SITUATION ANALYSIS

DRUG ABUSE
In Liberia



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866

Number of ghettos in Monrovia

100,000

Estimated Number Substance users

1.2 Million

LDEA Budget FY 2023

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SITUATION OVERVIEW

This situation analysis assesses the current state and long term impact of substance abuse in Liberia focusing on Drug Policy Reform, Drug Law Enfrocement, Drug Rehabilitation and Prevention.

Liberia is fast becoming a significant transit country for illicit narcotics, the country's nascent law enforcement capacity, porous border controls, and proximity to major drug transit routes contribute to trafficking to and through Liberia. The recent arrest of 100 million United States Dollars worth of drug and other huge consignement of drug has excebated the situation even more. While Liberia is not a significant producer of illicit narcotics, local drug use, particularly of marijuana, is very common. Other drug usage includes heroin (mostly smoked) and cocaine (snorted). Local authorities have reported increasing prevalence of amphetamine-type stimulants and intravenous drugs.

Liberia missed out when the United Nations afforded the opportunity of disarmament, demobilization, rehabilitation and resettlement of former fighters. Liberia negated addressing the drug habit/addiction of former fighters during the program; a choice that haunts the current generation today with rising youth debut in drug use culminating from peer pressure, organic solidarity and differential association.

Currently, there are over 866 ghettos in Monrovia that serve as home to chronic drug users and these ghettos are associated with illicit activities. Presence of open scenes consumption has been confirmed in others counties of Liberia. LDEA confirm that "we can find a ghetto in every community" in Monrovia and Montserado. "As for consumption space is mostly surrounded around Monrovia, which is believe to have about 65% of the substance consumption space are localized in Monrovia. The rural sector is like a transit route to Monrovia"

1. DRUG POLICY REFORM

Reforming the Liberia Drug Law is the critical first step in addressing drug issues in Liberia. The current law mainly focuses on law enforcement and left our many core issues that made it difficult to combat illegal drug trafficking, effective legal prosecution including provision for treatment, care and support for substance users.

In August 2022, the House of Representatives of the Liberian Legislature passed Liberia's Controlled Drug and Substances Act of 2014 as Amended. Also in November 2022 the Liberian Senate passed the Controlled Drug and Substances Amended Act of 2014 to concur with some changes.

Taking the decision, the Senate categorized drug crime into two categories, hence making it non-bailable and bailable depending on the gravity of the crime.

In the wisdom of the Senate, those who are involved in the importation, distribution, massive production, and custody of illicit drugs shall not be granted the right to bail when caught in the act, while the end users of the drug shall have the right to a bail when apprehended in the act.

A conference committee was set up to work with the House of Representatives to finalize the amendment. However, much has not been heard about the document in terms of its status.

3. DRUG LAW ENFROCEMENT

2. DRUG TREATMENT/REHABILITATION

Liberia has only one psychiatric hospital, in Monrovia, the capital, and no rehabilitation centre for drug users. It is called Esther Grant Hospital. The 80-bed hospital is the only government health facility providing treatment services for substance users in Liberia.

It is almost one year since the Government of Liberia and partners launched a national fund drive in support of a programme for the rehabilitation and empowerment of At-Risk Youth in Liberia in June 2022. The total funds needed are estimated at 13.5 Millions. The Programme is yet to commence yet the Government committed one million during the launch and has also allocated additional one million in the 2023 national budget.

While other Non-profit organizations and indvidulas are providing small scale, non-clinical and limited drug treatment services for substance users in Liberia, A national clinical drug rehabilitation programme is far from being realized.

Due to the lack of treatment, care and support, we have also noticed increasing death rate of substance users living on the streets which have been abtributed to the introduction of a new substance (KUSH- street name) and also prevalence of TB among drug users also contribute significantly to the rising death rate.

The lack of Drug Demand Reduction initiative has also contributed to the increasing illnesses among substance users in Liberia.

The main body of authority charged with managing drug-related crime in Liberia is the Liberian Drug Enforcement Agency (LDEA). The Liberian National Police (LNP) is also involved in combatting drug crime, but both agencies are underfunded, undermanned and generally under-resourced. LDEA remains one of the least funded security institutions in Liberia.

The US International Narcotic & Law Enformcement continues to provide technical support to the LDEA which have resulted into high profile confiscation of huge conisignment of illegal substances in recent years. However, with its current capacity, the LDEA is unable to professionally implement and enforce the Liberian Drug Law. In the last two fiscal years the LDEA was allotted over eight hundred thousand United States dollars as operations fund. However, it is not confirm as to whether the LDEA received the full amount from the Ministry of Finance & Development Planning.

Recent assessment by GASD in five rural communities shows that the LDEA do not have logistics and man power to fully function in the counties. Key challenges identified included no vehicle to enhance operations, and limited professional employed staff.

DRUG PREVENTION

The lack of sustainable drug prevention program in Liberia has contributed immensely to the increase rate of drug abuse over the years. Local and international organization has tried in the past to carryout awareness and sensitization but this program were for short term and inadequate, especially for a country like Liberia that 70% of the combatants that fought during the civil war were youth and 15% were child soldiers below the age 18. Therefore, it is imperative to explore the context in which Liberian youth use substances as they are at a significant risk due to high rates of childhood and adolescent trauma.

Preventing drug use before it begins is the most cost-effective, common-sense approach to promoting safe and healthy communities. Research shows an association between drug use and traffic crash deaths, lost productivity and poorer academic performance. Illicit drug use also contributes to HIV-transmission rates and puts children at risk for abuse and neglect. If we can prevent substance use and dependence before it ever begins, we can save lives and cut costs related to healthcare and criminal justice.

Recent assessment that helped informed the development of this situation analysis shows that most of the new or first time substance users were students. The lack of an integrated anti-drug education in Liberian Schools is one of the primary causes of the increase drug use among youth in Liberia.

CONCLUSION

Liberia is losing a huge generation to drug and if practical actions are not taken void of politics and donor driven programmes, we will inherit a situation more challenging than we ever imagine, including high criminal activities, unemployment, increase SGBV, HIV/AIDS, teenage pregnancy, TB etc.

In order to address substance abuse issues in Liberia, drug treatment services are an integral part of the process. Stakeholders and policy makers should now redirect and increase support for the establishment of drug treatment facilities across the country with capabilities to respond and support the over approximately one hundred thousands substance users.

Robust advocacy for the timely passage of the Amended Drug Law and subsequent signing by the president, a comprehensive and integrated drug prevention programs that will involve the family, schools, community based structures including religious institutions.

Support to the LDEA is vital and critical for an effective enforcement of the Drug Law. Budgetary allocation should proportional to the response and situation. Overall, civil society organizations with technical capacity should be brought on board to support and be involved in all aspect of the drug abuse response in Liberia.

Finally, the government and partners should now consider addressing the current drug situation as a national emergency and there is no time for "No Money" syndrome. The time is now! Action Now!