mg per pill) and regularly reach 200 or 250mg. This poses a major risk of addiction with harmful consequences for health.

Security and health concerns

According to the latest UNODC Global Drug Report, annual seizures of tramadol in sub-Saharan Africa have increased from 300 kg to more than 3 tons since 2013. UNODC reports further that transnational organised crime networks channel tramadol, produced mainly in South Asia, through the Gulf of Guinea to parts of the Sahel that are partly controlled by armed groups and terrorist organisations. About 75% of the population in the Sahel zone is made up of young people under 25 who are particularly exposed to the risks of trafficking and selling tramadol and other illicit drugs often at very low prices.

«We regularly find tramadol in the pockets of suspects arrested for terrorism, or who have committed suicide attacks", Mr. Lapaque says. In September 2017, more than 3 million tramadol tablets packaged in cartons bearing the United Nations logo were intercepted in Niger in a vehicle that had left Nigeria for northern Mali.

This fact is particularly alarming and shows the magnitude of the traffic. In August 2017, Cameroon's Customs authorities (near the border with Nigeria) seized over 600,000 tramadol tablets sent to the Boko Haram group, according to the survey. Tramadol is a legal product under international law. It is used for medical purposes to treat pain in patients who have not shown signs of improvement with less heavy treatments that are based generally on paracetamol.

Current research findings suggest that tramadol use disorders can be treated through intensive psychosocial treatment with a gradual reduction in daily consumption. UNODC and the World Health Organisation (WHO) have developed guidelines for the pharmacological treatment of opioid-related disorders.

MEDIA ***CORNER***

Benin: Progress report on the Narcotic Drugs Procedure Manual

The United States Embassy in Benin has completed the assessment of Benin's Narcotic Drugs Procedure Manual. Written by career judges and judicial police officers in Benin, with technical and financial support from the US Embassy, the Narcotic Drugs Handbook is a collection of good practices in suppressing drug-related offenses in the Republic of Benin. The goal is to harmonise the practices of law enforcement officials. Six extension workshops have since been held for strategic units, such as the Mixed Container Control Unit at the Port of Cotonou (UMCC), the Customs Brigade at the port, the Gendarme Unit at the port, and about 1,000 trainee police officers. [Source: Beninwebtv.com - 2017-07-17]

Mali – drug use in schools: Central Office of Narcotics educates college and university students -

The Central Office of Narcotics, with the financial support of Minusma, organised a day of awareness for college and university students on the dangers of drug use in the school setting. This event took place on 30 June in the context of activities for the International Day Against Drug Abuse and Illicit Trafficking. The theme of the meeting was «Drugs and violence in schools and universities». Adama Tounkara, director general of the Central Office of Narcotics, was regretful that most colleges and universities have become sites for narcotic substance use. He also said that drug use is one of the main reasons why young people fail in their studies and display violent behaviour in the school setting. [Source: maliactu.net (06/07/2017)]

Mali – Youth in Mali buy drugs at the pharmacy…

Codeine and Tramadol are products used abusively by the youth. Codeine and Tramadol are level 2 analgesics now used as drugs by young people. The illicit traffic, misuse and abuse of these drugs has become a social problem. Several studies report that adolescents and young adults are increasingly using these drugs for non-medical purposes. Mali has witnessed this phenomenon with other drugs too, such as Benzodiazepines, Trinitrine, Testosterone, Dapsone and Retinol. Today, Tramadol has become the most used psychoactive substance. Source: maliactu.net, 2017

Togo – A comic strip against drug use

The NGO, called Recherche Action Prévention Accompagnement des Actions (RAPAA), launched a comic strip (BD), entitled «This trap ...», on the 26th of June during the commemoration of the International Day Against Drug Abuse and Illicit Trafficking. The comic strip is the brainchild of the slam artist and painter, Komi Kugbadzor. «Listen first to enable young people to grow up and thrive in a healthy environment without HIV, drugs and violence» is the advice from Kossi Amyi, Permanent Secretary of the National Drug Control Commission (CNAD). According to Catherine Toure Khadija, Chairperson of RAPAA, drug use is «a public health problem we must work to resolve». Comic strips are a tool for raising awareness of the risks involved in the use of addictive substances. Source: news.icilome.com, 2017

Senegal – 7000 m² of cannabis fields destroyed

Gendarme officers from Bounkiling, with backing from soldiers in the 26th Reconnaissance and Back-up Battalion (BRA) stationed in Boughary, proceeded on 31 December, 2017 to destroy two fields of Indian hemp in the Fogny area, located in the north-western side of Bounkiling district, close to the Gambia border. From a cumulative estimate, the fields destroyed were about 7000m², the Brigade Commander said. Farming and selling cannabis are a way of life for a growing number of young people in the area, because of the income earned from Indian hemp in this remote and insecure location in the northern part of Sédhiou and eastern Bignona (Fogny). Some of the young people involved do use the money they earn to pay for their trip to Europe through clandestine means in the Mediterranean or the Libyan desert. Source: Southern daily, Jan.2018

CEPIAD
First and unique specialized centre in drugs addictions treatment in West Africa

Prevention and care of IDUs (injecting drug users) in Africa represent a challenge of public health. Senegal already took a step forward with the opening of the first specialized drug treatment service in West Africa where a pharmacological treatment of opioid disorders programme has been launched by Senegalese authorities since February 2015.

It was inaugurated by Mrs. the Ministry of Health and Social Action (MSAS) on the 1St of December 2014 with the attendance of the funding project partners: ESTHER, Paris Municipality, ANRS, UNODC, Global Fund, IMEA, CNLS (National Council against AIDS) and also with the presence of beneficiaries and their families.

CEPIAD is a service unit of the Psychiatric Department, located in the University Hospital of Dakar (CHNU Fann). It has been settled following the UDSEN Research (ANRS 12243 study) realized in 2011 with CRCF agency. This investigation esteemed the size of the IDU population to 1324 individuals, living in poverty and with the prevalence of the HIV (9.4%) and VHC (23.3%) among this sub-group. CEPIAD started its activities on the 27th of January 2015 offering ambulatory services of treatment and care to persons addicted to psycho-active substances in line with human rights standards.

CEPIAD has a multidisciplinary team with psychiatrist, addiction doctor, part-time infectious diseases specialists, a pulmonologist contractor, a psychologic contractor, nurses, social workers, and mediators form the field team. This team is coordinated by a Technical Coordinator appointed by CHNU Fann Director on a proposal from the psychiatric department head. After almost three years of operations, 1112 files were opened (clients received) and 339 drugs injecting users (heroin consumption, 88%) have been enrolled in the opioid maintenance programme with methadone intake as substitution therapy. Pharmacological treatment services have been initiated along with management of comorbidities related to drug abuse, HIV prevention and care and harm reduction activities.

CEPIAD has a multidisciplinary medical team linked with a network of social workers, mediators and community volunteers developing outreach activities and referral interventions. Despite the success achieved, the social environment and the legal framework need to be improved and be conducive to risk prevention and treatment policies. It is necessary to sustain and expand the management of IDUs in particular through the creation of other structures similar to CEPIAD in different countries in West Africa to address drug use disorders.

In partnership with ECOWAS and other strategic partner, the example of CEPIAD should be promoted by favoring public health approaches, most at risk populations inclusion in the place of stigmatization, exclusion punishment or incarceration.

By Babacar DIOUF, UNODC

The UNODC Regional Representative, Mr.Pierre LAPAQUE and Dr. Idrissa BA during a visit at CEPIAD.

THE INTERNATIONAL DRUG CONTROL CONVENTIONS

Convention on narcotic drugs, 1961 and 1971

• Art 36 b : "[…] when abusers of drugs have committed such offences, the Parties may provide, either as an alternative to conviction or punishment or in addition to conviction or punishment, that such abusers shall undergo measures of treatment, education, after-care, rehabilitation and social reintegration[…]"

International Drug Control Conventions (Convention of 1988)

• Art 3(4)(c) : "[…] in appropriate cases of a minor nature, the Parties may provide, as alternatives to conviction or punishment, measures such as education, rehabilitation or social reintegration, as well as, when the offender is a drug abuser, treatment and aftercare."

UNGASS Special session of the General Assembly on the world drug problem

Chapter 1(i) : "Recognize drug dependence as a complex, multifactorial health disorder characterized by a chronic and relapsing nature with social causes and consequences that can be prevented and treated through, inter alia, effective scientific evidence-based drug treatment, care and rehabilitation programmes[…]"