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West Africa's creeping drug epidemic

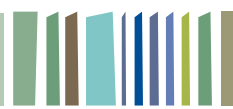
Soaring addiction, lagging response

Summary

This policy brief by the West African Epidemiology Network on Drug Use (WENDU) details regional drug use trends for 2023. Based on data from 11 countries, the brief reviews supply, consumption, treatment opportunities and counter-narcotics efforts. In a continuing trend, cannabis dominates the regional substance use data matrix, followed by medical opioids. However, alcohol use disorders are growing across multiple countries and, worryingly, more minors are getting caught in the toxic web of drug use.

Recommendations

- The increasing involvement of minors in drug use demands the urgent introduction of comprehensive substance abuse prevention programmes across all educational levels.
- Given the rising prevalence of substance abuse among women and their limited access to treatment opportunities, women-focused rehabilitation centres are urgently needed.
- There is a need for regionwide adoption of the Alternative to Incarceration programme introduced by ECOWAS.
- ECOWAS and political leaders across West Africa need an evidence-based and context-appropriate stance on the region's cannabis problem.



Introduction

In the last decade, West Africa has become a thriving illicit drug market, a troubling outcome of the region's multidimensional governance failures. Socio-economic challenges, insecurity, peer pressure and limited stress management skills fuel a regionwide drug abuse epidemic that largely affects young people.¹ Evidence of drug seizures, substance use disorder (SUD) treatment requests and expert opinions² points to a burgeoning regional crisis in illicit drug use which often becomes a burden on families.

'We cannot leave family and friends to continue to be the main bearers of the burden of drug abuse and the cost of SUDs among individuals. SUDs demand a comprehensive and multi-stakeholder response. Governments, school authorities, public workers' and employers' organizations, and the private sector all have important roles and responsibilities to provide robust SUD prevention and treatment.'

Dr Sintiki Tarfa Ugbe, Director, Humanitarian & Social Affairs, ECOWAS Commission³

In view of the persistent regional drug threat, the West African Epidemiology Network on Drug Use (WENDU) was established to provide sentinel surveillance on the drug situation in Economic Community of West African States (ECOWAS) member states and Mauritania. Additionally, the network evaluates regional and national responses to drug trafficking and abuse. It supports member states to fulfil their drug use reporting obligations as mandated by various international drug control conventions, and assists in generating strategic information for policymaking and intervention. WENDU periodically publishes epidemiological reports on regional patterns of illicit substance use. Since 2019, various WENDU reports have influenced the design and implementation of national, regional and international interventions in West Africa by providing empirical evidence to address both the demand and supply of drugs.

'West Africa's geographic location and porous borders make it a key transit hub for drug trafficking, particularly for cocaine from Latin America destined for Europe and, to a lesser extent, North America. The ability of states to monitor and control these borders is often limited by resources and capacity.'

Esther Grant, Director of Operations, Ministry of Health, Liberia⁴

In line with the WENDU report methodology, the 2023 report⁵ is based on data collected and submitted to the ECOWAS Commission by the National Focal Points (NFPs) of the Network. The NFPs are nominated by the Ministries of Health, Justice and Interior from ECOWAS member states. The 2023 report analyses the data submitted by 11 countries: Benin, Cabo Verde, Côte d'Ivoire, The Gambia, Ghana, Guinea Bissau, Liberia, Senegal, Sierra Leone, Togo and Mauritania. Regrettably, data from Nigeria, Mali, Niger, Burkina Faso and Guinea-Conakry were not received.

Prevalent illicit drugs in the region

Based on treatment records across the 11 focal countries, commonly used drugs include: alcohol, cannabis, opioids, cocaine, pharmaceutical products, kush and polydrug. Polydrug refers to the use of multiple substances such as speedballs, and other varying combination patterns of alcohol, cannabis, cocaine, heroin, pharmaceuticals (benzodiazepine and barbiturates) and synthetic opioids. Polydrug use in the region was mainly reported in Guinea Bissau.

Cannabis and cannabis-related substances constitute the most prevalent substances among people seeking treatment for substance abuse across the region, accounting for approximately 28% of cases, followed by alcohol at 11.78% and pharmaceutical opioids at 9.2%.

However, there are notable variations across the focal countries, with Cabo Verde and Togo reporting alcohol as the primary cause of substance abuse treatment. In The Gambia, Senegal, Sierra Leone and Liberia, kush is the prevailing cause of SUDs. Kush is a derivative of cannabis mixed with synthetic drugs like fentanyl and tramadol and chemicals like formaldehyde.⁶ *'The kush epidemic poses a significant risk of spreading across the region, thereby requiring significant public awareness,'* says Dr Mohammed Hammed, ECOWAS Young Professional.⁷

The study finds no significant gender differences in the use of principal drugs between males and females in the previous and current years. Alcohol emerged as the predominant substance for which women sought treatment in Ghana (36%), Senegal (37.62%) and Togo (67.86%). In contrast, in Benin, a higher percentage of women sought treatment for pharmaceutical opioid abuse compared to men, who primarily sought treatment for cannabis use. Alcohol use among women seeking treatment in Benin was also high.



The study finds no significant gender differences in the use of principal drugs between males and females

Chart 1: Common modes of drug administration

	2020	2023
Inhalation	59.1%	42.4%
Oral	27.4%	41.8%
Combination	11.6%	5.7%
Intravenous users	1.9%	5.6%

Source: WENDU (2024)

The predominant routes of substance administration are oral and inhalation (Chart 1). It should be noted, however, that fewer countries submitted collected data in 2023. It is important to acknowledge that the reported percentage of intravenous drug users is likely underestimated as these groups of users are often difficult to reach and are rarely encountered in treatment centres.

Regional illicit drug supply and enforcement actions

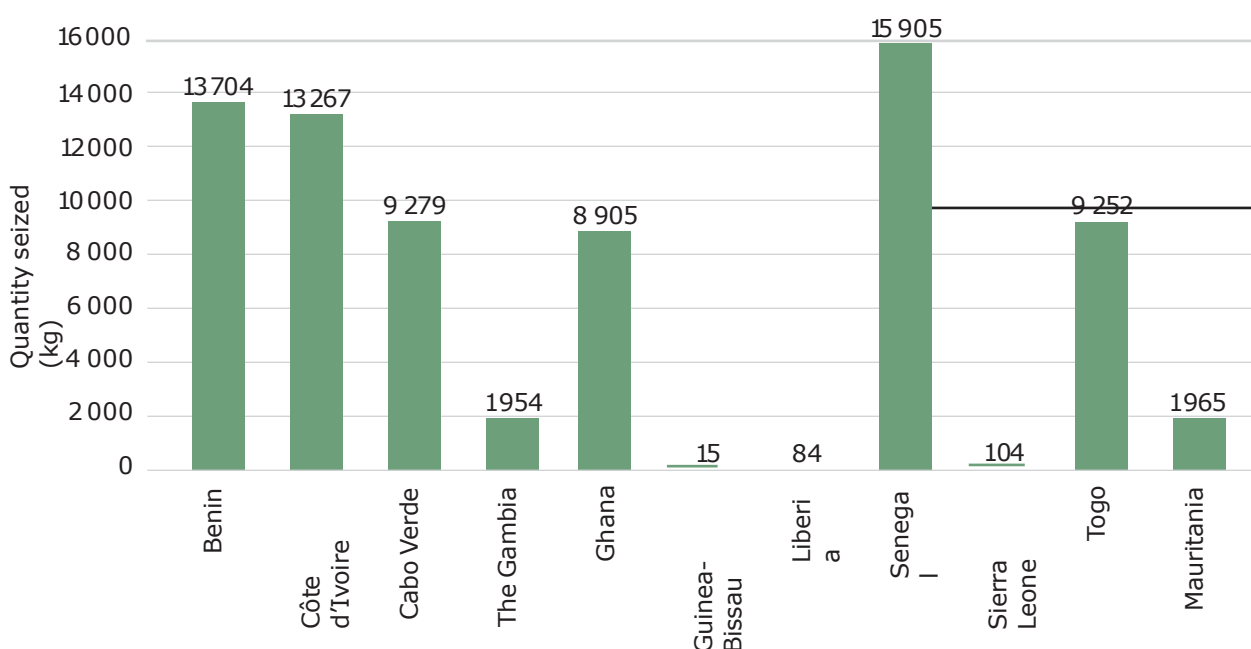
In 2023, a total of about 83 734.81 kg and over 31 000 tablets/capsules of drugs were seized. While neither the weight of seized drugs nor the number of seizure cases is a direct indicator of the magnitude of drug trafficking, they do reflect the capacity and priority of drug law enforcement within the member states. Nonetheless, fluctuations in the quantities of seized drugs and the number of drug seizure cases can provide indirect insight into drug supply and seizure trends in the focal countries.

The quantities of illicit drugs seized in the period under review are highlighted below.

Cannabis

Cannabis and cannabis-type substances, in a continuing trend, accounted for the largest quantities of drugs seized in West Africa in 2023 (Chart 2). The cannabis-type substances taken into account here include cannabis, resin and hashish. A total of about 75 072.02 kg of cannabis was seized, accounting for about 89.65% of the total quantity of drugs (by weight) seized during the index period. Cannabis plantations were also destroyed. We note a sharp decline in the quantity of cannabis seized in 2023 when compared with the 2022 seizures, with the 2023 seizures being only about 8.5% of the 899 000 kg seized in 2022. The 2023 data, however, does not include cannabis seizures from Nigeria, Mali, Niger, Burkina Faso and Guinea-Conakry.

Chart 2: Cannabis-type substances seized, by country, 2023



Source: WENDU (2024)

Opioids

The largest quantities of opioids reported to have been seized in the region in 2023 were pharmaceutical opioids (about 224 kg with over 11000 tablets/capsules), followed by heroin. The main pharmaceutical opioid seized was tramadol (over 95%). Others include morphine, oxycodone, methadone and tapentadol. About 22.71 kg of speedball was also seized in Ghana. The highest seizures of pharmaceutical opioids were recorded in Côte d'Ivoire, Senegal and Sierra Leone. These seizures are indicative of the fact that the West African region continues to be a hub for diversion of licit pharmaceuticals for illicit use.

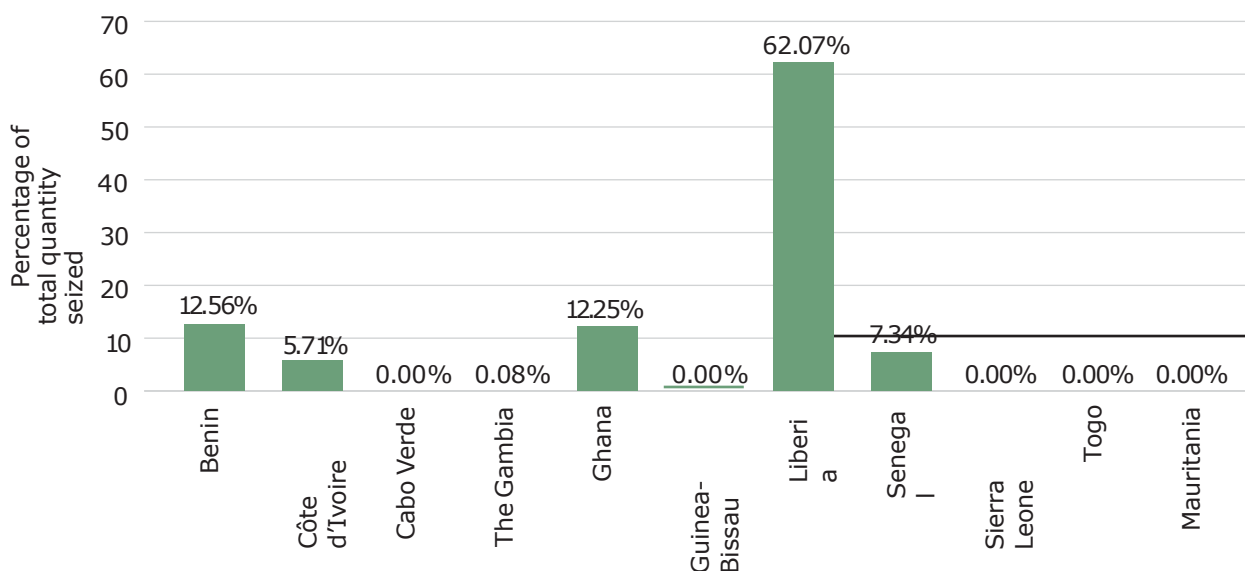


Cannabis and cannabis-type substances accounted for the largest quantities of drugs seized in West Africa in 2023

Heroin

A total of 87.37 kg of heroin was also reported to have been seized in 2023, excluding quantities from Nigeria, Mali, Niger, Burkina Faso and Guinea-Conakry. The largest quantities of heroin seized in the reporting period were recorded in Liberia, accounting for about 62% of the total seizure in 2023 (Chart 3).

Chart 3: Percentage of total heroin quantity seized, by country, 2023



Source: WENDU (2024)

Cocaine

Chart 4: Cocaine seizure per country

Country	kg/g
Benin	19.01
Côte d'Ivoire	37.79
Cabo Verde	34.59
The Gambia	184.05
Ghana	1211
Guinea-Bissau	36.00
Liberia	0.02 (20 g)
Senegal	7 503.93
Sierra Leone	0.0105 (10.5 g)
Togo	0.67 (670 g)
Mauritania	134

Source: WENDU (2024)

A total of about 7 841.58 kg of cocaine and crack cocaine was reported to have been seized in the region in 2023. Notably, there were significant disparities in the quantities of cocaine seized among countries, with Senegal alone accounting for about 95% of the total amount of cocaine seized (Chart 4). Despite the unavailability of data from Nigeria, Mali, Niger, Burkina Faso and Guinea-Conakry, an approximately 6.53% increase in seizures was recorded in 2023 compared to the 7 361.2 kg of cocaine seized in 2022, even though the 2022 data included seizures from all the member states and Mauritania, except Guinea-Conakry.

Amphetamine-type stimulants

The data on seizure of amphetamine-type stimulants (ATS) continue to reflect a downward trend in the region since 2017. The total ATS seizures in the region amounted to about 306.9 kg and 3 854 tablets.

However, although the number of reporting countries was relatively stable from 2017–2022, there is a significant alteration in that regard in 2023, with data unavailable from five member states. The reported seizures were made in Benin, The Gambia, Ghana, Senegal and Togo.



The data on seizure of ATS continue to reflect a downward trend in the region since 2017

The ATS seized in the largest quantities in 2023 was cathinones (khat), a plant-based psychoactive substance scheduled under the 1971 UN Convention on psychotropic substances. Khat alone accounted for 300 kg of the entire ATS seizure in the region and this quantity is reported from Senegal alone. This was followed by methamphetamine (6.43 kg and 3 854 tablets), ecstasy (16.79 g and 16 109 tablets) and significantly reduced quantities (about 463.67 g) of crystal meth.

The change in trend for the quantities of ATS seized has been sustained since 2018, as previously methamphetamine accounted for the largest quantities seized (from 2014 to 2017) in the region. Conversely, there is a change in the trend of khat seizures. In 2022, significant khat seizures were recorded in the region (23 653.18 kg in Nigeria and 40.46 kg in Côte d'Ivoire). However, though Senegal had the highest khat seizures in 2023, no khat seizures were reported by Senegal in 2022.

Ephedrine

Data shows that approximately 26.45 kg of ephedrine was seized in the region in 2023, recording a significant decrease from the 930 kg seized within the region in the 2020 to 2022 reporting period. The 2023 ephedrine seizures were only made in Ghana. This is also a contrast from the 2020 to 2022 reporting period, where ephedrine seizures were made in Côte d'Ivoire, Mali and Benin. The seizure data is, however, based on the reports from the 10 member states and Mauritania covered in this report.

Other psychoactive substances reported to have been seized in West Africa in the index period include methaqualone (0.102 kg), benzodiazepines (53.172 kg and 40 tablets), other pharmaceutical products (36 484.07 kg), illicit tobacco products (64 327.38 kg), kush (7.37 kg) and other yet to be identified substances (154.28 kg). About 686.4 kg of empty packaging of various pharmaceutical products was also seized in Togo.

'Indeed, the fight against the spread of drugs can only be effective if it is based on a global approach that includes education, prevention, and easier access to care for all.'

Dr Atse Ntamon, Public Health Doctor and Head of the Prevention and Care Department at the National Program to Combat Smoking, Alcoholism, Drug Addiction and Other Addictions (PNLTA), Côte d'Ivoire⁸

Substance use related arrests

Data provided by law enforcement agencies reflected a significant number of arrests for drug-related offences in 2023. A total of 4 217 people in the region were arrested for drug-related offences during the reporting year, excluding data from Nigeria, Mali, Niger, Burkina Faso and Guinea-Conakry. Essentially, while the number of arrests reported in 2023 represents about 18% of the total arrests made in 2022 (about 23 429), the trend of arrests did not change significantly among countries that reported arrests in 2023, except for The Gambia and Mauritania. This may be due to the fact that about 85% of the arrests reported in 2022 were made in Nigeria, Niger and Mali and these member states' data are not available for the 2023 report. Arrests in Côte d'Ivoire constituted about 62% of total arrests reported in 2023.

Based on gender-disaggregated data provided by the member states, females arrested for drug-related offences in 2023 constituted about 6% of the total arrests. This is a slight decrease from about 7.43% recorded in 2022. Minors also made up about 2% of the reported arrests. This was particularly reported in Côte d'Ivoire and The Gambia.

Substance use disorders and treatment options

Prevalence estimates of illicit drug use across West Africa are limited and often not directly comparable, hence the WENDU report considers treatment demand as a proxy for measuring prevalence and patterns of drug use. Despite its limitations, information on people in treatment for a drug use disorder can provide valuable insights into trends and geographical variations in drug use disorders. However, this information must be interpreted cautiously, as the number of people in treatment reflects not only the demand for treatment but also the extent of treatment provisions, availability and accessibility of treatment facilities in a given geographical location. In addition, there is a time lag inherent in the fact that people only enter treatment after using drugs for a certain (often prolonged) period of time. It should also be noted that the number of people seeking treatment represents only a subset of all drug users, i.e. it reflects only a small proportion of the total number of drug users.

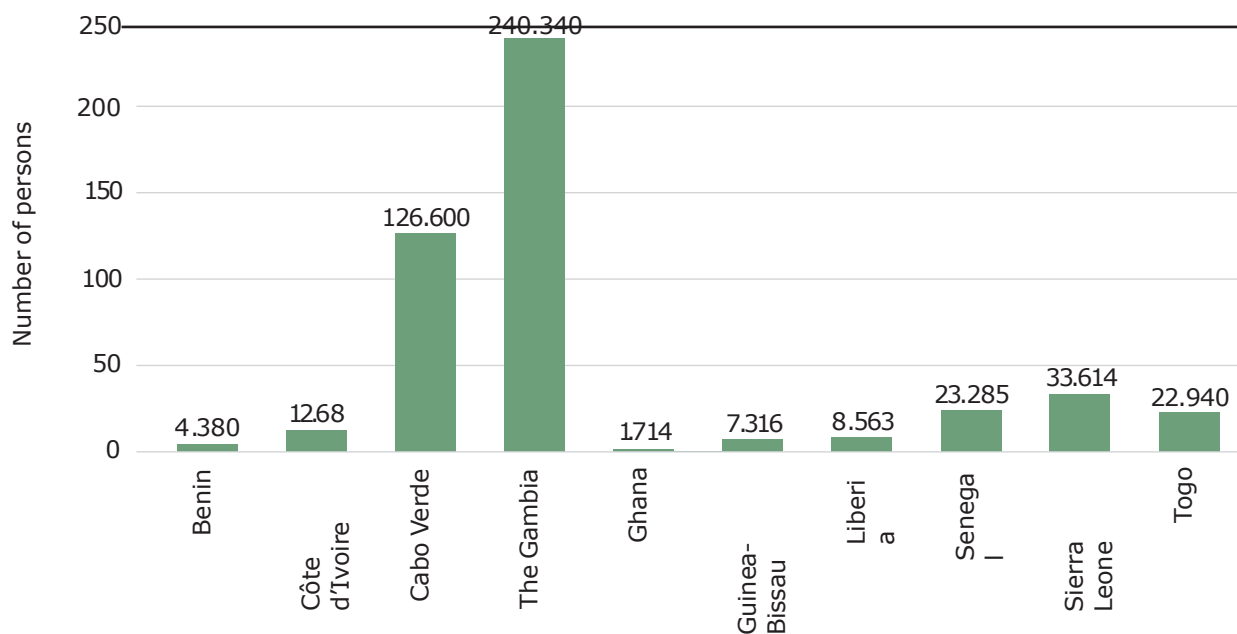
'Data from about 130 treatment centres across the reporting countries (except Mauritania) indicate that about 21 970 persons were treated for SUDs in 2023. This shows that there is limited availability of, and access to, treatment facilities, which are crucial for piloting Alternative to Incarceration (ATI) initiatives in ECOWAS member states. The current incarceration-focused model for drug offences has shown limitations in achieving long-term positive outcomes. Therefore, a paradigm shift towards alternative interventions is imperative to address the complex interplay of social, economic and health factors contributing to substance abuse. This is why the ECOWAS Commission continues to support the training of healthcare personnel on ways to address SUDs and options for ATI under the Colombo Plan Project. ECOWAS also supports member states to renovate drug treatment and rehabilitation centres.'

*Dr Daniel Amankwaah, Principal Programme Officer at
the ECOWAS Drug Prevention and Control Division⁹*

Data from about 130 treatment centres across the reporting countries (except Mauritania) indicate that about 21 970 persons were treated for SUDs in 2023. The Gambia, with about 6 665 persons in treatment (about 240 per 100 000 population), accounted for the highest number of persons who accessed treatment for drug use disorders in 2023 (Chart 5). This was followed by Cabo Verde, with about 127 per 100 000 population. Senegal, Côte d'Ivoire, Sierra Leone and Togo – with 4 253, 3 571, 2 955 and 2 077 patients, respectively – also recorded high demand for treatment of SUDs in the reporting year, with varying rates of treatment demand per 100 000 population based on their respective populations.

Cumulatively, based on available data, more patients received outpatient care (about 61.3%) in 2023. However, this is due to high incidences of outpatient care in Côte d'Ivoire, Cabo Verde and Sierra Leone; the other reporting countries provided more inpatient than outpatient care in 2023. Overall, the need for more treatment centres providing inpatient care for males and females persists in the region.

Chart 5: Treatment demand per 100 000 population, by country, 2023



Source: WENDU (2024)

Payment for drug dependence treatment services

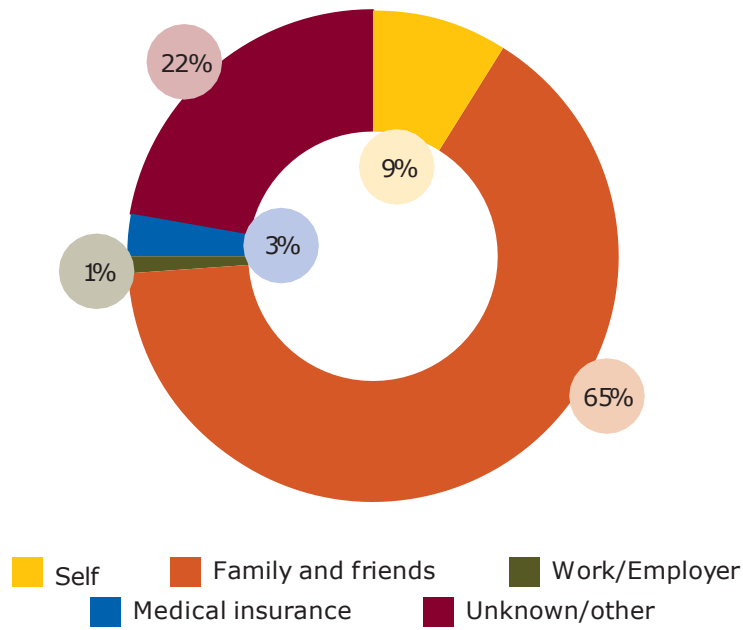
Across the region, people in treatment for SUDs were mostly referred to treatment by family and friends. The negligible rate of institutional referrals by law enforcement agencies/judicial institutions, educational institutions and employers, among others, highlights the current non-involvement of institutional actors in SUDs care across the region.

'Over 70% of SUDs treatment costs are covered by friends, family and the patient. Yet, epidemiological research has shown that unemployment, school and societal stress, and work-related pressures push some people to start using substances. What investments are schools and workplaces making to prevent and treat SUDs?'

Dr Sintiki Tarfa Ugbe, Director, Humanitarian & Social Affairs, ECOWAS Commission¹⁰

Family and friends also constitute the highest source of payment for substance abuse treatment (Chart 6). Affordability of healthcare services for treatment has been a major factor limiting access to treatment. However, some member states, including Cabo Verde, The Gambia and Senegal, have provided free treatment for persons with SUDs. This has encouraged and improved access to treatment for SUDs in these member states. Member states that are yet to make such provisions are encouraged to do so. Policies which extend medical insurance to mental health challenges, including SUDs, are also desirable in improving access to treatment.

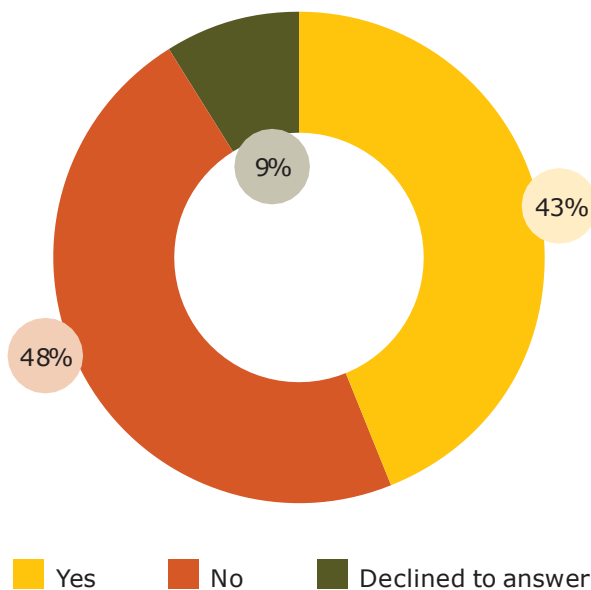
Chart 6: Sources of payment for treatment, 2023



Source: WENDU (2024)

There was a reduction in the number of focal states providing data on HIV tests in 2023, down from about 11 in 2022 to 5 in 2023. A total of 7 685 responses were reported for the indicator on HIV tests in 2023. However, only 43% of those in treatment know their HIV status (Chart 7). People who inject drugs (PWIDs) are more likely to contract HIV than the rest of the population. Despite the increased risk of PWIDs acquiring HIV through the sharing of contaminated drug injection equipment, very few treatment entrants in the region know their HIV status.

Chart 7: HIV screening among treatment entrants, 2023



Source: WENDU (2024)



While persons with SUD frequently require inpatient care, most facilities in the region that provide such care have only male wards

Demographic profile of drug users

Gender

Based on available gender-disaggregated data, the percentage of women accessing treatment for SUDs remains low. Only about 8.16% of women were in treatment during the index period. The low enrolment of women into treatment for SUD has been attributed primarily to the dearth of treatment centres that are suitably equipped to accommodate and provide them with care. While persons with SUD frequently require inpatient care, most facilities in the region that provide such care have only male wards. Closely related to inadequate treatment facilities for women with SUDs is the stigma/discrimination and systemic barriers to women accessing treatment.

Age categories

The age-disaggregated data for treatment entrants revealed SUDs in both the young and older population. The data indicates breakdown of treatment entrants by age, ranging from 10 to 65+ years. However, SUDs were more prevalent among people aged 15 to 44 years (73.4%) than the older age groups. The data further revealed that about 0.6% of individuals treated for SUDs in 2023 were aged 10 to 14 years, suggesting the early onset of substance abuse and highlighting the need for intensified efforts towards evidence-based prevention in the region. This trend aligns with the last WENDU report, where 86% of people undergoing SUDs treatment fall between the ages of 15 and 44.

Occupation and educational status

The majority of people that accessed treatment due to SUDs in West Africa in 2023 were unemployed (33.21%). While the trend of drug demand remains higher among the unemployed, those in employment (about 22.18% full time and 13.91% part time) made up a sizeable proportion of those treated in 2023. Up to 19% of students were also treated in 2023. There appears to be an expansion of the categories of persons using drugs in the region. Again, this calls for urgent action in the area of prevention.

About 0.6% of individuals treated for SUDs in 2023 were aged 10 to 14 years, suggesting the early onset of substance abuse and highlighting the need for intensified efforts towards evidence-based prevention in the region.

Location

According to the WENDU data, about 80% of people treated for SUDs in 2023 lived in urban areas, compared with their counterparts living in semi-urban (9%) and rural (11%) areas. In addition, the data suggests significant variation in hospital admissions according to the types of substance used, the main substance involved, referral to treatment, age at first use and the residential area of people entering treatment by country. Possible explanations for the near exclusion of rural communities in treatment coverage include the concentration of treatment centres in urban areas, and the notably higher incidence of poverty,¹¹ unemployment and lower literacy levels in rural communities across the region.¹²

Country-specific highlights

This section provides an overview of the findings across the focal countries.

Benin

- **Most abused substances:** Based on SUDs treatment records, cannabis is the most widely used drug (46.32%), followed by alcohol (20.67%). Accessibility and affordability are the main drivers of the dominance of these two substances.
- **Demographics of substance users:** The majority of users are young people within the age bracket 25 to 29 years. This finding raises questions about the role of poor socio-economic outcomes in the demand for illicit substances by this demographic, putting in perspective the limited economic opportunities for young people in the country.¹³
- **Policy environment:** Benin has a well-developed legislative and institutional framework to address the challenges of drug trafficking and use. However, substance abuse treatment centres are concentrated in the urban centres.
- **The social nature of substance abuse care:** The burden of care for substance abuse patients is primarily borne by families and friends, with 83.90% of all treatment paid for by this group. A social network is integral to substance abuse management in the country.

Côte d'Ivoire

- **Illicit substance usage and seizure:** Cannabis and cannabis-type substances are the most seized illicit substances by security agencies; 56.7% of patients accessing treatment also listed the substance as the cause of care. There is a noteworthy increase in the use of opioids.
- **Demographics of substance users:** The majority of people in substance abuse care are males under 35 years of age (90.34%) who are mostly unemployed and single.
- **Burden of care:** The burden of care for substance abuse in the country is carried by families and friends. Most of the patients seeking care live in urban areas (94.76%).
- **National protocol for drug users:** Côte d'Ivoire has a fairly robust substance use management protocol, with an opiate substitution treatment framework.

Cabo Verde

- **Gender disparity:** There is a significant gender disparity in substance abuse treatment, with 89.31% of users being male and 10.69% female.
- **Primary substance of abuse:** Alcohol is the most abused substance in the country, with men (63%) and women (80.24%) indicating the substance as the cause for treatment.
- **Age distribution of users:** The overriding number of substance users are between the ages of 30 and 44 (42.25%).

The Gambia

- **Changing substance use dynamics:** The country is witnessing a changing landscape in substance abuse, with a decrease in the seizure of cocaine, clonazepam and tramadol but a significant increase in hitherto scarcely used substances like cannabis, hashish and ecstasy, among others. This is largely attributable to increasing local cultivation of cannabis.
- **Demographic patterns of substance abuse:** The majority of people arrested for substance-related use are within the age range of 18–35 years. Alarming, minors are increasingly getting involved in illicit substance use.
- **Treatment resources:** Although The Gambia has one substance abuse treatment centre, the country provides the highest access to treatment for SUDs across the region.

Ghana

- **Substance abuse treatment opportunities:** Most of the available substance abuse treatment opportunities are concentrated in the private sector, with 77% of treatment facilities privately owned and most treatment centres (97%) offer only inpatient treatment services.
- **Primary substances of abuse:** The most abused substances are cannabis (47%), alcohol (25%) and cocaine (18%).
- **Socio-demographic characteristics:** Most substance abusers are male (91%), with more than a third of this demographic between the ages of 25 and 34 and most (75%) being single.
- **Referral and payment for treatment:** 75% of referrals to treatment centres are initiated by family members, followed by self-referral (9%) and referrals by health professionals (7%). The majority of treatment (88%) is paid for by families.
- **Drug seizures:** Cannabis is the most seized illicit substance in Ghana, accounting for 99% of total drug seizures.

Guinea-Bissau

- **National security risk:** Drug trafficking is identified as a primary threat to Guinea-Bissau's security, as it is associated with organised criminal groups, corruption and political instability. Guinea-Bissau is the only country in the region where narcotics not only drive a health crisis but potentially also compromise state viability.
- **Socio-economic impact:** Narcotics add an additional burden for the country by diverting scarce resources needed for socio-economic development to counter-narcotic interventions, thus perpetuating a cycle of poverty.

Liberia

- **Social disruption:** The increasing prevalence of drug use in Liberia is driving a healthcare crisis, gang violence and other disruptive crimes that ultimately destroy the future prospects for young people.
- **Substance of choice:** Cannabis is the most abused substance in the country, and the most impacted demographic is between the ages of 20 and 39.

Senegal

- **Substance of choice:** Cannabis is the most used substance (37.20%), followed by alcohol (23.20%) and medical opioids (17.20%).
- **Demographics of use:** Users are concentrated within the age bound of 25 to 34 years, representing 51.10% of all cases in treatment.

- **An urban problem:** The study finds that substance abuse is more prevalent in urban centres and Dakar is identified as the epicentre of this epidemic.

Sierra Leone

- **Substance of choice:** Kush is the most prevalent substance, accounting for 63% of all cases, followed by tramadol (24%) and cocaine (2%).
- **Demographic highlights:** Most users of illicit substances in the country are between the age bound of 20 to 34 years and a significant percentage of this group are secondary school students and university/college undergraduates.
- **Treatment opportunities:** The country has a dedicated treatment centre (the Kissy University Psychiatric Hospital) where substance care is offered freely.

Togo

- **Substances of choice:** Alcohol (43%), cannabis (26%) and medical opioids (19%) are the most used illicit substances.
- **Demographics:** The majority of users are between the ages of 20 and 39, with first user experience occurring between the ages of 11 and 19.
- **Substance abuse treatment opportunities:** Outpatient treatments dominate the medical intervention landscape, with 64% of patients accessing outpatient service. Of this figure, 76.55% were referred by staff, family or friends.
- **Gender disparity:** 67.86% of women prefer alcohol as a substance of choice compared to 39% of men, while 30% of men are more addicted to cannabis compared to 13.47% of women.



The positive role of the WENDU Network in providing empirical evidence to guide policy interventions is critical to curtailing the impact of substance abuse

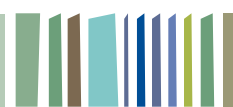
Mauritania

- **Intensification of drug suppression interventions:** The country witnessed a significant increase in drug-related arrests, which presupposes a strengthening of policing activities to curtail narcotic-related problems.
- **Most abused substances:** Cannabis, alcohol and medical opioids are the most abused substances.
- **Demographics of substance abuse:** While the dominant percentage of illicit substance users are male, minors are becoming progressively involved in substance abuse.

Progress and constraints against drug abuse and trafficking

Despite the persistence of regional and national challenges in countering the multidimensional impact of substance abuse and drug trafficking, demonstratable progress has been made in the following areas:

- **Continued support of the WENDU network:** The positive role of the Network in providing empirical evidence to guide policy interventions, particularly at the regional level, is critical to curtailing the impact of substance abuse. The Network's sentinel surveillance capacity is the largest in the region, hence its centrality to counter-narcotic efforts.
- **Expansion of interventions and treatment programmes:** The introduction and ongoing broadening of the Alternative to Incarceration programme is a laudable departure from hitherto coercive and punitive choices. Capacity-building collaborations with international partners – such as the training of over 200



healthcare professionals, led by the Bureau of International Narcotics and Law Enforcement Affairs (INL) – have improved local resources to respond to the growing epidemic of substance abuse.

- **Treatment accessibility and affordability:** Some member states (Cabo Verde, The Gambia and Senegal) are offering free treatment for SUDs, thus improving access to treatment for thousands of citizens.
- **Continued involvement of social networks in care:** The study across all focal countries noted the substantial contribution of families and friends in initiating and financing substance abuse care. This continued involvement of social networks in SUDs care increases the level of social awareness of the dangers of substance use, as well as treatment opportunities.
- **Seizures and enforcement actions:** All the focal countries witnessed sustained/increased levels of drug seizures, reflecting cross-cutting prioritisation of law enforcement actions against trafficking and organised groups involved in illicit substance proliferation. In Raissa Tchonda's view, '*particular attention must be paid to the training of law enforcement and security forces if the region is to stem the current rising drug use trend*'.¹⁴
- **Continuous collaborations:** The study noted continuous collaboration between member states and international partners, particularly in the areas of intelligence gathering, interagency collaboration and international partnerships.

'Given that the burden of drug abuse in West Africa disproportionately affects the youth, who are particularly vulnerable to peer pressure, it is crucial to actively engage them in evidence-based peer education and prevention advocacy. Prioritizing the training of young people in these proven prevention strategies is essential.'

Grace S Orshio, WENDU Consultant from the Federal Republic of Nigeria¹⁵

However, based on the study findings, the following challenges are persistent across the focal countries:

- **The cannabis dominance:** The region continues to grapple with the increasing menace of abuse of cannabis and cannabis-type substances. While there are significant variations across focal countries, it remains the most prevalent illicit substance, the most seized by law enforcement and the leading cause of treatment. Disturbingly, there is a spread of its usage across countries.
- **Polydrug use:** This is particularly notable in Guinea Bissau, which is indicative of complex patterns of abuse and treatment potentials.
- **Involvement of minors in substance abuse:** The study noticed the involvement of minors in the use of illicit drugs, which is a serious cause for concern across all focal countries.
- **Inadequate treatment opportunities:** Besides the acute shortage of treatment resources (human capacity and infrastructure) across the study countries, rural communities are almost totally excluded from these provision-of-care services.
- **Potential socio-economic drivers of substance use:** The majority of substance users across the region are young people between the ages of 18 and 30 years, mostly unemployed and low-skill workers. This raises questions about the role of poor socio-economic outcomes in the demand for illicit substances by this demographic.
- **Data gaps and reporting challenges:** The study noticed limited data from several countries, including Mali, Niger and Burkina Faso. The non-inclusion of Nigerian data in the data set is disconcerting as the country was responsible for more than half of all illicit substance related activities, based on the last report.

Recommendations

State authorities, political stakeholders and policymakers

- **Extensive reforms to promote alternative to incarceration programmes:** The 2019 WENDU report noted some member states' commencement of referrals of people with SUDs from the criminal justice system to treatment programmes. However, the programme did not gain traction, compelling ECOWAS to launch its Pilot Project on Alternative to Incarceration (ATI) in 2024. There is a need for all member states to reform their criminal justice system and recalibrate current policy thrusts to align with this newly introduced ECOWAS ATI initiative. Buttressing this point, Esther Grant from the Ministry of Health, Liberia, stated that '*piloting an Alternative to Incarceration programme in ECOWAS, member states require a well-coordinated approach that involves legal reforms, infrastructure development, capacity building, and stakeholder engagement*'.¹⁶
- **Expand access to treatment services:** Current data points to a creeping regional narcotic epidemic. There is an urgent need for deliberate investments in human resource development and treatment facilities, particularly in rural and semi-urban communities, to improve access to care.
- **Gender-focused care:** The data points to the near exclusion of women in treatment opportunities across the region. There is a need to prioritise the establishment of gender-sensitive facilities for women and young people.
- **Need for enhanced data regime:** Governments need to integrate illicit substance proliferation data collection into normal health surveillance systems to ensure comprehensive data collection across communities to inform interventions. Highlighting the centrality of WENDU to improving regional data accessibility, Ousman Saidybah, spokesperson of the Drug Law Enforcement Agency from The Gambia (DLEAG), suggested: '*WENDU needs to re-initiate the monitoring mission strategic initiative of the recently implemented regional action plan. This helps provide first-hand information of country situations and also strengthens sharing and learning best practices among member states*'.¹⁷

Health sector and treatment providers

- **Implement provider-initiated HIV testing and counselling:** The study finds a wide gap in status awareness among people seeking care for substance abuse disorders, highlighting the need for care service providers to integrate HIV testing regimes in their overall treatment programmes.
- **Expand outpatient and inpatient services:** In order to increase coverage and provide services for different levels of care, it is important that service providers balance outpatient and inpatient service opportunities. In the case of the rapid spread of kush in the region, Dr Daniel Amankwaah, the Principal Programme Officer at the ECOWAS Drug Prevention and Control Division, *emphasised that 'regional and national authorities should adopt a three-pronged approach involving intensified and targeted Kush prevention education across the region, stepped-up enforcement activities to restrict access and intensive treatment and rehabilitation for those already affected'*.¹⁸
- **Integrate substance abuse care into mental health services frames:** It is important for service providers to provide opportunities for comprehensive mental health services alongside addiction treatment to address co-occurring disorders.

Educational institutions

- **Introduce substance abuse education:** The increasing use of illicit substances by minors calls for the introduction of a systemwide curriculum on illicit drug use and its impact. Rita Kadanga, a WENDU consultant from the Republic of Togo, states that '*emphasis should be placed on anti-drug clubs in*

schools, communities to do peer education. Young people must be mobilised to carry out a digital campaign against drug addiction'.¹⁹

- **Provide support services:** Academic institutions need to provide professional counselling services for students struggling with SUDs to aid early intervention, treatment and rehabilitation.
- **School-parent partnerships:** Schools and educational authorities need to be deliberate in structuring beneficial engagement with parents and guardians so as to create a supportive environment that reduces the potential for destructive choices.

Drug law enforcement agencies

- **Foster community partnerships:** Drug law enforcement actors need to engage communities to implement preventive measures targeted at discouraging young people from substance abuse, while simultaneously building trust and cooperation in enforcement actions against traffickers.
- **Enhance intelligence and surveillance:** Drug law enforcement actors should prioritise intelligence gathering, surveillance and interagency collaboration as the primary strategy to disrupt illicit drug supply chains.

Civil society and the private sector

- **Counter-narcotics advocacy:** Community-based organisations (CBOs) and civil society organisations (CSOs) are well positioned to lead interventions on community sensitisation and advocacy programmes, particularly those focusing on vulnerable communities.
- **Social support services:** The private sector, CBOs and CSOs should interface with health institutions to bridge some of the highlighted gaps (access, financing, referrals and gender factors, among others) in the study with local communities and people at risk.
- **Implement preventive programmes:** The private sector, CBOs and CSOs should develop and implement evidence-based prevention programmes targeting youth and vulnerable populations to reduce the involvement of young people in substance abuse. Sylvester Koomson, head of the Education and Prevention Department, Narcotics Control Commission (NACOC), Ghana, stressed that *'youth should be trained to become peer educators in order to encourage positive behaviours and also provide support to those struggling with SUDs'.²⁰*

International organisations and donors

- **Provide financial and technical support:** The study highlights potential areas of intervention for international development partners and the private sector to provide requisite financial and technical support to member states in strengthening capacity for drug control, treatment and prevention services.
- **Promote regional cooperation:** The international community, working with critical stakeholders, should foster regional partnerships that encourage information sharing and coordination of efforts to accentuate impacts. Pharm. (Mrs) Abdulhameed Wosilat, Deputy Director, Narcotics and Drug Abuse Division, Department of Food and Drug Services of Nigeria, emphasised that *'addressing the drug crises is a collective responsibility which requires cross-information sharing, surveillance and implementation of international policies'.²¹*
- **Research support:** The study clearly points to the problem of inadequate available information across critical areas. The international community would need to commit resources towards this in order to generate empirical information to influence policy decisions.

Notes

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- 8 Atse Ntamon, Quotes from WENDU Focal Persons, Email submission, 14 August 2024.
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- 19 Rita Kadanga, Quotes from WENDU Focal Persons, Email submission, 14 August 2024.
- 20 Sylvester Koomson, Quotes from WENDU Focal Persons, Email submission, 14 August 2024.
- 21 Abdulhameed Wosilat, Quotes from WENDU Focal Persons, Email submission, 14 August 2024.



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