



**WEST AFRICA COMMISSION ON DRUGS**

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**Commission on the Impact of Drug Trafficking on  
Governance, Security and Development in West Africa**

*Third Meeting*

*Summary of Proceedings*

**Accra, Ghana, 30-31 October 2013**



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## Summary of Proceedings

### Third meeting of the Commission on the Impact of Drug Trafficking on Governance, Security and Development in West Africa

#### Accra, Ghana, 30-31 October 2013

The Commission held its Third Meeting on 30 and 31 October in Accra/Ghana to review the progress of the Commissions' work, including the completed country visits to Guinea-Bissau and Mali, outreach activities in Africa and Europe, and recently completed background papers. The Commissioners also heard and discussed experiences from other regions, namely from Tanzania, Switzerland and Peru, as well as from the Nigerian NDLEA. Ms Ruth Dreifuss also presented the work of the Global Commission on Drug Policy of which she and Kofi Annan are members.

The Commissioners reviewed and discussed a series of background papers, specially prepared for the Commission, with the authors (Lansana Gberie, Wolfram Lacher, Joseph Asare, Isidore Obot and Renata Segura). Based on these inputs the Commissioners commented and amended the draft outline of their final report. Agreement was reached on some of the key recommendations and messages. Elements for the advocacy and communications strategy for the release and dissemination of the Commission's findings and recommendations were also discussed.

## Presentations of background papers and technical areas

### *Lansana Gberie: Rumour or Reality: High Level Officials and their Involvement in Drug Trafficking in West Africa*

Lansana Gberie presented findings from his paper which deals with the impact of drug trafficking on the political process in West Africa, in particular the funding of political parties and campaigns, as well as the infiltration of security and financial systems. In none of the cases in which important political leaders have been found to be complicit in drug trafficking have such leaders faced serious consequences; no minister or parliamentarian whose involvement in drug trafficking has been exposed has faced jail terms in the sub-region. Those that have been arrested have generally been extradited to other jurisdictions where they are tried and sentenced. Some have been protected by high-level intervention and reinstated. In other cases, the lack of expertise within the police and the judiciary has meant that due process was not followed and cases consequently dismissed. Only lower-level officials have faced the criminal justice system for drug offenses. It is users who usually face the brunt of the law, often under dire circumstances. This situation enhances a sense of impunity and certainly undercuts the ostensible efforts to combat the multiple challenges posed by drug trafficking. It may also have a long-lasting effect on the legitimacy of institutions vis-à-vis citizens.

Drug Trafficking in WA is still portrayed as a "massive invasion" of foreign drug traffickers and the involvement of local elites and traffickers is downplayed.

The title of the draft paper will be changed to avoid the impression that the WACD is "dealing in rumours". The discussion clarified that the involvement of senior officials is not

synonymous with involvement at the “highest levels of government” as the latter would imply ministerial levels or similar. Similarly, it was made clear that while the report needs to point to systemic issues of corruption etc., its mission is not to “name and shame” individuals, especially when the evidence is uncertain (see discussion on standards of evidence below). An exception for purposes of illustration could be a couple of cases where convictions have been obtained. Care needs to be taken so that the Commission is not seen as jumping to broad generalizations on the basis of very limited known examples/cases.

### ***V. I. O. Egbase (Nigerian NDLEA): Drug Trafficking and Money Laundering in West Africa***

Victoria Egbase explained to the Commission the importance of going after the money in organized crime. Just as money is the life blood of legitimate business and industry, money laundering is the life blood of all domestic and international organized crime groups. As drugs are often delivered on consignment with no payments until the drugs are sold at street level, cutting off the flow of money back up the chain can be very effective. The money laundering laws in Nigeria were brought up to international standards only in 2004. 10 different agencies are involved in the efforts to counter money laundering.

Ms Egbase presented two case studies in depth. Both cases involved international cooperation. The convicted in both cases ran companies for purposes of money laundering and had made a number of real estate transactions.

The investigation of money laundering is hindered by a lack of resources, of staff with adequate training, of collaboration across agencies and between countries. The lack of collaboration could be due to lack of will but also due to lack of trust and fear of infiltration.

The overall effects of money laundering are often not recognized, i.e. it delegitimizes the economy and distorts the competition for honest businesses that do need to make a profit.

Given that many economies in West Africa are cash-based, focusing anti-money laundering efforts on the finance sector might not be effective: real estate transactions and informal systems (e.g. Hawala system) need particular attention.

### ***Wolfram Lacher: Drug-Terror Nexus in the Sahel***

The term “narco-terrorist” has become fashionable but the paper presented by Wolfram Lacher aimed to look deeper and establish what really is the link between drug trafficking and terrorism in Mali and the Sahel. A lot of the media reports turned out to be misinformation or deliberate fabrications.

The role of extremist groups in drug trafficking in the Sahel has often been exaggerated. There is evidence for involvement of individuals/networks associated with MUJAO and AQIM in drug trafficking. However, these groups are not merely a front for drug smugglers. They include(d) individuals and groups with conflicting interests. Focusing on an alleged drug-terror nexus diverts attention from the real problem: the involvement of state agents and members of local elites.

While the link between terrorism and drug trafficking is not as strong and clear-cut as many would have us believe, there are, of course, examples of the convergence of interests. Armed groups can at times operate in a “terrorist mode” and at other times in a “criminal mode” which includes drug trafficking.

The conflict and chaos in Northern Mali might actually have made the routes through there

less attractive to traffickers. In terms of financing for terrorist groups, kidnapping is apparently much more lucrative than drug trafficking.

The talk of narco-terrorism has deflected attention from the links between state agents and local elites and drug trafficking and the WACD might want to emphasize those links, as well as the fact that the absence of effective government institutions makes such connivance much easier. Areas which lack government services and are marginalized can easily become zones of operation for drug trafficking and other organized crime as is the case in the Sinai, Colombia, Mexico and Somalia.

***Joseph B. Asare, Isidore S. Obot:  
Treatment policy for substance  
dependence in WA***

The paper presented by Joseph Asare and Isidore Obot summarized the current knowledge in the region but also included findings from their interaction with experts from ten ECOWAS countries and meetings with 60 drug users in Accra.

Evidence from a variety of sources points to increasing use of psychoactive substances in various groups in the region. Nonetheless, lack of reliable data on prevalence remains a major challenge in the region.

It is clear that national drug demand reduction policies, as well as acceptable treatment programmes at national level, are lacking in the region. While it is true that levels of opioid dependency (heroin) are relatively low in the region, the almost total lack of opioid substitution treatment is nonetheless problematic.

The uptake of harm reduction has been slow in African countries, with only one country in West Africa reporting on some programmes.

One possible reason for this is the relatively low prevalence of HIV associated with intravenous drug use in the region as HIV is predominantly caused by sexual contact. The other is attitudinal – the widespread belief that harm reduction strategies represent approval for drug use and that only complete abstinence is desirable. A changing drug use profile and greater awareness of the public health impact of harm reduction strategies should lead to increased adoption of such strategies as has happened in other parts of the world, including a few African countries.

It was recommended that every country in the region should develop and implement a national drug demand reduction policy (which includes treatment and prevention) with clear and measurable goals and strategies for achieving those goals. Countries should be encouraged to: establish a national centre (agency) responsible for drug abuse prevention and treatment; decentralize drug treatment services; provide community-based treatment and preventive facilities; comply with human rights obligations; provide drug treatment to incarcerated people and as an alternative to criminal sanctions; and to build national capacity for treatment.

***Camino Kavanagh: National Drug Laws,  
Related Legislation & Prison Sampling in  
West Africa: case studies***

Case studies on drug laws, related legislation and prison sample surveys were commissioned in Guinea, Mali, Ghana and Nigeria. Interim findings were presented by Ms Kavanagh.

The laws differ significantly in scope and level of detail with the two Anglophone countries showing some similarities as well as the two Francophone ones respectively. A discussion on harmonization ensued (see below).

A small working group consisting of Commissioners Justice Thompson and Dr Ba as

well as Ms Csete, Ms Kavanagh and Dr Obot was formed to develop a synthesis report on drug-related legislation in West Africa which will include the findings from the four case studies, an overview of current regional initiatives and recommendations on minimum standards to be considered in drug legislation in the region.

## **Drug policy reform and experiences from other countries**

### ***Renata Segura: Developing Integrated Drug Policies: Experiences from the Americas and Europe***

Renata Segura presented the international legal framework for drug control to the Commission. However, mounting evidence points to the fact that the drug control regime, which heretofore has criminalized the production, possession, trafficking and consumption of narcotics has failed in its attempt to eliminate, or even significantly curtail the drug market. It has equally failed in responding to the negative impact and repercussions of selling, buying and using drugs. Examples from Latin American show that relying exclusively on repressive strategies can often backfire, resulting in an increase in violence, prison overcrowding and further marginalization of vulnerable populations. Examples from Latin America also demonstrate that repressive measures in one country/location often fail to eliminate drug trafficking, but rather move trafficking efforts elsewhere, in what has been described as the 'ballooning' effect.

A growing number of governments have acknowledged these failures and are prioritizing the investment of resources in policies and strategies that can more effectively mitigate the harms that might come from drugs. They treat drug consumption as a

matter of public health rather than a matter for criminal prosecution; place harm reduction strategies at the centre of drug policy design; design integrated drug policies; and have introduced policies that decriminalize, legalize or regulate drugs, including the personal use and/ or possession of drugs.

Where drug policy reform has moved towards decriminalization, a slight rise in consumption has been observed in some countries but overall the drop in crime associated with obtaining drugs and other drug-related crime as well as the possibility of social inclusion have offset this in overall benefits to society. There are good examples of reform but generally it is clear that not one policy change by itself will work, an integrated set of policies which takes into account the local context is needed.

What is very illustrative is that reforms in other countries have shown what is possible within the confines of the current international legal framework, including decriminalization for personal use, harm reduction services, and the provision of health care and social support instead of punishment for minor offences. This is not well known in the region with very narrow interpretations of the drug conventions still prevailing.

### ***Ruth Dreifuss: Global Commission on Drug Policy (GCDP)***

Ms Dreifuss introduced the Commissioners to the work of the Global Commission on Drug Policy which builds on a predecessor Latin American Commission on Drugs and Democracy. The Latin American Commission was a game-changer. It has helped to break the taboo around drug policy and within 4 years, drug policy was the main topic at a summit of the Organization of American States, which led to a major report that came out this year. The dominance of the US in the drug policy discourse has been challenged.

Some of the same leaders, mainly former presidents, then went on to widen the work and formed the Global Commission on Drug Policy. Its focus is on promoting an informed, science-based discussion about humane and effective ways to reduce the harm caused by drugs to people and societies. It regards the 'war on drugs' approach as a failure and wants a constructive debate about viable alternatives, both at the national and international level, with public health as the main focus. The Global Commission has issued a general report on drug policy reform and follow-up reports on more specific issues (HIV infections through lack of clean injection equipment among drug users, Hepatitis C infections) which have generally received wide coverage. A major focus of the GCDP for the next 2 years will be the preparations for the UN GA Special Session (UNGASS) on drugs in 2016. The hope is for an interpretation of the current international conventions that reemphasizes public health as the main aim and allows countries to find their own policies to achieve this.

#### *Yovin Ivo: Tanzania*

It is estimated that there are 200,000 heroin users, among them about 25,000 injecting drug users, in Tanzania and they make up 37% of treatment demand. Needle sharing is common. Rates of tuberculosis, hepatitis C (75%) and HIV (51% v 7%) are elevated compared to the general population.

Starting in 2008, those working on the issue in law enforcement, the health sector and civil society are coordinated under the Office of the Prime Minister. Including the police has proven crucial. The police had already started a community policing initiative but were also an obstacle to drug users accessing help and changing their practice was very important. While Tanzanian law still provides for sentences of up to 10 years for carrying drug

paraphernalia such as syringes, an agreement has been reached not to enact until reform at the legislative level takes place. Overall, this has helped create a progressive harm reduction programme (incl. methadone and needle exchange) which offers both community-based and health-facility based services including mobile clinics. HIV/AIDS prevention and treatment was a key entry point both with service providers and for advocacy and fund raising.

#### *Ruth Dreifuss: Switzerland*

Switzerland, a country renowned for its solid conservatism, was shaken by seeing its cities become the point of convergence of thousands of drug users, culminating in large open drug scenes in the late 1980s. The country was hit hard by HIV, which was strongly linked to growing drug injection. A confluence of events and people led Switzerland to reject digging its heels in deeper with more repressive policing and instead to rethink drug police practices and drug policy more broadly. Health professionals who were persuaded that the harms of drug injection could be controlled more effectively by public health programs than by policing were at the vanguard of shifting the parameters of Swiss drug policy. As heroin injection was the dominant concern of public health officials, the Swiss authorized the institution of low-threshold methadone programs, needle exchanges (including in prison), and safe injection rooms on a large scale. Prescribing heroin to people who had lived with opiate dependency for some time was also experimented with on a small scale. The government's careful evaluation of this experience showed that heroin-assisted therapy was feasible, cost-effective, and associated with numerous significant health improvements among patients and a dramatic reduction in drug-related crime. The Swiss drug policy is now based on "four pillars"—policing, prevention of drug use, treatment of

drug use, and harm reduction. However, policing still receives about 75% of the resources allocated to the four pillars.

### **Ricardo Soberón: Peru**

Today Peru is the largest producer of coca leaf. The “war on drugs” has been official policy for so long and had such a moral dimension that no-one expected any change to be possible. Cooperation in the war on drugs was used as a political tool also, e.g. to get a free-trade agreement with the US. Drug policy has become very militarized including as a mind-set which does not take into account the human rights of those affected. As drug czar, Mr Soberón tried to bring about change. Peru no longer wanted to be solely blamed while US demand was ignored as a root cause. Peru wanted sovereignty over data on coca growing and other drug-related data as a means to assert its autonomy in defining the nature of the problem in Peru.

As a transit region, West Africa has similar preconditions as Latin American and Caribbean transit countries (underdevelopment, areas with little state control). Therefore, there is a real possibility of similar levels of drug-related violence in the future. Looking at drug trafficking from a South-South perspective, it is clear that it constitutes an important development issue.

## **Discussion following the presentations**

The discussions that ensued each presentation centred on the following topics:

- Militarization of response
- Political finances
- Priorities for law enforcement
- Poverty and drug use/drug trafficking
- Alternative livelihoods and crop eradication

- Transnational justice
- Drug use as a public health issue
- Relative harm of different drugs
- Learning from HIV/AIDS
- Listening to those affected
- National drug laws
- Decriminalization

## **Report back on the WACD country visits to Mali and Guinea-Bissau**

The WACD has already started on a series of country visits in the region. The aim of these visits by a delegation of 2-3 commissioners is to gather local opinions and impressions; raise awareness amongst both policy-makers and opinion-shapers; rally support for the drug policy debate; and show that the WACD is engaging with local actors. The delegations that visited Guinea-Bissau and Mali in August gained access at the highest government level in the two countries and also met with a diverse group of interlocutors from civil society, the UN, regional organisations and youth.

### **Guinea-Bissau**

President Obasanjo led a team to Guinea Bissau with Commissioners Christine Kafondo and Alpha Diallo. All the authorities met expressed anger at Guinea Bissau’s reputation as a “narco-state”. They did concede, however, that the country served as a transit hub for narcotics because of the 80 islands and islets of the coast, only 15 of which are inhabited. Students, as well as civil society groups, denounced the silence and complicity of the authorities when it comes to narco-trafficking. All the authorities met denied cocaine consumption or circulation. Civil society representatives, on the other hand, indicated that hard drugs are also being consumed and pose a public health problem. No one, neither the state, international organisations nor NGOs, has reliable statistics on drug abuse. The

commission visited the only rehabilitation centre of the country and judged the facility grossly inadequate, run-down and dirty, and looking more like a jail.

A discussion ensued on whether or not it was appropriate to call Guinea-Bissau a narco-state. The Commission concluded that this label is not the most relevant as in Guinea-Bissau the basic problem is in fact an absence of the state. The state as it does exist is hostage to the military. To address the drug problem, the political problems have to be addressed. In the meantime, it is easy for drug traffickers to exploit the weaknesses of an absent/failed state.

### **Mali**

Commissioner Edem Kodjo led the team to Mali with Commissioner Mahmoud Ould Mohamedou.

Unlike the interlocutors in Guinea-Bissau, in Mali drug trafficking and consumption are recognized and acknowledged as serious problems. The corruption that accompanies drug trafficking operations has led to a state of de facto impunity for high-level drug traffickers. Like in Guinea-Bissau, there is also a problem of the absence of effective state institutions, especially in the north of the country. Interlocutors in Gao asked for state services; they want state presence. The single institution dealing with drug treatment is a psychiatric hospital which was thought to do a good job given the limited resources. However, it is not appropriate to place dependent drug users in a psychiatric hospital, in part because some patients with mental health problems may start taking drugs as a result of their contact with drug users.

The delegation found that even though their interlocutors were very busy with the transition just after the elections, the visit was nonetheless well-timed as it was also a period

of priority setting for the incoming government.

### **Outline of the Final Report**

To advance the drafting of the Final Report, a small editorial group consisting of Commissioners Dr. Mary Chinery Hesse, Dr. Mohammad-Mahmoud Ould Mohamedou and Dr. Idrissa Ba had been established. Lansana Gberie was engaged as the principal writer.

A draft outline of the report was discussed. The comments of the Commissioners will be incorporated in the drafting process. The draft will be circulated to commissioners for comments and approval in January. Vulnerability and institutional weakness were identified as themes that can run through the different chapters. There was a strong emphasis that the main statement and the executive summary need to be very clear and effective to encourage public debate but also follow-up action. The text should not be too long (about 30 pages) and the number of recommendations limited. Recommendations should be practical and directed at those with a capacity to take them forward (international partners, regional organizations, national governments, civil society).

### **Truth and standards of evidence**

During the meeting, commission members emphasized that the report needs to be based on facts and evidence. However, several participants pointed out that the low number of court cases with convictions is itself part of the problem and that if the Commissions limits itself entirely to cases where a judicial truth (beyond reasonable doubt) has been established, the views would be both limited and skewed and could not be true to a “moral” truth. Where the judiciary does not work as it should, the media can indeed have a useful role in publicizing cases of alleged wrong-doing generating public pressure. It was agreed that

when individuals – who always have a right to be presumed innocent - are concerned, the standard of “beyond a reasonable doubt” will be applied. However, a “balance of

probability” standard can be adopted for statements on the general situation and institutions.