



TOWARDS A NEW APPROACH TO ADDRESS DRUG TRAFFICKING, PRODUCTION AND CONSUMPTION IN WEST AFRICA

CASE STUDIES OF BENIN,
GHANA & SENEGAL



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About WACSI

The West Africa Civil Society Institute (WACSI) was created by the Open Society Initiative for West Africa (OSIWA) to reinforce the institutional and operational capacities of civil society in the region. WACSI also serves as a resource centre for training, research and documentation, experience sharing and political dialogue for CSOs in West Africa.

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ABBREVIATIONS & ACRONYMS

ABDC	Association Béninoise de Droit Constitutionnel
ANLC	Autorité Nationale de Lutte contre la Corruption
BNLD	Brigade Nationale de Lutte contre la Drogue
CAAT	Cellule Aéroportuaire Anti-Trafic
CENTIF	Cellule Nationale de Traitement des Informations Financières
CEPIAD	Centre de Prise en Charge Intégrée des Addictions de Dakar
CES	Conseil Economique et Social Benin
CILAS	Comité Interministériel de Lutte contre l'Abus des Stupéfiants
CILD	Comité Interministériel de Lutte contre la Drogue
CSOs	Civil Society Organisations
CUE	Conseil de l'Union Européenne
ECOWAS	Economic Community of West African States
FONSELUD	Fédération des ONG sénégalaises luttant contre la drogue
GMHA	Ghana Mental Health Authority
MFDC	Mouvement des forces démocratiques de Casamance
NACOB	Narcotics Control Board of Ghana
OCBN	Organisation Commune Bénin Niger
OCRTIS	Offices Centraux de Répression du Trafic Illicite des Stupéfiants
OCERTID	Office Central de Répression du Trafic Illicite des Drogues
ONUDC	Office des Nations unies contre la Drogue et le Crime
OSIWA	Open Society Initiative for West Africa
POLUDRO	Politique Nationale de Lutte contre la Drogue
PWID	People Who Inject Drugs
RADOVIS	Réseau Africain contre la Drogue, les Violences et le Sida
RNSD	Réseau national de la société civile sur les drogues
UEMOA	Union Economique et Monétaire Ouest Africaine

UMCC	Unité Mixte de Contrôle des Containers
UNODC	United Nations Office on Drugs and Crime
WACD	West Africa Commission on Drugs
WACSI:	West Africa Civil Society Initiative
WADPN	West Africa Drug Policy Network



EXECUTIVE SUMMARY

Action-research was conducted in Benin, Ghana and Senegal as case studies to interrogate the state of the approach addressing the traffic, production and consumption of drugs and its relative impacts on the state and society in West Africa in terms of human security, governance, democracy and socio-economic development.

The research was largely based, on the one hand, on content analysis of legal and policy documents, academic journals, media reports and other state and non-state actors' reports, and on the other hand on interviews of individuals and focus groups comprising of drug dealers, traffickers, people who use drugs and their relatives as well as clinicians, government and security officials.

This composite report summarises and brings together the main findings of each of the three country-specific reports. The main findings are grouped into five broad areas, namely: i) state of drug market ii) impacts of drugs on the state and society iii) national frameworks and actions against illegal drugs, iv) challenges and constraints, and v) actions points to effect positive change. Before delving into the research findings in each of the three countries, a brief overview of the regional perspective on how drug trade and use is addressed in the region is presented.

REGIONAL PERSPECTIVE

West Africa has become an important hub for the global trade of illegal drugs. Psychoactive drugs are substances that either stimulate (such as cocaine or amphetamines) or inhibit (such as heroin or sedative-hypnotics) the central nervous system or cause hallucinogenic effects (such as marijuana or LSD) to the effect that their use has been prohibited globally (International Encyclopedia of the Social & Behavioral Sciences, 2001). According to report of the United Nations Office on Drugs and Crime, (UNODC, 2016), Africa is the second main market for cannabis in the world after the Americas. Between 2009 and 2014, West Africa accounted for 78% of the total cocaine seizures in Africa (World Drug Report, 2016). Equally worrying is the rising number of clandestine laboratories in West Africa producing synthetic drugs including methamphetamine. It is estimated that the West African region is now producing up to 1.5 tonnes of methamphetamine every year. This

problematic situation of the drug problem was further underscored in a report produced in 2014 by the West Africa Commission on Drugs (WACD), warning against the dangers posed by the drug trade to the democratisation process, economic growth, human rights, women empowerment and rule of law across West Africa.

In view of the growing threats of the drug trade, the regional body, the Economic Community of West African States (ECOWAS) is working through its Action Plan 2016-2020 to promote a regional approach. Other important legal documents of ECOWAS include the Conventions on Extradition and on Judicial Assistance to fight organised crime and money laundering in West Africa. At the level of the West African Economic and Monetary Union (WAEMU), member states are mandated to establish a centralised agency to address the drug trade.

Despite the progress made in terms of providing policy and legal frameworks as well as creating specialised agencies, the regional approach towards drugs faces several challenges and constraints at the regional level. These include little inter-state cross-border collaboration and operations, no centralised regional agency and database system on the illegal drug trade and organised criminal networks, and inadequate financial, material and human resources to tackle the problem. It is evident that the challenges at regional level are a reflection of the dire situation at the level of states.

STATE OF DRUG MARKETS AT NATIONAL LEVEL

The research findings in Benin, Ghana and Senegal show that the drug market is thriving with the number of people who use drugs on the increase. Cocaine, heroin, cannabis and synthetic drugs are available in all three countries. Regarding trafficking of drugs,

all three countries serve as sources for the export of cannabis as well as transit points for the transshipment of cocaine and heroin, mainly from South America and South-East Asia heading to Europe, North America and the Middle East. In terms of local production and drug consumption, cannabis is the leading drug in the market (WACD, June 2014). The enduring appeal and popularity of cannabis resides in the ease of its cultivation for farmers, its high commercial street value and its multiple use for cultural, recreational, medicinal and aesthetic purposes. There is also a growing demand in the three countries for the abuse of prescription drugs such as Tramadol and Codeine and new illegal synthetic drugs such as amphetamine-type stimulants (ATS). The availability of ATS in these countries is attributed largely to the small but growing number of laboratories producing methamphetamines in some West African countries, notably Nigeria.

Paradoxically, although the drug market is thriving, the frequency and quantity of drugs being seized is on the decrease. One reason for the decrease in seizures was said to be a drop in the amount of drugs being smuggled into these countries. However, some interviewees in the security services in Benin opined that the decrease could be largely down to the fact that traffickers were also getting smarter in evading security. On the contrary, other interviewees attributed the drop in seizures to the covert supports traffickers were increasingly receiving from some rogue security officers and senior government officials. Nevertheless, it is worrying to observe that the decrease in seizures has not translated into a decrease in the number of people who use drugs and drug peddlers given the rising prison population of drug-related convicts as well as the proliferation of ghettos and the growing demand for more treatment centres for people with problematic drug use in all three countries.

IMPACTS ON STATE AND SOCIETY

Overall, the impacts of the illegal drug trade on the state and society are worrisome and pose a strategic danger to the future of these countries. In Senegal, the illegal drug trade is perceived as helping to finance and sustain the ongoing armed insurgency in the southern region of Casamance, which started in 1982. While Benin and Ghana are not experiencing any armed conflicts sustained by the proceeds from drug trade, the countries' judicial, political, social, economic sectors and law enforcement agencies are under threat from the corrupting influence of individual and organised networks of drug dealers and traffickers.

From interviews, it emerged that the proceeds from the illegal drug trade are being used in the financing of political activities including seeking elected offices, mainly in Benin and Ghana. About 75% of drug dealers interviewed in all three countries admitted to bribing security, government and judicial officials to secure favours from them. This partly explains why arrests and imprisonment of high profile drug dealers and traffickers are uncommon in all three countries. Instead, there is disproportionate focus on arresting and jailing petty drug dealers and vulnerable people who use drugs. The focus of government to target these easy pickings is leading to the overcrowding of prisons of people who use drugs in all three countries. Corruption in the public sector is eroding public trust, delivery of justice, rule of law and the foundation of accountable and democratic institutions.

Equally worrying is the looming public health problem from the rising number of young people and women getting into drugs, with the risk of spreading hepatitis B and C, HIV/AIDS, other sexually transmitted diseases (STDs) and tuberculosis through unsafe practices.

NATIONAL FRAMEWORKS AND ACTIONS

The research found a panoply of legal and policy frameworks in place to tackle the problem of trafficking, production and consumption of illegal drugs. Among the three countries, Senegal has one of the most stringent and punitive law, which is known as the Abdou Latif Gueye law. On the other hand, the law provides the option for judges to impose mandatory treatment on reoffending people who use drugs in place of custodial sentence. In the event the people who use drugs fail to undergo the treatment, they are liable to be imprisoned. Nonetheless, the authorities in Benin, Ghana and Senegal are reviewing their current approach. Senegal has in place its second strategic plan 2016-2020 to place greater focus on the demand reduction side of the drug trade. Benin is developing an Integrated National Plan to serve as its new policy framework, while Ghana is in the process of promulgating a new Narcotics Commission Bill, that will decriminalise drug use in the country. The decriminalisation of drug use will be a first across the African continent.

Alongside the legal and policy frameworks, each country has in place agencies and units charged with the responsibility of dismantling the drug market. Moreover, these state agencies are increasingly realising the importance of involving civil society organisations (CSOs) in their operations.

CHALLENGES AND CONSTRAINTS

The research found some weaknesses with the current approach and infrastructure to address the drug trade. Main weakness is the current laws and policies that focus disproportionately on criminalising drug use, which is the wrong approach to addressing the demand and addiction-side of the drug problem. In addition to the problems of outdated laws that impose harsh and long jail sentences on

vulnerable people who use drugs and petty drug peddlers, other challenges include weak organisational capacity, inadequate resources and training, paucity of data on the drug trade, stigmatisation of people who use drugs and limited understanding of the gender dimension of the illegal drug trade. As a manifestation of weak organisational capacity, the various state agencies have not been able to create synergy for better coordination of their operations and maximisation of the meagre resources. Due to inadequate financial resources, the state agencies do not have the appropriate equipment to effectively carry out their mandate. There is also inadequate training on issues around the social and health dimensions of drug use for law enforcement agencies, law-makers, custodians of the law as well as support staff in treatment centres. Furthermore, the stigmatisation and marginalisation of people who use drugs is driving people who use drugs into social exclusion, which makes it difficult for many of them to access help including treatment services.

On the gender dimension aspect of the drug trade and its related problem, there has been little understanding of women's involvement in the drug trade in West Africa. This is important considering the growing trend of the "feminisation" of the illicit drug trade and drug

use as observed in Senegal. In recent years, the number of Senegalese women getting into the drug trade and being arrested as mules has increased. In all three countries, the drug issue has been wrongly perceived as a largely male-only problem. Thus, the system including most treatment centres, does not adequately cater for the need of female people who use drugs.

Key Action Points

A number of recommendations were set forth to improve the effectiveness of the approach toward drug use in West Africa. There is urgent call for governments for the adoption of a new strategy and approach including the decriminalisation of drug use. Other key action points include the revision of some of the draconian drug laws imposing imprisonment on vulnerable people who use drugs and the need for drug education programmes for schools as well as public education and campaigns to raise awareness and eliminate stigmatisation. In addition, there is a need for greater focus, including a study on the gender dimension of the trade drug and drug consumption. At the regional level, there is a need for the harmonisation of drug legislations to enhance cross-border collaboration and operations as well as the creation of a centralised database system.

INTRO- **DUCTION**

West Africa remains a significant hub for the global drug trade. This poses a long-term threat to human security, rule of law, good governance and sustainable development in the region. To deal with this growing threat, there is need for a holistic new approach that is human-centred and driven by broad-based citizen participation.

At present, West African states response to the drug problem focuses mainly on criminal justice, at the expense of education, prevention, treatments and rehabilitation. There is a large body of evidence demonstrating that the focus on punitive measures including criminalising drug consumption have not only failed to reduce the scale of the drug trade but have also failed to come to the aid of vulnerable citizens who need care and support. As such, a new approach is needed to tackle the problem of trafficking, production and consumption of drugs in West Africa.

In Senegal, although drug use is criminalised, a progressive initiative was started in 2014, with the opening of an harm reduction centre in West Africa. In Ghana, the government vowed at the 2016 United Nations General Assemblies Special Session (UNGASS) on the World drug problem, to step up efforts on addressing the addiction-side of drug use through the provision of treatment, care, harm and risk reduction. There is the draft Ghana

Narcotics Commission Bill, which has already passed the second reading stage in the Ghanaian Parliament. If this draft bill is promulgated, Ghana will become the first country in Africa – and the first outside Europe and the Americas – to decriminalise the use of all drugs. In Benin, the government is developing a new National Integrated Plan for drugs. In short, all three countries are taking important steps and actions to re-orientate their current approach.

Given the progressive stance being taken by the authorities in Benin, Ghana and Senegal towards drug policy reform, the West Africa Civil Society Institute (WACSI) commissioned an action-research in the three countries, as cases studies, to shed light on the state of the current approach to address drug consumption, production and trafficking as well as its impacts on the well-being of society and the state in terms of good governance, rule of law and socio-economic development. The research was based on content analysis

of various documents, interviews of individuals and focus group discussions of drug dealers, traffickers, people who use drugs and their relatives as well as clinicians, government and security officials. It was funded by the Open Society Institute for West Africa (OSIWA).

The aim of the action-research is three-fold. Firstly, it aims to contribute to ongoing policy and legal debates around the search for a new and progressive approach in tackling the scourge of the illegal drug trade and addressing the addiction-side of the problem. Secondly, it seeks to create a framework for the commissioning of further studies in other West African countries to inform the evolving regional approach of ECOWAS. Thirdly, its findings will help shape the on-going advocacy and lobbying efforts of the West Africa Drug Policy Network (WADPN) and its partners to reform the outdated approach and infrastructure as well as build synergy between CSOs and ECOWAS and government agencies across the region.

II. DRUGS SITUATION IN WEST AFRICA

Across West Africa, public authorities are struggling to effectively tackle the pernicious problem of drug trafficking, production and consumption. This is due to several factors including the complicity of state and security officials in supporting drug dealers and traffickers. A study conducted by the United States Army War College Strategic Studies Institute in 2013 underscored the involvement of some senior political and security officials in the drug trade in West Africa. According to the study, their covert involvement constitutes the gravest threat to democracy and the rule of law in the region because powerful and well-organised criminal networks are able to infiltrate and corrupt fragile states up to the highest level to impose their agenda.

The content of this action-based research presents a general regional perspective of the drug trade in West Africa before presenting the main findings of the three country-specific reports. The main findings in the three countries are grouped into five broad areas, namely: i) state of drug market ii) national frameworks and actions against illegal drugs,

iii) impacts of drugs on the state and society, iv) challenges and constraints, and v) key actions points. The report concludes with a set of recommendations to address the various challenges and constraints of the current approach and actions in tackling the drug problem.

This section gives a regional overview of the drug trade in West Africa from the colonial period to present day. It presents some of the regional frameworks and actions in place as well as some of the challenges and constraints at the regional level.

i. Regional Drug Market

It was initially postulated that cannabis was introduced into West Africa by ex-service men returning from World War II in Asia (Ellis, 2009). However, Sierra Leone could have been the first country to have cultivated cannabis in the region given the fact that there are records of cannabis arrests and convictions in the country that go as far back as in the 1920s (Akyeampong, 2005). In addition, there is also evidence of cannabis being trafficked into The Gambia and later into Ghana from Sierra Leone in the 1930s (Akyeampong, 2005). The misinformation of blaming World War II veterans for the introduction of cannabis in West Africa could have emerged from the fact that trafficking of cannabis from Sierra Leone disappeared from the official record following the outbreak of World War II.

For the trafficking of illegal drugs from West Africa to Europe, this could have started in the

1950s. According to Ellis (2009), Lebanese smugglers were already using West Africa as early as in 1952, as a transit point to traffic heroin into Europe. Hence, the illicit drug trade is not a recent phenomenon. It existed during the colonial era. However, the trafficking of illegal drugs from West Africa to Europe at an industrial scale is a recent phenomenon. The volume of trafficked drugs via West Africa to Europe increased significantly in the 1980s. This is the period when the tightening of security controls in European and North American airports compelled heroin traffickers from Thailand and cocaine traffickers from South America to redirect their trade through West Africa (Akyeampong, 2005). Consequently, Nigeria became the first hub for the trafficking of cocaine and heroin in the 1980s in West Africa with organised criminal networks later extending into Ghana (Akyeampong, 2005). In the 1980s, Nigeria was in the throes of successive military dictatorship.

The upsurge in the use of West Africa as a transit route for drug trafficking commenced at the dawn of the new millennium (Aning and Pokoo, 2013). This grew exponentially overtime. According to the 2016 World Drug Report, the proportion of the total cocaine seizures between 2009 and 2014 in West Africa rose to 78% (UNODC, 2017). Ghana, Cabo Verde, The Gambia and Nigeria, were mentioned as the countries in West Africa with the largest quantities of cocaine seizures. Nonetheless, the number of seizures fell dramatically in 2014 according to the 2016 World Drug Report, which indicates that after reaching a peak of 5.5 tons in 2007, cocaine seizures in Africa dropped to 1.9 tons in 2014.

However, the UNODC report was circumspect about the fall in seizures, stating that: “given the limited law enforcement capacity, the decline...does not necessarily reflect a decline in cocaine trafficking in Africa...In the

meantime the situation may have changed again: over the period December 2014-March 2016, at least 22 tons of cocaine were seized en route from South America via West Africa to Europe, although most of those seizures took place outside Africa” (UNODC, 2016). In other words, a drop in seizures should not give the wrong impression that the illicit drug trade is slowing down and coming under control. On the contrary, the drop could exist because traffickers are getting smarter and receiving covert support from state authorities as stated by interviewees in this research project in Benin.

Overall, it can be concluded that the drug trade is thriving across West Africa. UNODC (2016) argues that cannabis is the most widely used illicit substance in the region, making Africa the second main market for cannabis after the Americas. According to the European Union Council (2017), the majority of cocaine into West Africa comes from Brazil (51 %), Colombia (18 %), Peru (13 %) and Chile (9 %). The United Nations agency estimated that the yearly value of cocaine transiting through West Africa is at around US\$ 1.25 billion, higher than the national budgets of some West African countries. Equally worrying is the rising number of clandestine laboratories in West Africa producing synthetic drugs. UNODC (2016) reported that around 10 large methamphetamine laboratories were uncovered in Nigeria between 2011 and 2015. Overall, West Africa is now producing up to 1.5 tonnes of the drugs every year.

This growing menace of the drug problem is of grave concern. In 2013, Kofi Annan, a former UN Secretary General, commissioned a study conducted by the West Africa Commission on Drugs (WACD) to raise public awareness and political commitment regarding the challenges posed by the drug trade. Upon completion of the study, WACD produced a report in 2014

titled “Not Just in Transit: Drugs, the State and Society in West Africa”. The report warned against the dangers of the drug trade, as it threatens progress made in West Africa over the last decade in terms of democracy, economy and rule of law. It argued that drug dealers and traffickers can easily escape justice through bribery because of their influence and ill-gotten wealth. This creates a culture of impunity that weakens the foundation of the rule of law and democracy (ONUCID, 2005).

ii. Regional Frameworks and Actions

Since the release of the WACD report, some further actions have been taken at both the national and region levels to tackle the drug trade. In September 2016, with support from UNODC, ECOWAS adopted its strategic framework for combatting the drug problem entitled *Action Plan to Address Illicit Drug Trafficking, Organised Crime and Drug Abuse in West Africa 2016-2020*. This was a follow-up to the initial Action Plan 2008-2014 entitled, *ECOWAS Regional Action Plan to address the growing problem of illicit drug trafficking, organized crime and drug abuse in West Africa*.

In line with the 2016-2020 ECOWAS Drug Action Plan, there is an ongoing EU-funded project to (i) enhance the availability of reliable and comparable data on drugs in West Africa for the development of evidence-based drug policies and programmes, (ii) strengthen regional capacity to identify and disseminate best practices on drug demand reduction, including the civil society and (iii) enhance the capacity of judicial and enforcement authorities and strengthen sub-regional and regional cooperation and coordination.

Other important legal frameworks of ECOWAS include the Conventions on Extradition and on Judicial Assistance to fight organised crime and money laundering. At the level of the West African Economic and Monetary Union

(WAEMU), member states are mandated to establish a centralised agency to curb the trafficking of illegal drugs. This centralised agency is known as Office Central de Répression du Trafic Illicite des Drogues (OCERTID). Furthermore, WAEMU member states have adopted the directives of 19 September 2002 and 2 July 2015 on Money Laundering and Financing of Terrorism as well as the legal act of 6 February 2004 (loi uniforme 2004-09) on the criminalisation of money laundering, including proceeds from illegal drug trafficking.

Following the adoption of the decree of 18 August 2004 (décret 2004-1150), WAEMU member states are mandated to create a National Unit for the Handling of Financial Information (CENTIF), operating under the supervision of the Ministry in charge of Economy and Finances. CENTIF monitors and coordinates information and activities in relation to money laundering from organised crime including proceeds from drug trafficking. Financial institutions and other bodies should alert CENTIF of any suspicious financial transactions and operations by their clients.

iii. Regional Challenges and Constraints

Despite the progress made in terms of providing policy and legal frameworks as well as creating specialised national agencies, the regional approach toward drug trade and consumption faces a number of challenges and constraints. These include lack of harmonisation of drug legislations and policies to inform common strategy and approach at regional level, little inter-state cross-border collaboration and operations, no centralised regional agency to coordinate response, no regional training centre on treatment and rehabilitation of people with problematic drug use, no regional database system on the illegal drug trade and organised criminal networks, and inadequate financial, material and human resources to

address drug trade and problematic use in the region.

Furthermore, ECOWAS has been promoting a regional approach to tackle the illegal drug trade in West Africa since its first action plan in 2008. However, no evaluation of its previous action plans has been conducted to inform future actions in a bid to improve response and modify the strategy and approaches of ECOWAS.

iv. Key Regional Action Points

The illegal drug trade in West Africa is a regional problem that demands a regional approach. Without concerted efforts at regional level, organised criminal networks will continue to conduct transnational operations with little hindrance. As such, there is need for the establishment of regional structure as a long-term approach to address the transnational criminal aspect of drug trade in the region. The creation of regional infrastructure could start with the harmonisation of legislations and policy frameworks across ECOWAS member states. As Ghana is considering the decriminalisation of drug consumption, such an initiative should be championed at the regional level for every ECOWAS member states to adopt. There is need for the designation of a regional training centre on treatment and rehabilitation of people with problematic drug use.

In addition, an appraisal of the ECOWAS Action Plan 2008-2014 is needed to draw lessons learned. The framework for its evaluation could be used at the end of the current action plan in 2020. This will contribute immensely in ensuring an evidence-based decision-making process to develop future strategic frameworks and action plan that could be cost-effective and result-orientated.

III. ADRESSING DRUGS ISSUES IN BENIN, GHANA AND SENEGAL



A. BENIN

Geographically, Benin shares border with four countries: Niger in the north, Burkina-Faso in the north-east, Togo in the west, and Nigeria in the east, while the Atlantic Ocean covers the south.

The country has a population of over 10 million people of which women account for 51.2%. Benin has a youthful population with 46.7% of the inhabitants under 15 years of age. These statistics are important because almost 80% of people who use drugs interviewed started consuming drugs in their youth. With Benin having a large youthful population,

this makes it very urgent for the government to tackle the illegal drug production, use and trade before it gets out of the control and jeopardise the future prospects of the country's young generation. Our research shows that the cultivation of cannabis and datura (a drug largely used in rituals at animist temples) is expanding across the country (see map below).

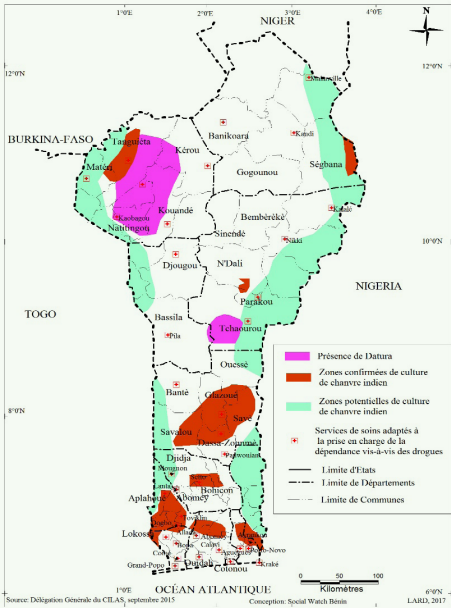


Figure 1: Map of Benin drug production

This section of the report presents a summary of the main research findings on the state of the drug market in Benin, the impacts of drugs on the state and society, the existing policy and legal frameworks, the challenges and constraints facing the current approach and the key action points recommended to help remedy the current situation. The research was largely based on people's perception of the illegal drug trade, the effectiveness of government actions and the nefarious influence of the trade on governance, rule of law, justice system and socio-economic development.

i. State of Drug Market in Benin

Given the covert and illegal nature of the drug trade coupled with limited operational and organisational capacity in Benin, it is almost impossible to systematically have consistent and reliable data on the quantity of drugs locally produced and those smuggled into and out of the country. To gauge the drug market in Benin and its impacts, the research used proxy data such as the quantity of drugs seized, the proliferation of drug consumption venues, the growing number of people seeking medical services for problematic drug use and general perception from interviews. From the proxy data, the drug market in Benin is flourishing. Illicit drugs that are sold and trafficked the country include Cannabis, Datura, Cocaine,

Heroin, Tramadol and synthetic drugs such as methamphetamines.

As shown in the map above, cannabis is produced in many parts of the country, notably in Savalou, Savè, Dassa, Glazoué, Djidja (Setto), Aplahoué, Toviklin, Dogbo, Dangbo, Ifangni, Adjohoun, Pobè, Sakété, and Kétou. As for datura, it is cultivated mainly in the northwest and the central parts of the country in communities such as Bétérou, Perma, Tanguiéta, Natitingou, Tounkountouna, Kaobagou, Tanougou. Many of these areas of cultivation are known to security forces who make little or no efforts to dismantle them. This is a cause for concern given that data from Office Central de Répression du Trafic Illicite de Drogue et des Précurseurs du Bénin (OCERTID) shows a decline in the quantity of drugs being seized.

Cannabis is the most widely grown and consumed drug. Datura, a local plant with three varieties (datura innoxita, datura metel and datura stramonium) is trailing as the second while Tramadol from India is gaining popularity (CUE, 2017 et Enquête SWB, 2017). However, for the majority of interviewees, cocaine was the drug of utmost concern to them. As illustrated below, cocaine was cited the most by interviewees as the most popular and widely consumed drug in the country.

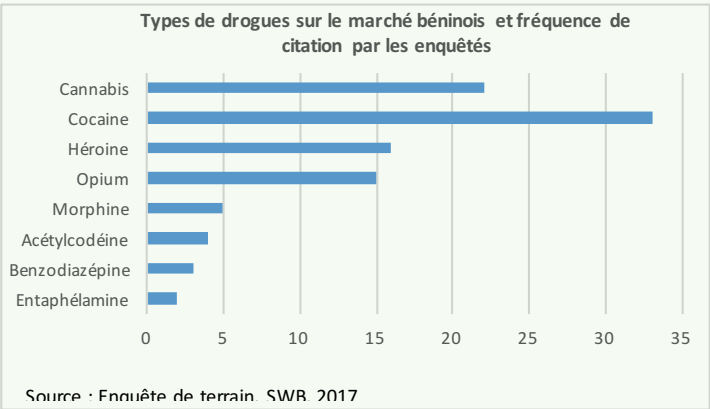


Figure 2: Types of drug in Benin cited frequently by interviewees

In terms of seizure of drugs, about 1,422 kg of illegal drugs were seized in 2016 as opposed to 2,143 kg seized in 2014 and 4,149kg in 2015, according to data from OCERTID. Large seizures were made between 2011 to 2014, totalling up to 58,013 kg (ABDC, 2015; CUE, 2017). From 2014 to August 2017, the quantity of drugs seized include 501 kg of cocaine, 53kg of heroin and about 237kg of other drugs of which 82kg of methamphetamines. In 2015, the quantity of drugs seized increased sharply, which include about 308 kg of cocaine, 40 kg of heroin and 112 kg of other drugs. However, the quantity dropped in 2016 to 161 kg of cocaine, about 62kg of methamphetamine and no heroin seized. Nonetheless, according to various interviewees, the decline in seizures of cocaine, heroin and methamphetamine could be down to multiple factors including on the one hand, heightened security at international borders, stopping supply from reaching Benin, and on the other hand, traffickers and dealers have devised new ways of concealment or receiving support from state agents to evade security.

In terms of trafficking into the country, the main sources of illegal drugs through Benin include South America (mainly for cocaine), South

East Asia (mainly for heroin and Tramadol) and Nigeria (mainly for methamphetamine), headed for Europe, Middle East and South Africa. Multiple channels used for importing and exporting of illegal drugs include the international airport and seaport, principally for cocaine and heroin. The principal channels for cannabis and synthetic drugs are private and public transports over land including the Organisation Commune Bénin-Niger des Chemins de Fer et des Transports (OCBN) trains and state vehicles that can go through checkpoints with little or no control (CUE, 2017; CILAS, 2017; Enquêtes SWB, 2017).

ii. Impacts of Drugs on State and Society

Over 75% of interviewees are of the view that the democratic growth, the rule of law and the justice system of the country are under threat from the growing menace of the illegal drug trade and indirect disenfranchisement of the rising number of the socially-excluded people who use drugs. Most interviewees explained that the drug trade is having a negative effect on the effective functioning of state institutions and the thriving of democracy in the country as shown in the pie chart below.

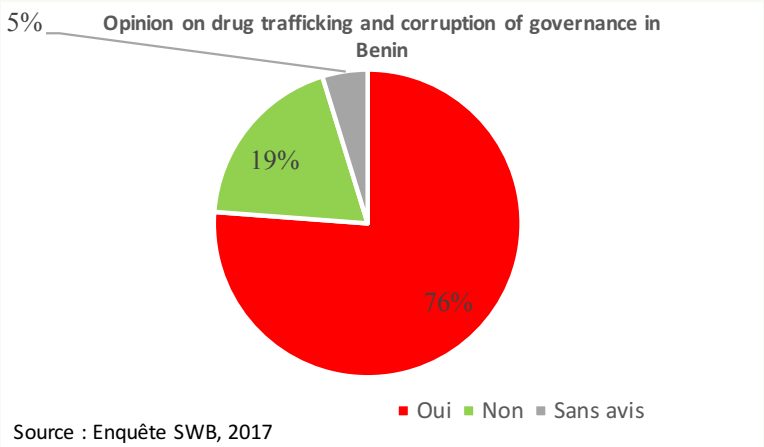


Figure 3: Perception of Interviewees on the correlation of the drug trade and corrosion of governance.

Interviewees agreed that the proceeds from the drug trade are being used in financing political participation and the operations of political parties in the country. For instance, 75% of interviewees were convinced that drug proceeds were used to sponsor political campaigns during the 2015 legislatives elections and 2016 presidential elections given the excessive and ostentatious display of wealth including the distribution of large sums of physical cash during campaigns. This complicity between drug dealers and politicians in Benin is not new as it has been documented in several reports (ABDC, 2015; CUE, 2017). Interviewees also pointed to the high level of corruption in the public sector including the judiciary, where justice can be reportedly bought. This concern of interviewees around corruption and the perversion of justice was noted in a report of the European Union Council (CUE), which found that some magistrates and judges took bribes to pervert the course of justice (CUE, 2017).

In terms of the health and socio-economic impacts of drug consumption, the country is at risk of losing a good percentage of its future

workforce to drug consumption. At present, the community of people who use drugs is expanding with a growing number of young people getting into drugs (CIC et al. 2012; ABDC, 2015; CUE, 2017).

This is worrying and placing burden on the social fabric of some communities as well as on the existing public health care, which is struggling to cope with current demand. Interviewed clinicians noted that an increasing number of people who use drugs are being diagnosed with HIV/AIDS. Thus, there is an obvious need to reduce or mitigate the harm related to problematic drug use.

iii. National Frameworks and Actions

Regarding the policy and legal frameworks, Benin has in place legislations that criminalise the production, trafficking and consumption of illegal drugs. Notable legislations include the 21 September 1987 law (loi n° 87-009) stipulating penalties in relation to use, sale and possession of illegal substances(5-10 years prison, plus a fine for drug supply, trafficking, production), the 24 January 1991 decree

(décret 91-13) in relation to the importation of products including drugs inimical to health and state security, and the 18 July 1997 law (loi n° 97-025) on narcotics. In line with the WAEMU requirement, Benin promulgated the 2006 anti-money laundering law that provided for the creation of la Cellule Nationale de Traitement des Informations Financières (CENTIF). Five years later, the 2011 anti-corruption law also came into existence. In addition to the legal documents, the current policy framework of the government is the National Policy in Fight Against Drug (Politique Nationale de Lutte contre la Drogue: POLUDRO), which is considered to have overstayed its usefulness.

The approach of the government focuses primarily on the supply-side of the drug problem, giving little attention to the demand -side. This skewed approach is largely responsible for the limited number of specialist treatment centres for drug treatment and rehabilitation in the country. Most of the 40 odd clinics in the country including the only psychiatric hospital, Centre National Hospitalier Psychiatrique, are concentrated mainly in the economic capital, Cotonou. However, these clinics do not provide specialist support and services for drug-related health problems. Moreover, all these clinics including the psychiatric hospital charge for their services at a cost that is often out of the reach of people who use drugs.

The Government of Benin is working towards a new strategy and approach towards drugs, particularly on drug consumption. The Government announced at a conference organised by UNODC in April 2017 its plans to develop a new National Integrated Plan (Plan Intégré National: PIN), to address drug use. As part of the national plan, the Government will create new treatment centres for problematic drug users.

Alongside the legal and policy frameworks, there are state structures in place specifically

charged with the responsibility of dismantling the illegal drug market. The 15 March 1999 act (décret n° 99-141) provides for the creation of OCERTID within the Police. OCERTID is the leading agency working on addressing the drug trade. Other anti-drug state agencies include the following: le Comité interministériel de Lutte contre l'abus des stupéfiants et des substances psychotropes (CILAS), Airport Anti-Traffic Unit (CAAT), Brigade Cynophile, and Mixed Unit for Container Handling (UMCC). The most active agency is CILAS, currently implementing the Integrated Programme for Fight against Drug and Criminality (Programme Intégré de lutte contre la drogue et la criminalité). CILAS undertakes sensitisation programmes in schools and universities as well as other professional places with the support of OCERTID.

Complementing the efforts of the government are CSOs. The notable ones include the Centre for Local and Economic Development (Centre de Développement Economique et Local: CDEL)) and Centre de Réflexions et d'Actions pour le Développement Intégré et la Solidarité (CeRADIS). CDEL is implementing the project "Prevention of addictions and schools dropout" in schools and colleges in Cotonou, while CeRADIS is running a project to reduce the demand for drugs and its impact in Benin by working with the drug user communities.

iv. Challenges and Constraints

The national response to drug trade in Benin faces multiple challenges and constraints. To start with, the current legal and policy approach tends to focus on supply reduction by jailing particularly people who use drugs while ignoring the demand reduction approach whereby users are treated in facilities. Moreover, this approach is being conducted with state agencies working in silos. OCERTID, which has the overall responsibility in national strategy on drugs, do not systematically collaborate with all relevant state agencies and other organisations. As a result, there is little information-sharing between OCERTID and the security forces and custom officers.

Alongside poor collaboration and coordination, many other structures are not fully operational and effective. CILAS, which is meant to be an inter-ministerial team, is composed only of members of the police, in effect undermining its own work. CENTIF has not undertaken any significant investigation to provide information and data about money laundering activities in the country, including drug-related activities. State officials of OCERTID and UMCC are blatantly absent in many traffic routes and drug production areas across the country. In addition to the problem of porous borders, collusion between traffickers and some rogue security officers and government officials help to fuel the drug trade. However, the National Anti-Corruption Authority (Autorité Nationale de Lutte contre la Corruption: ANLC)

is not adequately mandated and equipped to intervene and fight rampant corruption in the drug trade.

Other major constraints include paucity of drug-related data, inadequate training of personnel, corruption at many levels including in the judiciary, limited participation of CSOs and media, and the lack of political will to regulate financing of political parties and elections.

v. Key National Action Points

The priority action areas to improve the state response to drugs in Benin includes revising the current legal and policy approach, improving the collection of evidence based-data, promoting the synergy among relevant state agencies as well as between state agencies and CSOs and ensuring provisions for better treatment and care facilities for people with problematic drug use. New laws and policies including the pending National Integrated Plan should seek to address proportionality in sentencing, decriminalization of drug use and the inclusion of demand reduction services within the health system. New policies should also address the problem of state agencies working in silos and the provision of better care and treatment centres for people who use drugs at an affordable cost or free of charge. The connection between law enforcement agency and health system must be strengthened in order to have a collaborative action.



B. GHANA

This section presents a summary of the main research findings on the state of the drug market in Ghana, the impacts of drugs on the state and society, the existing policy and legal frameworks, the challenges and constraints facing the current approach and the key action points recommended to help remedy the current situation.

As shown in the map below, Ghana is bordered by Burkina Faso in the north, Cote d'Ivoire in the west, Togo in the east and the Gulf of Guinea in the south. The country is made up of ten regions, namely: Ashanti (Kumasi); Brong-Ahafo (Sunyani), Greater Accra (Accra), Central (Cape Coast), Eastern (Koforidua), Northern (Tamale), Western (Sekondi-Takoradi), Upper East (Bolgatanga), Upper West (Wa) and Volta (Ho). The drug problem is becoming a concern for every region in the country.



Figure 4: Map of Ghana

Like Benin, Ghana has a large youthful population. According to July 2016 estimates about 57% of Ghana's almost 27 million populations are under the age of 25 (CIA, 2017). The youthful population of the country also makes it more urgent for the government to tackle the illegal drug trade before it gets out of the control.

i. State of Drug Market in Ghana

Ghana's role in the international drugs trade came under greater scrutiny in the 2000s on the back of drug-related scandals following several seizures of large quantity of drugs (Klantschnig, 2011). In the 2016 World Drug Report of UNODC, Ghana was mentioned as one of the West African countries alongside Cape Verde, The Gambia and Nigeria reporting the largest quantity of cocaine seizures between 2009 and 2014 in Africa. In August 2017, more than two metric tons of cannabis were seized by the Customs Division of the Ghana Revenue Authority at Kpedze, near Ho, according to the Bureau of International Narcotics and Law Enforcement Affairs (2017).

As in Benin, the drug market is thriving in Ghana. Cannabis, cocaine, heroin, methamphetamines, Tramadol, Chinese capsules and Lysergic acid diethylamide (LSD) are all available to consumers. Cannabis from Ghana is exported to neighbouring countries as well as to Europe. One farmer, who works a 38-acre farm in the Volta Region, indicated that he exports to Holland by sea, while another farmer from

the Brong Ahafo Region, said he sometimes exports to Burkina Faso and Togo by road. A convicted drug trafficker admitted serving time for attempting to export cannabis to the United Kingdom by air. Other drugs including cocaine and heroin are trafficked into the country by air and by sea. Cocaine is trafficked largely from South America through Ghana for transshipment to Europe or other African countries.

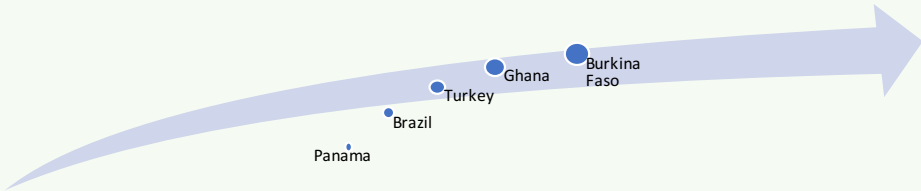


Figure 5: An example of a cocaine route used by a convicted drug offender

Though there is no data available regarding the proportion of people consuming drugs in Ghana, the increase in drug treatment centres together with the proliferation of ghettos across the cities and major towns indicates that drug use is on the rise across the country. Moreover, drug use in the country cuts across religious, social, educational and professional lines. Among the ghetto leaders interviewed, there were people who use drugs with educational attainment from primary school to master's degree level. In terms of profession, the

people who use drugs interviewed included an architect, a data analyst, two health workers, a university student, and drivers.

Regarding the geographic spread of people who use drugs and the number of ghettos, they are largely concentrated in Greater Accra and the Ashanti regions as highlighted in the table below. The reason for the concentration in these two regions is largely because they are the most economically vibrant cities in country, attracting large number of youth in search of economic opportunities.

Region	Location of Ghettos
Greater Accra	Gotaase, Nima, Newtown Filling Station, Mallam-Atta, Adabraka-Sahara, Zongo Junction, Circle, Tudu, Dansoman, Russia, Sukura, East Legon, Kasoa, Odorkor, Labadi, Madina, Kaneshie Pamprom, Kantamanto, Pokuase, Abeka-Free Pipe, La-Paz, Teshie Nungua, Tema, Ashaiman
Central	Cape Coast
Western	Takoradi, Tarkwa
Ashanti	Suame-Kumasi, Alabar-Kumasi, Bantama-Kumasi, Obuasi
Volta	Akatsi, Ho
Northern	Tamale

Region	Location of Ghettos
Upper East	Wa
Upper West	Bolgatanga

Table 1: List of some ghettos gathered from the various participating groups.

In terms of the age range of people who use drugs, it was found that children as young as 13 use drugs. Interviewees, ghetto leaders in particular, explained that people start consuming drugs between ages 13 to 23.

Cannabis remains the most widely produced and consumed substance in the country. According to Ghanaian law enforcement officials interviewed, the cultivation of cannabis increased in 2016 (Bureau of International Narcotics and Law Enforcement Affairs, 2017), though they did not indicate the percentage of the increase. From content analysis, a 2001 police report indicates that many farmers in the Brong Ahafo region switched to the cultivation of cannabis as they found it more lucrative than maize (Akyeampong, 2005). There are many pull factors, attracting farmers and dealers to engage in the cannabis trade. Consumers of cannabis extolled the multiple benefits of the plant for medicinal, recreational, and aesthetic purposes. For farmers, the nature of cannabis as a plant makes it easy

to cultivate. Cannabis can be cultivated just about anywhere, and unlike other cash crops, it requires little attention and spraying. Its cultivation also gives farmers high yields per acre with short maturity period. Once cannabis is harvested, it is easily stored and preserved. Its easy storage and preservation together with the ready market for it, both domestically and internationally, makes it a lucrative and attractive business. This gives cannabis a competitive edge over equally lucrative crops like cocoa and cashew nuts.

Regarding profitability, one interviewed farmer indicated that while he makes a 130% profit from farming cannabis, his profit margin from his cassava and vegetable farm is only in the region of 30%. Below is an estimate of the cumulative profit margin of the sale of drugs from source to its destination. Therefore, for many, the financial incentives outweigh the risk of arrest and jail term and if arrested, they can bribe their way out.

	Origin	Transit	Destination
Cost of Cocaine	\$2,000	\$25,000	\$37,000
	% profit	1250%	1850%
Cost of heroin	\$3,500	\$10,000	\$21,000
	% profit	286%	600%

Table 2: Estimates of profit margins for cocaine and heroin

ii. Impacts of Drug Trade on State and Society

Across West Africa, Ghana has relatively strong democratic institutions and governance structures. However, it cannot elude the impacts of the illegal drug trade on the local economy, the justice system, the public health system, the political system, and the communities. The research noted many of the corrosive effects of the drug trade on the state and society with the long-term potential of undermining the country's democratic strengths, institutional robustness and development gains. It can't be said that corruption in the police, the judiciary and the public sector is a direct result of the drug trade however, the drug trade does take advantage of the situation.

About 90% of the cannabis farmers interviewed reported paying bribes to some police officers to facilitate the cultivation, trafficking and trade of their produce. The payments to police officers is for various services to the farmers including evasion of the law. The act of bribery is also extended to the judiciary. About 30% of the prisoners interviewed claim that their partners in crime were let off by the court after paying bribes. It is to be noted that corruption in the police and the judiciary is

not as a direct result of the drug trade. Drug dealers and traffickers are only exploiting the weakness of the existing system with inadequate institutional accountability (GII & GTZ, 2007). In 2016, a systemic practice of corruption was uncovered in the judiciary by an independent investigative journalist known by the pseudonym, Anas Aremeyaw Anas. The documentary video of Anas, entitled 'Ghana in the Eyes of God: Epic of Injustice' showed evidence of corruption in the judicial service that led to the suspension and sacking of some high court judges.

The high level of corruption in the judiciary is a key factor behind the low rate of arrest and conviction of high profile drug traffickers and traders. The large proportion of people convicted on drug-related charges are mainly those of low social status and vulnerable people who use drugs. The focus on easy targets for arrests and conviction is leading to an overcrowding of prisons. According to the 2012 annual report of the Ghana Prisons Service, 3.5% of the prison population had been incarcerated for 'possessing narcotics'. In 2013, the average daily prison population rose to 13,908 with 5.1% being jailed for 'possessing narcotics'.

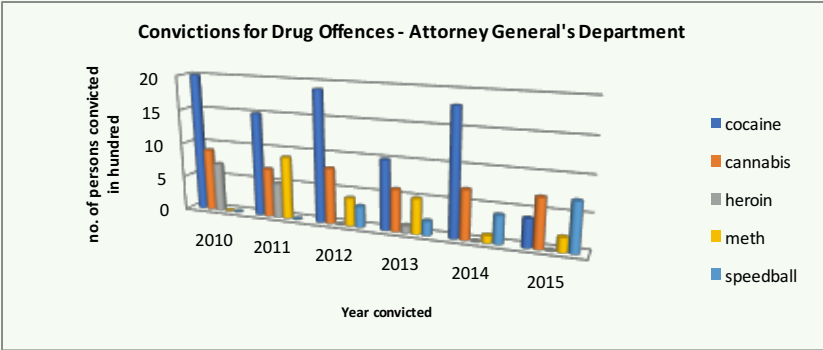


Figure 6: Chart representing drug convictions prosecuted by the Attorney General's Department: 2010 to 2015

In terms of the social impact of illegal drugs in Ghana, the growing number of people who use drugs is a driving factor behind the proliferation of ghettos across the country. The proliferation of ghettos is a major obstacle towards the promotion of an inclusive society in Ghana. Living in ghettos only fosters a marginalised life. For survival and funding their drug use, some of these marginalised people admitted to engaging in criminal and other activities, including begging for alms and food, picking pockets, snatching phones in moving cars, breaking and entering premises, trickery and other forms of fraud. There are also health risks related to drug use, for example, lack of access to medical care, making them vulnerable

to contracting other infectious diseases such as hepatitis C, B and HIV/AIDS.

iii. National Frameworks and Actions

With the growing number of people who use drugs, Ghana aims to become the first African country to decriminalise the use of all drugs with the enactment of the new Ghana Narcotics Commission Bill. This Bill has already passed the Second Reading stage in parliament. The purpose of the new Bill is to place emphasis on drug use including treatment, care, harm and risk reduction of people who use drugs and end the criminalisation of drug use and disproportionate sentencing. Below is a list of the offenses and punishments:

Offence	Punishment
Importation or exportation without licence	Not less than 10 years
Possession	Not less than 10 years
Manufacture, production & distribution	Not less than 10 years
Establishment or promotion of an enterprise relating to narcotic drugs	Not less than 10 years
Possession of machine, equipment, tool, utensils for the manufacture, production, distribution, administration or use of narcotic drugs	Not less than 10 years
Cultivation of any plant used or consumed as narcotic drug or from which narcotic drugs can be extracted	Not less than 10 years
Smoke, sniff, consume, inject, or otherwise administer narcotic drug without licence	Not less than 5 years
Supplying or buying	Not less than 5 years
Un-aggravating offence or special circumstances	Lesser term of imprisonment and fine of 2,000ghc
Two previous convictions for drug offence	Life imprisonment

Table 3: Summary of drug related offences as spelt out in PNDC Law 236

The current legal framework for the control, enforcement and sanctions of drug-related crimes is the Narcotic Drugs Law, P.N.D.C.L. 236 of 1990. This law replaced the Pharmacy and Drugs Act of 1961. The law established the Narcotics Control Board (NACOB), under the Ministry of Interior, as the central coordinating agency responsible of enforcing the laws on drug trade. Since its establishment in 1990, NACOB has operated a double mandate of supply reduction, through law enforcement, and demand reduction, through education, prevention and counselling programmes. NACOB conducts arrests and hands suspects over to state prosecutors. Through its Education and Prevention Unit, NACOB targets those who have not initiated drug use through educational outreach programmes targeted at primary, secondary and tertiary institutions, communities, churches, mosques and other identifiable groups. People who have already initiated drug use and find themselves in treatment centres or ghettos are the target of NACOB's counselling programmes.

In the past, people with problematic drug use were treated in mental health institutions. The Addictive Diseases Unit (ADU), the oldest state facility dedicated to treating addictive disorders outside a mental institution, was established in February 1991 at the Korle Bu Teaching Hospital in Accra. The plan at the time was to establish similar units in all regional health centres but this never happened. It was not until 2009, that two more drug rehabilitation centres were established; the 12-step Drug Rehabilitation Centre at the Ankaful Psychiatric Hospital in Cape Coast and the Drug Treatment and Rehabilitation Centre at the Pantang Hospital in Accra. Between 2009 and 2017, and since then, eight more treatment centres have been established.

CSOs, non-governmental organisations (NGOs), government agencies, faith-based

organisations and regional bodies are all engaged in tackling the drug problem through law enforcement, awareness raising and advocacy, establishment of treatment centres and research among other things. Another kind of response to the drug problem in Ghana was the creation in September 2014 of the Recovery Ghana Consortium. The Consortium, an initiative of Recovery Africa, is made up of individuals and organisations which collaborate to develop prevention, treatment and recovery programmes in Ghana. This is achieved through periodic meetings, workshops, fora for an annual Recovery Walk, exchange visits and technical assistance to addiction professionals in the country.

iv. Challenges and Constraints

Like in Benin, it is evident that the current response to the drug problem is ineffective with a disproportionate focus on criminal justice at the expense of prevention, education and treatment. The current response only exacerbates the problem by driving drug use underground. There is need for the revision of the existing legal and policy frameworks. In addition to the law, the taboo around drug use and the stigmatisation of drug users still makes it difficult to hold public debates, which if they took place, could lead to greater empathy and informed discussion at homes and schools.

Availability and accessibility of treatment centres equipped with adequate programmes and services as well as affordability of care are challenges. Drug users outside of the Greater Accra Region do not always have access to treatment facilities as the majority are concentrated in the Greater Accra Region. Of the nine private treatment centres, five are in Accra and one in Central Regional, two in Eastern Region and one in Ashanti Region. Moreover, 90% of people who use drugs interviewed are not on the National Health Insurance Scheme,

denying them access to vital medical care. As a result, critically ill drug users living in ghettos are reportedly sent to their hometowns to die rather than to the hospital. In addition, most of the treatments centres, especially those offering residential treatment, only have room for male clients. Overall, there is no form of regulation or national standard to guide treatment programmes on offer at the various centres.

Another major obstacle to an efficient strategy to address drug trade and problematic drug use is the paucity of data covering the full spectrum of activities relating to the drug trade including consumption patterns. Without reliable data, policy-making and interventions will not be evidence-based.

v. Key National Action Points

Moving forward, with the Ghana Narcotics Commission Bill in Parliament, there is hope for the adoption a new and progressive approach in addressing national drug consumption and distribution. This push is driven by CSOs, public health professionals and drug law enforcement agencies actors. The West Africa Drug Policy Network Ghana Chapter and the International Drug Policy Consortium (Africa Office) and Key actors from the Narcotics Control Board helped pushing the bill into parliament. This new bill will seek to decriminalise drug use and enable

people who use drugs to access treatment and services. The new approach should include demand reduction services within the national drug law enforcement agencies. More resources should be channelled towards prevention, education and rehabilitation targeted for young people as well as campaigns to end the stigmatisation of drug users and foster debates and discussions around drug use.

There is also the need for some form of regulation and national standard regarding treatment programmes on offer. This should be accompanied by the establishment of more treatment centres that cater also for women, in other parts of the country to alleviate the problem of limited space and the growing waiting list. In addition, treatment in government centres should be made free of charge to allow vulnerable people who use drugs to access the facilities and services. This could be funded by assets and money confiscated as proceeds of the drug trade.

To promote evidence-based decision-making and interventions to address drug consumption and trafficking in Ghana, there is need to direct efforts towards the improvement of data collection and management. The availability of quality data will help to inform the design and delivery of targeted interventions in a cost-effective and efficient manner.



C. SENEGAL

Senegal is bordered by Mauritania in the north, Mali in the east, Guinea Bissau and Guinea (Conakry) in the south with The Gambia protruding into the country from the west, thereby partially dividing the north and south southern part of the country.

Senegal is divided into 14 administrative regions, namely: Dakar, Ziguinchor, Diourbel, Saint-Louis, Tambacounda, Kaolack, Thiès, Louga, Fatick, Kolda, Matam, Kaffrine, Kedougou, and Sedhiou.

Each region shares the same name with its capital town. The Casamance area, covering Ziguinchor, Kolda and Sedhiou, is the principal cannabis production zone in Senegal.



Figure 7: Map of Senegal

With a population of about 15 million inhabitants, Senegal also has a youthful population with four out of ten inhabitants under 15 years (43.3%). Like Benin and Ghana, the country's large youthful population and high levels of youth unemployment makes it imperative for the government to address the issue of drug consumption and trafficking in the country. This section presents a summary of the main research findings on the state of the drug trade in Senegal, the impacts of drugs on the state and society, the existing policy and legal frameworks, the challenges and constraints facing the current approach and the key action points recommended to help remedy the current situation.

i. State of Drug Market in Senegal

Drug trafficking in Senegal is thriving, with cannabis, cocaine, heroin, methamphetamines and prescription drugs available on the market. Like in Benin and Ghana, cannabis remains the most widely produced and consumed illicit drug in Senegal. In addition to Casamance, particularly the department of Bignona in Ziguinchor, and along the border with The Gambia and Guinea Bissau(such as Kolda), there are a number of places where cannabis

is produced. Notable production areas include the Niayes along the Dakar-Saint Louis coast, along the river Senegal and the smaller coastal area of the department of Mbour in Fatick up to the tip of Sangomar, Sine Saloum and the islands of Saloum,

Regarding trafficking, the various drugs in Senegal originated from different countries as traffickers are in constant search of new routes to transport their consignment for transshipment into Europe, US and Canada. Sometimes, cocaine comes directly from South America or indirectly via neighbouring Guinea Bissau and The Gambia. Marijuana cultivated in Casamance mainly finds its way across the borders into Guinea Bissau and Guinea (Conakry) as well as into Mali, which serves as a transit point for drug transportation into other West African countries, principally Burkina Faso and Cote d'Ivoire (Sonko, 2016). There is also cannabis of different variety called "Brown" that is trafficked into Senegal from other countries including Morocco, Ghana, Nigeria, and Mali. In terms of seizures of drugs, the focus appears to be more on cannabis. In the past decade, a large quantity of drugs was seized from 2000 to 2009 including hashish, heroin and cocaine as shown in the table below.

Table 4: Volume and worth of drugs seized in Senegal from 2000 to 2009 (Cumulative)

Type	Quantity	Value in FCFA	Origin	Destination
Cannabis	45,08 t	1,7 billion	Ghana, The Gambia, Mali, Senegal	Senegal
Hashish	13,78 t	13,78 billion	Morocco, Mauritania, Pakistan	Senegal, Holland, Belgium
Heroin	3,826 Kg	0,06 billion	India, Nigeria	Senegal, Nigeria
Cocaine	2,73 t	40,9 billion	Brasil, Cape-Verde, Venezuela, Equateur, G. Bissau, Guinea	Senegal, Nigeria, Spain, South Africa, Holland

Source: GIABA report (December 2010)

Between 2014 and 2015, a total of about 20 tonnes of illicit drugs were seized by the military and other security agents. In 2015, the first batch of methamphetamine originating from Mali was seized in Senegal. The seizure of 30 kg and 82 kg of methamphetamines took place in Kidira and Koumpentoum close to the Malian border in January and February 2015. In 2016, between January to March, customs seized over two tonnes of cannabis, 1,11 kg of methamphetamines and less than one kg of cocaine. Other drugs seized included legal prescriptions that are being abused such as Benzodiazepine tablets (minor tranquilizers, often prescribed for anxiety problems) and barbiturates. Overall, there is a decrease in the frequency and quantity of drugs being seized.

ii. Impacts of Drug Trade on State and Society

The political and judicial system in Senegal has not experienced a notable infiltration of organised criminal networks of drug traffickers and dealers as pertains in Guinea Bissau. Notwithstanding, drug dealers and traffickers have been able to corrupt public officials including security agents to enable the drug trade to flourish in the country. The complicity between drug dealers/traffickers and state officials poses a long-term threat to good governance by promoting predatory practices by the government and undermining state institutions.

proceeds from illegal sales of timber and cannabis to purchase arms and fund its operations

On the social front, the research finds an increasing number of young people including women who are using drugs. The government agency, Comité Interministériel de Lutte contre la Drogue (CILD) has raised its concerns about the rise in drug use in schools and higher education institutions. There public health risks

in relation to drug use also pose a problem, such as the spread of HIV/AIDS, Hepatitis B and C and tuberculosis among people who use drugs. In 2011, a survey by le Comité National de Lutte contre le Sida (CNLS) and Centre Régional de Recherche et de Formation à la Prise en Charge Clinique de Fann CRCF in collaboration with l'agence française de recherches sur le VIH/ Sida et les hépatites virales (ANRS) France estimated the population of people who injects drugs at 1324 individuals. The results of the survey show that HIV prevalence is high among all people who use drugs surveyed (45.42%) and 9.4% among PWID. The number of PWID is on the increase, which has led to the creation of an integrated drug treatment centre at Fann Hospital. It is noted that the growing prevalence of HIV among people who use drugs in Senegal is concerning according to the director of Centre de prise en charge intégrée des addictions à Dakar.

The impact of punitive laws is a cause for prison overcrowding. Today, a quarter of the prison population in Senegal are people who use drugs. In 2014, 4 560 persons were charged, including 2930 people who use drugs and 1630 traffickers. (OCRITIS 2017). The incarceration of people who use drugs is resulting in the overcrowding of prisons.

iii. National Frameworks and Actions

Senegal has an array of legal and policy frameworks aimed at Addressing illicit drug trafficking. The country's first national action plan on drug was developed in 1998 with a multidisciplinary approach to the drug problem, focusing on 1) combating the cultivation, production and trafficking of drugs; 2) informing the public of the dangers of drug use; and 3) reintegrating former drug addicts into society. Senegal's current strategic action plan 2016-2020 covers these three areas with increasing focus on prevention and treatment

given that harsh penalties are not serving as deterrent against drug consumption.

Regarding its legal frameworks, Senegal is a signatory to the Single Convention on Narcotic Drugs (1961, as amended by the 1972 Protocol), the Convention on Psychotropic Substances (1971), and the Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances (1988). At the national level, the country's first stringent law was the 1st December 1997 law (loi 97-18). Ten years later, articles 95 to 103 of this law were modified to establish the 27 December 2007 law (la loi 2007-31) widely known as the Abdou Latif Gueye law (Loi Latif GUEYE) that stipulates harsh penalties for the production, trafficking and consumption of drugs. Under the Abdou Latif Gueye law, drug-related sentences were doubled with drug traffickers being imprisoned between 10 and 20 years of forced labour and fined three times the value of the drugs seized. This aggressive stance by the government was to send a strong message to traffickers following a large spate of drugs being seized from 2000 that Senegal would not be a safe haven for drugs. To empower custom officials, the 28 February 2014 law (loi n° 2014-10) on the Custom authority permits customs officers to engage in the detection, prevention and seizures of illegal drugs.

In terms of operational structures, there are several state agencies involved in addressing drug and consumption in Senegal. These agencies comprised mainly of the security services including the police, gendarmes, customs and other special and mixed units. The Central Office for the Fight against Illegal Trafficking of Drugs (OCRTIS) is the lead state agency. OCRTIS was established by the 17 December 1997 decree (décret n° 97-1218). This agency is under the purview of the National Police with the mandate to coordinate the actions of all other services involved in

addressing drug trade. Alongside OCRTIS, Senegal established the Inter-Ministerial Committee for the Fight against Drugs (CILD), created by the 18 December 1997 decree (décret n°97-1217). The CILD is composed of representatives of 18 ministries and six CSOs. Other state agencies include the National Brigades for the Fight against Drugs (BNLD). There is also the Mixed Unit for the Handling of Containers and Ships, called (UMCC) and the Anti-Trafficking Airport Cell (CAAT). The UMCC and CAAT are based at the seaport of Dakar and the airport respectively.

Senegal has made some notable progress in the provision of treatment centres for people who use drugs. In January 2015, the country was the first to create an integrated drug treatment centre, CEPIAD, to treat problematic drug use in West Africa by providing medical services, a needle exchange program and opioid substitution program providing methadone. CEPIAD is located at the psychiatric unit of the Fann Hospital. For prevention purposes, the government established the Centre for Sensitisation and Information on Drugs (CSID) to enhance community awareness and support.

iv. Challenges and Constraints

In Senegal, the government has demonstrated political will to address drug trade and problematic use. However, the government's ambition has not been matched with the allocation of adequate resources and the effectiveness of its response. The focus of the existing drug laws, in particular the Abdou Latif Gueye law, is on imposing harsh and long sentences largely on people who use drugs and petty drug dealers and retailers, while influential and high-profile dealers remain out of the full grip of the law as they could bribe their way out. This disproportionate focus on punishment is not producing the deterrence effects especially in relation to drug use.

The harsh and punitive measures are only driving people who use drugs underground and preventing them from seeking early help and treatment. Furthermore, the courts do not make full use of the government-funded treatment centre, CEPIAD, in Dakar to send convicted people who use drugs for treatment instead of sending them to prisons.

Despite the creation of a good number of state agencies and specialised units to address drug trade, there is little to no synergy of actions and interventions among these multiple actors. Thus, there is the problem of duplication of efforts and waste of scarce resources that could have been directed to the education, prevention, treatment and reintegration of people who use drugs. The inadequate collaboration and synergy reflects the limited organisational capacity of the many frontline state agencies. For instance, the 2014 national report on drug by OCRTIS was only produced in 2017 and was still awaiting government approval towards the end of the year. Yet, the report of OCRTIS is meant to be the document informing several important actions including the decisions by CILD (Ministry of the Interior) and the Ministry of Health regarding treatment, risk reduction and collaboration between state agencies and national and international partners. Moreover, the current location of the anti-drug agency, CILD the current ministry is hampering its operations. There are also no harm reduction services within the national drug law enforcement agency.

There are also challenges regarding the availability of treatment facilities for people who use drugs in the country. CEPIAD's model of offering integrated care, harm reduction services, treatment and counselling services to people who inject drugs should be replicated across the country. Most of the other existing treatment centres in the country are mainly for mental health services whereas people who use

drugs need separate, specialised treatment centres. Overall, the country does not have adequate treatment centres, especially in the interior. People who use drugs in the other seven regions will have to travel to Dakar or any of the nearby regions to have access to structure offering harm reduction services and adequate counselling. In view of the financial situation of many of these people who use drugs, they can hardly afford the cost to travel frequently for appointment. Thus, there is great tendency for people who use drugs in these regions to not be able to seek professional medical help or when they do seek help, they might drop out of the treatment programmes halfway through.

There is also the issue of poor understanding of the gender dimension of the drug problem due to the paucity of studies of the involvement of women in the drug trade and consumption of drugs in Senegal. This is a need to improve targeted interventions at individual and community levels given the growing involvement of Senegalese women as traffickers and users.

In spite of the availability of many CSOs with specialised areas of intervention, there is no formal framework to inform the collaboration and interactions with state agencies including government treatment centres. On the other hand, there is little collaboration at the strategic and operational levels between CSOs in coordinating their actions. This situation is partly down to the limited organisational and operational capacity of many CSOs.

v. Key National Action Points

The current Abdou Latif Guèye law should be revised to repeal the harsh punishment and custodial sentencing of over 5 years imposed on vulnerable people who use drugs. It is noted that imprisonment only exacerbates the problem of addiction and stigmatisation. Upon release from prison, people who use drugs

continue their habits with the risk of being repeated offenders. Thus, the revision of the Latif Gueye Law is needed to reduce the prison population of people who use drugs whose dependency should be treated as a health issue and not a criminal matter. In the revised laws, there is need for proportionality in sentencing of petty drug dealers and retailers and the decriminalisation of drug use. The government should include harm reduction services within the range of solution offered by national drug law enforcement agency through an adequate health service. The court should also make full use of the existence of the government-funded treatment centre of CEPIAD. In addition, the revised law must include proper harm reduction methods such as replication of CEPIAD throughout the country.

Another key action point is the relocation of the anti-drug agency, CILD from the current ministry of interior to the Office of the Prime Minister. Both state and civil society actors are at present pushing for this relocation, which will provide CILD with the much-needed funds and leverage to carry out its mandate as well as coordinate the different state-led operations against illegal drug. Furthermore, there is need for an advocacy and policy engagement with the state authorities for the establishment of a formal framework to inform greater and closer collaboration and interactions between civil society and state actors. This framework should feature under any new law and policy.

On the gender dimension of drug, there is a paucity of studies on the involvement of women in the drug trade and consumption of drugs. A study in the gender dimension of the drug trade and drug use is needed in Senegal given the growing involvement of Senegalese women as traffickers and consumers. The study will shed light on the factors behind the gradual feminisation of the drug trade and consumption in Senegal and West Africa in general.

IV. CONCLUSION AND RECOMMENDATIONS

In Benin, Ghana and Senegal, the illegal drug trade is flourishing in spite of the panoply of draconian laws and tough policies in place. Many of the existing anti-drug laws and policies in all three countries have proved ineffective and counterproductive, especially in addressing drug use. The imposition of custodial sentences on people who use drugs has only exacerbated the drug problem together with the adverse effects on the health of convicted people who use drugs. The criminal-focus of the existing laws is only resulting in the overcrowding of prisons in all three countries. The principal lesson is that imprisonment does not deter drug use but only reinforces the stigmatisation of people who use drugs and places further mental stress and pressure on them. Drug consumption should be decriminalised and treated as a health issue.

The impacts of the illegal drug trade on the state and society are numerous and injurious to the judicial, political, social, economic systems and law enforcement. The institutions are under constant threat from the corrupting influence of individual and organised networks of drug dealers and traffickers. Corrupt practices such as accepting bribes in the public sector is eroding public trust, delivery of justice, rule of law and the foundation of accountable and democratic institutions. The use of the proceeds from the illegal drug trade in the financing of political activities including seeking elected offices is undermining the democratic growth and good governance. There is need for a holistic approach towards tackling both the supply and demand side of the drug trade. The involvement of the public and closer collaboration and synergy among frontline state agencies as well as between these state agencies and CSOs is critical. The most profound impact is the growing trend of young people who start using drugs early.

This growing trend, if not checked, is a disaster waiting to happen as it will have negative impact on the social fabrics of communities, pose public health challenge and undermine the potential demographic dividend of each country.

In view of the strategic dangers posed by the illegal drug trade, the following key recommendations are put forward.

a. Revision of legal and policy frameworks

As the case in Benin, Ghana and Senegal, many of the current anti-drug laws are unduly draconian, ineffective and outdated, especially in dealing with people who use drugs and addicts. The harsh punishment is not serving its purpose of deterrence but instead heightening the vulnerabilities and mental health problems of drug users. Thus, there is need for lobby and advocacy campaign to push for progressive policy and legal reforms to decriminalise drug use across West Africa. It is imperative that the problematic use of psychoactive substances be taken into consideration as a public health issue and not a criminal offence. The campaign for policy and legal reforms should be conducted in tandem with a push for the harmonisation of drug legislations at the regional level.

b. Data Collection and Data Sharing

Without reliable data, policy-making will be largely at the mercy of the whims and caprices of decision-makers. The paucity of data will continue to undermine the best intentions and efforts to combat the drug trade. In this regard, the capacity of state agencies and CSOs should be developed in the collection and sharing of data including the use of the GAP Toolkit of UNODC.

c. Synergy and Collaboration

The government response to drug trade is

being conducted largely in silos. This traditional way of operating is ineffective against a transnational problem and organised criminal networks. Thus, it is imperative to foster synergy and effective collaboration amongst state agencies. On the one hand, the approach to drug trade and use should be state-centric in the sense that CSOs are only allowed to play marginal roles. The mistrust should be resolved in a bid to mainstream the participation of CSOs at national level. The synergy and closer collaboration should be strengthened between state agencies and CSOs as well as local community in order to improve the efficiency of the common strategy.

d. Anti-Corruption Campaign

Corruption is a major obstacle in addressing the illicit drug trade. This needs to be tackled at the political, judicial and law enforcement levels. At the political level, there is need for a control and monitoring mechanism on the financing of political activities. There is a growing perception that proceeds from drugs are used to finance political activities. To build public trust in the democratic process, political financing must be controlled. Furthermore, the fight against corruption cannot be successful without the active involvement of independent anti-corruption agencies. Many anti-corruption agencies are not empowered with prosecutorial mandate, thereby undermining their effectiveness. To help root out institutional corruption, there is need to give anti-corruption agencies prosecutorial powers to bring suspects to justice.

e. Drug Education Programmes for Schools

With the growing number of young people who start using drugs, there is dire need for the mainstreaming of drug education programmes into the curriculum of schools. Tackling the problem of drug use at this level augments

the possibility of reducing the proportion of potential future people who use drugs. Without education about the use of drugs and its long-term debilitating effects and negative consequences not only for the individuals but also for their communities and the state, there is high risk that many young people will be attracted to drug consumption out of curiosity as well as through peer pressure.

f. Public Education Campaign

Drug education in schools should be accompanied by public education campaigns. To address the problem of stigmatisation of people who use drugs, there is need for public education campaigns to influence public perception. Drug users need support and empathy from their families and communities. Instead, many of them face the problem of stigmatisation, which drives them to live a marginalised life.

g. “En-gendering” the Approach

From the research findings in Senegal, more women are being attracted to the drug trade and use drugs. In Ghana, many treatment centres do not make provisions for the admission of women. This could be due to the wrong perception that the drug problem primarily affects men. Thus, there is need to probe further into the gender dimension to the drug trade and on drug use which will shed light on the factors behind the feminisation of the drug trade and drug use in West Africa in a bid to adopt targeted interventions that are responsive to the needs of both men and women.

REFERENCES & BIBLIOGRAPHY

Akyeampong, E. (2005). “Diaspora and Drug Trade in West Africa: A Case Study of Ghana.”

Africa Affairs, 104/416. p424-435

Arnaud, J. (2017). L'Afrique, terre de production, de transit et de consommation des drogues - <http://www.rfi.fr/hebdo/20170317-afrique-le-developpement-traffic-drogue>

Avohoueme, Midjèou, Béranger. (2015). « Analyses prospectives des situations sociale, économique et politique au Bénin » Rapport sur la Production, consommation et trafic de drogue au Bénin.

Berghezan, G. (2012). « Panorama du trafic de cocaïne en Afrique de l'Ouest », Juin.

Berghezan, G. (2014). « LA METHAMPHETAMINE: une spécialité ouest africaine », GRIP, 16 octobre.

Bureau of International Narcotics and Law Enforcement Affairs. (2017). International Narcotics Control Strategy Report, 1. Washington D.C. United States Department of State.

Cesoni, Maria Luisa. (1992). « Les routes des drogues : explorations en Afrique subsaharienne », in Revue Tiers Monde, p.662.

Chauprade, A., Thual, F., (2012). Géopolitique de la criminalité organisée, Géopolitique.

CIC et al. (2012). L'impact du crime organisé et du trafic de drogues sur la gouvernance, le développement et la sécurité en Afrique de l'Ouest ; Résumé des Actes. Dakar, Sénégal, 18 20 Avril 2012 ; 30 p.

Ellis Stephen (2009) West Africa's International Drug Trade, African Affairs, Volume 108, Issue 431, 1 April 2009, Pages 171–196

Emmanuel Kwesi Aning and John Pokoo (2013) “Drug Trafficking And Threats to National and Regional Security in West Africa” West Africa Commission on Drugs (2013)

Available at: http://works.bepress.com/kwesi_aning/2/

Geoffrey Till (2013). The Real “Long War”: The Illicit Drug Trade and The Role of The Military, Strategic Studies Institute and U.S. Army War College Press

Ghana Prisons Service (2013). Annual Reports 2012. Accra: Ghana Prisons Service

Ghana Prisons Service (2014). Annual Reports 2013. Accra: Ghana Prisons Service

Ghana Statistical Service, (2017). Provisional 2016 Annual Gross Domestic Product. Accra: Ghana Statistical Service.

Ghana Integrity Initiative and German Organisation for Technical Cooperation (GTZ). (2007). Report on Judicial Corruption Monitoring Exercise in Ghana. Accra:, GII, GTZ.

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Klantschnig, G. (2011). Ghana. In Kleiman, A. and Hawdon, J., vol. 2, Encyclopedia of Drug Policy. Los Angeles: SAGE.

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