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The politics of drug control in Nigeria: exclusion, repression and obstacles to policy change

Gernot Klantschnig

Abstract

Background: International agencies have viewed West Africa as a major player in the global trade in cocaine and heroin and in efforts to control that trade, as there have been reports of escalating arrests of drug smugglers, large-scale drug seizures and ‘narco-states’ in the subregion. It is claimed that a substantial share of the drugs available in Western markets transit through West Africa today and are increasingly used there as well. Notwithstanding this growing alarm, there is little serious scholarship addressing the issue of drugs and drug policy in West Africa.

Methods: The article assesses and challenges some of the existing depictions of drugs and drug policy in West Africa through an empirical case study of drug control in Nigeria – one of West Africa’s most notorious ‘drug hubs’ and recently hailed as a policy model by international experts. Based on previously inaccessible government documents, interviews with key officials in Nigeria, as well as ethnographic work at Nigeria’s key drug agency, the article provides a unique insight into the politics of drug policy-making and implementation in West Africa.

Results: After describing the dominant official narratives of Nigeria’s drug control, the article shows how the key political dynamics underlying drug policy remain obscured by these narratives. Nigerian drug policy has been characterised by a highly exclusive policy-making process, repression as the sole means of implementation and a strong bond with international drug agencies. This policy emerged in the 1980s and 1990s and has remained the unchallenged norm until today. The political processes underlying Nigerian drug policy also explain why policy reform has been and will be difficult to accomplish.

Conclusion: These domestic political processes have largely been ignored in the existing depictions of drugs in West Africa, as they have mainly focused on externally driven drug threats and foreign policy responses. Most importantly, they have ignored the role played by the state. Rather than being too weak, the Nigerian state has shown a clear tendency towards repressive and coercive drug policy, which has received little popular support.

Keywords: drug policy; drug trade; Nigeria; West Africa; exclusion; repression; power

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Introduction

International agencies have viewed West Africa as a major player in the global trade in cocaine and heroin and in efforts to control that trade. During the last ten years there have been media and official reports of escalating arrests of West African drug smugglers, large-scale seizures and concerns about narco-states in the subregion (UNODC, 2008; Observer, 2008; El Pais, 2009; New York Times, 2010). It has been claimed that after decades of the subregion's insignificant role in the global trade and its control, a substantial share of the drugs available in Western consumer markets transit through West Africa today and are increasingly used there as well. The head of the UN Office on Drugs and Crime (UNODC) stated in 2008,

Let's be frank: Africa in general, never faced a drug problem – whether we speak about production, trafficking or consumption. Now the threat is there, on all these fronts (Costa, 2008).

By the end of the decade, increasing concern led to depictions of West Africa as the 'coke coast' and states such as Guinea-Bissau came to be labelled as 'narco-states', collapsing under the 'invisible tide' of drug trafficking and use (ICG, 2008; Cockayne and Williams, 2009; Vernaschi, 2010). International experts were certain about the ever-growing magnitude of West Africa's role in the international drug trade. The head of the UNODC argued, 'I have no doubt we're going to see production [of cocaine]' (Costa cited in Kirschke, 2008).

Such dramatic claims about West Africa's drug markets – many of them based on little evidence – have helped to attract public and donor attention to Africa's drug problems. However, they have also hindered a better understanding of drug trends and policies in the subregion, as they describe West Africa's drug problems as largely driven by external factors and states in the subregion as too weak, porous and unprepared to withstand this external threat (UNODC, 2008; ICG, 2008; Cockayne and Williams, 2009; Vernaschi, 2010). This article assesses and challenges some of these depictions with a case study of the recent history of drug control in Nigeria – one of West Africa's most notorious 'drug hubs' that attracted attention long before the current concerns with cocaine trafficking in the subregion and a country now hailed as a drug policy model by international experts. In contrast to media and official depictions and by building on the limited drug policy research available on Africa (Bernstein, 1999; Klein 1999; Obot, 2004), it aims to provide a rare empirically based analysis of the drug policy making and implementation process in West Africa.

The article begins by reconstructing dominant narratives of Nigeria's drug control, while the subsequent parts assess the political dynamics hidden by these narratives, drawing on an historically grounded and constructivist approach to analysing policy. First, rather than simply being driven by drug-related trends, drug control followed a broader institutional process of exclusion, typical under periods of military rule in West Africa and continuing into democratic Nigeria after 1999. Second and linked to this process, the Nigerian state – rather than being too 'weak' to react – showed a strong preference for repressive drug control sidelining the policy alternatives propagated by health officials. Finally, Nigerian drug officials, particularly in the National Drug Law Enforcement Agency (NDLEA), have also begun to externalise their domestic political conflicts over resources and ideas in the last fifteen years by drawing in international drug agencies – mostly as a means to prevent policy change and reform. In essence, drug control over the last 25 years has been driven more by concerns over state power rather than Nigeria's drug problems – evidence of which has been sparse since the country's earliest drug policies.

Data and methods

As with many other criminal markets outside North America and Europe, West Africa's illegal drug markets and their control remain largely unexplored and not well understood. The main reason for this gap in our understanding is the lack of available data on the most basic aspects of drug markets. Government studies on drug use and trade are largely unavailable in West Africa. In Nigeria, research and the collection of statistics is one of the lowest priorities of the national drug agency and usually conducted on the sidelines of law enforcement activities (NDLEA assistant director 6, 2005). The last large-scale UN research exercise in the country goes back to the 1990s, prompting an interviewed UN official to state his embarrassment about formulating policy in an evidence vacuum (High-level UNODC official, 2010). Even the highly unreliable drug seizure and arrest figures are rarely systematically collected and reported in most West African countries (Carrier and Klantschnig, 2012, p.19). Notwithstanding this lack of most basic data, the media and officials have often made far-reaching statements about the nature of drug markets in the subregion.

In order to overcome the lack of easily accessible data, this article is based on previously inaccessible official documents collected in Nigeria, most of them unpublished reports, a limited number of mostly unpublished statistics and court case files provided by Nigerian and foreign government agencies. In addition, more than 50 semi-structured interviews were conducted with key Nigerian and foreign mid- to high-ranking drug policy-makers and implementers between 2005 and 2013, as well as a total period of 3 months of ethnographic work – observing the day-to-day operations of Nigeria's major drug control agency, the NDLEA – in Lagos in 2005 and 2007.

As an analytical framework for this methodologically diverse and 'mixed' set of data (Cresswell, 2011), the article draws on research that has emphasised the framing of drug problems and their socially and historically constructed nature. Such an approach aims to uncover the political and institutional interests which shape drug problems and related policies. These interests are often not only the driving force behind drug policy but also influence the framing of drug problems, which are not seen as given but socially and historically constructed.

While there are various strands in this constructivist literature, one major strand focuses on the instrumental invention of crime and drug problems and related policy. According to this radical labelling theory, actual social conditions, such as drug use, are secondary compared to the interpretations of these conditions by policy-makers (Becker, 1966; Best, 2004). Uncovering this construction process highlights the interests of policy entrepreneurs who are based within or outside the state, and deconstructs their claims about crime and drug problems (Becker, 1966). In our case, Nigerian and UN officials' claims about West Africa as a new centre of the drug trade have helped to conceive a specific crime problem that has served their political interests (Costa, 2008).

More recent theorisation by criminological constructivists, as well as attempts to view drug policy from a historical sociology or problematisation perspective (Seddon, 2011; Bacchi, 2009, 2012), has differed from the above strand, as they have opted for a more historically grounded construction instead of stressing the invention of crime (Best, 2004). Social problems, such as drug use and trade, are not simply invented by policy entrepreneurs but are constructed by various actors over time based on actual social conditions. As this article will show, Nigerian and UN officials did not invent West Africa's drug problem, however, they framed the problem in a way beneficial to them and consciously ignored certain aspects of the drug market, such as drug use and treatment.

In fact, social historians have illustrated the complex construction and framing process of drug problems most effectively. Berridge, in her pioneering work on British

opium, has described the intertwined history of opium use and anti-opium policy, arguing that the peculiar British approach to drug control and the framing of the drug problem was a compromise between the interests of the medical profession and governmental departments, such as the Home Office (Berridge, 1999). With no similar work available on illegal drugs in Africa, it is social historians of alcohol, who have provided comparable analyses of the construction of substance-related problems and policies (Akyeampong, 1996; Willis, 2002; Klantschnig, Carrier and Ambler 2014). Akyeampong, for example, has described the evolution of alcohol policy and narratives of alcohol problems in Ghana as a negotiation between the commercial interests of the colonial state and temperance supporters (Akyeampong, 1996). Essentially, these historical analyses have demonstrated the construction of drug policies and related narratives on drug problems within their wider social and political context, without which it would be difficult to explain the emergence and persistence of often ‘irrational’ and ineffective policies.

In order to apply this historical and constructivist approach to an analysis of Nigerian drug policy, the gathered data was, first, used for a reconstruction of the dominant narratives of drug control in the Nigerian ‘drug policy community’ since the late 1980s, drawing on drug laws, official reports, NDLEA newsletters (*Drugforce*, *Drug Salvation Force*) and interviews. In the subsequent part, these narratives are contrasted with the available evidence on drug markets, in particular the limited number of official Nigerian and UN statistics and reports on Nigerian drug trends, court case files as well as interviews with drug smugglers. Finally, a thematic analysis of official reports, interviews and ethnographic fieldnotes was used to ascertain the key political dynamics of Nigerian drug control hidden by these narratives: exclusion, repression and concerns over bureaucratic power.

Nigerian drug war narratives

Nigerian drug control institutions, policies and related narratives emerged during periods of military rule. Nigeria saw its first military intervention into politics only 6 years after independence in 1966, followed by the Nigerian civil war (1967-1970). The three decades after the war were dominated by military regimes, except for a brief spell of multi-party democracy from 1979 to 1983. Military-led authoritarianism peaked under the internationally isolated Abacha regime in the 1990s (Mustapha, 2002). Since 1999, multi-party democracy has become the norm and the country has seen a successful consolidation of its democratic political system. However, there are important remnants of the military state. General elections have in Nigeria at times been characterised as ‘elections of generals’ – most recently with the victory of former military leader General Buhari. More importantly, many of the Nigerian political institutions and decision-making processes can be traced back to authoritarian rule. Thus, while there have been important reforms of the state, in the sphere of Nigerian drug control as in other policy areas, there is a significant continuity of institutions, policies and drug related narratives.

Official views of Nigerian drug control have also shown this continuity. Government officials, mid- to high-ranking drug agents, as well as foreign drug policy officials based in Nigeria have always included two core elements in their depictions of Nigerian drug control: a drug-related crisis and a targeted and successful policy response. Since the 1980s, Nigerian heroin and cocaine traffickers (and, to a lesser extent, local drug users) have epitomised local drug markets as a symbol of both Nigeria’s international image of corruption and local critiques of illegitimate wealth and consumption (Apter, 1999). In particular the military regimes of Generals Buhari (1983-85), Babangida (1985-1993) and Abacha (1993-1998) perceived the drug trade through Nigeria as tarnishing the country’s and especially the

military elite's international reputation. Nigeria's major drug law setting up the NDLEA in 1989 highlighted image improvement as a key concern (Nigeria FMG, 1989). This rationale for the agency's work became even more important in the context of growing US and UN diplomatic pressures on the internationally isolated Abacha regime in the 1990s (Adebajo, 2008). Since the end of military rule in 1999, the image crisis has remained central to drug policy makers' work, not only featuring in the NDLEA's mission statement but also as a day-to-day self-justification. In a 2005 interview, a senior Nigerian drug official explained:

I had cause to share a discussion with some of our officers recently and I told them that the agency beyond being a counter narcotic establishment, is a, call it, an 'image builder' for the country. The way we do our job, you know, it goes to polish or tarnish the image of the country (NDLEA assistant director 5, 2005).

Thus, to an important degree, drug officials and officers perceive their work as responses to the image crises symbolised by drugs.

The exact response to the crisis has been a military-style campaign aimed at 'disciplining' Nigerian society. Since the 1980s disciplinary campaigns have been an integral part of government discourse, for instance through the declaration of a 'War Against Indiscipline' under the Buhari regime, which tried to 'set up basic norms and standards for an orderly society' through measures such as national sanitation days. The military government at the time introduced semi-military tribunals that should speed up the prosecution of offenders and instituted harsh penalties, including death for tampering with telephone wires, unlawful dealing in petrol products and some drug-related offences (Graf, 1988; Othman, 1989). In the field of drug control this approach also led to the founding of specialised drug squads – the most important one being the NDLEA. The drug agency's efforts are supposed to protect a Nigerian society in crisis, as well as restoring the nation's image.

According to most Nigerian drug officials, NDLEA campaigns started to be successful in the second half of the 1990s, when the military government made the drug war a top political priority. This drug war was able to stop the ever-increasing tide of cocaine and heroin shipped through Nigeria. In order to support this claim of success, officials highlight increasing drug seizures as measures of performance – seizure statistics are referred to as 'performance scorecards' in the NDLEA – and the tonnes of drugs that are burnt at officially choreographed events every few months (NDLEA, 2005). They also point to a range of approval messages from the national media and foreign drug agencies since the second half of the 1990s. This positive reporting on the Nigerian drug agency has continued and intensified since the end of military rule in 1999. The national media has published repeated stories praising the efforts of the NDLEA – with titles such as 'We Are Winning the Drug War', 'International Community Woos NDLEA' or 'UN Applauds Anti-Drug Crusader' (*Daily Sketch*, 2001; *Daily Sun*, 2004; *Vanguard*, 2004). News stories more critical of the NDLEA have been exceptional (NDLEA, 2004).

From the late 1990s onwards, foreign agencies, such as the US Drug Enforcement Administration (DEA) and the UNODC also started to praise the efforts of the NDLEA in their annual reports and described the agency as Nigeria's 'most professional body' combating drug trafficking. This praise came after several years of international critique for an agency that had been rife with corruption. From the late 1990s onwards, foreign agencies claimed that the NDLEA had 'assumed a leadership role in drug law enforcement in the region' (US State Department 1997, 1999, 2000, 2004; *Daily Sun*, 2004). In more recent years, even the US State Department, which had been the driving force behind Nigeria's drug policy-related 'decertification' throughout most of 1990s (Obot, 2004), joined the ranks of admirers:

Despite the significant challenges facing West Africa, there is reason for hope. Oil-wealthy Nigeria is entirely unique: numerous and very experienced Nigerian traffickers have been deployed worldwide over decades. But despite its many problems the Government of Nigeria has demonstrated increased political will in fighting narcotics. ... Nigeria's National Drug and Law Enforcement Agency (NDLEA) flexed its muscles in arresting a drug kingpin, processing an extradition, and convicting 1,231 of 1,239 traffickers (Carson, 2009).

This shows that the narrative of crisis and policy success has been dominant not only among the majority of Nigerian drug officials – both senior and junior – since the late 1990s, but the national media and foreign drug policy officials have also used this narrative in dealing with Nigeria. UN and US drug officials have even encouraged the NDLEA to train other African enforcers at the agency's regional drug control academy and assisted the agency with the coordination of West Africa-wide enforcement operations (NDLEA chairman, 2005; NDLEA director 7, 2005). Today, the NDLEA serves as a success story in Nigeria especially when compared to the many other agencies that are still struggling with the levels of corruption and disorganisation that the NDLEA faced in the 1990s (Hills, 2008). Nigerian drug policy also serves as a model for much of West Africa in the eyes of Nigerian and international policy-makers, even in countries such as Sierra Leone and Guinea-Bissau, which have faced some of the greatest drug-related challenges recently.

The politics of drug markets

However, there are serious problems with this narrative of a linear development from drug crisis to policy success – some of which are acknowledged by Nigerian drug officials themselves (NDLEA director 3, 2005). While the agency is arguably one of the most organised and disciplined law enforcement bodies in the country today, its claims to have successfully tackled Nigeria's drug problems are highly dubious. These claims assume a development of drug markets that is not supported by the available empirical evidence.

As shown by historical research on the drug trade in West Africa and confirmed by my interviews, cocaine and heroin smuggling through Nigeria and local cannabis cultivation and use, as well as social anxieties about them, already existed long before the declarations of drug war in the 1980s and 1990s (Akyeampong, 2005; Ellis, 2009; Former heroin and cocaine smuggler, 2005). The mid-1960s and 1980s, in particular, saw significant popular debate about the harms that cannabis, heroin and cocaine could cause to Nigerian society and especially young people. Nigerian newspapers and expert conferences at the time provide evidence of wide-spread concerns and a lively debate about growing drug use and cultivation in Nigeria (Klantschnig, 2014).

Nonetheless, few of these drugs attracted much attention in policy circles until military rulers declared them as symbols of Nigeria's crisis. For instance, the well-established and prospering cannabis market was only 'discovered' by Nigerian drug officials in the second half of the 1990s. Then, they argued that:

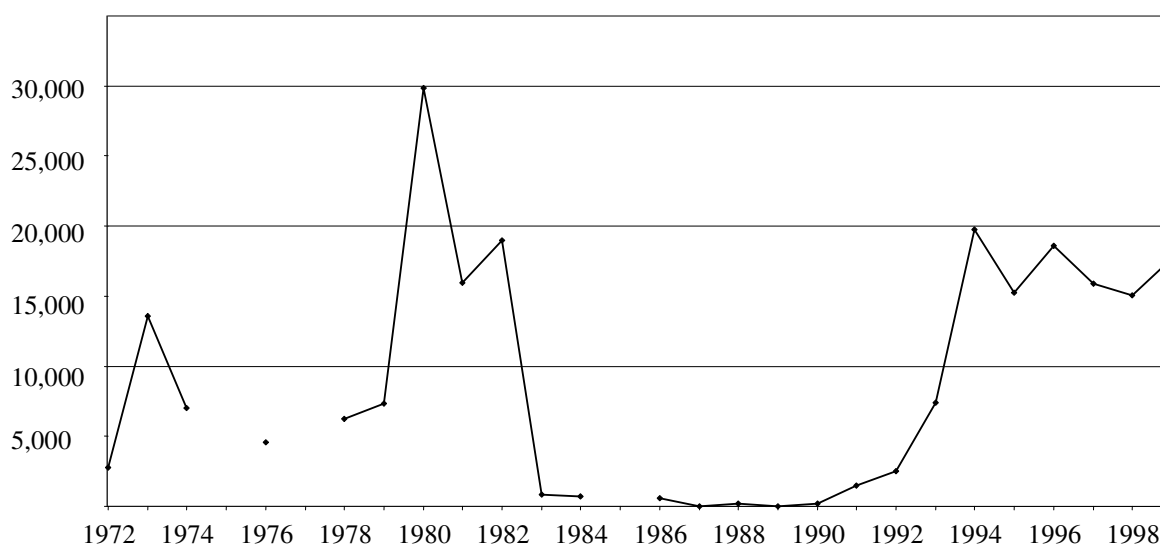
an epic proportional rise in cannabis trafficking is expected before the heavy hand of the law catches up totally with its traffickers in Nigeria, as happened to cocaine and heroin peddlers of the 1980s (Drug Salvation Force, 1997b).

In fact, cannabis only became a policy problem when policy-makers saw an opportunity to focus on it. This is well-illustrated through Nigerian cannabis seizures in Figure 1. Seizures, which had been steadily rising since the mid-1960s, abruptly declined in the late 1980s, not because the drug vanished from the market but because cocaine and heroin instead became major policy concerns. Cannabis seizures only increased again, when the NDLEA had

enough resources available to focus on heroin and cocaine, as well as cannabis (NDLEA, 2005).¹ In essence, cannabis and other drugs were manipulated as policy problems when they fit into the official narrative of Nigeria's crisis and when there were enough resources to intercept these drugs. This is, of course, not to say that policy makers invented Nigeria's drug problems and social concerns about drugs, such as cannabis. They opportunistically focussed on drugs as policy issues and knew how to stoke the existing social insecurities about drugs and wider social problems in Nigeria.

FIGURE 1

Reported cannabis herb seizures in Nigeria (kilogram), 1972-1999



Source: UN CND, 1975-1991; NDLEA, 2005

It also cannot be denied that some drug trends and especially seizures of drugs have been important in the shaping of drug policy. Nigerian drug policy and also its related narratives were not completely delinked from the drug market. In the second half of the 1980s, arrests of cocaine and heroin smugglers sharply increased in Nigeria and this intensified drug policy making at the time. However, also the internationalisation of the US war on drugs in the mid-1980s directly impacted on Nigerian policy at the time. For instance a new US Drug Enforcement Administration (DEA) office was opened in Lagos in 1986 and the first drug control aid was provided to the Nigerian government (Nadelmann 1993; US DEA agent, 2005).

Similarly, over the last ten years, there have been some changes to the volumes and means of transport of cocaine transited through West Africa, which have helped to galvanise policy interest. The recent changes are well-illustrated by the widely publicised interdictions of tonnes of cocaine off the coast of Guinea-Bissau or Gambia (Reuters, 2008; BBC News 2010; This Day, 2006). Nigeria has had its share of such large-scale seizures, such as 14.2 tonnes of cocaine seized in Lagos in 2006. However, many of the facts of this Nigerian

¹ As in most other parts of Africa, there is evidence that cannabis use and cultivation has steadily increased since the 1980s, mainly due to growing demand and because cannabis has been a chief means of agricultural diversification (Bernstein, 1999; Laniel, 2006).

seizure – a mixture of cocaine and cement found in a container – in particular the exact amount of drugs seized remain contested (NDLEA director 4, 2012).

Nevertheless, it can be argued that the transit trade in cocaine and heroin through Lagos has been fairly stable since the 1980s, based on the limited data available. Since 2006 there has been no comparable large-scale seizure in Nigeria and in fact, cocaine and heroin seizures have remained within the range of 100-400 kilograms annually. Aside from some temporary and sharp increases due to a few exceptionally large seizures, a long-term view of Nigerian cocaine and heroin figures shows that markets for the drugs seem to have been relatively stable (UN CND, 1975-1991; NDLEA, 2008, 2011; Daily Independent, 2014).

Based on the above, it is apparent that the narratives of Nigerian drug control and its supposed success says more about the interests of control officials rather than about drug market trends and the genuine social anxieties about drugs in Nigeria. It is also telling in our case that no major research exercise has been conducted on Nigeria's drug markets since the late 1990s (High-level UNODC official, 2010). In such a context, drug officials could quite arbitrarily claim that their actions have been 'effective' at eliminating a specific drug problem and therefore justifying their institutional existence. There is simply no evidence for a policy success story and no research available to show that drug policy has been effective at displacing cocaine, heroin or cannabis from the Nigerian market, as claimed in official narratives. The limited drug price data indicates that prices for cocaine, heroin and cannabis have steadily decreased in Nigeria over the last two decades, showing little impact of the supply-focussed anti-drug measures (UNODC, 1999; Klantschnig, 2013). Nonetheless, the dominant narratives of Nigerian drug control have had their 'effects' in Nigeria – even if not on the drug market – as there is now no significant counter-narrative left in official and public debates about drugs and drug policy (Comaroff and Comaroff, 2006).

Exclusion

This lack of counter-narratives about drugs in Nigeria and the inexistence of a debate on drugs has also been a by-product of the evolution of drug policy. A process of exclusion has been a major structural characteristic of Nigerian drug policy. As political scientists have shown, exclusion has been, in fact, one of the hallmarks of the West African state, not only in the drug policy field. In Nigeria, this trend had started in the 1960s and was at its peak during the internationally and internally isolated Abacha regime that concentrated powers in a clique of political supporters and 'experts', many of them military officers (Mustapha, 2002; Othman, 1989). With this system surviving until today, this means that very few Nigerians are still involved in the design as well as in the debate about drug policy.

Since its foundation, the NDLEA started to monopolise drug control and policy decision-making, as it became the single agency dealing with drug investigations, prosecution and demand reduction. Before 1989, various actors, such as the Ministry of Health, Customs and the Police shared responsibility over the control of drugs in Nigeria but since then the NDLEA has been the undisputed centre of national policy. The NDLEA has not only become the main implementer of drug policy but also started to supervise all other agencies in the field. With such extensive powers, the NDLEA remains exceptional among drug control agencies globally. The US DEA, for instance, handles neither drug prosecution nor demand reduction. The Ghanaian Narcotics Control Board is chiefly a policy-making body that leaves the implementation of policy to the Ghanaian Police and the Ministry of Health (Bernstein, 1999).

In the 1990s, this exclusionary trend went furthest, when a military general was appointed as NDLEA chairman and he in turn concentrated decision-making powers inside

the drug agency. Interviewees recounted how every minor internal decision required the signature from the agency's chairman in the second half of the 1990s (NDLEA chairman, 2005). In addition, the agency's supervisory board, which had acted as a forum for non-NDLEA officials to influence and check NDLEA powers, was abolished. The lack of a board meant that drug policy-making as well as implementation powers were concentrated in the hands of the NDLEA and its chairman, and the agency acted independently in the national political framework (NDLEA assistant director 1, 2005). Most importantly, this framework established under military rule has largely survived under the democratically elected governments since 1999, as Nigeria's democratic institutions, such as the National Assembly and its specialised drugs committees, have been unable to challenge or change the legal drug control framework (Nigerian senator, 2005).

Beyond the institutional level, this trend of exclusion has also meant a sidelining of alternative views on Nigeria's drug problem. Medical professionals, academics and NGOs have been gradually excluded from the drug policy-making and implementation process. Doctors, who had been important in the formulation of Nigeria's earliest drug policies in the 1960s, continued to challenge dominant drug control until the late 1980s (Klantschnig 2014). In the 1990s many of them moved into the NGO sector to offer alternative drug treatment options. However, due to decreased donor funding for NGOs in the late 1990s, there has been little championing of these alternative views on drug control (Adamson, 1990; Emafo, 1990; Famuyiwa, 1990). The biennial conference of the Nigeria-based Centre for Research and Information on Substance Abuse (CRISA) is one of the few instances where these alternative views are still openly expressed but even here the NDLEA has a significant voice. Since the 1990s, the NDLEA has essentially become the major legitimate voice to comment on Nigerian drug policy in the public sphere and in the media. The few alternative views left today, for instance doctors concerned with the treatment of drug users in psychiatric hospitals, have all but given up on the state's drug policy. In an interview in 2005, one doctor argued:

There is no drug policy, except for the interception of drugs, and this is a failing game. They don't even know the drug problem – their [NDLEA] officers deny the Nigerian drug problem (Coordinator of drug use treatment NGO, 2005).

Repression

The drug control approach prioritised by this core group of 'experts' in the NDLEA has been repression. Repression in Nigeria, as in many other countries, has meant a reactive and coercive supply control approach to drug policy. This approach is clearly prioritised by the majority of drug officials and has come at the cost of alternative medical and socio-economic approaches to drug control, which should also be part of the NDLEA's drug control mandate, according to the law.

This repressive approach was clearly seen as the major role of the NDLEA, despite the much broader legal mandate of the agency and also some recent international initiatives to emphasise the health dimension of drug control in the subregion (WACD, 2014). One interviewed NDLEA official illustrated the mentality of the agency and most of its officers well by stating that:

investigators see themselves as the real people of the NDLEA ... like in the army they are seen as real field soldiers, real people getting out there and catching the drug barons (NDLEA assistant director 2, 2005).

Thus, despite the agency's broad mandate to handle all aspects of drug control, including drug demand reduction and treatment, the agency clearly prioritised drug supply initiatives, especially at ports and in urban areas.

A depiction of drug agents' work as 'getting out there and catching the barons' is of course not realistic and slightly misleading. Based on my observations, the day-to-day work of Nigerian drug officers involves mundane tasks common to law enforcers elsewhere, such as filling in forms, waiting for superiors or the return of electricity (Foster and Bowling, 2002). Moonlighting or the conduct of tasks not necessarily associated with the work of a drug agent, such as the sale of agricultural produce or mobile phone cards, is also common among the NDLEA's 5,300 officers (NDLEA, 2011). It is harder to estimate how widespread corrupt practices, such as extortion and bribery are, as our evidence is largely based on personal anecdotes and the few instances reported in the press. Several NDLEA interviewees argued that extortion at roadblocks and bribery will always be a feature of the work of drug officers, as long as their salaries remain a fraction of the bribes that drug smugglers have to offer (NDLEA director 3 and director 7, 2005). Nonetheless, evidence for high-level political involvement in the drug trade, as assumed in portrayals of West African 'narco-states', is not available in Nigeria, where state officials derive much larger sums from the diversion of petroleum funds (Carrier and Klantschnig, 2012).

Coercion, in contrast, is a more common and a slightly better documented feature of the NDLEA's daily work. Violent eradication campaigns to destroy cannabis farmland – at times killing farmers – brutal arrests and illegal detentions as well as the harassment of travellers at airports is the day-to-day face of drug control to many Nigerians. The peaks of these coercive activities occurred during the Buhari regime in the 1980s, when drug smugglers were publicly executed, as well as under Abacha in the 1990s when drug agents were well known for illegally extorting money from Nigerians through a policy of 'arrest to loot.' A contemporary observer recounted the story of an ex-soldier who was imprisoned for cannabis possession:

The NDLEA came to my house one night. They had been informed by my neighbour that I was smoking hemp. I have been smoking for 22 years and have never been in any trouble. They break into my house and carried off all my property, the TV, videos, my papers, my pension (Klein, 1999, p.60).

Although practices such as 'arrest to loot' are less prevalent today and the agency has gone through a series of internal re-organisations, the campaigns of the 1990s still remain the most celebrated examples of 'effective drug war' among officials (NDLEA director 1 and 2, 2005). Many other coercive practices introduced under the Abacha regime have become institutionalised through drug laws that give NDLEA officers excessive powers to arrest, seize assets of suspects and publicly parade them before they appear in court. There is also evidence that drug-related suspects are ill-treated and at times tortured in detention cells and in over-crowded prisons while they are 'awaiting trial' for months and sometimes for years (HRW, 2005, p.45).

Importantly, these repressive activities have come at the cost of alternative medical and socio-economic approaches to drug control. Although demand reduction and drug user treatment are formal functions of the NDLEA, they only exist in a minimalist way and are clearly underfunded. The agency provides counselling for users but refers serious cases to state or private-run drug treatment and rehabilitation centres – the majority of which are only affordable for the richest in the country. The only in-house facility that the NDLEA provides for treatment is a prison cell for detoxification (NDLEA assistant director 3, 2005). The agency's drug demand work is clearly not seen as a priority in policy circles and in the agency itself. Repressive interdiction is the 'real work' and the dominant mentality of NDLEA drug officials and officers on the ground. This work has been extended over the last

few years as the number of drug agents has increased, whereas drug demand reduction or research remains on the sidelines.

Obstacles to policy change

In spite of these continuities of drug control, there has been one significant change since the end of military rule in 1999: declining domestic political support for the drug war. In contrast to the late 1990s when drug policy was a top priority of the Abacha regime, political support and funds decreased with the handover to civilian rulers in 1999. In the last ten years, almost every drug official interviewed stressed the lack of funding from the Nigerian government as the major challenge to the work of his or her department, and to the drug agency in general (NDLEA director 6 and 7, 2005).

Several high-ranking officials blamed the financial problems directly on the lack of political will shown by the democratically elected government. Increased bureaucratic hurdles to acquire funds, as well as the increased number of actors involved in dispensing money were seen as reasons for the decline in funds (NDLEA assistant director 1 and 3, 2005). Most often, the president was seen as not properly committed to the drug war, compared with the military regime of the 1990s (NDLEA director 2 and 3, 2005). Consequently, the NDLEA has perceived the lack of political will as the greatest threat to its work since 1999.²

While this decline in political support emanated from the president and new democratic institutions, the Nigerian drug agency has been able to find alternative allies in international drug control agencies. In fact, the NDLEA never perceived US and UN drug agencies as a threat. They were rather seen as a resource for additional funds and recognition throughout NDLEA history. Even during the 1990s when the Nigerian government was internationally isolated, the NDLEA was still cooperating closely with its international partner agencies (Drug Salvation Force, 1997a). Since 1999, international cooperation has been judged excellent in most parts of the Nigerian drug community (NDLEA mid-ranking officer 1, 2005; NDLEA director 6 and 7, 2005). In their newsletter, in the national media and in interviews, Nigerian drug officials and their foreign counterparts praised each other and lauded the 'partnership' between the Nigerian, UN and US drug agencies (Drug Salvation Force, 2003a and 2004). Nigeria's 'drug control model status' should also be understood within this context of close cooperation from the late 1990s onwards. The clearest material manifestation of the partnership was a rise in foreign drug control aid, which reached its highest levels in the 2000s (UNODC, 2005; US State Department, 2003).

This close inter-agency relationship also meant that, aside from the so-called 'drug menace', Nigerian, UN and US drug officials now faced another common enemy: the Nigerian government's disinterest in drug control. The close NDLEA relations with foreign counterparts were even used to put pressure on the Nigerian government. Interviewed NDLEA officials recounted how US drug control representatives in Nigeria helped the NDLEA to a higher capital budget by pressurising the president (NDLEA director 3, 2005). Thus, international agencies had become major allies against the government, as the alliance with the UN and US drug agencies provided international recognition, which, in turn, helped to resist policy change and guaranteed institutional survival for the NDLEA. Intensified international cooperation helped to retain the NDLEA's favourable position in domestic struggles over power and influence.

² Note that this relative political disinterest in drug control might change due to the return of the 1980s military ruler General Buhari as elected president in May 2015.

Nonetheless, international pressures have not always been in favour of the law enforcement-oriented status quo in Nigeria and West Africa. The West Africa Commission on Drugs, established in 2013 by Kofi Annan and other West African former statesmen, has been part of a global re-think of law enforcement dominated drug policy of late. One of its major aims has been to shift the focus of drug policy in West Africa towards the needs of drug users and to see drugs and particularly drug use as a health rather than a criminal justice problem (WACD, 2014). While this initiative is in part driven by a former Nigerian president and has been supported by some Nigerian health professionals, it is uncertain how much impact these reform proposals will have in Nigeria, where political debate on drugs has been largely silenced since the late 1980s and a dominant narrative has been pervasive.

Arguably, there have been some significant shifts in policy focus elsewhere on the continent in recent years, especially the inclusion of harm reduction measures (see Ratcliff and McCurdy, this issue) and one might expect something similar to happen in Nigeria with its long history of drug control. However, with its current institutional structure opposing changes to supply-focussed drug policy and the NDLEA perceiving any change in policy as an affront at its policy monopoly, change is hard to foresee in Nigeria. Policy change would only be possible if there was a fundamental shake-up of the Nigerian drug control framework or the establishment of a new agency to counter a ‘new problem’, as was to some extent the case in Tanzania where the ‘new problem’ of injecting heroin use and high levels of HIV transmission among injectors required a ‘new policy’. There would also have to be some significant incentives for the NDLEA to accept or drive this change to the country’s drug policy. All of these options, however, remain highly unlikely in the current drug control situation in Nigeria. Thus, although a window of opportunity for policy reform has recently opened internationally, the international and domestic push has not been big enough to overcome the existing obstacles to policy change.

Conclusions

The account of Nigerian drug policy has highlighted the key dynamics that determined how drug control emerged, was conducted and resisted change. Historical processes of exclusion, repression and a growing bond with international counterparts, which helped to retain bureaucratic power and oppose policy change, were the key dynamics underlying Nigerian drug control. These dynamics lay hidden behind the dominant narratives of drug war, which stressed a linear evolution from a drug crisis to policy success.

In contrast to recent depictions of drugs and drug control in West Africa, the Nigerian case study has shown that domestic concerns about drugs and related policies predated the international concerns with cocaine transshipment during the last ten years, meaning that drug problems and policies in the subregion are not as new as imagined. Second and related to this point, the Nigerian case at least complements views that emphasise the external dimension of drug problems and policies on the continent (Keim, 2009). Foreign influences on Nigerian and other West African countries’ drug policies have been significant (Obot, 2004, pp. 19-23); however, there were important domestic dynamics that shaped Nigeria’s policy and they often converged with foreign interests and ideas on drug control.

Despite its local specificities, the Nigerian story highlights some wider implications for drug policy across the subregion. As a model and coordinator of drug control efforts in West Africa, the NDLEA has already been a driving force of drug control beyond Nigeria’s borders. The perceived success of Nigerian drug control in the eyes of Nigerian and foreign drug officials has had a direct effect on drug policy in the West African subregion, especially as a blueprint for other countries, such as Sierra Leone’s recently founded drug

agency, another 'NDLEA' (US State Department, 2011). The Nigerian agency also started to coordinate West Africa-wide training and drug control operations, many of them funded by the US and UN drug agencies. This means the exclusive, repressive and largely ineffective approach to solving social problems has started to replicate itself in the subregion.

Finally, a major lesson to be drawn from Nigerian drug control should be the repressive role played by the state – a role largely ignored in the recent rhetoric of international experts. While these experts have focussed on the weak and porous nature of West African states as the major problem, the case of Nigerian drug control shows that – rather than being too weak – the state has been overly coercive in its conception and implementation of drug control. These repressive policies have lacked local support and legitimacy, as they are often rightfully perceived as coercive and corrupt. Even the UNODC's *Drug Nexus in Africa* (1999) report succinctly noted in this respect:

Local communities [in Africa] are unlikely to cooperate in drug control efforts when only negative penalties are perceived to be the consequence of cooperation. ... At present, the negative results – reduction in rural income, imprisonment of community members – are widely recognized by the communities whose involvement in drug control is nothing less than essential, but the positive results are not (p.106).

The Nigerian case shows that states in West Africa are obviously a problem not only because they are not effective at reducing the drug trade and drug use or because some of them, such as Guinea-Bissau, are actively involved in the trade, but because states and their policies are not credible in the eyes of their people. Thus, it is not surprising that these policies have faced difficulties of implementation and remain largely ineffective.

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