



**CONFRONTING THE
REALITY: DRUG POLICY,
YOUNG PEOPLE WHO
USE DRUGS AND A NEED
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INTRODUCTION

Nigeria, situated in West Africa with a population of about 178 million people¹, is the most populous African Nation. Over 60 per cent of this population are young people², hence the country can be described as youthful which is a crucial resource for growth and development. Like many West African countries, the country has a long history in being a trafficking route for illicit drugs from the major producing countries such as Latin America and Asia to the thriving European and North American market³. The recent discovery of some methamphetamine laboratories in Nigeria⁴ have also shown that the country is moving beyond just being a transit nation to a producing country of some sort of illicit drugs which are also transported mainly to Asia and Europe. In the same light, an increase in drug consumption is also being witnessed. The country has consistently topped the list of 'hard drug' consumers in Africa in the past years⁵. This evidence is enough to awake the conscience of the nation and many other West African nations that drugs are not just in transit but there is also a growing local demand in the region⁶. The information presented in this paper is drawn from literature review and series of interviews and group discussions held with

young people who use drugs across six states in Nigeria namely, Delta, Kano, Lagos, Nasarawa, Rivers and the Federal Capital Territory, Abuja.

The Nigeria Drug Policy

The Nigeria drug law was a reactive policy that came into existence with a primary purpose of curtailing drug trafficking through the country and by its nationals⁷. The National Drug Law Enforcement Agency Act (NDLEAA) Decree of 1989, which was established in response to the 1988 UN convention on Illicit Trafficking of Narcotics and Psychotropic Substances has been the basis of the country response. Possession and use of any illicit substance of whatever quantity attracts a heavy penalty under the act and such a person is liable on conviction to be sentenced to imprisonment for a term not less than 15 years and not exceeding 25 years. In addition to the sentence, the individual can be made to undergo compulsory treatment and a rehabilitation program⁸. Although the application of the prison terms is at the moment rarely applied to drug users, there is routine harassment, arrest and detention for long period of drug users by law enforcement officers. Many young people who use drugs do suffer series of abuse such as beating, rape, extortion and torture in the hands of the police.

“Police comes here to arrest us on regular basis. We now see it as a normal thing. When you are arrested and can't pay out your way, you are finished’

It is evident that the indicator for success of the Nigeria drug control effort is largely based on arrest of offenders and drug seizures. In the pursuit of these, human rights of drug users are violated and attempt to focus on public health response and human development receives minimal attention.

Young people and Drug Use Prevalence in Nigeria

There is sparse data on the prevalence of drug use among young people and the general population in Nigeria. Most data that has been generated on substance use has been from hospital records of psychiatric patients with few community surveys⁹.

Findings from the interviews and group discussions showed that young people are using a wide variety of substances and these can be categorized into following with few examples:

- Pills and inhalants : such as tramadol, D5, Rohypnol, glue, rubber solutions
- Narcotics : cannabis, Cocaine, Heroin, Methamphetamine
- Non-prescription Pharmaceuticals : Cough Syrup, Pentazocine , Ketamine

The use of local psychotropic substances of all sorts including frog secretions is also on the rise and these are having serious health implications.

Some of the above mentioned drugs are also injected such as heroin, pentazocine, cocaine, ketamine and Methamphetamine. While cannabis has been reported and remained the most consumed drug in the country,¹⁰ it was noted from the interviews that there are many youths who have not tried cannabis but inject other drugs. This therefore has also supported the notion that the use of cannabis is not always the gateway to other illicit drugs¹¹.

The age of initiating drug use is also on the decline. While all the people interviewed are above 18 years, they reported initiating drug use when they were between 12 to 15 years. However, there was a mention of children as young as age 10 using drugs. In all, Non-injecting practices seems to precede injection drug use in all reported cases.

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

Injecting practices and HIV Risk

Injecting drug use has been reported in every part of the Nigeria and the practice is on the increase¹². Although recent data are yet to be produced, the 2010 Integrated Bio-behavioural Surveillance Survey (IBBSS) in Nigeria puts the HIV prevalence among people who inject drugs at 4.2% which is higher than that of the general population. In places like the FCT, the prevalence is high as 9.3% among PWID (people who inject drugs)¹³. An issue of concern about this high HIV prevalence is that many of the PWID who

participated in the survey are young people. Hence, HIV infection is already impacting upon young people who use drugs in the country. Findings from the interviews revealed high level of HIV-risk injecting practices among young PWID. This include sharing of needles and syringes which was reported more among youths in the FCT and some northern states of the country compared to the other region¹⁴. Reasons advanced for such practices include low risk perception and non-availability of sterile needles at the point of use. Some PWID in an attempt to sterilize their needles often use water which does little in disinfecting the equipment. Sharing of needles with friends is considered low risk and a sign of mutual trust and friendship. Some of them reported finding it difficult to purchase needles from pharmacy stores as it raises suspicion from the seller. For some, they are unprepared at the time of use which often happen when they suddenly found themselves amongst friends or location where drug injection is happening. They easily join and share the equipment with others.

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

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

Young Females are still More Vulnerable

Globally, women who inject drugs face a broad range of gender-related health risk and are much less likely to access healthcare services. Women who inject drugs compared to their male counterpart has been found to have higher mortality rates, increased likelihood of injection-related problems, faster progression from first drug use to dependence, higher levels of risky injection and/or sexual risk behaviours, and higher rates of HIV¹⁵. In a study, HIV prevalence among females in Nigeria was found to be 3 to 10 times higher than the male PWID¹⁶. The IBBSS (2010) also established this fact revealing HIV prevalence among female PWID to be 7 times higher than their male counterpart (21%Vs 3.1%). Findings from the interviews and discussions with young female PWID showed that they are often at risk of HIV transmission. There is a higher likelihood for a female who has a male partner who inject drugs to also initiate injecting drug use. In addition, the females reported having their male partners inject them most of the times with the same needles. This is usually expressed as a sign of love and trust between them without minding the risk. However, some of the females also reported selling sex for economic reasons. Beyond the sharing of needles and selling of sex,

a more risky practice involving injecting a partner's blood who is already high on drugs was reported in one of the female group discussions in the FCT¹⁷. The prevalence of this practice across the country is therefore needed to be determined.

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

Are Harm Reduction Services In Place?

With the growing number of injecting drug practices among young people and the general population. The available intervention for PWID are still very limited. Commonly available services are based on knowledge and awareness creation about HIV and are mostly delivered as a general population program with little consideration given to this key population. Evidence-based interventions such as Opioid Substitution Therapy (OST) is not available in the country despite a growing population of opioid users. Likewise, Needle Syringe Program (NSP) is also not available. Although needles and syringe can freely be purchased from pharmacy stores without any legal barrier, ensuring every injection is safe and free from infection will require much

more. Young people interviewed identified some barriers such as the routine police stop and search practice within the community, questioning by the pharmacy store owner especially when there is frequent purchase and sometimes the little cost of syringes is a huge cost to young people.

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

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

Conclusion and Recommendation

There is a growing evidence of increase in substance use including injecting drug practices among young people in Nigeria. This practice comes with a high health, socio-economic and developmental risk to young people and the country as a whole. The country in its drug control effort for so many decades have focused on reducing the flow of drugs within and through its borders. While the main drug dealers are rarely caught or prosecuted, it is young people who use drugs who are often arrested by law enforcement agents, punished and subjected to series of human right violation. This one sided approach focusing on criminal justice system has also hindered the implementation of evidence-based comprehensive HIV prevention program for young PWID. The fear of police arrest, stigma and unfriendly services have made it difficult for young people who use drugs to seek for help when needed. In view of the foregoing discussions, I will recommend:

1. A comprehensive review of the Nigeria drug control policy and its implementation to focus on protection of human right, public health and human development, especially for young people
2. Diversion of young people who use drugs from the criminal justice system, hence, decriminalization of drug use with more emphasis on prevention of drug-related harms
3. Full implementation of harm reduction services for young people who use drugs to prevent unprecedented outbreak of HIV and other blood borne diseases like hepatitis infection among the population.
4. Establishment of community youth friendly centres where young people can go to freely access unbiased and non-judgemental evidenced-based information and services on drugs.
5. There should be more investment in research and information gathering on drug use in Nigeria especially among young people. This will help to guide policy and program development.

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The European Commission support for the production of this publication does not constitute endorsement of the contents which reflects the views only of the authors, and the Commission cannot be held responsible for any use which may be made of the information contained therein.
