



WORKSHOP REPORT



Civil Society Workshop on Drug Policy in West Africa

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LIST OF ACRONYMS

| | |
|---------------|---|
| CSO | Civil Society Organisation |
| ECOWAS | Economic Community of West African States |
| HAT | Heroin-Assisted Treatment |
| HIV | Human Immunodeficiency Virus |
| IDPC | International Drug Policy Consortium |
| KAF | Kofi Annan Foundation |
| NSP | Needle and Syringe Programme |
| OSF | Open Society Foundations |
| OSIWA | Open Society Initiative for West Africa |
| OST | Opioid Substitution Therapy |
| SMART | Specific, Measurable, Achievable, Relevant and Time-bound |
| UN | United Nations |
| UNGASS | United Nations General Assembly Special Session |
| UNODC | United Nations Office on Drugs and Crime |
| USAID | United States Agency for International Development |
| WACD | West Africa Commission on Drugs |
| WACSI | West Africa Civil Society Institute |
| WHO | World Health Organization |

EXECUTIVE SUMMARY

Since the mid-2000s, international drug cartels, in collaboration with African criminal networks, have been using the West African region as a transit zone to transport illicit drugs from Latin America to Europe and beyond. This act has undermined the political and economic development and has also become a major security and public health threat to most West African countries. This two-day civil society workshop examined key issues pertaining to drugs in the West African region. The workshop was based on the International Drug Policy Consortium's (IDPC) "Training Toolkit on Drug Policy Advocacy", which has been adapted to the West African context and was launched at the event.

Setting the scene

The genesis of the current drug control system dates back some 100 years ago and predates the UN system itself. This came about when countries at that time realized no single country can regulate drugs in isolation. Conventions, policies and treaties that were signed afterwards have placed criminal sanctions on a variety of drugs and certain drug-related offences. These policies as examined by the West Africa Commission on Drugs (WACD) report, seek to focus on the supply and demand for controlled substances for non-scientific and non-medical use – but are having a significant negative impact on human rights, development, security and public health around the world.

Balance drug policy

In the quest to regulate controlled drugs as well as mitigating the effects they have on the society, the opening sessions focused on a set of principles for the review, drafting and implementation of very robust and effective policies, which respond to specific needs of West African countries.

Drug prevention, treatment and harm reduction

Drug prevention is described as an activity that seeks to prevent or reduce the use of drugs and/or its negative effects in the society. The general misconception has been that these policies seek only to inform about the danger of drug use. Drug treatment consists of a wide range of services – such as opioid substitution therapy (OST) and abstinence-based treatment – for individuals or vulnerable groups experiencing drug-related problems. Harm reduction refers to policies, programmes and practices designed to reduce the negative health implications associated with the use of psychoactive drugs among people unable or unwilling to stop their drug use. This intervention also concerns itself with the harms caused by public policies that lead to the criminalization and incarceration of people who use drugs.

The UNGASS on drugs

The United Nations General Assembly Special Session (UNGASS) is a meeting of the UN member states to assess and debate key issues – including in April 2016 a debate concerning the international drug control system. The last Special Session on drugs was in 1998 and it focused on totally eliminating drugs from the world by 2008. Presently, a range of political leaders and policy advocates are calling for drug policy reforms in the build-up to the Special Session in 2016.

In the quest to mitigate the menace of drug trafficking in the West African region, the workshop called on civil society organisations (CSOs) to:

1. Engage effectively with drug user communities in advocating for national, regional and international drug policies that will help to reduce the effects of drug-related problems;

2. Advocate for greater civil society collaboration with the media on drug-related issues to sensitize and educate governments and the people on the need for drug policy reforms;
3. Create platforms for open debates with policy makers and other stakeholders on drug policy reforms;
4. Mobilize to form a regional drug policy network; and
5. Take advantage of the UN International Day against Drug Abuse and Illicit Trafficking – on June 26th every year – to push for sustainable and effective reforms.

It also called on governments and stakeholders in the region to:

1. Stop criminalizing drug users;
2. Take advantage of the opportunity presented by the upcoming UNGASS on drugs in 2016 to engage in the global debate about the need to reform the global drug policy regime;
3. Treat drug use a public health issue;
4. Focus more on harm reduction interventions; and
5. Invest in evidence-based drug prevention and treatment programmes and makes services evidence-based, affordable and accessible to all people who need them.

1.0 INTRODUCTION

In West Africa, civil wars have receded, democracy has gained ground and economies are growing. But a destructive new threat is jeopardizing this progress: with local collusion, international drug cartels are undermining countries and communities, and devastating lives. After looking at the evidence, consulting experts from the region and around the world, and visiting some of the most affected countries and communities in the region, the West Africa Commission on Drugs (WACD) in June 2014, after 18 months of research, released their ground breaking report “Not Just in Transit: Drugs, the State and Society in West Africa”.¹ According to the report, drugs pose a new threat to the development of West African countries. As the title suggests, the region is being increasingly destabilized not only by the illicit trade but also by the local production and consumption of drugs.

The results of this analysis shed light on the extent of the illicit trading. The trafficking of cocaine, estimated at 1.25 billion dollars alone, exceeds the national budgets of many states in the region. The WACD report’s recommendations present policy makers, donors, civil society and other actors in the region with an invaluable resource to review and reform drug laws. It is within this context that the WACD, the West Africa Civil Society Institute (WACSI²) and IDPC³ – in partnership with the Open Society Initiative for West Africa⁴ (OSIWA), the Kofi Annan Foundation⁵ (KAF) and the United States Agency for International Development⁶ (USAID) organized this “Civil Society Workshop on Drug Policy in West Africa”.

The main objectives of the workshop were to:

- § Promote WACD report on drug trafficking in West Africa
- § Create awareness on drug policy issues in West Africa
- § Build the capacities of CSOs in the region on issues raised in the WACD report
- § Build a network of CSOs by providing space for participants to interact and share ideas.

Introduction of participants

Participants introduced themselves, and the organisation they work with and their respective countries. Thirty (30) participants from 14 out of the 15 ECOWAS countries took part in the workshop, as well as a number of journalists from Ghana. Countries represented at the workshop include; Benin (3); Burkina Faso (1); Cape Verde (1); Cote d'Ivoire (3); Gambia (1); Ghana (3); Guinea (1); Guinea Bissau (1); Liberia (1); Mali (1); Niger (1); Nigeria (7); Senegal (5); and Sierra Leone (1).

1.1 Welcome address

Ms. Nana Asantewa Afadzinu, WACSI Executive Director

Nana Asantewa Afadzinu welcomed participants to Ghana and to the drug policy workshop. Ms. Afadzinu expressed the Institute’s appreciation in working with IDPC, WACD and other partners to make the workshop a reality. She emphasized the Institute’s engagement and

¹ <http://www.wacommissionondrugs.org/report/>

² <http://www.wacsi.org/>

³ <http://idpc.net/fr>

⁴ <http://www.opensocietyfoundations.org/>

⁵ <http://kofiannanfoundation.org/>

⁶ <http://www.usaid.gov/>

commitment in strengthening the capacities of regional and local CSOs to join in the fight against drug trafficking in the region. Ms. Afadzinu stated that the use of drugs undermines governance, and also destabilizes a country both politically and economically. She also expressed her worries about cartels using the region as their transit zone to facilitate illicit drug trade and consumption, which is negatively affecting the social and economic, lives of the people.

She added that civil society actors in the region should create a common platform to engage governments and policy makers on drug related issues and sustainable development in West Africa. Ms. Afadzinu stated that, CSOs need to be well informed on drug trafficking and other related issues. She encouraged participants to learn and share their experiences. Finally, she assured participants that the two-day workshop would equip them with the needed knowledge and information to implement and affect current drug policies in their various countries.

1.2 Opening remarks

Guillermo Cintron,
Senior Program Management Specialist, USAID Regional Peace and Governance Office

Guillermo Cintron expressed gratitude for being invited to participate in the drug policy workshop. He mentioned that USAID recognizes the clear challenge that drug trafficking and consumption pose to stability, good governance, economic opportunity and development, and health in West Africa. Mr. Cintron stated that drug trafficking in West Africa, like any other form of organized crime, is as a result of some challenges facing the region; weak judicial institutions, corruption and a culture of impunity for political and economic elites, and limited licit economic opportunities among others. Mr. Cintron also stated that many are of the view that drug trafficking is an “invisible threat” and a primary problem to the destination countries of consumption. However, the WACD report has shown the West African region is also affected as governance systems are being undermined and drug consumption is on the increase. Mr. Cintron pledged USAID’s support to the workshop partners in their efforts to raise awareness on drug trafficking issues and consumption in West Africa, and commended participants for taking part in the two-day workshop.

Mathias Hounkpe
OSIWA Economic and Political Governance Officer

Mathias Hounkpe explained that some of the main conclusions drawn from the WACD report were that drug trafficking is on the increase in the region and that there have not been adequate policies to address this problem. For this reason, Mr. Hounkpe stated the need to create a network of CSOs that will join the campaign in creating awareness on issues related to drug trafficking and consumption in West Africa. He invited all CSOs in the region to join forces to help bring current drug trafficking across the region under control. Mr. Hounkpe expressed his gratitude to WACSI, IDPC, KAF and USAID in sharing in OSIWA’s vision in fighting against drug trafficking across West Africa.

Jamie Bridge
IDPC Senior Policy and Operations Manager

Jamie Bridge thanked participants for attending the workshop and shared the hope for an educative two-day workshop. Jamie introduced IDPC as a global network of 131 CSOs that supports communication and collaboration, and also promotes open debate on drug policy. He explained that drugs policy does not only address drug trafficking issues but also touches the different sectors of the economy and the society. He encouraged participants to visit the IDPC website (www.idpc.net) to keep abreast with relevant issues pertaining to drug policies.

He briefly recalled the workshop objectives, and stated that CSOs within the region should advocate for drug policies that would be in the interest of West African people. He also suggested that a more global approach should be employed to address drug issues. Jamie further stated that this workshop is an opportunity to discuss issues in the WACD report and also improve the situation in the region and on the continent. He acknowledged participants for their participation and stressed the need for everyone to contribute fully during the workshop.

2.0 SETTING THE SCENE

Jamie Bridge and Marie Nougier (IDPC Senior Research and Communications Officer) gave participants an overview of the international drug control system, which is endorsed by most of the world's governments and which informs drug policies at the national levels. Jamie stated that the birth of the current international drug control system can be traced back to the Shanghai Convention in 1909 and the International Opium Convention of 1912 – which began the focus on restricting the production, distribution and use of drugs to scientific and medical purposes only, by taking a repressive approach towards recreational or non-medical use based on the principle of deterrence (but also with some important economic and political roots).

Jamie also mentioned the three international drug conventions which are nearly universally ratified by countries: the 1961 Single Convention on Narcotic Drugs (as amended by the 1972 Protocol), the 1971 Convention on Psychotropic Substances and the 1988 Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances. These documents require that criminal sanctions be put in place at national levels for certain types of drug-related offences. They aim to prohibit the supply of, and demand for, controlled substances for non-scientific or recreational/non-medical purposes, but also aim to ensure adequate access to those same substances for scientific and medical purposes in order to protect the “health and welfare of mankind”.

Jamie indicated that these conventions have been interpreted since the 1970s as a “war on drugs”. The focus has drifted overwhelming towards criminal justice and futile efforts to achieve a drug free world. Yet drug demand and supply continues at a greater scale today than ever before and, according to the United Nations Office on Drugs and Crime (UNODC) itself, the drug control system has resulted in significant negative consequences:

- § A huge criminal black market that thrives;
- § Funds and attention being drawn away from public health and into law enforcement;
- § A “balloon effect” where tighter controls in one place produce increased drug production, trafficking or use in another place;
- § “Substance displacement”, whereby drug control may encourage individuals to move from one drug to another – potentially more harmful – substance.

- § The widespread perceptions of people who use drugs as criminals, and the associated social exclusion, human rights violations and marginalization that they suffer.

2.1 West Africa has a drug problem

Professor Isidore Obot of the Centre for Research and Information on Substance Abuse in Nigeria started this session by telling participants about the history of drug trafficking in Nigeria and Ghana, which later spread into other countries in the region. He added that as the years went by there was a growing concern about not only the trafficking but also the use and abuse of drugs in West Africa. He mentioned that this development has undermined governance systems. He also added that because some national governments didn't understand drug trafficking issues, they enacted certain policies and laws, which, instead of addressing the issue, were directed at criminalising, minor drug offences. He quoted Kofi Annan (the Chair of KAF, the former UN Secretary General, and a member of the Global Commission on Drug Policy) to support his statement: "I believe that drugs have destroyed many people, but wrong government policies have destroyed many more".

2.2 Presentation of WACD report

Prof. Isidore Obot gave a brief description of the work of the WACD and their report – "Not Just in Transit: Drugs, the State and Society in West Africa". The Commission was convened by Kofi Annan in January 2013 and is chaired by former President Olusegun Obasanjo of Nigeria. The Commission is made up of a diverse group of West Africans from the worlds of politics, civil society, health, security and the judiciary. He stated that it took the commission a period of one and a half years of engagement to put the report together. He further stated that after its launch on 12th June 2014, the report has been made available and accessible for all through diverse platforms across the region. He also explained that the report, to some extent, has raised lots of controversies as to whether it supports the decriminalisation of drug offences. Professor Obot finally presented the key outlines of the report to participants at the workshop.

Christine Kafando, one of the WACD Commissioners from Burkina Faso, then presented some of the key conclusions of the report. She stated that it becomes evident that West Africa is not only a transit zone but also a zone where these illicit drugs are produced and consumed which make the region a perfect environment for some organized crimes. She added that these practices have undermined development patterns in affected countries and has now become a serious threat to public health. Ms. Kafando further stated that the report sees the use of hard drugs as a public health problem and should be treated as such. She ended by suggesting that West African governments should invest in drug treatment and effective preventive measures for the vulnerable youth.

Dr. Idrissa Ba, a WACD Commissioner from Senegal, elaborated more on the report recommendations on health. He stressed that the use of drugs should be treated as a public health problem with socio-economic consequences, rather than as a criminal one. He entreated participants to advocate for the decriminalization of minor drug offences. He also stressed on the need for governments to review and harmonize policies and laws on drugs. He added that a balance in drug policies should increase and improve access to treatment centers for people with drug problems. He shared some experience and activities that his organization has engaged in Senegal with respect to advocacy for drug policy reforms.

Mamadou Diallo, the Outreach, Communications and Advocacy Consultant for WACD, urged all stakeholders to change their perception of the problem and the available responses. He encouraged stakeholders to focus on the human element in every strategy used to tackle the issues. He stated that WACD seeks to build the capacities of CSOs in advocating for policies in relation to drug issues. He also mentioned that this workshop is the first of a series of events that seek to promote the objectives elaborated in the WACD report.

The Commission is looking forward to work hand-in-hand with CSOs and the media in this regard. Mr. Diallo also added that one major concern of the Commission is the effects that drug trafficking and its consumption are having on public health in countries across the region. He urged participants to make good use of the recommendations and ideas acquired and shared at the workshop to affect current drug policies in their various countries.

2.3 The tree of balanced drug policies

Marie Nougier highlighted some of the key areas from previous presentations, and asked participants to explore the potential positive outcomes from, and the barriers to, the development and implementation of effective and balanced drug policies. She identified and described the various parts of a balanced drug policy, and asked participants to discuss and create a tree with roots, trunk and branches as follows:

- § The roots of the tree are the beliefs and ideals that “feed” the tree – i.e. the principles that underpin a balanced drug policy (such as human rights, public health and evidence).
- § Each branch of the tree represents an example of policies and programmes that could be developed in the framework of this balanced drug policy – i.e. evidence-based drug treatment, sustainable alternative livelihood programmes, harm reduction approaches, increased access to healthcare services, removing criminal penalties for the possession of small amounts of drugs, promoting responsive and accountable governance, and reducing corruption and impunity.
- § The fruits represent the results of this balanced drug policy – i.e. improved public health, reduced crime, increased public security, reduced corruption and less imprisonment.
- § Finally, the worms then represent the threats and obstacles to achieving the balanced drug policy – i.e. negative public opinion, unsupportive media reporting, ingrained policing practices, and strong and moralistic religious beliefs.

The various groups then presented their work (see Appendix I).

3.0 BALANCED DRUG POLICIES

Marie Nougier stated some principles that would serve the purpose of reviewing, designing and implementing effective drug policies. She indicated that drug policies should be developed through a structured and objective assessment of priorities and evidence. Thus, assessing which consequences of drug markets are the most harmful to society and then defining evidence-based activities that will be most effective in achieving these objectives. She further stated that all activities should be undertaken in compliance with international human rights law, and that these policies should focus on promoting public health, development and human security.

Marie also mentioned that drug policies should focus on reducing the harmful consequences, rather than the scale of drug use and markets. This includes harm reduction measures to reduce the health, social and economic harms of drug use and drug markets on individuals, communities and the overall population.

She advised that these policies should aim at promoting social inclusion of marginalized and vulnerable groups. IDPC promotes an approach that challenges the social marginalization and stigmatization of individuals at higher risk, in particular women and young people, who face specific social and cultural stigmas.

Marie reiterated that governments need to build open and constructive relationships with CSOs – and especially drug using communities – in the development and delivery of their strategies. She added that CSOs are an invaluable source of expertise because of their understanding of drug markets, and called on governments to engage meaningfully with such groups and to explore how effective drug policies can be applied at the national level.

4.0 DRUG PREVENTION AND TREATMENT

Jamie Bridge then introduced the next session focusing on the objectives of drug prevention and treatment interventions. He defined drug prevention as an activity aimed at preventing, delaying or reducing drug use and/or its negative consequences in the general population or sub-populations. He stated that one major challenge that policy makers face in developing, implementing and measuring the effectiveness of prevention programmes is to clearly define the objectives of these interventions.

He mentioned that the primary objective of drug prevention campaigns is to help people avoid or delay the initiation of drug use (or, if they have started already, to avoid their drug use becoming problematic). He added that these campaigns can contribute to engaging positively with at-risk individuals, their families and the society at large, and also to building important life skills and personal capacity. He said that drug prevention is not only about telling people not to use drugs but rather supporting them to avoid drug-related problems. In addition to this, he stated that the overall objectives of drug prevention are to reduce risk factors (e.g. mental health problems, family abuse, growing up in marginalized communities, communities torn by war and natural disasters) and strengthen protective factors (psychological and emotional well-being, strong attachment to caring families, schools and communities that are well resourced and organized).

He also stated that, in order to strengthen protective factors and mitigate risk factors at the different stages of an individual's life, drug prevention activities need to be carefully tailored and targeted. These interventions can be grouped into four divisions: universal intervention (intervening on whole populations), selective prevention (intervening on vulnerable groups), indicated prevention (intervening on vulnerable individuals) and environmental prevention (intervening on societies and systems).

He indicated that there are some issues to consider when designing and developing drug prevention strategies. He stated some of the issues as:

- § Setting the right objectives;
- § Identifying the target group and developing strategies to suit them;
- § Using available resources for the best prevention intervention;
- § Analyzing policy and regulatory frameworks to ensure they have an impact on the prevention intervention;
- § Basing intervention programmes on research and scientific evidence; and
- § Evaluating the effectiveness and cost-effectiveness of prevention interventions.

4.1 Drug dependence treatment in West Africa

Jamie Bridge defined drug dependence treatment as a wide range of support services (such as psychosocial support, mutual aid support groups, opioid substitution therapy and abstinence-based treatment) for persons suffering from drug dependence and related problems. He emphasized that not all people who use drugs are dependent on drugs or experience problems – therefore not all of them need treatment.

Jamie indicated that the gap between drug dependence and the availability of treatment services in West Africa is overwhelming, and presented a list of available services across the region. He revealed that a recent survey has shown that West Africa lacks both the resources and facilities for effective drug treatment.

In response to the kind treatments available in West Africa, some participants made mention of traditional faith-based facilities and psychiatric hospitals among others. They expressed how these are often over-crowded and how the rights of clients seeking treatment are frequently abused. Some participants stated that these facilities are poorly funded and lack personnel, skills and experience in the field of evidence-based treatment.

Other participants also expressed how expensive it can be to access these facilities. People seeking treatment, in many cases, do not have a choice because of the stigmatization and are mostly left at the mercies of their families to bear the cost of the treatment.

5.0 HARM REDUCTION

Jamie Bridge indicated that harm reduction can be a tricky concept to approach with some groups, especially with people and policy makers who have little or no idea on the subject. He told participants that the aim of this session was to explore the rationale for the harm reduction approach, share experiences and perspectives, come to a shared understanding of what the approach encompasses, and agree on a working definition to use in subsequent advocacy work.

Harm reduction is a set of policies, programmes and practices that aim primarily to reduce the adverse health, social and economic consequences of the use of legal and illegal psychoactive drugs without necessarily reducing drug consumption.⁷ Jamie stated that these intervention are different from demand and supply reduction because they focus primarily on reducing the harm and consequences caused by drugs. He indicated how these interventions acknowledge the universality of human rights and also respond to the needs of a wide range of vulnerable groups and individuals.

The available data demonstrate the need for harm reduction interventions:

- There are estimated to be 12.7 million people inject drugs worldwide, more than 13% of who are living with HIV.
- In Sub-Saharan Africa, an estimated 1 million people inject drugs. Of these 1 million people, between 5 and 10%, are estimated to be living with HIV.
- Globally, there are an estimated 10 million people who inject drugs who are also living with the hepatitis C virus – indicating prevalence among this group of more than 60 per cent. Approximately 800,000 of these people are in Sub-Saharan Africa.
- Drug overdose is a major cause of mortality in many parts of the world.

⁷ <http://www.ihra.net/what-is-harm-reduction>

- Non-injecting drug use can be associated with an increased risk of sexual transmission of HIV in some contexts.

The **UN has outlined and promoted a “Comprehensive Package” of nine harm reduction interventions that have the greatest evidence and impact on HIV among people who inject drugs. But Jamie stated that this** not comprehensive enough, and doesn't include some important services such as overdose prevention, safer injecting facilities and pill testing (where services offer to test drugs for people so that they can know exactly what they are taking). Participants also shared their experience from their various countries concerning the increasing use of some illicit and unidentified drugs. Some of them mentioned that these drugs are usually sold in the open and are easily accessible, but people rarely know what it is they are about to take.

Jamie suggested that security services and personnel should be given some substantive information on harm reduction interventions, as this would go a long way to enable them help support the interventions and protect the rights of people who use drugs. He called on governments to provide support for victims suffering from drug overdose and drug dependence, and reiterated that harm reduction has been proven to be effective and cost-effective. He also told participants that some key policy documents from the region support the harm reduction response – including the African Union Plan of Action on Drug Control (2013-2017).⁸

5.1 Needle and syringe programmes (NSPs)

Jamie Bridge then described needle and syringe programmes (NSPs) in more detail. These harm reduction services provides sterile needles and syringes (and other paraphernalia such as filters, mixing containers and sterile water) to people who inject drugs in order to prevent the re-use of unsterile equipment, which can transmit HIV and other viruses. He added that majority of NSPs are run by drug services, drug using networks or pharmacies, and operate from a range of fixed, mobile and outreach sites. He presented reports from the World Health Organization (WHO) attesting that NSPs are cost-effective, can reduce HIV infections and have no evidence of negative consequences.⁹

5.2 The state of harm reduction intervention services in West Africa

| | |
|--|---|
| Reference to harm reduction in national policy documents | Kenya, Mauritius, Tanzania |
| Opioid Substitution Therapy (OST) | [Burkina Faso], Kenya, Mauritius, Senegal, Seychelles, South Africa, Tanzania |
| Needle and syringe programmes (NSP) | Kenya, Malawi, Mauritius, Senegal, South Africa, Tanzania |
| Heroin-Assisted Treatment | N/A |
| Safer injecting facilities | N/A |
| Take-home naloxone programmes to manage overdose emergencies | N/A |

⁸[sa.au.int/en/sites/default/files/AUPA%20on%20DC%20\(2013-2017\)%20-%20English.pdf](http://sa.au.int/en/sites/default/files/AUPA%20on%20DC%20(2013-2017)%20-%20English.pdf)

⁹www.unodc.org/documents/balticstates/Library/NSP/EffectivenessNSP.pdf

He indicated from the table above that there is currently no West African country that has national policy documents that explicitly refer to harm reduction. Senegal has an OST programme that started in 2014, and the data suggest that Burkina Faso also provides OST through private services, but this was questioned by participants from that country. Only Senegal provides sterile needles and syringes to people who inject drugs (also since 2014), although a pilot is being proposed in Nigeria as well.

Participants then worked in small groups to discuss and respond to various concerns about harm reduction from different groups (e.g. media, government officials, law enforcement agencies, and religious and community leaders) who may not understand or approve of this approach in West Africa. Some of the concerns addressed in the group work role-plays were:

- § The misconception that harm reduction interventions promote drug use or making it look safe;
- § The misconception that law enforcement can only mean punishing people who use drugs;
- § The misconception that outreach workers are assisting and encouraging the use of illicit drugs;
- § Concerns around the use of methadone in opioid substitution therapy for someone who is using heroin.

6.0 THE UNGASS on drugs

Jamie Bridge defined the UNGASS as the highest policy-making and representative organ of the UN, where member countries come together to discuss key issues. The last time that the UNGASS focused on drugs was in 1998, at which time the agreement was to target a drug-free world by 2008. This has clearly not happened, so another UNGASS on drugs has been called for 2016 to review the situation again.

Marie Nougier then talked about the current UN Political Declaration and Plan of Action on drugs, which was adopted in 2009 and aims to “eradicate or significantly reduce” the global drug market by 2019. These documents are based on three pillars: demand reduction, supply reduction and money laundering.

Marie stated that in 2012, presidents from Colombia, Mexico and Guatemala delivered a landmark declaration to the United Nations Secretary General calling for an open debate on alternative approaches to the current war on drugs and the failures of the existing system. This call was later supported by 95 UN member states and since then, there have been more and more calls for drug policy reforms.

Marie mentioned that when CSOs are able to affect policies at the national level, it goes a long way to affect policies at the international level. She also indicated that the UNGASS on drugs in 2016 is a great opportunity for member states to have a real debate about drug policy options. She added that some governments and CSOs hope that the UNGASS on drugs can be the beginning of the end for the war on drugs, and will help to divert resources from law enforcement into public health.

She stated that IDPC is currently advocating for an open debate involving member states, people who use drugs, scientists, CSOs and all relevant UN agencies, for an end to the criminalisation of people who use drugs, for harm reduction, and for proportionate penalties for drug offences.¹⁰

¹⁰ <http://idpc.net/publications/2014/10/the-road-to-ungass-2016-process-and-policy-asks-from-idpc>

6.1 The road to UNGASS: building a global campaign

Scott Bernstein, from the Open Society Foundation (OSF) Global Drug Policy Program, then presented the outcome of a meeting organized in New York at the start of the year. The meeting brought CSOs and stakeholders together to develop common strategies to positively influence the UNGASS on drugs in 2016. He also mentioned that the meeting led to the agreement of a drug policy reform “platform” to support advocacy and bring the injustices of drug war to an end through research, dialogue, engagement and action. He added that the meeting created working groups at various levels to promote real and open debate on drug law reform in order to promote security, social justice, human rights and public health.

6.2 The West Africa Drug Policy Network

Adeolu Ogunrombi, a WACD Commissioner and founder of Youth RISE Nigeria, encouraged participants to work on advocacy in their respective countries. He also told them that they can take advantage of the UN International Day against Drug Abuse and Illicit Trafficking (June 26th) – which is also the Support. Don’t Punish ‘Global Day of Action’ (see below) – to push and advocate for sustainable and effective reforms. He made participants aware of the responsibilities they have as civil society actors to rewrite the current political narratives on drugs to fit the regional context. He called on CSOs to come together to push the agenda for policy reform forward in the region, and also to be actively engaged and bring interested people on board to champion these issues.

Adeolu added that the WACD report is an opportunity for CSOs to start the campaign and change the narratives to review and design drug policy that will focus more on public health. He admitted that the expected changes may take a long time to happen.

He encouraged participants to channel all their efforts in affecting policies at the national level, where the intended changes will be more evident and which will simultaneously affect policies at the regional level. He admitted there will be challenges but urged participants not to lose focus on the issue at hand and be sensitive in the approaches they use. He asked participants to strategically position themselves and also be systematic in their approach to get people to buy into the idea of reforming and developing effective drug policies.

He entreated all participants to make the best out of the drug policy workshop to create a regional network, which maps out activities to start the reform process. He pledged OSIWA’s support to the creation of a regional Drug Policy Network to affect drug policies in the region. He added that OSIWA is ready to support national networks and partnerships with grants of about 5,000 to 6,000 USD for local advocacy action plans. He stated that the West Africa Network has a regional coordinating team made up of a focal person from each country.

6.4 Support. Don’t Punish

Jamie Bridge described the Support. Don’t punish campaign (www.supportdontpunish.org) as a global advocacy campaign to raise awareness of the harms being caused by the criminalisation of people who use drugs. He added that the campaign aims to raise awareness of the need to change laws and policies, which impede access to harm reduction interventions, and to promote respect for the human rights of people who use drugs. The campaign includes an Interactive Photo Project, which anyone is welcome to participate in.¹¹ It also includes a ‘Global Day of

¹¹ <http://supportdontpunish.org/photoproject/>

Action' on June 26th each year – this is also the UN's International Day Against Drug Abuse and Illicit Trafficking, and an opportunity to engage the media and government and challenge the prevailing narrative on this day. In 2014, activities were held in Senegal and Nigeria, and small grants are available for 2015 to support further participation from across West Africa. Jamie encouraged participants, national groups and CSOs to take part in the campaign this year, and to get the media and policy makers involved in their actions.

7.0 ADVOCATING FOR BETTER POLICIES

Jamie Bridge defined advocacy as an ongoing process to change values, attitudes, actions, policies and laws by influencing decision-makers and opinion leaders, organisations, systems and structures at different levels. He added that advocacy does not always seek to change issues but also to give a better understanding of a phenomenon or an issue at hand. However, a good and well-planned advocacy programme always yields good results. To achieve this, he encouraged and advised participants, civil society practitioners and various stakeholders to always have a diverse target audience for their advocacy, and also to leverage any windows of opportunity as and when they open.

Mamadou Diallo added that CSOs in the region need to understand the context in which they operate to better advance any advocacy programme they embark upon. He added that a good understanding of the terrain will inform and influence advocacy programmes for better results.

Marie Nougier then presented a framework for effectively planning and developing an advocacy programme:

- Step 1: Select the issue you want to address
- Step 2: Analyse & research the issue
- Step 3: Develop objectives for your advocacy work
- Step 4: Identify your targets
- Step 5: Identify your allies
- Step 6: Identify your resources
- Step 7: Create an action plan
- Step 8: Implement, monitor and evaluate

She indicated that the first step to effectively plan an advocacy programme is to choose an issue to deal with. She added that the issue should be chosen according to the following criteria:

- § To what extent can this issue be solved by drug policy advocacy?
- § How many people will benefit from the change?
- § Is the potential for success realistic?
- § Can people directly affected by the issue be involved in the drug policy advocacy work?
- § What are the personal / organizational risks associated with the change?

The second step is to analyze the issue and identify possible solutions. She said this can be done by collecting evidence and information, creating communication channels with other organisations, involving people who are directly affected by the issue, and identifying some possible solutions to the identified issue.

Marie then offered a clear distinction between the aims, objectives and strategies of an advocacy plan:

| | |
|-------------------|---|
| Aim / Goal | The long-term result that you are seeking to achieve |
| Objectives | A short term target that contributes toward achieving the long-term aim |
| Strategy | The individual activities that will accomplish the objectives |

She added that these objectives should be “SMART” – Specific, Measurable, Achievable, Relevant and Time-bound.

The fourth and fifth steps are to identify and prioritize targets (who we advocate to) and allies (who we advocate with) – noting that these groups may overlap as well. Because of the financial constraints of some organisations, she indicated that such organisations should focus their resources on individuals, groups or institutions that have the greatest capacity to cause and effect the change we want to see. She added that people affected by the issues and drug user networks should be brought on board in the advocacy process.

The sixth step is to identify resources such as human resources (staff, volunteers etc.), money, skills and information to address the selected advocacy issue. She cited other resources too, such as having access to the media (both electronic and traditional media).

Where possible, participants were then grouped into their respective countries to begin drawing a national action plan – the penultimate step in the framework. Marie stated that there are no simple rules for choosing the best advocacy methods, and added that the choice of advocacy method will have to depend on the following factors:

- § The target person/group/institution
- § The advocacy issue
- § Your advocacy objective
- § The evidence to support your objective
- § The skills and resources of your coalition
- § Timing – e.g. external political events, when a law is still in draft form, immediately before a budgeting process, time of year, stage of advocacy process.

The various groups were asked to decide on the advocacy methods they would use and they were given a suggested format to help them draft their country-specific action plan.

8.0 CLOSING REMARKS

In their closing remarks, both Jamie and Marie thanked all of the participants for making the time to attend the drug policy workshop. They assured participants that the Training Toolkit will be translated into English and French and made available online,¹² and that another workshop was planned for before the end of 2015.

Dr. Alpha Abdoulaye Diallo, a WACD Commissioner from Guinea, also expressed his gratitude for being part of this two-day workshop. He expressed concern about the rapid increase in drug trafficking in the region and its rippling consequences on the social and economic development of the people.

¹² <http://idpc.net/policy-advocacy/training-toolkit>

He also stated that this development is not healthy for the geopolitical systems in West Africa because the practice undermines political and governance systems.

He therefore encouraged all CSOs to come together under an umbrella network to engage in the quest to reform drug policies in their various countries. He also advised participants to partner and collaborate with other stakeholders from different sectors.

He advocated for more CSO workshops on drug policy reforms both at the regional and national level to sensitize, create awareness and educate people on the need to revise some of the existing policies on drug trafficking and its use. He stated that national and regional CSOs should advocate for and focus on harm reduction services and also treat the drug problem as a public health issue.

He appreciated the efforts of all of the WACD commissioners for putting their report together, and welcomed the decision to make WACSI the secretariat for the West Africa Drug Policy Network. He also called on countries present to identify their focal person for the regional coordinating team, and ended by thanking WACSI, OSIWA, OSF, WACD, IDPC, KAF, USAID and all of the other partners who made this workshop a reality.

9.0 FEEDBACK FROM PARTICIPANTS

- **Level of knowledge of participants pre- and post-workshop**

The facilitators of the workshop distributed forms at the beginning and at the end of the workshop to assess the knowledge of participants on issues that would be addressed during the workshop. Based on these forms, we were pleased to see that the level of knowledge of the participants improved in all themes discussed at the workshop: international drug control, harm reduction, prevention, treatment, ways to advocate for policy reform, the report and awareness and understanding of the recommendations of the WACD and the UNGASS.

- **Feedback on the workshop**

Overall, participants were highly satisfied with the workshop, in terms of contents, organisation, methods and exercises used, as well as the level of knowledge and presentation style of the facilitators, although some highlighted the need to expand interactive participation. However, 40% of the participants believed that more time was needed to conduct the workshop (11 participants mentioned this in their additional feedback), in particular to expand knowledge and discussions on key issues related to drug prevention, treatment and harm reduction. Several participants also proposed to conduct separate workshops for English-speaking and French-speaking participants (although interpretation was of good quality, French-speakers felt that a workshop in their own language would have been easier for them to engage in), as well as to distribute any supporting materials in advance to the participants, in both languages. Additional suggestions for improvement included the need to organise more such workshops and involve active people who use drugs in such events, among other feedback.

10.0 MEDIA COVERAGE

The following are various links of online stories on the drug policy workshop held in Accra on February 11 and 12, 2015.

<http://www.todaygh.com/2015/>; <http://allafrica.com/stories/>; <http://www.ghanaweb.com/>;
<http://www.ghananewsagency.com/>; <http://www.ghana.gov.gh/index>;
<http://graphic.com.gh/news/>; <http://www.ghananews24.com/>;

<http://ghheadlines.com/agency/>; <http://www.9ijanews.com/news/>;
<http://citifmonline.net/news/>; <https://www.modernghana.com/>; <http://www.mixcloud.com/>

Drug Policy Workshop – February 11 – 12

<http://www.todaygh.com/2015/>; <http://allafrica.com/stories/>; <http://www.ghanaweb.com/>;
<http://www.ghananewsagency.com/>; <http://www.ghana.gov.gh/index>;
<http://graphic.com.gh/news/>; <http://www.ghananews24.com/>;
<http://ghheadlines.com/agency/>; <http://www.9ijanews.com/news/>;
<http://citifmonline.net/news/>; <https://www.modernghana.com/>;
<http://ghanaradio.co/breaking->; <http://informationgh.com/an->; <http://kofiannanfoundation>.
<http://www.modernghana.com/>; <http://youtu.be/EjnFkPl-S6Y>; <http://www.ghanaweb.com/>;
<http://myradio360.com/1>; <http://www.starrfmonline.com/>

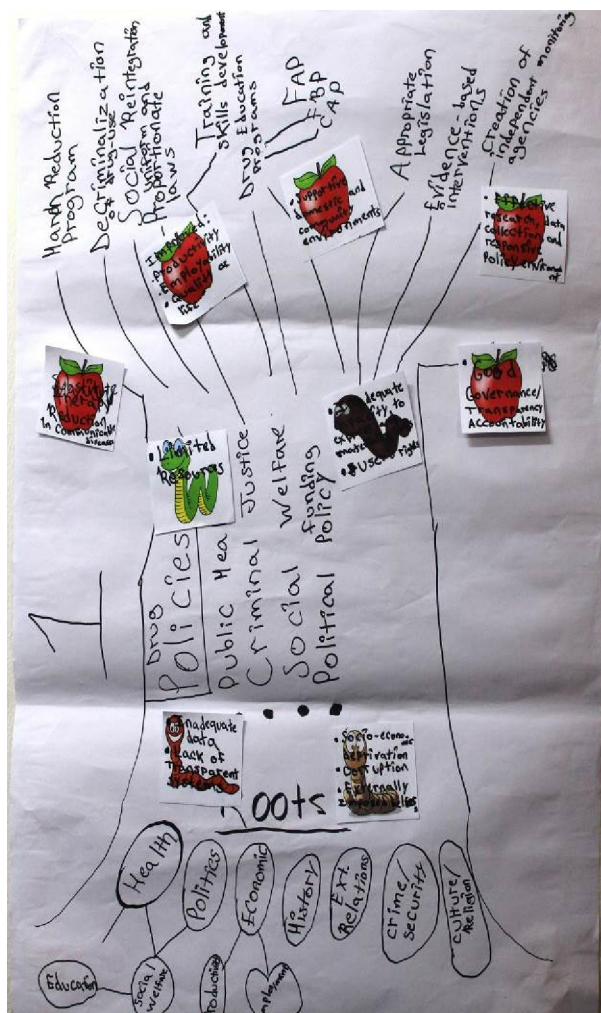
CSOs Reinforce Ties to Enhance Drug Policies in West Africa

<http://www.modernghana.com/>; <http://www.sierraexpressmedia>.;
<http://www.punchng.com/news/>

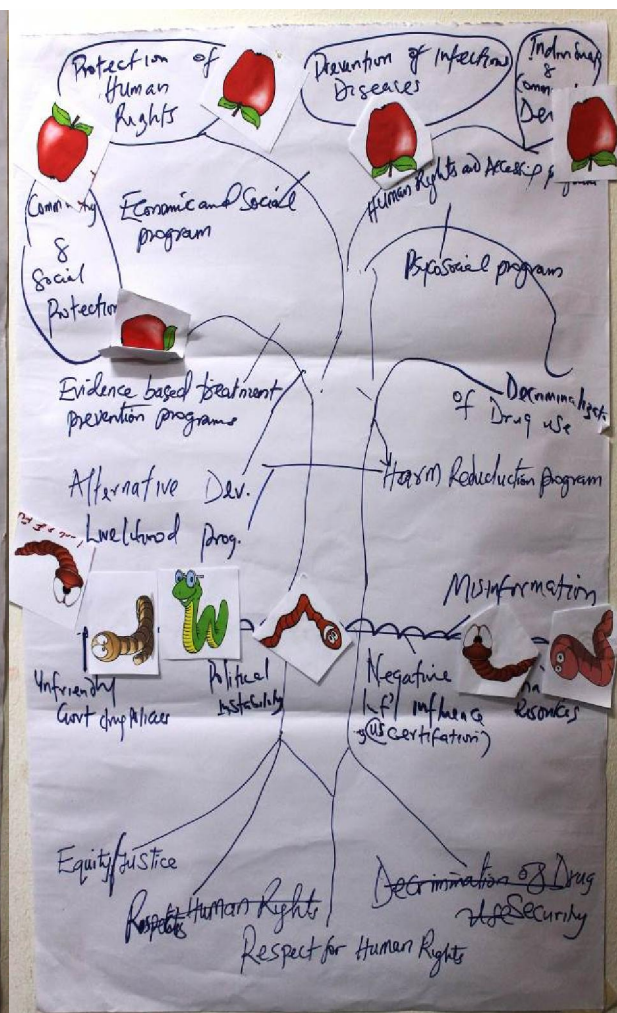
Africa in Focus

<http://africainfocusonradioxyz.blogspot.com/2015/02/podcast-episode-31-role-of-civil.html?sref=fb>

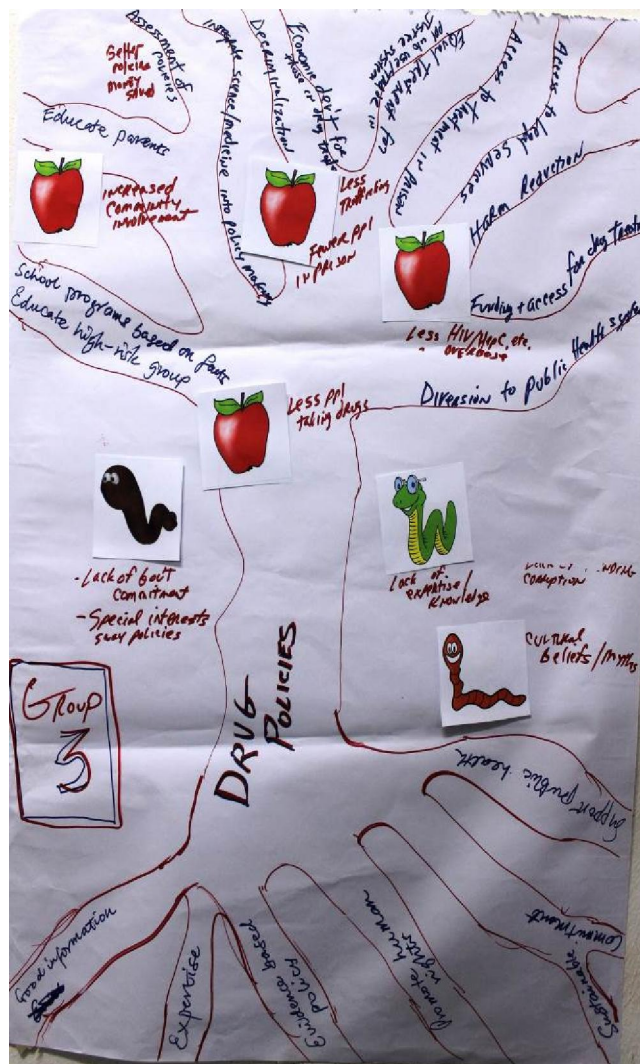
APPENDIX I: GROUP PRESENTATIONS ON THE TREE OF BALANCED DRUG POLICIES

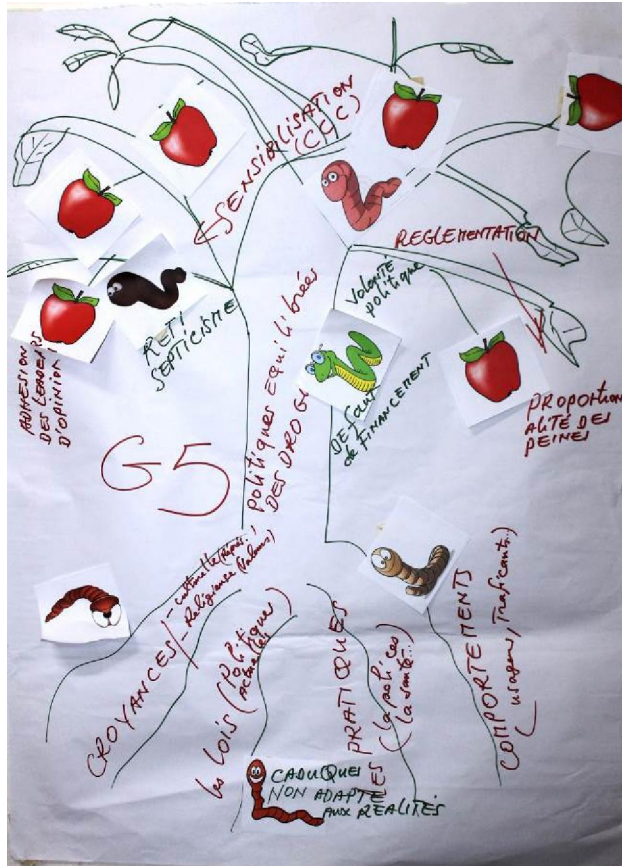


Group One

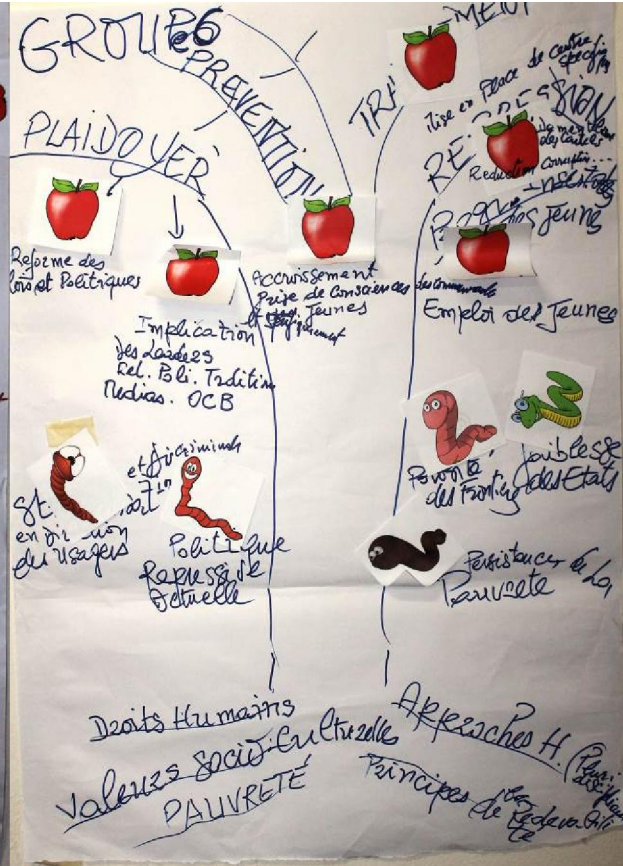


Group Two





Group five (5)



Group six (6)

APPENDIX II: LIST OF PARTICIPANTS

| S/N | Name of Participant | Country | Organisation |
|-----|----------------------------|---------------|--|
| 1 | Mohammed Adamu | Ghana | Wabham Foundation |
| 2 | Maria-Gorreti Ane | Ghana | Adawudu Law Consultancy |
| 3 | Christian Lion Lokko | Ghana | Remar (Christian Centre for Rehabilitation) |
| 4 | Dieudonné Hounsou | Benin | Social Watch- Benin |
| 5 | Jean –Baptiste Elias | Benin | FONAC |
| 6 | Idrissa Koné | Benin | ACOL |
| 7 | Dr. Idrissa Ba | Senegal | Senegalese Association for the Reduction of Infectious Harms (ASRDR) |
| 8 | Fatou Fall Dia | Senegal | Assistante Sociale |
| 9 | Bamar Gueye | Senegal | ONG Jamra |
| 10 | Jihonda Joseph Mane | Senegal | Association des juristes sénégalaises (AJS) |
| 11 | Fofana Souleymane | Cote d'Ivoire | Regroupement des Acteurs Ivoiriens des Droits Humains (RAIDH) |
| 12 | Koffi Kan Jean Henri | Cote d'Ivoire | International Treatment Preparedness Coalition (ITPC) |
| 13 | Evanno Jerome | Cote d'Ivoire | Medecins du Monde (MdM) |
| 14 | Dr. Bill Ebiti | Nigeria | New professionals working on drugs |
| 15 | Nonso Maduka | Nigeria | Prisoners Rehabilitation and Welfare Action (PRAWA) |
| 16 | Samuel Molokwu | Nigeria | SHIPS for MARPS Project |
| 17 | Isidore Obot | Nigeria | Center for Research and Information on Substance Abuse in Africa (CRISA) |
| 18 | Bartholomew Ochonye | Nigeria | Heartland Alliance |
| 19 | Christiana Ikpan | Nigeria | Youth Rise |
| 20 | Dr. Alpha Abdoulaye Diallo | Guinea | Réseau Afrique Jeunesse de Guinée (RAJGUI) - and WACD |

| S/N | Name of Participant | Country | Organisation |
|---|-------------------------------|----------------|--|
| 22 | Augustin Cisse | Mali | ORFED |
| 23 | Cheick Traoré | Mali | |
| 24 | Julius Togba | Liberia | FADCA and CDL |
| 25 | Dionisio Pereira | Cape Verde | Cape Verde Platform of NGOs |
| 26 | Christine Kafando | Burkina Faso | WACD |
| 27 | Yussuf Sane | Guinea Bissau | TOSTAN- Guinea Bissau |
| 28 | Lamin Sonko | The Gambia | African Network For Information And Action Against Drugs |
| 29 | Younouch Abdouramane Boubacar | Niger | Publiez Ce Que Vous Payez (PCQVP) – Niger |
| 30 | Hindowa Saidu | Sierra Leone | Foundation for Democratic Initiatives and Development |
| RESOURCE PERSONS AND COORDINATING TEAM | | | |
| 31 | Jamie Bridge | United Kingdom | IDPC |
| 32 | Marie Nougier | United Kingdom | IDPC |
| 33 | Scott Bernstein | USA | OSF Global Drug Policy Program |
| 34 | Guillermo Cintron | Ghana | USAID |
| 35 | Mamadou Diallo | Cote d'Ivoire | WACD |
| 36 | Adeolu Ogunrombi | Nigeria | WACD |
| 37 | Charles Vandyck | Ghana | WACSI |
| 38 | Franck Sombo | Ghana | WACSI |
| 39 | Mathias Hounkpe | Senegal | OSIWA |