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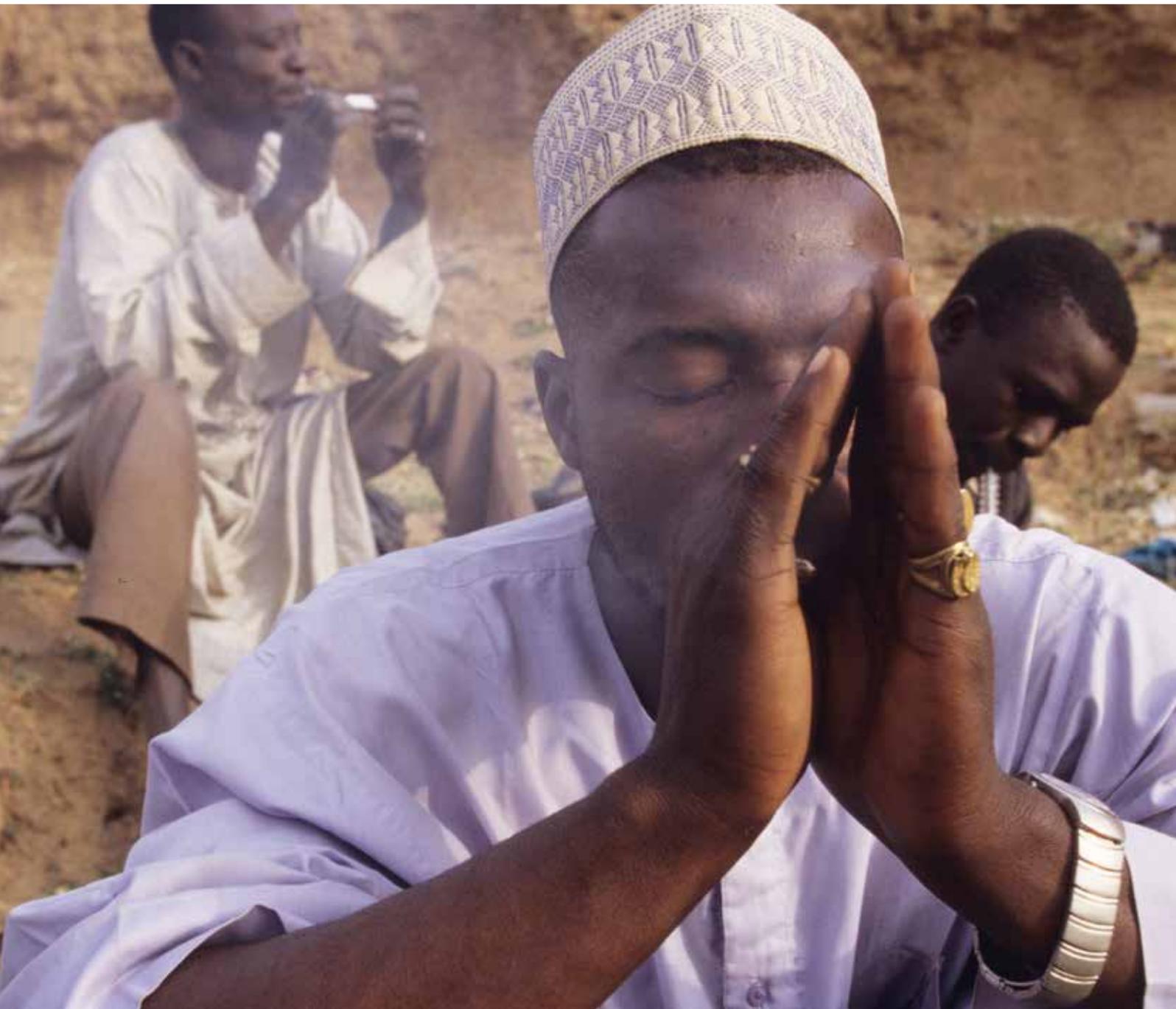
NIGERIA STABILITY
AND RECONCILIATION
PROGRAMME



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Out of the shadows

Adopting a peacebuilding approach to the social effects of drug use in Nigeria



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Ashoka Mukpo

Lead researcher

Habiba Makanjuola

Research Manager
Nigeria Stability and
Reconciliation Programme
(NSRP)

Chiara Galletti

Head of Crime, Violence and
Instability
International Alert, London

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Abbreviations

CJTF	Civilian Joint Task Force
CSO	Civil society organisation
FGD	Focus group discussion
IDP	Internally displaced person
JAS	Jama'atul ahl al-sunnah li da'awati wal jihad (Boko Haram)
KII	Key informant interview
LGA	Local government area
NDCMP	National Drug Control Master Plan
NDLEA	National Drug Law Enforcement Agency
NPF	Nigeria Police Force
NSCDC	Nigeria Security and Civil Defence Corps
NSRP	Nigeria Stability and Reconciliation Programme
UNODC	United Nations Office on Drugs and Crime

Executive summary

This study examines the relationship between drug consumption, peace and security at the local and state levels in Nigeria. The purpose of the research was to interrogate popular assumptions related to the use and abuse of narcotics, regulated psychotropic medications and other psychoactive substances in Nigerian communities, and assess their impact on peace and conflict systems in the country. The data that this report is based on were gathered in five states as well as in the city of Lagos, in April and May 2016.

Drug use in Nigeria is analysed from a peacebuilding perspective that suggests a holistic approach to the role that it can play in violent conflicts in the country. This approach results in the recommendation of policies that are aimed at rehabilitating users by reducing social stigma against them and providing effective treatment options, while focusing law enforcement efforts on the targeting of high-volume suppliers of illicit and prescription drugs rather than street users or sellers. The author hopes the findings of this study will assist policy-makers in crafting an appropriate response to drug use and abuse in Nigeria that mitigates its role in exacerbating conflict, while strengthening cooperative bonds across society and respecting the human rights of users.

The study was financed and conceptualised by the Nigeria Stability and Reconciliation Programme (NSRP), and carried out by International Alert, one of the consortium partners implementing the NSRP. Alert deployed research teams to Borno, Kaduna, Kano, Plateau and Rivers states to carry out a series of focus group discussions (FGDs) and key informant interviews (KIIs) with a wide spectrum of participants.

The following are the key findings that emerged from the research:

- A large majority of the Nigerians who were interviewed perceive drug use to be linked to violent conflict and criminal behaviour, from the streets to the elite tiers of Nigerian society. For some, these views were based on their observations of the role that drug use can play in enabling confrontation between young people. For others, it was based on their experience investigating crimes or treating drug users. Interviewees shared stories of drug use causing simple disputes between young people to become deadly confrontations, or of drugs being a factor in sexual violence, spousal abuse and internal family conflicts. Some described drug use as particularly dangerous in environments where there are conflict dynamics between communities, explaining that it can be a factor in personal altercations that can take on a larger significance depending on the ethnopolitical or religious identity of the individuals involved.
- In Borno, many interviewees described drugs as having played a major role in the violent conflict involving Jama'atul ahl al-sunnah li da'awati wal jihad (JAS) – commonly known as Boko Haram. Use of tramadol, an over-the-counter painkiller related to morphine and other opiates, was claimed to be rampant in JAS ranks, and many interviewees expressed the view that the drug played a significant role in enabling atrocities on both sides of the conflict.
- Election violence was linked to drugs by a large number of Nigerians interviewed, who said that some politicians and candidates employ drug users as informal street enforcers, and that during elections those candidates distribute drugs to them in order to enable the harassment of opposing voting blocs.
- Law enforcement efforts to curb drug use are insufficient to satisfy the expectations of many community members, particularly in Rivers, where violence associated with 'cult' gangs has left many fearful and exhausted. While some interviewees were sympathetic to the logistical and capacity challenges faced by

enforcement agencies such as the National Drug Law Enforcement Agency (NDLEA), a common sentiment was that rates of drug use have increased in recent years and that current enforcement approaches are ineffective.

- A near-universal sentiment among all of the Nigerians who were interviewed for this report is that drug use is on the rise. While this is an anecdotal view rather than one supported by comprehensive household survey data, it was expressed by law enforcement officials, drug users, health practitioners, community leaders and community residents alike. It was estimated that the highest rates of drug use are among people in their early teens through to their mid-30s.
- Over-the-counter prescription drugs, in particular tramadol, were described as a major problem in all of the research areas. Tramadol was extensively mentioned by law enforcement, community members, health officials and users themselves, and described as a dangerous drug that provokes violence, causes addiction and can have a severe impact on the health and wellbeing of users. The findings of this study thus call into question the federal government's ability to regulate the distribution of tramadol, as well as other potentially harmful medications such as codeine, Exol and Rohypnol. The abuse of tramadol has been recognised as a concern in the region, with the *Wall Street Journal* publishing a special report in October 2016 calling it the "opioid crisis for the rest of the world".¹ The research carried out for this report supports the conclusion that tramadol abuse is an underappreciated and severe public health and social challenge in Nigeria.
- There is a desperate shortage of available treatment options for drug users. Across the research states, users said that they did not know where they could access treatment for their habits. Where treatment centres were available, they were described as costly and difficult to access for the poor. Given the report's central finding that drug use is involved in violent conflicts, this shortage of treatment facilities has implications for security in Nigeria.
- Crucially, drug users said they face stigma and exposure to various forms of cultural and structural violence. This was backed by community leaders and others who described drug users in harsh terms, using language like "useless" and expressing the view that users were psychologically imbalanced and embarrassing to the community and their families. Some other interviewees, however, did describe drug users as victims of addiction and said they would benefit from support by their peers and communities. Drug users themselves described a number of tragic factors that exacerbated their habits, including joblessness, lack of family support, peer pressure, social isolation and trauma.
- Women are perceived to face specific dangers related to drug use. Many interviewees said that drugs are a factor in some sexual assaults and rapes, and that they can contribute to domestic violence against women. Female drug users said that they face a level of stigmatisation that exceeds that faced by male users and an employee from one of the few treatment centres in the research states said the centre has an admissions policy that prohibits women. Because the stigma against female users is so high, their families were found to be reluctant to seek treatment for them even when available. Many law enforcement and health officials said that the rate of female use has risen in recent years, even though proportionally men tend to be more common in the ranks of heavy users.

This research suggests that policies crafted to combat drug abuse in Nigeria must be firmly rooted in the public health and law enforcement sphere, and must not be crafted in a manner that worsens stigma towards users or criminalises them. Nigeria's lack of treatment facilities, ineffective anti-stigma messaging, social exclusion of users and, if true, the willingness by some politicians to exploit drug users for electoral violence all suggest that the country has not yet done enough to ensure that drugs do not compound conflict in the country.

While recognising the public health and criminal justice dynamics to drug use in Nigeria is important, it is also necessary to acknowledge that, in a country with so many socio-political faultlines and delicate

1 J. Scheck, Tramadol: The opioid crisis for the rest of the world, *The Wall Street Journal*, 19 October 2016, <http://www.wsj.com/articles/tramadol-the-opioid-crisis-for-the-rest-of-the-world-1476887401>

intracommunal balancing acts, drug use impacts security as a whole, and therefore peacebuilding must be included in enforcement and health solutions. Without stigmatising all users, this report presents evidence of the role that drug use can play in aggravating conflicts and fuelling violent disputes, thereby promoting insecurity for Nigerians in their everyday lives.

The peacebuilding approach advocated by this study calls for a systematic strategy on drug abuse in Nigeria that addresses structural and cultural violence that magnifies the problem, and that is grounded in compassion. Addressing the underlying conditions that provide opportunities for drugs to fuel violence will require policies that are intended to build social bonds and bridges to users. The call for such an approach must not be ignored in favour of promoting tougher enforcement practices or strategies that focus exclusively on the supply of drugs, or that replicate the failures of the drug war elsewhere.

This report discusses the abovementioned key findings and suggests potential starting points for addressing the issues elucidated.

1. Introduction

Limited literature and research that addresses drug use in Nigeria, and specifically how it affects conflict systems, are available. Few studies have been carried out recently that examine the prevalence of drug use across the country or its impact on the lives of users. Nonetheless, a common view in Nigeria is that drugs are linked to crime, violence and corruption. This study interrogates that view on the basis of evidence gathered from a wide spectrum of Nigerians, filling an important gap in our understanding of how drug use is conceptualised and experienced at the local level in the country.

Many of those who contributed to group discussions are not experts in drug use or political governance, as much of the data are based on perceptions that are held at the community level. These participants' comments, however, were often based on firsthand experience with drug users in their neighbourhoods and much of what they had to say was supported by the expert opinions of law enforcement officers, health professionals and community leaders who are responsible for responding to the effects of drug use. Care is taken in the report to separate responses that are based on perception from those that were formed through firsthand experience. Still, inasmuch as perceptions reflect the collective social understanding of the role that drug use plays in forms of violent conflict in Nigeria, they are important.

The study was financed and conceptualised by the NSRP and carried out by International Alert, one of the consortium partners implementing the NSRP. In partnership with the NSRP, Alert deployed research teams to Borno, Kaduna, Kano, Plateau and Rivers states to conduct a series of FGDs and KIIs with health professionals, law enforcement officers, community members, government officials, women's groups, civil society organisations (CSOs) and drug abusers themselves, among others. Further research was carried out in the city of Lagos. The data were collected in April and May 2016.

There were slightly different profiles of the drugs used and abused in each of the research states. The data indicate that over-the-counter prescription drugs and homemade cocktails are particularly dangerous given their widespread availability, low cost and toxicity. As mentioned above, marijuana was described by nearly all interviewees as easily available and some health professionals said that abuse of the drug was sometimes associated with mental illnesses. Overuse of drugs such as tramadol, Exol, Rohypnol and codeine were described as causing high rates of addiction, violent tendencies and health problems for users across the research states. This is a concern given that research indicates that heavy users of these highly addictive drugs can face severe withdrawal symptoms.

In Kano, a homemade drink that is brewed with formaldehyde, called madaran sukudai, was described by health professionals and drug users alike as commonly available and widely abused despite its causing serious health problems. Similarly, respondents in Kaduna spoke of a drink called gaskolo, which includes formaldehyde and ethanol. While illicit narcotics such as cocaine, heroin and methamphetamine are available, their high cost was cited as being a barrier to their being more widely abused. However, the author of this report visited a drug market in Lagos, where one user described a heroin habit costing 10,000 Nigerian Naira (NGN) (US\$ 31.50)² per day, which he said he obtained largely through criminal acts. Inside a structure at the market, a large group of men were consuming heroin by mixing it with tobacco and marijuana, and then smoking it.

Youths who participated in the FGDs said that drug use is common among their peers. In contrast to the views of older focus group participants and community leaders, drug use is accepted among many youths or even encouraged by some through peer pressure. Drug users themselves said that drugs had caused disastrous

2 Rates obtained using XE on 11 January 2017, <http://www.xe.com>

problems in their lives and expressed a desire to escape the cycle of addiction. Many of the users who were interviewed said that the absence of employment or other vocational opportunities was a major factor in their continued drug use, and that, if they were offered productive endeavours that would allow them to support themselves financially, it could help them stop using drugs.

Many of the findings of this research point to solutions and policies that will be rooted in the public health and law enforcement spheres. Drug abuse is a global challenge, however, and punitive policies that seek to levy harsh penalties on users or traffickers have often done little to solve the problem, as traffickers are quickly replaced and untreated users relapse upon release. Instead, dialogue mechanisms that link community members and leaders with drug users could serve as an 'early warning' system for conflicts that may arise and that could affect social stability. Awareness-raising campaigns that reduce stigma against drug users could bridge gaps between suspicious or fearful community members and users, increasing the likelihood that they may be able to reintegrate themselves into society. Linking drug users with livelihood opportunities after they undergo therapy and treatment will also help to ensure they are able to contribute to society and live productive lives. The more opportunities with which drug users are presented to transition back to health and good community standing, the less likely it is that they will be involved in confrontations and other forms of violence that threaten stability and peace in Nigeria.

Dialogue mechanisms that link community members and leaders with drug users could serve as an 'early warning' system for conflicts that may arise and that could affect social stability.

In environments where diverse communities live and work in close proximity to one another, conflicts that begin over minor disagreements can quickly spiral into much larger dangers, particularly when they lead to violence. Given the contributing role that drug use was described as having played in violent confrontations between youth – or on a larger scale between combatants in the JAS conflict and turf wars between gangs in the Niger Delta – extending treatment options to users, ensuring they are not subjected to sustained forms of structural violence and offering them livelihood opportunities should be viewed as a security issue.

Examining the phenomenon of drug abuse in Nigeria, this report is intended to offer a glimpse into a growing problem and its potential impact on peace and security. Many of the local researchers who assisted with fieldwork for this report expressed surprise at the extent to which drug use was viewed as a problem in the areas they surveyed. Nigeria has thus far not been faced with the high-profile violence that has defined the drug trade in some other countries. Still, the negative impacts that drug use has on Nigerian society have implications for public safety, and therefore it is necessary to understand the scope of the issue and ensure that effective policy responses are designed and implemented.

2. Methodology

Research for this report was carried out between April and May 2016. An extensive review of available research and literature was carried out in London and teams of researchers carried out field investigations for two weeks in April. These researchers were deployed to five states in Nigeria: Borno, Kaduna, Kano, Plateau and Rivers. Between two and four local government areas (LGAs) were canvassed in each state with the exception of Borno, where research took place in Maiduguri alone. The LGAs that were covered are as follows: Kaduna South, Tudun Wada and Zaria (Kaduna); Bichi, Doguwa, Gwale and Kumbotso (Kano); Bokkos and Jos North (Plateau); and Gokana and Port Harcourt (Rivers). Most of the research took place in urban areas due to their high concentration of drug users. A series of meetings, including a visit to a drug market, was carried out in the city of Lagos.

In each of the five states, 4–10 FGDs were carried out, for a cumulative sum of 33. The size of these focus groups ranged from five persons – generally for discussions with drug users – to 20 persons, with an average of 10–15 people per FGD. A total of 48 KIIs were conducted. The exact identities and positions of the interviewees are not listed in order to protect their confidentiality. Efforts were made to ensure that the voices of women were well represented in the FGDs and the KIIs, with women’s groups and female drug users solicited for comment. A full breakdown of the KIIs and FGDs is as follows:

Borno – FGDs conducted with the Civilian Joint Task Force (CJTF), a women’s group, community leaders and youth. KIIs conducted with a senior government official, a drug user, a health professional, an officer from the Nigeria Security and Civil Defence Corps (NSCDC) and a civil society representative.

Kaduna – FGDs conducted with male drug users, female drug users, the women’s wings of registered political parties, youth, vigilante groups, community leaders and commercial motorcyclists. KIIs conducted with two officials from the NDLEA, a Nigeria Police Force (NPF) officer, a representative from a drug rehabilitation centre, an official from a juvenile detention centre, two health professionals from a mental health centre, a representative of a drug-focused CSO and a member of a women’s legal professionals’ organisation.

Kano – FGDs conducted with commercial motorcyclists and taxi operators, male drug users, female drug users, vigilante group members, a women’s group, youth and community leaders. KIIs conducted with a government official, a local journalist, the secretary of a taxi drivers’ association, two health professionals, a NPF officer, a civil society representative and a community leader.

Plateau – FGDs conducted with two groups of commercial motorcyclists, two women’s groups, two vigilante groups, two youth groups and two groups of community leaders. KIIs conducted with two health professionals, an official from the NDLEA, a NPF officer, a journalist, a drug abuser, two community leaders and a civil society representative.

Rivers – FGDs conducted with commercial motorcyclists, a women’s group, a vigilante group, community leaders and youth. KIIs conducted with an official from the NDLEA, a NSCDC officer, a NPF officer, two drug users, six community leaders, a civil society representative and two journalists.

In addition, the author of the report conducted KIIs in Abuja and Lagos (under the auspices of research on drug trafficking funded by the Open Society Foundation) with representatives from the NDLEA, the United Nations Office on Drugs and Crime (UNODC) and health-focused CSOs. A Dakar-based expert in drug

trafficking and use in Nigeria was interviewed remotely from London, as part of a separate Alert report on drug trafficking in Nigeria, in which a series of interviews was conducted with drug sellers in Bayelsa, Delta and Rivers states, carried out by a local researcher. While this research covers trafficking rather than use, its findings related to law enforcement as well as conflict are valuable to the present analysis and are thus drawn upon on multiple occasions.

Where perceptions of FGD participants or interviewees are discussed, a representative sample of the group is added to the footnote, but this does not signify that other participants did not also make similar assertions. Efforts have been made to disaggregate these statements by location and gender.

3. Drug use and its implications in Nigeria

Nigeria is Africa's most populous country, with an estimated population of around 182 million people.³ Its most recent transition to democracy occurred in 1999, with the election of President Olusegun Obasanjo. In May 2015, Goodluck Jonathan was replaced by the current president, Muhammadu Buhari. Since military rule ended in 1999, however, longstanding ethnic and religious grievances related to inequality and inadequate access to power and resources have frequently erupted into violence. Nigeria remains an extremely diverse country with over 400 ethnic groups as well as dozens of religious groups, but, despite its considerable oil wealth, 46% of Nigerians were considered to be living below national poverty lines according to the World Bank's most recent survey, released in 2009.⁴ The country now faces profound economic challenges largely caused by a sharp decline in the global price of oil, Nigeria's main export.⁵

Nigeria's post-independence development objectives were intended to provide stability, material prosperity, peace and social progress. These objectives, however, have not been satisfactorily achieved due to a number of factors, including poor governance, systemic inequalities related to structural and cultural violence, unequal representation among decision-makers, and violent resolution of disputes due to poor conflict management mechanisms.⁶ Both individual and group grievances are presented to a weak system of governance with institutions often dictated by a system of patronage politics and corruption. As one study puts it: "While the exact number of conflicts in Nigeria is unknown, because of a lack of reliable statistical data, it is estimated that about 40 percent of all conflicts have taken place since the country's return to civilian rule in 1999."⁷

According to the 2016 Global Peace Index, Nigeria ranks 149th out of 163 countries.⁸ Other global fragility and conflict indices rank Nigeria similarly low and show a downward trend over recent years. Nigeria is in the bottom 6% of countries globally in the most recent World Bank ratings of Political Stability and Absence of Violence.⁹ The Fund for Peace Failed State Index has repeatedly ranked Nigeria as "high alert", the second-worst category, most recently as number 13 out of 178 countries.¹⁰

In 2015, the Nigerian government's Inter-Ministerial Committee on Drug Control released a National Drug Control Master Plan (NDCMP). The plan calls for a strategy that balances enforcement and interdiction efforts with 'drug demand reduction' in a manner that respects human rights and gender equality. The law enforcement pillar of the plan acknowledges that the targeting of low-level drug dealers and users tends to be ineffective and even counterproductive in addressing drug supply chains, and emphasises investigations that target "mid- to high-level suppliers and producers of drugs".¹¹ The plan also calls for an alignment of national laws and policies with international standards, including proportional sentencing for individuals involved in the drug trade based on the severity of their crime and the quantity of drugs seized from their possession.¹²

3 Population, total, Nigeria, 1960–2015, World Bank, <http://data.worldbank.org/indicator/SP.POP.TOTL?locations=NG>, accessed 8 June 2016

4 Poverty headcount ratio at national poverty lines, Nigeria, 2003–2009, World Bank, <http://data.worldbank.org/indicator/SI.POV.NAHC?locations=NG>, accessed 8 June 2016

5 M. Fick, Nigerians feel squeeze as economy slides towards recession, *Financial Times*, 31 July 2016, <https://www.ft.com/content/2829241c-4f32-11e6-88c5-db83e98a590a>

6 J. Galtung, Cultural violence, *Journal of Peace Research*, 27(3), 1990, pp.291–305

7 A. Jerome, Lessons from Colombia for curtailing the Boko Haram insurgency in Nigeria, in M. Miklaucic (ed.), *PRISM Challenges and Opportunities*, Center for Complex Operations, 5(2), 2015, p.95

8 Institute for Economics and Peace (IEP), *Global Peace Index 2016*, Sydney: IEP, 2016, p.11

9 World Bank, *Worldwide governance indicators: Country data report for Nigeria, 1996–2014*, Washington DC: World Bank, 2015

10 J.J. Messner and N. Haken, *The Fragile States Index 2016*, Washington DC: The Fund for Peace, 2016, p.7

11 National Coordinating Unit (for the Inter-Ministerial Committee on Drug Control), *National Drug Control Master Plan, 2015–2019*, Lagos: NDLEA, 2015, p.26

12 *Ibid.*, p.27

The NDCMP prioritises treatment for drug users as a key element of ‘drug demand reduction’ and says that regulation of prescription medications is needed to “reduce the risk of drug diversion to the illicit market”.¹³

In recent years, Nigeria has developed a reputation as a hub for international drug trafficking. Law enforcement officials say that Nigerian criminal organisations are involved in the transportation of narcotics such as cocaine, heroin and increasingly methamphetamine to consumers in wealthy countries.¹⁴ Research indicates that Nigerian drug traffickers are adaptable, politically well connected and sophisticated, and able to independently move extremely large shipments through transit countries in West Africa and draw from a large Nigerian diaspora to facilitate distribution in Europe, North America and east Asia.¹⁵

Less attention has been devoted to the problem of drug abuse in Nigeria. Part of the challenge is that little data exist to clarify the exact scale or scope of the problem. One study published in 2015, however, gathered over 10,000 responses in a nationwide household survey of lifetime, 12-month and 30-day rates of drug use across geopolitical zones in Nigeria.¹⁶ According to the results, the total lifetime rate of marijuana usage was 6.6%, with 9.8% of men and 3.2% of women having used marijuana at least once.¹⁷ The 30-day usage rate was just under 2% overall. For cocaine, the total lifetime rate was 3.3%, with 1.8% of men and 1.0% of women having used the drug in the past 30 days.¹⁸ Lifetime usage rates for methamphetamine were slightly higher, at 4.1%, with 1.5% of men and 1.4% of women having used the drug in the past 30 days.¹⁹ In terms of using tranquillisers, 11.3% of respondents said they had used them in their lifetime, with 3.2% of men and 2.6% of women saying they had used a tranquilliser in the past 30 days.²⁰ In terms of “other opiates”, 7.2% said they had used them once in their lifetime, with 2.5% of men and 1.9% of women saying they had used an opiate other than heroin in the past 30 days.²¹

An official from the UNODC said that there is a need for additional studies that can provide statistical evidence for rates of drug use and abuse in the Nigerian population, and that plans are being designed to gather this information.²² A UNODC representative said that, in one study of individuals who were in treatment for drugs, 70% of opiate users listed tramadol as their primary drug.²³ Data are also available on drug arrests, convictions and seizures. According to Nigeria’s National Bureau of Statistics, just under 9,000 arrests were made in 2014 for drug offences, with nearly 166,000 kilograms of drugs seized, the majority of which was marijuana. Of that number, 5,805 kilograms were seized in Borno, 6,375 in Kaduna, 7,522 in Kano, 1,210 in Plateau and 386 in Rivers.²⁴

The vast majority of those who were interviewed for this report believe that rates of drug use are rising in Nigeria.²⁵ While these were anecdotal views not supported by survey data, they were expressed by professionals who work in law enforcement and healthcare, as well as by community leaders, CSOs and

13 Ibid., pp.8–9

14 KII with an official from the UNODC, London, 17 May 2016

15 S. Ellis, *This present darkness: A history of Nigerian organised crime*, London: Hurst Publishers, 2016

16 T.A. Adamson, A.O. Ogunlesi, O.I. Morakinyo, A.O. Akinhanmi, P.O. Onifade, O. Erinsho, A.A. Adewuyi, D.A. Fasiku, T.O. Adebowale, A. Ogunwale, E.B. Somoye and O.I. Olaniyan, *Descriptive national survey of substance use in Nigeria*, *Journal of Addiction Research and Therapy*, 6(3), 2015

17 Ibid., Table 6

18 Ibid.

19 Ibid.

20 Ibid., Table 7

21 Ibid.

22 KII with an official from the UNODC, Lagos, 10 May 2016

23 Ibid.

24 NDLEA, *Drug related crime statistics: 2010–2014*, Lagos: National Bureau of Statistics, 2014, <http://www.nigerianstat.gov.ng/report/314>

25 KII with a health professional, Port Harcourt LGA, Rivers; KII with a NDLEA officer, Port Harcourt LGA; KII with a NDLEA officer, Kaduna; KII with a traditional rehabilitation centre worker, Kaduna; KII with a health professional, Borno; KII with a NSCDC officer, Borno; KII with a health professional, Kano; KII with a NPF officer, Kano; KII with the director of a drug treatment facility, Jos North LGA, Plateau; KII with a NDLEA officer, Jos North LGA

drug users themselves. Drugs that are commonly used include marijuana, over-the-counter prescription medications such as tramadol, codeine and Exol, and home-brewed chemical cocktails that are often sold by street vendors.²⁶ To a lesser extent, illicit narcotics such as cocaine, heroin and methamphetamine are used, but their costs tend to be high and thus many respondents expressed their view that they are used less frequently than those that are cheap and more widely available. In Rivers, however, cocaine was cited as being used more frequently by users than in other states and described as the most dangerous.²⁷

Table 1: Common drugs used in the research states, according to respondents²⁸

Name	Location	Perceptions of relative frequency of drug use
Marijuana (wee wee, skunk, cannabis, igbo)	All states	High
Tramadol	All states	High
Exol	All states	High
Codeine (cough'n'cool)	All states	High, particularly among women
Rohypnol	Borno, Kaduna, Kano	Moderate
Solution (glue)	All states	Moderate to high
Goskolo (ethanol/formaldehyde gin)	Plateau	Moderate to high
Diazepam	Kaduna, Kano, Plateau, Rivers	Moderate
Madaran sukudai (formaldehyde gin)	Borno, Kaduna, Plateau	Moderate to high
Other homemade drugs (lizard faeces, pit latrine fumes, etc.)	Borno, Kaduna, Kano, Plateau	Low
Cocaine (charley, world cup)	All states	Moderate to low
Heroin (brown)	All states	Low
Methamphetamine	Kano, Rivers	Low

The Nigerian economy has taken a turn for the worse in the past year. Falling oil prices have squeezed government budgets and economists say Nigeria is likely to face a recession, calling into question the country's development trajectory, at least in the short term.²⁹ In this context, Nigeria faces difficult financial challenges across all sectors, including in its healthcare system. It may thus be tempting for policy-makers to overlook drug use as a problem that requires attention and resources. Indeed, many of the focus group participants expressed a view that drug addiction is a form of moral weakness, with a handful in Rivers saying that users should be subjected to severe punishments.³⁰ For their part, many of the drug users who were interviewed stated that they would like to stop, but that they are faced with limited options.³¹ Rehabilitation centres are few and far between, challenged by limited resources or only available to the wealthy.³² In addition, users say that they are unable to find productive work opportunities that would enable them to transition into a better life.³³

26 FGDs with youth, Port Harcourt LGA, with answers provided by respondents 1, 2, 4 and 5; FGDs with motorcyclists, Gokana LGA, Rivers, with answers provided by respondents 1, 3 and 4; FGDs with community leaders, Maiduguri, Borno, with answers provided by respondents 2, 3, 6, 8, 9 and 18; FGDs with male drug users, Kano; FGD with a vigilante group, Kano; FGDs with female drug users, Kano; FGDs with a youth group, Bokkos LGA, Plateau, with answers provided by respondents 1, 2 and 3; KII with a NPF officer, Port Harcourt LGA

27 FGDs with commercial motorcyclists, Gokana LGA, with answers provided by respondents 1, 2, 3 and 4; FGDs with a women's group, Gokana LGA, with answers provided by respondents 1, 2, 3, 4, 5 and 6; FGDs with a vigilante group, Port Harcourt LGA, with answers provided by respondents 1, 3 and 5; FGDs with commercial motorcyclists, Kano; KII with a community leader, Port Harcourt LGA; KII with a drug user, Port Harcourt LGA; KII with a community leader, Maiduguri

28 The locations where drugs are common as indicated in this table should not be assumed to be comprehensive. Drugs that were not reported in some states may be present despite not having been mentioned by focus group participants or interviewees for this report.

29 M. Fick, 2016, Op. cit.

30 FGDs with a vigilante group, Port Harcourt LGA, with answers provided by respondents 4, 9 and 10; FGDs with community leaders, Gokana LGA, with answers provided by respondents 1, 2, 3, 5 and 6

31 KII with a female drug user, Kano; FGDs with drug users in Zaria LGA, Kaduna; KII with a drug user, Maiduguri

32 KII with a CSO that specialises in outreach programmes for drug users, Lagos state; KII with a health professional, Port Harcourt LGA; KII with a health professional, Jos North LGA

33 FGDs with drug users, Kano; KII with a drug user, Maiduguri; KII with a drug user, Jos North LGA

4. Key findings

The research overwhelmingly found that drug use is rising across the country and that increasingly females are at risk of using drugs.³⁴ Drugs such as marijuana, tramadol and codeine, and to a lesser extent cocaine and heroin, were cited as being present in communities in the research states.³⁵ But drugs that were specific to certain locations were also mentioned. Homemade drinks that combine alcohol with dangerous chemicals were specific to Borno, Kaduna, Kano and Plateau, and there was mention of methamphetamine in Rivers.³⁶ In addition, abuse of cocaine was described as a much greater problem in Rivers than in the other states.³⁷ While the role of drugs in stimulating conflict and provoking violence between youth was also constant, the specific manifestation of that violence was different in each state. For example, in Borno, the JAS conflict played a very large role in the responses, whereas in Rivers most of the respondents discussed the state's 'cult' gangs.

Health professionals, law enforcement officials, women's group representatives and female drug users often spoke of the specific dangers that drug use in the community poses to women. Drugs are perceived by some to play a role in sexual assaults and domestic abuse, with some law enforcement officers sharing firsthand stories of such assaults.³⁸ One female user said that law enforcement officials have given her confiscated drugs in order to initiate sexual contact.³⁹ Others said that abuse of codeine opened them to the risk of sexual assault.⁴⁰ In an addiction rehabilitation centre in Jos North LGA, a health professional said that 90% of the inpatients were men and that the relatively low number of women was due to the special stigma attached to female users and the embarrassment they and their families feel in seeking help.⁴¹

The central findings of the study are outlined in detail below.

A widespread perception that drug use is a factor in provoking violent conflict and crime

"Drugs can lead to conflict. If you see our youths, Christians smoke together with the Muslims and when they smoke they normally fight. In the course of the fight, one may take a knife and stab the other. Now our people or theirs, depending on who gets stabbed, will feel like the other side has killed one of us so we will get revenge. This leads to conflict." – Youth FGD participant, Jos North LGA⁴²

34 NDLEA, 2014, Op. cit.; opinion shared by KII participants

35 KII with a health professional, Port Harcourt LGA; KII with a NDLEA officer, Port Harcourt LGA; KII with a NDLEA officer, Kaduna; KII with a traditional rehabilitation centre worker, Kaduna; KII with a health professional, Borno; KII with a NSCDC officer, Borno; KII with a health professional, Kano; KII with a NPF officer, Kano; KII with the director of a drug treatment facility, Jos North LGA; KII with a NDLEA officer, Jos North LGA; FGDs with youth, Port Harcourt LGA, with answers provided by respondents 1, 2, 4 and 5; FGDs with motorcyclists, Gokana LGA, with answers provided by respondents 1, 3 and 4; FGDs with community leaders, Maiduguri, with answers provided by respondents 2, 3, 6, 8, 9 and 18; FGDs with male drug users, Kano; FGD with a vigilante group, Kano; FGDs with female drug users, Kano; FGDs with a youth group, Bokkos LGA, with answers provided by respondents 1, 2 and 3; KII with a NPF officer, Port Harcourt LGA

36 FGDs with motorcyclists, Zaria LGA; FGDs with women's group, Zaria LGA; KII with a rehabilitation centre worker, Zaria LGA; FGDs with a vigilante group, Jos North LGA, with answers provided by respondent 2; FGDs with youth, Jos North LGA, with answers provided by respondent 10; FGD with motorcyclists, Jos North LGA, with answers provided by respondent 6; KII with a health professional, Maiduguri; KII with a NDLEA officer, Port Harcourt LGA

37 FGDs with youth, Port Harcourt LGA, with answers provided by respondents 1, 2, 4 and 5; FGDs with motorcyclists, Gokana LGA, with answers provided by respondents 1, 3 and 4; FGDs with community leaders, Maiduguri, with answers provided by respondents 2, 3, 6, 8, 9 and 18; FGDs with male drug users, Kano; FGDs with a vigilante group, Kano; FGDs with female drug users, Kano; FGDs with a youth group, Bokkos LGA, with answers provided by respondents 1, 2 and 3; KII with a NPF officer, Port Harcourt LGA

38 FGDs with a women's group, Gokana LGA, with answers provided by respondents 1, 3 and 6; KII with a health professional, Port Harcourt LGA; KII with a drug user, Port Harcourt LGA; FGDs with female drug users, Tudun Wada LGA, Kaduna; FGDs with community leaders, Maiduguri, with answers provided by respondent 19; FGDs with a women's group, Jos North LGA, with answers provided by respondents 2 and 7; KII with a NSCDC officer, Port Harcourt LGA

39 KII with a female drug user, Kano

40 FGDs with female drug users, Tudun Wada LGA

41 KII with the director of a drug treatment facility, Jos North LGA

42 FGDs with youth, Jos North LGA

“Most of the early Boko Haram recruits were drug addicts. They were jobless and society looked down on them, so Boko Haram recruited them, gave them money and guns, and empowered them. Many were happy to have joined.” – Community leader, Maiduguri⁴³

“Drug use is the backbone of cultism. It fuels them with negative courage.” – Youth FGD participant, Kano⁴⁴

Many of the respondents shared their perception that drug use is a factor in criminal activity as well as in violent confrontation, particularly between youth groups.⁴⁵ For many in the focus groups, this could very well be an assumption made about the degree to which drug use influences youth violence, but law enforcement officials and health professionals who have had direct contact with drug users backed their statements with direct, firsthand experiences. Of particular concern was the way in which ordinary conflicts between individuals or groups were said to take on an explosive and violent nature when drugs were involved. Numerous focus group participants told stories of times where disputes over drugs or possessions became violent and ultimately drew other members of the community into a cycle of retributive acts. Some of these stories are shared in Box 1.

Box 1: Accounts of conflict exacerbated by drug use

“A conflict happened between an elder and his younger brother over a phone memory card. They were on drugs and the younger brother’s gang came and fought with the older brother’s gang. The army and the Nigerian Mobile Police came, but the conflict escalated and they shot three of the gang members. A woman was killed by a stray bullet.” – Vigilante group respondent 4, Jos North LGA

“When cocaine or heroin is being used, there is a certain degree of violence that someone under the influence can commit. Some people lose control of their sense of reasoning after consuming the drug. They take each other’s drugs and violence starts. Most of them are armed with pistols and shoot-outs happen because of ‘who took my charley’.” – Drug user, Port Harcourt LGA

“I witnessed a situation where gangs from two different streets in the same community maimed and killed each other in a show of might after taking hard drugs.” – Commercial motorcyclist, Kaduna South LGA

“In 2010 there was a clash in Diobu between a Hausa youth group and a Diobu youth group over who should control the sale of cocaine in the area. The conflict spilled over to other parts of Port Harcourt and in the end about 11 youths lost their lives.” – Journalist, Port Harcourt LGA

“I remember a group of thugs that appeared to be high on drugs during the Denmark cartoon riots. I enquired why they were protesting and on a rampage, and they replied that they had been informed that the Prophet was arrested in Denmark and they would not accept that.” – Community leader, Maiduguri

43 KII with a community leader, Maiduguri

44 FGDs with youth, Kano

45 FGDs with commercial motorcyclists, Gokana LGA, with answers provided by respondents 2, 3 and 4; FGDs with a women’s group, Gokana LGA, with answers provided by respondents 1, 2, 3 and 5; FGDs with youth, Port Harcourt LGA, with answers provided by respondents 1, 2, 3, 4, 5, 6, 7 and 8; KII with a NPF officer, Port Harcourt LGA; FGDs with drug users, Zaria LGA; FGDs with motorcyclists, Kaduna South LGA, Kaduna; KII with a NPF officer, Kano; FGDs with a vigilante group, Jos North LGA, with answers provided by respondents 1, 2, 4 and 5; KII with a NDLEA officer, Kaduna

"I can give an account of a situation where drug addicts were watching a football match. One of them was charging his phone and the light went off. His phone was stolen. Because he was under the influence of drugs, he did not take it lightly...it turned into a community crisis." – Community leader, Gokana LGA

"Two people in my neighbourhood were involved in a bitter quarrel. Later, one of them was advised by another friend to take 'solution' in order to confront his opponent. The friend even paid 20 NGN [\$US 0.06] for purchase of the 'solution'. After taking it, the boy came back and stabbed his opponent who later died." – Women's group respondent 14, Maiduguri

Conflicts that were exacerbated by drug use occurred at a number of levels. Domestically, focus group participants and law enforcement officers described tensions within families over one or another member using drugs. Some of these disputes became violent and women spoke of the role that drug use and abuse among men can play in provoking domestic violence.⁴⁶ Focus group participants expressed the perception that groups of jobless youth, which are organised into formal and informal gangs, were responsible for violence and aggression against one another that was frequently fuelled by drug use and abuse.⁴⁷ Law enforcement officials described the negative psychological effects of drug use and abuse, and how it can affect the decision-making of users, leading to violent acts.⁴⁸ A number of women's group members and community leaders in Rivers said they were fearful of drug users and worried about the consequences they would face if they reported them to law enforcement.⁴⁹

The manifestation of youth violence was largely dependent on the specific cultural and political circumstance of the research state. For example, in Rivers there was much discussion of drug use and abuse among members of 'cult' gangs, which are particularly active in the Niger Delta region. 'Cult' gangs are groups that typically feature quasi-religious initiation and allegiance rituals, and that generally control territory, often participating in electoral violence and petty drug trafficking.⁵⁰ Some respondents in Rivers expressed the view that drug users tended to be 'cult' gang members and that drug use fuels street violence among rival factions.⁵¹ To an extent, this could be a reflection of stigmatisation of users. While drug use is likely to be a factor in 'cult' gang violence, there is no empirical proof that all or most users are members of these groups. Drug users in Rivers may thus face stigma and fear from community members who unfairly associate them with dangerous street gangs.

Interviews with street drug peddlers in Rivers, carried out for a separate study but referenced in this report, indicate that 'cult' gangs in the area control the street drug trade, but that the clientele for drugs are not all members of the gangs. Still, sellers described acts of violence among gang members, occasionally but not exclusively related to control over drug markets.⁵²

46 KII with a government official, Kano; FGDs with a women's group, Kano; FGDs with community leaders, Maiduguri, with answers provided by respondent 10; KII with a journalist, Port Harcourt LGA; FGDs with youth, Port Harcourt LGA, with answers provided by respondent 10

47 FGDs with female drug users, Tudun Wada LGA

48 KII with a NDLEA officer, Port Harcourt LGA; KII with a NDLEA officer, Kaduna; KII with a NPF officer, Kaduna; KII with a NDLEA officer, Jos North LGA

49 FGDs with a women's group, Gokana LGA, with answers provided by respondents 1, 2 and 3; KII with a community leader, Diobu, Port Harcourt LGA; KII with a community leader, Gokana LGA

50 S. Ellis, 2016, Op. cit.; and KIIs with drug sellers in Rivers, Bayelsa and Delta carried out for a separate research project, 4–15 April 2016

51 FGDs with community leaders, Gokana LGA, with answers provided by respondents 1, 2 and 3; FGDs with commercial motorcyclists, Gokana LGA, with answers provided by respondent 2; KII with a NDLEA officer, Port Harcourt LGA; FGDs with youth, Port Harcourt LGA, with answers provided by respondent 4; KII with a NSCDC officer, Port Harcourt LGA

52 KIIs with drug sellers in Rivers, Bayelsa and Delta carried out for a separate research project, 4–15 April 2016

The association between drugs and violence in the minds of many respondents is concerning, in that it has the potential to increase the stigma that users face.

Overall, a common view across the research areas was that drugs can provoke a false sense of confidence among users, particularly young males, and lead them into violent confrontations that may have been easily avoided if participants were not intoxicated.⁵³ The association between drugs and violence in the minds of many respondents is concerning, in that it has the potential to increase the stigma that users face – whether they have been violent in the past or not – thereby exacerbating the social isolation they may feel. As discussed in another section, nearly all the drug users interviewed said they were treated like outcasts and shunned by their communities.⁵⁴ A health official described drug use as a factor in violent conflict, telling stories of how users who were high when they committed a violent act later sobered up and regretted their actions.⁵⁵

It is important, to some extent, to cast a critical eye on these views. Given the widespread belief that drug use fuels violence – even among drug users themselves – it is almost certain that it plays a role in violent conflicts. However, correlation does not equal causation, and it is likely that street gangs, for example, would still engage in confrontation or other forms of violence against one another even in the absence of drugs. While drug use at times may exacerbate and worsen conflicts by removing social inhibitions and impairing the judgement of involved parties, it would be a mistake to blame drug use completely for conflict and violence.

In addition, domestic violence against women and sexual assaults are also likely to be provoked by alcohol abuse, which is much more widely accepted than most forms of drug use. Additionally, marijuana was frequently cited by respondents as a popular local drug, across all research states.⁵⁶ While some recent studies have linked marijuana usage with an increased likelihood of violent behaviour, such a reaction to the drug is far from universal. Entrenching the assumption that marijuana users are prone to violence could worsen stigma against them or promote harsh and counterproductive enforcement practices.⁵⁷

While Nigeria continues to struggle with communal and individual acts of violence across sectors, it has thus far not seen serious, organised violence between drug trafficking groups.⁵⁸ A UNODC official who specialises in analysing drug trafficking networks in Nigeria said that these networks are well organised and collegial with one another, which perhaps offers a partial explanation as to why there has not been sustained conflict between these networks at a scale that spills over on to the Nigerian street.⁵⁹ This does not, however, discount the role that drug use and abuse appear to play in provoking violent disputes in the household or between groups of youth, and the near-universal perception expressed by respondents that drugs intensify these disputes speaks to a need to incorporate a peacebuilding approach to the issue.

Results from the field research in Borno strongly suggest that drug use played a role in the conflict with JAS. Many of the FGD participants shared a perception that abuse of the prescription drug tramadol was

53 KII with the director of a drug treatment facility, Jos North LGA

54 KII with a drug user, Port Harcourt LGA; FGDs with drug users, Zaria LGA; FGDs with female drug users, Tudun Wada LGA; KII with a drug user, Maiduguri; KII with female drug users, Kano

55 KII with a health official at a psychiatric facility, Kaduna

56 FGDs with commercial motorcyclists, Gokana LGA, with answers provided by respondents 1 and 4; FGDs with a vigilante group, Gokana LGA, with answers provided by respondents 2, 4 and 5; FGDs with youth in Gokana LGA, with answers provided by respondents 1, 4 and 5; KII with a NPF officer, Port Harcourt LGA; FGDs with drug users, Zaria LGA; FGDs with motorcyclists, Kaduna South LGA; KII with a rehabilitation centre worker, Kaduna; KII with a community leader, Maiduguri; FGDs with commercial motorcyclists, Kano; KII with a health professional who works in a drug rehabilitation centre, Plateau; FGDs with youth in Bokkos LGA, with answers provided by respondent 5

57 R. Douglas Fields, Marijuana use increases violent behavior, *Psychology Today*, 20 March 2016, <https://www.psychologytoday.com/blog/the-new-brain/201603/marijuana-use-increases-violent-behavior>

58 KII with an official from the NDLEA, Lagos, 9 May 2016

59 KII with an official from the UNODC, London, 17 May 2016

common in the ranks of JAS and that fighters with the group were often caught with large quantities of the medication. Statements from community leaders, CJTF members and civil society representatives backed this assertion.⁶⁰ Some of these interviewees told anecdotes that, during JAS's early days, the organisation specifically targeted drug users for recruitment, assuming that their marginalised role in society would make them more likely to join the group and threatening to kill them if they refused.⁶¹ A drug user who was interviewed in Maiduguri said that JAS "targeted drug users, saying that drug abuse is forbidden in Islam. Even if they see us smoking cigarettes they will come after us."⁶²

A number of interviewees in Maiduguri also stated their perception that abuse of tramadol is common among members of the CJTF,⁶³ with some CJTF members confirming this.⁶⁴ Law enforcement officials, civil society representatives and community leaders said that the cycle of violence and atrocity during the JAS conflict was exacerbated by drug use on both sides, and that the intoxicating effects of drugs were partially to blame for the extreme levels of violence that fighters were willing to carry out.⁶⁵ It must be noted that this is a perception and, although expressed by a number of focus group and interview respondents, it cannot be asserted to be true without follow-up research.

Worryingly, two CJTF members, two community leaders and a government official in Maiduguri also said that tramadol abuse is common among internally displaced persons (IDPs) who fled JAS violence.⁶⁶ One of the community leaders who made this claim stated that IDPs use the drug to cope with hunger. Determining whether or not this is true should be a priority for urgent additional research, as it has implications for the safety and health of those who live in IDP camps. In addition, a separate community leader and government official said that drug users were among the first to participate in the 2006 'cartoon riots', in which a number of churches were burned and people were killed after a Danish cartoonist portrayed the image of the prophet Muhammad in a newspaper.⁶⁷

In all of the above conflicts, there were pre-existing dynamics that contributed to the emergence of violence. 'Cult' gangs in Rivers are said to fight over territory and control over voting blocs, youth gangs in Kaduna and Kano almost certainly have personal rivalries that cause conflicts, and the grievances that contributed to JAS violence have been extensively documented.⁶⁸ Thus, it is vital to avoid assuming that removing drugs or intoxicants from these situations would have prevented violence from taking place. However, the perceptions and firsthand descriptions of drug use inflaming these conflicts indicate that they do play a negative role.

Designing intervention strategies for conflicts in Nigeria would therefore be likely to benefit from an analysis of the dynamics around drugs and drug users. In addition, policies aimed at curbing drug use and abuse should incorporate a proactive attempt to ensure that they are conflict-sensitive and address the manner in which drugs can act as a catalyst for violence. In practice, this could mean a number of things. In situations

60 KII with a community leader, Maiduguri; KII with a civil society representative, Maiduguri; FGDs with CJTF members, Maiduguri, with answers provided by respondents 2, 4, 15, 16 and 20; FGDs with a women's group, Maiduguri, with answers provided by respondents 1, 5, 6 and 20; FGDs with community leaders, Maiduguri, with answers provided by respondents 14 and 16; FGDs with youth, Maiduguri, with answers provided by respondents 1, 2, 3, 8, 13 and 15

61 KII with a community leader, Maiduguri; KII with a government official, Maiduguri; KII with a drug user, Maiduguri

62 KII with a drug user, Maiduguri

63 KII with a community leader, Maiduguri; KII with a law enforcement officer, Maiduguri; KII with a government official, Maiduguri; KII with a drug user, Maiduguri; FGDs with a women's group, Maiduguri, with answers provided by respondents 2 and 16; FGDs with community leaders, Maiduguri, with answers provided by respondents 8 and 12; FGDs with youth, Maiduguri, with answers provided by respondents 1, 2, 3 and 7

64 FGDs with members of the CJTF, Maiduguri, with answers provided by respondents 2, 3, 5, 6, 14 and 19

65 KII with a law enforcement officer, Maiduguri; KII with a civil society representative, Maiduguri; FGD with community leaders, Maiduguri, with answer provided by respondent 16

66 FGDs with members of the CJTF, Maiduguri, with answers provided by respondents 1 and 20; FGDs with community leaders, Maiduguri, with answers provided by respondents 11 and 14; KII with a government official, Maiduguri

67 Nigeria cartoon protests kill 16, BBC News, 19 February 2006, <http://news.bbc.co.uk/2/hi/4728616.stm>

68 Danish Institute for International Studies (DIIS), Boko Haram: From local grievances to violent insurgency, Copenhagen: DIIS, 2015

where the likelihood of conflict between two or more groups is perceived to be high, drug users as a group should be targeted for outreach and education on how small disputes could lead to much larger problems for the community. As will be discussed in further detail below, efforts to reduce stigma towards drug users and offer them effective treatment options should not simply be seen as a public health issue. In fact, these are crucial for reducing the likelihood that drugs will contribute to cycles of violence and for increasing community cohesion.

Perceptions and experiences relating to drug users being exploited by politicians

“The politicians are bad. They use drug abusers for their own selfish gains.” – Civil society representative, Maiduguri⁶⁹

“Politicians provide drugs to their thugs during political rallies.” – Government official, Maiduguri⁷⁰

“I agree that politicians control the drug trade. When they want to use the bad boys, they give drugs to them so that the boys can behave anyhow.” – Motorcyclist, Gokana LGA⁷¹

“The politicians provide drugs for thugs and youths to achieve their aim of winning at all cost.” – NDLEA officer, Port Harcourt LGA⁷²

In all the research states, a significant portion of respondents from the focus groups and interviews shared a perception that politicians exploit drug users for electoral violence or intimidation during campaigns.⁷³ Drug users in Kano and Kaduna said that local candidates had given them drugs and money, with the Kaduna respondent saying he had been ordered to “snatch ballot boxes”.⁷⁴ The role of some politicians in exploiting drug users in this manner was cited by law enforcement officials, community leaders, vigilante group members and others. As is the case with many of the findings of this report, these assertions are largely based on perception, but they were made by reputable members of law enforcement and civil society. Others referenced firsthand experience of being given drugs to carry out electoral violence. This assertion should not be seen to tarnish the Nigerian electoral process as a whole, but it does speak to the manner in which drug use can be exploited to provoke conflict and undermine security.

There was also a perception among some respondents that politicians are connected to the drug trade itself. This perception was most widespread in Rivers, although it was also expressed by respondents in other areas.⁷⁵ For example, in the Gokana and Port Harcourt LGAs in Rivers, three motorcyclists, one member of a women’s group, two vigilante group members, a civil society representative and two law enforcement officers all stated their belief that politicians are involved in drug trafficking. A community leader in Borno expressed similar

69 KII with a civil society representative, Maiduguri

70 KII with a government official, Maiduguri

71 FGDs with motorcyclists, Gokana LGA

72 KII with a NDLEA officer, Port Harcourt LGA

73 FGDs with commercial motorcyclists, Gokana LGA, with answers provided by respondents 2, 3 and 4; KII with a NDLEA officer, Port Harcourt LGA; KII with a NSCDC officer, Port Harcourt LGA; KII with a civil society representative, Port Harcourt LGA; FGDs with drug users, Zaria LGA; KII with a civil society representative, Kaduna; KII with a community leader, Maiduguri; KII with a NSCDC officer, Maiduguri; KII with a civil society representative, Maiduguri; KII with a drug user, Maiduguri; FGDs with community leaders, Maiduguri, with answers provided by respondents 6 and 21; FGDs with commercial motorcyclists, Kano; FGDs with drug users, Kano; KII with a civil society representative, Kano; FGDs with a vigilante group, Jos North LGA, with answers provided by respondent 2; FGDs with community leaders, Jos North LGA, with answers provided by respondent 3; FGDs with community leaders, Bokkos LGA, with answers provided by respondents 1 and 6; KII with a NDLEA officer, Jos North LGA; KII with a NPF officer, Jos North LGA; KII with a journalist, Jos North LGA; KII with a civil society representative, Jos North LGA

74 FGDs with drug users, Zaria LGA

75 FGDs with community leaders, Maiduguri, with answers provided by respondent 11; FGDs with a vigilante group, Jos North LGA, with answers provided by respondent 2

views.⁷⁶ This view is to some extent supported by scholarship, and even former president Olusegun Obasanjo, now the chair of the West African Commission on Drugs, has said that drug traffickers and their money have infiltrated Nigerian politics.⁷⁷ The belief that political operatives could be the ultimate financial beneficiaries of a phenomenon that is seen by so many community members as violent and destructive is particularly caustic, given its implications for the relationship between Nigerians and the state. Erosion of the state's legitimacy in the eyes of those who consider their leaders to be involved in trafficking or distributing drugs is a manifestation of a concerning lack of faith in Nigerian governance, which in a fractured society can have security implications.

The perception among Nigerians that drug use is a feature of electoral violence erodes confidence in public officials and the integrity of the political system.

The existence of street gangs during elections is not a new phenomenon in Nigeria, and can be traced back to the highly charged and competitive political environment that followed decolonisation.⁷⁸ Like many of the links between conflict and drug use described in this report, removing drugs from Nigeria would almost certainly not eliminate electoral violence, but their use as an exacerbating factor should be acknowledged and addressed. From a peacebuilding perspective, electoral violence reduces the legitimacy of the process and can lead to political fractures and grievances that can cause negative social effects and worsen conflict dynamics. Election monitoring and stabilisation initiatives should thus ensure that outreach to drug users and an awareness of the role that drugs can play in stimulating violence in the voting process is an integral part of programming.

Additionally, given the stigma with which many Nigerians interviewed for this report view drug use, its connection to national politics and role in electoral violence is concerning. Fairly or not, drug use appears to be connected in the minds of many Nigerians to criminal behaviour that is often violent and can aggravate conflicts and provoke fear in the community. The perception among Nigerians is that drug use is a feature of electoral violence, which erodes confidence in public officials and the integrity of the political system. If the allegations are accurate – and some were made based on firsthand experience – the use of drugs in political violence has the additional effect of strengthening youth gangs that may be involved in trafficking drugs or other forms of violence, and can worsen the habits of users.

Respondents who spoke of drug users being employed as street enforcers in political campaigns did not specify which drugs are generally distributed. Given the costs associated with harder illicit narcotics, it is likely that they were referring to either marijuana or prescription drugs such as tramadol, which can dull the instincts of users and reduce the barriers to violent acts. To an extent, this is reminiscent of the distribution of various narcotics to young soldiers in other conflicts in the region, for example, to child soldiers in Liberia and Sierra Leone. Aside from the inherent unacceptability of fostering addiction in order to win an election, this practice closely associates criminal behaviour with the electoral process and attacks the very foundation of democratic politics. It also deepens the association between drug abuse and violence in the minds of average Nigerians, which may increase stigma and fear towards abusers and entrench stereotypes of youth as being dangerous or violent.

76 FGDs with community leaders, Maiduguri, with answers provided by respondent 11

77 O. Obasanjo, West Africa needs to wake up to threat from drugs trade, The Guardian, 26 June 2014, <https://www.theguardian.com/global-development/poverty-matters/2014/jun/26/west-africa-illegal-drugs-new-approach>; see also S. Ellis, 2016, Op. cit.; S. Daniel, H. Umoru, B. Agande, D. Akinrefon, C. Kumolu, S. Ebegbulem and D. Olatunji, Why I tore up my PDP membership card – Obasanjo, Vanguard Nigeria, 17 February 2015, <http://www.vanguardngr.com/2015/02/tore-my-pdp-membership-card-obasanjo>

78 S. Ellis, 2016, Op. cit.

However, there is potential to reverse things. For example, drug users typically point to idleness and lack of opportunity as contributing factors to their continued habits. Rather than allowing youth and drug users to be employed for violent purposes during elections, it may be worth considering how to use them for peacebuilding initiatives in the run-up to voting. Drug users could be employed as paid campaigners for violence-free voting processes. Under close supervision, it is not difficult to imagine that some could potentially experience personally transformative effects in being used for such an important and positive initiative. Although undoubtedly many will find it difficult to extricate themselves from the peer pressure that may accompany the process of being recruited to be electoral spoilers, there is at least scope to consider how their energy could be productively employed.

Mixed reviews of law enforcement efforts in tackling drug abuse

“The NDLEA is presently short of staff. There is a massive movement of staff from departments that are supposed to play a supportive role to other departments. Officers who were recruited primarily for drug use reduction and officers who were recruited primarily for legal and administrative purposes all want to move to operational departments that are seen to be more lucrative than the other departments. There is a lack of ethics among such members in carrying out their duties since they want to amass wealth.” – NDLEA officer⁷⁹

“There is inadequate manpower in the police force. It’s risky for police to break into the jungle of drug abusers without appropriate manpower. The drug abusers used to carry arms of all sorts in their jungle. Initially, the arms were for protection, but when high on drugs, the drug abusers can be violent with their arms.” – NPF officer, Kaduna⁸⁰

“The police and the NDLEA are also part of the problem. They collect bribes and release suspects. Sometimes they liaise with the drug abusers to sell drugs confiscated from suspects.” – Drug rehabilitation facility worker, Kaduna⁸¹

“The judicial system is not encouraging. It seems like the law is on the side of those who sell or deal drugs. You arrest someone with kilograms of drugs and the judge gives him two years or an option of 200,000 NGN [US\$ 631],⁸² which the judge knows he can pay. So what is the problem? Is it from the judges or what? The NDLEA or the police do their work, spend government money fuelling cars and spend time and energy, but at the end of the day it will be squashed by the court or thrown away. For what? When are we going to win this war? You see that some senators are drug dealers but you will see the whole country is behind the senator.” – NDLEA officer⁸³

Drug users interact with a number of different law enforcement agencies. NPF officers are generally tasked with handling petty street crimes, including drug abuse and theft. Drug users who engage in criminal behaviour or openly use illicit drugs in public may be arrested by police officers who also periodically raid market areas where users congregate. The NDLEA is tasked with disrupting the supply of illicit narcotics, arresting dealers and supervising programmes intended to reduce the demand for drugs. It is a difficult, multifaceted job that is made even more challenging by resource shortages. Five of the six NDLEA officers who were interviewed for this study described funding gaps and logistical challenges, with some saying that they were often forced to pay for fuel out of their own pockets and complaining that they received less logistical support than other enforcement agencies.

79 KII with a NDLEA officer

80 KII with a NPF officer, Kaduna

81 KII with a drug rehabilitation facility worker, Kaduna

82 Rates obtained using XE on 11 January 2017, <http://www.xe.com>

83 KII with a NDLEA officer

An official from the UNODC said that the NDLEA has made strides in recent years.⁸⁴ Although there have been instances where senior officials were either accused or convicted of corruption, the main challenges allegedly lie not in the agency's integrity, but rather in its organisation, mandate and capacity. The NDLEA seizes hundreds of thousands of tonnes of marijuana every year in addition to successfully interdicting large amounts of illicit narcotics at airports and other borders, but typically the agency arrests low-level dealers and has a mixed record of investigating and prosecuting the 'drug barons' who are ultimately in control of the trade.⁸⁵

The 2015 NDCMP describes a shift in philosophy from low-level prosecutions to complex investigations, but officers from the agency and their UNODC colleagues both say this strategy is challenged by the limited resources the agency has at its disposal. One NDLEA officer expressed frustration that, even when he manages to arrest and indict high-level dealers, it is difficult to prosecute them successfully due to their political connections, wealth and influence.⁸⁶

During focus groups, respondents expressed mixed views about the performance of law enforcement agencies, but the overall sentiment tended towards dissatisfaction. For example, of the eight youth in Port Harcourt LGA who commented on the performance of the police, six said that the police were either drug users themselves or were willing to take bribes to allow traffickers to escape sanction. Four out of five female drug users in Kano said that police sell drugs to traffickers, with one saying that law enforcement officers have given her drugs in exchange for sex.⁸⁷

In Borno, five of the 21 participants in the community leaders FGD expressed their perception that security officials – including the NDLEA – were often involved in the sale of drugs.⁸⁸ In Jos North LGA in Plateau, a vigilante group member claimed that he witnessed soldiers offloading a truck full of marijuana for sale. When he reported the incident to the soldiers' commanding officer, he was allegedly threatened.⁸⁹ A respondent in the women's group FGD also in Jos North LGA shared a similar story, saying that six soldiers entered her house a number of years back looking for a boy who owed them money for a wholesale drug transaction.⁹⁰

Others, however, acknowledged that police officers are in a difficult position and are making efforts to tackle drug use and trafficking. A participant in the women's focus group in Jos North LGA said that drug users attacked and destroyed a local police station after a confrontation.⁹¹ In Port Harcourt LGA, one of the respondents in the community leaders FGD expressed sympathy for the challenges that police and the NDLEA face in addressing drug use, but, in the same group, three others asserted that drug traffickers are generally released very quickly and said that they did not believe that the government had an adequate strategy to take sellers off the street.⁹²

A civil society representative in Gokana LGA also shared his perception that, despite the NDLEA's efforts, very little progress had been made in eliminating drug trafficking.⁹³ On the whole, the most common perception among respondents was that law enforcement was overwhelmed by the problem and had yet to implement an effective response.

84 KII with an official from the UNODC, Lagos, 10 May 2016

85 Ibid.

86 KII with a NDLEA officer, Jos North LGA

87 FGDs with female drug users, Kano

88 FGDs with community leaders, Maiduguri, with answers provided by respondents 2, 5, 6, 9 and 11

89 FGD with vigilante group members, Jos North LGA

90 FGD with a women's group, Jos North LGA, with answers provided by respondent 6

91 Ibid., with answers provided by respondent 4

92 FGDs with community leaders, Port Harcourt LGA, with answers provided by respondents 1, 2, 3 and 4

93 KII with civil society representative, Gokana LGA

An official from the UNODC said that the NDLEA tends to be more reliable and trustworthy than other law enforcement agencies in Nigeria.⁹⁴ Certainly, the agency is tasked with an extremely difficult job and field officers say they feel overwhelmed by the challenges they face. A survey of drug sellers carried out for a separate research project implemented by Alert in Rivers, Bayelsa and Delta indicates, however, that many NDLEA officers dispense harsh punishment for drug sellers, often beating and torturing them after arrests. Drug sellers claimed they were released only after paying bribes and expressed the view that their rivals often arranged their arrests.⁹⁵ For their part, law enforcement officers say that they can sometimes be subjected to reprisal attacks by both drug abusers and sellers. Indeed, one drug seller admitted that he was considering murdering a NDLEA officer who had beaten him while in custody.⁹⁶

Two of the NDLEA officers who were interviewed for this report acknowledged the presence of corrupt officers within the ranks of the organisation. This speaks to the need to boost internal review measures that levy penalties on officers who behave inappropriately or violate the human rights of suspects. Improper behaviour of law enforcement officers can tarnish the good, hard work of other officers who behave with integrity, and can also erode public confidence in security agencies. This can negatively affect peace and security by fostering an adversarial relationship between some members of society and the agencies tasked with protecting them. Improper behaviour of law enforcement officers can also foster grievances in society and lead to social breakdowns. Particularly in Rivers, it appears there is a need for local law enforcement to engage in dialogue and trustbuilding with community members in order to combat the view that they are complicit in the drug trade, particularly given the fact that many of the funding and investigative challenges that agencies such as the NDLEA face are not necessarily their fault.

Perceptions that drug use is common and that rates of drug abuse are rising

“Drug abuse is on the rise. Drugs have become rampant and are easily accessible to young people now.” – NPF officer, Gokana LGA⁹⁷

“The number of drug abusers is not only increasing, but the level of drug use has also increased. In years back, most youths would smoke cigarettes or consume alcohol and cannabis. Today there are many drugs in circulation and youths hardly stick to one. They take mixtures of these drugs and the resulting effect is very, very, very devastating.”
– Retired NDLEA officer, Maiduguri⁹⁸

Virtually all of the participants in the FGDs and KIIs conducted across the five states said that drug abuse is common.⁹⁹ Law enforcement officers, community leaders and health professionals who would be in the best position to speak authoritatively about this matter also said that rates of drug use are rising among both men and women.¹⁰⁰ While the most recent survey of drug use in Nigeria asserts that rates of use remain relatively

94 KII with a UNODC official, Lagos, 10 May 2016

95 KIIs with drug sellers in Rivers, Bayelsa and Delta carried out for a separate research project, 4–15 April 2016

96 Ibid.

97 KII with a NPF officer, Gokana LGA

98 KII with a retired NDLEA officer, Maiduguri

99 FGDs with commercial motorcyclists, Gokana LGA, which was asserted by all respondents; FGDs with a women’s group, Gokana LGA, which was asserted by all respondents; FGD with youth, Port Harcourt LGA, which was asserted by all respondents; FGDs with a women’s group, Zaria LGA; FGDs with community leaders, Kaduna South LGA; FGDs with youth, Kaduna South LGA; KII with a civil society representative, Maiduguri; FGDs with CJTF members, Maiduguri, with answers provided by respondents 2, 5 and 14; FGDs with a women’s group, Maiduguri, with answers provided by respondents 6, 10, 14, 17, 19 and 20; KII with a community leader, Kano; FGDs with community leaders, Bokkos LGA, with answers provided by respondents 3, 4, 6 and 7

100 KII with a NDLEA officer, Jos North LGA; KII with a health official, Port Harcourt LGA; KII with a NDLEA officer, Port Harcourt LGA; KII with a NSCDC officer, Port Harcourt LGA; KII with a NDLEA officer, Zaria LGA; KII with a traditional rehabilitation centre worker, Kaduna; KII with a health professional, Kaduna; KII with a health professional, Maiduguri; KII with a NSCDC officer, Maiduguri; KII with a health professional, Kano; KII with a health professional who works in a drug treatment centre, Jos North LGA; FGD with community leaders, Kaduna South LGA

low in the overall population,¹⁰¹ anecdotal evidence from the field supports the notion that the scale of drug use is increasing – at least as measured by the perception of those who are most directly involved with interdiction and treatment efforts.

It is important to differentiate between the various drugs that are most commonly consumed in Nigeria. In general, most respondents said that drugs such as cocaine and heroin are generally abused by wealthier individuals who can afford the relatively steep prices that street dealers charge for these drugs. Still, in all the research areas, respondents reported that it was possible to purchase illegal narcotics at drug markets. A representative from a CSO in Lagos spoke of the challenges the organisation faces in addressing addiction to drugs such as cocaine, telling stories of individuals under their care whose lives had been severely damaged by ‘charley’ or ‘world cup’.¹⁰² Also in Lagos, the author of this report observed heroin and cocaine addicts in an area where drug users congregate and found that their habit can cost as much as 10,000 NGN (\$US 31.50 or £26)¹⁰³ per day, a large sum for an average Nigerian. Many of the drug users who were interviewed expressed their frustration with their circumstances, saying they did not know how to stop using drugs and telling tragic stories of struggling with addiction. Female drug users, for example, spoke of using codeine as an escape mechanism.¹⁰⁴ Some respondents said that, overall, drug use rates among women were rising.¹⁰⁵

Marijuana remains the most frequently seized drug in Nigeria and is said by law enforcement to be the most widely abused, along with tramadol.¹⁰⁶ Studies show that marijuana can exacerbate pre-existing mental health issues among some users; however, experts disagree about whether the drug is a ‘gateway’ to harder drugs, with some studies challenging this assumption.¹⁰⁷ Indeed, it is likely that many marijuana users in Nigeria maintain healthy lives and remain productive members of society. The discourse around marijuana as expressed by respondents was reminiscent of the global debate about the drug. While many respondents stated their perspective that marijuana was associated with criminality, delinquency and violence, this does not signify that it is actually true for the majority of users. ‘Cult’ gang members may use marijuana when committing crimes, for example, but this does not necessarily indicate that the drug causes criminal behaviour.

In Rivers, a law enforcement officer reported that high-grade methamphetamine has begun to appear on the streets – a worrying development.¹⁰⁸ Production of methamphetamine is an emerging problem in Nigeria. In March 2016, a “super-lab” capable of producing as much as four tonnes of the drug per week was raided by law enforcement officials in Delta.¹⁰⁹ The lab was being jointly run by Nigerians and Mexicans, raising fears that Mexican drug cartels are outsourcing some production to Nigeria. Experts on the West African drug trade disagree with this assessment, however, saying that a more plausible explanation is that Nigerian criminal organisations are diversifying their drug portfolio and that the Mexicans had been hired essentially as consultants to teach Nigerians how to manufacture the drug.¹¹⁰ Methamphetamine fetches a high price in east Asia and Nigerian drug traffickers seeking high returns have increasingly become involved in smuggling the drug to consumer markets in the region.¹¹¹

101 T.A. Adamson, A.O. Ogunlesi, O.I. Morakinyo, A.O. Akinhanmi, P.O. Onifade, O. Erinsho, A.A. Adewuyi, D.A. Fasiku, T.O. Adebowale, A. Ogunwale, E.B. Somoye and O.I. Olaniyan, 2015, Op. cit.

102 These are common street names for cocaine; KII with a CSO that specialises in outreach programmes for drug users, Lagos state

103 Rates obtained using XE on 11 January 2017, <http://www.xe.com>

104 FGDs with female drug users, Tudun Wada LGA; KII with a female drug user, Kano

105 KII with a NSCDC officer, Port Harcourt LGA; KII with a NDLEA officer, Kaduna; KII with a NPF officer, Kaduna; KII with a journalist, Kano

106 KII with a NDLEA official, Lagos, 9 May 2016

107 National Alliance on Mental Illness (NAMI), Marijuana and mental illness fact sheet, Virginia: NAMI, 2013; A.R. Morral, D.F. McCaffrey and S.M. Paddock, Using marijuana may not raise the risk of using harder drugs, Santa Monica, CA: RAND Corporation, 2002

108 KII with a NDLEA officer, Port Harcourt LGA

109 The Associated Press, Meth ‘super-lab’ raided in Nigeria, 4 Mexicans arrested, NBC News, 15 March 2016, <http://www.nbcnews.com/news/world/meth-super-lab-raided-nigeria-4-mexicans-arrested-n538496>

110 KII with a UNODC official carried out remotely, London, 17 May 2016

111 Ibid.

The appearance of methamphetamine on the street in Nigeria has the potential to become a larger problem. With the right chemicals, methamphetamine is cheap to produce. In contrast to drugs such as cocaine and heroin, which must be bought from producers abroad, methamphetamine can be ‘cooked’ in Nigeria and sellers are free to set their own prices for the drug. The ‘precursor’ chemicals required for methamphetamine production are generally imported from India and are then either stolen or illicitly sold to criminal organisations.¹¹² While manufacturers of methamphetamine in Nigeria generally seek to smuggle the drug to markets where it can fetch high prices and exorbitant profits, as criminal groups recognise the potential for returns closer to home, they may begin to offload a larger portion of the drug into domestic markets. A NDLEA officer in Rivers said that the drug has already risen in popularity among youth in the region.¹¹³ According to research, methamphetamine is extremely addictive and can cause severe damage to users.¹¹⁴ If it were made affordable and widely available in Nigeria, it could provoke a significant health crisis.

In addition to the drugs already mentioned, some respondents reported novel means that users with limited access to funds adopt in order to get high. Inhaling fumes from sewage and smoking the faeces of certain species of lizard were among the most creative, and are likely to be nearly impossible to regulate. In Plateau, interviewees described a local brew called guskolo, which is said to be made by combining homemade gin and other dangerous chemicals, including methanol, a key component used in the manufacture of formaldehyde.¹¹⁵ Guskolo causes severe effects on users, who are often rendered nearly catatonic after drinking it, and according to focus group respondents it has been responsible for a number of deaths.¹¹⁶ A similar concoction, called madaran sukudai, which is composed mostly of formaldehyde and alcohol, was reported to cause serious health problems for users in Borno, Kaduna and Plateau.¹¹⁷

Another very common makeshift drug that interviewees described is constituted from the rubber glue used to patch automobile and motorcycle tyres. Known on the street as ‘solution’, users inhale the fumes, which cause hallucinations and a euphoric high. Abuse of ‘solution’ was cited as a problem in all of the research areas, sometimes described as causing aggressive and violent behaviours in users. Along with marijuana and prescription drugs, ‘solution’ was cited as being one of the more common drugs available. As will be discussed below, abuse of prescription drugs in particular appears to be a growing and significant problem in Nigeria.

Interviewees said that most drug abusers tend to be male and young, with the age range of 13–35 frequently cited. Different drugs are associated with different genders. Men are said to be more likely to abuse marijuana, tramadol and ‘solution’, whereas women are more typically users of codeine and tramadol.¹¹⁸ Female drug abusers said that codeine’s numbing properties were appealing to them, with one saying that she “sleeps and forgets [her] pain and sorrows”.¹¹⁹ Some said that drug abuse increases the susceptibility of women to sexual assault, both by devaluing them from the perspective of the wider society and thereby opening them to increased risks, as well as by reducing their ability to respond to unwanted sexual advances.¹²⁰

112 Ibid.

113 KII with a NDLEA officer, Port Harcourt LGA

114 Methamphetamine, National Institute on Drug Abuse, <https://www.drugabuse.gov/publications/drugfacts/methamphetamine>, accessed 8 June 2016

115 FGDs with a vigilante group, Jos North LGA, with answers provided by respondent 2; FGDs with motorcyclists, Jos North LGA, with answers provided by respondent 6; FGDs with a women’s group, Jos North LGA, with answers provided by respondent 3; FGDs with community leaders, Jos North LGA, with answers provided by respondents 4 and 6; FGDs with a women’s group, Bokkos LGA, with answers provided by respondents 3 and 4; FGDs with youth, Bokkos LGA, with answers provided by respondents 2, 3 and 5; KII with a health professional who works in a drug treatment centre, Jos North LGA

116 Ibid.

117 KII with a community leader, Maiduguri; KII with a health professional, Maiduguri; FGD with community leaders, Kaduna South LGA; KII with a NDLEA officer, Kaduna; KII with a health professional, Kaduna; FGDs with youth, Jos North LGA, with answers provided by respondent 6

118 KII with a NDLEA officer, Port Harcourt LGA; FGDs with male drug users, Zaria LGA; FGDs with female drug users, Tudun Wada LGA; KII with a NDLEA officer, Kaduna; KII with a civil society representative, Kaduna; KII with a drug user, Maiduguri

119 FGDs with female drug users, Tudun Wada LGA

120 Ibid.

Aside from marijuana, prescription drugs are most commonly used and abused

*“When I was a patent medicine dealer, many people would come to my shop to buy tramadol. I sold one pill for 20 NGN [US\$ 0.06].”*¹²¹ – Community leader, Gokana LGA¹²²

“Ten years ago, we never saw even one case of tramadol abuse. But now, I’m telling you, tramadol and codeine syrup are the ‘in thing’. Go to the schools, you will see people with a whole carton. They drink the codeine and then take the tramadol.” – Health professional, Jos North LGA¹²³

The term ‘drug abuse’ tends to conjure up images of controlled narcotics such as cocaine and heroin. But in many countries, the abuse of opiates and other prescription drugs has reached epidemic proportions and health experts say that they are as dangerous and addictive as illegal drugs, if not more so.¹²⁴ Research carried out for this report indicates that Nigeria should be added to the list of countries facing serious problems related to the abuse of prescription drugs. Across the research states, interviewees described widespread abuse of drugs such as tramadol, codeine syrup, Exol and Rohypnol.¹²⁵ These are all nominally controlled substances, only supposed to be distributed in regulated quantities to individuals with a medical reason to take them. Tramadol and codeine are opiate-based painkillers in the same family as morphine.

Interviewees reported that abuse of tramadol and codeine is common across Nigeria, although tramadol in particular was more commonly cited by respondents in Borno, Kaduna, Kano and Plateau than it was in Rivers. There are varying degrees of abuse. Some respondents pointed to the use of tramadol as a way to cope with difficult days in jobs that may involve some degree of physical pain, saying that its initial use may be provoked by a desire to work faster or to reduce fatigue, but that eventually the addiction can spiral out of control. For others, abuse of the drug was said to be purely a manner of ‘getting high’. Respondents often spoke of increasing rates of tramadol use among youth.¹²⁶

As described in detail in a previous section, in Borno, tramadol was said to have played a role in the JAS conflict. JAS fighters are perceived to have widely abused tramadol, but these perceptions also exist with regards to the CJTF. In fact, a number of CJTF members admitted that tramadol abuse is common in their ranks.¹²⁷ FGDs and KIIs conducted in Borno revealed that IDPs who fled JAS and are housed in displacement camps around Maiduguri had high rates of tramadol abuse.¹²⁸ This claim needs to be backed by further investigation and it would be worthwhile to undertake specific research that interrogates the assertions that these respondents made.

121 Rates obtained using XE on 11 January 2017, <http://www.xe.com>

122 FGDs with community leaders, Gokana LGA

123 KII with a health professional, Jos North LGA

124 Understanding the epidemic, Injury prevention and control: Opioid overdose, Center for Disease Control and Prevention, <https://www.cdc.gov/drugoverdose/epidemic>, accessed 8 June 2016; J. Scheck, 2016, Op. cit.

125 FGDs with a vigilante group, Gokana LGA, with answers provided by respondent 3; KII with a NSCDC officer, Port Harcourt LGA; KII with a NPF officer, Port Harcourt LGA; KII with a drug user, Port Harcourt LGA; FGDs with drug users, Zaria LGA; FGDs with motorcyclists, Kaduna South LGA; FGDs with female drug users, Tudun Wada LGA; KII with a NDLEA officer, Kaduna; KII with a NPF officer, Kaduna; KII with a health professional, Kaduna; KII with a health professional, Maiduguri; KII with a NSCDC officer, Maiduguri; FGDs with a women’s group, Maiduguri, with answers provided by respondents 1, 10 and 16; FGDs with a vigilante group, Kano; FGDs with youth, Kano; KII with a female drug user, Kano; KII with a journalist, Kano; FGD with motorcyclists, Jos North LGA, with answers provided by respondent 5; FGDs with youth, Bokokos LGA, with answers provided by respondents 3, 6 and 7

126 FGDs with youth, Bokokos LGA, with answers provided by respondents 3, 6 and 7; FGDs with youth, Maiduguri, with answers provided by respondents 8 and 10; FGDs with youth, Kano; KII with a health professional who works in a drug treatment facility, Jos North LGA

127 FGDs with CJTF members, Maiduguri, with answers provided by respondents 5, 6 and 19

128 FGDs with members of the CJTF, Maiduguri, with answers provided by respondents 1 and 20; FGDs with community leaders, Maiduguri, with answers provided by respondents 11 and 14; KII with a government official, Maiduguri

A significant number of FGD and KII participants described tramadol as one of the most dangerous drugs currently used in Nigeria. As a close relation to the opiate family, tramadol is addictive and can cause severe withdrawal symptoms for regular users.¹²⁹ Although the drug is technically legal, it is a regulated substance and is not intended to be distributed on the black market. The National Agency for Food and Drug Administration and Control is tasked with regulating the distribution of painkillers and other opiates, and its spokespeople say that they regularly confiscate tramadol tablets from illicit sellers.¹³⁰ Still, respondents said that, despite illegal sellers occasionally being shut down by law enforcement officers, it remains relatively easy to obtain the drug.

Drug users say that they are able to obtain tramadol tablets or codeine syrup from pharmacies that sell them drugs 'under the counter'. Failing that, they report that street vendors offer them for sale. The manufacture and sale of these drugs is likely to be lucrative for producers and importers in Nigeria, which speaks to the need for an increased effort by the government to ensure that supply is tightly regulated and that these drugs are not easily obtained by those who do not have a legitimate medical reason for their use.

Some respondents associate tramadol with violence. For example, the director of a health facility in Jos North LGA cited tramadol along with marijuana as the two drugs that were most frequently involved in violent incidents. Two NDLEA officers in Kaduna described the drug as particularly dangerous. In Rivers, however, while FGD participants did cite the existence of tramadol, when asked which drug was the most dangerous, cocaine was the overwhelming response, potentially reflecting the greater availability of the drug there than in other regions. In Borno, law enforcement officers also described tramadol as a serious concern, saying that users had taken to abusing the drug at dosages much higher than medically necessary. Its perceived role in enabling acts of violence among users, particularly with regard to the JAS conflict, again speaks to the need to view treatment for users and tighter control over supply as a peace and security issue rather than one that exists solely in the public health realm.

Limited treatment options for drug abusers

"There is no free treatment. There are many who want to come but cannot afford it because the money is not there. They are jobless, they are not educated, they want to be treated but they cannot afford it." – Health professional who works at a drug rehabilitation centre, Jos North LGA¹³¹

"There is a huge gap between treatment needed and treatment received by patients." – Health professional, Maiduguri¹³²

"Economic problems are an issue. People do not come for treatment because of money." – Health professional, Port Harcourt LGA¹³³

"I don't even know where to get help." – Female drug abuser, Tudun Wada LGA¹³⁴

Many health professionals described treatment as inadequate, expensive and difficult to access,¹³⁵ while users spoke of unsuccessful efforts to overcome their addiction and health professionals highlighted the importance

129 Tramadol withdrawal and detox, Addiction Center, <https://www.addictioncenter.com/painkillers/tramadol/withdrawal-detox>, accessed 8 June 2016

130 A. Balal, NAFDAC laments consumption of tramadol, others, Daily Trust, 7 February 2014, <http://www.dailytrust.com.ng/daily/news/16313-nafdac-laments-consumption-of-tramadol-others>

131 KII with a health professional who works at a drug rehabilitation centre, Jos North LGA

132 KII with a health professional, Maiduguri

133 KII with a health professional, Port Harcourt LGA

134 FGDs with female drug abusers, Tudun Wada LGA

135 KII with a CSO that specialises in outreach programmes for drug users, Lagos state; KII with a health professional, Port Harcourt LGA; KII with a health professional, Jos North LGA

of taking a holistic approach to treatment, as well as the need for long-term support.¹³⁶ While there are drug rehabilitation facilities in Nigeria, they tend to be expensive. A CSO in Lagos that specialises in working with drug abusers who have also contracted HIV explained that drug treatment is a lengthy process that requires follow-up care, counselling and vocational training so that (ex)-users are not idle once they re-enter society.¹³⁷ These services appear to be generally inaccessible for many Nigerians who use drugs. This trend is not exclusive to Nigeria, with the 2015 World Drug Report published by the UNODC pointing to a global shortage of treatment centres and limited resources for drug rehabilitation.¹³⁸

Nigeria faces profound healthcare needs across the country. As of 2008, nearly a quarter of malaria cases in Africa occurred in Nigeria and the overall life expectancy for Nigerians is just over 50 years.¹³⁹ In this context, it is possible that policy-makers may be reluctant to spend funds on the treatment of drug addicts. However, research from other countries shows that the cost of leaving drug users untreated is often much higher than that of providing access to treatment.¹⁴⁰ While Nigeria is in a different position to the countries where this research has been carried out, it is highly likely that a similar logic applies, particularly given the role that drug use can play in exacerbating costly violent conflicts.

An official from the UNODC in Lagos said that one way to close the gap would be to implement 'community-care' models, in which drug abusers are not admitted into facilities as patients but rather are able to access a degree of counselling and treatment from local clinics with support from the wider community.¹⁴¹ The NDLEA maintains small treatment facilities at its regional offices, but officers who supervise these facilities say that funding is limited and they are not equipped to treat inpatients who require sustained medical observation or counselling.¹⁴² NDLEA centres tend to operate more as 'cooling-off' areas, where parents will bring their children when under the influence of intoxicants.¹⁴³

Health professionals who were interviewed and who care for drug abusers said that treatment can be a difficult task, particularly when individuals are remanded for treatment either by police or their families against their will. Prescription drugs such as tramadol are highly addictive and users can face severe withdrawal symptoms. Research published by the US Drug Enforcement Administration reports that 90% of users who are addicted to tramadol experience "flu-like symptoms"¹⁴⁴ when withdrawing, and the American Addiction Centers say that long-term users "may need extra time to bounce back and repair circuitry that may have been damaged by long-term and chronic drug use".¹⁴⁵

Drug abusers may be in a volatile state of distress when they enter treatment. In one case, a religious treatment centre in Kaduna reported that staff members there often chain drug abusers to the wall in order to protect their safety.¹⁴⁶ This centre prescribed a set of religious measures for drug users, including herbal remedies and drinking water with which Quranic tablets had been washed.¹⁴⁷ Chaining drug users to the floor is a violation of their human rights, highlighting the need for an established set of government standards for drug treatment and inspections of facilities where users are housed.

136 Ibid; FGDs with drug users, Kano; KII with a drug user, Maiduguri; KII with a drug user, Jos North LGA

137 KII with a CSO that specialises in outreach programmes for drug users, Lagos state

138 UNODC, Executive Summary, in UNODC, World Drug Report 2015, New York: UNODC, 2015

139 World Health Organisation (WHO), World malaria report, Geneva: WHO, 2008, p.99; Life expectancy at birth, total (years), Nigeria, 1960–2014, World Bank, <http://data.worldbank.org/indicator/SP.DYN.LE00.IN?locations=NG>, accessed 8 June 2016

140 S.K. O'Neil, Demand side policies in the US war on drugs, Council on Foreign Relations blog, 6 September 2011, <http://blogs.cfr.org/oneil/2011/09/06/demand-side-policies-in-the-u-s-war-on-drugs/>

141 KII with an official from the UNODC, Lagos, 10 May 2016

142 KII with a NDLEA drug demand and reduction officer, Abuja, 5 May 2016

143 Ibid.

144 Drug Enforcement Administration, Tramadol, July 2014, DEA/OD/ODE, https://www.deadiversion.usdoj.gov/drug_chem_info/tramadol.pdf

145 Tramadol withdrawal timeline, symptoms and tips, American Addiction Centers, <http://americanaddictioncenters.org/withdrawal-timelines-treatments/tramadol>, accessed 8 June 2016

146 KII with a traditional rehabilitation centre worker, Kaduna

147 Ibid.

A UNODC official in Lagos expressed his view that the Nigerian government recognises the need to take a proactive approach to treating drug users, particularly with regard to the mental health issues that often accompany heavy use.¹⁴⁸ The NDLEA operates a 'drug demand reduction' department, tasked with sensitising community members to the dangers of drugs and when possible enabling drug users to seek help. However, the same UNODC official said that demand for treatment generally outstrips supply.¹⁴⁹

Ultimately, providing effective treatment for drug abusers in Nigeria will contribute to peace and security in the country. As was evidenced above, there are perceptions that drug use contributes to conflict by adding a volatile element to disputes that can lead to dangerous cycles of violence. By enabling users to overcome their dependency on drugs – and many of those who were interviewed said they would like to make such a change – Nigeria will be reducing the role that drug use plays in aggravating or provoking conflicts. It could also have the effect of reducing the likelihood that idle drug users will be targeted for recruitment by extremist groups or politicians for electoral violence. There is evidence that treatment-focused policies work; in the United States, treatment programmes for heavy users are said to reduce lifetime consumption of cocaine by 100 grams. This reflects results that are “three times as effective as preventive programs and punitive measures”.¹⁵⁰

Stigmatisation of drug abusers

“They are bad people with no respect.” “They are thieves and rogues because, if they cannot get money to buy drugs, they will steal.” “Worthless people.” – Women’s focus group participants, Maiduguri¹⁵¹

“The larger society always sees us as misfits, never do well, not to be trusted, troubleshooters and irresponsible people.” – Drug abuser, Zaria LGA¹⁵²

“We look at such people as irresponsible and people who do not have a future.” – Vigilante focus group participant, Port Harcourt LGA¹⁵³

“Drug users should be treated as human beings that are sick and thus need treatment. They should not be stigmatised, hated and put away but shown love, cuddled and accepted. Drug users need rehabilitation and care.” – Women’s focus group participant, Zaria LGA¹⁵⁴

“We need love.” – Heroin abuser, Lagos

The dominant sentiment among community members who were interviewed was that drug abusers are a strain on society and an embarrassment to their families. For example, all five respondents in a community leaders’ focus group conducted in Gokana LGA who answered the question “How does the community see drug users?” said that they viewed them as either gang members or mentally ill. In the women’s group FGD, all three respondents who answered the same question described drug users as “bad people”, “thieves” and “worthless”. Three members of a vigilante group in Bokokos LGA said that drug users were dangerous or “madmen”. Another vigilante group member in Kaduna South LGA described the community as “hostile” to drug users. In Borno, a community leader said that drug users are viewed as “useless” and are the first suspects when a crime is committed. This was not, however, a universal sentiment. Others expressed compassion for

148 KII with an official from the UNODC, Lagos, 10 May 2016

149 Ibid.

150 S.K. O’Neil, 2011, Op. cit.

151 FGDs with a women’s group, Maiduguri

152 FGDs with drug users, Zaria LGA

153 FGDs with a vigilante group, Port Harcourt LGA

154 FGDs with a women’s group, Zaria LGA

drug users – for example, a community leader in Kaduna South LGA said that he sees drug users as “people who need help”.¹⁵⁵

Youth often had a slightly different perspective, describing prevailing cultural norms of acceptance around drug use. For example, in a youth focus group held in Bokkos LGA, Plateau, one respondent said that the use of drugs was connected to masculinity and that “if you are not into drugs your peers see you as a woman”. Another said that youth use drugs to “be popular”.¹⁵⁶ Also in Plateau, but in Jos North LGA, a young man said that “if you don’t use it, [peers] will look at you like you’re from another generation”. All of the youth who participated in that focus group said that drug use was common.¹⁵⁷

Drug abusers themselves reported being highly stigmatised in their communities. They said family and friends often rejected them, leading to a condition of profound social isolation where their network had shrunk to include only other drug abusers.¹⁵⁸ Female users said that they face a degree of stigma that is greater than that experienced by men. As one female user in Kaduna put it, “the world hates us and we only get peace from these drugs, so why should we stop taking them?”¹⁵⁹ A health professional who works in an addiction centre in Jos North LGA said that women are less likely to seek treatment due to the shame and stigma that they face and that families of female drug users prefer to hide the problem in order to avoid the judgement of others in the community.¹⁶⁰

Attitudes towards drug users are heavily influenced by social mores. In Nigeria, drug abuse is seen as a ‘moral fibre’ issue and rising rates of abuse are viewed by many as a sign of social breakdown rather than a cultural shift.¹⁶¹ Of course, the definition of what constitutes ‘abuse’ is controversial. A heroin user who commits street crimes in order to sustain the habit will face far greater stigmatisation than a mechanic who abuses tramadol in order to cope with physical pain or increase his productivity. Because pharmaceutical drugs are technically legal, they are associated with less stigma than illegal drugs such as cocaine or marijuana. In predominantly Muslim areas, for example, prohibition on the consumption of alcohol may play a role in prescription drug use and abuse. Even JAS – a nominally fundamentalist organisation – appears to accept or at least turn a blind eye to prescription drug abuse, whereas, according to Islamic law, alcohol is forbidden.

Overall, while some of the community FGD participants recognised that drug use was not necessarily correlated with addiction, and that even heavy users needed kindness and help, the prevailing sentiment was that drug users are an embarrassment to the community and their families. This view was especially strong in Rivers, potentially due to the fact that many associate ‘cult’ gang violence with drug use, as well as the presence of drugs such as cocaine.

This stigma against drug users is a form of structural violence and, in the case of female users, it carries a component of gender-based violence as well. Many of the drug users who were interviewed described traumatic situations in their family, including sexual abuse, as a root cause of their decision to begin using drugs. Compounding that trauma by isolating them from society, subjecting them to punitive policing measures or assigning them stereotypes of criminality is likely to only push them further to the margins, giving them a lower stake in society and worsening their mental health. Nigerians in the research states thus stand to benefit from a targeted campaign to educate community members on the root causes of drug use and the need to see it as a public health issue rather than a sign of moral weakness or selfishness.

155 FGDs with community leaders, Kaduna South LGA

156 FGDs with youth, Bokkos LGA

157 FGDs with youth, Jos North LGA

158 KII with a drug user, Port Harcourt LGA; FGDs with male drug users, Zaria LGA; FGDs with female drug users, Tudun Wada LGA; KII with a drug user, Maiduguri; KII with female drug users, Kaduna

159 FGDs with female drug users, Tudun Wada LGA

160 KII with health professional engaged in treating drug users, Jos North LGA

161 KII with an official from the UNODC, Lagos, 10 May 2016

Effective peacebuilding measures strengthen social bonds so that communities are resilient to emerging conflicts and have mechanisms by which they can resolve grievances among one another. The social fracture caused by the marginalisation of drug users in Nigeria – and the suspicion and fear that accompanies it – is a threat to peace and security in the country. This research indicates that drug use and abuse can act as a contributing factor for violence and conflict in Nigeria, and thus a comprehensive peacebuilding approach to the issue requires opening lines of dialogue between community members and drug users. In addition to increasing the scope of access to treatment facilities for users, challenging assumptions about drug users and providing avenues for them to rejoin society and feel cared for by their peers should be a priority in policy-making that addresses the role of drugs in Nigeria.

If drug users do not feel that they have a personal stake in society, they are likely to be less driven to overcome addiction. They may also be more willing to participate in acts of violence, feeling less invested in the health and security of their communities than they would if they felt more acceptance and compassion from family and other community members. As the following section indicates, there is also a widespread perception that poverty and joblessness contribute to the trap of drug addiction. Creating livelihood opportunities for drug users will be challenging if they continue to face severe stigma, and thus assisting users in rejoining society will be a critical aspect of successfully addressing the negative social consequences of drug use in Nigeria.

Perception that poverty fuels drug use

“Poverty and unemployment are a major driving force behind drug abuse.” – Community leader, Maiduguri¹⁶²

“My biggest problem is that I don’t have a job. Smoking marijuana has compounded the problem because now some people wrongly see me as a bad person.” – Drug abuser, Port Harcourt LGA¹⁶³

“Most of us are into drugs because we are jobless.” – Drug abuser, Zaria LGA¹⁶⁴

“The youths are just at home doing nothing, so what will they do apart from...tak[ing] drugs? The main problem now is unemployment. Government has to do something.” – Women’s focus group participant, Jos North LGA¹⁶⁵

A commonly expressed sentiment during focus groups was that drug users would benefit from job opportunities, and that poverty and idleness worsen the challenges they face. For example, three out of four community leaders in Bokkos LGA said that providing job and vocational opportunities would be an appropriate way for the government to help drug users. In the vigilante focus group held in Port Harcourt LGA, four out of the five respondents said that providing jobs to users would be a way to reduce the role that drugs play in exacerbating violent conflict. Four of the six respondents in the youth focus group held in Port Harcourt LGA offered a similar answer.¹⁶⁶

Drug users themselves overwhelmingly stated that job opportunities would play a critical role in helping them to stay away from drugs. One user in Port Harcourt said that his frustration over being jobless was one of the factors that led to his using drugs in the first place.¹⁶⁷ Similar comments were made by drug users in

162 FGDs with community leaders, Maiduguri, with the answer provided by respondent 2

163 KII with a drug user, Port Harcourt LGA

164 FGDs with drug users, Zaria LGA

165 FGDs with a women’s group, Jos North LGA

166 FGDs with a youth group, Port Harcourt LGA, with answers provided by respondents 1, 2, 3 and 6

167 KII with a drug user, Port Harcourt LGA

Borno, Kaduna, Kano and Plateau. Some spoke of the shame of not being able to support their families or themselves and the numbing effect that drugs have in helping them escape their reality. Indeed, joblessness and poverty create fertile conditions for drug addiction, which can become a vicious cycle. Users face stigma that will make it difficult for them to find employment – opportunities for which are already challenging, as Nigeria has an unemployment rate of almost 14% – thus reducing the likelihood that they will be able to stop using drugs.¹⁶⁸

Nigeria is facing a recession and it is likely that employment rates will continue to fall as the economy contracts. This will present the government with a host of difficult challenges. Nonetheless, it is important that the need to rehabilitate drug users and assist them in finding vocations and paid employment is prioritised as a peacebuilding measure to help reduce the role of drug use in violent conflict. As has been extensively discussed above, rehabilitation of drug users must be seen as a peace and security issue. Linking drug users to employment opportunities will lower the likelihood that they will be involved in confrontations and violence that threatens the stability and safety of Nigerian communities.

168 Nigeria unemployment rate, 2007–2016, Trading Economics, <http://www.tradingeconomics.com/nigeria/unemployment-rate>, accessed 8 June 2016

5. Conclusion

The results of the field research carried out for this report indicate that drugs present a challenge to peace and security in Nigeria. While a recent survey suggests that overall rates of drug use and abuse are low relative to the overall size of the population, nearly all of those who were canvassed by researchers said that drug use is rising in their communities among both men and women, and that they play a contributing role in violence and conflict. These views were shared both by community members and their leaders, as well as experts such as law enforcement officials, health professionals and civil society representatives.

Drug use was cited as a contributing factor in the JAS conflict in Borno, as well as in violent altercations between 'cult' gangs in Rivers. Given the already troubling levels of violent conflict in Nigeria, the results of this report indicate that it would be valuable to implement a peacebuilding approach to drug use in the country that seeks to mitigate its effects while strengthening communal bonds, reducing stigma towards users, and presenting opportunities for them to seek treatment and find productive employment.

There is extensive literature that suggests approaches towards drug use that focus primarily on reducing supply are not as effective as offering users access to treatment. Strategies that have focused primarily on punitive policing and attempts to reduce supply have thus far failed to achieve notable progress in the drug war in Europe and the United States. It is vital that Nigeria does not repeat the mistakes that have been made by other societies in addressing the problem of drug use and abuse. However, results from the field indicate that abuse of prescription drugs such as tramadol is perceived to contribute to violence, and thus more effective measures to restrict the availability and sale of these drugs should be designed and implemented.

Overall, establishing bridges between Nigerian drug users and the wider community and proactively drawing on existing social structures to promote rehabilitation will pay dividends in reducing the role of drugs in exacerbating conflict. This will require efforts by the government, civil society and community leaders to find ways to hold dialogues with drug users and assist them in contributing to social health and wellbeing. Isolating them or adopting stricter legal penalties for drug use is unlikely to have the desired effect of preventing conflict. Additionally, the specific dangers that women face with regard to drug use, both in terms of their safety from sexual violence as well as the additional stigma they face due to their gender, must be an integral aspect of a successful peacebuilding approach. This will require empathy, cooperation across sectors, and a commitment to policies that are informed by research and that incorporate the existing strengths of Nigerian community structures.

6. Recommendations

Programmes working on peacebuilding, social cohesion and conflict reduction are encouraged to:

- support efforts to build stronger citizen–state linkages at the local and state level to corroborate the work of formal sector actors tackling drug use through community-based platforms such as the NSRP community peace partnerships or state conflict-management alliances;
- encourage community members to adopt more conflict-sensitive and gender-sensitive approaches to viewing drug users as members of society in order to break the system of discrimination and stigma against them by increasing reporting of violence committed against drug users by the public; and
- help establish dialogue-based conflict-resolution mechanisms to incentivise drug users to develop a greater sense of belonging to their community, and discourage marginalisation and negative treatment that breaches the human rights of citizens.

Nigerian government officials at the federal, state and local levels (education and health ministries specifically) are encouraged to:

- draw on the expertise of health professionals, cultural anthropologists and law enforcement officers to design awareness-raising campaigns that inform the public about the risks drugs pose for health and human interaction that may become more violent with drug use;
- ensure that public awareness-raising campaigns emphasise that addiction is a disease and that stigmatising drug abusers leads to alienation and isolation of abusers, further undermining social cohesion and providing further ground for violence and conflict;
- devote additional resources to drug treatment facilities for drug abusers that include vocational training, counselling and follow-up outpatient care;
- ensure that these facilities are affordable for the poor, and reach out to the UNODC and other experts for guidelines on how to manage those facilities cost-effectively;
- work with CSOs that have established relationships with communities of drug abusers in order to promote drug treatment and other means by which they can address their addiction;
- strengthen regulation of dangerous prescription drugs such as tramadol, codeine and Exol, and levy stiff penalties on pharmacies and manufacturers who sell to minors and anyone without a prescription from a doctor;
- increase transparency in election campaigning and investigate, prosecute and sanction politicians who distribute drugs as a means to foster election violence and other forms of political thuggery, and investigate allegations of this practice and consider suspending offenders from political parties;
- support the NDLEA in its investigations of high-level drug dealers and help to ensure that there are genuine consequences for whoever is proven to have a role in the drug trade;
- ensure that the NDLEA is adequately funded and has the right package of logistical support for agents in the field;
- establish conflict-resolution mechanisms for street gangs that include forums for dialogue that promote non-violent means to resolve conflicts and exert power;
- ensure that drug use policies are tailored to both men and women, and that care facilities that cater for female drug abusers are established and are safe;

- establish the facts surrounding tramadol abuse in the CJTF in Borno, and offer counselling and other services to those for whom such abuse has become a problem;
- investigate allegations that members of the CJTF are involved in trafficking tramadol and other drugs inside IDP camps and take action to curb traffic if allegations are proven;
- provide counselling and drug treatment services to tramadol abusers in IDP camps, and evaluate whether it is true that low food availability is partially to blame for usage rates; and
- recognise that systemic challenges of corruption, poor service delivery and joblessness are key contributors to drug use in Nigeria and increase efforts to address these issues.

Nigerian law enforcement agencies, specifically the NDLEA and the NPF, are encouraged to:

- continue to prioritise investigations of high-level dealers rather than individual drug abusers and street dealers;
- crack down severely on corruption in the ranks by establishing internal mechanisms through which officers can report malfeasance by their peers and which are able to investigate and levy penalties on offenders;
- increase capacity of NDLEA agents to deal with arrests and investigations and enforce zero tolerance policies on torture and inhumane and degrading treatments in custody; and
- recognise that abuse of prescription drugs such as tramadol, codeine and Exol is a threat to public health and safety, and carry out investigations into illegal supply and distribution of these drugs.

The international community is encouraged to:

- conduct follow-up research on the empirical links between drug use and violence;
- finance and assist with studies to determine specific rates of drug abuse across Nigeria, which include data on which kinds of drugs are most commonly abused;
- assist the NDLEA in professionalising its operations and establishing management structures that are responsive to the problem at hand, and ensure transparency and accountability throughout;
- recognise that drug abuse in Nigeria is as great a problem as drug trafficking through Nigeria to other countries and ensure that support granted to the Nigerian government for its efforts to tackle drug abuse reflect that understanding; and
- help raise funds for drug treatment services for Nigerian citizens.

Local community leaders are encouraged to:

- recognise that stigmatising drug users in the community can lead to their isolation and increase the harm they face while making it less likely that they will be able to rehabilitate themselves; and
- create dialogue opportunities for drug users in the community so that leaders can stay abreast of conflicts while reducing the stigmatisation that users face.



Nigeria Stability and Reconciliation Programme

Email nsrp.comms@ng.britishcouncil.org

www.nsrp-nigeria.org

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