

The Problem of Employing the Ejusdem

***Generis Rule* in the Classification of Drugs in**

Nigeria

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INTRODUCTION

For all intents and purposes, the legal draughtsman (legislative counsel) is not a legislator but to trivialise his role in the process of law-making is to compromise the qualities of a good legislation. Among other things, he is responsible for elegance in statutes and by skillful use of words he assists the courts in arriving at the intention of the legislature. He has the capacity of making one piece of legislation a part of another with a few words. Such is the depth of the skills of the legal draughtsman.

However, indeterminacy of the meaning of words and lack of human prescience are the bane of the legislature in enacting laws to take care of situations that may arise ex-proviso. In this wise, the express words of the legislature at the time of enactment may prove inadequate. Here again, the legal draughtsman's skillful use of words may act as the bridge between the legislature and the courts in ascertaining and declaring the intentions of the legislature. The point being made is evident in the dictum of Lord Watson in *Salomon v. Salomon*¹ thus:

"Intention of the legislature' is a common but very slippery phrase, which popularly understood, may signify anything from intention embodied in positive enactment to speculative option as to what the legislature probably would have meant, although there has been an omission to enact it. In a court of Law or Equity, what the legislature intended to be done or not to be done can only be legitimately ascertained from that which it has chosen to enact, either in express words or by reasonable and necessary implications..."

¹ [1897] AC 22 at 38.

One of the established ways of achieving this is the *ejusdem generis* rule of construction. The operation of the rule is predicated on the ingenuity of the legal draughtsman in creating a genus. An example is "cocaine, LSD, heroin or any other similar drugs" in the National Law Enforcement Agency (herein NDLEA Act)² which by implication is to be construed *ejusdem generis*. It must, however, be noted that if the basis of the creation of the genus is defective, the elasticity of the rule yields.

Despite the immense utility of this drafting device, its place in drug legislations is uncertain. For this reason, the writer examines the basis and/or the possibility of creating a genus with psychoactive (hard) drugs. The essence of the exercise is to determine the real value of the *ejusdem generis* rule under the NDLEA Act.

THE EXPLANATION OF TERMS

As used in this work-

- (a) the term "addiction" means a behavioural pattern of drug use, characterized by overwhelming involvement with the use of a drug (compulsive use), the securing of its supply and a high tendency to relapse after withdrawal;³
- (b) the term "drafting device" refers to the legal tools employed by a legal draughtsman to achieve both aesthetic and substantive effects in a statute. They include; marginal notes, provisos, Long titles, preambles, appendices, schedules, creation of genera to be construed *ejusdem generis*, transformation (specific adoption or incorporation), among others;
- (c) the term "*ejusdem generis* rule" means where particular words of the same class are followed by general words, the general words, must be construed to be similar in meaning to the particular words⁴. In drafting practice, when the intention is to cover a wide range of similar circumstances, it is usual to use two or three specific examples forming a genus (or the same class) followed by a general expression which has the effect of extending the operation of the statute to all

² Cap 235 Laws of the Federation of Nigeria 1990.

³ [1958] CH. 574.

⁴ [1944] K.B. 362.

circumstances which are within the genus or class created. However, the rule does not necessarily require that the general expression be limited in its scope to the identical things specifically named. Nor does it apply when the context manifest a contrary intention. Thus, Section 1 of the Betting Act, 1853 which prohibited the keeping of a "house, office, room or other place" for betting was held in *Powell v Kenton Pack Racecourse Co.*⁵ to exclude "Tattersalls' ring in a race course because the words "house, office, room" created a class (genus) of indoor places, and a race course being outdoor, did not fall into it. The general term "or other place" does not therefore include any place outdoor. Also, the rule must be applied with caution. It could only apply if there are at least two specific words to create a genus. Thus, in *Allen v Emmerson*⁶ it was held that where an Act referred to "theatres and any other places of amusement" no genus was created and therefore a funfair was within the Act even though not ejusdem generis with "theatres";

- (d) The term "genus" means a kind or type of person or thing;
- (e) The term "narcotic drug" means any of the substances, natural or synthetic in the first schedule of the single Convention on Narcotic Drugs 1961 (the 1961 Convention) as amended in the second schedule to the Act and the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances 1988 (the UN Convention)⁷
- (f) The term "NDLEA Act" means National Drug Law Enforcement Agency Act;
- (g) The term "psychoactive drugs" means drugs which act on the Central Nervous System (CNS) or exert strong influence on the human mind or behaviour;

⁵ [1958] CH 574.

⁶ [1958] KB 362.

⁷ Section 44 of the NDLEA Act.

- h) The term "psychotropic substance" means any substance, natural or synthetic or any natural materials specified in schedules I, II, III and IV of the Convention on Psychotropic Substances, 1971 (the 1971 Convention);⁸
- i) The term "structure-activity-relationship" refers to the principle in drug design which relates the actions of a drug to its structure. By this principle the addition or removal of functional groups from the parent structure of a drug makes it possible to achieve desired effects;
- j) The term "receptor" means a sensory afferent nerve ending capable of receiving and transmitting stimuli.

THE BASIS OF THE CREATION OF THE GENUS "*COCAINE, LSD, HEROIN*"

Psychoactive agents as a major class of drug is amenable to further classification based on chemical structure, pharmacological actions, site of action and addictive property. Before commenting on these sub-classes, it is expedient to reproduce one of the penal provisions of the NDLEA Act creating the genus under consideration. Section 10 (a) of the act provides thus:

"Any person who, without lawful authority imports, manufactures, produces, processes, plants or grows the drugs popularly known as cocaine, LSD, heroin or any other similar drugs shall be guilty of an offence and liable on conviction to be sentenced to imprisonment for life".

It should be noted that this drafting device which by implication is to be construed ejusdem generis is employed throughout the section in creating other offences. In order to determine the true basis of the creation of the genus, we now turn our attention to the parameters for the sub-classification-

(A) CHEMICAL STRUCTURE

Drugs with the same parent structure are grouped together on the ground that they elicit similar pharmacological responses. The

⁸ Ibid.

natural analogs and synthetic derivatives of a particular drug are also classified together for the same reason. This is the basis of the invaluable concept of structure-activity-relationship (SAR) in drug design.

The chemical structures (See Appendix to this article) reveal that cocaine is an ecgonine derivative, heroin is an opiate derivative while LSD is an indolamine derivative. They are structurally dissimilar, hence chemical structure is not the basis for creating the genus. It follows therefore that the general expression "or any other similar drugs" does not refer to all drugs that are structurally similar to cocaine, LSD or heroin.

(B) PHARMACOLOGIC ACTIONS

Pharmacologically, cocaine is a powerful cerebrocortical (CNS) stimulant with high addictive potency. It is not to be used internally or injected but employed clinically as surface anesthesia. Some of the problems associated with cocaine dependency include; nose bleeding, sleeplessness, dilated pupils, tremors, talkativeness, psychosis and sudden death due to overdose.

Heroin, a CNS depressant, acts on the Limbic system producing strong but selective analgesic effect. The potency of heroin as an analgesic is affirmed thus, "Among the remedies which it has pleased almighty God to give to man to relieve his sufferings, none is so universal and so efficacious as opium"⁹. Co-incidentally, heroin is the world's greatest dependency producing drug. It easily crosses the placental barrier, thus infants born to heroin abuser come into the world as heroin addicts with all the known and recorded withdrawal symptoms like; drowsiness leading to sleep, shallow breath, respiratory failure. Overdose may lead to comma and death.

LSD (Lysergic acid diethylamide) exerts profound actions at multiple sites in the CNS, from the cortex to the spinal cord, producing psychedelic effects. The initial effects of dizziness, weakness,

⁹ Goodman and Gilman's The Pharmacological Basis of Therapeutics 6th (New York, Macmillan co Inc, 1975 p494.

drowsiness, nausea and paresthesia which may be followed by a feeling of inner tension, is relieved by laughing or crying. Several feelings may seem to co-exist at the same time but euphoric effects tend to predominate. In the second or third hour, visual or auditory illusions may occur whereby an addict may report "seeing sound" and hearing colours".

It is now clear that pharmacological action is not the basis of the creation of the genus. Although, all the drugs act on the CNS, their actions are as varied as their structures. Cocaine stimulates the CNS, heroin depresses it, while LSD produces mixed actions with the preponderance of euphoric effects.

(C) SITE OF ACTION

This mode of classification is intricately interwoven with the pharmacologic grouping. On a general note, drugs with the same site of action produce the same or similar effects. However, the presence of specialised receptors at the site of action may account for any variations. From the exposition on pharmacologic classification, it is clear that cocaine, LSD and heroin act on different sites in the brain, thus eliciting varied responses. In conclusion therefore, site of action is not the consideration for the creation of the genus in the enactment.

(D) ADDICTIVE PROPERTY

The addictive capacity of cocaine, LSD and heroin is not in doubt. All the three drugs are liable to abuse. While heroin and LSD are currently not approved for any medical use, cocaine is clinically employed as surface anesthesia.

Furthermore, the division of psychoactive drugs into narcotic and psychotropic substances under the NDLEA Act¹⁰ is devoid of any medical value in that none of the parameters considered above is applicable. Moreover, they both act on the CNS. However, the division has some legal significance. First, the different legal definitions under the NDLEA Act.¹¹ Second, they are regulated by different international conventions based on when the abuse and trafficking in them became a threat to the international community.

¹⁰ Section 44

¹¹ *ibid*

The narcotic drugs are included in the 1961 Single Convention on Narcotic Drugs, as amended by its 1972 Protocol whereas psychotropic substances are controlled by the 1971 Convention on Psychotropic Substances. Third, whereas, it may seem that narcotic drugs, their natural analogs and synthetic derivatives are permanently under control, the situation is different in the case of psychotropic substances. For example, a psychotropic substance is subject to control-

If the World Health Organization finds: that the substance has the capacity to produce ... Central Nervous System stimulation or depression resulting in hallucinations or disturbances in motor function, or thinking or behaviour or perception or mood and that there is sufficient evidence that the substance is being or is likely to be abused so as to constitute a public health and social problem,¹²

Based on the findings of the World Health Organization (WHO), which according to the Convention shall be determinative, the Commission on Narcotic Drugs will either delete or add to the list of psychotropic substances to be controlled.

Without further investigation into the classification of drugs used for subjective purposes, it is reasonably safe to conclude that the basis of creation of the genus under the NDLEA Act is addiction. Now, the issue for consideration is whether the general term "or any other similar drugs" following the genus should be construed to include all additive substances. Specifically, whether alcohol, caffeine and tobacco (nicotine) which are very addictive can be brought within the ambit of the NDLEA Act. We shall return to this issue later.

THE STATUS OF THE PROVISIONS OF THE INTERNATIONAL CONVENTION

A knotty issue under this head is whether by virtue of section 1 (i) (a) of the NDLEA Act, the 1961 Convention, the 1971 Convention and the UN

¹² Article 2 of the 1971 Convention on Psychotropic Substances.

Convention are domestic legislations. For a better understanding of the issue the section is hereby reproduced-

Any person who, without lawful authority (the proof of which shall lie on him) commits any of the following offences, that is to say: engages in the production, manufacture, extraction, preparation, offering, offering for sale, distribution, sales, delivery on any terms whatsoever, brokerage, dispatch, dispatch in transit, transportation, importation or exportation of any narcotic drug or any psychotropic substance contrary to the provision of the 1961 Convention and its Protocol or the United Nations Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substance of 1988 shall be guilty of an offence under this Act and subject to the provisions of subsection (3) of this section be liable on conviction to imprisonment for life.

The essence of this inquiry is that only provisions of local legislations can be cited and relied upon in Nigerian courts in the trial of offenders under the NDLEA Act.

The law in Nigeria is that:

"No treaty between the Federation and any other country shall have the force of law except to the extent to which any such treaty has been enacted into law by the National Assembly."¹³

A pertinent question at this juncture is whether the above conventions have been so domesticated.

On this point the observation of Umozurike¹⁴ on the relationship between international and municipal laws is instructive:

The positivists argue that the rules of international law can only be applied within the municipal area by a process of specific adoption' or 'incorporation' for they are separate systems. For treaties, there must be a transformation into domestic law, a substantive

¹³ Section 12(1) of the Constitution of the Federal Republic of Nigeria, 1999

¹⁴ Umozurike, U.O Introduction to International Law (Ibadan Septem Publishers 1993)p31.

requirement that validates the application of treaty provision to individuals.

The writer agrees with the learned author. It is further submitted that the Nigerian position is in accord with the incorporation doctrine which is in contradistinction to the 'specific adoption' approach used in the case of the African Human Rights Charter, now Cap 19, Laws of the Federation of Nigeria, 1990. In the latter case, Nigeria's formal source of law, as it were, adopted a provision by provision transformation of the Charter (Treaty). The incorporation in this case is however, limited to the provisions of the Conventions dealing with offences created under section 11 (1) (a) and (b) of the NDLEA Act.

Therefore, the 1961 Convention, the 1971 Convention and the UN Convention are to the extent of their incorporation treated as local legislations whose provisions can be properly cited and relied upon in Nigerian courts at the trial of offenders under the NDLEA Act.

PROCEDURES FOR ADDITION, DELETION AND TRANSFER OF SUBSTANCES FROM ONE SCHEDULE OR TABLE TO ANOTHER

The growing sophistication and dynamic nature of drug abuse and trafficking underscore the importance of these procedures. Furthermore, the global interconnectivity of the activities of drug abusers and traffickers requires co-ordinated and universal action. Generally, the procedures for addition, deletion and transfer of substances from one schedule to another under the 1961 Convention and the 1971 Convention are the same and are substantially the same for substances under Table I and Table II under the UN Convention. However, the amendments to the schedules are based on the findings and recommendations of the WHO while that to the Tables are based on the findings and recommendations of the International Narcotic Control Board (INCB). Secondly, Schedules I – IV under the 1961 Convention and 1971 Convention contain substances liable to abuse but Tables I and II under the UN Convention contain substances frequently used in the illicit manufacture of narcotic drugs and psychotropic substances. Thirdly, whereas, there are provisions for provisional application of control measures to substances not yet

included in the former,¹⁵ pending the decision of the Commission on Narcotic Drugs (the Commission), such is not the case in respect of the latter.

Normally, where a Party has information which in its opinion may require an amendment to any of the schedules, it notifies the Secretary General of the UN and furnishes him with the information in support of the notification. The Secretary – General then transmits such notification and any information he considers relevant to the Parties, the Commission and the WHO.

According to the 1971 Convention,¹⁶ if WHO finds-

(a) That the substance has the capacity to produce:

(i)(1) A State of dependence, and

(2) Central nervous system stimulation or depression, resulting in hallucinations or disturbances in motor function or thinking or behaviour or perception or mood, or

(ii) Similar abuse and similar ill effects as a substance in Schedule I, II, III or IV, and

(b) That there is sufficient evidence that the substance is being or is likely to be abused so as to constitute a public health and social problem warranting the placing of the substance under international control, the World Health Organisation shall communicate to the Commission an assessment of the substance, including the extent or likelihood of abuse, the degree of seriousness of the public health and social problem and the degree of usefulness of the substance in medical therapy, together with recommendations on control measures, if any, that would be appropriate in the light of its assessment.

Furthermore, paragraph 5 of Article 2 is to the effect that the assessment of the WHO shall be determinative as to medical and scientific matters in respect of drugs to be placed under international control.

¹⁵ Article 3, para 3(1) of the 1961 Convention and Article 2 para 3 of the 1971 Convention.

¹⁶ Article 2 para 4

The role of the Commission upon receiving such communications from the WHO depends on whether the substance in question is already in one of the schedules or not and on the nature of the information furnished. Where the information relates to a substance not yet under control, the Commission may decide that the Parties apply provisionally to that substance all measures of control applicable to drugs in Schedule I pending its decision to or not to add the substance to any of the Schedules. However, where the information relates to a substance already in the Schedules, the commission may either delete or transfer it from one Schedule to another.

The decisions of the Commission on these matters are subject to review by the ECOSOC upon the request of any Party through the Secretary-General. The ECOSOC may confirm alter or reverse the decisions and notice thereof given to all States Members of the UN, Non-member States of the Convention, the Commission, the WHO and the INCB. It should be noted that the procedure outlined above applies, *mutatis mutandis* to the addition, deletion and transfer of substances from one Table to another under the UN Convention.

THE UTILITY OF THE DRAFTING DEVICE

The necessary implication of the finding that the provisions of the relevant international conventions are part of our domestic law is that the drugs listed in their schedules (I – IV) are also under control in Nigeria. Furthermore, the NDLEA Act¹⁷ has adopted Tables I and II of the UN Convention in its Second Schedule. What then is the essence of the drafting device, one may ask. The device, is indeed a devise to circumvent the inherent difficulties arising from indeterminacy of the meaning of words and lack of human prescience to foresee situations requiring legal control. Being futuristic, it is supposed to be a useful tool in enlarging the application of the NDLEA Act without recourse to the legislature whenever a drug is discovered to be liable to abuse. The suitability or otherwise of this device in drug legislations and the NDLEA Act in particular is the grave men of this work.

¹⁷Section 11 (i) (e) and 3 (p) (111)

From the analysis of the basis of the creation of the genus, it is clear that the propensity to cause addiction is the criterion. But can "any other similar drugs" be construed ejusdem generis to bring alcohol, caffeine and tobacco under the NDLEA Act? It is submitted that while the addictive property of these drugs is not in doubt, such interpretation will amount to stretching the NDLEA Act to a vanishing point, as well as subjecting the ejusdem generis rule to severe strain. Except tobacco which is subject to advert restrictions, the use of these substances is socially approved. It is further submitted that the degree of control and punishment inflicted for crimes is a reflection of the revulsion felt by the great majority of citizens.

In this wise, over-indulgence in alcohol and tobacco may incur opprobrium but definitely not to the extent of subjecting them to control by the NDLEA Act. This snap in the application of the drafting device and, a fortiori, the ejusdem generis rule renders both inappropriate in drug legislations.

Informed by the uncertainties emanating from the interpretation forensically of the term, "or any other similar drugs", Ovbiagele, a learned author, has proffered a solution. In his words, "instead of adopting the ejusdem generic rule impliedly advocated by our drug laws, the legislature should either, actually list all the drugs it intends to control or adopt the scheduling style as reflected in the conventions"¹⁸ While the writer agrees that construing, "or any other similar drugs" ejusdem generis will pose serious problems, he also believes that actual listing or the scheduling device will not solve the problem.

The writer's reasons for dissociating himself from the above recommendation can be seen in the implications of the addition of a new substance to either the Schedules or Tables in the conventions. Going by the learned author's suggestion, whenever there is such addition, the National Assembly must by specific adoption amend the NDLEA Act to include the new substance on the list or the Schedule for it to be under control in Nigeria.

¹⁸ Ovbiagele, EG "Forensic Aspect of the Investigation of Drug Related Offences" in *Narcotics Law and Policy in Nigeria*. Op. cit, 179.

It is submitted that the formal source of law in Nigeria cannot be relied upon to perform this role without an unreasonable amount of delay. Moreover, recourse to the National Assembly any time a new substance is placed under international control will make the entire process of law-making untidy, perfunctory and vacuous.

Aside from the difficulty of placing a new substance under control in Nigeria whenever it becomes a subject of international control, there is the issue of the status of such substance prior to the decision of the Commission. In this regard, the 1961 Convention¹⁹ has provided thus-

Where a notification relates to a substance not already in Schedule I or in Schedule II:

- (i) The Parties shall examine in the light of the available information the possibility of the provisional application to the substance of measures of control applicable to drugs in Schedule I;
- (ii) Pending its decision as provided in sub-paragraph (iii) of this paragraph the Commission may decide that the parties apply provisionally to that substance all measures of control applicable to drugs in Schedule I.

The Parties shall apply such measures provisionally to the substance in question. There are similar provisions in the 1971 Convention.

Unfortunately, Nigeria has not taken advantage of these provisions to enable her deal with the abuse of new substances within jurisdiction pending the decision of the Commission, either to grant provisional control or to add the substance to the Schedules or Tables. This is because, the NDLEA Act which incorporated the Conventions did not specify which body is empowered to so examine the available

¹⁹ Article 3 para3

information and to decide on the possibility of provisional application of the measures of control applicable to drugs in Schedule I to the substance in question. It is submitted that the NDLEA is incompetent to perform this role, its main function being the enforcement and administration of the provisions of the NDLEA Act. Moreover, the NDLEA has no equivalent body to the WHO to advise it on the state of dependence and CNS activities of such a drug. The aftermath of this lacuna in the Nigerian Law is that the abuse of such a new substance may continue unabated for a long time without control. This is the status enjoyed by zakamin and other substances not yet the subject of medical classification and legal control, but widely abused in Nigeria. The abuse may even be indefinite, as the information from Nigeria alone may be insufficient for the Commission to act on. Worse still, to secure conviction under the NDLEA Act, the prosecution must establish, by forensic investigation that the substance in question is one prohibited by the law.

It is for the above reasons that the writer puts forward the following suggestion. The general expression, "any other similar drugs" in Section 10 of the NDLEA Act be removed and replaced with, "or any other drugs to be declared by the relevant authority". Relevant authority here should be the President and Commander-in-Chief of the Armed Forces of Nigeria. A similar drafting device could be seen in the provisions of Section 8 (3) and (4) of the Dangerous Drugs Act (DDA)²⁰ thus:

If it appears to the President that any new derivative of morphine or cocaine or of any salts of morphine or cocaine or any other alkaloid of opium or any other drug of whatever kind is or is likely to be productive, if improperly used, or is capable of being converted into a substance which is, or is likely to be productive, if improperly used, of ill effects, substantially of the same character or nature as or analogous to those produced by morphine or cocaine, the President may, by order, declare that this part shall apply to that new derivative or alkaloid or other drug in the same manner as it applies to the drugs mentioned in subsection (1) of this section, and make

²⁰ Cap 91 Laws of the Federation of Nigeria 1990

any verbal alterations in the list of drugs specified in subsection (1) incidental to the declaration contained in such order.

If the President thinks fit, by order, to declare that a finding with respect to any preparation containing any of the drugs to which this part applies has in pursuance of Article 8 of the Geneva convention (No. 1) been communicated by the Secretary-General of the United Nations to the Parties to the said Convention, the provisions of this part shall, as from such date as may be specified in the order, cease to apply to the preparations specified therein.

This power of the President to add or delete from the list of substances under control in Nigeria is desirable in the NDLEA Act. However, the purpose of these windy provisions under the DDA is achieved by the simple drafting device, "or any other drugs to be declared by the relevant authority".

The advantages of the recommended device are manifold. First, whenever it is discovered that a particular drug is abused in Nigeria, the President may, by an order, declare it to be under control pending the decision of the Commission. In this connection, no drug will continue to be an object of widespread abuse and illicit traffic in Nigeria unabated.

Second, it will now be the responsibility of the relevant authority to determine which criteria to use in grouping such a drug with those already under control, be it pharmacological effects or addictive property. This is very important, more so that the *ejusdem generis* rule is of no value in this regard. For this purpose, the President is to act on the recommendations of a 'Therapeutic Committee' to be established under the NDLEA Act to serve as an equivalent body to the WHO under the 1961 and 1971 international conventions.

Third, the device obviates the necessity of going to the National Assembly for amendments any time there is an addition, deletion or

transfer of substances from one Schedule or Table to another. Instead, a declaration by the President by an order in an official gazette reflecting the changes by the Commission is sufficient to make them operational in Nigeria. Even where a declaration relates to a drug not already under international control, the action of the President will not amount to a usurpation of the functions of the Commission. It is rather consistent with Article 3 para. 3 of the 1961 Convention that permits Parties to provisionally place a new drug under control pending the decision of the Commission.

The added advantage of this approach is that where there are insufficient information and statistics to enable the Commission place the substance under international control the substance remains controlled within jurisdiction. The approach does not envisage a parallel system, rather, it serves to maintain the desired equilibrium in the performance of international obligations under the conventions without alienating national sovereignty. This position is endorsed by the UN Convention²¹ thus:

"The Parties shall carry out their obligations under this Convention in a manner consistent with the principles of sovereign equality and territorial integrity of State and that of non-intervention in the domestic affairs of other States."

CONCLUSION.

The conclusion to be drawn from this work is self-evident and simple. The drafting device, "Cocaine, LSD, heroin or any other similar drugs" used in the NDLEA Act does not convey the intention of the legislature. It smacks of legislative uncertainty due to the numerous variables employed in drug classification.

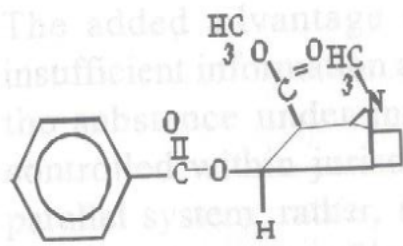
The analysis so far revealed that the *ejusdem* generic rule is destitute of any legislative value in the NDLEA Act. Also, that "actual listing or scheduling" as propounded by E.G. Ovbiagele is fraught with serious problems. Obviously, both the drafting device employed by the NDLEA Act and the recommendations of the learned author have failed to address the vexing issue of the basis of the creation of a genus with psychoactive (hard) drugs.

²¹ Article 2 para 2.

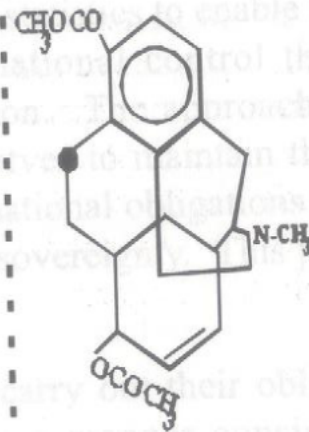
Therefore, in order to streamline the Nigerian legislative and administrative measures in the war against drug abuse and trafficking, the writer recommends the use of the drafting device, "or any other drugs to be declared by the relevant authority".

Finally, the various submissions in the body of this work are hereby adopted as part of the conclusion.

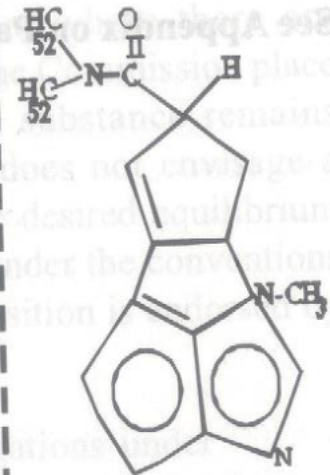
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Cocaine
ECGONINE
DERIVATIVE



Heroin
OPIATE DERIVATIVE



LSD
INDOLAMINE DERIVATIVE