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Torture and ill-treatment against people who use drugs in Nigeria

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Preface

This Research Report is an evidence-based project on torture and ill-treatment of persons who use drugs in Nigeria. It presents the pattern of physical, mental and sexual violence inflicted by law enforcement officials as well as state-owned and religious ‘rehabilitation’ facilities. It also shows reported cases of torture and ill-treatment of drug users, especially women, who are unable to report such cases owing to weak institutional capacity.

The National Drug Control Master Plan-2021-2025 identifies the social and economic vulnerabilities of women as it relates to illicit drug use. This highlights the importance of addressing inequalities to effectively care for the particular needs of women.

It is evident that torture and ill-treatment of drug users is prohibited by international and regional human rights instruments and the Constitution of the Federal Republic of Nigeria 1999 as amended.

Consequently, this Report expounds critical issue-areas including Nigeria’s Legal and Regulatory Framework on controlled substances, the prevalence of drug use in Nigeria and accountability mechanisms in the country.

I therefore recommend this Report to stakeholders as a useful material for effective promotion and protection of human rights of persons who use drugs against physical and mental violence by law enforcements agents.

Tony Ojukwu, SAN

Executive Secretary

National Human Rights Commission
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Executive summary

This report presents evidence on the physical and mental violence faced by people who use drugs in Nigeria. The information included in this report has been collected through a mixed methods approach that includes desk research and a survey of 79 people who use drugs and other stakeholders in the Nigerian states of Abia, Abuja/FCT, Akwa Ibom, Enugu, and Kaduna, conducted throughout September 2021.

The evidence gathered shows that people who use drugs are routinely subject to physical, mental and sexual violence at the hands of law enforcement agents, sometimes meeting the definition of torture or ill-treatment under international law. 71 people interviewed during the survey reported that they had experienced, or knew someone else who had experienced, some form of physical, mental, or sexual violence by state agents, including beatings, starvation, prolonged, solitary confinement, humiliation, and rape. According to respondents, the perpetrators were either members of the specialised drugs agency, the National Drug Law Enforcement Agency (NDLEA), members of the regular police forces, or prison staff. The reported purposes of such violence included punishing people for using drugs, demanding bribes, and trying to extract information on the drugs trade. Many respondents highlighted the gendered aspect of these forms of torture and ill-treatment, while others pointed to a disproportionate impact on those marginalized on the basis of poverty or status.

At the same time, there is an increasing number of reported cases of torture and ill-treatment of people who use drugs in closed settings that offer drug ‘rehabilitation’ services across Nigeria – a worrying trend reported in both religious centres, and in certain state-run facilities. Many people surveyed for this report explained that people interned in drug treatment centres can suffer physical or mental violence, including beatings, starvation, hard labour, and being locked in chains. They also reported that people who use drugs are routinely interned in these centres against their will, often brought in by their families, or by law enforcement. Furthermore, the dearth of evidence-based drug treatment and harm reduction services has led to the emergence of religious

and faith-based organisations, some of which are described as operating like correctional facilities.

Although the occurrence of violence is widespread and well known, most survivors are unable to report these abuses, and many allegations are not followed by formal investigations. Only one respondent brought a formal complaint after being subject to abuse by law enforcement agents, and none achieved any form of accountability, compensation or redress. When it comes to people subject to abuses in drug ‘rehabilitation’ centres, only one single respondent filed a formal complaint. The reasons for not bringing complaints include lack of financial and legal resources, lack of mechanisms for complaint and redress, fear of reprisals by the police, and fear of being further stigmatised and blamed by communities.

The report concludes with a series of recommendations on how to prevent and provide redress for the forms of torture and ill-treatment documented in this report. We emphasise the need to reform laws and policies that criminalise people who use drugs, and to ensure access to voluntary, evidence-based, and rights-based drug treatment and harm reduction services.

Introduction

Under international human rights law, the prohibition of torture is absolute⁴. Very few public officials openly admit to committing or condoning torture, or recognise that there are policies or goals that justify it. However, as a matter of practice, violence and abuse are often used as instruments in the toolkit of punitive responses to drugs.

Nigeria is no exception to this. Nigeria has entered into a number of international instruments that prohibit torture, including the International Convention on Civil and Political Rights, the UN Convention Against Torture, and the African Charter on Human and Peoples’ Rights. Nigeria has also adopted the Outcome Document of the 2016 UN General Assembly Special Session on drugs, which commits Member States to uphold the prohibition of torture in criminal justice responses to drugs⁵. Lastly, Nigeria has instituted the prohibition of torture within its own constitution and national laws. However, the reality

Box 1 The first-ever review of Nigeria at the UN Committee Against Torture

In November 2021, Nigeria underwent its first-ever periodic review at the UN Committee Against Torture, the UN body of experts that oversees the implementation of States' obligations under the UN Convention Against Torture.

Using the data gathered for this report, a number of organisations including AFRILAW, IDPC, YouthRISE Nigeria, West Africa Drug Policy Network (WADPN), Drug Harm Reduction Advocacy Network (DHRAN), Benesther Development Foundation, Centre for Research and Information on Substance Abuse (CRISA), Network of Police Reform in Nigeria (NOPRIN), and the Human Rights Agenda Network (HRAN), presented a submission to the Committee, focusing on the role of drug policies in driving torture and ill-treatment in Nigeria.

These organisations also presented their findings at a virtual civil society briefing with the Committee Against Torture that took place on 15 November 2021, while IDPC and AFRILAW

jointly presented the research and recommendations while intervening at the Interactive Dialogue with the UN Special Rapporteur on torture held during the 49th session of the UN Human Rights Council⁶.

The outcome of the review can be found in the Concluding Observations published by the Committee in December 2021⁷. While touching on a broad range of topics, the Committee gave an important recommendation concerning torture and drug policies, urging Nigerian authorities to *'stop and investigate arbitrary detentions and assaults against (...) drug users (...) and investigate those incidents, prosecute alleged perpetrators and provide effective remedies to the victims'*.

Although the recommendations included in the Concluding Observations are not binding, they are seen as authoritative, and should be used by public bodies and civil society as guidance for the full implementation of the human rights standards to which Nigeria has adhered.

of people who use drugs in Nigeria is too often marked by the threat of violence that can be tantamount to torture or ill-treatment.

Drawing on a field survey in five Nigerian states and on desk-based research, this report seeks to document the ways in which the enforcement of drug policies can drive these abuses. It focuses on two environments in which physical and mental violence are rampant – the daily interactions between people who use drugs and law enforcement agents, and custodial facilities where people who use drugs are detained to receive treatment and 'rehabilitation'. This research was put together at the occasion of Nigeria's first-ever review at the UN Committee Against Torture, and was used for advocacy with encouraging results (see Box 1).

This report concludes with several recommendations on how to address these abuses. In addition to strengthening mechanisms of capacity-building, oversight and accountability over police forces and the criminal legal system, Nigerian policy

makers must address drug policies themselves, to understand the systemic factors that create environments in which people who use drugs are likely to endure torture and ill-treatment.

In that regard, three recommendations stand out:

- Decriminalise drug use and drug possession for personal use
- Develop, fund and scale up affordable, evidence-based, rights-compliant and voluntary drug treatment and harm reduction services that are available to all people who use drugs
- Promote policies that seek to remove the stigma and discrimination experienced by people who use drugs in their daily lives.

'The Committee is also concerned (...) at the ill-treatment inflicted on drug users, particularly by members of the National Drug Law Enforcement Agency and in drug rehabilitation facilities'

UN Committee Against Torture, 2021

Methodology

This submission has been prepared through a mixed-methods approach that incorporated interviews conducted as part of a field survey and desk-based research.

The field survey was coordinated by AFRILAW and carried out in five states across Nigeria: Abia State (15 respondents), the Federal Capital Territory of Abuja (15 respondents), Akwa Ibom State (16 respondents), Enugu State (15 respondents), and Kaduna State (18 respondents). The total survey population consisted of 79 persons, including 59 men (74% of the sample) and 20 women (26% of the sample). Two respondents worked for law enforcement, while the rest were people who use drugs. Each respondent was presented with the same standardised survey. Their answers were transcribed by AFRILAW, and then coded by the authors to identify patterns and commonalities in their answers.

As a limitation to this research, it is important to note that the 79 people interviewed for the survey were not selected randomly, but through the networks of the research team. Therefore, we cannot rule out some degree of selection bias towards choosing people that the research team already knew to have experienced some form of violence or abuse. Furthermore, the interviewees were asked not only about their personal

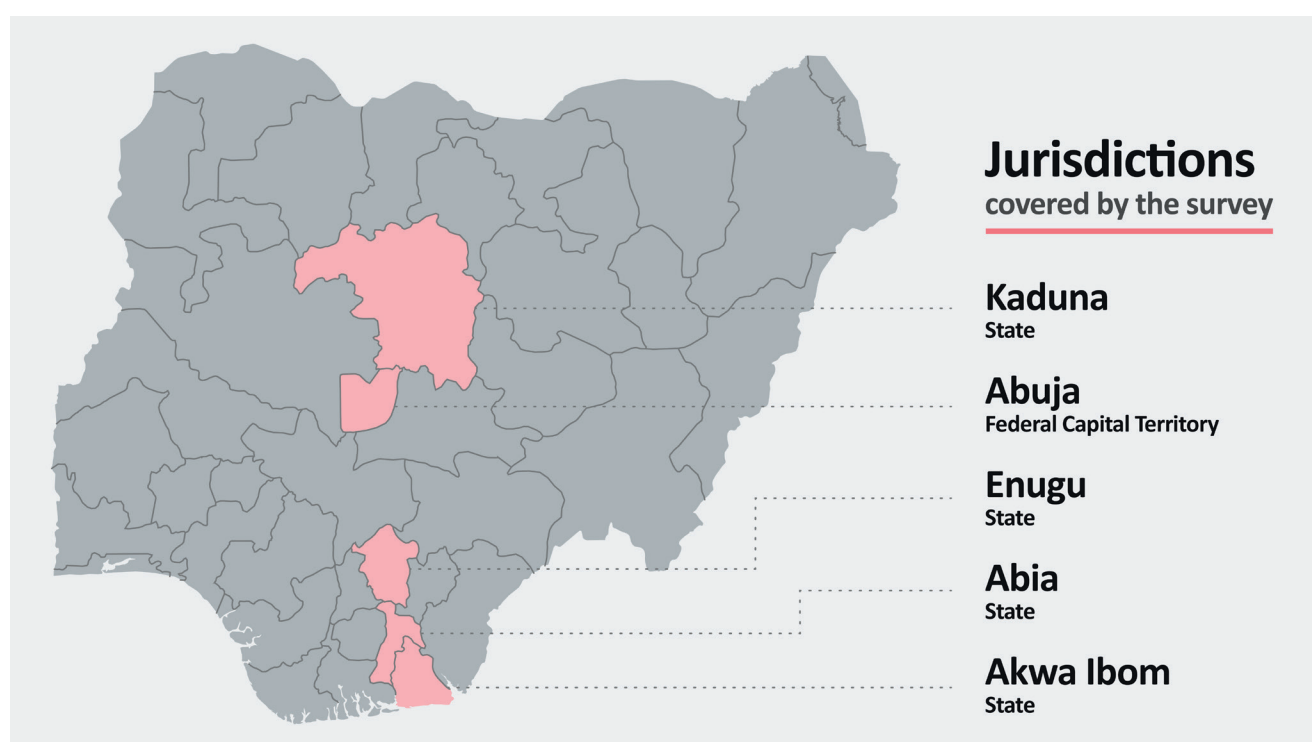
experience of abuses (which many provided), but more broadly about their knowledge of abuses inflicted to their peers. As a consequence, when we say that approximately 90% of respondents reported knowledge of some form of physical or mental abuse at hands of the police, this cannot be extrapolated to mean that 90% of all people who use drugs in Nigeria have suffered such abuses; instead, this should be regarded as merely further evidence that violence and abuses are a well-known and widespread feature of the relations between law enforcement and people who use drugs in the country.

The field survey was complemented by desk-based research, analysing relevant information on drug policies, torture and ill-treatment in Nigeria, as published by governmental agencies, news outlets, and civil society organisations such as YouthRISE Nigeria, the International Drug Policy Consortium, or Amnesty International.

Applicable legal framework in Nigeria

Legal framework on the prohibition of torture

Nigeria is a state party to several regional and international human rights mechanisms that prohibit the use of torture and other ill-treatment⁸. Additionally, Nigeria ratified regional instruments



proscribing torture, such as the African Charter on Human and Peoples' Rights (also known as the Banjul Charter) and the African Charter on the Rights and Welfare of the Child.

The Nigerian Constitution prohibits torture and other inhuman or degrading treatment. Section 34(1) states that: *'Every individual is entitled to respect for the dignity of his person, and accordingly, (a) no person shall be subjected to torture, or to inhuman or degrading treatment'*. However, the Nigerian Constitution does not include freedom from torture and ill-treatment among its non-derogable rights. The non-derogable nature of this right is established only through ordinary legislation, which is easier to amend or repeal than the Constitution itself, and offers less protection if the absolute nature of the prohibition of torture is subject to debate.⁹

Nigeria's ordinary criminal laws – the Penal Code¹⁰, applicable in the 12 Muslim-majority Northern states, and the Criminal Code¹¹, applicable in the remaining 24 southern states – fail to explicitly prohibit the use of torture and other forms of ill-treatment to extract information. However, two recent laws criminalise torture in certain contexts:

- The Administration of Criminal Justice Act (ACJA), passed in 2015, prohibits torture and cruel, inhuman, or degrading treatment of arrestees, including people detained for drug offences, or people detained by the NDLEA.
- In 2017, Nigeria enacted the Anti-Torture Act 2017, which criminalises torture and prescribes offences and penalties for any person who commits torture or aids, abets, counsels or procures any person to commit torture.

Legal framework on controlled drugs

The main legal framework for the control of illegal drugs in Nigeria is the National Drug Law Enforcement Agency (NDLEA) Act No. 48 of 1989 as amended¹², which establishes the NDLEA as the responsible agency for preventing the illegal cultivation, production, manufacture, trafficking in, and use of drugs. Additionally, the India Hemp Act, Act No. 19 of 1966 as amended by Act No. 27 of 1984¹³, establishes specific penalties for drug offences connected to cannabis.

Box 2 The Nigerian drugs legislation and international human rights standards on arbitrary detention

It must be noted that several provisions of the NDLEA Act are contrary to international human rights standards on the right to be free from the arbitrary deprivation of liberty, as developed by UN human rights experts.

In its 2021 study on drug policies¹⁴, the UN Working Group on Arbitrary Detention noted that in some countries people who have been arrested for drug offences have been subject to violence in order to extract confessions or to obtain information about other people who use drugs or traffickers, and expressed concern about the prevalence of mandatory minimum sentencing and disproportionately long sentences for drug offences. In the concluding section of the report, the Working Group provides clear guidelines to states on how to align their drug policies with the absolute prohibition of arbitrary detention under international human rights law, which include:

- The decriminalisation of drug use, as well as of the possession of drugs and drug equipment for personal use.
- The closure 'without delay' of all State-run compulsory drug detention centres, as well as of private drug treatment centres where people are held against their will.
- The amendment of legislation, policy and practice so that all drug treatment is evidenced-based, strictly voluntary, and based on informed consent. Forced drug treatment should never be ordered by the courts.
- The amendment of legislation and sentencing guidelines to ensure proportionate sentencing for drug-related offences.

The NDLEA Act criminalises every kind of activity connected with the illegal production, processing, distribution, sale, use and concealment of drugs. The law does not schedule substances in

different categories depending on their potential harm to health; instead, it establishes the same criminal penalties for activities concerning all illegal drugs, which are defined generically as ‘the drugs popularly known as cocaine, LSD, heroin or other similar drugs’ (Section 11) or as ‘any narcotic drug or any psychotropic substance contrary to the provisions’ of the UN drug control treaties (Section 20). Sanctions for drug-related offences are amongst the highest in Africa¹⁵, ranging from 15 years to life imprisonment (see Sections 11-20 of the NDLEA Act).

- Any person who imports, manufactures, cultivates, or sells illegal drugs shall be liable to be sentenced to life imprisonment
- Any person who uses or knowingly possesses such drugs shall be liable to be sentenced to between 15 and 25 years of imprisonment
- Furthermore, according to the India Hemp Act (1966 No. 19. 1984 No. 27), people who use cannabis can be convicted to no less than four years in prison, without the option of a fine.

In addition to prison penalties, Section 20(3) of the NDLEA Act also allows the court to issue an order requiring people convicted for drug offences to forcibly undergo programmes such as ‘treatment, education, aftercare, rehabilitation, or social reintegration’. When the offence is committed by an underage person, such interventions can be mandated as an alternative to incarceration.

As mentioned above, the NDLEA Act of 1989 established the NDLEA as a specialised agency responsible for the enforcement of drug laws. In doing so, the NDLEA works alongside the Nigerian Police Force – the national law enforcement agency in Nigeria – as well as with the Nigeria Customs Service and the Nigeria Immigration Service in complementary roles.

Prevalence of drug use in Nigeria

The findings of the 2018 National Drug Use Survey (NDUS) and related studies provide perhaps the most recent evidence of the prevalence of drug use in Nigeria¹⁶. According to the NDUS, past year prevalence of any illegal drug use was estimated at 14.4%, corresponding to 14.3 million people aged 15-64 years. One in every four

people who use drugs in Nigeria is a woman. Cannabis is the most commonly used drug – an estimated 10.8% of the population, or 10.6 million people, had used cannabis in the past year; following cannabis, 4.6 million people were estimated to have used pharmaceutical opioids, and an additional 2.4 million were estimated to have used cough syrup.¹⁷

People who use drugs bear the brunt of criminalisation in their daily life. The NDUS¹⁸ reported that nearly one quarter of the 376,000 so-called ‘high-risk’ people who use drugs (the majority of whom use opioids regularly) had been arrested for a drug offense, while the majority (73%) had been arrested for possession of drugs.

Violence at the hands of law enforcement

Background

Nigerian and international human rights experts have reported on the pervasive use of violence by security and law enforcement agencies in Nigeria for many years. As early as 2005, the Nigerian human rights organisation Access to Justice reported that the Nigerian police force was using torture as ‘*an institutionalised and routine practice in its criminal investigation process*’¹⁹. In 2007, the UN Special Rapporteur on torture and other cruel, inhuman and degrading treatment and punishment confirmed that in Nigeria ‘*torture and ill-treatment are widespread in police custody, and particularly systematic in criminal investigations departments*’²⁰.

In 2016, Amnesty International reported that officers from Nigeria’s ‘Special Anti-Robbery Squad’ (SARS), a special unit of the Nigeria Police Force created to deal with property crimes, subjected detainees to horrific methods of torture, including hanging, starvation, beatings, shootings and mock executions²¹ - but that did not lead to any form of accountability. On 4 October 2020, a video went viral showing SARS officers dragging two men from a hotel and shooting one of them outside. A few days later, “#End-SARS” protests erupted across Nigeria; and on 11 October, SARS was disbanded by the Federal government.²²

Box 3 The definition of torture and ill-treatment under international human rights law

The 79 people interviewed for our field survey described a broad range of acts of physical and mental abuses against people who use drugs, from verbal insults to extreme physical and sexual violence.

To see if these acts meet the international definition of torture or ill-treatment we have to turn our eyes to the UN Convention Against Torture (CAT). Under Article 1 of CAT, torture is defined as an act that combines the following three elements: (a) the infliction of 'severe pain or suffering, whether physical or mental'; (b) that such pain or suffering is inflicted intentionally, for such purposes as obtaining information, punishment, intimidation or coercing, or 'discrimination of any kind'; and (c) that such pain or suffering is inflicted by or at the instigation or with the consent or acquiescence of a person acting in an official capacity – including of course the police.

Cruel, inhuman or degrading treatment (which we will designate more succinctly as 'ill-treatment') is also absolutely prohibited under international law. Although it is not clearly defined by CAT, it is normally understood to be any act that causes mental or physical suffering of a serious nature with the direct or indirect implication of a public official; however, the intentional element is not required, and harm can be inflicted on purpose or negligently²³.

Field survey on torture and ill-treatment against people who use drugs

The evidence gathered for this report indicates that people who use drugs are routinely subject to physical, mental and sexual violence at the hands of law enforcement. Police officials use beatings, sexual violence, humiliation and threats to intimidate, extract information, extort money, or simply punish people who use drugs. In some cases, these actions fall within the definition of

torture or ill-treatment under international human rights law (see Box 3).

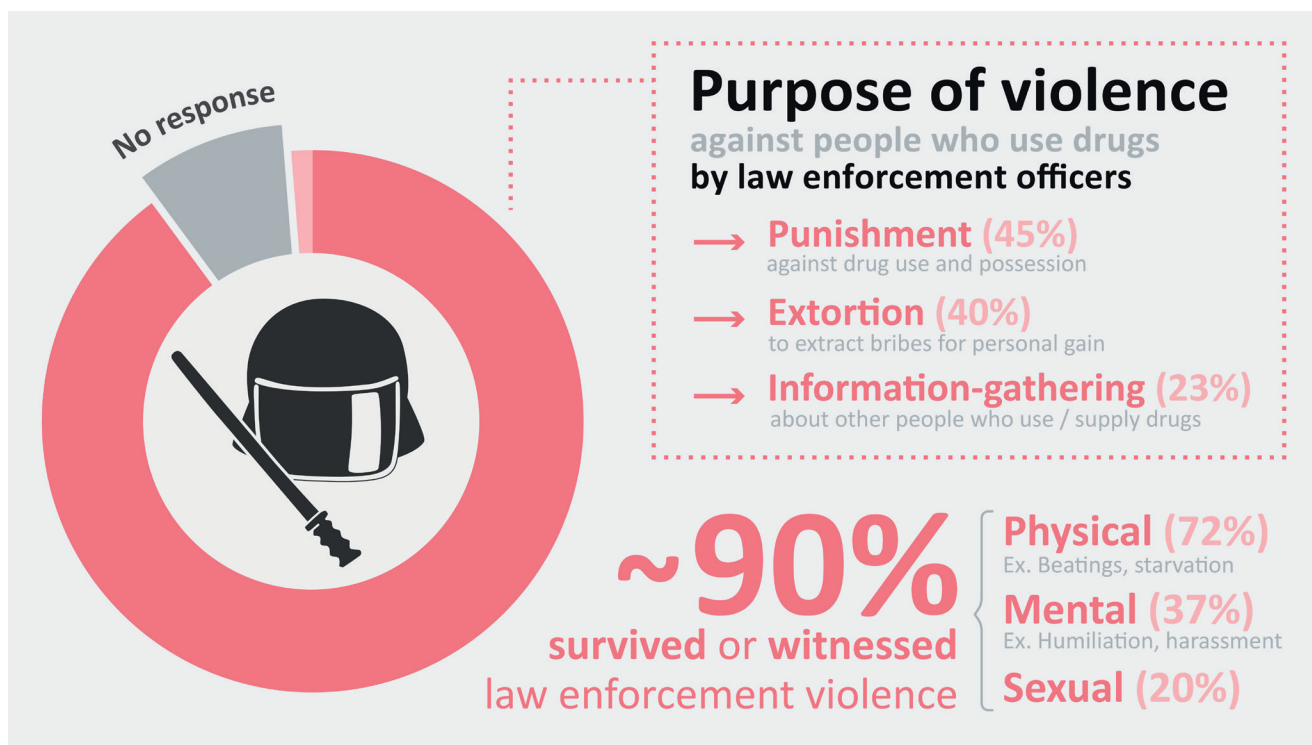
In that regard, the results of the field survey²⁴ conducted in September 2021 provide a striking picture.

- **Typology of abuses.** Out of the 79 people interviewed during our research, 72 responded to the section of the survey that sought to collect information on violence at the hands of law enforcement. All but one of these 72 people reported that they had experienced or knew of drug users who had been subject to some form of physical, mental, or sexual violence at hands of law enforcement. 56 respondents (72% of the sample) referred to some form of physical violence; in the majority of cases this consisted of beatings, with some respondents also mentioning the use of machetes, wires and batons. Starvation was also reported in 10 cases, as was detention in isolation. Additionally, 29 respondents (37% of the sample) had experienced, or knew people who had experienced, some form of mental violence or degradation, such as public humiliation, harassment or verbal abuse, while 16 respondents (20% of the sample) reported instances of sexual violence. It is important to note that all forms of abuse are linked, with many people experiencing a continuum of aggression from insults to severe beatings.

'I have experienced emotional and physical violence. But the emotional violence is more painful.'

Male respondent, Abuja Federal Capital Territory

- **Aim of perpetrators.** Out of the subgroup of 71 respondents that had reported instances of violence, 32 respondents (45% of the subgroup) explicitly explained that these abuses were inflicted as punishment for drug use or possession, though the figure is likely higher, as some other respondents declared they were subject to violence because they were close to a location where people are known to be using drugs. At the same time, 14 respondents (20% of the subgroup of 71) also noted that abuses were used to extract bribes, while



16 respondents (23% of the subgroup) stated that abuses were connected to interrogations and attempts to obtain information about other people who use drugs or people involved in the supply of drugs.

- **Perpetrators.** Several respondents identified members of NDLEA as the authors of the abuses (21 cases, or 30% of the subgroup), as well as prison staff (4 cases) and private security (1 case). However, the majority of abuses were reportedly committed by members of regular police forces (61 cases, or 86% of the subgroup). Additionally, 33 respondents stated that the reported violence had taken place while survivors were in state custody – mostly in police stations and in prisons – while 13 respondents reported abuses in drug use locations, mostly described as ‘drug bunk(s)’. In most of the remaining cases, abuses were reported to happen on the streets and in open spaces.

‘They don’t only arrest for drug use, they do that when their pocket is dry; they will come and raid at different bunks’

Male respondent, Enugu State

The testimonies gathered during the survey describe a reality in which physical, mental, and sexual violence at the hands of law enforcement

agents are closely interlinked, and have become part of a ‘normal’ environment for many people who use drugs. Responses also show that, in many cases, the aim of these acts of violence is to humiliate people who use drugs. This highlights the role of law enforcement and of repressive laws and practices as engines of stigma and self-stigma.

‘I have been beaten severally by the police and detained in police net for month and starved to death in so many cases just for staying in groups with people, also I have been labelled names that reduced my self-esteem so much that I believe I couldn’t become anything reasonable any longer in life, the ladies among us have been raped for bail in order not to detain them in many occasion’.

Female respondent, Enugu State.

‘The violence is to put fear in minds of their victims and family members to respond to their payment request on time. They shave drug user hair, beards and use baton or gun on them. They sometimes force their victims to take them to where they purchase the drug’.

Male respondent, Federal Capital Territory of Abuja.

Box 4 The perspective of a member of NDLEA

Of the 79 people interviewed for the purposes of this field survey, one was a member of NDLEA. Their perspective differed notably from those of the other respondents.

They recognised that sometimes violence is used by the NDLEA in its operations, stating that *'force may be used during interrogation to elicit information from the victim upon arrest or to squash resistance during [a] raid'*. However, they appeared to make a distinction between this degree of violence and actual torture, noting that *'we do not torture clients except for minimal use of force during interrogation'*.

The NDLEA member framed this violence as an unavoidable part of the NDLEA's lawful operations, often in response to the resistance faced by the agency. *'Raid is usually by surprise and a lawful invasion. It is a quick operation, done as fast as possible. If not, the drug users or dealers whip sentiment of the community members and mobilize them to pose a resistance during raid'*, highlighting that *'NDLEA also encounters violence from drug users and dealers in a bit to resist arrest'*.

21 people interviewed for this survey identified NDLEA staff as authors of physical, mental or sexual violence against people who use drugs and people involved in drug supply activities. Punishment for drug use, extracting information, and seeking bribes were all mentioned as motives for such violence.

Corroborating reports

These findings are consistent with prior reports, all of which point to the systematic nature of violence faced by people who use drugs in Nigeria. According to the 'We Are People' report released by YouthRISE Nigeria in 2015²⁵, young people who use drugs suffer significant human rights violations at hands of law enforcement, including extortion, physical harm, and sexual assault. The report also shows examples of psychological and physical torture, including slapping, punching,

threats with a gun, and beatings with items such as batons and electrical cables. The gendered aspect of this violence is also evidenced in the report, as many women who use drugs suffered from unwanted and insensitive touching, forced sex and requests for sex in exchange for release²⁶.

In addition to that, a 2010 study drawing on interviews with 99 people who had been arrested for drug offences in Lagos and Kanno States also reported routine abuses by NDLEA during detention²⁷. Of all the respondents interviewed for that research, 76.2% stated that they were physically assaulted by NDLEA or police officers, and several reported the use of torture as a means to extract information – percentages strikingly similar to those found in the research underpinning this report. According to one of the key informants *'I was whipped with koboko to confess'*²⁸.

In December 2018, the Daily Trust Newspaper published a report on the use of force by drug enforcement agents, under the title *'Inside Nigeria's Brutal Narco Wars'*²⁹. Several people who use drugs were interviewed on their experience with law enforcement agents – these are some of their testimonies:

- Mr. Ibrahim Ali stated: *'The police are always after people like me, even when we don't commit crime(s)'. 'I was also arrested during the Eidel Fitr Sallah Durbar at State Road alongside 29 others. I was beaten up by the Kano State Anti-Robbery Squad (SARS) and got injured in the eye. On that day, we were not smoking neither were we taking any substances. When they saw us hanging around watching the durbar, they pounced on us, claiming that we were hoodlums and "drug addicts"'*³⁰.
- Mr. Muhammadu Jamilu, 24 had a drug dependence for six years, and had been arrested many times by the police, for either smoking hemp in the neighbourhood or while buying it. According to him: *'The police arrested me on Sallah day when I went to buy N100 worth of substances. When I saw them coming towards my direction, started running and while they were chasing me, I tripped and fell. Then they arrested me and took me to Koki police station in Kano metropolis where I was detained for two days before my parents bailed me out with N4,500. But before I was released, I was*

flogged with a horsewhip; you can see the scars on my back’.

- Ms. Bolatife Adewale, who lives in the Kaka Zone of Agege, and had used drugs for three years at the time of that piece, reported several instances in which police officers demanded to have sex with her in exchange for not subjecting her to detention. When she refused, the policeman beat her up with a cable, tear-gassed her and extorted N3,500 from her³¹.

The differential impact on women

The harms and abuses associated with the enforcement of drug laws can impact women differently, and disproportionately. In particular, several respondents noted that the violence inflicted on women in the course of enforcing drug laws often has a sexual dimension, with respondents referring to ‘rape’, ‘sexual exploitation’ and ‘sexual harassment’³².

In Nigeria as elsewhere in the world, the response to drugs has often been characterised by the criminalisation of drug use and possession for personal use, as well as by violations of human rights. For women, this punitive approach has led to high-levels of stigmatisation, barriers to access gender-sensitive and evidence-based drug treatment and harm reduction, including lack of childcare, lack of trauma-informed care, and threats of arrest³³.

Women also experience more prejudice and judgment due to gendered social expectations. In West Africa, society tends to see women as caregivers and bearers of children who must keep their bodies ‘clean’ and ‘uncontaminated’³⁴. Work done by YouthRISE Nigeria among Nigerian youth also indicates that the stigma associated with drug use is more deeply felt by young women, especially mothers and pregnant women, making them more likely to conceal their drug use to avoid public disapproval³⁵. This notion has led to framing women’s drug use as a hidden problem, an invisibility compounded by the fact that data on the prevalence and forms of drug use amongst women is extremely scarce (most data on drug use comes from hospital records of psychiatric patients with only few community surveys). Because of this, understanding the nature of the problem and addressing challenges has been ever more complex.

Box 5 Corporal punishment

In some Northern States of Nigeria where Shari’a law is in force, caning is authorised as a criminal penalty, as are other severe forms of corporal punishment such as lashing, amputation, and stoning³⁶. In these regions, corporal punishment can be used as a response to drug and alcohol offences³⁷. This can particularly impact vulnerable populations of people who use drugs, a disproportionate number of whom suffer from mental health issues, or are living with HIV.³⁸

The issue of corporal punishment has been considered by the Human Rights Committee, the Committee Against Torture and, when it concerns children and youth, the Committee on the Rights of the Child. In its General Comment on Article 7 of the International Covenant on Civil and Political Rights, the Human Rights Committee states that the prohibition of torture or cruel, inhuman or degrading treatment of punishment extends to ‘*corporal punishment, including excessive chastisement ordered as punishment for a crime or as an educative or disciplinary measure*’³⁹. The Committee Against Torture has also recommended in several occasions that states take legislative measures to ‘*eradicate and explicitly prohibit all forms of corporal punishment in all settings*’⁴⁰.

We know that drug use has increased steadily among women and girls in Africa, in the case of certain drugs more rapidly than for men and boys⁴¹. However, over the years policy makers in West Africa have ignored the impact of drugs and drug policy on women. The concern, if any, has always been about drug use during pregnancy and its possible effects on the newborn child.

Increased criminalisation and stigmatisation of women who use drugs, combined with poor access to health services, often result in high-risk drug-using behaviours, including drug injection in unhygienic, unsupervised environments. While punitive approaches to drug use allegedly aim to protect health, they have achieved the opposite; they have not only failed to significantly reduce drug use, but have also resulted in increased

risks and creating new health harms. At the same time, they have created political and practical obstacles to effective public-health interventions that have proven to protect and improve health.

Beyond drug use, according to the UN women policy brief for the UNGASS process⁴², women's involvement in the drug trade also reflects the decreased economic opportunities and lower political status that women face in everyday life. For instance, despite being in the minority statistically in the drug trade, women tend to be disproportionately involved in the lower levels of the drug trade, where risk of encountering law enforcement is at its highest⁴³. Therefore, gender-sensitive policies should be adopted not only with regards to women who use drugs, but also in connection with women who are engaged with the criminal legal system.

Violence in drug 'rehabilitation' centres

There is an increasing number of reported cases of violence against people who use drugs in centres that offer drug treatment – so-called drug 'rehabilitation' – across Nigeria, in both religious centres and in certain state-run facilities. Because of stigma, self-stigma and discrimination, many people who suffer violence are not able to report these abuses, and many people who use drugs are unaware of their rights.⁴⁴

Drug treatment services in Nigeria are mainly based in tertiary hospitals, whereas some non-governmental organisations (NGOs) and faith-based organisations offer limited services. Inpatient and limited outpatient services are offered in some hospitals and drug units. However, these services are typically not available for free and are therefore difficult to access for people who use drugs. The NDLEA also offers some drug counselling services across the country,⁴⁵ but these are largely insufficient to meet the demand, and abuses have also been documented in those settings.

'[Torture is] inflicted on drug user especially people with low socio-economic status and no family support'.

Male respondent, Federal Capital Territory of Abuja

Results of the field research

A subgroup of 34 respondents answered the section of our survey concerning violence in drug treatment centres, which for the purpose of this research include state-run centres, private clinics, and religious centres. Out of these 34 respondents, only eight people (24% of the subgroup) stated that they had no knowledge of violence against people who use drugs in treatment centres, whereas the remaining 26 respondents (76% of the subgroup) reported some forms of physical or mental violence.

- **Violence in government centres.** Up to 13 respondents referred to cases of physical or mental violence in government-run centres – nine of them in NDLEA facilities. The range of abuses reported in government-run centres include beatings (in 11 cases), deliberate starvation (also in 11 cases), isolation (in 10 cases), and shackling with chains (in 5 cases); hard labour was also mentioned in 4 cases. A majority of respondents explained that the purpose of this violence was to simply punish drug use, though violence as a form of healing was mentioned by two respondents, one of whom explained that abuses aim to *'restore the victim to his original state of health'*. A majority of respondents who had knowledge of violence in NDLEA treatment centres also reported that people are interned in NDLEA facilities against their will, and that in many cases the only therapy available is abstinence.
- **Abuses in religious centres.** Up to 14 respondents reported cases of abuses in religious 'rehabilitation' centres, including beatings, deliberate starvation, humiliation, hard labour (mentioned by three respondents), as was being restrained and locked with chains. According to people who have been interned in religious centres, the purpose of violence was to discipline and 'rehabilitate' people who use drugs – as reported by a male respondent who was *'locked up in chain and was flogged constantly in a religious home'*, noting that the violence was inflicted *'for healing from drug use'*. Violence was perpetrated by religious figures, including *'prayer leaders'*, *'religious leaders'*, or *'traditional medicine'* people. Respondents who have been in religious 'rehabilitation'



centres mention that no evidence-based therapy for drug dependence was offered, as responses centred only on abstinence.

It is important to note the intentional infliction of physical or mental pain to punish or humiliate people who use drugs within inpatient settings can also fall within the international definition of torture or ill-treatment, even if the acts are not committed by state officials. In fact, States bear international responsibility for the actions of any person ‘acting on behalf of the State, in conjunction with the State, under its direction or control, or otherwise under colour of law’⁴⁶; as all countries have the obligation to prohibit, prevent and redress torture ‘in all contexts of custody or control’⁴⁷, including hospitals or other institutions.

‘I had a friend who was referred to NDLEA Rehabilitation center here in Enugu, he said he was starved for him to see the pain of taking hard drugs’.

Male respondent, Enugu State

Involuntary detention

The involuntary nature of detention and treatment for alleged drug use or drug dependence in private or public ‘rehabilitation’ centres has been identified by the UN Working Group on Arbitrary Detention as a form of arbitrary deprivation of liberty, contrary to international human rights law⁴⁸.

Our research shows that, in Nigeria, involuntary internment in drug treatment centres is the norm, rather than the exception. Out of the 34 people who responded to questions regarding violence in treatment centres, only one person reported that in their experience internment for drug treatment was always voluntary. In contrast, 22 respondents (65% of the subgroup) reported that everyone interned in the centres they had knowledge of had been placed there involuntarily, while 10 additional respondents (29% of the subgroup), pointed to a combination of voluntary inpatients and people brought into centres against their will.

Involuntary drug treatment seems to be particularly prevalent in NDLEA centres, with an NDLEA officer noting that ‘most clients come in via arrest and detention’, and another respondent explaining that that ‘nobody comes in willingly’. However, involuntary internment in rehabilitation centres – including religious ones – is not necessarily the result of court orders or the intervention of law enforcement agents. In some cases, respondents explained that they had been interned in a treatment centre against their will at the request of family members and relatives.

‘Family members bring in their children, some others are picked from the street’.

Female respondent, Kaduna state

Box 6 Lack of evidence-based drug treatment and harm reduction

Under international standards on drug treatment, authorities should provide people who use drugs with a broad range of treatment options, from opioid agonist treatment (OAT) to behavioural therapies, psychosocial support and abstinence-oriented approaches, so that people seeking a health intervention can choose the method(s) most appropriate to their personal circumstances and needs⁴⁹. However, the research conducted for this report shows that for many people who use drugs in Nigeria the only available approach to drug treatment is abstinence, and that they rarely have access to life-saving harm reduction services.

54 people interviewed for this research responded to our question concerning the range of drug services provided to people who use drugs in their locality. 5 respondents explained that people who use drugs were sometimes able to access OAT, whereas 4 others explained that medical staff had been trained to respond to withdrawal symptoms. However, in an overwhelming 45 out of 54 responses, the interviewees noted that the only treatment available to people who use drugs was abstinence, and that people were left to suffer the physical and mental pain often associated with withdrawal symptoms without any support.

Abstinence was the primary form of treatment reported in a majority of NDLEA centres, with an interviewee noting that *'Withdrawal symptom is not observed at all [and] not managed rather victims are just locked up and left to suffer the effect'*. Abstinence was also the predominant approach in religious drug treatment centres, sometimes combined with punishment; talking about religious centres, a respondent from Akwa Ibom state explained that *'withdrawal symptoms [are] dealt with flogging'*.

The emergence of religious 'rehabilitation' centres

The dearth of evidence-based drug treatment in Nigeria has led to the emergence of religious and faith-based organisations, which are now filling the vacuum. The President of the Association of Psychiatrists of Nigeria has stated that 7 out of 10 patients that are admitted into modern health care facilities have previously visited one traditional or religious treatment and rehabilitation centre⁵⁰. Some of these centres offer medical and psychiatric treatment while others offer traditional religious approaches to their practices. According to reports, some centres operate more like correctional facilities than like treatment centres⁵¹.

Many of these religious rehabilitation centres exist as private Islamic schools – known locally as Almajiri schools – and are widespread mainly across Northern Nigeria, where poverty levels are high and government services often lacking. Some people are sent to these schools because their relatives consider them to be 'delinquent or drug addicts'⁵², to have 'manifested signs of behavioural defects', or to 'have one form of mental disorder ranging from problems caused by substance abuse to some mental ailments such as schizophrenia'⁵³. According to news reports, many students in these centres, including mature men, are people with a drug dependence⁵⁴.

According to YouthRISE Nigeria's 2015 report, religious treatment and rehabilitation centres employ most extreme punishments to make a person drug-free⁵⁵. This situation was well encapsulated by a testimony of Abdul, who was 27 years old at the time of the reporting:

*'My parent knew I was doing drugs and it was getting out of hand and I had a couple of problems with my education. My parents got angry and were advised by someone who, the only place he knew, was a place they tortured someone to repent. Torture in the sense that in your first three months you get flogged, handcuffed both legs and hands and put in a room with no movement. Your hands and legs get swollen. You are flogged almost every time to give up on drugs and asked to make some religious recitation. Even though it is my religion but I don't think that is what the religion says'*⁵⁶.

The scale of abuse in ‘rehabilitation’ centres was revealed by a series of law enforcement raids conducted between September and November 2019 at eight illegal facilities in Kaduna State, Adamawa State, Katsina State, Kwara State, and Oyo State. Additional reports further revealed abuses in a different ‘rehabilitation’ centre in Katsina State following public demonstrations by over 200 people who had escaped from the facility⁵⁷. On 26 September 2019, the police raided an illegal centre at Rigasa in the Igabi Local Government Area of Kaduna State, and released about 300 people detained therein, who were found chained together or tied to objects, such as the rims of cars; in a separate facility, called Malam Niga Rehabilitation and Skills Acquisition Centre, over 147 people were released⁵⁸. About a month later, another ‘rehabilitation’ centre was discovered in the Sabongari area of Daura in Katsina State where teachers reportedly subjected about 300 inmates to torture and sexual abuse⁵⁹.

Some owners of the centres, as well as the parents of the people detained therein, denied all allegations of torture or ill-treatment. In Kaduna State, for instance, it was reported that parents of the over 300 children evacuated by the police stated that they did not see why the police should take their wards away from the school⁶⁰. According to one of the owners of the centre, *‘Those chained are the stubborn ones who attempted running away. Those who don’t attempt running away are not chained. Some were chained before and after settling down, they were freed’*.⁶¹ One of the parents claimed that *‘They [the children] are drug addicts and violent’*⁶².

Lack of accountability and redress

Even though the use of violence is widespread and well-known, most survivors are unable to report the abuses that were inflicted on them, and in general allegations are not followed by a formal investigation. Compensation and redress for survivors are extremely rare.

Lack of accountability and redress for survivors of violence at the hands of law enforcement

Out of the 71 respondents that reported cases of physical, mental or sexual violence at the hands of law enforcement, 17 stated that survivors of violence were able to report their situation to someone else, even if it was only to an NGO or a relative. However, only 7 respondents noted that people who suffered abuse had access to some form of legal advice, and only one respondent had been able to make a formal complaint.

Testimonies from the survey show that the reasons for not bringing formal complaints include lack of financial and legal resources, lack of mechanisms for complaint and redress, fear of reprisals, and self-stigma.

- *‘Because I was found with drugs, I couldn’t report the case’*. Male respondent, Enugu State.
- [I didn’t complain] *‘Because we are hated by the community especially those using cannabis’*. Male respondent, Enugu state.
- *‘I was caught using drug and didn’t want my parent to know’*. Female respondent, Akwa Ibom State.
- *‘Scared of making matters worse’*. Male respondent, Abia State.
- *‘Who would we report to, it would make matters worse’*. Male respondent, Abia State.
- *‘Because I do not know what to do [to present a formal complaint]’*. Male respondent, Abuja Federal Capital Territory.

Not one single respondent attested to having received any form of compensation, redress or reparation by public authorities. In fact, one respondent stated that when they complained *‘We were even threatened on top of it’*. 8 respondents indicated that survivors could receive at least some form of basic support after suffering violence, but in all but one case the services were provided by NGOs. While pointing to the importance of civil society and community services for people who use drugs, this also means that in an overwhelming majority of cases the Nigerian state is unable or unwilling to provide any form of support.

Lack of accountability and redress for survivors of violence in drug ‘rehabilitation’ centres

People who suffered physical or mental violence in drug ‘rehabilitation’ centres faced a similar lack of access to mechanisms of accountability and redress. In fact, only one single respondent filed a formal complaint.

The reasons provided for not reporting the cases of torture and ill-treatment underlined again obstacles such as lack of access to mechanisms for complaint, lack of resources, and stigma, self-stigma, and marginalisation. For those who have been subject to ill-treatment in religious centres, the fact that they were interned there by family members played a large role in stopping allegations.

- *‘I don’t know the right place to go’.* Female respondent, Abuja Federal Capital Territory.
- *‘No, because I inflicted the problem on myself’.* Male respondent, Enugu State.
- *‘No, because my family were trying to heal me from taking drugs’.* Male respondent, Enugu State.
- *‘No, because it was my father who took me there’.* Male respondent, Akwa Ibom State

Lack of monitoring in detention centres

Effective and regular monitoring of detention centres by independent organisations is an important safeguard against torture. However, in Nigeria human rights monitors are frequently prevented from visiting certain detention centres⁶³. The National Human Rights Commission (NHRC) of Nigeria was established to monitor places of detention across Nigeria. In theory, under Section 6 (1) [d] of the National Human Rights Commission (Amendment) Act 2011, the NHRC has powers to assess conditions in prisons, police cells and other detention facilities, and to make recommendations for improvements. However, there are concerns that the NHRC’s monitors do not have access to various detention centres run by the military and by special police units⁶⁴. Furthermore, according to AFRILAW, the NHRC hardly visit the NDLEA detention centres across the country.

The Nigerian Committee on Torture has reportedly

conducted visits to places of detention but has not published reports for those visits. Civil society and other experts voiced concerns regarding the lack of financial and logistical resources provided to the Committee, preventing it from playing a meaningful role in monitoring places of detention⁶⁵. The NHRC is also mandated to visit places of detention and has carried out visits jointly with the Nigerian Committee on Torture, yet by February 2022 the only report that had been made publicly available was the Prison Audit Report of 2018.

Recommendations

In view of the findings collected in this research, the following interventions are necessary in order to reduce the drivers of torture and ill-treatment against people who use drugs in Nigeria.

Cross-cutting recommendation on civil society and community involvement:

- Ensure that civil society and communities of people who use drugs are meaningfully involved in all aspects of the design, delivery, and monitoring of health intervention offered to people who use drugs, including peer-led harm reduction, treatment, and rehabilitation services.
- Ensure that civil society and communities of people who use drugs are meaningfully involved in all efforts to monitor the enforcement of drug laws by the police and the NDLEA, and to align it with international human rights law and standards.

With regards to torture and ill-treatment by law enforcement agents:

- Take the necessary legislative measures to decriminalise drug use and possession for personal use to reduce interactions between people who use drugs and the police; ensure access to alternatives to incarceration for people convicted for drug offences; and conduct public awareness campaigns to reduce stigma and discrimination against people who use drugs.
- Ensure that effective mechanisms for receiving complaints against law enforcement agents, including the police and the NDLEA, are put

in place, are accessible, remain independent, and are sufficiently funded; that people who bring complaints against such actors are protected from reprisals and further abuse, and that they have access to appropriate and affordable legal and paralegal support.

- Conduct prompt, impartial and thorough investigations on all allegations of torture or ill-treatment by law enforcement agents, including the police and the NDLEA, and ensure that survivors obtain full redress as set out in the General Comment No. 3 of the Committee Against Torture (2012)⁶⁶.
- Ensure that training on the provisions of the Convention and the absolute prohibition of torture is mandatory for law enforcement and NDLEA officers, prison staff, judges, prosecutors and lawyers; that the absolute prohibition of torture and ill-treatment is fully included in the rules and instructions issued with regard to the duties and functions of any such person; and develop and implement measures to evaluate the effectiveness of such programmes.
- Ensure that all policies adopted to prevent and redress torture and ill-treatment committed by law enforcement agents take into account the differentiated impact of such abuses on women, as well as on other populations marginalised on the basis of gender, sexual orientation, or ethnicity, amongst other factors.

With regards to corporal punishment:

- Review, amend and adopt all necessary legislative measures to eradicate and explicitly prohibit all forms of corporal punishment in all settings, including for drug-related activities; develop methods to monitor the implementation of such prohibition.

With regards to torture and ill-treatment in drug 'rehabilitation' centres:

- Ensure that national legislation provides a sound regulatory framework and minimum quality standards for drug treatment institutions, including guarantees for effective legal safeguards for all persons interned therein; ensure that treatment provided in such centres is always voluntary, evidence-based, and in compliance with international standards.

Institutionalisation and treatment should be based on free and informed consent and provided by qualified healthcare professionals.

- Take the necessary measures to ensure that independent monitoring bodies are able to conduct regular and unannounced visits to both state-run and private drug treatment institutions without any restrictions, to ensure that no one is detained therein against their will, and that treatment conditions comply with international standards and national legal frameworks.
- Proceed with the immediate release of all people who are detained in state-run or private drug treatment centres against their will.
- Ensure that people who are or have been interned in drug treatment centres have access to mechanisms for bringing complaints on torture and ill-treatment, and that they are provided with appropriate and affordable legal and para-legal services; ensure that survivors obtain redress as set out in General Comment No. 3 (2012) by the UN Committee Against Torture.
- Ensure that medical personnel and others involved in treatment centres are provided on a regular and systematic basis with trainings on the international standards of voluntary, evidence-based, and rights-compliant treatment for drug dependence; develop and implement a methodology to assess the effectiveness and impact of such educational and training programmes on the reduction of cases of torture and ill-treatment.
- Ensure that all persons with a drug dependence have access to a range of voluntary, evidence-based and rights-compliant harm reduction and treatment options, including access to opioid agonist therapies such as methadone or buprenorphine. Invest in evidence-based, rights-compliant approaches to drug use and drug dependence, with an emphasis on community and peer-led responses.

Endnotes

1. Chinwike Okereke is the Founder and Chief Executive Director of Africa Law Foundation (AFRILAW)
2. Adrià Cots Fernández is a Research and Advocacy Officer at the International Drug Policy Consortium (IDPC)
3. Maria-Goretti Loglo is the Africa Consultant at the International Drug Policy Consortium (IDPC)
4. International Committee of the Red Cross (2014), *Prohibition and punishment of torture and other forms of ill-treatment*, <https://www.icrc.org/en/download/file/1025/prohibition-and-punishment-of-torture-icrc-eng.pdf>
5. UNODC (Website), *Outcome document of the 2016 United Nations General Assembly Special Session on the World Drug Problem: Our joint commitment to effectively addressing and countering the world drug problem*, <https://www.unodc.org/documents/postungass2016/outcome/V1603301-E.pdf> [Accessed 22 March 2022]
6. International Drug Policy Consortium (Website), *Statement at the Interactive Dialogue with the UN Special Rapporteur on Torture - 49th session of the UN Human Rights Council*, <https://idpc.net/alerts/2022/03/statement-at-the-interactive-dialogue-with-the-un-special-rapporteur-on-torture-49th-session-of-the-un-human-rights-council> [Accessed 22 March 2022]
7. United Nations Committee Against Torture (2021), *Concluding observations to the first periodic review of Nigeria*, CAT/C/NGA/COAR/1, https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=CAT%2fC%2fNGA%2fCOAR%2f1&Lang=en
8. These include the International Covenant on Civil and Political Rights (ICCPR); the Convention against Torture (CAT) and its Optional Protocol (OPCAT); the International Convention for the Protection of All Persons from Enforced Disappearance; the Convention on the Elimination of all forms of Discrimination against Women (CEDAW) and the Convention on the Rights of the Child (CRC)
9. Redress (2016), *Legal Frameworks to Prevent Torture in Africa: Best Practices, Shortcomings and Options Going Forward*, <https://redress.org/publication/legal-frameworks-to-prevent-torture-in-africa>, p. 21. The absence of such a nonderogable right in the Nigerian Constitution might have served as a basis for the justification of certain violations committed by armed forces during the state of emergency between 2012 – 2015, 94 ‘special measures’ were needed to fight effectively Boko Haram
10. Penal Code (Northern States) Federal Provisions Act, (1960 No. 25)
11. Criminal Code Act [Nigeria], Cap C38 LFN 2004, as amended in 1990
12. The NDLEA Act was amended by the National Drug Law Enforcement Agency (Amendment) Decree No 33, 1990 and the National Drug Law Enforcement Agency (Amendment) Decree No 15, 1992. The law as amended is available here: <https://lawsofnigeria.placng.org/laws/NATIONAL%20DRUG%20LAW%20ENFORCEMENT%20AGENCY%20ACT.pdf>
13. The India Hemp Act as amended is available here: <https://www.fao.org/faolex/results/details/en/c/LEX-FAOC120406/>
14. United Nations Working Group on Arbitrary Detention (2021), *Arbitrary detention relating to drug policies*, A/HRC/47/40, <https://undocs.org/en/A/HRC/47/40>
15. For a review of drug laws in Africa see: Bridge, J. & Loglo, M. (2017), *Drug laws in West Africa: A review and summary*, http://fileserv.idpc.net/library/Drug-laws-in-West-Africa_ENGLISH.pdf
16. United Nations Office on Drugs and Crime (2018), *DRUG USE IN NIGERIA: Executive Summary*, https://www.unodc.org/documents/data-and-analysis/statistics/Drugs/Drug_Use_Survey_Nigeria_2019_Exsum.pdf, p. 12. The Report presented the results of the first large-scale, nation-wide survey to examine the extent and patterns of drug use in Nigeria
17. Ibid
18. Ibid
19. Access to Justice (2005), *Breaking Point: How torture and police cell system violate justice in the criminal investigation process in Nigeria*, p. 5
20. Redress, UNODC & Legal Resources Consortium (2017), *Technical Commentary on the Anti-Torture Framework in Nigeria 2017*, <https://redress.org/wp-content/uploads/2017/12/170404-Technical-Commentary-on-the-Anti-Torture-Framework-in-Nigeria.pdf>, p.6
21. Amnesty International (2016), *Nigeria: Special police squad ‘get rich’ torturing detainees and demanding bribes in exchange for freedom*, <https://www.amnesty.org/en/latest/news/2016/09/nigeria-special-police-squad-get-rich-torturing-detainees>
22. Amnesty International (2021), *#EndSARS movement: From Twitter to Nigerian Streets*, <https://www.amnesty.org/en/latest/campaigns/2021/02/nigeria-end-impunity-for-police-violence-by-sars-endsars>
23. Association for the Prevention of Torture (Website), *Torture and ill-treatment*, <https://www.apt.ch/en/knowledge-hub/detention-focus-database/treatment/torture-and-ill-treatment> [Accessed 22 March 2022]
24. The field research was coordinated by AFRILAW during September 2021, and is currently archived with IDPC and AFRILAW. Available upon request
25. YouthRISE Nigeria (2015), *We Are People: The Unintended Consequences of Nigeria Drug Law and Policy on the Health and Human Rights of Young People Who Use Drugs*, <http://youthriseng.org/wp-content/uploads/2020/12/We-Are-People-Final.pdf>, pp.15-18
26. Ibid
27. Gyong, E. & Tanimu B. (2010), ‘A Sociological Assessment of the National Drug Law Enforcement Agency’s (NDLEA) Strategies of Arrest and Detention in Nigeria’, *Current Research Journal of Social Sciences* 2(3): 127-132
28. Ibid
29. Available at: <https://dailytrust.com/amp/inside-nigerias-brutal-narco-wars>
30. Ibid
31. Ibid
32. However, it is important to note that some male respondents also explained that they had suffered sexual violence at hands of law enforcement
33. Drug Policy Debate Radar (Website), *UNGASS 2016 Women Declaration*, <https://drugpolicydebateradar.wordpress.com/2016/03/08/ungass-2016-women-declaration/> [Accessed 22 March 2022]
34. Malinowska-Sempruch, K. & Rychkova, O. (2015), *The impact of drug policy on women* (Open Society Foundations), <https://www.hr-dp.org/files/2015/07/24/ungass-impact-drug-policy-women-20150507.pdf>, p. 7
35. YouthRISE Nigeria (2015), *We Are People: The Unintended Consequences of Nigeria Drug Law and Policy on the Health and Human Rights of Young People Who Use Drugs*, <http://youthriseng.org/wp-content/uploads/2020/12/We-Are-People-Final.pdf>
36. Redress, UNODC & Legal Resources Consortium (2017), *Technical Commentary on the Anti-Torture Framework in Nigeria 2017*, <https://redress.org/wp-content/uploads/2017/12/170404-Technical-Commentary-on-the-Anti-Torture-Framework-in-Nigeria.pdf>, p. 6
37. Bourbeau, H., Sani Umar, M. & Bauman, P. (2019), *Shari’a Criminal Law in Northern Nigeria* (United States Commission on International Religious Freedom), p. 10
38. Youth RISE Nigeria (2015), *We Are People: The Unintended Consequences of Nigeria Drug Law and Policy on the Health and Human Rights of Young People Who Use Drugs*, <http://youthriseng.org/wp-content/uploads/2020/12/We-Are-People-Final.pdf>, pp.15-18
39. Association for the Prevention of Torture (2008), *Torture in International Law: A Guide to Jurisprudence*, <https://www.apt.ch/en/resources/publications/torture-international-law-guide-jurisprudence-2008>, p.36
40. Quote from: UN Committee Against Torture (2019), *Concluding observations on the initial report of Bangladesh*, CAT/C/BGD/CO/1, <https://undocs.org/CAT/C/BGD/CO/1>. See similar recommendations amongst others in: CAT/C/MDV/CO/1, CAT/C/MRT/CO/2, or CAT/C/QAT/CO/3
41. See: European Union, ECOWAS, UNODC (Date unknown), *West African Epidemiology Network on Drug Use Report: Statistics and Trends on Illicit Drug Use and Supply 2014-2017*, https://www.unodc.org/documents/westandcentralafrica/WENDU_REPORT_VF_V5_291019_FINAL_VERSION.pdf
42. See: UNGASS Women 2016 (Website), *UNGASS Women 2016*, <http://www.ungasswomen2016.com/english> [Accessed 22 March 2022]

43. Russel Webster (March 2020), 'Gender Discrimination in Drug Offence Sentencing', *Russel Webster Blog*, <https://www.russellwebster.com/priwomendrugs20>
44. Adelou Ogunrombi (2015), 'West Africa: A New Frontier for Drug Policies?', *Sur International Journal on Human Rights*, 21(12), p. 4
45. United Nations Office on Drugs and Crime (2018), *DRUG USE IN NIGERIA: Executive Summary*, https://www.unodc.org/documents/data-and-analysis/statistics/Drugs/Drug_Use_Survey_Nigeria_2019_Exsum.pdf, p. 51
46. See: UN Committee Against Torture (2007), *General Comment No. 2 Implementation of article 2 by State parties*, CAT/C/GC/2, <https://undocs.org/ru/CAT/C/GC/2>, para. 15
47. Ibid
48. See UN Working Group on Arbitrary Detention (2021), *Study on arbitrary detention and drug policies*, A/HRC/47/40, <https://undocs.org/A/HRC/47/40>
49. International Drug Policy Consortium (2016), 'Chapter 2.5: Drug dependence treatment', *IDPC Drug policy guide, 3rd edition*, p. 53, http://files.idpc.net/library/IDPC-guide-3-EN/IDPC-drug-policy-guide_3-edition_Chapter-2.5.pdf
50. See: Aworinde, T. (29 October 2019), 'Islamic scholars attack torture rehabilitation chambers', *Punch Nigeria*, <https://punchng.com/torture-rehabilitation-chambers-under-attack-from-islamic-scholars-others/>
51. Youth RISE Nigeria (2015), *We Are People: The Unintended Consequences of Nigeria Drug Law and Policy on the Health and Human Rights of Young People Who Use Drugs*, <http://youthriseng.org/wp-content/uploads/2020/12/We-Are-People-Final.pdf>, p. 22
52. See: France 24 (2 October 2019), 'House of Torture' puts focus on Nigeria Islamic schools, <https://www.france24.com/en/20191002-house-of-torture-puts-focus-on-nigeria-islamic-schools>
53. See: Sahara Reports (24 September 2019), *Nigeria 300 Children: They're Drug Addicts, Violent, Claim Parents Of Children Chained In Kaduna*, <http://saharareporters.com/2019/09/28/nigeria-300-children-theyre-drug-addicts-violent-claim-parents-children-chained-ka-duna>
54. Ibid
55. Youth RISE Nigeria (2015), *We Are People: The Unintended Consequences of Nigeria Drug Law and Policy on the Health and Human Rights of Young People Who Use Drugs*, <http://youthriseng.org/wp-content/uploads/2020/12/We-Are-People-Final.pdf>, p. 22
56. Ibid
57. See: Channel Television (14 October 2019), *Updated: Police Uncover 'Rehabilitation Centre' With Chained, Maltreated Children in Daura*, <https://www.channelstv.com/2019/10/14/breaking-police-uncovers-another-islamic-centre-with-chained-maltreated-children-in-daura/>
58. See: Blueprint (2 November 2019), *How drug abuse fuels north's rehabilitation centres*, <https://www.blueprint.ng/how-drug-abuse-fuels-norths-rehabilitation-centres/>
59. Ibid
60. See: Sahara Reports (24 September 2019), *Nigeria 300 Children: They're Drug Addicts, Violent, Claim Parents Of Children Chained In Kaduna*, <http://saharareporters.com/2019/09/28/nigeria-300-children-theyre-drug-addicts-violent-claim-parents-children-chained-ka-duna>
61. Ibid
62. Ibid
63. Redress, UNODC & Legal Resources Consortium (2017), *Technical Commentary on the Anti-Torture Framework in Nigeria 2017*, <https://redress.org/wp-content/uploads/2017/12/170404-Technical-Commentary-on-the-Anti-Torture-Framework-in-Nigeria.pdf>, p.7
64. Ibid
65. Ibid, p. 31
66. United Nations Committee Against Torture (2012), *General Comment No. 3*, CAT/C/GC/3, <https://undocs.org/Home/Mobile?FinalSymbol=CAT%2FC%2FGC%2F3&Language=E&DeviceType=Desktop&LangRequested=False>

Notes

About this Briefing Paper

This report presents evidence on the physical and mental violence faced by people who use drugs in Nigeria. The information included in this report has been collected through a mixed methods approach that includes desk research and a survey of 79 people who use drugs and other stakeholders in 5 Nigerian states.

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About IDPC

The International Drug Policy Consortium (IDPC) is a global network of NGOs that come together to promote drug policies that advance social justice and human rights. IDPC's mission is to amplify and strengthen a diverse global movement to repair the harms caused by punitive drug policies, and to promote just responses.

About AFRILAW

African Law Foundation (AFRILAW) is non-profit and non-governmental law, justice and development organization with the corporate headquarter at Enugu, Enugu State of Nigeria.

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