INTERVENTION BY EZEKWESIRI ELUCHIE AT THE CND POST-UNGASS THEMATIC INTERSESSIONAL MEETING

16TH NOVEMBER 2017

In my capacity as Representative for Sub Sahara Africa on the Civil Society Task Force on UNGASSS 2016, during the build up to UNGASS 2016, I undertook a series of consultations in 8 Sub Sahara Africa countries (Ghana, Senegal, Kenya, Malawi, Zimbabwe, South Africa and Nigeria) with Civil Society Organizations, Government agencies and intergovernmental/international donor agencies to gauge their responses and towards addressing the substance abuse situation in the region covered. Sequel to the release of the UNGASS 2016 Outcome Document, I have likewise continued to maintain consultations and communications with the various stakeholders in the countries earlier visited across Sub Sahara Africa on best practices towards implementing and facilitating the intendments of the said Outcome Documents.

A critical and fundamental problem highlighted in all the countries evaluated in the course of the Consultations was the dearth of data and statistics relating to the substance abuse and a corresponding lack of human capacity to sustain requisite interventions in all facets of the substance abuse situation across Sub Sahara Africa, ranging from Prevention, Treatment, Care and Rehabilitation, and Interdiction and Supply Control. Though there was a palpable problem with regards to the substance abuse situation in all the countries evaluated, the dearth stated above made it near-impossible to understand, with any real exactitude, the scope and extent of such problems and which areas to best deploy the scare resources available to record a higher Return-on-Investments.

There is unanimity of purpose amongst the countries evaluated, that the foremost area requiring specialized, targeted, effective and sustainable technical assistance would be in building the domestic human capacity in the areas of collating and maintaining reliable statistics and a data base of information on substance abuse situation. The unique role and outreach potentials of civil society and community based organizations as vehicles to penetrate hard-to-reach populations in Sub Sahara Africa, places such organizations in a unique vantage position to best utilize such technical assistance.

The paucity of financial resources available in the region and the fact that the region is generally weighed down by such basic health challenges as Infectious diseases, High maternal mortality and Childhood killer diseases, and Immunization concerns making less funds available for addressing secondary and tertiary health care concerns makes the prioritization of evidence based prevention strategies and practices inevitable. Financial assistance towards translating time-tested and experience-based substance abuse prevention strategies and practices in the region into scalable domestically generated evidence based practices was paramount to succeeding in addressing the substance abuse situation in the region.

The need for countries in the Sub Sahara Africa region, in view of the proximity in their situations, to increase collaboration and exchange ideas as to what works best within their respective countries was agreed as a panacea to the continued reliance on 'evidence-based' prevention practices sourced from countries far removed from the situation of African countries (South-South collaboration). North-South collaborative programs should not be restricted only to interdiction and supply control approaches but also cover prevention and demand reduction strategies and practices.

On our part, our organization, People Against Drug Dependence & Ignorance (PADDI) has concentrated on building local, national, regional and Africa-wide network of CSO's/NGO's with a view to ensuring that when resources are pooled together, the scarcity of resources for which the African continent and its constituent countries are notorious for, can be converted into a pedestal for cooperation, shared responsibilities and mutual benefit towards addressing a common Drug abuse problem.