**WPR: How significant of an issue is the use and trade of illicit drugs in Nigeria?**

**Gernot Klantschnig**: The use and trade of cannabis, cocaine and heroin has been seen as a serious policy issue in Nigeria since the mid-1980s. Nigeria was one of the first countries in Africa to elevate drug policy to the top of the national policy agenda, particularly under the military regimes of General Muhammadu Buhari in the mid-1980s and General Sani Abacha in the 1990s, with the latter declaring a full-fledged war on drugs. Drug policy has lost some of its political significance since then but has remained an important political issue, and drug seizures, arrests and convictions have continued to be relatively high compared to other African countries. Figures from Nigeria’s National Drug Law Enforcement Agency, or NDLEA, show that on average about 200 tons of cannabis, 400 kilograms of cocaine and between 50 and 100 kilograms of opiates are seized annually. Over the last five years a growing volume of locally produced methamphetamine has also been seized, including 410 kilograms in 2015 alone. Most of these drugs, except for cannabis and small amounts of the others, are transited onwards to major consumer countries in Europe, North America and East Asia.

It is more difficult to answer how significant or widespread the use of illicit drugs is in Nigeria, as our knowledge is mostly based on law enforcement data and few studies have been conducted since the late 1990s. The United Nations and local experts are currently trying to remedy this lack of data. Based on U.N. World Drug Report estimates of annual prevalence rates, 0.7 percent of the adult population uses cocaine and opiates, while the rate for cannabis is an astounding 15.4 percent, which is far above the African average and comparable to rates in North America. Data from drug treatment centers also shows that more than 80 percent of patients are admitted for cannabis and only 1.7 percent for cocaine and 0.9 percent for heroin. While international policy has focused on the transit trade in cocaine and heroin, these figures show that cannabis is perceived as a serious

problem drug domestically, in particular by domestic law enforcers and people seeking drug treatment. Cannabis is not only widely used in Nigeria, it is also an important income source for farmers and traders.

**WPR: What is the government’s policy towards illicit drug prevention and treatment and how has it evolved over time?**

**Klantschnig**: As a former Nigerian drug user once told me in an interview, “there is no drug policy, except for the interception of drugs.” While this is of course a simplification, it highlights the overwhelming national focus on drug supply control. And although Nigeria’s drug policy is not as repressive and violating of human rights as it was under the military regime of General Abacha, the years of fighting a drug war in the 1990s are still seen as the golden age of drug control in Nigerian policy circles today. Since its establishment under military rule in 1989, the NDLEA, has monopolized most aspects of drug control, including interdiction, prosecution, prevention and treatment; however, it has clearly prioritized interdiction. Today, the NDLEA still measures its success by the number of drug criminals it has arrested and convicted, and the volume of drugs it has seized. As should be clear from the seizure figures mentioned before, the great majority of people are arrested and convicted for cannabis-related offences, mostly small-scale cultivators, traders and users.

Treatment and prevention are not given the same emphasis, in part because resources at the NDLEA are limited. Most treatment and rehabilitation work are provided by non-state actors, such as religious NGOs, or in relatively expensive psychiatric clinics across the country. The role of the NDLEA is often just to refer problematic drug users or to throw them into one of the agency’s so-called detoxification cells. Overall, the treatment, prevention and rehabilitation work provided by Nigeria’s drugs agency is limited and the criminalization of all aspects of the drug market through its national drug law, which stipulates a minimum of 15 and a maximum of 25 years of prison for possession of cannabis, cocaine and heroin, makes the work of non-state actors difficult and quite limited.

**WPR: How popular is the current policy domestically and regionally and are there alternatives being pushed?**

**Klantschnig**: The effects of Nigeria’s drug policy on drug markets can very much be doubted as a long-term view of seizure, arrest, drug price and prevalence data show no significant policy impact on drug markets. This is not to say that Nigeria’s drug policy is not popular among local and foreign policymakers, the local media and Nigerians more widely. In my own research, I found that few Nigerians would contest the approach that the NDLEA has taken, except for a small group of academic and policy experts, who have recently gained some support from international advocates of policy reform. The West African Commission on Drugs, or WACD, in particular, has led a concerted effort to press for a more health-oriented approach across West Africa. Former U.N. Secretary General Kofi Annan and Nigeria’s former president Olusegun Obasanjo have been key driving forces behind this initiative. However, WACD has not yet had a serious impact on Nigerian policy, especially if compared to countries such as Ghana, which is currently preparing an unprecedented shift of its policy towards harm reduction.

While Ghana is starting to be seen as a model for reform-minded drug policy in West Africa, the NDLEA has played that role for governments interested in repressive drug control, as well as Western policy experts, especially in the U.S. State Department and Drug Enforcement Agency, who viewed the NDLEA assuming “a leadership role in drug law enforcement in the region” since the late 1990s. Nigerian policy makers have also been keen to play a leading role, for instance by providing training to neighboring states or coordinating joint enforcement operations in West Africa. However, as long as Nigeria’s government is resistant to change, it may find that it no longer holds the same model status in a region and world that is beginning to look at drug policy differently.

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