

# NATIONAL DRUG CONTROL MASTER PLAN

NDCMP

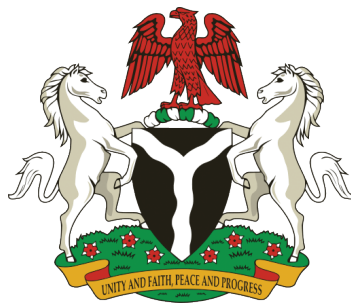


2021 – 2025



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2021 - 2025



European Union



**UNODC**

United Nations Office on Drugs and Crime

## **Response to Drugs and Related Organized Crime in Nigeria**

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**PRESIDENT,  
FEDERAL REPUBLIC OF NIGERIA**

**MESSAGE FROM THE PRESIDENT OF THE FEDERAL REPUBLIC  
OF NIGERIA**

Nigeria is facing complex and multifaceted challenges related to cultivation, manufacturing, trafficking and use of various types of illicit drugs. The findings of the National Drug Use Survey and related studies provide ample proof of the severity and high prevalence of drug use in the country. The trafficking of illicit drugs and significant involvement of transnational criminal networks in the drug trade adds to the enormity of challenges. This trend if not reversed will significantly impact on public health, education, and livelihood of citizens and undermine security, the rule of law, development and good governance.

Realizing the magnitude and gravity of the problem, in December 2018, I established the Presidential Advisory Committee on the Elimination of Drug Abuse (PACEDA), with the purpose of identifying operational gaps and developing effective frameworks to address drug control issues in the country. The Committee, which was then chaired by Brig. General (Rtd.) Buba Marwa, who incidentally is the current Chairman/Chief Executive Officer of the National Drug Law Enforcement Agency (NDLEA), conducted extensive consultations with key partners and stakeholders across the country and submitted a comprehensive report to my office. I am happy to note that many of the individuals and entities who assisted in the formulation of PACEDA report have also contributed to the development of this new National Drug Control Master Plan (NDCMP) 2021-2025.

The NDCMP 2021-2025 is the outcome of a coordinated, collaborative and multi-agency effort comprising experts from all the relevant Ministries, Departments and Agencies (MDAs) as well as civil society organizations (CSOs). I am also encouraged that the Plan employs a balanced and multidimensional approach to drug control issues; it proposes critical interventions to regulate controlled medicines and substances, strengthens mechanisms for increased inter-agency coordination, and for improving the efficiency and delivery of governance institutions.

The development of NDCMP 2021-2025 is, no doubt, a significant accomplishment. However, to achieve its intended objectives, we have to work together and accelerate our efforts on multiple fronts. I call on relevant MDAs, CSOs, academia, health-care professionals, unions, schools and universities, the media and the private sector to join hands in the implementation of this plan – only together we will be able to curb the trafficking of drugs into and through our country, prevent our young people from getting entangled in perils of drugs use, and provide counselling and treatment to drug users.





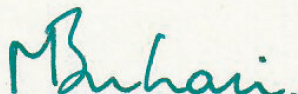
I urge parents, families, teachers and faith-based organizations to reinforce anti-drug attitudes and resilience in adolescents, youth and vulnerable segments of our population. The list of “to do things” is long.

In parallel, we are strengthening the capacity, integrity and delivery of relevant MDAs to effectively enforce supply side interventions. We must enhance criminal justice responses to ensure that those involved in drug production, supply and trade, as well as those financing such operations and those involved in laundering the proceeds, are brought to justice in an efficient and human-rights compliant manner. Similarly, we must continue to forge effective partnerships with regional and international organizations as well as with other countries to further enhance international cooperation to address and counter the world drug problem.

I am thankful to our international partners working with us to curb this ugly trend, and in particular, the European Union (EU) for its valuable efforts in the area of drug control. I also extend my appreciation to the United Nations Office on Drugs and Crime (UNODC) for providing targeted, effective and sustainable capacity building and technical assistance support to Nigeria, including their contribution in facilitating the development of NDCMP 2021-2025.

I am confident that NDCMP 2021-2025 presents a clear roadmap for addressing drug control issues in Nigeria. I strongly encourage all partners and stakeholders to wholeheartedly embrace this Plan; align their interventions with the intended objectives of this document, and contribute to improved health, well-being, development and security of all Nigerians.

On my part, I assure you of this administration’s commitment in providing the required resources for the effective and timely implementation of NDCMP 2021-2025.

  
**Muhammadu Buhari**  
29<sup>th</sup> September, 2021



## Foreword

The National Drug Control Master Plan (NDCMP) 2021–2025 is a strategic instrument for addressing the complex issues of drug trafficking, production, cultivation and use in Nigeria. It has largely been informed by lessons learnt from the previous Master Plans and is a definitive step forward in addressing a whole range of drug issues in the country in a more comprehensive, balanced and inclusive manner. The new initiatives and structures incorporated in the Plan – such as the establishment of dedicated units to reduce the production and supply of drugs and for strengthening investigation capacities – are expected to bring more sophistication and specialization within respective law enforcement agencies and units. Similarly, the creation of a separate pillar on governance and coordination will help bring more synergy and coherence between various ministries, departments and agencies (MDAs), strengthen monitoring and evaluation mechanisms, and promote the practice of evidence-based decision making and advocacy.

I am pleased to see that NDCMP 2021–2025 has benefitted from several research studies on drug use in Nigeria and has, consequently, planned to scale up efforts for preventing the initiation of drug use, providing treatment to people who use drugs or with substance use disorder, and to reduce the health and social harms associated with drug use. Moreover, the inclusion of integrated prevention programmes for children, adolescents, youth and women will go a long way in reducing particular vulnerabilities of such individuals and groups, improving their health and well-being, and in providing stigma-free health services. Similarly, the framework on access to controlled medicines will lead to the establishment of a structured and controlled system for facilitating adequate availability and accessibility to affordable controlled medicines for medical and scientific purposes, while preventing diversion.

I wish to express my profound gratitude to the group of experts from relevant MDAs and other partner entities including civil society organizations for generously providing their expertise and precious time in developing this Plan.

I commend the valuable support of the European Union (EU) for funding the project “Response to Drugs and Related Organized Crime in Nigeria”, and in particular I would like to recognize the EU’s invaluable contributions in the development of this document. The United Nations Office on Drugs and Crime (UNODC) is equally acknowledged and appreciated for implementing the aforementioned project as well as for facilitating the development and finalization of NDCMP 2021–2025.

I am confident that effective and timely implementation of NDCMP 2021–2025 will significantly contribute to addressing Nigeria’s growing drug problems, strengthening public health systems, building community resilience and in better tackling multidimensional security challenges.



**Abubakar Malami, SAN**

Minister of Justice and Attorney General of the Federation

# Acknowledgement

The NDCMP 2021–2025 is the 4th edition of our National Action Plan on drug control. The document was developed by the Inter-ministerial Drug Control Committee (IMC) and other relevant stakeholders with the active support of our international partners.

As the Chair of the IMC therefore, NDLEA wishes to note with profound satisfaction the effort of all parties involved and in particular, the Federal Government of Nigeria for ensuring institutionalised mechanisms for drug control. I would also like to appreciate the unwavering commitment and support of the President and Commander-in-Chief of the Armed Forces of the Federal Republic of Nigeria, President Muhammadu Buhari, GCFR, to the drug control mechanism of the country.


The encouragement and support of the Honourable Attorney General of the Federation and Minister of Justice is unparalleled and well appreciated. I also wish to appreciate the unflinching support and encouragement of both the Senate and House of Representatives committees of the National Assembly on Drugs and Narcotics in the development process of the plan.

Worthy of mention and appreciation also is the commitment of the Inter-Ministerial Committee (IMC) members, with particular reference to NDLEA, FMOH, NAFDAC and NACA for providing lessons learned on the previous NDCMP. Their incisive guidance and experience provided the foundation for the new NDCMP 2021–2025. It is also on record that the inputs from the State Drug Control Committees (SDCCs) across the six geopolitical Zones of the Country and the civil society organisations were of immense benefit to the process.

I will not forget to express our gratitude to the European Union (EU) without whom this project would not have received its accelerated completion. Their generous financial and technical support to the development of the NDCMP under the 10th EDF fund Project “Response to Drugs and Related Organized Crime in Nigeria” was timely and quickened the early delivery of the NDCMP. The role of the Nigeria’s country office of the United Nations Office on Drugs and Crime (UNODC) in facilitating the implementation of this project and providing technical support in the development of the Plan is commendable and appreciated.

Finally, permit me to also thank the Consultants, including the Core Writing Team, the Editorial Team and the NDCMP secretariat for their tireless efforts in ensuring the development and completion of the 4th edition of the NDCMP (2021–2025).

The NDCMP will continue to serve as a roadmap that would guide the administration of our drug control efforts. It is my sincere hope that the joined-up approach of NDCMP 2021–2025 will bring about the much-needed coordination in order to effectively address the multi-faceted challenges associated with the drug problems.



**Brig. Gen. Mohamed Buba Marwa (Rtd), OFR**  
Chairman / Chief Executive NDLEA

# Executive Summary

Preparation of National Drug Control Master Plans (NDCMPs) represents the Government of Nigeria's efforts towards conceptualizing and developing comprehensive strategic tools and frameworks for addressing multifaceted challenges associated with drug cultivation, production, trafficking and use in the country. The first NDCMP was rolled out in 1999, followed by the second, implemented from 2008 to 2013, and the third from 2015 to 2020. Over time, as drug markets became more complex and sophisticated, the corresponding responses of the Government also became more inclusive, specialized, accountable and better coordinated.

The fourth NDCMP 2021–2025 represents a continuity and advancement in the Government of Nigeria's efforts towards addressing the evolving drug situation in the country in a comprehensive, integrated, multidisciplinary and inclusive manner. A dedicated team comprising subject matter experts from all the relevant Ministries, Departments and Agencies (MDAs), including National Drug Law Enforcement Agency (NDLEA), Federal Ministry of Health (FMOH), National Agency for Food and Drug Administration and Control (NAFDAC) and National Agency for the Control of AIDS (NACA), was formed to develop and finalize this Plan. The EU-funded and UNODC-implemented project, "Response to Drugs and Related Organized Crime in Nigeria" provided technical and advisory support, while the National Coordination Unit (NCU), collocated with NDLEA, coordinated the entire planning and development processes.

A unique feature of NDCMP 2021–2025 is its evidence-based approach. The document took inspiration and guidance from a number of research studies, including Nigeria Drug Use Survey 2018, which was conducted by the National Bureau of Statistics (NBS) and the Centre for Research and Information on Substance Abuse (CRISA). The findings of the Drug Use Survey revealed a drug use prevalence of 14.4 per cent among Nigerians aged between 15 and 64 years, which is almost three times the global drug use prevalence of 5.5 per cent. The most commonly used drug was cannabis (10.6 million), followed by opioids (4.6 million), mainly non-medical use of prescription opioids and cough syrups (2.4 million). The survey also found that a total of almost 3 million persons were suffering from some form of drug use disorder. Moreover, the report showed that one in every four people who use drugs is a woman, however, the proportion of women entrants in treatment is only six per cent. This helps in establishing the widely known but unacknowledged fact about the high prevalence of drug use amongst women in Nigeria and the need for scaling up gender-responsive drug demand reduction and treatment interventions.

The fourth NDCMP 2021–2025 was informed by broad-based consultations among partners and stakeholders over two years in 2019 and 2020. It is aligned and harmonized with the existing international and regional conventions, lessons learned from earlier

phases of NDCMP, and good practices from Nigeria, West Africa and around the world. Moreover, it adopts a balanced approach to illicit drug supply and demand, including measures focusing on prevention, treatment and care. In addition, the Plan is rooted in understanding and effectively responding to gender and other inequities in Nigerian society. Further, it contributes to achieving Sustainable Development Goal (SDG)–3 to “ensure healthy lives and promote well-being for all at all ages” and target 3.5 to “strengthen prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol,” as well as SDG–16 to “promote just, peaceful and inclusive societies.”

The overall goal of NDCMP 2021–2025 is to improve health and security for everyone living in Nigeria. It is based on the premise that the problems arising from drug supply and consumption are not limited to people who use drugs, but have wider health, social and economic consequences on the family, community and nation. The Plan contains four strategic pillars that culminate in an integrated multi-sectoral strategic and operational plan to comprehensively address drug issues in Nigeria. The pillars are: Supply Reduction; Drug Demand Reduction; Access to Controlled Medicines for Medical and Scientific Purposes; and Governance and Coordination. Each of the strategic pillars is anchored in one or two MDAs of the Government that will be responsible for achieving desired outcomes.

The desired result of the Supply Reduction strategic pillar is to reduce production and supply of illicit drugs, including illicit narcotics, precursors, psychotropic substances, and other nationally and internationally controlled drugs. The five desired outcomes are: 1) Increased disruption of drug trafficking; 2) Making drug trade unprofitable; 3) Reduced diversion from licit to illicit uses of narcotics, psychotropic substances and precursors; 4) Reduced illicit production of amphetamine-type stimulants (ATS) and new psychoactive substances (NPS); and 5) Reduced cannabis cultivation. NDLEA is the lead agency for this strategic pillar.

The strategic pillar on Drug Demand Reduction builds on the sensitization, advocacy, prevention and treatment programmes carried out in the previous NDCMP cycle. The desired outcome is a reduction in demand for drugs, as measured in four areas: 1) Reduced use of drugs (prevention and sensitization); 2) Reduced dependence on drugs (treatment); 3) Reduced harm caused by drug use; and 4) Improved services. NDLEA, FMOH, NAFDAC and NACA are the lead organizations for this pillar.

The strategic pillar on Access to Controlled Medicines for Medical and Scientific Purposes is meant to address the problem of a lack of availability of controlled medicines for genuine patients and its severe impact on the health and wellness of Nigerians. This pillar, therefore, seeks improved access and appropriate use of controlled medicines, measured by: 1) Increased accessibility, affordability and availability of controlled medicines in public and private health facilities; 2) Rational use of controlled medicines; 3) Health systems strengthening for accessibility, availability and affordability; and 4) Preventing diversion of controlled medicines. FMOH and NAFDAC are the lead organizations for this pillar.



The Governance and Coordination pillar unites the efforts of various MDAs for effective implementation of the Plan. The five outcome areas are: 1) Results-focused partnerships; 2) Leadership and ownership; 3) Well-resourced planning; 4) Monitoring, evaluation and learning systems (relating to NDCMP); and 5) Effective communication and advocacy of the Plan. The NCU leads this pillar.

The underpinning principles that guided development and implementation of NDCMP 2021–2025 support responses that promote continuity, are evidence-based, adaptable, empowering, and gender and equity inclusive. The Plan also incorporates critical prerequisites for effective implementation of NDCMP. This includes political will and positioning, enabling policies, functional structures and mechanisms, effective partnerships, adequate capacities, sufficient funding, appropriate infrastructure, appropriate modalities of communication and strategic information.

Going forward, effective implementation will require communication, technology, advocacy and targeted sensitization, capacity building, research, legal reforms, gender mainstreaming, attention to age disparities, resource mobilization, and inter-agency collaboration, cooperation and coordination. Comprehensive details of the enabling processes shall be included in the operational plan.

Planned, conceived and developed by Nigerians, with an evidence-based, health-centred, gender-responsive and rule of law-based approach, the NDCMP 2021–2025 is a great step forward towards addressing Nigeria’s growing drug problems by adopting balanced, integrated, inclusive and multidisciplinary approaches.

# Contributors and Facilitators

This report was written by a group of experts from the MDAs of the Government of Nigeria, UNODC, the National Coordination Unit/NDCMP Secretariat and independent consultants. The document was edited by a panel of experts.

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# Background

## 1.1 Nigeria country profile

Nigeria gained independence in 1960 and is a federation of 36 states and the Federal Capital Territory (FCT). With approximately 182 million inhabitants, Nigeria is the most populous country in Africa and the seventh most populous country in the world.<sup>1</sup> It has a young population (the median age is 18 years) and nearly half of Nigerians (48 per cent) live in urban areas. According to the Human Development Report 2018, life expectancy, a key indicator for health, is 54 years in Nigeria.<sup>2</sup> Investment in public health is less than one per cent of gross domestic product (GDP), significantly lower than in many countries with similarly sized populations and economies.

A 2018 report by the International Narcotics Control Board (INCB) notes that Africa remains a key transit point for drug trafficking.<sup>3</sup> Drug seizure data shows that trafficking in Nigeria is not limited to cannabis and cocaine, but also includes precursors like ephedrine. The synthetic opioid tramadol, which is not under international control, is also increasingly misused in Nigeria and the larger West African region. The production of cannabis and amphetamines continues to be an area of concern in Nigeria.

The UNODC *World Drug Report 2017* notes that the focus for global seizures of pharmaceutical opioids is now on countries in West Africa, Central Africa and North Africa.<sup>4</sup> Global seizures of tramadol rose from under 10 kg in 2010 to almost 9 tons in 2013, before reaching a record high of 125 tons in 2017. Tramadol is smuggled to various markets in West Africa, Central Africa and North Africa. While some tramadol is diverted from legal or medical channels, this is not always the case; most of the tramadol seized worldwide between 2012 and 2016 appears to have originated in clandestine laboratories in Asia.

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1 UNDP, Human Development Report: Human Development for Everyone, 2016.

2 UNDP, Human Development Report: Human Development for Everyone, 2016.

3 Report of the International Narcotics Control Board (INCB) for 2017, UN, Vienna, 2018.

4 Source: Annual Report of the National Drug Law Enforcement Agency (NDLEA). This included cannabis sativa (187,394 kg) followed by psychotropic substances (77,755.21 kg) methamphetamine (1,352.56 kg) and ephedrine (718.27 kg). Other drugs include cocaine which accounted for 305.17 kg and 66.28 kg of heroin.

## 1.2 Drug supply in Nigeria

According to the National Drug Law Enforcement Agency (NDLEA), drug seizures in 2018 totalled 317,765 kg, increasing to 612,903 kg in 2019.

**Table 1: NDLEA drug seizure data 2018–2019**<sup>5</sup>

Year	Cocaine (kg)	Cannabis (kg) seized	Methamphetamine (kg)	Heroin (kg)	Ephedrine (kg)	Tramadol (kg)
2018	124.864	273,249.087	270.084	59.617	326.560	22,562.300
2019	112.996	602,654.500	146.380	23.894	454.085	2,078.831

- a. **Cocaine:** In 2018, nearly 125 kg of cocaine were seized in Nigeria; that dropped to around 113 kg in 2019.
- b. **Cannabis:** Cannabis was the most seized drug by the NDLEA in both 2018 and 2019.<sup>6</sup> Cannabis plantations are usually located in remote areas with rugged terrain, limiting access and posing challenges for drug interdiction, eradication and crop substitution.
- c. **Opioids:** In 2018, NDLEA reported tramadol as second to cannabis on the list of drugs seized. This synthetic opioid analgesic is increasingly being used for non-medical purposes in the West African region, including Nigeria.<sup>7</sup> The National Drug Use Survey 2019 showed that 4.7 per cent of the population aged between 15 and 64 reported non-medical use of prescription opioids in the previous year, with tramadol being by far the most commonly misused opioid.
- d. **Amphetamine-type substances (stimulants):** According to the INCB, there is growing concern about methamphetamine production in West Africa. Between 2011 (when the first methamphetamine laboratory was established) and 2019, the NDLEA dismantled 18 clandestine methamphetamine laboratories. In 2016, the NDLEA dismantled a ‘super lab’ capable of producing 3,000 kg of methamphetamine in each cycle. The ‘super lab’ relied on the pre-precursor chemical benzaldehyde, an organic compound used as a food additive, from which the phenylacetone commonly known as P2P was synthesized and used to manufacture methamphetamine. NDLEA seized 753 kg of methamphetamine at this clandestine laboratory site.<sup>8</sup> NDLEA arrested four Mexican nationals along with five Nigerians at the site, revealing a link between the ‘super lab’ and cartels operating in Mexico. Fourteen of the methamphetamine laboratories dismantled in Nigeria were found to be utilizing a production method based on ephedrine as the precursor chemical. The NDLEA reported a total seizure of approximately 270 kg of methamphetamine in 2018 and 146 kg in 2019.

<sup>5</sup> Data updates based on communication received from NDLEA on 05/15/2019.

<sup>6</sup> NDLEA (Federal Republic of Nigeria): 2016 Annual Report, Lagos, Nigeria.

<sup>7</sup> NDLEA (Federal Republic of Nigeria): 2016 Annual Report, Lagos, Nigeria.

<sup>8</sup> Gbenga Bada (Pulse.ng), “Drug agency arrests 4 suspects, discovers meth lab in Asaba”, 03/12/2016.



- e. **Precursors:** Despite limited data on precursors, ephedrine was the primary precursor substance seized in Nigeria in both 2018 and 2019. Ephedrine was confirmed to have been diverted from distribution channels, while other precursors were possibly smuggled from neighbouring West African countries and then shipped across Africa. The NDLEA seized nearly 326 kg of ephedrine in 2018, a figure that increased to around 454 kg in 2019.

In the last five years, about 7 tons of ephedrine (raw and in finished products) have been imported. However, there are ongoing attempts to get an accurate estimate of the actual amount required by Nigeria for legal purposes. To that end, the Federal Ministry of Health (FMOH) and National Agency for Food and Drug Administration and Control (NAFDAC) have conducted two surveys, in 2017 and 2019. The surveys intended to scientifically quantify the country's need for controlled medicines, psychotropic substances and precursors.

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### 1.3 Drug use in Nigeria

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The Drug Use in Nigeria Survey 2018 was a nationwide survey that examined the extent and patterns of drug use in the country. According to this report, drug use prevalence is 14.4 per cent, with 14.3 million people between the ages of 15 and 64 reporting drug use in the previous year. This is significantly higher than the global prevalence rate of 5.6 per cent, as per the World Drug Report 2019. The most commonly used drug in Nigeria is cannabis (with 10.6 million people reporting use), followed by opioids (4.6 million), mainly through non-medical use of prescription opioids and cough syrups (2.4 million). This is corroborated by data from the Nigerian Epidemiological Network on Drug Use (NENDU), which shows that in 2016 opioid use among patients consisted mainly of prescription opioids: tramadol, codeine and, to a lesser extent, pentazocine.

The highest prevalence of drug use was among people between the ages of 25 and 39. However, non-medical use of pharmaceutical opioids and cough syrup is also prevalent among older people within the age bracket of 45 and 64. Among people who use drugs, 376,000 are high-risk drug users. One in five high-risk drug users injects drugs. The most common drugs injected in 2017 were pharmaceutical opioids, followed by cocaine and heroin.

One in every four people who use drugs in Nigeria is a woman. Drug use among women is highly stigmatized and remains largely hidden and unreported. This is also evident in the treatment demand indicator collected over the past five years, which shows that women made up only six per cent of those who entered treatment. This highlights the importance of effectively addressing distinct needs of women and scaling up gender-responsive interventions.

The report highlighted the significant social consequences of drug use in Nigeria, including disruption in family lives, loss in productivity and legal issues as a consequence of drug use in communities. Also, nearly one in eight persons experienced effects due to other peoples' drug use in their families, workplaces and communities.

Treatment, counselling and continuing care are mainly conducted in tertiary hospitals, NDLEA counselling centres, some non-governmental organizations (NGOs) and faith-based organizations (formal and informal). Inpatient and limited outpatient services are offered in some hospitals and drug units. However, these services are typically not available for free, and it is difficult for people with drug use or with substance use disorder to access them. The stigmatization of drug use or of those with substance use disorders further limits the utilization of already scarce resources and services for their treatment. Despite evidence that HIV is growing in Nigeria, the link between HIV and AIDS and drug use has not received adequate attention.

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## 1.4 Drug response in Nigeria

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The involvement of Nigerian citizens in the illicit drug trade as well as high rate of drug use by citizens has prompted active responses from successive governments, civil society organizations, as well as several other countries and international organizations. The globalization of drug use and drug-related organized crime necessitates international cooperation, both in terms of strategy and operations.

Nigeria is a party to all UN international conventions on narcotic drugs and psychotropic substances, and Nigerian legislation and policies in drug control are developed with consideration of international conventions.<sup>9</sup>

Nigeria has set an excellent example by promoting continuity in strategic instruments to respond to the evolving drug situation, with the development of the first NDCMP in 1999, followed by a second one for the period of 2008–2011 (extended to 2013) and the third five-year NDCMP 2015–2019 (extended to 2020). The NDCMP 2015–2019 was developed after extensive consultations at the state and national level, and the process was supported by the EU-funded UNODC project “Response to Drugs and Related Organized Crime in Nigeria”. The NDCMP 2015–2019 provided a critically needed focus on drug control activities in Nigeria by setting out measurable targets for the various governmental agencies involved in drug control.

NDCMP 2021–2025 builds on this work and continues to be supported by the EU-funded UNODC project “Response to Drugs and Related Organized Crime in Nigeria”, and aims to contribute to the enhanced health and security of all Nigerians. It contains four thematic pillars: Supply Reduction, Drug Demand Reduction, Access to Drugs for Medical Purposes, and Governance and Coordination. The document acknowledges and aligns itself with the existing international and regional conventions of the African Union and Economic Community of West African States (ECOWAS).<sup>10</sup> As the recent African Union’s strategic and policy instruments cover almost

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9 For details on the Nigerian legislation and institutional framework refer to the Drug Use in Nigeria 2018.

10 African Union Plan of Action on Drug Control and Crime Prevention (2019-2023); Political Declaration on the Prevention of Drug Abuse, Illicit Drug Trafficking and Organized Crime in West Africa, 2008.

the same period (2019–2023) as the NDCMP 2021–2025, it is vital to ensure their coherence and compatibility. NDCMP 2021–2025 will help Nigeria achieve Sustainable Development Goal (SDG)–3 to “ensure healthy lives and promote well-being for all at all ages” and target 3.5 to “strengthen prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol,” as well as SDG-16 to “promote just, peaceful and inclusive societies.”

## 1.5 NDCMP 2021–2025 formulation process

The EU and Government of Nigeria entrusted UNODC with implementation of the project “Response to Drugs and Related Organized Crimes in Nigeria”. An integral part of this was the support to implement the previous NDCMP 2015–2019 (extended to 2020). In continuation of this work, UNODC supported the formulation of NDCMP 2021–2025.

The NDCMP 2021–2025 planning process was initiated with a meeting held by the Inter-Ministerial Committee (IMC) in December 2018, at which steps for formulation of NDCMP 2021–2025 were outlined and agreed upon. A multi-stakeholder consultation and iterative process guided the development of the plan, which is built on three key aspects:

- 1. Stakeholder input:** Extensive consultations were held with key MDAs of the Government of Nigeria, the Presidential Advisory Committee on the Elimination of Drug Abuse (PACEDA), civil society organizations (CSOs), State Drug Control Committees (SDCC), and experts in the field at state, national and international levels. Stakeholders also contributed input through an online survey.
- 2. Lessons from the implementation of NDCMP 2015–2019:** This focused on developing a plan informed by the successes, strengths, challenges and lessons learned from the implementation of NDCMP 2015–2019, through in-depth consultations with the IMC and NCU in January 2019.
- 3. Good practices** from Nigeria, West Africa and various parts of the world were reviewed and included in the discussions and drafting of the plan.

One of the critical steps early in the formulation of NDCMP 2021–2025 was formation of the core writing team. The writing team, made up of senior subject matter experts, were nominated by their respective key MDAs and supported by external consultants (international and national), the NDCMP Secretariat/NCU and UNODC.<sup>11</sup> Another critical element of the NDCMP 2021–2025 was to build consensus and political commitment throughout the planning process.

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<sup>11</sup> Key MDAs include: NDLEA, NACA, FMOH and NAFDAC.



### THE PROCESS AND TIMELINE OF THE DEVELOPMENT OF NDCMP

December 2018	Agreement with IMC on the NDCMP development process and timeline
January 2019	Workshop with key stakeholders from MDAs for endorsement and finalization of formulation process
February – March 2019	Development of questionnaire and rollout of the survey
March 2019	Formation of the writing team
February – March 2019	Consultations for stakeholder input
March – April 2019	Analysis of primary data collected
April 2019	First workshop with writing team
May 2019	Second workshop with writing team
June 2019	Compilation of the first draft of NDCMP
July – September 2019	Circulation to crucial MDAs of draft document for input and comments
September 2019	Compilation of the second draft with input from the writing team and respective key MDAs, international experts and PACEDA
November 2020	Compilation of the third and fourth drafts with input reflecting changes and taking into consideration the new challenges of COVID-19
January 2020	Review and finalization

It was agreed that NDCMP 2021–2025 should have four strategic pillars that culminate in an integrated multi-sectoral strategic and operational plan to comprehensively address drug issues in Nigeria.



# Strategic Framework

The overall goal of NDCMP 2021–2025 is to improve health and security for everyone living in Nigeria. It is understood that the problems arising from drug supply and consumption are not restricted only to people who use drugs, but have wider health, social and economic consequences on the family, community and nation. Based on this, NDCMP adopts a broad, comprehensive and inclusive approach for addressing drug-related problems for a safe and peaceful Nigeria.

The **underpinning principles** that guided the development and implementation of NDCMP 2021–2025 are:

- **Promoting continuity:** Nigeria has set an excellent example in promoting continuity in the planning, development and implementation of strategic instruments: the three NDCMPs. The lessons learned and the assets accumulated, physical and human, form the basis of the work to be undertaken in 2021–2025, which would help to deepen the impact.
- **Evidence-based:** All planning and decision making for NDCMP 2021–2025 will be based on evidence generated through national or international studies, as well as gathered from the field.
- **Adaptation:** The NDCMP 2021–2025 will adapt to the changing drug context dynamically.
- **Empowerment:** The Plan will empower all MDAs, States and other key actors.
- **Gender and equity:** The Plan is rooted in understanding and responding to gender and other inequities that exist in Nigerian society.
- **Inclusive response:** Bearing in mind that the Nigerian Government and its MDAs are largely responsible for drug responses, NDCMP will ensure that all the key players, including people who use drugs, are involved in the development of comprehensive, relevant, inclusive, accountable and sustainable response to drug control.

Keeping the above in view, the NDCMP has four strategic pillars:

1. Supply Reduction,
2. Drug Demand Reduction,
3. Access to Controlled Medicines for Medical and Scientific Purposes, and
4. Governance and Coordination.

## The strategic framework for NDCMP 2021–2025

GOAL: Improved Health and Security for Nigerians

PRE-REQUISITES	1. Political will & positioning 2. Enabling policies 3. Functional structures and mechanisms 4. Effective partnerships 5. Comprehensive Plan 6. Adequate capacities 7. Sufficient funding 8. Appropriate infrastructure 9. Effective communication 10. Strategic information											
PILLAR	IMPACT	KEY OUTCOMES								CROSS CUTTING PROCESSES		
Supply reduction	Reduced supply and production of drugs*	Disruption of drug trafficking	Making Drug trade unprofitable	Reduced diversion of Narcotics, Psychotropics and Precursors	Reduced illicit production of Methamphetamine and Psychotropic Substances	Reduced illicit cultivation of cannabis					1. Communication	
Drug Demand reduction	Reduced demand for drugs**	* <i>Illicit drugs, narcotics, precursors, psychotropic substances and other national / international controlled drugs (Non-medical use)</i>										
Access to controlled medicines for medical purposes***	Improved access and appropriate use of controlled medicines	Reduced use of drugs* (Prevention)	Reduced dependence of drugs (Treatment)	Reduced Harm related to drug use	Enabling environment for improved services					2. Technology		
Governance & coordination	Strengthened and coordinated response	** <i>Illicit drugs, narcotics, psychotropic substances and other national / international controlled drugs</i>										3. Advocacy & targeted sensitization
		Increased accessibility, affordability and availability of controlled medicines in public and private health facilities	Rational use of controlled medicines	Health Systems Strengthening for accessibility, affordability and availability	Prevent diversion of controlled medicines					4. Capacity Building		
		*** <i>Narcotics and psychotropic drugs for medical and scientific purposes</i>										5. Research
		Leadership and ownership	Results-focused partnership	Well-resourced plan	Monitoring, Evaluation and Learning	Effective communication and advocacy of NDCMP 2021–2025					6. Legal reforms	
UNDERPINNING PRINCIPLES	1. Build on successes/assets 2. Evidence based 3. Adaptation 4. Empowerment 5. Gender and equity 6. Meaningful involvement of affected***										7. Inter-agency coordination and joint action	

\*\*\*\* *Marginalized and vulnerable groups - e.g. Internally displaced, women in special circumstances, youth, homeless, differently abled and other contextual groups*

The strategic framework highlights critical prerequisites for effective implementation of NDCMP 2021–2025: political will and positioning, enabling policies, functional structures and mechanisms, effective partnerships, adequate capacities, sufficient funding, appropriate infrastructure, appropriate modalities of communication and strategic information. Much progress was achieved in these areas during implementation of NDCMP 2015–2019.

The strategic framework also recognizes the following enabling functions: communication, technology, advocacy and targeted sensitization, capacity building, research, legal reforms, gender mainstreaming, age disparity, resource mobilization, and inter-agency collaboration, cooperation and coordination. Comprehensive details of the enabling processes shall be included in the operational plan. Each of these strategic pillars is anchored within one or two ministries, which will be responsible for the desired outcomes. The four strategic pillars are:

### 1. SUPPLY REDUCTION

Significant effort and resources were invested during the last NDCMP cycle to strengthen law enforcement responses to illicit drug supply and production, especially in the areas of capacity building, infrastructure development and creation of intelligence databases. NDCMP 2021–2025 will continue with the same strategic intent but will increase focus on supply reduction.

The desired result of this strategic pillar is to reduce the supply and production of illicit drugs, including illicit narcotics, precursors, psychotropic substances, and other nationally and internationally controlled drugs.

There are five desired outcomes of the supply reduction pillar:

- a. Increased disruption of drug trafficking
- b. Making drug trade unprofitable
- c. Reduced diversion from licit to illicit uses of narcotics, psychotropic substances and precursors
- d. Reduced illicit production of amphetamine-type stimulants (ATS) and new psychoactive substances (NPS)
- e. Reduced of cannabis cultivation

NDLEA is the lead agency for this strategic pillar.

### 2. DRUG DEMAND REDUCTION

This builds on the sensitization, advocacy, prevention and treatment programmes carried out in the previous cycle. The desired outcome is a reduction in demand for drugs, as measured in four areas:

- a. Reduced use of drugs (prevention and sensitization)
- b. Reduced dependence on drugs (treatment)
- c. Reduced harm caused by drug use
- d. Improved services

NDLEA, FMOH, NAFDAC and National Agency for Control of AIDS (NACA) are the lead organizations for this pillar.

### 3. ACCESS TO CONTROLLED MEDICINES FOR MEDICAL AND SCIENTIFIC PURPOSES<sup>12</sup>

This strategic pillar focuses on controlled medicines for medical and scientific purposes. Input from stakeholders shows a compounding crisis involving a lack of availability of controlled medicines for genuine patients and its severe impact on the health and wellness of Nigerians.

NDCMP seeks improved access and appropriate use of controlled medicines, measured by:

- a. Increased accessibility, affordability and availability of controlled medicines in public and private health facilities
- b. Rational use of controlled medicines
- c. Health systems strengthening for availability, accessibility and affordability
- d. Preventing diversion of controlled medicines

FMOH and NAFDAC are the lead organizations for this pillar.

### 4. GOVERNANCE AND COORDINATION

The fourth pillar unites the efforts of various MDAs. The five outcomes are:

- a. Results-focused partnership
- b. Leadership and ownership
- c. Well-resourced planning\monitoring, evaluation and learning system (relating to NDCMP)
- d. Effective communication and advocacy of the plan

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<sup>12</sup> Narcotics and psychotropic drugs for medical and scientific purposes.

## CHAPTER 3

# Strategic Pillars of NDCMP 2021–2025

### 3.1 Pillar 1: Supply Reduction

PILLAR	IMPACT	KEY OUTCOMES	PRIORITIES
Supply reduction	Reduced supply and production of drugs*	Disruption of drug trafficking	<ol style="list-style-type: none"> <li>1. Strengthen and operationalize an intelligence led model/unit</li> <li>2. Strategic communication about arrests and prosecution</li> <li>3. Reform laws and policies in line with current realities on drug issues</li> <li>4. Integrated border management strategy</li> </ol>
		Making Drug trade unprofitable	<ol style="list-style-type: none"> <li>1. Targeting of assets and wealth of traffickers</li> <li>2. Management of seized assets and wealth of trafficker</li> </ol>
		Reduced diversion of Narcotics, Psychotropics and Precursors	<ol style="list-style-type: none"> <li>1. Use digital supply chain tracking</li> <li>2. Result focused joint surveillance and inspection</li> <li>3. Develop and implement a national and regional legal framework</li> </ol>
		Reduced illicit production of Methamphetamine and Psychotropic Substances	<ol style="list-style-type: none"> <li>1. Establish mechanisms for identifying and dismantling illicit units</li> <li>2. Strategy for joint operations with source and destination countries</li> </ol>
		Reduced illicit cultivation of cannabis	<ol style="list-style-type: none"> <li>1. Understand cannabis cultivation, value chains and use</li> <li>2. Implement a strategy to address cannabis cultivation and use</li> </ol>

\* Illicit drugs, narcotics, precursors, psychotropic substances and other national/international controlled drugs (Non-medical use)



## Expected impact of this pillar:

Reduced supply and production of drugs<sup>13</sup>

This impact of supply reduction will be measured through the following outcomes:

1. Disruption of drug trafficking networks
2. Making drug trade unprofitable
3. Reduction in the diversion of narcotics, psychotropic substances and precursors
4. Reduced illicit production of ATS and NPS
5. Reduced cultivation of cannabis

Supply reduction is not limited to policing, border control and management, but also includes illicit internal production and diversion of narcotics, psychotropic substances and precursors. This necessitates that NDLEA and relevant MDAs must work together to achieve results.

The intelligence-led operation model shall form the basis of all policy, investigation and management. The focus will be on the sourcing and sharing of real-time information to enhance information usability.

The lucrative nature of the drug trade is the primary motivation for people to engage in this business. Thus, one of the outcomes in this Plan is to make the drug trade less profitable by reducing profits for senior-level drug traffickers. Another desired result is a reduction in cannabis cultivation and supply.

### 3.1.1 Disruption of drug trafficking networks

#### A. STRENGTHEN AND OPERATIONALIZE AN INTELLIGENCE-LED OPERATING MODEL

Intelligence-led drug operations require an understanding of the broader criminal drug environment, gathering of relevant information about specific risks and targets, and the subsequent analysis and value addition to this information by triangulation. This intelligence then needs to be disseminated in a timely manner to critical decision makers who will use it to prioritize and undertake informed actions. Importantly, it must be an ongoing action with intelligence informing new operations, which then feedback into a cycle of action-reflection-action, with a constant focus on targeting mid- to high-level producers and suppliers of drugs.

The tactics of drug traffickers continue to evolve and become more sophisticated, which make it challenging to use traditional law enforcement methods in detecting drug trafficking groups. Hence, law enforcement needs to continuously innovate and discover new methodologies to detect mid- to high-level drug traffickers. Apart from sharing information with other government

<sup>13</sup> For all impact and outcome statements, indicators and targets will be developed as part of the monitoring and evaluation framework and plan.



and law enforcement agencies, drug law enforcement often needs to rely on special investigative tools to obtain key pieces of intelligence and evidence to discover the location of drugs and drug traffickers. To maintain public confidence in the use of such special investigation techniques, law enforcement agencies must be sufficiently empowered to act, and adequate safeguards must be in place to prevent abuse of such powers.

The UN Convention Against Transnational Organized Crime (UNTOC) calls for promotion of cooperation to prevent and combat transnational crimes more effectively; Article 20 of UNTOC on special investigative techniques outlines guidelines to that effect.<sup>14</sup> Nigeria, being a signatory to this Convention, is obligated to follow these guidelines to strengthen its intelligence-led operating model. The development of analytical techniques, training and technical assistance is an essential aspect of the response. Similarly, information sharing and joint operations among different law enforcement agencies will need to be codified into policy.

NDCMP 2021–2025 calls for available intelligence and data sources to be mined to inform tactical investigative actions, conduct predictive strategic analysis and trends, and provide a warning on changes in the drug environment and the needed change operational strategies.

Effectiveness of the intelligence model is dependent on the credibility of data being fed into this process. Hence, it is vital for law enforcement agencies to have access to the broadest possible sources of data in real time. Strengthening mechanisms to facilitate the timely exchange of information amongst stakeholders in Nigeria (between LEAs and other agencies), West Africa and internationally is critical for effective coordination of responses that can ultimately support joint operations.

It is expected that strengthening and operationalizing an intelligence-led operating model, supported by an investment in capacity building and adequate legal backing will be able to disrupt the drug trade.

**Expected results:**

At least four mid- to high-level drug traffickers arrested and prosecuted every year.

## B. STRATEGIC COMMUNICATION ABOUT ARRESTS AND PROSECUTION

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Communicating effectively about arrests, supply disruption and prosecution may have a deterrent effect on those who are involved in drug trafficking. It will also provide public confidence in the actions of law enforcement responses to drug supply reduction and also be a morale booster for law enforcement personnel. To achieve maximum impact and ensure that the messages are in line with the objectives of the NDCMP, a communication strategy will be developed to clearly outline the roles of each responsible entity.

**Expected results:**

At least six instances every year of high-profile communication on drug supply disruption.

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<sup>14</sup> United Nations Convention against Transnational Organized Crime and the protocols thereto, 2004.

### C. REFORM LAWS AND POLICIES IN LINE WITH CURRENT REALITIES ON DRUG ISSUES

There will be periodic review of laws and policies for developing a cogent response to drug issues,<sup>15</sup> in line with the three international drug control conventions to which Nigeria is a signatory.<sup>16</sup>

**Expected results:**

At least three policies established, reviewed, revised and approved to improve drug control responses every three years.

### D. INTEGRATED BORDER MANAGEMENT STRATEGY

National borders serve as essential points for intervention in controlling the illicit flow of drugs. Given the size and topography of Nigeria, it is critical that borders are effectively managed and all entry and exit points, including ports and internal waterways, have integrated law enforcement systems that work in unison to disrupt drug trafficking. The sixth action of Article 7 of UNTOC advocates for “strengthening cooperation among border control agencies by, among other things, establishing and maintaining direct channels of communication” as part of border measures.

**Expected results:**

Regular multi-agency operations that will lead to drug seizures at border points.

## 3.1.2 Making drug trade unprofitable

### A. TARGETING AND MANAGING SEIZED ASSETS AND WEALTH

Tracking of illicit funds is a critical element in detecting the nature and operations of different drug trafficking models. This will help identify key players, their wealth, key locations and volume of drugs transacted. These operations require a multi-agency approach to build strong cases for prosecution and recovery of wealth from traffickers.

Assets seized from traffickers are varied and may include money, movable and immovable assets, shares, etc. The existing system needs to be strengthened to ensure that the forfeited assets seized by NDLEA and other agencies are effectively handled by the asset managers appointed by the Honourable Attorney General of the Federation (HAGF), under the Assets Tracing, Recovery and Management Regulations of 2019. The plan is also to strengthen laws and policies to establish mechanisms that can fund drug prevention and treatment programmes with the recovered assets.

**Expected results:**

Biennial proceeds of crime investigation completed for every drug trafficker arrested.

15 This will include all laws, rules and authorization procedures that affect drug producers, traffickers, consumers, service providers, law enforcers and others who come into contact with drugs and drug-related activities.

16 The Single Convention on Narcotic Drugs of 1961 as amended by the 1972 Protocol, the Convention on Psychotropic Substances of 1971, and the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988.

### 3.1.3 Reduced diversion of narcotics, psychotropic substances and precursors

#### A. DIGITAL SUPPLY CHAIN TRACKING

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Set up and use digital supply chain tracking of narcotics, psychotropic substances and precursors. This will include seized narcotics, psychotropic substances and precursors for non-medical use.

**Expected results:**

A central digital tracking system for narcotics, psychotropic substances, and precursors established and implemented in line with international standards.

#### B. RESULT-FOCUSED JOINT SURVEILLANCE AND INSPECTION

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Develop and implement Memorandum of Understandings (MOUs) between critical organizations that have authority to act on controlled narcotics, psychotropic substances and precursors. These MOUs and related Standard Operating Procedures (SOPs) will underpin joint and coordinated actions that are results oriented. A standing dedicated multi-agency task force will be established to carry out surveillance and inspections of importers/manufacturers, and subsequently develop and provide intelligence to appropriate investigative agencies.

**Expected results:**

Establishment of a multi-agency task force with at least half of all manufacturers/importers inspected annually.

#### C. STRENGTHEN IMPLEMENTATION OF NATIONAL LEGAL FRAMEWORK AND REGIONAL COOPERATION

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The NDCMP 2021–2025 will strengthen the implementation of laws on the criminalization of the diversion of ephedrine and other precursors into illicit channels. It will also advocate for the harmonization of control mechanisms with neighbouring countries to prevent cross-border diversions of precursor chemicals for illicit use.

**Expected results:**

1) Strengthened implementation of institutional framework; 2) Four annual joint operations with relevant counterparts from the neighbouring countries.

### 3.1.4 Reduced illicit production of ATS and NPS

#### A. ESTABLISHMENT OF A DEDICATED UNIT FOR IDENTIFYING AND DISMANTLING ILLICIT LABORATORIES

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A dedicated clandestine laboratory identification and dismantling unit will be established for gathering intelligence, conducting analysis and launching operations to curb the illicit production of ATS and NPS. The unit will track the movement of precursor chemicals and special equipment

used to establish illicit drug laboratories and assist in subsequent investigations, laboratory dismantling and prosecution.

**Expected results:**

Establishment of a dedicated unit that reports on the number of laboratories detected and dismantled, as well as arrests made, and prosecutions undertaken.

## **B. STRATEGY FOR JOINT OPERATIONS WITH SOURCE AND DESTINATION COUNTRIES**

There is a need to strengthen criminal investigation and criminal justice cooperation with both source and destination countries. There is also a need to develop strategies for regional and international partnerships that interrupt the illicit supply of drugs. Joint operations will be undertaken in line with the provisions of various international conventions on global cooperation.

**Expected results:**

At least four joint operations enabled by the framework undertaken every year with other countries to disrupt the illicit supply of drugs.

### **3.1.5 Reduced cultivation of cannabis**

#### **A. UNDERSTAND CANNABIS CULTIVATION, VALUE CHAINS AND USE**

As part of NDCMP 2021–2025, comprehensive research will be conducted to understand the criminal environment that encourages cannabis cultivation in Nigeria. The research will provide in-depth insight into the extent of cultivation (including the means of cultivation, volumes, etc.) and, notably, the value chain in the production and sale of cannabis (players, economics, markets, value addition points, etc.). Also, the role of local communities in the supply chain needs to be fully understood to develop a comprehensive policy, including the possibility of alternative development programmes to address the issue of cannabis cultivation in Nigeria.

**Expected results:**

Development of a comprehensive strategy to address the issue of cannabis cultivation in Nigeria.

#### **B. IMPLEMENT THE STRATEGY TO ADDRESS CANNABIS CULTIVATION**

The comprehensive Plan will guide the implementation of a strategy to address the issue of cannabis cultivation. It will also address methods to encourage the cultivation of economically viable crop substitutes. A pilot programme will be initiated in one of the high prevalence states before being scaled up nationwide. The results will be integrated into the strategy for its finalization and implementation.

**Expected results:**

Endorsement and implementation of a cannabis cultivation strategy and plan in the six states with the highest prevalence of cannabis cultivation.

## 3.2 Pillar 2: Drug Demand Reduction

PILLAR	IMPACT	KEY OUTCOMES	PRIORITIES
Drug Demand reduction	Reduced demand for drugs**	Reduced use of drugs* (Prevention)	<ol style="list-style-type: none"> <li>1. Effective and integrated prevention programmes scaled up</li> <li>2. Key stakeholders and communities sensitized</li> <li>3. Strengthen data management systems</li> </ol>
		Reduced dependence of drugs (Treatment)	<ol style="list-style-type: none"> <li>1. Integrate substance use health services in primary health care</li> <li>2. Scale-up quality treatment</li> <li>3. Expand user-friendly community level treatment</li> <li>4. Strengthen data management systems</li> </ol>
		Reduced Harm related to drug use	<ol style="list-style-type: none"> <li>1. Implement full package of harm reduction services</li> <li>2. Develop drug overdose management programme</li> <li>3. Strengthen data management systems</li> </ol>
		Enabling environment for improved services	<ol style="list-style-type: none"> <li>1. Targeted sensitization of LEO, user networks and others</li> <li>2. Strengthening of user networks for a more active role</li> </ol>

\*\* Illicit drugs, narcotics, psychotropic substances and other national/international controlled drugs

### Expected impact of this pillar: Reduced demand for drugs\*<sup>17</sup>

The four strategies to address specific stages of drug consumption and improve health and social outcomes are:

- a. Prevention: Help people, especially vulnerable children, adolescents, youth and women, avoid or delay the initiation of the use of drugs, or, if they have already started using drugs, prevent the development of drug use disorders.
- b. Treatment: Provide facilities for effective, affordable, quality treatment, care and services to people with drug or substance use disorder.

17 All drug demand reduction programmes shall address all types of substances: illicit and the non-medical use of licit substances.

- c. Harm reduction: Reduce risk for people who use drugs or with substance use disorder, with a focus on people who inject drugs.
- d. Creating an enabling environment to improve service quality and uptake.

Prevention, early intervention, treatment, recovery, rehabilitation and social integration are critical components of this pillar. Initiatives and efforts in these areas will address the needs of all people who use drugs or with substance use disorder, irrespective of gender, socioeconomic status or other characteristics. Focus will be on vulnerable groups, including women, children who are out of school, unemployed youth, and displaced families and children.

The four outcome areas are:

1. Reduced use of drugs
2. Reduced dependence on drugs (treatment)
3. Reduced harm related to drug use
4. Enabling environment for improved services

### 3.2.1 Reduced use of drugs

The prevention priorities in NDCMP 2021–2025 are guided by the United Nations General Assembly Special Session (UNGASS) on the World Drug Problem 2016 declaration that countries should: “Take effective and practical primary prevention measures that protect people, in particular children and youth, from drug use initiation by providing them with accurate information about the risks of drug abuse, by promoting skills and opportunities to choose healthy lifestyles and develop supportive parenting and healthy social environments and by ensuring equal access to education and vocational training.”<sup>18</sup>

The Drug Use in Nigeria Survey 2018 highlighted gaps in meeting the treatment and care needs for people with drug use disorders. There is an urgent need to prevent the initiation of drug use, provide treatment for people who use drugs or with substance use disorder, ensure recovery and rehabilitation of drug dependents, and reduce the health and social harms associated with drug use, including those who inject drugs.

#### A. EFFECTIVE AND INTEGRATED PREVENTION PROGRAMME SCALED UP FOR CHILDREN, ADOLESCENTS, YOUTH AND WOMEN

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Substance use by children, both in and out of school, has negative impacts on their education, health and wellbeing. It also has severe implications for their families and communities.<sup>19</sup>

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18 Outcome Document of the 2016 United Nations General Assembly Special Session (UNGASS) on the World Drug Problem, 2016.

19 Early adolescent cannabis use has also been consistently found to be associated with poor school performance and early school dropout – the heavier the use, the lower the attainment, Silins et al., 2014; Stiby et al., 2015.



Caring and effective parenting, schools and communities that are well resourced and organized are protective factors that contribute to individuals being less vulnerable to drug use and other negative behaviours.<sup>20</sup>

Nigeria implemented several school-based drug prevention programmes, notably UNPLUGGED, under the NDCMP 2015-2019. NDCMP 2021–2025 intends to expand similar programmes by targeting out-of-school children, adolescents and youth, and provide infrastructure and activities for sports and events.<sup>21</sup>

The drug education curriculum currently in use will also be reviewed and updated. Additionally, prevention programmes will be developed and implemented aimed at reducing family-related risk factors for adolescent behavioural problems and building protective factors in children, adolescents, youth and their parents/caregivers.

**Expected results:**

Prevention programmes targeting children, adolescents, youth and women implemented in at least three states per geopolitical zone in Nigeria.

## B. STRENGTHEN DATA MANAGEMENT SYSTEMS

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A data management system to track the progress of ongoing programmes, beneficiaries and stages of implementation will be developed and made available to all relevant stakeholders to support effective decision-making.

**Expected results:**

Development of a data management system to enable agencies involved in prevention programmes track progress and guide policies.

### 3.2.2 Reduced dependence on drugs (treatment)

Substance use dependence is a complex, multifactorial health problem with psychosocial, environmental and biological determinants. This should be understood, recognized and incorporated in policies and programmes. Prescribers, dispensers and other health workers must be conscious of the need to closely monitor patients, especially those on medications for chronic ailments that can be easily misused. Moreover, drug treatment requires the delivery of quality care services by a trained healthcare workforce through accessible (and affordable) health facilities. Treatment must adopt a continuum of care approach, and not be seen and practised as a one-time activity. NDCMP 2021–2025 recognized this and accordingly incorporates effective mechanisms to reduce dependence on drugs.

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20 UNODC, International Standards on Drug Use Prevention, 2015.

21 For statistical purposes, the UN defines 'youth' as those between the ages of 15 and 24 years.

## A. INTEGRATE SUBSTANCE USE MANAGEMENT INTO PRIMARY HEALTHCARE SERVICES (PUBLIC AND PRIVATE) <sup>22</sup>

Primary healthcare (PHC) facilities are the first and most common points for treatment. However, in Nigeria the PHC workforce has limited capacity to recognize, diagnose and provide treatment for substance use dependence. Given this, workforce capabilities will be enhanced by including training on substance use dependence and mental health and providing much-needed infrastructure, enabling the delivery of appropriate services in PHCs in select states across Nigeria. Primary healthcare services should cover screening, brief intervention, treatment, aftercare, referral and follow-up services. As part of capacity-building initiatives, CSOs involved in the treatment and care of drug users will also be included in training.

### Expected results:

Substance use treatment is integrated into selected PHCs in at least two states per geopolitical zone.

## B. SCALE-UP DRUG TREATMENT SERVICES

Nigeria has developed a comprehensive treatment strategy that encapsulates the full range of treatment services for people who use drugs. This includes the provision of all-inclusive referral services, capacity building, sensitization and infrastructure in relevant agencies. The strategy addresses the intersection of drugs, alcohol and substance use, which cause a range of social, legal and physical and mental health problems.

Existing guidelines and policies shall be reviewed, and an evidence-based approach will be developed to serve as a unified treatment strategy document for the entire country. Standard treatment interventions are:<sup>23</sup>

- Community-based outreach
- Screening, brief interventions and referral
- Short-term inpatient or residential treatment
- Outpatient treatment
- Long-term residential treatment
- Recovery management

This also includes the provision of treatment services in correctional facilities in line with the Nelson Mandela Rules, which affirm the provision of healthcare for inmates as the responsibility of the state and ensure that healthcare in correctional facilities is governed by the same ethical and professional standards.<sup>24</sup> The Bangkok Rules, which focus on the treatment of female offenders

22 Substance use is a broad term that covers all aspects of medical and non-medical substance use, including substance abuse.

23 UNODC, International Standards for the Treatment of Drug Use Disorders, 2016.

24 UNODC, The United Nations Standard Minimum Rules for the Treatment of Prisoners (the Nelson Mandela Rules).

and inmates, are also to be upheld.<sup>25</sup> The correctional service treatment programme shall include employment for inmates, capacity building, and training and workshops for correctional service workforce and health staff.

To further strengthen the quality of treatment services, the referral system for treatment and continuum care services that were established in the NDCMP 2015–2019 will be fully operationalized.

**Expected results:**

Treatment strategy developed and implemented by FMOH, NDLEA, NAFDAC, Nigeria Correctional Services and NACA.

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**C. INCREASE ACCESSIBILITY TO TREATMENT SERVICES FOR PEOPLE WHO USE DRUGS**

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Stigma and unavailability of treatment services are significant barriers in access to treatment for people with drug or substance use disorder. The Drug Use in Nigeria Survey 2018 shows that this is more prevalent for women than men. Establishing user-friendly, community-based treatment facilities, especially female-friendly centres, and providing resources will reduce these barriers. This will be supplemented with capacity building for treatment, primarily mental health-related services for vulnerable groups.<sup>26</sup> To reduce the stigma associated with treatment, there is a need to increase the availability of treatment centres outside of psychiatric wards/hospitals. Also, NDLEA counselling and care units in states will be expanded to be stand-alone centres and staff will be trained for user-friendliness.

**Expected results:**

1) Set up at least two community-level treatment centres in each geopolitical zone, at least one of which should serve females; 2) Scale-up at least two NDLEA stand-alone centres in each geopolitical zone; 3) Establish at least two drug treatment wards/units outside of the psychiatric wards/hospitals in each geopolitical zone.

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**D. STRENGTHEN DATA MANAGEMENT SYSTEMS**

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Data management systems will be strengthened to accurately monitor trends in drug use and treatment demand and provide information to policymakers for the development of efficient drug response and treatment systems. Using standardized forms, the data will be collected as part of the registration of the client or during the assessment interview at the service. It will then be entered into a central database for further transmission to the central reporting agency, where it will be analysed for trends and shared with stakeholders regularly.

The Nigerian Epidemiological Network on Drug Use (NENDU), established by NDCMP 2015–2019, will be further expanded and strengthened in NDCMP 2021–2025, so that MDAs can fully benefit

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25 UNODC, The Bangkok Rules, 2011.

26 Vulnerable groups include displaced women and children, children on streets, homeless elderly, migrant workers, physically and mentally challenged people.

from it for developing evidence-based strategies and policies.<sup>27</sup>

**Expected results:** NENDU data use by policymakers for decision-making in fund allocation, programme strategy, etc.

### 3.2.3 Reduced harm related to drug use

Harm reduction includes policies, programmes and practices that aim to reduce the harm related to drugs and minimize death, disease and injury from high-risk behaviour, especially injecting drugs. Globally, countries affected by drug use are expanding their drug treatment services to mitigate harm among users while protecting the general public. A comprehensive package of interventions for the prevention, treatment and care of HIV among people who inject drugs has been endorsed widely by WHO, UNAIDS, UNODC, the UN General Assembly, the Economic and Social Council, the UN Commission on Narcotic Drugs, the Global Fund and PEPFAR.

The Drug Use in Nigeria Survey 2018 estimated that 80,000 people inject drugs in Nigeria (both in the previous 12 months and currently). The socioeconomic burden on the individual drug user, their families and communities caused by drug use is significant. Injecting drugs is a significant driver of diseases such as tuberculosis, hepatitis, sexually transmitted infections (STIs) and HIV. Nigeria currently ranks fourth in the world for the number of people living with HIV (approximately 1.9 million PLHIVs) and people who inject drugs (PWIDs) remain a key population, with HIV prevalence of 3.4 per cent (self-reported is nine per cent).<sup>28</sup> According to the Drug Use in Nigeria Survey 2018, this is three- to nine-times higher than the national average prevalence of 1.4 per cent.<sup>29</sup>

#### A. IMPLEMENT FULL PACKAGE OF HARM REDUCTION SERVICES

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The harm reduction package includes the following:

1. Needle and Syringe Programmes (NSP)
2. Medically Assisted Therapy (MAT) and other evidence-based drug dependence treatment
3. HIV Testing Services (HTS)
4. Antiretroviral Therapy (ART)
5. Prevention and treatment of sexually transmitted infections (STIs)
6. Condom distribution programmes for people who inject drugs and their sexual partners
7. Targeted information, education and communication (IEC) for people who inject drugs and their sexual partners

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27 Housed in the FMOH, NENDU has been operational since 2015 as a partnership forum between FMOH and NDLEA and is collecting data from 11 hospitals and seven NDLEA commands. The FMOH works with Federal Neuro-Psychiatric Hospitals (FNPH).

28 FMOH, Nigeria AIDS Indicator and Impact Survey (NAIIS), 2019. Integrated Biological and Behavioral Surveillance Survey (IBBSS), 2014.

29 Ibid

8. Prevention, vaccination, diagnosis and treatment for viral hepatitis
9. Prevention, diagnosis and treatment of tuberculosis (TB)
10. Drug overdose management programme

While each intervention addresses different factors relating to HIV transmission and its consequences, a comprehensive approach needs to be followed. The technical guide recommends that “to address HIV successfully, countries where injecting drug use occurs will need to implement NSP and evidence-based drug dependence treatment (including specifically MAT) as a priority”.<sup>30</sup> A comprehensive package of harm reduction services, including supporting policies and guidelines needs to be implemented.

**Expected results:**

Implementation of a comprehensive harm reduction package in at least three geopolitical zones.

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## B. DEVELOPMENT OF A DRUG OVERDOSE MANAGEMENT PROGRAMME

Drug overdose-related death can be averted with emergency life support resuscitation and, where required, administration of opioid antagonists like naloxone. Drug overdose management programmes will target policymakers, programme implementation teams, law enforcement, correctional services staff, drug user networks and the health workforce, especially emergency staff.

**Expected results:**

Drug overdose programme implemented in at least three geopolitical zones.

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## C. STRENGTHEN DATA MANAGEMENT SYSTEMS

The comprehensive harm reduction package comprising of 10 different programmes for the PWID and correctional centre populations requires a robust data management system for its effective implementation. NACA already has a monitoring and evaluation (M&E) system, which will be adapted to capture clients reached and services delivered as part of each programme in the comprehensive package. The use of this data management system will facilitate increased access to services and improve service delivery.

**Expected results:**

The existing DHIS 2.0 system is upgraded and made accessible to relevant agencies involved in harm reduction programme.

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30 United Nations Office on Drugs and Crime, International Network of People Who Use Drugs, Joint United Nations Programme on HIV/AIDS, United Nations Development Programme, United Nations Population Fund, World Health Organization, United States Agency for International Development. Implementing comprehensive HIV and HCV programmes with people who inject drugs: practical guidance for collaborative interventions. Vienna: United Nations Office on Drugs and Crime; 2017.

### 3.2.4 Enabling environment for improved services

#### A. TARGETED SENSITIZATION ON DRUG ISSUES FOR KEY STAKEHOLDERS<sup>31</sup>

Sensitization refers to informing and creating awareness about drug dependence, drug use, prevention, treatment and care. Sensitization and advocacy targeting specific influencers can be a catalyst for reducing stigma and improving policy for evidence-based intervention programmes for people who use drugs.

The Drug Use in Nigeria 2018 Survey highlights fear of stigma as one of the significant barriers for people to access to treatment and support. Under this priority area of the NDCMP 2021–2025, targeted sensitization on drug issues for law enforcement agencies that engage with people who use drugs (for example, correctional service personnel, police officers and NDLEA officers) shall be undertaken. Similarly, religious leaders, community leaders, media and other groups will be sensitized. Also, a package of IEC materials will be developed and disseminated. Organizational capacities will be strengthened, and community-based activities will be carried out.

In NDCMP 2015–2019, action points led to the sensitization of community influencers including policymakers, media, schools, health professionals, academics, teachers and CSOs. NDCMP 2021–2025 will build on the existing sensitization framework to develop specific sensitization and advocacy programmes.

**Expected results:**

Increased sensitization programmes for key stakeholders and the general population to at least 10 per state annually.

#### B. STRENGTHENING OF DRUG USER NETWORKS FOR A MORE ACTIVE ROLE IN DECISION-MAKING, POLICY FORMULATION AND PROGRAMME IMPLEMENTATION

People who use drugs should be at the centre of all drug demand reduction activities. For greater adoption and uptake of treatment and harm reduction programmes, initiatives shall be undertaken to build and strengthen drug user networks. This builds on priority ‘a’ under 3.2.3 above for sensitization of user networks. Under this priority, CSOs will be critical partners to reach out and establish active user networks across the country. The first step will be the development of a strategy document that details the objective, process and activities to be carried out. Implementation of these activities will be the second part of this priority.

**Expected results:**

Formation and facilitation of at least one active drug user networks per state.

<sup>31</sup> This shall include but not be limited to law enforcement officers, drug user networks and other community members in the general population.



### 3.3 Pillar 3: Access to Controlled Medicines for Medical and Scientific Purposes<sup>32</sup>

PILLAR	IMPACT	KEY OUTCOMES	PRIORITIES
Access to controlled medicines for medical purposes <sup>***</sup>	Improved access and appropriate use of controlled medicines	Increased accessibility, affordability and availability of controlled medicines in public and private health facilities <sup>33</sup>	<ol style="list-style-type: none"> <li>1. Strengthen coordination mechanisms to improve access to controlled medicines</li> <li>2. Institutionalize the development of a biennial report at national level on use of controlled medicines</li> <li>3. Develop strategy to support local manufacture and distribution</li> </ol>
		Rational use of controlled medicines	<ol style="list-style-type: none"> <li>1. Institutionalized training of healthcare workforce on rational use of controlled medicines including pain assessment and palliative care services</li> <li>2. Institutionalization of assessments for patient experience &amp; satisfaction on pain management to strengthen policies and programmes</li> <li>3. Improve prescription, dispensing and use of controlled medicines</li> </ol>
		Health Systems Strengthening for accessibility, availability and affordability	<ol style="list-style-type: none"> <li>1. National policy, regulations, practices regularly revisited and revised</li> <li>2. Strengthen the existing inventory and record keeping tools and promote electronic inventory management system</li> <li>3. Understand and respond to the changing landscape of pharmaceutical industry</li> </ol>
		Prevent diversion of controlled medicines	<ol style="list-style-type: none"> <li>1. Assessing the national needs of controlled medicines through quantification survey</li> <li>2. Establish mechanisms for accountability of controlled medicines manufactured locally</li> <li>3. Strengthen monitoring of controlled medicines</li> <li>4. Address the barrier to implementation of National Drug Distribution guideline</li> </ol>

<sup>\*\*\*</sup> Narcotics, psychotropic drugs and precursors for medical and scientific purposes

32 Controlled medicines are drugs that are regulated to prevent misuse, control harm or their use illegally for production of other harmful drugs and opioids. This includes to narcotics, psychotropic substances and precursors.

33 Private health facilities include hospitals, clinics and pharmacies.



## Expected impact of this pillar: Improved access and appropriate use of controlled medicines

The medical use of narcotic drugs continues to be indispensable for the relief of pain and suffering. Hence adequate provision must be made to ensure the availability of narcotic drugs for such purposes.<sup>34</sup>

The report *Availability of Internationally Controlled Drugs* by the International Narcotics Control Board (INCB) says: “enough pain relief substances and raw materials are produced to fully cover global demand, yet three out of four people in the world have only limited or no access to pain relief. Key factors are lack of training and awareness of healthcare professionals, fear of drug dependence and limited financial resources.”<sup>35</sup>

Restrictive procedures around controlled medicines make it challenging to access medication for pain management. A report released in 2018 by UNODC in partnership with WHO and Union for International Cancer Control (UICC) (UNODC-WHO-HICC) highlighted that 80 per cent of the world’s population still lacks access to controlled medicines.<sup>36</sup> Untreated pain that lasts beyond the healing period becomes a disease itself, leading to other social, mental and physical health issues for the patients and their families.<sup>37</sup> It is widely recognized that narcotic drugs and psychotropic substances play an active role in pain management in medical settings. Yet, the under-treatment of pain due to inadequate availability has remained a global concern.

Many opioid medications are subject to multiple national and international controls mandated under various conventions, agreements and protocols. This is primarily to avoid non-medical use of opioids, which harms people’s health and wellbeing, and poses a risk to the community at large. The NDCMP 2021–2025 recognizes the need to maintain a balance between access to controlled medicines for those in need and reduction of non-medical use. The following section discusses the priorities under each of the four outcomes and the planned results.

The four outcomes areas of this pillar are:

1. Increased availability, accessibility and affordability of controlled medicines in public and private health facilities
2. Rational use of controlled medicines
3. Health systems strengthening for availability, accessibility and affordability
4. Prevent diversion of controlled medicines

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34 Preamble of Single Convention on Narcotic Drugs, 1961, as amended by the 1972 Protocol.

35 INCB, *Availability of Internationally Controlled Drugs: Ensuring Adequate Access for Medical and Scientific Purpose*, 2015.

36 UNODC, *Technical Guidance on Increasing Access to, and Availability of Controlled Drugs for Medical Purposes*, Advanced Draft, 2018.

37 Monti S., Caporali, R. “Chronic pain: the burden of disease and treatment innovations”, *Reumatismo*, 2015; 67 (2): 35-44.

### 3.3.1 Increased availability, accessibility and affordability of controlled medicines in public and private health facilities

#### A. STRENGTHEN COORDINATION MECHANISMS TO IMPROVE ACCESS TO CONTROLLED MEDICINES

Nigeria has multiple agencies involved in supply chain management of controlled medicines. To improve access, it is essential to develop an uninterrupted yet monitored process that allows professionals to diagnose and dispense needed medication, and patients to access controlled medicines at the right time and place, and at affordable prices. This process requires close monitoring as it moves through all phases, from manufacturing to consumption, including procurement, production, inventory management, distribution and use. It is at the dispensing stage at public and private health facilities where patients are most impacted by lack of access. However, the supply chain in its entirety must be examined to understand the situation in Nigeria. If not well managed, it will significantly contribute to the challenges of accessing medication for patient use. To improve access at public and private health facilities, it is critical to have one coordinating body or mechanism that reduces the barriers for access to medication for the patient. These barriers include, but are not restricted to, rules and policies on licensing requirements, dispensing practices, labelling requirements, inventory management, taxes and policies that affect price, etc.

The lead agencies for this strategic pillar shall continue to work on coordination mechanisms to strengthen the above aspects to improve access. This involves the improvement of collaborative mechanisms like the multi-agency task force, regular reviews, synergized monitoring and the regular sharing of data amongst agencies.

**Expected results:**

- 1) Establishment of the multi-agency task force with clear Terms of Reference and mechanisms; 2) Quarterly multi-agency meetings.

#### B. INSTITUTIONALIZE THE DEVELOPMENT OF A BIENNIAL REPORT AT THE NATIONAL LEVEL ON THE USE OF CONTROLLED MEDICINES

To enhance the availability of controlled medicines, it is necessary to understand the extent of the use of essential medicines that are under control. Currently, there is no comprehensive database that records the patterns of controlled medicine consumption in Nigeria. Under the NDCMP 2021–2025, a status of the sector report capturing details of controlled medicine dosage, forms, use, health conditions and elementary demographic details of the patients shall be developed using data from healthcare providers. As part of this, mapping and registration of healthcare providers in Nigeria will also be undertaken and regularly updated. This routine data collection process will provide crucial guidance on the quantity of narcotics and psychotropic substances to be imported for use in the country. The process of development of this biennial report at the national level on the use of controlled medicines will be institutionalized and mainstreamed into the regular working of the MDAs for facilitating evidence-based

decision-making. (This action is linked to priority “Assessing the national needs of controlled medicines through quantification and estimation survey” under section 3.3.4)

**Expected results:**

1) Institutionalize routine data collection by keying into existing National Health Logistics Management Information System (NHLMIS); 2) Biannual reports on the use of controlled medicines obtained from NHLMIS and used to inform policies.

### C. DEVELOP A STRATEGY TO SUPPORT LOCAL MANUFACTURE AND DISTRIBUTION

According to the Pharmaceutical Society of Nigeria (PSN), approximately 70 per cent of medicines in Nigeria are imported.<sup>38</sup> This can result in higher prices for medicines, more points for diversion and less control over the quality of medications. One way to tackle these problems is to promote and support local manufacturing and distribution of medicines. NDCMP 2021–2025 will incorporate measures for ensuring manufacturing of safe, efficacious, accessible and affordable controlled medicines, in line with the National Policy for Controlled Medicines and Implementation Strategies. However, while promoting local manufacturing, checks and balances along the manufacturing chain will be necessary to avoid diversion into illicit channels.

**Expected results:**

1) Strategy document for local manufacturing of opioids developed; 2) Two indigenous pharmaceutical manufacturers engaged in manufacturing opioids.

## 3.3.2 Rational use of controlled medicines

### A. INSTITUTIONALIZED TRAINING OF THE HEALTHCARE WORKFORCE ON THE RATIONAL USE OF CONTROLLED MEDICINES, INCLUDING PAIN ASSESSMENT AND PALLIATIVE CARE SERVICES<sup>39</sup>

Qualified professionals are critical for the effective management of pain at all levels of healthcare. This requires the development of an institutionalized training plan for all physicians, pharmacists, nurses and emergency room staff, in line with the Nigeria Curriculum for the Rational Use and Access to Controlled Medicines. The curriculum has the following five core components:

- Legal and policy foundation
- Pain management, including therapeutic and non-pharmacological interventions
- Pharmacology and rational use of controlled medicines
- Pharmacovigilance and non-medical use of controlled medicines
- Supply chain management

38 Success Nwogu, Ilorin, (Punch Nigeria) “70% of drugs used in Nigeria are imported – PSN”, 21/03/2018.

39 Healthcare workforce includes all people involved in primary care: physicians, pharmacists, nurses and emergency room staff.

Under the Plan, physicians, pharmacists, nurses and emergency room staff working in all educational institutions and health regulatory bodies will undergo on-the-job training. The national curriculum already developed will be used for training on assessment of pain levels, sensitization to improve engagement and communication with patients in pain, diagnosis, prescription of pain medication and pain management. Institutional training on opioid medications and training of medical professionals on pharmacovigilance and medication error reporting will also be initiated and further complemented by developing a communication strategy for health professionals on opioid medications and passive surveillance mechanisms to ensure drug safety.

**Expected Results:**

Implementation of the national curriculum on the rational use of controlled medicines.

### **B. INSTITUTIONALIZATION OF ASSESSMENTS FOR PATIENT EXPERIENCE AND SATISFACTION ABOUT PAIN MANAGEMENT**

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A healthcare system unable to assist in managing patient pain leads to decreased quality of life for patients and erodes the credibility of the provider. Therefore, it is important to collect feedback from patients about their experiences related to pain management. For this purpose, a programme that assesses patient experience and satisfaction will be developed and rolled out. This assessment will also assist in the review and development of patient care manuals, policies and education curriculum.

**Expected results:**

Patient experience and satisfaction feedback form developed and rolled out at secondary and tertiary healthcare levels in all states.

### **C. IMPROVE PRESCRIPTION, DISPENSING AND USE OF CONTROLLED MEDICINES**

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Robust guidelines on prescription and dispensing of controlled medicines are required to improve access to controlled medicines by patients. The National Guidelines for Pain Management (NGPM) already details best practices for prescription and dispensing, including assessment and monitoring of patients. Patients and their families also need to be informed on the appropriate use of controlled medicines, dosage and duration of medical treatment. This NGPM will be reviewed, detailed and made available to all health professionals and patients.

**Expected results:** NGPM guidelines document and associated policy for prescription, dispensing and use developed and implemented in at least one state in each of the six geopolitical zones in addition to FCT and Lagos.

### 3.3.3 Health systems strengthening for availability, accessibility and affordability

Improving availability, accessibility and affordability of controlled medicines requires the development and implementation of a comprehensive strategy for all agencies, departments and stakeholders.

#### A. REGULAR REVIEW AND UPDATE OF NATIONAL POLICIES, REGULATIONS AND GUIDELINES

The development of the National Policy for Controlled Medicines in 2017 was a critical first step in addressing the issue of access to these medications. However, to implement the required components of NDCMP 2021–2025, a more extensive mapping of existing practices in the healthcare system is required. Existing hospital policies, clinic practices and other healthcare practices need to be closely analysed and mapped to ensure they are in line with international drug control conventions and the National Policy for Controlled Medicines in Nigeria. Existing laws and regulations in Nigeria have already been referenced in the National Policy for Controlled Medicines. Still, a review and update are necessary to align all relevant policies, regulations and guidelines. This will include the implementation of policies, regulations and guidelines for pain management and curriculum for rational use of controlled medicines that were developed in NDCMP 2015–2019.

Strengthening the Logistics Management Coordination Unit (LMCU) in the State Ministries of Health (SMoH) to support quarterly data collection on the use of controlled medicines shall be part of this priority. Formats to capture data on the use of controlled medicines will be developed and made available to all LMCUs across 36 states.

**Expected results:**

1) LMCUs strengthened to collect data every quarter and feed into NHLMIS to inform policy decisions; 2) Guidelines, manuals and curriculum updated to reflect the revised national policies.

#### B. STRENGTHEN EXISTING INVENTORY AND RECORD-KEEPING TOOLS AND PROMOTE ELECTRONIC INVENTORY MANAGEMENT SYSTEM

Inventory control and record keeping are critical to effectively manage the supply chain and increase access to controlled medicines to patients in pain. For this purpose, and to strengthen coordination among relevant agencies, a more robust and integrated electronic inventory management system is required. However, a phased approach will be followed, starting with the strengthening of existing tools to include all narcotics, psychotropic substances, pain management medicines and precursors. This should be simplified to enhance adoption amongst all distributors, health facilities and pharmacies. Once adoption is strengthened, efforts will be made to shift to an electronic inventory management system.

**Expected results:**

Establishment of integrated electronic inventory management systems across public and private health facilities.



### C. UNDERSTAND AND RESPOND TO THE CHANGING LANDSCAPE OF THE PHARMACEUTICAL INDUSTRY

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The pharmaceutical industry is instrumental in the development, production and marketing of medications. Hence, industry involvement in related policymaking is essential. This is even more critical given the challenges associated with the availability of opioid medicines in the regulated system, combined with the risk of increasing an already large market of non-medical use of opioid medications. There is a need to strengthen the existing mechanism for the pharmaceutical industry’s involvement in policy formulation and development with a particular focus on narcotic medicines.

To this end, engagement with existing professional and regulatory bodies like the Pharmacists Council of Nigeria (PCN), Medical and Dental Council of Nigeria (MDCN), Nursing and Midwifery Council of Nigeria (NMCN), PMGMAN and other relevant stakeholders should also be strengthened.

**Expected results:**

- 1) Strategy document developed to support local manufacturing of narcotic medicines;
- 2) Local manufacturing of narcotic medicines.

#### 3.3.4 Prevent diversion of controlled medicines

This particular outcome complements the third outcome in Pillar 1, “Reduced Diversion of Narcotics, Psychotropic substances and Precursors”, by focusing on monitoring of controlled medicines and precursors. Lead MDAs for both pillars will work in close coordination to ensure the achievement of this outcome.

### A. ASSESSING THE NATIONAL NEEDS OF CONTROLLED MEDICINES THROUGH QUANTIFICATION AND ESTIMATION SURVEY

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A needs assessment is key to improving the availability of a commodity or service, as it helps to realistically estimate the national requirement of controlled medicines and precursors. This, in turn, will guide the processes of production, procurement, supply and distribution. The national guidelines for quantification of narcotic medicines and estimation of psychotropic substances and precursors are to be updated and implemented.

**Expected results:**

- 1) Guidelines for estimation and quantification of narcotics and psychotropic substances updated and implemented;
- 2) Quantification and estimation survey conducted every two years (linked to 3.3.3).

## B. ESTABLISHMENT OF MECHANISMS FOR ACCOUNTABILITY OF CONTROLLED MEDICINES MANUFACTURED LOCALLY

One of the priority actions under the outcome focusing on “Increased availability, accessibility and affordability in public and private health facilities” is to promote the manufacturing of controlled medicines locally. To ensure that such promotion of local manufacturers does not result in controlled medicines being diverted to illicit channels of distribution, existing NAFDAC regulations will need to be enforced. Also, the strategy developed as part of the priorities in 3.3.1 will include SOPs, inventory management and distribution guidelines. This strategy document will also reference existing mandatory controls and monitoring mechanisms of FMOH, NAFDAC and manufacturing companies.

**Expected results:**

Development of a strategy for engagement with the pharmaceutical industry.

## C. STRENGTHEN MONITORING OF CONTROLLED MEDICINES

NDCMP 2021–2025 will strengthen existing monitoring mechanisms of pharmacies in addition to the accountability indicators mentioned in the previous priority. Further, steps will be taken to ensure that schedule I<sup>40</sup> of the narcotic medicines are restricted within the specified channel of distribution.<sup>41</sup> The monitoring of zonal narcotics stores will also be carried out as part of this priority action. However, the balance between regulating the supply chain and ensuring sufficient availability of controlled medicines will be maintained.

**Expected results:**

Develop a monitoring mechanism (inter-agency and multi-sectoral), operationalized in at least two states per geopolitical zone plus FCT and Lagos.

## D. ADDRESS BARRIERS TO IMPLEMENTATION OF THE NATIONAL DRUG DISTRIBUTION GUIDELINES

The National Drug Distribution Guidelines (NDDG) is key to addressing distribution bottlenecks and improving access to controlled medicines. Its implementation can also help prevent diversion and infiltration of falsified and spurious products. An interim strategy to address the need for adequate distribution will be developed, pending full implementation of NDDG.

**Expected results:**

Development and implementation of an interim strategy to address the distribution of controlled medicines.

40 A Schedule I narcotic medicine is defined by WHO as follows: (a) That the substance has the capacity to produce (1) A state of dependence, and (2) Central nervous system stimulation or depression, resulting in hallucinations or disturbances in motor function or thinking or behavior or perception or mood, or similar abuse and similar ill effects as a substance in Schedule I, II, III or IV, and (b) That there is enough evidence that the substance is being or is likely to be abused to constitute a public health and social problem warranting the placing of the substance under international control.

41 National Guidelines for Quantification of Narcotics Medicines, Federal Ministry of Health, Nigeria, 2017

### E. IMPLEMENT A STRATEGY TO TACKLE THE ILLEGAL DISTRIBUTION OF CONTROLLED MEDICINES

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Illegal distribution of controlled medicines is contributing to the high non-medical use of these substances. A strategy to address this challenge will be reviewed to strengthen law enforcement capacity and provide tools to dismantle such illegal activities.

**Expected results:** 1) Detection and sanctioning of illegal distributors; 2) Dismantling of illegal distribution outlets.

### 3.4 Pillar 4: Governance and Coordination

PILLAR	IMPACT	KEY OUTCOMES	PRIORITIES
Governance & coordination	Strengthened and coordinated response	Leadership and ownership	1. House the plan at the highest leadership, with clear responsibility
			2. Improve ownership to the plan and its implementation by lead MDAs and other organizations
			3. Effective planning and implementation at State levels
		Results-focused partnership	1. Shared vision, strategy and plan amongst all partners
			2. Strengthen National Coordination Unit
			3. Promote results based multi-agency collaboration
		Well-resourced plan	1. Cost and estimate resource gaps
			2. Resource mobilization plan
		Monitoring, Evaluation and Learning System	1. Improve monitoring (Dashboard/Score cards) and feedback mechanisms for regular reporting by MDAs and other organizations
			2. Analyse and use M&E and research for decision making
			3. Conduct of periodic evaluations
		Effective communication and advocacy of NDCMP 2021–2025	1. Effective communication and advocacy of NDCMP 2021–2025

#### Expected impact of this pillar: Strengthened and coordinated response

One of the key learnings from NDCMP 2015–2019 is the need to have strong governance, coordination, communication and reporting mechanisms for the Plan. Collaboration is strongly desired and helps to achieve the intended results in the best possible manner with effective use of resources. However, this would also mean setting the context on the results-based partnership between MDAs and active promotion of multi-agency partnerships. The NCU/NDCMP Secretariat

proved to be an effective mechanism to ensure that progress was monitored and tracked, and this will be further strengthened by NDCMP 2021–2025. For effective execution, the Plan should be adequately resourced, including financial and human resources. A strong communication plan will be put in place for advocacy and to spread awareness on NDCMP’s work amongst key stakeholders including MDAs, states, communities and leaders.

Accordingly, the five outcomes for this pillar are:

1. Leadership and ownership
2. Results-focused partnership
3. Well-resourced plan
4. Monitoring, evaluation and learning
5. Effective communication and advocacy of NDCMP 2021–2025

### 3.4.1 Leadership and ownership

#### A. HOUSE THE PLAN AT THE HIGHEST LEADERSHIP, WITH CLEAR RESPONSIBILITY

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NDCMP is currently overseen by the IMC, which is headed by the Chairperson of NDLEA. For effective coordination, including resource mobilization for the implementation of the fourth edition of NDCMP, the Chair of the IMC shall continue to solicit resources, including advocacy to MDAs to support implementation of the NDCMP.

**Expected results:**

- 1) NDCMP is endorsed by the President, and IMC continues its leadership; 2) Budget and release of funds for implementation of NDCMP activities are made available across MDAs.

#### B. RECOMMENDATIONS FOR IMPROVED COORDINATION OF THE IMPLEMENTATION OF NDCMP

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The current Inter-Ministerial Committee (IMC) on Drug Control has been in operation since 1994. However, an assessment of the previous NDCMP implementation revealed that the IMC could be strengthened in the following ways:

- a. Conduct IMC meetings at least twice a year. Members of the IMC should not be less than the rank of Director or its equivalent
- b. Involve the presidency in IMC activities
- c. Establish Technical Working Group (TWG) comprising lead organizations of the NDCMP strategy pillars. The TWG shall conduct meetings at least quarterly
- d. Establish NDCMP Consultative Forum to facilitate information flow between the IMC and other stakeholders (participants will include representatives of IMC, SDCCs and CSOs). The Forum should be held at least once a year

**Expected results:**

- 1) Scale up information flow among stakeholders through meetings; 2) At least one IMC meeting held annually; 3) At least two TWG meetings held annually 4) At least one NDCMP Consultative Forum held annually.

### C. IMPROVE OWNERSHIP OF THE NDCMP AND ITS IMPLEMENTATION

Mainstreaming priorities as contained in NDCMP within MDA strategic plans will ensure that resources are mobilized for critical actions. Lead MDAs will continuously adapt the NDCMP based on evidence and use the designated focal points that have access to information on their respective pillar to coordinate with other agencies. These focal points are not part of IMC; they shall support the internal working on NDCMP 2021–2025 in MDAs. The designated focal points should be directorate level officers who can participate in the implementation of the MDAs' mandate. All MDAs will ensure that their planning and monitoring mechanisms adequately incorporate the NDCMP priorities. To this end, each MDA should ensure its commitment to the Plan.

**Expected results:**

Relevant NDCMP activities mainstreamed into MDAs strategic plans.

### D. EFFECTIVE PLANNING AND IMPLEMENTATION AT THE STATE LEVEL

For an effective response to drug issues, coordination between federal and state-level entities is essential. It is therefore critical that state governments have clarity on their roles and that resources are allocated to drive the process. To that end, each state (through the State Drug Control Committee) will prepare a plan in line with the NDCMP 2021–2025 framework. In the previous NDCMP 2015–2019, six pilot states developed such plans, and they may serve as models for remaining states (and LGAs) to develop plans.

The State Drug Control Committee (SDCC) is a crucial mechanism to support state-level multi-MDA actions, and to govern and coordinate responses at the state level.<sup>42</sup> All states will be supported to make their SDCCs fully functional (using the SDCC self-assessment tools). Resources for responses must come from state governments with possible support from the federal government. A matching grant approach, supplemented with a performance-based challenge fund, will provide sustained financing for state-level plans. The Offices of the State Governors have played vital roles in enhancing states drug responses. SDCCs should, thus, be preferably chaired by state governors (or any nominee of the governor who will effectively run its SDCC) to ensure visibility and positioning at the state level. Lessons learned from the six pilot SDCCs should be used in this process.<sup>43</sup>

**Expected results:**

1) Development of fully resourced NDCMP-aligned plans in each state; 2) Functioning SDCCs or their equivalent in place.

42 There is a plan for LGA-level committees at this stage; these will replicate SDCCs but will involve vigilante groups etc. Therefore, this section may change.

43 Anambra, Delta, Ogun, Gombe, Jigawa and Kwara.

### 3.4.2 Results-focused partnership

#### A. SHARED VISION, STRATEGY AND PLAN AMONGST ALL PARTNERS

This Plan, developed jointly by the relevant MDAs, lays out the shared vision and strategy for addressing the issue of drugs in Nigeria. A detailed work plan will lay out the details (how, when, where, and how much) and identify priorities based on agreed roles of various MDAs. A detailed cost estimate of the work plan will also be prepared, which will identify resources essential for implementing NDCMP. The Plan itself will evolve using the following mechanisms: annual reflection exercises on strategies that work (or do not), monitoring data and evaluations (conducted every two years) and review as directed by the IMC or its equivalent.

Successful implementation of NDCMP will require cooperation amongst a range of partners. It is therefore critical that the mandates and roles of partners are established to leverage their strengths in the area of drug control. The NDCMP will be executed, both individually and jointly, as required by the MDAs. In this phase, every MDA will be expected to carry out relevant activities as specified in the NDCMP. The matrix below sets out actions required in aligning MDA strategies and plans to that of NDCMP.

	In work plan of MDA
<b>Aligned to NDCMP</b>	Allocate resources and take responsibility to execute. For each MDA, reporting and accountability shall be to self and all NDCMP partners.
<b>Beyond NDCMP (fulfilling other MDA mandates)</b>	Bring resources and take responsibility to execute. No reporting and accountability to all NDCMP partners, only to MDA stakeholders.

**Expected results:**

NDCMP endorsed by all MDAs and IMC (or its equivalent) with a detailed work plan and budget, to be reviewed annually.

#### B. STRENGTHEN NATIONAL COORDINATION UNIT (NCU) OR ITS EQUIVALENT:

While IMC or its equivalent is a governance mechanism, there needs to be a coordinating unit across key MDAs to help support monitoring and evaluation and offer technical support. To achieve this, the NCU/NDCMP Secretariat will be further strengthened by:

- Mapping skills required for its role by restructuring positions to ensure that the NCU/NDCMP Secretariat has the critical human resources required to perform its role effectively.
- MDAs will identify and assign key staff as focal persons to the NCU/NDCMP Secretariat (this will increase ownership and improve coordination).
- The NCU/NDCMP Secretariat should be adequately funded.

**Expected results:**

NCU/NDCMP Secretariat delivers on 80 per cent of its success indicators.



### C. PROMOTE RESULT BASED MULTI-AGENCY COLLABORATION

The success of NDCMP depends on the ability of stakeholders to collaborate effectively. To achieve this, the NCU/NDCMP Secretariat will facilitate bilateral and multilateral collaboration by building a framework for partnerships. This will include:

- Orientation and capacity building on partnerships to address barriers to working together and promote best practices.
- Regular monitoring of results followed by corrective actions.
- Proactive identification of risks within collaboration and failure in achieving results, and establishment of mitigation strategies.
- Stocktaking of effectiveness of collaboration and provision of directions for better results.

**Expected results:** 1) At least five monitoring reports from lead agencies every quarter; 2) At least two capacity building programmes on M&E conducted annually for NDCMP stakeholders.

### 3.4.3 Well-resourced plan

Implementation of the previous NDCMPs faced three fundamental problems:

- Inadequate resources
- Ineffective resource allocation
- Delayed release of funds

Resource mobilization will help ensure the availability of adequate resources. It is, therefore, imperative that sufficient funds are allocated in the budget and released for each initiative, based on international best practices and lessons learned from previous NDCMPs.

### A. COSTS AND ESTIMATE OF RESOURCE GAPS

A work plan for NDCMP 2021–2025 will be developed and costs estimated. Funding sources at the federal and state level will be identified.

**Expected results:**  
A budgeted plan with resource estimates and gaps identified.

### B. RESOURCE MOBILIZATION PLAN

A resource mobilization plan covering money, people, infrastructure and technology will be developed that lays out a strategy for raising resources (gaps identified). Mechanisms for the creation of sustainable funds (including revolving funds, trust funds, etc.) will be explored. Sources of funding will include federal, state governments, LGAs, corporate bodies, and other

local and international donors. To convince resource providers of the benefits, an investment case will be developed to estimate the economic cost of inaction.

**Expected results:** Development of a comprehensive five-year resource mobilization plan and investment cases for the NDCMP 2021–2025, to be reviewed every two years.

### 3.4.4 Monitoring, evaluation and learning system

#### A. IMPROVE MONITORING AND FEEDBACK MECHANISMS FOR REGULAR REPORTING BY MDAS AND OTHER ORGANIZATIONS

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Based on the agreed work plan, the MDAs will co-develop the monitoring and evaluation (M&E) framework and plan, including indicators for progress (output, outcome, impact) tracking. A dashboard/scorecard showing progress against plan and target, at various levels, and across all stakeholders, will also be developed. Dashboard indicators will align with MDA indicators, when they exist, and new ones will be developed when they do not exist. All indicators will also align with an internationally and regionally agreed-upon multi-level reporting framework. The M&E system will include systematic research (including operations research), the priorities of which will be developed or revisited every year.

All MDAs and states will be trained on the new M&E system. MDAs and states will appoint one person responsible for reporting. Reports will be monitored for regularity and quality by the NCU/NDCMP Secretariat. A comprehensive resource mobilization plan will be developed and reported to the IMC and other relevant stakeholders. Peer reflection and review mechanisms will be initiated to improve learning between states and MDAs.

**Expected results:**  
Dashboard/scorecard showing timely reporting by all MDAs.

#### B. ANALYSIS AND USE OF M&E FOR RESEARCH AND PLANNING

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NCU will lead the analysis of data at the national level to provide insights to the IMC and relevant stakeholders. The NCU will play a key role in helping states analyse data for informed decision-making. Thus, the capacities of relevant entities on the use of the information will be further strengthened.

There will also be mid- and end-term evaluations of NDCMP 2021–2025.

**Expected results:**  
1) Monitoring reports at various levels available and influencing change in the implementation of NDCMP 2021–2025; 2) Mid-term and final evaluation reports of the NDCMP; 3) 80 per cent of recommendations raised from the mid-term evaluation reports implemented within one year.

### 3.4.5 Effective communication and advocacy of NDCMP 2021–2025

A communication strategy of NDCMP 2021–2025 will be developed to ensure useful messages reach relevant stakeholders, including traditional, religious, civil society, academia, professional entities and other opinion leaders. Social media platforms and websites of the MDAs and relevant stakeholders will be updated regularly to publicize successes of the NDCMP. The communication strategy will also detail targeted advocacy for coordination and problem solving, including key impetus for resource mobilization.

**Expected results:**

A communication strategy in place and revised every two years.

**LIST OF MINISTRIES/AGENCIES AND ORGANIZATIONS  
THAT ARE MEMBERS OF THE INTER-MINISTERIAL COMMITTEE  
ON DRUG CONTROL (IMC)**

National Drug Law Enforcement Agency  
Federal Ministry of Health  
National Agency for Food and Drug Administration and Control  
National Agency for the Control of AIDS  
Central Bank of Nigeria  
Department of State Services (DSS)  
Economic and Financial Crimes Commission  
Federal Ministry of Agriculture and Rural Development  
Federal Ministry of Aviation  
Federal Ministry of Budget and National Planning  
Federal Ministry of Defence  
Federal Ministry of Education  
Federal Ministry of Information and Culture  
Federal Ministry of Justice  
Federal Ministry of Transport  
Federal Ministry of Youth and Sports Development  
Federal Ministry Women Affairs  
Federal Road Safety Commission  
INTERPOL NCB Abuja  
Ministry of Foreign Affairs  
National Agency for the Prohibition of Trafficking in Persons  
National Directorate of Employment  
Nigeria Correctional Service  
Nigeria Customs Service  
Nigeria Security and Civil Defence Corps  
Nigerian Air Force  
Nigerian Army  
Nigeria Immigration Services  
Nigerian Intelligence Agency  
Nigerian Navy  
Nigeria Postal Service  
Office of National Security Adviser  
Office of the Secretary to the Government of the Federation  
The Nigeria Police Force

## NAMES OF THE REPRESENTATIVES OF THE INTER-MINISTERIAL COMMITTEE ON DRUG CONTROL (IMC)

NATIONAL DRUG LAW ENFORCEMENT AGENCY
BRIG. GEN. MOHAMED BUBA MARWA (Rtd), OFR - Chairman/Chief Executive
BARR. HARUNA, Shadrach - Sec. to the Agency
DCGN. SUNDAY, Joseph Mbona - Director
ACGN. EGBASE, Victoria - Director
ACGN. NINGI, Suleiman Ahmed - Director
ACGN. FABOYEDE, Omolade Eniola - Director
CN. OGUEJIOFOR, Ngozi Vivian – Coordinator, NDCMP Secretariat
CN. MADUBUIKE, Anthonia Ngozi - PSO to CCE on DDR matters
CN. OGUNDIPE, Margaret - Coordinator CMU
DCN. JOE-FADILE, Olayinka Carlton - TA to Sec to the Agency
ACGN. OPARA Lawrence - Director (rtd)
ACGN. OLORUNTOBA, Femi Amos - Director (rtd)
ACGN. HUSSAINI, Baba - Director (rtd)
ACGN. MABO, Olugbenga Olusanu - Director (rtd)
ACGN. MSHELLA, Yohanna Sila - Director (rtd)
ACGN. AUDU, Wasilat - Director (rtd)
FEDERAL MINISTRY OF HEALTH
Dr. SALAUDEEN, Jimoh Olawale - Director
Pharm. AKANBI, Rafiu Folahan - Deputy Director
NATIONAL AGENCY FOR FOOD AND DRUG ADMINISTRATION AND CONTROL
Dr. UMAR, Musa - Director
Dr. NWANKWO, Joy Ifeoma - Deputy Director
Mrs. ASOMUGHA, Unoma Ada - Deputy Director
NATIONAL AGENCY FOR THE CONTROL OF AIDS
Mrs. OKEY-UCHENDU, Ezinne Ogonna - Asst. Director
CENTRAL BANK OF NIGERIA
Pharm. AHMED, Nasiru - Asst. Director

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

<b>DEPARTMENT OF STATE SERVICES (DSS)</b>
Pharm. SAMBO, Rabiu Habu - Director
<b>ECONOMIC AND FINANCIAL CRIMES COMMISSION</b>
Mrs. BETSO, Maimunah Ibrahim - Deputy Director (Forensic)
SDS. DANIEL Danladi - Asst. Director
<b>FEDERAL MINISTRY OF AGRICULTURE &amp; RURAL DEVELOPMENT</b>
Mr. ADELABU, Joseph Ayotunde - Deputy Director (rtd)
<b>NIGERIA CORRECTIONAL SERVICE</b>
DCG. SHUAIBU, Bello Danladi
<b>FEDERAL MINISTRY OF AVIATION</b>
Mr. OKIBE, Zion Oche - Asst. Director
<b>FEDERAL MINISTRY OF BUDGET AND NATIONAL PLANNING</b>
Mr. ABDULRAHEEM, Muhammad Yusuf - Asst. Director (rtd)
Mr. ATIATA, Emmanuel - Project Officer
<b>FEDERAL MINISTRY OF DEFENCE</b>
Mr. NENFORT, Amos Yilkat - Asst. Director
<b>FEDERAL MINISTRY OF EDUCATION</b>
Mrs. OKEREKE, Chinwe Pauline - Deputy Director
<b>FEDERAL MINISTRY OF INFORMATION &amp; CULTURE</b>
Mr. ESSIEN, Uwemedimo Okon - Deputy Director
<b>FEDERAL MINISTRY OF JUSTICE</b>
Barr. OHAKWE, Onyeka Eucharika - ACSC

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

<b>FEDERAL MINISTRY OF TRANSPORT</b>
Mrs. DAFETA, Tetshoma Temietan - Deputy Director
<b>FEDERAL MINISTRY OF YOUTH &amp; SPORTS DEVELOPMENT</b>
Mr. EDEM, Aniekan Eyo - YDO II
<b>FEDERAL MINISTRY WOMEN AFFAIRS</b>
Mr. Olawale Oladipo - PAO
Mr. EKATA, Edo - PCDO
<b>FEDERAL ROAD SAFETY COMMISSION</b>
Corps. Cdr. OLANIYAN, Oladunni Wuraola
<b>INTERPOL NCB ABUJA</b>
DSP. MADUME, Fortune Junior
<b>MINISTRY OF FOREIGN AFFAIRS</b>
Mrs. ZAKARI-AWAMI, Zainab - First Sec.
Mr. Edward Oluwaseyi Kudu Asst. Director (rtd)
<b>NATIONAL AGENCY FOR THE PROHIBITION OF TRAFFICKING IN PERSONS</b>
Mr. OLOJA, Emmanuel - CIO
<b>NATIONAL DIRECTORATE OF EMPLOYMENT</b>
Mrs. IFESEMEN, Henrietta - Deputy Director
<b>NIGERIA CUSTOMS SERVICE</b>
DSC. MUKTAR, Muhammed Dalhatu
<b>NIGERIA SECURITY AND CIVIL DEFENCE CORPS</b>
AC. NZEH, Chinedu Damian



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

<b>NIGERIAN AIR FORCE</b>
Sqd. Ldr. NWABUNZE, Obichukwu John-Martins
<b>NIGERIAN ARMY</b>
Brig. Gen. EZE, Stanley Nnaemeka
<b>NIGERIA IMMIGRATION SERVICES</b>
ACI. NWOSU, Mary-Joan Ozoemena
<b>NIGERIA INTELLIGENCE AGENCY</b>
Mr. ISA, Abubakar Lawal - Int. Officer
<b>NIGERIAN NAVY</b>
Navy. Cdr. ATEBI, Clement Egbinta
<b>NIGERIA POSTAL SERVICE</b>
Mrs. NWAJEI, Celine Nwakaego - Gen. Manager
<b>OFFICE OF NATIONAL SECURITY ADVISER</b>
Mr. AHMED, Nasiru Isyaku - Asst. Director
Mr. IDOWU Owohunwa - Asst. Director
<b>OFFICE OF THE SECRETARY TO THE GOVERNMENT OF THE FEDERATION</b>
Mr. AJULO, Abiodun Johnson - Principal Admin Officer
<b>THE NIGERIA POLICE FORCE</b>
ACP. AGBO, Benedict

**THE LIST OF IMC MEMBERS  
AS AT APRIL 2019**

<b>STAFF OF THE NDCMP SECRETARIAT/NATIONAL COORDINATION UNIT</b>
CN. OGUEJIOFOR, Ngozi Vivian - Coordinator.
DCN. ODILI, Ibiba Jane
ACN. CHUKWU, Uzoamaka Ndidi
CSN. ZOFUN, Setonji Joseph
SN. IBIRONKE, Fadekemi Betty
<b>UNODC COUNTRY OFFICE FOR NIGERIA</b>
STOLPE, Oliver, Representative
BAYER, Elisabeth
<b>UNODC "RESPONSE TO DRUGS AND RELATED ORGANIZED CRIME IN NIGERIA" PROJECT TEAM</b>
ARSHAD, Mohammad Azim, Project Coordinator
WU, Shiyin
IBANGA, Akanidomo
AJAYI, Femi
ADELEKAN, Folusho Ajayi
OGBONNA, Shadrach
ANOKWUO, Iheanyi
EHELI, Margaret
EKEZIE Uchechi
<b>DELEGATION OF THE EUROPEAN UNION TO THE FEDERAL REPUBLIC OF NIGERIA AND ECOWAS</b>
Eleni ZERZELIDOU, Project Officer Migration, Drugs and Organized Crime

THE LISTS OF THE CSOs AND ACADEMIA CONSULTED FOR DEVELOPMENT  
OF NATIONAL DRUG CONTROL MASTER PLAN 2021–2025

CENTRE FOR RESEARCH AND INFORMATION ON SUBSTANCE ABUSE
Prof. Isidore Obot
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Prof. Benjamin Oladapo Olley
FACULTY OF LAW, NASARAWA STATE UNIVERSITY, KEFFI
Dr. Elijah Oluwatoyin Okebukola
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Helen Okhiaofe Osinowo
MILESTONES REHABILITATION FOUNDATION
Mr. Joseph Ogbonnaya Ike
STEFANOS FOUNDATION
Dr. Kurkat Maigida
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Prof. Micheal Onyeka Ezenwa

The lists of the CSOs and Academia Consulted for Development of  
National Drug Control Master Plan 2021–2025 (contd)

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Mr. Micah Zechariah Yahaya
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Dr. Olukayode Abayomi
CHARIS HEALTHCARE AND COMMUNITY SUPPORT INITIATIVE
Dr. Hon Praise Mwueseter Hon
Prof. Taiwo James Obindo
CENTRE FOR THE RIGHT TO HEALTH
Mr. Tochukwu Goodluck Okereke
LAUTECH TEACHING HOSPITAL
Dr. Samson Femi Agberotimi
NATIONAL COUNCIL OF WOMEN SOCIETY
Dr (Mrs) Laraba Gloria Shoda, MNI



