



REPUBLIC OF LIBERIA

NATIONAL ANTI-DRUG ACTION PLAN (2025 – 2030)

**A 5-Year Multisectoral Strategic Plan to Tackle Drugs
and Substance Abuse in Liberia**

**Developed By:
The Multisectoral Steering Committee on Drug and Substance Abuse**

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DEDICATION

This National Anti-Drug Action Plan (2025 - 2030) is dedicated to the people of Liberia, especially to our youth, who represent the promise and future of our nation, and to all families and communities who continue to show courage in the face of the devastating impact of drugs and substance abuse.

We honor the resilience of those in recovery, the commitment of caregivers and health workers, the dedication of our security and justice institutions, and the unwavering support of partners who stand with Liberia in this national fight.

May this Plan serve as a beacon of hope, a framework for action, and a collective pledge that no Liberian will be left behind in the struggle for a drug-free future.

MESSAGE FROM THE PRESIDENT



The fight against drugs and substance abuse in Liberia is not just a policy imperative; it is a moral obligation, a matter of national security. It is a call to protect the very soul of our nation. From the onset of this Administration, when I declared drug and substance abuse a public health emergency, I did so with the clear understanding that this crisis posed one of the greatest threats to Liberia's peace, stability, and future development.

This National Anti-Drug Action Plan (2025 – 2030) represents the collective resolve of my Administration and that of the people of Liberia to decisively confront this menace. The Plan is grounded in evidence, shaped by broad consultations, and driven by a vision of a drug-free, healthy, safe, and prosperous society.

The Plan employs a balanced approach, focusing not only on law enforcement and control of illicit drugs, but equally on prevention, treatment, harm reduction, rehabilitation, and reintegration. It calls for schools, communities, religious institutions, and families to work in concert with the goal to protecting our young people, who make up the most vulnerable of our population. It also seeks to strengthen our justice system to ensure fairness, proportional sentencing, and alternatives to incarceration for minor offenses.

As President, I do firmly assure you of my unrelenting commitment to doing all within our means to ensure that this Plan is adequately resourced, fully implemented, and strongly monitored. But let us all beware that the success of this effort depends not only on government institutions, but on the active involvement of every Liberian, from policymakers and professionals to community leaders, parents, and youth themselves.

I therefore call upon all citizens, civil society organizations, development partners, and the private sector to lock arms with the Government in this struggle. For it is only together that we can transform despair into hope, heal broken lives, and safeguard our nation's future.

This is our collective fight. This is our national duty. And together, we will prevail.


Joseph Nyuma Boakai, Sr.
President of the Republic of Liberia

FIRST FOREWORD



Drug and substance abuse has emerged as one of Liberia's most pressing public health and social development challenges disproportionately affecting the youths. It poses untold burden on the health system, fuels violence, destroys families, cripples the potential of our young people and undermines our competitiveness and productivity as a country. As Minister of Health and Chair of the Multisectoral Steering Committee, I am proud to present this National Anti-Drug Action Plan (2025 – 2030) as a comprehensive roadmap to guide our national response to the drug and substance abuse epidemic.

This Plan is anchored in the principle that substance use disorder is a chronic, relapsing disease of the brain, not a moral failing. Our response must therefore be rooted in compassion, dignity, and the provision of accessible and quality health services and psychosocial support. It prioritizes prevention, treatment, harm reduction, rehabilitation, and social reintegration.

For the first time, Liberia has a framework that not only expands treatment and rehabilitation services to all 15 counties, but also ensures the integration of mental health, HIV, hepatitis, and TB services for individuals in treatment and recovery. It emphasizes community-based approaches, family support, and the empowerment of youth and women as leaders in prevention.

The Ministry of Health reaffirms its unwavering commitment to lead the implementation of this plan. We will continue to work hand in hand with our partners, communities, and families to ensure that every Liberian affected by drugs has a chance at recovery, dignity, and a better future.

Dr. Louise M. Kpoto

Minister of Health & Chair, Multisectoral Steering Committee on Drugs and Substance Abuse

SECOND FOREWORD



Drugs and substance abuse represent not only a public health emergency but also a grave threat to national security, the rule of law, and social order. The proliferation of illicit drugs fuels organized crime, undermines border security, overwhelms our justice system, breaks up families and destabilizes communities. It is within this context that the Ministry of Justice takes great pride in co-leading the implementation of this National Anti-Drug Action Plan (2025 – 2030).

The Plan strengthens our capacity to intercept, investigate, and prosecute drug-related crimes, while at the same time ensuring justice is administered fairly, proportionally, and in line with international standards. It calls for judicial reforms that recognize alternatives to incarceration for minor offenses, while ensuring that those who profit from the misery of our people are held accountable.

Through this framework, law enforcement agencies, prosecutors, and the judiciary are better equipped to coordinate, share intelligence, and dismantle criminal networks. At the same time, the Plan protects the rights of individuals and emphasizes rehabilitation over punishment for those struggling with addiction.

The Ministry of Justice remains committed to working with the Ministry of Health, the Liberia Drug Enforcement Agency and other relevant government ministries and agencies, civil society, and our international partners to make this vision a reality. Together, we will safeguard our communities, uphold the rule of law, and restore hope and security to all Liberians.

A handwritten signature in black ink, appearing to read 'N. Oswald Tweh', written over a horizontal line.

Cllr. N. Oswald Tweh

Minister of Justice & Co-Chair, Multisectoral Steering Committee on Drug and Substance Abuse

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DEFINITION OF KEY CONCEPTS & TERMINOLOGIES

Term	Definition
Drug Addiction / Substance Use Disorder (SUD)	A chronic, relapsing brain disease marked by compulsive drug seeking and use despite harmful consequences, often with tolerance and withdrawal symptoms.
Community Engagement	Active involvement of local communities (youth, women, traditional/religious leaders, CSOs, FBOs) in prevention, treatment, harm reduction, rehabilitation, and reintegration.
Drug Demand Reduction	Interventions to reduce the desire and need for drugs, including prevention, treatment, rehabilitation, reintegration, and public education.
Drug/Substance Abuse	The harmful or hazardous use of psychoactive substances (alcohol, cannabis, opioids, cocaine, methamphetamines, etc.) leading to dependence and adverse health, social, and economic consequences.
Harm Reduction	Programs and practices that minimize negative health, social, and economic impacts of drug use without necessarily requiring abstinence (e.g., counseling, psychosocial support, community services).
Illicit Drugs	Substances whose production, sale, or use is prohibited by law, such as cannabis, cocaine, heroin, methamphetamines, ‘Kush’, and synthetic drugs.
Minor Offense	Refers to a non-violent, low-level drug-related violation, typically involving the possession or use of small quantities of controlled substances for personal consumption, without intent to sell, distribute, or traffic. Such offenses are often addressed through administrative sanctions, warnings, fines, or referral to treatment and rehabilitation programs, rather than imprisonment or severe criminal penalties.
Monitoring and Evaluation (M&E)	Systematic tracking of activities, outcomes, and impacts to ensure accountability and guide evidence-based decision-making.
Multisectoral Approach	A coordinated strategy involving government, civil society, development partners, private sector, and communities in drug control efforts.

National Drug Rehabilitation Fund	A pooled financing mechanism under the Multisectoral Steering Committee on Drugs and Substance Abuse to sustain funding for prevention, treatment, harm reduction, rehabilitation, reintegration, and enforcement.
Prevention	Strategies to stop or delay the initiation of drug use, often targeting schools, families, communities, and media campaigns.
Proportional Sentencing	Judicial practice ensuring penalties are fair, balanced, and fit the severity of offenses, with alternatives to incarceration for minor or non-violent cases.
Rehabilitation and Reintegration	Services supporting recovery, including medical and psychosocial treatment, vocational training, housing, and social reintegration into families and communities.
Drug Supply Reduction	Efforts to disrupt the availability of illicit drugs through enforcement, interdiction, border control, and dismantling trafficking networks.

ACRONYMS & ABBREVIATIONS

Acronym	Full Meaning
AU	African Union
CADAT	Community Anti-Drug Action Team
CSO	Civil Society Organization
ECOWAS	Economic Community of West African States
FBO	Faith-Based Organization
KPIs	Key Performance Indicators
LDEA	Liberia Drug Enforcement Agency
LRRRC	Liberia Refugee Repatriation and Resettlement Commission
M&E	Monitoring and Evaluation
MIA	Ministry of Internal Affairs
MICAT	Ministry of Information, Culture and Tourism
MOE	Ministry of Education
MOGCSP	Ministry of Gender, Children and Social Protection
MOH	Ministry of Health
MOJ	Ministry of Justice
MYS	Ministry of Youth and Sports
NGO	Non-Governmental Organization
PPPs	Public-Private Partnerships
SUD	Substance Use Disorder
TWG	Technical Working Group
UNFPA	United Nations Population Fund
UNICEF	United Nations International Children's Fund
UNODC	United Nations Office on Drugs and Crime
WHO	World Health Organization

EXECUTIVE SUMMARY

The National Anti-Drug Action Plan (2025 – 2030) presents Liberia’s comprehensive roadmap to address the escalating challenge of drug and substance abuse through a coordinated, multisectoral, and evidence-based framework. Anchored in the political will of His Excellency President Joseph Nyuma Boakai, Sr., who has declared drug and substance abuse a public health emergency, the Plan combines Drug Demand Reduction, Drug Supply Reduction, and governance, coordination, and research strategies to achieve lasting impact.

The Plan acknowledges the root causes of drug use, including social and economic factors such as poverty, unemployment, social exclusion; untreated mental health conditions, biological predisposition, and the availability of illicit substances, and provides a framework that integrates public health, law enforcement, education, justice, and community participation. By focusing on prevention, treatment, harm reduction, rehabilitation, reintegration, and proportional justice reforms, Liberia seeks to safeguard its most vulnerable groups, particularly the youth, and at-risk populations, while protecting communities from the destabilizing effects of drugs and organized crime.

Vision and Mission

- Vision: A drug-free, healthy, and safe society.
- Mission: To prevent and reduce drug demand, disrupt supply chains, and support rehabilitation and reintegration through coordinated, rights-based, and evidence-driven interventions.

Guiding Principles

The Plan is grounded in human rights and will be guided by the following principles:

- Public health
- The rule of law
- Inclusivity
- Accountability
- Sustainability
- Equity
- People-centered and Community-driven approach
- International alignment

Strategic Goals and Objectives

The overarching goals are to:

1. Reduce the prevalence of drug abuse and its consequences nationwide.
2. Strengthen surveillance, law enforcement and judicial systems to disrupt illicit supply chains.
3. Promote treatment, harm reduction, rehabilitation, reintegration, and social inclusion of individuals with substance use disorders.
4. Institutionalize robust governance, strong coordination and evidence-based decision-making for sustainability.

Specific measurable objectives include:

- To prevent drug initiation among youth and vulnerable populations by 50% by 2030.
- To expand treatment and rehabilitation services to all 15 counties by 2030.
- To enforce 100% adherence to proportional sentencing guidelines and alternatives to incarceration for minor drug-related offenses.
- To establish a fully functional National Drug Observatory by 2026 to strengthen research and policymaking.

Strategic Pillars and Priority Areas

The Plan is built on three strategic pillars:

1. **Drug Demand Reduction:** prevention campaigns, school and community-based programs, treatment expansion, harm reduction, rehabilitation, overdose prevention, vocational training, reintegration, and addressing co-occurring health conditions (HIV, TB, hepatitis, mental disorders).
2. **Drug Supply Reduction:** border control, interdiction, intelligence-sharing, targeting organized crime, proportional law enforcement, tight control and regulation of medical controlled substances and their precursors, and comprehensive legal and judicial reforms.
3. **Governance, Coordination, and Evidence for Decision-Making:** strengthening the Multisectoral Steering Committee, empowering county and community-level structures,

fostering international partnerships, and establishing robust monitoring, evaluation, and research systems.

Implementation Framework

The Ministry of Health (MOH) chairs the Steering Committee, leading Drug Demand Reduction and health responses, while the Ministry of Justice (MOJ) co-chairs with a focus on legal and judicial reforms. The Liberia Drug Enforcement Agency (LDEA) leads enforcement and interdiction. Other government ministries, agencies and commissions (MACs), civil society, development partners, and communities play vital roles in prevention, treatment, communication, youth engagement, and social protection and reintegration.

Implementation will follow a decentralized approach, empowering counties, local governments, communities, civil society, traditional leaders, and youth/women-led groups to deliver context-specific interventions.

Financing and Resource Mobilization

The Plan outlines clear budget allocations across pillars, supported by:

- National government financing through annual budget commitments
- Partner support from bilateral, multilateral, and UN agencies
- Public-private partnerships
- Funding will be channeled primarily via a National Drug Rehabilitation Fund.

Monitoring, Evaluation, and Accountability

A comprehensive M&E system will track progress using defined Key Performance Indicators (KPIs). The National Drug Observatory will generate reliable data, while annual reviews, mid-term evaluations, and independent oversight mechanisms will ensure transparency, accountability, and adaptive learning.

Risk Management and Mitigation

Recognizing political, financial, social, public health, and security risks, the Plan integrates contingency planning, flexible resource allocation, inter-agency coordination, and community engagement to sustain progress.

Communication and Advocacy

Mass media, school-based initiatives, and community grassroots mobilization will ensure nationwide awareness. Key messages emphasize prevention, treatment, harm reduction, rehabilitation, reintegration, and stigma reduction, targeting youth, families, policymakers, law enforcement, and communities.

Conclusion and Way Forward

The National Anti-Drug Action Plan (2025 – 2030) reaffirms Liberia’s unwavering commitment to a coordinated, sustainable, and evidence-based response to drug and substance abuse. By mobilizing resources, strengthening institutions, engaging communities, and promoting recovery and reintegration, Liberia sets a clear path toward a drug-free, healthy, and productive society.

The next steps include the development of annual operational plans, mobilization of resources, and nationwide implementation of prevention, treatment, enforcement, and governance reforms. This collective effort positions Liberia to turn the tide against drugs and secure a safer future for its people.

1.0 BACKGROUND AND RATIONALE

1.1 Current National Drug Situation

Liberia continues to grapple with the aftermath of its civil war (1989–2003), which left a legacy of unemployment, poverty, untreated mental disorders, and widespread availability of illicit substances. These factors are the major drivers of the increasing prevalence of substance use disorders (SUD), particularly among young people. According to the 2022 National Population and Housing Census, 75% of Liberia’s population is 35 years and below, a population that is especially vulnerable to drug use and abuse. In a school-based survey conducted in Monrovia by Ghebrehiwet et al. (2021), about 75% of students reported ever using at least one type of substance, with peak in initiation of substance use observed between the ages of 13 and 15 years. The UNFPA (2022) further reports a sharp rise in drug abuse among Liberian youth (2 in 10 young people), posing serious threats to health, education, security, and long-term development. Substance abuse contributes to school dropouts, rising crime, deteriorating health outcomes, and social fragmentation, posing an existential threat to the nation and its people.

1.2 Regional and Global Context

The rising prevalence of drug use in Liberia reflects broader West African and global trends, where weak border controls, poverty, and the influence of transnational drug trafficking networks have increased the supply and demand of illicit substances. According to the World Drug Report 2025, drug use continues to rise globally, with a significant 28% increase from 2017. Treatment gap also continues to widen, a 13% increase with only 1 in 12 people with drug use disorders being in treatment. The subregion has become a major transit route for cocaine and other narcotics trafficked from South America to Europe, with local consumption rising in parallel. New psychoactive substances continue to emerge on the global market with increased use in substances such as Nitazenes and “Kush” in the West African subregion (World Drug Report 2025). Liberia, given its youthful population and fragile social infrastructure, remains particularly vulnerable to these regional dynamics.

1.3 Legal and Policy Framework

The Government of Liberia has strengthened its legal and institutional response to drug abuse. The Amended Drug Law of 2023 criminalizes the trafficking of narcotic substances while emphasizing treatment, rehabilitation, and alternatives to incarceration for minor offenses. Liberia is also a

signatory to key international conventions, including the 1961 Single Convention on Narcotic Drugs, the 1971 Convention on Psychotropic Substances, and the 1988 UN Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances, aligning its domestic policies with international standards. The National Mental Health Policy and Strategic Plan 2023-2032 also has provision for the treatment of people with substance use disorders.

1.4 National Leadership and Institutional Response

In January 2024, His Excellency President Joseph Nyuma Boakai, Sr. declared drugs and substance abuse a Public Health Emergency, demonstrating strong political will to confront this crisis. He called for a comprehensive public health approach that examines risk and protective factors and mobilizes multiple sectors – health, education, law enforcement, justice, research, and civil society.

To coordinate this response, the President established a Multi-Sectoral Steering Committee on Drugs and Substance Abuse, chaired by the Minister of Health and co-chaired by the Minister of Justice, with participation from key ministries and agencies, the Liberia Drug Enforcement Agency (LDEA), Ministry of Youth and Sports (MYS), Ministry of Gender, Children and Social Protection (MOGCSP), and Ministry of Finance and Development Planning (MFDP). This committee was further expanded to include the Ministry of Internal Affairs (MIA), Ministry of Information, Culture and Tourism (MICAT), Ministry for Education (MOE), development partners including the One UN and Civil Society Organizations. The Committee is mandated to develop holistic, evidence-based strategies for prevention, treatment, rehabilitation, reintegration, and law enforcement.

For technical implementation, the Steering Committee constituted a Technical Working Group (TWG) of experts from relevant ministries and agencies. The TWG is leading the development and implementation of the National Anti-Drug Action Plan (NADAP), which serves as the national roadmap for coordinated interventions.

1.5 Understanding Drug Addiction and the Root Causes

Drug addiction, referred to as substance use disorder is defined as a chronic, relapsing disorder characterized by compulsive drug seeking and use despite adverse consequences. It is considered a brain disorder, because it involves functional changes to brain circuits involved in reward, stress, and self-control. These changes in brain chemistry in multiple circuits makes addiction a brain disorder affecting multiple domains of brain function, with affectation of numerous neurotransmitters (brain

chemicals) across various synapses (nervous connections). As such, it goes beyond a social vice or moral failing, making medical intervention an absolute necessity.

Drug addiction arises from a complex interplay of social, economic, psychological, biological, and environmental factors. A clear understanding of these root causes is essential for designing effective prevention, treatment, and rehabilitation strategies. The following are root causes of drug addiction.

1. Social Factors

- **Family Environment and Early Life Experiences:** Adverse childhood experiences, such as neglect, abuse, or family dysfunction significantly increase vulnerability to substance use. Lack of parental supervision or supportive relationships often leads to maladaptive coping mechanisms, including early drug use.
- **Peer Influence and Social Networks:** Peer pressure and association with individuals who use substances increase the likelihood of initiation and sustained use.
- **Community and Environmental Factors:** Exposure to neighborhoods with high crime rates, social instability, and normalization of drug use can elevate the risk of addiction.

2. Economic Factors

- **Poverty and Unemployment:** Economic hardship is a strong predictor of substance use. Individuals facing financial instability may use substances as a coping mechanism to deal with stress and hopelessness. Unemployment and lack of economic opportunities exacerbate this risk.
- **Limited Access to Resources:** Limited access to education, healthcare, and employment opportunities can hinder individuals from achieving economic stability, increasing the likelihood of substance misuse.

3. Mental Health Factors

- **Co-occurring Mental Health Disorders:** Conditions such as depression, anxiety, PTSD, and other psychiatric disorders often co-exist with substance use disorders. Individuals may self-medicate with drugs to alleviate psychological distress.

- **Trauma and Psychological Stress:** Chronic stress and unresolved trauma can drive individuals toward substance use as a coping mechanism.

4. Access and Availability of Drugs

- **Proximity and Ease of Access:** Easy availability of illicit substances, through trafficking networks, local markets, or online platforms greatly increases the risk of experimentation and progression to habitual use.
- **Economic and Social Accessibility:** Drugs may be accessible due to affordability, peer networks, or community norms, reinforcing patterns of use.
- **Weak Enforcement and Regulatory Gaps:** Ineffective law enforcement or loopholes in drug regulations can facilitate widespread availability, increasing the risk of addiction.

5. Lack of Access to Treatment

- **Barriers to Healthcare Services:** Limited availability of addiction treatment and mental health services prevents timely intervention, leading to increased prevalence.
- **Stigma and Discrimination:** Cultural perceptions of addiction as a moral failing discourage individuals from seeking treatment, further prolonging drug use and associated harms.

6. Cultural and Societal Norms

- **Normalization of Substance Use:** Cultural and media portrayals that glamorize or normalize drug use can influence initiation and continued consumption.
- **Gender and Social Inequality:** Women and marginalized groups may face unique pressures, including gender-based violence or discrimination, heightening vulnerability to substance use.

7. Genetic and Biological Factors

- **Genetic Predisposition:** Family history of substance use increases susceptibility, indicating a heritable component.
- **Neurobiological Mechanisms:** Addiction alters brain function in areas controlling reward, motivation, and self-control, making cessation challenging even when negative consequences are apparent.

This comprehensive perspective highlights that drug addiction is not solely an individual choice but a product of intersecting social, economic, mental health, environmental, and regulatory factors. Addressing these root causes requires a holistic, multi-sectoral approach encompassing prevention, early intervention, treatment, rehabilitation, and sustained community support.

1.6 Economic and Social Development Impact of Drug Abuse

Drug abuse represents not only a pressing public health issue but also a significant impediment to national economic and social development. The United Nations Office on Drugs and Crime (UNODC) estimates that the global social and economic costs of drug abuse, including lost productivity, crime, law enforcement, incarceration, and health care amount to hundreds of billions of dollars annually. At the national level, these costs manifest through diminished workforce participation, increased health system burdens, higher rates of crime and insecurity, and weakened family and community structures.

From an economic perspective, substance abuse reduces human capital by impairing educational attainment, lowering productivity, and increasing unemployment. The health sector bears the costs of treating drug-related diseases, overdoses, and mental health complications, while law enforcement and the justice system are strained by drug-related crime and incarceration. Socially, drug abuse contributes to family disintegration, child neglect, school dropouts, and intergenerational poverty, eroding social cohesion and undermining long-term development goals.

Yet, compelling evidence demonstrates that investment in drug prevention and treatment yields substantial returns. The World Health Organization (WHO) notes that every US\$1 invested in evidence-based prevention can save up to US\$10 in future health and social costs. Similarly, the National Institute on Drug Abuse (NIDA) reports that every US\$1 spent on treatment can generate between US\$4 and US\$7 in reduced drug-related crime, criminal justice costs, and theft, with even greater savings when healthcare costs are included. Effective treatment and rehabilitation restore individuals to health, productivity, and family life, transforming them from a burden on national systems into contributors to economic growth.

Addressing drug abuse is therefore not only a public health imperative but also a pathway to achieving the Sustainable Development Goals (SDGs). Investments in prevention and treatment contribute directly to:

- SDG 3 (Good Health and Well-being) by reducing drug-related morbidity, mortality, and mental health challenges.
- SDG 4 (Quality Education) by preventing school dropouts and safeguarding the future of young people.
- SDG 8 (Decent Work and Economic Growth) by restoring individuals to productive employment and strengthening national human capital.
- SDG 16 (Peace, Justice, and Strong Institutions) by reducing crime, violence, and the burden on justice systems.

For these reasons, a National Anti-Drug Action Plan must be viewed not merely as a health sector intervention, but as a cross-sectoral investment in sustainable development, security, and human capital. By prioritizing prevention, treatment, harm reduction, rehabilitation, and reintegration, the nation safeguards its future workforce, reduces long-term public expenditure, and strengthens social resilience, delivering both economic and social dividends while accelerating progress toward the 2030 Agenda for Sustainable Development.

1.7 Justification for the National Anti-Drug Action Plan

Substance abuse threatens Liberia's social stability, economic growth, and the future of its youth. With three-quarters of the population under 35, failure to act risks undermining the country's human capital and national security. A coordinated national response is therefore imperative to:

- Reduce the prevalence and consequences of drug use.
- Strengthen prevention, treatment, and rehabilitation services.
- Address the drivers of substance abuse, including poverty and unemployment.
- Fulfill Liberia's commitments under regional and international drug control frameworks.
- Strengthen law enforcement capacity to effectively disrupt drug supply networks.
- Protect the health, safety, and productivity of its youthful population.

2.0 VISION, MISSION, AND GUIDING PRINCIPLES

2.1 Vision Statement

A drug-free, healthy, and safe Liberia where all citizens, especially the youth, can realize their full potential and contribute to national development.

2.2 Mission Statement

To reduce the prevalence and impact of substance use disorders in Liberia by implementing a coordinated, evidence-based, and multisectoral response focused on prevention, treatment, harm reduction, rehabilitation, reintegration, drug supply reduction, and policy enforcement, while protecting the rights and dignity of all individuals.

2.3 Guiding Principles

1. **Human Rights and Dignity:** Upholding the rights, worth, and dignity of all persons affected by substance use disorders.
2. **Public Health Approach:** Treating substance abuse as a chronic health condition requiring prevention, treatment, and harm-reduction interventions.
3. **Rule of Law and Justice:** Strengthening law enforcement and justice systems while ensuring proportionality, fairness, and alternatives to incarceration for minor offenses.
4. **Evidence-Based Action:** Designing policies and programs guided by data, research, and global best practices.
5. **Community Participation:** Engaging families, communities, religious institutions, schools, and civil society in prevention and recovery efforts.
6. **Inclusivity and Equity:** Addressing the needs of all vulnerable groups, including youth, women, ex-combatants, and marginalized populations.
7. **Multisectoral Collaboration:** Coordinating the efforts of government, development partners, private sector, and civil society for a unified national response.
8. **Resilience and Sustainability:** Building long-term systems and structures that ensure lasting impact and reduce reliance on emergency responses.

3.0 GOALS AND STRATEGIC OBJECTIVES

3.1 Overarching Goals

1. Reduce the prevalence and consequences of substance use disorders (SUD) in Liberia through prevention, treatment, harm reduction, rehabilitation, and reintegration services.
2. Disrupt the supply of illicit drugs by strengthening law enforcement, border security, and regional cooperation.
3. Protect and empower Liberia's youth, who represent 75% of the population, by prioritizing prevention and early intervention programs.
4. Strengthen governance, coordination, and resource mobilization to ensure a comprehensive, multisectoral, and sustainable national response.
5. Fulfill Liberia's commitments under regional and international drug control conventions while safeguarding human rights and promoting public health.

3.2 Strategic Objectives

1. Prevention and Education

By 2030,

- Implement evidence-based drug prevention programs in at least 70% of secondary schools and 50% of tertiary institutions nationwide.
- Establish community awareness and parenting programs in all 15 counties, focusing on early prevention and resilience-building among youth.

2. Treatment, Harm Reduction, Rehabilitation, and Reintegration

By 2030,

- Increase access to treatment and rehabilitation services by 50% through the establishment or strengthening of at least one functional treatment/recovery center in each county.
- Train at least 250 health professionals nationwide to provide evidence-based care for individuals with substance use disorders.

- Develop and implement reintegration programs (vocational training, psychosocial support, employment schemes) for at least 5000 recovering drug users, prioritizing youth.

3. Law Enforcement and Control

By 2030,

- Strengthen law enforcement capacity through specialized training and interagency coordination to disrupt at least 50% of identified drug trafficking networks.
- Improve border control mechanisms in collaboration with ECOWAS and international partners to reduce illicit drug inflows by 50%.

4. Control and Regulation of Controlled Substances

By 2030,

- Strengthen the regulatory bodies to enforce strict licensing, inspection, and compliance mechanisms across the pharmaceutical supply chain.
- Establish a national prescription monitoring system to track controlled medicines (e.g., opioids, benzodiazepines, stimulants) and detect diversion or misuse.
- Conduct routine inspections of pharmacies, hospitals, and clinics to ensure adherence to prescription-only dispensing standards.

5. Legal and Judicial Reforms

By 2030,

- Review and update existing drug-related laws to align with international best practices, ensuring a balance between public health and criminal justice approaches.
- Amend the Acts of specific courts to expand the jurisdiction to include drug and drug-related offenses.
- Strengthen legal aid and human rights protection mechanisms to safeguard the rights of individuals with substance use disorders during arrest, detention, and prosecution.

6. Governance, Policy, and Coordination

By 2026,

- Commence the operationalization of the National Anti-Drug Action Plan (NADAP) with clear implementation frameworks at national and county levels.
- Institutionalize the Multisectoral Steering Committee and Technical Working Group (TWG) as permanent mechanisms for coordination, policy oversight, and accountability.

7. Research, Monitoring, and Evaluation

By 2030,

- Establish a National Drug Observatory to collect, analyze, and publish annual data on drug prevalence, treatment outcomes, and enforcement trends.
- Conduct at least one national survey on substance use prevalence and patterns among youth and vulnerable populations to inform policy decisions.

4.0 STRATEGIC PILLARS AND PRIORITY AREAS

4.1 Strategic Pillar 1: Drug Demand Reduction

Drug Demand Reduction focuses on decreasing the desire for and use of psychoactive substances through prevention, treatment, harm reduction, rehabilitation, reintegration, and public health interventions. The emphasis is on protecting general population especially young people from the harm of substance abuse, reducing relapse, and addressing the health and social consequences of drug use through evidence-based, community-centered, and rights-based approaches.

4.1.1 Priority Area 1: Prevention and Education

This priority area focuses on reducing the risk of drug initiation and misuse, in the general population particularly among young people and vulnerable groups, by strengthening prevention programs in schools, communities, families, religious/traditional settings and work places. It emphasizes life skills development, awareness campaigns, positive parenting, and engagement of community, faith-based, and youth-led structures to build resilience against drug use.

Priority Area 1: Prevention and Education					
Objective	Strategies	Key Activities	Responsible Actors	Indicators	Timeline
Prevent initiation and misuse of drugs among the general population especially young people through targeted prevention and awareness programs.	1. Community-based prevention	Establish youth clubs and peer mentorship programs at the community level. Work with faith-based groups and community leaders in prevention.	MOH, MYS, MOGCSP, MIA, CSOs, FBOs, NGOs,	# of community prevention programs implemented. # of youth reached through peer-led initiatives.	2025–2030

	2. School-based programs	<p>Integrate drug prevention education into national curriculum.</p> <p>Train Teachers, Guidance Counselors, and PTAs on life-skills and drug prevention modules.</p> <p>Establish/ Strengthen School Health Clubs to facilitate peer learning and support.</p>	MOE, MOH, UNICEF, UNFPA, CSOs, FBOs, NGOs	<p>% of schools implementing prevention modules.</p> <p># of teachers trained.</p> <p># of Guidance counselors trained.</p> <p># of PTAs Trained.</p> <p># of school communities reached.</p> <p># of schools with functional health clubs.</p>	2025–2030
	3. Public awareness campaigns	<p>Establish routine nationwide media campaigns (TV, radio, social media, digital).</p> <p>Produce Anti-drug Information Education</p>	MOH, MYS, MOGCSP, MOE, MICAT, Media, CSOs, FBOs, NGOs	<p>Audience reach of campaigns.</p> <p>% of population aware of drug risks.</p>	2025–2030

		Communication (IEC) and Behavioral Change Communication (BCC) materials.			
	4. Parenting and family support	Develop family-strengthening and parenting programs. Provide training on positive parenting and resilience.	MOH, MOGCSP, MYS, MOE, FBOs, NGOs, CSOs	# of parents enrolled in family-strengthening programs. % improvement in parental supervision scores.	2025–2030

4.1.2 Priority Area 2: Treatment, Harm Reduction, Rehabilitation, and Social Reintegration

This priority area aims to expand services to government, private and faith-based institutions, access to comprehensive, evidence-based, and affordable treatment services for people with substance use disorders. It includes detoxification, counseling, medication-assisted treatment, harm reduction, overdose prevention and response, and integration of HIV, hepatitis, and other infection prevention and treatment programs within rehabilitation services. The priority area also focuses on reintegration through vocational and academic training, employment, and family support systems to reduce relapse by encouraging and establishing peer networks that help promote recovery.

Priority Area 2: Treatment, Harm Reduction, Rehabilitation, and Social Reintegration					
Objective	Strategies	Key Activities	Responsible Actors	Indicators	Timeline
Expand access to comprehensive, evidence-based treatment, harm reduction, rehabilitation, and reintegration services.	1. Expand treatment facilities	Establish/upgrade treatment centers in all 15 counties. Train service providers on addiction management.	MOH, MYS, MOGCSP, LRRRC, MOA, NGOs, FBOs	# of treatment facilities established/upgraded. # of trained health professionals.	2025–2030
	2. Ensure evidence-based treatment modalities	Provide treatment services including detoxification, counseling, rehabilitation and management of co-occurring disorders. Expand and strengthen community-based treatment services.	MOH, MYS, MOGCSP, LRRRC, MOA, NGOs, FBOs	% increase in treatment uptake. # of community-based treatment programs	2025–2030
	3. Overdose prevention &	Conduct targeted drug overdose prevention	MOH, MYS, MOGCSP,	# of awareness conducted	2025–2030

	response/treatment	<p>education and awareness in high-risk settings.</p> <p>Implement MAT programs.</p> <p>Procure and distribute naloxone to health facilities.</p> <ul style="list-style-type: none"> • Train service providers to manage drug-related emergencies (overdose/withdrawal). 	LRRRC, NGOs, FBOs	<p># of MAT programs established.</p> <p># of naloxone kits distributed.</p> <p># of responders trained.</p>	
	4. HIV/ Hepatitis/TB prevention and treatment	<p>Integrate screening and treatment into rehab programs.</p> <p>Provide targeted prevention interventions for high-risk populations.</p>	MOH, MYS, MOGCSP, LRRRC, NGOs, FBOs	<p>% of clients screened/treated for HIV/Hepatitis/TB.</p> <p># of prevention interventions conducted.</p>	2025–2030

	5. Social reintegration	<p>Establish vocational training & job placement or economic empowerment programs.</p> <p>Provide transitional housing and family reintegration support.</p> <p>Reintegrate school-aged children/students in recovery into formal education.</p> <p>Establish peer recovery network center.</p>	<p>MYS, MOGCSP, MOE, NCHE, LRRRC, MFDP, MOJ, MOA, NGOs, FBOs</p>	<p># of clients reintegrated into society.</p> <p>% of clients employed or into entrepreneurship post-treatment.</p> <p>% of clients provided transitional housing support.</p> <p>% of school-aged children/students in recovery transitioned into formal education.</p> <p># of peer recovery network center established.</p>	2025–2030
	6. Referral systems	Develop referral pathways and linkages for all levels of care.	<p>MOH, LDEA, MOJ, MIA,</p>	Functional referral system established in all 15 counties.	2025–2030

		Provide public education on referral pathways.	MOE, LRRRC, CSOs, FBOs	# of referrals made annually.	
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4.2 Strategic Pillar 2: Drug Supply Reduction

Drug Supply Reduction addresses the control of illicit drugs by disrupting production, trafficking, and distribution networks. It focuses on strengthening law enforcement, border control, intelligence-sharing, and regional cooperation while ensuring justice sector reforms, proportional sentencing, and alternatives to incarceration for minor drug-related offenses.

4.2.1 Priority Area 3: Law Enforcement and Control

This priority area focuses on strengthening Liberia’s operational capacity to disrupt the supply of illicit drugs through effective law enforcement, border management, intelligence gathering, and inter-agency collaboration. It targets drug trafficking, organized crime networks, and money-laundering activities. The aim is to safeguard public security while complementing judicial reforms, ensuring that enforcement is evidence-based, coordinated, and proportional.

Priority Area 3: Law Enforcement and Control					
Objective	Strategies	Key Activities	Responsible Actors	Indicators	Timeline
Strengthen national capacity to detect, intercept, and dismantle illicit drug supply chains.	1. Border and interdiction control	Scale up deployment of Joint Security officers at all known entry points (seaport, airport, land borders)	MOJ, LDEA, Customs Authority, LIS, LNP	% increase in border deployment of joint security officers. # of LDEA officers and	2025–2030

		<p>Recruit & Train LDEA officers and Informants.</p> <p>Provide continuous in-service training for Joint Security at the entry points.</p> <p>Setup advanced surveillance and inspection technologies at entry points (seaports, airports, and land borders).</p> <p>Establish K-9 Unit within the LDEA.</p> <p>Strengthen cross-border joint security collaboration.</p> <p>Strengthen existing and forge new international enforcement collaborations.</p>		<p>informants trained.</p> <p># of in-service training conducted for joint security.</p> <p># of advanced surveillance and inspection technologies set up.</p> <p>Existence of a K-9 Unit within the LDEA.</p> <p># of existing cross-border and international collaborations.</p> <p>% increase in drug seizures.</p> <p># of interdiction</p>	
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				operations conducted.	
	2. Intelligence gathering and collaboration	<p>Strengthen inter-agency collaboration within the joint security.</p> <p>Establish whistleblower systems.</p> <p>Share intelligence with regional and international bodies.</p> <p>Establish a command center.</p>	MOJ, LDEA, Interpol, ECOWAS, CADATs	<ul style="list-style-type: none"> • # of intelligence reports shared. • # of joint operations conducted. 	2025–2030
	3. Targeting organized crime	<p>Arrest, Investigate and Prosecute drug traffickers.</p> <p>Strengthen anti-money laundering mechanisms.</p> <p>Strengthen prosecutorial mechanisms</p>	MOJ, LDEA, LNP, Judiciary, FIA	<ul style="list-style-type: none"> • # of organized crime cases investigated/prosecuted. • Value of illicit assets seized. 	2025–2030

	4. Proportional enforcement	Develop, Review & Implement guidelines for handling minor offenses. Coordinate diversion and rehabilitation programs.	MOJ, LDEA, LNP, Judiciary	<ul style="list-style-type: none"> • % of minor drug cases diverted to alternatives. • # of enforcement actions adhering to proportionality standards. 	2025– 2030
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4.2.2 Priority Area 4: Control and Regulation of Medical Controlled Substances and their Precursors

This priority area aims to ensure the safe, rational and controlled use of controlled substances and their precursors in Liberia by strengthening regulatory systems, preventing diversion and misuse/dependency and safeguarding for legitimate medical and scientific purposes. It emphasizes strict oversight of the pharmaceutical supply chain, enforcement of prescription-only dispensing standards, and collaboration between regulatory authorities, law enforcement, and health professionals.

Priority Area 4: Control and Regulation of Medical Controlled Substances and their Precursors					
Objective	Strategies	Key Activities	Responsible Actors	Indicators	Timeline
To strengthen Liberia's regulatory and institutional framework	1. Strengthen licensing, inspection, and compliance mechanisms.	Enforce licensing requirements for importers, wholesalers, manufacturers,	LMHRA, NPB, MOH	% of licensed facilities in full compliance.	2025– 2030

for the management and regulation of medical controlled substances, and their precursors.		<p>retailers and distributors.</p> <p>Develop and disseminate regulatory guidelines and SOPs for medical controlled substances and precursors</p> <p>Strengthen monitoring systems for medical controlled Substances.</p>		<p># of regulatory guidelines and SOPs developed and disseminated .</p> <p># of inspections conducted annually.</p>	
	2. Ensure safe and accountable dispensing practices.	<p>Mandate prescription-only dispensing of controlled substances.</p> <p>Conduct routine inspections of pharmacies and health facilities.</p> <p>Introduce sanctions for non-compliance</p>	NPB, LMHRA, MOH, LNP	<p>% of pharmacies implementing prescription-only dispensing.</p> <p># of pharmacies and health facilities inspected.</p>	2025–2030

		(suspension/revocation of licenses).		# of sanctions applied for violations.	
	3. Strengthen pharmacovigilance and data systems	<p>Launch and scale digital prescription monitoring system.</p> <p>Share data with law enforcement for early detection of diversion.</p>	LMHRA, NPB, MOH, LDEA	<p># of facilities reporting to monitoring system.</p> <p># of diversion cases identified for medical controlled substances through reporting.</p>	2025–2030
	4. Build awareness among health professionals and the public	<p>Train prescribers and pharmacists on rational use of controlled substances and risks of misuse.</p> <p>Develop public education campaigns on safe use of medical controlled substances.</p>	MOH, LMHRA, NPB, Professional Associations	<p># of health workers and pharmacists trained.</p> <p>% increase in public awareness of risks.</p>	2025–2030

	5. Enhance inter-agency coordination and enforcement.	Establish collaboration mechanisms between regulatory and law enforcement agencies. Align national controls with international conventions on narcotic and psychotropic substances and their precursors.	LMHRA, NPB, MOJ, LNP Judiciary, LDEA, MOH	# of joint operations conducted. # of regulatory cases prosecuted. # of national controls aligned with international conventions.	2025–2030
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4.2.3 Priority Area 5: Legal and Judicial Reforms

This priority area aims to strengthen Liberia’s justice system in handling drug-related cases. It focuses on reviewing and updating legislation, building capacity among judges and prosecutors, promoting alternatives to incarceration for minor offenses, ensuring proportional sentencing, and fostering coordination between the judiciary, law enforcement, and correctional services. This ensures that drug laws are applied fairly, consistently, and in line with international human rights standards.

Priority Area 5: Legal and Judicial Reforms					
Objective	Strategies	Key Activities	Responsible Actors	Indicators	Timeline
Strengthen the justice system’s capacity to	1. Review and update national drug laws	Conduct comprehensive review of existing drug legislations	MOJ, Law Reform Commission,	Number of drug laws reviewed/updated.	2025–2030

<p>respond effectively to drug-related crimes while ensuring fairness, proportionality, and alignment with international conventions.</p>		<p>including the 2023 Amended Drug Law and the 2014 Amended LDEA Act.</p> <p>Review and rectify international conventions.</p> <p>Develop guidelines for consistent judicial application.</p> <p>Codify, disseminate and provide public awareness and education about the updated laws and conventions.</p>	Judiciary, LDEA	<p># of international conventions rectified.</p> <p># of guidelines developed for judicial consistency.</p> <p># of updated laws codified and disseminated.</p>	
	2. Capacity building of judicial actors	<p>Provide specialized/specific relevant trainings for judges, magistrates, lawyers, etc.</p> <p>Amend the Acts establishing Criminal Courts “C” & “D” to</p>	Judiciary, MOJ, LNBA	<p>% of judicial actors trained.</p> <p>Amendment of Acts establishing Criminal Courts C & D.</p>	2025–2030

		expand the jurisdiction of Criminal Court “D” to include Drug and Drug Related Offenses.			
	3. Promote alternatives to incarceration	<p>Review and update guidelines on Alternative to Incarceration (ATI)</p> <p>Implement diversion, probation, and treatment programs for minor offenders, using ATI guidelines.</p> <p>Provide treatment programs in prisons for those incarcerated.</p> <p>Create a referral system for offenders to treatment and rehabilitation services.</p>	Judiciary, MOJ, MOH, MOGCSP, LDEA, NGOs	<p>Updated ATI guidelines.</p> <p>% of minor offenders diverted.</p> <p># of offenders successfully referred to rehabilitation programs.</p> <p>% of prisons with SUD treatment services</p>	2025–2030

	4. Fair and proportionate sentencing	<p>Develop/Review and implement sentencing guidelines.</p> <p>Integrate human rights safeguards.</p> <p>Review and strengthen mechanisms to reduce overcrowding of prison by minor drug offenders.</p>	Judiciary, MOJ, LDEA	<p>Sentencing guidelines adopted.</p> <p>% of cases adhering to proportionality standards.</p> <p>Reduction in correctional facility overcrowding.</p>	2025–2030
	5. Justice sector coordination	<p>Strengthen collaboration between law enforcement, judiciary, and correctional services.</p> <p>Establish inter-agency case-tracking and data-sharing systems.</p>	MOJ, Judiciary, LDEA, LNP	<p># of coordination meetings held.</p> <p>Functional case management and tracking system in place.</p>	2025–2030

4.3 Strategic Pillar 3: Governance, Coordination, and Evidence for Decision-Making

The pillar provides the foundation for effective implementation, oversight, and sustainability of the National Anti-Drug Action Plan. It ensures that all interventions, whether relating to Drug Demand Reduction, or Drug Supply Reduction are coordinated, evidence-based, and aligned with national policies and international standards. By strengthening governance, policy coherence, and monitoring systems, these areas enhance accountability, facilitate informed decision-making, and promote continuous improvement across all pillars of the national response.

4.3.1 Priority Area 6: Governance, Policy, and Coordination

The pillar establishes the institutional architecture necessary to transform policy into action, ensuring that both Drug Demand Reduction and Drug Supply Reduction interventions are strategically aligned, properly coordinated, and systematically monitored. By strengthening governance frameworks, enhancing policy coherence, building robust coordination mechanisms, mobilizing sustainable resources, and fostering meaningful stakeholder engagement, this pillar creates the enabling environment for successful implementation of the national response.

Central to this approach is the institutionalization of the Multisectoral Steering Committee and Technical Working Groups (TWGs) at both national and sub-national levels, ensuring that decision-making is participatory, evidence-informed, and responsive to local contexts. The pillar emphasizes the critical importance of aligning the Action Plan with broader national development priorities while maintaining focus on the specific challenges posed by drug and substance abuse. Through strengthened international cooperation and strategic partnerships, this pillar positions Liberia to leverage global expertise, resources, and best practices while contributing to regional and international drug control efforts. The emphasis on community engagement and civil society participation ensures that interventions are culturally appropriate, locally owned, and sustainable beyond the life of the Action Plan.

Priority Area 6: Governance, Policy, and Coordination					
Objective	Strategies	Key Activities	Responsible Actors	Indicators	Timeline
Strengthen governance, coordination, and policy coherence for effective implementation of the National Anti-Drug Action Plan.	1. Institutional Architecture and Governance Systems	Formally institutionalize the Multisectoral Steering Committee on Drugs and Substance Abuse (through an Executive Order). Operationalize National Multisectoral Steering Committee, TWG, County Anti-Drug Committee and Community Anti-Drug Action Team (CADAT) Terms of Reference (TOR) Hold quarterly multi-stakeholder coordination meetings with structured agenda	Office of the President, MOH, MOJ, MYS, LDEA, MOGCSP, MICAT, MIA, MOE, LRRRC, Judiciary, Legislature, Development Partners, CSOs	Institutionalization of the Multisectoral Steering Committee on Drugs and Substance Abuse Functional sub-national TWGs # of coordination meetings held annually. % of active stakeholder participation. Establishment of digital coordination platform.	2025–2030

		<p>and follow-up mechanisms.</p> <p>Facilitate comprehensive inter-ministerial/agency orientation workshops and capacity building programs.</p> <p>Create digital coordination platforms for real-time communication and reporting.</p>			
	2. Policy Integration and Institutional Coherence	Align implementation strategies with the ARREST Agenda for Inclusive Development (AAID), and other MACs sectorial plans	MOH, MOJ, MFDP, LDEA, MOGCSP, MICAT, MIA, MOE, MYS, LRRRC, Judiciary, Legislature	<p># of policies aligned.</p> <p>Evidence of integration in national planning documents.</p>	2025–2030

	3. Community Mobilization and Civil Society Engagement	<p>Establish grant-making mechanisms for CSO and FBO anti-drug initiatives with transparent selection criteria.</p> <p>Provide technical assistance and capacity building for CSOs and CBOs.</p> <p>Operationalize Community Anti-Drug Action Teams (CADATs) in all communities and provide training and technical support.</p> <p>Provide regular feedbacks and reports along all levels of the governance structure.</p>	<p>MOH, MOJ, MYS, MOGCSP, LDEA, MIA, MFDP, MICAT, MOE, NGOs, CBOs, FBOs, Development Partners</p>	<p># of grants awarded to CSOs/FBOs through the established selection criteria.</p> <p># of CSO/FBO-implemented projects supported by GOL.</p> <p># of communities with functional CADATs.</p> <p># of reports generated within existing governance structure.</p>	2025– 2030
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	4. Strategic Resource Mobilization and Financial Stewardship	<p>Develop comprehensive 5-year resource mobilization strategy with diversified funding sources.</p> <p>Establish dedicated Resource Mobilization Subcommittee with technical expertise and clear mandates within the TWG.</p> <p>Implement transparent financial management systems with real-time tracking and reporting.</p> <p>Conduct regular financial audits and performance assessments with public reporting.</p>	<p>MFDP, MFA, MOH, MOJ, MYS, MOE, MOGCSP, LDEA, LRRRC, Development Partners</p>	<p>Completed Resource Mobilization Strategy.</p> <p>Functional Resource Mobilization Subcommittee.</p> <p>Functional financial control system.</p> <p># of financial audits and performance assessments completed and reported.</p> <p>Concrete Emergency Preparedness and Response (EPR) Mechanism</p>	2025–2030
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		<p>Create emergency preparedness and response (EPR) mechanisms for emergency drug abuse responses and scale-up opportunities.</p> <p>Mobilize international technical and financial support.</p>		Amount of international technical and funding support mobilized.	
	5. International Cooperation and Strategic Partnerships	<p>Strengthen partnerships with global and regional bodies (UNODC, WHO, ECOWAS, AU, EU, Africa CDC, bilateral partners, etc.)</p> <p>Lead and participate actively in regional drug control forums and initiatives</p> <p>Implement South-South cooperation</p>	<p>MFA, MOH, MOJ, MYS, MOGCSP, LDEA, MOE, MFDP, Development Partners</p>	<p>% increase in collaboration with global and regional partners.</p> <p># of international partnerships established.</p> <p># of South-South cooperation visits held.</p>	2025–2030

		<p>programs for knowledge and experience exchange on drug abuse interventions.</p> <p>Strategically position Liberia as a regional hub for drug control innovation and best practice sharing.</p>		Overall effectiveness of Liberia's anti-drug interventions.	
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4.3.2 Priority Area 7: Research, Monitoring, and Evaluation (M&E)

This priority area ensures that all interventions of the National Anti-Drug Action Plan (NADAP) are evidence-based, results-oriented, and accountable. It focuses on surveillance, monitoring, evaluation and operational research on drug abuse. Key activities include data collection, information sharing among stakeholders, reporting, rapid assessments and impact evaluations. Research and M&E activities will provide critical insights into the prevalence, behavior patterns, and outcomes of drug use among targeted population. It will also provide insight into the anti-drug use strategic interventions across the country. Annual progress reports and mid-term reviews will track performance, measure outcomes, and support adaptive management to ensure continuous learning and effectiveness of the national response.

Priority Area 7: Research, Monitoring, and Evaluation (M&E)					
Objective	Strategies	Key Activities	Responsible Actors	Indicators	Timeline
Ensure collaborative monitoring, evaluation, and research systems to guide interventions	1. National Drug Observatory	<p>Establish and maintain a National Drug Observatory and develop Terms of Reference (TOR).</p> <p>Review and revised existing data collection and reporting protocol to align with international standards (UNODC, WHO)</p> <p>Establish data sharing agreements with all relevant agencies and institutions in line with national drug</p>	MOH, MOJ, LDEA, MYS, MOE, MICAT, LISGIS, Development Partners, Universities	<p>National Drug Observatory established and operational.</p> <p>Standardized data collection system in place.</p> <p>Data sharing agreement developed and signed by MACs.</p> <p># of anti-drugs surveillance reports.</p> <p># of quarterly and annual reports generated.</p>	2025–2030

		observatory framework. Develop early warning system for emerging drug trends and threats.			
	2. National surveys and research	Develop a 5-year research agenda for drugs and substance abuse. Conduct national drug use and other related surveys/research for decision-making. Regularly update epidemiological and trend data.	MOH, MOJ, LDEA, MYS, MOE, LISGIS, Development Partners, Universities	Completed research agenda. # of surveys completed. # of data updated.	2025–2030
	3. Impact evaluation	Develop a comprehensive monitoring and evaluation framework for program evaluation.	MOH, MOJ, LDEA, MYS, MOE, MOGCSP, Development Partners	M&E framework developed	2025–2030

	4. Reporting and accountability	<p>Conduct annual and mid-term M&E reviews of the National Anti-Drug Action Plan implementation, and publish yearly reports.</p> <p>Use the evaluation findings to modify program implementation.</p>	<p>MOH, MOJ, MYS, LDEA, MOE, MOGCSP, MICAT, LRRRC, Development Partners</p>	<p>Annual and mid-term reviews completed.</p> <p>Annual reports published.</p> <p>Modifications made during program implementation</p>	2025–2030

5.0 IMPLEMENTATION FRAMEWORK

The successful execution of the National Anti-Drug Action Plan (NADAP) requires clear institutional roles, effective coordination mechanisms, and strong engagement at national and sub-national levels. This framework outlines the responsibilities of government institutions, civil society, and development partners, as well as mechanisms to ensure accountability, coherence, and sustainability.

5.1 Roles and Responsibilities

5.1.1 Government Ministries, Agencies and Commissions

- **Ministry of Health (MOH):** Chair of the Multisectoral Steering Committee on Drugs and Substance Abuse and lead agency for Drug Demand Reduction (prevention, treatment, rehabilitation); oversight of public health responses; coordination of mental health and harm reduction interventions.
- **Ministry of Justice (MOJ):** Co-Chair of the Multisectoral Steering Committee on Drugs and Substance Abuse and lead agency with oversight of law enforcement and control, legal and judicial reforms; prosecution of drug-related crimes; strengthening judicial capacity; enforcing proportional sentencing and alternatives to incarceration.
- **Liberia Drug Enforcement Agency (LDEA):** Lead agency for Drug Supply Reduction, enforcement of drug laws, interdiction, border control, and disruption of trafficking networks.
- **Ministry of Education (MOE):** Integration of school-based prevention and drug education programs; training teachers, school counselors/administrators and PTAs; providing academic training opportunities for school-aged children/students in recovery.
- **Ministry of Youth and Sports (MYS):** Development and implementation of youth-focused prevention, Technical, Vocational Education and Training (TVET), and reintegration programs. Provision of economic empowerment opportunities for young people in general with emphasis on individuals in recovery.
- **Ministry of Gender, Children and Social Protection (MOGCSP):** Integration of gender-responsive and child-sensitive approaches in prevention, treatment, and rehabilitation. Facilitate family tracing and reintegration efforts, and provision of social services to vulnerable populations with emphasis on people in treatment and recovery.

- **Ministry of Internal Affairs (MIA):** Coordination of sub-national level implementation, including engagement of local government structures.
- **Ministry of Information, Culture and Tourism (MICAT):** Lead public awareness and education about ongoing interventions by the Multisectoral Steering Committee on Drugs and Substance Abuse. Promote positive cultural and social values; mobilize media platforms to disseminate information, reduce stigma and misinformation; support advocacy for prevention, treatment and recovery.
- **Liberia Refugee Repatriation and Resettlement Commission (LRRRC):** Lead the reintegration of returnees, displaced persons, and support other vulnerable groups affected by drug use; coordinate shelter, livelihood, and psychosocial support in collaboration with relevant agencies.
- **National Housing Authority (NHA):** Facilitate housing and shelter interventions for recovering users, vulnerable populations, and reintegration programs; collaborate with local authorities to ensure safe, supportive housing environments for beneficiaries of treatment programs who are in recovery.
- **Ministry of Agriculture (MOA):** Support rehabilitation and reintegration efforts by providing food support and agricultural supplies in rehabilitation centers. Provide internship and employment opportunities for individuals in recovery to work in national agricultural programs and national farms. Provide farming implements (seeds, tools, etc.) to support individuals in recovery who are engaged in agriculture.
- **Ministry of Finance and Development Planning (MFDP):** Budget allocation and resource mobilization; ensuring alignment with national development priorities.

5.1.2 Civil Society Organizations (CSOs)

- Advocacy, awareness-raising, and service delivery at community level.
- Support for prevention, treatment/rehabilitation and reintegration programs, especially in underserved areas.
- Community mobilization and watchdog role for accountability.

5.1.3 Development Partners and International Organizations

- Technical assistance and capacity building.
- Financial support and resource mobilization.
- Facilitation of knowledge-sharing and best practices from regional and global experiences.

5.2 Institutional Arrangements and Coordination Mechanisms

Effective implementation of the National Anti-Drug Action Plan requires strong coordination among all stakeholders at the national, county, and community levels. A multi-tiered institutional framework will ensure that strategic direction, technical guidance, and operational activities are well aligned.

- **Multisectoral Steering Committee on Drugs and Substance Abuse:** Chaired by the Ministry of Health and co-chaired by the Ministry of Justice, this high-level body provides strategic leadership, policy direction, and oversight of the Action Plan. It includes representatives of key government ministries, agencies, development partners, and civil society actors.
- **Technical Working Group on Drugs and Substance Abuse (TWG):** Serving as the operational and technical arm of the Steering Committee, the TWG is responsible for developing strategies, harmonizing interventions, providing technical support, and ensuring evidence-based implementation of activities.
- **County and Community Structures:** County Anti-Drug Committees (CADCs) will be the direct replica of the Multisectoral Steering Committee on Drugs and Substance Abuse, with the Ministry of Health (headed by the County Health Officer) chairing the committee and the Ministry of Justice (headed by the County Attorney) co-chairing. All other relevant ministries, agencies and commissions, as well as CSOs represented on the multisectoral committee will have membership on the county anti-drug committees. The committees will coordinate implementation at decentralized levels and engage local government authorities and community structures including the Community Anti-Drug Action Teams (CADATs).

Regular Coordination Meetings:

- The Multisectoral Steering Committee shall convene at least quarterly to review national progress, provide strategic guidance, and make high-level policy decisions.
- The Technical Working Group on Drugs and Substance Abuse (TWG) shall meet monthly and as the need arises to coordinate technical implementation, monitor activities, and address emerging issues.
- The County Anti-Drug Committees shall meet monthly and provide updates and reports to the TWG for consolidation and action.

5.3 Community-Level Engagement

Strong community involvement is essential for the effective implementation of the National Anti-Drug Action Plan. While national leadership provides strategic direction, the fight against drugs is ultimately won at the community level where the impact is most visible. This section emphasizes localized ownership, ensuring that county authorities, community-based structures, civil society, and traditional institutions play a central role in prevention, treatment, and reintegration. By empowering counties and communities, the Action Plan seeks to strengthen resilience, reduce stigma, and foster inclusive, drug-free environments across Liberia.

Community-Based Structures

The Community Anti-Drug Action Teams (CADATs) shall be established in every community to serve as the support structure in the implementation of interventions designed by the County Anti-Drug Committees. These teams are made of traditional and religious leaders, civil society, youth groups, community-based organizations, and relevant government institutions.

Their role will include conducting grassroots awareness campaigns, implementing early intervention programs, and supporting reintegration of recovering users. By leveraging their reach and trust within communities, these organizations will help bridge the gap between formal services and the populations most affected by drug use.

Youth and Women Engagement

Given that nearly 75% of Liberia's population is under the age of 35, youth engagement is a cornerstone of community-level action. Young people will be mobilized as peer educators, advocates, and champions of drug-free communities. Women's groups will also be supported to lead family-strengthening and reintegration initiatives, ensuring that responses are inclusive and gender-sensitive. Together, youth and women will drive sustainable change by acting as role models and agents of resilience.

Traditional and Religious Leaders

Traditional chiefs, elders, and religious leaders remain influential voices in shaping community norms and values. Their active involvement will focus on prevention messaging, advocacy against stigma, and support for reintegration of individuals recovering from drug use. By framing drug issues not only as a health and legal concern but also as a moral and cultural one, these leaders will help foster community acceptance and promote collective responsibility for addressing substance use.

6.0 RESOURCE MOBILIZATION AND FINANCING

The successful implementation of the National Anti-Drug Action Plan depends on sustainable financing and well-coordinated investments. The Government of Liberia, through the Ministry of Finance and Development Planning (MFDP), will ensure that drug control interventions are integrated into the annual national budget cycle. Mobilizing resources from national budgets, development partners, and the private sector is essential to ensure that interventions are adequately funded and can be sustained over time. This section provides a framework for securing, allocating, and managing financial and material resources for the Action Plan.

6.1 Budget Estimates

This Action Plan has been costed using a mixed approach. Activity-based costing was used for some of the activities, while macro costing was used for others due to lack of important country data owing to the fact that the program is growing and data will be collected as implementation happen. Detailed annual operational plans will be developed to guide yearly implementation of the plan. Budget estimates have been structured around the three strategic pillars and their respective priority areas, with clear annual projections over the duration of the plan.

Indicative Resource Allocation by Strategic Pillar and Priority Area (2025–2030)

Strategic Pillar	Priority Area	Estimated Budget (US\$) for 5 years	Potential Funding Sources	Notes
Pillar 1: Drug Demand Reduction	Prevention and Education	\$ 4,329,280.00	National Budget, Development Partners, Donors, PPPs	Nationwide campaigns, school programs, youth peer initiatives, IEC/BCC materials, community/family engagement
	Treatment, Harm Reduction, Rehabilitati	\$ 17,862,500.00	National Budget, Development Partners,	Treatment centers, MAT, counseling, harm reduction, overdose response,

	on, and Social Reintegrati on		Donors, PPPs	HIV/TB/Hepatitis integration, vocational training, reintegration support
Pillar 2: Drug Supply Reduction	Law Enforcemen t and Control	\$ 12,163,758.08	National Budget, Development Partners, Donors, PPPs	Enforcement capacity, border control, interdiction, intelligence platforms, anti- trafficking operations
	Control and Regulation of Controlled Substances	\$ 290,000.00	National Budget, Development Partners, Donors, PPPs	NPB/LMHRA capacity, prescription monitoring, inspections, training, public education, enforcement
	Legal and Judicial Reforms	\$ 286,000.00	National Budget, Development Partners, Donors PPPs	Legislative reviews, judicial training, proportional sentencing, alternatives to incarceration, drug dockets, case tracking
Pillar 3: Governance, Coordination, and Evidence for Decision-Making	Governance , Policy, and Coordinatio n	\$ 1,837,091.36	National Budget, Development Partners, Donors PPPs	Steering Committee/TWG operations, coordination meetings, policy alignment, community engagement, international cooperation
	Research, Monitoring,	\$ 1,315,000.00	National Budget,	National Drug Observatory, surveys,

	and Evaluation		Development Partners, Donors PPPs	situation assessments, program evaluations, annual and mid-term reporting
Total Indicative Budget		\$ 38,083,629.44		Covers all pillars and priority areas over 5 years (2025–2030)

6.2 National Fund Commitments

The Multisectoral Steering Committee on Drugs and Substance Abuse will ensure predictable and coordinated funding for the Action Plan by preparing and approving national budget allocations for all strategic interventions. A National Drug Rehabilitation Fund is recommended to be established and legislated under the authority of the Committee, resident with the Chair Ministry (Ministry of Health). This fund will pool government resources, tax levies for certain commodities, a percentage of funds generated from seized assets owned by drug traffickers and dealers, and contributions from partners to finance prevention, treatment, harm reduction, rehabilitation, and reintegration programs.

In addition, entities with primary mandates, such as the Liberia Drug Enforcement Agency (LDEA) will continue to receive direct government funding to strengthen Drug Supply Reduction interventions, including interdiction, enforcement, and border control operations. This dual financing mechanism, under the direct oversight of the Steering Committee, ensures that both drug demand and supply reduction efforts are adequately supported while maintaining transparency, accountability, and alignment with national priorities.

6.3 Resource Mobilization from Development Partners

The government will actively engage bilateral and multilateral donors, UN agencies, and international NGOs to secure technical and financial support for implementation. Key approaches include:

- Aligning external funding with national priorities to avoid duplication of efforts.
- Establishing pooled funding mechanisms and joint programming to enhance efficiency and sustainability.

- Leveraging regional and global partners, including ECOWAS, UNODC, WHO, UNAIDS, and the Global Fund, for programmatic and technical support.
- Coordinating donor engagement through the Multisectoral Steering Committee, ensuring that contributions complement government-led interventions and reinforce national ownership.

6.4 Public-Private Partnerships (PPPs)

The private sector will be engaged as a strategic partner to enhance financial sustainability and expand program reach:

- **Corporate Social Responsibility (CSR):** Advocate for social corporate funds to support prevention campaigns, treatment facilities, vocational training, and reintegration programs.
- **Infrastructure and Services:** Collaboration with industries, banks, and telecommunication companies to support youth programs, ICT-enabled prevention initiatives, and rehabilitation efforts.
- **Media and Communication:** Partnerships with media houses and influencers to strengthen awareness campaigns and promote drug-free messaging.
- **Employment Opportunities:** Engagement of private companies, municipal authorities to provide job placements, apprenticeships, and entrepreneurship opportunities for recovering drug users.
- **National Anti-Drug Funds Mobilization:** Organize special fund-raising programs (dinners, rallies, etc.) to include other private actors and the general population.

This approach creates a diverse funding ecosystem, complementing government and donor contributions.

6.5 Accountability and Transparency

A robust accountability framework will ensure that resources are used efficiently and responsibly:

- **Oversight Mechanisms:** The Multisectoral Steering Committee will oversee all financial flows.
- **Financial Tracking:** Transparent systems will monitor allocations, expenditures, and results.

- **Audits and Reporting:** Regular internal and external audits, combined with annual financial reports, to build trust among stakeholders.
- **Results-Based Financing:** Funding disbursements linked to performance and outcomes, particularly for CSOs and PPPs.
- **Public Communication:** Sharing budgetary allocations and expenditures with the public to reinforce transparency and stakeholder confidence.

7.0 MONITORING, EVALUATION, AND ACCOUNTABILITY

Effective monitoring, evaluation, and accountability (M&E) mechanisms are essential for ensuring the successful implementation of the National Anti-Drug Action Plan. This section outlines key performance indicators, reporting mechanisms, oversight structures, and review processes to track progress, assess impact, and strengthen transparency and learning.

7.1 Key Performance Indicators (KPIs)

KPIs will be developed for each strategic pillar and priority area, focusing on outputs, outcomes, and impact. Examples include:

Drug Demand Reduction

- % reduction in initiation of drug use among youth.
- # of schools implementing drug prevention programs.
- # of clients completing treatment and reintegration programs.

Drug Supply Reduction

- # of drug seizures and interdiction operations conducted.
- % of organized crime cases investigated/prosecuted.
- % of pharmacies/health facilities in compliance with prescription drug control standards
- # of minor offenders diverted to rehabilitation programs.

Governance, Coordination, and Evidence for Decision-Making

- # of multisectoral coordination meetings held at national and county levels.
- # of program evaluations and annual reports produced.
- % of policy decisions informed by research and evidence.

7.2 Monitoring Framework and Reporting Mechanisms

- The Multisectoral Technical Working Group on Drugs and Substance Abuse (TWG) will

oversee routine data collection, analysis, and reporting across all pillars and priority areas.

- County-level structures will provide monthly updates, feeding into monthly national TWG reports.
- Standardized monitoring tools, dashboards, and digital reporting platforms will be used to ensure timely, accurate, and harmonized information flow.
- Data from the National Drug Observatory will inform annual progress reports, mid-term evaluations, and policy adjustments.

7.3 Independent Oversight and Accountability Mechanisms

- The Multisectoral Steering Committee will maintain oversight of budget execution, program performance, and compliance with national and international standards.
- External audits and independent evaluations will be conducted periodically to ensure transparency, accountability, and efficiency.
- Civil society, media, and community representatives will be engaged in oversight to reinforce public accountability and stakeholder confidence.
- Annual review meetings will be convened by the Steering Committee to assess implementation progress, address challenges, and adjust operational plans.
- A mid-term evaluation will be conducted at the midpoint of the Action Plan (e.g., 2028) to measure outcomes, assess impact, and recommend strategic adjustments for enhanced effectiveness.
- Findings from reviews and evaluations will inform future planning cycles, resource allocation, and policy refinement.

This framework ensures that implementation is evidence-based, results-oriented, and transparent, while creating a culture of continuous learning and improvement across all pillars of the National Anti-Drug Action Plan.

8.0 RISK MANAGEMENT AND MITIGATION

The successful implementation of the National Anti-Drug Action Plan (NADAP) depends on proactive identification, management, and mitigation of risks that could hinder progress. This section outlines key risks, mitigation strategies, and contingency planning measures to ensure resilience and continuity of interventions across all strategic pillars.

8.1 Identification of Key Risks

The implementation of the National Anti-Drug Action Plan may be affected by a range of internal and external factors. These risks can arise from political, financial, social, security, public health and natural disaster, operational, and data-related challenges. Early identification of these risks allows for the development of targeted mitigation measures and contingency plans to minimize disruptions, ensure continuity, and safeguard the effectiveness of interventions. The table below summarizes the key risks that are likely to hamper the implementation of the Action Plan.

Risk Category	Description
Political Risks	Changes in government priorities, limited political will, bureaucratic delays, or civil unrest that may reduce commitment or funding for drug control initiatives.
Financial Risks	Inadequate national budget allocations, delayed disbursements, or donor funding shortfalls affecting program continuity.
Social Risks	Stigma, discrimination, or community resistance to interventions; low engagement of youth and vulnerable populations; misinformation on drug policies.
Security Risks	Threats to law enforcement personnel, border security challenges, organized crime interference, or violence in high-risk areas affecting drug supply reduction efforts.
Public Health and Natural Disaster Risks	Disease outbreaks or natural disasters of national magnitude that may disrupt the anti-drug fight due to diversion of resources.
Operational Risks	Weak inter-agency coordination, inadequate human resources, low technical capacity, or delays in program implementation.

Data and Evidence Risks	Gaps in data collection, unreliable reporting, or delayed availability of research and monitoring data affecting decision-making.
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8.2 Risk Mitigation Strategies

To ensure the National Anti-Drug Action Plan achieves its objectives despite potential challenges, targeted mitigation strategies have been developed for each identified risk. These strategies focus on reducing the likelihood and impact of political, financial, social, security, operational, public health and natural disaster and data-related risks. By proactively implementing these measures, the plan aims to maintain continuity, enhance resilience, and safeguard the effectiveness of all interventions across the strategic pillars.

Risk	Mitigation Measures
Political Risks	Maintain high-level advocacy, engage policymakers regularly through Steering Committee, institutionalize drug control priorities in national policies.
Financial Risks	Establish and legislate the National Drug Rehabilitation Fund, diversify funding sources (government, development partners, PPPs, donors), and implement performance-based financing mechanisms.
Social Risks	Implement community sensitization campaigns, engage traditional and religious leaders, leverage youth-led initiatives, and provide public education on substance use disorders.
Security Risks	Strengthen law enforcement capacity, improve intelligence-sharing, coordinate with regional and international agencies, and provide safety and training for field personnel.
Public Health and Natural Disaster Risks	Implement early warning and response strategies to prevent, prepare for, and minimize the impact of public health emergencies and natural disasters on drug control efforts.
Operational Risks	Conduct regular training, institutionalize inter-agency coordination meetings (Steering Committee, TWG, county-level committees), and maintain clear roles/responsibilities.

Data and Evidence Risks	Strengthen the National Drug Observatory, ensure timely reporting, build capacity in M&E, and establish feedback loops for evidence-based decision-making.
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8.3 Contingency Planning

In addition to risk mitigation, it is essential to prepare for unforeseen events that could disrupt the implementation of the National Anti-Drug Action Plan. Contingency planning provides structured approaches to respond swiftly and effectively to emergencies, funding shortfalls, political changes, or security threats. By establishing alternative operational plans, emergency response mechanisms, and flexible resource allocation strategies, the plan ensures continuity of interventions, minimizes negative impacts, and reinforces the resilience of Liberia’s national drug control efforts. Elements of contingency planning:

- **Scenario Planning:** Develop alternative operational plans to respond to funding shortfalls, political changes, or security disruptions.
- **Emergency Response Mechanisms:** Rapid deployment of resources for sudden outbreaks of drug-related crises, overdose spikes, or organized crime threats.
- **Resource Reallocation:** Flexibly adjust funding and human resources to priority interventions as needed, while maintaining accountability.
- **Stakeholder Communication:** Maintain clear communication channels with all partners to ensure coordinated responses during crises.
- **Periodic Risk Reviews:** Conduct quarterly risk assessments at national and county levels to identify emerging threats and update mitigation measures accordingly.

9.0 COMMUNICATION AND ADVOCACY

Effective communication and advocacy are critical to the success of the National Anti-Drug Action Plan. They ensure public awareness, foster stakeholder engagement, promote behavioral change, and strengthen political and social support for drug control initiatives. This section outlines key strategies, target audiences, and approaches for raising awareness and mobilizing action across Liberia. The objectives of Communication and Advocacy include the following:

- Increase public awareness about the risks, consequences, and prevention of drug and substance abuse.
- Promote community participation, ownership, and support for national drug control initiatives.
- Strengthen advocacy for policy implementation, funding, and resource mobilization.
- Reduce stigma associated with substance use disorders to encourage treatment-seeking behaviors.

9.1 Strategies and Approaches

1. Mass Media Campaigns

- Develop and disseminate targeted messages through radio, television, newspapers, social media, billboards, digital platforms, etc.
- Use culturally appropriate messaging to reach diverse populations, particularly youth and vulnerable groups.

2. Community Engagement

- Collaborate with CSOs and faith-based organizations, religious and traditional leaders, and local influencers as well as people in recovery to deliver prevention messages and reintegration support.
- Conduct town hall meetings, community dialogues, and peer education programs.

3. School-Based Advocacy

- Integrate drug prevention messaging into curricula, school clubs, and extracurricular activities.

- Train teachers, counselors and PTAs as advocates for healthy lifestyles and early intervention.

4. Stakeholder Advocacy

- Engage policymakers, legislators, and government leaders to reinforce political will and secure resources.
- Partner with development agencies, NGOs, and private sector actors to promote funding and technical support.

5. Monitoring and Feedback

- Regularly assess the reach and impact of communication campaigns.
- Adjust messaging and channels based on audience feedback and M&E data.

9.2 Target Audiences

- General public and communities across Liberia
- Youth and students (primary, secondary and tertiary institutions)
- Individuals with substance use disorders
- Families and caregivers
- Law enforcement and justice sector personnel
- Policy makers and government agencies
- Civil society organizations, Faith-based organizations, and NGOs

9.3 Key Messages

- The government is committed to mitigating the drug crisis in Liberia.
- Drug crime is a major offence in Liberia.
- Drugs and substance abuse pose significant health, social, and economic risks.
- Prevention, treatment, harm reduction and rehabilitation are effective and necessary.
- Community and family engagement are critical to reducing demand and promoting

reintegration.

- Stigma reduction encourages treatment-seeking and social inclusion of recovering users.

This communication and advocacy framework ensures that prevention, treatment, and enforcement efforts are supported by informed, engaged, and motivated stakeholders, creating an enabling environment for the National Anti-Drug Action Plan.

10.0 CONCLUSION AND WAY FORWARD

The National Anti-Drug Action Plan (2025 – 2030) represents Liberia’s comprehensive, coordinated, and evidence-based response to the growing challenge of drug and substance abuse. By integrating Drug Demand Reduction, Drug Supply Reduction, and cross-cutting governance and research strategies, this Plan provides a clear roadmap for protecting youth, supporting recovery, and strengthening national security and public health.

10.1 Reaffirming Commitment

- The Government of Liberia, through the Multisectoral Steering Committee on Drugs and Substance Abuse, reaffirms its commitment to a sustainable, multisectoral, and collaborative approach that aligns with national development priorities and international obligations.
- All stakeholders, including government ministries and agencies, civil society organizations, community structures, traditional and religious leaders, development partners, and the private sector, are encouraged to actively participate in implementing the Plan.
- Emphasis will be placed on accountability, evidence-based interventions, human rights, and inclusion, ensuring that no population is left behind.

10.2 Way Forward

- **Operationalization:** The Technical Working Group (TWG) will develop annual operational plans, detailed budgets, and implementation schedules for all strategic pillars and priority areas.
- **Resource Mobilization:** Establish and operationalize the National Drug Rehabilitation Fund and secure complementary funding from government budgets, partners, and public-private partnerships.
- **Capacity Building:** Strengthen institutional and human resource capacity across ministries, agencies, and county-level structures to ensure efficient program delivery.
- **Monitoring and Evaluation:** Implement the M&E framework, including KPIs, reporting mechanisms, and independent oversight, to track progress, assess impact, and guide evidence-based decision-making.

- **Community Engagement:** Expand county-level and community-driven interventions, leveraging youth, women, traditional, and religious leaders to promote drug-free lifestyles and social reintegration.
- **Policy and Legal Reforms:** Review and strengthen drug-related legislation, judicial procedures, and enforcement practices to ensure proportionality, fairness, and alignment with international standards.

By following this roadmap, Liberia will build a resilient, coordinated, and results-oriented national response that reduces drug demand, disrupts supply, strengthens governance, and safeguards the health, security, and future of its people. The Plan sets the stage for a drug-free, healthy, and productive society, and the Government of Liberia calls upon all stakeholders to actively contribute to achieving these national goals.

11.0 ANNEXES

Annex 1: The Costing Framework of the National Anti-Drug Action Plan (2025-2030)

NATIONAL ANTI-DRUG ACTION PLAN (2025-2030) COSTED BY PRIORITY AREA AND ACTIVITY							
			Year 1	Year 2	Year 3	Year 4	Year 5
Priority Area 1							
Priority Area 1		Prevention and Education	\$1,031,245.00	\$ 782,915.00	\$ 800,040.00	\$ 850,040.00	\$ 865,040.00
Activity	1.1	Establish youth clubs and peer mentorship programs at the community level	\$ 65,600.00	\$ 70,000.00	\$ 75,000.00	\$ 80,000.00	\$ 85,000.00
Activity	1.2	Work with faith-based groups and community leaders in prevention	\$ 30,600.00	\$ 35,000.00	\$ 40,000.00	\$ 45,000.00	\$ 45,000.00
Activity	1.3	Integrate drug prevention into national curriculum	\$ 48,470.00	\$ -	\$ -	\$ -	\$ -
Activity	1.4	Validate the Draft Integrated Curriculum	\$ 8,350.00	\$ -	\$ -	\$ -	\$ -
Activity	1.5	Print Integrated Curriculum	\$ 58,750.00	\$ -	\$ -	\$ -	\$ -
Activity	1.6	Train Teachers, Guidance Counselors, PTAs, CEOs and Resident DEOs on the rolling out of the Integrated Curriculum	\$ 320,080.00	\$ 160,040.00	\$ 160,040.00	\$ 160,040.00	\$ 160,040.00
Activity	1.7	Establish/Strengthen School Health Clubs to facilitate peer learning and support	\$ 288,650.00	\$ 300,000.00	\$ 300,000.00	\$ 325,000.00	\$ 340,000.00
Activity	1.8	Implement routine nationwide media campaigns (TV, radio, social media, digital).	\$ 25,000.00	\$ 30,000.00	\$ 30,000.00	\$ 35,000.00	\$ 35,000.00

Activity	1.9	Produce Anti-drug Information Education Communication (IEC) and Behavioral Change Communication (BCC) materials	\$ 25,745.00	\$ 12,875.00	\$ 15,000.00	\$ 15,000.00	\$ 15,000.00
Activity	1.10	Implement family-strengthening and parenting programs	\$ 160,000.00	\$ 175,000.00	\$ 180,000.00	\$ 190,000.00	\$ 185,000.00
Priority Area 2							
Priority Area 2		Treatment, Harm Reduction, Rehabilitation, and Social Reintegration	\$3,011,500.00	\$3,466,500.00	\$3,691,500.00	\$3,841,500.00	\$3,851,500.00
Activity	2.1	Establish/upgrade treatment centers in all 15 counties	\$ 350,000.00	\$ 400,000.00	\$ 400,000.00	\$ 410,000.00	\$ 425,000.00
Activity	2.2	Train service providers on addiction management annually	\$ 175,000.00	\$ 200,000.00	\$ 200,000.00	\$ 200,000.00	\$ 175,000.00
Activity	2.3	Provide treatment services including detoxification, counseling, rehabilitation, and management of co-occurring disorders	\$1,225,000.00	\$1,350,000.00	\$1,400,000.00	\$ 1,400,000.00	\$ 1,350,000.00
Activity	2.4	Expand and strengthen community-based treatment services	\$ 115,000.00	\$ 150,000.00	\$ 175,000.00	\$ 200,000.00	\$ 175,000.00
Activity	2.5	Conduct targeted drug overdose prevention, education and awareness in high-risk settings	\$ 35,000.00	\$ 40,000.00	\$ 40,000.00	\$ 45,000.00	\$ 45,000.00
Activity	2.6	Implement MAT programs	\$ 110,000.00	\$ 200,000.00	\$ 250,000.00	\$ 250,000.00	\$ 250,000.00
Activity	2.7	Procure and distribute naloxone for all county referral health facilities	\$ 15,000.00	\$ 20,000.00	\$ 20,000.00	\$ 25,000.00	\$ 25,000.00
Activity	2.8	Provide targeted harm reduction interventions for high-risk populations	\$ 25,000.00	\$ 40,000.00	\$ 30,000.00	\$ 30,000.00	\$ 25,000.00
Activity	2.9	Integrate screening and treatment of TB, HIV, and Hepatitis into rehabilitation programs	\$ -	\$ -	\$ -	\$ -	\$ -

Activity	2.10	Provide targeted drug screening/testing interventions for high-risk populations	\$ 25,000.00	\$ 30,000.00	\$ 35,000.00	\$ 40,000.00	\$ 35,000.00
Activity	2.11	Provide TVET for beneficiaries in treatment and recovery	\$ 200,000.00	\$ 250,000.00	\$ 300,000.00	\$ 350,000.00	\$ 400,000.00
Activity	2.12	Provide job placement opportunities or economic empowerment programs (Eg. Social Enterprises) for beneficiaries in recovery	\$ 350,000.00	\$ 400,000.00	\$ 450,000.00	\$ 500,000.00	\$ 550,000.00
Activity	2.13	Provide transitional housing and family reintegration support.	\$ 250,000.00	\$ 250,000.00	\$ 250,000.00	\$ 250,000.00	\$ 250,000.00
Activity	2.14	Provide basic social services support to vulnerable groups	\$ 100,000.00	\$ 100,000.00	\$ 100,000.00	\$ 100,000.00	\$ 100,000.00
Activity	2.15	Establish peer recovery network centers	\$ 35,000.00	\$ 35,000.00	\$ 40,000.00	\$ 40,000.00	\$ 45,000.00
Activity	2.16	Develop referral pathways and linkages for all levels of care	\$ -	\$ -	\$ -	\$ -	\$ -
Activity	2.17	Provide public education on referral pathways	\$ 1,500.00	\$ 1,500.00	\$ 1,500.00	\$ 1,500.00	\$ 1,500.00
Priority Area 3							
Priority Area 3		Law Enforcement and Control	\$2,918,275.00	\$2,702,270.15	\$2,602,236.75	\$2,147,101.36	\$1,793,874.82
Activity	3.1	Scale up deployment of Joint Security officers at all known entry points (seaport, airport, land borders)	\$ 167,680.00	\$ 119,468.40	\$ 112,752.45	\$ 116,135.03	\$ 119,619.08
Activity	3.2	Recruit & Train LDEA officers and Informants.	\$ 345,670.00	\$ 51,500.00	\$ 53,045.00	\$ 54,636.35	\$ 56,275.44
Activity	3.3	Provide annually in-service training for Joint Security at the entry points.	\$ 50,000.00	\$ 50,000.00	\$ 50,000.00	\$ 50,000.00	\$ 50,000.00
Activity	3.4	Setup advanced surveillance and inspection technologies at entry	\$2,000,000.00	\$2,100,000.00	\$2,000,000.00	\$1,532,436.00	\$1,166,408.00

		points (seaports, airports, and land borders).					
Activity	3.5	Establish K-9 Unit within the LDEA.	\$ 150,000.00	\$ 185,400.00	\$ 190,962.00	\$ 196,690.86	\$ 202,591.59
Activity	3.6	Strengthen cross-border joint security collaboration.	\$ 6,000.00	\$ 6,180.00	\$ 6,365.40	\$ 6,556.36	\$ 6,753.05
Activity	3.7	Strengthen existing and forge new international enforcement collaborations.	\$ -	\$ -	\$ -	\$ -	\$ -
Activity	3.8	Strengthen inter-agency collaboration within the joint security	\$ 20,000.00	\$ 20,000.00	\$ 20,000.00	\$ 20,000.00	\$ 20,000.00
Activity	3.9	Establish whistleblower systems.	\$ 75,000.00	\$ 75,000.00	\$ 75,000.00	\$ 75,000.00	\$ 75,000.00
Activity	3.10	Share intelligence with regional and international bodies	\$ 15,000.00	\$ 15,000.00	\$ 15,000.00	\$ 15,000.00	\$ 15,000.00
Activity	3.11	Establish a command center	\$ 30,675.00	\$ 20,562.75	\$ 19,016.63	\$ 19,587.13	\$ 20,174.75
Activity	3.12	Arrest, Investigate and Prosecute drug traffickers	\$ 15,000.00	\$ 15,450.00	\$ 15,913.50	\$ 16,390.91	\$ 16,882.63
Activity	3.13	Strengthen anti-money laundering mechanisms.	\$ 15,300.00	\$ 15,759.00	\$ 16,231.77	\$ 16,718.72	\$ 17,220.28
Activity	3.14	Strengthen prosecutorial mechanisms.	\$ 7,950.00	\$ 7,950.00	\$ 7,950.00	\$ 7,950.00	\$ 7,950.00
Activity	3.15	Develop, Review & Implement guidelines for handling minor offenses.	\$ 5,000.00	\$ 5,000.00	\$ 5,000.00	\$ 5,000.00	\$ 5,000.00
Activity	3.16	Coordinate diversion and rehabilitation programs.	\$ 15,000.00	\$ 15,000.00	\$ 15,000.00	\$ 15,000.00	\$ 15,000.00
Priority Area 4							
Priority Area 4		Control and Regulation of Medical Controlled Substances and their Precursors	\$ 56,000.00	\$ 56,000.00	\$ 56,000.00	\$ 61,000.00	\$ 61,000.00

Activity	4.1	Enforce licensing requirements for importers, wholesalers, and distributors	\$ -	\$ -	\$ -	\$ -	\$ -
Activity	4.2	Strengthen monitoring systems for controlled medicines	\$ 6,000.00	\$ 6,000.00	\$ 6,000.00	\$ 6,000.00	\$ 6,000.00
Activity	4.3	Mandate prescription-only dispensing of controlled drugs	\$ -	\$ -	\$ -	\$ -	\$ -
Activity	4.4	Conduct routine inspections of pharmacies and health facilities	\$ 35,000.00	\$ 40,000.00	\$ 40,000.00	\$ 45,000.00	\$ 45,000.00
Activity	4.5	Introduce sanctions for non-compliance (suspension/revocation of licenses)	\$ -	\$ -	\$ -	\$ -	\$ -
Activity	4.6	Establish prescription monitoring and reporting systems	\$ 5,000.00	\$ -	\$ -	\$ -	\$ -
Activity	4.7	Collect and analyze data on prescription trends and misuse	\$ 5,000.00	\$ 5,000.00	\$ 5,000.00	\$ 5,000.00	\$ 5,000.00
Activity	4.8	Share data with law enforcement for early detection of diversion	\$ -	\$ -	\$ -	\$ -	\$ -
Activity	4.9	Develop public education campaigns on safe use of prescription medicines	\$ 5,000.00	\$ 5,000.00	\$ 5,000.00	\$ 5,000.00	\$ 5,000.00
Activity	4.10	Establish collaboration mechanisms between LMHRA, NPB, law enforcement, and judiciary	\$ -	\$ -	\$ -	\$ -	\$ -
Activity	4.11	Align national controls with international conventions on narcotic and psychotropic substances	\$ -	\$ -	\$ -	\$ -	\$ -
Priority Area 5							
Priority Area 5		Legal and Judicial Reforms	\$ 71,000.00	\$ 45,000.00	\$ 55,000.00	\$ 60,000.00	\$ 55,000.00

Activity	5.1	Conduct comprehensive review of existing drug legislations including the 2023 Amended Drug Law and the 2014 Amended LDEA Act.	\$ -	\$ -	\$ -	\$ -	\$ -
Activity	5.2	Review and rectify international conventions.	\$ 5,000.00	\$ -	\$ -	\$ -	\$ -
Activity	5.3	Develop guidelines for consistent judicial application.	\$ 3,000.00	\$ -	\$ -	\$ -	\$ -
Activity	5.4	Codify, Disseminate and Provide public awareness and education about the updated laws and conventions	\$ 5,000.00	\$ -	\$ -	\$ -	\$ -
Activity	5.5	Provide Specialized/Specific relevant trainings for judges, magistrates, lawyers, etc.	\$ 15,000.00	\$ 20,000.00	\$ 25,000.00	\$ 25,000.00	\$ 30,000.00
Activity	5.6	Amend the Acts establishing Criminal Courts “C” & “D” to expand the jurisdiction of Criminal Court “D” to include Drug and Drug Related Offenses. While all other Circuits have general jurisdiction, including Drugs and Drug related offenses.	\$ -	\$ -	\$ -	\$ -	\$ -
Activity	5.7	Review and update guidelines on Alternative to Incarceration (ATI)	\$ 15,000.00	\$ -	\$ -	\$ -	\$ -
Activity	5.8	Implement diversion, probation, and treatment programs for minor offenders, using ATI guidelines.	\$ 20,000.00	\$ 25,000.00	\$ 30,000.00	\$ 35,000.00	\$ 25,000.00
Activity	5.9	Create a referral system for offenders to treatment and rehabilitation services.	\$ 3,000.00	\$ -	\$ -	\$ -	\$ -
Activity	5.10	Develop/Review and implement sentencing guidelines.	\$ -	\$ -	\$ -	\$ -	\$ -
Activity	5.11	Integrate human rights safeguards.	\$ -	\$ -	\$ -	\$ -	\$ -

Activity	5.12	Review and strengthen mechanisms to reduce overcrowding of prison by minor drug offenders.	\$ -	\$ -	\$ -	\$ -	\$ -
Activity	5.13	Strengthen collaboration between law enforcement, judiciary, and correctional services.	\$ -	\$ -	\$ -	\$ -	\$ -
Activity	5.14	Establish inter-agency case-tracking and data-sharing systems.	\$ 5,000.00	\$ -	\$ -	\$ -	\$ -
Priority Area 6							
Priority Area 6		Governance, Policy and Coordination	\$ 303,000.00	\$ 318,300.00	\$ 373,609.00	\$ 390,927.27	\$ 451,255.09
Activity	6.1	Institutionalize the Multisectoral Steering Committee on Drugs and Substance Abuse (through an Executive Order).	\$ -	\$ -	\$ -	\$ -	\$ -
Activity	6.2	Operationalize National Multisectoral Steering Committee, TWG, County Anti-Drug Committee and Community Anti-Drug Action Team (CADAT) Terms of Reference (TOR)	\$ -	\$ -	\$ -	\$ -	\$ -
Activity	6.3	Hold quarterly multisectoral steering committee meetings with structured agenda and follow-up mechanisms.	\$ 6,000.00	\$ 6,000.00	\$ 6,000.00	\$ 6,000.00	\$ 6,000.00
Activity	6.4	Hold monthly TWG meetings with structured agenda and follow-up mechanisms.	\$ 12,000.00	\$ 12,000.00	\$ 12,000.00	\$ 12,000.00	\$ 12,000.00
Activity	6.5	Facilitate comprehensive inter-ministerial/agency orientation workshops and capacity building programs	\$ 5,000.00	\$ -	\$ -	\$ -	\$ -

Activity	6.6	Create digital coordination platforms for real-time communication and reporting	\$ -	\$ -	\$ -	\$ -	\$ -
Activity	6.7	Establish and maintain a toll-free call center	\$ 10,000.00	\$ 5,000.00	\$ 5,000.00	\$ 5,000.00	\$ 5,000.00
Activity	6.8	Align implementation strategies with the ARREST Agenda for Inclusive Development (AAID), and other MACs sectorial plans	\$ -	\$ -	\$ -	\$ -	\$ -
Activity	6.9	Establish grant-making mechanisms for CSO and FBO anti-drug initiatives with transparent selection criteria	\$ 5,000.00	\$ -	\$ -	\$ -	\$ -
Activity	6.10	Provide annual minimum grants for CSOs/FBOs to participate in implementation of the action plan.	\$ 150,000.00	\$ 150,000.00	\$ 200,000.00	\$ 200,000.00	\$ 250,000.00
Activity	6.11	Provide technical assistance and capacity building for CSOs and CBOs	\$ 5,000.00	\$ 10,000.00	\$ 10,000.00	\$ 12,000.00	\$ 12,000.00
Activity	6.12	Operationalize Community Anti-Drug Action Teams (CADATs) in all communities and provide training and technical support	\$ 30,000.00	\$ 50,000.00	\$ 50,000.00	\$ 60,000.00	\$ 70,000.00
Activity	6.13	Provide regular feedbacks and reports along all levels of the governance structure	\$ -	\$ -	\$ -	\$ -	\$ -
Activity	6.14	Develop comprehensive 5-year resource mobilization strategy with diversified funding sources	\$ 10,000.00	\$ -	\$ -	\$ -	\$ -
Activity	6.15	Establish dedicated resource mobilization subcommittee with technical expertise and clear mandates within the TWG	\$ -	\$ -	\$ -	\$ -	\$ -

Activity	6.16	Implement current financial management systems and provide frequent updates	\$ -	\$ -	\$ -	\$ -	\$ -
Activity	6.17	Conduct regular financial audits and performance assessments with public reporting	\$ -	\$ -	\$ -	\$ -	\$ -
Activity	6.18	Create emergency preparedness and response (EPR) mechanisms (with funds) for emergency drug abuse responses and scale-up opportunities	\$ 60,000.00	\$ 75,000.00	\$ 80,000.00	\$ 85,000.00	\$ 85,000.00
Activity	6.19	Mobilize international technical and financial support.	\$ -	\$ -	\$ -	\$ -	\$ -
Activity	6.20	Strengthen partnerships with global and regional bodies (UNODC, WHO, ECOWAS, AU, EU, Africa CDC, bilateral partners, etc.)	\$ -	\$ -	\$ -	\$ -	\$ -
Activity	6.21	Mobilize targeted international technical and financial support aligned with national priorities	\$ -	\$ -	\$ -	\$ -	\$ -
Activity	6.22	Lead and participate actively in regional drug control forums and initiatives	\$ -	\$ -	\$ -	\$ -	\$ -
Activity	6.23	Implement South-South cooperation programs for knowledge and experience exchange on drug abuse interventions	\$ 10,000.00	\$ 10,300.00	\$ 10,609.00	\$ 10,927.27	\$ 11,255.09
Activity	6.24	Strategically position Liberia as a regional hub for drug control innovation and best practice sharing	\$ -	\$ -	\$ -	\$ -	\$ -
Activity	6.25	Procure vehicles and motorcycles for operations	\$ -	\$ 180,000.00	\$ -	\$ 110,000.00	\$ -

Priority Area 7

Priority Area 7		Research, Monitoring and Evaluation (M&E)	\$ 415,000.00	\$ 150,000.00	\$ 300,000.00	\$ 150,000.00	\$ 300,000.00
Activity	7.1	Establish and maintain a National Drug Observatory and develop Term of Reference (TOR)	\$ 45,000.00	\$ 45,000.00	\$ 45,000.00	\$ 45,000.00	\$ 45,000.00
Activity	7.2	Review and revised existing data collection and reporting protocol to align with international standards (UNODC, WHO)	\$ -	\$ -	\$ -	\$ -	\$ -
Activity	7.3	Establish data sharing agreements with all relevant agencies and institutions in line with national drug observatory framework	\$ -	\$ -	\$ -	\$ -	\$ -
Activity	7.4	Develop early warning system for emerging drug trends and threats	\$ 5,000.00	\$ -	\$ -	\$ -	\$ -
Activity	7.5	Develop a 5-year research agenda for substance abuse	\$ 5,000.00	\$ -	\$ -	\$ -	\$ -
	7.6	Conduct national drug use and other related surveys/research for decision-making	\$ 250,000.00	\$ -	\$ 150,000.00	\$ -	\$ 150,000.00
Activity	7.7	Regularly update epidemiological and trend data	\$ -	\$ -	\$ -	\$ -	\$ -
Activity	7.8	Develop a comprehensive monitoring and evaluation framework for program evaluation	\$ 5,000.00	\$ -	\$ -	\$ -	\$ -
Activity	7.9	Conduct annual and mid-term M&E reviews of the National Anti-Drug Action Plan implementation and publish yearly reports.	\$ 105,000.00	\$ 105,000.00	\$ 105,000.00	\$ 105,000.00	\$ 105,000.00
Activity	7.10	Use the evaluation findings to modify program implementation	\$ -	\$ -	\$ -	\$ -	\$ -

	2026	2027	2028	2029	2030
Total Cost (per annum)	\$7,806,020.00	\$7,520,985.15	\$7,878,385.75	\$ 7,500,568.63	\$ 7,377,669.91
Grand Total (5 Years)	\$ 38,083,629.44				

Annex 2: Term of Reference of the Multisectoral Steering Committee on Drugs and Substance Abuse

Background

The Government of Liberia, through the declaration of drug and substance abuse as a Public Health Emergency by His Excellency President Joseph Nyuma Boakai, Sr., established the Multisectoral Steering Committee on Drugs and Substance Abuse to provide high-level policy direction, coordination, and oversight of the national response. The Committee serves as the apex decision-making body for the implementation of the National Anti-Drug Action Plan (NADAP) 2025–2030, ensuring a whole-of-government and whole-of-society approach.

Purpose

The Steering Committee provides strategic leadership, policy guidance, and coordination for the implementation of the NADAP. It ensures alignment of national drug control efforts with Liberia's development priorities, promotes accountability, and fosters multisectoral collaboration across government, civil society, and development partners.

Composition

The Committee shall comprise high-level representatives (preferably Ministers, Commissioners, or Heads of Agencies) from the following institutions:

- Ministry of Health (Chair)
- Ministry of Justice (Co-Chair)
- Liberia Drug Enforcement Agency (LDEA)
- Ministry of Youth and Sports (MYS)
- Ministry of Gender, Children and Social Protection (MOGCSP)
- Ministry of Finance and Development Planning (MFDP)
- Ministry of Education (MOE)
- Ministry of Internal Affairs (MIA)
- Ministry of Information, Culture and Tourism (MICAT)
- Liberia Refugee Repatriation and Resettlement Commission (LRRRC)
- Ministry of Agriculture (MOA)

- Judiciary
- Legislature (Committees on Health, Justice, and Security)
- Civil Society Organizations and Faith-Based Groups
- Development Partners and the United Nations System

Roles and Responsibilities

- Provide overall policy direction and strategic oversight for NADAP implementation.
- Approve national action plans, budgets, and reports submitted by the Technical Working Group on Drugs and Substance Abuse.
- Review progress and provide guidance to overcome implementation bottlenecks.
- Endorse major policy reforms.
- Facilitate inter-ministerial coordination and partnership engagement.
- Ensure integration of drug control efforts into national development frameworks.
- Advocate for political and financial support at national and international levels.

Meetings

- The Committee shall meet quarterly, and may convene extraordinary sessions as needed.
- Meetings shall be chaired by the Minister of Health or, in the Chair's absence, the Minister of Justice.
- The Technical Working Group shall serve as the Secretariat, preparing agendas, minutes, and reports.

Reporting

The Steering Committee shall report to the Office of the President through the Ministry of Health, with periodic updates to the Cabinet and the Legislature on progress, challenges, and recommendations.

Duration

The Committee shall remain operational for the entire implementation period (2025–2030) of the National Anti-Drug Action Plan, with recommendation to be institutionalized through Executive Order or legislation for continuity.

Annex 3: Term of Reference of the National Technical Working Group (TWG) on Drugs and Substance Abuse

Background

The National Technical Working Group (TWG) on Drugs and Substance Abuse serves as the operational and technical arm of the Multisectoral Steering Committee. It provides technical guidance, harmonizes interventions, and ensures evidence-based implementation of activities under the National Anti-Drug Action Plan (NADAP).

Purpose

The TWG coordinates technical planning, implementation, and monitoring of NADAP interventions across the three strategic pillars: Drug Demand Reduction, Drug Supply Reduction, and Governance, Coordination, and Evidence for Decision-Making.

Composition

Members of the TWG shall include technical officers and focal persons from:

- Ministry of Health (Chair)
- Ministry of Justice (Co-Chair)
- Liberia Drug Enforcement Agency (LDEA)
- Ministry of Youth and Sports (MYS)
- Ministry of Gender, Children and Social Protection (MOGCSP)
- Ministry of Education (MOE)
- Ministry of Finance and Development Planning (MFDP)
- Ministry of Internal Affairs (MIA)
- Ministry of Information, Culture and Tourism (MICAT)
- Liberia Refugee Repatriation and Resettlement Commission (LRRRC)
- Civil Society Organizations and Development Partners

Roles and Responsibilities

- Develop and update annual operational and costing plans for NADAP.

- Provide technical support to implementing partners at national and county levels.
- Coordinate monitoring, evaluation, and research efforts through the National Drug Observatory.
- Consolidate data, progress reports, and performance reviews for Steering Committee approval.
- Facilitate training, capacity building, and inter-agency collaboration.
- Support County Anti-Drug Committees and Community Anti-Drug Action Teams (CADATs).
- Maintain an electronic coordination and reporting platform for all stakeholders.

Meetings

- The TWG shall meet monthly or as necessary to address urgent matters.
- Ad hoc meetings may be called by the Chair to address emerging issues.
- The TWG Secretariat (hosted at the Ministry of Health) will circulate agendas, take minutes, and track follow-ups.

Reporting

The TWG shall submit monthly progress summaries and quarterly performance reports to the Multisectoral Steering Committee, with copies to relevant ministries and partners.

Duration

The TWG shall operate for the duration of the NADAP (2025–2030) with recommendation to be retained beyond this period to oversee future drug control initiatives if the Steering Committee is institutionalized.

Annex 4: Term of Reference of the County Anti-Drug Committee (CADC)

Background

The County Anti-Drug Committee (CADC) serves as the sub-national coordination mechanism for implementing and monitoring drug control and substance abuse interventions at the county level. The CADC functions as the county equivalent of the National Technical Working Group (TWG), ensuring the translation of national priorities into local actions through multisectoral collaboration, community engagement, and effective reporting.

Purpose

The purpose of the County Anti-Drug Committee is to coordinate, implement, monitor, and report on drug prevention, treatment, rehabilitation, and enforcement activities within the county, in alignment with the goals and strategies of the NADAP.

Composition

The CADC shall comprise technical and operational representatives from relevant county institutions and partners, including:

- County Health Team (Chair)
- County Attorney's Office (Co-Chair)
- Liberia Drug Enforcement Agency (County Commander)
- County Education Officer
- Ministry of Youth and Sports (County Coordinator)
- Ministry of Gender, Children and Social Protection (County Coordinator)
- Ministry of Internal Affairs (County Inspector or Superintendent's Representative)
- Ministry of Information, Culture and Tourism (County Information Officer)
- Local Government (Superintendent's Office)
- Judiciary Representative (Magisterial Court)
- Civil Society Organizations, Faith-Based Groups, and Community Leaders
- Development Partners and NGOs supporting drug prevention and treatment activities

The County Health Officer (CHO) shall serve as Chairperson, and the County Attorney shall serve

as Co-Chair. The County Mental Health Coordinator shall act as Secretary to the committee.

Roles and Responsibilities

The County Anti-Drug Committee shall:

- Coordinate all drug and substance abuse prevention, treatment, and rehabilitation programs within the county.
- Facilitate the implementation of NADAP activities at the county and district levels.
- Strengthen linkages between national and community structures, including Community Anti-Drug Action Teams (CADATs).
- Support data collection, monitoring, and reporting to the national Technical Working Group through the County Health Team.
- Facilitate periodic county stakeholder coordination meetings and report outcomes to the Ministry of Health.
- Engage local leaders, youth groups, and traditional authorities in prevention and advocacy activities.

Meetings

- The Committee shall meet monthly, chaired by the County Health Officer.
- Emergency meetings may be convened as needed to address urgent issues.

Reporting

The CADC shall submit:

- Monthly updates on activities, challenges, and emerging trends to the National Technical Working Group (TWG) through the County Health Team.
- Quarterly reports summarizing progress on NADAP implementation and outcomes to the National Technical Working Group (TWG) through the County Health Team.
- Annual summaries highlighting achievements, lessons learned, and priority needs.

Duration

The County Anti-Drug Committee shall function for the duration of the NADAP (2025–2030) and

may be institutionalized through county ordinances or national directives to ensure sustainability and continuity of the drug control response.

Annex 5: Term of Reference of the Community Anti-Drug Action Team (CADAT)

Background

The Community Anti-Drug Action Team (CADAT), established in consultation with the Multisectoral Steering Committee on Drugs and Substance Abuse and the Local Government system serves as the community-level coordination mechanism for mobilizing citizens to prevent drug abuse, support early identification and referral of users for treatment, and assist law enforcement in curbing the proliferation of illicit substances. Operating under the slogans: “*CADAT — Your Voice, Your Power, Your Community: Together Against Drugs and Substance Abuse.*” and “*CADAT – Strong Communities, Drug-Free Liberia!*”, it is the operational arm of the County Anti-Drug Committee (CADC) and functions as the first line of response within communities in the fight against drugs and substance abuse.

Purpose

The purpose of the CADAT is to strengthen community resilience and ownership in the fight against drugs and substance abuse by coordinating prevention, early intervention, and reporting mechanisms at the community level, in alignment with the national strategy and policies set forth in the NADAP.

Composition

Each Community Anti-Drug Action Team (CADAT) shall comprise 15 members, representing a cross-section of the community as follows:

1. Representatives from Local Government – 2
2. Women’s Group Representative – 1
3. Youth Representatives (1 Female, 1 Male) – 2
4. Religious Leaders (1 Christian, 1 Muslim) – 2
5. Community Elder – 1
6. Community Leader/Chairperson – 1
7. Focal Person from the Liberia Drug Enforcement Agency (LDEA) – 1
8. Focal Person from the Liberia National Police (LNP) – 1
9. Civil Society / Advocacy Groups – 3
10. Representative from the Health Sector – 1

Each CADAT will determine its own leadership that will serve as liaison to the County Anti-Drug Committee (CADC). The leadership shall include a Chair, Co-Chair and Secretary.

Roles and Responsibilities

The CADAT shall:

- Conduct community awareness and education campaigns on the dangers of drug use.
- Disseminate hotline numbers for reporting drug-related cases.
- Identify and report suspected criminal drug-related activities or individuals to law enforcement authorities.
- Collaborate with LDEA, LNP and local authorities to support enforcement operations.
- Facilitate early identification and referral of individuals affected by drug use to appropriate health or rehabilitation facilities.
- Work with the County Anti-Drug Committee (CADC) to implement national initiatives at the community level.
- Participate in training, data collection, and reporting activities organized by the National Technical Working Group or County Anti-Drug Committee.
- Mobilize youth and community volunteers to serve as peer educators and outreach advocates.
- Identify and report landlords, hotspots, or accomplices suspected of harboring or supporting drug activities.

Meetings

- CADATs shall meet regularly (at least monthly) to review activities, identify emerging issues, and plan interventions.
- Emergency meetings may be convened as needed.
- The Secretary shall record minutes and share activity summaries with the County Anti-Drug Committee (CADC).

Reporting and Coordination

- CADATs shall report monthly to the County Anti-Drug Committee (CADC) through the County Health Team.
- Reports shall include details on community activities, identified cases, awareness sessions, and

challenges encountered.

- The CADATs shall coordinate with the LDEA, LNP, MOH, and local government authorities to ensure swift response to reported cases.
- Quarterly feedback sessions shall be organized between CADATs and the CADCs.

Support and Capacity Building

- The Multisectoral Steering Committee on Drugs and Substance Abuse, through the National Technical Working Group shall provide orientation, technical guidance, and logistical support to CADATs.
- CADAT members shall receive basic training on drug prevention, community engagement, referral mechanisms, and data collection.
- Periodic refresher training and mentorship shall be provided to ensure continuity and effectiveness.

Duration

The CADATs shall function for the entire implementation period of the NADAP (2025–2030) and may be sustained beyond that period as a permanent community structure to support the national fight against drugs and substance abuse.

Annex 6: List of Individuals who Developed the National Anti-Drug Action Plan (2025-2030)

No.	Name	Position	Organization
1.	Dr. Moses Ziah II	Director of Mental Health / Chair, TWG – Lead Developer	MOH
2.	Col. Wilson W. Boe	Coordinator, Joint Security / Co-Chair, TWG	MOJ
3.	Prof. Dr. Benjamin L. Harris	Professor of Psychiatry / Advisor	Liberia College of Physicians and Surgeons (LCPS)
4.	Dr. Terry Juty Socro	Lead Psychiatrist, SUD Services, Mental Health Unit	MOH
5.	Aaron F. Debah	Coordinator, SUD Services, Mental Health Unit	MOH
6.	Alexander P. Nett	Program Coordinator, School Health Division	MOE
7.	Andrew Dean	Clinical Psychologist	J.F.K Medical Center
8.	Barkon Dwah	Program Officer, NCD + MSA	WHO
9.	Doryen C. Bayoh	Act. Assistant Director, Health Sector	MFDP
10.	Dr. Scarlet Tabot Enanga Longsti	Health Financing Expert	PIH
11.	Emily S. Foko	Liaison Officer	LDEA
12.	Emmanuel Dahn	M&E Officer	MOH
13.	Eric T. Weah	Coordinator, M&E/Research, Mental Health Unit	MOH
14.	Famatta W. Innis	Deputy Director, Mental Health Unit	MOH
15.	Joe Daweah Jr.	Consultant	LDEA
16.	Martin Sele	Intern	MOJ
17.	Pharm. Joseph S. Quoi	Technical Officer, Mental Health Unit	MOH
18.	Sam Jomah	Coordinator, At-Risk Youth Program	MYS
19.	Siannah G. Wisseh	Director, Social Assistance Division	MOGCSP
20.	Vernier J. Jallah	Psychologist	Hope for Women International

Annex 7: List of Individuals and Organizations that Validated the National Anti-Drug Action Plan (2025-2030)

No.	Name	Organization
1.	Dr. Catherine T. Cooper	Ministry of Health (MOH)
2.	Hon. Thomas A. Goshua	The Liberian Legislature
3.	Dr. Luke L. Bawo	Liberia Medicines & Health Products Regulatory Authority (LMHRA)
4.	Hon. Laraamand S. Nyonton	Ministry of Youth and Sports (MYS)
5.	Dr. Cuallau Jabbeh-Howe	Ministry of Health (MOH)
6.	Hon. George P. Jacobs	Ministry of Health (MOH)
7.	Hon. Sona T. Sesay	Ministry of Education (MOE)
8.	Col. Ernest T. Tarpeh	Liberia Drug Enforcement Agency (LDEA)
9.	Dr. Moses Ziah II	Ministry of Health (MOH)
10.	Lt. Col. Dr. Joseph Kowo	Armed Forces of Liberia (AFL)
11.	Cllr. Alice K. Sirleaf	Judiciary
12.	Cllr. Darryl Ambrose Nmah	Judiciary
13.	Aaron F. Debah	Ministry of Health (MOH)
14.	Adama E. Kamara	Young Men Christian Association (YMCA)
15.	Alexander Corluls	Mother Pattern College of Health Sciences (MPCHS)
16.	Alexander E. George	Liberia Medicines & Health Products Regulatory Authority (LMHRA)
17.	Alexander Ireland	Ministry of Health (MOH)
18.	Alexander Johnson	Ministry of Health (MOH)
19.	Amos Smith	Ministry of Health (MOH)
20.	Andrew K. Dean	John F. Kennedy Medical Center / E.S. Grant Mental Health Hospital (JFK/ESG)
21.	Angel K. Tulay	Ministry of Health (MOH)
22.	Angie Brown	Ministry of Health (MOH)
23.	Angie Tarr Nyakoon	Ministry of Health (MOH)
24.	Arthur T.Y. Douglas Jr.	Office of the First Lady of Liberia

25.	Barkon Dwah	World Health Organization
26.	Casellia Akiti	Ministry of Health (MOH)
27.	Cheeseman O. Kangar	Ministry of Health (MOH)
28.	Christiana M. Togba	Girls Against Drug Liberia (GADL)
29.	Curtis G. Dabieh	Liberia Peacebuilding Office (LPBO)/Ministry of Internal Affair (MIA)
30.	D. Levi Hinneh	Liberia Medicines & Health Products Regulatory Authority (LMHRA)
31.	Daniel Roberts	Ministry of Health (MOH)
32.	Deborah Dolo-Boyoe	Ministry of Health (MOH)
33.	Dr. David Z. Sakui	Ministry of Health (MOH)
34.	Dr. Emmanuel P. Flomo	Ministry of Health (MOH)
35.	Ithamar G. Harding	Say No to Drugs Campaigners
36.	Dr. Izetta S. Sheriff	John F. Kennedy Medical Center / E.S. Grant Mental Health Hospital (JFK/ESG)
37.	Dr. Juliett Whyeayee Diggs	Ministry of Health (MOH)
38.	Dr. Scarlet Tabot Enanga Longsti	Partners in Health (PIH)
39.	Dr. Terry Juty Socro	Ministry of Health (MOH)
40.	Dr. Thomas B.L. Kokulo	Liberia Medicines & Health Products Regulatory Authority (LMHRA)
41.	Edward H. Lahai	Ministry of Internal Affair (MIA), Township of Congo Town
42.	Emerson J. Dennis	Ministry of Health (MOH)
43.	Emily S. Foko	Liberia Drug Enforcement Agency (LDEA)
44.	Emmanuel T.S. Dahn	Ministry of Health (MOH)
45.	Eric T. Weah	Ministry of Health/Mental Health Unit (MoH/MHU)
46.	Esther Bunder	Ministry of Health (MOH)
47.	Famatta Williams Innis	Ministry of Health (MOH)
48.	Felix F. Foyah	United Nations Population Fund (UNFPA)
49.	G. Martin Dumoe	Ministry of Health (MOH)

50.	George N. Ndabeh	Liberia Association for Psychosocial Services (LAPS)
51.	Grace Wonsue	United Nations Population Fund (UNFPA)
52.	Hokie W. Jackson	Ministry of Health (MOH)
53.	James T. Boeh	Ministry of Justice (MOJ)
54.	James Wulukorlor Kolleh Jr	Ministry of Health (MOH)
55.	Janet K Siryee	Ministry of Justice (MOJ)
56.	Joe Daweah Jr	Liberia Drug Enforcement Agency (LDEA)
57.	Joe Daweah Jr.	Liberia Drug Enforcement Agency (LDEA)
58.	Joehonic Jibba	Township of Congo Town
59.	Joseph B. Cooper	Liberia Refugee Repatriation and Resettlement Commission (LRRRC)
60.	Joshua S. Gargar	National Union of Organizations of the Disabled (NUOD)
61.	Kutaka D. Togbah	Ministry of Justice (MOJ)
62.	Lorba D. Tulay	Ministry of Health (MOH)
63.	Luana Korvah	Ministry of Health (MOH)
64.	Magdalena Wolter	Youth Crime Watch
65.	Martha Sah-Walker	Liberia Peacebuilding Office (LPBO)
66.	Maybe Livingstone	The Carter Center (TCC)
67.	Mettie G.R. Zeineddine	Office of War and Economic Crimes Court Liberia (OWECC-L)
68.	Momolu N. Freeman	Liberia Refugee Repatriation and Resettlement Commission (LRRRC)
69.	Muhammed Konneh	National Muslim Council of Liberia (NMCOL)
70.	Nancy M. Kanneh-Saydee	Ministry of Health (MOH)
71.	Nathaniel J. Zondoe	Liberians United Against Drug Abuse (LUADA)
72.	Oscar A. Shilling	Ministry of Health (MOH)
73.	Patmilla D. Caillendee	Liberia Council of Churches (LCC)
74.	Paul Chalach	Mother of Light Liberia (Oum El Nour - OENL)
75.	Peter B.K. Flomo	National Union of Organizations of the Disabled (NUOD)
76.	Pharm. Joseph S. Quoi	Ministry of Health (MOH)

77.	Philomon F. Gonotee	Network for Empowerment & Progressive Initiative (NEPI)
78.	Prince Tumley	Ministry of Justice (MOJ)
79.	Rev. Bill S. Jallah	Cultivation For Users Hope (CFUH)
80.	Rev. Dr. Chis N. Toe	Liberia Council of Churches (LCC)
81.	Sam Jomah	Ministry of Youths and Sport (MYS)
82.	Sametta Thomas	Liberia Coalition for Mental Health Services (LCMHS)
83.	Samuel E. Mbock	Say No to Drugs Campaigners
84.	Siannah G. Wisseh	Ministry of Gender, Children and Social Protection (MOGCSP)
85.	Sonnie B. Kollie	Say No to Drugs Campaigners
86.	Theodosia Knight	Ministry of Health (MOH)
87.	Theodosia Nimley	Ministry of Health (MOH)
88.	Theophilus C. Gbayen	Liberia Alcohol Policy Alliance (LAPA)
89.	V. Samuel Binda	National Union of Organizations of the Disabled (NUOD)
90.	Venier J Johnson	E.S. Grant Mental Health Hospital (MOH/ESG)
91.	Veriou T. Kollie	Ministry of Health (MOH)
92.	Versilia Yeah Gweh-Coleman	Ministry of Gender, Children and Social Protection (MOGCSP)
93.	Victor M. Paasewe	Global Action for Sustainable Development (GASD)
94.	Wilson W. Boe	Ministry of Justice (MOJ)
95.	Winston Korsor	Ministry of Health (MOH)
96.	Zayzay L. Flomo	Ministry of Health (MOH)

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