

# Report of Senegal CSTF Consultation

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From the different groups that have been established as part of this consultation, several recurring themes were identified, including the need to include civil society in the national response to drugs, proportionality of sentences, and the importance of health & social services for people who use drugs.

Group 1 (Drugs and Health) has emphasized the need to have appropriate resources to implement evidence-based and culturally appropriate services for the prevention, treatment and harm reduction services, including the need for legislative changes to facilitate access to health services for people who use drugs. The need to address the drug issue with a public health approach, and to fight against stigmatization and discrimination linked to drug use has also been addressed, as well as the importance of faith in interventions geared towards people who use drugs. Access to scheduled substances for palliative care was also identified as a priority.

Group 2 (Drug and Crime) identified the need for proportionality of sentences in order to differentiate the various types of offenses, as well as alternatives to incarceration, to prevent prison overcrowding, among other things . This group made a parallel between drug trafficking, terrorism, money laundering, insecurity and human exploitation, namely through drug mules. Members have thus discussed the importance of evaluating drug policies to determine their effectiveness. Members of this group have called UNGASS to allow greater Conventions flexibility in order to allow Member States to adapt them to their local contexts. Finally, the need to work in synergy with civil society was emphasized.

Group 3 (Human rights, women, children, communities) discussed the issue of the death penalty for drug-related offenses, and opinions were divided on this issue. They also reiterated the need for proportionality of penalties. This group identified the need to have appropriate medical and social services for people who use drugs, including in prisons. Education and values being the pillars of drug prevention, especially for young people, the role of women in this process was emphasized. The need for cooperation with civil society has been identified as well.

Group 4 (New challenges/development) also put the emphasis on the need for appropriate health and social services for drug users (including HIV prevention and gender specific services), respect for human rights, including the harmonization of laws to promote an enabling environment for people who use drugs, while respecting international conventions.

A report of the discussions is included in the appendix.



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## Appendix

### Appendix: REPORT OF GROUP DISCUSSIONS

#### Group 1: DRUGS AND HEALTH

##### a. The need for evidence-based drug prevention

- In the fight against drugs in Senegal, it is found that the repressive approach (stigma, taboo, incarceration, police repression, etc.) does not always solve the problem. It is essential to emphasize on preventive measures:
- Community awareness about the health risks related to drug use (eg certain recurring diseases: depression, tuberculosis, cardiovascular disease, AIDS, respiratory diseases, etc.)
- Awareness of opinion leaders on the need to be involved in drug prevention (Imam, s Badienou Gokh, parents, unionists, development actors, etc.)
- Establishment of a documentation and information center on drugs

##### b. adoption and accessibility of harm reduction services

- Establishment of counselling and social reintegration centers
- Recruitment and training of qualified personnel for the follow-up of people who use drugs
- Revision of legal barriers to facilitate access to services for people who use drugs
- Avoid stock shortages for the provision of injecting equipment and substitution drugs
- Promote HIV/AIDS screening for people who use drugs

##### c. Concerns about funding for treatment, prevention, and other services for people who use drugs

- Redirection of funds allocated to repression towards prevention and rehabilitation programs because it is about health promotion within the collective spaces and not fighting individual diseases
- Encourage Member States to vote appropriate budgets for people working in the scope of drugs, for a better management of drug related issues
- Provide the CILD (Inter-ministerial Committee for the Fight against Drugs) with funding for more empowerment and cooperation with civil society

##### d. The universal availability of treatment for drug dependence that are evidence-based and culturally appropriate

- Create in Senegal other integrated addiction management structures
- Integrate the spiritual dimension in institutional treatment canvas
- Religion is a strong lever for any drug prevention activities

##### e. The need for a health response to drug use

- The health of users must take precedence over everything. Drug use being firstly a public health problem, the response should be directed towards treatment, rehabilitation and social reintegration

- Making national rehabilitation centers (like Darou Mousty) specialized in care and social rehabilitation of people who use drugs functional

f. The need to fight against stigma and discrimination and for reintegration, health and well being of people who use

- Stigma and criminalization discourage people who use drugs from accessing health facilities
- We must strengthen the training and information on drug related harms
- Facilitate access to support and follow-up structures for people who use drugs
- Respecting the right to health for all

g. Access to Controlled Medicines

- Avoid stock shortages of controlled drugs to ensure health for all
- Ensure distribution of substitution therapy even in prisons
- Adoption of a common policy between the States for treatment, care and support

Group 2: DRUGS AND CRIME

a. Concerns about the uneven enforcement of policies and penalties

- Adaptation of penalties to the profile of the offender (trafficker, primary offender, recidivist ...)
- Encourage alternatives to incarceration (referral to a rehabilitation and reintegration center, avoiding the demystification of the prison, preservation of No. 3 criminal record to facilitate future reintegration, deliver work of public interest ...)
- Non-discrimination in awarding sentences (to avoid feelings of rebellion or inequality ...)
- Establishment of post-conviction measures (rehabilitation, treatment, psychosocial follow-up)
- Involving civil society in the formulation of the States prison and criminal policy

b. Traffic-related harms, in terms of violence and organized crime

- Drug trafficking: a funding source of insecurity and violence (weapons buying and trafficking, war materials, financing of rebellions and armed groups ...)
- Drug use leads to violent and extremist behaviour (murder, settling, and suicide attacks for terrorists ...)
- Economic instability caused by drug money laundering
- The versatility of drug trafficking networks (drug trafficking, fake drugs, migrants, cybercrime ...)
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- Consideration of connections between drug trafficking and new offenses such as cyber crime
- Take into account human exploitation in drug trafficking (mules, prostitution ...)

c. An assessment of whether the current system is effective in terms of costs and to make society safer

- Accompanying minor crimes perpetrators to avoid prison overcrowding and reduce incarceration management costs
- Position the civil society as a link between repression structures and people who use drugs
- Establish partnerships between civil society and state actors for the collection and production of reliable data
- The UN should help all stakeholders to better use the media for advocacy, education and awareness of drug issues
- Encourage structures to find ways to bring down costs for the care of people who use drugs

d. Allowing a big political experiment by Member States

- Flexibility of the UNGASS action plan to allow states to better adapt their actions and solutions to their local reality
- UNGASS needs to encourage the States to define their priorities and means of action, taking into account international conventions.

### Group 3: HUMAN RIGHTS, WOMEN, CHILDREN, COMMUNITIES

a. Eliminating the death penalty for drug offenses

The question was primarily addressed as a whole. The dimension of the death penalty in relation to the drug was recalled. It appears from the conflicting and divergent opinions that discussions can be summarized as follows:

- Yes to the death penalty. The arguments of defendants of this opinion are based on religious, community and socio-cultural considerations. They believe that such a measure would limit criminal behaviour that have been emerging for a while.
- Against the Death Penalty. Proponents of this position based their arguments on the sacredness of human life and the principle that no one has the right to attempt the life of others. As alternatives, they advocate for imprisonment, accompanied by general interests work. For people who use drugs and other victims of drugs, they propose that support and psychosocial counselling be privileged

The group, however, agreed on the need to observe different approaches and measures in the legal and judicial treatment of offenders in connection with their profile (users, consumers, producers, dealers, drug traffickers, ...).

b. Violation of human rights

- Develop an appropriate educational approach instead of a repressive approach towards people victims of drugs.

Put an end to pressure on the victim's family and relatives whose freedom is threatened (arrest, threats, search etc.)

- Make public and ensure wide dissemination of the studies carried out in this field, sharing this a good practices.
- Encourage the media to look in the treatment of drug-related cases

#### c. Marginalized Populations

- Social exclusion of people linked to their status or their profession, Example: sex workers, convicts, people victims of drugs, people suffering from mental conditions, etc.
- Solutions
- The protection against vulnerability, the psychosocial support & coaching
- Rehabilitated in the community (information and awareness in the community)
- Promote the emergence and participation of women leaders against drug use and its consequences.

#### RECOMMENDATIONS

- Promote the emergence of specialized follow-up structures
- Establish a plan, psychosocial support and follow-up in prisons
- Promote the emergence of a rule of law instead of a police state
- Strengthening the capacity of female actors in the management of marginalized populations
- Involve women who are central elements for education within the family
- The implementation of school educational program about drugs, their effects and impacts
- Involve civil society in all the governmental debates around drugs at national and subregional level
- Train CSO actors on development, based on human rights and prevention.
- Take into account the specific question of young people in prevention and protection policies
- Promotion of our socio-cultural values.

#### • Group 4: NEW CHALLENGES, THREATS AND REALITIES IN DRUG PROBLEM SOLVING / ALTERNATIVE DEVELOPMENT

Identified new challenges and proposed solutions:

##### a. The paradigm shift

- Promoting prevention and care
- Strengthen community awareness
- Improve communication quality
- Support of vital minimums for people who use drugs
- The socio-educational reintegration and / or support

- Capacity building of civil society on the new realities of people who use drugs, and their environment
- Review collaboration between civil society and the state
- b. Respect for human rights
  - Strengthening existing structures for treatment, care and support of people who use drugs
  - Strengthening capacity of beneficiaries on self-esteem
  - Review and harmonize laws and interventions aiming at an enabling environment for prevention and care for people who use drugs
- c. The overall consideration of HIV in joint programs
  - Develop integrated HIV & drugs programs taking into account the gender dimension
- d. The preservation of existing conventions
  - Sharing and application of Conventions
- e. The development of socio-economic reintegration programs
  - Access to employment and basic social services
  - Access to housing
  - Access to food
  - Integration of treatment, care and support in State social programs