



Nigerian Epidemiological Network on Drug Use (NENDU)

Experience of piloting drug
information systems in Nigeria

**Global Drug early Warning System (GDEWS) Project
3 October 2017**

Acknowledgements: Federal Ministry of Health; National Drug Law Enforcement Agency (NDLEA), participating hospitals; NDLEA commands; Dominique Lopez, UNODC Consultant; Experts; UNODC Country Office for Nigeria

1. UNODC and its work on drug control in Nigeria
2. NENDU aims
3. NENDU questionnaire
4. NENDU data collection and analysis
5. Some key trends so far (2015 + 2016)
6. Challenges

Country Profile: Nigeria

- Political federation - 36 states & Federal Capital Territory
- Population: Approx 184 million
- One of the largest populations of youth in the world.
- Multi-ethnic and culturally diverse - > 250 ethnic groups
- One of Africa's largest economies (relies heavily on oil)
- Over 62% of Nigeria's 170 million people still live in extreme poverty
- Health expenditures: 3.7% of GDP (2014)
- Physicians density: 0.38 physicians/1,000 population (2009)



UNODC Mandate

International Drug Control: Treaties

1. 1961 Single Convention
 - On Narcotic Drugs
 - Established International Narcotics Control Board – 1/monitors treaty implementation 2/Independent body with 13 members
2. 1971 Convention
 - On Psychotropic Substances
3. 1988 Convention
 - Against Illicit Trafficking in Narcotic Drugs and Psychotropic Substances

International Drug Control: unified under the United Nations since 1961

1. International Narcotics Control Board (INCB)
2. Commission on Narcotic Drugs
 - Established 1946
 - Normative and Policy-making functions
 - Monitoring of political commitments
 - Governing functions for UNODC
3. **United Nations Office on Drugs and Crime**

UNODC - THREE PILLARS OF WORK

- UNODC is mandated to assist Member States in their work against **illicit drugs, crime and terrorism**
- **NORMATIVE WORK**
- **RESEARCH AND ANALYTICAL WORK**
- **FIELD-BASED TECHNICAL COOPERATION PROJECTS**





In Nigeria, UNODC supports drug control through a EU funded project

Project Objective: to support Nigeria's efforts in fighting drug trafficking, preventing drug use and curbing organised crime

Duration: January 2013 to December 2019

Donor: European Union

Project Outcomes:

- Information and evidence on drug use & crime is improved (RESEARCH)
- Enhanced capacity on drugs/organised crime (LAW ENFORCEMENT)
- Capacity to manage drug treatment and prevention is improved (DDR)
 - **Output 3.7 – Routine Data Collection & Case Management**

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Nigerian Epidemiological Network on Drug Use (NENDU)

▪ AIM – to monitor treatment demand and trends in drug use.

Provide information on people entering treatment in specialized treatment services and in particular:

- Number of people initiating treatment for their drug use (s)
- Characteristics and profile of these customers
- Drug consumption patterns

▪ WHY: Inform policy makers for development of adequate drug responses and treatment systems and international reporting obligations

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NENDU Questionnaire

- Draft data collection format was developed (adapted from the WENDU* and SACENDU* formats)
- Tested for 18 months in Nigeria - final version ready in mid-2016
- In 2015 concept of 'drug causing the most problem' which was self reported. In 2016 changed to primary drug use concept as identified by physician
- Standardized form filled per client
- Total 28 questions

A. TREATMENT DEMAND INDICATOR: Type of centre, type of admission, type of treatment

B. SOCIO-DEMOGRAPHIC INFORMATION

C. DRUG-RELATED INFORMATION

Primary, secondary, route of administration, frequency of use, poly drug use, injecting, treatment history, source of drugs, HIV, Hepatitis, other health issues

*West African Network on Drug Use (WENDU), South African Network on Drug Use (SACENDU)

NENDU *data form*

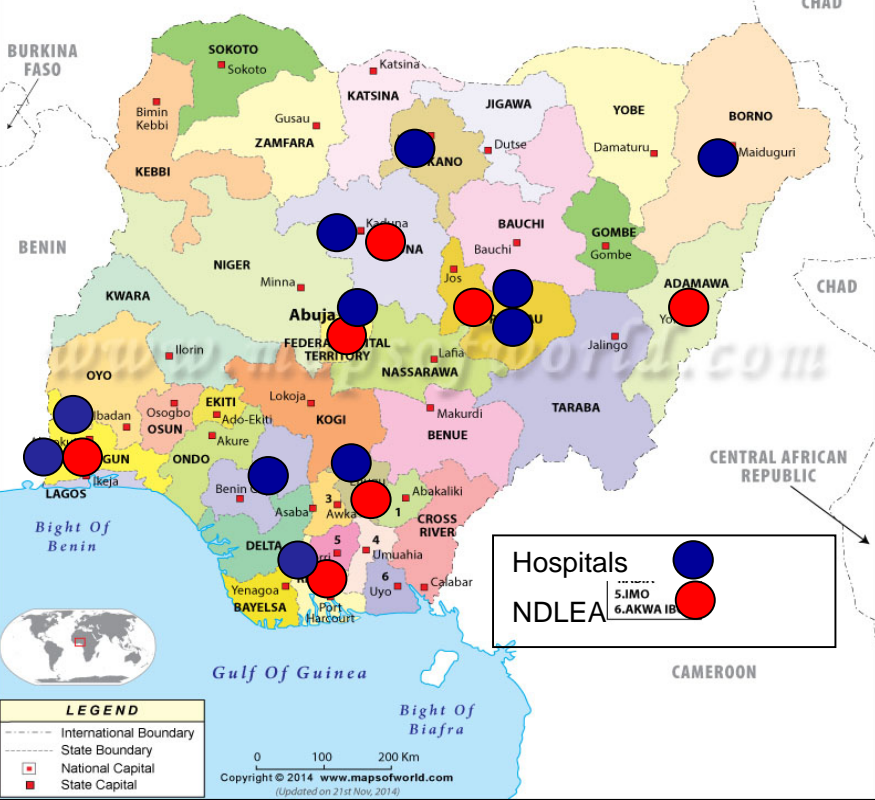
- Objective of the Treatment demand indicator (TDI) is to collect information in a harmonised and comparable on the number and profile of people entering drug treatment (clients) during each calendar year.
- NENDU reporting form in line with EMCDDA and WENDU
- NENDU counts all treatment episodes but has the means to count patients due to a unique ID in the NENDU questionnaire

EMCDDA	NENDU
Does not count any person more than once during the time period. If a person has followed more than one treatment episode during a reporting year, only one case is reported.	All treatment episodes are counted
As a rule, EMCDDA doesn't consider alcohol and tobacco as primary drug.	Alcohol in primary drug in Nigeria Tobacco in secondary drug

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NIGERIA

Political Map



UNODC

United Nations Office on Drugs and Crime

No	Facility	No. of beds
1	FNPH Aro	64
2	FNPH Yaba	80
3	FNPH Benin	10
4	UPTH, Port Harcourt	12
5	FNPH Enugu	14
6	FNPH Kaduna	33
7	AKTH Kano	24
8	QHC Jos	40
9	JUTH	30
10	National Hospital Abuja	4
11	FNPH Maiduguri	72
12	NDLEA HQ, Lagos	NA
13	NDLEA Kaduna	NA
14	NDLEA Abuja	NA
15	NDLEA Enugu	NA
16	NDLEA Jos	NA
17	NDLEA Adamawa	NA
18	NDLEA Port Harcourt	NA
	TOTAL	383

- 11 Hospitals from January 2015
- 7 commands of National Drug Law Enforcement Agency from Oct 2016
- Data is sent to Federal Ministry of Health
- Currently UNODC is doing data validation and analysis and report writing

NENDU Analysis

- **Currently being done on an annual basis**
- **2015 and 2016 reports available**
- **UNODC has done the 2015 and 2016 reports**
- **2017 data to be analysed jointly by UNODC and FMOH**
- **Hand-over to FMOH to start in 2018 – structure to be established**

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Data analysis from 2016

- Patients reported between 1st January and 31st December
- 11 treatment facilities + NDLEA (from October onwards)
- Data submitted and validated

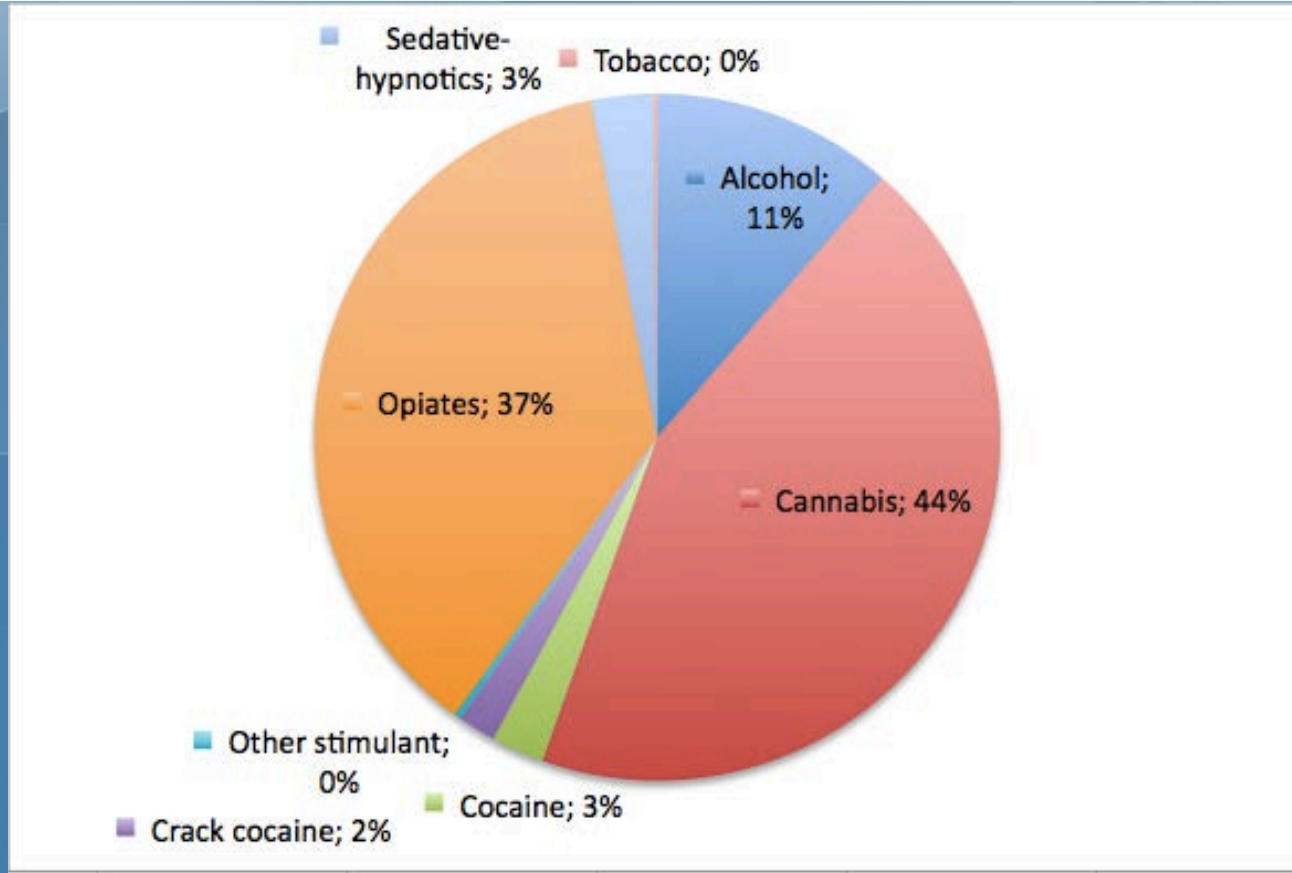
Treatment episodes vs patients

- In 2016, 990 patients entered treatment in Nigeria for a total of 991 treatment episodes
 - 968 patients for a total of 969 treatment episodes validated in the 12 treatment facilities reporting
- Among the 2016 patients who have been allocated a NENDU code, and the data validated, one patient has been identified as a returning patient

Profile of patients

- Among the patients admitted for treatment, 94.8% are male, and only 5.2% are female
- Median age of the patients is 28 years old
- The majority declared living in stable/accommodation (97%)
- Patients live in urban area (59%), 28% in semi-urban and 13% in rural area
- 79.3% are single
- Only 2 patients not of Nigerian nationality

Substance(s) at the origin of the treatment demand (primary drug) in Nigeria 2016 (n=968)



Note: The substances at the origin of treatment are based on declarations done from January to April 2016 under “most problematic drug to the patient” and from May 2016 onwards under “primary drug”.

Type of opiates declared as most problematic substance (n=335), in Nigeria, 2016

Type of opiates declared as most problematic substance (n=355), patients entering treatment in Nigeria, 2016

Opiates	N	% within opiates known declared (N=334)	% within patients entering treatment (N=989)
6.1 Heroin	8	2.4	0.8
6.2 Methadone misused	1	0.3	0.1
6.5 Tramadol misused	230	68.9 ←	23.3
6.6 <u>Pentazocine misused</u>	23	6.9	2.3
6.7 Codeine misuse	70	21.0 ←	7.1
6.8 Morphine	2	0.6	0.2
Total type of opiates known*	334	100%	
Total declared	355		

* in some cases between January to April 2016, the problematic substance declared was opiates without more details.

Pattern of drug use

- Around 53% of patients who entered treatment from May 2016 are poly drug users
- Poly drug use higher among those who are primary users of cocaine, crack cocaine, ATS and sedative hypnotics than those reporting alcohol, cannabis and opiates use
- Primary users of alcohol are mainly using tobacco as secondary drug (62.5 %), and less often cannabis (30%)
- Primary users of cannabis are more frequently using alcohol and tobacco and to a lesser extent opiates
- Crack cocaine users are using in majority cannabis and opiates as secondary drugs

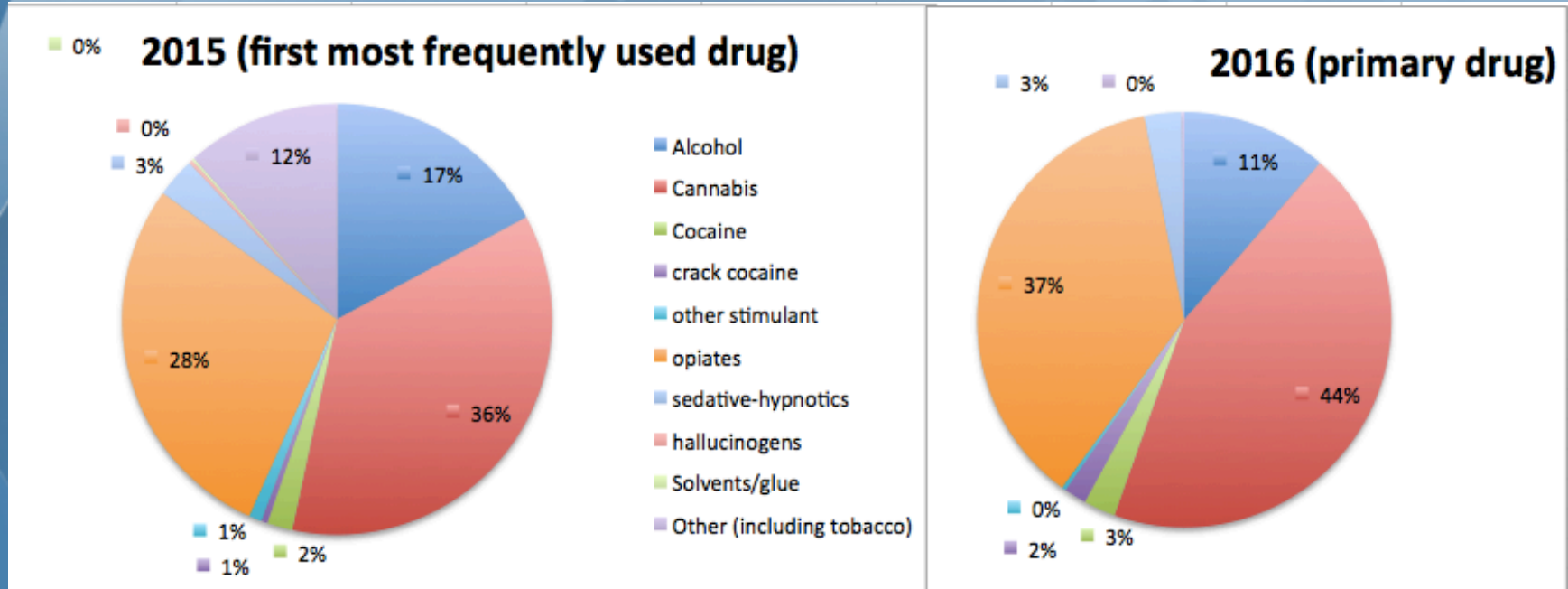
Injection drug use

- Patients who declared having injected in their lifetime in 2016 is 6.0%
- Among the current injectors 86% are primary users of opiates
- Among the injectors 79.1% declared having never shared their equipment

Comparison 2015/2016 – Number of patients

- Between 2015 and 2016, drop of 5% of total number of treatment episodes
- However 1 new treatment facility (NDLEA) started reporting from October 2016
- On comparing treatment episodes with the same treatment facilities: 1044 treatment episodes in 2015 and 928 in 2016 (10% drop)
 - Not due to the change in reporting format (not possible to declare tobacco as a primary drug anymore)
 - Mainly linked to paid treatment, strikes at hospitals

Substances most frequently used in 2015 & primary drug declared in 2016



- In 2015 & 2016, cannabis and opiates most frequently used drug
- In 2016, the proportions of cannabis and opiates increased due to Tobacco now reported as secondary drug

Note: This figure is the result of the declarations done from January to December 2015 under “first most frequently drug used and from January to December 2016 under “most problematic drug” (January to April) and “primary drug” (May to December).

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Challenges and Next steps

Challenges

- Institutionalising NENDU in Federal Ministry of Health
 - Limited institutional buy-in for cooperation between FMOH and NDLEA
 - Limited institutional buy-in for cooperation between FMOH and technical partner (Federal Neuro Psychiatric Hospital, Aro)
- Limited data entry points in the country
- Limited technical capacity for data validation, entry and analysis
- Sustainability

Next steps

- 2018 is to hand-over to FMOH and iron out issues
- Continued capacity building
- Fund-raising to continue support after end of project



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Thank you
www.unodc.org/nigeria

Supported by:



Response to Drugs and Related Organised Crime in Nigeria (FED/2012/306-744) (NGAV16)

This project is funded by the European Union