



WORKSHOP REPORT



2nd CSO Workshop on Drug Policy in West Africa

Le Ndiambour - Hôtel et Résidence, Dakar, Senegal

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LIST OF ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
AU	African Union
CND	Commission on Narcotic Drugs
CSO	Civil Society Organisation
ECOWAS	Economic Community of West African States
HIV	Human Immunodeficiency Virus
IDPC	International Drug Policy Consortium
OSF	Open Society Foundations
OSIWA	Open Society Initiative for West Africa
UN	United Nations
UNGASS	United Nations General Assembly Special Session
UNODC	United Nations Office on Drugs and Crime
USAID	United States Agency for International Development
WACD	West Africa Commission on Drugs
WACSI	West Africa Civil Society Institute
WADPN	West Africa Drug Policy Network

EXECUTIVE SUMMARY

Drug trafficking, consumption and use threaten the West Africa region. The situation is affecting all level of society across the region, from democracy, governance, public health, to security. The worst part is the response of West African governments to the issues. Across the region the strategy to fight drug trafficking, consumption and use is led by the criminal justice approach, which focuses more on punitive drug control mechanisms than reducing the related health and social harms. These prohibitionist approaches have had a direct consequence on the lives of people most affected by the war on drugs, through overcrowded prisons, corruption, stigma, overdose deaths, and the spread of HIV, hepatitis and tuberculosis.

There is a growing call for drug policy reform and the need to include harm reduction in African drug policies. A study was conducted in 2011 in Dakar to assess the heightened prevalence and risk factors of HIV, hepatitis C and hepatitis B among people who use drugs. It was the outcome of this study that persuaded the Senegalese Government to create a harm reduction centre to mitigate drug-related harms.

SITE VISITS TO HARM REDUCTION FACILITIES IN DAKAR

Participants visited the harm reduction centre of Dakar, which is the only one of its kind in the sub-region. It was an opportunity for the participants to see, and interact with the staff of, the harm reduction programme and also speak to people who use drugs who were undergoing treatment in the centre. The centre currently runs a methadone programme, and also a mobile team including peers, social workers, psychologists and doctors who distribute sterile needles and syringes, as well as collecting used equipment, across Dakar.

TACKLING DRUGS, SECURITY AND ORGANISED CRIME

Even though Senegal has a harm reduction centre, the drug law is still punitive just like in all West Africa countries. Most, if not all, West African countries maintain disproportionate laws on drugs and have a response that is focused almost exclusively on the criminal justice system. Therefore, billions of dollars are injected by governments every year to enforce these drug laws, run the overcrowded prisons, equip armed responses, etc.

Unfortunately, this approach has failed to reduce drug markets everywhere it has been practiced for the last 50 years. To reverse the situation, West African governments have to review their laws. The success of drug laws should be measured in terms of improved health, development and security – instead of by increases in arrests and seizures. At the same time, the law must move away from eradication and refocus resources and attention to public health and human rights.

There will always be an important role for law enforcement in drug policies, but this should concentrate on the most harmful, dangerous groups in the drug market, or the most violent areas, therefore acting as an effective deterrent for reducing harmful behaviors among other groups.

THE UNGASS

The upcoming UN General Assembly Special Session (UNGASS) on the world drug problem – called by the Presidents of Mexico, Guatemala and Colombia, and supported by 95 other UN member states – is an opportunity to reflect on the growing calls for reform and debate on drug

policy. It is a unique chance for the world, including West Africa, to review current drug policies and ensure more focus on public health and human rights, rather than criminalisation.

ADVOCATING FOR BETTER POLICIES

There is an urgent need for CSOs across the region to engage their governments on drug policy reform that is based on evidence, with clear and simple messages that target all sectors of our society.

1.0 INTRODUCTION

Drug trafficking has become a new threat for the development of West Africa. West Africa is not only a transit zone for drugs from Latin America to Europe, but local production and drug use also continue to be major issues. Organised crime syndicates exist at all levels of society in West Africa and pose a threat to good governance, peace and stability, economic growth and public health in West Africa, a region that has only recently emerged from decades of violent conflict.

Mindful of these growing threats, Kofi Annan (the former UN Secretary General) convened the West Africa Commission on Drugs (WACD) – chaired by the former President of Nigeria, Olusegun Obasanjo. The Commission comprises people from diverse backgrounds such as politicians, civil society, health, security and the judiciary. After 18 months of research and consultations, and visiting some of the most affected countries and communities in the region, the Commission released their flagship report in June 2014, including a series of evidence-based recommendations for drug policies across the region.¹

The report shed light on the extent of the illicit drugs trade. The trafficking of cocaine is estimated to be worth US\$ 1.25 billion in the region, which far exceeds the national security budgets of many countries. Furthermore, the prevalence of cannabis use in West and Central Africa (12.4%) is higher than the African and the global averages (7.5% and 3.9%, respectively).

The report also pointed out the failure of the war on drugs to reduce the scale of drug markets. Instead, the war places significant pressure on already over-burdened justice systems – inciting corruption, provoking violence and leading to widespread human rights violations. Removing criminal sanctions for drug use is therefore one of the most effective ways to reduce drug-related harms, to facilitate access to treatment, and to free up resources for law enforcement to focus on more selective deterrence and targeting high-value traffickers.

In view of these challenges, the upcoming UN General Assembly Special Session (UNGASS) on the world drug problem, in New York in April 2016,² will be a unique opportunity for West African countries to assess and adjust current drug policies to ensure that they respond to national and regional realities.

This workshop was organised by WACD, the West Africa Civil Society Institute (WACSI) and the International Drug Policy Consortium (IDPC), with support from the United States Agency for International Development (USAID), the Open Society Initiative for West Africa (OSIWA) and the Kofi Annan Foundation. The objectives of the workshop were to:

- Build upon the previous CSO workshop (Accra, 11-12 February, 2015)³ to further develop capacity on the issues of drug policy;
- Focus on issues such as advocacy towards UNGASS, security and law enforcement;
- strengthen knowledge about regional drug control systems, effective drug policy and best practices;
- Share experiences and best practices on how to advocate for evidence-based policies at national, regional and international levels;

¹ <http://www.wacommissionondrugs.org/report/>

² See, for example, <http://www.unodc.org/ungass2016/>, <http://idpc.net/policy-advocacy/the-un-general-assembly-special-session-on-drugs-ungass-2016> and <https://www.opensocietyfoundations.org/explainers/what-ungass-2016>

³ <http://idpc.net/publications/2015/06/report-of-civil-society-workshop-on-drug-policy-in-west-africa>

- Explain the UNGASS on drugs and how CSOs can use it as part of their advocacy efforts;
- Foster collaboration among key government and civil society stakeholders in the fight against drug trafficking in the region; and
- Further support the development of the West Africa Drug Policy Network (WADPN).⁴

1.1 Opening remarks⁵

Ms. Nana Asantewa Afadzinu, WACSI Executive Director

Nana started her speech with a story of a famous Ghanaian pianist named Kiki Djan. He was a prodigy and played the piano par excellence. Kiki Djan went professional at 12 years and, by 15, he was the lead pianist for Osibisa (a well-known Ghanaian band). He toured the whole world, meeting with music stars and celebrities, and even played for the Queen of England. By 18, he was a dollar millionaire. However, Kiki Djan's success was ended by drug problems and he ended up begging on the streets of Accra. He battled drug addiction for over 21 years and died in 2004.

According to Nana, "The world had been robbed of his talent because of this addiction and the country just had no laws, systems or institutions in place to help him even though he cried out desperately for help. There are thousands of Kiki Djan's in our countries, and millions in our sub region, who can contribute significantly to the development of our nations but who are caught in this trap that they cannot escape from because our policies, laws, systems and institutions keep them there, treat them as criminals, aggravate the addiction, stigmatize them and abuse them".

Nana further stated that the workshop should be an opportunity for participants to reflect and assess on the work they have been doing at the country level since the last meeting in terms of delivering the right message and reaching the right constituents who could affect change. Doing this assessment should also uncover the challenges encountered at each country level to efficiently and effectively achieve the WADPN's goals during and after the UNGASS.

"As we prepare towards the UNGASS on drugs in 2016, the target is to get more of our governments to support our agenda for a human rights centred approach to tackling the drug problem, more focus on harm reduction and addressing the issue of drug use and abuse through a public health lens, rather than criminal justice", she added. "At the same time we want a law enforcement for trafficking that gets the barons".

Nana commended Senegal for their harm reduction strategies in tackling the drug challenge, currently the only project of its kind in West Africa. She also underlined WACSI's own commitment to ensure that civil society is not only knowledgeable about the drug policy reform issues, but also efficient in working on them and effectively engaging the key sectors in society to achieve our common objectives. Lastly, Nana thanked the different partners – namely OSIWA, the Global Drug Policy Program, WACD, IDPC, USAID and the Kofi Annan Foundation – for their continuous support.

Mr Scott Bernstein, Program Officer for the Global Drug Policy Program

Scott started by thanking the participants for the work they have been doing thus far, and briefed them on a new campaign against the war on drugs – called Stop the Harm.⁶ This has

⁴ <http://wadpn.blogspot.co.uk/>

⁵ See Annex 1 for a list of media reports from the opening session.

been created by a diverse movement of CSOs from around the world who have united around one common purpose: rectifying the catastrophic failures of the current global drug policy regime through campaigning for a new course firmly grounded in health, compassion, and human rights.

He wished the participants a successful workshop and called on them to share ideas, ask questions and challenge each other during the workshop, to be able to better understand the drug issues and what effective advocacy at the country level could look like. As his last words, Scott urged participants to utilise the opportunity of the global debate and begin to engage all the relevant stakeholders in this cause for better drug policies within the region.

Mr Abdul Tejan-Cole, OSIWA Executive Director

Abdul said that OSIWA, in designing their strategy to deal with drug issues, had noticed the key role that CSOs play in challenging drug consumption and drug trafficking in West Africa. However, they had also noticed a lack of awareness, engagement and lack of knowledge within CSOs and also the general public or citizens within West Africa as well.

In line with this, the three primary objectives of OSIWA on drug issues were: (1) to build the capacities of CSOs within West Africa on drug related issues to address the impact of drug trafficking and consumption on democracies, governance, health and economies; (2) to build a network of CSOs within West Africa to help partners share information, ideas and experiences; and (3) to support CSOs to advocate for evidence-based drug policies.

In addition, he added that OSIWA is very happy with the progress made thus far and thanked WACSI and the other partners, and also the CSOs that have been directly involved on the issues and providing the platforms for engagement, discussion and education.

Abdul further stated that there is a behavioural change in West Africa moving away from a punitive approach and towards a harm reduction approach. OSIWA has noticed this in a change in the tone of comments received from the general public on their articles calling for the decriminalization of drug use in West Africa. Secondly, there has been a significant increase in the number of CSO proposals received by OSIWA wanting to engage on issues of drug trafficking and use in West Africa, which was not the case couple of years ago.

Abdul appealed to the participants to keep the momentum going. “This is an opportunity to engage West Africa governments on issues of harm reduction, and we are counting on you as civil society to raise awareness to ensure more people-centred approaches to address the issue of drugs. We are really looking forward to continued engagement and we are impressed by what we see and read on the WADPN blog⁷ and Facebook page.⁸ We hope that many of you will continue to contribute to the blog so that we can transform West Africa and be able to address all these challenges with the drug issue. If we do not do so, in a couple of years, we will all regret and take the blame for not having handed over to the next generation a West Africa free of these issues”, he concluded.

⁶ <https://stoptheharm.org/>

⁷ <http://wadpn.blogspot.co.uk/>

⁸ <https://www.facebook.com/pages/West-Africa-Drug-Policy-Network/1597839007142916>

Ms Christine Kafando, WACD Commissioner

Christine also took the opportunity to welcome the participants on behalf of the WACD, and briefed the participants on the Commission's objectives, mandate and composition. She also introduced the other Commissioners present at the meeting: Alpha Diallo (Guinea), Adeolu Ogunrombi (Nigeria) and Idrissa Ba (Senegal).⁹ The Commission is an independent body and can therefore speak with impartiality and directness.

Christine continued by addressing key issues from the Commission's report, and its main recommendations: "We engaged with national, regional and international parties, as well as technical experts, over 18 months before launching our report in June 2014, here in Dakar".

The objectives of the report were: (1) to develop evidence-based policy recommendations; (2) to mobilize public awareness and political commitment to ensure that drug problems are tackled in an effective and timely manner; and (3) to develop local and regional capacity and ownership.

Christine further commented on some of the achievements of the Commission. In West Africa, WACD has supported two regional workshops for civil society (this being the second one), as well as a regional workshop for journalists,¹⁰ and they are currently engaged in a series of high-level country visits in the region. At the continental level, WACD has been engaging with the African Union (AU) and ECOWAS to raise awareness. Furthermore, Commissioners have spoken at relevant events worldwide, such as at UN meetings on drugs in New York and Vienna. Commissioners have also travelled to Latin America for South-South dialogues to share experiences among others.

Christine closed her remarks with a quote from Kofi Annan, which shows why all our work in the area of drug policy is so important: "Drugs have harmed many people, but bad government policies have harmed many more".

Ms. Maria-Goretti Ane, IDPC Consultant for Africa

Maria opened her remarks by welcoming all participants to this important workshop, and briefed about IDPC's work and mission. IDPC is a global network of more than 140 NGOs that support communication and collaboration, and promote open debate on drug policy. As a network, IDPC promotes evidence-based policies that are effective at reducing drug-related harms.

Maria further explained that "Over the past 50 years we have been fighting a war on drugs that has never been won. This war is best described as a failed policy, and we at IDPC try to promote objective and an open debate on the effectiveness, direction and content of drug policies at the national and international levels".

She stated that the two-day workshop seeks to enable the participants to effectively advocate for better drug policies. The workshop serves as an opportunity to discuss the issues and further improve the situation in the region.

⁹ <http://www.wacommissionondrugs.org/profiles-of-commissioners/>

¹⁰ <http://idpc.net/publications/2015/08/media-workshop-on-drug-policy-in-west-africa>

Maria also talked about the UNGASS, and called on all participants to make good use of the opportunities that it provides to call for a comprehensive and balanced approach, the participation of civil society during the process, and greater African engagement in the debates.

1.2 Projection of WACD films

After the opening remarks and the group picture, a short video from WACD was screened. The video builds on the WACD report to highlight the current state of drug policy in West Africa and calls for collaboration between West Africa governments and CSOs. The video was played both in French¹¹ and English.¹²

2.0 UPDATES SINCE THE FIRST CSO WORKSHOP

2.1 IDPC recap of the first workshop

Jamie Bridge, IDPC's Senior Policy and Operations Manager, gave a brief recap of the workshop organised in Accra, Ghana in February 2015 - which was also based on the West Africa Drug Policy Training Toolkit developed by IDPC and WACD with support from USAID.¹³ He encouraged the participants to download the Toolkit, which is available in French and English, and can be used to support training and advocacy work at the country level across West Africa.

Jamie's recap covered the three international drug conventions (1961, 1971 and 1988) which were created to (1) prohibit supply and demand of drugs for non-medical purpose, and (2) promote access to these substance for scientific and medical purposes. The overall goal of these conventions was to protect the health and welfare of mankind. Unfortunately, in practice, this has become a so-called war on drugs with a focus on criminal justice, law enforcement and a drug free world.

This repressive approach has failed to reduce drug markets around the world, but has also led to serious negative consequences. According to a 2008 UNODC report, these include a criminal black market for illicit drugs worth US\$ 360 billion, policy displacement leading to a lack of attention on public health and human rights, geographical displacement (the so-called balloon effect) diverting the problem to new regions of the world, substance displacement (including the increased use of synthetic drugs) and the labelling of people who use drugs as criminals – with the associated stigma, even from their own families.¹⁴

Jamie further talked about the IDPC drug policy principles,¹⁵ the imbalance of current policies, the need to channel greater resources towards drug treatment and health services, the AU minimum quality standards for drug treatment,¹⁶ the harm reduction approach,¹⁷ the recommended steps for good CSO advocacy planning, and the Support Don't Punish campaign.¹⁸

¹¹ <https://www.youtube.com/watch?v=hZXaB0m6a20>

¹² <https://www.youtube.com/watch?v=c5dz9d22NGw>

¹³ <http://www.osiwa.org/publication/view/west-africa-drug-policy-training-toolkit-facilitation-guide>

¹⁴ https://www.unodc.org/documents/commissions/CND/CND_Sessions/CND_51/1_CRPs/E-CN7-2008-CRP17_E.pdf

¹⁵ <http://idpc.net/policy-principles>

¹⁶ <http://sa.au.int/en/sites/default/files/MQS%20TREATMENT%20-%20English.pdf>

¹⁷ <http://www.ihra.net/what-is-harm-reduction>

¹⁸ www.supportdontpunish.org

2.2 West Africa Drug Policy Network presentation

Adeolu Ogunrombi, the coordinator of WADPN, shared with participants the background of the network, where they are currently, and what the next steps are for the Network.

The Network was conceived at a CSOs meeting in Accra, Ghana in October 2013¹⁹. In the following June, at the launch of the WACD report²⁰ in Dakar, more than 35 CSOs attended a second meeting and agreed to move forward with a regional network. Focal points were selected from countries to make sure that other CSOs working on drug issue at the national level were coordinated and connected to WADPN. It was also agreed that WACSI would become the secretariat of the Network.

The Network was supported from the beginning by WACSI, OSIWA, the Kofi Annan Foundation, WACD and IDPC. The general objective of the Network is to support drug policy reform in West Africa by building the capacity of local CSOs to address the impact of drug markets on democracy, governance, human security, human right and public health.

The specific objectives of the network are:

- Mapping of CSOs within the region, and the development of a comprehensive database of CSOs.
- Increasing knowledge and confidence of CSOs to advocate for better drug policies, and sensitising CSOs on the impact of drug markets on governance, democracy, human rights, security, health and development.
- Ensuring ownership of, and continuous advocacy based on, the recommendations of the WACD report.
- Equipping CSOs with skills and resources for advocacy – including capacity building with respect to networking, media relations and fundraising.
- Sharing best practices on drug control efforts from across the globe.
- Fostering sustainable partnerships and collaborations among CSOs.

To date, the Network has identified and selected country focal points in the 16 West African countries, formed and incorporated country networks, and sub-granted to 12 country networks to support their national advocacy efforts. The Network now has a bilingual (English and French) blog²¹ and Facebook page²² to ensure visibility.

The next steps for the Network include the ongoing implementation of advocacy grants, and drafting a strategic plan for the next three years (2016 - 2019).

2.3 The Senegal chapter presentation

Dr Idrissa Ba, the WADPN focal point for Senegal, presented the work of the Senegalese chapter: called “Réseau National des Intervenants de la Société Civile sur les Drogues”.

Due to its location in the region, Senegal is heavily affected by the drug problem in West Africa. According to studies in 2011, there were 1,324 people using heroin and/or cocaine in Dakar.

¹⁹ http://allafrica.com/stories/201310291352.html?aa_source=sptlgt-grid

²⁰ <http://www.wacommissionondrugs.org/report/>

²¹ <http://wadpn.blogspot.co.uk/>

²² <https://www.facebook.com/West-Africa-Drug-Policy-Network-1597839007142916>

Among this group, the prevalence of HIV was 5.2%, while nearly a quarter were living with hepatitis C. For those who injected drugs, the prevalence was even higher: 9.4% for HIV and 38.9% for HCV. Women were also found to have greater risk from HIV.

It was these data which persuaded the Senegalese government to create a harm reduction centre to help tackle the problems through an inclusive process including private organisations and CSOs.

Subsequently, the need for a national network of CSOs also emerged – to obtain their views on the successes and failures of the program. The Senegal chapter was officially set up in October 2015 through an inclusive process with CSOs working on the issue of drugs. Like its counterparts in the region, the overall objective of the network is to create space for exchange, reflection and coordination among CSOs.

The Senegalese network comprises 38 CSOs who are legally registered and working on drugs, health, human rights or other related issues. An Executive Committee of 21 members, spearheaded by a President, leads the network.

The way forward for the Senegalese chapter is to register it formally, and design a strategic plan that will guide the activities and resource mobilisation of the network. Furthermore, the network will design its communication and advocacy strategy to become the representative of civil society during national and international gatherings.

3.0 SITE VISITS TO HARM REDUCTION FACILITIES IN DAKAR

The participants of the workshop were given the opportunity to visit the harm reduction facility – Centre de Prise en charge Intégrée des Addictions de Dakar (CEPIAD). This is the only one of its kind in West Africa, and is equipped with OST (methadone) and social activities such as art, music and gardening for people who use drugs. Also, the centre has a mobile team made up of former clients, social workers, psychologists and doctors who distribute and collect needles and syringes in the various ghettos of Dakar.



Picture 1: Participants visit the Senegalese harm reduction centre

At the end of the visit, a documentary video about the centre was shown, and followed by a questions and answers session with the centre staff.

Questions from participants included the relationships between the law enforcement agency and the mobile team of the centre, from whom the centre has been receiving support, and what the challenges are for the centre and many others. Dr Idrissa Ba and his team said that the drug laws in Senegal are still punitive, however the law enforcement agency has been involved in the program from the onset and have a good understanding of harm reduction. For example, they know that the distribution of syringes to people who use drugs will not increase drug use, but will reduce harms. The centre is supported through a national HIV grant from the Global Fund, but sustainability remains a major challenge.

4.0 TACKLING DRUGS, SECURITY AND ORGANISED CRIME

4.1 Presentation of the West Africa Commission on Drugs report and recommendations

Adeolu Ogunrombi, one of the WACD Commissioners, stated that the geographic location of West Africa makes it particularly vulnerable to transnational criminal activity such as drugs. The borders are porous, coastlines are under-patrolled, there are many inhabitable islands, and institutions are vulnerable to corruption.



Figure 1: Flow of Cocaine through West Africa

Drug traffickers are using these weaknesses for transshipment from the production centres in Latin America and Asia to the main consumer markets in Europe and the United States. There is also an increase in drug consumption and production in the region. The yearly value of cocaine transiting through West Africa is estimated by the UN to be US\$ 1.25 billion, which is higher than the national budgets of many West Africa countries.²³

This situation is threatening the governance, security, justice and economic gains of the sub-region. Following these developments, the WACD report made many recommendations to reverse the situation as soon as possible.²⁴

Adeolu ended his presentation with the famous quote from Kofi Annan, the former UN Secretary General: “Drugs have harmed many people, but bad government policies have harmed many more”.

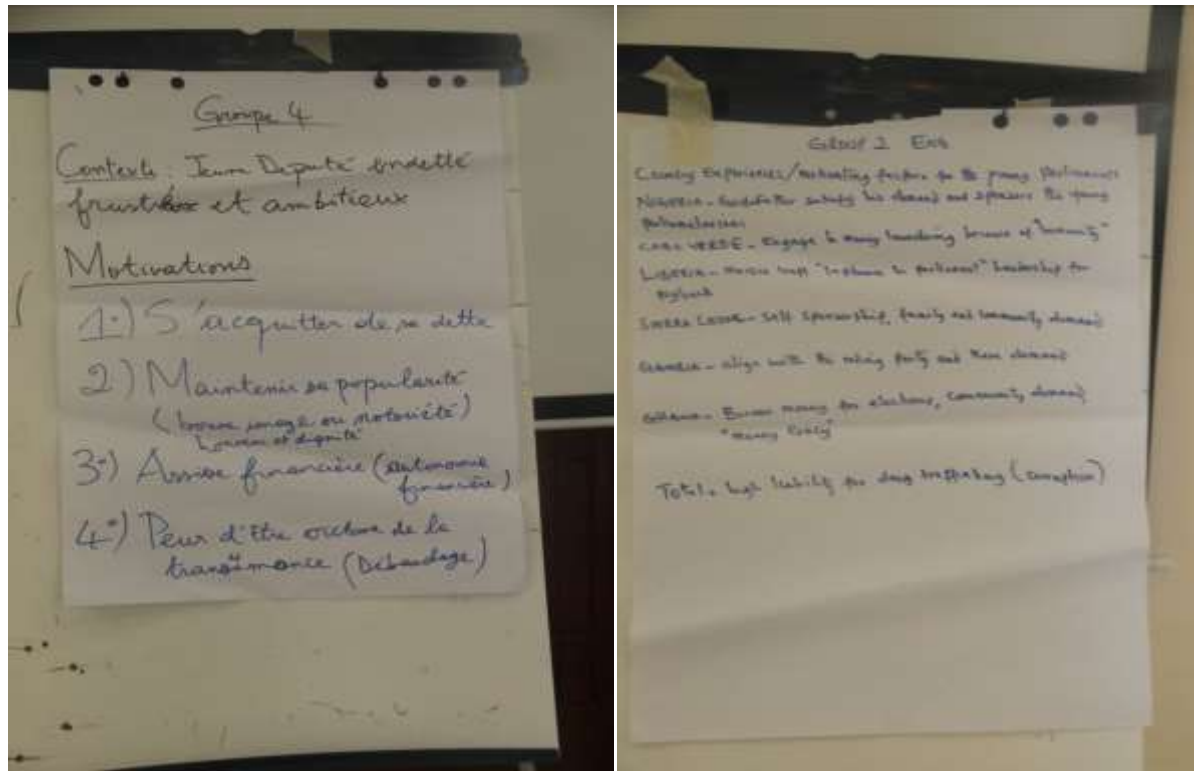
4.2 Motivations for criminality

Jamie Bridge divided the participants into four groups (two Francophone and two Anglophone) to explore some of the motivations that a person may have for engaging in the drug market.

²³ https://www.unodc.org/documents/data-and-analysis/tocta/West_Africa_TOCTA_2013_EN.pdf.

²⁴ <http://www.wacommissionondrugs.org/report/>

Various ideas came up from the group deliberations – including greed, political power, money and financial power, a desire for importance and respect (especially among politicians), violence or threats, promotions at work, blackmail, and orders from corrupt superiors. The aim of the activity was to sensitise participants to some of the reasons that people engage in drug trafficking, and to encourage them to think beyond the dramatic headlines in these cases.



Picture 2: Notes from the group exercises

4.3 Modernising drug law enforcement

Jamie Bridge outlined what the "Plan B" is for drug law enforcement, as an alternative to the current war on drugs approach. A more effective and efficient law enforcement response to drugs will work towards holistic indicators of success – such as health, development and security – instead of simply counting arrests and seizures. The "Plan B" also moves away from the eradication of drugs as the ultimate target, and refocuses resources and attention towards the most harmful parts of a drug market - therefore tolerating more benign parts. By concentrating attention and resources on the most harmful, dangerous criminal groups and the most violent areas, the 'selective deterrence' approach aims to reduce overall harm and deter others groups from resorting to similar harmful actions.

Another key part of the "Plan B" is providing alternatives to incarceration – as is now recommended by the UN and the AU. For minor, non-violent drug-related offenses, the alternatives include decriminalisation and the use of administrative sanctions instead, or diversion from the criminal justice system and into voluntary drug treatment and support. Alternative sanctions are more cost-effective for the police, prisons and society, and also help to reduce stigma and reduce re-offending. However, Jamie also noted that these alternatives require robust drug treatment systems and reiterated the need to invest in the health system.

Another key element of modernising drug laws is to set up proportionate sentencing. Drug offences often attract the greatest criminal sanctions – and even the death penalty, corporal punishment and life imprisonment in some countries. In Nigeria, someone possessing drugs could get 15 to 25 years of imprisonment. In Mali, they could face 5 to 10 years in prison. Jamie advised that sentences for drug offences should be comparable to other similar offences and proportionate to the scale of the crime and the harm being caused to society. For this reason, as clearly states by the UN, the death penalty should never be applied to drug related crimes.

Furthermore, Jamie added that justice systems should move away from mandatory minimum drug sentences, and provide room for judges to use their own discretion and take into account important factors such as the scale of the crime, the possible motivations (or coercions), and the background of the offender.

In addition, Jamie emphasised the need to avoid vigilantism or the militarisation of drug policies. If the police are seen as unable to tackle the drug problem, self-defence or paramilitary groups may emerge. Using the military to fight the war on drugs can escalate violence – as has been the case in Mexico, with 60,000 drug-related killings between 2006 and 2012, and 26,000 more people disappeared.

Jamie concluded by saying that the police can play an important role in harm reduction too – supporting services and helping to protect the health and well-being of people who use drugs. Jamie also called on the participants to advocate for these initiatives in their respective countries.

5.0 THE UNGASS

5.1 What is UNGASS

The United Nation General Assembly is the highest policy-making and representative organ of the UN, and member states or the UN Security Council may call for a Special Session (UNGASS) to be held at any time. These UNGASS meetings can focus on any topic – from HIV to development – and the last UNGASS on drugs was in 1998. The ongoing failure of drug policy pushed the Presidents of Mexico, Guatemala and Colombia to request a new UNGASS for 2016 – with the objective of having an open, honest discussion about the growing calls for reform. The request was backed by 95 UN member states.

The UNGASS website has been created to facilitate a broader consultation with UN entities, international and regional organisations, and non-governmental organisations. The website contains a timeline that lays out important dates and events for the CND on the way to 2016.²⁵

5.2 UNGASS and the global reform movement

Scott Bernstein introduced participants to the Open Society Foundation's Global Drug Policy Programme, which supports drug policies based on human rights and public health. The Programme provides advocacy grants to civil society partners around the world – although Scott underscored that they do not directly support harm reduction services or service delivery. Scott asked participants to get in touch with him if they have any kind of project that falls within the framework of the Global Drug Policy Programme.²⁶

²⁵ www.ungass2016.org

²⁶ <https://www.opensocietyfoundations.org/about/programs/global-drug-policy-program>

Scott also delivered a presentation on the global campaign platform called “Stop The Harm”.²⁷ The roots of this global campaign started in January 2015, when 25 organisations working on drug policy around the world reflected on the idea to develop a joint strategy for UNGASS 2016 and agreed on a common platform to unite the existing campaigns – such as Support Don’t Punish.²⁸



Figure 2: Stop the harm logo

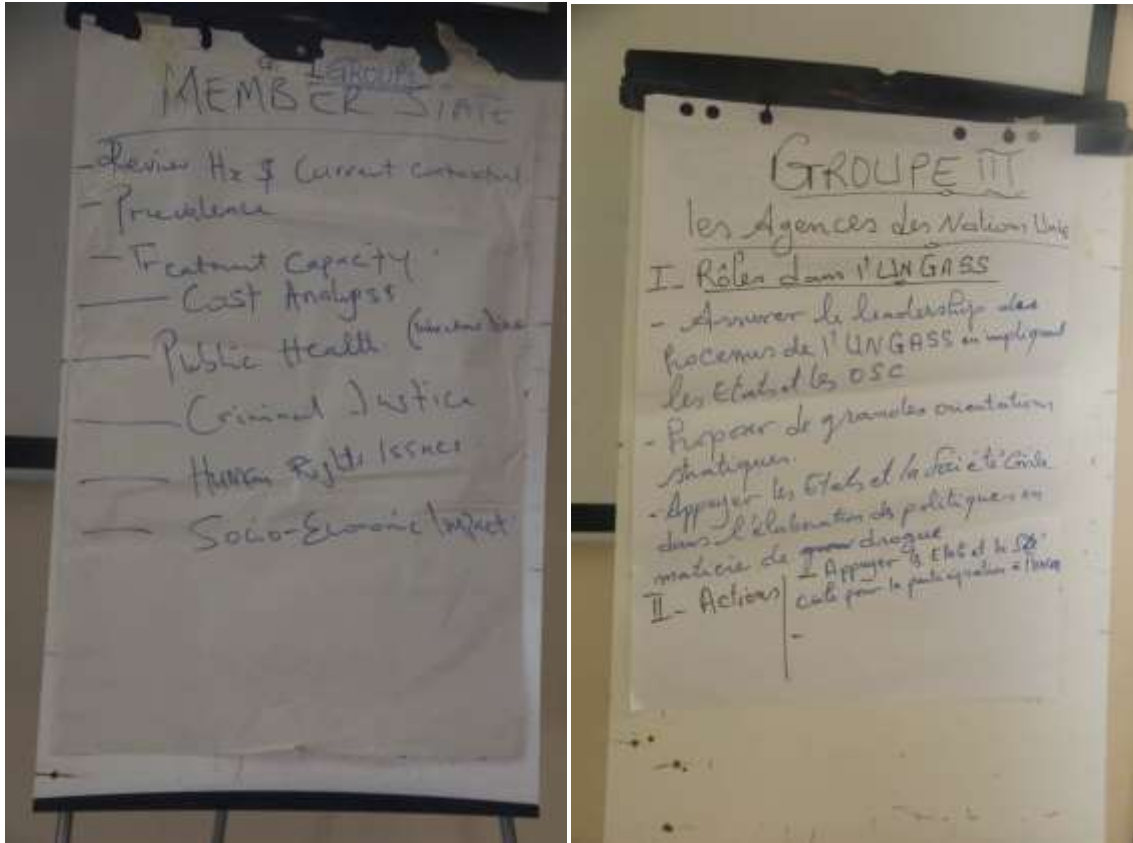
The ‘Stop The Harm’ platform aims to rectify the catastrophic failures of the current global drug policy regime by advocating for a new drug policy rooted in health, human rights, sustainable development and harm reduction principles. It will be publicly launched in November in English, and will soon be translated into French and other languages to allow for wider participation.

5.3 UN processes and the players around the UNGASS

Jamie Bridge invited divided the participants into groups again, and asked them to reflect on the roles of member states, civil society, UN agencies and people who use drugs in the UNGASS. Each group presented their findings.

²⁷ <https://stoptheharm.org/>

²⁸ <http://supportdontpunish.org/>



Picture 3: Results from the group work

After the group work presentations, Maria-Goretti Ane took the floor to present on how to advocate for better policies and ways through which CSOs can engage in the UNGASS processes. She called on CSOs to:

- Follow the debate at www.idpc.net and www.cndblog.org
- Engage the media, including through the Support Don't Punish campaign
- Bring in allies from other related sectors such as HIV and development
- Speak to their governments and any UN agencies based in their country
- Take part in regional consultations and meetings such as this one
- Make their own submissions to the www.ungass2016.org website, and
- Define their own “asks” and targets from the UNGASS.

Maria further talked about what African bodies and CSOs have done so far in the build up to UNGASS, such as meetings, workshops and dialogues including:

- An ECOWAS workshop in Abuja to examine key issues pertaining to drugs in the region and seek the active participation of CSOs in the ECOWAS Action Plan on Drugs (2016 – 2020)²⁹.
- A workshop in Bogota, Columbia hosted by the Open Society Foundations, where CSOs and government officials from selected African countries were able to share their

²⁹ <http://www.african-defense.com/featured-posts/ecowas-workshop-on-countering-drug-trafficking/>

experiences and learn from Latin American counterparts.

- A UNODC regional workshop in Dakar to highlight best practices in ensuring an enabling environment for an evidence-informed, public health and human rights based HIV response for people who use drugs.³⁰
- The development of the AU “Common African Position for the UNGASS”³¹ – which calls for drug policy reform with health and well-being at its core, and focuses on the need for balance between supply reduction, demand reduction and harm reduction responses. The AU Common Position further states that drug use must be considered as a public health problem, and asks for the reallocation of resources towards treatment. However, after several months of development, the Common Position was ultimately never submitted to the UNGASS process. Instead, South Africa and Egypt produced another document which aims to eliminate drugs by 2019 and rejects any mention of harm reduction.

Maria also briefed the participants on the IDPC Asks for the UNGASS:

- Ensuring an open debate with all stakeholders
- Resetting the objectives of drug policies
- Supporting policy experimentation and ‘new’ approaches
- Ending the criminalization of people who use drugs and other low-level offenders
- Ensuring proportionate penalties for drug offences, and an end to the death penalty, and
- Adopting a harm reduction approach, with funding redirected from the war on drugs and into public health.³²

6.0 ADVOCATING FOR BETTER POLICIES

- As advised in the Drug Policy Training Toolkit,³³ advocacy should be directed by a clear goal, and has to be regarded as a long-term, ongoing process. The goals may include the development of a new drug policy, the review or reform of an existing one, or the better implementation of a policy.

The advocacy planning process can be broken into eight recommended steps:

- Select the issue to address
- Analyse and research the issue
- Develop the works objectives
- Identify the targets
- Identify your allies
- Identify the resources available
- Create an action plan
- Evaluate and monitor progress

In addition, there is a need to choose the advocacy methods wisely, to involve the beneficiaries of the action (such as people who use drugs) whenever possible, and to develop a clear and simple message that people can understand and support. Even with these in place, however, you

³⁰ <https://www.unodc.org/unodc/en/hiv-aids/new/regional-dialogue-west-africa.html>

³¹ http://www.au.int/en/sites/default/files/newsevents/workingdocuments/14441-wd-common_african_position_for_ungass_draft_6_-_english.pdf

³² <http://idpc.net/publications/2014/10/the-road-to-ungass-2016-process-and-policy-asks-from-idpc>

³³ <http://idpc.net/publications/2015/04/west-africa-drug-policy-training-toolkit-facilitation-guide>

may have to wait until a window of opportunity becomes open in order to have the maximum impact (see below).

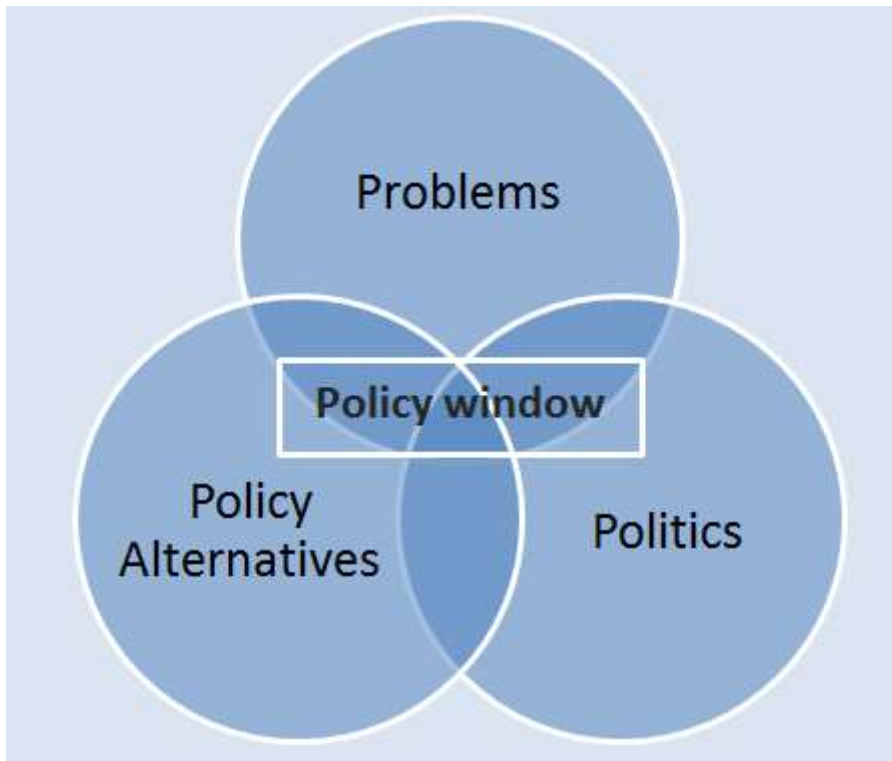
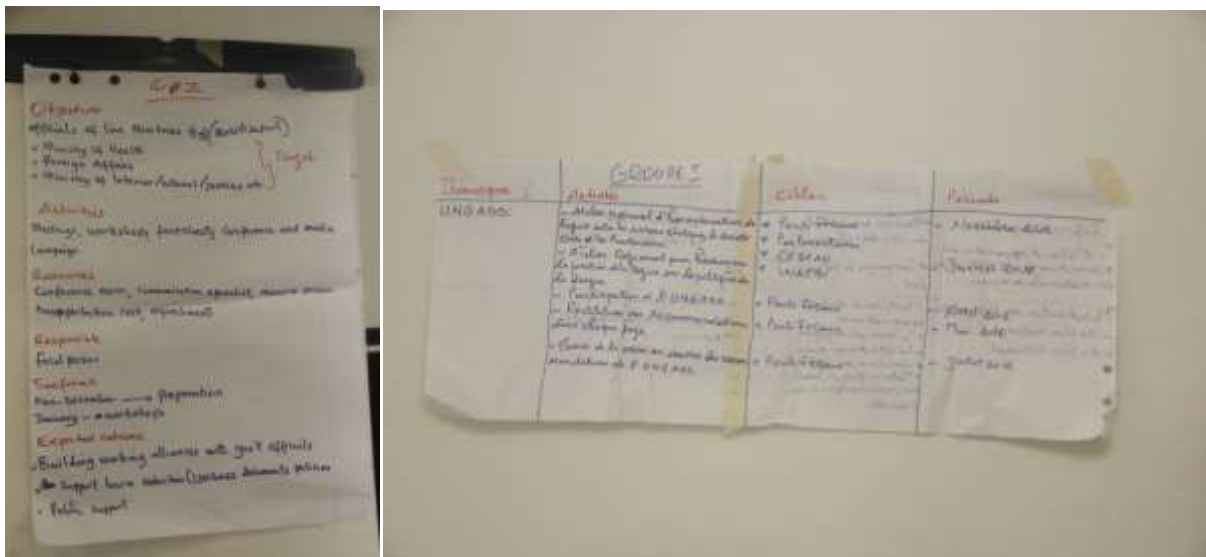


Figure3: Window of advocacy opportunity³⁴

Participants were divided into their groups for one last time, and asked to create an advocacy action plan for the UNGASS – something with could be used by WADPN. The results are demonstrated below:



Picture 4: Results from the group work

³⁴ <http://idpc.net/publications/2015/04/west-africa-drug-policy-training-toolkit-facilitation-guide>

7.0 CLOSING SESSION

7.1 Building evidence for advocacy (the Ghana example)

Maria-Goretti Ane delivered a presentation on behalf of the Ghana chapter of WADPN, to share their experiences and lessons in terms of their advocacy work.

Mindful of the Ghana context, the chapter defined its targets, which include the Ministries of Interior, Health, Foreign Affairs and Education, as well as the Attorney General's office, the Inspector General, parents, people who use drugs, the media, civil society partners, and religious groups.

The chapter then chose their advocacy strategies for evidence-based drug policy reform in Ghana. They employ all communication mediums available, including public forums to ensure that the negative consequences of bad drug policies are constantly in the media. Furthermore, the chapter has developed a working relationship with the government through a series of dialogues, and has succeeded in involving CSOs in the national steering committees towards the UNGASS. The chapter has also maintained momentum by engaging other CSOs working in the area of drugs and human rights, and strengthening their voices by working with the Recovery Ghana consortium.

The key messages of the chapter are:

- Human rights, and especially the right to health and the right to sustainable development, should be at the centre of Ghana's drug laws and policies;
- Proportionality in our drug laws must be ensured, with emphasis on alternatives to incarceration for low-level drug offences;
- Political and financial commitments must be made for harm reduction in Ghana; and
- Ghana must end the criminalization of people most affected by drugs.

For the government to accept these messages, the chapter has been working on the ground with the media, educating peers, and sensitising decision-makers. They are also planning a parliamentary dialogue on the new Narcotics Control Commission Bill in Ghana, and are pushing to get more CSOs on the Ghana Narcotics Commission Board.

Some of the challenges faced by the chapter are cultural, due to the taboo and the strong social stigma surrounding drugs. Also, there remains a lack of human capacity among CSOs to lead in the discussions for harm reduction and other public health interventions.

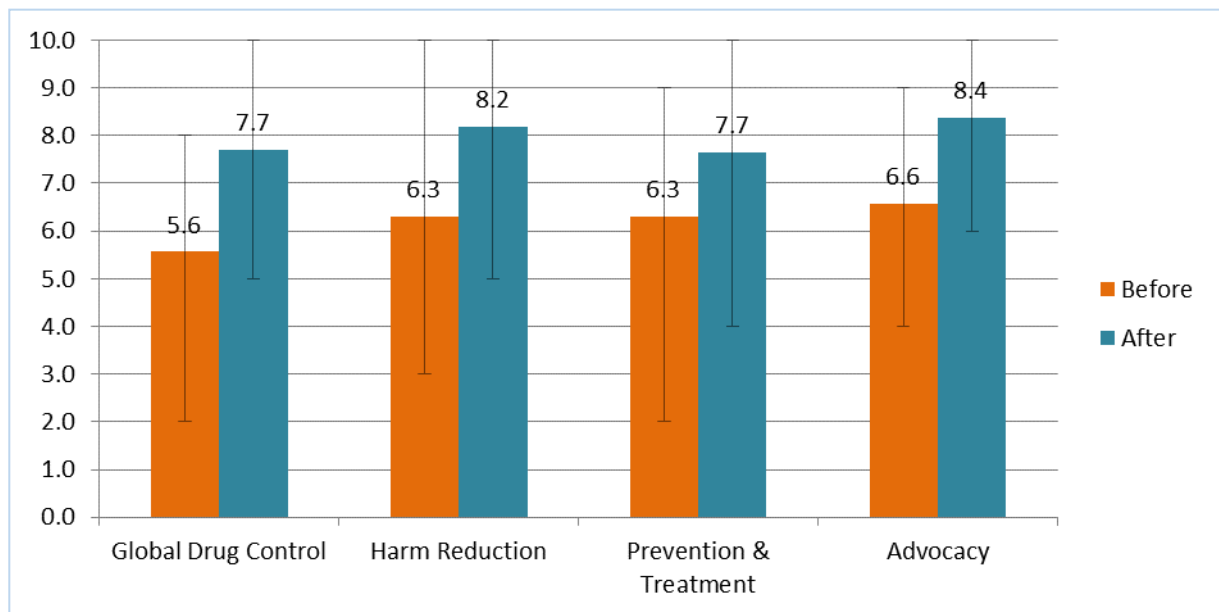
Maria ended her presentation with some solutions and recommendations for other national chapters to better their work. For example, Maria advised the participants to support their advocacy with evidence, to carefully map the stakeholders, to promote open debate and dialogue, and to find entry points to engage the government.

7.2 Closing remarks

Jamie Bridge thanked all the participants for their time, energy and participation. He encouraged them to keep the momentum going, and reiterated that the UNGASS is just the beginning of this process. Jamie also thanked the workshop partners.

8.0 PARTICIPANT FEEDBACK

As with the previous workshops, IDPC distributed forms at the beginning and at the end of the workshop to assess the knowledge of participants on key issues. Self-reported knowledge of the international drug control system increased from an average of 5.6 out of 10 before the workshop to 7.7 afterwards –and similar increases were found for knowledge of harm reduction (6.3 to 8.2), drug prevention and drug treatment (6.3 to 7.1), and ways to advocate for policy reform (6.6 to 8.4). Awareness of the WACD report and the UNGASS were also improved by the workshop.



IDPC also sought more general feedback from participants, and more than 90 percent agreed that the training was practical and well organised, that the activities were useful, and that the facilitator's knowledge was satisfactory. However, just 60 percent of participants agreed that there was sufficient time for the training, and that there were sufficient opportunities for interactive participation – concerns reflected in the written comments received from many participants who wanted more time.

Other comments received included the need for greater participation by governments, greater use of videos and documentaries, and ensuring less repetition (this being the second of two workshops for civil society representatives from the region). Reassuringly, participants also said that “More trainings like this are needed” and that they wanted “More opportunities to share experiences and good practice”. In total, 26 feedback forms were received –and 24 rated the workshop as “good” or “excellent”.

ANNEX 1: MEDIA COVERAGE

The opening ceremony was done with the presence of the media houses and below are the stories resulting from the online media.

<http://www.aps.sn/actualites/societe/article/la-ville-de-dakar-compte-environ-1300-usagers-de-drogue-par-intraveineuse-responsable>

<http://www.lequotidien.sn/index.php/component/k2/legalisation-de-la-consommation-de-la-drogue-koffi-annan-fait-des-emules>

<http://www.actusen.com/lutte-contre-la-drogue-le-reseau-ouest-africain-plaide-pour-une-reforme-des-politiques-en-matiere-des-drogues/>

http://www.lesoleil.sn/index.php?option=com_content&view=article&id=43692:lutte-contre-la-drogue-en-afrique-de-louest--des-reponses-globales-et-transversales-preconisees&catid=59:house-design&Itemid=108

<http://www.riadinfos.com/?p=1805>

<https://seninfos.wordpress.com/2015/10/15/la-commission-ouest-africaine-sur-les-drogues-se-met-en-bouclier-pour-renforcer-les-dispositions-prises-politiquement-par-nos-pays-pour-lutter-contre-ce-fleau/>

<http://fr.allafrica.com/stories/201510151574.html>

ANNEX 2: WORKSHOP AGENDA

DAY 1 - 13TH OCTOBER 2015

09:00 – 10:00: REGISTRATION

- Distribute participants packs, pre-assessment forms etc

10:00 – 11:00: WELCOME SESSION

- Welcome from WACSI
- Welcome from OSIWA
- Welcome from WACD
- Welcome from IDPC, and overview of the workshop agenda

11:00 – 11:30: TEA BREAK

11:30 – 13:00: RECAP FROM THE FIRST CSO WORKSHOP (FEBRUARY)

- WACD videos
- IDPC brief summary presentation
- WADPN presentation (latest developments, SDP, progress, etc)
- Senegal presentation (latest developments, progress, etc)
- Q&A / discussion

13:00 – 14:00: LUNCH BREAK

14:00 – 17:00: SITE VISITS TO HARM REDUCTION FACILITIES IN DAKAR

19:00: DINNER

DAY 2 – 14TH OCTOBER 2015

9:00 – 11:00: TACKLING DRUGS, SECURITY AND ORGANISED CRIME

- WACD presentation: drugs, violence, security and terror
- IDPC activity: motivations for criminality
- IDPC presentation: modernising drug law enforcement
- Q&A / Discussion

11:00 – 11:30: TEA BREAK

11:30 – 13:00: THE UNGASS

- IDPC presentation: What is the UNGASS?
- Update on global communications work being done around the UNGASS
- IDPC activity: UN processes and players around the UNGASS
- IDPC presentation: Africa and the UNGASS / IDPC Asks

13:00 – 14:00: LUNCH BREAK

14:00 – 15:30: ADVOCATING FOR BETTER POLICIES

- IDPC recap presentation: The steps of drug policy advocacy
- IDPC activity: Ways for CSOs to engage the system in the UNGASS
- Q&A / discussion

15:30 – 16:00: TEA BREAK

16:00 – 17:00: CLOSING SESSION

- IDPC presentation: Building evidence for advocacy (Ghana example)
- IDPC closing remarks
- WACD closing remarks

ANNEX 3: LIST OF PARTICIPANTS

S/N	Name of Participant	Country	Organisation
1	Mohammed Adamu	Ghana	Wabharm Foundation
2	Charlotte Kwakye-Nuako	Ghana	Methodist University, department of. psychology
3	Dieudonné Hounsou	Benin	Social Watch- Benin
4	Jean –Baptiste Elias	Benin	FONAC
5	Dr. Idrissa Ba	Senegal	Senegalese Association for the Reduction of Infectious Harms (ASRDR)
6	Fatou Fall Dia	Senegal	Assistante Sociale
7	Bamar Gueye	Senegal	ONG Jamra
8	Jihonda Joseph Mane	Senegal	Association des juristes sénégalaises (AJS)
9	Bamba Sindou	Cote d'Ivoire	Regroupement des Acteurs Ivoiriens des Droits Humains (RAIDH)
10	Koffi Kan Jean Henri	Cote d'Ivoire	International Treatment Preparedness Coalition West Africa
11	Ebiti William	Nigeria	New professionals working on drugs
12	Molokwu Samuel	Nigeria	Center for the Right to Health
13	Mamadou Lamine Bah	Guinea	ONG AIDE-GUINEE
14	Augustin Cisse	Mali	ORFED
15	Cheick Traore	Mali	Kenedougou Solidarité
16	Odji Kokou	Togo	ANCE-TOGO
17	Alphonso T. Quenneh	Liberia	FADCA
18	Augustine J. Loryee	Liberia	National Coalition of Civil Society Organisations of Liberia (NACCsol)
19	Marco Silva	Cape Verde	Cape Verdean NGO's Plateform
20	Christine Kafando	Burkina Faso	Maison des Associations de lutte contre Sida (MAS)
21	Esaie Ouedraogo	Burkina Faso	RENALDS

S/N	Name of Participant	Country	Organisation
22	Issac Kabou	Guinea Bissau	WANEP Guinea-Bissau
23	Mberry Jobe Sonko	The Gambia	National Youth Council
24	Karamo Conteh	The Gambia	RAID – The Gambia
25	Gnadjosse Koffi Dovene	Niger	CROISADE
26	Prince Bull-Luseni	Sierra Leone	Foundation for Democratic Initiatives and Development
27	Saa Matthias Bendu	Sierra Leone	Development Initiative and Hope for Vulnerable
28	Sy Djibril	Mauritania	SOS Pairs Educateur
RESOURCE PERSONS AND COORDINATING TEAM			
29	Jamie Bridge	United Kingdom	IDPC
30	Maria-Gorreti Ane	Ghana	IDPC
31	Scott Bernstein	USA	OSF
32	Adeolu Ogunrombi	Nigeria	WADPN
33	Nana Asantewa Afadzinu	Ghana	WACSI
34	Charles Vandyck	Ghana	WACSI
35	Omolara Balogun	Ghana	WACSI
36	Leandre Banon	Ghana	WACSI

ANNEX 4: PHOTOS FROM GROUP EXERCISES

