National Drug Control Master Plan

(NDCMP)

2015 - 2019

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FOREWORD

The adverse impact of illicit cultivation, trafficking, production and abuse of drugs on Nigeria is profound. This impact manifests itself in many ways, some of which may not be ordinarily visible due to the clandestine manner in which drugs find their way into society and the stigma associated with drug use. It is therefore not always a straightforward task to articulate the full extent and nature of the harm caused by illicit drugs. It is, however, safe to state that the impact on Nigeria and the world is substantial and requires the combined effort of the Ministries, Departments and Agencies (MDAs) of the Nigerian Government at all levels and civil society to meet the numerous challenges of drugs that threaten all strata of society.

The National Drug Control Master Plan (NDCMP) 2015-2019 proffers both an integrated and comprehensive approach that will address a range of drug-related issues. These include illicit drug supply, drug demand reduction as well as control of licit substances based on International Drug Control Conventions and in line with the principles of balanced approach to drug control.

I am optimistic that strategies outlined in the NDCMP 2015-2019 will provide a solid platform to strengthen responses on drug-related issues that will promote the health, security and well-being of all Nigerians.

The Federal Government will continue to support the National Drug Law Enforcement Agency (NDLEA), and the Inter-Ministerial Committee on Drug Control to ensure the involvement of all stakeholders in this task of tackling the illicit drug problem.

I acknowledge the support of the European Union (EU) to Nigeria, especially in the area of drug control. In addition, I extend my appreciation to the United Nations Office on Drugs and Crime for its support in the area of drug control in Nigeria. Their contributions to the development of our NDCMP 2015-2019 are well noted.

I hereby reiterate the Government's commitment to providing the required resources for the sustenance and implementation of drug control activities.

The NDCMP 2015-2019 is our national roadmap to ensure that the harm caused by drug trafficking and use on Nigerians is reduced to the barest minimum.

I encourage all actors to embrace this plan and prioritize their actions in a manner that will lead to the accomplishment of the goals contained in this document. There is much we can do to safeguard our youth, who represents the future of our nation.

Dr. Goodluck Ebele Jonathan, GCFR
President, Commander-in-Chief of the Armed Forces
Federal Republic of Nigeria

PREFACE

The National Drug Control Master Plan (NDCMP) 2015-2019 is built on the foundation of the previous efforts from the first NDCMP of 1999 and the second plan for the period 2008-2011 (extended to 2013). The strategic instrument is the national blue print for addressing the complex issues of drug trafficking, production, cultivation and abuse.

The NDCMP 2015-2019 outlines activities that will facilitate reduction of incidences of illicit cultivation, production and trafficking. The document also highlights the approaches for sustaining drug demand reduction programmes and the methodology for accessing drugs for licit use while preventing its diversion.

The NDCMP 2015-2019 has four chapters. The first chapter addresses issues concerning the rationale for the NDCMP 2015-2019 and outlines the outcome of the consultative meetings held across the country with stakeholders, which assisted in identifying the gaps in current responses.

Chapter Two of the document specifically gives an overview of the drug and crime situation in Nigeria.

Chapter Three highlights the three strategic pillars of the Master Plan, these are: **Law Enforcement, Drug Demand Reduction, and Access and Control of Narcotics and Psychotropic Substances for Medical and Scientific Purposes.**

Chapter Four maps out the mechanism and institutional structures to coordinate the implementation of the Master Plan. The implementation of the NDCMP 2015-2019 is key to resolving the drug problem and related crimes in Nigeria.

I have no doubt that all stakeholders involved in the task of reducing incidences of drugs and crime in the country will place a high premium on the implementation of this Master Plan. This document serves as a catalyst to positive change and transformation in all aspects of drug challenges in Nigeria.

I acknowledge and appreciate the laudable support of the European Union (EU) in funding this project: **Response to Drugs and Related Organized Crime in Nigeria.** The role of the United Nations Office on Drugs and Crime (UNODC) in facilitating the implementation of this project and support in the development of the NDCMP 2015-2019 document is equally acknowledged and appreciated.

It is the desire of the Government to sustain these partnerships with the EU, UNODC and other relevant international and local organizations in order to give impetus to the implementation of this Master Plan and curb the menace of drugs in our society.

Mr. Mohammed Bello Adoke, SAN, CFR
Attorney-General of the Federation
And Minister of Justice

ACKNOWLEDGEMENTS

The National Drug Control Master Plan (NDCMP) 2015-2019 is an operational planning tool that provides a coherent framework for comprehensive national drug control in Nigeria. The NDCMP 2015-2019 incorporates a number of new approaches and ideas that fully respect the international drug control conventions and our National legislations on drug control.

The NDCMP was developed based on the combined efforts and support of Inter-Ministerial Committee on Drug control (IMC), international collaborators and other stakeholders.

It is proper for National Drug Law Enforcement Agency (NDLEA), the chair of IMC, to acknowledge the efforts and support of the following stakeholders:

NDLEA expresses appreciation to the Federal Government of Nigeria for providing an enabling environment for drug control activities in the country. The strong support and commitment of the President and Commander-in-Chief of the Armed Forces of the Federal Republic of Nigeria, **Dr. Goodluck Ebele Jonathan GCFR**, to the development of the drug control programme is highly acknowledged.

Our profound gratitude goes to the Honourable Attorney General of the Federation and Minister of Justice, **Mohammed Bello Adoke (SAN)**, for the encouragement and commitment to the completion of the NDCMP document 2015-2019.

Many thanks go to the National Assembly, the Senate and the House Committees on Drugs and Financial Crimes for their contributions to our drug control efforts.

NDLEA also wishes to acknowledge the participation of the IMC and their input, which facilitated the development of the NDCMP document. In addition, our special thanks go to members of the IMC from different Ministries, Departments and Agencies (MDAs).

We applaud stakeholders who participated during the State consultative meetings for their dedication and understanding, which made the process interactive. The output of the consultative meetings was also very instructive.

Our deep regards to **Board members, the Director-General, Directors and the entire staff of the NDLEA** for their steadfastness and commitment to ensuring the completion of the third edition of the NDCMP 2015-2019.

The Agency tows the line of the FGN in deeply appreciating the European Union (EU) for its financial and technical support to our national drug control programmes under the 10th EU fund: Response to Drugs and Related Organized Crime in Nigeria.

We also appreciate the commitment of UNODC to the implementation of the EU project Response to Drugs and Related Organized Crime in Nigeria, especially the coordination of the NDCMP development process.

Our deep appreciation goes to the Consultants, **Professor Moruf Adelekan and Ambassador Dr. Ugljesa Zvekic** for their tireless efforts in ensuring the development of a professional document.

Many thanks to the UNODC team for coordinating the development process of the NDCMP.

Our deep appreciation also goes to the NDCMP Secretariat for their high level of commitment and support to the IMC. The effective coordination of IMC activities ensured the successful completion of the NDCMP.

It is our hope that all stakeholders use the NDCMP 2015-2019 documents for the execution of programmes and projects that will address the challenges of drug control and other related issues in the country.

Ahmadu Giade
Chairman/Chief Executive
NDLEA

LIST OF ACRONYMS

AIDS	Acquired Immuno-Deficiency Syndrome
AIRCOP	Airport Communication Programme
AFRICOM:	Africa Command (US)
AU:	African Union
CBOs:	Community-Based Organizations
CISHAN:	Civil Society on HIV / AIDS in Nigeria
CSOs:	Civil Society Organizations
DDR:	Drug Demand Reduction
ECOWAS:	Economic Community of West African States
EFCC:	Economic and Financial Crimes Commission
EU:	European Union
FCT:	Federal Capital Territory (Abuja)
FGON:	Federal Government of Nigeria
FMOE:	Federal Ministry of Education
FMOH:	Federal Ministry of Health
FMOI:	Federal Ministry of Information
FMOJ:	Federal Ministry of Justice
FMWA & SD:	Federal Ministry of Women Affairs & Social Development
FMYD:	Federal Ministry of Youth Development
HIV:	Human Immuno-Deficiency Virus
IBBSS:	Integrated Biological and Biological Surveillance Survey
IEC:	Information, Education and Communication
IMC:	Inter-Ministerial Committee on Drug Control
INCB:	International Narcotics Control Board
INL:	Bureau of International Narcotics and Law Enforcement Affairs (US)
LE:	Law Enforcement
LEA:	Law Enforcement Agency
LG:	Local Government
LGA:	Local Government Area
M & E:	Monitoring and Evaluation
MDAs:	Ministries, Departments and Agencies
MoU:	Memorandum of Understanding
NASAD:	National Survey on Alcohol and Drug Use in Nigeria
NACA:	National Agency for the Control of AIDS
NAFDAC:	National Agency for Food, Drug Administration and Control
NCS:	Nigeria Customs Service
NCU:	National Coordinating Unit
NDCMP:	National Drug Control Master Plan
NDE:	National Directorate of Employment
NDLEA:	National Drug Law Enforcement Agency
NFIU:	Nigeria Financial Intelligence Unit
NGO:	Non-Governmental Organization
NPC:	National Planning Commission
NPF:	Nigeria Police Force
NSP:	Needle and Syringe Programme

RSA:	Rapid Situation Assessment
PWID:	People Who Inject Drugs
SDCC:	State Drug Abuse Control Committee
SG:	State Government
SGF:	Secretary to the Government of the Federation
TB:	Tuberculosis
TOR:	Terms of Reference
UNODC:	United Nations Office on Drugs and Crime
WHO:	World Health Organization

EXECUTIVE SUMMARY

Background and Rationale

Nigeria's National Drug Control Master Plan (NDCMP) for 2015 to 2019 aims to strengthen responses to drugs in order to contribute to the enhanced health, security and well-being of all Nigerians. The NDCMP 2015-2019 is a strategic, results and operationally-oriented planning and implementation framework that covers key aspects of drug supply and reduction impacting Nigeria. This is the third NDCMP (the previous two were adopted in 1999 and 2008); its completion in 2019 will mark twenty years of coordinated anti-drug and anti-crime programmes and interventions in Nigeria.

Since the inception of the first NDCMP in 1999, much has changed in the drug use and crime configuration, both in terms of the illicit activities, processes and actors, and in terms of legislative and organizational responses. These changes are notable at international, regional and national levels. In this sense, the Nigerian NDCMP is not and cannot be divorced from global and African development, legislative and policy contexts. The NDCMP 2015-2019 promotes rule of law and human rights approaches to addressing the public health and criminal justice challenges and threats of illicit drug use, as well as to combatting drug-related organized crime. Overall, its objective is to strengthen responses to drugs in order to contribute to the enhanced health, security and well-being of all Nigerians.

Brief Overview of Drug and Crime Situation

Over the past few decades, Nigeria has emerged as a major drug trafficking hub. Nigerians are over-represented among Africans arrested for transporting drugs across international borders. In the last decade, Nigeria became a main transit country for cocaine being transported from Latin America to Europe. In addition, the production of methamphetamine in Nigeria and its export is a growing concern. Cannabis production has been high for the past 30 years, with large commercial-sized plantations clustered in Nigeria's South-western states. Nigerian organized crime is widely regarded as the most active, connected, dispersed and entrepreneurial of any organized crime networks in the world.

The Government of Nigeria has pursued a law enforcement approach to respond to the challenges of drug trafficking, production and use. Nigeria has ratified all United Nations drug and crime conventions and is supporting and participating in all major international and regional anti-drug and anti-crime initiatives, strategies and programmes. It has enacted comprehensive anti-drug and anti-crime legislation, and established several specialized national agencies to enhance the effectiveness and coordination of drug and organized crime control policies.

Nigeria lacks reliable and comprehensive data on the prevalence of drug use, substances used and the number of people with drug disorders. Existing data comes from a few hospitals, surveys and studies. They identify cannabis as the most commonly used substance, but the use of heroin and cocaine have increased since the mid-1980s. Treatment and continuing care are mainly based in hospitals; some non-governmental organizations (NGOs) and faith-based organizations offer limited services. The majority of treatment options emphasize abstinence; there are no harm-reduction programmes, and counselling services are lacking. The National Drug Law Enforcement Agency (NDLEA) offers counselling services at its state commands across the country. There are insufficient sensitization and drug prevention programmes, and those that exist are constrained by relatively low political and financial support. Drug users are stigmatized. The general public's negative regard of drug users further limits the use of already scarce resources and services. Despite evidence that HIV is growing in Nigeria, the link between HIV and AIDS and drug use has not received adequate attention.

The licit use of drugs for medical and scientific purposes is inhibited by a lack of quantifiable evidence on the need for those substances, and by limited access and low availability of narcotic drugs. Health

professionals lack awareness about availability, accessibility and distribution mechanisms for narcotic drugs. There is also evidence of illicit facilities for precursor substances and diversion of narcotics through unauthorized channels.

Strategic Objective of the NDCMP 2015-2019

The first three pillars of the NDCMP 2015-2019 outline a number of achievable objectives; the fourth pillar is based on implementation coordination. Each pillar consists of several main themes, all of which identify primary objectives, outcomes, outputs, indicators and activities. They also name the responsible entity, partnering agencies and funding sources. The defining features of each pillar and theme are described in narratives; detailed parameters outlined in tables follow.

The participatory and inclusive consultative process is an important feature of the NDCMP 2015-2019. This, combined with its focus on strategic results, makes the NDCMP 2015-2019 reliable, achievable and accountable. It aims to:

- Prioritize issues identified through inclusive and participatory consultation;
- Address the disparity between law enforcement and drug demand reduction dimensions within an integrated strategic framework;
- Provide strategic direction and capacity for law enforcement, drug demand reduction, and access and control strategic pillars;
- Enhance and enable strategic, operational coordination, effective management and implementation of the NDCMP 2015-2019, in particular by identifying leading agencies, including state level partners and strengthening the National Coordinating Unit; and
- Promote systematic policy oversight, monitoring, evaluation and reporting of progress towards achieving strategic objectives.

Law Enforcement

Law enforcement successes currently occur when drugs are detectable either through cultivation, movement or use. However, such responses are inadequate to tackle the complex criminal business associated with the drug industry. Moreover, those responses fail to target the organizers, funders and distributors of drugs, where law enforcement actions potentially will have greater impact by disrupting production and supply chains. To have the maximum impact on drug supply in Nigeria, the NDCMP 2015-2019 emphasizes targeting mid- to high-level drug traffickers and producers. Pursuing those targets necessarily requires a change to the strategic and tactical orientation and capacity of law enforcement agencies, in particular the NDLEA.

Therefore, proactive law enforcement requires the following:

- Updated legal and policy framework
- Intelligence-led policing and collaboration
- Targeting of criminal wealth
- Enhanced professionalization and operational capability of NDLEA

Drug Demand Reduction

The NDCMP 2015-2019 gives equal priority to drug demand reduction and law enforcement. The integrated strategic approach outlined in the NDCMP 2015-2019 requires that institutional, budgetary and political support be shared in a balanced manner across both drug demand reduction and law enforcement, an element missing in past plans.

Programmes on drug demand reduction include changes in public attitudes and access to public health services to evidence-based prevention, treatment and continuing care. Therefore, within the context of public health, sensitization, advocacy and prevention come to the fore in the NDCMP 2015-2019. Such an evidence-based public health approach towards drug demand reduction requires expansion and improvement of treatment and continuing care services as well as a functional referral system on treatment and continuing care services and strategies. Similarly, in view of the focus on the linkage between drug use and HIV and AIDS, more specialized services and capacities will be established for drug users. The plan also calls for the establishment of a national drug monitoring system.

Therefore, the drug demand reduction strategic pillar consists of:

- Sensitization, advocacy and prevention
- Treatment and continuing care
- Drug use and HIV and AIDS
- Establishment of national drug monitoring system

Access and Control of Narcotics and Psychotropic Substances for Medical and Scientific Purposes

Nigeria faces challenges similar to other developing countries related to estimating the needs for narcotic drugs and psychotropic substances, slow replenishment mechanisms, centralization of procurement and distribution and often inadequate knowledge of health professionals. One of the major concerns in Nigeria is to ensure accurate estimations and to reduce the risk of drug diversion to the illicit drug market. Another concern is the challenge of counterfeit products that find their way into distribution channels.

In view of these concerns, the strategic focus in this area will be on strengthening regulatory mechanisms, developing national guidelines for health professionals and improving collaboration between regulatory and law enforcement agencies.

The access and control strategic pillar consists of the following themes:

- Estimation
- Distribution
- Dispensing and rational use
- Control

Coordinating the Implementation of NDCMP 2015-2019

Based on the assessment of problems experienced in implementing the previous two NDCMPs for Nigeria (1999 and 2008), the outcome of the consultative process during the development of the NDCMP 2015-2019 showed that coordination of implementation issues are as important as substantive strategic concerns. Therefore, the NDCMP 2015-2019 has a strategic pillar focussing on the coordination of the implementation of the Master Plan.

Implementation of the NDCMP 2015-2019 requires strong political support and clear institutional division of labour and coordination; it also requires capacity building among the entities entrusted with specific strategic objectives and tasks, to ensure they are carried out with commitment and professionalism. The NDCMP 2015-2019 presupposes an excellent coordination of programmes and activities between the lead and partnering entities, as well as between actors at the federal and state levels. Within the implementation pillar, the pivotal issues are policy, oversight and coordination, as well as monitoring and evaluation. It also includes the operational structure that will assist the Inter-Ministerial Committee on Drug Control (IMC) in fulfilling its mandate. In view of the detailed objectives and other strategic parameters developed for each pillar, a number of lead responsible and partnering agencies were identified for each output. The implementation strategy recommends:

- Clear roles and responsibilities for lead and implementing agencies at all levels;
- Multi-agency implementation plan within specific roles for each agency; and
- Robust monitoring and evaluation plans in place.

In order to coordinate implementation of the NDCMP 2015-2019, the IMC will be administered by a newly established and adequately resourced National Coordinating Unit (NCU). The NCU will be based at the NDLEA but will be jointly supported by all members of the IMC. The NCU will perform the duties of the Secretariat to the IMC; it will also have responsibility for coordination of implementing agencies, both at the federal and state level. This role will include preparing annual work plans; coordinating monitoring of these plans; preparing and submitting reports to IMC; acting as the focal point for evaluations; and identifying implementation risks and making proposals for corrective actions.

Developed, driven and implemented by Nigerian institutions to strengthen the overall health and security of the Nigerian people, with assistance and support from the international community, the NDCMP 2015-2019 is envisioned as a step forward in fulfilling the strategic results against illicit drug trafficking, its production and use.

CHAPTER 1.
Background of the NDCMP 2015-2019

1. Background and Rationale

The complexity of the relationship between licit and illicit drug use, drug trafficking and organized crime is well recognized in national, regional and international approaches to drug control. However, those relationships are dynamic in configuration and therefore so are the diverse challenges they pose. Any strategy, in order to be comprehensive and effective, must be flexible enough to respond to changes in drug use and crime situations, hence must be both predictive and responsive.

Nigeria sets a good example by promoting continuity in strategic instruments to respond to this ever evolving situation: from the first National Drug Control Master Plan (NDCMP) of 1999 through the second one for the period 2008-2011 (extended to 2013) to the current plan for the five-year period 2015-2019.

The Government of Nigeria's NDCMP 2015-2019 cannot be separated from the international context. The globalization of drug use and drug-related organized crime necessitates international cooperation, both in terms of the normative set-up and operational activities. The NDCMP 2015-2019 must be fully cognizant of the five United Nations drug and anti-crime conventions[1], the strategic approaches of the African Union[2] and Economic Community of West African States (ECOWAS)[3] and the most recent West African Commission on Drugs report[4]. Moreover, as the most recent African Union strategic and policy instruments cover almost the same period of time as the NDCMP 2015-2019, it is important to ensure their coherence and compatibility. The NDCMP 2015-2019 requires the creation of the systematic capacity in legislation, law enforcement, drug demand reduction, and availability and control of licit narcotics to be both predictive and responsive. Nigeria has promulgated a series of important drug and crime control legislation. In their entirety, these laws have contributed to the use of legal mechanisms in the prevention and control of drug use and related crime. Yet, it is also evident that some may need to be reviewed and amended on the basis of the experience gained in their implementation as well as in terms of changes in drug use and crime linkage and emerging issues which require an adequate legislative response.

In the last decade of the 20th century, several important specialized anti-drug and crime control entities were established in Nigeria. In 1989, the National Drug Law Enforcement Agency (NDLEA) was created[5], followed in 1993 by the establishment of the National Agency for Food and Drug Administration and Control (NAFDAC)[6]. In view of the need to promote coordination among the government

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[1] *Single Convention on Narcotic Drugs (1961); Convention on Psychotic Substances (1971); United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances (1988); United Nations Convention against Transnational Organized Crime and the Protocols Thereof (2003): Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children (2003); Protocol against Smuggling of Migrants by Land, Sea and Air (2004); Protocol against the Illicit Manufacturing of and Trafficking in Firearms, Their Parts and Components and Ammunition (2005); United Nations Convention against Corruption (2005).*

[2] *African Union Plan of Action on Drug Control and Crime Prevention (2007-2012); African Union Plan of Action on Drug Control (2013-2017).*

[3] *Political Declaration on the Prevention of Drug Abuse, Illicit Drug Trafficking and Organized Crime in West Africa (2008); regional Action Plan to address the growing problem of illicit drug trafficking, organized crime and drug abuse (2008 -2011, extended to 2013).*

[4] *West Africa Commission on Drugs, "Not Just in Transit: Drugs, The State and Society in West Africa", June 2014.*

entities, the Inter-Ministerial Committee on Drug Control (IMC) was created in 1994. Concurrently, at the state level, the State Drug Abuse Control Committees were established. With the further advent of economic and financial crimes related, inter alia, to drug use and illicit trafficking, the anti-money laundering legislation was promulgated, and the Economic and Financial Crimes Commission (EFCC) was established in 2003. A number of these specialized anti-drug and crime control entities have gained substantive experience since their inception.

In addition, Nigeria has experience in implementing drug prevention and drug dependence treatment programmes through specialized hospitals and some departments and agencies of the Federal Ministry of Health (FMOH), NDLEA and NAFDAC. These programmes have also changed over time in terms of their mandates, size, resources, organizational division of labour, methodologies and management. These changes and experiences need to be captured and strategically applied and cannot be replaced by any redesign stemming from purely theoretical models.

Good strategic management requires systematic oversight (monitoring) and systematic periodic review (evaluation), which are results based. The consultations held during the formulation of the NDCMP 2015-2019 identified a number of major gaps (see Section 1.3) related to the capacity to strategically manage the drug use and crime situation in Nigeria including implementation of the NDCMP 2015-2019.

1.2. Objective, Guiding Principles and Target Users

1.2.1. Objective

To strengthen responses to drugs in order to contribute to the enhanced health, security and well-being of all Nigerians.

1.2.2. Underpinning Principles

The NDCMP 2015-2019:

- Is to serve as the main driver of drug responses in Nigeria over the five-year period of implementation;
- Complies with basic result-based management requirements in the identification, implementation and measurement of its results. SMART compliant (i.e. Specific, Measurable, Achievable, Realistic and Time-bound);
- Emphasizes a balanced approach between supply control and demand reduction; conforms to global recommendations and best practices[7];
- Emphasizes respect for gender equality and human rights principles;
- Shifts emphasis to community-based approaches for drug prevention, treatment and care;
- Is aligned with other national and regional strategies[8];
- Is to be costed to enable an adequately funded NDCMP 2015-2019;
- Has inter-agency collaboration underpinning implementation;
- Calls for enhanced coordination of activities at the national and the state levels.

1.3. Formulation Process

The European Union and the Government of Nigeria have entrusted the United Nations Office on Drugs and Crime (UNODC) with the implementation of the project "Response to Drugs and Related Organized Crime in Nigeria". The project supports the Government of Nigeria's efforts at fighting drug production, trafficking and use, and at curbing related organized

[5] *Decree 48 of 1989, now CAP N 30 L.F.N 2004.*

[6] *Decree 15 of 1993.*

[7] *(i) European Monitoring Centre for Drugs and Addiction (2014). Regional drug strategies across the world: a comparative analysis of intergovernmental policies and approaches, EMCDD Papers, Publications Office of the European Union, Luxembourg; (ii) Institutional assessment of the National Drug Law Enforcement Agency of Nigeria (NDLEA); UNODC May 2014.*

[8] *(i) Regional Action Plan to address the growing problem of illicit drug trafficking, organized crimes and drug abuse in West Africa 2008-2011, ECOWAS; (ii) Recommendations for the African Union Plan of Action on Drug Control (2013-2017); International Drug Policy Consortium.*

crime. An integral part of the project is its support to the IMC to facilitate the formulation and implementation of the new National Drug Control Master Plan.

In order to initiate development of the NDCMP 2015-2019, an IMC meeting was held in December 2013. This meeting reviewed the NDCMP 2008-2011 (extended to 2013) and identified themes and priority areas for the development of an updated NDCMP for 2015-2019.

The IMC identified an eight-stage process for the development of the NDCMP 2015-2019. One key process was the bottom-up consultative engagement conducted in the form of town hall meetings. A total of 11 consecutive meetings were held at zonal level across all the 36 states and the Federal Capital Territory between April and June 2014. Stakeholders representing law enforcement and regulatory agencies, relevant federal and state government ministries and agencies, non-governmental organizations (NGO), medical and pharmaceutical unions, traditional rulers, community leaders, the Governor's Office and States' House of Assembly participated in the consultative town hall meetings. Participants completed a questionnaire concerning the main issues identified by the IMC, including: drug demand reduction, law enforcement, licit drugs and coordination mechanism. This data was analysed and used to inform discussions at subsequent IMC meetings in June and August 2014.

A key aspect in the process of the development of NDCMP 2015-2019 was the high-level meetings held with ministers and heads of key ministries. These meetings enabled the heads of the ministries, departments and agencies (MDAs) to provide input and recommendations on the formulation of the plan. The meetings also served as an opportunity to advocate to key stakeholders for funding, joint ownership and implementation modalities.

1.4. Major Gaps Identified by Stakeholders at Consultative Town Hall Meetings

Based on the analysis of the town hall questionnaires, combined with other input received at town hall forums, the following major gaps were identified.

1.4.1. Law Enforcement Responses to Illicit Drug Supply and Production

Nigerian law enforcement agencies' efforts were constrained by a low level of technical and logistical capacity to implement drug responses. Linked to this was the limited capacity of law enforcement operatives in most aspects of intelligence collection and analysis. Drug investigations tended to employ retroactive rather than proactive techniques. It was felt that drug interdiction activities were heavily skewed towards drug users, couriers and to some extent low-level drug suppliers, while very limited success was reported targeting mid- to high-level suppliers.

Gaps were identified resulting in inefficiencies within the system including inter-agency rivalry and distrust, and unprofessional and unethical practices amongst law enforcement operatives. There was poor inter-agency collaboration and cooperation at national, regional and international levels. Another gap was the inadequate legal and policy framework, which adversely affected effective investigation, timely prosecution and inconsistent sentencing outcomes. Participants felt there was insufficient political will and support for funding and development of standardized law enforcement programmes. The lack of a national drug intelligence database that could be accessed on a "need-to-know" basis by all relevant agencies was another gap identified at the town hall meetings.

1.4.2. Drug Demand Reduction (DDR) Programme

Over 80 per cent of states reported low to very-low levels of sensitization, advocacy and prevention activities. These activities occur only sporadically, lack implementing structures at state levels, are not nationally coordinated, are characterised by low engagement of key stakeholders and are not informed by scientific evidence (e.g. prevalence and nature of the drug problem). Furthermore, no robust mechanism was in place to identify the most vulnerable groups that could be targeted by these sensitization, advocacy and prevention activities. Also, the development of related guidelines and toolkits remains sub-standard or was found to be

lacking in many states.

Participants reported that there were very few and inadequate treatment and continuing care facilities available in the country, with many states without any services. Most of the available treatment and continuing care facilities in Nigeria were psychiatric hospital-based (institutional) rather than community-based, and were therefore neither accessible to nor affordable for the majority of drug users. Only a limited number of the available treatment and continuing care facilities had evidence-based programmes and most needed upgrading to bring their practices to international standards. There was a poor level of public awareness of available treatment and continuing care and counselling services, which also affected accessibility of services. There was no evidence of robust or accessible referral pathways among existing treatment, continuing care and counselling services. Participants also reported that there were no specialised treatment and continuing care services for women and children.

On the issue of drug related HIV and AIDS, it was found that very limited data exists on the prevalence of HIV and AIDS among drug users. Although people who inject drugs (PWID) are identified in the national HIV and AIDS programme, there are still no comprehensive[9] prevention, treatment, care and support services for them. There are limited capacity building opportunities for DDR practitioners on drugs and HIV and AIDS. Another deficit was limited collaboration between the national drugs and HIV and AIDS agencies, as well as organizations that could provide care and support for drug users with HIV.

Overall it was found that there was inadequate funding, low level of technical and logistic capacity and support to implement drug demand reduction responses. The small size of the workforce and its low capacity was also identified as a shortcoming. It was felt that DDR programming has relatively low political, advocacy and funding support compared with its law enforcement counterpart. The absence of a unified national policy for DDR activities was identified. Linked to this was the issue of the lack of a national data collection and reporting system on drug prevention and treatment to better inform policies and treatment programmes.

High levels of ignorance on drug issues in the general public resulted in negative attitudes towards drug users, which hinders uptake of available services. Drug user network groups have not been established across the country.

1.4.3. Availability, Access and Control of Narcotic drugs, Psychotropic Substances and Precursor Chemicals for Medical and Scientific Purposes

The lack of guidelines for realistic estimation and quantification of narcotic drugs, psychotropic substances and precursors needed for medical and scientific uses in the country was identified as a gap, as was the lack of regulations and national guidelines on narcotic drugs and psychotropic substances for health practitioners. Linked to this was the low level of awareness and knowledge of health professionals on the availability, accessibility and distribution system of narcotic drugs.

While the above factors contributed to the limited access and low-level availability of narcotic drugs in the country, another factor contributing to it was the over-centralization of the distribution system. Participants felt that the current regulatory mechanisms were weak. Another issue identified was the control of precursor substances and diversion of narcotics and psychotropic substances to unauthorized channels.

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[9] Comprehensive package of interventions include all the following (a) Needle and syringe programmes (NSPs); (b) Opioid substitution therapy (OST) and other drug dependence treatment (c) HIV testing and counselling (T&C); (d) Antiretroviral therapy (ART); (e) Prevention and treatment of sexually transmitted infections (STIs); (f) Condom programmes for IDUs and their sexual partners; (g) Targeted information, education and communication (IEC) for IDUs and their sexual partners; (h) Vaccination, diagnosis and treatment of and vaccination for viral hepatitis; (i) Prevention, diagnosis and treatment of tuberculosis (TB). NSP, OST interventions are non-existent for IDUs while hepatitis and TB interventions are non-specific for drug users; WHO, UNODC, UNAIDS technical guide for countries to set targets for universal access to HIV prevention, treatment and care for injecting drug users, 2009.

There was weak collaboration and coordination among the key national organizations involved in the regulation and control of narcotic drugs, psychotropic substances and precursor chemicals in the country.

1.4.4. Coordination Mechanisms for Implementation of Previous NDCMP (2008-2011, extended to 2013), including Monitoring and Evaluation

Perhaps the most apparent gap was the lack of synergy between activities occurring at the federal and state levels. Also, quite obvious was the lack of evidence of any strategic planning on drug issues at all levels. Another observation was the low level of awareness of key practitioners of the NDCMP 2008-2011 (extended to 2013) and the weak link between activities reported by the key stakeholders and this earlier plan.

Additionally, there was inadequate coordination and collaboration between the main agencies charged with drug control and drug demand reduction at federal, state and local government levels. There is a lack of technical and logistical support to facilitate an effective coordination mechanism, with a low level of awareness and ownership of the NDCMP 2008-2011 (extended to 2013) among relevant agencies and stakeholders. In particular, limited nexus was found between drug control activities reported by MDAs and other stakeholders and the NDCMP 2008-2011 (extended to 2013). An absence of available data on implementation activities or systems to collect this data to facilitate record keeping, tracking of activities, policy formulation and implementation compounded this issue.

CHAPTER 2.
OVERVIEW OF DRUG AND CRIME SITUATION IN NIGERIA

2.1. Brief Country Profile

The country, which gained independence in 1960, is a federation of 36 states and the Federal Capital Territory (FCT). Nigeria is located in West Africa and shares borders with Republic of Benin in the west, Chad and Cameroon in the east and Niger Republic in the north. Its coast in the south lies on the Gulf of Guinea in the Atlantic Ocean. The country is divided into six geopolitical zones: North-east, North-central, North-west, South-east, South-south and South-west. With approximately 174 million inhabitants, Nigeria is the most populous country in Africa and the seventh most populous country in the world. The country is inhabited by over 250 ethnic groups, of which the three largest are the Hausa, Igbo and Yoruba.

In 2014, Nigeria's economy overtook South Africa to become the largest in Africa and the 26th largest in the world. Notwithstanding its strong fundamentals, Nigeria faces serious challenges including widespread poverty (about 70 per cent of the population live below poverty line), inadequate power supply and infrastructure, an inconsistent policy and regulatory environment, a slow judicial system, corruption[10] and insecurity[11].

Nigeria has a pyramidal age structure with 62 per cent of its population younger than 25 years of age. The literacy rate of the total population is 61.3 per cent (2010 estimates). Nigeria's health indices reflect a poor state of development. Life expectancy at birth is 52.62 years (2014 estimates).

2.2. Drug Trafficking

2.2.1. The current situation

Drug trafficking is a global phenomenon. A 2012 report by the International Narcotics Control Board (INCB[12]) notes that Nigeria tops the list with the highest trafficking and drug use in West Africa. The report further states that in the last 10 years, West Africa became the new transit hub for cocaine coming from Latin America destined for Europe, with Nigeria's commercial capital Lagos emerging as the most active centre for air trafficking of cocaine. The report notes that close to 50 per cent of Africa's drug couriers arrested in Europe in 2011 were citizens of Nigeria. Nigeria also topped the list of major transit routes of heroin destined for Europe. The report notes that Nigeria features prominently among West African countries that produce and export cannabis to countries in Europe.

In 2013, the UNODC[13] published a threat assessment of transnational organized crime in West Africa. According to the report, Nigerian trafficking groups based in Brazil and elsewhere in South America remain quite active in cocaine trafficking, with these groups importing cocaine through containerized consignments and maritime shipping, air couriering and postal shipments. The report also notes that methamphetamine production in West Africa is a growing concern. The main market for West African produced methamphetamine is East Asia, and, to a lesser extent, South Africa. The report states that

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[10] Nigeria ranked 144 out of 177 nations surveyed in the 2013 Transparency International Corruption Perception Index. Noticeably behind other West African nations, including Ghana (63), Benin (94) and Sierra Leone (119).

[11] The World Factbook (June 2014): www.cia.gov/library/publications/the-world-factbook.

[12] General News (March 20, 2013) "Nigeria tops the list of drug trafficking, use in West Africa" 2012 Report of the International Narcotics Board (INCB). News item written by Issa Sikiti da Silva.

Nigerians have been over-represented in the number of West Africans arrested either in West Africa or in Europe for smuggling heroin.

NDLEA Annual Report[14] (2013) identifies that drug trafficking remains a thriving business and a serious issue in Nigeria and strong concerted efforts are needed to control its trade. The report notes that NDLEA in 2013 arrested 8,843 suspected drug offenders. The total quantity of drugs seized stood at 339,968 kilograms. Like in previous years, cannabis topped the list of drugs seized with a total of 205,373 kilograms. Psychotropic drugs followed at 133,920 kilograms, then methamphetamine (340.8 kilograms), cocaine (290.2 kilograms), heroin (24.53 kilograms), amphetamine (19.297 kilograms) and ephedrine (0.28 kilograms). Compared to 2012, there was a 10 per cent increase in the number of arrests made and a 45 per cent increase in the volume of drugs seized in 2013. However, there was a 91 per cent decrease in the quantity of heroin seizures (211.03 kilograms in 2012 and 24.53 kilograms in 2013). The evidence that Nigeria remains a central transit point in the region was further confirmed in the report, which stated that 43 per cent of arrested suspects in 2013 were smuggling drugs out of the country.

The cultivation of cannabis is well established in various parts of Nigeria. In 2013, 847.46 hectares of cannabis plantations nationwide were discovered and destroyed. The Federal Ministry of Agriculture and Rural Development has already identified licit crops substitution programmes to be implemented. Cannabis plantations are usually located in remote areas with difficult terrain that limits access, which poses challenges for drug interdiction, eradication and crop substitution.

2.2.2. Effects and Consequences

In addition to tarnishing Nigeria's image as a nation, drug trafficking also has negative impacts on its security, economy and the well-being of its people. The proceeds from drug trafficking can potentially be a source of funding for non-state armed and terrorist groups. The activities of these groups results in prolonged conflicts, instability and consequently overthrow of governments. Armed groups that have profited from trafficking in drugs may turn to predatory activities when this easy money dries up. Secondly, traffickers could use proceeds from the drug trade to fuel high-level corruption, including among top government officials and drug law enforcement operatives, which further weakens drug control efforts. Thirdly, individuals or groups that depend solely on illicit drug funds for their sustenance would not likely expose themselves to legitimate economic development initiatives. Finally, individuals who become dependent on or addicted to trafficked substances could suffer from social, physical and psychiatric complications with resultant untoward effects on themselves, their families, their work, their communities and the nation at large.

2.2.3. Governmental Interventions aimed at Curbing Drug Trafficking

2.2.3.1. Intervention and Coordination Entities

The enactment of Decree 48 of 1989, now CAP N30 LFN 2004, led to the establishment of National Drug Law Enforcement Agency (NDLEA). The Act stipulates that the Agency has the responsibility of controlling illicit drug cultivation, abuse, possession, manufacturing, production, trafficking in narcotic drugs, psychotropic substances and chemical precursors.

In 1993, Decree No 15, now NAFDAC Act CAP N1 LFN 2004, was enacted, establishing the National Agency for Food and Drug Administration and Control (NAFDAC). NAFDAC is mandated to regulate and control the importation, exportation, manufacture, distribution, advertisement, sale and use of food, drugs, chemicals, cosmetics, medical devises, detergents and packaged water.

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[13] *UNODC (2013) Transnational organized crime in West Africa: A Threat Assessment, Vienna, Austria.*

[14] *NDLEA (Federal Republic of Nigeria): 2013 Annual Report, Lagos, Nigeria.*

To effectively involve stakeholders in drug control activities, and in line with the then Global Plan of Action, the Federal Government of Nigeria constituted the Inter-Ministerial Committee on drug control (IMC) in 1994. The committee is headed by the Chairman and Chief Executive of NDLEA and has members drawn from government ministries and agencies. The IMC produced the first National Drug Control Master Plan (NDCMP) in 1999, a second NDCMP 2008-2011 (extended to 2013) and the current NDCMP 2015-2019. The IMC has the responsibility to coordinate implementation of the NDCMP 2015-2019, as well as to monitor and evaluate its outcomes.

In addition, the Money Laundering Decree No 3 was enacted in 1995 to monitor laundering of drug trafficking proceeds through financial institutions. In 2004, the nature, scope and content of this decree were expanded to include the proceeds of other crimes. In the same year, the Federal Government also enacted the Economic and Financial Crimes Act No 20, leading to the establishment of the Economic and Financial Crimes Commission (EFCC).

2.2.3.2. Legal Framework

Nigeria's legislation on drug control revolves around the United Nations International Conventions on drugs as well as specific responses to local problems. International instruments that shaped Nigeria's responses include:

- The International Opium Convention, 1912
- The First Geneva Convention, 1931
- The Convention for the Suppression of Illicit Traffic in Dangerous Drugs, 1936
- The Single Convention on Narcotic Drugs, 1961
- The Convention on Psychotropic Substances, 1971
- The Protocol Amending the Single Convention on Narcotic Drugs, 1972
- The Convention against Illicit Traffic in Narcotics and Psychotropic Substances, 1988 (1988 Vienna Convention)
- The UN Convention against Trans-national Organized Crime and its Three Protocols, 2003
- The UN Convention Against Corruption, 2005

Also the following specific national legislation was adopted to shape the country's response towards drug control:

- The Dangerous Drugs Ordinance of 1935
- The Indian Hemp Decree No 19 of 1966
- The Indian Hemp (Amendment) Decree No 34 of 1975
- The Indian Hemp (Amendment) Decree,
- The Special Tribunal (Miscellaneous Offences) Decree of 1984
- National Drug Law Enforcement Agency Decree 48, 1989 (CAP N 30 L.F.N 2004)
- National Drug Law Enforcement Agency (Amendment) Decree No 33, 1990
- National Drug Law Enforcement Agency (Amendment) Decree No 15, 1992
- The Money Laundering (Miscellaneous Offences) Decree 3, 1995
- The Money Laundering (Prohibition) Act No 7 of 2004
- Poison and Pharmacy Act Cap 535 of 1990
- Food and Drugs Act, CAP F32 LFN 2004
- NAFDAC Act CAP N1 LFN 2004
- Dangerous Drugs Act CAP D1 LFN 2004
- Counterfeit and Fake Drugs and Unwholesome processed Foods (miscellaneous provisions) Act CAP C34 LFN 2004

2.2.3.3. Drug control interventions: highlights of achievements and challenges

The NDLEA[15] cites the following major achievements of the agency in the past five years:

1. Increased information sharing with other law enforcement agencies and stakeholders;
2. With the effective launch of AIRCOP at Murtala Muhammed International Airport in Lagos, communication has been enhanced among the agencies involved;
3. Enhancement of international cooperation at the African sub-region; strengthened regional, bilateral and multi-lateral relationships with many countries outside Africa;
4. Seizures and arrests have improved at seaports, airports and the land borders (See Table 1 p. 20);

5. More hectares of cannabis farmlands are discovered and destroyed; and
6. Sanitization of the visa clearance procedures to drug source countries.

TABLE 1:

Year	Cannabis	Cocaine	Heroin	Others	Total	Male	Female
2009	114,700.71	392.05	104.71	712.77	115,910.24	6,700	342
2010	174,661.59	706.433	202.08	2,550.622	178,120.73	6,296	492
2011	191,847.91	410.81	39.752	2,985.447	195,283.9	8,072	567
2012	228,794.13	131.89	211.03	4,562.585	233,699.64	7,510	542
2013	205,373	290.2	24.53	134,280.38	339,968.11	8,324	519

Source: NDLEA, July 2014

However, the NDLEA identified the following challenges preventing effective operations:

1. Poor logistics including operational vehicles, surveillance equipment, arms and ammunitions, drug testing kits etc.;
2. Inadequate intelligence gathering capability;
3. Lack of database; and
4. Capacity gaps in intelligence-led operations.

2.3. Drug Use

2.3.1 Prevalence data

No comprehensive data is available on the estimated number of illicit drug users in Nigeria. The lack of data is a result of the following factors:

1. There is no national central data-coordinating unit set up for this purpose. The figures reported to the United Nations from government sources are derived mainly from hospital sources. Such data is deficient in that many street users do not have access to, and cannot afford the cost of hospital care.

2. Individual researchers and academics with limited resources conduct most of the substance use studies in Nigeria. Such studies have mostly been hospital-based and retrospective, making prediction of trends rather difficult.

3. Epidemiological studies carried out in the country have been localized and covered mainly easily accessible populations such as students. National substance use/abuse epidemiological surveys are few and far between, with all but one being funded by international organizations.

[15] *NDLEA Director of Operations and General Investigations*

[16] *Oshodi, C. O (1988). Drug Dependence and addiction: My studies in Kaduna: 1970 – 1972. Nigerian Journal of Psychiatry, 1(3): 194-203.*

[17] *Oviasu, V.O. (1976). The abuse of cannabis in Nigeria. Nigerian Medical Journal. 6: 359–366.*

2.3.1.1. Hospital-based data

The earliest drug studies in Nigeria were hospital-based. In the 1970s and 1980s, hospital-based data from both the Northern[16] and Southern[17] parts of the country revealed most patients presented cannabis and amphetamine-related disorders. From the mid-1980s, data from Nigerian hospitals began to reflect the emergence of patients admitted for the treatment of heroin and cocaine-related disorders[18]. This period coincided with the reported upsurge of the activities of Nigerian syndicates in international trafficking of these substances.

A retrospective survey conducted in 1989[19] of 4,438 patients treated in 13 centres in the North and 5,960 patients in 15 health facilities in the South found that drug related admissions accounted for 8.3 per cent of all the admissions. The most common drug of abuse in the North was cannabis (17 per cent), followed by alcohol (9.9 per cent), amphetamines (3.5 per cent), heroin (2.4 per cent) and cocaine (1.1 per cent). In the South, cannabis was the most commonly abused drug (60.6 per cent), followed by heroin (40.3 per cent), cocaine (23.7 per cent) and alcohol (15.6 per cent).

2.3.1.2. Community-based/household surveys

In 1989, the United Nations International Drug Control Programme (UNDCP[20)]) conducted a rapid situation assessment (RSA) of substance use in Nigeria that covered four geographically representative sites of the country. The study found that cannabis was the most commonly produced, trafficked and used drug in all parts of Nigeria. The use of heroin and cocaine was reported mainly in Lagos and other cosmopolitan state capitals. The use of amphetamine-type substances (ATS) was more commonly found in the Northern part of the country.

The following year, NDLEA[21] conducted another RSA of drug abuse in Nigeria. This study was the most comprehensive ever conducted in the country, covering 22 of Nigeria's 36 states. It confirmed most of the findings of the 1998 RSA survey, including the fact that cannabis was the most widely abused and trafficked drug in the country. For the first time, the study revealed that the abuse of cocaine and heroin was not restricted to Lagos State, but occurred even at higher levels in Kano State (North), the South-south states of Rivers, Delta, and Cross-Rivers, as well as the South-western state of Ogun. The study also found an emerging problem with the abuse of "Zakami" (Datura Metel), an indigenous plant that grows widely in the north and has hallucinogenic properties. The use of solvents was found to be a growing problem, mainly among marginalized youth and street children in some Northern states.

In 2007, a national household epidemiological study[22] selected 6,752 adults from 21 of Nigeria's 36 states and found non-prescription sedative use (lifetime use: 17 per cent and 14 per cent respectively; past year: both 3.4 per cent) higher than illicit drugs. The use of cannabis was rarely reported at lifetime prevalence rate of 2.7 per cent and past year use rate of 0.4 per cent. The reported use of stimulants, cocaine, stimulants and "other drugs" was insignificant.

In 2012, a national household survey on alcohol and drug use in Nigeria[23] covered one state from each of the country's six geopolitical zones and the FCT. A total of 10,609 respondents participated (see Table 2 on the next page).

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[18] *Adelekan, M. L, and Adeniran, R.A. (1991) Rehabilitation and follow-up issues in drug abusers managed at the Neuropsychiatric Hospital, Abeokuta, Nigeria. West African Journal of Medicine 10(1): 354-360.*

[19] *Ohaeri, J. U. and Odejide, A. O (1991) Admissions for drug and alcohol-related problems in Nigerian psychiatric care facilities in one year. Drug and Alcohol Dependence (31): 101-109.*

[20] *UNDCP (1998) Economic, Social and Political Analysis of Illicit Drug Trends in Nigeria. Report of a study conducted under the auspices of the United Nations International Drug Control Programme, Vienna, Austria, Project No AD/RAF/97/C48 by Centre for African Settlement Studies and Development (CASSAD), Ibadan.*

[21] *NDLEA (1999) Report of the Rapid Situation Assessment of Drug Abuse in Nigeria (funded by UNDCP), National Drug Law Enforcement Agency, Lagos.*

TABLE 2:
THE NASAD HOUSEHOLD SURVEY, 2012

Drug use	Lifetime rate (%)	12-month rate (%)	30-day rate (%)
Tranquillisers (e.g. diazepam, lexotan)	11.3	5.5	2.9
Heroin	4.6	2.2	1.8
Other opiates (e.g. morphine, codeine, pentazocin)	7.2	3.6	2.2
Hallucinogen-Lysergic Acid Diethylamide (LSD)	2.8	1.3	1.1
Other hallucinogens	3.3	1.6	1.3
Cannabis	6.6	2.6	1.8
Amphetamine	2.6	1.0	0.9
Methamphetamine	4.1	1.6	1.5
Ecstasy	3.8	1.7	1.5
Cocaine	3.3	1.6	1.4
Crack	4.1	2.0	1.7
Solvents and inhalants	6.8	3.9	3.2
Analgesics (e.g. para-cetamol, aspirin)	54.5	44.9	31.0
Other drugs (e.g. Suku-daya, Powerhorse)	14.7	10.3	6.9
Injecting drug use	4.0	1.9	1.6

[22] *Gureje, O; Degenhardt, L; Olley, B; Uwakwe, R et al (2007) A descriptive epidemiology of substance use and substance use disorders in Nigeria during the early 21st century. Drug and Alcohol Dependence, 91, 1-9.*

[23] *The NASAD Team (2012) Substance Abuse in perspective in Nigeria: Report of a national survey on alcohol and drug use in Nigeria.*

[24] *Adamson TA and Malomo IO (1991) Psychosocial profiles of some armed robbers in Bendel State, Nigeria. Nigerian Medical Journal, 21(2), 41-44*

[25] *Adesanya A et al (1997) Psychoactive substance use among inmates of a Nigerian Prison. Drug and Alcohol Dependence, 47, 39-44.*

Surveys of student and prison populations, despite being limited, have provided complementary substance use data in Nigeria. For example, a study of some condemned armed robbers in Benin-City, Bendel State[24] reported that more armed robbers were users of cannabis (45 per cent) versus non-armed robbers (0.9 per cent). In another study conducted in Abeokuta Prison[25], the prevalence of current abuse of cannabis was reported to be 7 per cent. Most of those studied were males and young adults. Lifetime prevalence rate for cannabis use was 33.9 per cent.

2.3.2. Drug Use and HIV and AIDS

In Nigeria, it is estimated that persons who inject drugs (PWIDs) account for 9 per cent of new HIV infections annually[26]. HIV prevalence among PWIDs is 4.2 per cent[27] against a backdrop of 3.4 per cent HIV prevalence in the general population. HIV prevalence among PWIDs varies across states from 3 per cent in Lagos to 9.3 per cent in FCT. Prevalence in females is about seven times higher than their male counterparts. The dynamics among female injecting drug users that predispose them to greater HIV risks are not well understood in Nigeria. A report indicated that non-injecting female drug users who also engaged in commercial sex work in Lagos recorded an HIV prevalence rate of 43 per cent[28]. Despite the incomplete and non-robust nature of available data, they nonetheless indicate that drug users, especially PWIDs, constitute one of the most-at-risk groups for HIV infection in Nigeria.

2.3.3. Sensitization, Advocacy and Prevention Programming

As reflected in its latest Annual Report[29], NDLEA noted that one of the responsibilities of its DDR Unit is to effectively sensitize the public to the dangers inherent in drug trafficking and drug abuse. The NDLEA noted that over the past five years (2010-2014), an average of 1,000 schools were covered each year nationwide for preventive education activities. Similarly, activities were carried out for other target groups such as market women, road transport workers and artisans. The DDR Directorate also noted that more than 100 schools have functioning drug-free clubs. Further, preventive drug education has been infused in school curricula in relevant subjects of basic education for secondary schools, in the general studies of tertiary institutions (universities, polytechnics and colleges of education), and in the curricula of adult and non-formal education.

NAFDAC also carries out drug demand reduction activities through drug abuse prevention enlightenment programmes using various platforms such as print and electronic media, and lectures to organized sectors like schools, youth camps, clinics, markets and workplaces. This drug demand reduction activity is also extended through collaboration with and support to relevant NGOs.

Despite achievements, stakeholders through the NDCMP 2015-2019 consultative process have identified several gaps in the current provision of DDR activities in Nigeria (See Section 1.4.2). To close these gaps, stakeholders have recommended the following:

1. Better funding to scale up sensitization, advocacy and prevention activities at local, state and national levels;
2. More logistical and technical support;
3. More involvement of relevant communities and stakeholders;
4. Better coordination between the states and the central body (NDLEA DDR Unit) on sensitization, advocacy and prevention programming;
5. Upgrading of sensitization, advocacy and prevention guidelines and toolkits to international standards;

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[26] *MOT, 2009.*

[27] *IBBSS 2010.*

[28] *Adelekan, M. L and Lawal, R.A (2006) Drug use and HIV infection in Nigeria: A review of recent findings. African Journal of Drug and Alcohol Studies, 5(2), 118-129.*

[29] *NDLEA 2013 Annual Report.*

6. Training of sensitization, advocacy and prevention practitioners to international standards; and
7. Better monitoring and evaluation of sensitization, advocacy and prevention activities at all levels.

2.3.4. Treatment and Continuing Care Services

Treatment of drug dependent persons in Nigeria takes place mainly in psychiatric hospitals, although some private hospitals, non-governmental organizations (including faith-based groups) and traditional healers also offer services[30]. Since the early 1960s, federal and state psychiatric hospitals have provided care for persons who present cannabis-induced psychotic behaviour. In March 1983, the first specialised Drug Addiction Research and Treatment Centre was established at the Neuropsychiatric Hospital, Aro, Abeokuta[31]. Since then, more treatment centres have become available, mostly situated within the confines of psychiatric hospitals, though some others are located in general hospitals and the medical units of teaching hospitals. Available reports from these government-funded treatment centres show that treatment methods used follow strictly the orthodox pattern comprising:

1. An assessment of the patient for physical, mental and social deficits;
2. Detoxification, usually offered as an integral part of the treatment service;
3. Various forms of psychotherapy and drug-free counselling; and
4. Educational, occupational and social rehabilitation that is initiated at the start of treatment with active participation of family members[32].

Treatment is aimed at total abstinence, and there is no evidence that any treatment facility offers other type of drug treatment, such as drug substitution. Inpatient and limited outpatient services are offered in most hospitals and drug units. These facilities often use the services of part-time psychiatrists, medical practitioners and psychologists. They offer a range of services including counselling, vocational and occupational rehabilitation, and, in a few centres, psychotherapy. Informal treatment programmes based on religion also exist.

NDLEA, through its DDR Directorate, also offers counselling services across the state and special area commands. While staff members are dedicated to the DDR function, training is minimal and there is a demonstrated need to improve capacity. In addition, links with the health sector and Civil Society Organizations (CSOs) need to be strengthened. The physical infrastructure of NDLEA counselling centres throughout the country varies and needs to meet minimum standards for the well-being of clients.

In 2013, the UNODC conducted an assessment of the capacity of drug dependence treatment and care facilities in the six geo-political zones of Nigeria, including the Federal Capital Territory, to offer drug dependence treatment and improve service delivery[33]. The assessment found varying degrees of adequacies of available infrastructure, varying bed capacity and staffing levels, very low level of staff training — with the exception of one facility — and varying levels of specialization and sophistication. The report concluded that all facilities needed to raise the level of infrastructure development and service delivery to international standards and recommended a total of seven facilities be used as training hubs. There are clear gaps in HIV prevention, treatment and care services for drug users who are at risk of, or live with HIV infection. HIV and AIDS services for people who inject drugs are currently limited.

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[30] *Onifade PO et al (2011) A descriptive survey of types, spread and characteristics of substance abuse treatment centres in Nigeria. Substance Abuse Treatment, Prevention and Policy, 6, 25.*

[31] *Makanjuola, J. D. A (1986) The Aro Drug Addiction Research and Treatment Centre: a first report. British Journal of Addiction 81: 809 - 814.*

[32] *Lawal, R. A., Adelekan, M. L., Ohaeri, J. U and Orija, O. B (1998) Rehabilitation of Heroin and Cocaine abusers managed in a Nigerian Psychiatric Hospital. East African Medical Journal 75 (2): 45- 50.*

[33] *UNODC (2013) Report of the assessment of drug dependence treatment and care facilities in the six geo-political zones of Nigeria including the Federal Capital Territory (FCT) (Consultant: Dr TA Adamson); UNODC, Lagos, Nigeria.*

CHAPTER 3.
STRATEGIC PILLARS AND THEMES

The NDCMP 2015-2019 aims to contribute to reducing the supply and production of illicit drugs, preventing and treating drug dependency and minimising the harm of drug use in order to enhance the health, security and well-being of all Nigerians. The NDCMP 2015-2019 sets out tangible objectives within three main strategic pillars and one support pillar and related themes: law enforcement; drug demand reduction and availability, access and control of narcotic drugs, psychotropic substances and precursor chemicals for medical and scientific purposes; as well as strengthening of structures for the coordination of the implementation of the NDCMP 2015-2019.

3.1. Law Enforcement

The magnitude of drug criminal business and its internationalization places Nigeria at the very centre of one of the most dynamic drug routes in the world. Thus, Nigeria faces a number of complex challenges related to illicit drug trafficking into, through and within its borders.

For several decades, the "war on drugs" was the prevailing strategic approach against drug use. Within this approach, law enforcement was the principal instrument and the most exposed public service. This approach was meant to successfully reduce drug use mainly by arresting, prosecuting and sentencing drug producers (big and small), drug traffickers (big and small) and drug consumers. In many countries this approach led to certain positive achievements and many failures for which law enforcement was blamed. It also led to an increased risk of corruption among law enforcement officials as well as to complaints against power and human rights abuses by the law enforcement sector. This approach also overstretched the already thin strategic, tactical, operational and intelligence capacities of the law enforcement sector. This happened even in countries such as Nigeria, in which a specialized anti-drug law enforcement agency, the NDLEA, was established as early as 1989.

Furthermore, the emphasis on the law enforcement strategy against drug use led to overburdened criminal prosecution and judicial capacity, as well as to overcrowded prisons. With the interplay of other economic and political factors, both domestic and international, the law enforcement and criminal justice response became skewed in favour of managing the small threats and inability to manage the big ones. The emphasis on law enforcement strategy resulted in less attention on drug demand reduction programming and activities. However, over the last decade, there has been a change in how drug consumers are viewed; today they are regarded less as offenders, and more as persons with health issues.

Moreover, law enforcement strategies aimed at reducing the supply of illicit drugs need to focus on the aspects of the drug supply chain where they can optimize the reduction of the supply of drugs to the maximum extent possible. Such strategies need to target mid- to high-level suppliers and producers of drugs, with an emphasis on quality rather than quantity of interventions. This is what the NDCMP 2015-2019 aims to achieve.

While an effective law enforcement response is indeed one of the main pillars of the NDCMP 2015-2019, its implementation must be based on the rule of law and respect of human rights and aligned with the United Nations and other international conventions, standards and norms. This stems both from the obligations of Nigeria as a party to all UN drugs and crime conventions and a member of the African Union and ECOWAS, but also from the requirements for an efficient and well managed law enforcement response.

3.1.1. Legal and Policy Framework

This pillar consists of two objectives: the review of laws from the perspective of international compliance, and the improved adequacy of the legal and policy framework to facilitate effective investigation and timely prosecution.

For law enforcement to effect the strategic orientation towards pursuing higher-level drug suppliers and producers rather than drug users, a number of legislative and policy-related changes are required. It is of particular importance that the legislative and policy facilitation is in compliance with the relevant drug and crime international conventions as well as international human rights standards.

There is a need for the adoption of clear sentencing guidelines as a policy framework to facilitate a balanced sentencing process. These guidelines are required to ensure proportionality of sentences reflect the true extent of criminality for diverse offenders: from the leaders and members of transnational organized crime groups, to drug producers and street sellers.

Much Nigerian legislation is in compliance with the main provisions of the United Nations anti-drug and anti-crime conventions. However, due to the changing configuration of drug use and crime domestically, regionally and globally, there is a constant need to review and update legislation and policy frameworks. This is one of the policy priorities in order to provide law enforcement with effective investigative powers and tools to successfully target mid- to high-level drug suppliers and producers. This is also important in view of the need to strike the balance between special powers and mandates assigned to law enforcement in order to avoid possible abuses of such powers and mandates. Good legislation and oversight mechanisms are guardians of this balance and respect for the rule of law and human rights.

3.1.2. Targeting Criminal Wealth

With engagement in drug trafficking being driven by a profit motive, it follows that asset forfeiture actions should be prioritized. The asset forfeiture approach has been employed worldwide as an effective way to respond to organized crime threats by removing criminal wealth and preventing its entry either into the formal economy or its re-investment into illicit activities.

Law enforcement needs to focus on capturing the wealth of drug suppliers and producers in order to break the "financing chain of illicit activities" and the "legalization" of criminal profit through its channelling into the formal economy. This policy priority must be accompanied by activities resulting in the improved capacity of law enforcement, and in particular the NDLEA, in the areas of money laundering, asset tracing, seizure, forfeiture and intelligence exchange.

3.1.3. Intelligence–led Policing and Collaboration

The focus of this strategic theme is to create a structural and efficient strategy to enable targeting of higher-level drug suppliers and producers. This is achieved through improved collection, exchange and use of intelligence data to engage in proactive policing, targeting the disruption of criminal networks in drug trafficking and production. Such a policing approach requires good cooperation and partnership within the law enforcement sector, and, in view of the international configuration of the drug use and crime linkage, at the regional and international levels through bilateral and multilateral agreements.

The current drug law enforcement responses in Nigeria are reactive, with seizures and arrests occurring where drugs become visible either through cultivation, movement or use. This reactive approach inevitably targets drug couriers, users and cannabis crop sitters, without adequately addressing the criminal masterminds who orchestrate and fund the manufacture and trafficking of drugs into, through and within Nigeria. Proactivity is required using intelligence development methodology, special investigation techniques, financial investigations and covert sources of information.

The NDCMP 2015-2019 calls for a focus on mid- to high-level drug manufacturers and suppliers. This is a marked departure from the current approach

and practices exercised by law enforcement agencies and will require significant changes to management processes and capacity building of personnel, with different skill sets being required. It will also require law enforcement to properly assess the threat level of all suspects they intend to target.

3.1.4. Professionalization and Operational Capability of NDLEA

The strategic law enforcement focus on criminal wealth and high-level criminals cannot be successfully pursued without effective implementation of this important thematic area. During the consultative process in the formulation of the NDCMP 2015-2019, concerns were raised over a number of factors affecting the efficiency of law enforcement, with particular emphasis on the need to foster motivation, commitment and integrity of law enforcement officers. Hence, there is a need to enhance integrity, culture and oversight of NDLEA staff.

The level of integrity has a very strong correlation with the level of collaboration and information sharing between agencies. Unless certainty exists that information will not be misused, that information is commonly not exchanged out of fear of operational compromise. This situation is particularly important for foreign law enforcement agencies, whose policies do not allow them to share intelligence with other foreign law enforcement agencies where assurances do not exist that the integrity of the information will be protected. Therefore, improving levels of integrity and professionalism will be paramount for law enforcement agencies to become intelligence-led.

Themes	Outcome	Output	Indicators	Baseline/Target	Responsible Entity	Partnering Entity	Funding Source	Indicative Time-frame for Activities	
								Commence	Conclude
LEGAL & POLICY FRAMEWORK	1. Adequate and efficient legal and policy frameworks facilitating effective investigation and timely prosecution	1.1. Reviewed laws to ensure they comply with international conventions/ standards on drugs, organized crime, asset forfeiture and human rights	• Number of legislative acts reviewed and critically analysed • Number of amendments proposed	*Baseline*: Current legislation and conventions *Target*: At least three (NDLEA Act, Asset Forfeiture; and Witness Protection)	FMOJ and NDLEA	Police Customs Immigration NAFDAC	FMOJ NDLEA European Union		
		Activities 1.1.1. Review gaps in current legislation against international drug and crime conventions 1.1.2. Recommend proposed amendments to current drug and crime legislation 1.1.3. Advocacy to relevant MDAs and National Assembly to support enactment of laws						Mar 2015 Sep 2015 July 2016	Sep 2015 Mar 2016 Ongoing
		1.2. Higher level of proportionality of penalties on drug cases	• Sentencing guidelines for proportionality of penalties for drug cases adopted	*Baseline*: Current sentencing guidelines *Target*: Sentencing guidelines endorsed	FMOJ	National Judiciary Institute NDLEA	FMOJ European Union		
		Activities 1.2.1. Form working group to develop sentencing guidelines for drug offences 1.2.2. Draft sentencing guidelines for drug offences 1.2.3. Advocacy to relevant MDAs and judiciary to support sentencing guidelines for drug offences						Mar 2015 July 2015 Mar 2016	July 2015 Dec 2015 June 2016
		1.3. Amended policy and guidelines to improve effectiveness of asset management and forfeiture	• Asset management policy and procedures established	*Baseline*: Current asset management policies and procedures *Target*: two revised policies and procedures in place	NDLEA HAGF	FMOJ	NDLEA European Union		
		Activities 1.3.1. Review and revise policy and procedures for asset management and forfeiture 1.3.2. Develop revised policy and procedures for asset management and forfeiture 1.3.3. Promulgate revised policy and procedures for asset management and forfeiture						Jan 2016 June 2016 Mar 2017	May 2016 Dec 2016 May 2017

Themes	Outcome	Output	Indicators	Baseline/Target	Responsible Entity	Partnering Entity	Funding Source	Indicative Time-frame for Activities	
								Commence	Conclude
TARGETING CRIMINAL WEALTH	2. Criminal wealth of high-level drug suppliers and producers forfeited to the government	2.1. Improved capacity of NDLEA and other related agencies on money laundering, asset tracing, seizure and forfeiture for drug related offending	• Number of NDLEA personnel trained as financial investigators • Number of NDLEA operatives trained in asset confiscation and / money laundering investigations	*Target:* At least 100 NDLEA officers training in financial investigation / money laundering during period of NDCMP	NDLEA	Police Customs Immigration	NDLEA European Union		
		Activities 2.1.1. Conduct money laundering and asset confiscation training of NDLEA and related LEAs						Jun 2015	Dec 2018
		2.2. Effective and targeted intelligence exchange between the NFIU and the NDLEA	• Number of intelligence reports exchanged between NFIU and NDLEA	*Baseline:* Current intelligence exchange practices *Target:* Intelligence reports exchanged increase by at least 25% over NDCMP	NDLEA NFIU	SCUML	NDLEA NFIU European Union		
		Activities 2.2.1. MOU between NFIU and NDLEA drafted and endorsed 2.2.2. Establish policy and procedures for regular exchange of intelligence 2.2.3. Establish electronic platform for regular exchange of intelligence 2.2.4. Establish biannual forum for exchange of experience and knowledge on drug related money laundering						Jun 2015 Jan 2016 July 2015 Jun 2015	Dec 2015 July 2016 July 2016 Ongoing
		2.3. Increased asset seizures and forfeitures	• Percentage increase in the number of cases resulting in asset forfeiture • Percentage increase in the net value of assets seized	*Baseline:* 23 cases; USD 212,550 seized (2013) *Target*: 10% increase in number of asset forfeiture cases and value forfeited *Target:* at least 100 operatives trained in asset confiscation	NDLEA	Police Customs Immigration	NDLEA European Union		

Themes	Outcome	Output	Indicators	Baseline/Target	Responsible Entity	Partnering Entity	Funding Source	Indicative Time-frame for Activities	
								Commence	Conclude
TARGETING CRIMINAL WEALTH	2. Criminal wealth of high-level drug suppliers and producers forfeited to the government	2.3. Increased asset seizures and forfeitures	• Percentage increase in number of officers in the NDLEA Directorate of Assets and Financial Investigations	*Target:* 25% increase in number of officers in NDLEA Directoraste of Assets and Financial Investigations	NDLEA	Police Customs Immigration	NDLEA European Union		
		Activities 2.3.1. Increase number of NDLEA officers in the Directorate of Assets and Financial Investigations 2.3.2. Conduct basic asset investigation awareness training for NDLEA and LEA operatives 2.3.3. Conduct asset seizures and forfeitures						Jan 2015 June 2015 Jan 2015	Ongoing July 2016 Ongoing
		2.4. Improved capacity of judiciary and prosecutors on asset forfeiture	• Increased knowledge and skills of judicial officers and prose-cutors trained in asset forfeiture • Percentage increase in number of cases resulting in forfeiture orders	*Target:* At least 50 judicial officers and prosecutors trained on asset forfeiture during NDCMP 2015-2019	FMOJ and NDLEA	National Judiciary Institute	NDLEA European Union FMOJ		
		Activities 2.4.1. Develop training curriculum and training calendar for training of judicial officers and prosecutors 2.4.2. Conduct training of judicial officers and prosecutors 2.4.3. Evaluate training of judicial officers and prosecutors						Dec 2015 June 2016 Dec 2016	Apr 2016 Dec 2016 Dec 2016

Themes	Outcome	Output	Indicators	Baseline/Target	Responsible Entity	Partnering Entity	Funding Source	Indicative Time-frame for Activities	
								Commence	Conclude
INTELLIGENCE-LED POLICING & COLLABORATION	3. Improved proactive responses against mid- to high-level drug suppliers based on intelligence-led policing and inter-agency collaboration	3.1. Drug intelligence database networked to all states established to produce actionable intelligence in order to disrupt and dismantle drug trafficking networks	• Number of NDLEA Commands networked to Intelligence databases • Increased percentage of mid- to high-level offenders arrested as a result of actionable intelligence • Number of policies and procedures developed to share and manage intelligence within NDLEA and with LEAs	*Target:* Networked intelligence database for all NDLEA Commands *Target:* Policy and Procedures adopted for the managing and sharing of intelligence with the NDLEA and with LEAs	NDLEA	LEAs	NDLEA European Union AFRICOM		
		Activities 3.1.1. Establish networked intelligence database across NDLEA Commands 3.1.2. Develop policy and procedures for managing and sharing intelligence within NDLEA and with LEAs						Mar 2015 June 2015	Dec 2016 Dec 2016
		3.2. Improved intelligence capacity of NDLEA	• Number of NDLEA intelligence officers trained	*Target:* 250 trained intelligence officers	NDLEA		NDLEA European Union		
		Activities 3.2.1. Design and develop training calendar for intelligence awareness training for NDLEA operatives 3.2.2. Conduct intelligence awareness training for NDLEA operatives 3.2.3. Evaluate intelligence awareness training for NDLEA operatives						Mar 2015 July 2015 Mar 2017	July 2015 Dec 2016 Apr 2017

Themes	Outcome	Output	Indicators	Baseline/Target	Responsible Entity	Partnering Entity	Funding Source	Indicative Time-frame for Activities	
								Commence	Conclude
INTELLIGENCE-LED POLICING & COLLABORATION	3. Improved proactive responses against mid- to high-level drug suppliers based on intelligence-led policing and inter-agency collaboration	3.3. Strategies developed and implemented to reduce cannabis production	• National cannabis production survey completed • Percentage decrease in hectares under cannabis cultivation • Number of cannabis detection and eradication strategies implemented	*Target:* National Cannabis Survey *Target:* Establish and equip five cannabis detection and eradication units (one for each cannabis growing state) *Target:* 10% increase (over life of plan) in detection and eradication of cannabis crops *Target*: Five detection and eradication units established	NDLEA	Federal Ministry of Agriculture and Rural Development	NDLEA European Union		
		Activities 3.3.1. Conduct national cannabis production survey 3.3.2. Acquisition of resources to improve detection and eradication of cannabis crops 3.3.3. Conduct detection and eradication programs 3.3.4. Establish dedicated intelligence unit for cannabis detection 3.3.5. Develop and implement strategies to prevent farm owners from engaging (directly or indirectly) in cannabis production						Feb 2015 June 2015 Jan 2015 Sept 2015 July 2015	Mar 2016 July 2016 Ongoing Dec 2015 Dec 2017

Themes	Outcome	Output	Indicators	Baseline/Target	Responsible Entity	Partnering Entity	Funding Source	Indicative Time-frame for Activities	
								Commence	Conclude
PROFESSIONALIZATION & OPERATIONAL CAPABILITY OF NDLEA	4. Improve responses against drug related crime through inter-agency partnerships through mutual trust, sharing of information, knowledge, expertise and resources	4.1. Improved information and knowledge sharing between law enforcement agencies	• Number of intelligence reports shared between law enforcement agencies • Number of joint training exercises undertaken • Increased participation of NDLEA Commanders in monthly coordination meetings with other law enforcement agencies	*Target:* MOUs endorsed with at least 3 agencies *Target:* Increase of 25% in number of intelligence reports shared by NDLEA with law enforcement agencies *Target:* At least one training slot allocated to another agency in at least 30% of training courses *Target:* All state Commanders participating in regular law enforcement coordination meeting	NDLEA	NPF Customs Immigration NAFDAC	NDLEA European Union		
		Activities 4.1.1. Establish MOUs between relevant agencies to establish framework for intelligence sharing 4.1.2. Conduct joint agency training for law enforcement 4.1.3. Participate in a joint law enforcement coordination meeting in each state						Sept 2015 Feb 2015 July 2015	Dec 2016 Ongoing Ongoing
		4. 2. Optimized use of resources through improved cooperation amongst law enforcement agencies	• Number of joint operations undertaken	*Target:* At least one multi-agency task force established comprising at least two other agencies	NDLEA		NDLEA European Union		
		Activities 4.2.1. Establish MOU between relevant law enforcement agencies for joint agency drug task force 4.2.2. Establish NDLEA-led multi-agency task force for complex drug operations.						Sept 2016 July 2017	July 2017 Ongoing
		4.3. Improved regional and international cooperation	• Number of bilateral and multilateral agreements signed • Number of international joint investigations undertaken • Number of mutual legal assistance requests effected	*Target:* At least two international and at least three regional agreements signed *Target:* Increase by 10% the number of investigations with foreign LEAs from 2014 *Target:* 100% of requests received addressed	NDLEA	FMOJ	European Union		
		Activities 4.3.1. Establish agreements to share information and cooperate with source, destination and neighbouring countries 4.3.2. Undertake joint investigations with foreign law enforcement agencies 4.3.3. Request and execute mutual legal assistance request with other countries						Jan 2016 Jun 2016 Jan 2015	Dec 2017 Ongoing Ongoing

Themes	Outcome	Output	Indicators	Baseline/Target	Responsible Entity	Partnering Entity	Funding Source	Indicative Time-frame for Activities	
								Commence	Conclude
PROFESSIONALIZATION & OPERATIONAL CAPABILITY OF NDLEA	5. To improve motivation, commitment, accountability and integrity of law enforcement officers involved in the investigation of drug offences	5.1. Enhanced culture of ethical conduct of NDLEA	• Number of NDLEA personnel trained in human rights and / or ethics • Review of NDLEA code of ethics completed	*Target:* All NDLEA personnel *Target*: Revision of code of ethics	NDLEA		NDLEA European Union		
		Activities 5.1.1. Conduct awareness training of NDLEA personnel on human rights and ethics 5.1.2. Undertake review of NDLEA code of ethics and recommend revisions						June 2015 June 2015	Dec 2016 Sept 2016
		5.2. Strengthened capacity for integrity oversight	• Number of NDLEA internal affairs personnel trained in investigation training • Number of NDLEA officers vetted	*Target:* All members of NDLEA Internal Affairs Unit receive investigation training *Target*: All officers involved in joint investigations, intelligence unit and internal affairs are vetted	NDLEA		NDLEA European Union		
		Activities 5.2.1. Conduct investigation training of NDLEA internal affairs personnel 5.2.2. Conduct vetting for all NDLEA officers involved in joint investigations, intelligence unit and internal affairs						Mar 2015 Jan 2016	July 2016 Ongoing
		5.3. Improved performance management framework for NDLEA	• Review of NDLEA performance management policy, procedures and instruments • Number of NDLEA officers trained in performance management policies and procedures	*Target:* Revised Performance Management Policy *Target:* All NDLEA personnel trained in revised performance management policies and procedures	NDLEA		NDLEA European Union		
		Activities 5.3.1. NDLEA performance management processes reviewed and revised 5.3.2. Conduct awareness training for NDLEA personnel on revised performance management processes						Jan 2015 June 2016	Mar 2016 July 2018

Themes	Outcome	Output	Indicators	Baseline/Target	Responsible Entity	Partnering Entity	Funding Source	Indicative Time-frame for Activities	
								Commence	Conclude
PROFESSIONALIZATION & OPERATIONAL CAPABILITY OF NDLEA	6. To improve the management, organization and resourcing for NDLEA to effectively carry out their mandate	6.1. A developed and implemented organisational strategy to meet the identified operational needs	• Percentage increase of identified operational needs acquired	*Target:* At least one needs assessment completed *Target*: At least 50% of identified prioritised operational needs acquired	NDLEA		NDLEA AFRICOM European Union		
		Activities 6.1.1. Undertake operational needs assessment of NDLEA 6.1.2. Acquire prioritised operational needs for NDLEA 6.1.3. Development of logistics policy for NDLEA						Mar 2015 July 2015 Sept 2015	June 2015 July 2016 July 2016
		6.2. Improved managerial and leadership processes within NDLEA	• Number of NDLEA officers trained in management and leadership • Revised NDLEA human resource management policy	*Target:* All commanders and executive level NDLEA personnel and at least 100 first-line supervisors trained in leadership and management *Target*: Revised NDLEA human resource management policy	NDLEA		NDLEA AFRICOM European Union		
		Activities 6.2.1. Undertake management and leadership training of commander and executive level NDLEA personnel as well as first line supervisors 6.2.2. Review and revise human resource management policy and procedures of NDLEA						Jan 2015 July 2015	June 2016 June 2016

3.2. Drug Demand Reduction

3.2.1. Sensitization, Advocacy and Prevention

Consultative meetings during the formulation of the NDCMP 2015-2019 indicated very low levels of sensitization, advocacy and prevention programming and activities in Nigeria. The inclusion of these action areas in the NDCMP 2015-2019 is therefore aimed at scaling up these activities and producing critically needed positive changes at the federal, state and local levels. During the five-year implementation period, expected activities include: mapping exercises to identify vulnerable groups; establishment of drug user networks for advocacy; development of appropriate guidelines and toolkits for sensitization and prevention; capacity building for service providers in governmental and non-governmental sectors, followed by the implementation of sensitization, advocacy and prevention activities across the country.

Sensitization activities are needed to enlighten the public about drugs and reduce stigma associated with drug use and abuse. The sensitization activities in the NDCMP 2015-2019 are targeted at community influencers including policy makers, journalists, schools, families, health professionals, academics, teachers and NGOs/Community-Based Organizations (CBOs), among others. The expected positive outcomes from sensitization activities should serve as catalysts for other drug demand reduction activities.

Advocacy activities proposed in the NDCMP 2015-2019 are designed to be led by high-level officials in government agencies (Chief Executives of drug and affiliated agencies), with responsibility cascading down to other government agencies, NGOs/CBOs and CSOs. The activities will be targeted at relevant MDAs at federal, state and local government levels, law and policy makers, international and local funding agencies, traditional and religious leaders, community and opinion leaders, youth and the public at large. Advocacy activities are imperative in view of the stigma associated with drug use and drug users as well as the low priority accorded to drug demand reduction programmes and funding by the government, funding agencies and the community at large. It is hoped that these activities will galvanise much needed support for drug demand reduction programmes and funding in the country.

Primary prevention comprises all activities aimed at reducing the likelihood of young people getting initiated into drug use. Evidence-based prevention programmes will aim to provide balanced information and knowledge, including behaviour change programmes targeting children, youth, their families and communities[34]. It is expected that equipping youth, families and communities with such information and knowledge will enable them to make informed choices about drug use. Fewer young people would choose to use drugs if they were enabled to make healthy and informed choices. Other stakeholders (NGOs, CBOs, community leaders, religious leaders, youth organizations etc.) could utilise such information and knowledge for implementing preventive programmes in their communities as well as for sensitization and advocacy purposes. Sensitization, advocacy and prevention activities will be led by NDLEA in conjunction with various key MDAs including Federal Ministry of Youth Development, (FMYD), Federal Ministry of Information (FMOI), Federal Ministry of Education (FMOE), NAFDAC among other key MDAs.

3.2.2 Treatment and Continuing Care

The NDCMP 2015-2019 aims to address major gaps in the current state of provision of treatment and continuing care for drug dependent persons in Nigeria. As there is a dearth of accurate information on the exact level of needs and availability of treatment and continuing care services in the country, one major activity in the NDCMP 2015-2019 is the needs assessment. Another major activity in the plan is the establishment at the community level of additional treatment and continuing care services as well as the upgrading of existing facilities. These services should also offer routine assessment and treatment for family members who may be adversely affected by the drug using behaviour of a relative. It is envisaged that within the five-year implementation period, a

[34] *International Standards on Drug Use Prevention, UNODC, 2013 will be consulted.*

robust and functional referral network system will be established to link institutions providing treatment and continuing care services within each state and across the country. Furthermore, specific action areas focus on the development of guidelines and toolkits on treatment and continuing care to align the services to international standards. Finally, the NDCMP 2015-2019 prioritizes the need to have trained service providers from governmental and non-governmental sectors on evidence-based service delivery techniques.

3.2.3 Drug use and HIV and AIDS

The twin issue of drugs and HIV and AIDS has received very little coordinated attention in previous NDCMPs. Limited information exists on the contribution of people who inject drugs (PWID) to the HIV and AIDS epidemic in Nigeria. PWID are identified as a most-at-risk population and are a priority target population for HIV prevention interventions. The NDCMP 2015-2019 aims to close this gap by including activities that will facilitate the expansion of drug users programme in the National HIV and AIDS Strategic Plan. Specifically, during the five-year implementation period the relevant agencies (National Agency for the Control of AIDS/Federal Ministry of Health) will establish models of comprehensive, accessible, affordable and evidence-based HIV prevention, treatment and care services for drug users, with a focus on PWID. Guidelines and toolkits on HIV prevention, treatment and care services for PWID will be developed. Service providers will also receive appropriate training to ensure the delivery of high quality services.

3.2.4 National Drug Monitoring System

Drug use in Nigeria is a substantial issue, as evidenced by anecdotal and scientific reports available both locally and internationally. However, it is disquieting to note that there is as yet no established national comprehensive data collection and reporting system on drug prevention and treatment in the country. Such a system is vital to better inform policies and programmes, and facilitate the regular production of official reports on drug prevention and treatment at all levels in the country. The NDCMP 2015-2019 has made provisions for the establishment of this system and for the training of professionals who would run and manage it.

Themes	Outcome	Output	Indicators	Baseline/Target	Responsible Entity	Partnering Entity	Funding Source	Indicative Time-frame for Activities	
								Commence	Conclude
SENSITIZATION & PREVENTION	7. Increased reach of sustainable evidence-based drug prevention and sensitization programmes aimed at vulnerable groups	7.1. Guidelines, toolkits on sensitization and prevention developed	• Number of guidelines, toolkits developed • Number of reviews of the different guidelines and manuals undertaken	*Target:* At least one guideline per thematic area (Sensitization and Prevention)	NDLEA	FMOE NAFDAC CSOs, FMI FMWA&SD FMYD NACA Prisons LE agencies Ministry of Sports NPC, SGF Academia	FGON State Governments EU Development partners		
		Activities 7.1.1. Review existing guidelines and strategies for drug sensitization and prevention 7.1.2. Consult on best practices for guidelines and manuals for drug sensitization and prevention 7.1.3. Develop, produce and disseminate guidelines and manuals for drug sensitization and prevention 7.1.4. Periodic review to assess user-friendliness and functionality of the different guidelines and manuals for drug sensitization and prevention						Mar 2015 Mar 2016 Mar 2016 Jun 2017	Dec 2015 Jul 2016 Dec 2016 Dec 2019
		7.2. Increase capacity of service providers (NGOs, CBOs and Government) in delivery of evidence-based prevention and sensitization programmes	• Number of service providers trained • Number of training programmes conducted	*Target:* At least one national training programme per year	NDLEA	FMOE NAFDAC CSOs, FMI FMWA&SD FMYD NACA Prisons LE agencies Ministry of Sports NPC, SGF Academia	FGON State Governments EU Development partners		
		Activities 7.2.1. Develop training curriculum and calendar for drug prevention and sensitization programmes 7.2.2. Conduct training on drug prevention and sensitization programmes 7.2.3. Evaluate training on drug prevention and sensitization programmes						Mar 2015 Oct 2015 Oct 2015	Dec 2015 Jul 2016 Dec 2018

Themes	Outcome	Output	Indicators	Baseline/Target	Responsible Entity	Partnering Entity	Funding Source	Indicative Time-frame for Activities	
								Commence	Conclude
SENSITIZATION & PREVENTION	7. Increased reach of sustainable evidence-based drug prevention and sensitization programmes aimed at vulnerable groups	7.3. Evidence-based prevention and sensitization programmes developed and delivered to vulnerable groups	• Number of MDAs/ organizations implementing prevention and sensitization programmes using the guidelines and toolkits developed • Number of prevention and sensitization programmes delivered	*Target:* At least four sensitization /prevention programmes delivered per year	NDLEA	FMOE NAFDAC CSOs, FMI FMWA&SD FMYD NACA Prisons LE agencies Ministry of Sports NPC, SGF Academia	FGON State Governments EU Development partners		
		Activities 7.3.1. Identify evidence-based drug prevention and sensitization programme targeting vulnerable groups 7.3.2. Deliver evidence-based drug prevention and sensitization programme targeting vulnerable groups 7.3.3. Evaluate evidence-based drug prevention and sensitization programme targeting vulnerable groups						Mar 2015 Nov 2015 Jun 2017	Dec 2015 Jul 2016 Dec 2018
ADVOCACY	8. Political support and an enabling environment created through the implementation of comprehensive drug advocacy programmes	8.1. Drug user networks established and operational	• Number of drug user networks established • Number of training events delivered to NGOs and drug user networks	*Target:* At least one national network and one network established per geo-political zone *Target*: At least one training event per year for each network	NDLEA	NGOs CSOs FMOH NACA	FGON State Governments EU Development partners		
		Activities 8.1.1. Establishment of drug user networks through existing NGOs 8.1.2. Build capacity of NGOs and drug user network members to link with existing services						Mar 2015 Jan 2017	Dec 2016 Dec 2018
		8.2. Ministers / Heads of Agencies / Chairs of Houses of Assemblies / Committees/ Political party leadership cognizant of drug programmes control / use in the country	• Number of high level visits / briefings • Number of mass media statements on drugs by high-level officials	*Target:* At least two high-level visits and briefings per year	NDLEA	see 7.3 Partnering Entities	FGON State Governments EU Development partners		
		Activities 8.2.1. IMC to constitute a drug advocacy group 8.2.2. Carry out high-level visits and briefings on drug policy 8.2.3. Evaluate mass media reports for statements by high-level officials on drug policy						Mar 2015 Dec 2015 Dec 2015	July 2015 Dec 2019 Dec 2019

Themes	Outcome	Output	Indicators	Baseline/Target	Responsible Entity	Partnering Entity	Funding Source	Indicative Time-frame for Activities	
								Commence	Conclude
TREATMENT & CONTINUING CARE	9. Increased availability and accessibility of evidence based drug treatment and continuing care services	9.1. Treatment and Continuing care needs and services assessed	• Number of needs assessments conducted	*Target:* At least one in each geopolitical zone	FMOH	Academia CSOs NDLEA NDE Prisons FMW&SD	FGON State Governments EU Development partners		
		Activities 9.1.1. Map existing hospital-based, community-based and prison-based drug treatment and continuing care services 9.1.2. Assess capacity of hospital-based drug treatment and continuing care services 9.1.3. Assess capacity of community-based drug treatment and continuing care services 9.1.4. Assess capacity of prison-based drug treatment and continuing care services						Mar 2015 Mar 2015 Mar 2015 Mar 2015	Dec 2015 Dec 2015 Dec 2015 Dec 2015
		9.2. Increased access to treatment and continuing care services for drug users and affected family members	• Number of new treatment and continuing care services established at community level and in selected prisons/borstal institutes • Number of existing treatment and continuing care services upgraded	*Target:* At least seven new community-based treatment and continuing care services (one per each geo-political zone plus FCT) *Target*: At least one treatment and continuing care in seven prisons (one per each geo-political zone plus FCT) *Target*: At least two treatment and continuing care centres in each geo-political zone are upgraded	FMOH	CSOs Prisons NDLEA NACA	FGON State Governments EU Development partners		
		Activities 9.2.1. Establish new community based drug treatment and continuing care services in select states and prisons/borstal institutes 9.2.2. Upgrade existing drug treatment and continuing care centres in select states and prisons/borstal institutes to international standards						Jan 2017 Jan 2017	Dec 2018 Dec 2018
		9.3. Drug treatment and continuing care referral network for service-providing institutions (FMOH, NDLEA, NACA, Prisons, NGOs, NDE) established	• MOU on referral system for treatment and continuing care services between agencies signed	*Target:* One MOU	FMOH	FMOH NDLEA NACA Prisons NGOs NDE	FGON State Governments EU Development partners		
		Activities 9.3.1. Assess current referral practices for drug treatment and continuing care 9.3.2. Develop referral system for drug treatment and continuing care based on current practices 9.3.3. Develop and sign referral MOU for drug treatment and continuing care						Jun 2015 Mar 2016 Jan 2017	Dec 2015 Dec 2016 Dec 2017

Themes	Outcome	Output	Indicators	Baseline/Target	Responsible Entity	Partnering Entity	Funding Source	Indicative Time-frame for Activities	
								Commence	Conclude
TREATMENT & CONTINUING CARE	10. Improved quality of evidence-based drug treatment and continuing care services	10.1. Guidelines, toolkits on treatment and continuing care services for drug users and affected family members aligned with international standards	• Number of guidelines, toolkits developed • Number of practitioners who rate the guidelines as functional and user-friendly	*Target:* At least two guidelines and toolkits for treatment and continuing care developed	FMOH	FMOH NDLEA NACA Prisons NGOs Academia Experts	FGON State Governments EU Development partners		
		Activities 10.1.1. Review existing guidelines and practices for drug users and affected family members 10.1.2. Consult on best practices for guidelines and manuals for drug users and affected family members 10.1.3. Develop, produce and disseminate guidelines and manuals for drug users and affected family members 10.1.4. Periodic review to assess user-friendliness and functionality of the different guidelines and manuals for drug users and affected family members						Mar 2015 Mar 2016 Mar 2016 Jun 2017	Dec 2015 Jul 2016 Dec 2016 Dec 2019
		10.2. Increase capacity of service providers (NGO/CBO/Govt.) of drug treatment and continuing care services	• Number of service providers trained • Number of training courses conducted across the states • Number of trained practitioners who rate the training as useful	*Target:* At least 20 per year *Target*: At least two courses per year *Target*: At least 70%	FMOH	FMOH NDLEA NACA Prisons NGOs Academia Experts	FGON State Governments EU Development partners		
		Activities 10.2.1. Develop training calendar for delivery for training in drug treatment and continuing care for health professionals 10.2.2. Develop training curriculum for training in drug treatment and continuing care for health professionals 10.2.3. Conduct training in drug treatment and continuing care for service providers 10.2.4. Evaluate training in drug treatment and continuing care for service providers						Mar 2015 Oct 2015 Oct 2015 Oct 2015	Dec 2015 Dec 2016 Jul 2016 Dec 2018

Themes	Outcome	Output	Indicators	Baseline/Target	Responsible Entity	Partnering Entity	Funding Source	Indicative Time-frame for Activities	
								Commence	Conclude
DRUG USE AND HIV & AIDS	11. Strengthened multi-sectoral coordination at subnational and national levels to plan, implement and monitor HIV and TB activities for drug users with a focus of PWID	11.1. Multi-sectoral coordinating platforms/ committees are established at national and subnational levels	• Number of multi-sectoral coordinating platforms/committees established at national and subnational levels • TOR developed for multi sectoral coordinating platforms/ committees at national and subnational levels	*Target:* Establish functional committees in every state and at national level *Target*: At least two meetings held in each state annually	NACA	NACA FMOH NDLEA CISHAN Criminal Justice	FGON State Governments Development partners		
		Activities 11.1.1. Develop a TOR for multi-sectoral coordinating platforms/committees at national and subnational levels to plan, implement and monitor HIV and TB activities for drug users with a focus of PWID 11.1.2. Advocate to relevant stakeholders multi-sectoral coordinating platforms/committees at national and subnational levels to plan, implement and monitor HIV and TB activities for drug users with a focus of PWID 11.1.3. Inaugurate committees at all levels (where they do not exist) to plan, implement and monitor HIV and TB activities for drug users with a focus of PWID 11.1.4. Hold biannual meetings of committees at all levels to plan, implement and monitor HIV and TB activities for drug users with a focus of PWID							Mar 2015 Mar 2015 Jul 2015 Dec 2015	Oct 2015 Dec 2019 Dec 2016 Dec 2019
		11.2. Existing HIV, TB and drug users service coordination platforms take up TB and HIV issues for drug users specifically	• Number of coordinating platforms that take up TB and HIV issues for drug users	*Target:* All relevant coordinating platforms mainstream drug user-related concerns in their work	NACA	NACA FMOH NDLEA CISHAN Criminal Justice	FGON State Governments Development partners		
		Activities 11.2.1. Develop advocacy tools to coordinate HIV and TB activities for drug users with a focus of PWID 11.2.2. Advocate to HIV, TB and drug users service coordinating platforms such as technical working groups, task teams, and other relevant bodies						Mar 2015 Oct 2015	Dec 2015 Dec 2019

Themes	Outcome	Output	Indicators	Baseline/Target	Responsible Entity	Partnering Entity	Funding Source	Indicative Time-frame for Activities	
								Commence	Conclude
DRUG USE AND HIV & AIDS	12. To increase access to HIV Prevention, Treatment and Continuing Care services for drug users in all settings including prisons and detention centres	12.1. The National HIV and AIDS Strategic Plan includes comprehensive HIV Prevention, Treatment and Care services for drug users (injecting and non-injecting)	• National HIV and AIDS Strategic Plan developed and includes comprehensive HIV Prevention, Treatment and Care services for drug users (injecting and non-injecting)	*Target:* National HIV and AIDS Strategic Plan developed and includes comprehensive HIV Prevention, Treatment and Care services for drug users (injecting and non-injecting)	NACA	NDLEA Prisons NGOs, NDE FMOE Community members Academia Experts	FGON State Governments Development partners		
		Activities 12.1.1. Identify relevant stakeholders across different sectors to participate in the development of the National Strategic Plan including community members 12.1.2. Engage actively in the development of the new National Strategic Plan						Jun 2015 Dec 2015	Oct 2015 Dec 2016
		12.2. Guidelines, toolkits on HIV Prevention, Treatment and Care services for drug users developed	• Number of guidelines, toolkits established • Number of practitioners who rate guidelines and toolkits as functional and user friendly	*Target:* Guidelines produced for HIV Prevention, Treatment and Care services for drug users and drug users in prisons	NACA FMOH	NDLEA Prisons NGOs Academia Experts	FGON State Governments Development partners		
		Activities 12.2.1. Review existing guidelines and toolkits for drug users 12.2.2. Develop/adapt guidelines and toolkits (using WHO, UNAIDS and UNODC Toolkit) 12.2.3. Disseminate guidelines to relevant service providers at all levels						Jul 2015 Oct 2015 Jul 2016	Dec 2015 Dec 2016 Jul 2017
	13. To develop a competent pool of human resources with skills to deal with TB and HIV among drug users	13.1. Capacity of service providers (NGOs/CBOs/Govt.) who have contact with drug users to ensure they have the knowledge of HIV and TB and health problems associated with drug use, risk assessment and provision of comprehensive HIV prevention services	• Number of service providers trained per state • Number of training programmes conducted across the states	*Target:* At least two training programmes per year	NACA FMOH	NDLEA Prisons NGOs Academia Experts	FGON State Governments Development partners World Bank Global Fund		
		Activities 13.1.1. Develop training calendar for identified service providers and LE agencies to develop skills to deal with TB and HIV among drug users 13.1.2. Conduct training of trainers for identified service providers and LE agencies to develop skills to deal with TB and HIV among drug users 13.1.3. Evaluate training to develop skills to deal with TB and HIV among drug users for identified service providers and LE agencies						Mar 2015 Oct 2015 Oct 2018	Dec 2015 Dec 2016 Dec 2018

Themes	Outcome	Output	Indicators	Baseline/Target	Responsible Entity	Partnering Entity	Funding Source	Indicative Time-frame for Activities	
								Commence	Conclude
NATIONAL DRUG MONITORING SYSTEM	14. To establish a comprehensive data collection and reporting system on drug prevention and treatment to better inform policies and programmes	14.1. Reporting system for the collection and analysis of prevention and treatment data designed and established	• Unit/Dept. in charge of data collection and analysis established • Resources (financial, technical, human, and material) assigned to Unit/Dept. • System software developed and installed	*Target:* One reporting system for prevention *Target*: One reporting system for treatment	FMOH NDLEA	FMOE NAFDAC CSOs, FMI FMWA& SD FMYA, NACA Prisons LE agencies Ministry of Sports NPC, SGF Academia NGOs, NDE	FGON State Governments EU Development partners		
		Activities 14.1.1. Review and understudy existing drug reporting systems 14.1.2. Consult stakeholders and develop formats for drug data collection (prevention, treatment and continuing care) 14.1.3. Develop electronic software/database for drug data reporting system 14.1.4. Establish national drug monitoring system (prevention data-NDLEA and treatment data-FMOH)						Sept 2015 Jan 2016 Jan 2017 Jul 2018	Dec 2015 Dec 2016 Dec 2017 Dec 2019
		14.2. Capacity on the collection and analysis of comprehensive drug prevention and treatment data strengthened	• Number of professionals trained on data management • Number of training courses conducted across the states • Number of trained practitioners who rate the training as useful	*Target:* At least 15 per year *Target*: At least one training per year *Target*: At least 70%	FMOH NDLEA	FMOE Prisons NAFDAC CSOs, FMI FMWA&SD FMYA, NACA LE agencies Ministry of Sports NPC, SGF Academia NGOs, NDE Experts	FGON State Governments EU Development partners		
		Activities 14.2.1. Develop training calendar and develop curriculum for collection and analysis of drug prevention and treatment data 14.2.2. Conduct training for identified service providers for collection and analysis of drug prevention and treatment data 14.2.3. Evaluate training for identified service providers for collection and analysis of drug prevention and treatment data						Jan 2016 Mar 2016 Mar 2016	Jun 2016 Mar 2017 Dec 2017

Themes	Outcome	Output	Indicators	Baseline/Target	Responsible Entity	Partnering Entity	Funding Source	Indicative Time-frame for Activities	
								Commence	Conclude
NATIONAL DRUG MONITORING SYSTEM	14. To establish a comprehensive data collection and reporting system on drug prevention and treatment to better inform policies and programmes	14.3. Prevention and treatment reports made available for policies, programmes and public information	• Number of reports regarding prevention and treatment data produced • Number of reports regarding prevention and treatment data disseminated	*Target:* One annual report	FMOH NDLEA	Academia Experts	FGON State Governments EU Development partners		
		Activities 14.3.1. Develop an annual report format (prevention, treatment and care) 14.3.2. Develop and disseminate reports using electronic platforms and other means						Jan 2016 Dec 2016	Dec 2016 Dec 2019
	15. Develop evidence-base for efficient and effective implementation of TB and HIV activities for drug users	15.1. Operational research conducted to develop evidence-base for efficient and effective implementation of TB and HIV activities for drug users	• Number of operational researches conducted • Number of operational research findings disseminated to service providers	*Target:* At least one operational research conducted every year	NACA FMOH NDLEA	Academia Experts NGOs Community networks	FGON State Governments EU Development partners		
		Activities 15.1.1. Identify research areas to improve evidence-base for efficient and effective implementation of TB and HIV activities for drug users 15.1.2. Develop research protocols to improve evidence-base for efficient and effective implementation of TB and HIV activities for drug users 15.1.3. Conduct research to improve evidence-base for efficient and effective implementation of TB and HIV activities for drug users 15.1.4. Disseminate research report to improve evidence-base for efficient and effective implementation of TB and HIV activities for drug users						Mar 2015 Mar 2016 Jul 2016 Jul 2017	Dec 2015 Dec 2016 Dec 2019 Dec 2019

3.3. Availability, Access and Control of Narcotic Drugs, Psychotropic Substances and Precursor Chemicals for Medical and Scientific Purposes

Nigeria has poor availability and accessibility of opioids for pain management. WHO (2011) estimates that 83 per cent of the world's population who live in low- and medium- income countries have low to non-existent access to narcotic medicines especially for the treatment of moderate to severe pain. It follows that millions of people suffer moderate to severe pain and death due to not having access to narcotic medicines. Globally identified as barriers to adequate availability are: legislative restrictions; funding shortages; limitations of health care systems; and lack of awareness among health care workers, policy makers, administrators and the public. There is also limited awareness that most pain can be relieved by the medical use of opioids. Regulatory controls are in place in most countries to address concerns that the medical use of opioids can produce psychological dependence. Striking the right balance between access and control of licit medications is a challenge.

A 2013 World Health Organization-led assessment of barriers to adequate availability and access to narcotic drugs in Nigeria revealed some factors responsible for inadequate access to opioid-based medications. They include:

- Centralization of procurement and distribution;
- Lack of adequate prescription of narcotic drugs by medical practitioners;
- Inaccurate quantification of narcotic drugs requirement before procurement;
- Slow replenishment mechanism when stock is either expired or exhausted;
- Irrational prescribing of other non-narcotic analgesics for pain management where use of narcotic drugs is adjudged to be clinically the most appropriate;
- Stocking of a narrow range of narcotics;
- Dearth of information on availability of narcotic drugs at the central storage facility located in Lagos with specific reference to private health facilities and healthcare personnel;

Psychotropic substances and precursor chemicals are thought to be available in sufficient quantities required to meet medical, scientific, research and industrial purposes in Nigeria. The major concern is making accurate estimations to ensure they are only available in quantities that are needed for treatment or research and not available for diversion.

The continued existence of unregulated markets for drugs remains a significant challenge as counterfeit products easily find their way into distribution channels. NAFDAC in line with the current government stance of "zero tolerance to fake drugs" is combating counterfeit medicines through various measures.

In 2010, the Federal Task Force on Counterfeit and Fake Drugs and Unwholesome Processed Foods was inaugurated by the Federal Minister of Health as an inter-agency mechanism targeting the dismantling of criminal drug networks and combating drug counterfeiting. The task force, which is headed by NAFDAC with other members such as the Nigerian Police Force, Pharmacists Council of Nigeria, Consumer Protection Council, Nigeria Customs Service, is involved in anti-counterfeiting activities.

Nigeria chairs the African Regional Committee on Substandard, Spurious, Falsely-labelled, Falsified Counterfeit (SSFFC) Medical Products and is a co-chair of the ECOWAS Medicines Anti Counterfeit Committee (EMACCOM). A regional strategic plan and legislation have been developed and are being implemented.

In 2014, NAFDAC introduced innovative methods to address counterfeiting medications. These include the Mobile Authentication Service (MAS) and TRUSCAN, a hand-held device for on-the-spot detection of counterfeit medicines. This allows regulators and law enforcement agents to conduct field-based screening of pharmaceutical products to quickly and accurately identify counterfeits.

The NDCMP 2015-2019 has included key objectives and activities aimed at addressing identified gaps. At the end of the five-year implementation period, it is expected that the outcomes will include: the

production of a document for estimation of national needs for narcotics and psychotropic substances and precursors; a decentralized supply system for narcotic drugs; evidence of capacity building of health professionals on the rational use of narcotic drugs and psychotropic substances; the production of national compounding guidelines on narcotic drugs and psychotropic substances for health practitioners, and evidence of strengthening of the policy and regulatory mechanism for access and control of the importation, manufacture, distribution, sale and use of narcotic drugs, psychotropic substances and precursors.

Themes	Outcome	Output	Indicators	Baseline/Target	Responsible Entity	Partnering Entity	Funding Source	Indicative Time-frame for Activities	
								Commence	Conclude
ESTIMATION & QUANTIFICATION	16. High quality and realistic estimation and quantification of national needs for narcotic drugs, psychotropic substances and precursors for medical and scientific purposes	16.1. Guidelines and instruments for realistic estimation of psychotropic substances and precursor needs assessment using international standards (INCB/WHO) adapted to national situation	• Development of national guidelines and instrument(s) for estimation of national needs of psychotropic substances and precursors produced	*Target:* One guideline and at least one instrument	NAFDAC	WHO, INCB Federal Ministry of Health National Bureau of Statistics Pharmacists' Council of Nigeria Manufacturers' Association of Nigeria	FGON EU Development partners		
		Activities 16.1.1. Engage consultant/s to develop national guidelines for estimation of psychotropic substances and precursors 16.1.2. Develop, review and finalise national estimation guidelines for psychotropic substances and precursors 16.1.3. Launch of the national estimation guidelines for psychotropic substances and precursors by the key stakeholders						Jan 2015 Mar 2015 Sept 2015	Mar 2015 June 2015 Dec 2015
		16.2. Guidelines and instruments for realistic quantification of narcotics needs assessment using international standards (INCB/WHO) adapted to national situation	• Development of national guidelines and instrument(s) for quantification of national needs of narcotics produced	*Target:* One guideline and at least one instrument	FMOH	WHO, INCB NAFDAC Federal Ministry of Health National Bureau of Statistics Pharmacists' Council of Nigeria Manufacturers' Association of Nigeria	FGON EU Development partners		
		Activities 16.2.1. Engage consultant(s) to develop national quantification guidelines for narcotics 16.2.2. Develop, review and finalise quantification guidelines for narcotics 16.2.3. Launch of the quantification guidelines for narcotics by the key stakeholders						Jan 2015 Mar 2015 Sept 2015	Mar 2015 June 2015 Dec 2015

Themes	Outcome	Output	Indicators	Baseline/Target	Responsible Entity	Partnering Entity	Funding Source	Indicative Time-frame for Activities	
								Commence	Conclude
ESTIMATION & QUANTIFICATION	16. High quality and realistic estimation and quantification of national needs for narcotic drugs, psychotropic substances and precursors for medical and scientific purposes	16.3. Realistic estimation of needs for psychotropic substances operationalized	• Number of national baseline survey(s) conducted (for each component) for estimation of psychotropic substances and precursors • Number of reviews of baseline data	*Target:* At least three surveys *Target:* Baseline data reviewed at least once every two years	NAFDAC	FMOH, WHO, INCB Federal Ministry of Health National Bureau of Statistics, Pharmacists' Council of Nigeria Manufacturers' Association of Nigeria	FGON EU Development partners		
		Activities 16.3.1. Engage consultant(s) to facilitate the development of data collection forms and field testing of national estimation guidelines for psychotropic substances and precursors 16.3.2. Design the survey to collect data estimation of needs for psychotropic substances and precursors 16.3.3. Conduct pilot study to collect data for estimation of needs for psychotropic substances and precursors 16.3.4. Conduct of survey to collect data for estimation of needs for psychotropic substances and precursors. 16.3.5. Presentation of survey findings of needs for psychotropic substances and precursors 16.3.6. Periodic review of established baseline data for estimation of psychotropic substances and precursors							May 2015 July 2015 Oct 2015 June 2016 Dec 2016 Jan 2017	June 2015 Sept 2015 Apr 2016 Oct 2016 June 2016 Ongoing
		16.4. Realistic estimation of needs for quantification of narcotics and precursors operationalized	• Number of national baseline survey(s) conducted (for each component) for quantification of narcotics • Number of reviews of baseline data undertaken	*Target:* At least three surveys *Target*: Baseline data reviewed at least once every two years	FMOH	National Bureau of Statistics Pharmacists' Council of Nigeria Manufacturers' Association of Nigeria and NAFDAC	FGON EU		
		Activities 16.4.1. Engage consultants to facilitate the field testing national quantification of narcotics guidelines 16.4.2. Design the survey to collect data for quantification of needs for narcotics 16.4.3. Pilot study to collect data for quantification of needs for narcotics 16.4.4. Conduct of survey to collect data for quantification of needs for narcotics 16.4.5. Presentation of survey findings of quantification of needs for narcotics 16.4.6. Periodic review of established baseline data for quantification of narcotics							July 2015 Sept 2015 Jan 2016 June 2016 Dec 2016 Jan 2017	Aug 2015 Dec 2015 Apr 2016 Oct 2016 June 2016 Ongoing

Themes	Outcome	Output	Indicators	Baseline/Target	Responsible Entity	Partnering Entity	Funding Source	Indicative Time-frame for Activities	
								Commence	Conclude
DISTRIBUTION	17.To ensure accessibility and distribution of narcotic drugs and psychotropic substances through authorized channels	17.1. Decentralised supply system for narcotic drugs established	• Number of distribution centre(s) for narcotic drugs established in the six geo-political zones	*Target:* At least one distribution centre established in each geo-political zone	Federal Ministry of Health		FGON State Governments EU Development Partners		
		Activities 17.1.1. Identify the states with requisite storage facilities, and upgrade the facilities 17.1.2. Recruit the staff members and develop the SOPs for decentralized distribution 17.1.3. Provision of the drugs at the established stores 17.1.4. Sensitization of the stakeholders on availability of the drugs at the stores close to their locations						Mar 2015 July 2015 Jan 2016 Jan 2016	July 2017 Dec 2016 Ongoing Ongoing
		17.2. Enforcement of illegal distribution of narcotic drugs and psychotropic substances	• Percentage increase in number of unauthorised premise(s) identified and enforcement action taken annually	*Target:* At least 10% increase in number of enforcement actions commenced against illegal distribution centres	NAFDAC	Federal Ministry of Health Pharmacists' Council of Nigeria Nigerian Medical and Dental Council	FGON		
		Activities 17.2.1. Identify the illegal narcotics distribution outlets 17.2.2. Take enforcement action against the identified illegal outlets						Jan 2015 Jan 2015	Ongoing Ongoing

Themes	Outcome	Output	Indicators	Baseline/Target	Responsible Entity	Partnering Entity	Funding Source	Indicative Time-frame for Activities	
								Commence	Conclude
DISPENSING & RATIONAL USE	18.To improve rational use of narcotic drugs and psychotropic substances	18.1. Increased and contemporary knowledge of the health care practitioners on the rational use of narcotic drugs and psychotropic substances through development of pain management guidelines for physicians	• Pain management guidelines for physicians developed	*Target:* Development of national guidelines on pain management for physicians	Federal Ministry of Health	NAFDAC Medical and Dental Council of Nigeria Pharmacists' Council and Nursing and Midwifery Council	FGON EU Development Partners		
		Activities 18.1.1. Engage consultant/s to facilitate the development of national pain management guidelines 18.1.2. Develop, review and finalise pain management guidelines 18.1.3. Launch an ongoing advocacy of the pain management guidelines by the key stakeholders						Feb 2016 May 2016 Mar 2017	Apr 2016 Nov 2016 Ongoing
		18.2. Increased and contemporary knowledge of the health care practitioners on the rational use of narcotic drugs and psychotropic substances through development of dispensing guidelines	• Development of dispensing guidelines for narcotic drugs	*Target:* Development of national guidelines on pain management for physicians	Federal Ministry of Health	NAFDAC Medical and Dental Council of Nigeria Pharmacists' Council and Nursing and Midwifery Council	FGON EU Development Partners		
		Activities 18.2.1. Engage consultant/s to develop national dispensing guidelines 18.2.2. Develop, review and finalise dispensing guidelines 18.2.3. Launch of the dispensing guidelines by the key stakeholders						Feb 2016 May 2016 Mar 2017	Apr 2016 Nov 2016 Ongoing

Themes	Outcome	Output	Indicators	Baseline/Target	Responsible Entity	Partnering Entity	Funding Source	Indicative Time-frame for Activities	
								Commence	Conclude
DISPENSING & RATIONAL USE	18.To improve rational use of narcotic drugs and psychotropic substances	18.3. Rational prescribing included in the curriculum of medical schools	• Number of medical school(s) having rational prescribing of narcotic drugs included in their curriculum	*Target:* 36 medical schools	Federal Ministry of Health	NAFDAC, Medical and Dental Council of Nigeria, Pharmacists' Council and Nursing and Mid-wifery Council, National University Commission	FGON EU		
		Activities 18.3.1. Engage consultant(s) to review and re-design the curriculum to incorporate rational use of narcotics 18.3.2. Carry out consultations with the stakeholders regarding incorporating rational use of narcotics into curriculum of medical schools 18.3.3. Adoption of revised curriculum incorporating rational use of narcotics into curriculum of medical schools by Nigerian University Commission						Jan 2017 Apr 2017 Jan 2018	Mar 2017 Sept 2017 Ongoing

Themes	Outcome	Output	Indicators	Baseline/Target	Responsible Entity	Partnering Entity	Funding Source	Indicative Time-frame for Activities	
								Commence	Conclude
CONTROL & ACCESS	19. Strengthened policy (for controlled medicines) and regulatory mechanism for control of importation, manufacture, distribution, sale and use of narcotic drugs, psychotropic substances and precursors	19.1. Development of Regulations and guidelines on narcotic drugs, psychotropic substances and precursors	• Number of regulation(s) on narcotic drugs, psychotropic substances and precursors produced • Number of guideline(s) on narcotic drugs, psychotropic substances and precursors produced	*Target:* At least three regulations *Target:* Two guidelines	NAFDAC	Federal Ministry of Health WHO	FGON EU Development Partners		
		Activities 19.1.1. Development of draft regulations and guidelines for control of importation, manufacture, distribution, sale and use of narcotic drugs, psychotropic substances and precursors 19.1.2. Review and adopt the draft regulations and guidelines for control of importation, manufacture, distribution, sale and use of narcotic drugs, psychotropic substances and precursors 19.1.3. Gazetting the regulations for control of importation, manufacture, distribution, sale and use of narcotic drugs, psychotropic substances and precursors 19.1.4. Promulgation of guidelines for control of importation, manufacture, distribution, sale and use of narcotic drugs, psychotropic substances and precursors						Sept 2015 May 2016 Oct 2016 Mar 2017	Apr 2016 Sept 2016 Dec 2016 Ongoing
		19.2. Development of national policy on controlled medicines	• Number of policy(s) on controlled medicines produced	*Target:* One policy	FMOH	NAFDAC and WHO	FGON EU Development Partners		
		Activities 19.2.1. Develop the draft National Policy on controlled medicines 19.2.2. Convene stakeholder consultative meeting to consider draft national policy on controlled medicines 19.2.3. Convene working group meeting for finalization of draft National Policy on controlled medicines						Sept 2015 Apr 2016 June 2016	Mar 2016 June 2016 Sept 2016

Themes	Outcome	Output	Indicators	Baseline/Target	Responsible Entity	Partnering Entity	Funding Source	Indicative Time-frame for Activities	
								Commence	Conclude
CONTROL & ACCESS	19. Strengthened policy (for controlled medicines) and regulatory mechanism for control of importation, manufacture, distribution, sale and use of narcotic drugs, psychotropic substances and precursors	19.3. Improved inventory and record keeping tools	• Number of standardised inventory(s) and record keeping tool(s) developed	*Target:* Five redesigned inventory keeping tools	NAFDAC	Federal Ministry of Health	FGON EU Development Partners		
		Activities 19.3.1. Convene three meetings to redesign and upgrade the inventory and record keeping tools 19.3.2.Convene training and information session for stakeholders in the six geo-political zones to train them on use of modified tool						Apr 2015 Sept 2015	Aug 2015 Dec 2015
		19.4. Improved record keeping on narcotic drugs, psychotropic substances and precursors	• Percentage of facilities maintaining satisfactory inventory records	*Target*: At least 75% facilities	NAFDAC	FMOH	FGON		
		Activities 19.4.1. Inspection of facilities to validate their inventory and record keeping						Mar 2016	Ongoing
		19.5. Inter-agency collaboration enhanced	• Number of inter-agency coordination meetings held	*Baseline:* Two *Target*: Four annually	NAFDAC	NDLEA Nigerian Police Customs Ministry of Foreign Affairs	NAFDAC		
		Activities 19.5.1.Convene the quarterly inter-agency coordination meetings						Mar 2015	Ongoing

Themes	Outcome	Output	Indicators	Baseline/Target	Responsible Entity	Partnering Entity	Funding Source	Indicative Time-frame for Activities	
								Commence	Conclude
CONTROL & ACCESS	19. Strengthened policy (for controlled medicines) and regulatory mechanism for control of importation, manufacture, distribution, sale and use of narcotic drugs, psychotropic substances and precursors	19.6. Incidence of diversion of narcotic drugs, psychotropic substances and precursors from licit to illicit channels reduced	• Percentage number of companies monitored for compliance with regulation • Percentage increase in number of enforcement intervention in relation to diverted narcotic drugs, psychotropic substances and precursors	*Target:* At least 25% of companies monitored *Target:* At least 10% increase	NAFDAC	NDLEA	NAFDAC, NDLEA		
		Activities 19.6.1. Undertake joint agency inspections of companies 19.6.2. Undertake investigation and enforcement action where appropriate of diversion cases						Jan 2015 Jan 2015	Ongoing Ongoing
	20. Reduction in counterfeiting of narcotics	20.1. Enhanced responses to counterfeited narcotics	• Number of products seized • Number of arrests • Number of cases prosecuted	*Target:* At least one successful interdiction per quarter	NAFDAC	Pain Council of Nigeria	FGON EU		
		Activities 20.1.1. Proactively collect and analyse intelligence regarding counterfeit narcotics 20.1.2. Undertake appropriate enforcement action against distributors of counterfeit narcotics						Jan 2015 Jan 2015	Ongoing Ongoing
		20.2. Increased awareness of counterfeiting	• Number of media releases	*Target:* At least one media release per quarter	NAFDAC	Pain Council of Nigeria	FGON EU		
		Activities 20.2.1. Publicize successful interdictions against counterfeit narcotics						Jan 2015	Ongoing

CHAPTER 4.
COORDINATING THE IMPLEMENTATION OF THE NDCMP 2015-2019

4.1. Policy, Planning and Implementation

The NDCMP 2015-2019 is a strategic policy driven, results-based planning tool to coordinate interventions against illicit drug use and trafficking and drug-related crime in Nigeria. It envisions a major paradigm shift in the response to drugs in Nigeria with a focus on leveraging political support and commitment for enhanced organizational and methodological capacities to achieve the strategic results. In order for the NDCMP 2015-2019 to achieve its objectives and outcomes, the following elements must be in place: a firm institutional cooperative framework, funding, strategic management practices and trained professional staff. Each of these elements is to be addressed by the NDCMP 2015-2019.

Political support and commitment for the NDCMP 2015-2019 should be much more than just a proclamation of support; rather, a demonstrated commitment to discuss and find the most efficient arrangements regarding the collaboration at the federal level, and then between federal and state authorities. Such arrangements should define the types of collaboration as well as the agency responsibility for the results achieved.

The NDCMP 2015-2019 is a strategic planning framework and instrument with a commitment to improving delivery. It needs to be supplemented by planning of activities and monitoring and evaluation at each level of implementation, and in each entity entrusted with specific tasks and responsibilities. The coordination of the implementation of the NDCMP 2015-2019 is subject to planning, monitoring and evaluation. In order to achieve this, it is important that coordination arrangements are clear and include provisions regarding the position and mandates of the National Coordinating Unit (NCU).

To improve delivery and effective coordination, the IMC through its National Coordinating Unit should:

1. Encourage concrete, achievable, realistic and measurable results;
2. Foster effective and transparent organizational management;
3. Build capacity for staff where required;
4. Provide for coherence of programmes and projects in the area of drug use and crime at diverse levels of administration;
5. Ensure that each entity responsible for the implementation of the relevant parts of the NDCMP 2015-2019 incorporates these in their respective annual plans from 2015 onwards;
6. Ensure knowledge, understanding and acceptance of NDCMP 2015-2019 as the leading political and strategic platform in the area concerned; and
7. Provide for systematic reporting on the progress in implementing the NDCMP 2015-2019 to the stakeholders, donors and the public.

Box 1.
Elements of a new coordination mechanism

A new unit, the National Coordinating Unit (NCU) is established that will encompass IMC Secretariat and, importantly, be responsible for coordinating and monitoring functions.

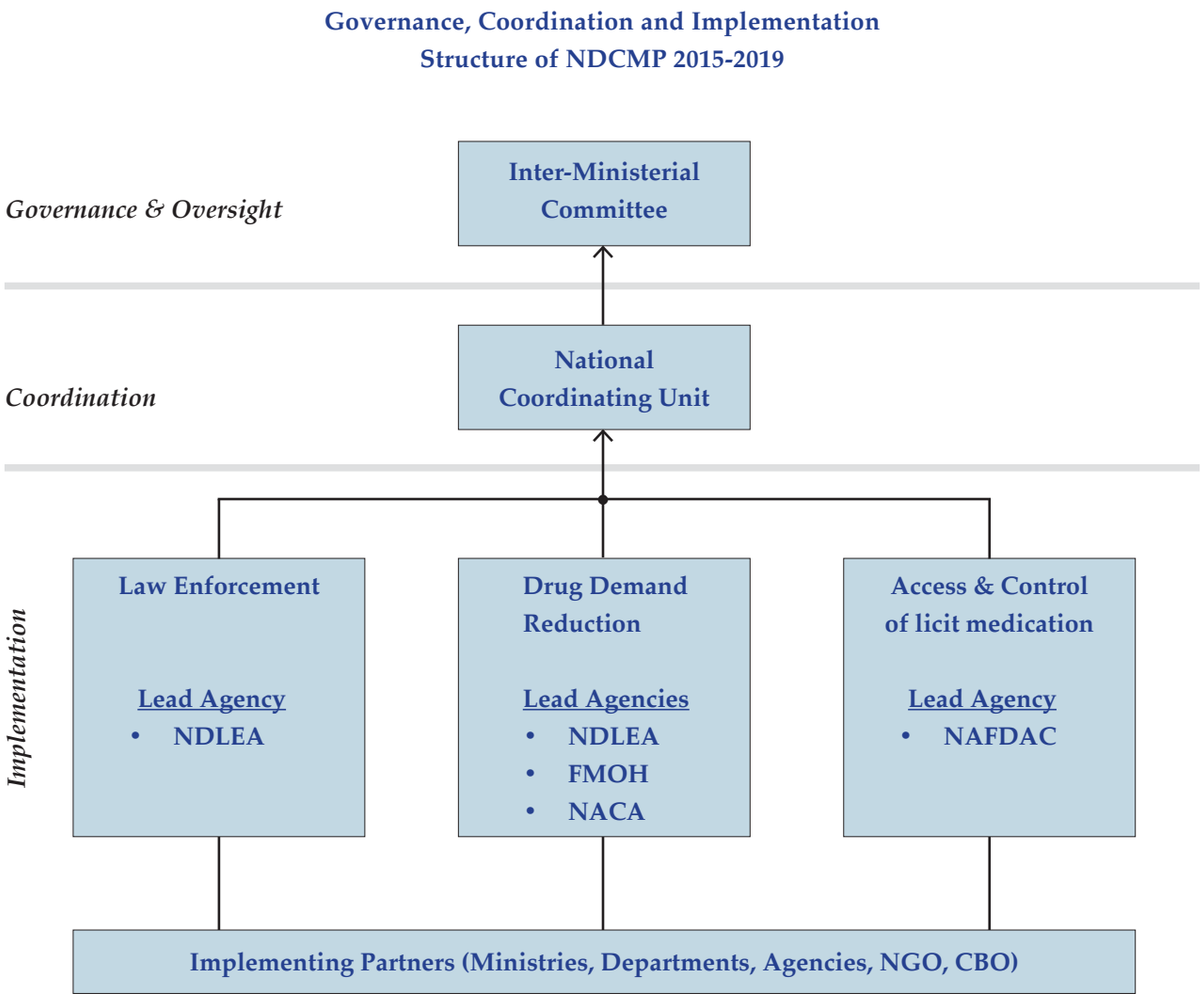
The NCU is responsible for collecting data and monitoring the relevant activities of federal implementing (lead) agencies and collating and reporting this information to the IMC.

The NCU performs the crucial role of linking the State Drug Control Committees with the IMC at the federal level; it also collects data and monitors implementation at the state level.

4.2. Coordination

The NDCMP 2015-2019 will be implemented both at the federal and state levels. It is of utmost importance that there is an efficient coordination mechanism between the Inter-Ministerial Committee (IMC) and the State Drug Control Committees (SDCC). The best coordination is ensured in a two-way relationship between IMC and the SDCCs. The creation and operation of the NCU should enable such type of coordination.

Figure 1. Governance, Coordination and Implementation Structure of NDCMP 2015-2019



4.3. Coordination Structure

The consultative process identified major gaps in the coordination mechanisms. To close some of these gaps, NDCMP 2015-2019 will entrench in the plan a robust and enduring coordination system that will be well supported and audited periodically for efficiency and efficacy.

The NDCMP 2015-2019 is a complex strategic framework in terms of its substantive dimensions and its implementation. Its implementation will generate a substantial amount of coordination requirements that cannot be the responsibility of just one entity. Rather it requires a carefully planned, monitored and periodically reviewed implementation plan. For all pillars of the NDCMP 2015-2019, effective coordination and implementation requires clear sharing of responsibilities between federal, state and community-level entities. This is a very complex endeavour, which requires full-fledged political support and adequate resource distribution.

Box 2.
Principles for Coordinating the Implementation of NDCMP 2015-2019

Clear roles and responsibilities for lead and implementing agencies at all levels

Multi-agency implementation strategy with each agency/organization buying into and implementing specific activities in its operational and professional domain

Robust Monitoring & Evaluation strategy in place to be conducted by the National Coordinating Unit in close collaboration with National Planning Commission

4.4. Coordinating the Implementation of NDCMP 2015-2019

4.4.1: Lead entities for thematic areas

As the strategy is composed of four main pillars, and within each pillar there are several themes, it is necessary to identify and agree on the lead entity. The lead entity will be the agency responsible for implementation, the one held accountable, with coordinating powers and the recipient of periodic reports from the participating entities.

- The lead entity for the *law enforcement pillar* will be the NDLEA. It will work closely together with the Federal Ministry of Justice in particular regarding sensitization in certain themes such as on asset forfeiture and proportionality of penalties. It will also work closely with other security agencies developing partnerships to achieve the objectives of this pillar. This cooperative arrangement must be developed for the cooperating entities at the federal, state and local levels.
- For the *drug demand reduction pillar*, NDLEA is the lead agency for advocacy, sensitization and prevention programmes; the Federal Ministry of Health is the lead agency for treatment and continuing care programmes; NACA is the lead entity for the drug use and HIV and AIDS programmes; and FMOH/NDLEA are joint lead agencies for the National Drug Monitoring System.
- Similarly, under the *availability, access and control of narcotic drugs, psychotropic substances and precursor chemicals for medical and scientific purposes pillar*, NAFDAC is the lead agency. It also has to develop a detailed programme of devolution to the State and local entities as well as of cooperation with the Federal Ministry of Health and the NDLEA. Much of the work under this pillar is to be carried out in full compliance with the provisions of the conventions, standards and norms emanating from instruments and guidelines.
- At the state level, the same entities will be responsible for the implementation of relevant pillars and themes of the NDCMP 2015-2019. SDCC also provides opportunity for the NGOs

and communities to participate and therefore appropriate cooperation with them should be ensured for specific objectives and outcomes.

4.4.2: National Coordinating Unit (NCU)

The coordination of the implementation of the NDCMP 2015-2019 is a complex and technical endeavour that requires structured effort, finances, human resources and communication. In order to meet the added responsibilities, the National Coordinating Unit (NCU) will be created. The NCU will service the IMC as its Secretariat and the entity in charge of coordinating the implementation of the NDCMP 2015-2019. The NCU will be based at NDLEA and will undertake the following functions:

- On behalf of the IMC Chair, convenes the IMC bi-annual meetings;
- Prepares and circulates a draft agenda;
- Prepares and makes available the documentation for IMC meetings;
- Assists the IMC Chair to prepare a report of the meetings;
- Circulates the reports among the IMC member agencies and other interested partners;
- Maintains liaison with the IMC members;
- Maintains adequate documentation including information management records for use by the IMC;
- Creates and manages a NDCMP 2015-2019 official website;
- Ensures linkages for the coordination of the implementation of programmes and projects under the NDCMP 2015-2019 at the federal and state levels;
- Provides linkages between lead entities and other agencies involved in implementation of the NDCMP 2015-2019;
- Through NDLEA state commanders, supports SDCCs to carry out their functions at the state level;
- Based on inputs from lead agencies, prepares and maintains costed annual work plans for the NDCMP 2015-2019;
- Ensures NDCMP 2015-2019 work plan is linked with annual work plans of implementing agencies;
- Obtains periodic progress reports from the lead agencies on progress of implementing the NDCMP 2015-2019;
- Obtains regular update reports from each of the SDCCs on progress of implementing the NDCMP 2015-2019;
- Based on inputs from SDCC and lead agencies, prepares and submits regular update reports to the IMC outlining progress against NDCMP 2015-2019;
- Acts as a central focal-point for the evaluations; and
- Identifies the implementation risks associated with the implementation of the NDCMP in a proactive manner; and makes proposals to IMC for corrective actions.

4.5. Monitoring and Evaluation (M & E)

Monitoring and Evaluation are integral components of the NDCMP 2015-2019 implementation. Monitoring will provide information that, among others, will assist implementing agencies to:

1. Track progress of implementation of the NDCMP 2015-2019 within their respective institutions;
2. Identify and, if needed, take corrective actions regarding deficiencies and weaknesses in implementation of NDCMP 2015-2019, and
3. Further promote cooperation among responsible entities and stakeholders.

The monitoring plans and tools will be used to generate information and data that will allow the measurement of changes that may occur as a result of the implementation of the NDCMP 2015-2019. To guarantee efficiency and effectiveness, baselines will be drawn according to the data collected and evaluations conducted.

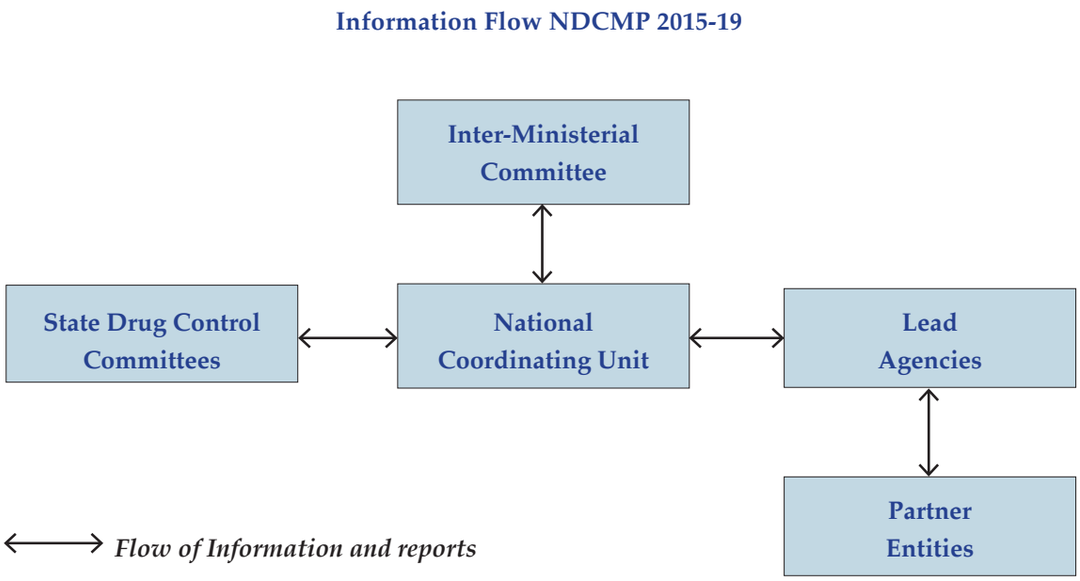
The IMC, in close collaboration with the NCU, will collaborate with the Monitoring and Evaluation Directorate at the National Planning Commission to carry out the following functions:

1. Develop a NDCMP 2015-2019 Monitoring and Evaluation Plan;
2. Review monitoring activities and implementation

reports from each responsible entity;

3. Advise responsible entities on implementation measures;
4. Hold periodic review meetings to provide opportunities for sharing of experiences;
5. Act as a focal point for the mid-term and final evaluation;
6. Provide annual implementation report. Periodic reports can also be produced to address specific issues that may arise; and
7. Provide technical support to responsible entities upon request.

Figure 2: Information Flow for Monitoring the NDCMP 2015-2019



During implementation, the IMC and the NCU will keep track of the progress made towards achieving the agreed objectives. It will also review data gathered to ensure quality, accuracy, reliability, timeliness and objectivity.

The mid-term and final evaluation will ensure information is also obtained from civil society, private sector, government and development partners. The IMC should adopt a systematic dissemination approach to ensure that stakeholders, especially those at the state and local levels, participate in the monitoring process and ensure relevant feedback is obtained and shared among stakeholders.

Evaluation efforts will include commissioning of a mid-term and final evaluation to inform stakeholders, the public at large and regional organizations about the objectives reached, and to inform the formulation of the next NDCMP; ad-hoc evaluations as per the specific request of the stakeholders, the responsible entity or the National Coordinating Unit. To ensure that evaluation is comprehensive, impartial and results-oriented, carefully selected independent evaluators should carry it out.

Themes	Outcome	Output	Indicators	Baseline/Target	Responsible Entity	Partnering Entity	Funding Source	Indicative Time-frame for Activities	
								Commence	Conclude
COORDINATION ARRANGEMENTS & STRUCTURE	21. Effective coordination of implementation of NDCMP 2015-2019	21.1. Structures for effective coordination of implementation of NDCMP 2015-2019 established and operational	• Number of SDCC meetings held in each state • Number of IMC meetings held	*Baseline:* Zero *Target:* At least three SDCC meetings held in each state per year *Target:* Two IMC meetings held per year	IMC NCU	NDLEA NPC Ministry of Justice FMOH NACA NAFDAC Other LE agencies SDCCs	EU FGON		
		Activities 21.1.1. Develop Terms of Reference of SDCC 21.1.2. Establish SDCC in each state 21.1.3. Through state commanders support holding of SDCC meetings quarterly in each state 21.1.4. Review and Revise Terms of Reference of IMC 21.1.5. Convene and facilitate two meetings of the IMC per year						Jan 2015 June 2015 Mar 2015 July 2015 May 2015	Mar 2015 Ongoing Ongoing Dec 2015 Ongoing
		21.2. Regular monitoring and evaluation of NDCMP 2015-2019 carried out	• Mid-term and final evaluation undertaken • Quarterly reporting mechanism established • Bi-annual review meeting held	*Target:* Mid-term and final evaluation undertaken	IMC NCU	NDLEA NPC Ministry of Justice FMOH NACA NAFDAC Other LE agencies SDCCs	EU FGON		
		Activities 21.2.1. Develop monitoring and evaluation plan for implementation of NDCMP 2015-2019 21.2.2. Facilitate mid-term evaluation of NDCMP 2015-2019 by independent evaluator 21.2.3. Facilitate final evaluation of NDCMP 2015-2019 by independent evaluator						Mar 2015 Apr 2017 Sept 2019	July 2015 Sept 2017 Dec 2019

Themes	Outcome	Output	Indicators	Baseline/Target	Responsible Entity	Partnering Entity	Funding Source	Indicative Time-frame for Activities	
								Commence	Conclude
COORDINATION MANAGEMENT	22. Implementation of NDCMP 2015-2019 efficiently coordinated	22.1. National Coordinating Unit (NCU) established and operational	• NCU established • Number of staff of National Coordinating Unit receiving relevant training	*Target:* The NCU established *Target:* All members of NCU trained	IMC NCU	NDLEA Ministry of Justice FMOH NACA NAFDAC Other LE agencies SDCCs	EU FGON		
		Activities 22.1.1. Develop Terms of Reference for National Coordinating Unit (NCU) 22.1.2. Establish NCU including resourcing (financial/human) 22.1.3. Build capacity in project management, planning, monitoring and evaluation for members of NCU						Jan 2015 Jan 2015 Jan 2015	Mar 2015 Mar 2015 July 2016

APPENDIX A

List of Ministries/Agencies and Organizations that are Members of the Inter-Ministerial Committee on Drug Control (IMC):

National Drug Law Enforcement Agency
The Nigeria Police Force
Nigerian Customs Service
Nigeria Immigration Services
National Agency for Food and Drug Administration and Control
Federal Ministry of Justice
Central Bank of Nigeria
Department of State Services
Economic and Financial Crimes Commission
Federal Ministry of Agriculture & Rural Development
Federal Ministry of Aviation
Ministry of Defence
Federal Ministry of Education
Federal Ministry of Finance
Ministry of Foreign Affairs
Federal Ministry of Health
Federal Ministry of Information
Federal Ministry of Transport
Federal Ministry of Women Affairs & Social Development
Federal Ministry of Youth Development
Federal Road Safety Commission
National Agency for the Control of AIDS
National Agency for the Prohibition of Trafficking in Persons & Other Related Offences
National Directorate of Employment
National Intelligence Agency
National Planning Commission
National Security Adviser
National Sport Commission
Nigeria Security & Civil Defence Corps
Nigerian Air Force
Nigerian Army
Nigerian Navy
Nigerian Postal Service
Nigerian Prisons Service
Office of the Secretary to the Government of the Federation

Names of Representatives of the Inter-Ministerial Committee on Drug Control (IMC):

NDLEA
Ahmadu Giade - Chairman / Chief Executive
DCGN. Roli Bode-George - Director-General
ACGN. Lawrence Opara - Director
ACGN. Femi Oloruntoba - Director
ACGN. Sunday Joseph Mbona - Director
ACGN. M. Baba Hussaini - Director
ACGN. Victoria Egbase - Director
ACGN. Olugbenga Mabo - Director
ACGN. Yohanna Sila Mshelia - Director
CN. Wasilat Audu - Coordinator, ALS
CN. Suleiman A. Ningi - SA to CCE
CN. Ngozi V. Oguejiofor - Coordinator NDCMP Sec
CN. Margaret Ogundipe Coordinator F&CMU
DCN. Sylvia Egwuwoke - Asst. Director
ACN. Olayinka Joe-Fadile - TA to DG

Otunba Femi Ajayi, Fmr. Director-General
ACGN Daniel Ismaila (Rtd.), Fmr. Director

NDLEA Board Members
Dr. Bala .J. Takaya
Mrs. Hannah M. Banfa
Hon. Sidi H. Ali

The Nigeria Police Force
CSP. Benedict Agbo - Senior Forensic Scientist
ASP. Dada Adedamola

Nigerian Customs Service
Compt. D. S. Gambo - Kaduna Zonal HQ
DC. Idris D. A. Lere - DC MMIA

Nigeria Immigration Services
CIS. Maroof Giwa

NAFDAC
Dr. Umar Musa - Director
Pharm. Mrs. Ngozi Onuorah - Deputy Director
Pharm. Chike Obiano - Asst. Director

Federal Ministry of Justice
Simeon C. Egede Esq, mon
Mr. Larry Ndu Ofulue

Central Bank of Nigeria
Mr. Nasiru Ahmed - Head, Pharmacy

Department of States Services
Mr. David O. Ekwughe - Deputy Director
Mr. Oye Folusho - Deputy Director

Economic and Financial Crimes Commission
SDS. Danladi Daniel - Asst. Director

Federal Ministry of Agriculture and Rural Development
Ms. Mary Inyamgbe Anyogo - Deputy Director

Federal Ministry of Aviation
Dr. Steven Bassey - SA Technology to SSAP
Dr. Daniel Tarka - CEO Aerotropolis

Ministry of Defence
Mr. Sadiq Olatunji Gegele - Asst. Director
Mr. Nenfort Amos - Principal State Counsel

Federal Ministry of Education
Dr. Folake Olatunji-David - Director
Mrs. Ann Chinwe Ogbonna Asst. Director
Mrs. R.A. Owotumi - Asst. Chief Edu. Off.

Federal Ministry of Finance
Mrs. F.R. Adeniji - Executive Officer

Ministry of Foreign Affairs
Dr. Joseph A. Omede - Director
Mr. Jacob Musa Holma - Minister Counselor

Federal Ministry of Health
Pharm. Okibe Egbuta Onwuka - Director
Pharm. Akanbi Rafiu Folahan - Head, N&DA
Pharm. Damian Agbo - Pharmacist, N&DA
Dr. Yagana Imam - Head, Specialty Hospital

Federal Ministry of Information
Dr. Adebayo Thomas - Deputy Director

Federal Ministry of Transport
Mrs. Nini N. O. Chuku - Deputy Director

Federal Ministry of Women Affairs & Social Development
Mrs. Oby Okwuonu - Deputy Director

Federal Ministry of Youth Development
Dr. Martins Okechukwu Uzoka - Asst. Director
Nwigbo Uchenna - AO II
Oyinye Ofoegbu C. Youth Dev. I

Federal Road Safety Corps
Corps. Cdr. Harrison C. Pepple HOS NHQ
Mr. Paul J. Okpe

National Agency for the Control of AIDS
Mrs. Ezinne Okey-Uchendu - Asst. Chief Prog. Officer
Mr. Kingsley Essomeonu - Principal Prog. Officer
Mrs. Hafsatu Aboki - Prog. Officer

National Agency for the Prohibition of
Traffic in Persons and Other Related Offences
Mr. Audu Ajanaku - NPIO

National Directorate of Employment
Engr. Adegbite S. Adebayo - Director
Mrs. Kila Funmilayo - Deputy Director

National Intelligence Agency
Representatives

National Planning Commission
Dr. Chris Eze Ezeilo - Director
Mr. M.Y. Abdulraheem - Asst. Director
Mr. Emmanuel Atiata - Project Officer

National Security Adviser
Barr. Isaac Idu, fsi

National Sports Commission
Mr. Ayorinde John Oluwafemi - Deputy Director

Nigeria Security & Civil Defence Corps
AC. Cletus Ugwu (Pharm)
Nigeria Air Force
Sqd. Ldr. Mohammed Asuekome Imam
Sqd. Ldr. Duke Daniels

Nigerian Army
Brig. Gen. Ibrahim Umar Babangida (rtd)
Lt. Col. Emmanuel Azenga

Nigerian Navy
Commodore. JD. Jaja - DPM NHQ

Nigerian Postal Service
Mr. Lawal Moh'd Kasimu - SA to PMG

Nigerian Prisons Service
DCG. Ekpedeme Udom (Dr.) - H&SW
CP. Akorede Wahaab (Dr.)

Office of the Secretary to the Government of the Federation
Mr. Uche Onwuanuokwu - Deputy Director
Mr. M. E. Akpore - ACSO

List of Organizations represented at the various Consultative/Town Hall Meetings Held in the Country:

Representatives from each of the following entities from the thirty-six (36) states and FCT were invited to the Consultative Town hall meetings.

National Drug Law Enforcement Agency
Non-Governmental Organizations /Civil Society Organizations
Nigeria Prison Service
State Agency for the Control of AIDS
National Agency for Food and Drugs Administration and Control
State Ministry of Health
State Ministry of Education

Traditional Rulers/Community Leaders
Youth Associations

Pharmaceutical Society of Nigeria
Pharmaceutical Council of Nigeria
Nigeria Medical Association
Patent Medicine Sellers
State Drug Abuse Control Committee
Federal Road Safety Commission
Nigeria Police Force
Nigeria Customs Service
Nigeria Civil Defence Corps
Nigeria Immigration Service
State Ministry of Justice
Chairman of Security Council
State Ministry of Agriculture and Rural Development
Department of State Security Services
Speaker of State House Assembly
Office of the Secretary to the State Government
Office of the State Governor
Office of the Wife of the State Governor
Chairman of Chairmen of Local Government Area

UNODC CONSULTANTS that facilitated the Development of the NDCMP 2015-2019
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Dr. Ugljesa Zvekic

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Mariam Sissoko (former) Country Representative
Glen Prichard, Project Coordinator
Harsheth Virk, Project Officer (Drug Demand Reduction)
Wu Shiyin, Project Officer
Maureen Lance-Onyeiwu, National Project Officer
Gunashekar Rengaswamy, Regional HIV AIDS Advisor
Inam Ullah, Monitoring and Evaluation Specialist
Akanidomo Ibanga, National Project Officer
Ayodele Ale, National Project Officer

Folusho Ajayi, Liaison Officer
James Ayodele, Outreach and Communications Officer
Ajayi Adetunji, Finance Officer
Hyginus Ameachi, Administrative Assistant
Iheanyi Anokwuo, Project Administrative Assistant
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Vanessa Barchfield, Editor
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Ilkhan Selcuk Erdogan, Typesetting Assistant

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