



## REPORT SIERRA LEONE MISSION :

### Community and contextual analysis on drug's use and drugs policies in Sierra Leone

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PRINCE BULL, ALHAJI ALUSINE CONTEH, ALPHA FOFANA, KAMARA HABIB TAIGORE & CHAIRMAN & THE TEAM OUTREACH/PEERS, FODAY MICHAEL, NABIEU MOKUWAH, IBRAHIM PROGRESS KOROMA & ISMAEL, ARIEFA, JERRY, PAMELA FROM OSIWA, PAROLES AUTOUR DE LA SANTÉ (MALI AND IVORY COAST), DRUG'S USERS AND ALL THOSE WHO WILL FACILITATE THE ENFORCEMENT OF GOOD DRUG POLICIES & HARM REDUCTION.



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&

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## ACRONYMES

**CBO** : Community Based Organization

**DIC** : Drop in Center

**FG** : Focus Group

**GF** : Global Fund

**HIV** : Human Immunodeficiency Virus

**HR** : Harm Reduction

**IDU** : Injecting Drugs User

**KAP** : Key and Affected Populations

**NGO** : Non Governmental Organization

**NMF3** : New Funding Model 3

**NSP** : Needles and Syringes Program

**OSF** : Open Society Foundation

**PCD** : Participatory Community Diagnosis

**PSE** : Population Size Estimation

**PWID** : People Who Inject Drugs

**PWUD** : People Who Use Drugs

**SL** : Sierra – Leone

**TB** : Tuberculosis

**WA** : West Africa

## I - ABSTRACT

As a low-income West African country, Sierra Leone like other countries in West Africa have real “problematic” policies (drug laws) around drug use and people who use drugs (PWUD). This mission provided a better understanding of the context of drug use and drug policies or laws in Sierra Leone. The methodology included a bibliographic research, interviews (semi-structured, individuals and collectives) with many actors and different profiles, participant’s observations and focus groups (FGs), facilitated the collection of data that was used for analysis and recommendations. Out of an estimated number of 5000 ‘problematic/precarious’ PWUD in Freetown. They frequent at least a 100 open consumption scenes. It seems difficult to directly consume the drugs (Heroin and crack) on the spot. The main illegal drug consumed remain to be cannabis. Particular to Sierra Leone, the consumption of synthetic cannabinoid is becoming more popular. However, we were able to observe and confirm a significant consumption of cocaine in the form of crack, and non-prescription drugs (tramadol, valium, diazepam, etc.). The participative observations are not able to directly confirm the presence of Heroin and injecting drug's users. NGOs and Drug Users confirmed their presence. “But they are few, and less numerous compared to Libéria”. At first, it was easy to observe, that interventions related to the use and abuse of drugs (from a global health point of view), will require a multisectorial and holistic approach. The analysis of the data collected revealed a strong will on the part of all stakeholders to reform the current laws or policies and strong expectations and needs on the part of the PWUD.

Sierra Leone have the first official Needles and Syringes exchange Program (NSP) in West Africa (WA). Funded by Global Fund (GF), this program was visited during the mission. Some known actors, are already investing in Harm Reduction (HR) Programs and on drugs policy. HR is included in the national plan and on the NFM<sup>3</sup> of the GF. Globally, PWUD have declared their simple needs and Primary care: “for housing, food, access to healthcare and social integration”, and “to put the drugs at distance”<sup>2</sup>.

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1 New Funding Model For Global Fund

2 Trying to stop or reduce the use of psycho-active substances



Regarding the recommendations, they have been classified into 7 parts.

1. Drug laws and policy reform (Drug Law reform Process; Proactive advocacy; Anti-corruption tools & human rights observatory; Technical Assistance)
2. Data & evidence based research
3. Capacity building
4. Prevention and HR services
5. Organize and mobilize Drug Users friendly community
6. Universal access to healthcare & Global Health
7. Transversal aspect

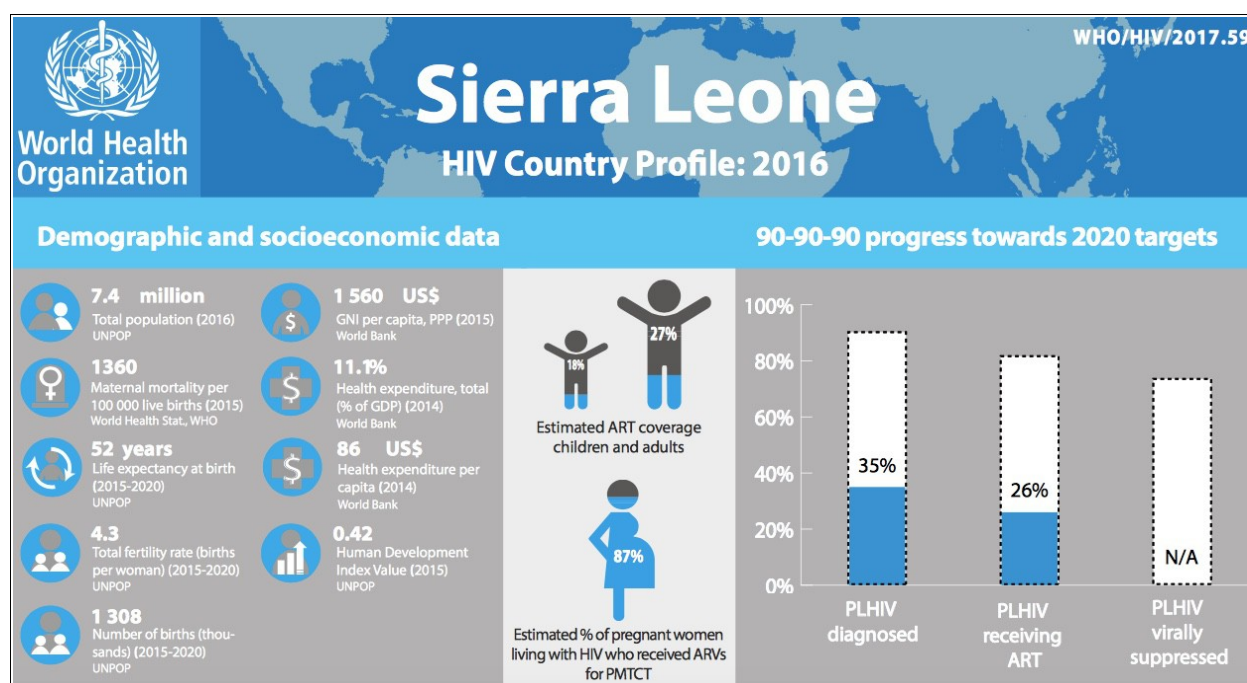


**Sierra Leone  
recommandations**

OSIWA - PAROLES AUTOUR DE  
LA SANTE 2021

## II - CONTEXTE

Sierra Leone (SL) has a population of about 7.4 million as of 2016 and is a low-income West African country that has dealt with waves of economic, political, and public health challenges in its recent past, including a decade-long brutal civil war, the Ebola epidemic of 2014-2016<sup>3</sup> and the COVID-19. SL is a « youthful » country, with 75% of its population below the age of 35. However, 60 % of young people are structurally unemployed and only 37% of the school age youth population are gaining an education<sup>4</sup>. The country's health care system is based on the primary health care concept<sup>5</sup>.



## III - THE STUDY

Mandated by Open Society Initiative for West Africa (OSIWA), this research was coordinated in Sierra-Leone from 04th to 14th December by Evanno Jerome expert/consultant for « Paroles Autour de la Santé » the project's holder. This study on PWUD and drug policies in SL will enable stakeholders to set up interventions on HR services and on targeted and adapted drug policy.

3 HIV/AIDS in Sierra Leone : Characterizing the Hidden Epidemic

4 Ministry of Youth Affairs (2014) A blueprint for youth development: Sierra Leone's National Youth Program 2014-2018

5 National Strategic Plan on HIV/Aids 2015-2020

## ***MAIN OBJECTIVES***

**"PROMOTE THE IMPLEMENTATION OF BOTH ADAPTED  
ACTIONS OF HARM REDUCTION, AN ADAPTED DRUG POLICY,  
EMPOWERMENT AND SUPPORT THE PROJECTS /  
INTERVENTIONS OF LOCAL PARTNERS"**

## ***SPECIFIC OBJECTIVES***

- Analyze the **expectations and needs** of the PWUD and stakeholder;
- Analyze the **strengths and weaknesses of community** involvement of PWUD and HR actions;
- Propose **adapted strategies** to support the implementation of actions / activities promoting an adapted drug policy, community involvement and HR approach;
- Develop and distribute a **report** including recommendations;
- Write **scientific articles** and communications on the results.

## ***TARGET POPULATION***

- **Heroin and / or Cocaine/crack and / or opioid and / or amphetamine** users, adults, living in SL, regardless of the mode of use and their relatives;
- **Organizations** supported / partners by OSIWA;
- **Stakeholders** in the field of addictions, harm reduction, human rights and drug policy;
- **Political / institutional leaders and donors**;
- **Researchers, students**, etc;
- **OSIWA and OSF**.

## ***METHODOLOGY***

### ***Participatory Community Diagnosis (PCD)***

A qualitative approach will be used to collect data through: A PCD.

This methodology makes it possible to collect information on the situation and needs of a community. It will use an interview guide with a list of topics that can be



discussed. The methodology developed for this research, consist more particularly of :

- Documentary and scientific resources
- Semi Structured Individual and collective interviews
- Participative Observations
- Focus Group (FG)

### *Individual & collective Interviews*

**More than 20 people** were carried out with key actors / stakeholders working in HR and / or in the field of addiction, human rights or drugs policies.

*List of solicited persons/organizations*

	NAME	STRUCTURE
1	PRINCE BULL	WADPN (WEST AFRICA)
2	THE DIRECTOR AND HIS DEPUTY	NDLEA
3	MS. MARIE BENJAMIN CHAIRPERSON	CONSORTIUM FOR THE ADVANCEMENT OF RIGHTS FOR KEY AFFECTED POPULATIONS (CARKAP)
4	PWUD	SIERRA LEONE RASTAFARIAN MOVEMENT
5	ALHAJI ALUSINE CONTEH	SSDP
6	HEATLH SERVICE DIRECTOR & HIS ASSISTANT	PRISON OF FREETOWN
7	ALPHA F	PWUD LEADER, REGGEE BOYS AND GYAL ; MAKENI NGO
8	PWUD	PWUD'S LEADER
9	KAMARA HABIB TAIGORE + CHAIRMAN + TEAM OUTREACH/PEERS	EXECUTIVE DIRECTOR SOCIAL LINKAGES FOR YOUTH DEVELOPMENT AND CHILD LINK (SYLDCL)
10	FODAY MICHAEL	EXECUTIVE DIRECTOR OF SALONE HARM REDUCTION – TECHNICAL ASSISTANT
11	PWUD X 2	ACTIVE PWUD, INSIDE THE DIC
12	AIAH NABIEU MOKUWAH	IDCHS – ANIMATOR OF NGO FG
13	IBRAHIM PROGRESS KOROMA & ISMAEL	SOCIAL WORKER MENTAL WATCH ADVOCACY NETWORK- WATERLOO

14	ARIEFA	GLOBAL YOUTH NETWORK, CHILDREN EDUCATION FONDATION
15	JERRY	JOURNALIST - SMOKE LESS (CBO IN PROGRESS)

## ***Focus Groups***

FG as a **qualitative research method** is very appropriate in the African context, since it is an oral method, corresponding well to these so-called "talk" societies. The survey subdivides the FG into three parties, as below:

SUB-POPULATION	SPECIFICITIES/ ORGANISATION	OBJECTIVES
FOCUS GROUP WITH YOUNG PEOPLE AND STUDENTS	LOCALIZED IN IDCHS OFFICE, ANIMATED BY CONTEH FROM SSDP	10 PARTICIPANTS
FOCUS GROUP WITH INTERVENERS/INSTITUTIONAL/ ACTORS	LOCALISED AND ANIMATED BY IDCHS	08 DIFFERENTS ORGANIZATION
FOCUS GROUP WITH PWUD	LOCALISATED AND ANIMATED BY CHAIRMAN OF SYLDC	13 PARTICIPANT (INCLUDED 2 WOMENS) DRAWN FROM ACROSS GHETTOS AND CARTELS IN FREETOWN KRIO LANGUAGE WAS USED

The FGs were held in Institute for Drugs, Control and Human Security (IDCHS) office for Youth and NGO's and in SOCIAL LINKAGES FOR YOUTH DEVELOPMENT AND CHILD LINK (SYLDC) office for PWUD. This place presents no danger (repression / stigma / discrimination) and were friendly and confidential for the participants. Confidentiality of exchanges and anonymity were respected.

## ***Observation participant***

They will be used to better understand the context, to be part of an ethno-anthropological research process, to validate hypotheses and to be able to approach a certain reality. These moments are also used to foster confidence, and to initiate contacts with the target population, "difficult to reach". During this mission, the research team, has been able to realize 10 different participative observations.

1	<b>Night life</b>	Near the beach, a popular place, a lot of alcohol, some marijuana, some sex workers. Nothing special
2	<b>Little ghetto in township</b>	30 PWUD, It's a women that controls the areas. Inside a community place, near a road, not so secret place. We can buy weed, kush, brown (not possible during the observation), crack, tramadol.

3	<b>Little ghetto near the beach, "Juba" community</b>	30 PWUD 4 women. We can buy cannabis, kusk, K2, Tramadol and sometimes cocaine/crack. But not brown-brown. Dirty place, some pregnant women. Include in the community.
4	<b>Little cannabis dealer</b>	In a little shop, we can buy cannabis, the police is just in front of the shop, lot of "lambda" people around.
5	<b>Synthetic cannabinoid test</b>	Testing the Synthetic cannabinoid called « kush/K2/Spice », inside a beach restaurant, the barman was just there and says nothing.
6	<b>Big ghetto in the city center</b>	Did not see crack pipes, no heroin users, but a big ghetto of at least 100 people. 10% women, full of kush, alcohol, pills and cannabis, near police station, no police raid, dirty but access to water.
7	<b>small "cartel"</b>	Priority need: Shelter, job, medications, +/- 20 boys, +/- 32 years old, no heroine but crack 10 dollars the "rock", 50 dollars the gram but to be checked. They share the pipe, do not feel stigma from the community because they are part of it. But feel stigma when it comes to opening a CBO. Know injectors but very few. There is a lot of kush, it is popular, almost more than cannabis, (5000 leones per dose). There would be more heroin in Liberia than in Sierra Leone, but "there would be more crack here than in Liberia." I had a good reception. The PWUD when leaving ask more for their "kush fix" than for other drugs. 3 PWUD smoked crack while others watched with interest. I recovered a pipe (end of syringe + bottle cap + Aluminum - see photo).
8	<b>visit of the Drop In Center (DIC) SLYDC</b>	20 people, with a majority of salary employees, a few PWUD, (interview with 2). A specific space for the NEP. smoke weed inside. Syringe of 2ML and needle, no water or spoon, tourniquets. Did not see, an anonymous codification. Good atmosphere
9	<b>Prison</b>	Deposit of a food donation, in the health service, welcome by the head of the service, collective interview.

## IV - SIERRA-LEONE DRUGS USE<sup>6</sup> CONTEXT

During the war, drugs such as heroin and crack/cocaine were introduced on a much larger scale than previously (Richards 1996; Musah 2000), and there is also little doubt that drugs fueled some of the terrible human rights abuses committed by rebel forces, militants loyal to the government, and the West African ECOMOG force (Richards 1996; Abdullah 1998; Bøås 2001)<sup>7</sup>. "Brown-brown"<sup>8</sup>, crack/cocaine, and the

6 In this study, drug's use and drug user's include Opioids and/or Cocaine and/or pills, user's

7 Alcohol and Drug Consumption in Post War Sierra Leone - an Exploration - Morten Bøås and Anne Hatløy - 2005

8 Street name for Heroine

abuse of medical drugs<sup>9</sup> were first introduced to a broader spectrum of youth during the war<sup>10</sup>. Concerning drugs and crime, the country was identified as one of the major gateways in West Africa for cocaine trafficking<sup>11</sup>. Ex-combatants from the different factions who were introduced to drug abuse during the civil conflict were sent back home without paying attention to the dangerous new habit of abuse of drug, in their reintegration process<sup>12</sup>. “After the war, lot of NGO work on the empowerment of the ex-soldiers. But no one works on addiction and drugs abuse”<sup>13</sup>.

“Drug use in SL is under-studied”, as it is in most of West African Country. Globally, SL needs “Weak sex and age disaggregated epidemiological and programmatic national and subnational data especially on key populations”<sup>14</sup>.

### **POPULATION SIZE & SOCIOLOGICAL PROFILE OF PWUD**

A mapping of hideouts conducted by GOAL, an NGO, estimated that there are **5000 people who use drugs in Freetown**. If ten percent of people who use drugs (PWUD) inject, then there may be as many as 500 PWID in Freetown alone<sup>15</sup>. If there were 99 hideouts verified in Freetown, when multiplied by the average number of people at the hideouts (42.95), **4252 PWUDs** would be estimated. GOAL’s estimate of 5000 people who could be reached by outreach programs is reasonable if we include “Marijuana/kush” the PWUD.

The survey on the use of illegal drugs in SL was conducted by the National Drug Law Enforcement Agency in 2013 on the population of 14 and 60 in which 3,500 persons were interviewed. As a result, reliable and up-to-date survey figures are hard to come by, the survey results reveal that 25% of these two age groups are using illegal drugs<sup>16</sup>. Over **1 millions of illegal PWUD in SL**.

The various observations and interviews also made it possible to have an estimate of the population of precarious PWUD who frequent the open consumption scenes of Freetown, **between 4000 and 5000 people**. We can consider that there are between **10 and 20% of women**. It is difficult to establish an average age, but the profiles

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9 As tramadol, Valium, Diazepam, etc.

10 Alcohol and Drug Consumption in Post War Sierra Leone - an Exploration - Morten Bøås and Anne Hatløy - 2005

11 UNODC

12 Sierra Leone: Reforming Sierra Leone's Drug Control Act 2008 - Harm Reduction Concord Times (Freetown)(<http://slconcordtimes.com/>) By Matthias D. Bendu\*

13 Global youth network for children foundation interview

14 National Strategic plan on HIV/Aids 2015-2020

15 Population size estimated 2013 - NAS

16 STANDARD TIMESPRESS Over 1 millions illegal drugs addict in Sierra Leone

encountered seem similar to those of other countries in the region (median age +/-35 years). It is therefore difficult to make a precise estimate of PWUD and specially People Who Inject Drugs by Injection (PWID). There is a first **problem of definition and inclusion criteria in the Population Size Estimation (PSE)**, then, it is a very stigmatized population and outlawed by its consumption of prohibited / illicit substances. There would be “+/- 1000 PWUD in Waterloo” and “2000” in Makeni according to peers sources.

## **TYPES OF DRUGS**

The survey of National Drug Law Enforcement Agency (NDLEA), reveals that the three main illegal drugs that are prevalent in SL are Cannabis sativa (diamba), Heroine (brown brown) and Crack/cocaine. The most popular drugs reported among PWID were tramadol, heroin and cocaine. Heroin use was reported by 188 PWID (88%) and cocaine use was reported by 82 (40%)<sup>17</sup>. In the PWUD FG “the most participants have used or are using “Cocaine/Crack, Heroine, Cannabis, Kush”.

**Marijuana/Cannabis** : Introduced to the Sierra Leonean population in the late 1960s and early 1970s, and it was quickly discovered that the climatic conditions was ideal for cultivating marijuana<sup>18</sup>. “It's really easy to buy Marijuana”. “It's very rare to find Hashich or marijuana oil”. “It's something really casual for PWUD to consume this product”. “The rastafarian movement militates for the legalization of the consumption of drugs” especially Cannabis, and carries out advocacy actions.

**Cocaine/crack**: “The use of cocaine, mostly smoked crack”, (see crack pipe picture), by local inhabitants is a new phenomenon and is only prevalent among the 40 to 60 year-old age group”<sup>19</sup>. But during the participative observation, we have meet some youth crack users. “. Fairly easy to access, a bit expensive compared to other countries in West Africa, but this remains to be confirmed. It looks of good quality.

**Heroin**: “brown-brown is not expensive”, it is not as cheap as moly<sup>20</sup> or diamba<sup>21</sup>: a user's dose costs about 2,000 leones<sup>22</sup>. “It's not so easy to buy heroin, not all ghetto

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<sup>17</sup> Population size estimated 2013 - NAS

<sup>18</sup> Alcohol and Drug Consumption in Post War Sierra Leone - an Exploration - Morten Bøås and Anne Hatløy - 2005

<sup>19</sup> Study DEA 2013

<sup>20</sup> Local gin alcohol

<sup>21</sup> Local name for Cannabis

<sup>22</sup> Alcohol and Drug Consumption in Post War Sierra Leone - an Exploration - Morten Bøås and Anne Hatløy - 2005



or “cartel” sell it”. So PWUD confirm that “in SL you have really less heroin compare to others country of the region or to Liberia for example”. « There are fewer heroine users compared to Liberia ». “we have heroine, and it's generally more brown and rarely white (call “Thai”) “1 dose “pinch” = 0.5 US dollars”. “

**Pills** : Diazepam, Tramadol, tranquilizers, valium (called “blue boat”), and gunpowder. It seems that the injectors consume opioids for their injection

**Glue** : There would be “high consumption of glue among street children”, but the mission could not confirm this information.

**Synthetic Cannabinoid (specific to SL)** : During the observation, we noticed that a lot of PWUD consume “kush”. When we asked the users what kind of drugs is it, they say “ it's like weed/marijuana, but it's kush”. After some investigations, we can confirm that it's not marijuana. It's a psycho-active substance call “spice” a synthetic cannabinoid. For the moment, this substance seems to be legal and does not include the prohibited drugs list<sup>23</sup>. It's a really popular drugs and most specifically for youth. It would be an important public health issue.

**Others** : PWUD confirmed the presence of MdMA (ecstasy) and amphetamine. “But it is very and too rare”.

## **CONSUMPTION SPACE**

Although drugs can be consumed in a wide variety of places, in Freetown there is a very original<sup>24</sup> collective form of drug use : “the ghettos” (call cartel by PWUD). “Apart from the sale and consumption of drugs, other activities find their place there : Sale of cigarettes, chewing gum, alcoholic drink, cookies and cooked meals, games of chance, economical-sexual exchange”<sup>25</sup>. This part of the drug scene is much smaller and more secretive (than the cannabis part), and therefore much harder to penetrate<sup>26</sup>. There were 99 hideouts verified in Freetown<sup>27</sup>. During the mission, we had the possibility to visit different “cartel”. It's look very similar to others in West Africa. But, the PWUD seems not to consume heroin and crack directly “in situ”. They need to find an other place (home, secret place, brothers rooms, hotel, etc.).

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<sup>23</sup> <https://www.cdc.gov/marijuana/faqs/how-harmful-is-k2-spice.html>

<sup>24</sup> Not really for West Africa (NDLA)

<sup>25</sup> Usage des drogues et convivialité en Sierra Leone - 11 / 1993 Cairn

<sup>26</sup> Alcohol and Drug Consumption in Post War Sierra Leone - an Exploration - Morten Bøås and Anne Hatløy - 2005

<sup>27</sup> Population size estimated - 2013

The place for Marijuana and Kush are generally different from “Heroin/Crack cartel”. They seem good/better integrated to the community. It's really easy to consume marijuana and synthetic cannabinoids in the street or in some popular places.

## **MODE OF USE**

**Injection :** When we ask to leader/ PWUD : Do you have PWID in Freetown ? They answer “yes I saw them, but few”. “PWID are in minority among people who use drugs”, “Brown-brown is heroin produced for the purpose of being smoked and is not meant to be injected”<sup>28</sup>. “most of the PWUD consume heroin with foil, does sniffing but I don't know PWID”. 209 interviewees were asked if they used a sterilized needle and syringe the last time they injected drugs. 53 (25%) reported having used a sterilized needle and syringe the last time they injected drugs, including 48 (25%) men and 5 women (28%)<sup>29</sup>. In Makeni, “ they are +/- 15% of IDU”. There is “no specific ghetto/place for injectors” says mental health advocacy network. The mission was unable to meet any injectors, and we were unable to buy heroin. When we ask to PWUD, this practice seems very not significant and minor. « SL don't have many injectors ». A call for Consultants was launched in 2018 via The National AIDS Secretariat, who received funding from GF as PR to implement “Program Continuation Request (PCR)” which commenced in January 2018 and ends 31st December 2020 (these programs are always in activities). The Secretariat requires the Implementation of Needle and Syringe Exchange Program for 1000 PWID in Western Urban (Freetown) (Managed by SOCIAL LINKAGES FOR YOUTH DEVELOPMENT AND CHILD LINK) and Western Rural. The Drop In Center (DIC) donates “20 syringes per PWUD”. “Most PWID inject tramadol”, with 2 ml syringes, “because it's more convenient”. (see participants observation). However, there is real work of collaboration with the national authorities, including the security forces. The Pharmacy and Drugs Act prohibits the possession and distribution of syringes without a prescription. Possession of non-prescribed psychoactive drugs is illegal, and PWID report facing criminalization, including frequent searches by police to look for drugs. Fear of arrest or detention poses a key barrier to accessing NSP for PWID internationally<sup>30</sup>.

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28 Alcohol and Drug Consumption in Post War Sierra Leone - an Exploration - Morten Bøås and Anne Hatløy - 2005

29 Population size estimated – 2013 - NAS

30 FINAL REPORT: PILOTING A NEEDLE AND SYRINGE PROGRAM IN SIERRA LEONE FEBRUARY 1, 2019 ; Prepared by Ayden Scheim, PhD & Meaghan Thumath, RN, BSN, MScPH, DLSHTM, PhD(c)

**Smoking:** “Most of the Heroin users consume with foil” “and “crack with artisanal pipe” (see picture). We can notice the exchange of crack pipe during the participative observation. Cannabis and kush are strictly smoked.



**Others :** “It's very rare to find people sniffing or take pills as MDMA or LSD”. A lot of PWUD consume tramadol and other non-medical prescription drugs.

## **HIV/AIDS AND TRANSMISSIBLE DISEASES**

The HIV epidemic in SL has been considered as mixed, generalized and heterogeneous<sup>31</sup>. In 2013, the National HIV/AIDS Secretariat (NAS) of Sierra Leone and UNAIDS conducted a countrywide population size estimation (PSE) survey, which identified “Key and Affected Populations” (KAP groups) exhibiting high-risk behaviors or activities that disproportionately increased their likelihood of being affected by the HIV/AIDS. **PWID** emerged as relatively **new and major demographic representations for new HIV infections**. The KAP groups made up only 4% of the total population but accounted for 44% of known HIV cases in the country<sup>32</sup>.

A study conducted in 2015 among KAP revealed an HIV prevalence rate of 8.5% among PWID. A projected total number of 1,000 new cases of HIV have occurred in 2015; directly linked to the KAP groups.<sup>33</sup>

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31 National Strategic Plan on HIV/Aids 2015-2020

32 HIV/AIDS in Sierra Leone: Characterizing the Hidden Epidemic

33 National Strategic Plan on HIV/Aids 2015-2020

In 2016, 26% (15% - 42%) were accessing antiretroviral therapy. PWID have also been identified to be at higher risk of HIV infection; 1.4% of the new infections.<sup>34</sup> PWID are eligible for Prep as key population<sup>35</sup>.

The key populations most affected by HIV in SL are :

- Sex workers, with an HIV prevalence of 8.5%,
- Gay men and other men who have sex with men, with an HIV prevalence of 14%,
- **PWID, with an HIV prevalence of 8.5%,**
- Prisoners, with an HIV prevalence of 2.2%.<sup>36</sup>

A multisectoral response will be more effective in reducing vulnerability and risk by building on protective services that can meet the needs of people living with HIV and the most vulnerable affected people.<sup>37</sup> As we know: “Humanitarian crises (as Civil war, Ebola, COVID-19 Crisis) exacerbate the HIV epidemic. Vulnerabilities grow; gender-based violence and others lead to new infections. Services are interrupted, people are uprooted, and their access to HIV prevention and treatment is affected”<sup>38</sup>. Such services are not even available during “normal” circumstances.

**Tuberculosis :** Patients notified in 2016 were 14,114 with an estimated incidence of 22/100,000 population<sup>39</sup>. As in the rest of West Africa, PWUD are vulnerable to TB and Multi-resistant TB. PWUD confirm that “they are really affected by Typhoid, Malaria, and fever”. There were about 1.7 million malaria cases reported in SL in 2017<sup>40</sup>. To respond to AIDS, TB and malaria epidemics, effective response needs also to address the barriers related to human rights, gender and other inequalities and exclusions by involving capacitated civil societies (CS) and community groups (CG)<sup>41</sup>. Many NGOs have “no knowledge of the prevalence of HIV and TB in PWUD” and no one PWUD meet known that.

**Important :**

**Discussions with PWUD as well as observers underline the need to set up**

34 National Strategic Plan on HIV/Aids 2015-2020

35 Consolidated Guidelines on HIV Prevention, Diagnosis, Treatment and Care in Sierra Leone – Oct 2020

36 UNAIDS

37 [https://www.unaids.org/fr/resources/presscentre/featurestories/2017/august/20170823\\_sierraleone](https://www.unaids.org/fr/resources/presscentre/featurestories/2017/august/20170823_sierraleone)

38 MICHEL SIDIBÉ EX-DIRECTEUR EXÉCUTIF DE L'ONUSIDA

39 WHO (2017). GLOBAL TUBERCULOSIS REPORT 2017.S

40 WHO (2017). WORLD MALARIA REPORT 2017.

41 Technical support effectiveness assessment of civil society and community groups in Botswana, Liberia, Sierra Leone, South Sudan, Swaziland and Tanzania – 2019 - EANNASO

<p><b>prevention, screening and compliance support actions/activities for tuberculosis.</b></p>
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## **MENTAL HEALTH AND ADDICTOLOGY**

West African countries, « share similar profiles of insufficient human resources for mental health, poor funding, a high unmet need for services and a low official prioritization of mental health ».<sup>42</sup> Mental health was included in the Government's 5 years vision plan (2012 – 2017). According to the participants and the NDLEA "There is not methadone yet " in the country and the government is "ready to support the creation of a national rehab center". If a PWUD is addict, NGO's will just tell them to « avoid the ghetto & to rehydration ».

## **ENVIRONMENTAL HEALTH**

As in the rest of West Africa, there is a important "Ecological-environmental issue ». However some carry out beach cleaning activities, for example. It would be interesting to work on this subject. Setting up day work for PWUD for example.

## **HUMAN RIGHTS & DRUG LAW**

Number of West African countries are considering, or are already in the process of, revisiting their drug laws or polities. It is increasingly recognized that the current drug laws are not effective and are resulting in enormous costs<sup>43</sup>.

Before the Sierra Leone's Drug Control Act of 2008, the President had no alternative but to attach a certificate of emergency to the draft drug policy control bill to Parliament to hastily pass a new anti-drugs Act.<sup>44</sup> In 2019, the government of SL expressed interest in harmonizing and reforming its drug laws in order to ensure effective and evidence-based drug control response that is rooted in human rights, public health and sustainable development<sup>45</sup>. SL needs to “modernize Drug Law Enforcement”.

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42 The Mental Health Leadership and Advocacy Program (mhLAP): A pioneering response to the neglect of mental health in Anglophone West Africa January 2014 International Journal of Mental Health Systems 8(1):5

43 Model drug law for west Africa : A tools for policy makers - WACD

44 Sierra Leone: Reforming Sierra Leone's Drug Control Act 2008 - By Matthias D. Bendu\*

45 Roadmap to Sierra Leone's drug law reform forum - 16 July 2020 - IDPC



“The drug law is not good. To improve it, we need a commitment at all levels (police, education, NGO, civil society, PWUD, religious, youth, women, etc.)” says Ariefa from Global youth network & Children’s Education Foundation. The country’s drug act, which came into implementation in 2008, criminalizes the possession of drugs, and even HR efforts. This makes the fight against HIV among KAP an uphill task. The World Health Organization has also flagged the issue as a major concern<sup>46</sup>.

The Open Society Initiative for WA is also interested in drug policy reform in SL and recently funded a report focused on the consequences of punitive drug law enforcement in the country (Institute for Drug Control and Human Security, 2018). OSIWA’s country officer encouraged applications focused on drug policy reform.

Several sources indicate that the president of the republic admits that it is necessary to reform the laws, but we did not find any official document/sources.

“The NDLEA have the lead on the reform drugs law process”, they work on “prevention and controlled of drug use and drug abuse” and they are stakeholders with the ministry of health” too “. “We are ok for a reform of the laws but it does not have the means to carry out this process with a technical expert”. According to NGOs and government officials, “the government is ready for a process of reforming the current laws”, but “COVID has delayed the process”. “To improve it, we need a commitment at all levels (police, education, NGO, civil society, PWUD, religious, youth, women, etc.)”.

**Law enforcement and criminal justice system :** « Today, there are more cocaine and cannabis dealers in SL than ever before. Publicly, the number of cocaine traffickers seems to be relatively small. The matter is that major cocaine traffickers are receiving the full protection of certain government officials in law enforcement who are strategically placed, mainly owing to the existence of an “illegal drug protection ring,” organized and run by these officials »<sup>47</sup>. “If you don't have money, you can't get justice in SL”<sup>48</sup>. “I was arrested twice for use, I paid to go out”. “Sierra Leone's Freetown prison is a hell-hole where both children and adults suffer appalling deprivations”. Assistant Superintendent of the SL Police Force, Ibrahim Samura, says

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46 <https://mg.co.za/africa/2021-02-21-sierra-leone-drugs-hiv-or-aids-covid-deadly-mix/>

47 STANDARD TIMESPRESS Over 1 millions illegal drugs addict in Sierra Leone

48 A boy named Abdul: Sierra Leone's child inmates - 5 March 2011

he is alarmed by the “spate of drug abuse and addiction”<sup>49</sup>. Many PWUD have already been incarcerated and arrested for simple possession / consumption

“It was widely noted that over the past two years, much progress has been made in relations between SLYDCL, PWID, and police”. SLYDCL has actively engaged local unit commanders and imparted on them the importance of HR services. Beneficiaries also expressed this view, but noted that they nevertheless still face criminalization, including frequent searches of their person to look for drugs. Key informants—including both potential NSP clients, Legal Aid Board staff, and a Police Hospital representative—agreed that client and staff identification cards including NAS and Global Fund logos would be an important tool to reduce negative interactions with police. Despite a formal agreement, NSP clients or staff may still be detained or arrested when accessing or providing NSP services<sup>50</sup>.

PWID reported violence primarily from police (76%)<sup>51</sup>. « While justice delivery remains an endemic problem, the dysfunctionalities of the criminal justice systems across the region are well documented and disproportionately affect poor and vulnerable persons »<sup>52</sup> and specially precarious drug's users. It is not a racial war on drug, compare to USA or Europe, but it's “an against poor” war on drugs. The measures have not only increased police abuse and violence but have compounded inhumane and degrading treatment of mostly poor people who have been subjected to arbitrary arrest. WADPN has funded a prison study carried out by IDCHS with the support of SSDP.

### **Specific case of Marijuana and Rastafarian movement:**

The government continued to enforce the laws prohibiting the production, sale, and consumption of marijuana (cannabis). Rastafarians reported this prohibition restricted their ability to use cannabis as a core component of their religious practices. Some Marijuana farmers complained that, if the police found their fields – which happened very rarely, as the police almost never went on patrols in the mountains – or stopped them when they were carrying the drug down from their fields, they had to “pay a

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49 Unemployed Youth Turn to Drugs - By Tommy Trencher - 2013

50 FINAL REPORT: PILOTING A NEEDLE AND SYRINGE PROGRAM IN SIERRA LEONE FEBRUARY 1, 2019 ; Prepared by Ayden Scheim, PhD & Meaghan Thumath, RN, BSN, MScPH, DLSHTM, PhD(c)

51 Population sized estimated – 2013 - NAS

52 OSIWA 2021-2014 Strategy

substantial bribe, usually around 200,000 Leones”. If they could not pay, the police would take all the Drugs in their possession. Although unpleasant and annoying, dealing with the police is much less dangerous from their point of view than the armed gangs<sup>53</sup>. Representatives of the Rastafarian movement (considered as religion by the government and representatives of other religions) were able to advocate for the decriminalization directly with representatives of the government-parliament.

## KEY AND AFFECTED POPULATIONS (KAP)

With priority attention on populations among whom HIV prevalence and transmission is the highest (FSW, MSM/Transgender, PWID); and due focus on other vulnerable populations such as prisoners, migrant workers (e.g., fisher-folk, transporters, miners, traders, etc.), uniformed personnel, adolescents and young people, etc.). Interventions for and by these population groups will include a combination of : HR behavior change, primarily in relation to sexual behaviors that are associated with higher HIV transmission and their underlying determinants (e.g., poverty and sex trade, abuse of alcohol and other intoxicating substances, etc.). It also includes behaviors with a direct relationship to non-sexual transmission of HIV, **especially recreational injection of drugs**.<sup>54</sup>

PWID are a key population of the 2020 Consolidated Guidelines on HIV Prevention, Diagnosis, Treatment and Care in SL An “IBBSS” type study on key populations is under preparation. It is financed by the Global Fund:

The national strategic plan aims at:

- Health facilities that provide combination of prevention services tailored to targeted Key Populations increased from 2015 level to 80% by 2020
- Targeted Key Populations that access relevant combination prevention services increased from 2015 level to 90% by 2020<sup>55</sup>

In addition, it recommends the following activities: “Youth friendly HIV, Sexual Reproductive Health, Ebola Virus Disease and HR information and services accessed independently and equally by young people, women and men” and for KAP

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<sup>53</sup> Alcohol and Drug Consumption in Post War Sierra Leone - an Exploration - Morten Bøås and Anne Hatløy - 2005

<sup>54</sup> National Strategic Plan on HIV/Aids 2015-2020

<sup>55</sup> National Strategic Plan on HIV/Aids 2015-2020

“Combination prevention services adequately resourced and available, tailored to populations, locations and interventions with maximum impact”.

There are no activities in the regions. “There is nothing in waterloo, everything is in Freetown” and “we need to externalize the activities”. “The good actors are not invested; people prefer to support their friends and their families”.

A number of stakeholders expressed a desire for the NSP to serve, as a bridge to drug treatments, however, evidence-based and affordable drug treatments (e.g., medication-assisted treatment and voluntary psychotherapy) is not currently available in SL. Over the longer-term, the introduction of opioid substitution therapy (e.g., methadone) as part of the comprehensive package of HIV services for PWID is a high-priority<sup>56</sup>.

Syringe exchange program already in place and with a welcoming community. Fund provided in the NFM3 of the GF for PWIDs. «The government needs to invest in HR projects» says SYDCH & “HR are including in the next plan » says NLDEA

## **DRUG'S USERS EMPOWERMENT**

PLWHIV and KAP at most risk of HIV that are empowered and participating effectively in advocacy and program interventions to eliminate stigma and discrimination increased from 2015 level to twice that level by 2020. PLWHIV, and other Key Populations meaningfully engaged in decision-making and implementing HIV, EVD and TB prevention program<sup>57</sup>.

In the document “Pilot the Implementation of Needle and Syringe project”, the consultant needs to conduct a training for Needle and Syringe Exchange Program for approximately 30 participants **including program staff and PWID** and to **support PWID organization in implementing a pilot program in western area rural and urban**.

To conduct community advocacy to promote the human rights of PWUD including commodities and services not funded. It is necessary to “Involve drug users in the campaign and in advocating for their own welfare” says NGO's FG.

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56 FINAL REPORT: PILOTING A NEEDLE AND SYRINGE PROGRAM IN SIERRA LEONE FEBRUARY 1, 2019 ; Prepared by Ayden Scheim, PhD & Meaghan Thumath, RN, BSN, MScPH, DLSHTM, PhD(c)

57 National Strategic Plan on HIV/Aids 2015-2020

Currently there are **no PWUD CBOs in SL**. However, an association in Makeni, and several PWUD in Freetown are “interested in creating a first CBO”. The implementation of the first CBO “may be supported” by NLDEA. The other NGOs and Focus Group participants also understand and will support the creation of a community-based organization.

**Stigmatization** : “We face self-stigma, which makes us refuse to go to health centers. We feel people or health workers who have seen us more than once, always take notice or talk negatively about us.”<sup>58</sup> Generally, “the media stigmatizes so much the PWUD” and the « media have a great role to play » because “the point of view is always negative”<sup>59</sup>. Among PWUD, 40% reported having been excluded from a family, religious or social events because of their drug use<sup>60</sup>. In 2017, international HR expert Dave Burrows conducted an assessment in SL and recommended implementation of a pilot NSP (Drop In Center DIC)). We need a “Multi Sectoral approach to change the mindset of the people about drug and drug use” says the NGO FG.

## V – RECOMMENDATIONS

### 1 - DRUG LAW REFORM AND DRUGS POLICY

« OSIWA’s role is to ensure that civil society in the region is expanding, resourced, networked and energized to be at the forefront of struggles for justice. The goal of this strand of work is to reduce barriers of access to criminal justice, creating fairer systems in order to meet the justice needs of the most vulnerable (here the precarious PWUD). OSIWA seeks challenge discrimination in law enforcement against the marginalized, especially in the enforcement of petty offense laws (drug use) and start experimental work on police accountability ».

#### **DRUG LAW REFORM PROCESS**

##### **(a) Promote model drug law for west Africa <sup>61</sup> :**

In the words of the Executive Director of the United Nations Office on Drugs and Crime: “It is important to reform the original spirit of the conventions, focusing on

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<sup>58</sup> <https://mg.co.za/africa/2021-02-21-sierra-leone-drugs-hiv-or-aids-covid-deadly-mix/>

<sup>59</sup> Journalist interview

<sup>60</sup> Population size estimated 2013 - NAS

<sup>61</sup> <https://www.globalcommissionondrugs.org/wp-content/uploads/2018/08/WADC-MDL-EN-WEB.pdf>



especially public health. The conventions are not about waging a 'war on drugs' but about protecting the 'health and welfare of mankind'. The purpose of this Model Drug Laws is to respond to the need for reform, by providing legislative provisions and commentary, which incorporate the obligations of the three UN drug control treaties, and take into account the outcomes and commitments from the 2016 United Nations General Assembly Special Session on the world drug problem, the ECOWAS Drug Action Plan to Address Illicit Drug Trafficking, Organized Crime and Drug Abuse in West Africa (2016-2020), as well as, the existing evidence of effectiveness, the need for greater harmonization of drug laws in the region, and the current gaps in the legislation.

- (b) **promote and build local agencies for the enforcement of the rights of drug users** : see Human right part
- (c) **Fund the process to reform the drug policies**: take stock of potential project donors. Diversify sources of funding.

#### **PRO - ACTIVE ADVOCACY**

- a) **Position paper** : « put forward to the stakeholders » says Focus Group NGO as internally generated initiatives.
- b) **National network** : There are "problems of coordination between NGO's", and « we need a coalition of NGOs & engage stakeholder ».
- c) **Regional Network**: "we need a regional network for HR and Drugs policies," says IDCHS".
- d) **Network of civil society**: It is important to begin on the principle that the management of this network is to be carried out by "a neutral organization to manage the coalition" (OSIWA, UNAIDS, PAS) says the NGO FG "the network will allow information to circulate" specifies the NGO FG.
- e) **Religious**: « includes the religious (Rasta too) » says FG NGO, but beware, "religions stigmatize"».
- f) It is necessary to change the **state of mind** of the population and therefore to advocate towards the communities » says Ariefa from Global youth network & children's education foundation.
- g) **Creative campaigning** : see with Activist Journalist.
- h) **Support the advocacy of the Rastafarian leader**: with the members of parliament on the decriminalization of drug use.

- i) **Support don't punish campaign** : See IDPC process.
- j) **Establish regular relations between the police and HR organization**: organize awareness-raising workshops, training, joint activities, etc.

#### **ANTI-CORRUPTION TOOLS & HUMAN RIGHTS OBSERVATORY :**

- a) **Facilitate the “complaining” process for PWUD victims of police brutality** : In connection with human rights NGOs
- b) **human rights observatory** : will be used to identify the:
- c) **Work with the police** : training, advocacy, human rights, etc.
- d) **Advocacy for a better drugs policies** : support the drug law reform process

#### **TECHNICAL ASSISTANCE :**

- a) **Lawyers team** : « Advocate for legal representation for drug users in conflict with law » says the NGO FG
- b) **Technical assistance to the reform law process** : In link with NLDEA
- c) **Support the dialogue between and amongst States, civil society and policy makers at both local, national and regional levels** : Workshop, advocacy, joint activities, training, awareness raising, etc
- d) **National symposium** : Idea of having a symposium with civil society and at the high level, one day each plus one day for everyone » says Ariefa from Global youth network & children's education foundation. Same as that organized by WADPN in Liberia`
- e) **Research** : See research & data part

## **2 - DATA & EVIDENCE BASED RESEARCH**

“Governments and institutions need data and documented citizens to accurately plan, evaluate existing social programs effectiveness or ascertain whether available resources are being allocated to address the most urgent and serious development issues“ (2021-2024 OSIWA strategy). It will be multidisciplinary research with a focus to the **multidisciplinary community research**.

#### **DATA :**

- a) **More information about PWID:** Population Size Estimate, needs and assessment, Knowledge, Attitude, Practice, epidemiology (HIV, Hepatitis B/C, TB, ITSS, etc).
- b) **Population Size Estimate:** « We need a PSE survey for PWUD and type of drug consumed ». It is important to not to include exclusively marijuana users. « We need a PSE for Freetown and the entire country ».
- c) **Community based monitoring :** It is a recommendation of GF and PEPFAR. An important project will be used to collect data but also to strengthen advocacy. Made By NGO because there is no CBO, but with a strong involvement of the PWUD leaders.
- d) **OST experimentation :** To prepare the implementation of OST programs
- e) **Prep :** Needs, Efficiency, etc..
- f) **Drugs testing:** In order to have better information on injected and consumed drugs, a study and analysis (CCM type<sup>62</sup>) in connection with the police laboratory and the authorities should be carried out. The objective is to better understand the type of drugs and the quality of drugs consumed in consumption areas, but also to have information on adjuvants.
- g) **Other aspects :** Human right, prisoners (develop IDCHS Study), women and Gender Based Violence, youth, About stigmatization and discrimination, real needs and assessment (see Participative community Diagnostic), monitoring on activities and care, LGBT, youth, well inserted, etc.

### **RESEARCH :**

- a) **Participative Community Diagnostic :** Now, it is the time to carry out a community and participatory diagnosis of the expectations and needs of the PWUD. « We need a PCD, but we need a real expert and neutral researcher », (Technical assistance). UNAIDS and stakeholders/stakeholders seem interested.
- b) **KBAP – IBBSS :** strictly with heroine/crack/tramadol drug's users. IBBSS in progress on key population with GF.
- c) **HIV-TB prevalence of PWUD :** “the GF doesn’t fund an IBBSS study “says SYDCH. “Some data come from hospital,” says NLDEA. See MdM Study methodology<sup>63</sup>.

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<sup>62</sup> By Chromatography

<sup>63</sup> Prevalence and management of tuberculosis among people who use drugs in Abidjan, Ivory Coast

- d) **Rapid Assessment** : “We need a rapid assessment,” says NLDEA with technical assistance.
- e) **Measure the impact of projects** : Attention to integrity and honesty. Technical assistance.
- f) **Study of the satisfaction of PWUD in relation to health & social services / HR & Human rights project etc.** : Can be done in complementarity with the Community Based Monitoring

### **3 - CAPACITY BUILDING**

This part is the result of the answer on the needs of the interviewers and the FG participants. More generally, it is a question of "developing a training program adapted to the context and to requests with" reliable and scientifically validated "information.

#### **FOR PWUD:**

Harm Reduction, HIV/TB base knowledge, practice for self-injections, how to manage an Overdose, good practice, sexual health, how organize a CBO, conflict management, social reinsertion, how to involve, community empowerment, Human right, Advocacy technic, national law and rights,

#### **FOR NGO AND SOCIAL WORKER TEAM:**

service delivery, condom prevention, HR, IEC, HIV, TB, first aids, “project management”, monitoring, community research, Human right, good information, educational resource, training for advocacy”,, training of trainers. It will be interesting to involve the Drop In Center team to become regional trainers for Needles exchange program.

#### **FOR HEALTHCARE WORKERS :**

Addictology, Stigmatization, Harm Reduction, for psychiatrist on the validate therapeutic protocol for the different substance addiction, psychosocial, etc.

#### **FOR INSTITUTIONAL AND OTHERS:**

**Technical assistance** (law, addictology and harm reduction/ Community health), Find a consultant who would build a training program, for everyone. Advocacy skills;

**Training for trainers** : Harm Reduction, Drug law and policies, advocacy, etc; **Law enforcement** : Conduct training for police on NSP and occupational health, safety and child safeguarding; **Include in the official student cursus of** : Nurses, Medicine, Social workers, etc; **For media** : About stigmatization & discrimination; **Include UNODC training** : See with Regional UNODC office

#### 4 - PREVENTION AND HR SERVICES

**HR ADAPTED TOOLS:** « We need tools » says NGO FG

**For Crack users** (see specific crack pipe and adapted tools from Ivory Coast)<sup>64</sup>. crack pipe mouthpiece; **HR for non-injectors**; **Kriol tools** (See leaflet UNAIDS/SYLDC/Consultancy project);<sup>65</sup> **Youth, for Women; Safe injection support** (created with the community) ; **TB, HIV, etc.**

**OUTREACH WORK** : “We need to reach out to the key populations with more intervention,”

- a) **Set up a surveying team to better cover the territory** : identify needs and, if necessary, open new HR structures
- b) **Activities in prison** : “SYDCH will organize activities in prison next years” self-support group, primary care, (see result of the WADPN/IDCHS study)
- c) **Do not forget those who do not inject** : Smokers, etc..
- d) **Specific activities aimed at women and youth** : See transversal point
- e) **Develop the work of outreach team/or surveying team** allowing mediation with the inhabitants /community.
- f) **family mediation** : with peers worker and NGO
- g) **Dream** : consumption room
- h) **Distribution of overdose prevention & Community naloxone distribution:**  
As opiates are injected in SL, distribution of overdose prevention (ODP) and treatment medicine (naloxone) is recommended. Training organizations working with people who use drugs to train users in implementation of ODP is the most common way ODP is implemented<sup>66</sup>. « We have some Over-Dose

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<sup>64</sup> We can use individual chicha pipe.

<sup>65</sup> A Harm Reduction tools for Du's was been created during this mission (see annexe). At this time, a meeting with UNAIDS, SYLDC and the consultant is organized to validated it and print some for the stakeholders.

<sup>66</sup> Population size estimated – 2013 - NAS



here ». Concerning the Naloxone, “There would be a possibility of access to naloxone but because of the covid it was stopped”. « We have a stock in country for next one year and it has been budgeted on next grant starting July 2021 ».

## **5 - EMPOWERMENT, ORGANIZE AND MOBILIZE PWUD COMMUNITY**

« BRING THEM TOGETHER » SAY ALL THE PARTICIPANT OF THIS STUDY.

### **EMPOWERMENT :**

- a) **Flexible & Mini grants** : Create a mini grants projects for NGO and leaders. With the same methodology that the ENDA/OSIWA Senegal project. We don't have actually CBO. So, the NGO must organize the purpose, with a community approach, with partnership building in link with drugs policy and/or HR (and OSIWA strategy). Prioritize activities with youth and gender approach.
- b) **Internally (drug's users community) generated initiatives** : Support by mini grants (see below).
- c) **Valorization of peer workers** : Training, social declaration, health insurance, minimum wage, etc.
- d) **Income generating activities** : climate change et ecology, (see Environmental health part), economic independence (Autonomization), to be defined according to the results of the diagnosis, day work.
- e) **Social and relational rehabilitation through collective activities** : Offer social and relational integration activities to regain self-esteem, benchmarks and a commitment to social life.

### **ORGANIZING PWUD COMMUNITY :**

- a) **Identify leaders** : Bring them together for empowerment; **Involvement of PWUD** : training, advocacy, some PWUD met during the study say that “they are ready to be involve in a CBO” **“Make one group of leadership”** : “SL have the need of a CBO of drug's users” says IDCHS. **Included women and youth** : With specific and transversal aspect

- b) **Community Based Monitoring** : This system of monitoring, can be based on the community (as the recommendation of PEPFAR and GF - see Research part).

#### **MOBILIZING :**

- a) **Safe & supportive environments** : 20 PWUD to start, (a bit like the Jades project) with leaders / relay / champion, and then find a place a bit like a neighborhood house”.
- b) **Working with sex workers/Lgbt and others KAP** : sex workers need training on condom negotiation and use, SYDCH. "They need AGR, give them a little capital to start" says IDCHS.

## **6 - UNIVERSAL ACCESS TO HEALTHCARE & GLOBAL HEALTH**

*It is more particular to “Protecting and promoting Health for all” (OSIWA strategy).*

#### **PRIMARY HEALTH CARE :** “This is the priority needs of drug users”.

- a) **Food** : “Someone like me finds it very difficult to take my medication, because it goes with food. When there is nothing to eat, it discourages me from taking my medicines,”. Priority of the 2021-2026 UNAIDS strategy.
- b) **Shelter** : Accommodation with integrated support ; Facilitate access to accommodation by adapting the location of accommodation to the aspirations of PWUD, concerning the greater or lesser proximity to the places of deal and space consumption as well as concerning the individualization of spaces + accommodation post cure + specific space women & children/youth
- c) **Access to medication** : “A lot of PWUD have no access to essential medicine”.

#### **INSTITUTIONAL & GLOBAL :**

- a) **National Codification:** In term of monitoring and to support policy, it is important to collect data. SL must create a national codification for the NGO and for the health system. It must be anonymous and identical for all interventions (cf: community Based Monitoring part).
- b) **Stronger government commitment to funding support for PWUD** : See strategic advocacy axes.
- c) **Access quality, efficient and effective essential services:** Access to treatment: work on barriers to access to care: “We are stigmatized by health

workers in the hospitals. Because of this, most of us refuse to go for medication”<sup>67</sup>.

### **HIV & TRANSMISSIBLE DISEASE :**

- a) **HIV : Lost to follow-up HIV treatment** ; there are many who are lost sight ”says SYDCH = community support and follow-up for HIV and TB. **HIV counseling and community support treatment** ; It is important to have a community support for PWUD HIV+. We knew that it is efficient on treatment observance and global support. It is recommended to organize a self-support group for PWUD Living with HIV and there/their partners. **HIV Self-testing** ; Some NGO have access to self-testing. It will be interesting to develop and facilitate the access to self-testing HIV kit for every NGO and for every PWUD. We need to prioritize access for Women, sex worker, and people who use drugs by injection. Fund actually by GF. Ask Pepfar, Solthis, UNAIDS, USAID, ONUDC to support this process in complementarity of/with GF. **PWUD HIV+ Support group** ; Support the creation and organization of a self-support group. **Condom distribution and harm reduction sensibilization** ; For outreach workers, NGO and CBO with easy access. **Sterile material for drug consumption** ; **Cotton**, spoon, water, different type of needles, recap box, etc.
- b) **OTHERS : TB** : Need of activities for prevention, access to care and community support (see result of the MdM study<sup>68</sup>). It's a priority health care needs. **Hepatitis** : Need of more data about epidemiology. Screening, prevention, etc (see HR part). **ITSS** : ITSS Screening sessions, discussion group awareness sessions, focus on women. **Typhoid & Malaria** : to include PWUD in the priority target audience for interventions by the GF, and other stakeholders.
- c) **EBOLA & COVID-19** : (see transversal part)

### **SEXUAL AND REPRODUCTIVE HEALTH :**

Condom, Specific for women and girls, Include men and boys, Information, sensitization, Specific for Youth, Sexual reproductive health education

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67 <https://mg.co.za/africa/2021-02-21-sierra-leone-drugs-hiv-or-aids-covid-deadly-mix/>

68 Prevalence and management of tuberculosis among people who use drugs in Abidjan, Ivory Coast

### **STRENGTHENING ACCESS TO PSYCHIATRIC CARE / MENTAL HEALTH :**

- a) Vary the profiles : of professionals involved in outreach by integrating more professionals in the field of mental health.
- b) **Promote self-support groups** : and for PWUD, ex PWUD, In prison, etc.
- c) **Offer psychiatric support** : By professional, by peers, by social workers, etc.
- d) **Capacity building** : (see capacity building part)
- e) **Psychosocial support** : By professional, by peers, by social workers, etc.

### **ADDICTOLOGY :**

- a) **Withdrawal** : access to withdrawal in a course integrating treatment and post cure, without a break in time between stages (strong demand from PWUD)
- b) **Therapeutic community** : Develop therapeutic care aimed at withdrawal, far from places of dealing and consumption, these spaces could also serve as a place of residence for alternatives to imprisonment.
- c) **Self-support groups** : see below
- d) **National rehab center** : Free and scientifically validate
- e) **Training for health workers** : see below
- f) **Methadone and OST**: Opiate substitution therapy (OST) is recommended for inclusion in public health facilities. Those for whom injecting is exclusively undertaken with opiates, their HIV risk would be reduced or eliminated if OST is successful

## **7 - TRANSVERSAL**

- a) « **Nothing for us without us** » : Involve drug users in all the step
- b) **Involve civil society** : High recommendations
- c) **Youth & children** : We need to take care of them
- d) **Gender-based approach** : Women need “gynecologist, reinsertion, reproductive and sexual health, Harm Reduction”. It's important to“ work on/with pregnant women ” to reduce the risk of child trafficking. Women are most vulnerable.
- e) **COVID – 19 & EBOLA** : The actual sanitary crisis in the world (COVID-19) and the regional sanitary (EBOLA) must be included in the reflection. PWUD

are more vulnerable, and NGO must integrate this disease during outreach work.

- f) **Outsourcing & Regionalization of activities** : “There is nothing in waterloo, everything is in Freetown” and “we Need to externalize the activities”.
- g) **Seek diversification of funding and buy-in from government and international organization partners to ensure long-term sustainability: Such funding would help to diversify SLYDCL’s funding portfolio, reducing reliance on the Global Fund<sup>69</sup>.**
- h) **Environmental health** : offer environmental health education/sensibilization
- i) **Key population for all the GF diseases:** Drug's users must be include as vulnerable population for the 3 GF disease.

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<sup>69</sup> FINAL REPORT: PILOTING A NEEDLE AND SYRINGE PROGRAM IN SIERRA LEONE FEBRUARY 1, 2019 ; Prepared by Ayden Scheim, PhD & Meaghan Thumath, RN, BSN, MScPH, DLSHTM, PhD(c)

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## VII – ANNEXES

### Harm Reduction leaflet (in progress) :

# HARM REDUCTION SIERRA LEONE



It's always safer not to take a drug.  
However, should you decide to use  
drug remember :

- 1 KNOW YOUR SOURCE**  
Find out as much as possible about the quality and effects of the product you buy. Heroin (brown-brown) is sometimes cut with toxic drugs, but is most dangerous when it is too pure! The majority of overdoses are caused by heroin that's less cut than usual.
- 2 AVOIDS INJECTIONS**  
Avoid injections. Sniffing, smoking or inhaling are less risky. But if you want use by injection, either buy new needles or syringes from a pharmacy or any trusted source including where available, at Drop In Center.
- 3 DON'T SHARE TOOLS**  
Avoid sharing the materials you use. For example, if you inject, use your own equipment to prevent the transmission of hepatitis and HIV/AIDS. If you smoke crack or coco, try to have your personal pipe
- 4 BE CAREFUL HOW MUCH YOU CONSUME**  
Pay attention to the dose or how much you consume. If you are doing something for the first time, take at most half as much as the regulars. Also do this if you hadn't consumed that particular drug in a long time (incarceration for example)
- 5 AVOID TO STAY ALONE**  
Avoid being alone when you use brown-brown or Thailand or crack; in the event of an overdose, you can be rescued. Surround yourself with people you trust in a reassuring or secure location.
- 6 TRY TO DONT MIX DRUGS, ESPECIALLY WITH ALCOHOL.**  
Do not mix heroin or brown-brown with alcohol, and especially not with medications like Tramadol, Diazepam, Valium, etc. This greatly increases the risk of an overdose.
- 7 AVOID RISKY ACTIVITIES**  
Avoid driving and any similar and responsible activity when you are high or under the influence of any drugs.
- 8 CARRY CONDOMS**  
Don't forget to always have condoms available and always use them when engaged in sexual intercourse.



