

Drug Use in Post-Conflict Liberia: The Voices of Drug Users in Monrovia

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INTRODUCTION

Liberia underwent a devastating civil war between 1989 and 2003. As a consequence of the armed conflict, the abuse of controlled drugs such as cannabis, heroin and cocaine has spread across Liberian society, especially in the urban areas. In Monrovia alone, there are said to be more than 400 “ghettos”—places where drugs are frequently sold and used (*The New Republic*, 26 June, 2013). Many ex-soldiers can be still found among drug users living in Monrovia’s urban districts with clustered ghettos (frequently referred to as “drug communities”). In order to generate income to purchase drugs, many male drug users in drug communities collect scrap iron, wash vehicles, work as “car loaders” or water carriers, or beg, while many of female drug users work as prostitutes. When the authors interviewed drug users in Monrovia’s drug communities, all of the informants claimed that they “want to quit drugs”; but they find it difficult to do so.

This paper describes the situation of drug use in post-conflict Liberia in general, in Monrovia’s drug communities in particular. It also examines drug users’ background, actual situation, experiences, and human relations as well as challenges which they face in order to quit drugs, based on the interview surveys conducted by the authors in the two drug communities in Monrovia (Blagba and Logan Town) in 2010 and 2011.

BACKGROUND

Blagba as one of the study areas

According to a survey report published in 2008, in Monrovia there were at least 23 confirmed drug communities, where ghettos are clustered together (Harris, 2008). Figure 1 shows the locations of the main drug communities in Downtown Monrovia and Sinkor Area as of 2008.

For example, Blagba—one of the two drug communities where the authors conducted field research

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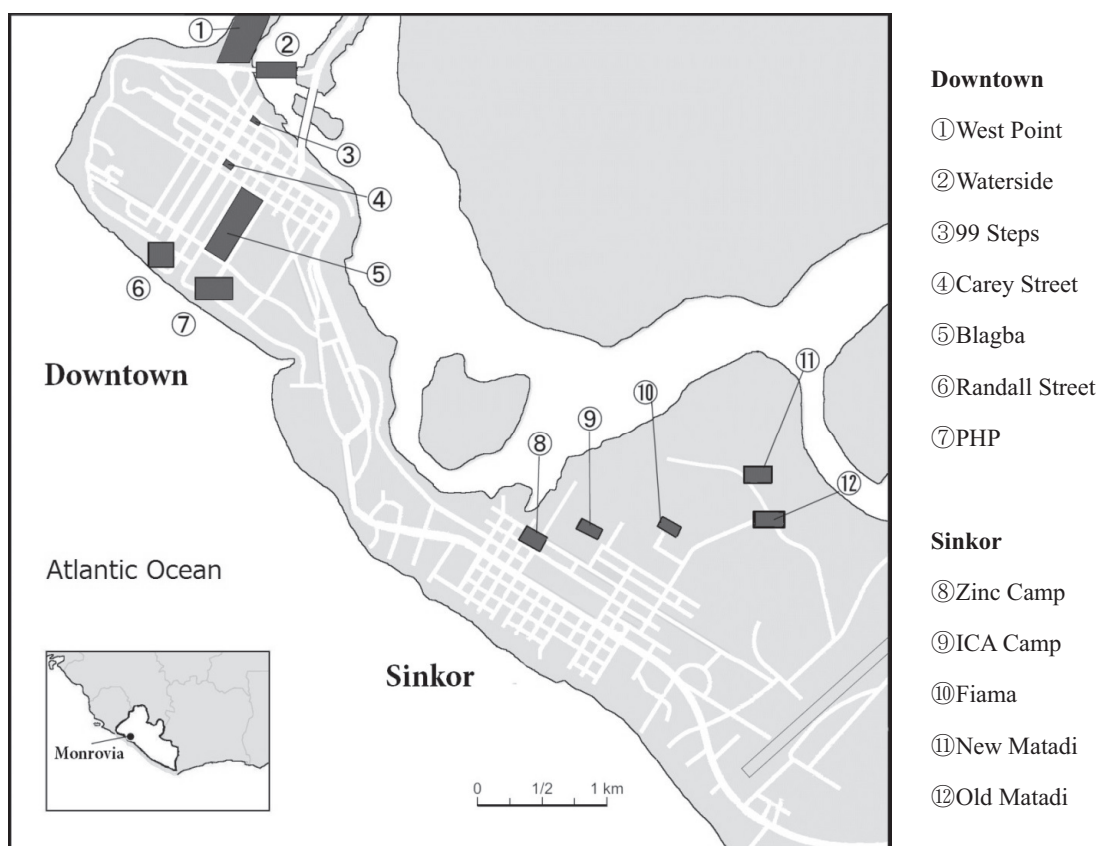


Figure 1 Main “Drug Communities” in Monrovia (2008)

Source: Harris (2008).

—is a square-shaped area bordered by Benson Street, Centre Street, Lynch Street and UN Drive located in Central Monrovia (see Figure 2)¹⁾. Centre Street (i.e., the street that runs through the middle of Palm Grove Cemetery) and the area around it have a high rate of drug use, with the media report claiming that “60% of Residents are Drug Users” (*Daily Observer*, 6 September, 2010). During the authors’ field research in August and September 2010, Palm Grove Cemetery in particular was a gathering place for drug users after sun set.

Behind the former Ministry of Defense building on Benson Street, there is a large ghetto. According to a report compiled by a Liberian psychiatrist Benjamin L. Harris, this ghetto comprises three buildings in a row, and there are always drug users sleeping or staying in the roofed areas of the first building, which is made of concrete. The second building has been largely demolished through repeated police raids and has no roof, and the third building, while half-demolished, has waterproof sheeting over the damaged areas of the roof. The latter two buildings are mainly used as places for using drugs (Harris, 2008). However, drug use in Blagba is not limited to ghettos but is widespread, with drug use taking place in public toilets, corners of back allies, and other places hidden from sight.

Of course, there are also people living in Blagba who are not drug users. While non-drug users within the community sometimes complain or grumble about the existence and the behaviour of drug users,



Figure 2 Blagba

drug users and non-drug users seem to coexist to a certain extent. A drug user living under the roof overhangs of neighbourhood houses said, “We get along with the people of the neighbourhood. If someone steals or does something like that, they quickly call the police, but as long as we don’t do anything bad, the people of the neighbourhood allow us to sleep here.”²⁾ Homeless drug users appear to be securing places for themselves within the community while giving a certain amount of consideration to the neighbourhood residents. However, it can also be said that the non-drug users living in Blagba—where drug use is an everyday occurrence—are constantly living side-by-side with the risks of themselves becoming drug users.

Drug types

The main problem drugs widely used in Africa are cannabis, amphetamine, heroin, and cocaine. Of these, the rate for cannabis in Africa is a high 7.5%, which is about twice the world average (UNODC, 2013b: 10). In Liberia, cannabis, especially marijuana, is widely used. For example, in a survey of 802 high school students in Monrovia, 9% of respondents had had the experience of using marijuana, a figure that exceeded the percentage of respondents who had experienced smoking tobacco (6.8%) (Harris et al., 2011).

Marijuana—often called “grass,” “ganja,” and “opium,”—is generally wrapped in paper and smoked, but in Liberia it is also drunk with Chinese gunpowder tea called *Attaya*.

The price of marijuana is extremely low, with one joint costing around 10 Liberian Dollars (0.1 US Dollars). In Monrovia, people smoking marijuana can be seen not only in the ghettos but also publicly along the roadsides. Although cannabis is said to have first been brought to West Africa in the late 1940s by war veterans who had returned from the battlefield in South East Asia (Odejide, 2006: 89), it has been pointed out that cannabis was already being used and traded in West Africa, including Liberia, before World War II (Ellis, 2009).

In Liberia, cannabis is cultivated broadly in inland counties such as Lofa, Nimba, and Bong, being an important source of income for local farmers (UNHCR & WHO, 2006: 15). Marijuana produced in inland counties is transported on a daily basis overland to the major consumption centres of Monrovia on the coast.

In Liberia, heroin is often called “duggee,” “Italian White,” and “Ta White.” In 2010, when the authors were conducting the survey, heroin was being sold in the ghettos of Monrovia for 20 Liberian Dollars (0.2 USD) for one heroin fix. As the low price suggests, the heroin used locally is a mixture with considerably low purity. In the ghettos of Monrovia, syringes are rarely used to take heroin. Heroin powder is placed in a straight line on aluminium foil and heated from underneath the foil with a candle or a match. The smoke from the heroin is then inhaled through a simple straw made from rolled-up aluminium foil. Known as “chasing the dragon,” this is the most common method used to take heroin in Liberia.

Cocaine is a drug made from alkaloids extracted from the leaves of coca trees. In recent years, West Africa has been drawing attention as a transit point for the smuggling of cocaine from South America to Europe (Ellis, 2009). In 2007, some 47 tons of cocaine was seized from West Africa overall. In 2010, the amount fell to 18 tons, but it is unknown whether this was the result of a drop in the amount of cocaine being smuggled or the result of smuggling methods becoming even more sophisticated (UNODC, 2013a: 3).

In Liberia, cocaine is known as “coco.” In 2010, during the period when the authors were conducting the survey, one packet of cocaine was sold for 500 Liberian Dollars (5 USD). Compared to cannabis and heroin, cocaine is much more expensive, and it is not very common for drug users in Monrovia’s ghettos to purchase cocaine individually; rather, in the majority of cases, users purchase and abuse cocaine in groups. Cocaine is snorted using a pipe called “Bongo,” which is made from a cap of plastic bottle and other materials. A plastic bottle cap is covered with aluminium foil and several small holes are made on the foil. Cocaine is placed on the foil and heated from above, and the smoke from the cocaine wafts through the holes into the cap and is inhaled using a straw or straw-like instrument.

With regard to amphetamines, the authors did not hear the name “amphetamines” during the survey in Monrovia, but the anti-anxiety drug Diazepam (locally called Valium)—referred to as “bubble”—was widely abused. Diazepam is sold as 5 mg and 10 mg tablets, and due to dosage it is referred to as “five-five” and “ten-ten.” The price of a 5 mg tablet is low, between 5 and 10 Liberian Dollars (0.05–0.1 USD), and although ordinarily it is necessary to have a doctor’s prescription in order to obtain it, it can be easily acquired from pharmacies without a prescription. During the civil war, the upper echelons of armed groups used cocaine widely, while “ten-ten” was given to ordinary soldiers, including child soldiers, as a pain reliever (Human Rights Watch, 2004: 31).

DISTRIBUTION AND CONTROL

Distribution

Figure 3 shows the distribution channel of drugs in Liberia in diagrammatic form. As the diagram shows, the top position in drug distribution in Liberia is held by smugglers who bring drugs in from overseas. They are known as “Traffickers.” Many of these traffickers are rumoured to be foreigners like Nigerians, South Africans, and Ghanaians, but, since the names and faces of virtually all drug traffickers are generally unknown, it is unclear whether this is actually the case.

In contrast, the drug sellers—known as “Barons”—below the traffickers are usually Liberians. Each baron is known by a nickname, such as “Babygirl” or “Voltage,” and their existence is relatively widely known at least among Monrovians. These barons also include women (“Baronesses”). Barons/Baronesses are “bigwigs,” so to speak, and it is said that they are virtually never arrested due to their cosy ties with the police. Rather than the barons, it is the “Dealers”—comparatively small-scale drug sellers and their subordinates—positioned below the barons who are arrested by the police.

Dealers are drug salespeople, so to speak, who operate within a certain community. In August 2010, a drug dealer named Nathaniel Beh was arrested by the police for drug-related crimes, but was released immediately after his bail was paid (*New Democrat*, 27 August, 2010, see Photo 1). Unlike barons, dealers are sometimes arrested by the police, but usually they are soon released after paying a small amount of bail. Furthermore, dealers regularly pay money to police in order to avoid being arrested or be released immediately after being arrested.

Those at the bottom of the drug distribution channel in Liberian society are “Boys.” They are street vendors who work under the instructions of dealers. Unlike barons and dealers, many of the boys are

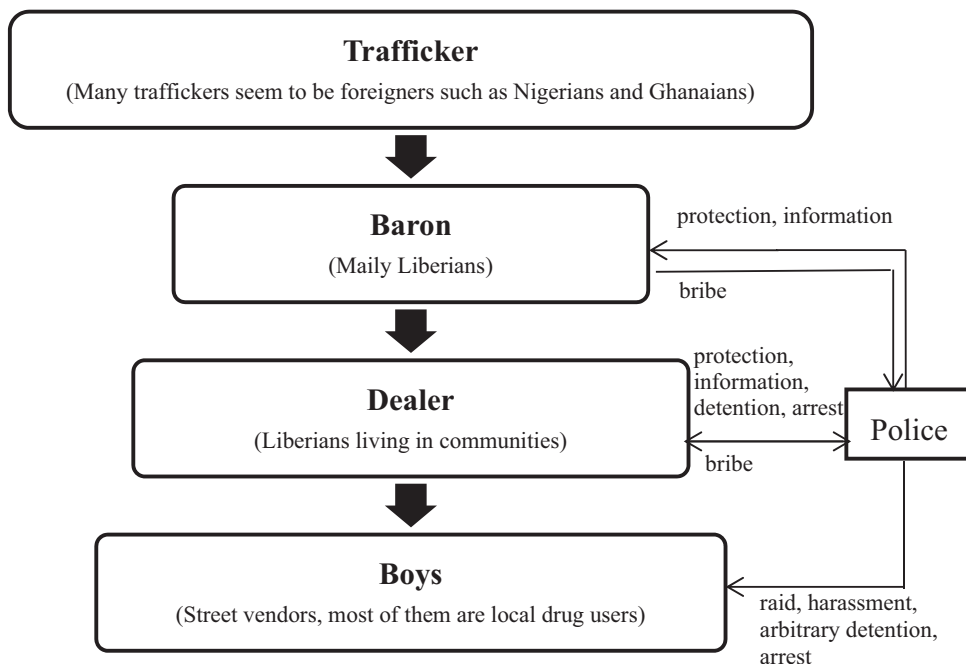


Figure 3 Distribution Hierarchy of Drugs in Liberia

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Drug War Intensifies

"The problem is bigger than imagined.

Arrests and imprisonment are not the solution. There is a need for some social rehabilitation, somewhere to take these people. As we arrest and imprison them, they bounce back on the streets. It is a vicious circle," a police source, preferring anonymity, said in a serious mood.

"We watch many of them, living in toilettes and holes, die. They get high, lean on a tree with wounds and then

just die. Marijuana is like cigarettes for them. Cocaine is what they sniff... They have no place to hide."

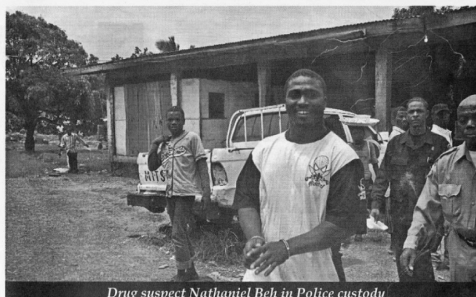
Last week, police, in a raid, arrested several persons belonging to drug gangs. Amongst them is a man police say is the ringleader of the drug dens entrenched in central Monrovia, spanning from Center Street towards Coconut Plantation along the Atlantic Ocean.

Police say the overwhelming numbers of users are ex-fighters in the various disbanded armed factions

along with their commanders, some "very high profile" people.

Raids have become common in the drug dens and addicts are now accustomed to them, one resident said. Many of the users and carriers live in the slum and in the cemetery despite several efforts to get them out.

But suspect Nathaniel Beh later became a free man the same day he had been handcuffed and taken to the West Point Magisterial Court for questioning. This police say, is the pattern in a country



Drug suspect Nathaniel Beh in Police custody

with some of the weakest drug laws that encourage abuse.

Police say Nathaniel Beh sent his 'men' (drug users he sells the substance to) to attack the unarmed police of the Metro Police Station with machetes, almost subduing the law enforcers at that police post.

"There are police officers who work with them as partners and informers. Any

station, several drug users gathered in solidarity with Mr. Beh when he was being processed for the West Point Court." This is our man the police cannot just carry him like that, God bless them the war is over... but they will see. That man will come right back in this place. Eh you say you press man but don't take our man photo. If you take it we will burst the camera. That shit you can be doing," one them said as saliva foamed from the corners

from community dwellers who themselves have often been accused of harboring these criminals.

"Oh God. Thank you for the police. They are doing well but we are sorry for them. These criminals will come right back here," an elderly woman said.

Because of the constant combing of the Center Street Community notoriously known as 'Vlagba', the drug

Photo 1 Newspaper Article Reporting the Arrest of a Drug Dealer Nathaniel Beh

Nathaniel Beh, a drug dealer at Centre Street, is the man standing in the centre of this article's photo. He was arrested by police for illicit drug dealing in August 2010. In the photo, Beh is handcuffed, but seems to be smiling. He was released on bail of just the tens of US Dollars next day (*New Democrat*, 27 August, 2010).

drug addicts. If barons or dealers used drugs by themselves, it would mean dipping their hands into their own drug products or cutting into their profits. In contrast, the majority of boys are regularly completely addicted to drugs, and so they are selling drugs on the streets in order to take drugs themselves.

The system works like this: the boys are given 10 packets of drugs by their dealers. The boys may keep one of them as payment on the condition that they sell the remaining nine packets on the streets and remit the money to the dealers. In contrast to the generally affluent barons and dealers—who do not use drugs themselves and are selling drugs purely as business—the boys are extremely poor, having no income with which to buy drugs and are therefore selling drugs in order to be able to take drugs. Unlike barons and dealers, who have their own houses and cars, give their children a good education, and enjoy abundant lives, the boys' appearance and lifestyle look miserable.

However, among these boys some dream of becoming a dealer or baron in order to escape their state of poverty. For example, Beh—the Centre Street dealer mentioned above—was originally a boy for a famous baron, but he was later "promoted" to the position of a dealer. There is also a drug user who began his own drug businesses after serving jail time for a drug-related crime and became a highly successful baron, although he was never a boy. When the authors were carrying out field research at Blagba in 2010, this man was studying law at college and was proactively expanding his business, sending his subordinate dealers one after another into communities previously closed to the drug trade³⁾. Such

“success stories” in the drug business are widely discussed in Monrovia’s drug communities and the successful barons have become a model for the boys to emulate.

Control

One of the factors contributing to the prevalence of the drug business in Liberian society is the fact that domestic drug control has been barely functional.

In the past, Liberia has not implemented sufficient domestic laws for controlling drugs. Up until recently, the only Liberian law controlling drug-related crimes was the Public Health Law of 1976. Moreover, because this law positions drug-related crimes more as a public health issue and prescribes arrestees of drug-related crimes to be released on bail, even when someone is arrested for possessing or selling drugs, they are soon released if they pay the bail money of around 20 to 50 USD (*Somali Press*, 7 January, 2011; *New Democrat*, 15 December, 2011; *The News*, 26 June, 2013). Against this background, two laws related to drug control were enacted in 2014: the Controlled Drug and Substances Act and the Liberia Drug Enforcement Agency Act. These laws created stricter punishments for drug-related crimes. In particular, the Controlled Drug and Substances Act clearly criminalises drug crimes, imposing the heavy penalty of fines of not more than 1,000 USD and/or not more than one year imprisonment simply for personal drug use (IDPC, 2014: 11).

Another factor contributing to the growth of drug business in Liberia is corruption. Injustice and corruption have become rampant among members of the Liberia National Police (LNP). In Monrovia, the police regularly carry out crackdowns on drugs, but as mentioned above, some police officials receive bribes from barons and dealers in return for leaking advance information about police raids or for scaling down crackdowns, and such improprieties remain firmly entrenched within the LNP⁴⁾.

For example, as shown in Figure 2, the house of Beh is a stone’s throw away from the police station. Despite this, Beh openly uses boys to sell his drugs every day. It can be surmised that Beh and other Blagba drug dealers are making some sort of monetary payment to the police. Even when the police carry out a crackdown of ghettos, only people in vulnerable positions such as boys and general drug users are arrested and imprisoned, while the dealers like Beh—who are the lynchpin of the drug business in the community—are released immediately after they are arrested. The police receive money from dealers, while carrying out raids on ghettos in order to give the impression that they are doing their job. To the people living in the drug communities, these scenes of “weak” boys and drug users being arbitrarily arrested and imprisoned while the “strong” dealers are overlooked truly look like a farce, and this situation is one factor in their deeply rooted distrust of the police.

However, the police are not the only organization that has fallen into dysfunction with regard to drug control. Liberia’s leading drug control organisation is the Drug Enforcement Agency (DEA), but corruption and inefficiency within this organisation has hampered drug control. The DEA is a government organisation established in 1998 with selected employees of the LNP and the National Security Agency (NSA), and it is ridiculed as having also inherited the corrupt organisational culture of the LNP and the NSA.

There have been some harsh evaluations of the DEA in the past. For example, the assessment carried out by the United Nations Office on Drugs and Crime (UNODC) in April-May 2012 was very scathing. UNODC found the DEA to be very weak, inefficient, undisciplined and untrained, and lacking in purpose and direction. This led to the harsh recommendation to completely overhaul the organisational

structure and fire unmotivated staff (UNODC, 2012).

Against this background, a former NSA investigator Anthony K. Souh was appointed as Director of the DEA in May 2012. Director Souh swiftly showed his capability one month after his appointment when he dismissed three DEA staff members who had taken bribes of 20,000 Liberian Dollars (200 USD) from Nigerian drug smugglers (*Heritage*, 1 June, 2012). Furthermore, in August 2013 he fired the DEA's Deputy Director for Operations for violating government policies and ethics (*Heritage*, 6 August, 2013). At this point it is impossible to determine whether such moves were simply a performance to present a clean image of the new DEA or were sincere measures aimed at genuine organisational reform. Future directions need to be closely observed.

THE VOICES OF DRUG USERS

Methods and informants' basic attribute

From the end of August until mid-September 2010, the authors conducted an interview survey with 56 drug users (41 males, 15 females) in the two drug communities of Logan Town and Blagba (Centre Street) in Monrovia. Logan Town is not included in Figure 1, but it is another big drug community located in Bushrod Island to the north of Monrovia's central city district. The survey took the form of semi-structured interviews in which informants were asked questions from a prepared questionnaire about their experiences regarding drugs and their living situation. Responses were further probed to elicit comprehensive information. The interviews were also attended by two Liberians who undertook support activities for drug users. These workers translated Liberian English into English and vice-versa, and provided supplementary explanations on the information provided by informants.

Aspects of the interview such as its purpose, anonymity, and protection of privacy were explained to the informants in advance, and participation in the interviews was strictly voluntary. They were informed that they need not answer any questions they did not wish to, and that the data obtained in the interviews would not be used for any purpose other than research. Informants consented to participating in the survey in writing. In addition, the interviews were recorded in a digital voice recorder with the informants' consent.

The average age of the informants was 31 years old, with the oldest being 52 years old and the youngest 16 years old. With regard to educational level, 23 (41%) informants—the largest group—had dropped out of elementary school. 13 (23%) informants were elementary school graduates, 9 (16%) had never gone to school, 6 (11%) were junior high school graduates, and finally 5 (9%) were senior high school graduates. Some 16% of informants have never attended school, but this percentage is less than Liberia's national average (35%) and the figure for Monrovia (17%) (Vinck et al., 2011: 18).

Of the 56 informants, 55 were "employed" in some capacity. The one informant who said that she was unemployed was a woman supported financially by her boyfriend. Of the 56 informants, 32 (57%) had so-called temporary employment, referred to as "odd jobs" or "small contracts," with occupations including collecting scrap metal, washing vehicles, cleaning, carrying cement, and selling drugs. The seven informants (13%) who said they had regular employment worked in occupations such as selling water and carpentry. However, the line between temporary and regular employment was extremely vague, and even if employment was regular, there was no guarantee that it would continue, and so it can be said that employment stability depended on the subjective determination of each informant. In

addition, 11 of the 15 female informants made a living working as prostitutes. In the interviews, all of the informants said that they “want to quit drugs.” Of the total, 46 (82%) had actually attempted to quit drugs, but to no avail.

How did they start using drugs?

Of the 56 informants, 41 (73%) began using drugs during the civil war. In contrast, 10 (18%) informants began using drugs post-conflict, and only 5 (9%) had been using drugs prior to the conflict. In other words, more than 90% of the informants began using drugs either during or after the armed conflict. In addition, 34 (61%) had had the experience of being soldiers during the conflict, and many of them said that the reason why they began using drugs was strongly connected to their experiences as combatants.

During the conflict, my parents disappeared and I had nowhere to go, so I joined the NPFL⁵⁾. That is where I began using bubbles (Diazepam). My commander gave me bubbles, saying that it would give me ‘courage and stamina.’ When I was a soldier, I didn’t use coco (cocaine) or Ta White (heroin), but we were supplied bubble so that we could fight. (Male informant aged 30)

Of course, women and girls were also included among the combatants⁶⁾. A female informant aged 29 became an NPFL soldier at the suggestion of a friend after her mother had died during the conflict. She began using drugs when she was fighting on the battlefield in Lofa County. This way, many of the informants with experience as soldiers or child soldiers explained that they began using drugs to enable them to fight on the front lines of battle.

There were also informants who described how drugs were widely used not only among soldiers but also among refugees.

I began using grass (marijuana) at a refugee camp in Ghana. After spending 3 years in Ghana, I moved to Togo and then to Benin. I was able to obtain drugs easily wherever I went—in Ghana, in Togo, and in Benin. That was because there were always ghettos like this inside the refugee camps wherever I went. Everyone in the camps took drugs—men, women, old people, children, it didn’t matter who. (Male informant aged 34)

Not only soldiers and refugees but also displaced persons within Liberia and ordinary citizens began taking drugs during the conflict partly because of their being unable to foresee the future and frequently experiencing harsh conditions.

A man who had started using drugs after the conflict described his experience as follows:

This year (2010), my wife died of an illness. I took her to a public hospital, but I didn’t have money for her to receive treatment, and she died. After that, I began feeling tremendous frustration. That’s why I began using drugs. (Male informant aged 25)

Health services at public hospitals in Liberia have been free of charge since 2007, but in reality, as was the case for this man, hospital staff members often demand money from patients or their families. This man used the word “frustration” to describe his feelings of mortification and despair at not only

being unable to pay the medical fees but also for losing his wife. The conditions of frustration among ordinary people and easy access to drugs extended from the period of armed conflict to the present.

As these informant interviews made clear, in addition to the armed conflict, the various post-conflict stressors such as illness, poverty, and disputes have worn down individuals both mentally and physically, exhausting them and setting them on the path towards drug use.

Why can't they stop using drugs?

The informants that the authors interviewed were unanimous in their view that they “want to quit drugs.” However, very few people are able to quit drugs. When the authors asked the informants directly, “Why can't you quit?” many of them replied, “I have nothing.” That is to say, it was the condition of having “nothing” of the necessities for living a normal life—“nothing to do,” “no job,” “no place to stay,” and “no support,” among others—that left them no choice but to continue using drugs.

I wake up at 5 o'clock in the morning, but since I have nothing in particular to do, I simply sit around and wait for my drug-user friends to come.... If I have money, I eat; if I have no money, I don't eat. But if I had money, I'd first of all buy dugee (heroin) before I buy food. (Female informant aged 22)

This woman has been working as a prostitute while living on the streets for seven years. Through “hustling” (prostitution) she earns 600 to 700 Liberian Dollars (6-7 USD) from 5 or 6 customers in a day, virtually all of which she spends on drugs.

A 41-year-old male informant said that in his current lifestyle he had nothing to do, and that he was simply passing the time by using drugs. This man was deported from the United States on account of drug use, and since his return to Liberia in 2007 he has been living on the streets of Monrovia. He says that recalling his happy times in the United States gives him pleasure.

As mentioned above, 55 of the 56 informants were “(self-) employed” in some capacity, earning money by collecting scrap metal, washing vehicles, cleaning, carrying cement, selling water, begging, prostitution, and other work. In that sense, it is not true that they had “nothing to do.” At the very least, they had work to perform every day. However, these informants did not recognize their work as their true vocational calling. They were doing rigorous and low-paying work that ordinarily no one would want to do simply to make just enough money to survive as well as to buy and use drugs. That is to say, in reality they are unemployed and jobless, and from their perspective their work can be regarded as “nothing.”

Among the informants, there were even those who confessed to making a living through stealing.

I stood on the corner of Carey and Gurley Streets and stole mobile telephones from passers-by. I have lots of friends that I steal with. Around 2001 there was a rapid increase in the number of mobile telephones, and so I started stealing them...I steal so that I can buy drugs. (Male informant aged 27)

There were also informants who said the reason why they could not quit drugs was because they had “no place to stay.” Of the 56 informants, 44 (79%) had no home and lived on the streets, some of them having lived this way for more than 20 years. However, when they say that they have “no place to stay,” they are not simply saying that they have no “house”; rather, they mean that they have “no place in the

world” or “no place to live” outside drug communities. The informants say that they have to distance themselves from the drug communities in order to quit drugs, but most of them have no place to live outside the drug communities.

What drug users in Monrovia require is not only a job and a place to live but also social roles and expectations—things that are invisible to the eye but are nonetheless important for humans to live their lives. For example, an informant who said that he steals in order to purchase drugs (male aged 26 years) confessed that the eight years he spent living and fighting as a soldier were much more enjoyable than his life now as he had at least something to do. Another informant (female aged 18) recalled her time living as a child soldier as being lots of fun, as she could also go looting.

During the armed conflict, soldiers were given a certain social role, even if their actions—such as looting or massacres—were socially condemnable. By proactively fulfilling their social role, the soldiers had the feeling of accomplishment. However, after the conflict ended, as drug users, these people had no social role to play and no expectations to fulfil; rather, they were simply viewed as criminals. As mentioned above, the informants said the reason why they could not quit drugs was “I have nothing,” but this may have unconsciously been an expression of how they themselves have become “nothing (nobody)” from society’s perspective.

Human relations of drug users

In response to the question, “When you have a problem, who helps you most?” 12 (21%) informants answered “Nobody,” and 11 (20%) said “God.” Moreover, 8 (14%) answered “Parent,” 7 (13%) said “Brother/Sister,” and 4 (7%) said “Friend” and “Dealer.”

Looking at these results, excluding the highest and second-highest scoring replies of “Nobody” and “God,” family members such as “Parent” or “Brother/Sister” comprised a small yet extremely important group of supporters for drug users.

However, relationships and emotions between drug users and their family members are hardly simple. While for the informants, family members are people who will help them, approaching these family members can be a psychological burden and a cause of discord. For example, an informant said, “If I go to visit my family, I might steal from them, and so I don’t go.” This statement gives us glimpses of the conflicting emotions of the informants regarding their families: they want to ask their families for help, but once they go near their families, they are afraid that they will once again hurt or cause problems for their families, as they have done in the past.

Some informants did not want to see their families, frankly expressing their feelings of being embarrassed.

I have been living on the streets for 12 or 13 years, hiding from my family. Right now I am very embarrassed and I cannot see them like this. (Male informant aged 28)

My parents live on Bushrod Island and know that I’m here. At the moment my hair is so long...my family thinks that I’m ‘mad’. (Male informant aged 31)

Although it may be family members who help informants most when they have problems, there is a psychological distance that can be observed between drug users and their families.

In contrast, in everyday situations within drug communities, it is the drug-users' friends and companions who actually support them most. As mentioned above, only four of the informants said that they depended on "Friend" when they have a problem. However, during the interviews they in fact mentioned the word "friend" frequently. Reading carefully the interview transcripts, informants talked about their friends as people who they take drugs with, who share drugs with them when they have no money, and who recommend drugs to them when they feel overwhelmed by stress. That is to say, while many informants think that they cannot depend on fellow drug users who are living in similar circumstances, they in fact place great importance on the existence of their drug-user friends in daily life.

Furthermore, it is also notable that some informants named their "Dealer" as someone on whom they depend. Dealers do not simply sell drugs to users; they also provide support and assistance for drug users in their daily lives.

When I have no customers (for prostitution), my dealer will make arrangements...when customers were violent, my dealer helped me. But since my dealer is now abroad, he can't help me anymore. (Female informant aged 40)

Introducing work or customers is not all that dealers do for drug users. Some of the informants stated that they had borrowed money from dealers when their family members were sick. Furthermore, informants who were boys working under dealers regarded their dealers—their bosses—as "big brothers."

You ask if I have work? I'm helping my brother (dealer)...Of course, there are a lot of things that I worry about; the only person I can depend on is my brother. (Male informant aged 28)

Of course, dealers help the informants because they are the dealers' precious "customers." However, for drug users who have few people to whom they can rely, dealers serve as a safety net.

CONCLUSION

Following an overview of the situation of drug use in post-conflict Liberian society, this paper examined the factors underlying drug users' inability to quit drugs despite their desire to do so, as well as the human relationships in which drug users are involved, based on the results of the interview survey with drug users living in drug communities in Monrovia.

Japanese psychiatrist Tamami Katada stated, "While depression patients suffer from a sense of inadequacy due to the limitations of what they can do and cannot do, people who addict drugs are trying to overcome these limitations through the power of drug" (Katada, 2007: 124).

The drug users living in Monrovia whom the authors interviewed had no proper homes or jobs, had the stigma of being prostitutes or former soldiers, and held a vulnerable position within society. However, they are probably not using drugs simply to "escape" from their harsh reality or the tragedies they have been forced to endure in their lives. Rather, under harsh social conditions under which they are truly bound hand and foot by "limitations of what they can and cannot do," such as their having "nothing" or being "nobody" within society, and while desperately enduring poverty, discrimination, illness, and

numerous other difficulties and the accompanying pressure, these people are trying to somehow “survive” each day as it comes with the help of drugs.

In other words, it could be said that they continue to “fight” an everyday battle for survival in the purest sense even today after the actual armed conflict has ended. This is because the drug users the authors met in Monrovia are desperately trying to survive the harsh life brought about by the armed conflict, which is a harshness with no end in sight, by using the drugs that the same armed conflict brought into their lives.

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Notes

- 1) Blagba means “Bad Mud” in the Bassa language, one of local tribal languages in Liberia. The area is called so since it is the depressed ground where the inflow of Monrovia’s domestic wastewater makes it muddy throughout the year.
- 2) The focus group interview with drug users living at Blagba (10 September, 2011).
- 3) The focus group discussion among drug users held at Blagba (6 September, 2011).
- 4) The interview with Pastor Samuel Nunoo of Faith World Outreach Mission held at Blagba (6 September, 2010). Pastor Nunoo and his mission have carried out some support programs like feeding for drug users living at Blagba and its neighboring areas.
- 5) NPFL is the abbreviation of the National Patriotic Front of Liberia, which was established and lead by Charles Taylor, one of warlords in the Liberian Civil War.
- 6) Johnson et al. (2008: 681) say that 33% of the combatants in the Liberian Civil War were female.

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