

NOT JUST IN TRANSIT

Drugs, the State and Society
in West Africa

An Independent Report
of the West Africa Commission on Drugs

June 2014



WACD
West Africa Commission on Drugs

ABOUT THE COMMISSION

Deeply concerned by the growing threats of drug trafficking and consumption in West Africa, Kofi Annan, Chair of the Kofi Annan Foundation and former Secretary-General of the United Nations, convened the West Africa Commission on Drugs (WACD) in January 2013. The Commission's objectives are to mobilise public awareness and political commitment around the challenges posed by drug trafficking; develop evidence-based policy recommendations; and promote regional and local capacity and ownership to manage these challenges.

Chaired by former President Olusegun Obasanjo of Nigeria, the Commission comprises a diverse group of West Africans from the worlds of politics, civil society, health, security and the judiciary. The Commission is an independent body and can therefore speak with impartiality and directness.

This report is the culmination of one and a half years of engagement by the Commission with national, regional and international parties including the African Union (AU), the Economic Community of West African States (ECOWAS) and the United Nations Office on Drugs and Crime (UNODC). It is informed by a series of background papers, drafted by leading experts from Africa and beyond.¹



Olusegun Obasanjo

(Chair)

(Nigeria)

Former President of
Nigeria



Dr. Idrissa Ba

(Senegal)

Child psychiatrist and
addictologist, Psychiatric
Hospital of Thiarye,
Dakar



Justice Bankole-

Thompson

(Sierra Leone)

Former Judge on the
Special Court for Sierra
Leone



Dr. Mary Chinergy-

Hesse

(Ghana)

Member of the African
Union Panel of the Wise



Dr. Alpha Abdoulaye

Diallo

(Guinea)

National Coordinator,
Réseau Afrique
Jeunesse



Christine Kafando

(Burkina Faso)

Founder, Association
Espoir pour Demain



Edem Kodjo

(Togo)

Former Prime Minister
of Togo



Dr. Mohammad-

Mahmoud Ould

Mohamedou

(Mauritania)

Visiting Professor,
Graduate Institute, and
Deputy Director, Geneva
Centre for Security Policy



Adeolu Ogunrombi

(Nigeria)

Project Coordinator,
YouthRISE



Pedro Pires

(Cabo Verde)

Former President of
Cabo Verde



Oumou Sangaré

(Mali)

Singer/Songwriter

ACKNOWLEDGEMENTS

The Commission acknowledges with deep appreciation the work of Lansana Gberie and Camino Kavanagh, who drafted this report. We wish to thank the Editorial Group composed of three WACD Commissioners – Mary Chinery-Hesse, Idrissa Ba and Mohammad-Mahmoud Ould Mohamedou – and three members of the WACD expert group – Isidore S. Obot, Joanne Csete and Stephen Ellis, all of whom provided valuable insights and assistance for the preparation of the report. Andrew Johnston edited the report.

The report draws on background papers prepared by the following experts: Etennabi Alemika, Kwesi Aning, Joseph B. Asare, Augustin Cisse, Lansana Gberie, Wolfram Lacher, Frederic Foromo Loua, Isidore S. Obot, Adebayo O. Olukoshi, John Pokoo, Renata Segura, Sabrina Stein, Moumouni Soumano and Summer Walker. Camino Kavanagh edited this series of background papers.

The WACD would like to acknowledge with thanks Sintiki Ugbe (ECOWAS), Kwesi Aning (Kofi Annan International Peacekeeping Training Centre - KAIPTC), Muazu Umaru (Inter-Governmental Action Group against Money Laundering in West Africa - GIABA), Jesper Pedersen and Valérie Miranda (European Commission - EC), Kasia Malinowska-Sempruch and Abdul Tejan-Cole (Open Society Foundations), Jamie Bridge and Mike Trace (International Drug Policy Consortium), Steve Rolles (Transform), Miguel Darcy and Ilona Szabó de Carvalho (Global Commission on Drug Policy) and Caroline Kende-Robb (Africa Progress Panel), who provided valued feedback during the review process.

The WACD would also like to thank Pierre Lapaque and Asma Sainkoudje (UNODC), Claude Maerten (EU delegation to Ghana), Olawale Maiyegun (AU), Adrienne Yande Diop (ECOWAS), Brooke Stearns Lawson (US Agency for International Development - USAID), Abdullahi Y. Shehu (GIABA), Victoria Egbase (National Drug Law Enforcement Agency, Nigeria), Yovin Ivo (Drug Control Commission of Tanzania), Ricardo Soberón (former drug policy director of Peru), and Ruth Dreifuss (Global Commission on Drug Policy) for their participation and interventions at the three commission meetings in Accra, which helped the Commission shape its vision.

The WACD would like to recognize with gratitude the generous funding received from the Open Society Foundations, the European Union's Instrument for Stability, the Government of Côte d'Ivoire and the Kofi Annan Foundation.

The infographics of the report and the cover were designed by Carolina Rodriguez and Pauline Stockins. The layout was done by Blossom Communications in Milan. Anne Lacher translated the report into French and Strategic Agenda translated an abridged version into Portuguese. The report was printed by Imprimerie Lenzi in Geneva, Switzerland on recycled paper.

The WACD is also very grateful for the support of the team at the Kofi Annan Foundation in Geneva, namely Barbara Goedde and Sébastien Brack, Alan Doss, Bijan Farnoudi, Li Ling Low, Ruth McCoy, Andrea Nijssen, and Declan O'Brien, as well as the Commandant and staff at the Kofi Annan International Peacekeeping Training Centre in Accra, in particular Araba Arhin, Faustina Amey and Linda Tetteh.

This report may be freely reproduced, in whole or in part, provided the original source is acknowledged.



Government
of Côte d'Ivoire



The contents of this publication are the sole responsibility of the West Africa Commission on Drugs and can in no way be taken to reflect the views of the European Union.

DECLARATION OF THE WEST AFRICA COMMISSION ON DRUGS

West Africa can look forward with optimism. Civil wars have receded, democracy has gained ground and our economies are growing. But a destructive new threat is jeopardizing this progress: with local collusion, international drug cartels are undermining our countries and communities, and devastating lives.

After looking at the evidence, consulting experts from the region and around the world, and visiting some of the most affected countries and communities in West Africa, we the Commissioners have reached a number of conclusions – detailed in this report – about how we should tackle the problems of drug trafficking and consumption.

We have concluded that drug use must be regarded primarily as a public health problem. Drug users need help, not punishment.

We believe that the consumption and possession for personal use of drugs should not be criminalised. Experience shows that criminalisation of drug use worsens health and social problems, puts huge pressures on the criminal justice system and incites corruption.

We abhor the traffickers and their accomplices, who must face the full force of the law. But the law should not be applied disproportionately to the poor, the uneducated and the vulnerable, while the powerful and well-connected slip through the enforcement net.

We caution that West Africa must not become a new front line in the failed “war on drugs,” which has neither reduced drug consumption nor put traffickers out of business.

We urge the international community to share the burdens created by the rise in trafficking through West Africa, which neither produces nor consumes most of the drugs that transit the region. Nations whose citizens consume large amounts of illicit drugs must play their part and seek humane ways to reduce demand for those drugs.

We call on political leaders in West Africa to act together to change laws and policies that have not worked. Civil society must be fully engaged as a partner in this effort. Only in this way can we protect our people, as well as our political and judicial institutions, from the harm that illicit drugs can inflict.

CONTENTS

- 7 Foreword**
- 8 Executive summary**
- 11 An entangling web: drugs, West Africa and the World**
 - 12 From transit to consumption and production
 - 13 The international context: the failure of the ‘war on drugs’ and criminalisation
 - 15 The regional and international response to West Africa’s drug crisis
- 19 Undermining the state: drugs, corruption and security**
 - 20 Corruption at the top: when traffickers exploit institutional weaknesses
 - 23 Overstating extremism can obscure the complexities of the drug business
 - 27 Tracking drug money – who benefits?
 - 31 When law enforcement fails to protect citizens: the case for decriminalisation
- 39 Jeopardizing the future: drugs, development and society**
 - 40 Cannabis dominates drug use – but data are scarce
 - 42 Problematic drug use remains in the shadows
 - 47 Lack of drug treatment threatens public health
- 53 Conclusions and recommendations**
- 58 End notes**

FOREWORD

In this report, the West Africa Commission on Drugs describes the challenges that our region must confront – political, social and economic – and the policies it must adopt to prevent drug trafficking, production and consumption from undermining states and societies, and destroying lives.

We earnestly hope that our report will provoke an urgent and frank debate among political leaders and civil society in West Africa about the best way forward.

We have been inspired by the ground-breaking work of the Global and Latin America Commissions on Drug Policy, which have dared to question long-established policies that have not worked in practice. We, too, must have the courage to change policies that no longer fit reality.

This report flows from the combined efforts of many people.

In the first place, we must thank the WACD commissioners and technical experts for their

enthusiasm, commitment and contributions to the work of the commission. They have generously donated their time to participate in commission meetings, country visits and the drafting of the report. This is their report.

We also warmly thank the governments of the region, non-government organisations, regional institutions and the UN, multilateral and bilateral agencies that have met with the commission and contributed many constructive ideas.

We extend our deep appreciation equally to our funding partners for their support for the commission and for the publication of this report.

Finally, we want to acknowledge the drug users and traffickers who were willing to come forward and share their experiences with the commissioners.

We now invite you to read the commission's findings and recommendations and join us in our common effort to achieve a secure and healthy future for the peoples of West Africa.



Kofi Annan
Convenor



Olusegun Obasanjo
Chairman

EXECUTIVE SUMMARY

This report examines the increase in drug trafficking and consumption in West Africa and their impact on the state and on society. It concludes with recommendations on how the region can respond humanely, effectively and preemptively to these problems.

A new hub for global traffickers

In an increasingly interconnected world, West Africa has become an attractive destination for transnational organized crime. Drug cartels have collaborated with local partners to turn the region into a significant transit route to Europe and North America for illicit drugs produced in South America and Asia. West Africa has long produced cannabis, mainly for local consumption, but is now also becoming a producer and exporter of synthetic drugs such as amphetamine-type stimulants (ATS).

The drugs trade is currently valued at hundreds of millions of dollars in West Africa, a region where the majority of the countries are still among the poorest in the world. The growth in drug trafficking comes as the region is emerging from years of political conflict and, in some countries, prolonged violence. This instability has left a legacy of fragile state institutions and weak criminal justice systems that are vulnerable to infiltration and corruption by organized crime, and are hard pressed to keep up with the quickly adapting skills of the traffickers.

The growth of trafficking has been accompanied by increasing local consumption of illicit drugs. In the absence of reliable data, it is not

possible to report exactly how many people are affected and how many of those who use drugs are dependent. But there is little doubt that consumption is increasing and that the region is neither prepared nor equipped to deal with the problem.

Trafficking is undermining states that were already weak

Drug trafficking networks have established footholds in West African countries by exploiting already weak governance systems and loopholes in legislation. They also benefit from extensive networks of enablers and fixers in the formal and informal sectors, which provide them easy access to airports, ports, storage and transport facilities, communication systems and official documentation. As elsewhere, successful interdiction efforts in some countries have not stopped the flow of drugs. They have just led to a temporary abatement in trafficking in a given country, or displaced it elsewhere in the region.

The drug trade has also led to an increase in money laundering in the region. Despite progress in establishing effective anti-money laundering regimes, the needs still outweigh capacity, resources, and in some instances, political resolve.

Interdiction efforts, though improving, are hampered by capacity constraints and interference by the well-connected. A tendency to focus on numbers of seizures and arrests masks the failure to counter the drug-related activities of individuals in positions of public trust

who do most harm to society. As a result, it is mostly small-time dealers, users or couriers who are arrested.

The criminalisation of drug use and possession places significant pressure on already overburdened criminal justice systems. It can also incite corruption within the judiciary and the police; provoke violence and human rights violations, while also blighting the future prospects of those detained for relatively minor offences. Lastly, it can drive major disease epidemics such as HIV and hepatitis C. In the light of these unintended consequences, the current practice of criminalising every aspect of the drug trade should be abandoned.

In some countries, the ruling elite, the security services or extremist groups have competed – sometimes violently – for access to the spoils of drug trafficking, deepening political instability. Such drug-related violence has not become a major feature of the drug trade in West Africa. Lessons from other regions, where weak governance systems and underdevelopment or neglect by government of impoverished regions have coincided with an increase in drug trafficking, indicate that West Africa may well face such situations in the future.

The link between traffickers and extremists appears more opportunistic than ideological. Militarising the response is not the answer, as it could increase the political leverage and popular appeal of groups that traffic drugs, and spur more violence, as has happened elsewhere.

A major threat to public health is going untreated

The passage of cocaine, heroin and ATS through West Africa is leading to increased use, especially among younger generations. The real extent of drug use – particularly problematic drug use – is still largely unknown, although there are strong indications that it is increasing and creating additional health problems.

Every country has an interest in reducing drug demand and preventing new drug use. Yet, the experience of the past decades has shown that efforts are better expended by targeting problematic drug use, not least because it accounts for the largest share of the demand. Decriminalising drug use is one of the most effective ways to reduce problematic drug use as it is likely to facilitate access to treatment for those who need it. However, the absence of drug treatment policies in West Africa, notably for people with problematic use, poses significant public health risks, potentially aggravating existing health challenges such as the spread of HIV.

Research has consistently shown that investments in treatment and harm reduction services can lead to economic and social benefits far in excess of the resources invested. But across West Africa, even the most basic drug-related health and treatment services are scarce. Most services are provided by psychiatric hospitals, which may be overcrowded and not have specialized drug dependence services, or by traditional healers and faith-based facilities, which have been reported in many places to use scientifically unsound methods and even methods that are cruel or inhumane. Available facilities are generally poorly funded, and few have adequate numbers of personnel with skills and experience in managing substance use disorders.

This situation exists in part due to a glaring absence of treatment policies, standards and monitoring systems that regulate the delivery of services in these facilities. It is also due to the fact that people who use drugs are often heavily stigmatized, and are deemed as not meriting the expenditure of state resources.

The principal recommendations

Through its regional partnerships, notably the Economic Community of West African States (ECOWAS) and the African Union (AU), West Africa already has a solid inter-governmental framework for responding to drug trafficking

and drug use. External bilateral and multilateral partners, as well as the United Nations, are also stepping up their support. However, given the multi-faceted nature of the drug problem, future progress will require enhanced cooperation between governments, specialised services and civil society in the producing, transit and

consumer countries. Hence the Commission's recommendations are both multidimensional and addressed to all who have an interest in strengthening West Africa's commitment and capacity to manage the critical problems that stem from the growth of drug trafficking and consumption in the region.

The report calls on governments and other stakeholders in the region and beyond to:

1. Treat drug use as a public health issue with socio-economic causes and consequences, rather than as a criminal justice matter;
2. Actively confront the political and governance challenges that incite corruption within governments, the security services and the judiciary, which traffickers exploit;
3. Develop, reform and/or harmonise drug laws on the basis of existing and emerging minimum standards and pursue decriminalization of drug use and low-level non-violent drug offences;
4. Strengthen law enforcement for more selective deterrence, focusing on high-level targets;
5. Avoid militarisation of drug policy and related counter-trafficking measures, of the kind that some Latin American countries have applied at great cost without reducing supply;
6. Ensure that the shared responsibility of producer, transit and consumer countries is translated into operational strategies, including the sharing of experience among leaders from affected countries within and beyond West Africa;
7. Balance external assistance between support for security and justice efforts on the one hand, and support for public health efforts on the other, particularly with regard to the provision of treatment and harm reduction services;
8. Invest in the collection of baseline data (including citizen surveys) and research on drug trafficking and drug consumption.

AN ENTANGLING WEB: DRUGS, WEST AFRICA AND THE WORLD

From transit to consumption and production

Although drug trafficking and consumption are not new to West Africa, since the mid-2000s they have taken on a dimension that threatens the security, governance and development trajectory of many countries in the region. International drug cartels, in league with various West African criminal networks, began using the region mainly as a transhipment point to channel cocaine from South America to Europe and North America. (See Figure 1) The region has seen increases in drug use, the growing regional production and trafficking of ATS and the involvement of senior officials in drug trafficking.² The illicit drug trade has played a direct or indirect role in political upheaval in countries such as Guinea-Bissau and Mali, and contributes to the funding of extremist groups in some of the poorest and most marginalised areas in West Africa.

During a United Nations (UN) Security Council debate on the issue in December 2013, the UN Secretary-General estimated the yearly value of cocaine transiting through West Africa at US\$ 1.25 billion³ – significantly more than the annual national budgets of several countries in the region. West Africa has also served as a transit route for heroin (from Southeast and West Asia *en route* to Europe and North America). Recently it has become a source of production of ATS destined principally for Southeast Asia, which has in turn fuelled the emergence of a West African market for these products.⁴

Transnational criminal networks largely control the trade, facilitated by the fact that they are operating in a poor region affected by political instability, unemployment and corruption. As evidenced in court records, they tend to make use of a range of networks, licit and illicit, often operating under the cover of legitimate businesses or with the protection or involvement (direct or indirect) of senior officials. These networks include criminal elements active in the large West African diasporas in Europe, North America and Latin America. Members of these

diasporas are important both for establishing connections to drug cartels, drug producers or dealers and on-the-ground 'fixers' and 'enablers', and for repatriating the profits back to West Africa in various forms.⁵ The 'West African drug kingpin' is as likely to be a lawyer, business executive or politician as a school dropout or diamond smuggler. They preside over a flexible mode of operation often using a loose network of acquaintances engaged in various professional pursuits. These networks can be highly resourceful and extremely difficult to monitor or effectively infiltrate.⁶

Cocaine, heroin and ATS have become increasingly available in the region, leading to greater use and dependence, especially among young people. The absence of effective treatment and harm reduction services for people with drug use disorders poses important public health risks, aggravating existing health challenges, including HIV and hepatitis C. The criminalisation of all minor drug-related offences not only places users at greater risk, but also fuels corruption and places an unnecessary burden on already overwhelmed criminal justice systems, and removes the focus from those high-level targets whose activities should be the real target of law enforcement.

“ Drug trafficking is part of the dark side of globalisation. Traffickers are working together across borders, and so must we if we are going to be successful in dealing with it. ”

OLUSEGUN OBASANJO

Keynote Address, Cocaine Route Conference organized by the EC, the European External Action Service, and the Italian Foreign Ministry, Rome, 28-30 May 2013

Combined, these developments have placed significant pressure on countries in West Africa, exacerbating existing challenges particularly in those states emerging from violent conflict or decades of political instability. While many countries in the sub-region are making development progress and experiencing consecutive years of economic growth, the sub-region remains one of the poorest in the world, with all but four of the 16 West African states figuring on the UN list of Least Developed

Countries.⁷ Unfortunately, high unemployment makes the illicit drug market (and related forms of organised criminal activity) an attractive source of income, particularly among young people who make up the bulk of the population in most countries. In the context of widespread poverty, corruption and state fragility, many unemployed young people in West Africa are just as likely to regard drug dealing as an income-generating opportunity as they are to view it as an illegal activity.

The international context: the failure of the ‘war on drugs’ and criminalisation

For decades international narcotics control efforts have been prohibitionist in spirit, seeking the complete elimination of drugs for recreational use. The 1961 UN Single Convention on Narcotic Drugs⁸ consolidated all previous relevant treaties and established a mechanism for coordinated international control of narcotic drugs. It also established strict controls on the cultivation of opium poppy, coca bush (used to produce cocaine), and cannabis plant and their products. These were collectively described as “narcotic drugs”. Parties to the 1961 Convention undertook to limit the production, manufacture, export, import, distribution, trade and use and possession of these substances, except for medical and scientific uses, for which governments would estimate the quantities to be set aside.

The consequence of this prohibitionist approach was the ‘war on drugs’ declared by President Richard Nixon in 1971. This ‘war’ – as several reports have concluded – has failed, with devastating consequences for individuals and societies around the world.⁹ Specifically, the key tactics of the ‘war on drugs’ – the imposition of regimes of punishment for all drug users and dealers and the use of armed or unarmed state security agents to destroy narcotic crops in

producing countries and to intercept trafficked substances – have neither prevented the availability of the drugs, nor curbed their use anywhere. Instead, the available data show that both have increased in recent years, and that the price of illicit drugs to the consumer is at a record low.¹⁰

An over-reliance on interdiction and criminalisation of minor offences has led to human rights violations, swelling prison populations, significant increases in violent crime,

“ *It is important to reaffirm the original spirit of the conventions, focusing on health. The conventions are not about waging a ‘war on drugs’ but about protecting the ‘health and welfare of mankind’.* **”**

YURY FEDOTOV

Executive Director, UNODC, UNODC/
ED/2014/1, 6 Dec 2013

FIGURE 1 FLOW OF COCAINE THROUGH WEST AFRICA, 2010



Source: UNODC (2013). Transnational Organized Crime in West Africa: A Threat Assessment.

and, in several countries, to repressive state policies and a militarisation of drug interdiction. This – as recently noted by the United Nations Office on Drugs and Crime (UNODC) – was not the aim of the Conventions.¹¹ The focus on interdiction has diverted attention from the governance failings that have allowed elites to foster criminal activity such as drug trafficking

for political and financial gain. Moreover, such focus has over-shadowed the glaring absence of policies for responding to the health and social welfare needs of problematic drug use, i.e. drug dependence or drug injection, which in turn has led to other serious health challenges such as the spread of HIV and other infectious diseases.



Credit: AFP/Issouf Sanogo

Seized cannabis being destroyed in Côte d'Ivoire.

The regional and international response to West Africa's drug crisis

A broad range of policy and operational responses have been adopted to better respond to drug trafficking in West Africa.¹² The Economic Community of West African States (ECOWAS), the main sub-regional body responsible for setting policy guidance and delivering responses to drug trafficking, has made important strides in developing a coherent architecture to

respond to drug trafficking and its impacts, namely through the adoption of the Political Declaration on the Prevention of Drug Abuse, Illicit Drug Trafficking and Organised Crime in West Africa – the Abuja Declaration¹³ – and an accompanying Regional Action Plan.¹⁴ A critical yet complex aspect of ECOWAS' work has been to ensure the responsibility of each individual

state in implementing the Action Plan, which is centered on five thematic areas into which public health issues are subsumed. Other mechanisms for responding to drug trafficking include the ECOWAS Counter-Terrorism Strategy and Implementation Plan adopted in February 2013¹⁵ and the ECOWAS Integrated Maritime Security Strategy, finalised in November 2013.¹⁶

New agreements between ECOWAS and core partners such as the European Union (EU) and UNODC are expected to inject renewed energy into the regional architecture and strengthen regional and national efforts to respond to drug trafficking and drug consumption. Ongoing efforts such as the West Africa Coast Initiative (WACI) and the EU's Cocaine Route Programme are also positive steps, particularly since they remain closely tied to regional priorities, and consider regional and national actors as full partners in their implementation.

The African Union Plan of Action on Drug Control (2013-2017) adopted in January 2013 encourages AU member states to ensure that policies reflect the importance of human rights and public health in drug control.¹⁷ However, due to limited reporting by member states, assessing the level of political and operational engagement in implementing AU policy in this area remains difficult.¹⁸

The United Nations has also played an increasingly important role in supporting regional efforts to respond to the drug problem in West Africa. The UN Office for West Africa began signalling the emergence of the West African drug trade a decade ago.¹⁹ ECOWAS member states and some of their external partners have tabled their concerns regarding the threats posed by drug trafficking in the region at special or country-specific sessions of the Security Council, which in turn has led to increased attention to drug trafficking and organized crime in the mandates of political missions and peacekeeping operations present in the region.²⁰ The drug problem has also been placed on the agenda

“ In our own Member States, consumption of cocaine has doubled in the last ten years. But it is not only our own citizens who are bearing the negative consequences of the recreational use of drugs. In Africa, the drug trade is strengthening the control of organised crime groups in daily life leading to a fatal weakening of state institutions. ”

KRISTIAN SCHMIDT

Director, European Commission, Cocaine Route Conference organized by the EC, the European External Action Service, and the Italian Foreign Ministry, Rome, 28-30 May 2013

of the UN Peacebuilding Commission. UNODC, long active in the region, continues to provide analysis and technical assistance through its regional and global programmes.

Bilateral cooperation has also intensified. Joint intelligence-led initiatives are producing results in terms of drug seizures and arrests of high-level criminals.²¹ (See Figure 2 and 4) Bilateral agreements on intelligence sharing, mutual legal assistance and extradition²² have enabled important convictions. For example, the investigation and evidence collection leading to the prosecution of a major drug trafficking case in Sierra Leone in 2008²³ – rendered possible through legal and investigative assistance provided by the United Kingdom and the United Nations – laid an important precedent for the region.

Similar progress has been made with regard to drug trafficking cases prosecuted in the Gambia, Ghana, Liberia and Nigeria, enabled by support provided from specialised agencies such as the UK's National Crime Agency and the US Drug Enforcement Administration. Access to the files



Credit: AFP/Kambou Sia

Heroin hidden in carpets from Pakistan is discovered at Abidjan airport, Côte d'Ivoire.

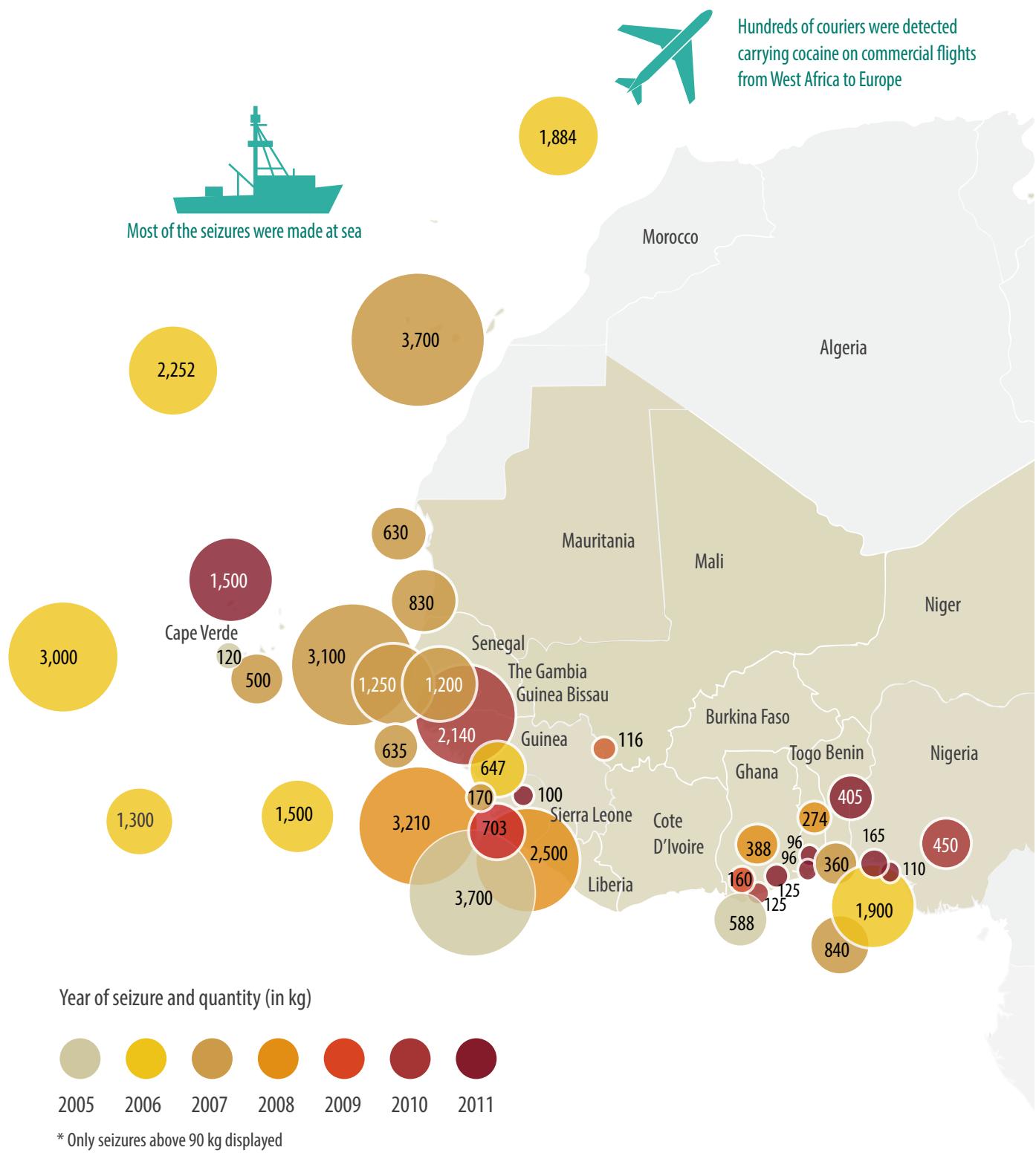
of these drug trafficking cases would not only allow for deeper analysis of trends and loopholes in legislation, but also provide civil society and the media an important opportunity to monitor such proceedings.

Overall, there is no doubt that regional responses have been strengthened over the past few years. Yet, the response has focused predominantly on controlling the flow of narcotics and strengthening law enforcement, and much less

on high-level corruption or public health, despite the risk that these issues pose to longer-term security and well-being.

There is need, therefore, for integrated strategies involving not only countries in the region - and their law enforcement agencies - but also institutions and actors in producing and consuming countries who should be engaged across the spectrum of drug policy making and implementation.

FIGURE 2 MAJOR COCAINE SEIZURES IN WEST AFRICA (2005–2011) (QUANTITY IN KG*)



UNDERMINING THE STATE: DRUGS, CORRUPTION AND SECURITY

Until recently, much of the concern about drug trafficking in West Africa has focused on security. Fears have been expressed that some countries may become violent 'narco-states' dominated by drug cartels and other criminal gangs, aided and abetted in some cases by terrorist organisations. In fact, only one country – Guinea-Bissau (see Box 1) – has taken on some attributes of a 'narco-state', in the sense that state institutions have been deeply compromised by drug traffickers. But organized crime in the form of drug trafficking has nonetheless made deep inroads into West African states, and sometimes at the highest levels.

This section of the report looks at how current attitudes to drug trafficking and violence, extremism and money-laundering, as well as efforts to criminalize every aspect of drug activity, have diverted attention from key weaknesses in state

“ The destabilizing effects of increasing drug trafficking in West Africa with direct links to transnational crime organizations based in Latin America pose a direct threat to stability on the African continent. ”

PRESIDENT BARACK OBAMA

Presidential Determination -- Major Drug Transit and Drug Producing Countries for FY 2014

institutions, including government, the judiciary and law enforcement bodies, which has facilitated the rise of the drug trade in West Africa.

BOX 1 HOW GUINEA-BISSAU BECAME A TRAFFICKING HUB

Guinea-Bissau's emergence as a major hub for cocaine shipments reveals how drug traffickers can use the electoral process to gain a foothold in West African states. In 2005, Colombian drug traffickers reportedly financed the lavish re-election campaign of President João Bernardo 'Nino' Vieira, effectively placing him and his country at the service of drug traffickers.²⁴ The persistence of state official involvement in the drug trade in subsequent years included "repeated allegations of complicity of high-ranking officials in government and the military in drug trafficking" as well as a number of "questionable judicial and executive decisions that appear to be corruption-related."²⁵ By April 2012, when the armed forces once again seized power and imprisoned interim President Raimundo Pereira, former prime minister and presidential candidate Carlos Gomes Junior, and several other senior officials, drug trafficking had reportedly become the key economic activity of the country's military elite (which controls the state), with the UN reporting at least twenty transatlantic flights involving small aircraft loaded with drugs landing in Bissau in the following six months after the coup,²⁶ and the inclusion of two high-ranking military officials on the US Treasury's drug kingpin list.

Corruption at the top: when elites and traffickers exploit institutional weaknesses

Evidence from around the world shows that weak state institutions facilitate the drug trade. Countries in Europe, the Americas, Asia, and the Caribbean have lived similar experiences at different stages of their development paths, underscoring the vital importance of

strengthening institutions of governance in West Africa. Media commentary and interviews across West Africa suggest that the spoils of drug trafficking have been used to corrupt elected and other officials. Case files on recent seizures and arrests in several countries shed light on how the

FIGURE 3

PUTTING THE ESTIMATED ANNUAL VALUE OF COCAINE PASSING THROUGH WEST AFRICA INTO PERSPECTIVE

ANNUAL VALUE OF COCAINE FLOWS THROUGH WEST AFRICA, INWARD FOREIGN DIRECT INVESTMENT FLOWS, REMITTANCES AND GLOBAL FUND GRANTS FOR HIV TO SELECTED COUNTRIES IN WEST AFRICA



Data Sources: UNODC (2013): Transnational Organized Crime in West Africa - A Threat Assessment
 UNITED NATIONS CONFERENCE ON TRADE AND DEVELOPMENT (UNCTAD), UNCTADSTAT, <http://unctadstat.unctad.org/TableViewer/tableView.aspx>
 THE GLOBAL FUND, <http://portfolio.theglobalfund.org/en/Country/Index/MRT>
 IFAD, <http://www.ifad.org/remittances/maps/africa.htm>

work of traffickers is facilitated by a wide range of people, which can include business executives, politicians, members of the security forces and the judiciary, clergymen, traditional leaders and youth.²⁷ Traffickers seem to connect easily with people of influence and are able to establish and operate informal social networks, allowing them to avoid detection by the formal security apparatus or co-opt it when necessary.²⁸

Operating in this way, traffickers can reshape relationships between and among political and security actors, the citizenry, and the business community within and beyond borders.²⁹ The infiltration and potential weakening of military, police and customs and border agencies by criminal organisations in countries across West Africa are a real threat.³⁰ Easy access to drug money (and other forms of organised criminal activity) can place additional pressures on vulnerable political systems and increase the risk of polarisation and violence around electoral contests.³¹

One key source of weakness is that elections – key instruments of democratic politics – are not publicly funded in most of West Africa. In many cases, candidates tend to “own” parties, funding them from their private resources or raising support from friends, regional allies or from their ethnic base. Moreover, though some electoral systems in West Africa require asset disclosure and impose ceilings on campaign spending and restrictions on campaign funding, mechanisms to verify and monitor such measures are limited. Where they do exist, they do not always expose new means of cheating the system,³² and in many cases the absence or weakness of access to information laws makes monitoring by civil society difficult. These flaws make West Africa’s electoral processes vulnerable to corruption by drug money.

West Africa’s ability to defend itself against political penetration by drug traffickers will largely be determined by how well it can protect its electoral systems from such interference. This reality was acknowledged at a conference on

“ I don’t trust the government anymore. They have joined forces with these criminals. You regularly see government officials taking their own share of the loot. They exploit us and take their share. We see everything. We know them. ”

DRUG USER

Lagos, Nigeria

elections and stability in West Africa in Praia, Cabo Verde, in May 2011. The resulting Praia Declaration on Elections and Stability explicitly addressed the problem of the financing of political parties and their campaigns by criminal networks, particularly drug trafficking networks.³³ It does not appear, however, that much effort has yet been expended to implement this recommendation, despite its importance to the region’s efforts to consolidate democracy.

Meanwhile, reports of the involvement of high-ranking officials in drug trafficking cases have abounded (see Figure 4). Until recently however, there have been few prosecutions and fewer convictions, often because of interference in the investigation and prosecution of such cases, as well as serious capacity and resource constraints.³⁴ When arrests and convictions do occur, they are sometimes politically motivated, or aimed at clearing the way for others to gain access to the same illicit resources. Moreover, as this report details below, it is generally users, small-scale dealers or ‘mules’ (drug couriers), who are usually prosecuted.

Governments are increasingly sensitive to allegations of involvement or complicity in such trafficking; trust and reputation matters. At the same time, if such information is systematically collected and analysed, it can serve as a basis

for civil society and academia to help monitor the impact of drug trafficking on state institutions and to advocate policy reform that can protect those institutions from influence or capture by traffickers.

Experience in other regions demonstrates the power of such influence. Colombia, a major cocaine producing state that was once heavily infiltrated (if not captured) by organized crime, benefits from a vibrant civil society and academic

community that has, over the years, developed a capacity to monitor the influence of drugs on politics. For example, they have documented how, in the 1994 presidential and parliamentary elections, leading traffickers established a common fund to finance their favoured candidates. Civil society efforts were bolstered by UN Special Rapporteurs and others, who pressed the government to establish mechanisms for dealing with human rights violations.³⁵

Overstating extremism can obscure the complexities of the drug business

Drug trafficking, like other forms of organised crime, generally draws attention only when connected to overt violence.³⁶ But this tendency to assess the impact of drug trafficking by the degree of violence it provokes or its links with terrorist groups can mean that ties between drug traffickers and political and business elites are overlooked.

Over the past five years there has been growing apprehension about the potentially disruptive and destabilising impact of drug trafficking in West Africa, and in particular its capacity to propel violence. This apprehension has been intensified by the alleged links between drug traffickers and extremist groups operating in the region. To date, however, drug trafficking in West Africa has not spurred significant increases in violence. When drug-related violence has erupted, it has tended to do so when government and military officials are vying for access to drug-trafficking-related profits.

Nevertheless, widespread concern has been voiced that as competition for access to routes, product and profits of trafficking intensifies, West Africa could face an increase in violence

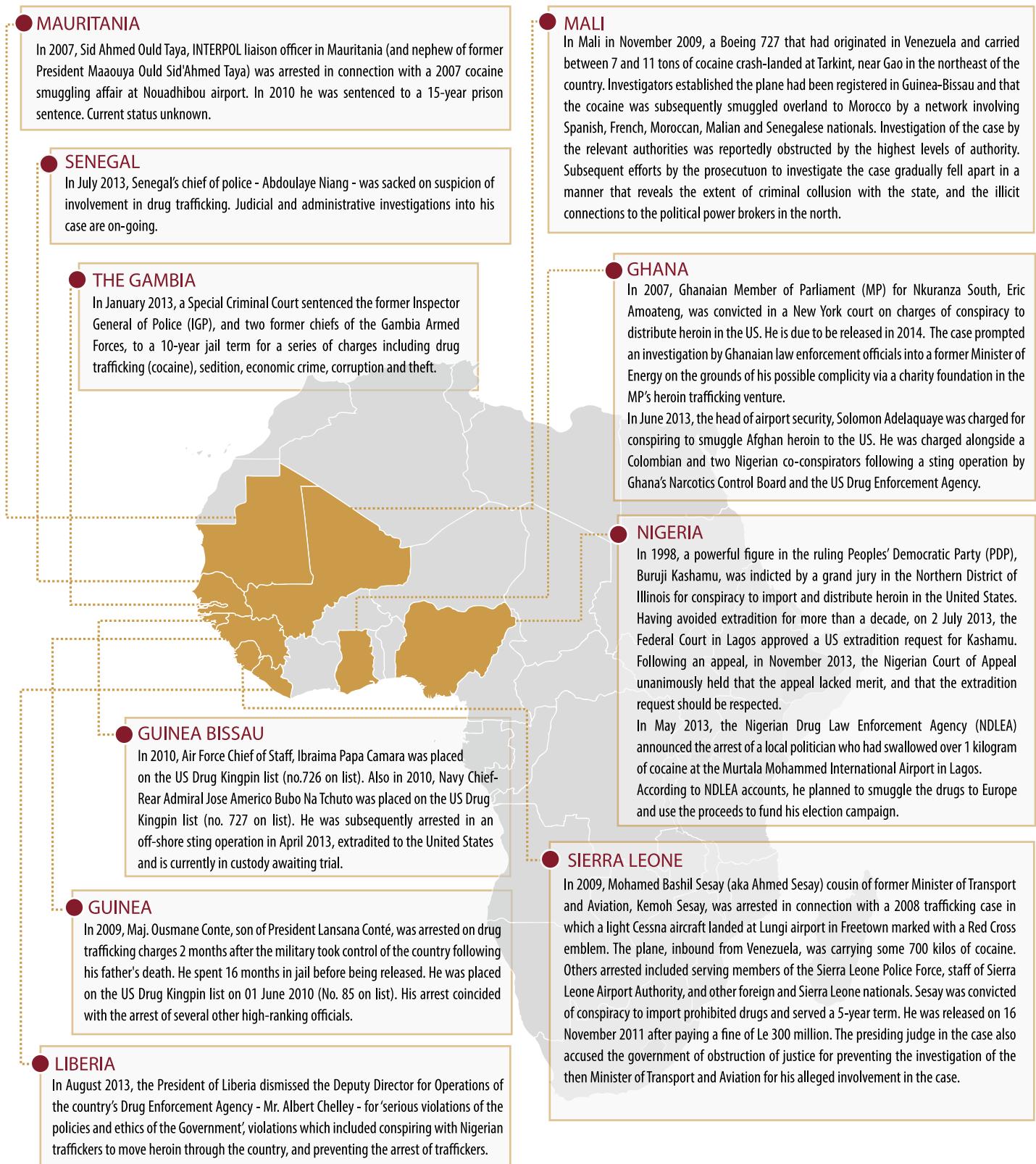
similar to that experienced in Mexico, Central America, the Caribbean and Brazil.³⁷ Also, if production grows in the region – as suggested by the discovery of local methamphetamine and cocaine-processing facilities³⁸ – violent conflicts may develop over competition for control of this production, generating further corruption and insecurity.

However, beyond Guinea-Bissau and, more recently, northern Mali, there is limited evidence linking the illicit drug trade to political violence or to the urban violence experienced in parts of Latin America and the Caribbean.

Evidence from Mexico suggests that a militarised response to drug trafficking can actually increase violence.³⁹ The Mexican government originally designed a strategy centred on military assaults on trafficking groups and the targeting of top trafficking kingpins.⁴⁰ While somewhat successful in weakening the cartels, the strategy also triggered a competition between the different illegal networks looking to control the market, resulting in a dramatic rise in violence: the numbers of murders in Mexico almost doubled between 2007 and 2012.⁴¹

FIGURE 4

EXAMPLES OF HIGH-LEVEL INVOLVEMENT IN DRUG TRAFFICKING INCIDENTS IN WEST AFRICA



Critics of the Mexico strategy suggest that a more effective alternative would focus on developing the capacity of law enforcement to minimise the most violent and destructive behaviour of criminal groups. Focused deterrence strategies, selective targeting and sequential interdiction have been shown to better curb the rise of violent crime within communities affected by drug trafficking organisations.⁴² Others have signalled the importance of targeting the most violent traffickers to send the message that – even if the ultimate goal of fully eliminating the drug market is unlikely to be accomplished – the state will not tolerate violent actors.⁴³

However, analysts have also pointed to the inefficient nature of targeting kingpins in the absence of any follow-on strategy: “targeting the foremost *capos* [drug lords] in and of itself is not a sufficient strategy. Inevitably, the fallen *capo*’s organisation replaces him with one of his subordinates, the group falls to pieces or rival groups absorb the market share. In nearly all these cases, this process also tends to create more violence.”⁴⁴ The ‘tough on crime’ (*mano dura*) approach in Central America has led to massive prison overcrowding, systematic violations of human rights, and the strengthening or toughening of street gangs linked to drug trafficking organisations. Moreover, it can also lead to the infiltration and eventual control of the security forces by criminal groups.⁴⁵

Governments that lack the capacity to counter penetration of state institutions, or that acquiesce in it, “run the risk of becoming criminalised or ‘captured’ states over time.” This can have a significant impact on stability and general human security if left unchecked⁴⁶ – or overlooked, as it was in the case of Mali.

In February 2012, the UN Security Council issued a Presidential Statement recognising “the serious threats to international peace and stability” in West Africa and the Sahel Region posed by “terrorism and its increasing links, in some cases, with transnational organised crime and drug trafficking.”⁴⁷ One month later, the coup in Mali

spurred renewed commentary on the presumed emergence of ‘narco-terrorism’ or ‘narco-jihadism’ in the region.

Exaggerating the threat of ‘narco-terrorism’ or ‘narco-jihadism’ can be dangerous, however. The reporting of a wide-scale ‘drug-terror nexus’ in West Africa and the Sahel may be misleading. The hybrid nature of such groups suggests that it would be more accurate and useful to consider them as “criminal entrepreneurs” who might one day claim to be acting on behalf of a terrorist organisation, and the following day on behalf of a transnational drug or arms trafficking group.⁴⁸

A growing body of evidence suggests that Al-Qaeda in the Islamic Maghreb (AQIM) and the Movement for Monotheism and Jihad in West Africa (MUJAO) – the two groups to which the label of ‘narco-terrorist’ is now attached, along with the more recently formed al-Murabitun – have been and will most likely continue to be involved in drug smuggling, but such trafficking is just one of a wide range of illicit activities they engage in.⁴⁹ Involvement in drug trafficking appears to concern individuals and groups close

“ *It is time to admit the obvious. The ‘war on drugs’ has failed, at least in the way it has been waged so far. In Latin America, the ‘unintended’ consequences have been disastrous. Thousands of people have lost their lives in drug-associated violence. Drug lords have taken over entire communities. Misery has spread. Corruption is undermining fragile democracies.* ”

FERNANDO HENRIQUE CARDOSO

Former President of Brazil, *The Observer*,
6 Sept 2009



Credit: AFP/Serge Daniel

Remains of Boeing 727, dubbed "Air Cocaine", which brought drugs to a makeshift airstrip in Mali and then crashed at take-off.

to, or within, MUJAO, AQIM, al-Murabitun, and also another group, Ansar al-Din: within these groups, members are driven by multiple and, at times, conflicting motivations, the research suggests. In any case, numerous other players who have no links to such groups are equally or even more involved in drug smuggling. These include members of the political and business establishment in northern Mali, Niger and the region's capitals, as well as leaders of supposedly 'secular' armed groups.

Rather than being a direct consequence of involvement in drug trafficking, the rise of AQIM and MUJAO, in particular, has made common cause with the growth of narcotics smuggling across the region.⁵⁰ Criminal networks were able to flourish because they were often controlled by members of local elites and state agents, who have been using the proceeds for personal enrichment and as a political resource.⁵¹

The emphasis on 'narco-jihadism' merely obscures the important role of state actors and corruption in allowing organised crime to take root and grow.⁵² Overemphasis on drug trafficking also overshadows the fact that profits derived from kidnap ransoms played a much more significant role in the rise of AQIM and MUJAO⁵³ – providing an enormously lucrative connection between local elites and extremist groups.⁵⁴

The implication of state agents and political and business elites in drug trafficking in Mali is well documented. Indeed, before the March 2012 coup, senior government officials were held not only to be complicit, but to have intervened "on behalf of traffickers on whom they were reliant, having ostensibly outsourced state security functions to these groups."⁵⁵ While significant emphasis has been placed on strengthening counter-terrorism efforts to respond to the extremist threat in the north, and ensuring that

these efforts are sustainably tied to governance and broader development efforts,⁵⁶ the new government faces important challenges as it

moves to unravel these destabilizing features of the political economy of Mali.

Tracking drug money – who benefits?

An increase in drug trafficking in West Africa has – along with other criminal activity – also contributed to a rise in money laundering in the region. Typically, drug money derives from several sources: local production or sale of imported narcotics; ‘repatriated drug proceeds’; money from drug couriers; and profits generated by the secondary businesses related to drug trafficking, such as false identity providers, recruiters, or drug packagers.

Traffickers “employ complex means to launder money generated from drug trafficking including the use of lawyers, bureaux de change, trade, cash couriers, front companies, purchase of real estate, hotels, casinos etc.”⁵⁷ West Africa’s predominantly cash-based economy has added more complexity to efforts to counter the phenomenon.

In 2010, the Inter-Governmental Action Group against Money Laundering in West Africa (GIABA) noted that intensive money laundering tends to take place in four West African states: Côte d'Ivoire, Ghana, Nigeria and Senegal.⁵⁸

“ We should not allow organized crime to destabilize West Africa and the Sahel, because a lack of coordinated action could lead to violence and the destruction of the hard-earned gains of recent years. It could also cost us the development of our countries. ”

PRESIDENT FAURE GNASSINGBÉ OF TOGO

UN Security Council session on 21 February 2012

The size and sophistication of these economies means that they “offer more to launderers in the way of financial and ancillary services, such as legal or accounting advice.”⁵⁹ Nevertheless, signs of the influx of drug money are also evident in smaller countries in the region (see Box 2).

BOX 2 FOLLOW THE FLOW

Signs of the influx of drug money have been most overt in Guinea-Bissau, where foreign exchange reserves rose from just US\$33 million in 2003 to US \$174 million in 2008, a period during which there were very low inflows of foreign direct investment and donor assistance. According to the 2013 International Narcotics Control Strategy Report, published by the US Department of State, “Guinea-Bissau continues to experience political disruptions due to the transit of narcotics and the flow of money related to the trade.”*

In 2007, the Gambia also saw a spike in the value of its national currency, the dalasi, which did not match capital inflows; report from GIABA suggests that ‘drug money’ was behind the currency’s rise.**

* US Department of State (2013): International Narcotics Control Strategy Report - Volume II: Money Laundering and Financial Crimes

** GIABA (2010), Threat Assessment of Money Laundering and Terrorist Financing in West Africa.

According to the GIABA report, “the main problem appears to stem from the top of the pyramid, where large quantities of funds fall into the hands of important political operators who are aided by external groups such as diaspora communities, and work with intermediaries.”⁶⁰

The influx of drug proceeds and other illicit monies into the local market can give a temporary impression of a healthy economy, as several regional economic and financial crime officials have pointed out during WACD country visits.

However, it is generally only a few individuals who will benefit (see Box 3). According to GIABA, drug traffickers, like other transnational criminals, are unlikely to invest their profits in transit countries with “unstable political, social and economic situation and weak controls.” Instead, the laundering typically occurs “in stable countries outside the region or countries in the region with a fairly stable economy, where cash dominates transactions and it is difficult for authorities to monitor cash inflows and outflows.”⁶¹

BOX 3 MEASURING THE SOCIO-ECONOMIC COSTS OF DRUG TRAFFICKING

A 2010 report by UNODC argued that drugs are both a cause and consequence of poverty, “with 22 of the 34 countries least likely to achieve the Millennium Development Goals located in regions that are magnets for the cultivation or transhipment of drugs.”⁶² The same report also cautioned that illicit drug trafficking through West Africa could potentially undermine progress made in West African countries in the areas of safety, stability, governance and socioeconomic development.

There are as yet no estimates of the economic impact of drug trafficking on national economies. However, the UN Secretary General stated in a report in December 2012 that though West Africa as a whole was registering strong economic growth, in Guinea-Bissau growth was projected to drop from 5.3 percent to 1.5 percent as a result of the coup and political instability in that country.⁶³ Recent research conducted by the US Agency for International Development (USAID) suggests that “inflows of illicit profits may inflate the currency, rendering legitimate exports less competitive (the Dutch disease).” Confirming what was mentioned above, money-laundering “can contribute to disproportionately expanded financial, real estate and construction industries and elevated real estate prices, increasing the costs of business across all sectors of the economy.” It can also result in “investment in non-productive sectors, encourage conspicuous consumption at the expense of long-term development, and exacerbate unequal income distribution.”⁶⁴

In the absence of markets and employment opportunities, under-served communities - particularly in border areas - may benefit from drug trafficking and other forms of contraband, leading them further and further from the reach of the state.⁶⁵ Equally, drug traffickers sometimes substitute for the state by providing much-needed services to citizens.⁶⁶ The USAID programming guide highlights the difficulty in sustaining these services due to their criminal base and the fact that they may be violently defended when challenged. As evidenced in the Sahel region, over time, and without a legitimate connection between communities and the national economy, it can become increasingly difficult for legitimate commerce to compete with illicit trade. Successful interdiction efforts in any of these situations can leave an important void. The latter may not necessarily lead to violence but instead to the deepening of an already precarious socio-economic situation.

Drug crop eradication in particular, creates a dilemma. For example, cannabis has been grown for consumption and export in West Africa, notably in Nigeria, Ghana and Senegal for decades. This crop provides significant revenue to small-scale farmers. Crop eradication practices in the region rarely ensure that alternative, sustainable and acceptable livelihoods are in place well before any eradication takes place, as is suggested in internationally agreed standards on alternative livelihoods. There is broad acknowledgement that such ‘containment’ operations against illicit producers “have had limited impact on drug supply” elsewhere and only “serve to exacerbate existing development problems”.⁶⁷

Some economic activity, for example building construction, may be fostered through the investment of illicit funds. Buildings such as hotels and casinos can sometimes serve as a front for money laundering. Traffickers have little incentive to maintain these premises, and “their attention shifts with unpredictable dynamics of transnational organised crime.”⁶⁸ (See Box 4).

With the support of GIABA and external partners, countries across West Africa are making significant efforts toward formulating or strengthening anti-money laundering legislation and strategies; establishing inter-ministerial bodies and financial intelligence units; facilitating mutual evaluations across states; and increasing public awareness of money laundering in the region. However, despite the progress noted

“ *Unemployment and easy access to drugs are the reasons I got involved. My friends make a lot of money in this business.* **”**

PETTY DRUG DEALER SERVING OUT A SENTENCE IN JAIL

Conakry, Guinea

in GIABA’s 2012 Annual Report, “there are still many areas where more work needs to be done and many challenges that need to be addressed... Needs still significantly overwhelm capacity and resources.”⁶⁹

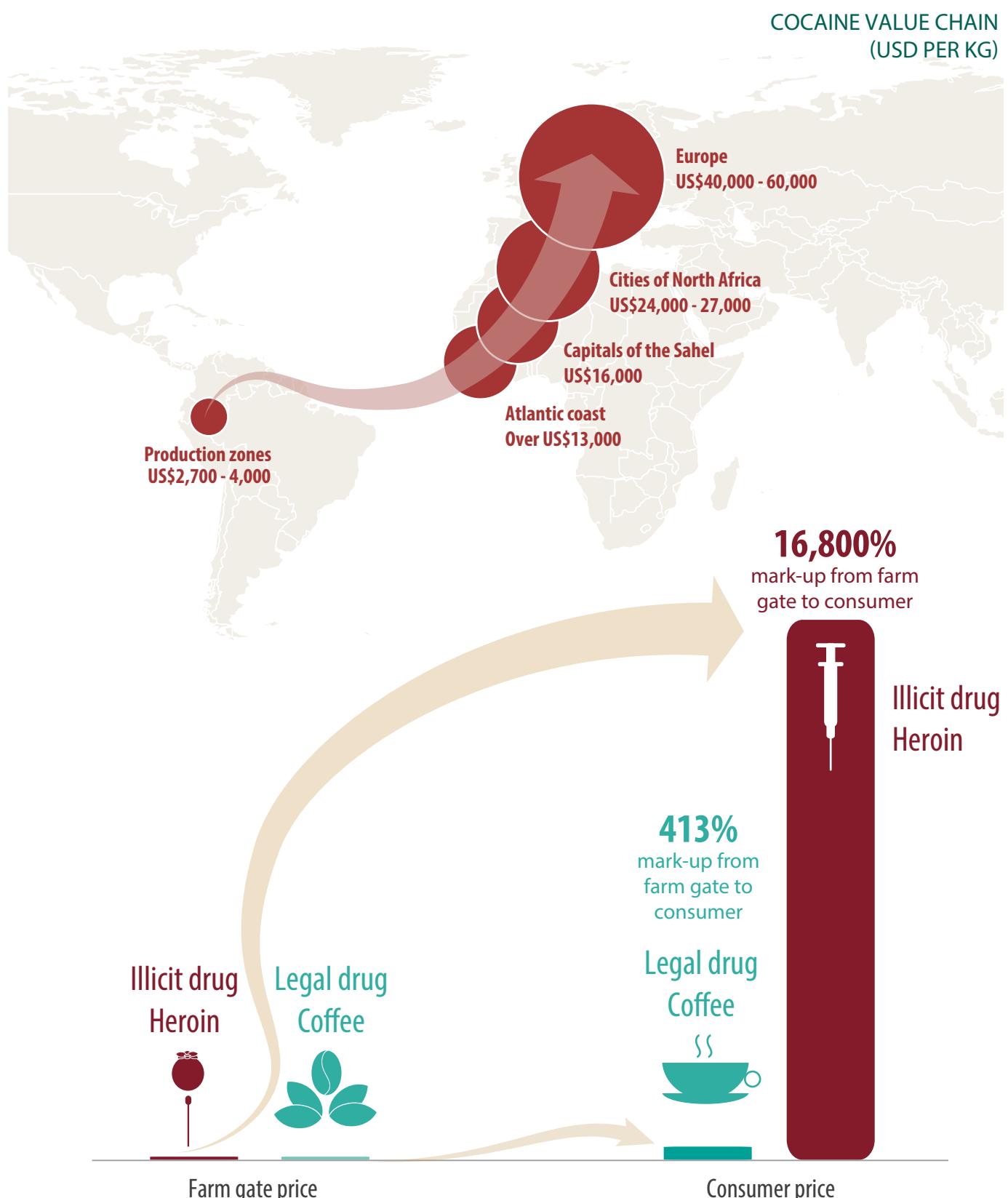
BOX 4 WHERE DOES THE MONEY TRAIL LEAD?

On 4 April 2011, Adegboyega Ayobami Adeniji was arrested at Heathrow Airport by the United Kingdom Border Agency for importing into the UK 30.8 kg of cocaine, 5.1 kg of heroin and 1.9 kg of amphetamine, all concealed in 45 brown packages contained in two bags. A search of his residence in the UK uncovered documents relating to financial transactions and machinery he had sent to Nigeria for a company called The Potential Four. Based on the documents, two addresses and a bank account number were identified. In the course of investigation, the police discovered that Adegboyega had registered The Potential Four Ltd in Nigeria with himself, his wife and his brother as directors, using it and several other businesses in Nigeria to launder proceeds of drug smuggling. He built a large house in an exclusive Lagos neighbourhood at the cost of \$400,000, and imported several luxury cars. Before being caught, he succeeded in repatriating several millions of dollars back to Nigeria.

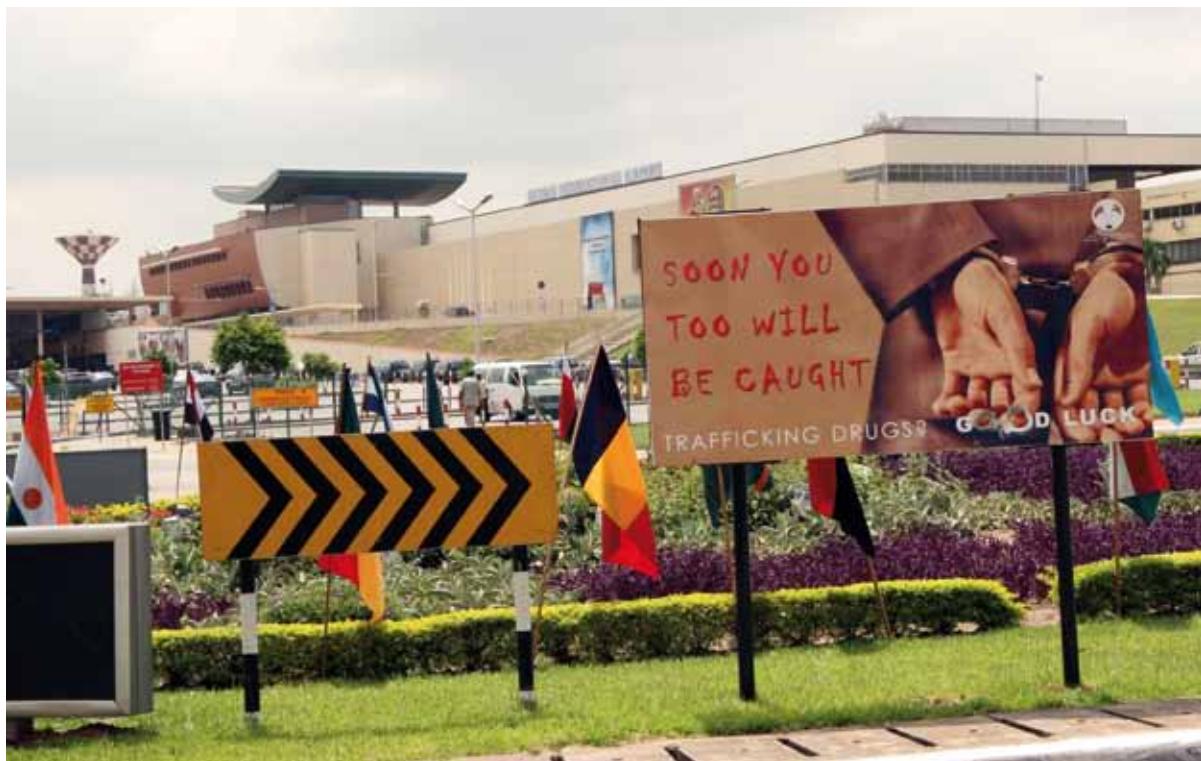
In the 1990s, Raymond Amankwaah, a notorious trafficker from Ghana, reported to have deep links with the Ghanaian political and business elite reinvested proceeds from drug trafficking in an ice cream factory and real estate in Accra. He also registered a company called Himpex Ltd. When in April 1995 British police arrested members of an extensive cocaine ring he controlled in London, they established that Amankwaah had been supplying cocaine worth millions of pounds to the UK market. Amankwaah is currently serving a 14-year prison term at the Provisional Detention Centre at Caucaia in Brazil for drug trafficking.

Sources: Information provided by NDLEA and GIABA

FIGURE 5
VALUE CHAIN OF COCAINE AND HEROIN



Source: Fritz, Anne (2013) Drugs: the new alternative economy of West Africa, *Le Monde diplomatique*. <http://mondediplo.com/2013/02/03>
 Home Office United Kingdom / Matrix Knowledge Group (2007) The illicit drug trade in the United Kingdom .
<http://webarchive.nationalarchives.gov.uk/20110220105210/rds.homeoffice.gov.uk/rds/pdfs07/rdsolr2007.pdf>



Credit: AFP/Tugela Ridley

Poster warning drug traffickers outside Ghana's main airport.

When law enforcement fails to protect citizens: the case for decriminalisation

Drug laws or drug-related provisions in criminal codes in most West African countries are strongly influenced by the UN drug control conventions, and every country in the region has formally committed to combating drug trafficking and reducing consumption and demand.⁷⁰ An analysis of drug legislation and its application in West Africa, however, raises important questions about the categorisation of offenses and the severity of sanctions (in some cases ranging from 10 to 15 years for minor offences, and from 15 years to life imprisonment for more serious offences).

Other problems include the absence of baseline data on the nature of offences and the types of drugs involved; the high numbers of drug users held in custody; the weak public health responses; and the absence of parliamentary

or civilian oversight mechanisms. Inherited rules of procedure and evidence from former colonial powers, such as the English common law rules of admissibility of evidence, are also often difficult to apply to drug cases in West Africa.⁷¹

WACD country visits, as well as a sampling of drug legislation in West Africa, suggest that drug laws in the sub-region reflect an interpretation of the UN drug conventions that criminalizes every aspect of drug-related activity, including possession for personal use. Sanctions for such crimes can be very harsh (even if some leniency is shown with regard to time actually spent in prison) and nurture corruption within the criminal justice system, which is badly hampered by a lack of capacity and resources (see Box 5).

BOX 5 LAW ENFORCEMENT IS CRIPPLED BY A LACK OF SKILLS, RESOURCES AND COORDINATION

Despite having received significant support over the past decade,⁷² the criminal justice systems in most countries in West Africa continue to face major impediments as they grapple with the many challenges posed by drug trafficking. In addition to the threats of corruption and co-option discussed above, relevant agencies and services struggle in an environment where coordination and cooperation within and between countries is poor. National agencies lack the institutional flexibility needed to work across borders in and beyond the region.

Many enforcement agencies lack the expert skills and special equipment needed to collect and assess evidence for the successful investigation and prosecution of drug trafficking cases. This reality is all the more daunting in light of the fact that traffickers often possess highly sophisticated communications technology and substantial financial resources, which help them to prevent detection or avoid arrest. This is hardly surprising given how law enforcement agencies in developed countries are also struggling to keep up with technological advances. Drug criminals also have the means to contract legal services that excel in exploiting loopholes in the law.

In terms of external assistance, good intentions abound; yet there is still significant room for strengthening coordination of activities at the operational level, and ensuring more coherence between traditional support for the rule of law, and counter-narcotics, counter-terrorism and anti-corruption initiatives.

Criminalisation of drug use also impedes the treatment of problematic drug use. People who use drugs can easily be discouraged from seeking treatment if they fear being reported to the police and arrested. And if they are arrested and imprisoned, they are unlikely to receive appropriate treatment, which in turn heightens the risk of the spread of diseases associated with heavy drug use (especially injecting drug use).

Interviews conducted in Nigeria, Mali, Senegal, Ghana, Guinea and Sierra Leone found that people arrested for drug offences – often within the framework of operations aimed at meeting targets for arrests and seizures – tend to be small-scale dealers in, or users of, cannabis who spend long periods of time in pre-trial detention, often falling victim to other illnesses before being sentenced or released upon payment of a fine (or as is more often the case, a bribe).

In countries such as Guinea, where there is no dedicated drug law, the option to either fine or imprison those found guilty of drug related

crimes provides a means for drug traffickers to avoid a prison sentence by paying a fine, and also fuels corruption within the judiciary as it favours a situation where the option of fines is frequently applied regardless of the gravity of the case. Such practice also means that the more vulnerable members of society, for whom the law prescribes the same legal punishment, are the ones who usually incur prison sentences since they are unable to pay the fine.⁷³

As noted already, ECOWAS has placed priority on reviewing “existing Member States’ legislation with a view to achieving common minimum standards to ensure sufficient deterrent against illicit trafficking and enhance the use of demand reduction strategies to address the problem of drug abuse in line with relevant regional and international conventions.”⁷⁴ As part of this process, in 2013 the Heads of ECOWAS Drug Control Committees called on the ECOWAS Commission “to harmonise ECOWAS legal texts into a single and up to date regional protocol on drug control and prevention of organized crime.”⁷⁵

In addition to the ECOWAS initiative, other efforts are under way in the region to harmonise drug legislation.⁷⁶

The case for harmonisation of national laws regulating the crime of drug trafficking and other transnational crimes is irrefutable. But so is the case for ensuring an appropriate balance between socio-economic realities and the protection of human rights on the one hand, and the existing preference for criminalizing all manner of drug-related activities on the other. Such a balance can be achieved by harmonising legislation developed on the basis of existing and emerging standards in which the protection of the security, health, human rights and well-being of all people is the central goal. (See Box 7)

West Africa can learn from other regions that have found decriminalizing certain aspects of the drug problem, such as possession and use, to be one of the most effective ways of reducing problematic drug use, particularly if

the people with the heaviest use are treated. Decriminalisation refers to those circumstances when low-level drug offences (such as drug use and/or possession, production and cultivation for personal use) are no longer dealt with through criminal sanctions. Under this model, sanctions may be administrative (such as fines, referral to treatment or educational courses) or may be abolished completely. While decriminalisation means that the use and possession for personal use of drugs is no longer part of the sphere of criminal law, high-level drug offences (such as trafficking, mass production and large-scale supply) remain illegal.

In acknowledgement of these realities, a growing body of scientific enquiry, including government commissioned studies, has led to important efforts to reclassify, decriminalise, or legalise drugs in criminal law. A recent report notes how mounting evidence of the devastating consequences for individuals associated with criminalizing drug use – stigmatisation, mass



Credit: AFP/Georges Gobet

Temporary detention cell in Guinea-Bissau.

BOX 6 THE STORIES BEHIND THE NUMBERS

A June 2013 press statement by Nigeria's National Drug Law Enforcement Agency (NDLEA), stated that from 1990 to 2013, it had successfully intercepted almost 3,500 tons of narcotics from drug traffickers, including approx. 2,800 tons of cannabis, 178 tons of cocaine, 195 tons of heroin, and 233 tons of psychotropic substances. Within the same period, the country convicted some 22,000 drug traffickers.*

These figures are impressive. However, the agency has been criticized for pursuing small-scale street dealers and users more vigorously than traffickers who work at the wholesale level of the drug trade. Allegations that some NDLEA officials were involved in protecting wealthy traffickers for personal gain led to the dismissal, in late November 2005, of its chairperson.

In 2012, renewed calls were made by civil society organisations for the reform of the NDLEA not least because "some of the NDLEA staff who were recommended for compulsory retirement or prosecution for frustrating the NDLEA from successfully prosecuting several persons accused of drug related offences [in 2006] were still occupying vital positions in the NDLEA."**

In an informal sample of 51 prisoners in 3 prisons in Lagos, the prisoners were primarily male under 40 years of age, unemployed and had attained only secondary or lower educational levels. Nearly three-fifths of the offenders were sentenced to less than two years, echoing an earlier study that sentences imposed on drug offenders in the country were generally lower than the minimum sanctions prescribed in the law. However, the offenders were generally detained prior to conviction for a relatively long term, with nearly 40 percent detained for more than one year. Slightly more than half had access to legal counsel and 11.8 percent of offenders reported being a victim of abuse or extortion by law enforcement officials and lawyers ***

* <http://www.ndlea.gov.ng/v1/?q=content/ndlea-seizes-34-million-kg-drugs-21871-drug-traffickers-convicted-2>

** Sahara News, July 2012: Falana Urges National Assembly to Ensure Implementation of NDLEA Reform

*** Based on interviews conducted for the WACD

incarceration, impact on employment, public health harm – have led a number of countries to decriminalize drug possession and use.⁷⁷

In 2013, in a major report on drug policy, the Organisation of American States tabled the idea of experimenting with alternative legal regimes, particularly for cannabis.⁷⁸

In addition, two US states have legalized all uses of cannabis and twenty states allow sale and use of cannabis for medical purposes. Along with Switzerland, which decriminalized all minor cannabis offenses in 2013 and now treats them as administrative infractions akin to traffic violations,⁷⁹ several European countries refrain from applying criminal sanctions to minor cannabis offenses. In December 2013, the parliament of Morocco held a public hearing on

legalisation of cannabis for some purposes, a question with enormous economic consequences in this important producer country.⁸⁰

Decriminalisation is not new nor is it concentrated in one region. Rather "countries as disparate as Armenia, Belgium, Chile, the Czech Republic, Estonia, Mexico, Morocco, Portugal and Switzerland, among others, have all adopted some form of decriminalisation policy in the last decade or so."⁸¹ In 2014, three new drug regimes will enter into force – in Uruguay and the US states of Washington and Colorado – influenced by the costs and benefits to the criminal justice system and the relative social and individual harms. In each of these cases cannabis will be produced legally and sold by licensed dealers in controlled amounts in the same way that alcohol

and tobacco are sold in most countries. Sales to minors will be prohibited and infractions such as driving under the influence will be prosecuted as with alcohol.

There is great scope for drug policy reform, such as introducing harm reduction measures and decriminalization of use, possession and cultivation for personal use within the current framework of the UN drug conventions,⁸² not least because Article 3 of the 1988 Convention, which, while recommending criminalisation in domestic law of a wide range of drug offenses, also suggests that “in appropriate cases of a minor nature, the [State] Parties may provide, as alternatives to conviction or punishment, measures such as education, rehabilitation or social reintegration, as well as...treatment and aftercare.”⁸³

Since the Convention came into force, thinking on these issues has evolved considerably. However, UNODC has noted that there continue to be misperceptions about what the conventions actually stipulate. The Executive Director of UNODC has stressed that drug dependence is a health disorder, and drug users need humane and effective treatment—not punishment.⁸⁴ He has also stressed the need to differentiate between criminal and public health issues, where criminal justice efforts should focus on drug trafficking, and public health should focus on evidence-based measures for prevention and treatment of persons with drug-use disorders treating them as patients with a chronic disease and not as criminals. In this regard, he suggests that “a public health response to the drug problem should consider alternatives to criminalisation and incarceration of people with drug-use disorders.”⁸⁵

Decriminalisation is obviously not a panacea for all of the problems associated with

problematic drug use and reform projects whose consequences are not fully thought out can have adverse effects. For example, Brazil attempted to reform its drug law in 2006 by establishing a clear distinction between personal possession of drugs and their marketing. The reform effort, however, fell short, as it still classified both cultivation and use as crimes. In fact, the law increased the minimum penalty for drug dealing from three to five years. Today, a quarter of Brazil’s inmate population, which is the fourth largest in the world after United States, Russia and China, is serving a drug-related sentence or awaiting trial on drug charges.

What ultimately emerges from the evidence is that the harms of criminalisation far outweigh those of decriminalisation. West Africa would remove a huge weight from an already overburdened criminal justice system if it were to decriminalise drug use and possession, expand health and social services for those with problematic use and expend greater effort in pursuing those traffickers whose “pernicious behaviour”⁸⁶ has a much deeper impact on society, and rooting out corruption from within. More specifically, freed up resources can be channeled to more promising law enforcement alternatives such as “focused-deterrence strategies, selective targeting, and sequential interdiction efforts.”⁸⁷

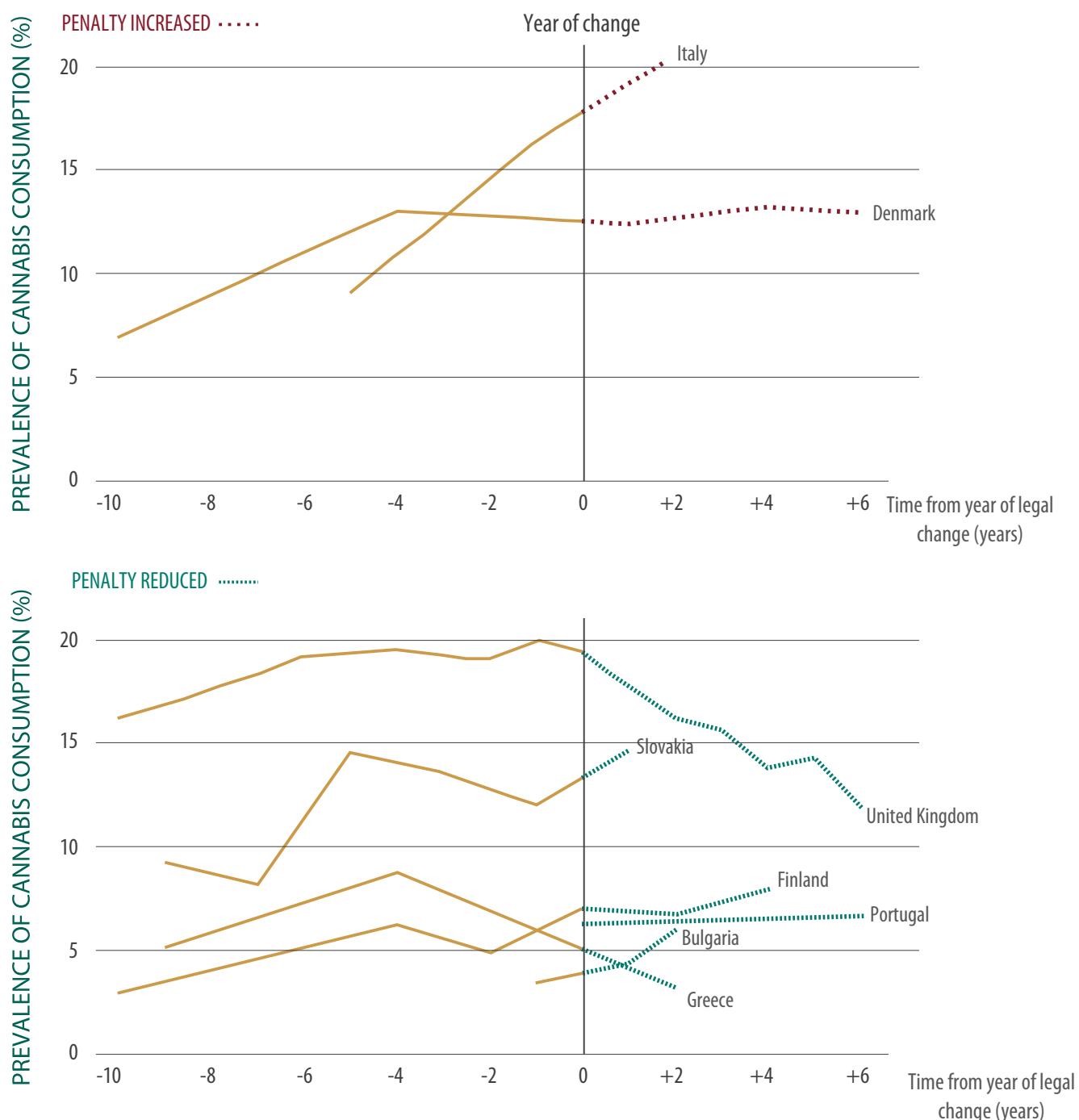
“ *I believe that drugs have destroyed many people, but wrong government policies have destroyed many more.* ”

KOFI ANNAN

World Economic Forum, Davos, 2013

FIGURE 6 PROHIBITIONIST DRUG LAWS AND THE PREVALENCE OF DRUG USE

... "in this 10-year period, for the countries in question, no simple association can be observed between legal changes and cannabis use prevalence"...



Source: European Monitoring Centre for Drugs and Drug Addiction, 2011. Annual Report 2011. The state of the drugs problem in Europe. Page 45.
<http://www.emcdda.europa.eu/publications/annual-report/2011>

Note: Legal changes took place in 2001–06.
 Citation is from page 45.

BOX 7 SETTING MINIMUM STANDARDS FOR DRUG LEGISLATION

Drug-related legislation currently on the statute books in many West African countries needs to be reviewed and modernized to reflect changing circumstances and experience. Some basic standards should be adopted for framing new legislation. These could include:

Simple use or consumption of any illicit drug by an individual should not be considered a crime and should not be punishable under criminal law. Possession and acquisition of amounts of a drug that are associated with individual use and not intended for sale should not be considered criminal acts.

The law in a number of countries (e.g. the Czech Republic) defines specific quantities for commonly consumed scheduled drugs below which possession and acquisition (and sometimes use) are either not charged or charged as administrative (non-criminal) offenses. In other countries, there is no definition of individual-level possession and acquisition as the matter is left to judicial discretion. The law must balance these competing positions depending on the local situation, but in general, if specific thresholds are defined, they should be defined liberally enough so that decriminalisation of individual-level offenses is meaningful, but definitions preferably should be indicative or have some level of flexibility so that judicial discretion can be applied where circumstances warrant it.

Decriminalisation (or broader depenalisation) of use or individual-level possession or acquisition may institute drug treatment or education as an alternative to a criminal (or administrative) sanction.

In this case, the law should specify that treatment decisions – including whether there is dependence and any treatment is clinically indicated – should be made by qualified health professionals, in accordance with international standards informed by the best available evidence and in conformity with human rights norms. (In a number of jurisdictions, treatment as an alternative to incarceration has been offered to people who have no clinical need of treatment; other alternatives should be available in such cases.) In addition, “failing” court-mandated treatment should not be punishable under criminal law. Relapse is a normal part of the course of drug dependence and not a criminal offense. Decriminalisation or depenalisation may also be instituted without a particular alternative to criminal prosecution, though ideally persons with problematic drug use should be offered health services and social support.

Criminal penalties for drug trafficking should reflect the principle of proportionality.

The principle of proportionality can be applied in several ways: i) Small-volume trafficking not tied to organized criminal networks, for example, should be distinguished in the law from major trafficking by organized criminal networks with distinct and appropriate penalties depending on the degree of social harm associated with the act. ii) Drug trafficking should generally not be significantly more severely punished than murder or rape (as is unfortunately the case in many countries).

The death penalty should not be imposed for any drug-related offense.

The law should not penalize, or in any way punish, the possession of clean injection equipment or penalize the possession of injection equipment containing trace amounts of illicit substances.

Such a provision undermines public health. So-called paraphernalia laws in many countries lead people who inject drugs to share or hide their equipment in unsafe ways.

Drug law should embody protections from abusive drug policing.

The vulnerability of people using illicit drugs to excessively aggressive policing has been documented in many countries. The legal framework should include protection from illicit stop and search, protection from extortion, protection from violations of due process and protection from interrogation of people when they are in a state of drug withdrawal or the denial of health care (including medication-assisted treatment) to people while in detention. Many of these provisions may already be in the constitution or other legislation governing police procedures, but it is useful for drug law to recognize that these practices are particularly likely and particularly harmful with respect to people who use drugs. The law should also create a functioning mechanism for police oversight and for people suffering from abusive police practices to make complaints and seek redress if such mechanisms do not already exist.

Drug legislation should recognize the vulnerability of drug police to corruption and should embody specific measures to prevent and address corruption in drug policing.

Drug legislation or policing regulations should discourage the practice of basing compensation or performance evaluation of the police on the number of drug arrests made because this practice is likely to result in the arrest of the "lowest-hanging fruit" – those associated with minor offenses – since they will be the easiest to reach.

In view of the many instances in the history of drug law enforcement in which laws were applied in a discriminatory manner or so as to 'crack down' on a disfavoured group, drug law should incorporate mandatory monitoring and evaluation mechanisms to detect and address discriminatory practices in drug law enforcement.

The law should discourage the targeting by police of drug treatment facilities, needle exchanges or other services for people who use drugs for the purpose of achieving arrest quotas or otherwise asserting an aggressive police presence.

The law (or public health regulations) should provide clear exemptions to criminal or administrative prosecution for medical use of otherwise prohibited substances.

Substances such as methadone, buprenorphine, naloxone, and naltrexone used for treatment of drug dependence or prevention/treatment of consequences of overdose should not be prohibited nor should the distribution of sterile injection equipment (or other equipment used to ingest prohibited substances through means other than injection). Laws must allow for safe use of opiates and other controlled medicines for pain relief.

Source: C. Kavanagh (ed.): *Harmonizing Drug Legislation in West Africa - A Call for Minimum Standards*. WACD Background paper No. 9

JEOPARDIZING THE FUTURE: DRUGS, DEVELOPMENT AND SOCIETY

Cannabis dominates drug use – but data are scarce

UNODC estimates that cocaine use in West Africa and Central Africa is significantly higher than the global average when adjusted for population size. The estimated absolute number of people who used cocaine in the region was 1.6 million in 2012 (with a wide confidence interval of 570,000 to 2.4 million owing to few credible data reports). The 2013 report also noted an emerging market for methamphetamine in Africa, an assessment, it remarks, that is borne out by increasing diversions of precursors, seizures and methamphetamine manufacture in the region.⁸⁸ Seizures in Asian and European countries show large quantities of methamphetamine to have been trafficked from Benin, Côte d'Ivoire, the Gambia, Ghana, Guinea, Mali, Nigeria, Senegal and Togo.⁸⁹ On-the-ground interviews during the WACD country visits and interviews conducted with consumers, traffickers, health and law enforcement officials for the purpose of the background papers, suggest that drugs are increasingly both traded and consumed within West Africa.

In West Africa, much more cannabis is consumed than cocaine, heroin or ATS. According to UNODC reports, the estimated prevalence of cannabis use in the adult population is highest in West and Central Africa, at 12.4 percent, compared to the averages of 7.5 percent in Africa and 3.9 percent globally. While this is a noteworthy difference, the unreliability of the data and the different assessment methods used in different regions make it difficult to come to concrete conclusions. As noted above, it is also important to recognise the limitations of the aggregate data for the region as most countries do not have reliable data or do not submit reports to the UNODC. For example, in 2011, only one country – Nigeria – responded to UNODC's

Annual Report Questionnaire (ARQ) on drug supply data, and one country – Burkina Faso – partially filled it in. Only three countries – Benin, Ghana and Nigeria – provided reports on drug seizures. The World Drug Report 2013 re-emphasizes the challenge of the irregularity and incompleteness of the ARQs (only 13 percent of African countries responded). In addition, most data collected for the annual World Drug Reports relate to supply rather than demand.

The unreliability of data poses serious problems, with policy makers often relying on inaccurate or skewed data from just a handful of countries to formulate their own policies at home. In other cases, some countries report use of cannabis in lieu of other drugs, as cannabis use may be less stigmatised. In yet other cases, some of these figures are extrapolated from demand for treatment, but some people who present themselves at treatment facilities under the guise that they have cannabis dependence have a problem that is even more stigmatised.⁹⁰ (See Box 8)

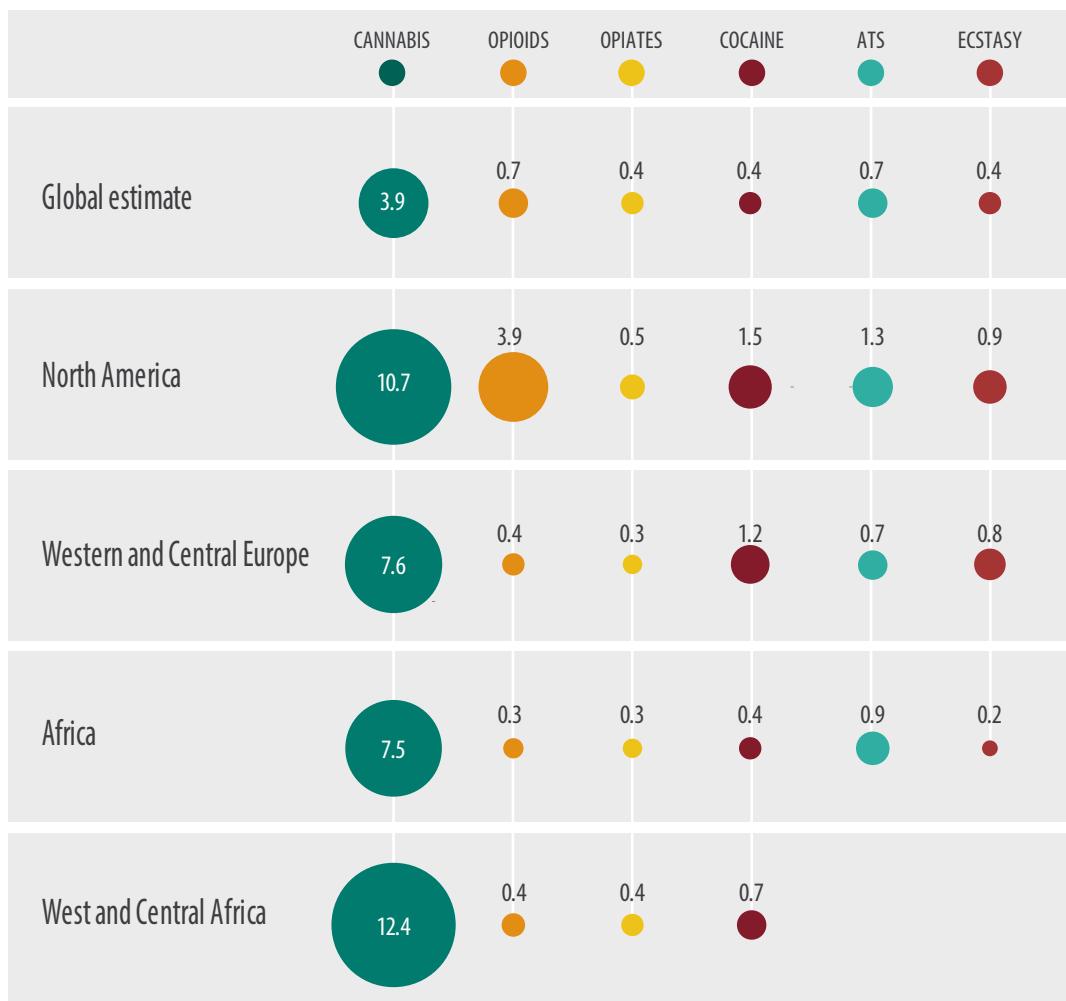
“ *The social impact of drug trafficking 'stem largely from the increased retail market and local consumption that the drug trade almost inevitably promotes in transit countries, even where local populations are poor.'* **”**

USAID (2013)

The Development Response to Drug Trafficking in Africa: A Programming Guide

FIGURE 7

DRUG USERS IN THE WORLD AND IN SELECTED REGIONS, PREVALENCE RATE (CIRCA 2011)



Data source: UNODC, World Drug Report 2013.

BOX 8 GOOD POLICY NEEDS GOOD DATA

ECOWAS is currently undertaking efforts to establish a West African Epidemiology Network on Drug Use (WENDU) that builds on existing (albeit weak) secondary data on drug-related treatment demand and seizures.* The objective is to collect information on drug use patterns in order to establish monitoring mechanisms that can inform and guide policy-makers. Within this context, several pilot projects aimed at establishing National Drug Observatories are under way with the support of France and the EU.

Notwithstanding this initiative, prioritizing investment in regional and national capacity to collect, analyze and regularly update baseline data, conduct regular surveys of citizen perceptions, and conduct analysis of trends and impacts as a means to influence policy remains an important gap to be filled.

* The Initiative receives technical support from UNODC as part of the EU's contribution to the ECOWAS Operational Plan.

Problematic drug use remains in the shadows

Demand reduction – that is, reduction of existing demand through treatment and reduction of new demand through prevention – is an important goal of drug policy. Problematic drug use can lead to a complex web of other social problems both at the individual and at the societal level: it carries consequences for the public health system in that existing mental illness can be possibly aggravated by drug use; it can lead to low productivity through workplace losses; premature mortality; morbidity costs; as noted, it carries significant costs for the criminal justice system; drug-induced stupors can lead to property destruction or road accidents; and requires expenditure in research and prevention activities.⁹¹

As Kleiman and others have noted, it is likely that a relatively small percentage, perhaps 15-20 percent of people who use drugs, account for a large percentage (perhaps over 80 percent) of existing demand (See Box 9 and Figure 8).⁹² They are those most likely to be arrested, in prison or otherwise caught up in the criminal justice system where they face barriers to care. Reduction of existing demand along with reduction of the worst individual and social harms

of drug use thus depends on finding humane ways of ensuring that those most in need of care can get it. The experience of countries that have decriminalized drug consumption and minor possession is generally that they have high levels of utilization of treatment and other health and social services.⁹³ This impact is most sharply felt in the area of HIV/AIDS. People who use drugs run a high risk of spreading HIV infection by sharing contaminated injecting equipment, or through unsafe sexual activity.

According to the latest independently collated data (from 2008), some 1.8 million people inject drugs in Sub-Saharan Africa (range: 534,500 – 3,022,500) – of whom 221,000 were living with HIV.⁹⁴ However, the scarcity of studies and surveys of this population in Africa makes such estimations difficult to generate with accuracy. More recent data from the UNODC World Drug Report 2013 – based largely on government-submitted information – estimated that some 11.8 percent of people who inject drugs in Africa are living with HIV, at a time when HIV epidemics linked to sexual transmission are being controlled on other parts of the continent.⁹⁵

BOX 9 DOES CANNABIS LEAD TO ABUSE OF OTHER DRUGS?

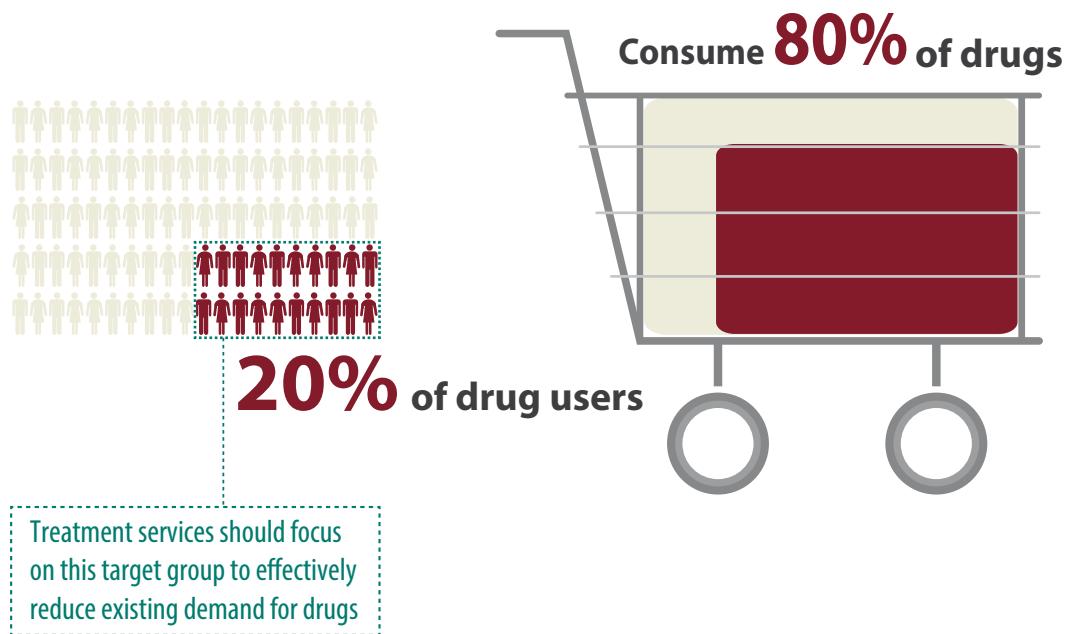
Only a small percentage of those who use drugs become addicted. Similarly, not everyone who uses one drug, cannabis for example, becomes a user of other drugs. Yet a debate continues in some countries on the so-called “gateway effect”: the notion that while cannabis itself may not be especially dangerous, it ineluctably leads to other drugs such as opiates, heroin and cocaine.

Reputable scientists and scientific organizations have rejected this idea, however. For example, a report commissioned by the US Congress in 1999 found that “there is no conclusive evidence that the drug effects of marijuana are causally linked to the subsequent abuse of other illicit drugs.”* Since then, a range of other studies have also failed to support the gateway theory.**

* National Research Council. *Marijuana and Medicine: Assessing the Science Base*. Washington, DC: The National Academies Press, 1999.

** Mathers BM, et al (2008). Global epidemiology of injecting drug use and HIV among people who inject drugs: a systematic review. *The Lancet*.

FIGURE 8 20/80 RULE OF THUMB



Data source: Kleiman, Caulkins and Hawkins, 2011

A report by the UN Secretary General in June 2013 also noted the impact of use of illicit narcotics on the prevalence rate of HIV in West Africa. For example, in Senegal, 9.1 percent of people who inject drugs were living with HIV, compared with under 1% of the general population, and about 4 percent of new HIV infections in Ghana were attributed to injecting drug use.⁹⁶ The report also highlighted an analysis in 2007 of the modes of HIV transmission in Nigeria, which showed that injecting drug use had contributed to 9.1 percent of new infections, with the prevalence of HIV among people who inject drugs estimated at 5.6 percent. More recent research concluded that 27.7 percent of people who used drugs in Senegal have injected drugs at some time.⁹⁷

These findings are alarming in light of the fact that the 2013 Global Report of the Joint United

Nations Programme on HIV and AIDS (UNAIDS) reported a decline of 34 percent in the annual number of new HIV infections among adults in sub-Saharan Africa since 2001. In fact, HIV incidence declined by more than 50 percent between 2001 and 2012 in Côte d'Ivoire, Ghana, Liberia, Nigeria and Senegal. However, the UNAIDS report notes that the world is not on track to meet its stated goal of reducing HIV

“ *A country that traffics drug is a country that consumes.* **”**

ADRIENNE DIOP

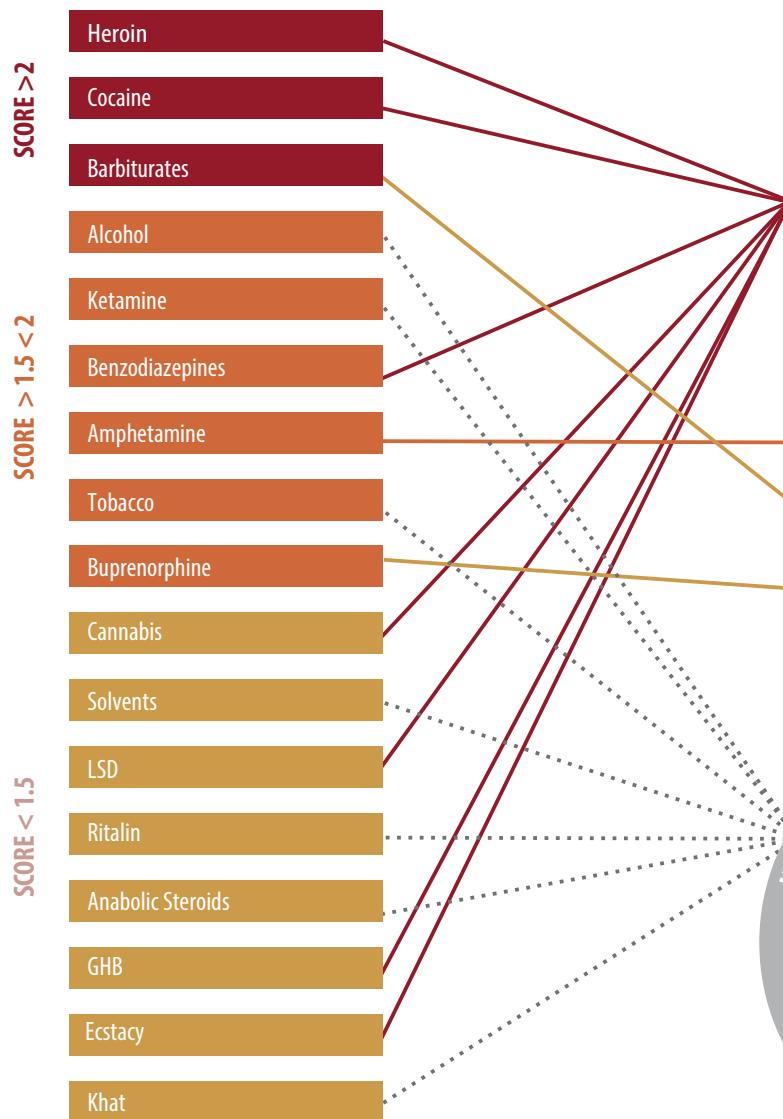
ECOWAS Commissioner for Human Development and Gender, at WACD meeting in April 2013

transmission by 50 percent by 2015 among people who inject drugs. There has indeed been little change in the HIV burden in this population over the past years, the report states, because

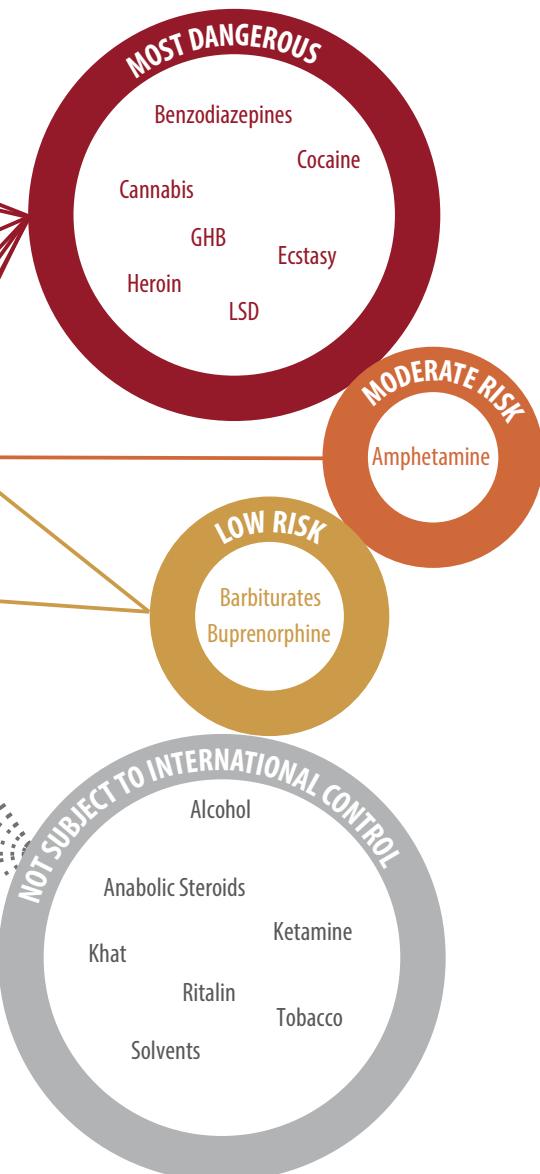
"HIV prevention coverage for people who inject drugs remains low." The report stressed that "an effective AIDS response among people who inject drugs is undermined by punitive policy

FIGURE 9 CLASSIFICATION OF DRUGS LEVELS OF CONTROL VS. LEVELS OF HARM

INDEPENDENT EXPERT ASSESSMENTS OF RISK LEVELS OF HARM



UN CLASSIFICATION OF DRUGS LEVELS OF CONTROL



Data sources: Global Commission on Drug Policy, June, 2011. War on Drugs Report.
Nutt, King, Saulsby and Blakemore, 2007, 'Development of a rational scale to assess the harm of drugs of potential misuse' The Lancet.



Credit: AFP/Issouf Sanogo

Police show seized drugs in Côte d'Ivoire.

frameworks and law enforcement practices, which discourage individuals from seeking the health and social services they need.” In addition, many countries in the region outlaw the possession of drug paraphernalia. This reality

is hugely damaging for the control of HIV, as it discourages possession of clean injection equipment. The report also noted “exceptionally low coverage” of harm reduction services.⁹⁸ (See Box 10)

BOX 10 WHAT IS HARM REDUCTION?

Harm reduction refers to public health interventions that seek to reduce the negative consequences of drug use and drug policies. Harm reduction is both a public health and a human rights concept. It has been rigorously evaluated and shown to reduce the transmission of blood-borne infections, as well as morbidity and mortality related to drug use. It broadly improves health and is not associated with increased drug use.

Harm reduction interventions include needle and syringe programmes; treatment for drug dependence, including opioid substitution therapy (OST); overdose prevention; prevention, testing and treatment for HIV, sexually transmitted diseases, viral hepatitis and tuberculosis; and mental health, social welfare and other services.*

UN member states endorsed harm reduction services in the 2001 Declaration of Commitment on HIV/AIDS.**

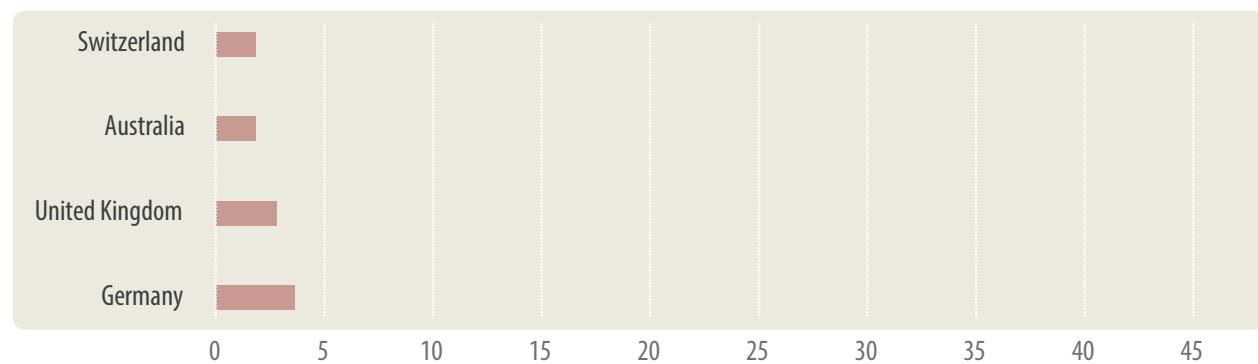
* General Assembly resolution (2001) “Declaration of Commitment on HIV/AIDS” (A/S-26/L.2)

** Adapted from *IDPC Drug Policy Guide*, 2nd edition, May 2012

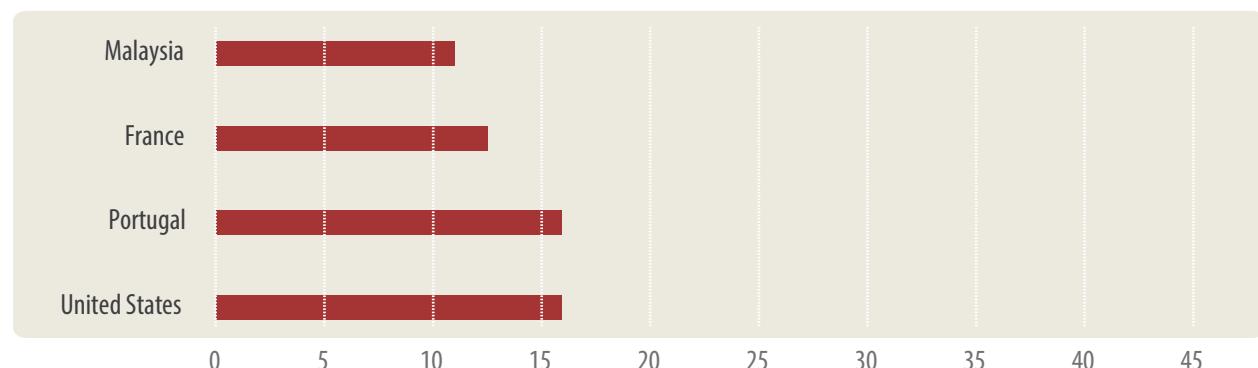
FIGURE 10

HARM REDUCTION PROGRAMS HELP TO CURB HIV % HIV PREVALENCE AMONG PEOPLE WHO INJECT DRUGS

Sample of countries that have implemented comprehensive harm reduction strategies from the onset of the epidemic



Sample of countries that have introduced harm reduction strategies partially, or late in the epidemic



Sample of countries that have not implemented large scale harm reduction strategies



Source: Global Commission on Drug Policy, June, 2011. War on Drugs Report. Data available at: <http://www.idurefgroup.unsw.edu.au/> Accessed 04.16.11

Lack of drug treatment threatens public health

The stated purpose of the UN drug conventions is to protect the health and well-being of mankind. The conventions urge states to provide "early identification, treatment, education, after-care, rehabilitation and social reintegration" of persons with problematic drug use, as provided in Article 38 of the 1961 Convention and echoed in the later conventions (1971 and 1988).⁹⁹ Not all drug use is problematic, however, and thus not all drug use requires a health service response. As noted previously in this report, decriminalisation of drug use and possession can free up resources that can be more effectively invested in establishing services for those most in need of treatment.

Investments in drug treatment and harm reduction can lead to economic and social benefits far in excess of the invested resources.¹⁰⁰ Yet across West Africa, the

availability of the most basic drug-related health and treatment policies and services is limited. Most services are provided by psychiatric hospitals, which may be overcrowded and not have specialized drug dependence services, or by traditional healers and faith-based facilities, which have been reported in many places to use scientifically unsound methods and even methods that are cruel or inhumane.¹⁰¹

Available facilities are generally poorly funded, and few have adequate numbers of personnel with skills and experience in managing substance use disorders. This situation exists in part due to a glaring absence of drug treatment policies, standards and monitoring systems. It is also due to the fact that people who use drugs are often heavily stigmatized, and are deemed as not meriting the expenditure of state resources.¹⁰²

BOX 11 MAKING PAIN RELIEF MEDICATION AVAILABLE SAFELY

Partly as a consequence of repressive approaches to narcotic drug control, opiates and other medicines for management of pain are grossly under-used and largely unavailable in Africa. As noted in the 2011 African Union position on medicines for management of pain,¹⁰³ access to pain relief drugs for cancer-related and AIDS-related conditions is severely restricted by fears of diversion to illicit markets and inadequate capacity of health systems to ensure their safe use. Enormous human suffering results from the fact that low- and middle-income countries have 90% of the world's AIDS patients and half of the world's cancer patients, but they use only 6% of the morphine used for pain management. New approaches to illicit drugs in West Africa must include building capacity and resources to address this unnecessary suffering.

Treating problematic drug use is a long-term process requiring psychological, physical and social interventions.¹⁰⁴ These interventions may focus on abstinence from drugs, recovery from addiction, the cessation of use of certain drugs and/or the reduction of drug-related harm. The World Health Organisation (WHO), UNODC, the AU and human rights experts such as the UN Special Rapporteur on Torture have articulated minimum standards for

treating drug dependence and the need to reduce harm for those who are not able immediately to cease drug use. (See Box 12)

Harm reduction services, especially HIV prevention, aimed at addressing problems related to injection drug use and other high-risk behaviours were endorsed by UN member states in 2001, and are very well established

in some parts of the world with the methods proving to have been effective.¹⁰⁵ The uptake of such services has been slow, however, on the continent. Only six African countries have some form of harm reduction programmes. Only two

OST programmes – in Tanzania (see Box 13) and Mauritius – are government-run, while the others are usually privately run, providing methadone or buprenorphine at a very high cost. Government needle and syringe programmes are available in

BOX 12 PROPOSED MINIMUM STANDARDS FOR EFFECTIVE DRUG TREATMENT POLICY IN WEST AFRICA

The quality of treatment available to drug users in West Africa varies enormously both within and between countries in the region. There is an urgent need to set and implement standards that can help to ensure humane and effective treatment across the region.

Treatment should be scientifically sound and not punitive

Physical restraints, beating, forced labour, unnecessary isolation or involuntary detention, and humiliation are not scientifically sound practices and have no proven effect for treatment of drug dependence. There should be human rights-centred guidelines for quality of care in this area, and there should be an oversight mechanism to ensure that guidelines are followed.

Treatment options should be flexible.

It is well documented that some people need to try more than one type of treatment before they find one that is effective for them.

Treatment should be affordable and accessible to all who need it.

Since, as the WHO notes, drug dependence is a “chronic, relapsing condition,” some patients may require more than one episode of treatment to reduce or eliminate problematic use. Treatment services should not be denied to anyone on the grounds of having a criminal record, being homeless, or any other discriminatory criteria.

Treatment should be culturally appropriate and gender-sensitive.

The needs of pregnant women and women with children are often particularly acute.

Treatment should be voluntary and should not require compulsory detention.

Treatment (and other health services) should be available to persons in the custody of the state at a level equivalent to services in the community.

In accordance with good health policy, all health care and treatment decisions should be made by qualified health professionals, preferably affiliated with the Ministry of Health, even in court-mandated treatment or in prisons and detention facilities.

The use of methadone, buprenorphine and other controlled opiates for the purpose of treating opiate dependence should not be subjected to criminal prosecution, and made available in accordance with scientifically established principles, as summarised in the 2004 WHO/UNODC/UNAIDS Position Paper.*

This standard includes continuing treatment for as long as clinically indicated and not cutting it off after some arbitrary period, using doses that are clinically indicated, and not reducing doses for punitive purposes.

Independent complaint mechanisms through which people mistreated in the course of treatment for drug dependence can report abuses and seek redress should be established.

* World Health Organization, Joint UN Programme on HIV/AIDS (UNAIDS) and UN Office on Drugs and Crime (2004): Position Paper: Substitution Maintenance Therapy in the Management of Opioid Dependence and HIV Prevention.

Source: J. Asare and I. Obot (2013), *Treatment Policy for Substance Dependence in West Africa: WACD Background Paper No. 8*

Tanzania and Mauritius, which, along with Kenya, explicitly mention harm reduction in their national drug policy.

In West Africa only one country, Senegal, has a government-run harm reduction programme. The absence of harm reduction programmes in the sub-region was either largely ignored or due to the erroneous, outdated yet widespread belief that harm reduction strategies increase drug use and that only complete abstinence is acceptable.

In the sub-region, Senegal is emerging as a pioneer in the provision of harm reduction services. A 2011 survey by Senegalese and French researchers with the support of the French *Agence Nationale de Recherche sur le SIDA* (National AIDS Research Agency) helped

“ While Drug Control practice in Africa has tended to focus more attention on supply reduction, this plan proposes to restore the balance and pay greater attention to health and other social consequences of drug use, while not neglecting law enforcement approaches. ”

BIENCE P. GAWANAS

African Union Commissioner for Social Affairs, AU Plan of Action on Drug Control (2013-2017)

BOX 13 EXPERIENCES IN HARM REDUCTION: THE CASE OF TANZANIA

Until the 2000s, Tanzania's drug policy focused on reducing supply, with little emphasis on treatment of problematic drug users or harm reduction. During the late 1990s and early 2000s, researchers began to document a rapid escalation in heroin use and a simultaneous rise in HIV among the people injecting heroin. On World AIDS Day 2006, medical researchers met in Dar-es-Salaam to discuss the links between injection drug use and the rising HIV rates in the country.

The government subsequently commissioned a study that estimated the HIV prevalence in the general population at 5.6 percent but an alarming 42 percent among people who inject drugs in Dar-es-Salaam. One study of residual blood from syringes used for drug injection found that 57.4 percent of the syringes tested positive for HIV. Subsequent studies showed that 45 percent of men and 72 percent of women who injected heroin were HIV positive, which is five times the rate of HIV infection in drug users who did not inject drugs.

Supported by the U.S. Centers for Disease Control and Prevention* the Tanzanian authorities began implementing a methadone maintenance programme in Dar-es-Salaam despite the fact that the existing drug law could be interpreted as not allowing for it. One needle exchange programme was started with support by non-governmental organizations around the same time. The national Drug Control Commission, operating from the Prime Minister's Office, helped coordinate the police, health and social sectors in these activities. The methadone programme, launched in February 2011, is the largest government-run methadone program in sub-Saharan Africa. By early 2013 more than 1,200 patients were receiving methadone; outreach workers made contact with over 20,000 people who use drugs; some 25,000 needles and syringes were distributed monthly; and the police in some communities are constructively involved in the outreach programmes and in directing problematic users to treatment programmes rather than detaining them.

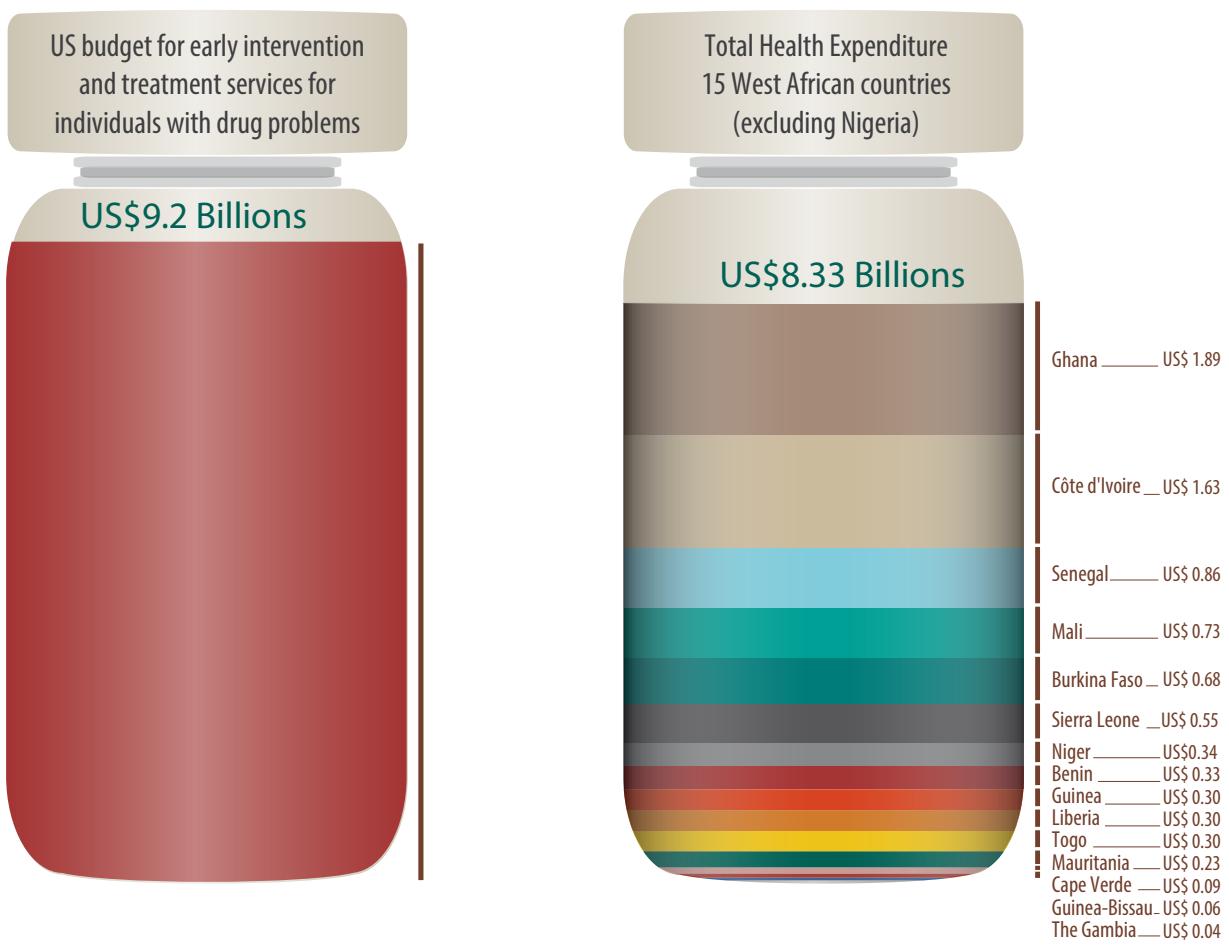
* <http://www.cdc.gov/od/pgo/funding/PS08-846.htm>

Source: based on presentation to the WACD by Yovin Ivo, Drug Control Commission of Tanzania

persuade policy-makers that it was time to act. In a country where the HIV prevalence remains low (0.7 percent) in the general population, the survey found HIV prevalence among people who inject drugs at 9 percent, and hepatitis C prevalence at over 23 percent.¹⁰⁶ HIV prevalence among women who injected drugs was significantly

higher than among men (21.1 percent vs. 7.5 percent), a difference also found in Tanzania and other countries. Needle-sharing was also frequent in this population.¹⁰⁷ Following this population over time also revealed that it faced a very high mortality risk.

FIGURE 11 US SPENDING ON DRUG TREATMENT VERSUS WEST AFRICAN NATIONAL HEALTH BUDGETS (CIRCA 2011) (US\$ BILLIONS)



Source: Office of National Drug Control Policy. <http://www.whitehouse.gov/ondcp/the-national-drug-control-budget-fy-2013-funding-highlights>. World Bank. World Development Indicators. GDP (current US\$), 2011. <http://data.worldbank.org/indicator/NY.GDP.MKTP.CD>. Health expenditure, total (% of GDP), 2011. <http://data.worldbank.org/indicator/SH.XPD.TO-TL.ZS>

Note: The total US 2013 National Drug Control Budget to reduce drug use and its consequences amounts to US\$25.6 Billion.

Foreseeing the danger of a possible injection-linked HIV epidemic, the Senegalese government included people who inject drugs as a target group in the 2011-2015 National AIDS Programme. The government project *Usagers de Drogues au Sénégal* mobilised teams of outreach workers to begin sensitising people who use drugs on how to employ safer practices. In 2013, needle and syringe programmes began and this year, a national center for treatment of drug dependence will open which will offer OST. The centre will operate with national and international funding, including from the City of Paris, *Ensemble pour une solidarité thérapeutique hospitalière*, UNODC and *France Expertise Internationale*.

Beyond the case of Senegal, research conducted for several WACD background papers confirmed the near-total absence of policies or protocols aimed at providing effective treatment or alternatives to incarceration for people with problematic drug use. The Senegalese experience will be an important example for other countries in West Africa, allowing them to put in place effective harm reduction strategies, amid indications of growing opioid use in the sub-region and calls for more comprehensive responses to the drug problem. Based on experience, it is preferable to ensure that these services, as well as comprehensive HIV prevention and harm reduction services, are legally grounded in public health policy and regulations rather than in criminal legislation. This will require significant shifts in how drug dependence is viewed, and in attitudes towards dependent persons.¹⁰⁸

Both the ECOWAS and the AU action plans on drugs address some of the prevention and treatment needs of the region, including HIV prevention linked to injection drug use. Investment in these areas appears to have remained marginal, however, in comparison with

“ Our policies should not be dictated only by the pursuit of traffickers. We must consider this issue in its entirety, and see its health and development dimensions too. However, our efforts in all these areas will be in vain and our countries in a permanent state of emergency if we fail to come up with a coordinated global strategy. ”

ALASSANE OUATTARA

President of Côte d'Ivoire, Chairman of ECOWAS

the investment made in security, law enforcement and interdiction. Treatment for drug dependence, for example, is frequently inaccessible or unaffordable to people who need it. Significant numbers of people are without services such as provision of sterile injecting equipment, and medicines, such as methadone, that stabilize cravings and do not require injection.¹⁰⁹ An analysis in 2009 of grants from the Global Fund to Fight AIDS, Tuberculosis and Malaria – a major source of external funding for West Africa, and the world's leading donor for harm reduction – found that Nigeria was the only West African country to include programmes for people who inject drugs in their grant-funded programmes.¹¹⁰

The massive expenditure on interdiction needs to be balanced by much greater investment in curtailing demand, harm reduction measures and treatment, especially in West Africa where investment in the latter is almost negligible. Fortunately, external partners are now finally expressing a growing interest in this area. For example, the United States and France are

supporting a joint UNODC and WHO programme on Drug Dependence Treatment and Care aimed at increasing the reach and quality of treatment services for drug-dependent persons. The programme includes the establishment of National Drug Observatories and a Specialized Reference Treatment Centre in Senegal, which will host the first methadone programme for people with opiate dependence in West Africa. The EU, the government of Nigeria and UNODC are supporting the establishment of a National

Drug Observatory in Nigeria. Meanwhile, discussions are continuing with EU, ECOWAS and UNODC to support a specific component of the ECOWAS Operational Plan on drug use epidemiology (surveys and data collection) and on drug use prevention and drug dependence treatment.¹¹¹ These are important, yet still small steps towards a better balancing of resources invested in the public health dimension of the drug problem in the region.

CONCLUSIONS AND RECOMMENDATIONS

Based on its findings, the Commission has reached the following principal conclusions.

- Drugs such as cocaine, heroin and ATS are increasingly trafficked through and consumed in West African countries. ATS is being produced in the region.
- Drug trafficking networks have established footholds by exploiting already weak governance systems and loopholes in legislation, which have nurtured the belief that West Africa is a relatively safe haven for traffickers.
- The drug trade has led to an increase in money laundering, affecting economic development.
- Interdiction efforts, though improving, are still hampered by capacity and resource constraints, interference by the well-connected, and a short-term rather than a long-term focus. While more high-level targets have been arrested and convicted (but often outside of West Africa) through enhanced intelligence sharing and cooperation between specialised agencies, it is still mostly users, small-time dealers, drug couriers or middle-men and women who are arrested on drug-related charges.
- The criminalisation of drug use and possession is placing significant pressure on already over-burdened criminal justice systems, inciting corruption within the judiciary and the police, in some cases provoking violence and human rights violations, and can – as has been the case in other countries – lead to the spread of disease.
- In some countries in the region, people in positions of power, the security services and extremist groups have competed – sometimes violently – for access to the spoils of drug trafficking, deepening political instability.
- Where there are links between traffickers and terrorist networks, these links appear more opportunistic than ideological. Militarising the response to drug trafficking in such circumstances could increase the political leverage and popular appeal of groups that traffic drugs, potentially spurring more violence.
- Increased trafficking of drugs, especially cocaine, heroin and ATS over the past decade, has led to increased use. Although the extent of problematic use remains largely unknown, there are indications that it is increasing. Injecting drug use in particular carries the strong risk that HIV and other diseases might spread in the absence of effective treatment and harm reduction services. Senegal is spearheading some harm reduction responses in this regard.
- Decriminalising drug use is one of the most effective ways to reduce problematic drug use as it is likely to facilitate access to treatment for those who need it. It can also help free up resources for law enforcement to focus on more selective deterrence and targeting of high-value traffickers, especially those whose behaviour is more damaging to society in the long run.
- Across West Africa, the availability of the most basic drug-related health and treatment services remains limited. This situation exists because of a glaring absence of treatment policies, standards and monitoring systems, and the stigmatisation of drug users.

With these findings in mind, the Commission recommends the following actions:

1. Treat drug use as a public health issue with socio-economic causes and consequences, rather than a criminal justice matter.

1.1 Adopt drug treatment policy frameworks in line with the core principles and the minimum legal and policy standards referenced in this report such as the expansion of drug treatment and related health services and facilities and the establishment of community-based prevention programmes and decentralised treatment.

1.2 Adopt harm reduction approaches in order to minimise the worst harm relating to drug consumption, while also ensuring that they are integrated into national development strategies.

2. Actively confront the political and governance challenges that incite corruption within governments, the security services and the judiciary, which traffickers exploit.

2.1 Support the establishment of inter- and intra-party platforms to discuss the impact of drug trafficking and illicit party funding on political systems in the West African region with the aim of establishing mechanisms to buffer these systems from illicit funding.

2.2 Strengthen the oversight role of parliaments with regard to the drafting and implementation of drug legislation.

2.3 Support the conduct of national, regional, or inter-regional (South-South) meetings of independent electoral bodies or electoral tribunals to discuss avenues to protect electoral processes from drug trafficking, and share lessons on building resilience against drug trafficking (and other forms of organized crime) into the electoral system. Existing networks of electoral management bodies should be encouraged to take on this issue.

2.4 Support efforts aimed at developing the capacity of civil society, media and academia to monitor and assess the links between drug trafficking and party and campaign financing, while also providing them with the relevant safeguards.

2.5 Actively explore options for the establishment of a panel or a special regional court to investigate or try high-target offenders, including state and security officials suspected of being complicit in, or facilitating, drug trafficking. Such efforts should not replace the need to ensure that national justice systems have the independence, specialised expertise and the resources to prosecute these kinds of cases.

3. *Develop, reform and/or harmonise drug laws on the basis of existing and emerging minimum standards and pursue decriminalization of drug use and low-level non-violent drug offences.*

3.1 Ensure that efforts to develop, reform and/or harmonise drug laws are carried out on the basis of existing and emerging minimum standards in which the protection of the security, health, human rights and well-being of all people is the central goal.

3.2 Pursue decriminalisation of drug use and low-level non-violent drug offences through reform of national legislation as a means to reduce the enormous pressures on overburdened criminal justice systems and protect citizens from further harms.

4. *Strengthen law enforcement for more selective deterrence, focusing on high-level targets.*

4.1 Support further efforts to develop vetted units within specialised agencies, while also ensuring that safeguards are put in place to protect these units against infiltration by organized crime or abusive practice.

4.2 Improve intelligence gathering and processing techniques; and develop more sustainable operational mechanisms for sharing intelligence within and between regions.

4.3 To ensure more effective integration of anti-narcotics efforts with anti-corruption and anti-money laundering efforts in the region, and achieve a better alignment of resources, further strengthen efforts to review the patterns, priorities and effectiveness of external assistance while ensuring that significant action is expended in understanding *what* specifically has not worked in terms

of external assistance to date, and precisely *why*. This will require investment in developing ECOWAS capacity to monitor and assess results; and ensuring that the outcome of efforts by partner organisations and countries to assess progress and setbacks are shared and discussed with a broader range of actors straddling the security, development and governance fields, and civil society. Information about who is doing what in the region should be centralized in one entity at the regional and national levels, and made publicly available.

5. *Avoid militarisation of drug policy and related counter-trafficking measures, of the kind that some Latin American countries have applied at great cost without reducing supply.*

6. *Ensure that the shared responsibility of producer, transit and consumer countries is translated into operational strategies, including the sharing of experience among leaders from affected countries within and beyond West Africa.*

6.1 Seek humane ways to reduce demand for those drugs, especially for nations whose citizens consume large amounts of illicit drugs.

7. *Balance external assistance between support for security and justice efforts on the one hand, and support for public health efforts on the other, particularly with regard to the provision of treatment and harm reduction services.*

8. *Invest in the collection of baseline data and research on drug trafficking and drug consumption.*

8.1 Ensure sustained support of initiatives such as the ECOWAS West African Epidemiological Network on Drug Use (WENDU) and deepen research (and strengthen regional research capacity) on the different impacts – security, governance, development – of drug trafficking and drug consumption in the region.

END NOTES

1 Background papers are available at www.wacommissionondrugs.org

2 See for example UN Office on Drugs and Crime (2013). *World Drug Report*. 2013

3 Security Council. *Report of 7090th meeting* (S/PV.7090). 18 December 2013. The figure of USD 1.25 billion is taken from UNODCs 2013 West Africa Threat Assessment. The report stresses that estimating the value of the cocaine that transits through the region is very difficult but notes the following: "Based on different sources, the share of European seizures transiting Africa varied between 8% and 13% in 2010. At 10%, this would suggest 18 tons of pure cocaine crossed West Africa on its way Europe in that year. One kilogram of cocaine at wholesale purity of around 65% was priced at an average of around US\$53,000 in 2010, meaning these 18 pure tons would have been worth about US\$1.25 billion. Not all of this money is profit, of course, and the share that accrues to West African criminals remains unclear. But this figure gives a sense of the immense resources available." UN Office On Drugs and Crime. *Transnational Organized Crime in West Africa; A Threat Assessment*, 2013, p. 17.

4 UN Office On Drugs and Crime. *Transnational Organized Crime in West Africa; A Threat Assessment*, 2013.

5 See Akyeampong, E.K. "Diaspora and Drug Trafficking in West Africa: A Case Study of Ghana." *African Affairs* (104). 2005: 429-447.

6 Ellis, S. 'West Africa's International Drug Trade', *African Affairs* (108). 2009: 171–196.

7 UN Conference on Trade and Development. UN list of Least Developed Countries <http://unctad.org/en/pages/aldc/Least%20Developed%20Countries/UN-list-of-Least-Developed-Countries.aspx>

8 UN Single Convention on Narcotic Drugs 1961 http://treaties.un.org/Pages/ViewDetails.aspx?mtidsg_no=VI-18&chapter=6&lang=en

9 See for example Global Commission on Drug Policy. IDPC Drug Policy Guide, 2nd Edition, 2011 <http://idpc.net/publications/2012/03/idpc-drug-policy-guide-2nd-edition>; Werb, D, T Kerr, B T, Nosyk B, et al. "The temporal relationship between drug supply indicators: an audit of international government surveillance systems." *BMJ Open*. 2013.

10 Count The Costs, 50 years of the War on Drugs. "The War on Drugs: Undermining Human Rights". http://www.countthecosts.org/sites/default/files/Human_rights_briefing.pdf

11 See UN Office On Drugs and Crime. *Contribution of the Executive Director of the United Nations Office on Drugs and Crime to the high-level review of the implementation of the Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem, to be conducted by the Commission on Narcotic Drugs in 2014.* (UNODC/ED/2014/1)

12 For a more comprehensive overview of regional and international response, see Kavanagh, C. and Walker, S. (2013) "International and Regional Responses to Drug Trafficking in West Africa - A Preliminary Overview". WACD Background Paper No. 6. http://www.wacommissionondrugs.org/?page_id=1332, in particular the overview table on page 17.

13 ECOWAS. *Political Declaration on the Prevention of Drug Abuse, Illicit Drug Trafficking and Organised Crime in West Africa*. 2008. <http://www.unodc.org/westandcentralafrica/en/ecowaspoliticaldeclaration.html>

14 ECOWAS. Regional Action Plan to Address the Growing Problem of Illicit Drug Trafficking, Organised Crime and Drug Abuse in West Africa. 2008-2011. <http://www.unodc.org/westandcentralafrica/en/ecowasresponseactionplan.html>

15 See Security Council. *Report of the Secretary-General on the Activities of the United Nations Office in West Africa*. (S/2013/732). 11 December 2013, in particular paragraph 44.

16 See "All Africa, West Africa: Draft ECOWAS Integrated Maritime Security Document Validated." *All Africa*. (2013). Web. 1 Nov. 2013. <http://allafrika.com/stories/201311011024.html>.

17 African Union. 5th Session of the AU Conference of Ministers of Drug Control. AU Plan of Action on Drug Control (2013-2017). [http://sa.au.int/en/sites/default/files/AUPA%20on%20DC%20\(2013-2017\)%20-%20English.pdf](http://sa.au.int/en/sites/default/files/AUPA%20on%20DC%20(2013-2017)%20-%20English.pdf).

18 See Kavanagh, C and Walker, S. (2013) "International and Regional Responses to Drug Trafficking in West Africa - A Preliminary Overview". WACD Background Paper No. 6. http://www.wacommissionondrugs.org/?page_id=1332

19 See Security Council. *Report of the Secretary-General on inter-mission cooperation and possible cross-border operations between the United Nations Mission in Sierra Leone, the United Nations Mission in Liberia and the United Nations Operation in Côte d'Ivoire* (S/2005/135)

20 See Kavanagh, C. and Walker, S. (2013) "International and Regional Responses to Drug Trafficking in West Africa - A Preliminary Overview". WACD Background Paper No. 6. http://www.wacommissionondrugs.org/?page_id=1332. Countries that have tabled the issue of drug trafficking in the Security Council include France, Burkina Faso, Togo, and Gabon.

21 For example, according to ECOWAS (correspondence May 2013), and as noted in GIABA's 2012 Annual Report, in July 2012, a joint anti-drug drive by the police services of Togo, Benin and Ghana was carried out together with Interpol, seizing a total of eight tons of drugs including cannabis, cocaine, heroin and synthetic drugs. This regional operation, conducted as part of the ECOWAS Regional Plan for preventing and combating the illicit trafficking of drugs, culminated in the arrest of seventy-four traffickers.

22 For examples see Kavanagh, C. (Ed.) "Harmonizing Drug Legislation in West Africa - A Call for Minimum Standards". WACD Background paper No. 9.

23 For an insight into this case, see Walker, S and Burchert, E. (2013) "Getting Smart and Scaling Up: The Impact of Organized Crime on Governance in Developing Countries, A Desk Study of Sierra Leone". http://cic.nyu.edu/sites/default/files/kavanagh_crime_developing_countries_sierra_leone_study.pdf; and Gberie,L "State Officials and their Involvement in Drug Trafficking in West Africa" Preliminary Findings, WACD Background Paper No. 5. http://www.wacommissionondrugs.org/?page_id=1332

24 For more information on the Colombia connections, see "All at Sea over Drugs". *Africa Confidential*. Vol 54 N° 10. 10 May 2013.

25 UN Office On Drugs and Crime. *Cocaine Trafficking in West Africa - The threat to stability and development (with special reference to Guinea-Bissau)*. December 2007, p29.

26 "Admiral of the White". *Africa Confidential*. Vol 54 N° 8. 12 April 2013.

27 See for example, judicial or administrative case files such as: United States of America against Eric AMOATENG and Nii OKAI ADJEI (Complaint 21 U.S.C – 846 - 2005); the State vs. Archilla and Others (Sierra Leone – 2008); the 2006 report of the Georgina Wood Committee into the MV Benjamin case in Ghana; the 2011 Report of the Committee of Inquiry into the Police CID and NACOB petition to the Chief Justice over "washing soda cocaine (ref. case of "The Republic (of Ghana) Vs. Nana Ama Martins"); as well as material such as the US Attorney's Office (Manhattan) on the "Unsealing of Charges Arising from Historic Joint Undercover Operation in the Republic of Liberia (2010).

28 Lacher, W. (2012) "Organized Crime and Conflict in the Sahel-Sahara Region". Carnegie Endowment for International Peace.

29 Cockayne, J. (2013) "Africa And The War On Drugs: The West African Cocaine Trade Is Not Just Business As Usual" *African Arguments*.

30 Aning, K and Pokoo, J. (2013) "Drug Trafficking and Threats to National and Regional Security in West Africa". WACD Background Paper No. 1, available at http://www.wacommissionondrugs.org/?page_id=1332

31 Cockayne, J and Kavanagh, C (2012). "Flying Blind? Political Mission Responses to Transnational Threats". CIC Annual Review of Political Missions 2011. See also Aning, K and Pokoo, J. (2013) "Drug Trafficking and Threats to National and Regional Security in West Africa". WACD Background Paper No.1. http://www.wacommissionondrugs.org/?page_id=1332

32 Interviews with representatives from economic and financial crime units in some countries in the region revealed some of the complexities in implementing rules associated with asset disclosure mechanisms. For example, in order to trick the system, in some countries elected officials declare non-existent assets when they enter office, a form of ex-ante corruption that is very difficult to prove if monitoring is not ensured from the outset.

33 See Praia Declaration on Elections and Stability in West Africa, in particular recommendation 13. http://unowa.unmissions.org/Portals/UNOWA/PRAIA%20DECL_ANG.pdf. The Praia Conference on Elections and Stability was aimed at analyzing the impact of electoral processes on the stability of the sub-region and their implications for democracy and peace building. It was organized by the UN Office for West Africa (UNOWA) in collaboration with the Government of Cape Verde and the United Nations Development Programme (UNDP) with support from the Department of Political Affairs UN and its Electoral Division, ECOWAS, African Union (AU), Organisation internationale de la Francophonie (OIF) and the European Union

34 World Bank (2011). World Development Report 2011 - Conflict, Security, and Development.

35 See for example Beltran, I. et al (2008). "La Captura y Reconfiguración Cooptada del Estado en Colombia", and Rodriguez, M.A. (2013) "La parapolítica: la infiltración paramilitar en la clase política colombiana".

36 Gastrow, P. (2011). "Termites at Work: Transnational Organized Crime and State Erosion in Kenya". International Peace Institute, New York.

37 Cockayne, J and Williams, P. (2009). "The invisible tide: towards an international strategy to deal with drug trafficking through West Africa", IPI Policy Papers.

38 For example, on 15 July 2009, the authorities of Guinea raided a suspected drug processing facility, seizing equipment and toxic chemical substances. Reports about drug processing facilities in Guinea had been circulating among the intelligence community since 2007, as well as rumors about the attempt of introducing opium poppy cultivation in the highlands of Guinea. A later UNODC-INTERPOL mission visited the eight seized facilities located in Conakry and in a village some 100 kilometers north of Conakry. The UNODC-INTERPOL mission confirmed that the equipment and the chemical substances seized enabled the processing of cocaine and heroin and the production of methamphetamine and MDMA (ecstasy). See Mazzitelli, A. (2009). "New Transatlantic Bonanza - Cocaine on Highway 10". http://www.seguridadcondemocracia.org/administrador_de_carpetas/OCO-IM/pdf/Mazzitelli_New_Transatlantic_Bonanza.pdf and UN Office On Drugs and Crime. *Evidence of clandestine laboratory activity in West Africa*. Press release. 31st July 2009 <https://www.unodc.org/unodc/en/press/releases/2009/august/evidence-of-clandestine-laboratory-activity-in-west-africa.html>. Discussions with Nigerian, Ghanaian and US DEA officials in 2013 confirmed reports of the existence of methamphetamine labs in Nigeria – six have been dismantled to date.

39 See Krache Morris, E. "Think Again: Mexican Drug Cartels". *Foreign Policy*, 203. December 2013. pp. 30-33.

40 Chi, J., Hayatdavoudi, L., Kruszona, S., & Rowe, B. (2013). " Reducing Drug Violence in Mexico - Options for Implementing Targeted Enforcement". The Wilson Center. Cited in Segura, R with Stein, S (2013). "The Global Drug Policy Debate - Experiences from Latin America and Europe". WACD Background Paper No. 7.

41 Segura, R with Stein, S (2013). "The Global Drug Policy Debate - Experiences from Latin America and Europe". WACD Background Paper No. 7. The 'war on drugs' turned Juárez into one of the most violent cities in the world, with a murder rate of 300 per 100,000 residents in 2010.

42 See in particular Felbab-Brown, V. (2013). "Focused deterrence, selective targeting, drug trafficking and organized crime: Concepts and Practicalities", Report 2 of the IDPC series on Modernising Drug Law Enforcement. <http://idpc.net/policy-advocacy/special-projects/modernising-drug-law-enforcement>

43 Interview with Mejia, D on 1 July 2013, cited in Segura, R with Stein, S (2013). "The Global Drug Policy Debate - Experiences from Latin America and Europe". WACD Background Paper No. 7.

According to Vanda Felbab-Brown, this logic also guided 'Operation Ceasefire', implemented in Boston in the 1990s, when city authorities publicly announced that they would target the top two most violent criminal groups, which resulted in local gangs avoiding being labeled as highly violent. Over time, and while the city's gangs were not completely eliminated, the strategy resulted in a significant drop in violent crime and homicide. Operation Ceasefire prioritized reducing homicide and violence over reducing other criminal activities, such as trafficking by youth gangs (Felbab-Brown, V (2013). "Focused deterrence, selective targeting, drug trafficking and organized crime: Concepts and Practicalities", Report 2 of the IDPC series on Modernising Drug Law Enforcement. <http://idpc.net/policy-advocacy/special-projects/modernising-drug-law-enforcement>). See also Modernizing Law Enforcement, a project by IDPC, with the participation of the International Security Research Department at Chatham House and the International Institute for Strategic Studies at: <http://idpc.net/policy-advocacy/special-projects/modernising-drug-law-enforcement>

44 Corcoran, P. (2012). "What to Keep, What to Throw Away from Calderon Presidency". InSightCrime – Organized Crime in the Americas. 30 November 2012. <http://www.insightcrime.org/news-analysis/what-to-keep-what-to-throw-away-from-calderon-presidency>

45 Santamaría, G., & Cruz, J. M. (n.d.). "The "New Wars": Democracy, Security and Cooperation in Mexico and Central America 2020. Mexico and Central America towards 2020", pp. 1-31. Cited in Segura, R with Stein, S (2013). "The Global Drug Policy Debate - Experiences from Latin America and Europe". WACD Background Paper No. 7.

46 Gastrow, P. (2011). "Termites at Work: Transnational Organized Crime and State Erosion in Kenya". International Peace Institute, New York.

47 Security Council. *Statement by the President of the Security Council*. (S/PRST/2012/2). 21 February 2012.

48 Lacher, W. (2013)"Challenging the Myth of the Drug-Terror Nexus in the Sahel". WACD Background Paper No. 4.

49 In addition, based on discussions with law enforcement officials and others in the region, it is more likely that far greater quantities of drugs are passing through places such as Guinea-Conakry (which seems now to have taken over from Guinea-Bissau, since Bubo na Tchuto was arrested) and Ghana than through northern Mali.

50 Lacher, W. (2013) "Challenging the Myth of the Drug-Terror Nexus in the Sahel". WACD Background Paper No. 4. This was confirmed in discussion during the WACD country visit to Mali which took place in August 2013.

51 Frintz A. "Boots on the ground in the Sahel. Drugs: the new alternative economy of West Africa". *Le Monde Diplomatique*. February 2013.

52 Lacher, W. (2013). "Challenging the Myth of the Drug-Terror Nexus in the Sahel". WACD Background Paper No. 4.

53 Ibid.

54 Mohammad-Mahmoud Ould Mohamedou (2011). "The Many Faces of Al Qaeda in the Islamic Maghreb". Geneva Centre for Security Policy. Geneva. May 2011.

55 Lacher, W (2013). "Challenging the Myth of the Drug-Terror Nexus in the Sahel". WACD Background Paper No. 4. See also Global Initiative on Transnational Organized Crime, "Illicit Trafficking and Instability in Mali: Past, Present and Future". January 2014.

56 United Nations (2013). Sahel Regional Strategy 2013. Available at: http://reliefweb.int/sites/reliefweb.int/files/resources/SahelStrategy2013_Dec2012.pdf

57 GIABA (2010): Annual Report. See also: GIABA, Typologies Report (2010), *Laundering the Proceeds of Illicit Trafficking in Narcotic Drugs and Psychotropic Substances in West Africa*; and GIABA (2009), *Typologies of Money Laundering through the Real Estate Sector in West Africa*.

58 GIABA (2010): Threat Assessment of Money Laundering and Terrorist Financing in West Africa. See also the US State Department. *Department's Money Laundering Report*. 2013; and US Department of State. *International Narcotics Control Strategy Report - Volume II: Money Laundering and Financial Crimes*. 2013. <http://www.state.gov/j/inl/rls/nrcpt/2013/vol2/index.htm> Nigeria figured on the US State Department's 2013 'Countries of Primary Concern' for money laundering, while Ghana and Senegal are on the 'Countries/Jurisdictions of Concern' for money laundering list.

59 GIABA (2010). Threat Assessment of Money Laundering and Terrorist Financing in West Africa. In West Africa's Francophone countries, this appeal is partly because of the stability of the Central African CFA currency, which the French Treasury guarantees as fully convertible into the Euro and so of corresponding value to businessmen and money launderers alike. Ghana's appeal for launderers rests on its relative political stability.

60 GIABA (2010). Threat Assessment of Money Laundering and Terrorist Financing in West Africa.

61 Shehu, A. (Director-General of GIABA). "Drug Trafficking and its Impact on West Africa". Meeting of the Joint Committee on Political Affairs, Peace and Security/NEPAD and Africa Peer Review Mechanism of the ECOWAS Parliament. Katsina, Nigeria. 28 July to 01 August 2009.

62 UN Office on Drugs and Crime (2010). *World Drug Report*. 2010

63 Security Council. *Report of the Secretary-General on the activities of the United Nations Office for West Africa* (S/2012/977)

64 USAID (2013). The Development Response to Drug Trafficking in West Africa – A Programming Guide.

65 UN Office on Drugs and Crime (2013) *Transnational Organized Crime in West Africa - A Threat Assessment*.

66 See for example the case involving former MP Eric Amoateng in Figure 4 in this report.

67 Hall, W. Professor of public health policy, University of Queensland, Herston, Australia cited in Kelly Morris. "Drug crime and criminalisation threaten progress on MDGs". *The Lancet*, Volume 376, Issue 9747, 2 October 2010: 1131 - 1132

68 UN Office on Drugs and Crime (2013): *Transnational Organized Crime in West Africa - A Threat Assessment*.

69 See GIABA (2012). *Annual Report*.

70 For more detailed information, see Kavanagh, C and Walker, S (2013). "International and Regional Responses to Drug Trafficking in West Africa". WACD Background Paper No. 6.

71 GIABA. Typologies Report (2010). Interviews with judicial personnel during WACD country visits (April-December 2013).

72 See Kavanagh, C and Walker, S (2013). "International and Regional Responses to Drug Trafficking in West Africa". WACD Background Paper No. 6

73 Kavanagh, C (ed.). "Harmonizing Drug Legislation in West Africa - A Call for Minimum Standards". WACD Background paper No. 9

74 ECOWAS (2013). Forty Second Ordinary Session of the ECOWAS Authority of Heads of State and Government. Abidjan, Côte d'Ivoire, February 2013.

75 Ibid.

76 These include: i) *The Dakar Initiative*, a sub-regional initiative signed by seven countries (Cape Verde, the Gambia, Guinea, Guinea-Bissau, Mali, Mauritania and Senegal) in February 2010. The Initiative intends to support the implementation of the ECOWAS Regional Action Plan and the Political Declaration. One of the main outcomes of the Dakar Initiative to date is an effort by the Senegalese Ministry of Interior to draft "a document [aimed at] harmoniz[ing] existing national legal instruments at a sub-regional level to fight drug trafficking in a coordinated and more efficient manner." A first draft of the 'harmonization law' was tabled in November 2012; and ii) The West African Network of Central Authorities and Prosecutors (WACAP), a UNODC-backed initiative aimed at improving cooperation in criminal matters in the West African region and serving as a basis for capacity building. The first meeting of the Network was held in May 2013 in Abidjan, Côte d'Ivoire.

77 Rosmarin, A and Eastwood, N (2012). "A Quiet Revolution: Drug Decriminalisation Policies in Practice Across the Globe".

78 Organisation of American States (2012): The Drug Problem in the Americas.

79 Withnall A. "Switzerland changes law to decriminalise marijuana possession" *Independent*, 3 October 2013.

80 "Moroccan party holds hearing for legalizing marijuana crops," *Associated Press*, 5 December 2013.

81 Rosmarin, A and Eastwood, N (2012). "A Quiet Revolution: Drug Decriminalisation Policies in Practice Across the Globe". While the precise number of countries with formal decriminalization policies is not clear, it is probably between 25 and 30, depending on which definitions are used.

82 Bewley-Taylor, D., and M. Jelsma. "The Limits of Latitude - The UN drug control conventions." Transnational Institute and IDPC Series on Legislative Reform of Drug Policies. Nr 18 (2012).

83 UN Convention Against Illicit Trafficking of Narcotic Drugs and Psychotropic Substances (1988), Article 3

84 UN Office On Drugs And Crime (2009). *From coercion to cohesion - Treating drug dependence through health care, not punishment*. Discussion paper.

85 UN Office On Drugs And Crime (2013): *Contribution of the Executive Director of the United Nations Office on Drugs and Crime to the high-level review of the implementation of the Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem, to be conducted by the Commission on Narcotic Drugs in 2014*. (UNODC/ED/2014/1)

86 Felbab-Brown, V. (2013). "Focused deterrence, selective targeting, drug trafficking and organized crime: Concepts and Practicalities". Report 2 of the IDPC series on Modernising Drug Law Enforcement. <http://idpc.net/policy-advocacy/special-projects/modernising-drug-law-enforcement>

87 Ibid.

88 UN Office on Drugs and Crime (2013). – *World Drug Report*, 2013. See also Kavanagh, C and Walker, S (2013). "International and Regional Responses to Drug Trafficking in West Africa - A Preliminary Overview". WACD Background Paper No. 6. http://www.wacommisionondrugs.org/?page_id=1332 (p.14-15) on some of the core issues regarding the use of seizure and arrest data as markers of success.

89 Asare, J and Obot, I (2013). "Treatment Policy for Substance Dependence in West Africa". WACD Background Paper No. 8; and UN Office on Drugs and Crime *World Drug Report*, 2013.

90 Information received from discussions during the WACD country visits April – December 2013.

91 Single, E et al. (2004), "International guidelines for estimating the costs of substance abuse", 2nd ed. World Health Organization.

92 As noted by Kleiman et al, in their description of the 80 percent rule, in most places about 80 percent of the demand for illicit drugs comes from a small percentage, maybe 20 percent, of drug users who are the most problematic consumers with very high demand. Hence government-supported treatment services should target the most problematic users for the greatest impact not only on individual clinical problems, but also on overall demand (Kleiman, Caulkins and Hawkins, 2011)

93 See Csete, J. (2010) "From the Mountaintops: What the World Can Learn from Drug Policy Change in Switzerland"; Domoslawski, A. (2011) "Drug Policy in Portugal: The Benefits of Decriminalizing Drug Use"; Csete, J. (2012) "A Balancing Act; Policymaking on Illicit Drugs in the Czech Republic" all from the Open Society Foundation Global Drug Policy Program *Lessons for Drug Policy Series*.

94 Mathers BM, et al (2008). "Global epidemiology of injecting drug use and HIV among people who inject drugs: a systematic review". *The Lancet*. Volume 372, Issue 9651, Pages 1733 - 1745, 15 November 2008.

95 UN Office on Drugs and Crime (2013). *World Drug Report*, 2013

96 Report of the Secretary-General on transnational organized crime and illicit drug trafficking in West Africa and the Sahel region. 17 June 2013. (S/2013/359)

97 Report of the Enquête de Prévalence et de Pratiques a Risques d'Infection à VIH, VHB, et VHC chez les Usagers de Drogues dans la Région de Dakar (Sénégal), 2012. Unpublished document made available to the WACD.

98 UNAIDS (2013). *Global report: UNAIDS report on the global AIDS epidemic*

99 UN Single Convention on Narcotic Drugs 1961 http://treaties.un.org/Pages/ViewDetails.aspx?mtidsg_no=VI_18&chapter=6&lang=en

100 Csete, J (2014). "Costs and Benefits of Drug-related Health Services", in Collins, J (Ed.) (2014) "Ending the Drug Wars: the Report of the LSE Expert Group on the Economics of Drug Policy". LSE IDEAS, 2014.

101 J. Asare and I. (2013) "Treatment Policy for Substance Dependence in West Africa". WACD Background Paper No. 8; Human Rights Watch (2012) *"Like a Death Sentence" – Abuses against persons with mental disabilities in Ghana.*

102 Ibid.

103 African Union: African common position on controlled substances and access to pain management drugs. 5th Session of AU Conference of Ministers on Drug Control, AU doc. no. CAMDC/EXP/5/(V), October 2012. Available at: <http://www.carmma.org/sites/default/files/PDF-uploads/African%20Common%20Position%20on%20Controlled%20Substances%20and%20Access%20to%20Pain%20Mgt%20Drugs%20-%20English.pdf>

104 Ibid

105 See UNODC. *Contribution of the Executive Director of the United Nations Office on Drugs and Crime to the high-level review of the implementation of the Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem, to be conducted by the Commission on Narcotic Drugs in 2014*. UNODC/ED/2014/1. Para. 9.

106 Maynard M, Ba I, Leprêtre A. (2012). "Accès aux soins du VIH et des hépatites B et C des usagers de drogues injectables dépistés dans le cadre d'une enquête menée à Dakar" (ANRS 12243 UDESN). *AFRAVIH 2012, 6^e Conférence Francophone VIH/SIDA*, 2012, Geneva.

107 Raguin G, Leprêtre A, Ba I et al. (2011). "Drug use and HIV in West Africa: A Neglected Epidemic" *Tropical Medicine and International Health* 16. 2011: 1131-33.

108 See Asare. J and Obot, I (2013). "Treatment Policy for Substance Dependence in West Africa". WACD Background Paper No. 8 for suggested framework for treatment policy in the region.

109 J. Csete (2014): "Costs and Benefits of Drug-related Health Services", in J. Collins (Ed.): *Ending the Drug Wars: the Report of the LSE Expert Group on the Economics of Drug Policy*, LSE IDEAS, 2014

110 Bridge, J; Huntera, BM; Atuna, R; Lazarus, JV (2012). "Global Fund investments in harm reduction from 2002 to 2009". *International Journal of Drug Policy* 23 (2012): 279– 285.

111 Kavanagh, C and Walker, S (2013). "International and Regional Responses to Drug Trafficking in West Africa - A Preliminary Overview", WACD Background Paper No. 6.

FIGURE 4 SOURCES

GAMBIA: Agence France Presse, "Gambia Jails Ex-Police Chief for Drug Trafficking," The Daily Nation, January 21, 2013.

GHANA: United States of America vs Eric Amoateng, Transcript for Criminal Cause for Sentencing Before the Honorable David G. Trager, December 21, 2007. United States of America vs. Solomon Adelaquaye (and other defendants), Indictment S5 12 Cr. 286. Accessible at: <http://media.myjoyonline.com/docs/201306/U.S.%20v.%20Pinedo-Rueda%20et%20al.%20S5%20Indictment.pdf>

GUINEA BISSAU: <http://www.treasury.gov/resource-center/sanctions/Programs/Documents/drugs.txt>. United States of America vs. Jose Americo Bubo Na Tchuto et al, Indictment No. S1 12 Cr. 972. Accessible at: <http://www.justice.gov/usao/nys/pressreleases/April13/GuineaBissauArrestsPR/U.S.%20v.%20Na%20Tchuto%20et%20al%20Indictment.pdf>

GUINEA: <http://www.treasury.gov/resource-center/sanctions/Programs/Documents/drugs.txt>; <http://www.bbc.co.uk/news/world-africa-10660853>. <http://wikileaks.org/cable/2009/02/09CONAKRY131.html>

LIBERIA: Feted and Berated, Africa Confidential, 1 November 2013, Vol. 54 – No. 22 http://www.emansion.gov.lk/2press.php?news_id=2675&related=7&pg=sp

MALI: New Information on Crashed Drug Plane, 1 Feb 2010, cable id. 10BAMAKO54. El País. 2011. "El 'Air Cocaine' tenía jefe español." 26/06/11. Le Journal de Dimanche. 2011. "Un Français dan la tourmente d'Air Cocaïne." 24/07/11. Le Pretoire. 2012. "Affaire dite de 'Boeing de la drogue': Le Procureur Sombé Théra interjette appel contre la décision de juge d'instruction." See http://www.malijet.com/a_la_une_du_mali/46592-affaire-dite-du-%E2%80%98%E2%80%99boeing-de-la-drogue%E2%80%99%E2%80%99-%3A-le-procureur-somb%C3%A9th%C3%A9ra.html; El Faro de Vigo. 2012. "El polícía vigués imputado por el avión de droga en Mali, en libertad al anularse el proceso." 19/08/12.

MAURITANIA: <http://afriquedrogue.blogs.rfi.fr/article/2011/09/16/mauritanie-un-trafiquant-de-droge-francais-en-cavale>; <http://www.fr.alakhbar.info/3992-0-Mauritanie-Droge-La-bande-qui-a-detrne-le-General-Ould-El-Hadi.html>

NIGERIA: United States of America vs. Buruji Kashamu: Case file No: 10-2782 - Filed Opinion by Judge Posner, 1 September 2011. Accessible at: <http://www.gpo.gov/fdsys/pkg/USCOURTS-ca7-10-02782>. Daily Post (Nigeria). "Drug trafficking: Group to sue FG over refusal to extradite Ogun PDP chieftain, Buruji Kasamu," 24 August 2013 (<http://dailypost.com.ng/2013/08/24/drug-trafficking-group-to-sue-fg-over-refusal-to-extradite-ogun-pdp-chieftain-buruji-kasamu/>). The Punch (Lagos), "Kashamu dismisses extradition threat to US," 10 July 2013 (found at: <http://www.punchng.com/news/kashamu-dismisses-extradition-threat-to-us/> on 21 November 2013); Leadership News (Nigerian newspaper), Olugbega Soyeye, "Court Dismisses PDP Chieftains Application Against Extradition." Accessible at: <http://leadership.ng/news/131113/court-dismisses-pdp-chieftains-application-against-extradition> (24 November 2013). "Nigeria politician caught with bellyful of cocaine," May 17, 2010: found at: <http://www.timeslive.co.za/africa/article454511.ece/Nigeria-politician-caught-with-bellyful-of-cocaine?service=print>

SENEGAL: http://news.xinhuanet.com/english/world/2013-07/20/c_132558396.htm; <http://www.globalpost.com/dispatch/news/afp/130725/senegal-police-chief-suspected-drug-trafficking>

SIERRA LEONE: Transcript of Judgement (Justice Brown-Marke), The State vs. Archilla et al (in possession of author); <http://www.sierraexpressmedia.com/archives/32419>

