

# WE ARE PEOPLE



The Unintended Consequences of the Nigerian Drug Law  
on the Health and Human Rights of Young People  
Who Use Drugs



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The Unintended Consequences of Nigeria Drug Law and Policy on  
The Health and Human Rights of Young People Who Use Drugs

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I believe Drugs Have  
Destroyed Many People but  
Wrong Government Policies  
Have Destroyed Many More ”

- **Kofi Annan**

# EXECUTIVE SUMMARY

Nigeria the most populous African nation has witnessed a surge in availability and consumption of illicit drugs in recent times. This is partly due to drug trafficking from Latin America and Asian countries through the region to the lucrative European and North American markets. Beyond trafficking, drugs like methamphetamine is now being produced in the country based on the discovery of about six clandestine laboratories between 2012 and 2013. Hence, the goal of eradicating drug from the society seems far away. Also in recent times, the call for drug policy reform globally and in many African countries have continued to gain momentum with the African Union Commission also lending its voice to the process. This is based on the increasing evidence of the failure of current drug control system that relies heavily on supply control and punishment for drug users without any record of reduction in availability and consumption of drugs but many reports of human rights violations linked to enforcing drug laws and policies.

Young people constitute about 60 per cent of Nigeria Population. It is important to assess the country's drug control efforts and how they has impacted on the human rights, health and development of those who use drugs, especially young people. Data for this report was generated through interviews and consultation with young people who use drugs, drug law enforcement agents, magistrates, civil society organisations and young people in prison asylum.

The report clearly showed Nigeria drug policy has been a reactive one to both internal and external pressures instead of being a proactive tool based on evidence of what works and what does not. There are systemic human rights abuses of young

people who use drugs by both law enforcement agents and the society at large. Many of these abuse are unreported and have been 'normalized'. This include arbitrary arrest, prolonged detention, being beaten, getting locked up without food for days, sexual harassment, rape, forced rehabilitation and so on. It was found that there are series of abuses going on within some drug rehabilitation centres including those operated by non-governmental institutions where severe torture is being used ostensibly to make people drug free. Unfortunately, most of these centres are not guided by any standard of practice and are also rarely monitored.

There are also increased reports of injection drug use and HIV risk practices among young people. Regrettably, the public health response is limited due to the criminalisation of drug use. Evidence based programs such as opioid substitution therapy and needle syringe programs are unavailable. Only few programs specifically target this group of people with programs focusing on information sharing. The unintended consequences resulting from the implementation of the Nigerian drug law call for an urgent review, especially for the protection and holistic development of the youth population who have already initiated drug use. In view of this, this report recommends:

- Nigeria Drug law and policy should be reviewed to be in line with current realities and international best practices that put supply control, demand reduction and harm reduction programs at the same level.
- Drug use among young people should no longer be treated as a criminal offence but rather a public health and socio-economic development issue.

- Training of Law Enforcement Officers on human right protection of vulnerable populations such as young people who use drugs.
- Target of arrest should focus on the high-level drug traffickers and criminal networks instead of young people who use drugs.
- Scaling up of comprehensive evidence-based drug prevention, treatment, care and support programs and facilities for young people in Nigeria.
- The government should as a matter of urgency develop a standard regulatory framework to guide the establishment and practices of drug treatment and rehabilitation centres across the country with attention to human rights of people using these services..
- Drug treatment and rehabilitation centres and other close settings where young people who use drugs are being taken care of should be regularly monitored by independent experts based on human right standards and best clinical practices
- The use of prison asylum as a form of drug treatment or rehabilitation amount to torture and should be discouraged and stopped.

# INTRODUCTION

Nigeria with a population of over 167 million people<sup>1</sup> of which about 60 per cent are young people<sup>2</sup> is Africa's most populous country. The age distribution of the population permits the description of the country as youthful and presents a crucial resource for growth and development. Drug availability and consumption in the country, just as in many other West African nations, have increased due to a global shift in the drug trade that has made some African countries a major transit route for drug trafficking.<sup>3</sup> The United Nations in 2013 estimated that about \$1.25 billion worth of cocaine destined to Europe from Latin America passed through West Africa on annual basis.<sup>4</sup> The discovery of some methamphetamine laboratories in Nigeria<sup>5</sup> has also shown that the country is moving beyond just being a transit nation to producing some illicit drugs which are transported mainly to Asia and Europe. The trafficking and production of these substances through and within the country has contributed to development of a local market, facilitating easy access to illicit drugs and ultimately increase in use.<sup>6</sup> In 2011, the UNODC World Drug Report clearly showed Nigeria topped estimated illicit drug use in Africa,<sup>7</sup> and the situation seems not to have changed till date.

The trafficking and use of drugs in Nigeria can be said to be a growing concern that has witnessed a series of efforts over the years in an attempt to control the surge. Whether these efforts are achieving the expected result is a big question to be fully determined. However, the call for drug policy reform globally and in many African

countries has continued to gain momentum based on the increasing evidence of the failure of the current approach that relies more on suppressing supply and applying punitive measures to drug use. The African Union Commission (AUC) in recent times has unequivocally called for member states to

“ ..the call for drug policy reform globally and in many African countries have continued to gain momentum and this is based on increasing evidence of the failure of current approach ”

review their approaches. It rightly stated that a combination of flawed policies and poor implementation has had negative consequences for effective drug control on the continent.<sup>8</sup> In October, 2014, the AUC convened a conference of Ministers in charge of drug control from the member states under the theme 'Drug Kills But Bad Polices Kill More'.<sup>9</sup> This theme was based on the realization of the ineffectiveness of the current approach, especially with the scale of drug trafficking not abating and increasing drug-related health challenges being reported across the continent. While documented policy recommendations at the AUC can be said to be progressive, the same cannot be said of many members states, Nigeria inclusive, where drug policies are rarely evaluated to determine whether

S/N	DATE	STATE	YIELD
1	June 2011	Lagos	20 – 50kg
2	February 2012	Lagos	25kg
3	November 2012	Lagos	20kg
4	November 2012	Anambra	20kg
5	November 2012	Lagos	20kg
6	October 2013	Lagos	20kg

Clandestine methamphetamine laboratories discovered in Nigeria, Date and Location.

Source: Isidore, Obot. 2014. Prevalence and Pattern of Drug Use in Nigeria. Presentation made at UNODC/Law Enforcement Agent/CSO sensitization workshop. November, 12-13, 2014.

progress is being made or to check against international best practices and recommendations. The process of reform requires generating evidence to inform change. It is in this light that this study chose to evaluate the impact of the Nigeria's drug

policy on young people, who constitute a significant proportion of the population, and more specifically to document the unintended effects of drug control on their health and human rights.

FLOW OF COCAINE THROUGH WEST AFRICA, 2010



Source: UNODC (2013). Transnational Organized Crime in West Africa: A Threat Assessment.



## STUDY OBJECTIVES

The study aims to address a research gap and lack of documented evidence of the impact of the Nigeria's drug policy on the health and rights of young people who use drugs. Young people in the study are defined according to the Nigeria Youth Policy as anybody who is a Nigerian and within the ages of 18-35 years.<sup>10</sup> The intent of the research is to provide a scientific basis for evidence-informed advocacy and intervention.

The study specifically made enquiry into the following:

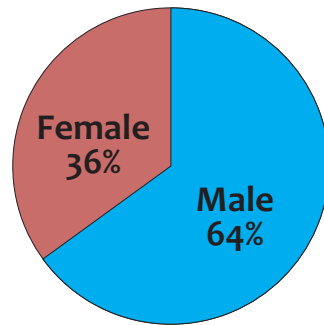
- The Nigerian drug policy, its implementation and implications for young people who use drugs;
- The experience of young people who use drugs with law enforcement agents;
- The current health services available to young people who use drugs and their experiences with these services;
- The situation of young people who use drugs in closed settings such as prisons, rehabilitation and/treatment centres; and
- How Nigerian drug policy compares with international best practices;

## METHODOLOGY

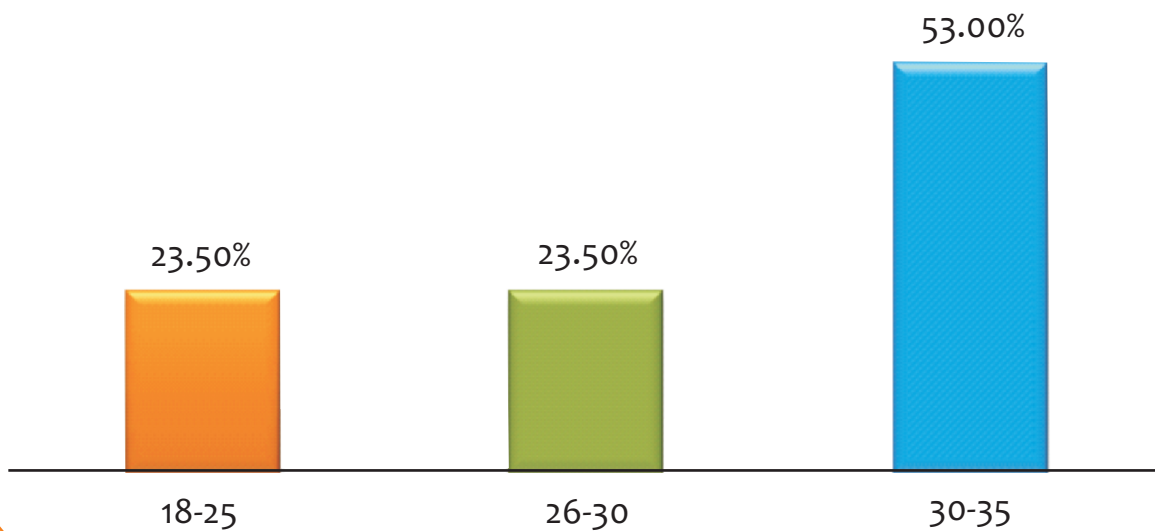
The study employed extensive review of relevant publicly available literature. These include law and policy documents, research papers, government reports and briefing papers. A wide range of original qualitative information was also gathered through focus group discussions, in-depth interviews, key informant interviews and community consultations. Those interviewed and consulted include young people who

use drugs (YPUD), ex-rehabilitation centres attendees, those in prison asylum, and individuals who have been victims of abuse as a result of drug use. Also interviewed are law enforcement officers from the National Drug Law Enforcement Agency (NDLEA), court magistrates and CSOs working on drug related issues. Information was gathered from 6 out of the 36 states of the country. Two states were selected from the South-South, and one state each from the South-West, South-East, North-West and North-Central. A channel was also provided for anyone who wished to volunteer relevant information from other states that were not visited, and this led to receipt of individual testimonies from three additional northern states. A total of 77 YPWUDs were interviewed at the community level while 18 YPWUD who were in prison asylum were also interviewed. YPWUD interviewed in the community were recruited through a respondent-driven sampling method. The basic inclusion criterion was anyone in the prescribed age bracket who had any experience with Law Enforcement Agents (LEA, specifically police and NLDEA) as a result of drug use. Interviews were recorded and later transcribed for thematic analysis. The National Health Research Ethics Committee approved the study protocol. Participation was strictly voluntary, informed consent was also obtained and confidentiality of responses was guaranteed throughout the entire process. Before the finalization of this report, a validation meeting was also conducted with participants in all the locations where data gathering was done in order to check if the major theme identified in this report is in consonant with their lived experience.

## Gender Distribution of Respondents



## Age group distribution of YPWUD respondents



# Findings 1

# YOUNG PEOPLE, DRUG USE AND VULNERABILITY FACTORS IN NIGERIA

There are sparse data on the prevalence of drug use among young people and in the general population in Nigeria. Most data on substance use has been from hospital records of psychiatric patients with few community surveys.<sup>11</sup> Findings from the interviews and group discussions showed that young people in the study used a wide variety of substances including inhalants, illicit, over the counter pharmaceutical drugs, synthetic pills and so on. The use of all sorts of unregulated psychotropic substances was also reported to be on the increase. This certainly indicates that the reliance on legal framework in controlling drug use is highly deficient. It is difficult for the law to catch up with the continuous use of unregulated psychotropic substances. The most widely reported injected drugs among YPWUD are heroin, pentazocine, cocaine, ketamine and methamphetamine. While cannabis has been reported and remained the most consumed drug in the country,<sup>12</sup> it was noted from the interviews that there are many youths who have not tried cannabis but rather inject other drugs. This finding therefore supports the notion that the use of cannabis is not always the gateway to other illicit drugs.<sup>13</sup>

The age of initiating drug use can also be said to be at a very young age. Respondents reported initiating drug use when they were between 12 and 15 years

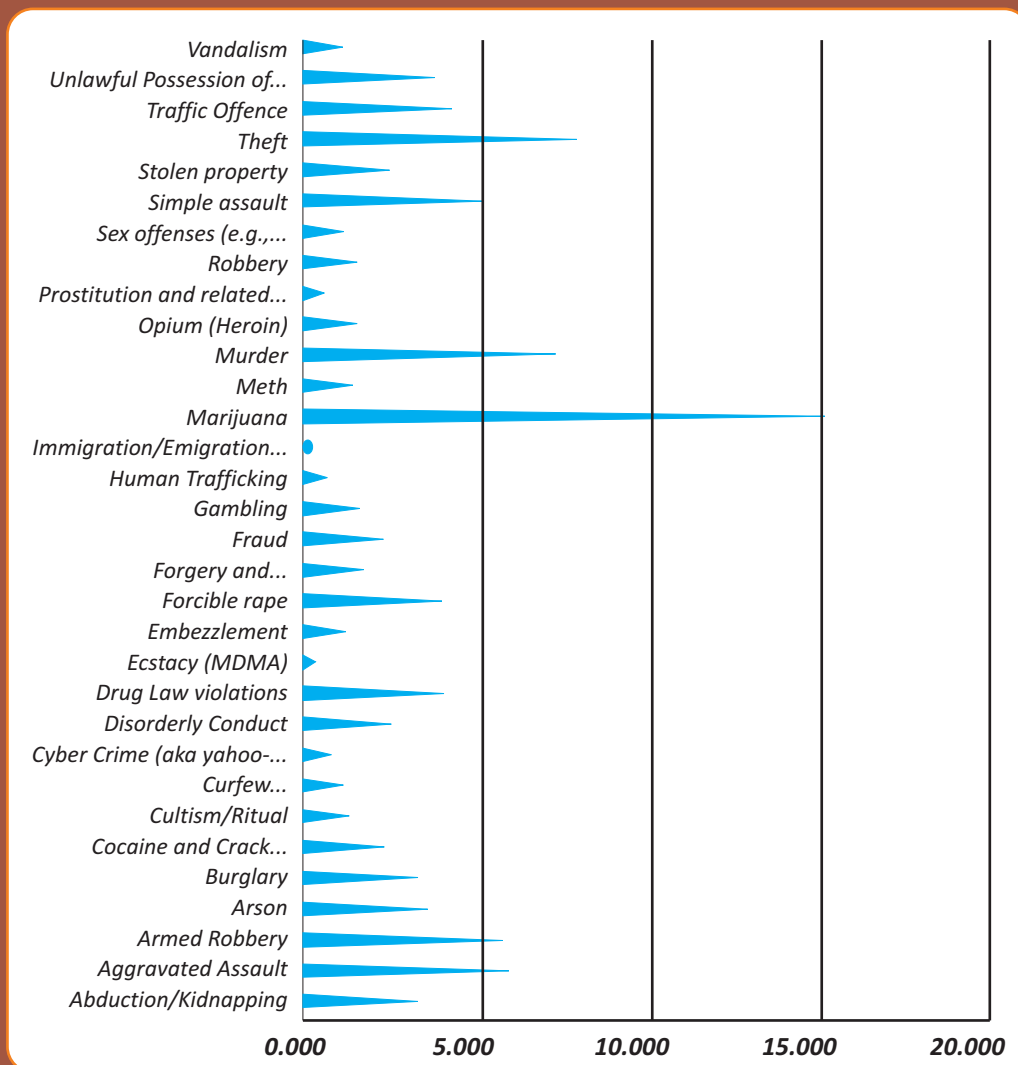
old. However, there was a mention of children as young as age 9 using drugs. In all, non-injecting practices seem to precede injection drug use as reported by all the young people interviewed.

**“I started using drugs at the age of 12. If you go to places like .... you will see 9 , 10 years old using drugs and some 14 years old already injecting drugs. For some of them they don't get satisfied with what they are taking (pills) so they want something that will act faster” (Male PWID)**

A lot of factors increase the vulnerability of young people to drug use. Some of these factors can be individual characteristics and environmental influences.<sup>14,15</sup>

Individual factors include youthfulness, peer pressure, lack of personal and social skills, breakdown of family support system, and lack of adequate and correct information on drug use, among many others.

Environmental factors include poverty, lack of shelter, unemployment, lack of access to education, inequalities and hardship. In Nigeria, about 54 per cent of the youths are unemployed and about 21 per cent of aged 15-24 have never been to school.<sup>16</sup> These are some of the tough realities many of the youths are confronted with and are many times looking for ways of escape.



Distribution of Youths (15-35 years) by type of Crime committed according to the National Baseline Youth Survey Report, 2012. The report indicates the use of marijuana as the most committed crime among the age group.<sup>17</sup> Hence many of the youths in this age group already have a criminal records just for drug use which can put them at a disadvantage later in life.

# A REACTIVE POLICY

Nigeria for a long time has focused on eradication of cultivation, trafficking and use of illicit drugs through the enactment of laws and decrees that can be said to be extremely harsh. Such laws include the 1935 Dangerous Drugs Ordinance enacted to control drug trafficking and use, especially at a time when drugs were perceived to be becoming a social problem.<sup>18</sup> There was also the Indian hemp decree of 1966 under which cultivation of cannabis can draw the death penalty or up to 21 years in jail and smoking receives a mandatory sentence of 10 years imprisonment.<sup>19</sup> This same decree does seem to spare young person less than 17 years old who indulges in drug use as evident in the statement below:

**“...a person convicted.... within the meaning of the Children and Young Persons Law of a state or the Children and Young Persons Act of the Federal Capital Territory (that is to say, a person who is not more than seventeen years of age) he shall, in addition to twenty-one strokes of the cane, be sentenced to two years in a borstal or such similar institution or to a fine of ₦200”<sup>20</sup>**

However, in 1984 there was the promulgation of the Special Tribunal (Miscellaneous offences) Decree No.20 by

the Federal Military Government which stipulated death penalty by firing squad for any person who dealt in, sold, smoked or inhaled cocaine or other similar drugs without lawful authority, and three traffickers were executed under this law.<sup>21</sup> The National Drug Law Enforcement Agency Act of 1989, amended in 2004, has been the most significant of all the Nigerian drug laws. The Act established an agency known as the National Drug Law Enforcement Agency (NDLEA) to be mandated with the primary responsibility of enforcing drug laws. The Act in responding to drug use clearly recommends a prison term of not less than fifteen (15) years and nor more than twenty-five (25) years for anyone with unlawful possession or use of narcotics of whatever quantity and for whatever purposes. In addition to imprisonment, such an individual can be made to compulsorily undergo a treatment and rehabilitation program.<sup>22</sup> The NDLEA Act came into existence in response to the 1988 UN Convention on Illicit Trafficking of Narcotics and Psychotropic Substances.<sup>23</sup>

The historical development of Nigeria's drug laws shows that the emergence of these laws is often not guided by evidence of what works but is rather mostly in response to both external and internal pressures, hence the term 'reactive policy'. External influences and pressure include that of Western nations who threatened sanctions on the country if it did not do something

drastic to curtail drug trafficking through its region and by its nationals. A case in point is the US decertification of Nigeria in 1994 which imposes both economic and political sanctions on countries that does not fully comply with the US counter-narcotics policy.<sup>24,25</sup> Therefore the government in an attempt to maintain international relations and be in the 'good books' of powers such as the U.S. or to show its resolve against illicit drugs often responded by enacting laws with severe penalties. Internal influence can be described in relation to the dynamics of interplay between the people and different governments that were in power under which specific laws came into existence. For instance, the death penalty of 1984 was introduced by a military government, but the penalty was reduced in 1989 by a successive government to a prison sentence of two years to life for the same offense after much criticism by the public.<sup>26</sup> Hence, there are certain factors that have influenced emergence of the current drug control regime in Nigeria, and balancing these factors with available evidence of what such policies should be will be critical in the process of reforming. The impact of reactive drug policy, which often has a goal of eradication of use and criminalization of users is grave and marked with several unintended consequences such as the rise of organized crime, violence, human right violations, public health crises, and corruption among many others.<sup>27</sup> There has never been such time in history like now when the failure of a repressive approach to drug control has been so well documented globally. The use of criminal

sanctions has not reduced the availability of the drugs and not deterred young people from using illicit drugs.

There have been fewer scandals against the NDLEA in the public domain in recent times than many years ago. This is commendable. However, the structural set-up and orientation of the agency as a law enforcement institution has made it difficult for it to professionally handle drug use as a public health issue. The institution is situated under the Ministry of Justice. Hence there is a natural default towards the use of criminal sanctions in its operation. A look at the organisation's mission statement which uses the word 'suppression of Demand for illicit drugs and other substances of abuse'<sup>28</sup> is a pointer to the use of force even for a response that should be health-centred.

*“Imagine a situation where you arrest offenders and you as a state commander do not have resources to feed them in your custody due to low funding. Do you expect me to feed them from my salary”*

*(Drug Control Officer)*

## How Appropriate are the Drug Control Indicators?

It's often difficult for many governments to agree that their strategy towards drug control favours repression and punitive measures. This has been a subject of debate

between government and CSOs in many countries. One easy way of addressing this issue can be by making a priority list of indicators used in the drug control effort. Indicators are important in determining whether progress is being achieved in any endeavour and are also useful in telling in what direction such progress is being made. Therefore understanding the key indicators of Nigeria's drug policy is useful in knowing where the priority of drug control effort in the country actually lies. In the course of this study, law enforcement officers and civil society organisations who work on drug-related issues were interviewed and asked what are the priority indicators for measuring success in the drug control efforts in Nigeria? And specifically the law enforcement agents (LEA) were asked on what basis is their performance assessed in controlling drugs in Nigeria. It is interesting to note that even though the officers were questioned separately, their responses were alike and not different from perspectives held by the CSOs and the general public. Two major indicators were mentioned and these are:

- i. Discovery and seizure of illicit drugs
- ii. Arrest and prosecution of drug offenders

There was a mentioning of a third indicator which is demand reduction activities like counselling of drug users and promotion of drug prevention activities within school settings, however this was not put at the same level with the first two. Some of the LEA responded that as field officers, their performance is judged by the number of arrests and seizures they are able to report

to their superiors. This in a way puts the officers under pressure and can explain why drugs users and small scale peddlers are routinely raided and arrested.

**“The NDLEA and police officers knows who the traffickers and the dealers are. But it is we who are just users that they will be chasing for arrest and leaving the main dealers. God will judge them”**  
**- (Female respondent)**

An assessment of the National Drug Control Master Plan (2008 -2011) also showed that much emphasis is on supply suppression compared to demand reduction activities such as advocacy, awareness creation and treatment of drug dependence.<sup>29</sup> Globally, a total of about \$100 billion is reported to be spent on drug law enforcement annually.<sup>30</sup> It is important to note that despite spending this outrageous amount the availability of drugs has not significantly reduced, instead the drug trafficking criminal networks are making more profits.<sup>31</sup> Meanwhile, a lesser amount of about \$2.3 billion has been estimated by UNAIDS to fund HIV prevention globally among people who inject drugs on annual basis.<sup>32</sup>

In 2011, the value of illicit drugs seized by the NDLEA was put at 31 billion naira (N31, 000,000,000.00)<sup>33</sup> or more than 3 times the entire annual budget of the Agency in 2014. That is, the financial worth of the illicit drug market in the country is far more than the



resources available for control, and this trend may be on in a long time to come. In essence, while focusing on drug supply reduction is still very much needed and should be sustained, although in a more targeted and strategic way, putting more

effort with lesser resources into evidence-based drug prevention, treatment and harm reduction programmes will achieve more tremendous results and human capital development.

Let me tell you the truth , as a drug control officer, nobody will recognize you if all the data you are reporting is on how you counselled drug users or the number of schools you went to for outreach. I know there is drug problem in this community as I see lot of young people who use drugs but my people want to see the arrests you have made. That is how you can show you are working ----- (A Drug control Officer)

# Findings 2

**Note:**

The real names of respondents reported in this findings have been changed to protect their privacy

# HUMAN RIGHT ABUSES FACED BY YOUNG PEOPLE USING DRUG

While human rights abuses by LEA against the general population are usually met with a large outcry from the society, the same cannot be said of abuses against drug users. Firstly, human right abuses against people who use drugs (PWUD) are rarely documented and go unreported. When reported, the individual PWUD is blamed for the abuse. More often such violation is considered 'normal' and well deserved, and the abused person is not expected to claim any form of rights.<sup>34</sup> The pre-democratic regime in Nigeria (before 1999) was characterised by lots of human right violations such as detention without trial, abuse of the rule of law and due process, excessive lawlessness and extra-judicial executions., Today there is relative freedom for human rights defenders to operate. Nigeria as a country has ratified several human rights instruments, including the International Covenant on Civil and Political Rights (ICCPR), the International Covenant on Economic, Social and Cultural Rights (ICESCR), the Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (CAT), the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), and the Convention on the Rights of the Child (CRC). It is also party to the African Charter on Human and Peoples' Rights, the African Charter on the Rights and Welfare of the Child, and the African Charter on the Rights of Women in Africa. These instruments

all uphold the rights of every individual to be treated with dignity and without torture.

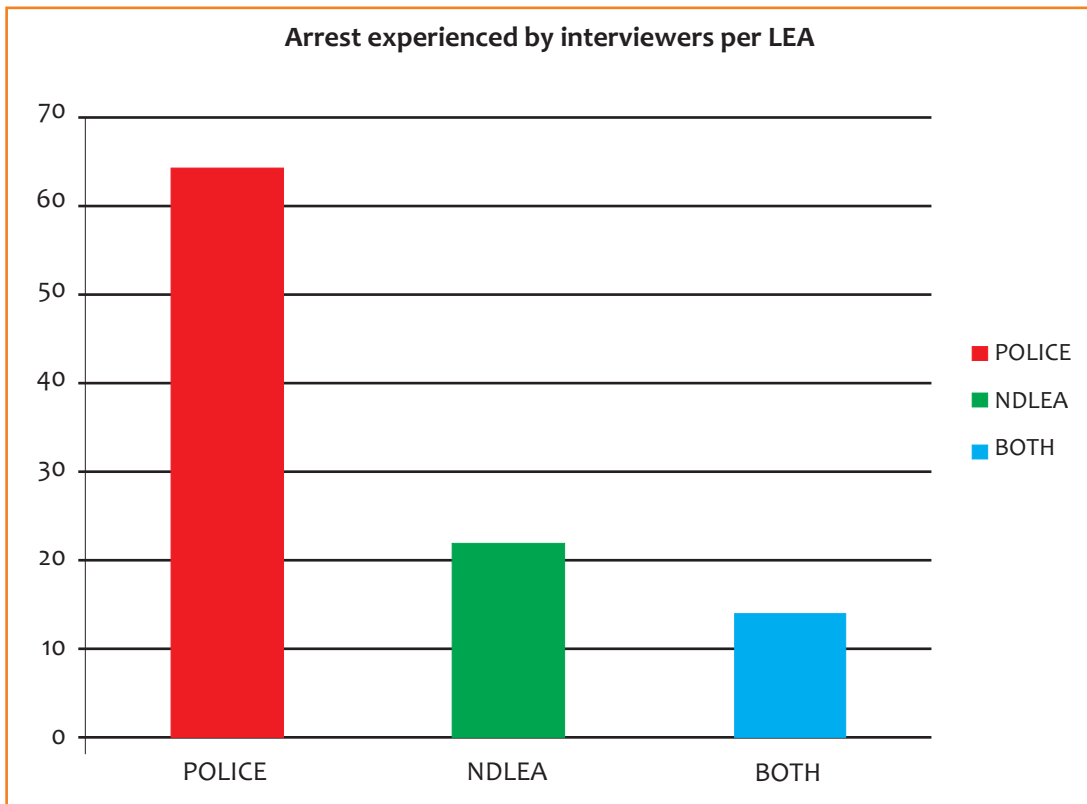
The 1999 constitution of the Federal Republic of Nigeria, which is a supreme law, sets out the fundamental human rights of citizens. These include the right to life, right to dignity of human persons, and the right to protection from discrimination, among many others.<sup>35</sup> The provisions of the Constitution are clearly against torture and all form of cruel and inhumane treatment. The Federal Government in recognition of the need to institutionalize protection of citizens' rights established the National Human Rights Commission in 1995, and in 2010 there was an amendment to the NHRC Act that conferred on the Commission the power to enforce its decisions. Therefore, it can be said that the Government recognizes and holds human rights in high esteem,<sup>36</sup> at least with respect to the law on the books.

Most of young people who used drugs in this study reported series of human right abuses they had experienced. These include routine arrest and detention by LEA, extortion, physical harm, rape and sexual assault, stigma and neglect, among many others. The abuse reported is not limited to those perpetrated by LEA but also those in treatment and rehabilitation centres.

**I. Arrest and Detention and Abuses in**

**State Custody:** None of the YPUD interviewed reported having been sentenced to imprisonment as a result of drug use alone, which could be allowed as stipulated in the NDLEA Act. (But, as noted below, people arrested for drug use offenses can languish in pre-trial detention for long periods.) One factor suspected to be at play is the use of judges' discretion to dismiss such cases, as reported by one of the

magistrates interviewed during the study. In addition the NDLEA also most times keep such cases out of the court. However, routine arrest, detention and the threat of jail is commonly used to scare people when they are arrested. All the drug users interviewed in this study reported experiencing arrest by LEA at one time or the other. 64% of the respondents reported being arrested by the police, 22% by the NDLEA and 14% have experienced arrest by both LEA as shown below.



The figure shows that drug users are more frequently arrested by the police than the NDLEA. Seventy-seven (77) respondents reported a total arrest of four hundred and eighty-eight (488) times averaging about six times per person in the last two years.

The detention period as reported varied from days to months and as long as two years just for drug use and without being taken to the court for prosecution. Respondents reported that the release of a user from custody is largely dependent on

how much the individual is able to pay as a bribe for his or her release. In such a situation the poor and most vulnerable youths who are at the lower level of the socio-economic ladder are commonly held in custody for long periods before they are

released, sometimes on so-called compassionate grounds. This is obviously in violation of people's fundamental right as enshrined in the Nigerian Constitution which stipulates where a person is charged with a crime, he is to be presented within 48 hours before a court to face charges. Anything contrary to this amounts to a breach of the person's fundamental human rights.<sup>37</sup>

While in custody, young people in this study reported experiencing psychological and physical torture. Some said they were slapped, punched, threatened with a gun, and beaten with items such as batons, electrical cables and the likes. Being held for days without food and water was widely reported. Some respondents reported being put in custody where were housed for days with hardened criminals such as armed robbers and drug traffickers. This could have a negative influence on young people by enhancing learning of criminal acts, to say nothing of the risk of violence and mistreatment at the hand of fellow detainees. It is interesting to note that this fact was also acknowledged in one of the NDLEA reports:

'More than 80% of NDLEA commands lack safe and secured cells. They also lack standard and sufficient exhibit rooms. Drug trafficking suspects and drug addicts are oftentimes kept together'.<sup>38</sup>

“One day I was arrested while I was smoking igbo (cannabis) with some of my friends and never knew I would spend up to one year in detention. When I was finally released I became a drug seller, something I was not doing before I got arrested”

**(Male respondent)**

The attitude of the male respondents towards their frequent arrest and detention is worrisome. Many of them now view such experiences as 'normal' and events for which they are always prepared. Having young people with such disposition shows the law and repeated arrest and detention have failed to achieve their objective of reforming the individual or stopping them from using drugs. It only seems to harden them more against the law. The effect is even more worrisome for the girls and young women who appear to experience greater harm.

“There was a day the police arrested me. Initially I wanted to drag myself but they were stronger, so I followed them. When we reached their office they first put me at the counter, one inspector woman just use her baton to hit me and shouting 'Drug smoker, idiot, hopeless woman' she insulted me and use her baton to push me inside the cell as if I am a goat . I started begging them but they did not listen to me. They said I should bring money and I said I don't have money. They did not give me food, they did not give me water. I slept on the floor for that complete three days with mosquitoes everywhere. I was like dying as there was no more strength in me before one of my sisters came looking for me. She then paid 4000 naira before I was released.” (Female respondent)

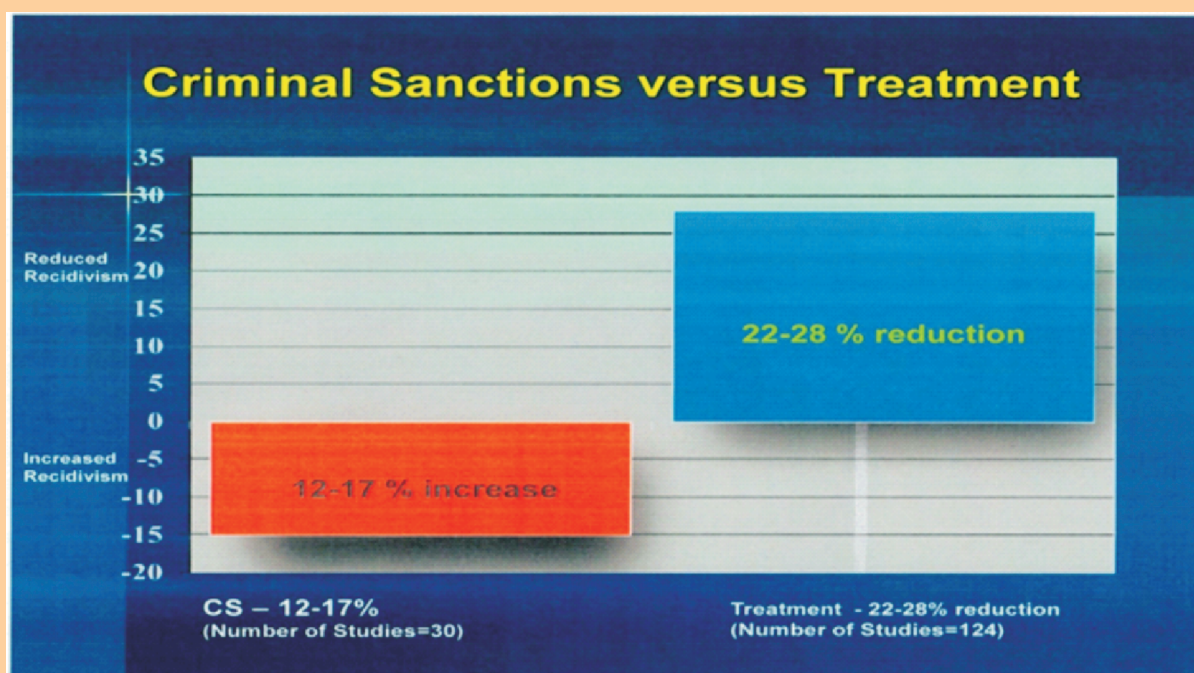
'One day I was with some of my friends, as we were talking two drug control officers came and said that we should bring out the drugs in our pockets. We told them we don't have any drug. Then they decided to search us but still did not find any drug. They now asked me to follow them to their office. I was locked up in their office for four days without knowing what my offence was. My phone was seized and I was beaten. It was when I was being released that I was told somebody reported me to be a drug user”

**(Male respondent).**



Two female drug users showing bruises they suffered from LEA after being detained and beaten for Drug use.

The rationale behind criminalisation of drug users which has led to a series of human right abuses is based on the ideology that the more the severity of punishment the lesser the chances for the individual to return to drug use. Scientific evidence has shown that there is no correlation between severity of punishment and abstinence from drug use. As a matter of fact, multiple studies actually show that many people are inclined to commit worse offenses following incarceration or other forms of punishment. All of the young people interviewed in this report, despite having experienced severe punishments<sup>39</sup> in the hand of LEA, are still actively using drugs.



Scientific evidence showing that the use of criminal sanctions increases recidivism by 12-17% while use of treatment alone causes 22-28% reduction. Source: Igor Koutsenok. Presentation on common Mythologies about substance Use Disorders: What we know From Science and What Do We have in Practice. CRISA Conference, August, 2014.

i. **Sexual assault and rape**

Sexual assault of female drug users as a result by LEA was a resonating response across all the zones where this study was conducted. Many of the female respondents described experiences such as unwanted and insensitive touching, forced sex and requests for sex in exchange for release. These experiences were highly traumatic. Many of the victims decided to keep their experience secret for fear of stigma, further violations and not being sure if they had any right to be protected. A case in point is Abigail, a 24 year old girl who was stopped on her way from a party at night and threatened with arrest because she admitted to using drugs.



My name is Abigail. Last year

December 20th I went to club, when I was coming back, I saw some group of police people; though it was late hour then I was coming back from club. They were 5 in number. They stopped me and asked me where I was coming from, so I told them that I was coming back from club house, they now asked me don't I know it's already late? I was like yes but I don't have a car and that is why I was just trekking looking for where I will get a taxi that will take me to my house. So they started asking me questions, if am into drugs, so I told them no. So they were insisting that I use to take drugs and I told them no I don't take drugs. They were 5 in number; the other 3 guys were aside. It was the 2 guys that were asking me questions. They now said that I am into drugs and that they would search me. So I now open my things and show them. They were insisting and shouting at me, slapping me and hitting me. They asked if am taking tramadol or codeine and I said no. They mentioned other drugs and after a while I said yes. One of them immediately slapped me and I asked him what did I do? I was told I will be arrested and I started begging. So they

asked me that do I have money with me and I replied that am just coming from club and that all the money I have is 2000 naira which I want to use for my transport. So they collected the 2000 from my hand, I was now not having anything again on me so I started begging them that they should please leave me, that if they want to take all the money they can take it and let me go to my house. They refused and started beating me, molesting me and tore my cloths. The other guy forcefully climbed me to make love with me, so I was begging him that he will be the only one and that the rest of the guys will not do anything to me. So I started crying and begging them but they refused. The first one did, so the second one and others one after the other. When one is doing, the others held my hand down. I was just crying, shouting but nobody was there to help me. This was around 2pm. They left me without money and my cloths was torn and I don't know anybody in that area, so I trekked home. With that experience, I just want to plead that Nigerian people and government should please educate our security men. My body was violated ”



## Abuse in Closed Settings

The condition of young PWUD who are in closed settings is also an issue for consideration. Closed settings in this case refer to rehabilitation centres, correctional facilities, detention and prisons. Some of these are privately operated while some are run by the government.

### Prison Asylum

The prison asylum is operated by the Nigerian prison service as a centre for mentally ill inmates and is backed by the 1965 lunacy act.<sup>40</sup> The inmates consists of both criminal and civil lunatic. Criminal lunatic is someone who is remanded in prison by a court due to a criminal offence committed due to his or her unstable mental condition<sup>41</sup> while a civil lunatic is remanded in prison by a magistrate due to his/her mental state without committing any offence.<sup>42</sup> However, as found in this assessment, some of the so-called civil lunatics were actually brought to the prison asylum by their family members who find it difficult to handle their drug use habit. Eighteen young people (sixteen males and two females) were interviewed.

**“I have been in this prison asylum for one year. My parent brought me here so I can stop using marijuana. This place is not the only place I have been taken to for treatment. I have been taken to a prayer house where I was chained for 2 years.”**

**(Male respondent)**

The asylum functions more as a prison than a treatment centre. The inmates complained of isolation and being allowed out of the cells only twice a week and for just two hours.

**“I came here (prison asylum) straight from psychiatric hospital because I was seeing the hospital as a place for mad people and I know that I was not mad so I suggested to my dad to bring me here not knowing that this place is worse than psychiatric hospital. Our open out is only twice in a week and that is for two hours only. We have no recreational activities unlike other prison inmates”**

**(Male, respondent)**

The prison officials said the reason for this is the lack of enough warders to oversee detainees if the day out is frequent. The day-to-day activities of the asylum are run mostly by warders and not health professionals. Most of the inmates perceive they are just being dumped in the asylum either by their families or government as a way of getting rid of them. In 2011, the United Nations released a report calling on all government to ban keeping prisoners in solitary confinement and absolute prohibition in the case of juveniles and people with mental disabilities.<sup>43</sup> The report considers solitary confinement as a form of torture, and keeping someone in solitary confinement for any duration is said to constitute a cruel, inhuman and degrading act which should be prohibited. The Istanbul Statement on the Use and Effect of Solitary Confinement also condemned the use of solitary confinement as a substitute for proper medical and psychological care

with gravest consequences for juveniles and people with mental challenges.<sup>44</sup>

“I think our Isolation from the rest of the yard does not help us. I only receive medication occasionally like once a month. The Doctor comes once a month and he is not even sponsored by the government but by a church”  
**(Male respondent)**

*'Treatment here is no treatment. They don't give you medication neither do you feed well' (Female respondent).*

It is urgent to stop the use of prison asylums as a way of treating drug use or addressing drug dependence. In the same light, the government through the Nigerian prison service must provide a humane environment and evidence-based drug treatment services for cases of “criminal lunatics” who are within its care.

### Religious and Borstal Homes

There is no doubt that there is a dearth of drug treatment centers in the country. The criminalization of drug use has left drug control almost entirely in the hand of LEA for so many years, and this made consideration for expanding treatment access and options for this population very difficult. Religious and faith-based organisations have played a critical role in provision of treatment, rehabilitation, care and support to PWUDs. Some of these centres offer medical and psychiatric treatment while some employ traditional religious approaches to their practices. Some centres operate more like a correctional facility than a centres for treatment and rehabilitation. The experience of

respondents in this study indicated that some institutions in the northern states were among those with the most extreme punishments to make a person drug-free. This reality is well captured in the narrative provided by Abdul, a 27 year old previous attendees:

“My parent knew I was doing drugs and it was getting out of hand and I had a couple of problems with my education. My parents got angry and were advised by someone who, the only place he knew, was a place they tortured someone to repent. Torture in the sense that in your first three months you get flogged, handcuffed both legs and hands and put in a room with no movement. Your hands and legs get swollen. You are flogged almost every time to give up on drugs and asked to make some religious recitation. Even though it is my religion but I don't think that is what the religion says. Unfortunately my parent paid 25,000 naira for me to be kept there for all those torture. I wish you can go there and have a visit to see things by yourselves, by all means try having access to all the inmates and you will shed tears because you will see how people are being treated. There is no freedom, you don't know what is outside, you don't even see the sun because you are always tied and being punished. They believe when they beat you

thoroughly it might lead you to change. After staying there for like five months I became like a senior and one day I said to some of the officials in the place that you can always drag a horse to a river but you can't force it to drink the water from the river. All these punishments now that you have made me get used to, if I go back what I think on embarking on is even worse. At a time because the punishment is getting severe and I get fractured, so out of frustration and the torture I just have to start confessing that I won't do drugs again just to have a break. So the torture made me deceive them that I am now a changed person, ready to become drug free and I had to swear that if I go outside the world I won't do that again. The day I was released from the centre I couldn't feel one of my legs because of all the torture. I will like to see that that kind of a place shut down because our parents don't know what we face there.”

'Some of the respondents also revealed that they actually learnt the use of other illicit drugs while in the prison and borstal homes. That is, someone who was only using cannabis before being taken to such closed setting found himself or herself initiating other drugs like cocaine and heroin while in custody.

“ The experience in borstal home is something else entirely. You will learn many things you didn't know even before coming here. It was there I learnt the use of other drugs and there was a way we use to get the drugs anytime we want to use it.”

**(Male respondent)**

“ This place (prison asylum) is corrupt, even here they still smoke marijuana and cigarette in the asylum. I don't think this place can be improved, it's beyond redemption because of the level of corruption both among the warders and inmates.”

**(Male respondent)**

The experience of Abdul further calls for a need to establish in the country drug treatment and rehabilitation guidelines that uphold human rights standards. Human right violations go on in many of these centres as they are rarely monitored or guided by any approved standards. Treatment and rehabilitation services in Nigeria should be guided by a minimum standard of practice as recommended by the West Africa Commission on Drugs.<sup>45</sup>

## PROPOSED MINIMUM STANDARD FOR EFFECTIVE DRUG TREATMENT POLICY IN WEST AFRICA

The quality of treatment available to drug user in West Africa varies enormously both within and between countries in the region. There is an urgent need to set and implement a standard that can help to ensure humane and effective treatment across the region.

### **Treatment should be specifically sound and not punitive**

Physical restraints, beatings, force labour, unnecessary isolation or involuntary detention, and humiliation are not scientifically sound practice and have no proven effect for treatment of drug dependence. There should be human rights-centred guidance for quality of care in this area, and there should be an oversight mechanism to ensure that guidance is followed.

### **Treatment option should be flexible**

It is well documented that some people need to try more than one type of treatment before they find one that is effective for them.

### **Treatment should be affordable and accessible to all who need it**

Since, as the WHO notes, drug dependence is a “**CHRONIC, RELAPSING CONDITION**” some patients may require more than one episode to reduce or eliminate problematic use. Treatment services should not be denied to anyone on the grounds of having a criminal record, being homeless or any other discriminatory criteria.

### **Treatment should be culturally appropriate and gender sensitive.**

The need of pregnant women and women with children are often particularly acute.

### **Treatment should be voluntary and should not require compulsory detention.**

### **Treatment (and other health services) should be available to the person in the custody of the state at a level equivalent to service in the country.**

In accordance with good health policy, all health care decision and treatment should be made by qualified health professionals, preferably affiliated with the Ministry of Health, even in court-mandated treatment or in prisons and detention facilities.

### **The use of methadone, buprenorphine and other controlled opiates for the treating opiate dependence should not be subjected to criminal prosecution, and made available in accordance with scientifically established principles, as summarised in the 2004 WHO/UNODC/UNAIDS positions paper.**

This standard includes continuing treatment for as long as clinically indicated and not cutting it off after some arbitrary period, using doses that are clinically indicated, and not reducing doses for punitive purposes.

### **Independent compliant mechanisms through which people mistreated in the course of treatment for drug dependence can report abuses and seek redress should be established.**

Source: West Africa Commission on Drugs (WACD). 2014. Not Just In Transit: Drugs, the State and Society in West Africa. pg 48

# Drugs and Community security: Lessons from Other Society.

In recent times there have been some newspaper reports on invasion of communities by military personnel in an effort to rid the community of drugs. There was the case of Mushin in Lagos as reported by the Punch newspaper in February, 2014 where two young people were reportedly shot dead during the raid.<sup>46</sup> On 13<sup>th</sup> October 2014, the Daily Post and many other newspapers also reported a raid on a community known as Dagba in Abuja where many drug peddlers are said to operate.<sup>47</sup> During the raid, two people were also reported to be shot dead. Militarization of drug control in many climes especially in Latin America, which has a largely similar economic level to that of Nigeria, has always left behind bitter pills such as

community violence leading to physical displacement and deaths of innocent people. A country like Mexico is a citable example where the drug war has reportedly claimed over 60,000 lives from 2006 to date as the government tried to crush drug cartels through the use of military force.<sup>48</sup> Nigeria is yet to witness the same magnitude of drug-related community violence, and every effort is required to prevent such an occurrence. One such effort would be that focus should be on the worst and most violent criminals and not strategies that lead to actions that harm the whole community. Ensuring citizens' security and safety should always be a priority in whatever strategy is employed.

War	Total US or Mexican Deaths
Mexican Drug War	60,000-80,000
Vietnam War	58,000
Korean War	36,000
US War on Terror (Afghanistan and Iraq)	6,717

Source: John Covil (2013).A Cost/Benefit Analysis of the War on Drugs.  
<http://ncpimaster.blogspot.com/2013/11/a-costbenefit-analysis-of-war-on-drugs.html>

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## Two die as NDLEA, soldiers raid Akala

FEBRUARY 10, 2014 BY COMFORT OSEGHAE AND ENIOLA AKINKUOTU

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**Akin Dada**

| credits: Eniola Akinkuotu

No fewer than two youths were allegedly killed, while seven others sustained gunshot wounds on Saturday after operatives of the National Drug Law Enforcement Agency and the Nigerian Army raided Akala Street, Odi-Olowo, Mushin Local Government Area, Lagos.

It was learnt that the security agents, acting on a tip-off, had stormed the area which is notorious for drug peddling.

A resident, Rahman Ogunsanya, told our correspondent that most of the youths were watching a football match when the incident occurred.

He said, "Around 6pm on Saturday, a group of youths from Newcastle FC at a viewing centre MESA, stormed the area.

"The NDLEA were led by one Ab... were in a patrol vehicle, marked 0

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## Soldiers raid criminal joint in Abuja, two killed, many injured

By [Chidinma Eze](#) on October 23, 2014

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A group of soldiers carried out an operation at a notorious joint called Dagba located around Area 1 in Abuja where hard drugs are allegedly sold.

According to Punch, the incident which took place on Saturday evening claimed two lives while many were injured. Those who were injured during the operation were later taken to the hospital for treatment while the remains of the dead were deposited in a mortuary.

It was further gathered that the soldiers had actually visited the joint to arrest some crime suspects, but the situation got i... ding to the shooting of two persons.

# Findings 3

# Drug Control and Need for Public Health Response among Young People

## Injecting practices and HIV Risk

Injecting drug use has been reported in every part of the Nigeria and the practice is reported to be on the increase.<sup>49</sup> Although recent data are yet to be produced, the 2010 Integrated Bio-behavioural Surveillance Survey (IBBSS) in Nigeria puts the HIV prevalence among PWID at 4.2%, which is higher than that of the general population. In places like the FCT, the prevalence is as high as 9.3%.<sup>50</sup> An issue of concern about this high HIV prevalence is that many of the PWID who participated in the survey are young. Hence, HIV infection is already affecting this segment of the sub-population. However, the harsh policy environment has driven majority of them underground without any access to the healthcare services needed to care for them and to protect them and those around them from HIV. Findings from the interviews revealed a high level of HIV risk in injecting practices among young PWID. This included sharing of needles and syringes which was reported more among youths in the FCT and some northern states of the country compared to the other regions.<sup>51</sup> Reasons advanced for such practices include low risk perception and non-availability of sterile needles at the point of use. Some PWID in an attempt to sterilize their needles clean them with water, which does not disinfect the equipment. Sharing of needles with friends is considered low risk

and a sign of mutual trust and friendship. Some respondents reported finding it difficult to purchase needles from pharmacy stores as sellers are suspicious of their motives in seeking needles. For some, they are unprepared at the time of use, as when they suddenly found themselves amongst friends or in locations where drug injection is happening. They easily join and share the equipment of others.

“I have seen someone who after using, you know what they do, they cool down, remove the needle, fetch water with the syringe when you put back the syringe and flush water out of it automatically it means you have flushed out the other person's blood and it is ready for use and clean”

**(Male, PWID)**

“You know, it is like a smoker, there is love in sharing. You as a smoker won't mind collecting that same stick and put it in your mouth. Exactly that is how it goes with needle sharing”

**(Male, PWID)**

## Young Females are still More Vulnerable

Globally, women who inject drugs face a broad range of gender-related health risks and are much less likely to access healthcare services than men who inject.



Women who inject drugs compared to their male counterparts have been found to have higher mortality rates, increased likelihood of injection-related problems, faster progression from first drug use to dependence, higher levels of risky injection and/or sexual risk behaviours, and higher rates of HIV.<sup>52</sup> In one study, HIV prevalence among females who inject drugs in Nigeria was found to be 3 to 10 times higher than the male PWID.<sup>53</sup> The IBBSS (2010) also established this fact, revealing HIV prevalence among female PWID to be almost 7 times higher than among their male counterparts (21%Vs 3.1%). Young female PWID in this study asserted that they are often at risk of HIV transmission. There is a higher likelihood for a female who has a male partner who injects drugs to also initiate injecting drug use. In addition, the females reported having their male partners inject them most of the time with the same needles. This is usually expressed as a sign of love and trust between them without minding the risk. However, some of the females also reported selling sex for economic reasons. Beyond the sharing of needles and selling of sex, a more risky practice involving injecting a partner's blood who is already high on drugs was reported in one of the female group discussions.<sup>54</sup> There may be a need to determine the prevalence of this practice across the country.

**“It happens, you want to do the drug and you don't have enough or by the time you came in the drug has finished, your partner is already high and you decide to draw some of his blood and inject yourself”**  
**(Female PWID)**

## Are Harm Reduction Services In Place?

Harm reduction refers to a range of services that reduce the negative effect of drug use on an individual and protect public health without insisting on abstinence.<sup>55</sup> With the growing number of injecting drug practices among young people and the general population. The available intervention for PWID are still very limited. Commonly available services are based on knowledge and awareness creation about HIV and are mostly delivered as a general population program with little consideration given to this key population. Evidence-based interventions such as opioid substitution therapy (OST) and needle and syringe programs (NSP)<sup>56</sup> which are fully endorsed and supported by authorities such as WHO, UNODC, UNAIDS, PEPFAR, the Global Fund to Fight AIDS, TB and Malaria and many others are not available in the country despite a growing population of opioid users and people who inject drugs. Although needles and syringes can in theory be freely purchased from pharmacy stores, ensuring every injection is safe and free from infection will require much more effort. Young people interviewed identified some barriers such as the routine police stop and search practice within the community, questioning by the pharmacy store owner especially when there is frequent purchase, and sometimes even the small cost of syringes is a huge expense to young people. The scaling up of harm reduction services in Nigeria has been inhibited partly by unfounded fears among major stakeholders who believe such practice encourages or would lead to drug use.<sup>57</sup> The WHO as far back as 2004 documented evidence that programs such as NSP are effective in prevention of HIV and do not in any way

increase existing drug use or encourage new drug use. Another major inhibiting factor establishing effective harm reduction services is the criminalisation of drug use. This was acknowledged in the national HIV/AIDS policy where the need for harm reduction services was noted but so were the challenges and issues related to illegality of drug use that hinder provision and uptake of such services by drug users.<sup>58</sup>

Furthermore, young people bemoan the unavailability of youth-friendly health services specifically responding to the challenge of drug use and young people.

“As far as I am concerned I have been in this community for the past 13 to 14 years. There are no services for youths or that engage us on drugs and harms. An average boy here, if he does not go to school will stay on the street hustling. Some of us who went to school are only just fortunate. There are no social services for the youths, nobody cares about you.”

**(Male PWID)**

It is important for the country to begin implementation of harm reduction practices for this population in order to avert a public health crisis of HIV and hepatitis infections among many others. Eastern Europe and Central Asia witnessed an explosive dual epidemic of drug use and HIV within a single decade because of lack of implementation of harm reduction measures among PWID.<sup>59</sup> Nigeria can learn a lot from other African countries such as Tanzania where a harm reduction program is being implemented with the full support of the government and collaboration between LEA, the health-sector and NGOs. The police are also working with communities in directing problematic users to treatment programs rather than locking them up. By 2013, over 1000 opioid users have been enrolled on the methadone program with 80 per cent of them becoming drug free and 41 per cent of those who need it initiating antiretroviral therapy.<sup>60</sup>

# Conclusion & Recomendations

# CONCLUSION

The historical emergence of Nigerian drug law and policies has always been reactive in response to both external and internal pressures. In the same vein, indicators for measuring success of the country's drug control effort have focused more on interdiction and arrest without any reference to human and socio-economic development or public health. Available evidence has shown that illicit drugs are not just transiting through Nigeria but are being consumed on a significant scale. Consumption practices include not only smoking and inhaling but also injection. At the centre are young people who are vulnerable to drug use for a variety of reasons ranging from peer pressure to lack of economic and social support. The country in response to this challenge has instituted several efforts most of which rely heavily on supply reduction and punishment for those who use drugs. This approach is expected to serve as a form of deterrence for users, especially young people. Unfortunately, there is no evidence that it has reduced the number of youths initiating drug use or helped those already using to stop. The policy and its implementation have however led to a series of human right abuses by LEA, service providers and members of the society. Girls and young women are even more negatively affected because of their vulnerability to violence, including sexual violence. Many of these human rights abuses experienced by young people have been normalised and go unreported because of the criminal sanctions on the use of illicit drugs. This study reveals which in which criminalisation of drug users has caused more harm than good. It has forced young people who use drugs into hiding, increasing their vulnerability to becoming potential recruits of criminal minded individuals. It has also limited the availability of evidence-based drug prevention, treatment and rehabilitation services to those in need. The few available services are rarely used by young people due to fear of arrest, stigma and the unfriendly nature of service providers. Some young people in an attempt to stop drug use have been forced or volunteered themselves to be treated or rehabilitated. Disappointingly, many of the available centres do not uphold their responsibility to ensure the dignity of patients and to refrain from torture and other cruel and inhuman practices. It is important to also note that a public health response to preventing infections such as HIV and hepatitis, especially among young people who inject drugs, is still grossly lacking in the country. This lapse carries the possibility of reversing the gains Nigeria has achieved in the fight against the HIV epidemic among the general population.

# RECOMMENDATIONS

In view of the findings of this study, the following recommendations are proposed:

- Nigeria's drug law and policy should be reviewed to be in line with current realities and international best practices. This policy should give equal attention to supply control, demand reduction and harm reduction programs. Specifically, the laws should protect the human rights of young people who use drugs and ensure holistic health and social services for their care and support. With this, the country's priority indicator for drug control should not just be arrest and seizures but also prevention of infections, treatment of those in need, and other development- focused indicators.
- Drug use among young people should not be treated as a criminal offence but rather a public health and socio-economic development issue. This therefore calls for a reform process where drug use is no longer an offence to be addressed by the criminal justice system but rather to be handled by health and social development experts. This shift is absolutely consistent with the international drug control system.<sup>61</sup> It will also enable the drug law enforcement agency to more effectively allocate its resources to target high profile drug traffickers rather than the users.
- The routine arrest and detention of young people as a result only of drug use should be stopped. It can negatively affect their uptake of available services and drive them into hiding; the society may have to pay a higher price for such act.
- Law enforcement officers should be trained on human rights protection of vulnerable populations such as young people who use drugs. This training would increase their knowledge and enhance their skills in ensuring the dignity and rights of young persons are protected even when they have committed an offence and are in the custody of the state.
- Mechanisms to ensure access to justice and timely reporting of human rights violations of young people who use drugs should be created to address the many abuses being witnessed at the moment and prevent others. There should be an accessible means of complaint and redress for young people, and it should be effectively communicated to them in language they understand.

- Scaling up of comprehensive evidence-based drug prevention, treatment, care and support for young people in Nigeria. This should also include harm reduction programs so as to mitigate the public health impact of drug use on both the individual and the general population.
- The government should as a matter of urgency develop a standard regulatory framework to guide the establishment and practices of drug treatment and rehabilitation centres across the country. This regulation should be consistent with international guidelines and agreed scientifically sound practices.
- Drug treatment and rehabilitation centres and other closed settings where young people who use drugs find themselves should be regularly monitored for compliance with standard guidelines based on human rights protection.
- Implementation of evidence-based drug treatment programs in the prisons should begin in earnest. The use of commitment to a prison asylum for drug treatment or rehabilitation amounts to torture and should be stopped.

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