

Implementing Treatment Demand Indicator in West Africa



CHALLENGES AND LESSONS LEARNT

LISBON, OCTOBER 2019

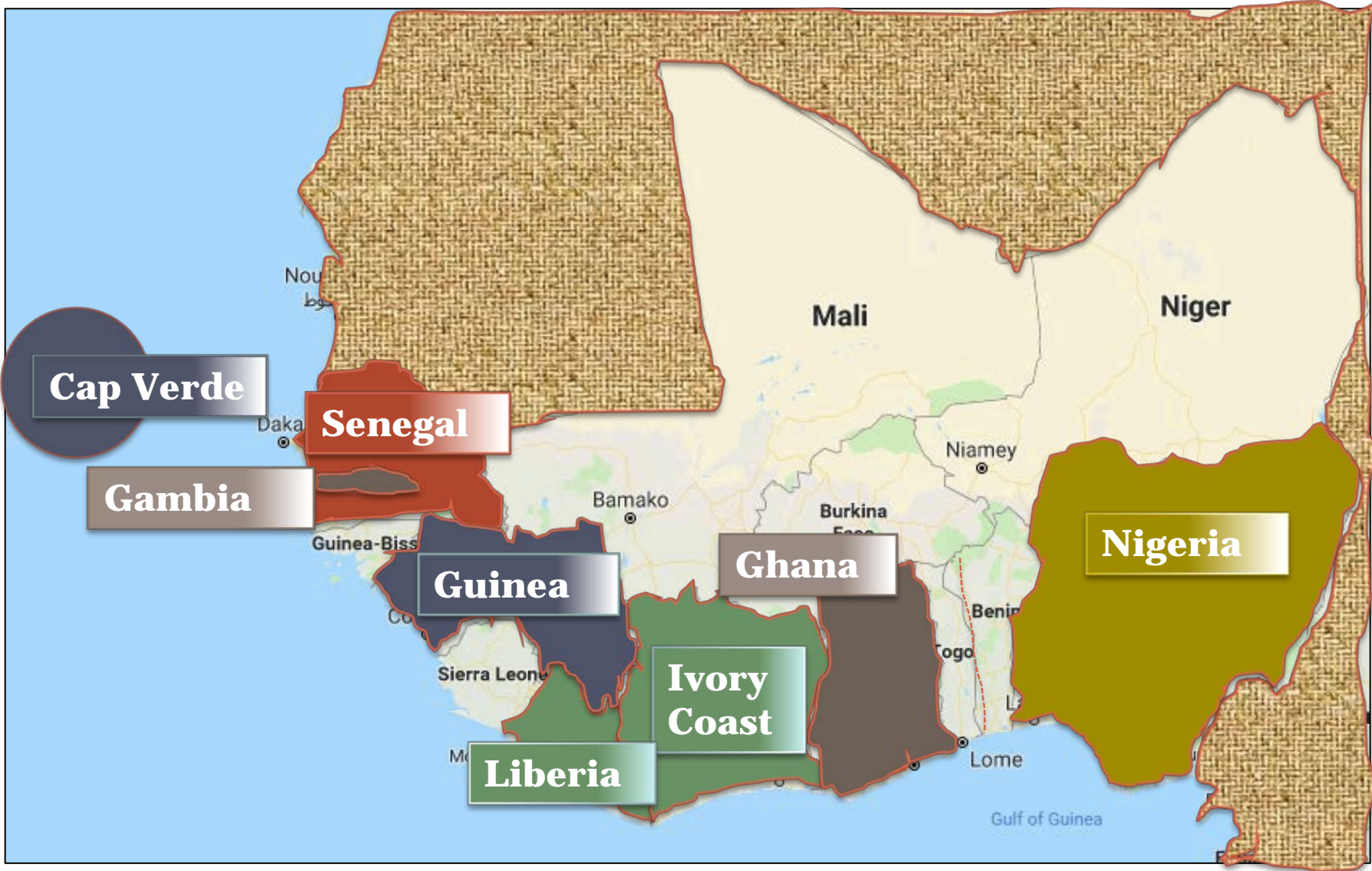
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West African region



**Regional initiative:
West African
Epidemiological
Network on Drug Use
(WENDU)**



2014

2013

2017

2018

2019

2018

2019

TDI implementation in West Africa



Limited drug-related monitoring

- Limited capacity to monitor drug-related issues and more specifically demand reduction indicators
- Adoption and implementation of evidence-based demand reduction strategies remains a challenge
 - Repressive approach mostly
 - No harm reduction besides condoms distribution and sporadically needle distribution
- Drug related data collection mechanisms need to be elaborated from scratch
- Reporting obligations: ECOWAS (WENDU), UNODC (ARQ)

TDI implementation in West Africa



Treatment providers

- Daily struggle to maintain services due to financial constraints
- Usual reporting:
 - pen and paper in most treatment facilities
 - management/clinical purposes only
- Lack of equipment : from copiers to computer to internet connection
- Heterogeneous competencies and skills
 - Usually 1 trained doctor (psychiatrist) within the facility
 - Other staff unlikely to be trained to handle diagnosis/treatment/reporting

TDI implementation in West Africa



Take into account local realities

- **Find the right balance (international standards vs local case)**
- **Specificities of treatment services**
 - OST is provided only in Senegal so far
 - Brief interventions
 - Inpatient setting
 - No interventions in prison
 - No long term treatment
- **Some concepts EU/EMCDDA are difficult to get a hang on**
 - Polydrug use problems
 - TDI protocol considerations of patients/treatment episodes
 - Psychiatric/Drug treatment cases

West African TDI: Common process for data collection

Ensuring momentum

Monthly reporting

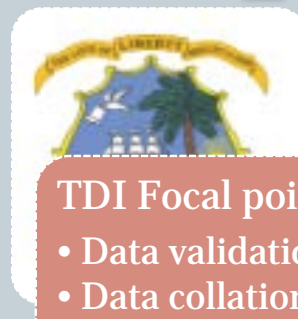
Bi-annual or yearly reporting



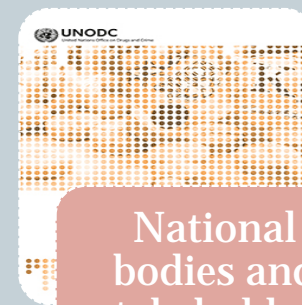
Client
• Data collection



Treatment facility
• Aggregate data
• Reporting



TDI Focal point
• Data validation
• Data collation
• Analysis and reporting



National bodies and stakeholders
UNODC
ECOWAS



Consent and legislation

Training and Capacity

Means of reporting

Data protection

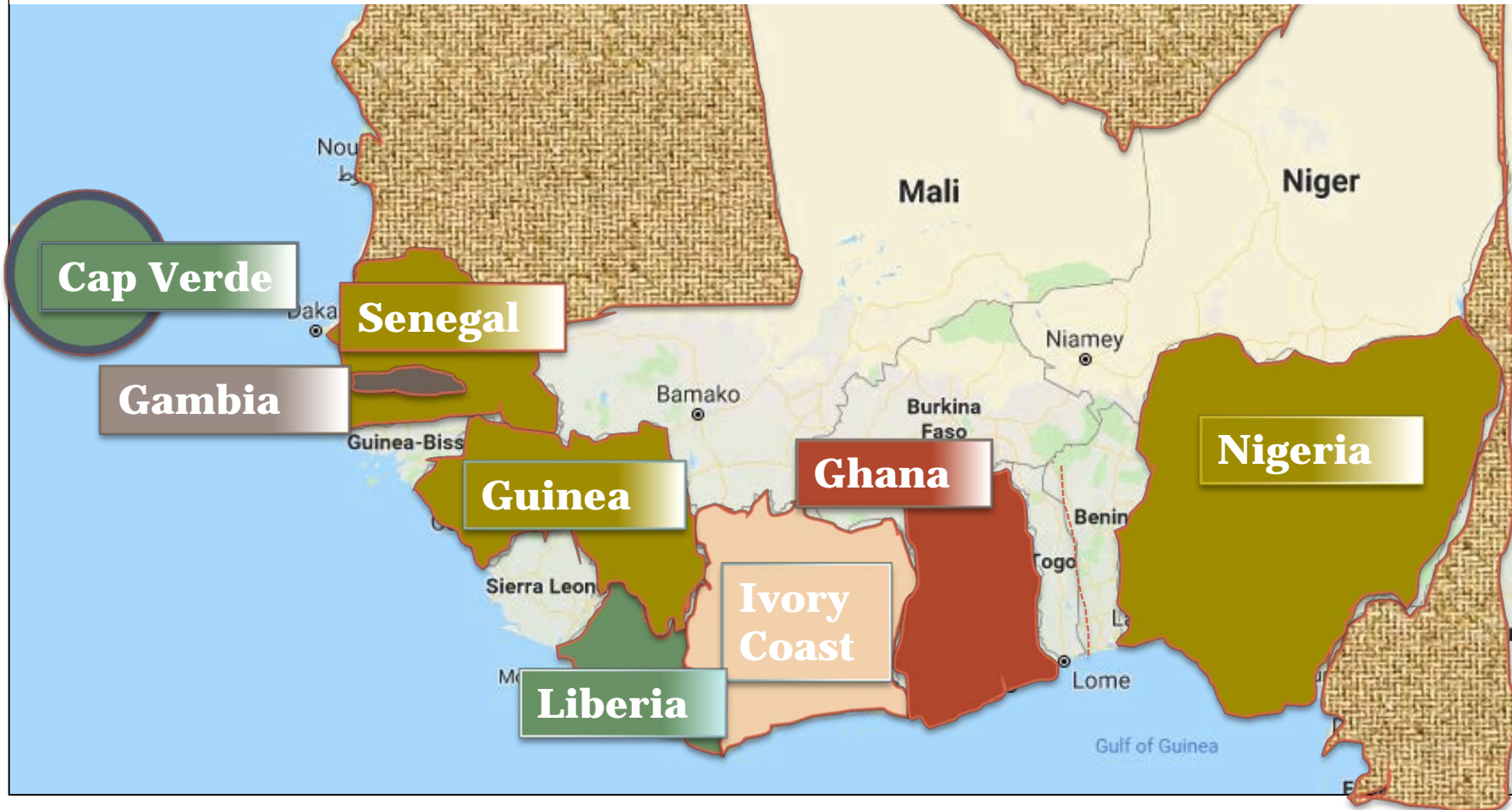
Identification of TDI Focal point

Training and Capacity

Data protection

Integration into HMIS

Most frequent Primary Drug among entrants in treatment (2017)



Alcohol

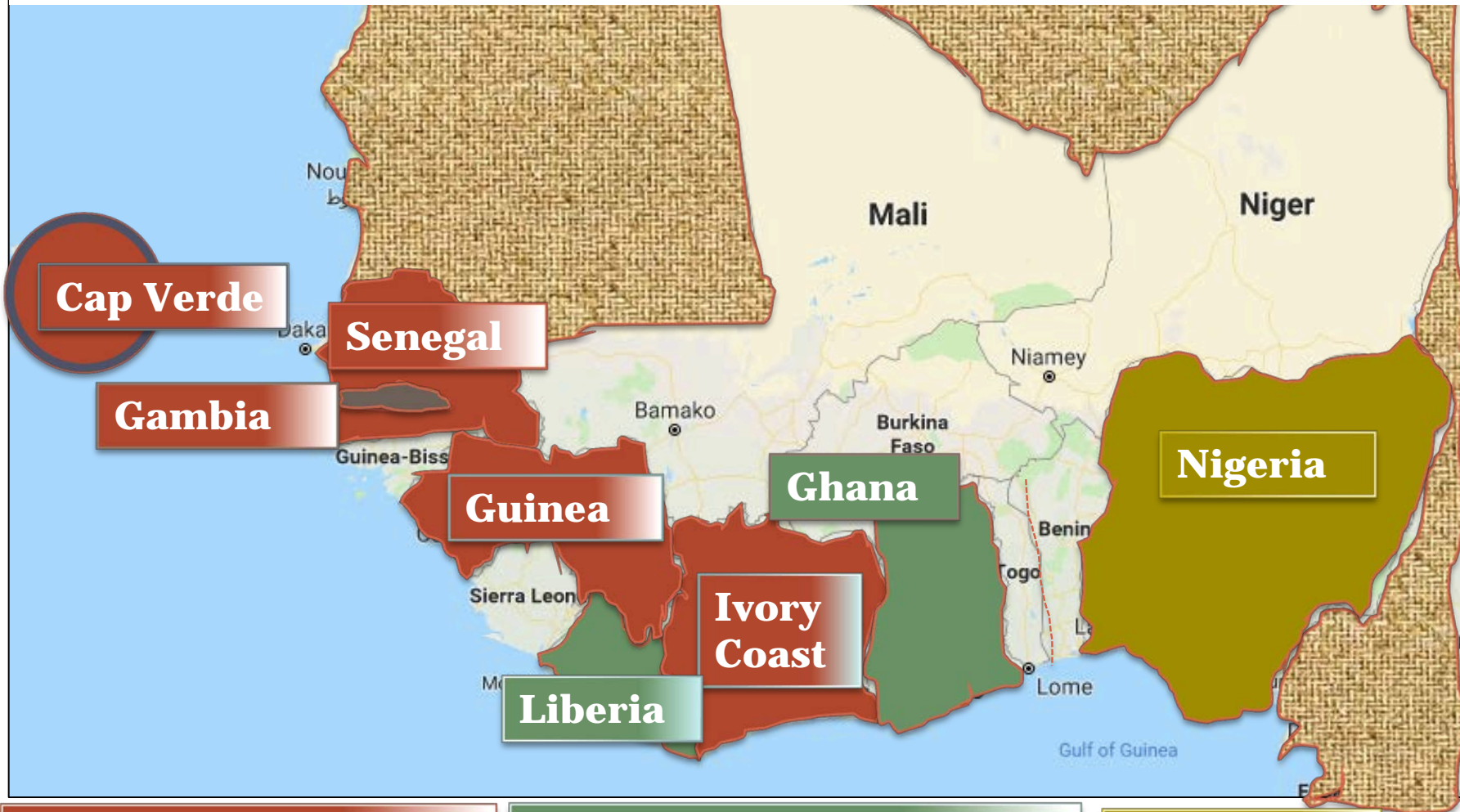
Cannabis

Cocaine

Cannabis/
Cocaine/
Heroin?

No information

TDI information system in place (2019)



**No regular and/or
harmonised data
collection**

**More or less regular and
harmonised data
collection**

**TDI system
in place**

Cannabis users entering treatment

Nigeria (NENDU, 2018)

Europe (EMCDDA, 2017)

Characteristics

2%



98%

19

Mean age
at first use

26

Mean age at first
treatment entry

164

First-time
entrants



324

Previously treated
entrants

66%

34%

Characteristics

17%



83%

17

Mean age
at first use

25

Mean age at first
treatment entry

83 000

First-time
entrants



59 000

Previously treated
entrants

58%

42%

Conclusions



Lesson learnt

- **Determining factors**
 - Ownership
 - Policy endorsement and local political will
 - Institutionalisation
- **On the ground presence and continuous and regular follow up are the key**
- **Slower pace**
- **Availability of resources**
 - In the long run
- **Integration of sustainability from the beginning**

Conclusions



Way forward

- **Started building the ground for development of national drug monitoring information systems**
 - TDI package has been developed (in all 3 main languages of the region)
 - Adaptable based on the needs and challenges faced by each country of the region
- **Working on and reinforcing sustainability**
 - Continuous assistance/capacity building and funding over the years
 - Intense follow up to ensure capacity building actually leads to data collection
 - Strong institutionalisation to ensure data collected is used and useful
 - Awareness and convincing at all professional and institutional levels of the added value of having such data collection in place

Drug treatment facilities

CEPIAD (Dakar, Senegal)



**FNPH ARO
(Abeokuta, Nigeria)**

