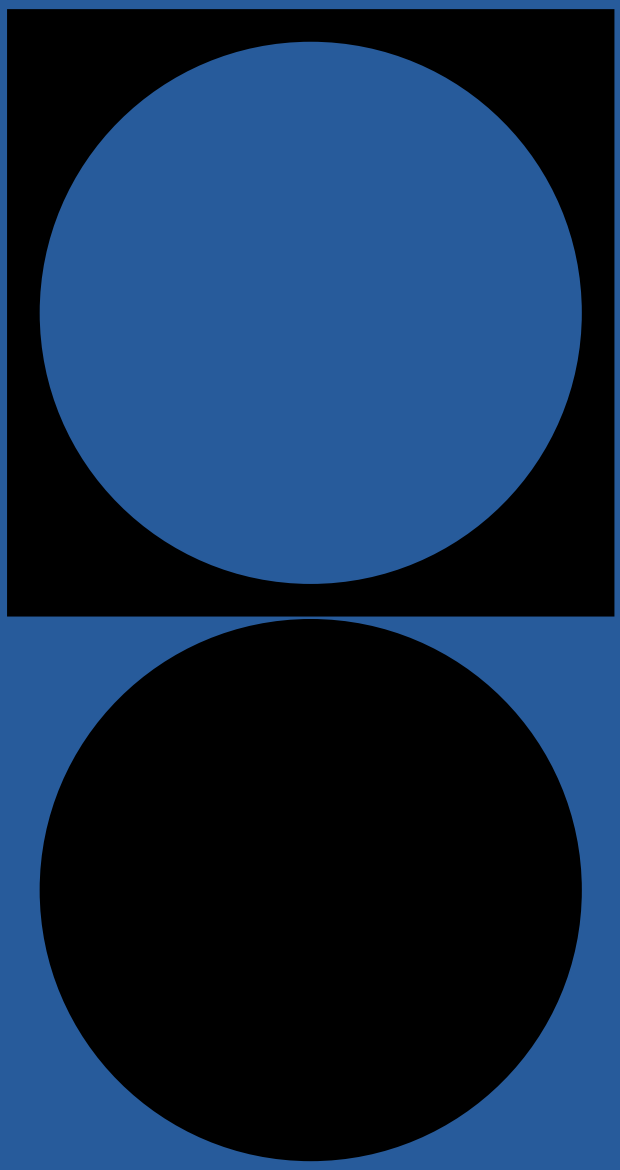
REGIONAL OVERVIEW: WEST AND CENTRAL AFRICA



THE GLOBAL STATE
OF HARM REDUCTION 2022

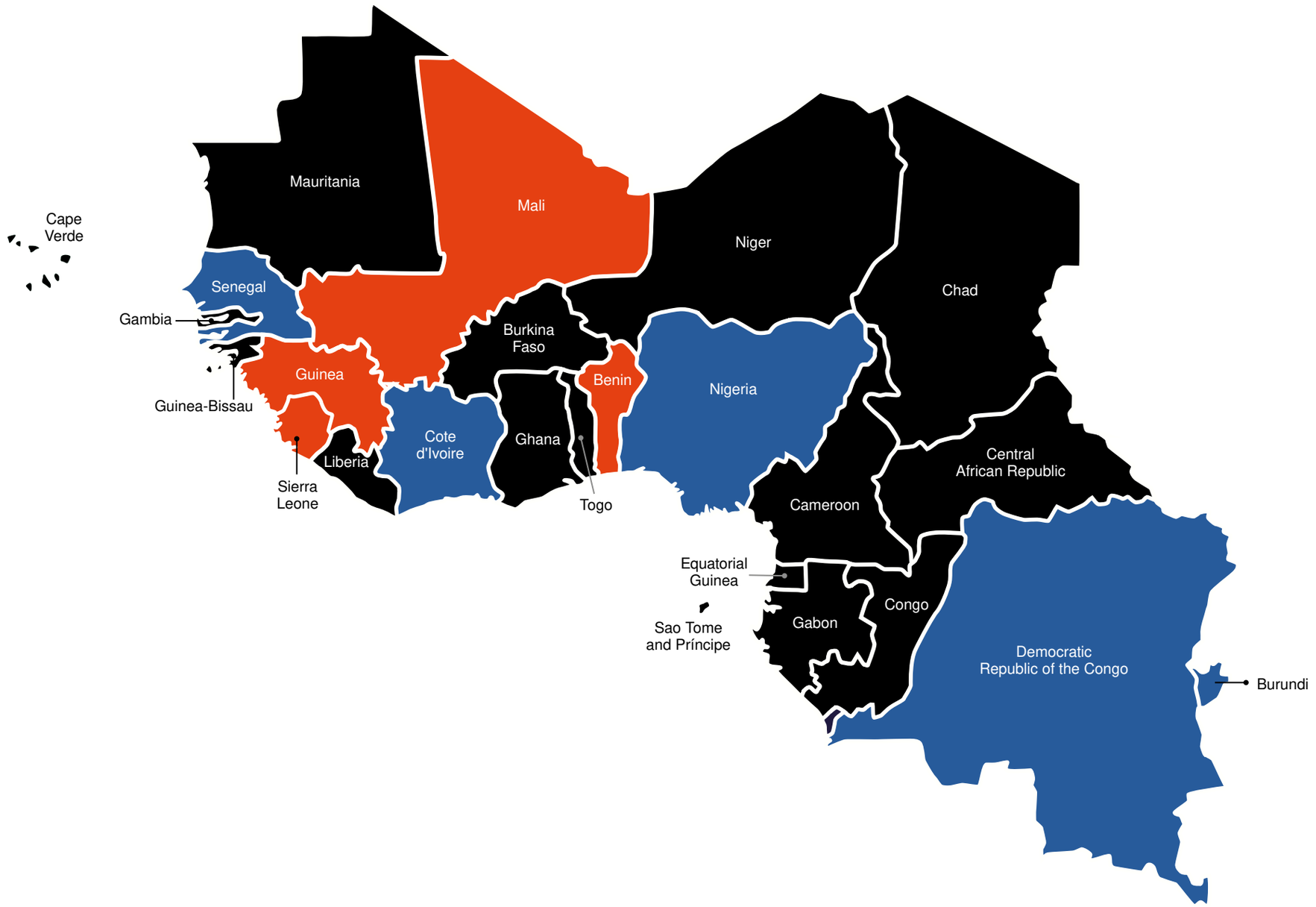
HARM REDUCTION INTERNATIONAL

TABLE 9 EPIDEMIOLOGY OF HIV AND VIRAL HEPATITIS, AND HARM REDUCTION RESPONSES IN WEST AND CENTRAL AFRICA

Country/territory	People who inject drugs[a]	HIV prevalence among people who inject drugs (%)[a]	Hepatitis C (anti-HCV) prevalence among people who inject drugs (%)[a]	Hepatitis B (anti-HBsAg) prevalence among people who inject drugs (%)[a]	Harm reduction responses[b]				
					NSP[c]	OAT[d]	Peer distribution of naloxone[e]	DCR[f]	Safer smoking equipment[g]
Benin	nd	5.1	nd	nd	✓	✗	✗	✗	✗
Burkina Faso	nd	nd	nd	nd	✗	✗	✗	✗	✗
Burundi	nd	10.2	5.5	9.4	✓	✓	✗	✗	✗
Cameroon	1,500	nd	nd	nd	✗	✗	✗	✗	✗
Cape Verde	nd	nd	nd	nd	✗	✗	✗	✗	✗
Central African Republic	nd	nd	nd	nd	✗	✗	✗	✗	✗
Chad	nd	nd	nd	nd	✗	✗	✗	✗	✗
Congo	2,500	nd	nd	nd	✗	✗	✗	✗	✗
Côte d'Ivoire	500	5.3	1.8	10.5	✓	✓	✗	✗	✗
Democratic Republic of the Congo	36,500	2.4	nd	nd	✓	✓	✗	✗	✗
Equatorial Guinea	nd	nd	nd	nd	✗	✗	✗	✗	✗
Gabon	nd	nd	nd	nd	✗	✗	✗	✗	✗
Gambia	nd	nd	nd	nd	✗	✗	✗	✗	✗
Ghana	20,000	2.7	2.3	nd	✗	✗	✗	✗	✗
Guinea	nd	nd	nd	nd	✓	✗	✗	✗	✗
Guinea-Bissau	3,500	nd	nd	nd	✗	✗	✗	✗	✗
Liberia	6,000[2]	nd	nd	nd	✗	✗	✗	✗	✗
Mali	6,000	nd	nd	nd	✓	✗	✗	✗	✗
Mauritania	nd	nd	nd	nd	✗	✗	✗	✗	✗
Niger	nd	nd	nd	nd	✗	✗	✗	✗	✗
Nigeria	177,500	3.8	5.8	6.7	✓	✓	✗	✗	✗
Sao Tome and Principe	nd	nd	nd	nd	✗	✗	✗	✗	✗
Senegal	23,000	9.3	39.3	nd	✓	✓	✗	✗	✗
Sierra Leone	2,000	8.5	nd	nd	✓	✗	✗	✗	✗
Togo	2,500	nd	nd	nd	✗	✗	✗	✗	✗

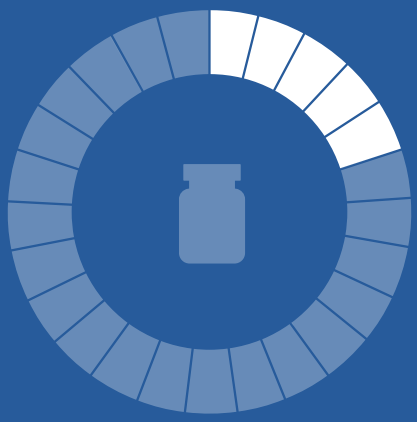
a Unless otherwise stated, data is from Degenhardt et al (under review).[1]
b Data sourced in *Global State of Harm Reduction* survey responses, unless otherwise stated.
c At least one needle and syringe programme operational in the country or territory, and the number of programmes (where data is available)
d At least one opioid agonist therapy programme operational in the country or territory, and the medications available for therapy. B=buprenorphine, M=methadon.
e At least one naloxone distribution programme that engages people who use drugs (peers) in the distribution of naloxone and naloxone training, and facilitates secondary distribution of naloxone between peers.
f At least one drug consumption room (also known as safe consumption sites among other names) operational in the country or territory, and the number of facilities.
g At least one programme in the country or territory distributing safer smoking equipment to people who use drugs.

AVAILABILITY OF HARM REDUCTION SERVICES

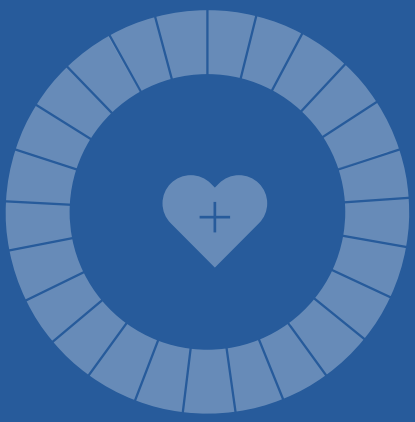


NSPs, OAT AND DCRs SINCE 2020

9 countries (36%) in West and Central Africa provide **needle and syringe programmes** (+4 since 2020, Burundi, Côte d'Ivoire, DRC, Guinea)

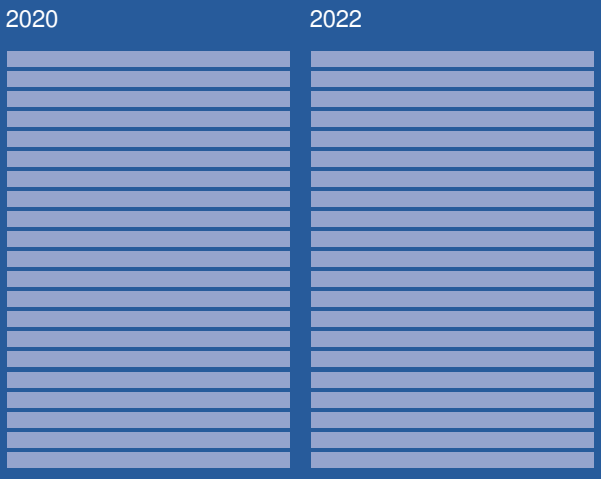


5 countries (20%) in West and Central Africa provide **opioid agonist therapy** (no change from 2020)

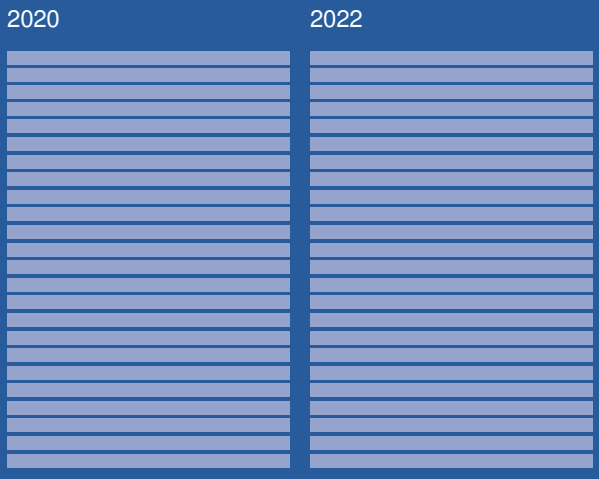


No country in West and Central Africa provides **drug consumptions rooms** (no change from 2020)

HARM REDUCTION IN PRISONS



No country in West and Central Africa provides **needle and syringe programmes** in prisons (no change from 2020)



No country in West and Central Africa provides **opioid agonist therapy** in prisons (no change from 2020)

IN ALL NINE COUNTRIES WHERE THERE ARE NSPS, THEY ARE RUN BY CIVIL SOCIETY ORGANISATIONS

REGIONAL OVERVIEW

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KUNAL NAIK

INTRODUCTION

Drug policies across West and Central Africa, including drug laws and approaches to drug use, are rooted in prohibitionist interpretations of the international drug conventions and until recently, have remained unchallenged.[3]

The punitive drug policies currently in place hamper progress on harm reduction. Broadly, policy makers still misunderstand harm reduction, linking it to increased drug use rather than seeing it as a public health approach that can benefit their countries and populations.

NEEDLE AND SYRINGE PROGRAMMES (NSPs)

HIV, hepatitis C (HCV) and tuberculosis (TB) remain major concerns for West and Central Africa; for example, HCV prevalence in Nigeria is 8.1%.[4] Yet, despite the urgent need, there is a lack of NSPs in the region. Only nine countries (Benin, Burundi, Cote d'Ivoire, Democratic Republic of Congo/DRC, Guinea, Mali, Nigeria, Senegal and Sierra Leone) out of region's 25 countries have NSPs, all of which are run by non-governmental organisations.[5] Senegal has five operational NSPs, two of which are in the Dakar region, at the Dakar Centre for Integrated Addiction Care (Centre de prise en charge intégrée des addictions de Dakar, CEPIAD) and at a psychiatric hospital.[6]

Since the *Global State of Harm Reduction 2020*, four countries have initiated NSP programmes: Burundi, Côte d'Ivoire, the DRC (limited to Kinshasa only)[7] and Guinea. However, service coverage remains inadequate.[3,8] In August 2020, Nigeria began to pilot NSPs in three states (Oyo, Abia and Gombe), with plans for further scaling up of services underway in 2022.[9,10]

HIV AND VIRAL HEPATITIS

Only five countries in West and Central Africa currently offer OAT, all of which use methadone: Burundi, Cote d'Ivoire, DRC (a pilot project in Kinshasa), Nigeria and Senegal.[5]

The United Nations Office on Drugs and Crime (UNODC) is currently supporting the development of standard operating procedures and protocols for medically-assisted therapy focusing on OAT in Nigeria, and Nigeria's National Drug Control Masterplan 2021-2025 commits to rolling out OAT in three as-yet undefined states.[11,12]

OAT is an integral part of harm reduction in the region. This is reflected in the African Union's (AU) *Plan of Action on Drugs and Crime 2019-2023*. The AU's plan is an important reference point for national advocates who want to see harm reduction integrated into their country's health and drug control strategies.[13]

DRUG CONSUMPTION ROOMS (DCRs)

No countries in West and Central Africa have DCRs or provide drug checking facilities.[5] While HIV testing and treatment is available in most prisons in the region, other harm reduction programmes are not.[5]

Respondents to the *Global State of Harm Reduction* survey report that the drugs used in the region include cannabis, heroin and other opioids (such as pentazocine, tramadol and codeine), cocaine, ketamine, MDMA, methamphetamines, adhesives and local stimulants such as kola nut (*gworo*).[5,14]

FUNDING FOR HARM REDUCTION

There is a substantial funding gap for the HIV response in West and Central Africa, and funding remains unsustainable for harm reduction.[5] According to the Joint United Nations Programme on HIV/AIDS (UNAIDS), the available funding for West Africa's HIV response in 2020 was approximately three quarters of the annual amount that will be needed in 2025, implying a need to increase funding. Total funding for HIV in the region declined by 11% between 2010 and 2020. Domestic funding has increased by 6% during the last decade, but peaked in 2018 then declined by 15% across 2019 and 2020.[8]

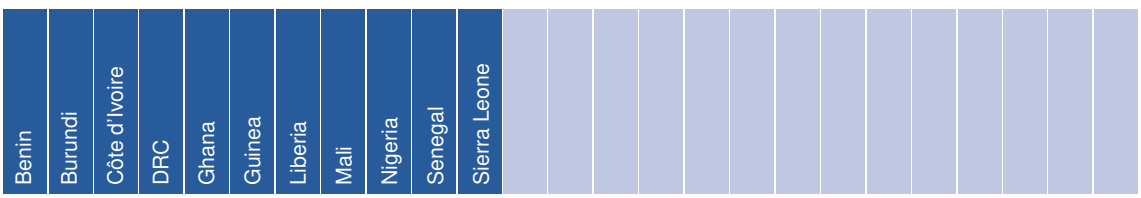
Between 2010 and 2020, the United States President's Emergency Plan for AIDS Relief (PEPFAR) and the Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund) increased their contributions to the region by 23% and 85%, respectively, but all other international contributions reduced by 79% overall.[8] Civil society report that the countries in the region where the Global Fund invests in harm reduction include Burkina Faso, Mali, Nigeria, Senegal and Sierra Leone.[5,15]

POLICY DEVELOPMENTS

The COVID-19 pandemic has continued to disrupt service and advocacy since the *Global State of Harm Reduction 2020* report; however, some countries have made progress by incorporating harm reduction in their national plans and moving towards reforming their drug policies.

In 2021, Sierra Leonne conducted an integrated HIV bio-behavioural survey, as well as a law review. A draft bill which includes references to harm reduction, inspired by the Model Drug Law for West Africa,[16] was proposed in the country in the same year.[17] In Liberia, a law supporting the implementation of harm reduction programmes passed the house of legislatives and was awaiting senate approval as of August 2022.[18,19] Ghana has conducted rapid assessment surveys with people who inject drugs, and the data generated will be used to inform a harm reduction strategy, which will be operational on a pilot basis (the Global Fund and the School of Public Health at the University of Ghana support this work).[17] Since 2020, Liberia, Senegal and Sierra Leone have all developed national drug strategies that are supportive of harm

At least 11 countries in West and Central Africa have explicit reference to harm reduction in national policies



reduction for the first time.[20] At least 11 out of the 25 countries in the region now make explicit reference to harm reduction in their national policies (Benin, Burundi, Côte d'Ivoire, DRC, Ghana, Guinea, Liberia, Mali, Nigeria, Senegal and Sierra Leone).

COVID-19

Several countries reported that the COVID-19 pandemic continued to have a negative impact on harm reduction programmes between 2020 and 2022. This is particularly due to restrictions in movement and lockdowns, which stopped people who inject drugs from accessing harm reduction services.[18,21] In some cases, service delivery was stopped, which prevented follow-up with people who were enrolled in harm reduction programmes.[6] But there were some positive outcomes as well, as prevention and protection measures for people who use drugs were strengthened in some countries (including in Côte d'Ivoire). Secondary distribution of injecting equipment through peer networks enabled NSPs to continue in Senegal and Sierra Leone, for example, showing the central value of community-led responses in delivering harm reduction programmes.[15]

One of the key challenges for West and Central Africa is a severe lack of data. Few countries have reliable population size estimates for people who inject drugs (the estimates provided in this chapter are based on regional modelling). Only nine countries mention NSP and OAT in their national strategic plans (Benin, Burkina Faso, Burundi, Côte d'Ivoire, DRC, Guinea, Mali, Nigeria and Senegal); others countries in the region limit their interventions for people who use drugs to providing condoms and antiretroviral treatment for HIV.[3,8]

"One of the key challenges for West and Central Africa is a severe lack of data. Few countries have reliable population size estimates for people who inject drugs"

SPOTLIGHT

DECRIMINALISATION OF DRUG USE AND POSSESSION

Most countries in West and Central Africa still have repressive laws and systems, which criminalise drug possession, drug use and cultivation of small amounts of illicit drugs.[8] As a result of these laws, people who use drugs face stigma, discrimination and human rights violations in the form of physical and psychological harassment, abuse, and violence from the police, coerced drug treatment (programmes lacking an evidence base, therapeutic rationale or benefit), compulsory HIV testing, and the denial of healthcare services, employment and social benefits.

Criminalisation undermines HIV prevention and treatment, progress towards Sustainable Development Goal (SDG) 3 (ensuring healthy lives and promoting well-being for all at all ages), and the realisation of SDG 3.3 (ending the AIDS epidemic by 2030).

When it comes to West and Central Africa, progress has been slow, although there has been some progress towards less punitive drug policies and the decriminalisation of drug use and possession. In March 2020, the Ghanian parliament passed the Narcotics Control Commission Bill into law, which has paved the way for a more humane drug policy and can act as an example for other countries in the region and beyond. One aim of Ghana's new drug law is to treat drug use and drug dependence as a public health issue. Under the new law, drug possession for personal use no longer carries a prison term; instead, people will be fined between GHC 2,400 to 6,000 (USD 240 to 600). This means that people will no longer face up to 10 years in prison for simply possessing drugs for personal use, and will be offered alternatives to incarceration instead. This law represents real progress, but it will have a disproportionate and punitive effect on people who lack resources, and cannot afford the fine.

At the 63rd session of the Commission on Narcotic Drugs, Gambia's representative stated that the Gambian government will soon pass a bill to introduce non-custodial sentencing measures for people who use cannabis. It will also provide a safeguard to stop the drug control law being used in a way that compromises or violates people's rights. The representative of Gambia noted that human rights will remain a cardinal consideration in the country's drug control efforts.

Liberia, supported by the West African Drug Policy Network (WADPN), has presented a bill to amend its Controlled Drug and Substance Act 2014. The bill is progressive and in line with international standards for a comprehensive approach to drug control, even though all drug-related acts remain illegal. The amended law allows people diagnosed with substance use disorders or drug dependence to participate in drug treatment and rehabilitation programmes instead of going to prison. It also dramatically reduces the minimum and maximum sentences for drug use and possession from 5-20 years in prison to 3-18 months, and distinguishes between possession of a prohibited substance for personal use and possession for trafficking.

In April 2022, at the launch of a paper on torture and ill-treatment of people who use drugs in Nigeria, the Ministry of Health and the National Drug Law Enforcement Agency called for collaboration in addressing drug use through a public health and human rights lens, rather than a criminal one.

The adoption in March 2021 of UNAIDS's Global AIDS Strategy 2021-2026 and of the UN's Political Declaration on HIV and AIDS presents new, and ambitious targets, and a unique window of opportunity. The strategy offers a way for countries to move towards more supportive legal environments and provide access to justice for marginalised people, including people who use drugs. Particularly in relation to the '10:10:10' targets,[a] which aim to advance health reforms by 2025. This needs to be central to civil society's advocacy efforts in the region over the next three years to allow communities to lead and drive decriminalisation efforts within their countries.

"Most countries in West and Central Africa still have repressive laws and systems, which criminalise drug possession, drug use and cultivation of small amounts of illicit drugs. As a result of these laws, people who use drugs face stigma, discrimination and human rights violations in the form of physical and psychological harassment, abuse, and violence from the police, coerced drug treatment, compulsory HIV testing, and the denial of healthcare services, employment and social benefits."

a This refers to UNAIDS 'social enabler' targets, which aim for: (1) fewer than 10% of countries to have punitive legal and policy environments that deny or limit access to services; (2) fewer than 10% of people living with HIV and key populations experience stigma and discrimination; and (3) fewer than 10% of women, girls, people living with HIV and key populations experience gender inequality and violence.[38]

SPOTLIGHT

WOMEN WHO USE DRUGS IN WEST AND CENTRAL AFRICA

None of the West and Central African countries that provide harm reduction services have gender-sensitive programmes that cater to the needs of women who use drugs. This is despite the fact that women who use drugs face multiple barriers to accessing harm reduction services. This includes facing more stigma than men who use drugs, both in society and from health workers. Women are also disproportionately affected by gender-based violence and have specific needs related to sexual and reproductive health and childcare. Few harm reduction services in the region respond to the ways in which these different elements interact with drug use. Criminalisation also acutely affects women. It can stop pregnant or parenting people from accessing harm reduction services, and it is associated with physical, sexual and verbal harassment and abuse.[14,30]

While all genders can use drugs and experience mental illness, conflating the two or proposing a causation is inaccurate and stigmatising.31 Equally, it is important to note that sex and gender are regarded as critical structural determinants of mental health and mental illness. Mental illness is a complex phenomenon, and risky behaviour and substance use can occur simultaneously, or subsequently, to one another. A gendered vulnerability in biological, environmental, and behavioural risk factors is associated with the development and escalation of mental illness. As a result, women who use drugs present higher rates of depression and anxiety, suicidal tendencies, isolation and general psychological distress as compared to their male counterparts.[32]

In Africa (including in West and Central Africa), the reality that women use drugs is not yet entirely accepted. Increased criminalisation and stigmatisation of women who use drugs, and poor access to health services can result in women who use drugs engaging in high-risk behaviours related to drug use. Criminalisation drives women who use drugs away from essential services, leading to unsafe practices which, in turn, increases their risk of HIV and HCV infection and that of their sexual partners.

Women are disproportionately impacted by punitive drug control measures in West and Central Africa. Evidence from Côte d'Ivoire, Ghana and Senegal confirms that women who use drugs are particularly vulnerable to health harms, including HIV, sexually transmitted infections and gender-based violence.[33,34,35] Despite this, their access to gender-sensitive harm reduction and treatment services has not improved in the region.[5] Stigma, criminalisation, the fear of losing child custody and other punitive measures deter women from accessing the services that do exist. The proportion of women incarcerated for drug offences remains high, accounting for more than one-third (35%) of all women incarcerated globally.[36]

Despite bold new global targets, currently no countries in West and Central Africa offer harm reduction services specifically for women who use drugs. Decades of evidence and experience, synthesised by UNAIDS in 2020 through a comprehensive evidence review, show that inequalities are a key reason why the 2020 global HIV targets were missed.[29] The region urgently needs non-judgmental services tailored to women who use drugs; services that take into account childcare responsibilities and work to address other barriers to services that women face.

1 Degenhardt L, Webb P, Colledge-Frisby S, Ireland J, Wheeler A, Ottaviano S, et al. (under review), 'A global systematic review of the epidemiology of people who inject drugs: Prevalence, sociodemographic characteristics, risk environments and injecting-related harm', *Lancet Glob Health*.
2 Autour de la Santé, Evanno J (2021), *Community and contextual analysis on drug's use and drugs policies in Liberia*.
3 ECOWAS (2020), *ECOWAS Regional Strategy for HIV, Tuberculosis, Hepatitis B&C and Sexual and Reproductive Health and Rights among Key Populations*.
4 The Conversation, Akande KO (27 July, 2020),'Why Nigeria must find everyone who has hepatitis and doesn't know it', [internet, cited 22 August, 2022]. Available from https://theconversation.com/why-nigeria-must-find-everyone-who-has-hepatitis-and-doesnt-know-it-143208
5 Harm Reduction International (2022), 'Global State of Harm Reduction 2022 survey responses'.
6 Ba I (2022), 'Global State of Harm Reduction Survey Response, 2022'.
7 Mombo BN (2022), 'Global State of Harm Reduction Short Survey Response, 2022'.
8 UNAIDS (2021), UNAIDS data 2021 [internet, cited 3 August, 2022]. Available from www.unaids.org/en/resources/documents/2021/2021_unaids_data.
9 Akpan A (2022), 'Global State of Harm Reduction, short survey response 2022'.
10 NACA (2021), *An Assessment of the Pilot Needle and Syringe Programme for People Who Inject Drugs in Nigeria*.
11 UNODC (July 2022), 'UNODC urges Nigeria to prioritize interventions for drug users and persons in closed settings as Nigeria commemorates 2022 World Hepatitis Day' [internet, cited 22 August 2022]. Available from https://www.unodc.org/nigeria/en/unodc-urges-nigeria-to-prioritize-interventions-for-drug-users-and-persons-in-closed-settings-as-nigeria-commemorates-2022-world-hepatitis-day.html.
12 UNODC, Nigeria Inter-Ministerial Committee (2021), *National Drug Control Master Plan*.
13 Africa Union (2019), *Africa Union Plan of Action on Drug Control and Crime Prevention (2019-2023)*.
14 UNODC (2022), *World Drug Report 2022*. Available from www.unodc.org/unodc/en/data-and-analysis/world-drug-report-2022.html.
15 Kamara H (2022), 'Global State of Harm Reduction Survey Response, 2022'.
16 WACD (2018), *Model Drug Law for West Africa: a tool for policymakers*.
17 Goretti-Loglo, M (2022), 'Global State of Harm Reduction Survey Response, 2022' and phone conversation.
18 Grant EF (2022), 'Global State of Harm Reduction Survey Response, 2022'.
19 WADPN (15 November, 2021), 'Liberia House Passes Act To Control Drug, Substance Abuse, [internet, cited 22 August, 2022]. Available from www.wadpn.org/chapternews/liberia-house-passes-act-to-control-drug%2C-substance-abuse.
20 Bull Leseni P (2022),'Global State of Harm Reduction 2022 reviewer response'.
21 UNAIDS (26 June, 2020), 'Harm reduction continues for people who use drugs during COVID-19 in Côte d'Ivoire' [internet, cited 3 August, 2022]. Available from www.unaids.org/en/resources/presscentre/featurestories/2020/june/20200626_cotedivoire.
22 Daniels C, Aluso A, Burke-Shyne N, Koram K, Rajagopalan S, Robinson I, et al. (2021), 'Decolonizing drug policy', *Harm Reduct J*, 18(1):120.
23 DeBeck K, Cheng T, Montaner JS, Beyrer C, Elliott R, Sherman S, et al. (2017), 'HIV and the criminalisation of drug use among people who inject drugs: a systematic review', *Lancet HIV*, 4(8):357–74.
24 WHO Global Health Observatory, 'SDG Target 3.3' [internet, cited 3 August, 2022]. Available from https://www.who.int/data/gho/data/themes/topics/indicator-groups/indicator-group-details/GHO/sdg-target-3.3-communicable-diseases.
25 IDPC, Goretti-Loglo, M (3 April, 2020), 'Parliament of Ghana passes historic new drug law, paving the way for a West African approach' [internet, cited 24 August, 2022]. Available from https://idpc.net/blog/2020/04/parliament-of-ghana-passes-historic-new-drug-law-paving-the-way-for-a-west-african-approach.
26 Gassama AB (2020), *Republic of the Gambia*
27 IDPC WADPN (2 August, 2020), 'Liberia: Legislative Committee reports to Senate on Controlled Drug & Substance Act 2014 (amended)' [internet, cited 27 August 2022]. Available from https://idpc.net/news/2022/08/liberia-legislative-committee-reports-to-senate-on-controlled-drug-substance-act-2014-amended.
28 IDPC Goretti-Loglo, M, Okereke C (3 August, 2022), 'Toward accountability and redress: Launch of the report on torture and ill-treatment of people who use drugs in Nigeria' [internet, cited 27 August, 2022]. Available from https://idpc.net/blog/2022/08/toward-accountability-and-redress-launch-of-the-report-on-torture-and-ill-treatment-of-people-who-use-drugs-in-nigeria.
29 UNAIDS (2021), *Global AIDS Strategy 2021-2026*. Available from www.unaids.org/en/Global-AIDS-Strategy-2021-2026.
30 Shirley-Beavan S, Roig A, Burke-Shyne N, Daniels C, Csak R (2020), 'Women and barriers to harm reduction services: a literature review and initial findings from a qualitative study in Barcelona, Spain', *Harm Reduct J*, 17(1):78.
31 Harm Reduction International, International Network of People who Use Drugs (2021), *People Who Use Drugs and Mental Health*.
32 Kaló Z (2020), 'Women Who Use Drugs and Mental Health', in Buxton J, Margo G, Burger L (eds), *The Impact of Global Drug Policy on Women: Shifting the Needle*, page 67–74. Available from https://doi.org/10.1108/978-1-83982-882-920200011.
33 Messersmith LJ, Adjei R, Beard J, Agyarko-Poku T, Wondergem P, Falconer A, et al. (2015), 'Drug Use and Sexual Behavior: The Multiple HIV Vulnerabilities of Men and Women Who Inject Drugs in Kumasi, Ghana', *JAIDS J Acquir Immune Defic Syndr*, 68:S124.
34 Stengel CM, Mane F, Guise A, Pouye M, Sigrist M, Rhodes T (2018), '"They accept me, because I was one of them": formative qualitative research supporting the feasibility of peer-led outreach for people who use drugs in Dakar, Senegal', *Harm Reduct J*, 15(1):9.
35 Bouscaillou J, Evanno J, Prouté M, Inwoley A, Kabran M, N'Guessan T, et al. (2016), 'Prevalence and risk factors associated with HIV and tuberculosis in people who use drugs in Abidjan, Ivory Coast', *Int J Drug Policy*, 30:116–23.
36 IDPC, Penal Reform International (2021),*Gender-sensitive drug policies for women*. UNAIDS (2021), *End Inequalities. End AIDS. Global AIDS Strategy 2021-2026*. Available from www.unaids.org/sites/default/files/media_asset/global-AIDS-strategy-2021-2026_en.pdf.