



WEST AFRICA DRUG POLICY NETWORK

ANNUAL REPORT

2020 - 2021

**PROMOTING EFFECTIVE
DRUG CONTROL RESPONSE
IN WEST AFRICA**

LIST OF ACRONYMS

PWUDs/PUDs	People who Use Drugs
CSOs	Civil Society Organisations
NGOs	Non-governmental Organisations
NDLEA	National Drug Law Enforcement Agency
DEA	Drug Enforcement Agency
HIV	Human Immunodeficiency Viruses
AIDS	Acquired Immunodeficiency Syndrome
OSF	Open Society Foundation
OSIWA	Open Society Initiative for West Africa
WACSI	West Africa Civil Society Institute
GDPI	Global Drug Policy Index
ECOWAS	Economic Community of West African States
IDPC	International Drug Policy Consortium
WACD	West Africa Commission on Drugs
THC	Tetrahydrocannabinol
WADPN	West Africa Drug Policy Network
UNODC	United Nations Office on Drugs and Crime
UNAIDS	United Nations Programme on HIV and AIDS
WHO	World Health Organisation
UN	United Nations
COVID 19	Corona Virus 2019
OHCHR	Office of the United Nations High Commissioner for Human Rights
PNDCL	Provisional National Defence Council Law

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Drugs have destroyed many lives, but wrongheaded governmental policies have destroyed many more. I think it's obvious that after 40 years of war on drugs, it has not worked. There should be decriminalisation of drugs.

”



Kofi Annan
Former Secretary-General
of the United Nations



PRINCE BULL-LUSENI
Executive Director

MESSAGE FROM THE EXECUTIVE DIRECTOR

Despite strong opposition to evidence-based drug policy reform, restrictions on travel and gathering due to the COVID-19 epidemic, rapidly shrinking civic space, and a lack of adequate personnel and financial resources during the reporting period, the West Africa Drug Policy Network (WADPN) made significant contributions in advancing drug policy reform in the sub-region. This demonstrates the tenacity of a nascent civil society group.

This report describes some promising outcomes of WADPN's institutional strengthening initiatives, drug policy reform advocacy, and other programmatic interventions, as well as the extended partnership and collaboration activities that supported this advancement.

Because charity starts at home, the Network launched a rigorous institutional strengthening drive when it began operations in January 2020 to guarantee leadership accountability, inclusive governance, and strategic programming. We hope that the account of the WADPN's unique origin and evolution from a loose network to a registered autonomous civil society organisation with chapters in all 16 ECOWAS West African states will serve as an acceptable model for building resilient civil society organisations in the sub-region.

To reveal the sparkling picture of the future of drug policy reform in West Africa, the report draws on peculiar occurrences, such as the growing evidence of stakeholders' disinclination to the war on drugs and the expressed political will by many governments in the sub-region to implement a human rights and public health-oriented drug control.

For instance, the enactment of Ghana's Narcotic Control Commission Act 2019 during the lockdown in March 2020 (at the peak of the COVID-19 pandemic) despite aversive legal, moral, and sociocultural barriers was so unprecedented that it served as a trailblazer and influenced drug policy reform in other West African countries.

The narrative is changing because people’s ideas about drug use, human rights, and public health are changing. Today, the debate over drug policy reform is open and widely consultative; more countries now implement harm reduction programs, and the few that have already reviewed their laws or are considering doing so have proposed nonpunitive alternatives to incarceration for minor, nonviolent drug offences like drug use and personal possession.

Thanks to our donors—the Open Society Foundation (OSF) and Open Society Initiative for West Africa (OSIWA), partners, allies, and membership—who have not wavered in their support for human rights and public health-centred drug control responses, without which gender equality, good governance, democracy, peace, and security remain elusive.

2.0 ABOUT WADPN

The West Africa Drug Policy Network (WADPN) was established in 2015 and registered in 2018 as a regional network of individuals and civil society organisations with diverse backgrounds and specialities, including human rights, public health, harm reduction, and prison reformation, governance, education etc. The Network has membership and established chapters in all 16 ECOWAS (Economic Community of West African States) West African countries, including Mauritania.

The goal of the Network is to promote evidence-based drug policy reform that is based on human rights, public health and sustainable development. We are also concerned about the health and well-being of people who use/inject drugs and other key populations including sex workers, people exposed to or are living with HIV, and other drug-related blood-borne diseases.

The West Africa Drug Policy Network prides itself on an intrinsic, comprehensive, well-installed and functioning governance and management structure. The WADPN is composed of a heterogeneous, multi-cultural and multi-disciplinary governing board of 5 persons across the region, who possess ingrained experience in their respective fields. The role of the board, headed by a chairperson, is to exercise oversight of all programmes and activities and financial resources and assets of the Network. It is also responsible for receiving, reviewing, and approving operational plans, annual budgets and reports submitted by the Secretariat.

The Secretariat, which is the operational and administrative body of the network, consists of the Executive Director, Programme Officers and the Finance and Administrative Officer. The Secretariat is responsible for the day-to-day operations of the Network.

Then, we have the Country Chapters which are made up of civil society organisations and individuals, including people who use drugs and other key populations across the 16 West African countries with Mauritania inclusive. The country chapters are led by focal points and are organised at their respective national levels. The role of the country chapters is to coordinate and advance activities of the Network at the national and community levels.

2.1 Vision Statement

A West Africa where drug policies are humane and based on human rights, public health, and human security principles.

2.2 Mission Statement

To support drug policy reform in West Africa by building the capacity of local CSOs (civil society organisations) to address the impact of drugs on democracy, governance, human security, human rights, and public health.

2.3 Objectives

- To promote evidence-based drug policy in the region
- Mobilisation of CSOs to advocate for drug control efforts as it impacts drug trafficking on governance, democracy, human rights, security, health, and development.
- To mobilise and build the capacity of CSOs on effective drug control response that is based on evidence.
- To equip the CSOs with skills and resources for advocacy, including capacity building, networking, media relations, and fundraising.
- To share with the CSOs best practices on drug control efforts from across the globe.
- To build a sustainable regional platform for CSOs to network, foster partnerships and collaborations, and share best practices and shared challenges among CSOs.



3.0

WADPN 2020 JOURNEY & BEYOND

3.1 The Transition (Chapter Re-Constitution and Database)

In 2018, the regional Secretariate of WADPN was registered as an independent organisation under the laws of Ghana to enable the network to diversify its sources of funding, become more agile in its efforts to promote a human rights and public health-centered approach to drug control in West Africa and to manage and coordinate the affairs of all its 16 National Chapters.

In January 2020, the Network Secretariate witnessed the appointment of its first substantive Executive Director, Mr Prince Bull-Luseni, to head and represent WADPN at the regional level under the supervision of six dynamic board members and with support from high-performing staff.

As part of the transition, the Network Secretariate facilitated and supervised the reconstitution of its membership and restructuring of its country chapters in an order that fosters inclusive governance and effective leadership to ensure transparency and accountability. This restructuring also encouraged the representation and participation of our beneficiaries, including PWUD and other Key Populations (KP), at strategic decision-making levels of the Network.

Where possible, some country chapters are legally registered under the laws of their respective countries and now operate a bank account in the name of the Network. Chapters also developed and signed a memorandum of understanding (MOU) with their members to inform processes, procedures, and transitions.

These efforts have added value, and credibility and expanded the Network's membership in the West African region. The transitioning process has, even now more than ever, solidified and positioned WADPN as a regional body working on drug policy reform and drug-related issues.

3.2 First Sub-Grant

In 2020, WADPN Secretariate received total joint funding of \$100,000 from the Open Society Foundation (OSF) and Open Society Initiative for West Africa (OSIWA), to support CSOs, particularly those registered with the Network, "to promote effective drug control response in West Africa".

In line with this objective, WADPN sent out its first call for proposals in March 2020 which received hundreds of applications. However, the COVID-19 pandemic and attendant restrictions on movement and large gatherings saw the grant-awarding process for this call put on hold. Hence, following an in-depth assessment of the pandemic situation, WADPN decided to respond to the impact of COVID-19 on people who use drugs/ people living with HIV/AIDS as a matter of urgency. Five organisations in Cote d'Ivoire, Mali, Nigeria, Senegal, and Sierra Leone qualified for this grant¹ and were funded.

Our partner in Senegal, J-GEN Women Global Entrepreneurship,² targeted an estimated 100 female drug users in prison and the suburbs of Dakar with related items. 400 people who use drugs were reached in Nigeria, 200 in Sierra Leone, 300 in Mali and 200 in Cote d'Ivoire.

Tip

These emergency grants targeted drug users who were much vulnerable to the health and socio-economic impact of the virus, such as young, unemployed drug users who are either homeless or lived-in marginalised communities. The project provided these users with information on COVID-19 transmission and how to prevent it. Information on governments' regulations and safer drug use during the pandemic was also provided to them in addition to assorted food items, sanitary materials, including hand soap and sanitisers, nose masks and in some cases, needles, and syringes.

3.3 WADPN COVID-19 Emergency Response

As the global pandemic raged in early 2020 and threatened the global economy, security, and overall stability, it became evident that people who use drugs (PWUDs) encountered additional risks and challenges than the general population, particularly in West Africa. PWUDs were particularly vulnerable to COVID-19 due to underlying health conditions associated with drug use, stigma, social marginalisation, and higher economic and social vulnerabilities, including a lack of housing and health care access.

Moreover, with the COVID-19 restrictions, including physical distancing, and extended periodic lockdowns, it was difficult for PWUDs, particularly those with dependence, substance use and homelessness problems, to protect themselves from contracting the virus. WADPN thus, intervened with holistic emergency humanitarian support through its country chapters in Cote d'Ivoire, Mali, Nigeria, Senegal, and Sierra Leone to mitigate the risks and minimise the exposure of PWUDs to COVID-193 infection.

This response targeted PWUDs who were much vulnerable to the health and socio-economic impact of the virus, such as young unemployed PWUDs who are either homeless or living in marginalised communities. The response provided PWUDs with information on COVID-19 transmission and how to prevent it. Information on governments' regulations and safer drug use during the pandemic was also made available to them in addition to assorted food items, sanitary materials including hand soap and sanitisers, nose masks and in some cases, needles, and syringes.

3.3.1 Nigeria

Our country chapter, led by Bensther Development Foundation, organised a COVID-19 awareness campaign for 400 PWUDs in small groups of 4. The campaign sessions included practical demonstrations on wearing and removing nose masks, hand washing and followed by:

1. distribution of COVID-19 prevention kits such as hand sanitisers, liquid soaps, disinfectants, nose masks, gloves, and buckets;
2. distribution of syringes, needles, and water for injection for people who inject drugs; and
3. distribution of food, hygiene materials and immunity-boosting drug items, including rice, noodles, yam tubers, sanitary pads, soap, tissues, toothbrushes and pastes, vitamins C, B complex, folic acid, and yeast tablets.

As part of her testimony, a 24-year-old female who use drugs and lived in Abakpa, Enugu State in Nigeria, after receiving support from the team and was helped to access maternal care shared that:

“I am grateful to WADPN for their support and timely intervention. I have lived in fear of losing my life and my baby due to the lack of the necessary medical attention. Since I noticed I was pregnant after being raped by 3 police officers in exchange for my arrest for possession of cannabis, I have never sought medical attention. Not because of the trauma and stigma, but because I do not have the information and financial resources to do so. I would like to express my sincere gratitude to WADPN for this life-saving intervention.”

3.3.2 Senegal

Our partner in Senegal, J-GEN Women Global Entrepreneurship, targeted an estimated 100 females who use drugs in prisons and the suburbs of Dakar. These categories of PWUDs, often neglected, were provided with sanitary and hygiene items, COVID-19 prevention kits, as well as educated on safer drug use.

3.3.3 Sierra Leone

Similarly, the country chapter supported 200 PWUDs living in drug-affected communities and slums. They were taken through an awareness session, in which they were educated on Covid-19, its prevention and practising safer drug use. They also received food and clothing items, as well as preventive kits.

“There has been no single attack on us in the last two months since your last engagement with police personnel at the police station down the road.” The ‘Headman’ Black Street community and ‘Friends of the dead’ in Freetown, Sierra Leone told the WADPN team.

3.3.4 Mali and Cote d’Ivoire

Our country chapters, with Paroles Autour de la Sante as the lead organisation, reached out to 300 and 200 PWUDs in Mali and Cote D’Ivoire respectively. The interventions took place in various drug-use communities in both countries. PWUDs were similarly educated on the preventive measures against COVID-19 and specifically supported some harm reduction measures such as the distribution of needles and syringes to lower their risk of infections.

According to PWUDs in Mali who benefited from the project, “since the COVID-19 outbreak, and even before, we have not benefited from any form donation or charity by government or non-governmental agencies. We believe this is so because we are drug users and society views us as bad people. That is why we consider the intervention of WADPN as timely and a blessing. We look forward to more of this.”

Overall, the COVID-19 Emergency Response intervention ensured and contributed to the sensitisation, protection, and support of over 1000 PWUDs across five countries in the region. The project, indeed, could not have happened at a better time as it helped alleviate the multiple effects of the stigma, marginalisation, social injustice and extreme economic hardship that PWUDs face.

3.4 Second Sub-Grant

Following the relaxation of COVID-19 pandemic restrictions in some West African countries, another round of sub-grant was issued to a few more WADPN Country chapters, namely Liberia, Senegal, Burkina Faso, Sierra Leone, Niger, and Benin, to promote effective drug control response in their respective countries.

A photograph of a man in a grey suit, white shirt, and striped tie, wearing glasses and a black face mask. He is speaking at a podium, with his right hand raised in a gesture. The background is a blurred indoor setting with a microphone and a water bottle visible. The image has a warm, yellowish tint.

4.0

INFLUENCING DRUG POLICY REFORM IN WEST AFRICA

Following the relaxation of the COVID-19 pandemic restrictions in some West African countries, WADPN initiated, supported, coordinated, and realised a series of interventions across the West African region which aimed at addressing punitive, prohibitive, and militarised drug control laws and policies, which have set the regime for, albeit ineffective drug control in the region. Thus, WADPN focused on and worked to promote effective drug control responses in – Burkina Faso, Ghana, Liberia, Nigeria, Niger, and Sierra Leone.

4.1 Roadmap to Sierra Leone Drug Law:

At the end of 2019, the government of Sierra Leone declared its intention to reform its drug laws (the National Drug Control Act 2008 and Drug and Pharmacy Act 2001), as a step toward adopting an evidence-based approach to a more effective and sustainable drug control response. This expression of interest to review and harmonise these laws came as the government's response to the growing demand from WADPN and its allies, for the decriminalisation of drug use and possession, and the glaring evidence of the massive failure of the criminal justice approach in addressing the country's drug problems.

In the first quarter of 2020, as a response to the government's expression of interest to reform their drug law and to sustain the momentum garnered, WADPN, in collaboration with the Sierra Leone National Drug Law Enforcement Agency (NDLEA), organised an online information-sharing and dialogue forum to discuss the roadmap to Sierra Leone's Drug Law Reform process. The meeting, which aimed at protecting the Model Drug Law for West Africa as a model for the review process, convened drug law enforcement officers, People Who Use Drug (PWUD), the judiciary, policymakers, service providers, health care workers, prison officers, religious community, and civil society organisations. As one of the key speakers, the Executive Director for NDLEA, Mr Abdul Kargbo, who represented the agency, presented an overview of the current drug situation in the country, the challenges, and opportunities for the drug law review process, and reiterated government's commitment to review their drug laws.

"The government officially intends to reform their drug laws in the coming years. And with plans to hold a national consultation to inform the process.", Mr Abdul Kargbo, Executive Director NDLEA.

Later in October 2020, WADPN and the Institute for Drug Control and Human Security (IDCHS) organised a two-day special training for the National Drug Law Enforcement Agency (NDLEA) and other actors including the Pharmacy Board, the Sierra Leone policy, Correctional Services etc. on a human rights and public health centred drug control response. The training enhanced the knowledge of participants in anticipation of their participation in the Sierra Leone drug law reform process.

In addition, WADPN established a Network of People Who Use Drugs in all four-regional headquarters towns in Sierra Leone – North (Makeni), South (Bo), East (Kenema) and Western Urban (Freetown) which also benefited from training sessions that empowered them to identify, articulate, and lead their advocacy and demand for their rights.

4.1.1 Sierra Leone Drug Law Strategic Master Plan

Ahead of the review process and in demonstration of their preparedness, the Agency – National Drug Law Enforcement Agency (NDLEA) with support from ECOWAS Commission and input from multiple stakeholders, including WADPN, developed and validated the Agency's first-ever Strategic Master Plan which highlights the review of the 2008 National Drug Control Act as a significant pillar of the plan.

This Plan stands on five giant pillars which wholeheartedly support what can be referred to as a balanced drug control approach. The document under its second pillar seeks to reduce drug demand through prevention, treatment and alternative development whilst increasing the availability and access to controlled substances for medical and scientific purposes. Pillar three explicitly proposes the review and alignment of the National Drug Control Act, 2008 with fundamental human rights provisions and the rule of law: which have been awfully slow in coming due to lack of logistics and expertise despite political will. However, following the strategic partnership and intense engagements with the NDLEA, WADPN gained the blessing of the agency to reactivate and lead the review process.

Pillar four proposes the provision of treatment, rehabilitation, and reintegration for problematic drug users. Notwithstanding its heavy-handed approach to high-end trafficking and illicit cultivation of drugs, under pillar one, this strategy does not entirely side-track from WADPN's recommendations. It sustains considerations for proportionality in sentencing, possible diversion of all minor nonviolent drug offences from the criminal justice system and other alternatives to incarceration and criminalisation, such as drug treatment and rehabilitation services. This will further translate into the decriminalisation of the use and possession of drugs or drug use equipment for the purpose of harm reduction.

Beyond the opportunity for a more humane drug control response, this Strategic Master Plan is expected to contribute significantly to criminal justice reform in Sierra Leone as well as improve the country's HIV/AIDS response.

4.2 Ghana

WADPN members participated in a series of live online radio interviews/debates on the benefits of Ghana's new Narcotic Control Commission Bill 2019. They pushed for the president to assent to the Bill. Articles in response to petitions against the Ghanaian President assenting to the bill were written, signed by members of WADPN-Ghana, and sent to the president, published on social media and websites. The bill was incidentally enacted into law in March 2020. As Ghana eased measures and restrictions, more in-person engagements kicked in to raise awareness on the new law and promoted the establishment of structures, such as harm reduction facilities, to support the implementation of the new law. The Network continues to work with the Narcotic Control Commission, HIV/AIDS Commission, and a consultant on developing the Legislative Instrument to guide the implementation of the Act.

WADPN and its partners hired the services of a desktop Researcher to compile modules on Harm Reduction and Licenses Regimes for the Legislative Instrument; a consultant to draft the legislative instrument itself for the Narcotics Control Commission law, and a consultant to develop a communication strategy to roll out the new drug control act and the legislative instrument.



4.3 Liberia Drug Law Reform Process

In response to citizens' concerns about the proliferation of illicit drugs and their corresponding effects, WADPN collaborated with authorities in Liberia, precisely the office of Hon. Thomas A. Goshua II, the Liberia Drug Enforcement Agency (LDEA) and other relevant actors/agencies to amend critical provisions of the Controlled Drugs and Substance Act 2014, that disproportionately affected minor nonviolent drug offenders and at the same time undermined efforts to hold high-end traffickers to account.

This collaboration resulted in the organisation of a series of strategic advocacy engagements with lawmakers, law enforcement and highly influential politicians to facilitate this amendment and ensure that it is enacted into law.

In February 2021, the Network organised a multi-sectorial stakeholders' dialogue forum on Liberia's drug law reform which convened lawmakers, law enforcement officers, service providers, civil society, religious and community leaders, people who use drugs and drug-affected communities. Participants of this all-inclusive and highly participatory forum assessed the effectiveness of the current drug control approach and its impact on minor nonviolent drug offenders, *vis-à-vis* proffered evidence-based recommendations that were human rights and public health-oriented. A review committee was constituted promptly, and the law was reviewed and validated in accordance with WADPN recommendations. The amended "Controlled Substances Act of 2014" was introduced in the House of Representatives, where it was passed by an overwhelming majority.

The welcoming news is that following this activity and the law review process, the plenary of the House of Representatives of Liberia has passed into law and forwarded the "Controlled Drug and Substance Act of 2014" to the House of Senators for onward deliberations and concurrence. The bill promotes alternatives to incarceration and criminalisation, particularly for minor, nonviolent offences. It reduces mandatory custodial sentencing for drug use and possession of drugs for personal use from five years to not more than eighteen months. It also decriminalises harm reduction practices in public health and human rights considerations and makes drug trafficking a nonbailable offence.

4.3.1 Building the capacity of Civil Society Organisation in Liberia on evidence-based drug policy reform advocacy

As part of the amendment process, WADPN organised a two-day workshop for civil society organisations in Liberia, including faith-based organisations and a network of people who use drugs, on evidence-based drug policy reform advocacy. The workshop aimed at building the capacity of drug-affected persons and communities to build an alliance and lead their own evidence-based drug policy reform advocacy. As a case study, participants were given the opportunity to analyse the Controlled Drug and Substance Act 2014, identify provisions that disproportionately affect them and proffer alternative provisions that could guarantee their human rights and non-judgmental access to public health services. Participants compiled recommendations which were presented to Liberia's drug law review committee for consideration. At the end of the workshop, the Liberia Network of People Who Use Drugs (LiNePWUD) was established and formally launched in Monrovia.

4.3.2 Visitation to Drug-Disadvantaged Communities in Liberia

Mr Prince Bull-Luseni (Executive Director of WADPN) and members of the WADPN Liberia Chapter toured 3 drug use and affected communities in and around Monrovia. The team engaged occupants of all 3 communities and discussed their challenges and special needs, particularly pregnant teens, lactating mothers, and their children. Among them were the regular police raids coupled with violence, torture, abuse, and mass incarceration. The lack of access to accurate and reliable safer drug use information and the required resources to afford adequate food and access to health care has left many of them vulnerable to various forms of sickness and diseases. A few articulate users were identified and selected to represent their communities at a capacity-building session for civil society organisations and establish the Network of People Who Use Drugs in Liberia.

4.3.3 Liberia National Drug Master Plan

In 2021, following the review and passage of Liberia's main drug control law – Controlled Substance and Drug Act 2014 - at the House of Representatives, and subsequent onward submission to the Senate for deliberation and concurrence, WADPN, in collaboration with the Office of the Hon. Goshua and Liberia Drug Enforcement Agency (DEA), organised a Strategic Advocacy Engagement to expedite the concurrence of the amended Controlled Substance and Drug Act 2014. However, due to conflicting priorities of the legislative committee of the House of Senate, the Senate was yet to debate the law.

Notwithstanding, WADPN has continued its partnership with the Office of the Hon. Goshua and DEA to develop a Strategic Master Plan that focuses on Harm Reduction – drug treatment and rehabilitation programmes whilst seeking funds to commence refurbishment of facilities and administration of services on the margins of awaiting the concurrence of the law at the House of Senate.

4.4 Benin

In Benin, the Network organised a two-day workshop for key actors from the criminal justice system, drug supply and demand reduction, law enforcement, lawmakers, religious leaders, Network of PWUDs, health professionals and other relevant actors to discuss the impact of the current drug control approach on minor, nonviolent drug offenders in Benin.

Relevant provisions of the West Africa Commission on Drugs (WACD) Model Drug Law were highlighted and presented to government authorities for consideration when reviewing the Benin drug law. Authorities received these recommendations and committed to consider reviewing their drug laws in line with these recommendations. In addition, copies of the Model Drug Law were reproduced and disseminated to participants.

4.5 Niger

In Niger, the Network implemented two activities during the period under review. The chapter conducted a baseline study on PWUDs in the Niamey region and provided humanitarian support to PWUDs in Niamey. The baseline study focused on collecting quantitative and qualitative data (including initial size estimate) to assess the extent of drug use in general and injecting drug use and their associated health risk. The team analysed existing documents to align their findings with existing recommendations/national strategies on drug-related issues. 137 PWUDs were sampled and surveyed in five (5) communities of the Niamey region.

The following notable achievements were recorded because of the study:

- The Network has gained better knowledge about drug users in the urban community of Niamey (meeting places, user profiles, other needs, etc.).
- A climate of trust was also developed between NGOs and drug user groups.
- The members of the WADPN Niger group have developed more capacity and motivation to work to support a change in laws and policies on drug users in Niger.

On the other hand, the humanitarian support for PWUDs aimed at distributing 20 kits of food, clothes, and soap items to PWUD populations and their families. About 40 PWUDs have benefited from this intervention in the Niamey region, especially in poverty and difficulties linked to Covid-19.

4.6 Burkina Faso

In Burkina Faso, the Network popularised the Model Drug Law of West Africa among key stakeholders and policymakers to trigger Burkina Faso's drug policy reform process. The presentation was made on key provisions of the Model Drug Law, and several hard copies were disseminated to participants, including administrative and judicial authorities.

From the 19th to 22nd of October 2020, members of the Network also made a series of one-on-one strategic advocacy visitations to government ministries, including the Ministries of Health, Justice and Security, and members of the national assembly, the National Committee for the Fight against Drugs (CNLD) etc.

The team also held a regional advocacy workshop in Bobo-Dioulasso on 12 November 2020. This workshop brought together the regional administrative authorities, judicial and health authorities, customary and religious leaders, the defence and security forces, and the civil society was represented by three associations working with people using psychoactive substances, including an association for the defence of the rights of people using psychoactive substances. A total of thirty (30) people took part in this regional workshop. As a result of this workshop, the administrative, political, and judicial authorities in Burkina Faso have expressed interest in reviewing the current anti-drug law in Burkina Faso.

4.7 Nigeria

In Nigeria, the Network launched the Nigeria Drug Law Reform Advocacy, which used the WACD Model Drug Law as a model to promote the reform and review of Nigeria's drug law, including the current Drug Law Enforcement Agency (NDLEA) Act.

The Network also held direct, high-level one-on-one strategic advocacy engagements and meetings with:

1. The Secretary of the Federal Justice Sector Reform Coordination Committee (FJSRCC) of the Federal Ministry of Justice, Abuja.
2. The Chairman and CEO of the Nigeria Drug Law Enforcement Agency (NDLEA) were represented by the NDLEA Secretary and the Director of Drug Demand Reduction (DDR) of the NDLEA.
3. The Secretary of the Administrative of Criminal Justice Monitoring Committee (ACJMC) of Abuja's Federal Ministry of Justice.

Information, education, and communication (IEC) materials on affected drug control response were printed and disseminated among these participants, including 300 copies of the Briefing Note on Drug Law Reform in Nigeria, summaries of the Model Drug Law) and 200 copies of the Model Drug Law Handbooks.

4.8 Senegal Unveils its National Strategic Plan on Drug Control

In February 2021, Senegal organised a validation workshop to validate and approve the National Strategic Plan on Drug Control, covering 2021 – 2025. Subsequently, an appropriation workshop was held from 6th to 8th October 2021 to promote ownership of the Strategic Plan by the actors involved in drug control and define an implementation plan, both technical and financial, for the National Strategic Plan.

The development of the Strategic Plan and the two workshops were spearheaded by Inter-ministerial Committee for Drug Control (CILD) and supported by other national agencies such as the Central Office for the Repression of Illicit Drug Trafficking (OCRTIS), the Ministry of Health, the Directorate-General for Economic Planning and Policies (DGPPE), the Legislative Services Directorate of the General Secretariat of the Government, security forces, including the Police, Gendarmerie and Customs. Civil society representation and involvement were accounted for through CEDPIAD (Integrated Addiction Care Centre of Dakar), ANCS (National Alliance of Communities for Health), FONSELUD (National Federation of NGOs working on Drugs), African Network against Drugs, Violence and AIDS (RADOVIS), among others.

The new National Strategic Plan on Drug Control has been developed to guard the vision of a drug-free society for sustainable and harmonious development in Senegal. The document aims at reducing illicit drug trafficking and its use in Senegal from 2021 to 2025. The Strategic Plan is set under the guiding principles of commitment and leadership at the highest level, results-oriented management, public health and human rights approach, gender mainstreaming in drug control response, inclusivity and participatory process, and transparency and accountability. Furthermore, the Strategic Plan is anchored on four (4) pillars which seek to; (a) strengthen the legal and institutional framework to address drug abuse and illicit drug trafficking, (b)

strengthen the capacities of actors, (c) reduce drug supply and demand, and (d) improve communication on the national drug control system. Under the first pillar, the strategy is committed to two objectives.

The first is to revise and improve current legislative and regulatory texts, particularly Law No. 97-18 of the Drugs Code, adopted in December 1997 (and amended by Law No. 2007-31 in December 2007). The revision will prioritise alternatives to incarceration and, equally, establish an appropriate legal framework for harm reduction programmes and treatment for people who use drugs (PWUDs). The second objective is to strengthen the institutional framework by restructuring relevant governmental bodies/agencies responsible for drug control such as CILD, establishing a medico-judicial unit, setting up the Senegalese Observatory on Drugs and Addictions (OSDA), setting up mental health units in all the regions, and developing a consultative framework for all actors involved in drug control.

The second pillar supports strengthening the capacities of all actors involved in drug control. The Strategic Plan ensures strengthening the operational and technical capabilities of the defence and security forces, care service providers, and civil society. Additionally, the document pushes for the availability of controlled substances for medical and scientific purposes while implementing means to promote research.

The third pillar focuses on the reduction in drug supply and demand. The Strategic Plan calls for improved support for people who use drugs, highlighting the need for their socio-economic reintegration. It seeks to reduce the prevalence of HIV among people who inject drugs and barriers impeding the respect of human rights and gender balance whilst promoting alternative development. The education of the public on the harms of drugs and challenges associated with drug control is also prioritised under this pillar.

The fourth pillar of the strategic plan aims at improved communication on the national drug control system. The document proposes developing and implementing a national communication plan and strengthening communication mechanisms to foster an effective and coordinated approach to communication at all levels.

The West Africa Drug Policy Network (WADPN) acknowledges this giant approach by Senegal towards an effective drug control response that embodies human rights, public health, security, and alternative development. WADPN wishes to particularly commend the CILD in its determination to join the new era of drug policy reform in West Africa. WADPN further extends its appreciation to other government agencies and civil society organisations that contributed to this initiative.

A photograph of a man speaking at a press conference. He is wearing a white t-shirt with a sign that says "Support. Don't Punish." in green and black. A microphone is positioned in front of him. In the background, another person wearing a white face mask is visible. The entire image is overlaid with a semi-transparent teal color.

5.0 MODEL DRUG LAW PROJECT

5.1 The Concept

Drug policies across the West African States vary markedly and with existing drug laws and approaches rooted in prohibitionist interpretations of the international drug control conventions, which have until recently, gone unquestioned for decades. However, the increasing interest among governments in the region to revisit and review these existing laws in favour of more proportionate, evidence-based, and humane policy responses, served as a window of opportunity.

In September 2018, the West Africa Commission on Drugs (WACD) launched the first-ever regional Model Drug Law for West Africa⁶ – the culmination of several years' work - to provide a template with legal provisions that countries in the sub-region can adapt to reform their drug laws.

Indeed, the WACD Model Drug Law for West Africa has the potential to be a pivotal resource for the region making it necessary to initiate proactive steps to disseminate, discuss and promote the document at the national level so that it can directly support and encourage reforms.

As such, the West Africa Drug Policy Network (WADPN), the International Drug Policy Consortium (IDPC) and the West Africa Civil Society Institute (WACSI) in collaboration with the Open Society Initiative for West Africa (OSIWA) implemented the project "Disseminating and Actioning the Model Drug Law for West Africa". This primarily sought to empower local civil society and other stakeholders to disseminate and promote the WACD Model Drug Law for West Africa at the national level and use it as a catalyst for change.

In May 2019, the 18-month project commenced with a two-day advocacy workshop in Accra Ghana, on how to use the Model Drug Law for West Africa and the Dakar Appeal as tools for change in West Africa. The Workshop brought together the WADPN focal points from 15 West African countries and representatives from ANCS and RAFASUD.

Subsequently, from August 2020 to March 2021, four countries identified during the workshop based on the quality and the effectiveness of their advocacy plans including Burkina Faso, Liberia, Mali, and Nigeria were supported to undertake a robust and more impactful intervention.

5.2 The Project

Some of the activities implemented across the countries included: organising and holding Advocacy Visits and Meetings with key Policymakers, Justice Sector Reform Coordination Committees, FMOH, National Assembly Committee members on Narcotics, Justice/Human Rights/Health, Law Reform Commission and Presidential Advisory Committee for the Elimination of Drug Abuse (PACEDA (Presidential Advisory Committee for the Elimination of Drug Abuse)). Also, dissemination of information, education, and communication (IEC) materials (Briefing Note on Drug Law Reform in Nigeria, including summaries of the Model Drug Law).

Last but not the least, organising the Drug Law Reform Roundtable for drug law policymakers, lawmakers and key stakeholders, and launching the Drug Law Reform Working Group, and developed and published public information on the model drug law.

In Mali, the Chairman and three other members of the National Transitional Council (NTC) law committee participated in a high-level advocacy conference organised by WADPN Mali Chapter. At this conference, the NTC Chairman said they were open to drug policy reform and promised to use the Model Drug Law for West Africa as a tool in drafting the country's drug control response. Dr Souleymane, President of the NTC Law Commission, also reiterated that "the NTC in general, as well as the Law Commission, are available and favourable to support the initiative for the adoption of new laws in order to respect the conventions ratified by our country".

In Liberia, two days of working sessions were held with CSO (Civil Society Organizations), parliament, and agents of relevant government agencies such as the Liberia Drug Enforcement Agency, Law Reform Commission, the Public Information Commission, etc. The working sessions afforded these agencies access to the Model Drug Law for West Africa, thereby appreciating its relevance to human rights sensitivity in drug policy reforms.

In Nigeria, at least 10 key federal drug law enforcement and justice representatives, policymakers and other stakeholders were engaged and sensitised on the Model Drug Law for West Africa and the shortcomings of Nigeria's drug law and policy reform issues through advocacy visits and the Summit event. Another key achievement was the effective participation of the Chairman of the Nigeria Law Reform Commission (NLRC) during the Summit, the partnership established between WADPN Nigeria and the Nigeria Law Reform Commission (NLRC), as well as the awareness raised on the need to reform Nigeria's drug law. Furthermore, an agreement and consensus by the Summit participants for the setting up of the Nigeria Drug Law Reform Working Group to advance the drug policy reform agenda in Nigeria. The Working Group will include representatives of federal drugs law enforcement and justice actors including NGOs (non-governmental organisations) and the Media.

While in Burkina Faso, the Network engaged traditional and religious authorities from the 13 regions of the country on the need for drug policy reform and explained the provisions of the Model Drug Law for West Africa. Through a drug reform forum, a petition on the need for drug policy reform was elaborated upon and submitted to the government for consideration. The Minister of Health welcomed the proposition of setting up a comprehensive care centre for users of psychoactive substances. The Minister expressed her willingness to support the mobilisation of resources for that purpose and identified herself as a key ally for drug policy reform. She further set up a meeting between the Network and her technical team to discuss the initiative and agree on a potential roadmap of actions.



6.0

ADDITIONAL PROJECT ACTIVITIES





6.1 Global Drug Policy Index Project

In 2020, the Harm Reduction Consortium, of which WADPN was invited as an implementing partner, was awarded funding by the Robert Carr Fund (RCF) to deliver a new project, “The Global Drug Policy Index (GDPI): A bold new approach to improve policies, harm reduction funding, and the lives of people who use drugs”. The project lasted 16 months, thus from September 2020 to December 2021. The project centres around developing and delivering a new composite index to document, measure, and compare countries’ drug policies worldwide, specifically in 30 countries selected across the globe. The Index assessed policies in the books and implementation on the ground and scores countries based on transparent, up-to-date, and reliable data. The higher the score of a country, the more the drug policy in that country aligns with the United Nations Common Position on drug policy.

In line with this project, WADPN coordinated activities in four (4) out of the 30 selected countries of the Index, particularly Ghana, Senegal, Mozambique, and Kenya. As part of the project deliverables and before the launch of the Index, the WADPN organised four (4) preparatory workshops for the targeted country partners to raise awareness of the GDPI, prepare partners on how to best use the data and reports, and support advocacy planning. These workshops included two (2) in-person sessions in Ghana and Senegal on 11th & 24th August 2021, and a virtual session for Mozambique, Kenya and the rest of Africa, on 3rd September 2021. In November 2021, the Index was launched and available via www.globaldrugpolicyindex.net. This brought the project into the final phase, where local civil society has been supported with small grants to undertake various in-country activities and report by December 2021.

6.1.1 Most Countries Fail Drug Policy Test According to New Index

The Harm Reduction Consortium's Global Drug Policy Index (GDPI) ranks Ghana, Senegal, Kenya, and Mozambique 24th, 10th, 27th, and 21st positions respectively out of 30 Countries in the first-ever Global Drug Policy Index.

The Global Drug Policy Index is the first-ever composite index that documents, measures, and compares national-level drug policies. It is a unique tool that provides each country with a score and ranking that shows how much national drug policies and their implementation align with human rights, health, and development principles.

Its indicators and dimensions are drawn from the United Nations System Common Position supporting the implementation of the international drug control policy through effective inter-agency collaboration and its implementation Task Team's report, 'What we have learned over the last ten years: A summary of knowledge acquired and produced by the UN system on drug-related matters'.

The Index draws its data from desk-based research on existing national laws and policies and a comprehensive civil society survey to assess policy implementation on the ground for the year 2020.

The Global Drug Policy Index is a project of the Harm Reduction Consortium, which includes the following partners: the European Network of People Who Use Drugs (EuroNPUD), the Eurasian Harm Reduction Association (EHRA), the Eurasian Network of People who Use Drugs (ENPUD), the Global Drug Policy Observatory (GDPO) / Swansea University, Harm Reduction International (HRI), the International Drug Policy Consortium (IDPC), the Middle East and North Africa Harm Reduction Association (MENAHR), the West African Drug Policy Network (WADPN), the Women and Harm Reduction International Network (WHRIN), and Youth RISE.



6.2 GLOBAL DAY OF ACTION: Support Don't Punish

On 26th June 2021, WADPN participated in the annual Global Day of Action: Support Don't Punish campaign, collaborating with its Ghana Chapter and the International Drug Policy Consortium (IDPC). Under the theme, "Rational Drug Policy: Centring on Social Justice and Health", an open forum and dialogue with key stakeholders and media engagement was organised to discuss the new narcotics law of Ghana and its prospects, as well as to launch an annual memorial lecture in honour of the late former UN General Secretary, Kofi Annan, for his role played in drug policy reform in West Africa through his formation, work and contribution of the West Africa Commission on Drugs (WACD).

The event was attended by local civil society, some members of the Ghanaian Parliament, health personnel, government and other high-ranking officials, members of the criminal justice system, people who use drugs, care and service providers, religious and community leaders, and students, among others. The West Africa Drug Policy Network (WADPN) launched the Kofi Annan Memorial Lectures on Drug Policy in Accra. The Annual Lectures will be held on April 8, the birthday of the late former United Nations Secretary-General.

Mr Yaw Akresi-Sarpong, former Executive Director, Narcotics Control Commission, addressed a high-level forum and media engagement to mark the International Support Don't Punish Day.

The day was also observed globally as the Global Day of Action - Support Don't Punish, a global advocacy campaign. The Forum organised by the Network in collaboration with the International Drug Policy Consortium (IDPC) was on the theme: "Rational Drug Policy: Centring on Social Justice and Health." He said experts in drug policy in the country and across the globe would be brought together to discuss important topics around drug policies that advance social justice and human rights.

He said they believed that it was essential to continue to amplify and strengthen a diverse global movement to repair the harms caused by drug policies that were not evidenced by science. He said this was not rooted and informed by social justice, public health, and socio-economic and political human rights. Mr Akresi-Sarpong described the late Kofi Annan as a person who believed it was time to end drug policies, whose rationale was punishment.

He said the late Secretary-General preferred drug policies that promoted just responses. He used to say: "I believe that drugs have destroyed many lives, but wrong government policies have destroyed many more." He said it was confirmed that the sustainable wellbeing, peace and development of Africa generally and West Africa in particular, was a personal passion and plan for the late Kofi Annan. Mr Akresi-Sarpong said he took the bull by the horns and started it nevertheless, which today opened the debate and created real policy change.

He said the late Annan believed it was essential to challenge the status quo and find more evidence-based strategies that would benefit the people of his roots, so he convened the West Africa Commission on Drugs. Mr Akresi-Sarpong said the initiative

of the late Ghanaian UN Chief had indeed led to a lot of significant progress in the Region, especially building voices within civil society, who have been championing the discourse and driving the work.

Dr Mary Eyram Ashinyo, Public Health Physician, said that as the country moved towards the 2030 schedule with the slogan 'leave no one behind', policymakers must ensure that means leaving no individual who uses drugs or any affected community behind.

She said drug use took place across all continents, ages, social classes and genders; however, repressive drug policies and the lack of access to health and social services (including harm reduction and treatment, and also general health care) generally affected the poorest, most marginalised segments of society. The Public Health Physician said criminalising people who use drugs merely increased stigma and marginalisation, acting as a barrier to education, employment, health and social services. She said it was time to make special efforts to provide public services and support drug users and communities that the so-called war on drugs had.

"It is time to rethink the overall goals of drug policies to ensure that they are aligned with the Sustainable Development Agenda," she said. She said the government must Shift the focus away from objectives that only look at market elimination of drugs, and harm towards a reduction of the drug and drug policy-related harm. Dr Ashinyo said there should be increased interest and involvement of legislators, key actors like developmental partners in these efforts and, importantly, civil society actors in the discourse on drug policy.

"We also need to rethink how development connects with drug policy, moving from alternative development to sustainable development," she added. Mr Seth Kwame Acheampong, the Eastern Regional Minister, said Ghana had not legalised Cannabis but instead was in the process of managing a regulated Cannabis regime.

Speaking on the new Narcotics Control Commission Act, 2020, the Minister said the Act has introduced issues like public health, harm reduction and the commercial beat. He expressed the hope that the new enactment would catalyse all stakeholders interested in drug prevention, adding that it has also enhanced the scope of the Narcotic Control Board to become a Commission. He said the war on drugs had four pillars: supply, demand, harm reduction, and alternative livelihoods, all captured in the Act.



6.3 Model Drug Law Explainers

The West Africa Drug Policy Network (WADPN) and International Drug Policy Consortium (IDPC) implemented a 9-month (February – September 2021) joint project entitled: “Model Drug Law Explainers”, with financial support from the Joint United Nations Programme on HIV/AIDS (UNAIDS). The project aimed at developing and disseminating two critical new tools for civil society, known as advocacy explainers, to accompany the rather long and technical document, the Model Drug Law for West Africa, developed by the West Africa Commission on Drugs (WACD). The two new documents include a shorter and more accessible resource that summarises the key points of the Model Drug Law and a brief guide for local CSOs (civil society organisations) to explore how to use the Model Drug Law in their work.

These documents targeted awareness of the Model Drug Law, bolstered capacity and confidence among stakeholders in using the Model Drug Law in regional and national advocacy for drug policy reform, supporting a healthier and rights-based approach to drug policies in West Africa and strengthen the response to HIV/AIDS among people who use drugs.

As part of the project, a regional launch webinar was held with all the members and partners of the WADPN and IDPC, Commissioners of the WACD, the Executive director and officials from UNAIDS, and other regional and global actors to outdoor, disseminate and discuss the Model Drug Law Explainers which has been developed in the three official languages namely, English, French, and Portuguese. The Model Drug Law has since been published on the WADPN website and shared widely.

6.4 The State of Harm Reduction and Effective Drug Control Response in West Africa

6.4.1 Regional Conference on Harm Reduction

The WADPN organised a webinar on the theme, “The State of Harm Reduction and Effective Drug Control Response in West Africa,” which aimed at presenting the cost-benefits analysis of harm reduction as an effective alternative to criminalisation and incarceration for minor, non-violent drug offences, particularly people with substance use disorder. The main objectives that characterised the organisation of this activity are as follows:

- stimulate a regional debate on the need for evidence-based reformation and harmonisation of drug control legislature in West Africa.
- enhance stakeholders’ understanding and appreciation of the benefits and effectiveness of harm reduction as an evidence-based and sustainable drug control measure.
- project harm reduction as an effective alternative to incarceration and criminalisation of minor, nonviolent drug offences among stakeholders in the sub-region.
- guide West African governments on how they can source adequate, predictable, and sustainable funding to support national effort in achieving evidence-based drug control response through harm reduction, following national contexts and priorities.

This webinar, held on 1st July 2021, brought together over 100 global, regional, and national players from the health, law enforcement, and justice sectors, members of parliaments, drug-affected communities, the media, and civil society. In addition, relying on Senegal’s progressive harm reduction programme as a case study, a harm reduction specialist and activist were invited to present the model. Also, the Deputy Director of Harm Reduction International, Colleen Daniels and a beneficiary of the harm reduction service formed part of the panel.

7.0

ARTICLES AND PUBLICATIONS

7.1 Why Should President Nana Akufo-Addo Assent the New 2019 Narcotic Control Commission Bill?

As the current prohibitive drug control approach fails to address the world's drug problem, and the debate on a more effective response continues to heighten, few countries are breaking out of the status quo to adopt an evidence-based approach. Ghana recently joined the few by passing a New Narcotic Control Commission Bill on Friday 20th March 2020. To this end, the West Africa Drug Policy Network (WADPN) commends the Ghanaian parliament and the Ministry of Interior and Defence for such a bold initiative. Contrary to Ghana's current narcotic law, the bill is progressive and forward-looking in many ways. For instance, it promotes harm reduction practices, introduces fines as an alternative to mandatory custodial sentences, particularly for minor, nonviolent drug offences, and the widely spoken "special provision relating to cannabis".

Whilst this sounded like good news in the ears of many, eyebrows were unexpectedly raised among Ghana's mental health and religious communities. They addressed a written petition to the President to refrain from assenting to the bill, except the "special provision relating to cannabis" clause was obliterated. Their petition is predicated on a few implications of the clause they claimed are contrary to the interest and welfare of Ghanaians. Critical amongst them are the non-conformity to the 1961 UN Single Convention, the tendencies of increased dependency and mental health risk due to the recommended tetrahydro cannabinoid (THC) content and the country's incapability to determine the levels of THC in cannabis.

WADPN is concerned that these claims are not evidence-based and may deprive Ghanaians of a lifetime opportunity for a more effective drug control response if the president heeds. WADPN, therefore, wishes to provide some clarifications that substantiate the baselessness of these claims for the president's consideration as we humbly ask that he assents to the bill.

The "special provision relating to cannabis" clause states thus, "despite provisions in sections 36 to 39 of this Act, the Minister, on the recommendation of the Commission, may grant a license for the cultivation of cannabis which has no more than 0.3% THC content for industrial purposes only for obtaining fibre or seed or for horticultural purposes."

Non-conformity to the 1961 UN Single Convention: Assenting to the bill, with the said provision, does not breach the 1961 UN Single Convention as the petitioners aver. Instead, it complies with it and World Health Organisation's (WHO) Expert Committee on Drug Dependence (ECDD) recommendations.

Even though the Single Convention 1961 prohibits the production and supply of specific drugs and drugs with similar effects, at the same time, it unequivocally exempts the licensed production and supply of such drugs for medical and scientific purposes. In the preamble of the 1961 Convention, it is noted that "the medical use of narcotic drugs continues to be indispensable for the relief of pain and suffering and that member states must make adequate provision to ensure their availability for such purposes". Article 4 (c) of the same Convention also allows member states, including Ghana, to limit the use and possession of drugs for medicinal and scientific purposes.

1 <https://www.wadpn.org/post/why-should-president-nana-akufo-addo-assent-to-the-new-2019-narcotic-control-commission-bill>

The lack of unanimity of member states on rescheduling cannabis under a less rigid regime due to the high rate of dependence and mental health conditions arising from cannabis use also accounts for the breach, according to the Petitioners. Notwithstanding, assenting to the Bill still does not amount to breach for member states who wish to license cannabis for medicinal and industrial purposes whilst it remains under its current schedule. This is evident in the case of many countries around the world, including Zambia and Zimbabwe. They have kept recreational cannabis illegal and allowed only limited forms of medical help even though cannabis remains in their respective schedules in the 1961 Convention.

The tendencies of increased dependency and mental health risk due to high (THC) content: The petition claimed that smokers' preference for Ghanaian cannabis is its 5% THC level, which is the psychoactive constituent that causes emotional dependence and mental health disturbance. It further associates the high number of mental health patients aged 15 to 49 in Ghana mental homes to the use of this "5% THC cannabis" and other harder drugs. This assertion is distinctly immaterial to the intent and purpose of the new bill, even if it was true. This is because the 0.3% THC recommended by the bill is not for consumption and, therefore, poses no addiction or mental health risk. Besides, it remains illegal to cultivate cannabis in Ghana, under the very Bill, without a license from the Ministry of Interior and Defence, irrespective of its THC percentage composition.

Moreover, the 0.3% is a standardised recommendation by WHO Expert Committee on Drug Dependence (ECDD) in their forty-first meeting held in Geneva, Switzerland, in November 2018. Records show that this is the first-time cannabis was subject to review by the Committee since its original placement within the International Drug Control Conventions. This review which the Commission ordered on Narcotic Drugs (CND) Resolution 52/5, provides undeniable evidence that cannabis and cannabis preparation have therapeutic advantages not possessed by other substances. Based on this therapeutic VA, more than 0.3% was recommended for medicinal and scientific purposes under licensed supervision.

The aim is to prevent the harm caused by using cannabis and cannabis preparations whilst ensuring that they are available when and where they are needed for the recommended purposes. WHO admitted that the committee acknowledged that in 1961 when the Convention was established and cannabis was included in Schedule IV, cannabis and cannabis preparations were not recognised to have any therapeutic use and therapeutic potential as they are now.

Inability to test for the level of THC: The petition boldly questioned Ghana's capacity to test and determine (THC) levels in cannabis which will make work tedious for law enforcement agencies. To a large extent, this may be true, and that is because there was no need for such capacity in the first place since the cultivation of cannabis for all purposes was illegal. However, now that the New Bill introduces licensing the cultivation of cannabis with not more than 0.3% of THC for medicinal and industrial purposes, the need for the necessary structures, including testing capacity, is indisputable. This obviously comes along with cost. However, reallocating resources to harness oodles of psych-pharmacologists and existing forensic criminal or medical laboratories in Ghana could minimise this cost with maximum impact.

WADPN solicits the support of all Ghanaians and humbly calls on the president to assent to the New Narcotic Control Commission Bill for evidence-based sustainable drug control response in Ghana. The bill promises, among many others, alternative livelihoods for illicit crop growers, reducing the prevalence of cannabis with high components of THC, saving resources on futile drug law enforcement efforts, and creating massive employment for young Ghanaians rather than incarcerating and criminalising them for minors, nonviolent drug offences.

The bill will further address the challenges most governments face in enforcing balanced drug control policies that protect people from the harm, public health and social challenges arising from cannabis abuse whilst at the same time making them available for medical use for people who use them. WADPN is committed to working closely with the government of Ghana to ensure a smooth and efficient implementation of the New Narcotic Control Commission Bill as soon as the president assents to it.

7.2 National Drug Burning Day: What impact has it on Drug Trafficking in Liberia?

At the time the United Nations Commission on Narcotic Drugs advanced the removal of cannabis and cannabis-related substance from Schedule IV of the 1961 Single Convention on Narcotic Drugs in recognition of its medicinal and therapeutic value, the Liberian Drug Enforcement Agency (LDEA) on November 27 2020, burned vast quantities of narcotic substances in Monrovia, predominately cannabis, valued at 783,471,720 LRD. According to the Public Relations Officer (PRO) of LDEA, the exercise was carried out simultaneously in the different counties to mark the "National Drug Burning Day".

He said this event is usually organised twice every year but will be held once this year because of the COVID-19 pandemic. He further stated that the drug in question accounts for those seized from February 2020 to date and emphasised that the essence of the exercise was to communicate the agency's determination to end drug trafficking in Liberia and to also prove to the public that the agency does not recycle seized drugs as they are accused.

Whilst the total volume of drug, at the time of this seizure is unknown, there is no doubt that the volume burned makes up no significant proportion of that which would have been in circulation. It, therefore, suggests that drug eradication cannot be achieved through the burning of drugs, particularly cannabis, which is predominantly cultivated and consumed in Liberia. Moreover, the recurring nature of this approach only reinforces the going concern of the illicit drug trade than it accounts for any progressive eradication efforts of the Agency. After several years of fruitless implementation of drug eradication and prohibitionist approach, authorities in Liberia should come to terms with the fact that this approach is not based on evidence and, therefore, not sustainable. It hardly impacts significantly on the drug supply chain. This is mainly because traffickers thrive on border porosity, weak security infrastructure and inadequately resourced drug control agencies – which is the case for Liberia.

Furthermore, the usage of National Drug Burning Day by the LDEA as a public accountability and transparency platform is not worthy of the time spent, resources used, health risk and environmental pollution associated with the practice. There are more appropriate ways the LDEA could communicate their determination to address drug trafficking in Liberia and at the same time prove to the public that they do not recycle seized drugs.

² <https://www.wadpn.org/post/national-drug-burning-day-what-impact-has-it-got-on-drug-trafficking-in-liberia>

This begins with adopting evidence-based drug laws rooted in human rights, public health, and sustainable development. The current review process of the Controlled Drug and Substance Act presents a more significant opportunity. The government of Liberia should consider regulating the drug market rather than indirectly authorising organised criminal groups to run the market at the expense of the health and wellbeing of users, and the peace and stability of the country.

7.3 Repressive Drug Policy Regime is Counterproductive: A Message to the West African States³

The West Africa Drug Policy Network (WADPN) is currently working with various partners to help change the repressive drug policy regimes in West Africa to evidence-based drug control response that are rooted in human rights, public health, and sustainable development. This is to enable governments to effectively address the growing threats that drug trade poses to public health, good governance, and economic or political stability. Dominant prohibitionist drug laws that are enforcement-led and abstinence-based only exacerbates these threats rather than alleviate them. Criminalising all aspects of the drug trade, particularly personal use, and possession, has neither ceased large-scale trafficking nor the widespread availability of drugs anywhere. On the contrary, it has had immeasurable adverse effects, particularly on young, poor, and other vulnerable nonviolent drug offenders.

There is a general belief that these prohibitive laws are in “high conformity” with UN Drug Control Conventions. That is not entirely true. There are several instances where these laws do not conform, in the least, with these conventions. A few have been mentioned here, together with their corresponding weaknesses, as WADPN calls on all West African states to end this repressive regime.

The common belief of “high conformity”: UN Drug Control Conventions are unquestionably the touchstones for national drug-control laws, in West Africa. Still, the assumption by the West African States that their drug policy regimes are in “high conformity” with the Convention is questionable. For instance, the preamble of the 1961 Single Convention emphasises the indispensability of medical use of narcotic drugs and the need for member-states to make them available and accessible to those who need them. Article 4 (c) of the said Convention further encourages member-states to allow the production, trade, use and possession of such drugs, including cannabis which is overwhelmingly cultivated across the region, exclusively for medical and scientific purposes. Yet, there is scarcely any country in the region with a drug policy or law that conforms with these provisions, except Ghana, where a bill was recently passed into law to license the production of cannabis with not more than 0.3% of tetrahydrocannabinol, exclusively for medicinal and industrial purposes.

Furthermore, notwithstanding that Article 38 of Single Convention requires parties “to give special attention to and take all practicable measures to prevent drug abuse and for the early identification, treatment, education, after-care, rehabilitation and social reintegration of problematic drug users and addicts”, drug treatment and rehabilitation remain illegal and punishable by law in most countries in the region. This probably explains why there are barely any harm reduction facilities in the region, except for a few countries like Senegal, Cote d’Ivoire, Sierra Leone, Mali, and Burkina Faso, where some form of drug treatment and rehabilitation programmes are administered.

³ <https://www.wadpn.org/post/repressive-drug-policy-regime-is-counterproductive-a-message-to-west-african-states>

National drug laws of most West African states impose criminal sanctions for personal use and possession of drugs. This is not in conformity with any UN Drug Control Conventions, contrary to some suggestions. The equivocal penal provision may have unwittingly influenced this unanimity in approach by States in the region in Article 36 of the 1961 UN Single Convention. While Paragraph 1 recommends punishment and possible imprisonment for all and more “serious” offences, including unauthorised possession of drugs, it also recommends treatment and rehabilitation for drug dependence. Paragraph 2 of the article referred to above entreats parties to offer alternatives to conviction or punishment for personal use and possession. It further emphasises the need for treatment, education, after-care, rehabilitation, and social reintegration, even where users have been convicted and sentenced.

This may sound paradoxical, but paragraph 2 of page 402 of the Commentary on the 1961 UN Single Convention on Drugs clarifies that “parties should not consider unauthorised possession of drugs for personal use as “serious” offence as Article 36, paragraph 1 suggests, that the offence should not attract punishment of any nature, including deprivation of liberty. It also gives parties the discretion to “impose minor penalties such as fines or censure” for personal use and possession of drugs. Unfortunately, this is not the case in West Africa. Nonviolent drug-related offences, including personal use and possession of drugs, form a greater proportion of drug-related arrests across the region. According to the Media Resources’ 2020 Report: “Enforcement of Drug Laws by Global Commission on Drugs”, 16.6% of the global imprisonment population (10.35 million) and 83% of all drug-related offences which make up for 20% of them (10.35 million), are minor, nonviolent drug offenders.

Demerits of repressive drug policy regime: Despite growing evidence of its ineffectiveness and adverse human rights implications, public health and economic consequences, repressive drug policing is the standard practice in West Africa. The criminalisation of personal use and possession of drugs causes extensive harm to individuals and communities across the region. The long-term consequences can separate families, limit young people’s access to job opportunities and social and health care services and expose them to stigma and discrimination.

Drug treatment and rehabilitation services are criminalised under repressive drug policy regimes, which suggests that prison is the ultimate destination for drug convicted offenders, including those who may need such services as persons suffering from dependence. The traditional justification for incarceration is based on its assumed effect on deterrence and rehabilitation. With the state of our prison conditions, we all know that keeping drug users in prison neither rehabilitates them nor guarantees deterrence either in prison or afterwards. It deprives them of special attention, worsening their dependence problem and exposing them to health-related complications.

It is baffling that governments in West Africa are reluctant to adhere to UNODC/WHO recommendation to consider drug dependence primarily as a health problem rather than criminal behaviour and to ensure they are treated outside the criminal justice settings.

Beyond deprivation of treatment and rehabilitation, repressive drug law enforcement exposes people who use drugs to enormous human rights abuses, including arbitrary arrests, torture, prolonged pre-trial detention, and denial of access to life-saving care and prevention intervention. Repressive drug policing also increases the risk of drug overdose and injecting drug users’ exposure to Hepatitis and HIV infection through sharing injecting drug equipment and hurriedly injecting drugs without the strength for fear of the police.



Repressive drug policing presents distinguishable threats to community safety and security. Most urban communities in West Africa with suspected drug-related activities are besieged in the name of illicit drug control. Criminal networks' militarised police raids or resistance in protecting their drug market from police raids fosters violence, fear, and insecurity among community residents. The media in Sierra Leone and Ghana have recorded instances where police raids have led to the destruction of crops and loss of lives and property. The continued criminalisation of personal use and possession of drugs undermines the overarching objectives of the Convention, which is to promote the health and welfare of humanity, among others.

Call to end the repressive drug regime: WADPN calls on West African states' governments to end the repressive drug regime and adopt an evidence-based drug response policy that is human rights, public health and sustainable development-oriented. At the heart of this call is the West Africa Commission on Drugs' recommendation that "drug use must be regarded primarily as a public health problem, and the personal use and possession of drugs should be decriminalised". The decriminalisation of drugs does not equate to a free-for-all drug use era as many have wrongly feared. Instead, it will simply change the way West Africa deals with the problem of dependence from both a legal and treatment perspective. Different countries have adopted other decriminalisation models based on the context, and evidence shows that they have been effective.

West African countries that are considering, or are already reforming their drug laws, should consider referencing the Model Drug Law for West Africa, which is an effective tool for policymakers to respond to the needs of drug policy reforms. "It incorporates the obligations of the three UN treaties in its legislative provisions and commentary. It also considers the outcomes and commitments from the 2016 United Nations General Assembly Special Session on the world drug problem, the ECOWAS Drug Action Plan to Address Illicit Drug Trafficking, Organised Crime and Drug Abuse in West Africa (2016-2020), as well as, the existing evidence of effectiveness, the need for greater harmonisation of drug laws in the region, and the current gaps in the legislation". Governments should also consider ensuring that treatment and rehabilitation services are available, accessible, affordable, evidence-based and diversified as recommended by Commission on Narcotic Drugs.

WADPN looks forward to leveraging its expertise, available resources and existing partnerships with governments, policymakers, and drug control agencies to make the call for evidence-based drug policy reform a reality.

7.4 Decongesting Prison is a Logical Approach to Limiting the Spread of COVID-19: Time to Release Drug Users in Prison⁴

Since the outbreak of the COVID-19 pandemic, authorities in West Africa have made enormous efforts to prevent the spread of the virus, particularly in prisons and other detention centres. Some governments have sponsored regular disinfection of prisons and distributed protective equipment to prison officers. Others have minimised prison visitations and even released a few prisoners. Whilst these efforts are commendable, they have had no significant impact on reducing the size of prison populations across the sub-region. It is reported that 14 West African countries are among 115 countries where the total prison population exceeds the official capacity of their prisons.

Overcrowding in prisons is a significant problem in many jurisdictions and presents a substantial impediment to limiting the spread of the Coronavirus disease. It makes physical distancing and regular hygiene practices, which are the fundamental behavioural requirements to stop the spread of the COVID-19 virus, almost impossible. It undermines the ability of prison administrators to meet fundamental human rights and health care standards for inmates; To keep the virus out of prisons and detention facilities or limit its spread in those places, authorities in West Africa need to consider releasing inmates and detainees, especially those facing charges or prison terms for minor, non-violent drug offences. Shutting down compulsory detention centres (ostensibly for rehabilitation) for persons suspected of having used or abused drugs could be helpful. No evidence exists that these acute detention centres effectively treat or rehabilitate drug dependence. The detention of people in such facilities raises human rights concerns and threatens the health of detainees, hence increasing the risks of COVID-19 outbreak therein.

The recent joint statement by WHO, UNAIDS, UNODC and OHCHR on COVID-19 in prisons and the United Nations' COVID-19 prison decongestion measures provide clear pathways to decongesting prisons and I hope political leaders in the sub-region may find them helpful. The recommended trails include limitations on arrests, fast track judicial reviews, conversion of non-custodial sentences, and amnesty or pardons. After carefully assessing the risks associated with releasing prisoners, these global actors have outlined categories of prisoners or inmates who political authorities should consider for release. They are low-risk and vulnerable prisoners such as the aged and women, those with pre-existing health conditions, and minor, non-violent offenders who pose no threat to public safety. However, WADPN's recommendation is based on the Global Commission on Drugs' findings, which notes that minor, nonviolent drug offenders, often arrested for drug use and possession, form a more prominent constituent of these categories and the prison population. People who use drugs are mostly nonviolent and will pose no threat to public safety if released from prison.

Depending on their drug use behaviour, people who use drugs are more likely to have pre-existing health conditions such as HIV/AIDS, tuberculosis, and hepatitis, which increase their risk of getting severely sick or dying after contracting the virus. The poor access to proper medical services, rehabilitation and nutritional facilities in prisons only worsens the matter. Given the high percentage of persons held in prisons for drug use or abuse-related offences, releasing people who fall in that category would significantly reduce the prison population and help them access appropriate services outside the prison. Releasing prisoners in that category would be helpful. Still, decongesting dungeons would also require a limit on arrests and non-mandatory detention, particularly for the recommended types of offenders.

⁴ <https://www.wadpn.org/post/depopulating-prisons-in-west-africa-to-mitigate-covid-19-outbreak-in-prisons>

Given the high pretrial detention rates in many settings where the overuse of detention is a standard feature, the United Nations' COVID-19 prison decongestion measures recommends that national authorities should undertake immediate reviews of all cases of pre-trial detention to determine whether they are strictly necessary, considering the prevailing public health emergency. Fast-track judicial reviews and release of pre-trial detainees must also view the release of all individuals in pre-trial detention suspected of having committed low level or non-violent offences.

We cannot afford to ignore the compelling evidence that keeping people in prison for mere possession of or use of drugs does not deter drug use; on the contrary; it overburdens the criminal justice system, increases law enforcement budgets, and, most times, leads to a violation of the rights of people who use drugs. The West Africa Drug Policy Network (WADPN) has recommended that political authorities regard drug use primarily as a public health concern and not a criminal justice issue. Decriminalising personal use and possession of drugs can go a long way in depopulating prisons and other detention centres in the sub-region.

7.5 Review and Status of the Ghana Drug Law

From advocacy efforts by WADPN and its allies, including the International Drug Policy Consortium (IDPC), the Republic of Ghana, passed the Narcotics Control Commission Bill 2019 into law on 20th March 2020, and was assented by the president, gazette into law on 11th May 2020, repealing PNDCL 236. The legislative instrument which should inform the implementation of this Act is yet to be laid before and adopted by the parliament of Ghana. WADPN and its partners are currently consulting with the government and other experts to draft this instrument for parliamentary approval.

Lots of controversies and misconceptions accompanied the enactment of this law. Key among them was the legalisation of drugs – which is not the case. Rather, the production, supply, trafficking, and use of drugs remains prohibited even under the new law as in the previous except for the introduction of some key provisions including non-punitive alternatives to incarceration and criminalisation for drug use and possession for personal purposes, special cannabis provision which authorises the cultivation and exportation of cannabis (with not more than 0.3% of tetrahydro cannabinoid) as recommended by World Health Organisation for industrial and medicinal purposes. This approach is not peculiar to Ghana; several countries worldwide have adopted this approach with evidently more tremendous success and effectiveness.

Under the previous law, drug use and possession were not only prohibited and criminalised, but offenders were also sentenced to mandatory long term custodial sentences. There is rarely any evidence that this approach has deterred drug use or reduced that harm associated with it as prohibitionists proposit. Instead, such policies 'have led to serious unintended consequences and often disproportionately impact the poor and marginalised, while creating a rich and powerful criminal black market that undermines the security of states that practice criminalization.'

One of the stated purposes of Ghana's new drug law is to treat drug use and drug dependence as a public health concern and not a criminal justice issue. As a non-punitive alternative to incarceration, the new law converts prison terms for drug use and possession for personal use into a fine of between 200-500 penalty units (translating to GHC 2,400 – 6,000). If effectively

implemented, it is projected that this law will ease the burden on Ghana's criminal justice system; by reducing backlog and high flow of drug related petty offences in court, reduce prison population and enable law enforcement to redirect their resources and focus on the helm of the drugs trade, rather than predominantly young, poor, and vulnerable groups. This approach aligns with current programs and policies to decongest prisons, notably the Justice for All program, instituted in 2007.

This new law was further aligned with Sustainable Development Goal 3: Health and well-being for all. For the first time in Ghana, lifesaving harm reduction programs for people who use drugs to contain bloodborne viruses (such as HIV and hepatitis B and C), overdose deaths and drug dependence is decriminalized.

Another critical provision introduced in the new law is the "Special Provisions on Cannabis". The new law authorizes the cultivation and exportation cannabis containing not more than 0.3% of tetrahydrocannabinol (THC) strictly for industrial, medical and research purposes. This is no doubt the main source of controversies and misconceptions that accompanied the passage of the new law. For many, this is nothing less than legalisation of drugs and fears that this will widely open the floodgate for drug use and abuse. On the contrary, evidence from over 30 countries with similar policies shows that less incidences of drug abuse, overdose and increasing number of people with drug use disorder access health care services without stigma and discrimination.

Moreover, these provisions are representative of the current global debate on drug supply and demand reduction. In 2019, the World Health Organisation's Expert Committee on Drugs Dependence (ECDD) delivered the results of a detailed review of the evidence around cannabis. One of the recommendations is about removing cannabis from 'Schedule IV' of the 1961 UN Convention on Narcotic Drugs. This is in recognition of the fact that cannabis has 'substantial therapeutic advantages for treating pain and other medical conditions, such as epilepsy and spasticity associated with multiple sclerosis.

There are also concerns that the new Narcotics Control Commission Act 2019 puts Ghana is sinning against the United Nation Conventions on Illicit Drugs. That is not the case. Ghana is rather the first and only country in West Africa whose drug control law is near harmonisation with the spirit of these conventions which were drafted to ensure the availability of controlled drugs for medical and scientific purposes while preventing their diversion for illicit purposes.

The introduction of the "Special Provisions on Cannabis" certainly contributes to Ghana's effort in achieving SDG 1 to 'end poverty in all its forms everywhere by 2030. To achieve this goal, there is need to provide the means for Ghanaians to access economic resources,



essential services, and land. In this regard, the law offers an opportunity to respond to our rural farmers' needs for sustainable livelihoods, particularly communities and young people who rely on cannabis farming to survive.

Whilst this law may appear unorthodox, a major shift from the norm and taboo breaking, it is obvious that it promises to support Ghanaians who were once neglected and discriminated against and continually punished and demonised by society because of their involvement with drugs. The parliament have already shown leadership in this direction. I, therefore, encourage Ghanaians to be enthusiastic and optimistic about this new drug law, and in whatever way support its enactment and subsequent implementation. We hope that the passage of the New Narcotic Control Commission Act 2019 by the Parliament of Ghana will set the pace for a West African drug control approach. I also want to call on other West African governments to demonstrate the same courage and political will to follow in Ghana's footsteps and do all within their power to break the cycles of illicit drug trafficking and organised crime.

The "war on drugs" revealed itself to be a war on people, creating obstacles for realising the Sustainable Development Goals, violating human rights, and undermining public health. WADPN commends Ghana for such a brave move to withdraw from the war on drug and head toward evidence-based drug control response.

7.6 Beyond Realisation: Further Action is Required to Actualise Decriminalisation of Drug Use⁵

There is an increasing realisation and acceptance among policy makers in the subregion that incarceration and criminalisation of drug use and possession is no more effective than drug treatment, rehabilitation, counselling, and harm reduction practices. This is overly expressed in the contents of statements and legislation put forward by national, regional, and international drug control actors. The overwhelming support for evidence-based drug policy reforms by groups of world leaders, intellectuals and civil society also speaks volumes.

Whilst some progress has been recorded in this regard, it has not come because of mere realisation. It is, therefore, obvious that authorities need to take further actions to ensure that decriminalisation of drug use and possession is actualised through legislative, health and criminal justice reform. Unfortunately, a huge proportion of political authorities in the sub-region, continue to shun overwhelming shreds of evidence and opportunities to make an informed policy decision in this direction. This has resulted in serious threat to the health, well-being and safety of people who use drugs as we continue to witness dramatic growth in the scale of the illegal drug market in the sub-region, run by organised criminal networks, despite harsh drug control and enforcement regimes.

It is hoped that political authorities will understand that this year's "International Day of Drug abuse and illicit trafficking" is a call for the decriminalization of drug use and possession, and the promotion of harm reduction programs. Among other reasons, the International Day of Drug abuse and illicit trafficking, presents an occasion to educate the public on issues of concern and mobilise political will and resources to address the global drug problem. This year's theme "(better knowledge for better care)" suggests that misinformation has been a major hindrance to evidence-based drug policy reform, availability, and access to harm reduction, drug treatment, rehabilitation and counselling programs, and inclusion of people who use drugs.

⁵ <https://www.wadpn.org/post/beyond-realization-further-action-is-required-to-actualize-decriminalization-of-drug-use>

The prevailing view among policy makers, health care providers, the religious community and public that drug use and drug use disorders is a moral failure and crime which deserves harsher punishments was identified by the United Nations Office on Drugs and Crime (UNODC) as a direct result of misinformation about drug or drug use.

The prevalence of the view particularly among policy makers, health care providers, the religious community and public, that drug use and drug use disorders is a moral failure and crime that deserves harsher punishment, is not just a product of the misinformation circulating about drug and drug use, as the United Nations Office on Drugs and Crime (UNODC) puts it, but it is also worrisome that such views are still sustained despite pool of existing facts that drug use disorder is a public health concern.

This is, therefore, a call on all Member States of the United Nations to follow up on their joint commitment at the United Nations General Assembly Special Session on Drug Problem in 2016 to effectively address and counter the world drug problem through a comprehensive, scientific evidence-based demand reduction initiatives. Early intervention, treatment, care, recovery, rehabilitation, social reintegration, and initiatives and measures to minimise the adverse public health and social consequences of drug use are also major elements of this commitment.

For political authorities who are of the view that decriminalising drug use and possession or promoting harm reduction practices may compromise their obligations under international drug control treaties and conventions, the UNODC has unequivocally pointed out that people who use drugs should not be blamed for using drugs and, therefore, they don't deserve punishment but rather care. There can be no better time to consider adopting evidence-based drug policy as an effective drug control response. The "better knowledge..." is getting to know that people don't need to be punished because they use drugs; therefore, we must reform punitive drug laws and promote harm reduction practices that are "better care" for people who need them.

7.7 COVID-19: WADPN Provides Emergency Humanitarian Responses to Persons who use Drugs

While West Africa has increasingly become an important hub for the global trade of illegal drugs, drug policy has shown considerable weaknesses. West African states continue to treat persons who use drugs (PWUD) as criminals. During the COVID-19, the underlying vulnerable conditions of PWUD have been intensified by the virus and lock-down measures. In this context, the West Africa Drug Policy Network (WADPN) has implemented a COVID-19 Emergency Response Programme to mitigate the pandemic's impact on PWUD, which has been proved to be impactful.

Some risks and challenges of people who use drugs during COVID-19

Over the last decades, West Africa has increasingly become an important hub for the global trade of illegal drugs. According to WACSI's report on drug trafficking, production, and consumption in West Africa (2018), West African countries have not only emerged as sources for the export of drugs but also transit points for the transshipment of drugs such as cocaine and heroin from South America and South-East Asia to Europe, North America and the Middle East. The African continent is now the second leading market for cannabis globally after America's, while West Africa represents 78% of the total cocaine seizures on the continent. The drug trade is essential for the region's development and prosperity. It

poses significant threats to the democratisation process, economic growth, human rights, women empowerment, and law rule.

While the drug trade has boomed, the number of PWUD across the region has also thrived. The COVID-19 pandemic has exacerbated the existing challenging economic, social, health, and housing conditions of PWUD. Unemployment or lack of stable employment has caused financial hardship for PWUD, with some living in precarious settings or are homeless. Petty drug dealers and vulnerable drug users are more prone to arbitrary arrest and long jail sentences for loitering, possession, or drug use. PWUD are at higher risk of contracting hepatitis B and C, HIV/AIDS, other sexually transmitted diseases (STDs) and tuberculosis. They commonly face social exclusion and stigmatisation from their communities, making them less likely to access treatment services.

Thus, in COVID-19, PWUD have even more difficulty accessing personal protection equipment (PPEs). Their chances of getting the virus are significant as PWUD can find themselves detained in overcrowded prisons, as West African states currently treat drug use as a criminal justice rather than a public health issue. PWUD's tendency to share drugs and drug equipment further exposes them to the virus, while precarious housing conditions prevent them from respecting lockdown and stay-at-home measures.

The COVID-19 Emergency Response Programme

Recognising these numerous challenges faced by PWUD in West Africa, the WADPN implemented an Emergency Response Programme to mitigate the pandemic's negative impact on already vulnerable PWUD's social, economic and health conditions.

Since the COVID-19 pandemic has emerged in West Africa, WADPN has reached out to more than 400 PWUD in 4 West African countries to provide credible information on the coronavirus preventive measures, signs, and symptoms. Through their network of 600 West African civil society organisations (CSOs), they have engaged PWUD from Mali, Sierra Leone, Ivory Coast and Nigeria to encourage them not to assemble and share drugs. To address the economic and health impact of the pandemic, WADPN has supplied PPEs and food items. WADPN also provided PWUD with drug use equipment and facilitated their access to counselling, treatment, rehabilitation, and drug use equipment. Finally, partners across the region have interacted with law enforcement officers to reduce raids on drug use environments and ensure limited incarceration and detention of drug users for loitering, possession, or drug use.

PHOTO GALLERY



FINANCIAL STATEMENT

STATEMENT OF INCOME AND EXPENDITURE

FOR THE YEAR ENDED 31 DECEMBER 2021

INCOME	Note	2021 (GHs)	2020 (GHs)
Grant from OSIWA and other Donors	3	1,223,724	1,460,236
Exchange gain		9,040	9,779
Total income		1,232,765	1,470,015
PROGRAMME COST			
Sub-grant	4	232,436	479,049
Consultancy	5	71,943	102,035
Outside Contract Services	6		81,920
Communication	7	11,943	5,449
Staff Cost	8	481,157	404,084
Conference, Convention and Meeting	9	139,375	24,971
Transport	10	35,727	30,729
Admin Expenses	11	37,547	47,805
Depreciation charge	12	4,607	2,330
TOTAL		1,014,588	1,178,372
SURPLUS FOR THE YEAR		218,177	291,643

FINANCIAL STATEMENT

STATEMENT OF FINANCIAL POSITION			
FOR THE YEAR ENDED 31 DECEMBER 2021			
NON-CURRENT ASSETS	Note	2021 (GHs)	2020 (GHs)
Property, Plant & Equipment	12	42,573	9,320
CURRENT ASSET			
Cash and Cash Equivalent	13	421,886	374,204
Prepaid	14	101,573	
Total Assets		566,032	383,524
CURRENT LIABILITIES			
Accounts Payable	15	56,212	91,881
Net Assets		509,820	291,643
ACCUMULATED FUND			
Opening fund balance		218,177	
Excess of Receipts over Expenditure		218,177	291,643
TOTAL ACCUMULATED FUND		509,820	291,643

OUR PARTNERS





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