



REPORT LIBERIA MISSION :

Community and contextual analysis on drug's use and drugs policies in Liberia

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Version : MARS 2021



ACKNOWLEDGEMENT

WILLIAMS, BOBBY, ALL DRUG USERS (DU'S) MET IN MONROVIA, FADCA, LUADA, LIFE, LAPS, APYL, SAMETTA, NARDWAP, JAMES, BEYOND PACE, VICTORINE, FREDERIQUE, SSDP TEAM, PRINCE BULL, HON.THOMAS GOSUA, MENLELEH INCORPORATED, MACH-HOUD, UNAIDS, NACAADA, ALL NGOS & PARTNERS, PAMELA & HAÏNGO FROM OSIWA, PAROLES AUTOUR DE LA SANTÉ (MALI AND IVORY COAST), DRUG'S USERS FROM PEACE BUILDING AND PAYNESVILLE AND ALL THOSE WHO WILL FACILITATE THE ENFORCEMENT OF GOOD DRUG POLICIES & HARM REDUCTION.



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I - ABSTRACT

This mission provided a better understanding of the context of drug use and drug policy in Liberia. The methodology, including a bibliographic research, interviews (semi-structured, individual and collective) with many actors and different profiles, participant observations and focus groups (FG), facilitated the collection of data that was used for analysis and recommendations.

Between **4000/6000 “problematic / precarious” drugs users** (DU's), frequent at least a hundred open consumption scene (in Monrovia). There are between 10 to 20% of women, the average age is 32/36 years and it has been noted the presence of children. The main illegal drug consumed remains cannabis. However, we were able to observe and confirm a significant consumption of cocaine in the form of crack, heroin (white) smoked with aluminum foil (**the most common way of use is smoking**), and non-prescription drugs (tramadol, valium, diazepam, etc.). At first, it was easy to see that in Liberia, and more particularly the capital Monrovia, that interventions related to the use and abuse of drugs (from a global health point of view), will require a multisectoral and holistic approach. The analysis of the data collected revealed a strong will on the part of all stakeholders to reform the current law « obsolete and very repressive » and strong expectations and needs on the part of the DU's.

Regarding the recommendations, they have been classified into 5 parts. Firstly, **addictology**, it will be more precise to reflect on the implementation of a « national rehab center », a « therapeutic community », « capacity building » of medical staff (more specifically for health staff and prescribers), « promote the prescription of methadone and OST », and « create self-support groups and / or support groups ». Then, for the aspects of **Harm Reduction**, it's recommended to carry out a « community and participatory diagnosis » of the needs and assessments of the DUs, to create « adapted tools », « self-support groups » and to promote « socio-economic reintegration activities ». It will also promote the activities and the Harm Reduction approach during the next funding requests and more particularly with the Global Fund (GF) and PEPFAR. Regarding **health care**, we must support and validate the relevance of the implementation of « specific services », « TB / HIV adapted services », « food activities », « mobile health care service » and give « primary medication » without forgetting the mental health approach. Regarding **drug policy**, the organization of a « symposium for NGO » (position paper, recommendations, etc.), « promote the West African drug model law », support a « technical group » and drug policies / advocacy / lawyers team, a better knowledge of the current law, purpose of « alternatives of incarceration », and fostering participation and « regional / international technical/High level/experts groups ». Finally, for the **community approach**, although transversal, it is

recommended to strengthen them in capacities and promote empowerment and support the implementation of the first community based organization.

From a more transversal point of view, it is recommended to pay particular attention to the aspects; **primary needs (eating / sleeping), gender and GBV, the strong need for data, to strengthen the capacities of all actors and DU's and human right aspects.**

II - CONTEXTE

Liberia is divided into 15 counties, with 68 districts. More than half of the population lives in urban areas, including a third in Montserrado County. It is one of the low-income countries according to the World Bank classification and has an annual growth rate of 2.6%¹. Liberia, stemming from Americo Liberian colonization and settlement, has resulted in a three- fold system namely a formal justice system modeled on that of the USA, a



legislated customary legal system created by regulation and statute, mostly worked through customary courts and a traditional indigenous system.² The rule of law has suffered considerably during the civil wars, and the justice system, like the health system, is still weak. The Ebola epidemics between 2014 and 2016 further aggravated the situation and affected all areas of the health system. Liberia suffers from a shortage of human resources for health and justice. In 2018, 3,929 health posts (31%) were funded by donors.

Among the country's other **very serious human-rights problems** are ritualistic killings, police abuse, incidents of so-called "trial by ordeal", arbitrary arrest, the denial of due process, violence against women, domestic violence, female genital mutilation, child abuse/traffic, human trafficking, and child labor. Liberia is a signatory of a lot of International Covenant on Civil and Political Rights.³

1 - Data from W H O 2018 - <http://www.who.int/news-room/fact-sheets/detail/ebola-virus-disease>

2 - <http://africansecuritynetwork.org/assn/traditional-justice-mechanisms-in-liberia>
mecanismes-de-justice-traditionnels-au-liberia/

3 - Source : Wikipedia

Liberia is not a significant producer of illicit narcotics. Local drug use, particularly marijuana, is common.⁴ Globally, there is very little data regarding the contextual and cultural variables of substance use in Liberia.

III - THE STUDY

Mandated by OSIWA (Open Society Initiative for West Africa – Dakar - Senegal), this research was coordinated in **Monrovia from 17 to 27 October 2020** by Evanno Jerome Expert/consultant, Ewelle William (assistant researcher) and Bobby Logan (technical assistant) for « Paroles Autour de la Santé » the project's holder.

Main objectives

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

Specific objectives

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

4 - IDPC Review of the Liberian Controlled Drug and Substances Act and Liberia Drug Enforcement Agency Act 2014

Target population

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

Methodology

Participatory Community Diagnosis (PCD)

A qualitative approach will be used to collect data through: A PCD. This methodology makes it possible to collect information on the situation and needs of a community. It will use an interview guide with a list of topics that can be discussed. The methodology developed for this research, consist more particularly of :

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

Individual & collective Interviews

More than 30 people were carried out with key actors / stakeholders working in HR and / or in the field of addiction, human rights or drugs policies.

List of solicited persons/organizations

	NAME	STRUCTURE	COMMENTS
1	CHAMRID	WACSI (WEST AFRICA)	BY MAIL, GIVE ME THE CONTACT OF PRINCE FROM WADPN
2	BABACAR DIOUF	UNODC (WEST AFRICA)	BY MAIL, NO CONTACT FOR THE UNODC COUNTRY REPRESENT
3	MACH-HOUD	UNAIDS (WEST AFRICA)	BY MAIL, GIVE ME THE CONTACT OF THE DIRECTOR OF UNAIDS LIBERIA
4	PEPUKAI CHIKUKWA	UNAIDS DIRECTOR - LIBERIA	INTERVIEW VIA VIDEO-CONFERENCE

5	JODIE RIED SETON	LIBERIA INITIATIVE FOR EMPOWERMENT	INDIVIDUAL INTERVIEW, OSIWA PARTNER, GUEST 2 WOMEN DU'S FOR THE DU'S FG
6	JULIUS TOGBA	FADCA (FOUNDATION AGAINST ILLICIT DRUGS AND CHILD ABUSE)	INDIVIDUAL INTERVIEW, MAKE THE ANIMATOR FOR NGO FG, MEMBER OF IDPC & WADPN
7	EWELLE WILLIAMS	STUDENT SENSIBLE DRUG POLICY .	INDIVIDUAL INTERVIEW, ASSISTANT RESEARCHER, ANIMATOR OF THE YOUTH FG
8	X	LIBERIAN DU IN IVORY COAST	INTERVIEW IN ABIDJAN
9	MR GAYOU	NATIONAL REHABILITATION FOR DRUGS AND WAR AFFECTED PERSONS (NARDWAP)	INDIVIDUAL INTERVIEW
10	JOHN W. YARKPAWOLO	ESTHER GRANT HOSPITAL (PSYCHIATRIC)O ANSWERS	NO ANSWERS, VISIT OF THE HOSPITAL
11	MR. BARKON DWAH	WHO LIBERIA: MENTAL HEALTH AND SUBSTANCE ABUSE LEADO ANSWERS	NO ANSWERS
12	MRS. VACHEL HARRIS LAKE	HEALTH INFORMATION AND PROMOTION OFFICER WHO LIBERIA	NO ANSWERS
13	REUBEN BOBBY LOGAN	HE EXECUTIVE DIRECTOR OF THE ASSOCIATION OF PROGRESSIVE YOUTH OF LIBERIA (APYL) WEST AFRICAN NETWORK OF CIVIL SOCIETY ON SUBSTANCE ABUSE (WANCSA)	INDIVIDUAL INTERVIEW, KNOW VERY WELL THE DU'S COMMUNITY, TECHNICAL ASSISTANT, DRUG ABUSE ADVOCATE
14	PRINCE BULL	WADPN (WEST AFRICA)	NO ANSWERS
15	MARIA GORETTI	IDPC - GHANA	BY MAIL, GAVE ME 2 CONTACTS
16	JUAN OCHOA	IDPC - LONDON	BY MAIL, GAVE ME 2 CONTACTS
17	JAMES KORYOR	EXECUTIVE DIRECTOR CONSOLIDATED YOUTH FOR PEACE & DEVELOPMENT	INDIVIDUAL INTERVIEW, MEMBER OF LIBERIA DRUG POLICIES CONSORTIUM
18	RICHARD	AFRICANPUD (AFRICAN NETWORK OF DU'S)	BY MAIL, NO CONTACT IN LIBERIA
19	MR. ROBERT B. KUTU AKOI OF LDEA	LIBERIAN DRUG ENFORCEMENT AGENCY (LDEA)	INDIVIDUAL INTERVIEW
20	SEHWAH SONKARLAY	LIBERIA CENTER FOR OUTCOMES RESEARCH IN MENTAL HEALTH (LICORMH)	NO ANSWER
21	SAMETTA T. THOMAS	MENTAL HEALTH LEADERSHIP AND ADVOCACY PROGRAM (MHLAP)/ LIBERIA COALITION FOR MENTAL HEALTH SERVICES (LCMHS)	INDIVIDUAL INTERVIEW
22	MR SEYDU	LIBERIA ASSOCIATION OF PSYCHOSOCIAL SERVICES	INDIVIDUAL INTERVIEW, LAPS HAS WELCOMED THE NGO FG, RECEIPT FUND BY OSIWA
23	THE PASTOR	DAPE LIBERIA	INTERVIEWS VIA WHAT'S APP
24	M. FOFANA	YOUTH AID LIBERIA	RDV CANCELED
25	VICTORINE	INITIATIVE FOR YOUTH EMPOWERMENT AND ECONOMIC DEVELOPMENT	INDIVIDUAL INTERVIEW, YOUTH & WOMEN
26	HON.THOMAS GOSUA	PARLEMENT MEMBER	COLLECTIVE INTERVIEW, WITH HIS STAFF CHIEF
27	X	EX DU	COLLECTIVE INTERVIEW, MET ON BEACH, KNOWN BOBBY
28	X	EX DU	COLLECTIVE INTERVIEW, MET IN PAYNESVILLE, PEERS EDUCATOR, ACQUAINTANCE WITH BOBBY LOGAN & MEMBER OF HIS ORGANIZATION
29	PRINCE	PSYCHIATRIC HOSPITAL OF MONROVIA	COULD NOT ANSWER BECAUSE THE HIERARCHY

			WAS MISSING AND COULD NOT GIVE AGREEMENT
30	X	OPPOSITION CONSULT FOR ASIA	INDIVIDUAL INTERVIEW
31	SAINLESEH KWAIDAH	DIRECTOR OF LIBERIAN PRISON	COLLECTIVE INTERVIEW
32	MR ZONDOE	LUADA	INDIVIDUAL INTERVIEW

Focus Groups

FG as a **qualitative research method** is very appropriate in the African context, since it is an oral method, corresponding well to these so-called "talk" societies. The survey subdivide the FG into 3 parties, as below :

SUB-POPULATION	COMMENT
FG WITH YOUTH AND STUDENT	10 PARTICIPANT, INCLUDE 2 WOMENS + ANIMATOR + RESEARCH COORDINATOR
FG WITH NGO	10 DIFFERENTS NGO (SSDP,ADYL, LIFE, LAPS, NARDWAP, FADCA, LUADA, NACAADA, MENLELEH INCORPORATED, BEYOND PACE) + ANIMATOR + RESEARCH COORDINATOR
FG WITH DU'S	10 DU'S INCLUDE 4 WOMEN + ANIMATOR + RESEARCH COORDINATOR + RESEARCH ASSISTANT



The FGs were held in a Hotel desk for Youth, in Liberia Association Of Psychosocial Services office for NGOs, and in APYL Office DU's. This place presents no danger (repression / stigma / discrimination / confidentiality) for the participants. Confidentiality of exchanges and anonymity was respected. Moreover the FG was very impactful to many young activists and DU's

because there was an honest conversation on ways and strategies to support human rights of users, especially in Liberia.

Doing the various sessions on youth, NGOs & DU's FG there was key sense for rehabilitation and need

for proper attention to PWUD. There was a national process on the drug policy to be revised, but it should support the human rights of DU's and HR activities.



Observation participant

During this research, we were able to participate in **8 participating observations**. This could be achieved thanks to the focal points on site who know the field well. These observations made it possible to confirm the elements noted during the interviews and the FGs.

GHETTO « PEACE CENTER BUILDING »

+/- 200 PERSONS, CHILDREN, ABOUT 15 % WOMEN

PRESENCE OF A LOT OF HEROIN AND CRACK

VERY DIRTY, VERY WELCOMING, WITH SMOKE EVERYWHERE, CHILDREN SELLING ALCOHOL. PRESENCE OF A LITTLE FRENCH SPEAKERS, TWO FLOORS AND WEED

GHETTO « PAYNESVILLE »

LITTLE GHETTO, ABOUT TWENTY PEOPLE, A FEW WOMEN, HEROIN AND CRACK, POLICE COME FROM TIME TO TIME BUT NOT TOO MUCH, ESPECIALLY BEFORE CHRISTMAS HOLIDAYS, INTERESTED IN HARM REDUCTION TOOLS, SOME HAVE ACCEPTED REHAB.

GHETTO WEED

LITTLE GHETTO, ABOUT TWENTY PEOPLE, YOUNGER, CLEANER THAN THE OTHER GHETTO. WITH A GUY WHO CLEANS AND MANAGES AND LOOKOUTS EVERYWHERE. NO PROBLEM FOR GOING INSIDE, A GOOD WELCOME. SSDP MAKES PREVENTIVE INTERVENTIONS. NO WOMEN, LOCAL POPULATION SEEMS HOSPITABLE WITH UD.

YOUTH BIRTHDAYS PARTY

SOME MARIJUANA SMOKERS, A LOT OF ALCOHOL, AMBIANCE COOL.

PSYCHIATRIC HOSPITAL

SMALL, REMOTE, A HANDCUFFED PERSON, NO POSSIBILITY TO VISIT BECAUSE OF AGREEMENT PROBLEMS WITH HIERARCHY, POSSIBLE INTERVIEW WITH THE PRINCE (SALARY OF L/HP). +/- 50 PERSONS INSIDE

NIGHTLIFE

NO VISIBLE DRUG, A LOT OF BUSINESSMEN, FEW USERS HANGING AROUND. EASY TO BY MARIJUANA.

BAR

SOME GIRLS, POSSIBLE TO SMOKE CANNABIS ON SITE

BAR

NEAR BEACH POSSIBILITY TO SMOKE AND BUY GRASS, A LOT OF USERS BUT RATHER COOL.

AN EX-USER CAME TO TALK TO US

III - LIBERIAN DRUGS USE⁵ CONTEXT

Liberia missed out when the United Nations afforded the opportunity of disarmament, demobilization, rehabilitation and resettlement of former fighters. **Liberia negated addressing the drug habit/addiction of former fighters during the program**; a choice that haunts them today with rising youth debut in drug use culminating from peer pressure, organic solidarity and differential association⁶.

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

6 - IDPC 2016

Population size

A programmatic mapping and size estimation study which conducted in nine high HIV disease burden counties of key populations in 2017 revealed size estimates of PWID⁷ as **4,088 PWIDs**. But a September 2016 report by LDEA showed that there were over 77,000 drug addicts in the country⁸, "Every community is affected". During the mission, thanks to exchanges and observations, it has been estimated to 4000/6000 « problematic/precarious » DU's in the capital Monrovia.

One of the recommendations of this study is to carry out a research including an **estimate of the population size**, with a focus on problematic/precarious users of crack/cocaine and/or Heroine, and/or opioids medics.

As far as women are concerned : despite an over-representation of women, during the FG DU's, observations and interviews allow us to estimate between **10 and 20% the number of women**. They stay a very vulnerable population with multiple vulnerability factors.

Types of drugs

Officially, as in the region, **the most illegal drug used is cannabis**. There are plantations in Libéria, but the majority come from Ghana/Nigeria. With a survey of 802 Liberian school students, 9% of respondents reported using marijuana in Monrovia, Liberia⁹. In the IBBSS of 2018, Over 77% of « PWIDs » reported intake of marijuana and 49.5% consumed alcohol. Consumption of Italian white¹⁰ was mainly reported by (55.1%), 54.2% self-reported consumption of cocaine, heroin (19.9%) and opium¹¹ (16.8%). In the IBBSS, It is noteworthy that 5.4% of PWIDs reported are taking methadone, « this is a treatment drug used as a substitute for addictive drugs

7 - Focus groups and observations don't confirm the presence of PWID. Only Smokers

8 - According to the Liberia National Police, there are an estimated 4,500 drug users in Monrovia and its environs.

9 - Harris BL, Levey EJ, Borba CPC, Gray DA, Carney JR, et al. Substance use behaviors of secondary school students in post-conflict Liberia: a pilot study. *Inter J Culture and Mental Health*. 2012; 5:190–201.

10 - It was difficult to define exactly what's is Italian white

11 - From our observation, confirm by our DU's FG, In reality, « opium » is cannabis in « zogue » language.

that are injected such as heroin, cocaine and opium »¹². Methadone is actually included in « the essentials drugs list of Libéria ». But, the central pharmacy don't buy it and they are no official prescription in the country.

As experts, we can notice that this survey (IBBSS of 2018) has a really significant biais.

- The only official survey, including only PWID, DU's FG, interviews of outreach workers and observations confirm that nobody saw PWID during “DU's Carrier”. Maybe some PWID are present but it's really not significant ;
- If you make the total result of the type of drugs that PWID use, you don't have 100% of injectable psycho-active substances ;
- No one at DU's meeting during the survey has seen methadone in the “ghetto”. And Methadone is not a treatment as a substitute for Cocaine.

However, the survey was able to observe that **heroin and cocaine/crack are widely used**. The study also observed the consumption of "pills" or drugs (tramadol, etc.) without medical prescription.

Heroin is white unlike that of Ivory Coast/Mali (for exemple) which is rather brown. However the supply chain that would pass through Nigeria, seems to be the same. So why is there the white one in Liberia and the Brown one in Ivory Coast ? Some DU's say that « the white one is very easy to use with foil because it quickly becomes liquid to smoke it ».

“Tramadol is consumed by students mostly , because most cocaine / crack users see tramadol as less effect on them (compare to crack for exemple), so students engaged mostly , and is widely sold in pharmacy with less restrictions. Most students see crack or cocaine users as different from them and they all different feeling of their usage”.

There would be consumers “Syrup”¹³ in the youth/student circle. « It is very easy to get cannabis, there are specific ghettos for cannabis users, it is not the same profile » (younger, cleaner, more calm, more accepted in communities). « It's not too expensive, it is possible to smoke it in some bars/restaurants/pubs ».

12 - Methadone is not available for Cocaine and Opium cant' be inject.

13 - Mix of codeïne and sprite, very famous in USA.

Consumption space

This research will focus on precarious DU's who attend consumption **areas called “ghetto”**. Currently, there are over **866 ghettos in Monrovia** that serve as home to chronic drug users and these ghettos are associated with illicit activities¹⁴. Presence of open scenes consumption has been confirmed in others counties of Liberia. LDEA confirm that “we can find a ghetto in every community” in Monrovia and Montserado. “As for consumption space is mostly surrounded around Monrovia, which is believe to have about 65% of the substance consumption space are localized in Monrovia. The rural sector is like a transit route to Monrovia”. 3 ghettos could be visited during the mission. The first one was one for cannabis users. It was more clean and more included inside the community that the others ghettos. The second was a little ghetto in Paynesville (suburb of Monrovia) with +/- 15 DU's. The third was the most famous ghetto in Monrovia. We can find +/- 300 DU's and some children. It's possible to buy and consume on the place. It's possible to buy food, alcool, tabaco and others.

Mode of use

Injection drug users are very minor (Cf: part type of drugs), or even non-existent in the ghetto we visited during the research. The interviews and the FG DU's have confirmed that there are « few » or « any » injectors. However, it is necessary to be very careful because many actors think only in terms of PWID. It is therefore necessary to take into account the specificities and the context of Liberia. “ Looking at our mode of drug use here is mostly done on the foil or bongo, injecting is not really use here, but information says is mostly done in schools campus and by deportees from the US”.

14 - Dealing with drug problem from public health and human rights perspectives A major weakness in the national reform process in Liberia An Article By Julius J. Togba

The most common way of use is smoking (for heroin and crack). Something interesting is the specific way of consuming heroin in drug's consumption scenes in Monrovia (be same in other Liberian countries). With aluminum/foil papers¹⁵ this mode of use (called chasing) seems specific to the Liberian context compared to regional context (West Africa). This practice reduces the risk of HIV transmission compared to injections. No one smokes heroine as in Ivory Coast/ Mali/ Burkina Faso (As a Spliff); Liberian DU's take an aluminum foil. The outreach workers can provide aluminum foil for smoke drugs¹⁶. On the other hand, everyone seemed to have his personal pipe, unlike the consumption of crack. It is almost the same crack pipes as in Mali/ Burkina Faso/ Ivory Coast/Guinée (Cf: picture).



There are exchanges of crack consumption materials (pipes, cutter). During the field visit, DU's have been sensitized (by the research team) and HR tool has been distributed; it is a tip for personal use to reduce the risk of transmission during crack pipes exchange. All the sensitized people were attentive and interested in this tool. The distribution of the tip would make it possible to start a fieldwork in HR with this population. They are easy to find, not too expensive, they are the same tips as CHICHA pipes.

Somes vernacular words

STREET NAME	ORIGIN
NUPPING	NODDING
DJOU	WITHDRAWAL SYNDROME
BUBBLES	PILULE/PILS
ZOGGOE	DISADVANTAGED YOUTHS HERE OR WAYWARD FOLKS

15 - <https://pubmed.ncbi.nlm.nih.gov/31166873/>

16 - Exemple : <https://www.drugsandalcohol.ie/22452/1/Aluminium%20foil%20for%20smoking%20drugs.pdf>

GRASS, GANJA, WEED, CANNABIS, BAZOGA, OPIUM, WE	MARIJUANA
ITALIAN WHITE, TIE, ROLLING TIE, MARKET, HALLOWEEN, BROWN BROWN, DUGGEE, KNOT, NUT	HEROÏNE
COCO, CRACK, ROCK	CRACK
BONGO	CRACK PIPE

IV - ANALYSYS OF THE CONTEXT AND THE NEEDS AND ASSESMENT OF DUs AND NGOs

« There are no national support to people who use drugs in Liberia. PWUD needs support and is not just money, but in medication, drug policies reformation, better health referrals ».

Transmissible disease : In 2016, Liberia had 2900 new HIV infections and 2800 AIDS-related deaths. There were 43 000 people living with HIV in 2016, among whom 19% were accessing antiretroviral therapy. Since 2010, new HIV infections have decreased by 28% and AIDS-related deaths have increased by 20%.¹⁷ The national HIV response has always identified certain population groups including **People Who Inject Drugs (PWID), as the Key Populations (KPs)**. Based on 2018 (IBBS) among key populations, HIV prevalence among PWID in Liberia is 14.4 %. PWID also has a high prevalence of HBV, 19.2% (the general population has a high prevalence too) and HCV 0.5% (this result can confirms that not too many DU's are Injectors or PWID's) and syphilis (2.2%). One of the five high-impact priority HIV activities along with selected key social and programmatic enablers lacking here will be implemented in synergy with selected key development sectors is : HIV and AIDS Program for Key Populations. **One of the key populations most affected by HIV in Liberia are People who inject drugs, with an HIV prevalence of 14,4%.** To sum up or summarize, with a high HIV prevalence, Drug's users are a key population but Data is not readily available on access to HIV prevention information and services

17 - Source: UNAIDS

(including harm reduction) especially for DU's. Currently, FSWs and MSM's are receiving more focus from the national response than "PWIDs".¹⁸

Important :

Discussions with DU's as well as observers underline the need to set up prevention, screening and compliance support actions/activities for tuberculosis.

Mental health and addiction treatments : Dr. Benjamin Harris, the country's only psychiatrist, said in an interview that **"there is a growing problem of drug addiction linked to mental illness among young people"** in Liberia. Monrovia psychiatric hospital is a public referral structure for addictology care with a rehabilitation / abstinence type approach. The visit to the hospital revealed difficulties related to human resources, materials and space. The discussions with the various beneficiaries allowed to have a better idea of the proposed therapeutic protocols. It is more particularly an injection of molecules which "fall a sleep for 3 days" and "then you wake up with always the Djou¹⁹". The patient "must stay at least 3 weeks" and "if he is a cannabis user, he enters the same protocole". It is now a question of being able to **« include in the reform of the drugs law, the therapeutic aspects, and to facilitate the delivery of Opiate Substitution Treatments (OST) »**. It will then be a question of strengthening the capacities of potential prescribers. We must take care though, many DU's are polydrug users. However, it can be noticed that during 2nd Edition National Standard Therapeutic Guidelines and Essential Medicines List Liberia – 2017, **methadone and buprenorphine were included on the list of essential drugs**. Even if prescription can only be done at the hospital, there is the possibility for central pharmacies to buy opioid substitution treatments. But this is not currently the case.

« pregnant drugs women and children traffic » : NGO and DU's report that we can find traffic children in the ghetto, « it's easy to buy a baby ». Addicted pregnant women, as very vulnerable and need/want real and efficient health care, include harm reduction activities, and not only rehab. Some children are born and are abandoned or sell in the ghetto » says LUADA, and DU's FG confirms. According to

18 - National Strategic Plan 2014-2020

19 - Withdrawal syndrome (voir lexique vernaculaire)

LUADA, there would be **"more or less 200 children in the ghettos of Monrovia"**. The observations made it possible to observe the presence of children in rooms where DU's consume a long time and are therefore exposed to a high risk of passive consumption. Most of the users who were female in our focus group spoke about « hardship they are going through with having children in the ghettos, with which sometimes they have to sell their child/ children » .

Limited access to rehabilitation care and services : The most of the interviewers and DU's expressed their view on the "need of a national rehabilitation center", with « OST » and/or scientific and validate therapeutic protocol. The problem is that there is no facility in Liberia for treatment, education, after-care and rehabilitation of drug users.²⁰ **« There is no rehabilitation program for people suffering from controlled drug and substance disorders »**. « The Drug use here in Liberia is a problem, can you imagine that there is only one rehab center, which has less support in terms of logistics and is not operating well , and national government do nothing to solve the issue, but rather wait on others to help . We spend tons of money on issue that benefit our country less, than to save our population for the growth and development ».

Dermatology, gynecology, dentist, ophtalmo, etc : Some others health care needs to get involved in the global heath approach.

Nutritional/food : Is the first need for the DU's in the ghetto. NGO and DU's confirm the « real need of basic food and other nutritional aspects » . **« The most important needs for Liberian DU's is food »** says LIFE and confirm by DU's FG.

No HR services/activities : In the National plan, the major activities for PWIDs are Peer Education as use of information communication, technologies including telephone, SMS, Twitter, Facebook, Foursquare, Condom provision, psychosocial support, STI treatment, provision of HCT services at KP friendly health facilities or outreach to hotspots provide by CSOs. But « Communities did not receive any form of advice from government as a way of re-uniting ghetto dwellers with their families, friends and relatives »²¹. But there are harm reduction activities in the strategy of the national plan.

20 - OSIWA research 2015

21 - IDPC 2016

- Promotion of abstinence, delaying sexual debut, mutual fidelity, partner reduction, and **avoidance of drug use**.
- Promotion of condoms use, STI services, management of messages and **programs to reduce injecting drug use**.

Actually, « **Liberia doesn't have real and programmatic harm reduction activities** ». Some NGO « are ready » and want to « invest in this kind of project ». « Liberia needs a strong law about harm reduction activities, and to protect harm reduction team workers ». All the actors want and need training about the basic element of Harm Reduction concept/principle and activities.

Access to health services: A lot of stigmatization on the part of health workers, "it is not uncommon for DU's not to be able to receive care just because they cannot access to health services" says LUADA. "**Some die because they cannot / do not want to go to the hospital because of discrimination**" specifies Sametta. « We need specific services for DU's, Actually the hospital makes too much stigmatisation on us ».

Drugs policies, human right & law : Chapter III of the Liberian constitution guarantees fundamental rights to all people in Liberia. Article 11b of the constitution guarantees equal rights regardless of gender, race, origin, and creed or belief as "All persons, irrespective of ethnic background, race, sex, creed, place of origin or political opinion, are entitled to the fundamental rights and freedoms of individual, subject to such qualifications as provided for in the constitution". Article 11c further specifies that all persons are equal before the law and are therefore entitled to equal protection of the law²². **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. 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, Inhumane or Degrading Treatment or Punishment and the African Charter on Human and People's Rights — all of which Liberia has ratified.²³

22 - Human Rights and Gender Equity in Liberia Breaking the Barriers to the HIV and TB Response

23 - IDPC Review of the Liberian Controlled Drug and Substances Act and Liberia Drug Enforcement Agency Act 2014

It's the time to Reforming the Liberia drug policy law in reference to chapter 14 of the Liberia Drug use law. Everybody agrees to say that the actual Liberian drugs law create a “disparity of treatment for drug traffickers and users”. To say the least, the issue of drug law and policy reform in the context of human rights and public health in Liberia remains catalyst for instability and public health and human rights remain major challenge to government²⁴.

Controlled Drugs and Substances Act / Drug Enforcement Agency Act, 2014

Maximum 1 year in prison for consumption

Maximum 10 years in prison for possession

In Liberia the court can ask the individual to undergo treatment, education, aftercare or rehabilitation programs for certain offenses.

Yet in many countries, drug control efforts result in **serious human rights abuses**: torture and police brutality, mass incarceration, executions, extrajudicial killings, arbitrary detention, and denial of basic health services and justice right. As far as the criminalization of illicit drug usage is concerned, except the public health law which emphasizes criminalization of illicit **drug usage punishable by imprisonment without rehabilitation**, Liberia does not have any law in her public policy books as a drug reform regime. So anybody caught by state security actors in relation to perceived ‘drug crime’ is sent to prison with little or no legal proceedings. This is evidenced by the fact that many of those arrested so far for drug use and minor possession of even cannabis for personal use in both countries face long detention without trial, and when finally tried and convicted, are often left forgotten in prisons. The research conducted in Liberia, Sierra Leone and Ghana on behalf of OSIWA in October 2015, advocates for « more human approach to the apparently growing problem of narcotic drug use in the region by **decriminalizing possession for personal use** of some drugs, and making greater investments in harm reduction, demand reduction, and mental health programs ».²⁵

« Raiding ghettos without resettlement and rehabilitation plan is a lip service to addressing the drug problem in Liberia ». The government should consider identification of a suitable place to relocate these Ghetto occupants with a rehabilitation plan that will include the treatment centers, recreational and skill

24 - Dealing with drug problem from public health and human rights perspectives A major weakness in the national reform process in Liberia An Article By Julius J. Togba

25 - Invisible victims

training programs for at least 3-5 years for this country, neglecting this problem is both a human right violation, an a potential security risk, because the principal victims, are mainly unemployed youth whose vola.²⁶

Meanwhile, lawyers empowered (through training, salaries and logistics) are still in service, there is no trace of history where these lawyers ever defended any citizen arrested and detained in relation to alleged illicit drug crime or advocated for any legal remedy to the situation of drug end users who are “perceived criminals”. In practice, State security actors particularly Drug Enforcement Agency (DEA), National Security Agency (NSA) and Liberia National Police (LNP) treat **drug traffickers (usually caught with huge quantities) with less seriousness and punishment, while users of drugs are treated with brutal and severe measures.**

As in West Africa, « At no time has ghetto raid in Liberia led to the arrest of international traffickers or people within their syndicates due to connections with people in government especially state security »²⁷.

After a recent stakeholder and technical meeting with the Liberia Drug Enforcement Agency (LDEA), the Law Reform Commission, the Ministry of Justice (MOJ) and the Ministry of Health on analyzing to pass or reform the Drug policy law chapter 14, **“the priority would be an inclusive process of law reform**, dialogue during which challenges to adaptation of rights and public health based law reform” says the NGO FG, and “the government must play a role” , and “a part on human right must be include” says Hon.Thomas Gosua. He also mentioned that “there has been a drift review of the Liberia Drug law to be critically looked at by stakeholders this year and by next year hope to pass the bill of a new revised drug law in reference to chapter 14 of the drug use act of Liberia ”.

« The Liberian Drugs Enforcement Agency has appealed to lawmakers with the Legislature to amend chapter 14 of the country’s Penal Law »²⁸. They expressed their view on rehabilitation and good medical treatment for them across the country. They urge decision makers to include them in the process of reforming Liberia drug law. He noticed that “due to the weaknesses of the drug law of Liberia, there is no

26 - IDPC 2016

27 - IDPC 2016

28 - LDEA Appeals To Lawmakers To Amend Chapter 14 Of The Penal Law By smartnews - September 29, 2020

funding to rapidly carry out the entire process, but notwithstanding he urged National and international partners on reforming drug policy worldwide to join Liberia in supporting the drug reform process”. Finally, **“We need a holistic process”** says youth for peace & development. **“It is important to legislate on outreach activities, Harm Reduction and peer education ”**, dispensation of OST, etc. because the current law does not yet allow this type of intervention “even if the ministry of health pushes in this direction”. Take stock of the quantities, from how many grams the user can be considered as a reseller. Some actors believe that the revision process could lead to a decriminalization of use. It is therefore important and urgent to support this process. Finally, as usual, the « war on drug's » in Liberia affects many more poor people than rich people and “nobody knows the law” says SSDP. However, some speakers who have been working with DU's for a long time have noticed “an improvement compared to 10 years ago” as APYL says.

In fact, Liberia’s drug problem has long term political, social and economic intricacies and does not therefore deserve a quick-fixed solution.²⁹ However, the USA has spoken out against the law reforms, stating that the laws criminalise all forms of drug activity, penalising not just serious offenders, but also those who only use small quantities of cannabis. The USA also emphasises the need for Liberia to avoid human rights violations when tackling drug-related crimes³⁰.

Regarding the specificity of Cannabis, talks are currently taking place between the USA and Liberia. The USA needing Cannabis for its national market, is looking for states / partners likely to be able to meet this new economic need. However the government and the civil society do not seem ready yet and “will do nothing until they are sure” says Hon.Thomas Gosua.

The Liberian Drug Enforcement Agency (LDEA) was established in 1998 as an autonomous agency within the Ministry of Justice in the Liberian Law. The LDEA is hereby established as a semi-autonomous agency under the supervisory authority of the Ministry of Justice ³¹. In light of a recent decision for DEA’s continued existence as an entity separate from the Liberian National Police it has been decided to undertake a review with direct focus on the agency to assess its current capacity and effectiveness to implement its mandate.

29 - IDPC 2016

30 - <https://sensiseeds.com/en/blog/countries/cannabis-in-liberia-laws-use-history/>

31 - UNODC 05-CON-12

Why not create an inter-ministerial committee that would include the ministries of health, education, the family, gender ministries, etc ?

In Liberia, no major seizures of cocaine, heroin or amphetamine-type stimulants have been made in the past five years, and the **zeal of the authorities seemed to be more directed at minor dealers and users, many of them poor young people**.³² As the Director of prison and his team says “lot prisoners are drug's addict” and “**we don't have dealers/pushers as prisoners, only poor drug's users**”. « We can find Drugs in prison”, it's not a secret, press articles regularly mention seizures inside penitentiaries in the country and the director himself showed a large quantity of marijuana seized recently during the interview. The actual law and sociopolitical situation does not allow for a legal application that is fair and equitable. « It does not differentiate enough between a dealer and a user / consumer ». The speakers are also unanimous on « a necessary reform of the law ». There is a great « need for essential food and medicine ». However, the director specifies that this is the case for a part of the general population. Support from international NGOs such as the Red Cross, or doctors without borders, would make it possible to overcome **certain deficiencies in primary needs**.

“It is important to have programs in the prisons,” says LUADA, ADYL and the director of the prisons. One of the recommendations would be to **propose a self-support group for prisoners**, currently imprisoned, who wish to stop or reduce their consumption of psychoactive substances during their time of deprivation of liberty. During the study, the research team gave some food to women and youth incarcerated persons.

Police Violence – Police brutality : Most users said that « **the LDEA is very disturbing and destructive toward** », they understand that the drug law of Liberia need reform. The police regularly “confiscate” phones, cash or any valuables from DU's apprehended during raids in the ghettos. This is surely due, perhaps, to a bad interpretation of the law which specifies «(c) arrest and apprehend as well as search all alleged violators (as drugs users (NDLA)) and seize for the purpose of confiscation, the effects or proceeds of the times as provided by law and take

32 - OSIWA research 2015

custody thereof » (JOKE). The DU's need to be "Inform about their rights and the law", says Luada

Stigmatisation and discrimination : Everyone agrees that **drug users are very stigmatized and discriminated**. From the family, the community and civil society, to the media, health workers and forces of law and order. But stigma, discrimination and violations of the human rights are major barriers to effective responses to access to health care. « Consequently, there is the need to protect the human rights of members of vulnerable and key populations by reducing stigma and discrimination and increasing access to justice »³³ and health care. In the case of Liberia which is still a weak and fragile state, public health and human rights remain major challenge to government.³⁴

No community involvement yet: It's necessary to create the first community-based organizations of drug's users in Liberia. No stalk order mentioned PSI, which is nevertheless the main recipient for the Global Fund. To date, there does not seem to be “community involvement of DU's in CCM and PEPFAR bodies”.

Accommodation: The research did not allow us to develop this aspect but it seems that « there are a primary needs ».

Outreach work : « Not too many people do this job » says ADYL. LIFE and LUADA seem to do outreach activities. But all the actors are « interest to work inside the ghetto with the target population ».

Family and community link : « Family support is important in the process of reintegration for drug users to their community » said LDEA. « It is often them who bring the patients » specifies Sametta “The parent need to do a role” and “the family is affected too” says ADYL.

Gender approach : Generally, women who use drugs have multiple vulnerability factors. “51.6% of the respondents get money through prostitution; 27. 2% get money through begging; 7.2% get money through stealing while 14% of them get money through doing mini work for people. ”³⁵. During this research we were able to interact

33 - Plan National Stratégique 2014-2020

34 - Dealing with drug problem from public health and human rights perspectives A major weakness in the national reform process in Liberia An Article By Julius J. Togba

35 - LIFE Survey

with participants who lead projects only for women who use drugs. The Users were able to confirm, with the approval of male users, that they suffered discrimination / violence "within the same ghetto". "There is a rehab center for women in Puebla," step down facilities "financed by Catholic funds," Sametta informs us. But despite my requests, I was unable to visit it. In addition, other people were able to confirm its existence and its treatment / therapy protocol. « **Women are less in the ghettos across Monrovia but they are victimize and look down upon, mostly** ».

Need for educational service / support etc : « Shows the educational level of the respondents. 68% of the respondents were school dropouts while 29.6% were high school graduates. This indicates that the majority of the respondents were school dropouts». ³⁶

Spirituality : Very important to include religious leaders and spiritual aspect.

Impact evaluation and transparency of projects already funded: "The big NGOs have money, but it does not fall".

No PEPFAR/PSI/GF/UNAIDS support : Policy to engage fund in direction of drugs-users.

Socio economic reinsertion : Priority needs of DU's.

Needs of Data : "We don't have enough Data to carry out effective advocacy", "We need more DATA". Unanimously, stakeholders are asking for more information and data.

Network : Despite the presence of a network, it seems that the different actors do not really work together but that they are very keen on partnerships. Drugs policies, NGO, actors, etc..

V - RECOMMANDATIONS

➔ DRUG'S USERS EMPOWERMENT

36 - LIFE Survey

a - Capacity building : For some DU, they become leaders and peer educator ; suggest to several organizations to bring together 3-4 DUs in order to inform them a little bit (rights, who is who is). Then make a meeting of each group in order to have a larger number and try to form an organization. "Give responsibilities to each association" ; DU's, ADYL, NARDWARP, LIFE, SSDP, PAS

b - First community based organisation of DU's In Liberia : Rely on ADYL, SSDP, and LIFE ; Organize small groups of DUs in the ghetto, bring them together and train them to become leaders and organize. ADYL asks us to support them in the implementation of the NGO.

➔ HARM-REDUCTION

a - Tools to reduce the risk of transmissible diseases : During the observations inside « ghettos », a distribution of a tool to reduce the risk of transmission during the exchange of crack pipes has been presented. This tool has attracted a real interest from DU's. It would be a question of promoting the acquisition of this tool for the interveners in order to create a link and to better understand the concept of HR. A leaflet is being created (see Appendix). We should continue this work and propose new tools adapted to consumption patterns and needs.

Stalkolders : DU's NGO, Government, CCM, UNAIDS, PSI, ETC

b - Adapted HR tools for counselling : Pictures, Vidéo, smoking, etc ; NGO. It's will be interesting to develop a study on the needs and assesments of DU's (see data part).

c - Self-support group /Support group : It would be interesting to offer « psychological support services inside the ghettos », the DU's during FG confirmed the « need for psychological support ». Actors seem interested and ready. We do not neglect aspects of health / community support, such as self - support groups / support groups, this does not yet exist despite some attempts and especially many requests. Some NGOs, "Would like to start one" as Liberia Coalition for Mental Health Services and LUADA, while others "rather self-support group for DU's" as SSDP and ADYL.

It will be pertinent **to organize one with prisoners too**, the administration is ready. DU's, prisoners, NGO for women DU's, for youth DU's, for man DU's, for ex-drugs user.

d - Family link support : Most of DU's said that their « families abandon them and stigmatize them », Family, community, NGO, DU's

e - Economical reinsertion : It's important to propose some income generating activities. directly or with the support of stakeholder. `

f - Promote HR activities / approach, in link with GF and PEPFAR.

➔HEALTHCARE

a - Specific services : Community center for the care of DU's (outside the hospital, because in the hospital it's too stigmatizing). It would be interesting to have a structure between the street and the rehab, which would make the link and allow for HR activities: "it would be interesting to have a service between the street and the hospital" - J. Koryor

b - HIV-TB adapted services : Condoms, HR tools ; self HIV test, community support,

c - Food program : First need, World Food Program, religious community, etc....

d - Mobile healthcare services : « It would be interesting to propose some psychological support services » says Sametta ; self-testing, psycho-social support, Harm reduction tools, HIV/TB prevention ; COVID/Ebola prevention, Human right, self-support, etc. NGO, Psychiatric hospital, LAPS,

e - Dermatology, gynecology, dentist, ophtalmo, etc : Develop some specific health services, include for Women, and youth/children.

f - Involvement of International NGO to give some medications : May be include some religious NGO's, MSF, Etc.

➔ADDICTOLOGY

a - National free rehab program : « Several drug users across Monrovia and its environs have called on the government of President George Weah to prioritize their rehabilitation instead of making promises of foreign scholarships and job opportunities. » ; It's important to have a therapeutical strategy. Do they include all addiction in the therapeutic protocol or do a specific program for crack and heroin addict ?

b - Therapeutic community : Government can support (LDEA, Hon.Thomas Gosua, ADYL) ; needs and for DU's and actors.

c - Addictology training : Needs more support/training for the prescriber and the doctor working in drug's abuse field. « We don't have therapeutic protocol and national plan » say LDEA, health workers and Psychologist.

d – Support the methadone therapeutic treatment (OST)

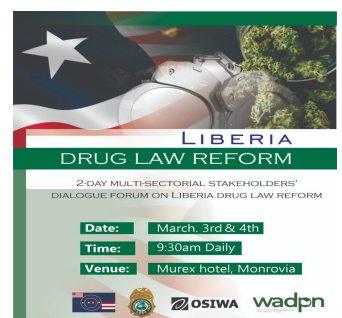
➔ DRUG LAWS & DRUGS POLICY

a - Try to be included in the technical group for revisiting the drug law : Or support the process to revisit the actual drug's law, Fund and technical support, Purpose of Hon.Thomas Gosua : 1 = Small team meeting : 2 = Technical committee : 3 = Symposium for validation : CF : OSIWA, UNAIDS, UNODC, IDPC, WADPN, WHO, Laws makers « This is a very major aspect of our advocacies that will support human rights law of users and not see it as a crime or offence. We need to firstly look at the human rights level and revise our drug law to enable a safe human right reformation strategies .

b - Promote the « drug law model for West Africa » : Fund and technical support

c - Symposium for NGO : « road map forum » ; Organize a day workshop between NGOs. Actors agreed, and began a project about this. ; CF : OSIWA, UNAIDS, UNODC, IDPC, WADPN, WHO ; NGO,Actors, DU's, expert, law makers ; Main Goal : Give strategic orientation for the new law. West African Drug Policy Network organize a symposium, with the support of OSIWA in march 2021 (see below).

d - Best knowledge of the actual law : « Inside generalist media for general population (radio, télévision) » says LDEA & J.Koryor. NGO, Civil Society.



Produce information leaflets to give to the DU's, with a reminder of the law, but also of rights.

e - Team of drug policy activist : Included DU's, NGO, Lawyers, SSDP, WADPN, OSIWA, INPUD, IDPC, etc..

f - Incarceration alternative : Promote law, therapeutic community, « the parliament can support », NGO & DU's « agree », some NGO are « interested ».

g - National Interministerial drugs commity : holistic approach

h- Network of NGO : « Yet another key priority is to strengthen CSO network of organizations working in the sector to enhance their ability to engage members of parliament and other law reform stakeholders such as the Law Reform Commission, Independent Commission on Human Rights, the Judiciary, Ministries of Justice, Gender, ». NARDWAP, began this project with the support of the team research; What's the position of the member of the Liberian Drug Policy Network ? ; NGO, Funders

➔ GENDER APPROACH :

Transversal approach, began a women drug's users (self) support group ; Began a women ex-drug users (self) support group ; Include women to each process ; Target on GBV, Children & Traffic child. LIFE organization, is on this field.

➔ DATA COLLECTION

a - IBBSS specific for Drugs-users of Heroin/ Crack-Cocaïne, and or Opioid with KABP Part, include an estimate size of the population, numbers of ghetto (LDEA) :

b - Rapid Assesment : On the recommendations on « UNAIDS » and others NGO, Liberia needs a rapid assessment on drug use context;

c - Study about TB and MRTB : in drugs users population ;

d - Community Participative Diagnostic of needs and assesment of DU's : This methodology is adapted to the target population and the context. It's important to have a real idea of the needs and the asesment of the DU's to implement activities that are in link. Potential funder : CCM, Initiative 5%, AFD, UNAIDS, UNODC, OSIWA, WADPN, SIDACTION, etc.

e - Identification national system : To have national data it will be interesting to develop a national identification for the drug users that enter in the health system.

➔ CAPACITY BUILDING

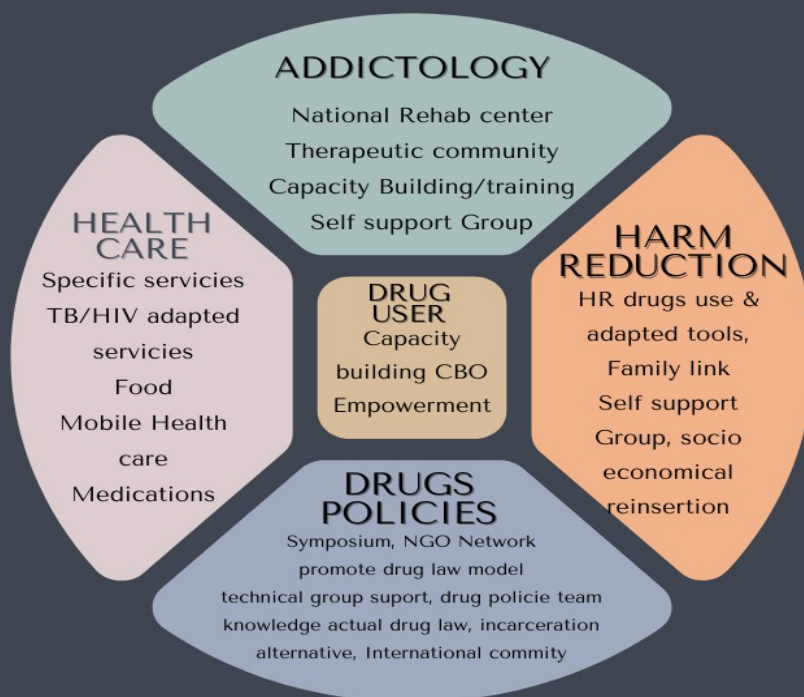
- Harm Reduction base training : Awareness of substance prevention, advocacy, communication, peer involvement, evidence base information, research, program development, M&E, Human resources development on drug prevention strategy, actions and change; system strengthening in the prevention and control of drug in communities and institutions, Collaboration, conflict management, how to find funds, in the direction of: prescriber, health worker, police, NGO's, DU's, Civil Society, etc. As research action, the research team was able to develop, directly with the partners and in the field, activities / actions allowing the implementation of the following recommendations.

- Organize a day of reflection / Symposium with all the NGOs : ADYL and SSDP writing a ToR for a one day symposium. Paroles Autour de la Santé, will be financial partners of this symposium.

- NGO's Network : NARDWAP begin a work for the implementation of a national NGO network.

RECOMMENDATIONS

In a transversal way, it is important to take into consideration a gender approach, to collect data and to strengthen the capacity of all the actors.



LIBERIA OCTOBER 2020 MISSION

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VII – ANNEXES

Harm reduction leaflet :

HARM REDUCTION LIBERIA

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

- 1 KNOW YOUR SOURCE**

Find out as much as possible about the quality and effects of the product you buy. Heroin is sometimes cut with toxic drugs, but is most dangerous when it is too pure! The majority of overdoses are caused by heroin that's less cut than usual.
- 2 AVOIDS INJECTIONS**

Avoid injections. Sniffing, smoking or inhaling are less risky. But if you want use by injection, either buy new needles or syringes from a pharmacy or any trusted sources.
- 3 DON'T SHARE TOOLS**

Avoid sharing the materials you use. For example, if you smoke crack or coco, try to have your personal pipe
- 4 BE CAREFUL HOW MUCH YOU CONSUME**

Pay attention to the dose or how much you consume. If you are doing something for the first time, take at most half as much as the regulars. Also do this if you hadn't consumed that particular drug in a long time
- 5 AVOID TO STAY ALONE**

Avoid being alone when you use brown-brown or Thailand. In the event of an overdose, you can be rescued. Surround yourself with people you trust in a reassuring or secure location.
- 6 TRY TO DONT MIX DRUGS, ESPECIALLY WITH ALCOHOL.**

Do not mix heroin or brown-brown with alcohol, and especially not with medications like Tramadol, Ecstasy, Diazepam, Valium, etc. This greatly increases the risk of an overdose.
- 7 AVOID RISKY ACTIVITIES**

Avoid driving and any similar and responsible activity when you are high or under the influence of any drugs.
- 8 CARRY CONDOMS**

Dont forget to always have condoms available and always use them when engaged in sexual intercourse.

