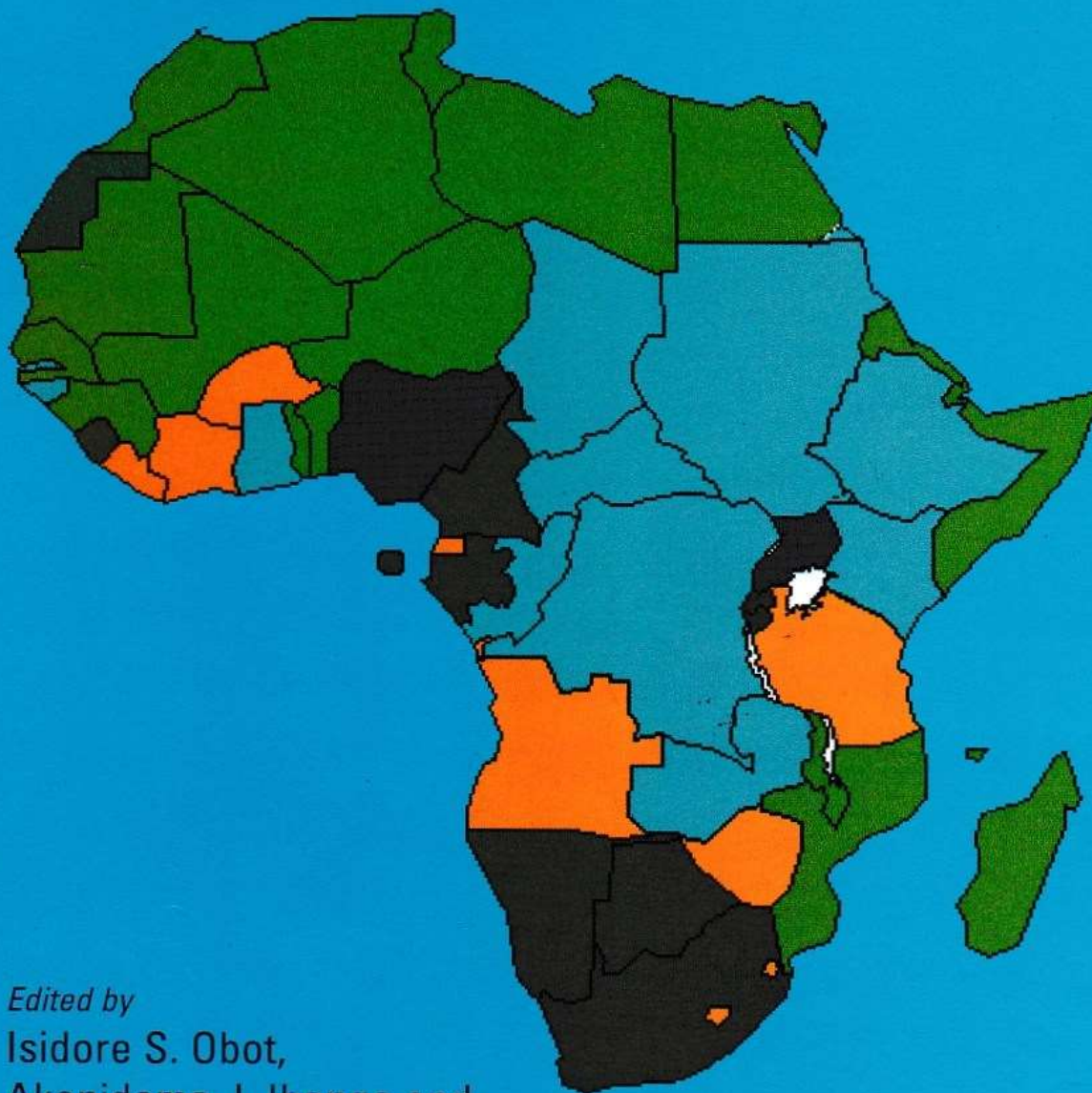


SUBSTANCE ABUSE AND HIV/AIDS IN AFRICA



Edited by
Isidore S. Obot,
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Andrew Zamani

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Centre for Research and Information on Substance Abuse

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Proceedings of the
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"Alcohol, Drugs and Society in Africa"

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Cover picture: Map of Africa showing total adult (15+) per capita consumption, in litres of pure alcohol, 2005.

Source: http://www.who.int/substance_abuse

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PREAMBLE

It gives me utmost pleasure to be part of this all-important gathering. All-important because the issue we are gathered here to dissect is as topical as it is critical. Drugs and HIV/AIDS have remained a twin issue that directly affects a large proportion of people in Africa and the rest of the world, particularly the youths.

Although we cannot readily ascertain the number of people that are dependent on drugs, it has been reported that in Nigeria, an estimated 3.6 percent of the population are living with HIV and AIDS. Although HIV prevalence is much lower in Nigeria than in other African countries such as South Africa and Zambia, the size of Nigeria's population (around 149 million) meant that by the end of 2009, there were almost 3 million people living with the deadly scourge. Statistics of drug dependent persons cannot be lower in any way. Conservatively, one out of every ten persons is dependent on one form of drugs or another, especially socially acceptable drugs also known as gateway drugs.

By convoking this conference, the Centre for Research and Information on Substance Abuse (CRISA) is, no doubt, setting an agenda that is cardinal to Africa's developmental strides both in human and material resources. This is because, either drugs or HIV/AIDS, easily regarded as deadly partners, is worse than the dreaded Second World War both in terms of impact on the global human population and the resources deployed to contain these challenges. A combination of these problems therefore has so far left unimaginable tales of woe to the entire humanity. In spite of this, these twin problems have not been the popular choice of institutions and individuals in their efforts towards uncovering ways of tackling the menaces. It is on this premise that I strongly commend the efforts of CRISA in helping to promote debate and enquiry into the causes and effect of the deadly drug and HIV/AIDS partners, while also seeking the most effective preventive measures.

The National Drug Law Enforcement Agency has for a long time identified the thematic relevance between substance abuse and the spread of HIV/AIDS, bearing in mind that a success in its campaigns against substance abuse would invariably and inevitably translate to the curtailment of the disease. My job here today is very simple. I am going to briefly reflect on the theme for this conference

being: *Alcohol, Drugs and HIV/AIDS in Africa: Research and Treatment Issues*. I will then cap it all up with the modest contributions of my organisation, the National Drug Law Enforcement Agency towards the eradication of the drug problem viz-a-viz the HIV/AIDS challenge. It is important to highlight both the Drug control and HIV/AIDS control dynamics, their mutual inclusiveness and reinforcement and how the effective control of one can impact positively on the other. Research and treatment issues are no doubt central to the control of these two endemic problems for some obvious reasons which this presentation will take pain to identify.

Hitherto, there has been a huge research and documentation available on most aspects of HIV/AIDS pandemic. Drugs, especially alcohol and drunken behaviour, have not enjoyed much attention as a risk factor to contracting HIV. Only at intervals is mention made of injecting drug use as a risk factor. But the situation is actually changing as much interest is beginning to focus both on drug habit and HIV/AIDS and thus making their connection to become even clear. This is not, however, to say that their connections have not been experienced by victims except that it never resulted in abundant empirical studies of the problems.

Perhaps, we should quickly establish the synergy between our key terms of Alcohol, Drugs and HIV/AIDS for us to properly appreciate the issues involved. It has been established that Alcohol, which we may use interchangeably with drugs, (being the generic name for psychoactive substances) contributes to the spread of HIV/AIDS. In the same vein, it boosts the development of the disease and it reduces the effect of medical treatment.

As mentioned above, only recently when attention was beginning to be paid to the relationship between drugs and HIV/AIDS, Intravenous Drug Use (IDU) is often the case in point. Through the sharing of the same needle by multiple drug users, there are chances of blood contact among these drug users, and one person living with HIV/AIDS among the users can spread round the syndrome amongst them. In recent times, research, has, however, showed that non-injection drug use can lead to contracting the HIV Virus, because drug users may trade sex for drugs or money or engage in behaviours under the influence that put them at risk. People who drink in excess lose their inhibitions and can easily find themselves in sexual behaviours such as unprotected sex with multiple partners, thus putting them at risk of contracting HIV.

The World Health Report on Alcohol use and Sexual Risk behaviour points to some key patterns of interaction between alcohol use and sexual behaviour which separately and jointly pose risks for sexually transmitted and HIV infections. In a number of ways, alcohol use and sexual behaviour actively support one another, with alcohol use acting as both precursor and outcomes of sexual behaviour. It is well known that the use of alcohol can impair a person's immune system. Every alcohol intoxication suppresses multiple elements of the immune function in the human body, leading to increased incidence and severity of infections which create opportunities for HIV/AIDS. Intoxication leads to reduced self control and is often

associated with a less regular life style, resulting in bad nutrition, poor sanitation and non-adherence to medication, thus complicating HIV infections. Alcohol also interferes with the functioning of the liver affecting its ability to metabolize certain anti-retroviral drugs, thus reducing their therapeutic efficacy and increasing the likelihood of drug resistance.

The Drug Problem in Nigeria

Drug trafficking, cultivation and drug abuse, be it alcohol or any of the psychoactive drugs, is a complex and multi-faceted problem that adversely affects nations. Nigeria is not an exception and has as such been deeply concerned about the consequences of the drug menace and the linkage with other conventional and organized crimes such as, money laundering, corruption, terrorism, human trafficking, as well as health problems including HIV/AIDS and other blood related diseases, accidents and mental health disorders.

Drug Trafficking

Nigeria is not a producer of cocaine and heroin, but her strategic geographical location and porous land borders have made her a transit point for the illicit movement of these drugs from the "source" countries. Our dear country provides the missing link between the producers of illicit drugs and the consumers of same.

The only internationally controlled drug produced in Nigeria is cannabis sativa popularly known as *Indian hemp*. Indian hemp cultivation and growth has spread widely due to the favourable climatic and soil conditions of the country. More so, the cultivators believe the profit derived from cultivating cannabis is much higher than what is earned from the cultivation and sale of other legitimate cash crops. In addition to illicit trade in cocaine, heroin and cannabis, there is also the traffic in psychotropic substances as well as fake and sub standard drugs in Nigeria.

Alcohol

Alcohol is the most widely and commonly abused substance among youths and adults alike. Alcohol comes in different forms, and its effect is similar to all other substances of abuse as it affects the central nervous system (CNS). Alcohol is the psychoactive ingredient in beer, whisky, spirit, wine, liquor and locally brewed alcoholic beverages such as palm wine, *pito*, *burukutu* and *ogogoro*. The economic boom of the 70's and the 80's saw the multiplication of breweries and distillery industries. Studies have shown all over the world that alcohol plays a pioneering role in drug consumption and that is why they are called Gateway Drugs. Alcohol is commonly abused because it is readily available and tolerated. Youths indulge in alcohol consumption so as to belong to a group or be seen as sociable.

Alcohol is an intoxicating substance made from fermented starches. Although it gives one an initial lift, it is actually a depressant drug. It slows down responses, affecting co-ordination and the way the brain works, affecting judgement. As such it makes people clumsy. It's one of the most widely used drugs.

Alcohol has damaging effects on brain and central nervous system, lungs, liver, reproductive system, pregnancy and unborn babies, eyes, ears, mouth, throat, heart, muscles, stomach, pancreas, intestines, and bones.

Drug Abuse

As revealed in the NDLEA annual reports (1999-2009), the common drugs abused in Nigeria are *cannabis sativa*, alcohol, cocaine and heroin, amongst others. However, the prevalence of the abuse of *cannabis sativa* is more than cocaine and heroin. The problem cuts across different age groups, sex and socio-economic classes.

The reports also show that most patients on admission for drug related problems in the treatment centres across the country were mostly *cannabis sativa* abusers, predominantly males, and between the ages of 11-35 years. The Rapid Situation Assessment of drug problems (RSA) conducted in 1999 revealed that initiation into illicit drugs among young people is as early as 10 years. Also the study revealed the abuse of psychotropic substances such as tranquillizers and stimulants especially among long distance drivers and young people.

The RSA report also reveals the misuse/abuse of substances such as solvents, glue, 'zakami' (a peculiar kind of plant found in the Northern part of the country) e.t.c in some parts of Nigeria especially amongst students and the unemployed. The abuse of these substances which are not under international control (such as solvents, glue, 'zakami' etc) but have euphoric effects on the abuser is of great concern. NDLEA is to work with relevant State Governments to find a legal and efficacious solution to this problem.

The emerging drug problem of injecting drug users is worrisome. Furthermore, research findings reveal the existence of injecting drug users in some states in the country, hence the fear of high prevalence of HIV/AIDS and other blood related diseases in those states.

Nigeria's Drug Control Efforts

Right from time, Nigeria recognizes the fact that for effective control of the drug problems, there is the need to come up with effective multifaceted anti-drug legislation combining supply reduction strategies with drug demand reduction strategies.

Nigeria's legislations on drug control revolved around the United Nations International Conventions on Drugs as well as specific responses to local problems. Notable international instruments that shaped Nigeria's responses include:

- The International Opium Convention, 1912
- The First Geneva Convention, 1931
- The Convention for the Suppression of Illicit Traffic in Dangerous Drugs, 1936

- The Single Convention on Narcotic Drugs, 1961
- The Convention on Psychotropic Substances, 1971
- The Protocol Amending the Single Convention on Narcotic Drugs, 1972
- The Convention against Illicit Traffic in Narcotics and Psychotropic Substances, 1988 (1988 Vienna Convention).
- The UN Convention against Trans-national Organized Crime and its Three Protocols, 2000

Also the following specific national legislation shaped Nigeria's subsequent approach to drug control:

- The Dangerous Drugs Ordinance of 1935
- The Indian Hemp Decree No. 19 of 1966
- The Indian Hemp (Amendment) Decree No. 34 of 1975
- The Indian Hemp (Amendment) Decree, 1984
- The Special Tribunal (Miscellaneous Offences) Decree of 1984
- National Drug Law Enforcement Agency Decree 48, 1989 (now CAP N30 LFN 2004)
- The National Drug Law Enforcement agency (Amendment) Decree No 33 of 1990.
- The National Drug Law Enforcement agency (Amendment) Decree No 15 of 1992.
- The Money Laundering (Miscellaneous Offences) Decree 3, 1995.
- The Money Laundering (prohibition) Act No 7 of 2004.

Establishment of National Drug Law Enforcement Agency

The Federal Military Government in 1984 promulgated the Special Tribunal (Miscellaneous Offences) Decree No. 20 of 1984 to frontally confront drug trafficking within the Nigerian shores. Section 3 (2) (k) of this Decree provided that "any person who, without lawful authority deals in, sell, smoke or inhale the drug known as Cocaine or other similar drugs shall be guilty under section 6 (3) (k) of an offence and liable on conviction to suffer death sentence by firing squad. The then administration meant every section of the Decree as it soon caught up with three drug traffickers who had to suffer death by firing squad.

A new thinking later emerged, regarding the way the twin scourges of drug abuse and trafficking could be controlled. This necessitated the tinkering with the Decree described by some concerned minds as one of the fiercest in the world. It was argued that when the stake or the risk is high as in the case of capital punishment, it would succeed in raising prices of the illicit substances, thus making the trade more dangerously attractive. The succeeding government in 1986 saw some reason in these arguments when it decided to amend the Decree by expunging the death penalty clause from the Decree, while substituting it with imprisonment terms ranging from two years to life.

In view of the fact that the drug menace continued to rise in profile, Decree No. 48 of 1989, now an Act of Parliament CAP N30 Laws of the Federation of Nigeria 1990 was promulgated. This Decree gave birth to the National Drug Law Enforcement Agency (NDLEA), independent of the other existing law enforcement agencies in the country. The establishment of NDLEA was Nigeria's deliberate efforts at evolving an institutional framework for the suppression of the drug cankerworm. This is also in fulfilment of country's international obligation, as a signatory to the 1988 UN Convention, which called for a separate body to lead the onslaught against the ravaging drug menace in many parts of the world.

Until the advent of NDLEA, the Board of Customs and Excise (now Nigeria Customs Service) and the Nigeria Police were the major drug interdiction organs of government, while the Federal Welfare Department was charged with the counselling, treatment and rehabilitation of drug dependent persons. From the activities of the Agency over the years, it is evident that government made no mistake in establishing the body that has become the reference point and the leading light in global efforts against drugs.

Policies, Programmes and Strategies of NDLEA

The Agency has vigorously pursued some interwoven policies, programmes and strategies, revolving around a four-pronged operational chain, namely: Operations and General Investigations, Assets and Financial Investigation, Drug Demand Reduction, Prosecution and Legal Services. The same it also accords inter-agency and international cooperation a prime of place in its operations. These all combine to check the spread of drugs, both trafficking and abuse, thus curtailing the prevalence of some predicated problems such as HIV infection.

Operations and General Investigation

This level of operation is aimed at the detection and prevention of offences in violation of any of the sections of the Act setting up the Agency. This responsibility include among others, the monitoring of the movement of goods and services into and out of the country, in collaboration with the Nigerian Customs Services. This also demands the conducting of searches on persons and on incoming and outgoing vessels, including pleasure crafts, fishing vessels as well as aircraft and other vehicles. By so going, consignments suspected to contain drugs and psychotropic substances coming or going out of the country are detected.

This has been responsible for the massive arrest of persons in possession of drugs with the seizure of huge quantities of substances such as Cocaine, Heroin and Marijuana. This mechanism has also halted the local distribution and exportation of any drugs that had found its way into the country, including Marijuana, being grown locally. Often times the Agency combs locations where drugs are sold such as hotels, clubs, smoking joints and alleys where officers engage in combat operations to dismantle and disorganize both drug sellers and their consumers such that they are rendered incapable of furthering their deadly business.

The Agency in the course of its operations ensures mutual cooperation with and among other security agencies within and outside the country, concerned with drug interdiction.

Assets and Financial Investigation:

The Agency uses this strategy to financially incapacitate drug offenders. The major responsibility here is to investigate assets of persons arrested for committing offences under the NDLEA Act and to identify and trace the proceeds made from the dangerous drug trade, with the view to ensuring the forfeiture of such proceeds of drugs.

Prosecution and Legal Services Responsibility:

This is the concluding arm of the Agency's enforcement activities. By this the Agency undertakes the following:

- a. Prosecution of offenders under the Act;
- b. Provision of legal advice in matters of general operations and assets and financial investigation and
- c. Handling of extradition of drug offenders.

Drug Demand Reduction Responsibility:

This statutory responsibility of the Agency is to ensure effective inherent in drug trafficking and abuse. By this responsibility, the Agency carries out intense educational programmes targeted at changing attitudes and at educating the youths on the consequences of drug abuse and trafficking. Strategies often adopted by the Agency here include preventive education, counselling, treatment and rehabilitation of drug dependent persons, community mobilization and provision of support to nongovernmental organizations to stem down the wave of drug abuse. Besides, research is often conducted with proven data, identifying the predisposing factors to drug abuse and determining the nature and extent of drug abuse problems in the country. This also enables the evaluation of the outcome and effect of the programmes being designed to reverse the ugly drug trend.

International Collaboration

The drug trade is a global challenge, afflicting all the nations of the world. As a result, the Agency has established links with other nations of the world to prevent free movement of drugs around the globe. This, the Agency does through timely exchange of intelligence with the countries and participating in joint operations with those countries.

NDLEA has a robust collaboration with the United Kingdom, United States, Germany, South Africa, Turkey, Belgium and France. Others are Netherlands, Switzerland and Thailand, some which the Agency has a Memorandum of

Understanding with. Only recently Nigeria had a joint operation with the UK tagged Operation West Bridge leading to outstanding arrests and seizures.

The establishment of the West African Joint Operations (WAJO) Initiative spearheaded by the Agency with anti-drug agencies within West Africa, is explore the possibility of a standing anti-drug strike force in the West African sub-region.

In 2008, the Agency earned the **United States Government Drug Certification** for the eighth consecutive time since 2001. The USG Drug Certification is the yearly clean bill of health issued to any country that had showed demonstrable commitment in meeting the performance benchmarks set by the USG. The certification benchmarks which remained the hallmark if NDLEA's operations, include effective drug interdiction, arrests of big time drug traffickers, meticulous prosecution of drug offenders, extradition of wanted drug offenders, seizure and forfeiture of assets and other proceeds of drug trafficking and effective collaboration with other stakeholders such as the Economic and Financial Crimes Commission, EFCC, Independent Corrupt Practices and other Related Offences Commission, ICPC, and Financial Action Task Force, FATEF.

The USG Certification has resulted in a favourable international perception of Nigeria, hitherto regarded as a pariah nation which no country was keen to do business with.

Research and Treatment Issues

Research can be explained as the search for knowledge or any systematic investigation to establish facts. The objective is to discover, interpret and develop methods and systems for the advancement of human knowledge on a wide variety of areas concerning our world. Research, no doubt is an integral part of drug abuse and HIV infection control mechanism. Our control efforts so far are fraught with poor research. Research is required at the empirical level, for example, on the problems and emerging factors that precipitate the drug scourge. It is by so doing that we can come up with policies, drug abuse and HIV/AIDS infection trends. We could also take the lead in collecting international case study information about these problems or to help set standards for, and to coordinate the now limited national efforts to collect this type of data and build a virile database. The emphasis should be on collecting information about changes taking place on a daily basis, as well as on incentives and disincentives, to help devise more efficient strategies for dealing with trends.

Treatment is an organized means of assisting drug dependent persons and people living with the HIV/AIDS problem either in a hospital setting or outside the hospital with the aim of making the client or patient recover his or her normal status and state of health. Such assistance is rendered by professionals like medical doctors, psychiatrists, nurses, psychologists, counsellors, law enforcement agents and social workers. As we always note at the level of drug counselling, drug dependence is not the end of life and that treatment works. A drug dependent person can be counselled, treated rehabilitated and reintegrated

into the society to become useful again. This statement is also true of a person living with HIV/AIDS that proper and early treatment can go a long way to restore the person to relative normalcy.

Regrettably, treatment and rehabilitation centres are not readily available for people to seek help and where they are available they only provide skeletal services which have no guarantee against relapse. Our society is yet to enjoy a virile drug treatment regime stocked with modern techniques and equipment with such centres located within an affordable distance for help seekers. Today, it is only on geo-political basis that most locations can boast of one or two treatment and rehabilitation centres for drugs. The Agency has tried to run a pilot counselling centre in all its State Commands within the country and is daily inundated with requests too many for it to cope with, given the enormous resources required to undertake this aspect of the Agency's mandate.

In the light of this, the Agency has canvassed the idea of private public partnership in the area of treatment and rehabilitation and responses are beginning to trickle in. We now have a few faith based organisations and some non-governmental organisations which now operate centres to assist drug dependent persons. There can be no too many treatment and rehabilitation centres as the case may be.

The way forward

In the course of this presentation, some challenges have been thrown up for all of us to see. A few tips on the way forward may suffice:

- There is the urgent need for us to reinvigorate our research machinery to expose so many issues on alcohol, drugs and HIV/AIDS if we must move our understanding beyond the traditional linkage of exchange of needle. It is with such research efforts that it has now been established that drugs do not only spread but can boost the development of the disease and can also impair response to treatment of the infection. I am aware that research work is on going on the methodological parallels between prevention of HIV/AIDS, alcohol and drugs. The outcome of this conference may contribute immensely to this presupposition.
- Research findings are not enough if not backed up with public awareness drive. Although the preliminary findings on the linkages between drugs and HIV/AIDS are in place but the public still appears genuinely ignorant of these linkages and have treated these social problems as two distinct entities such that people who engage in wanton drug abuse do not see themselves as amenable to the deadly infection. We must orchestrate our findings through the media and institutional advocacy so that we cure the populace of ignorance of the problems.
- Similarly, our policies must have linkages since there are linkages between the problems these policies seek to address. For instance there must

be a linkage between drug control policies and HIV/AIDS control policies because they are dealing with problems of the same genealogy. As such, drug abuse prevention is supposed to form an integral part of HIV/AIDS control policies. I am happy to note that this is already happening. The National Agency for the Control of AIDS, NACA, has built in some relevant drug control aspects into its comprehensive National Strategic Framework, covering 2010 to 2015, which was launched sometime this year. The same way NDLEA has in its National Drug Control Master Plan some related AIDS control programmes. The faithful implementation of the provisions in the national documents will help the nation to navigate the tide more effectively.

- I am also an advocate of inter-agency cooperation. NDLEA and NACA are not the only agencies saddled with the task of combating these two scourges bedevilling humanity. Other ministries, departments, agencies and non-governmental organisations that have a part to play must take an active part so that they do not become the weakest link in the control chain.
- An all- stakeholders' summit is also imperative. The summit can help in engendering cross fertilization of ideas, proper communication of roles and responsibilities and sensitization of stakeholders to take their responsibilities more seriously. In the same vein, stakeholders could table their challenges and constraints for way out.
- It is high time we began to establish comprehensive treatment and rehabilitation centres capable of handling both drug dependent persons and people living with HIV/AIDS. In NDLEA, we have often discovered several individuals, each suffering from both afflictions. It is always better that both afflictions receive treatment simultaneously rather than HIV infection to wait for drug problem to be solved or conversely. Either of them could get worse and get out of hand.
- Funding is cardinal to successful implementation of these programmes, be it research, advocacy, treatment and rehabilitation. And getting sufficient funds has not been so easy for most organisations, especially when it is the same source that provides the money- government. Well-to-do individuals and corporate organisations have a lot to do in funding anti- drug and HIV/ AIDS programmes. These problem areas to me are yet to enjoy adequate corporate social responsibility patronage of most organisations, whereas drugs and HIV/AIDS are gradually taking the centre stage of the threat to the welfare, peace and security of the people. This is a wake-up call to these organisations to act fast so that their wards, work force, goods and services would not experience the negative impact of these problems.

CONCLUSION

The harm caused by alcohol, illicit drugs and HIV/AIDS is phenomenal. Drug addiction and HIV/AIDS are equal opportunity problems that transcend race,

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religion, age, sex, social class and geographical borders. Circumstances such as inaction or lethargy being displayed by the low and the mighty can make us vulnerable to these scourges. It is never too late for us to wake up to this responsibility.

Thank you all for your time and God bless.