

West Africa's drug trade: reasons for concern and hope

International concerns about drugs in West Africa have focused overwhelmingly on the growing transit trade in cocaine, while drug use, treatment and the evidence-base of policy in West Africa have largely been ignored. Recent African policy initiatives addressing these neglected areas should therefore be strongly supported.

West Africa has recently emerged as a major focus for international drug policy, mainly in response to large-scale cocaine seizures in West Africa, from where drugs are transhipped to European and American consumer markets [1]. International policy responses have concentrated on strengthening the criminal justice system, particularly the interdiction of drugs at West African air- and seaports. However, limited data exist regarding the rates of local drug use in West Africa, and public health initiatives related to treatment have been sidelined.

NEGLECT OF DRUG USE

There is well-founded international concern about the growth in illicit drug transit trade and its effects on states and security in West Africa. Coastal states such as Guinea-Bissau and others bordering the Sahara have seen high-level military officials and rebel movements deeply involved in the trade [2,3]. The international community has acted relatively swiftly to counter these developments by trying to improve the interdiction of cocaine and initiating reforms of state institutions implicated in drug smuggling [4]. Nevertheless, a major side effect of the international focus on containing the smuggling of drugs through the region has been the neglect of local drug use problems.

There are reasons to be concerned about local drug use. The growing transit trade in cocaine is prone to lead to increases in consumption. One does not need to go too far to find historical precedents for this development. Cocaine and heroin smuggled through Nigeria in the early 1980s soon made its way into local drug markets and, by 1989, treatment facilities in Nigeria saw a large rise in the numbers of patients seeking treatment for cocaine and heroin [5,6]. There is also anecdotal evidence from Guinea-Bissau and other West African countries that crack cocaine has become used widely in urban centres during the last 10 years, with a continuing upward trend [7]. The few prevalence estimates available also show cocaine use in Africa to be on the increase [8,9].

NEGLECT OF RESEARCH

A related reason to be concerned is the lack of data on the drug trade and use in West African countries, which results in little evidence upon which policy interventions can be based. Most of the claims about West Africa's role in the cocaine trade are based on nationally reported drug seizures; this measure is problematic because it reflects changes in both availability of drugs and efforts made by law enforcers to restrict illicit drugs. A reliance upon weak data also explains the great diversity of estimates of West Africa's role in the cocaine trade. For instance, US drug officials claim that 70% of cocaine consumed in Europe was shipped through West Africa in 2007, while the United Nations Office on Drugs and Crime (UNODC) estimate that 25% of Europe's cocaine transits through the subregion [1,10].

The lack of reliable and valid data is even more striking in the context of understanding prevalence rates of drug use. The UNODC admits that 'data on the prevalence of illicit drug use and trends remain vague at best' [9]. Of 54 African governments, only seven reported national figures on drug use to the UN in 2010 [9]. During an interview in the same year, a foreign drug official in Nigeria explained how absurd it sometimes appears to base policy on outdated research conducted in the late 1990s [11]. There have been no government and UN studies on drug use patterns since then.

NEGLECT OF TREATMENT

The lack of research and knowledge about domestic drug trends strengthens foreign-inspired definitions of West Africa's drug problems and solutions, particularly a simplistic emphasis on drug interdiction along major smuggling routes to Europe and North America. There should be great concern that many of these donor-driven policies will have as negative effects in West African countries as they had previously in the US and Europe.

In Nigeria, international drug experts have openly supported the efforts of the state's most repressive agencies since the 1980s to wage a war on drugs [12]. These anti-drug campaigns, fought most fiercely in the mid-1980s and 1990s and, to some degree, continuing up to today, have left many Nigerians harassed, arrested and incarcerated. Further, drug users in need of treatment have few options for professional help.

While Nigeria's long-lasting drug control experience is still exceptional in West Africa, its neglect of treatment

provision is commonplace throughout most of West Africa. According to one of West Africa's most renowned independent drug policy experts, substance abuse policies in the subregion are non-existent and countries have a long way to go to provide adequate demand reduction services [8]. The recent claims about West Africa's growing role in the drug trade have led to an even stronger focus on supply control in West Africa, at the expense of concerns about the public health consequences of drug use. Ironically, West Africa's shift towards more repressive policy coincides with attempts to liberalize drug policies in donor countries.

NEED FOR CHANGE

Despite this bleak picture, and the tendency for state responses to become more repressive, there have been some important recent policy initiatives acknowledging a need for change. These initiatives have come from within Africa, especially the African Union (AU) and the recently founded West African Commission on Drugs (WACD). The latest AU Plan of Action and statements by the WACD have, for the first time, recognized major problems related to the policies in place during the past 5 years, such as the repressive and human rights-violating nature of supply control policies. They have also started to emphasize the need for research on the prevalence rates of drug use and availability of treatment for substance users in West Africa. In fact, two of the four AU Plan's priorities are concerned with improving the collection of data to better inform policies. It has also been acknowledged that cocaine and heroin are not the only drugs that can cause harm, but locally produced synthetic drugs and standard prescription drugs need to be incorporated in policy [13].

These recent local initiatives should be supported strongly by policymakers and health professionals in Africa and in donor countries. However, these promising initiatives need to go beyond rhetoric and start a more widespread debate about drug problems and possible policy responses in West Africa. In order to have an impact, these initiatives will also need to be backed up with properly funded research on subregional trends in drug use and trade.

Declaration of interests

None.

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