

# **Liberia: Social and Economic Impact of Illicit Drugs**

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**Baseline Survey conducted by Foundation  
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## Acronyms

BIN	Bureau of Immigration and Naturalization
CSOs	Civil Society Organizations
DDRR	Disarmament Demobilization Rehabilitation and Reintegration
ECOWAS	Economic Community of West African States
FADCA	Foundation Against Illicit Drugs and Child Abuse
FGD	Focus Group Discussion
HIV	Human Immuno Virus
IBBSS	Integrated Bio Behavioral Surveillance Survey
IRB	Independent Review Board
KAP	Knowledge Attitude and Practice
LDEA	Liberia Drugs Enforcement Agency
MCC	Monrovia City Corporation
NAC	National AIDS Commission
OSIWA	Open Society Initiative for West Africa
ULIMO	United Liberation Movement
UL-PIRE	University of Liberia – Pacific Institute for Research and Evaluations
UN	United Nations
UNGASS	United Nations General Assembly Special Session
UNODC	United Nations Office on Drugs and Crime
WACD	West Africa Commission on Drugs

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Foundation Against Illicit Drugs and Child Abuse (FADCA) remains grateful to the Open Society Foundations and its West African subsidiary (OSIWA) for giving us the opportunity to conduct this baseline survey, which results broaden our understanding of the drug problem in Liberia. The results demystify our understanding of the nuances of the drug problem. Though scanty in terms of national population coverage, the baseline survey points to the trend of the issues associate with drugs nationwide.

We appreciate the level of policy guidance support acquired from IDPC, West Africa Drug Policy Network, West Africa Commission on Drug, West Africa Civil Society Institute through their respective institutional publications, training and conferences shared with us. The value of our membership with these international bodies, particularly IDPC and WADPN, was instrumental in understanding the trend of international drug policy debate in comparison with the situation in Liberia. Their encouragement, pep-talks and use of social mediate to massage international and regional data remain enterprising in our preparation to advocate the issues unfolded in this report.

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May this report make an informative reading to us all.

## **EXECUTIVE SUMMARY**

### **Purpose**

The ultimate method for deriving better policies is to understand the nuances of the drug problem, in terms of its social, health, economic and political impact. Such understanding must be based on cogent scientific evidence derived from empirical data. This survey has been embarked to ascertain rising youth debut in drug use; understand the social and economic causes of youth debut and impact of drug in Liberia. To determine the level of health risk based on experiences and feelings of drug users. Findings of the survey will be used as advocacy and strategic information tools for planning future intervention and policy actions.

### **Methodology**

Participants of this survey were drugs users living in the ghettos, few security personnel of the police, DEA and BIN as well as staff of some line government Ministries. While ghetto resident drug users responded to questionnaire, members of state security and ministry staff participated in focus group discussions. Questionnaire respondents were snowballed until interviews reached a point of saturation. The snowball interview process was conducted in ghettos and offices within ghetto proximity.

Ethical review for the survey was done by University of Liberia – Pacific Institute for Research and Evaluation (UL-PIRE). As part of the study protocol, UL-PIRE reviewed the consent and ascent forms and other documents before approval. The study agency (FADCA) provided convincing evidence of its intention and ability to exercise confidentiality in handing identity and information of respondents.

The study team comprised 15 data collectors, three data entry clerks and two report development consultants. These team members were selected from member civil society organizations (CSOs) of the West Africa Drug Policy Network – Liberia Chapter and trained by a consultancy firm, Partners' Initiative. The consultancy firm used its expertise and experience to formulate criteria for selection of individuals within the participating CSOs. Partners' Initiative is a research and evaluation firm operating under the laws of Liberia and is into social and operational research, project/programme evaluation and institutional capacity building. This baseline survey team was led by Partners' Initiative.

Data collectors were trained for three days and field test of questionnaire was done. Field test results were verified, followed by actual data. Data was into Excel Spreadsheet for analysis and interpretation.

### **Findings**

Formal and vocational education rate among drug users is very low to an extent that only 2% has ever entered college, while over 20% never went to school. Senior, junior and elementary school entry rate is 27%, 28% and 21% respectively. Significant 86% of them declined commenting on reason(s) for their failure to continue school, while 4% and 8% blamed their failure on war and

lack of support. This damning statistics points to a dooming future especially with the current trend of youth involvement with drugs. In spite of the ghetto lifestyle, 73% of respondents consented being parents. The data shows nearly 200% child bearing rate among drug users. Interestingly, 22% of the respondents said their children live with them in the ghettos.

This survey shows that earliest age of drug debut for 16% of respondents was between 8 to 12 years. A significant 82% experienced drug debut at ages 13 to 17 years. Fifty three percent said they started by following examples of parents and friends, 26% attributed their involvement to peer pressure while 15% complained that the war led them to involvement with drugs. Cannabis (Marijuana) and Italian White (cocoa) are two dominant drugs at debut. With Marijuana leading slightly by 1%, cocoa's 44% debut rate indicate that it is not strange to Liberia drug users. Cocaine tends to experience less prevalence among Liberian debutants either due to its price or scarcity. Cocaine accounts for 6% debut rate, which indicates that the income level of many grassroots people cannot permit them to access it. The competition between Marijuana and Italian White mirrors porous ports of entry, susceptible to trafficking than one can imagine. It is unimpeachable that unlawful Marijuana farming exists in Liberia thus giving Marijuana easy accessibility leverage. On the other but surprising hand Italian White, which is imported, has nearly equal accessibility as Marijuana.

Respondents decry limited access to public facilities including clinics thereby exposing them to more disease burden. The further noted denial from palaver hut meetings or political gathering. Thirty percent of them said their only access to public facilities and community gathering was by invitation, which often had political motivation (especially during election season or attempt on the part of individuals or groups to instigate violence in urban and suburban communities).

Fifty seven percent of respondents recommended the need to flush drugs out of their bodies. Another 26% suggested that government isolate them as a means of stopping their access to drugs. By this, the respondents are suggesting a comprehensive rehabilitation program. Rehabilitation of users blended with harm reduction services remain the inarguably cheaper and drug impact mitigation approach compared to extra-judicial and human rights offensive criminalization and incarceration of people in relations to alleged drug related issues.

Twenty percent of them said they felt sick every day, 10% said they felt sick every week while another 20% averred that they were sick once in every fortnight. Roughly 46% said they felt sick once every month. Eighty six percent of respondents maintained that prevalent disease conditions such as cold and malaria lasted nearly one month in their bodies. Amidst this dismal disease burden and the chemical composition of drugs, only 17% said they had access to food three times daily. The trend of disease frequency demand effective service program as a means of mitigating the impact of infectious diseases emanating from ghettos.

Many Liberian ghetto resident drug users have said that they have had links with the three major rounds of wars in Liberia. At the time of the 1990 war, roughly 25% of all respondents were

between ages 7 to 12 years while 19% were between 13 – 19 years of age. Fifteen percent said they were within the 7 to 12 years age range and 14% of them were between 13 to 18 years at the advent of the 1996 war. Additionally during 2003, 9% and 20% were between the ages 7 to 12 and 13 to 18 respectively, while another 15% claimed that they were within the 19 to 23 age range. Without specifying the round of the civil war, 34% of the respondents said they served as child soldiers, while 13% said they were armor boys. Roughly 12% of them were conscripted and 9% served as commanders and informants respectively.

Fifty five percent of respondents claimed they were aware of the existence of the Liberian Controlled and Substances Act, while 42% said they were not aware. For those who claimed to be aware, 41% of them said their awareness was through civil society organizations, while 28% said they were told by the Liberia Drugs Enforcement Agency (LDEA). Another 15% said the Liberian National Police informed them about the existence of the drugs law. However, existence of the law or awareness about it does not make any difference in terms of knowledge attitude and practice (KAP). Sixty one percent of the respondents said despite enactment of the law, security forces are still brutal against drug users, while 38% asserted that security officers join them in taking drug at various ghettos. While 30% alleged that security officer regularly visit ghettos to leak information of planned raid due to their individual or syndicated interest, another 15% also accused security officers of buying stolen items from them in the ghetto. As unimpeachable as these allegations remain, one can surmise the challenges of policy implementation in Liberia.

Significant 61% of respondents said drugs permeate communities through person-to-person trade, while 15% said the distribution is an undercover trade involving people from various sectors of society. Roughly 8% of respondents alleged that state security do escort drugs to communities. For various reasons and interests, ghetto raids every day according to 31% of the respondents. Meanwhile 61% intimated that ghetto raid takes place every Saturday in observance what security personnel call “Super Saturday”.

Drugs continue to adversely impact the economy of the country in various ways. Focus group discussions held on the economic impact of drugs show that money laundering, crime and corruption are engendered by drugs. Bulk of the discussants agreed illicit drug and substance abuse and trafficking contribute largely strangulating through hoarding and counterfeit tenders on the market. According to them, small and medium businesses, especially owned by foreign nationals do use drug are fronting enterprises for drug lords.

The discussants also asserted that hoarded drug money is used to support illicit mining in leeward counties. Illicit mining sites in Grand Gedeh, Sinoe and RiverGee are said to experience exchange of drugs for gold. Undocumented minerals therefore leave the country through porous borders. Due to the remoteness of most of these areas and the country’s poor road network, motor vehicles do not ply them. Consequently, assigned government agents are not effective in collecting taxes, while minerals are also being smuggles to neighboring countries.



Drug users lamented constant violation of their fundamental human rights by state security in the name of fighting drugs. They alleged that security personnel usually arrest and throw them into jail without due process of law. They noted that police raid them at some part of the year (especially prior to Christmas and July 26 celebrations) and put them into cell without any explanation, warrant or whatever. Per the trend of the discussion, drug users are the object of security harassment, arrest and even torture. They are the scapegoats of an offence committed equally by all and sundry.

### **Recommendations**

1. Low formal and vocational education and the consequential lack of employment opportunities have staggering effect of idleness and non-engagement of youthful drug users. Since the cessation of warring activities and the engendered lifestyle, comprehensive de-drugging rehabilitation program had not been instituted for ex-combatants. While it is true that the DRR program attempted tackling the problem, its design did not encompass the drug situation especially from the perspective of the role of drugs as a factor to the war. It is better late than never for government and development partners to institute programs aimed at rehabilitating drug users especially those who were engaged with belligerent forces.
2. The future of women and especially children born and live in ghettos tends to be bleak. The need to advert this situation cannot be overemphasized. With currently available opportunities, civil society organizations should be empowered to engage women and children in ghettos through positive women empowerment and child rearing programs that will not only transform them into productive citizen but also to advert the impending health burden with national ramifications.
3. Drug prevention strategy should holistically target all social institutions (family, school, health, market, law and religion) so as to touch all fabrics of society. With many debutants reported starting their drug habit from parents and friends; clear indications that law enforcement, religious and learning institutions did little in addressing the problem cannot be dismissed. Limited mainstream drug prevention program within the various sectors of the society over the years tends to be responsible for entrenched widespread drug abuse. By this recommendation, it would pay off should drug prevention services be enshrined in school curriculum; while tougher control measures are put in place through the social justice system.
4. Drug users should not be labeled as criminals and consequently denied access to health services. Society should understand that addiction is a brain disease. Denying drug users access to health services is tantamount to exacerbating their health situation, which is a general health threat to the entire society especially in the case of HIV and hepatitis C and other infectious diseases. Their interaction with the rest of society puts everyone at

risk. Regardless of their addiction brain disease condition, access to health services is their inalienable human rights that should not be denied them.

5. Rehabilitation of drug users should not be haphazardly done. Regular raiding of ghettos and detention or imprisonment of people assumed to be drug users and criminals is an incomprehensive approach to the drug problem that is more socially offensive in the context of human rights. Government and development partners reserve the right to develop a complete rehabilitation package, which entails creation of congenial host facilities, opening facilities to clients, controlling or prevention of drug and substance entry into the facilities, provision of medical and counseling services and providing skills training over a period of time will make meaning impact in addressing the problem.

## **Conclusions**

In view of the world drug problem and considering Liberia's drug situation characterized by the influence of drugs on the 13 years of civil war (1990 to 2013), rising youth debut in drug use, weak system of governance and oversimplification of civil liberties, which produced the findings of this survey, we wish to draw the following conclusions. These conclusions are intrinsically based on findings of the survey.

The extent to which the war in Liberia distorted early learning system is typical of the situation of "adding insult to injury". This means while that country was struggling with redeeming its population from the scorches of military (People Redemption Council) take over which advent populated abuse of cannabis and other controlled drugs and substances, disrupted educational program to which the current population in drugs would have benefited. On the contrary, low education contributes largely to youth involvement with drugs. Out-of-school and unemployed youths are more addicted to drugs than their in-school counterparts. Consequently, there are reasons to believe that education and employment are two factors that could reduce youth and general population involvement with drugs.

Criminal labeling of drug users continues to impose more devastating consequences including human rights violations and exposure of weakness of the country's social justice system. Generalized criminal labeling of drugs users also contributes to the health burden of ghetto residents as continuous denial access to health services exacerbates their health condition with propensity to translate into national health crisis. Provision of health services is an essential component of rehabilitation of drug users, which needs to be blended with creation of host facilities and skills training program.

Knowledge attitude and practice should be commensurable with provisions of the country's drugs and substances law. All and sundry actors in the controlled drugs and substances sphere should equitably be aware of unfolding national and international discourse and challenges to which cause government, civil society and development partners must champion. While the Liberia Controlled Drugs and Substances Law contains clauses that do not meet current

international drug policy debate, attitude and practices of state actors in the face of the law further shows the need for not only reviewing the law but also communicating its existence for awareness of the entire population. The burden of the law or its absence is on users than any group of drug actors.

The Liberia Controlled Drugs and Substances Law shows unequal distribution of justice for drug offenses, with drug users bearing the blunt of punishment. While the law is crafted from a criminalization perspective, there is punitive disparity that favors traffickers over users. Setting the scale for gravity of the problem, traffickers commit higher latitude of the crime and deserve heavier gravity of punishment while users are usually caught with minimum quantity and should be given minimum punishment. Additionally, the law must address crosscutting issues such as right to public health, human rights, women and children as well as alternative livelihood for victimized cannabis farmers and their families.

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## SECTION ONE: INTRODUCTION

Liberia is located on the west coast of Africa with an area of 350 square miles. 2008 census puts the country's population at 4.2 million people<sup>1</sup>. Like other West African countries, military aspect of the Liberian civil war has receded but there are aspects of social and economic life that remain contemporary social problems. The country still plays host to an unresolved past characterized by human rights violations against bulk of the downtrodden masses, endemic corruption, legislative and judicial weakness, etc. Government and international partners have initiated several reform measures but some areas of human activities remain backward in the reform efforts. One of such areas is the rehabilitation of the country's youthful population, which was drugged to fight intractable unconventional thirteen years of war between 1990 and 2003.

The country's geographic landmark and weak security system manned by poverty stricken under-paid personnel accounts for increasing alleged penetration by heavily funded drug barons. Drug lords have permeated the security system thus turning the country into a drug transit point. Between 2005 and 2011 Liberia got enlisted among West African states in which above 90 kilograms of Cocaine was seized, with total seizure in the West African region amounting to 2,500 kg (WACD, 2014)<sup>2</sup>. The foregoing figure accounts for the amount of drugs falling within the dragnets of state securities and reported. There are indications that much more is not accounted for given the quantity on the local market.

In 2014, the president signed the Liberia Controlled Drugs and Substances Act and the Act establishing the Liberia Drug Enforcement Agency. Efforts by civil society and development partners, prior to signing the acts, to advise government on areas where both acts contravene international conventions and current global trend in dealing with the world's drugs problem proved futile. Consequently the acts are pushing more for criminalization and punitive measures against low quantity drug users, ignoring human rights, public health or harm reduction. The Liberia Drug Enforcement Agency Act gives punitive authority to the Liberia Drug Enforcement Agency (LDEA), suggesting government's response to drug in the status quo of "war against drugs". It is unimaginable that a legislative enactment emanating from a country that is still grappling with the aftermath of a gruesome civil war in which the current youthful population was conscripted and indoctrinated into the use of drugs to harness bravery for fighting unconventional warfare. The president and members of parliament signed on the act with little information on global drug policy dimensions, none taking cognizance of conventions signed by previous regimes. By and large empirical research data on the extent of Liberia's drug problem was not available for strategic policy development. Consequently, the crafters of the acts felt short of adequately conceptualizing the internal intricacy of the problem let alone global trend of drug policy debate, which underpinned most countries and civil society positions at United Nations General Assembly Special Session on the world's drug problem held in April 2016 in Washington.

As a means of determining the extent of Liberia's drug problem and developing program and advocacy tools for better policy promulgation, this baseline survey was launched. The survey endeavors to bridge the data gap by investigating causes of rising youth debut in drug use and

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<sup>1</sup> Liberia Institute for Statistics and Geo-Information Service (LISGIS) 2008

<sup>2</sup> West African Commission on Drugs Report, 2014

prevalent drug type in Liberia, the social, economic and security impact of drug and substance abuse in the country. This report, among other things, brings forth real life stories of people living in ghettos in terms of how the war and drugs have impacted their family and personal lives.

## **CHAPTER 1: BACKGROUND INFORMATION**

Youth debut in drug use continues to be on the increase in major urban and suburban communities of Liberia. Though unreported and short of clear statistics, youth involvement in the use and trafficking of drugs in Liberia tends to have more underlying causes and consequences on the entire country. With generational and future ramifications, drugs and crime tend to put Liberia in an irreversible economic and political downward trend. Proxy indicators such as age range of people arrested daily by drug enforcement agency, increasing number of street adolescents who openly show abnormal attitude and high level crime tend to be pointing to high prevalence of drug abuse.

Additionally, post conflict Liberia has inherited approximately 35% of youth who were drugged to participate in unconventional warfare (1990 – 2003). This segment of the population has become habituated to the use of drugs and is infecting others through “peer pressure” (age mates enforcing involvement of their colleagues in similar habits), “organic solidarity” (sharing the feelings, habit and sympathy of people within your locale of emotional attachment) and “differential association” (sharing the feelings, following or borrowing habits from a person or group of people being heartily admired in a specific style of life). However there is no data on the causes of increasing youth involvement, the social and economic impact of drugs and the plight of low quantity drug users especially at the hands of security forces in the name of ‘war against drugs’. Everything done or said about the drug situation in Liberia, from policy development to the perception of security and other state actors toward drugs, is based on assumption. There is no empirical evidence about any aspect of the situation.

### **Controlled Drug and Substance Situation in Liberia**

The 13 years of war in Liberia has left the contemporary social problem of youth bulge in drug use, trafficking and dependence. The problem is rooted from the use of children as war machines. Between 1990 and 2003, many children were conscripted and regularly drugged to fight wars for various factions. Fighting forces in the multidimensional Liberian civil war were dominantly children forcefully conscripted and drugged to engage into unconventional warfare. This group of ‘civil militias’ who were later referred to in West African conflict transformation literature as ‘soldiers of fortune’ are now full-grown men but heavily entrenched into unbreakable drug habit. While the DDRR program was implemented between 2004 and 2007, questions about its success in terms ‘dollar value versus the problem at hand’; the program did not have any exist strategy aimed breaking drug habit, which heavily influenced the behavior of the target population. Consequently, there is a drug demand factor creating a market in Liberia,



especially in the face of the country's current high unemployment rate and general poverty situation, leading to growing number of young people getting involved with unscrupulous means for survival.

### **Drug Policy Formulation in Liberia**

Liberia's new Controlled Drug and Substances Act and the associated Liberia Drug Enforcement Agency Act illustrate the Liberian government's interest in adapting its legislation on drug control to place a strong emphasis on enforcement activities<sup>3</sup>. According to the U.S. Bureau for International Narcotics and Law Enforcement Affairs, "Liberia is not a significant transit country for illicit narcotics, but the country's weak law-enforcement capacity, porous border controls, and proximity to major drug transit routes leave it vulnerable to becoming one. While Liberia is not a significant producer of illicit narcotics, local drug use, particularly marijuana, is common." Accordingly, the U.S. supports law reform in Liberia, having pronounced that new laws can "create a stronger foundation for more effective law enforcement activities," and noting that under existing legislation "defendants can only be charged under public health laws."

Liberia has ratified (or acceded to) the three main drug control international conventions which aim to control illicit drugs by reducing their supply, in particular through criminal sanctions. While Liberia must uphold its obligations under these conventions, Liberia must also fulfill its obligation under other international treaties including the International Covenant on Economic, Social and Cultural Rights, the International Covenant on Civil and Political Rights, the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment and the African Charter on Human and People's Rights — all of which Liberia has ratified. When poorly developed and implemented, drug policies can lead to serious human rights violations such as police harassment, arbitrary detention, disproportionate sentencing and incarceration, ill-treatment, torture and discrimination. As described by the United Nations Office on Drug and Crime (UNODC), since "one of the stated aims of the international drug control conventions is to protect the health of individuals and society from the dangerous effects of drug use," human rights laws are also relevant because they guarantee the right to life and the right of "everyone to enjoy the highest attainable standard of physical and mental health." Problematic drug laws can not only exacerbate the harms associated with drug dependence, but also lead to a wide range of other preventable health conditions, such as HIV and hepatitis C virus (HCV). Under human rights law, states have a binding legal obligation to take steps to realize the right to health, including steps "necessary for... prevention, treatment and control of epidemic, endemic... and other diseases" and "the creation of conditions which would assure to all medical services and medical attention in the event of sickness."

Overall, an analysis of the Controlled Drug and Substances Act and its associated Drug Enforcement Agency Act suggests that the new legislations are steps in the wrong direction. Instead of adopting a right-based approach wherein drug use would be seen primarily as a public health issue and where law-enforcement initiatives would focus on high-level traffickers rather than small-scale dealers, the new laws broadly criminalize every aspect of drug-related activity. The criminalization of drug use and possession, the lack of distinction between small-scale dealers and high-level traffickers, as well as the absence of any provisions prohibiting human rights violations in the context of law enforcement activities are of particular concern. As such,

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<sup>3</sup> Canadian Consultant's analysis of Liberian Drug Law

the new legislations could have a catastrophic impact on people who use drugs and on public health. It also risks nurturing corruption, police abuses and violence and may ultimately lead to unnecessarily high rates of incarceration and overcrowded jails<sup>4</sup>.

A study of people who use drugs (and other marginalized communities at increased risk of HIV) in Liberia concluded that an estimated 2303 people use drugs, and 457 people inject drugs. As is the case in the region, the study confirmed that cannabis is the drug most frequently used in Liberia<sup>5</sup>. People who inject drugs in Liberia have been identified as one of the “Key populations”. According to Liberia’s first Integrated Bio-Behavioral Surveillance Survey (IBBSS), injecting drug users account for the third highest HIV prevalence rate of 5% among key population groups in Liberia<sup>6</sup>. However, data presented in these studies were focused on HIV.

## **Drug Control Measures in West Africa**

While available data on drug trafficking or drug consumption in West Africa is limited, there are growing concerns that West Africa has become an important transit route for drug trafficking particularly of cocaine; and that drug use is increasing in the region. UNODC has reported emerging manufacture of amphetamine-type stimulants in West Africa. In the West African region, and as in many other regions, the predominant approach to drug trafficking is based on reducing the drug supply through law-enforcement efforts. Many West African countries have attempted to respond to drug trafficking in the region with interventions that are driven by law enforcement and by adopting often draconian laws that deal with drug consumption and trafficking. Policies with regard to people who use drugs have been primarily centered on punitive measures with limited — and in many cases non-existent — treatment and harm reductions programs for people who use drugs. As described in a recent paper developed for the West Africa Commission on Drugs, “limited focus has been placed on the health and developmental aspects of the spillover effects of drug trafficking, which over time could constitute a greater security threat to West Africa than currently acknowledged.”

Evidence of growing drug trafficking in the region, fears associated with terrorism, perceptions of States’ lack of “required technical and financial means to respond effectively” to illicit cultivation, manufacture and drug use and the absence of strong justice systems has drawn increased attention to the issue of drug consumption and trafficking in West Africa from external actors such as the UNODC and the United States. Over the last decade, several initiatives have been undertaken to respond to the concerns associated with drug trafficking in the region. But the international response has again “focused predominantly on controlling narcotics flows and strengthening law enforcement, and less on public health or governance issues, despite the longer-term security implications that neglect of the latter might give rise to.”<sup>7</sup>

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<sup>4</sup> Canadian Expert’s Analysis of Liberia’s Drug Law

<sup>5</sup> S.-P. Tegang and J. K. Tegli, *Technical Report Size Estimation of Sex Workers, Men who have Sex with Men, and Drug Users in Liberia*, December 2011, p. 17

<sup>6</sup> S.-P. Tegang & M. Badio, *Integrated Bio-Behavioral Surveillance Survey*, 2013.

<sup>7</sup> Canadian Expert’s analysis of the Drug Law in Liberia

At the regional level, however, action plans have included health and human rights considerations. In 2008, the Economic Community of West African States (ECOWAS) adopted a *Political Declaration* and formulated a *Regional Action Plan to Address the Growing Problem of Illicit Drug Trafficking, Organized Crimes, and Drug Abuse in West Africa*. This plan mandates the strengthening of national legal frameworks “in order to provide sufficient deterrence against illicit drug trafficking.” It also calls for actions to “face and deal with the emerging threats of increased drug abuse and associated health and security problems,” including drug use prevention and treatment programs as well as HIV prevention programs. In 2013, the African Union adopted a Drug Strategy and Action Plan which calls for the implementation of “comprehensive, accessible, evidence-informed, ethical and human rights based drug use prevention, dependence, treatment and aftercare services” as one of the key priorities. In an effort to strengthen its response to illicit drug trafficking, drug use and organized crime, Liberia has also signed the West Africa Coast Initiative in 2010 which establishes a Transnational Crime Unit.

Moreover, in 2013 the West Africa Commission on Drugs (WACD) was established to respond to the need for a renewed concerted effort to deal with trafficking and drug dependence in West Africa. The regionally-led group has three objectives: 1) to mobilize public awareness and political commitment on drug-related issues in the region; 2) to develop evidence-based policy recommendations; and 3) to promote local and regional capacities and ownership.

### **International Drug Policy Debate**

The global community has embarked on finding alternatives to the war on drugs. “War-on-Drugs” as an approach to the world’s drugs problem tends to increase the harmful impact than reducing the burden of drugs on human population. The 40 years old “war on drugs” characterized by its prohibition and criminalization tendency has produced over-crowding in jails, violence and human rights violation and other forms of discomfort and offences. Over the years the cartels have grown in strength, thus introducing spiral corruption in drug trafficking and money hoarding and counterfeiting. This also undermines democracy, influencing elections and exacerbating violence.

The governments of Colombia, Guatemala and Mexico were successful in getting the issue of drug policy reform on the United Nations’ agenda. At the 2012 UN General Assembly meeting, those countries issued a formal statement underscoring the need to “review the approach” of present drug policies and called on the United Nations to “exercise its leadership...and conduct a profound reflection to analyze all available options, including regulatory or market measures, in order to establish a new paradigm that prevents the flow of resources to groups involved in organized crime. The statement concluded by asking the UN to host “an international conference to allow the necessary decisions to be made in order to achieve more effective strategies and tools with which the global community faces the challenges of drugs and their consequences. These sentiments were echoed in the declaration of the Ibero-American Summit – including all countries of Latin America, Spain and Portugal – which took place on November 16 and 17, 2012. Shortly thereafter, it was announced that a special session of the UN General Assembly (UNGASS) would be convened in early 2016 on the “world drug problem.”

The *Report of the Third Committee on International drug control* to the General Assembly states that the UNGASS review will include “an assessment of the achievements and challenges in countering the world drug problem, *within the framework of the three international drug control conventions and other relevant United Nations instruments* (emphasis added). Yet meaningful drug policy reform ultimately necessitates convention reform and a key question remains as to whether or not the issue of convention reform will finally make it to the negotiating table. A step forward in that direction was taken when in December 2012 President Santos joined President Pérez Molina (along with numerous former presidents, including former U.S. President Jimmy Carter) in signing the Beckley Foundation Public Letter, *The Global War on Drugs has Failed: It is Time for a New Approach*, which states: “At the root of current policies lies the 1961 UN Single Convention on Narcotic Drugs. It is time to re-examine this treaty which imposes a ‘one-size-fits-all’ solution, in order to allow individual countries the freedom to explore drug policies that better suit their domestic needs<sup>8</sup>.”

From April 19 to 21, 2016 governments of member states of the United Nations held the UNGASS on the world drug problem. However, the outcome document failed to drift away from the concept of “war against drugs” but reaffirm the “commitment to the goals and objectives of the three international drug control conventions, including concern with the health and welfare of humankind as well as the individual and public health-related, social and safety problems resulting from the abuse of narcotic drugs and psychotropic substances, in particular among children and young people, and drug-related crime, and we reaffirm our determination to prevent and treat the abuse of such substances and prevent and counter their illicit cultivation, production, manufacturing and trafficking”.<sup>9</sup>

### **Background of FADCA and OSIWA**

The Foundation Against Illicit Drug and Child Abuse (FADCA) is non-governmental organization that is registered under the Laws of Liberia. FADCA seeks to promote a balanced approach to drug policy based on decriminalization and the protection of universal human rights. FADCA champions the prevention of the negative impact of controlled drugs and substances on children, while pushing for drug policies that are sensitive to public health, human rights, harm and demand reduction through advocacy and communication, research and rehabilitation of victims of drugs and related policies as well as capacity building.

Open Society Initiative for West Africa (OSIWA) is part of the network of Open Society Foundations. OSIWA is a grant making and advocacy foundation working to support the creation of open society in West Africa marked by functioning democracy, good governance, rule of law, basic freedom and widespread civic participation. Under OSIWA’s drug policy theme, which

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<sup>8</sup> The Drug Policy Reform Agenda in the Americas, IDPC Briefing Paper, August 2013

<sup>9</sup> United Nations General Assembly Special Session Outcome Document, April 2016

focuses on reduction of the impact of drug trafficking on governance and contribute to reducing the vulnerability of West African states to the threat and impact of drug trafficking, OSIWA granted FADCA US\$25,000.00 for the conduct of a baseline survey to determine the level of youth debut in drug use and the social and economic impact of drugs in Liberia.

### **Country Context**

Liberia is generally a data deficient country. Unavailability of strategic information culminates into the derivation of poorly informed policy decisions that fail to meet the needs of the people thereby amounting to latent conflict. So is the case with controlled drugs and substances situation in the country.

Drug has domino effect and has ever been considered a monster due to its abuse, criminal breeding tendency and economic impropriety; thus the harsh mitigation effort to address it. However the adage “bad sore needs bad medicine” cannot hold because of the intricacies of Liberia’s drug problem. The situation at bar is the drug problem and mitigating drug law(s) of the country.

The drug use prevalence in Liberia has three major root-cause phases. Debatable as they may be depending on perspective of whosoever is involved in the debate, wide spread drug abuse especially with cannabis started as far back as 1980 and is usually associated with the country’s political crises.

In 1980 when soldiers from the barracks took over government in a bloody coup that led to the demise of Liberia’s 20<sup>th</sup> President William R. Tolbert II, cannabis use became a public show and way of recognition and identification with the People Redemption Council led by Master Sergeant Samuel K. Doe. Public display of Marijuana smoking was the order of the day and remained without any serious counter action till the end of the Doe regime. While this is not intended to argue that there was no drug use or abuse in Liberia prior to the military takeover, the point here is about the outlaw public use of the substances and the unbridle extent to which many people at the time got involved with drugs.

Secondly, then came the unconventional wars from 1990 to 2003. The political lineage here is that the Charles M.G. Taylor led National Patriotic Front of Liberia (NPFL) started a war to overthrow Samuel K. Doe in December 1989; which led to the death of Doe at the hands of breakaway Independent National Patriotic Front of Liberia (INPFL) led by current Nimba County Senator Prince Y. Johnson. During these rounds of war (1990, 1992, 1996 and 2003), political, tribal, religious and economic interest became pervasive, with several individuals and groups forming factions to pursue their interests. To a large extent, children from age eight (8) or more and other persons were conscripted and drugged to participate in belligerent activities. Drugs hallucinated and harnessed bravery that kept them into constant battles no matter the fierce sound and effect of weapons from enemy forces. With this level of drudgery characterized

by killings and looting, they were also used in cross border attacks in Sierra Leone, Cote d'Ivoire and Guinea as “civil militia”, “mercenaries”, “soldiers of fortune” or “spoilers”.

With the intervention of the Economic Community of West African States (ECOWAS) and the United Nations (UN) the wars ended in 2003; and in 2007 a United Nations funded Disarmament, Demobilization, Rehabilitation and Reintegration (DDRR) program was embarked without any component for dealing with the mental situation that kept the former fighters into violence. The former fighters were reintegrated into society without being de-drugged. They live on with their drug habit, with limited or no support and thus leading them to criminal and ghetto life. In this lifestyle over the years, they have become “recidivist” and enjoy “differential association” as well as “organic solidarity”<sup>10</sup>.

A third side of the problem is elections financing, which is the newest margin that drug lords started to explore in recent years. In a society gullible to corruption, poverty and illiteracy, Liberia's political environment since 2005 has started to witness large individual campaign budgets accompanied by post-election interactions, giving freedom to syndicated drug trafficking. Moreover, pre-2017 elections discussions are being held behind curtains, forging alliances and mutual agreements to trade electoral fortune with political leverage that may eventually turn Liberia into a “drug state”. Accordingly, some security personnel, acting on orders of so-called “big hands” in government, are already escorting drugs.

Amidst these intriguing realities, the government in 2014 enacted the Controlled Drugs and Substances Act, which clauses do not only embellish the concept of the failed “war against drugs” but also ignores the issues of public health, harm reduction, demand reduction while creating a haven for traffickers. As a mitigation effort of government towards the country's drug problem, the crafters of the law should have considered the amplifying root causes of the rising drug problem; sought the opinion/suggestion of local and international drug policy actors; and reviewed drug, crime and rights related convention/protocols signed by the country. As long as these concerns were negligibly served, the efficacy of the Controlled Drugs and Substances Act remains questionable and prone to revision. Service to these concerns is not unique to Liberia; it is a rule-of-thumb in policy and programme evolution. Drug policies which focus entirely or disproportionately on law enforcement, incarceration, punishment and repression have not succeeded in eradicating supply, demand and harm caused by illicit drugs. These policies have led to serious unintended consequences and often disproportionately impact upon the poor and marginalised, while creating a rich and powerful criminal market that undermines security of states<sup>11</sup>.

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<sup>10</sup> Terms in Behavior Sociology: 1) Recidivist – one who has repeatedly committed crime and served penalty and eventually befriend security. 2) Differential Association – the theory that someone or group generate admirable followers despite undesirable attitude in society. 3. Organic Solidarity – shared mutual feelings on the basis of ties that hold people together.

<sup>11</sup> Drugs and Mental Health Final Paper

## **CHAPTER 2: ORGANIZATION OF THE STUDY**

### **Purpose of the Survey**

Government, development partners and civil society need to act together in developing policy approaches to Liberia's overlooked but deep-rooted drug problem. The ultimate method for deriving better policies is to understand the nuances of the drug problem, in terms of its social, health, economic and political impact. Such understanding must be based on cogent scientific evidence derived from empirical data. This survey has been embarked to ascertain rising youth debut in drug use; understand the social and economic causes of youth debut and impact of drug use. To determine level of health risk based on experiences and feelings of drug users. Findings of the survey will be used as advocacy and strategic information tool for planning future intervention and policy actions.

### **Methodology**

FADCA has leveraged on all profession expertise related to social research to ensure that this survey brings forth objective results. In so doing, the survey team put in place the following.

### **Survey Participants**

Participants of this survey were drugs users living in the ghettos, few security personnel of the police, LDEA and BIN as well as staff of some line government Ministries. While ghetto resident drug users responded to questionnaire, members of state security and ministry staff participated in focus group discussions. Questionnaire respondents were snowballed until interviews reached a point of saturation. The snowball interview process was conducted in ghettos and offices within ghetto proximity. In the proposal for this survey, FADCA planned to interview 300 drug users in ghettos in Monrovia. However, the number of ghetto respondents double to 624 after the snowballed interview. There were also key informant interviews held with anonymous government insiders, civil society members and other persons with relevant knowledge.

### **The Sample Frame and Size**

There is no data on the number of drug users in the country. However, 2011 Size Estimation of Sex Worker, men who have sex with men and Drug Users Study report suggested that 2,303 people use intravenous drugs in Liberia. The foregoing figure tends to be a fraction of drug users in the country as it only accounts for intravenous drugs use, which is not a populous mode in Liberia. Respondent who came from distant areas of the interview were given a minimum amount to reimburse their transportation to and fro the designated site for the interview.

### **Ethical Consideration**

Ethical review for the survey was done by University of Liberia – Pacific Institute for Research and Evaluation (UL-PIRE). Following an “expedited full review held on February 25, 2016”, UL-PIRE Institutional Review Board (IRB) issued an ethical clearance.

### **Informed Consent**

At the beginning of each interview, the data collector first introduced him/herself to the participant and presents the consent or assent form. The respondent was asked to read and sign an informed consent. In the case where the respondent could not read, the interviewer read the consent form and asked the respondent to acknowledge with his/her thumb pressed in an ink pad and placed on the consent or assent sheet. In the case where the respondent was below 13 years, an assent form was required with somebody (guardian) accompanying the respondent to the interview.

### **Confidentiality**

One of the professional attributes the study strived to achieve was to handle information provided by respondents with discreet protection and hide the identity of all respondents. Information provided by respondents is kept in safe place by FADCA for at least three years after the study. Hence the questionnaire remained blind of respondent identity. The raw data is available to institutions or individuals who would like to use it for other studies.

### **The Study Team**

The study team comprised 15 data collectors, three data entry clerks and two report development consultants. These team members were selected from member civil society organizations (CSOs) of the West Africa Drug Policy Network – Liberia Chapter and trained by the consultancy firm, Partners' Initiative. The consultancy firm used its expertise and experience to formulate criteria for selection of individuals within the participating CSOs. Partners' Initiative is a research and evaluation firm operating under the laws of Liberia and is into social and operational research, project/programme evaluation and institutional capacity building. This baseline survey team was led by Partners' Initiative.

### **Data Management and Analysis**

Data collectors were trained for three days (March 8 – 10, 2016) and field test of questionnaire was done on March 11. Field test results were verified on Saturday, March 12 and data collection was done from Monday, March 14 to 25, 2016. Other data collection including focus group and key informant interview were done at intermittent dates between March 8 and April 29, 2016.

After data collection particularly for questionnaire, the forms were verified and data entry, using Excel Spreadsheet, started as of April 1, 2016. Database verification took place between April 11 and 15, 2016. This was followed by data analysis and report writing, which took six weeks.



## SECTION TWO: FINDINGS

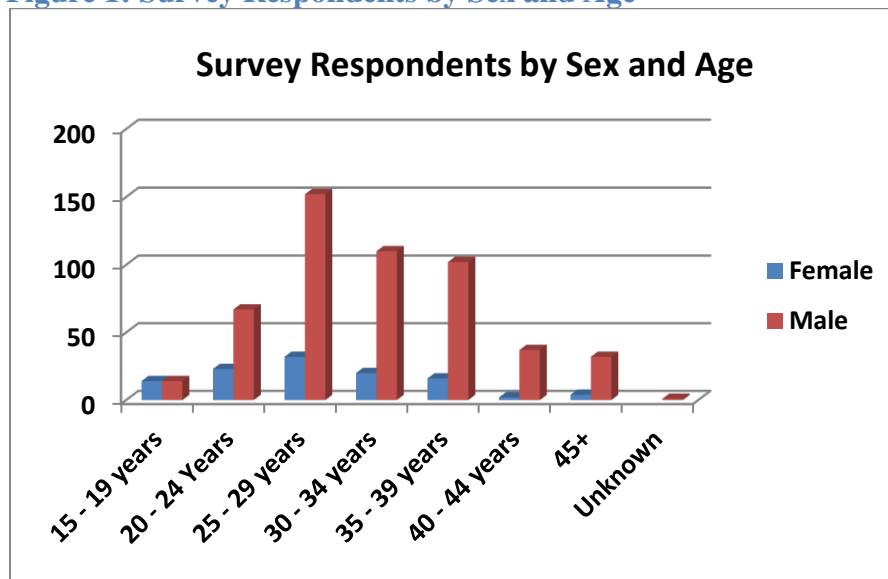
### CHAPTER 3: SOCIO-DEMOGRAPHY PROFILE OF THE SURVEY POPULATON

#### Background Characteristics of Respondents

There are three major background characteristics of the respondents that the survey took interest in analyzing due to relationship to youth debut, social, economic and security impact of drugs. Age and sex of respondents, educational level, parental status were considered; as the research instituting agency believed these aspects of life are key programmatic areas to explore in impacting the lives of ghetto resident. More than 600 interviews were conducted in the ghettos. The graphs and tables in the report show various characteristics of the respondents.

In the graph below suggests that there are more male participants than female. Eighty two percent of respondents were males while 18% were females, N=626. By age category, male and female between ages 25 – 29 years constituted 30%, followed by those between 30 – 34 years, accounting for 21% and 35 – 39 years representing 19% responded to questionnaire. Another 14% of the respondents were within an interesting youthful age category of 20 – 24 years. These rates inarguably suggest trend of youthful life directly involved with drugs. The graph below shows survey respondents by sex and age.

**Figure 1: Survey Respondents by Sex and Age**



#### Educational Status of Respondents

Eighty percent of respondents said they have entered school before, while 20% did not entered formal school. However, some of those who said they have been to school declined to comment on their literacy level. Twenty one percent said they were elementary school dropouts, while 28% were junior high and senior high school students respectively. According to table below, only 11 of them have entered university.

**Table 1: Education Level of Respondents**

<b>Education Level of Respondents</b>			
<b>School Level</b>	<b>Female</b>	<b>Male</b>	<b>Grand Total</b>
Elementary	26	103	129
Junior High	21	157	178
Senior High	17	155	172
Junior College	1	6	7
University		11	11
Technical College		2	2
Never went to sch.	46	81	127
<b>Grand Total</b>	<b>111</b>	<b>515</b>	<b>626</b>

While 86% of them declined commenting reason(s) for not going or continuing schools, 55 persons constituting 22 males and 33 females said they did not have support to go to school. Another 23 of them said they did not go or continue school because of the war in Liberia. Below is a table of reasons of not attending school.

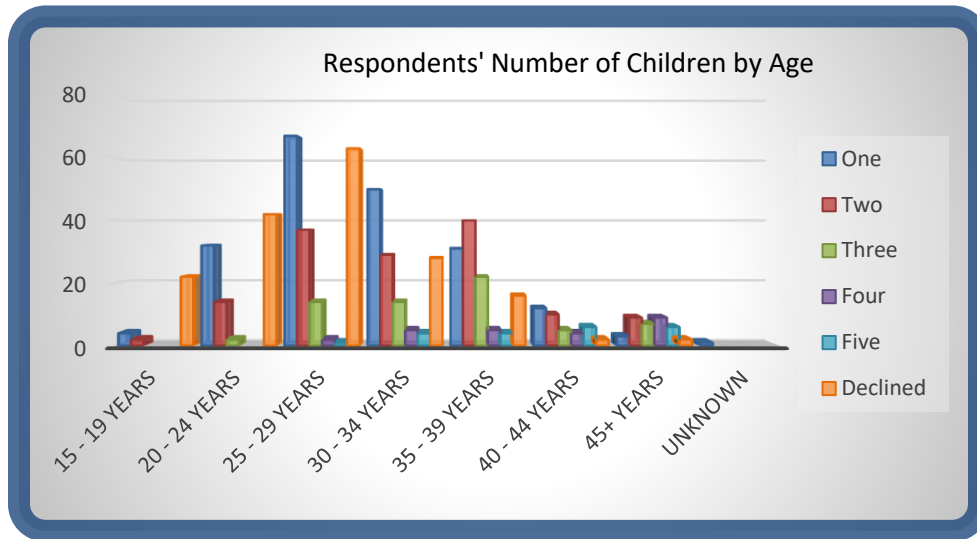
**Table 2: Reasons for not going to school**

<b>Reasons for not going to school</b>			
<b>Reasons</b>	<b>Female</b>	<b>Male</b>	<b>Grand Total</b>
I didn't like school	2	7	9
I didn't have support	22	33	55
Due to war	5	18	23
School is boring	1	2	3
Declined to answer	81	455	536
<b>Grand Total</b>	<b>111</b>	<b>515</b>	<b>626</b>

### **Parental Status of Respondents**

In view of the conditions in the ghettos, it was interesting to understand infant survival and child rearing possibility among the respondents. Interestingly, 73% representing 454 respondents N=626 said they had children. In terms of the number of children per respondent, see the graph below.

**Figure 2: Respondents' Number of Children by Age**



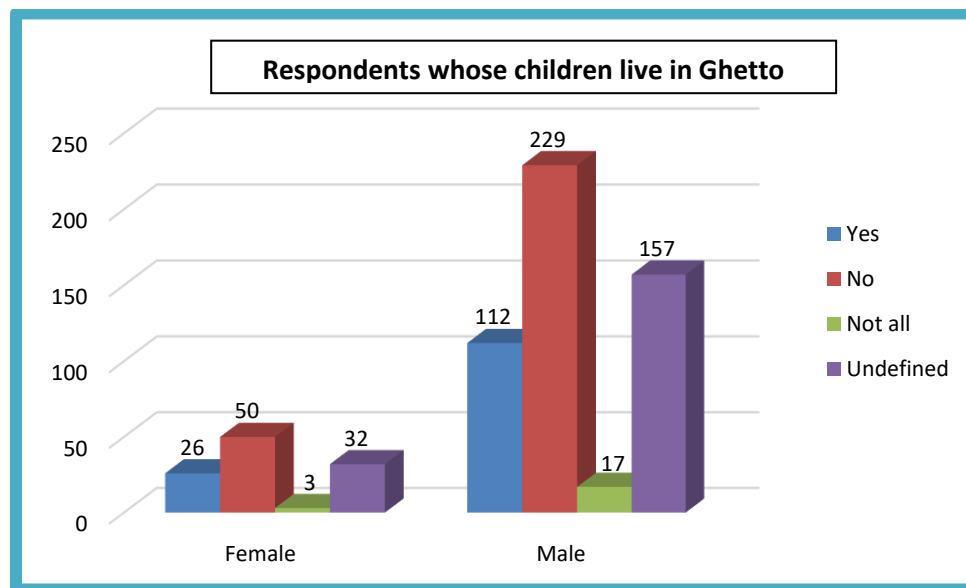
This survey shows 196% child bearing rate among ghetto residents despite the fact that 28% of respondents declined to comment their parental status. Four hundred fifty three respondents who claimed to have children were parents to 889 children, with 21 respondents parenting 105 of the children. The table below shows data on number of children against each respondent age group.

**Table 3: Respondents' Number of Children**

Respondents' Number of Children							
Age Range	One	Two	Three	Four	Five	Declined	Grand Total
15 - 19 years	4	2				22	28
20 - 24 years	32	14	2			42	90
25 - 29 years	67	37	14	2	1	63	184
30 - 34 years	50	29	14	5	4	28	130
35 - 39 years	31	40	22	5	4	16	118
40 - 44 years	12	10	5	4	6	2	39
45+ years	3	9	7	9	6	2	36
Unknown	1						1
<b>Grand Total</b>	<b>200</b>	<b>141</b>	<b>64</b>	<b>25</b>	<b>21</b>	<b>175</b>	<b>626</b>

However, many of them claimed that their children were not living with them in the ghetto. But a significant 22% representing 138 persons claimed to have their children living with them in the ghetto. Below is a graphic depiction of respondents whose children live in and out of the ghetto.

**Figure 3: Respondents whose children live in ghetto**



The more the survey investigated the fate of children in relations to residence, the more respondents declined commenting. Response rate decreased when respondents were further questioned on their place of residence with their children. Ninety respondents still maintained that they live in the ghettos with their children following further interrogation. Sixty seven of them claimed to be living in abandoned or unfinished buildings, while another 105 said they live in the streets with their children. Below is a table of responses by sex.

**Table 4: Where Respondents Live with Children**

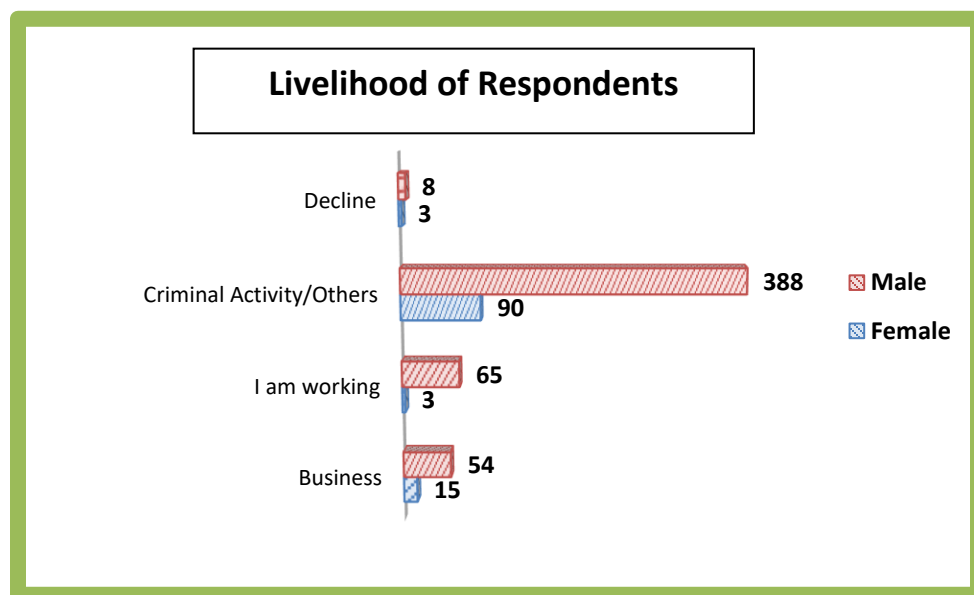
Where Respondents Live with Children			
Residence	Female	Male	Grand Total
In the ghetto	22	68	90
Abandoned or unfinished building	14	53	67
In the Street	8	97	105
Renting one room	8	4	12
Live in family property	1	4	5
Declined	58	289	347
<b>Grand Total</b>	<b>111</b>	<b>515</b>	<b>626</b>

### Livelihood of Respondents

Means of survival of respondents was probed. A significant 76% of respondents admitted that they survive through criminal and other activities. Seventy five percent of total male respondents in the study have admitted surviving on criminal activities, while 81% of their female

counterparts have said likewise. As evidenced in the figure below, 68 respondents claimed to be working for stable income, while 69 of them said they were involved with business.

**Figure 4: Livelihood of Respondents**



Of interest also to the survey was the income of respondents who said they were doing business. Seventeen respondents said their business is in the income bracket of US\$1,000.00 per month. However, respondents did not clarify the kind business they were involved with.

Twenty of those who claimed to be working also hit US\$1,000.00 monthly income bracket, but failed to provide detail as to the kind work they were involved with. On the issue of the kind of work and business, respondents declined further probe, exercising their right to respond at will. Below is a table of responses in the work category.

**Table 5: Working Respondents' Income Level**

Working Respondents' Income Level			
Income Bracket	Female	Male	Grand Total
US\$1 - 250		21	21
US\$251 - 500	1	4	5
US\$501 - 750		7	7
US\$751 - 1000		7	7
US\$1000+	2	18	20
Declined	108	458	566
<b>Grand Total</b>	<b>111</b>	<b>515</b>	<b>626</b>

### Relationship Status

Whether respondents were single, married or cohabitating was another point of interest to the survey. On this note, roughly 60% accounting for 436 of them claimed to be widows/widowers, while 17% said they were cohabitating. Below is a table of responses.

**Table 6: Relationship Status of Respondents**

<b>Relationship Status of Respondents</b>			
<b>Relationship Type</b>	<b>Female</b>	<b>Male</b>	<b>Grand Total</b>
Single	2	46	48
Married	7	22	29
Cohabitating	15	89	104
Divorced		7	7
Widow/widower	86	350	436
Declined	1	1	2
<b>Grand Total</b>	<b>111</b>	<b>515</b>	<b>626</b>

## CHAPTER 4: CAUSES OF YOUTH DEBUT IN DRUG USE

Youth debut in drug use tends to be on an astronomical increase in Liberia. As a means of developing programmes and advocacy action in the area of drug impact prevention, the survey took interest in examining root causes and origin of youth involvement with drugs. This part of the survey findings look at experiences of young with controlled drugs and substance as they share in responding structured questions.

### Age of Debut

The age at which respondents started taking drugs was a major point in understanding the trend of youth involvement with drugs. Sixteen percent representing ninety nine respondents said they were between the ages 8 to 12 when they started taking drugs. Another 82% said they started taking drug between the ages 13 to 17 years, while a negligible 2% declined to comment on age of debut.

On the question of how they got involved with drugs, “following examples of parents and friends”, “peer pressure” and “war” were prominent among the answers accounting for 53%, 26% and 15% respectively. The table below shows respondents’ means of drug debut.

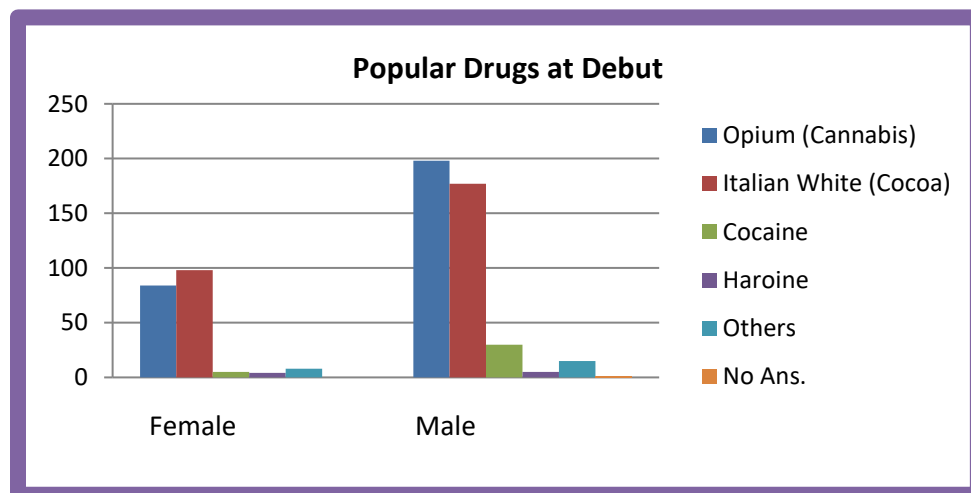
**Table 7: Means of Drug Debut**

Means of Drug Debut								
How did you get involved with drugs?	Holiday/Party/Occasion	From Parent/Friends	Due to Frustration	Due to War	Lack of Parental Care	Peer Pressure	No Ans.	Grand Total
	7	331	17	92	8	161	9	625
Grand Total	7	331	17	92	8	161	9	625

### Popular Drug Type at Debut

The popular drug with which many respondents started taking drugs, according to the responses so far, are cannabis (popularly known as Marijuana in Liberia) and Italian white (common called cocoa among Liberian drug users). Marijuana and Italian White both compete for dominance on the table of popular drug of debut, with Marijuana leading by slightly 1%. Forty five percent of respondents said they started with Marijuana, while 44% said they started with Italian White. **Note: By database development error, we wrote “opium” instead of “marijuana” as you can see in the graph below.** Other change deserving elements include the difference “Italian White and Cocaine. Experts attending this validation meeting of the survey agreed that both are the same. However, Liberian drug users categorize them on the basis of packaging. Hence the graph below is indicative of access to quantity of Italian White or cocaine at the time of debut.

**Figure 5: Popular Drugs at Debut**



### Experiences of Youth Debutants

On their first trial with drug, experiences of users are different from one person to another. Difference in experience is based on quantity taken, mode of taking the drug and resistance of

the individual user. Seventy percent of those who took drugs on the first occasion said they smoked the drug. Another 27% have said that they inhaled the substance.

Fifty six persons among the respondents said they felt stimulated on the first occasion, 33% said they were depressed and another 10% said they were hallucinated by the drug. Bulk of the respondents (77%) claimed that the drug lasted one to four hours in their systems, while 11% said they were under the influence of the drugs for five to nine hours. Interestingly, 12% of the respondents have said that they were under the influence of the drugs for more than ten hours. Below is a table of responses in relation duration of drug influence at debut.

**Table 8: Duration of Drug Influence**

<b>Duration of Drug Influence</b>					
<b>Question</b>	<b>One to Four Hours</b>	<b>Five to Nine Hours</b>	<b>Ten Hours Plus</b>	<b>No Ans.</b>	<b>Grand Total</b>
How long did it stay in you?	155	24	20		199
	324	42	56	4	426
<b>Grand Total</b>	<b>479</b>	<b>66</b>	<b>76</b>	<b>4</b>	<b>625</b>

Drug withdrawal syndrome was also described by the respondents. Three hundred ninety two of them said body weakness was their sign of drug withdrawal, while 88 of them mentioned withdrawal sign as stomach pain. Some respondents might have forgotten their withdrawal syndrome and did not respond to the question. In the table below, respondents described various bodily conditions as sign of drug withdrawal from their bodies.

**Table 9: Drug Withdrawal Syndrome**

<b>Response on Drug Withdrawal Syndrome</b>									
<b>What were the signs that showed you that the drug was leaving your body?</b>	<b>Body Weakness</b>	<b>Stomach Pain</b>	<b>Dizziness</b>	<b>Body Itch</b>	<b>Running Nose</b>	<b>Cough</b>	<b>Vomiting</b>	<b>No Ans.</b>	<b>Grand Total</b>
	110	30	7	9		6	7		169
	282	58	26	12	14	9	15	40	456
<b>Grand Total</b>	<b>392</b>	<b>88</b>	<b>33</b>	<b>21</b>	<b>14</b>	<b>15</b>	<b>22</b>	<b>40</b>	<b>625</b>



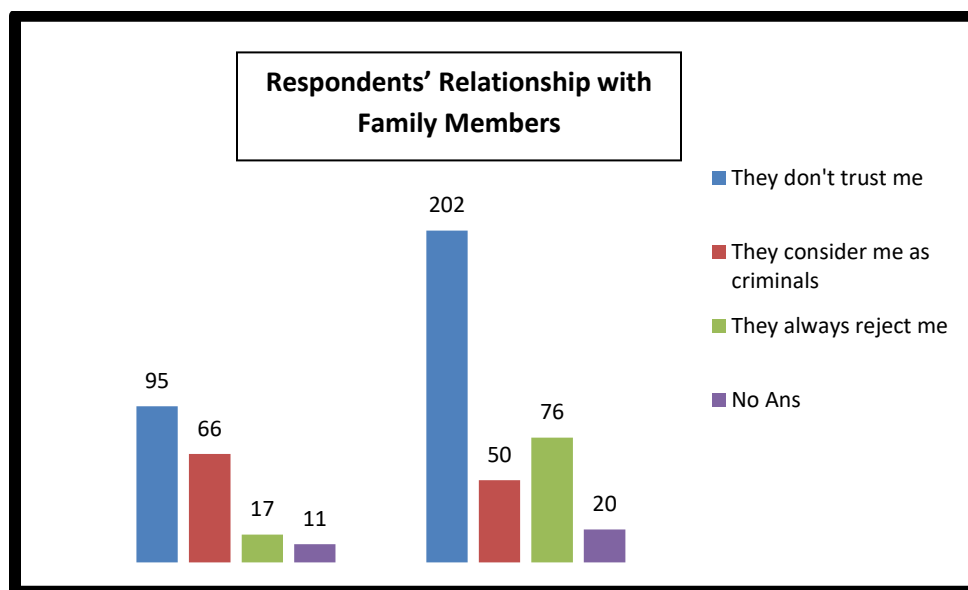
## CHAPTER 5: SOCIAL IMPACT OF DRUGS

Abuse of controlled drugs and substances can impacts the lives of individual users and their relationship in various ways. Social impact of drugs entails family and peer tension, community exclusion from social services and other forms of social disadvantages. The findings in this section of the survey report look at social disadvantages the drug users experienced as a result of their habit.

### Relationship with Family and Community

Fifty five percent of respondents have said their relatives don't trust them anymore, another 22% have said their family members consider them as rogues; yet 17% has also said their families have rejected them. Below is a graph depicting responses on family relationship.

**Figure 6: Respondents' Relationship with Family Members**

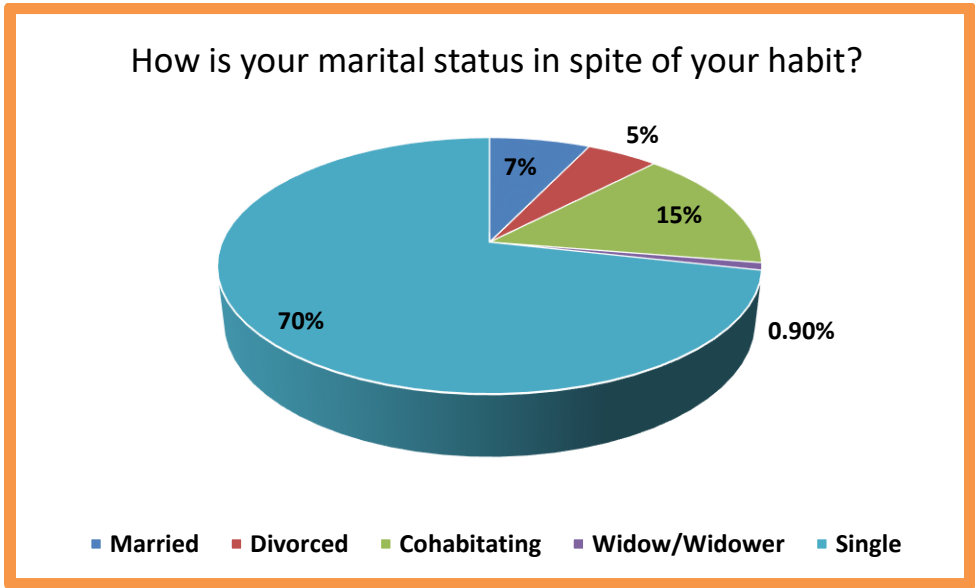


Respondents were asked of the possibility of reconciling with their relatives. For many of them, the perception that reconciliation met abandoning their drug habit was very high. In responding to questions on reconciliation, 78% said the only means was to break their drug habit, while 13% said that reconciliation meant a change of the association. Another 6% have said they needed mediation with their families while six respondents believed they could not face the shame of reconciling with the family members.

At the same time, the responses presented contrary view when the interview reached a level of community interaction with this subpopulation group. When questioned about their relationship with people within communities, 35% said some community people provide shelter for them while another 11% said some community people protect them. Thirty six percent said some community people were their customers and 13% said some community people give them medication in case of wound or sickness.

But whether they maintain their nuclear family relationship amidst the habit was tested. Seventy percent claimed to be single, 45% said they were divorced and 17% cohabitating. The graph below shows the response rate.

**Figure 7: Marital Status in spite of Habit**



In the face of the above scenario the survey got interested in knowing whether respondents had dependents. While bulk of them approximately 60% said they did not have dependents, 26% said they had one to two dependents and another 14% said their dependents were between three to six persons.

On the issue of what they did for living in order to sustain their dependents, only 2% claimed to be employed; 15% said they were contractors; 6% claimed to be self-employed; and 8% boasted of being in business without describing the kind of business.

The respondents have said that there are things that they don't together with their fellow drug users. Twenty nine percent said they do not eat together with their fellows; 5% said they don't load the same car together; while 23% have said that they don't bathe together with their colleagues. Forty one percent of the respondent said there are many other things they don't do together but could not describe those things.

**Access to Public Facilities and Gathering**

The respondents have lamented limitation of access to public community facilities due to their habit and condition, which many of them described as a form of rejection by communities. They decry entrenched community rejection at public facilities and community meetings, which is a source of disease burden on them. They maintained that decisions made in communities do not usually represent their aspiration since they are not usually allowed to form part of the gathering least to talk about participating in the discussions. Thirty percent of the respondents said their

only means of access to community facilities such as clinics, town hall is by invitation. Another 31% have said that they are sometimes allowed but under high restriction and careful watch. Nine percent said their only means of access was to force their way in. Nineteen percent of the respondents said in the case of health facilities, they are only allowed by recommendation or referral. Seven percent of them said sometimes during the distribution of relief items, they manage to join community people.

For those who said they only join community people by invitation; they were asked as to the occasion(s) during which community people extended invitation to them. They said such invitation only came to them during community clean up exercises. According to 43% of the respondents, other occasions that brought them in contact with community include “awareness creation”, “elections” and “community development”.

### **Recommendations from Drug Users**

The respondents were asked to recommend suitable means by which they could change their lifestyle and living environment. Living condition in ghetto is appalling that everybody who lives there remains vulnerable to diseases. Stories told from the ghetto indicate short life span for the residents. The picture below is an image of those who have the best sleeping place in a typical Liberian ghetto environment.

**Figure 8: Picture of good sleeping place in ghetto (Government camp in Logan Town)**



Fifty seven percent of the respondents recommended the need to flush drugs from their system, 26% suggested that government put them in isolated place where they will not have access to

drugs. Twelve percent of them said they wanted to learn trade while 4% said they need to get back in school. Below is a table of their recommendations for getting off drugs.

**Table 10: Recommendations of Respondents**

<b>Respondents' Recommended Action to Remove Them Off Drugs</b>						
<b>Question</b>	<b>Government put in isolated place</b>	<b>I want to go back to school</b>	<b>I want learn trade</b>	<b>Flush the drugs from my system</b>	<b>No Answer</b>	<b>Grand Total</b>
What can be done to take you from on drugs?	61	7	54	76	1	199
	102	15	21	281	6	425
<b>Grand Total</b>	<b>163</b>	<b>22</b>	<b>75</b>	<b>357</b>	<b>7</b>	<b>624</b>

They were asked to state any immediate action that could be taken by government or the community to help them. On this point, 34% suggested that government give them money to do business while 30% stressed the need to send them to vocation training school. Roughly 24% of them asked for jobs to be given to them and another 10% said sending them to school was best immediate solution to their problem.

## **CHAPTER 6: HEALTH IMPACT OF DRUGS**

Drug influences the health condition of the users. Physical condition of ghettos, inadequate and timely access to nutritional meals for many of them that can hardly afford, inability to measure the quantity taken by individual users and less frequency to catch bathe are among many of the conditions that make drug users susceptible to diseases. This part of the report unravels disease related of burden of drugs on the users living in ghettos.

### **Popular Drug Related Disease Conditions**

Cold, malaria, tuberculosis and for women womb infections are the prevalent disease conditions among drug users living in ghettos. While other conditions such as gonorrhea, syphilis, hepatitis. Prevalence of HIV and other blood-borne diseases could not be mentioned in the study due to its non-biological but social nature. In the case of hepatitis “C”, smokers and injecting drugs users are more vulnerable to it especially when needles are being exchanged. However, in the absence biological test, it was difficult to determine existence of hepatitis “C” among users. Only two female respondents said they had hepatitis. With limited access to public health facilities as expressed by the respondents, treatable disease conditions would persist among them. Besides cold and malaria tend to be more prevalent because ghetto residents are barely sleeping outside least to talk about using mosquito nets. Squalid environments are always breeding ground for

malaria vectors such as mosquito. Respondents named cold and malaria as the leading disease conditions accounting for 68% and 20% of responses respectively followed by womb infection and tuberculosis with 5% response rate each. Below is a table of disease conditions popular among respondents.

**Table 11: Prevalent Disease Conditions among Respondents**

What kind of sickness can really bother you and your friends?	Cold	Tuberculosis	Womb infection	Gonorrhea	Syphilis	Sore Foot/Hand	Hepatitis	Malaria
	128	5	7	2	3	2	2	47
	293	23	24	4	1	1		79
<b>Grand Total</b>	<b>421</b>	<b>28</b>	<b>31</b>	<b>6</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>126</b>

In view of these disease conditions, respondents were asked to explain reasons they hardly got treatment. Here is a table of what they said hospital or clinical staff told them whenever they went to seek treatment.

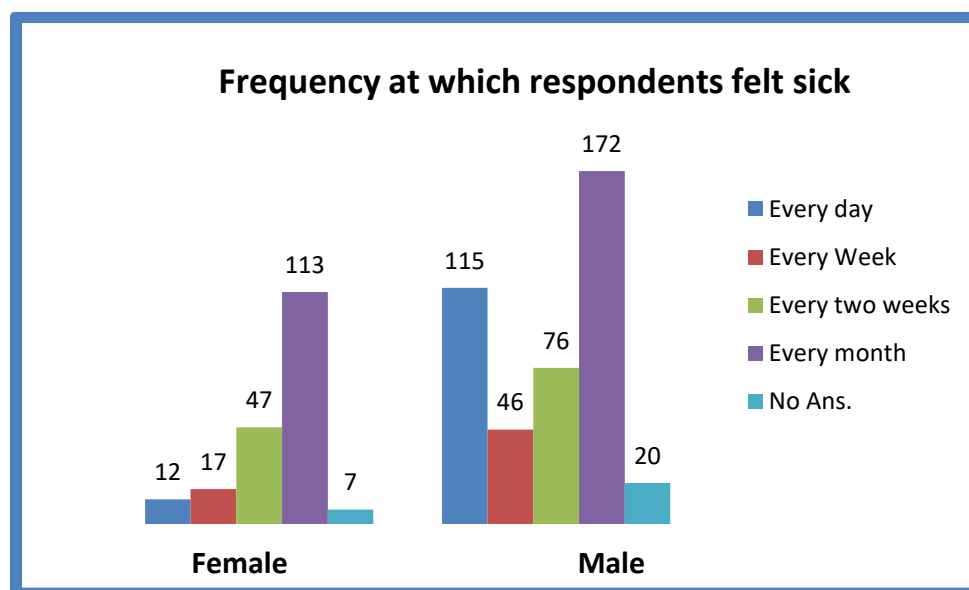
**Table 12: Description of Hospital Staff Attitude**

Respondents' Description of Reaction from Hospital Staff towards their Condition							
Question	They don't care	Security don't allow us	They say we are criminals	They say we can take drugs	They say we are crazy	No Ans.	Grand Total
How do the hospital people look at you when you go there?	49	3	36	91	11	6	196
	223	17	24	100	41	24	429
<b>Grand Total</b>	<b>272</b>	<b>20</b>	<b>60</b>	<b>191</b>	<b>52</b>	<b>30</b>	<b>625</b>

When asked how many times they visited hospital in the last twelve months, 74% said they never went to hospital and 15% said they visited once. Six percent of them said they visited twice, while 3% said they made three visits to the hospital.

Respondents were asked to describe the frequency at which they felt sick. Twenty percent said they felt sick every day, 10 percent said every week; another 20% said every fortnight while roughly 46% said once each month. Below is a graph of the responses.

**Figure 9: Frequency of Feeling Sick**



Further investigation with the respondents showed that the popular duration for sicknesses such as malaria, cold, etc. last for at least one month, with a response rate of 86%. But the fact that symptoms of a disease condition has subsided does not mean healing. Previous responses particularly relating to access to community based facilities suggests low or limited access due for drug users. A condition which symptom has subsided without treatment is not cured but likely to develop into a more serious impact leading to symptom approach. The table below shows responses related to duration of sickness.

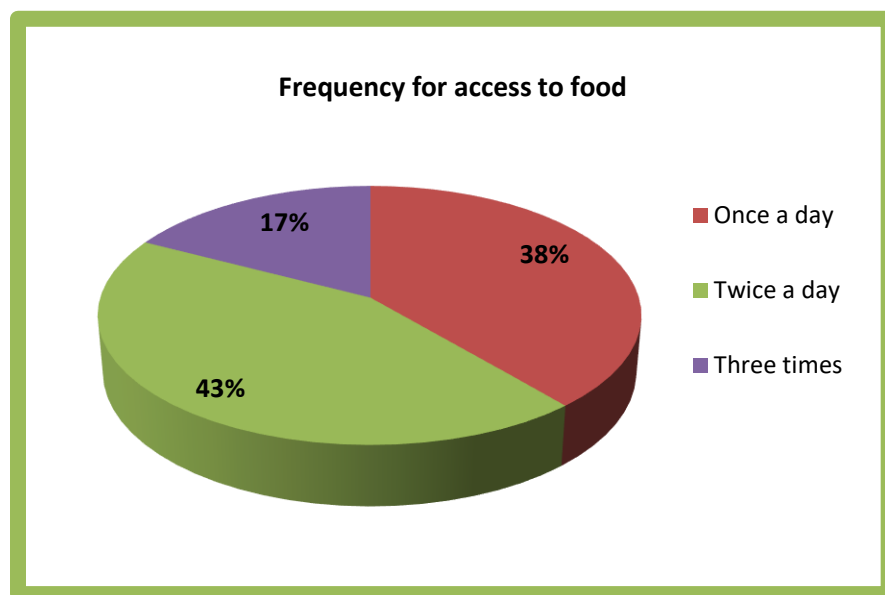
**Table 13: Duration of Sickness**

Duration of Sickness in Respondents						
How long do you get sick for?	One month	Two Weeks	Three Months	Four months plus	No Ans.	Grand Total
	152	9	5	26	4	196
	387	17	8	12	5	429
<b>Grand Total</b>	<b>539</b>	<b>26</b>	<b>13</b>	<b>38</b>	<b>9</b>	<b>625</b>

The survey endeavored to investigate respondents' access to regular meals. Only 17% said they were able to get three meals per day. Forty three percent has said that they have access to

food twice a day. Meanwhile, a significant 38% have said they access food once a day. The figure below shows the response rate.

**Figure 10: Frequency for Access to food**



Injecting drug users are increasingly susceptible to HIV and Hepatitis especially in the absence of harm reduction services. Scarce access as a result of secret purchase of needles poses risk for many persons using one needle to inject themselves. Fifteen respondents have said they were in group during the last time they used injecting drugs. Nine of them said they were three persons using one needle when they last used injecting drugs.

Under the influence of drugs or efforts to find money to procure the substances especially cocaine and cocoa, vulnerability to HIV tends to increase for women. They have very limited power to negotiate HIV preventive measure such as consistent use condom during sex. Ghetto lifestyle and environmental condition of ghettos in Liberia suggest that women residents remain subjects and objects of prostitution and multiple health risks.

## **CHAPTER 7: SECURITY IMPACT OF DRUGS**

Controlled drugs and substances have far-reaching impact on the politics and security of Liberia. The country's political history, especially during the '80s and '90s, has promoted the use of cannabis and other controlled drugs and substances among youth and adults.

During the 1980 coup d'état that led to the literary end of one party rule in Liberia, soldiers from the barracks publically displayed Marijuana to the extent that cannabis use was a way of identifying with the People's Redemption Council – the regime led by Master Sergeant Samuel K. Doe. Marijuana use and farming became very prevalent during the first five years of the Doe regime. Until 1985 when members of the Samuel Doe government were gradually turning civil

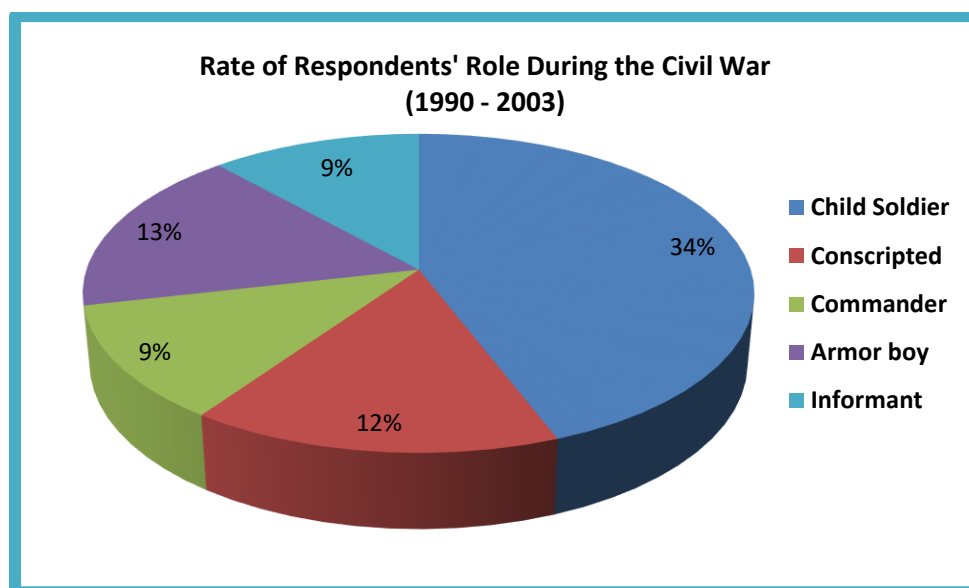
as a result of advice and pressure from local politicians and the country's international diplomatic allies, the military regime began to put damage controlled measures in place to restrict the public use of Marijuana. This rather late stringent measure could not suffice the situation as many people were already habituated to the use of Marijuana.

Moreover, the 1990 multi-faceted civil war in Liberia has introduced conscription of children and initiating them into drug use as means of harnessing bravery to engage into belligerent activities. There were three major rounds of warring periods (1990, 1996 and 2003) during which various forms of atrocities were committed. This and subsequent parts of this report discuss the impact of controlled drugs and substances on the politics, economy and security of the country.

Many Liberian ghetto resident drug users have said that they have had links with the three major rounds of wars in Liberia. It was important to understanding their age range and role during each of these wars. At the time of the 1990 war, roughly 25% of all respondents (representing 153) N=625 were between ages 7 to 12 years while 19% were between 13 – 19 years of age. Fifteen respondents said they were within the 7 to 12 years age range and 90 of them were between 13 to 18 years at the advent of the 1996 war. Additionally during 2003, 58 and 125 were between the ages 7 to 12 and 13 to 18 respectively.

Respondents were asked to specify their respective roles during the civil war. A significant 34 percent, representing 215 people were child soldiers. Below is the rate of response in relations to role play between 1990 and 2003.

**Figure 11: Role during Civil War (1990 - 2003)**



When asked how the war affected them, 32% said that the war led them to taking and selling drugs. Twenty eight percent said the war led them to kill while another 18% said that the war killed their desire for education. Below is a table of responses.



**Table 14: Effect of War on Respondents**

Effect of War on Respondents						
Question	Made me to kill	Led me to take & sell Drugs	Made me early parent	Killed my desire for Education	No Ans.	Grand Total
How did the war affect you?	26	83	18	43	26	196
	153	116	26	67	67	429
<b>Grand Total</b>	<b>179</b>	<b>199</b>	<b>44</b>	<b>110</b>	<b>93</b>	<b>625</b>

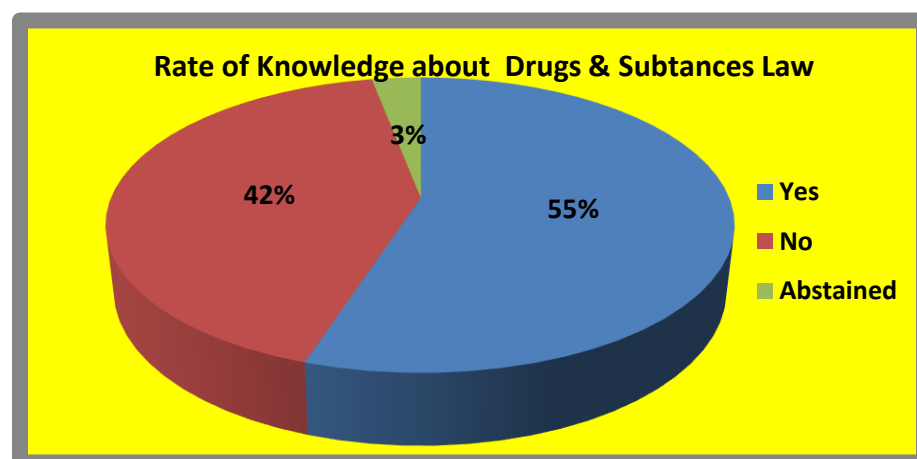
With interest in understanding their thoughts about those who enlisted them into fighting forces, the respondents provided comments indicating that their relationship with former war lords was bad. In the opinion of 18%, their former masters do not know them anymore. Fifty three percent described former war lords and commanders as wicked people, while 7% said “they used us as scapegoats”.

In view of the foregoing responses, they are asked as to what they would choose to do in case of another outbreak of war. A significant 72% they will not join violence but another 17% reserved comment on the issue going back to war. However, 8 of them said they would fight for money and drugs; and 47 said they will receive off-front cash payment from war mongers and run away. Fifteen respondents said that should there be any outbreak of war, they will join to loot.

### **Knowledge of the Controlled Drugs and Substances Law**

Liberia Controlled Drugs and Substances Law was enacted in 2014. As indicated in the graph below, there was 55% awareness rate on the drugs law. Civil society organizations told 41% of those aware of the existence of the drugs law, while 28% of them were told by the Drug Enforcement Agency (DEA). Another 15% said the Liberia National Police informed them about the law.

**Figure 12: Knowledge of Drug and Substance Law**



On the question of their knowledge regarding the attitude of security actors towards them despite the enactment of the drug law, 61% has said that security forces are still brutal towards them while 24% said they were still being illegally arrested and torture on allegation of low quantity drug possession or use. Interestingly, 5% of the respondents have alleged that security officers, especially members of the Drug Enforcement Agency and Police are seizing drugs but recycling seized drugs on the market.

The respondents have said security officers continue to go to the ghettos to take drugs. A significant 38% has asserted that some security officers join them in the ghetto to take drugs and thereafter try to arrest for them for drugs. Fifteen percent of them said security officers go to the ghetto to buy stolen items from them. Roughly 30% of them also alleged that security officers go to the ghetto to leak information about a pending ghetto raid.

The means by which drug permeate the security system into ghetto attracted the research. Additionally, the extent to which youth involvement into controlled drugs and substances is prevalent amidst security presence continues to beat the imagination of everyone. Respondents were asked to provide information on the channel of drug supply within communities. Significant 61% of respondents said drugs permeate communities through person-to-person trade, while 15% said the distribution is an undercover trade. Roughly 8% of respondents alleged that state security do escort drugs to communities.

Summing up the allegations of security officers' regular ghetto visits and drug escort couple with arrest of ordinary drug users, which tend to lend credence to human rights violation and miss application of the controlled drugs and substances act, it was important to probe frequency of ghetto raid. Roughly 31% has said no matter the form and manner, ghetto raid happens every day. Significant 61% of respondents said ghetto raid take place every Saturday and is co-named "Super Saturday".

## **CHAPTER 8: ECONOMIC IMPACT OF DRUGS**

### **Focus Group Discussions (FGDs) on Economic Impact of Drugs**

Three focus group discussions were held as another phase of data collection. The discussions were based on the economic impact of drugs, using key questions on the effect of abuse and trafficking of illicit drugs and substances on the economy of Liberia. Government middle level staff pulled from the Ministries of Justice, Commerce, Internal Affairs and Finance & Development Planning participated in the first discussion. The second brought together security personnel from DEA, Police and Bureau of Corrections, while the third discussion was held with users, dealers and traffickers. Each discussion had eight participants.

Discussants identified money laundering, crime, corruption and human trafficking as that high level of drug related burden on the economy of Liberia. They also argued that while youth

involvement with drugs creates gap on the labor market, unavailability of jobs contribute largely to youth idleness and gangster behavior.

Here are descriptive analyses of how each focus group discussed the impact of drugs on the economy of Liberia from their respective vantage points.

### **Discussion One: Government Staff from Ministries of Justice, Commerce, Internal Affairs and Finance and Development Planning**

This group agreed that money laundering; crime and corruption are engendered by drugs on the economy. In line with their functions within the statutory responsibilities of their respective ministries, they have noticed that illicit drug and substance abuse and trafficking contribute largely strangulating the economy through hoarding and counterfeit tenders on the market. According to them, small and medium businesses, especially owned by foreign nationals do use drug money to set up frontier businesses enterprises. Among other things, the discussants have said that drug trafficking fuel money laundering. The table below shows the response rate on the relationship between drugs related money laundering and the economy.

**Table 15: Response Rate on Key Issues Among Gov't Staff**

<b>Issue</b>	<b>Yes</b>	<b>No</b>	<b>Total</b>
Banks have no means of determining clean from dirty money by deposit	85%	15%	100%
Traffickers distribute drugs through local agents (especially women)	78%	22%	100%
Traffickers use proceeds from drugs to establish small/medium business	93%	7%	100%
Foundation of some small businesses is drug money	73%	27%	100%
Drug trafficking fuel money laundering and hoarding is a crime	92%	8%	100%

Given the validity that Liberian banks have no means of cross checking the source of deposit, either due to competition or limited regulations, money launderers have no threat for using smurfing (structure) method of laundering. Some small and medium businesses established through drug money laundering are cash intensive businesses. These kinds of businesses employ a laundering method of depositing large amounts of criminally derived money into banks under the guise of the business.

The discussants believed that in as much as money laundering has corrupt and criminal intricacies information provided to security regarding the posture of some businesses does not amount to anything as there is a likelihood of possible bribery. The discussants described the extent to which drug related corruption has permeated the economy as an “entrenched system” that may not be easily eliminated.

## **Discussion Two: DEA, Police and Bureau of Corrections**

Discussants in this group said crime and related arrest have uncovered the extent to which many offenders confessed being under the influence of drugs prior to commission of crime. Detainees awaiting trial for various offences including sexual and other forms of assault, homicide, robbery, burglary, possession and trafficking of drugs, etc. are said to have confessed to police and correction officers of their links to drug related economic activities. According to them, money is hoarded by dealers and traffickers for fear of being arrested. This means, instead of saving money through banks, it is kept at home and others places thereby hindering the flow of cash. This, the discussants asserted, causes shortage of money on the market.

The discussants also asserted that hoarded drug money is used to support illicit mining in leeward counties. Illicit mining sites in Grand Gedeh, Sinoe and River Gee are said to experience exchange of drugs for gold. Undocumented minerals therefore leave the country through porous border. Due to the remoteness of most of these areas and the country's poor road network, motor vehicles do not ply them. Consequently, government agents assigned there are not effective in collecting taxes, while minerals are also being smuggles to neighboring countries.

The discussion took a different trend when some discussants accused other members of the security apparatus for not reporting money confiscated during raids and arrests. Argument ensued on the issues of reporting confiscated money and items as each discussants defended his/her agency. There were accusations that agencies such as LDEA and police usually arrest drugs and money, which has not being reported over time. It is provided in the Liberia Controlled Drugs and Substances Act that confiscated money and property during raids and arrest for drugs should be kept in escrow account to which DEA Director and members of the agency board are signatories. Since the enactment of the law, there is no reporting pointing the establishment of the escrow account.

Another side of the discussion was brushing of cannabis farms and arrest of farmers. Discussants said several cannabis farms have been destroyed in keeping with portion of the Controlled Drugs and Substances Law. Provisions of the Liberia Controlled and Substances has labeled cannabis farming as illegal thereby making farmers to use single barrel guns to defend their farms. Discussants maintained that in the wake of labeling of Marijuana farming, many farmers smuggle the drugs through black markets by various forms of network including state and non-state security. Interestingly, the discussants asserted that the state is not reaping economic benefit through the use of security attacks on cannabis farms because in the process, bribery and other forms of corruption do not eradicate or suppress the drugs. They argued that it would be of economic benefit should cannabis farmers obtain license and pay high taxes to government. They further argued that high taxes would hike the price and disposition many people to afford the cost. In their conclusion, they suggested that the "lesser evil" in handling the cannabis issue is to regulate the drugs in order to get an economic benefit from it.

### **Discussion Three: Users, Dealers, Farmers & Other Agents**

Discussants in this group included drug users, dealers and farmers. This discussion brought human rights, livelihood and economic issues to play as they shared their experiences corroborating some of the issues raised in previous discussions.

Drug users lamented constant violation of their fundamental human rights by state security in the name of fighting against drugs. They alleged that security personnel usually arrest and throw them into jail without due process of law. They noted that police raid them at some part of the year (especially prior to Christmas and July 26 celebrations) and put them into cell without any explanation, warrant or whatever. Drug users were resentful during the discussion because, they said, justice is not being equally served for commission of the same crime as dealers, traffickers and farmers. They claimed that dealers, traffickers and farmers commit higher latitude of the crime and get less punishment because security officers usually accept bribe from them and let them free. “Why should we be using low quantity of drugs and bear greater punishment when other people are handling high quantity and bear lesser punishment?” they questioned in fury.

The users alleged that some security officers go in the same ghettos with them and take the same quantity of drugs. They asserted that it is painful to see security officers (their drugging colleagues) arrest them for using drugs when they know they are in the same “society”. “When arrested and put in prison, there is no rehabilitation program for us. We have no skills and so we don’t contribute anything to the growth and development of society. We are just beggars in the society. We are constantly harassed and we contribute nothing to the economy of the country”.

Dealers who participated in the discussion confessed that the problem of drugs will be difficult to solve in Liberia. They believe that drug is a highly syndicated enterprise entrenched in government. They further elaborated that there are insiders of government security and other key agencies who are drug trafficking payroll. They stated that security officers are only arresting dealers in order to create an impression that they are working. They maintained that security operations crackdown on drugs only benefit members of the security forces who are involved. According to them, drugs, money and other properties taken from raid are usually shared among the security personnel. “This ceremonial raiding of ghettos usually come about when certain plunder is not property share or when some officers get broke and want to get money in their pockets,” they intimated.

Farmers and dealers averred that “drug is a million dollar business”. “Quantity of drugs arrested over the year compared to the quantity ceremonially burned during occasion like June 26 has great variance. The drug burned by government through Justice Ministry is an infinitesimal portion of the drug arrested by the state. Where is the rest,” they questioned in protest. They maintained that the quantity which remains in the hands of government security officers can underwrite significant portion of government wage bill when converted into dollar value. They further alleged that the same drugs circulate on the black market. In as much as income generated from this business does not translate into revenue earning for government, it fuel

money laundering and corruption enabling some security personnel to live far above their income.

## **CHAPTER 9: DISCUSSION OF KEY FINDINGS**

### **Demography of Respondents**

Male involvement with drugs is far higher than female. Male constitute 82% of total respondents as opposed to 18% female respondents. This suggests that more community outreach services aimed at discouraging drug use should be target more to boys. Population between ages 20 to 39 constitute roughly 84% of survey participants. This implies the segment of the Liberian population deeply involved with drug use.

Formal and vocational education rate among drug users is very low to an extent that only 2% has ever entered college, while over 20% never went to school. Senior, junior and elementary school entry rate is 27%, 28% and 21% respectively. Significant 86% of them declined commenting on reason(s) for their failure to continue school, while 4% and 8% blamed their failure on war and lack of support. This damning statistics points to a dooming future especially with the current trend of youth involvement with drugs.

In spite of the ghetto lifestyle, 73% of respondents consented being parents. The data shows nearly 200% child bearing rate among drug users. Interestingly, 22% of the respondents said their children live with them in the ghettos. Whatever number of children may be involved, there are reasons to believe that the future of these children has already started to shatter.

Roughly 76% of respondents admitted criminality as their livelihood. Seventy five percent and 81% of all male and female respondents respectively have confessed survival by criminal activities. The data also shows that 11% of respondents were involved with genuine business activities that put them in the US\$1,000.00 monthly income bracket, while another 11% claimed to be gainfully employed at the same income level. While those who claimed to be doing business and working with such income did not clarify the nature of business and employment, the overall income level of respondents in relations to the price of popular drugs such as cocaine and Italian White tend to validate the confession of criminal maneuvering alluded to by bulk of the respondents.

Sixty percent of respondents said they were widows/widower, while 17% said they were cohabitating. Sufficient clarity relative to whether or not they had genuine marital status before the death of their spouses was not provided. Meanwhile, 5% of the respondents who claimed to be married could not show any thing indicative of their wedding. It is equally possible that some of them might have sold their wedding rings in order to support their drugging habit.

### **Causes of Drug Debut**

This survey shows that earliest age of drug debut for 16% of respondents was between 8 to 12 years. A significant 82% experienced drug debut at ages 13 to 17 years. Fifty three percent said they started by following examples of parents and friends, 26% attributed their involvement to peer pressure while 15% complained that the war led them to involvement with drugs.

Cannabis (Marijuana) and Italian White (cocoa) are two dominant drugs at debut. With Marijuana leading slightly by 1%, cocoa's 44% debut rate indicate that it is not strange to Liberia drug users. Cocaine tends to experience less prevalence among Liberian debutants either due to its price or scarcity. Cocaine accounts for 6% debut rate, which indicates that the income level of many grassroots people cannot permit them to access it. The competition between Marijuana and Italian White mirrors porous ports of entry, susceptible to trafficking than one can imagine. It is unimpeachable that unlawful Marijuana farming exists in Liberia thus giving Marijuana easy accessibility leverage. On the other but surprising hand Italian White, which is imported, has nearly equal accessibility as Marijuana.

Seventy percent of drug debutants said they smoked the drugs, while 20% intimated that they inhaled the substance. Fifty six percent said they felt stimulated on their first drug experience, 33% said they were depressed while 10% experienced hallucination. Significant 77% estimated that they were under the influence of drugs for over hours during their debut, 11% said they experienced the influence for up to nine hours, while 12% admitted ten hours of their debut experience. Sixty three percent of them described their drug withdrawal symptom as body weakness and 14% said they experienced stomach pains.

### **Social Impact of Drugs**

Drug has had significant impact on the social relations of users in various forms and manners including distrust, criminal labeling and rejection by family and community members. For 78% of them, these social cleavages created by their habit are irreconcilable. Thirteen percent of them believed that reconciling differences with their family and community members meant a change of association with their colleagues. Six percent of them admitted that the process of reconciliation with their family members needed to be negotiated through mediation with third party involvement.

Interestingly, 35% of respondents intimated that some community residents provide shelter and hideouts for them especially in some difficult circumstances, while another 11% has revealed that some community members protect them. Meanwhile, 36% confessed that some community people are their customers/clients. Thirteen percent said community people give them medication in the case of wound or sickness.

Respondents decry limited access to public facilities including clinics thereby exposing them to more disease burden. The further noted denial from palaver hut meetings or political gathering. Thirty percent of them said their only access to public facilities and community gathering was by

invitation, which often had political motivation (especially during election season or attempt on the part of individuals or groups to instigate violence in urban and suburban communities).

Fifty seven percent of respondents recommended the need to flush drugs out of their bodies. Another 26% suggested that government isolate them as a means of stopping their access to drugs. By this, the respondents are suggesting a comprehensive rehabilitation program. Rehabilitation of users blended with harm reduction services remain the inarguably cheaper and drug impact mitigation approach compared to extra-judicial and human rights offensive criminalization and incarceration of people in relations to alleged drug related issues.

### **Health Impact of Drugs**

Cold, malaria, tuberculosis and for women womb infections are the prevalent disease conditions among drug users living in ghettos. Other conditions such as gonorrhea, syphilis and hepatitis do exist based on response so far. Two female respondents have intimated having hepatitis. Sixty eight percent and 20% said cold and malaria were the leading conditions followed by womb infection for women and tuberculosis with 5% each. Prevalence of disease among ghetto residents can be attributed to their inability to attend medical treatment. An important 74% of all respondents said they never went to hospital and 15% said they only went to hospital once. While one might think that their inability to attend medical treatment could be carelessness, denial from public facilities could be another factor exacerbating their disease burden.

The rate at which respondents remain prone to sickness depicts a downward trend. Twenty percent of them said they felt sick every day, 10% said they felt sick every week while another 20% averred that they were sick once in every fortnight. Roughly 46% said they felt sick once every month. Eighty six percent of respondents maintained that prevalent disease conditions such as cold and malaria lasted nearly one month in their bodies. Amidst this dismal disease burden and the chemical composition of drugs, only 17% said they had access to food three times daily. The trend of disease frequency demand effective service program as a means of mitigating the impact of infectious diseases emanating from ghettos.

Scarcity and resultant secret purchase of needles continue to pose vulnerability to HIV and hepatitis for injecting drug users especially in the absence of harm reduction services. Under the influence of drugs or attempts to find money to purchase high cost substances such as cocaine and cocoa make ghetto resident women more susceptible to HIV as the capacity to negotiate safe sex is weak. Our observation during data collection shows that Liberian ghetto environment and lifestyle suggest that women residents remain subjects and objects of prostitution and multiple health risks.

### **Security Impact of Drugs**

Many Liberian ghetto resident drug users have said that they have had links with the three major rounds of wars in Liberia. At the time of the 1990 war, roughly 25% of all respondents were between ages 7 to 12 years while 19% were between 13 – 19 years of age. Fifteen percent said



they were within the 7 to 12 years age range and 14% of them were between 13 to 18 years at the advent of the 1996 war. Additionally during 2003, 9% and 20% were between the ages 7 to 12 and 13 to 18 respectively, while another 15% claimed that they were within the 19 to 23 age range. Without specifying the round of the civil war, 34% of the respondents said they served as child soldiers, while 13% said they were armor boys. Roughly 12% of them were conscripted and 9% served as commanders and informants respectively.

While some of them regret the impact of the war, which they claimed introduced them to killing and taking drugs, 72% said they would renege on taking part in armed warfare. Eight percent said they were prepared at any time to receive off-front cash payment in case they were approached to fight any war.

Fifty five percent of respondents claimed they were aware of the existence of the Liberian Controlled and Substances Act, while 42% said they were not aware. For those who claimed to be aware, 41% of them said their awareness was through civil society organizations, while 28% said they were told by the Liberia Drugs Enforcement Agency (LDEA). Another 15% said the Liberian National Police informed them about the existence of the drugs law. However, existence of the law or awareness about it does not make any difference in terms of knowledge attitude and practice (KAP). Sixty one percent of the respondents said despite enactment of the law, security forces are still brutal against drug users, while 38% asserted that security officers join them in taking drug at various ghettos. While 30% alleged that security officer regularly visit ghettos to leak information of planned raid due to their individual or syndicated interest, another 15% also accused security officers of buying stolen items from them in the ghetto. As unimpeachable as these allegations remain, one can surmise the challenges of policy implementation in Liberia.

Significant 61% of respondents said drugs permeate communities through person-to-person trade, while 15% said the distribution is an undercover trade involving people from various sectors of society. Roughly 8% of respondents alleged that state security do escort drugs to communities. For various reasons and interests, ghetto raids every day according to 31% of the respondents. Meanwhile 61% intimated that ghetto raid takes place every Saturday in observance what security personnel call “Super Saturday”.

### **Economic Impact of Drugs**

Drugs continue to adversely impact the economy of the country in various ways. Focus group discussions held on the economic impact of drugs show that money laundering; crime and corruption are engendered by drugs. Bulk of the discussants agreed illicit drug and substance abuse and trafficking contribute largely strangulating through hoarding and counterfeit tenders on the market. According to them, small and medium businesses, especially owned by foreign nationals do use drug are fronting enterprises for drug lords.

The discussants also asserted that hoarded drug money is used to support illicit mining in leeward counties. Illicit mining sites in Grand Gedeh, Sinoe and River Gee are said to experience exchange of drugs for gold. Undocumented minerals therefore leave the country through porous borders. Due to the remoteness of most of these areas and the country's poor road network, motor vehicles do not ply them. Consequently, assigned government agents are not effective in collecting taxes, while minerals are also being smuggles to neighboring countries.

Drug users lamented constant violation of their fundamental human rights by state security in the name of fighting drugs. They alleged that security personnel usually arrest and throw them into jail without due process of law. They noted that police raid them at some part of the year (especially prior to Christmas and July 26 celebrations) and put them into cell without any explanation, warrant or whatever. Per the trend of the discussion, drug users are the object of security harassment, arrest and even torture. They are the scapegoats of an offence committed equally by all and sundry.

Farmers and dealers averred that "drug is a million dollar business". "Quantity of drugs arrested over the year compared to the quantity ceremonially burned during occasion like June 26 has great variance. The drug burned by government through Justice Ministry is an infinitesimal portion of the drug arrested by the state. Where is the rest," they questioned in protest. They maintained that the quantity which remains in the hands of government security officers can underwrite significant portion of government wage bill when converted into dollar value.

## **CHAPTER 10: PERSONAL STORIES OF DRUG USERS**

### **Story One:**

I was conscripted at age 11 in 2003 and taken to Lofa. "There I saw all my men them smoking gun powder. That thing is some kind of black durst from the bullet". I was forced to do the same thing with my friends. "We all took the gun powder at least two times a day. I did that for at least six months that I spent on the frontline. Today I cannot go a day without taking anything like gun powder or something that work like it. Italian white is now my substitute for gun powder. I sleep anywhere and do anything once it will help me to get "Italian white". This respondent developed an incurable sore on his left leg that looks like "Burudi Ulcer". However there was no medical equipment to ascertain this.

**Figure 13: War Affected Youth**



**Story Two:**

We went to look for food in the bush when a group of fighters opened fire among us. I survived the firing but the fighters took me away. They first charged me for reconnaissance. I was 13 years at the time in 1996. I was put in jail and two days later on commando took me to cook for them. After eating the food, they said “I was good to tot armor and be cooking. So tot armor for one week. One night, the commander of the group said he want a virgin to renew his zaykay (charm). I was the only virgin of the few girls there. He drugged me and slept with me that night. From that moment, I became one of his wives for two weeks. Every day I was drugged and sexed. One early morning the camp was attacked and they gave me one gun and told me that I needed to defend myself. I did not know how to use the gun.

I was captured. This time I was in the hands of ULIMO. I stayed with them until the split. I born three children by three commanders and they are all dead and left the children with me. I have been in ghetto life since the last 13 years. Ghetto is the life I know and I have been selling babies as a means of survival.

**Figure 14: War Affected Female**



### **Story Three**

I was selling for a Lebanese man who my friends and I always took goods from. Whenever we took the goods, we sold and reported the money to the Lebanese businessman on daily basis. I lived on that for nearly five years and entered university. One day while pushing my goods in a wheelbarrow on Broad Street, a group of national and city police men came and took the entire wheelbarrow full of goods to the national police headquarters. I followed to retrieve the goods, making several visits to the police headquarters to no avail. I lost the relationship with the Lebanese man because I could not afford to pay for the goods.

Three months later, I started following other friends who were digging wells and septic tanks for people. Through that I managed to restart selling until my business grew to collateral level. I applied for a loan from Access Bank and got it to improve the business. After servicing three rounds of loan with the Bank, my business had grown and I started school again.

One evening while pushing my wheelbarrow down the hill at the junction of Broad and Johnson Streets, again I met a group of police officers who lifted the wheel and I and took us to Monrovia City Corporation headquarters. That was the day of the worst fate I have ever experienced. I was now indebted to Access Bank and it was around Christmas. Following several failed attempts to get the goods from the MCC office, I pleaded with them to keep me in detention until after the



Christmas and New Year season. My plea was not taken and I was being pursued by Access Bank. The only place I found haven that Access Bank agents could not go was the ghetto. So I stayed in the ghetto for days and weeks and gradually I became addicted to drugs. I now live in ghetto since the past three years.

**Figure 15: Young Man Frustrated by State Security Raid**



## **RECOMMENDATIONS**

In the view of the findings and the trend of the problem of drugs in Liberia, the research agency is pleased to make the following recommendations as a means of mitigating the problem. FADCA is cognizant of the fact that the problem has reached an irresolvable level but much can be done to alleviate its impact on the larger society thus these recommendations.

1. Low formal and vocational education and the consequential lack of employment opportunities have staggering effect of idleness and non-engagement of youthful drug users. Since the cessation of warring activities and the engendered lifestyle, comprehensive de-drugging rehabilitation program had not been instituted for ex-combatants. While it is true that the DRR program attempted tackling the problem, its design did not encompass the drug situation especially from the perspective of the role of drugs as a factor to the war. It is better late than never for government and development

partners to institute programs aimed at rehabilitating drug users especially those who were engaged with belligerent forces.

2. The future of women and especially children born and live in ghettos tends to be bleak. The need to advert this situation cannot be overemphasized. With currently available opportunities, civil society organizations should be empowered to engage women and children in ghettos through positive women empowerment and child rearing programs that will not only transform them into productive citizen but also to advert the impending health burden with national ramifications.
3. Drug prevention strategy should holistically target all social institutions (family, school, health, market, law and religion) so as to touch all fabrics of society. With many debutants reported starting their drug habit from parents and friends; clear indications that law enforcement, religious and learning institutions did little in addressing the problem cannot be dismissed. Limited mainstream drug prevention program within the various sectors of the society over the years tends to be responsible for entrenched widespread drug abuse. By this recommendation, it would pay off should drug prevention services be enshrined in school curriculum; while tougher control measures are put in place through the social justice system.
4. Drug users should not be labeled as criminals and consequently denied access to health services. Society should understand that addiction is a brain disease. Denying drug users access to health services is tantamount to exacerbating their health situation, which is a general health threat to the entire society especially in the case of HIV and hepatitis C and other infectious diseases. Their interaction with the rest of society puts everyone at risk. Regardless of their addiction brain disease condition, access to health services is their inalienable human rights that should not be denied them.
5. Rehabilitation of drug users should not be haphazardly done. Regular raiding of ghettos and detention or imprisonment of people assumed to be drug users and criminals is an incomprehensive approach to the drug problem that is more socially offensive in the context of human rights. Government and development partners reserve the right to develop a complete rehabilitation package, which entails creation of congenial host facilities, opening facilities to clients, controlling or prevention of drug and substance entry into the facilities, provision of medical and counseling services and providing skills training over a period of time will make meaning impact in addressing the problem.
6. State security personnel fighting drugs and crime should be given attract incentive and remuneration in order to curb drug related corruption. Underpaid poverty stricken security personnel has no ounce of patience to ignore temptation of bribery or reporting

of hoarded drug money. The dehumanizing effect of low income earning in a cash intensive work sphere remain a classical recipe for a security system susceptible to corruption, escort of drugs and participation in syndicated drug deal, etc.

7. Plunder from raid in the form of cash and other valuables should be handled with transparency and accountability. Provisions in the Liberia Controlled Drugs and Substances Law supports the establishment of escrow account for such money but giving signatory rights only to the Board and Director General of LDEA. With this kind of arrangement, transparency and accountability is compromised. It would reflect a better image of the Drugs and Substances Law should civil society also be a signatory to the escrow account if it has been established.
8. Punitive action provided for in the Liberia Controlled Drugs and Substances Law mirror disproportional distribution of justice to users and traffickers. While the law is crafted from a criminalization perspective, there is punitive disparity that favors traffickers over users. By and large, traffickers commit higher latitude of the crime and deserve heavier gravity of punishment while users are usually caught with minimum quantity and should be given minimum punishment. Additionally, the law does not address crosscutting issues such as right to public health, human rights, women and children as well as alternative livelihood for victimized cannabis farmers and their families. These contemporary social issues couple with failure of the law to engender the current trend of global drug policy debate remains indicative of critical weakness and biases on the part of the law, which inarguably demand bringing the law for legislative review.

## **CONCLUSION**

In view of the world drug problem and considering Liberia's drug situation characterized by the influence of drugs on the 13 years of civil war (1990 to 2013), rising youth debut in drug use, weak system of governance and oversimplification of civil liberties, which produced the findings of this survey, we wish to draw the following conclusions. These conclusions are intrinsically based on findings of the survey.

The extent to which the war in Liberia distorted early learning system is typical of the situation of "adding insult to injury". This means while that country was struggling with redeeming its population from the scorches of military (People Redemption Council) take over which advent populated abuse of cannabis and other controlled drugs and substances, disrupted educational program to which the current population in drugs would have benefited. On the contrary, low education contributes largely to youth involvement with drugs. Out-of-school and unemployed youths are more addicted to drugs than their in-school counterparts. Consequently, there are reasons to believe that education and employment are two factors that could reduce youth and general population involvement with drugs.

Criminal labeling of drug users continues to impose more devastating consequences including human rights violations and exposure of weakness of the country's social justice system. Generalized criminal labeling of drugs users also contributes to the health burden of ghetto residents as continuous denial of access to health services exacerbates their health condition with propensity to translate into national health crisis. Provision of health services is an essential component of rehabilitation of drug users, which needs to be blended with creation of host facilities and skills training program.

Knowledge attitude and practice should be commensurable with provisions of the country's drugs and substances law. All and sundry actors in the controlled drugs and substances sphere should equitably be aware of unfolding national and international discourse and challenges to which cause government, civil society and development partners must champion. While the Liberia Controlled Drugs and Substances Law contains clauses that do not meet current international drug policy debate, attitude and practices of state actors in the face of the law further shows the need for not only reviewing the law but also communicating its existence for awareness of the entire population. The burden of the law or its absence is on users than any group of drug actors.

The Liberia Controlled Drugs and Substances Law shows unequal distribution of justice for drug offenses, with drug users bearing the blunt of punishment. While the law is crafted from a criminalization perspective, there is punitive disparity that favors traffickers over users. Setting the scale for gravity of the problem, traffickers commit higher latitude of the crime and deserve heavier gravity of punishment while users are usually caught with minimum quantity and should be given minimum punishment. Additionally, the law must address crosscutting issues such as right to public health, human rights, women and children as well as alternative livelihood for victimized cannabis farmers and their families.



## Annexes

### Annex 1: Survey Questionnaire



**SOCIAL, HEALTH AND ECONOMIC IMPACT OF CONTROLLED DRUGS AND  
SUBSTANCE IN LIBERIA  
BASELINE SURVEY QUESTIONNAIRE  
FOUNDATION AGAINST ILLICIT DRUGS AND CHILD ABUSE  
(FADCA)  
MONROVIA, LIBERIA**



Questionnaire Code:

<b>SHEID I: COMMUNITY INFORMATION</b>			<b>SURVEY</b>
<b>CODE: SHEID</b>			
SHEID 1: Community _____	SHEID 2: Ghetto _____	SHEID 3: Respondent Sex _____	SHEID 4: Interviewer's Name _____
SHEID 5: DAY, MONTH, YEAR OF FINAL INTERVIEW ____/____/____/____			
Attempt 1: Date ____/____/____	Attempt 2: Date ____/____/____	Attempt 3: Date ____/____/____	
Result _____	Result _____	Result _____	
SHEID 6: FINAL RESULT OF INTERVIEW			
<p>Result Code:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>1. Completed</p> <p>2. Not in the ghetto, office/home</p> <p>3. Postpone</p> <p>4. Refused</p> </div> <div style="width: 45%;"> <p>5. Partly completed</p> <p>6. Incapacitated</p> <p>7. Other specify:</p> </div> </div>			

SHEID II: DEMOGRAPHIC INFORMATION OF RESPONDENTS				
#	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP
DI1	Sex of the respondent	Male	1	
		Female	2	
		15 – 19 yrs.	1	

DI2	Current age range of the respondent	20 – 24 yrs.	2	
		25 – 29 yrs.	3	
		30 – 34 yrs.	4	
		35 – 39 yrs.	5	
		40 – 44 yrs.	6	
		45+	7	
DI3	Have you been to school before?	Yes	1	If yes skip DI5/If no skip DI4
		No	2	
DI4	If yes, what is your education level?	Elementary	1	
		Junior High	2	
		Senior High	3	
		Junior College	4	
		University	5	
		Technical College	6	
DI5	If no, why have not been to school?			
	I don't like school	1		
	I did not have support	2		
	It was because of the war	3		
	School is boring	4		
DI6	Do you have child or children	Yes	1	If no skip D7 – DI11
		No	2	
DI 7	If yes, how many children do you have?	One	1	
		Two	2	
		Three	3	
		Four	4	
		Five +	5	
DI8	Does your child or children live with you?	Yes	1	
		No	2	
		Not all	3	
DI9	If yes, where do you live with the child or children?			
	In the Ghetto	1		
	In abandoned or unfinished buildings	2		

	In the street	3		
	I am renting one room	4		
	We live in a family property	5		
	I have built my own house	6		
	We sleep anywhere at nightfall	8		
DI10	If no, where is/are the child/children?			
	Live with my parents	1		
	Live with my relatives	2		
	Live with the mother(s)	3		
	Live with the father(s)	4		
	I don't know where they are	5		
DI11	If 'not all', how many of the children live with you?	One	1	
		Two	2	
		Three	3	
DI12	What do you do for a living?			
	Business	1		If the answer is 1 skip DI13 & if answer is 2 skip DI14
	I am working	2		
	Criminal Activity/Others	3		
DI13	If you are doing business, what is your estimated monthly income? (Estimate in US dollar value)	\$1 - 250	1	
		\$251 - 500	2	
		\$501 – 750	3	
		\$751 - 1000	4	
		\$1000+	5	
DI14	If you are working, what is your monthly salary in USD?	\$1 - 250	1	
		\$251 - 500	2	
		\$501 – 750	3	
		\$751 - 1000	4	
		\$1000+	5	

**SHEID II: CAUSES OF YOUTH DEBUT TO DRUG USE**

YD1	How old were you when you started taking drugs?	8 – 12 yrs.	1	
		13 – 17 yrs.	2	
YD2	How did you get into it?			
	Holiday/party/occasion	1		
	I saw my parent(s) and friends doing it	2		
	Because of frustration (job/relationship)	3		
	Due to the war	4		
	Lack of parental care	5		
	Peer pressure	6		
YD3	Which drug you started taking first?			
	Marijuana (Cannabis)	1		
	Italian White (Cocoa)	2		
	Cocaine	3		
	Heroin	4		
	Other	5		
YD4	How did you take it?	Inhaled	1	
		Smoked	2	
		Injected	3	
		Drank	4	
		Chewed	5	
YD5	How did it treat you?			
	It stimulated (active) me	1		
	It depressed (weakened) me	2		
	It hallucinated (saw false images) me	3		
YD6	How long did it stayed in you?	One to four hours	1	
		Five to nine hours	2	
		Ten hours plus	3	

YD7	What are the signs showed you that the drug was leaving your body?			
	Weakness in the body	1		
	Stomach/head Pain	2		
	Doziness	3		
	Body itch	4		
	Running nose	5		
	Cough	6		
	vomiting	7		

#### SHEID IV: SOCIAL IMPACT OF DRUGS

SI1	How is the present relationship between you and your relatives?			
	They don't trust me	1		
	They consider me as criminal	2		
	They always reject me	3		
	My family denies me	4		
SI2	How do you think you can reconcile with your relatives?			
	I intend to break my drug habit	1		
	I will change my associates, environment, attitude	2		
	I want to learn	3		
	I need a mediator between my relatives and I	4		
	I cannot face the shame	5		
SI3	What is your relationship with people in the community			
	They provide shelter and clothe for me	1		
	They give me protection	2		
	They give me food and medicine	3		
	Some of them are my customers	4		
SI4	What is your marital status	Married	1	
		Divorced	2	
		Cohabitatin g	3	
		Widow/	4	

		widower		
		Single	5	
SI5	How many dependents do you have?	1 - 2	1	
		3 - 6	2	
		I don't have	3	
SI6	What do you do for living	Employed	1	
		Contractor	2	
		Self-employ	3	
		Daily Hire	4	
		Business	5	
		Others	6	
SI7	What is your relationship with your friends?			
	We take drugs together	1		
	We have good network	2		
	We do all things I common	3		
	We defend each other	4		
SI8	Please name some things that you don't like to do with your friends			
	We don't eat together	1		
	We don't load car together	2		
	We don't bathe together	3		
	Others	5		
SI9	How well do you have access to public facilities in your community (The facilities include hospital/clinic, meetings/pumps/public latrine/palava huts)			
	Access only by invitation	1		
	Except we force our way in	2		
	Allowed with careful watch	3		
	By recommendation/referral	4		
	Except during distribution of relief items	5		

SI10	At what point in time does your community invite you to participate in social work activity?			
	During community clean-up campaign	1		
	During awareness creation	2		
	Community/national election	3		
	Community development initiative	4		
SI11	What do you think can be done to take you from on drugs?			
	Let government find place for us	1		
	I want to go back to school	2		
	I want to learn trade	3		
	Sent me to hospital to flush the drugs from my body	4		
SI12	What do you think the government or community can do so you can help yourself?			
	Give me money to do business	1		
	Send me to vocational school	2		
	Send me back to school	3		
	Give me job	4		

#### **SHEID V: HEALTH IMPACT OF DRUGS**

HI1	What kind of sickness can really bother you and your friends?	Cold	1	
		Tuberculosis	2	
		Womb infection	3	
		Gonorrhea	4	
		Syphilis	5	
		Sore foot/hand (Burudi ulcers)	6	
		Hepatitis	7	
		HIV/AIDS	8	
		Malaria	9	
	How do the hospital people look at you when you go			

HI2	there?			
	They don't want to care for us	1		
	Hospital security do not allow us entry	2		
	They say we are criminals/rogues	3		
	They say we are drug users	4		
	They see us as crazy people	5		
HI3	When last was the time that people from the hospital came to the ghetto to treat you?	Once	1	
		Twice	2	
		Thrice	3	
		Never	4	
HI4	How often do you notice yourself getting sick?	Every day	1	
		Every week	2	
		Every two weeks	3	
		Every month	4	
HI5	How long do you get sick for?	One month	1	
		Two months	2	
		Three months	3	
		Four months plus	4	
HI6	How often do you find food to eat?	Once a day	1	
		Twice a day	2	
		Three times	3	
HI7	When last have you used injection to take drug?	One day ago	1	
		One week ago	2	
		One month ago	3	
		Never	5	



HI8	If you have use injection before, how many of you used the same needle?	I was alone	1	
		We were two	2	
		We were in group	3	

#### SHIED VI: SECURITY IMPACT OF DRUGS

SD1	How old were you during the wars in Liberia? See the major warring periods listed...			
	1990	7 – 12	1	
		13 – 18	2	
		19 - 23	3	
	1996	7 – 12	1	
		13 – 18	2	
		19 – 23	3	
	2003	7 – 12	1	
		13 – 18	2	
		19 – 23	3	
SD2	What role did you play during any of these wars?			
	I was a child soldier	1		
	I was forcefully recruited to fight	2		
	I was a commander	3		
	I was an armor boy	4		
	I was an informant to the fighters	5		

SD3	How did the war affect you?			
	Made me to kill	1		
	Made me take and sell drugs at early age	2		
	Made me to be early parent	3		
	Killed my desire for education	4		
	The people who caused to fight war, what do you think about them now?			
	The don't know us again	1		

SD4	They don't need our service any more	2		
	They are wicked people	3		
	They used us as scapegoats	4		
SD5	If there were another war and you are called by your former war lords/commanders to fight again, what you do?			
	As long as they are prepared to give me money and drugs, I will fight	1		
	I will not go there	2		
	I will get money from them and run away	3		
	I will go back for loots/value	4		
SD6	Has anybody told you about the Liberia Controlled Drugs and Substances law?	Yes	1	
		No	2	
SD7	If yes, who have come to tell you about the drug law?			
	Civil Society Organizations	1		
	Drug Enforcement Agency	2		
	Liberia National Police	3		
	Bureau of Immigration and Naturalization	4		
	Private citizen(s)	5		
SD8	Describe the attitude of the national security since the passage of the drug law in Liberia.			
	The security men are still brutal	1		
	We still don't have our day in court	2		
	Illegal torture, arrest and detention of drug users is still going on	3		
	Security officers are still seizing and recycling drugs	4		
	Some security people and us are still taking drugs together	5		
SD9	What do you see security people still do in ghettos since the passage of the drug law?			
	The security people and us are still taking the drugs together	1		
	They still go to the ghetto to buy stealing property from us	2		
	Some security people still sell drugs in the ghettos	3		
	They go to the ghetto to leak information about a raid	4		

SD10	How does the drug get to the ghetto?			
	Under cover trade (shops, street sellers)	1		
	Person-to-person connection	2		
	Through security agents/escort	3		
	Others	4		
SD11	At what frequency have you been raided and detained by security people?	Every day	1	
		Every Saturday (super-Saturday)	2	
		Every Holiday	3	

## Annex 2: Informed Consent Form

### INFORMED CONSENT

Ghetto: \_\_\_\_\_  
\_\_\_\_\_

Community: \_\_\_\_\_

My name is \_\_\_\_\_. I am from Foundation against Illicit Drugs and Child Abuse (FADCA). We are doing a survey on the Social, Health, and Economic Impact of Drugs in Liberia. I would like to talk to you about this. This information will help FADCA identify better ways to advocate for the rights of drug users. All the information I obtain from you will remain strictly confidential and your answers will never be identified. Also, you are not forced to answer any question you don't want to answer, and you may withdraw from the interview at any time if you don't feel satisfy about certain thing relating to the survey.

I expect that the interview will take between thirty to forty-five minutes. Before asking you whether or not you would like to be a participant, I would like you to know that:

- 1. Your participation in this survey is entirely voluntary. It is your choice whether to participate or not.**
- 2. You are free not answer any of the questions in the questionnaire.**
- 3. You may stop participating in the interview at any time that you wish.**

At this time, do you want to ask me anything about the survey?

May I start now?

*Yes, permission is given Go to questionnaire sheet and then begin the interview.*

*NO, Permission is not given Find another interviewee.*

Signature of respondent: \_\_\_\_\_ Signature of interviewer: \_\_\_\_\_

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_

### Annex 3: Demographic Profile and Code Structure

FOUNDATION AGAINST ILLICIT DRUGS AND CHILD ABUSE (FADCA). LIB INC.

SOCIAL, HEALTH & ECONOMIC IMPACT OF CONTROLLED DRUGS & SUBSTANCE IN LIBERIA

BASELINE SURVEY

LOCATION & DEMOGRAPHIC INFORMATION CODES

LI1. COMMUNITY CODES				LI4. INTERVIEWERS NAMES CODES		DI2. RESP' AGE RANGE CODES	
CODES	CODES DESCRIPTION	CODES	CODES DESCRIPTION			CODES	CODES DESCRIPTION
WP	West Point	01				1	15 -19 Years
CT	Clara Town	02				2	20 -24 Years
LT	Logan Town	03				3	25 -29 Years
NKT	New Kru Town	04				4	30 -34 Years
GT	Gbandi Town	05				5	35 -39 Years
BMB	Bong Mines Bridge	06				6	40 +
BT	Blamo Town	07					
JR	Jamaica Road	08				DI3. RESP' SCH STATUS CODES	
SPB	St. Pauls Bridge	09				1	Yes
ST	Sayon Town	10				2	No
		11					
		12				DI4. RESP SCHOOL LEVEL CODES	
						CODES	CODES DESCRIPTION
LI2. GHETTO CODES		LI.6 INTERVIEW RESULTS CODES				1	Elementary
CODES	CODES DESCRIPTION	CODES	CODES DESCRIPTION			2	Junior High
		1	Completed			3	Senior High
		2	Respondent not in school			4	Junior College
		3	Interview postponed			5	University
		4	Respondent refused interview			6	Technical College
		5	Interview partly completed				

<b>Not provided for security reasons</b>	<b>6</b>	Respondent Incapacited	<b>DI5. RESP'S NON-SCHOOL CODES</b>	
	<b>7</b>	Other: Please specify	<b>1</b>	I don't like School
			<b>2</b>	Lack of Support
	<b>DI1. RESP SEX CODES</b>		<b>3</b>	Because of the war
	<b>CODES</b>	<b>CODES DESCRIPTION</b>	<b>4</b>	School is boring
	<b>F</b>	Female		
	<b>M</b>	Male	<b>DI6. RESP's CHILD BEARING STATUS</b>	
			<b>1</b>	I have
			<b>2</b>	I don't have

<b>SURVEY LOCATION &amp; DEMOGRAPHIC INFORMATION CODES</b>					
<b>DI7. No. OF RESP KIDS</b>		<b>DI11. IF 'NOT AT ALL', HOW MANY KIDS LIVE WITH RESP?</b>			
<b>CODES</b>	<b>CODES DESCRIPTION</b>	<b>CODES</b>	<b>CODES DESCRIPTION</b>		
<b>1</b>	One	<b>1</b>	One		
<b>2</b>	Two	<b>2</b>	Two		
<b>3</b>	Three	<b>3</b>	Three		
<b>4</b>	Four				
<b>5</b>	Five+	<b>DI12. RESP's OCCUPATION?</b>			
		<b>1</b>	Business Person		
<b>DI8. DOES KIDS LIVE WITH RESP?</b>		<b>2</b>	I am employed		
<b>CODES</b>	<b>CODES DESCRIPTION</b>				
<b>1</b>	Yes	<b>DI13. RESP ANNUAL BUSINESS INCOME</b>			
<b>2</b>	No	<b>1</b>	\$1.00 - \$250.00		
<b>3</b>	Not all	<b>2</b>	\$251.00 - \$500.00		
		<b>3</b>	\$501.00 - \$750.00		

<b>DI9. WHERE DOES RESP LIVE WITH KIDS?</b>		<b>4</b>	\$751.00 - \$1,000.00			
<b>1</b>	In the Ghetto	<b>5</b>	\$1,000+			
<b>2</b>	In abandon or unfinished buildings					
<b>3</b>	In the Street	<b>DI14. RESP ANNUAL BUSINESS INCOME</b>				
<b>4</b>	In one bedroom	<b>1</b>	\$1.00 - \$250.00			
<b>5</b>	In our family property	<b>2</b>	\$251.00 - \$500.00			
<b>6</b>	In My own house	<b>3</b>	\$501.00 - \$750.00			
<b>8</b>	We sleep anywhere at nightfall	<b>4</b>	\$751.00 - \$1,000.00			
		<b>5</b>	\$1,000+			
<b>DI10. IF NOT WITH RESP, WHERE KIDS LIVE?</b>						
<b>1</b>	My Parents					
<b>2</b>	My Relatives					
<b>3</b>	The Mother					
<b>4</b>	The Father					
<b>5</b>	I don't know where they live					

## Annex 4: Source Data Tables

### Demographic Data Tables

Respondents by Age and Sex			
Age Range	Female	Male	Grand Total
15 - 19 years	14	14	28
20 - 24 Years	23	67	90
25 - 29 years	32	152	184
30 - 34 years	20	110	130
35 - 39 years	16	102	118
40 - 44 years	2	37	39
45+	4	32	36
No Answer		1	1
<b>Grand Total</b>	<b>111</b>	<b>515</b>	<b>626</b>

Respondents who Entered School			
School Response	Female	Male	Grand Total
Yes	64	435	499
No	47	80	127
<b>Grand Total</b>	<b>111</b>	<b>515</b>	<b>626</b>

Respondents Education Level by Age Range			
Age Range	Yes	N0	Grand Total
15 - 19 years	21	7	28
20 - 24 years	65	25	90
25 - 29 years	149	35	184
30 - 34 years	104	26	130
35 - 39 years	96	22	118
40 - 44 years	32	7	39
45+ years	31	5	36
Undefined	1		1
<b>Grand Total</b>	<b>499</b>	<b>127</b>	<b>626</b>



Education Level of Respondents			
School Level	Female	Male	Grand Total
Elementary	26	103	129
Junior High	21	157	178
Senior High	17	155	172
Junior College	1	6	7
University		11	11
Technical College		2	2
Never went to sch.	46	81	127
<b>Grand Total</b>	<b>111</b>	<b>515</b>	<b>626</b>

Reasons for not going to school			
Reasons	Female	Male	Grand Total
I didn't like school	2	7	9
I didn't have support	22	33	55
Due to war	5	18	23
School is boring	1	2	3
Declined to answer	81	455	536
<b>Grand Total</b>	<b>111</b>	<b>515</b>	<b>626</b>

Respondents who have children by Age Range				
Age Range	Yes	No	Decline	Grand Total
15 - 19 years	6	22		28
20 - 24 years	48	40	2	90
25 - 29 years	123	60	1	184
30 - 34 years	102	27	1	130
35 - 39 years	103	15		118
40 - 44 years	37	2		39
45+ years	34	2		36
Unknown	1			1
<b>Grand Total</b>	<b>454</b>	<b>168</b>	<b>4</b>	<b>626</b>

Number of Children							
Age Range	One	Two	Three	Four	Five	Declined	Grand Total
15 - 19 years	4	2				22	28
20 - 24 years	32	14	2			42	90
25 - 29 years	67	37	14	2	1	63	184
30 - 34 years	50	29	14	5	4	28	130
35 - 39 years	31	40	22	5	4	16	118
40 - 44 years	12	10	5	4	6	2	39
45+ years	3	9	7	9	6	2	36
Unknown	1						1
<b>Grand Total</b>	<b>200</b>	<b>141</b>	<b>64</b>	<b>25</b>	<b>21</b>	<b>175</b>	<b>626</b>

Respondents with Children in the Ghetto					
Sex	Yes	No	Not all	Undefined	Grand Total
Female	26	50	3	32	111
Male	112	229	17	157	515
<b>Grand Total</b>	<b>138</b>	<b>279</b>	<b>20</b>	<b>189</b>	<b>626</b>

Respondents with Children Living in Ghetto							
Age Range	One	Two	Three	Four	Five	Decline	Grand Total
15 - 19 years	3	1		1		23	28
20 - 24 years	16	3	12	4		55	90
25 - 29 years	24	20	32	2	1	105	184
30 - 34 years	22	16	22	1		69	130
35 - 39 years	19	10	26	4	1	58	118
40 - 44 years	3	9	9			18	39
45+ years	2	8	4		3	19	36
Unknown	1						1
<b>Grand Total</b>	<b>90</b>	<b>67</b>	<b>105</b>	<b>12</b>	<b>5</b>	<b>347</b>	<b>626</b>

<b>Where Respondents Live with Children</b>			
<b>Residence</b>	<b>Female</b>	<b>Male</b>	<b>Grand Total</b>
In the ghetto	22	68	90
Abandoned or unfinished building	14	53	67
In the Street	8	97	105
Renting one room	8	4	12
Live in family property	1	4	5
Declined	58	289	347
<b>Grand Total</b>	<b>111</b>	<b>515</b>	<b>626</b>

<b>Respondents who children live with them</b>					
<b>Row Labels</b>	<b>Yes</b>	<b>No</b>	<b>Not at all</b>	<b>decline</b>	<b>Grand Total</b>
15 - 19 years				28	28
20 - 24 years				90	90
25 - 29 years	6	1		177	184
30 - 34 years	2	1	2	125	130
35 - 39 years	3		1	114	118
40 - 44 years	1	2		36	39
45+ years		1		35	36
Unknown				1	1
<b>Grand Total</b>	<b>12</b>	<b>5</b>	<b>3</b>	<b>606</b>	<b>626</b>

<b>Livelihood of Respondents</b>			
<b>Livelihood</b>	<b>Female</b>	<b>Male</b>	<b>Grand Total</b>
Business	15	54	69
I am working	3	65	68
Criminal Activity/Others	90	388	478
Decline	3	8	11
<b>Grand Total</b>	<b>111</b>	<b>515</b>	<b>626</b>

Monthly Income of Business			
Income Range	Female	Male	Grand Total
US\$1 - 250	1	27	28
US\$251 - 500	4	9	13
US\$501 - 750	2	6	8
US\$751 - 1000	3	5	8
US\$1000+	5	12	17
Declined	96	456	552
<b>Grand Total</b>	<b>111</b>	<b>515</b>	<b>626</b>

Relationship Status of Respondents			
Row Labels	Female	Male	Grand Total
Single	2	46	48
Married	7	22	29
Cohabiting	15	89	104
Divorced		7	7
Widow/widower	86	350	436
Declined	1	1	2
<b>Grand Total</b>	<b>111</b>	<b>515</b>	<b>626</b>

### Youth Debut

Age of Debut				
Question and Category	8 - 12 Years	13 - 17 years	No Ans.	Grand Total
How old were you when you started taking drugs?	66	347	8	421
	33	168	1	202
<b>Grand Total</b>	<b>99</b>	<b>515</b>	<b>9</b>	<b>623</b>

Occasion of Debut								
Sex	Holiday /Party/ Occasion	From Parent/Friends	Due to Frustration	Due to War	Lack of Parental Care	Peer Pressure	No Ans.	Grand Total
Male	7	331	17	92	8	161	9	625
Female	1	87	6	43	3	61		201
Grand Total	7	331	17	92	8	161	9	625

Respondent's First Drugs							
	Marijuana (Cannabis)	Italian White (Cocoa)	Cocaine	Haroin	Others	No Ans.	Grand Total
Which drug you started taking first?	84	98	5	4	8		199
	198	177	30	5	15	1	426
Grand Total	282	275	35	9	23	1	625

How Respondents took Drugs during Debut							
	Inhaled	Smoked	Injected	Drank	Chewed	No Ans.	Grand Total
How did you take it	166	436	2	7	5	9	625
	52	143				4	199
	114	293	2	7	5	5	426
Grand Total	166	436	2	7	5	9	625

How Respondent Got Treated During Debut					
	Stimulated	Depressed	Hallucinated	No Ans.	Grand Total
Female	112	77	6	4	199
Male	238	132	55	1	426
Grand Total	350	209	61	5	625

Duration of Drug Influence					
	One to Four Hours	Five to Nine Hours	Ten Hours Plus	No Ans.	Grand Total
How long did it stay in you?	155	24	20		199
	324	42	56	4	426
<b>Grand Total</b>	<b>479</b>	<b>66</b>	<b>76</b>	<b>4</b>	<b>625</b>

Response on Drug Withdrawal Syndrome									
What were the signs that showed you that the drug was leaving your body?	Body Weakness	Stomach Pain	Dizziness	Body Itch	Running Nose	Cough	Vomiting	No Ans.	Grand Total
	110	30	7	9		6	7		169
	282	58	26	12	14	9	15	40	456
<b>Grand Total</b>	<b>392</b>	<b>88</b>	<b>33</b>	<b>21</b>	<b>14</b>	<b>15</b>	<b>22</b>	<b>40</b>	<b>625</b>

### Social Impact of Drugs

Respondents' Reconciliation method with relatives							
	Break my Habit	Change my Association	I want to learn	I need mediator	I cannot face the shame	No Ans.	Grand Total
How can you reconcile with your relatives?	128	52		8	3	3	194
	362	28	6	29	3	4	432
<b>Grand Total</b>	<b>490</b>	<b>80</b>	<b>6</b>	<b>37</b>	<b>6</b>	<b>12</b>	<b>626</b>

Respondents' relationship with people in community						
Row Labels	They provide shelter and clothe	They give me protection	They give food and medicine	Some are my customers	No Ans.	Grand Total
What is your relationship people in community	103	21	15	57	3	199
	114	46	72	168	26	426
<b>Grand Total</b>	<b>217</b>	<b>67</b>	<b>87</b>	<b>225</b>	<b>29</b>	<b>625</b>

Respondents' Relationship Status							
	Married	Divorced	Cohabiting	Widow/widower	Single	No Ans.	Grand Total
What is your marital status?	21	6	20		152		199
	25	23	83	6	287	2	426
<b>Grand Total</b>	<b>46</b>	<b>29</b>	<b>103</b>	<b>6</b>	<b>439</b>	<b>2</b>	<b>625</b>

Respondents' number of dependents					
	one to two	Three to Six	I don't have	No Ans.	Grand Total
How many dependents do you have?	71	14	114		199
	89	76	259	2	426
<b>Grand Total</b>	<b>160</b>	<b>90</b>	<b>373</b>	<b>2</b>	<b>625</b>

Respondents' Livelihood								
	Employed	Contractor	Self employed	Daily Hire	Business	Others	No Ans.	Grand Total
What do you do for living?	3	36	4	32	8	112	4	199
	12	59	35	12	39	261	8	426
<b>Grand Total</b>	<b>15</b>	<b>95</b>	<b>39</b>	<b>44</b>	<b>47</b>	<b>373</b>	<b>12</b>	<b>625</b>

Respondents' Relationship with friends						
	We take drug together	We have good network	We do all things in common	We defend each other	No Ans.	Grand Total
What is your relationship with your friends?	164	19	17	13	2	215
	246	64	78	18	4	410
<b>Grand Total</b>	<b>410</b>	<b>83</b>	<b>95</b>	<b>31</b>	<b>6</b>	<b>625</b>

Things Respondents Dislike Doing with friends						
	We don't eat together	We don't load the same car together	We don't bathe together	Others	No Ans.	Grand Total
Name some things you don't like doing together with your friends.	26	18	57	97	1	199
	156	12	92	160	6	426
<b>Grand Total</b>	<b>182</b>	<b>30</b>	<b>149</b>	<b>257</b>	<b>7</b>	<b>625</b>

Invitation from Community						
	Clean Up Campaign	Awareness Creation	Elections	Community Development	No Ans.	Grand Total
At what point in time does your community invite you to participate in social work activity?	115	18	56	9	1	199
	227	41	75	67	16	426
<b>Grand Total</b>	<b>342</b>	<b>59</b>	<b>131</b>	<b>76</b>	<b>17</b>	<b>625</b>



Recommendation for Mitigating Drug Habit						
	Gov't put us in isolated place	I want to go back to school	I want learn trade	Flush the drugs from my system	No Ans.	Grand Total
What can be done to take you from on drugs?	61	7	54	76	1	199
	102	15	21	281	6	425
<b>Grand Total</b>	<b>163</b>	<b>22</b>	<b>75</b>	<b>357</b>	<b>7</b>	<b>624</b>

How Government or Community Help Respondent						
	Give me money to do business	Send me to vocational school	Send me back to school	Give me job	No Ans.	Grand Total
What do you think the government or community can do so you can help yourself?	45	79	10	62	5	201
	166	109	51	87	11	424
<b>Grand Total</b>	<b>211</b>	<b>188</b>	<b>61</b>	<b>149</b>	<b>16</b>	<b>625</b>

### Health Impact

Respondents' Health Problems										
	Cold	Tuberculosis	Womb infection	Gonorrhea	Syphilis	Sore Foot /Hand	Hepatitis	Malaria	No Ans.	Grand Total
What kind of sickness can really bother you and your friends?	128	5	7	2	3	2	2	47	2	198
	293	23	24	4	1	1		79	1	426
<b>Grand Total</b>	<b>421</b>	<b>28</b>	<b>31</b>	<b>6</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>126</b>	<b>3</b>	<b>624</b>

Relationship with hospital staff							
Row Labels	They don't care	Security don't allow us	They say we are criminals	They say we can take drugs	They say we are crazy	No Ans.	Grand Total
How do the hospital people look at you when you go there?	49	3	36	91	11	6	196
	223	17	24	100	41	24	429
<b>Grand Total</b>	<b>272</b>	<b>20</b>	<b>60</b>	<b>191</b>	<b>52</b>	<b>30</b>	<b>625</b>

Treatment visits to ghetto by hospital staff						
	Once	Twice	Thrice	Never	No Ans.	Grand Total
How many times have people from the hospital come to the ghetto to treat you?	27	13	3	150	3	196
	67	23	14	313	12	429
<b>Grand Total</b>	<b>94</b>	<b>36</b>	<b>17</b>	<b>463</b>	<b>15</b>	<b>625</b>

Frequency of sickness in Respondents						
	Every day	Every Week	Every two weeks	Every month	No Ans.	Grand Total
How often do you notice yourself getting sick?	12	17	47	113	7	196
	115	46	76	172	20	429
<b>Grand Total</b>	<b>127</b>	<b>63</b>	<b>123</b>	<b>285</b>	<b>27</b>	<b>625</b>

Duration of Sickness in Respondents						
	One month	Two Weeks	Three Months	Four months plus	No Ans.	Grand Total
How long do you get sick for?	152	9	5	26	4	196
	387	17	8	12	5	429
<b>Grand Total</b>	<b>539</b>	<b>26</b>	<b>13</b>	<b>38</b>	<b>9</b>	<b>625</b>

Respondents' Frequency for eating					
	Once a day	Twice a day	Three times	No Ans.	Grand Total
How often do you find food to eat?	62	85	43	5	195
	174	184	63	6	427
<b>Grand Total</b>	<b>236</b>	<b>269</b>	<b>106</b>	<b>11</b>	<b>622</b>

Intravenous Drug Use						
Row Labels	One day ago	One week ago	One month ago	Never	No Ans,	Grand Total
When last have you use injection to take drugs?	4		2	185	5	196
	3	10	15	340	60	428
<b>Grand Total</b>	<b>7</b>	<b>10</b>	<b>17</b>	<b>525</b>	<b>65</b>	<b>624</b>

Number of persons who used one needle					
	I was alone	We were two	We were in group	No ans.	Grand Total
If you have use injection before, how many of you used the same needle?	2	1	2	151	156
	15	8	13	392	428
<b>Grand Total</b>	<b>17</b>	<b>9</b>	<b>15</b>	<b>543</b>	<b>584</b>

## Security Impact

How old were you during the 1990 war?					
	7 - 12	13 - 18	19 - 23	No Ans.	Grand Total
1990	153	117	54	301	625
<b>Grand Total</b>	<b>153</b>	<b>117</b>	<b>54</b>	<b>301</b>	<b>625</b>

How old were you during the 1996 war?					
	7 - 12	13 - 18	19 - 23	No Ans.	Grand Total
1996	15	90	37	483	625
<b>Grand Total</b>	<b>15</b>	<b>90</b>	<b>37</b>	<b>483</b>	<b>625</b>

How old were you during the 2003 war					
	7 - 12	13 - 18	19 - 23	No Ans.	Grand Total
2003	58	125	91	351	625
<b>Grand Total</b>	<b>58</b>	<b>125</b>	<b>91</b>	<b>351</b>	<b>625</b>

Respondents' Role in the Civil wars							
	Child Soldier	Conscripted to fight	Commander	Armed boy	Informant	No Ans.	Grand Total
What role did you play during any of these wars?	67	15	21	42	16	35	196
	148	57	32	38	42	112	429
<b>Grand Total</b>	<b>215</b>	<b>72</b>	<b>53</b>	<b>80</b>	<b>58</b>	<b>147</b>	<b>625</b>

Effect of War on Respondents						
	Made me to kill	Led me to take & sell Drugs	Made me early parent	Killed my desire for Education	No Ans.	Grand Total
How did the war affect you?	26	83	18	43	26	196
	153	116	26	67	67	429
<b>Grand Total</b>	<b>179</b>	<b>199</b>	<b>44</b>	<b>110</b>	<b>93</b>	<b>625</b>

Respondents' feeling about former war lords						
	They don't know use again	They don't need our service any more	They are wicked people	They used us as scapegoats	No Ans.	Grand Total
What do you think about the people who caused you to fight war?	12	1	119	37	27	196
	101	26	212	9	81	429
<b>Grand Total</b>	<b>113</b>	<b>27</b>	<b>331</b>	<b>46</b>	<b>108</b>	<b>625</b>

Willing to fight						
	Will fight for money and drugs	I will not go	I will take their money and run away	I will go back to loot	No Ans.	Grand Total
What would you choose to do if there were another war?	1	129	37	2	27	196
	7	320	10	13	79	429
<b>Grand Total</b>	<b>8</b>	<b>449</b>	<b>47</b>	<b>15</b>	<b>106</b>	<b>625</b>

Knowledge of the Drug and Substance Act				
	Yes	No	No Ans.	Grand Total
Has anybody told you about the drugs and substances act?	123	67	6	196
	219	197	13	429
<b>Grand Total</b>	<b>342</b>	<b>264</b>	<b>19</b>	<b>625</b>

Who told respondents about the drugs and substances law							
	CSO	DEA	LNP	BIN	Private Citizens	No Ans.	Grand Total
Who told you about the drugs law?	102	48	25	4	43	207	429
	41	52	28		9	66	196
<b>Grand Total</b>	<b>143</b>	<b>100</b>	<b>53</b>	<b>4</b>	<b>52</b>	<b>273</b>	<b>625</b>

Description of Security Attitude after passage of drug law							
	Still brutal	No justice still	Illegal arrest and torture	Officers seizing & recycling drugs	We still take drugs together with security officers	No Ans.	Grand Total
Describe the attitude of security since the passage of the law.	94	9	64	10	7	52	236
	290	12	88	21	13	5	429
<b>Grand Total</b>	<b>384</b>	<b>21</b>	<b>152</b>	<b>31</b>	<b>20</b>	<b>57</b>	<b>665</b>

Action of Security people in ghettos						
	They take drugs	Buy stolen things from ghettos	Sell Drugs in ghettos	The go to leak information about raid	No Ans.	Grand Total
What do you see security people still do in ghettos?	56	26	16	94	4	196
	183	70	43	90	43	429
<b>Grand Total</b>	<b>239</b>	<b>96</b>	<b>59</b>	<b>184</b>	<b>47</b>	<b>625</b>

Local Drug Trafficking						
	Under cover trade	Person-to-person connection	Security agents/escort	Others	No Ans.	Grand Total
How does drug get to the ghetto?	9	155	25	4	3	196
	86	224	22	87	10	429
<b>Grand Total</b>	<b>95</b>	<b>379</b>	<b>47</b>	<b>91</b>	<b>13</b>	<b>625</b>

<b>Drug Related Frequency of Raid and Detention</b>					
	<b>Every day</b>	<b>Super Saturday</b>	<b>Every Holiday</b>	<b>No Ans.</b>	<b>Grand Total</b>
At what frequency have you been raided and detained?	31	157	5	3	196
	162	226	35	6	429
<b>Grand Total</b>	<b>193</b>	<b>383</b>	<b>40</b>	<b>9</b>	<b>625</b>

**Annex 5: List of Data Collectors**

No.	Name	Organization
1.	Siaka S. Pissi	Liberia United Against Drug Abuse (LUADA)
2.	Nathaniel J. Zondoe	Liberia United Against Drug Abuse (LUADA)
3.	Samuel S. Chea	Partners' Initiative
4.	Zeogar Gray	Partners' Initiative
5.	Florence T.F. Urey	Foundation Against Illicit Drugs and Child Abuse
6.	Sarmah Y. Tyler	Foundation Against Illicit Drugs and Child Abuse
7.	Joel Keh Quenneh	Youth In Action
8.	S. Rogers Favor Cleanyon	Youth In Action
9.	Emmanuel J. Nyeswah	Youth In Action
10.	Cyrus S. Blayee	Youth In Action
11.	Jemah J. Reeder	Youth In Action
12.	William Dyee	Youth In Action
13.	James P. Sayweh	Youth In Action
14.	Esther F. Sieh	Youth In Action
15.	Railey C. Johson	Youth In Action

**Web Link**

<http://blogspot.us13.list-manage.com/track/click?u=0cee67510c37a8b89b967dd3c&id=a887e4a99a&e=9e121c3027>

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