



# Toward effective solutions

## Managing illicit drug supply and use in West Africa

### Summary

This policy brief outlines key findings from a three-year epidemiological study by the West African Epidemiology Network on Drug Use (WENDU). Regionally, cannabis is the leading cause of treatment for substance use disorder and dominates the list of seizures of illicit substances. The report also highlights the proliferation of pharmaceutical opioids and other new psychoactive substances, along with inadequate drug prevention and treatment services, posing multi-dimensional challenges to public healthcare, educational, economic, and criminal justice systems.

### Recommendations

- The Commission of the Economic Community of West African States (ECOWAS) should develop a comprehensive regional cannabis policy that acknowledges cultural, economic, and social contexts;
- WENDU should expand its scope and capacity as a knowledge portal on regional drug and substance use;
- All ECOWAS countries must update and strengthen legal structures and enforcement systems on consumption, sale, possession, and trafficking of psychoactive substances; and
- States must collaborate with international development partners and local stakeholders to bridge gaps in addiction treatment facilities across the region.

## Introduction

Over the last decade, West Africa has transitioned from a transit route to a blooming illicit drug market with an alarming rise in domestic users.<sup>1</sup> This shift is driven by weak and ineffective governance institutions, poor socio-economic outcomes, political instability and overlapping security crises. Based on the sharp rise in the number of people seeking treatment for drug-related disorders and the various national records on drug seizures, the region has a problem of psychoactive substance abuse and the proliferation of bogus medicine. This is compounded by a public health crisis, dearth of treatment centres, and capacity gaps.

'The heaviest burden of drug use is shouldered by the age group 10–29, thus investing more in mental health among young people is essential to protecting our children and youths against the use of illicit drugs.'

*Prof Fatou Sow Sarr, ECOWAS Commissioner, Human Development and Social Affairs*

This epidemiological study by the West African Epidemiology Network on Drug Use (WENDU) offers evidence-based insights into the emerging patterns and trends in regional drug and substance use, prevalence and treatment across focal countries between 2020 and 2022.<sup>2</sup> The WENDU study, which is coordinated by ECOWAS, is a product of a multi-sectoral regional collaboration among various national focal points, appointed by the Ministries of Health, Justice and the Interior in each ECOWAS member country and Mauritania. The national focal points domiciled in the focal countries were responsible for the data collection underpinning the study's findings and are familiar with the political-economy context of each country. This nuanced insight allows the national focal points to augment the study's quantitative data with contextually relevant clarifications and explanations.

'This policy brief demonstrates that WENDU, as a sentinel surveillance system for the collection of valuable drug use and drug supply data, is well positioned to drive drug policy interventions and response in the region.'

*Dr Sintiki Tarfa Ugbe, Director, Humanitarian and Social Affairs, ECOWAS*

It is imperative to acknowledge that a part of the study was undertaken during the COVID-19 pandemic lockdown, which had a significant impact on data collection plans and concurrently impeded the availability of substance use treatment services.

This policy brief provides a concise summary of the study. It is structured in five primary segments. The first section focuses on the introductory and methodological components of the study and the second on regional drug consumption. The third segment scrutinises the response of the various national healthcare systems, encompassing its structures and processes, to address the burgeoning drug epidemic within the region. The fourth component evaluates progress made and identifies constraints, while the fifth and concluding segment presents a set of recommendations tailored to the regional context, individual countries, and other thematic considerations.

## Methodology

The epidemiological study primarily used observational methodology, involving the collection and analysis of data without intervening in or manipulating the behaviours of individuals involved in drug and substance use across the study focal countries. The study design is cross-sectional and used convenience sampling

style, a non-probability sampling method in which participants were chosen based on their availability and readiness to participate in the study.

The study culled data from 6 896 formal and informal drug addiction treatment centres in the study focal countries, with the largest number of treatment centres being in Côte d'Ivoire, Nigeria, Senegal, Togo, Benin, Cape Verde and Mali. The key study indicators were: socio-demographic characteristics (age range, gender, employment status, marital status, education); ratio of cases (new or old); type of treatment received (in-patient or out-patient); reference sources; main substance used; main mode of substance use; screening for HIV, HBV and HCV, and sources of payment for drug addiction treatment services. The study used standardised questionnaires for the collection of information across all treatment centres.

Also, the study relied on quantitative records of drug seizures by security agencies across the countries of focus and other law enforcement records, as well as key informant interviews with key regional stakeholders. In addition, reference was made to other secondary sources, using these as the indicators to gauge drug prevalence.

While the use of observational methodology offers valuable insights into regional and national prevalence, risk factors, and consequences, it is constrained by limitations, primarily the inability to establish causality, potential biases, and regional confounding variables. To address these challenges, the study employed a mixed-methods approach, incorporating observational data with qualitative research and key informant interviews.

## Drug consumption and seizure patterns in West Africa

The findings in this section are based on hospitalisation records from drug dependence treatment and rehabilitation centres across the focal countries as well as law enforcement records on drug seizures and arrests.

### Regional prevalent drugs and substances

Across the region, cannabis and cannabis-related substances, including cannabis itself, resin, and hashish have emerged as the primary drivers of admissions for the treatment of substance use disorder. A substantial 55% of all admissions for such treatment between 2020 and 2022 were linked to the consumption of these substances. Moreover, cannabinoids constitute the largest share of illicit drugs seized in West Africa during the period spanning from 2020 to 2022, amounting to a significant 68.96% of all drugs seized in this region during this time frame.

The amount of cannabis seized in West Africa increased progressively from 139 tonnes in 2020 to 631 tonnes in 2021, and a peak of 892 tonnes in 2022. This progressive escalation in the quantities of seized cannabis highlights the evolving dynamics of drug enforcement and the challenges posed by the prevalence of these substances in the region.

Explaining why cannabis dominates regional drug consumption data, N'guessan Badou Roger, a Treatment, Research and Epidemiological Officer from Côte d'Ivoire, stated that '*Cannabis dominates regional statistics because it grows easily in our climatic condition, a mode of consumption that is not restrictive (smoking), more accessible and less expensive than other drugs. It is a gateway substance after alcohol and tobacco. To sum up: its cultivation is easy, it is available and accessible, and it is easy to consume.*' Another regional stakeholder from Mali succinctly ascribes high regional cannabis uptake to '*cheap financial cost and accessibility.*'



WENDU offers insights into emerging trends on drug supply and use in West Africa

'To address the region-wide cannabis problem, governments should invest in research to identify alternative uses of cannabis. For example, cannabis can be used for industrial purposes, making it more profitable, and at the same time, this may divert or limit attention from its mere recreational use. It may be very difficult to eliminate marijuana cultivation in West Africa. We, therefore, need to think of its profitable uses.'

*Daniel Amankwaah, Principal Programme Officer, ECOWAS Drug Prevention and Control Division*

However, it is imperative to acknowledge that the lockdown measures implemented in 2020 had a notable impact on the operations of law enforcement agencies and the various interventions related to data collection on cannabis seizure in 2020.

The other groups of substance-driving hospitalisation are opioids and alcohol. While alcohol remains the most ubiquitous and the most used psychoactive substance in the region, the study did not have a record on its usage matrix. However, the proportions of substance abuse enrolees for treatment for consuming alcohol at some point were higher in Cape Verde, Senegal, Benin, Togo, Burkina Faso, Côte d'Ivoire and Mauritania than admissions for cannabis use disorders during the period under review.

The largest quantities of opioids reported seized in the region in the period under review were pharmaceutical opioids followed by heroin. The pharmaceutical opioids seized were mainly tramadol and codeine, indicating that the West African region continues to be a hub for the diversion of licit pharmaceuticals for illicit consumption. The non-medical use of pharmaceutical opioids appears to have increased significantly as eight countries – Benin, Togo, Mali, Niger, Côte d'Ivoire, Senegal, Mauritania and Ghana – had the highest number of people in treatment for tramadol use disorders in 2020–2022.

Other commonly seized illicit drugs included cocaine-type substances (2.23%), heroin (1.96%) and other substances (0.8%). Data provided by law enforcement agencies reflect an increase in the number of arrests for drug offences in 2020–2022.

Data on seizures of amphetamine-type stimulants showed a downward trend in the 2020–2022 period. Other psychoactive substances reportedly seized in West Africa during the reporting period include benzodiazepines (1.42 tonnes), barbiturates (0.15 tonnes) and ketamine (0.09 tonnes).

## Regional modes of consumption

In the period under review, the most common mode of drug administration for people on treatment in West Africa was inhalation (59.1%), accounting for three-quarters of all reported modes of drug administration, and oral (27.4%), followed by a combination of the two (11.6%). Injecting drug users (1.9%) also represented a modest proportion of people in treatment in East and West Africa. This 1.9% rate of intravenous drug use is low and raises questions on the accessibility of this class of drug users to care centres.

Another feature of drug usage is the phenomenon of 'poly drug use', which is a combined simultaneous usage of two or more illicit substances. Some of the observed combinations include alcohol in combination with cannabis and tobacco, alcohol with diazepam, trihexyphenidyl, tramadol, or other precursor substances.

Also, the study finds that patients' drug use patterns are progressive. From cannabis consumption, they gradually move on to 'high doses', heroin or cocaine. For many users, cocaine is too strong a dose, and some limit themselves to heroin, which is less potent and less expensive for them.

## Gender and regional drug consumption trends

Across the region, both men and women accessed treatment for substance use disorders, while a higher proportion of men (92.02%) in 2022 accessed treatment for cannabis use disorders and 12.04% of women



## Cannabinoids constitute the largest share of illicit drugs seized in West Africa

in 2021 accessed treatment primarily for cannabis use disorders. Tramadol accounted for 13.8% of the total population in treatment. In 2020, tramadol ranked as the second most prevalent substance used by men in treatment (13.8%), whereas in 2021, heroin was the third most frequently used substance among women, accounting for 12.24% of cases.

Overall, statistics on drug users in treatment show that dependence on alcohol, pharmaceuticals and heroin is generally higher among women than cannabis use disorders and men accessed treatment for disorders mainly related to the use of cannabis, cocaine, heroin, pharmaceuticals and Amphetamine-type stimulants.

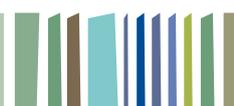
### Socio-demographic consumption patterns

Regionally, the data concerning the treatment of drug addiction indicates a significant increase in drug usage among young people when compared to the overall population. It is important to note that the greatest burden of drug use falls on individuals aged 15-44, comprising a substantial 86% of those undergoing treatment. What is even more striking is that within this age group, those between 10 and 29 years old stand out, representing 75% of the individuals seeking treatment between 2020 and 2022.

Esther Grant, a director in the Ministry of Health in Liberia, ascribed the preponderance of young people among citizens in treatment for drug abuse to *'peer influence, social environments where drug use is normalised can lead to increased usage; easy access to information by young people who have easier access to information about drugs and may experiment with substances without fully understanding the risks involved.'* Grace Sewuese Orshio, a staff of the ECOWAS Drug Prevention and Control Division under the ECOWAS Immersion Programme, indicates that *'the early onset of drug use among young people in West Africa is menacingly robbing the region of invaluable potential and requires exigent pushback through evidence-based prevention strategies.'*

Of those seeking treatment, 76% were single, around 15% were married and more than 9% were divorced. Data on residential classification suggests that people in treatment residing in urban residential areas were almost 10 times more likely to use drugs and access treatment for drug-related disorders than their counterparts living in semi-urban areas. In addition, the majority of patients in substance care (98.4%) received treatment in facilities located in urban areas.

The data suggest a marked variation in hospital admissions according to the type of substance used, the main substance involved, referral to treatment, age at first use and area of residence of people in treatment by country.



## Education and substance abuse

The majority of people accessing treatment for substance use disorders in the region were students (61.8%) and a significant proportion were unemployed (23.7%). Students are twice as likely to use drugs as those in part-time employment (5.3%) or trainees/interns (3.7%). The 53% of individuals seeking treatment for substance use disorders in West Africa finished secondary education and 12% finished primary school, while around 35% never had formal education.

## Prominent cross-country differences

This section highlights unique country usage patterns across the focal countries.

- **Cape Verde:** Alcohol abuse is the highest (66.9%) cause of abuse treatment in the country, followed by cocaine and cannabis.
- **Côte d'Ivoire:** During this reference period, problematic cocaine/crack use was most prevalent in Côte d'Ivoire. These data represent over 78.54% of people in treatment for cocaine use disorders in West Africa in 2020–2022. Overall, the number of addictology patients for cocaine use has increased.
- **Guinea Bissau:** Guinea Bissau does not have a specific care and treatment centre for drug users and there is only one mental health centre for the country.
- **Nigeria:** Nigeria has a high percentage of treatment entrants (46.3%) citing cocaine as the primary drug used. Also, the use of prescription opioids, particularly tramadol, is an emerging trend on the Nigerian drug scene, consistently ranking second among illicit drugs.
- **Senegal:** The most used substance in 2021 was cocaine (60.46%), and in 2022 cannabis (43.8%). They are used in combination with other types of substance (poly-drug use). Also the country has introduced a number of harm reduction activities, among which is the establishment of a national mental health network called Reposams.
- **Sierra Leone:** The country recorded a high percentage of treatment entrants (29.96%) citing tramadol as their main substance of abuse. Notably, substance abuse treatment in hospitals across the country is currently free.
- **Benin:** Benin accounted for more than 96% of total methamphetamine seizures in West Africa in 2020–2022.
- **Ghana:** 53% of patients seeking treatment for substance abuse receive treatment in private establishments, with 47% in public treatment centres.
- **Mali:** There is no record of any intravenous drug user in any treatment centre in Mali in the period under review.
- **Niger:** The country has one of the highest regional admissions for amphetamine substance abuse (32.02%).

## Multi-dimensional impacts of illicit substance usage

This is based on the study's direct findings:

- **Impact on families and communities**
  - Diminishing household disposable income: Drug treatment services were mainly paid for by families and friends, accounting for 77.4% of people in treatment in 2020–2022. This aligns with regional trends of dominant out-of-pocket payment in healthcare financing.<sup>3</sup> For a region with more than a third of its population living below the poverty line, payment for substance abuse care further reduces the

available funds for families.<sup>4</sup> However, Sierra Leone is an outlier as all treatment in hospital for substance abuse is free.

- Perpetuates toxic work culture: The common usage and abuse of pharmaceutical opioids by some trade and craft guilds for their psycho-stimulant properties are creating a toxic culture of dependence on and accommodation of drugs among a large demography, and this has a ruinous impact on health outcomes.

- **Impact on health outcomes**

- Increase in drug abuse-related hospitalisation: According to the data reported by the countries in the region, the number of people in substance abuse treatment for drug dependence has increased considerably over the last three years, highlighting the impact of this extra burden of care placed on the region's struggling healthcare systems.

- **Impact on learning outcomes**

- Adversely affecting school attendance and academic performance: a significant proportion of individuals who sought treatment during the examined timeframe fall within the age bracket of 15 to 25 years, which constitutes the main demography of school-age individuals. This phenomenon has resulted in elevated rates of school absenteeism and, in some instances, the inability to successfully complete their education. It is noteworthy that countries within the region are already grappling with the pervasive issue of out-of-school children. The involvement of this particular demography in drug and substance abuse carries the potential to exacerbate the existing challenges of poor educational outcomes.

- **Criminal justice system impact**

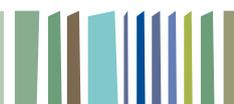
- Finances in the organised criminal economy: The proceeds of drug trafficking and illicit substance trade within the region are reinvested into a number of criminal enterprises. The illicit drug economy is a critical factor in conflicts in the region. Furthermore, the narcotics trade is exerting adverse impacts on the local economies and inducing young individuals in the region to deviate from lawful pursuits, enticed by the attractive financial inducements proffered by criminal organisations.

- **Impact on the mental health of young people**

- Study findings validated by regional stakeholders have highlighted the impact of substance abuse on a slowly emerging mental health crisis, particularly among



## Drug use and treatment diminishes household disposable income



young people across the region. According to N'guessan Badou Roger, a stakeholder from Côte d'Ivoire, 'There is a two-way cause relationship between drug use and mental disorders. In our region, young people are more vulnerable to drug use (difficult social and economic environment) on the one hand; on the other hand, young people are also more vulnerable to the complications/consequences of substance use.'

## Factors contributing to substance use and addiction: roots of community demand and needs

Based on WENDU data across the focal countries, different drivers emerge as contributing to substance use and additions. These factors can be aggregated into the following clusters:

- **Rising marijuana cultivation driven by profitability, limited alternatives, and rural poverty:** There is increased cultivation of marijuana by farming communities due to its profitability and the large market for it. Conversely, farmers lack access to diverse markets or the resources to engage in alternative agriculture. These issues, along with high levels of rural poverty, push farmers towards the illicit cultivation of psychoactive plants. This has created a glut of supply and ease of access to the drug across the region.
- **Demand for psycho-stimulants within various occupational cohorts:** The study finds that pharmaceutical opioids, including tramadol, are extensively utilised within specific socio-professional segments, particularly among motorcycle-taxi operators, rickshaw drivers, truck drivers, and other occupational groups engaged in manual labour. This prevalence can be attributed to the psycho-stimulant properties associated with these substances.
- **Boredom and peer influence:** The study finds particularly among teenagers, substance use is driven by fun, novelty and imitation, as well as compensation for a lack of stress management skills.
- **Poor border management and control regime:** The porous land, maritime, air borders and off-shore territories in West African countries has exposed the region to illicit drug trafficking and related organised crime, thus providing easy access to drugs. Drug trafficking has generated huge illicit monetary profits that have been used to finance terrorism, kidnap-for-ransom, arms trafficking, cult and gang violence, coups, and prostitution, among others.
- **Economic decline:** A general economic decline in people's purchasing power has led them to resort to cheaper, often dangerous drugs and other illicit substances sold on the parallel market, including psychotropic substances.
- **Recreational use:** Across the region drugs are sometimes used for their euphoric effects, its convivial dimension, but also to relieve stress, help relaxation, or promote sleep.

## Healthcare referral and treatment systems

The WENDU study establishes the presence of drug and substance abuse treatment facilities referred to by various names across the region. Some of these facilities provide comprehensive treatment and support to individuals struggling with drug and substance abuse under both inpatient and outpatient programmes. Notably, the study finds that, among the focal nations under examination, only Guinea Bissau lacks a specialised care and treatment care expressly designated for individuals dealing with drug-related challenges.

The referral of people with a drug use problem is an important factor linked to access to drug treatment services in the community. An effective referral system establishes close interaction between all levels of the healthcare system and ensures that patients receive the best possible care close to home. There are four routes for drug and substance abuse treatment across the region, namely: referrals by families and friends, referral by employers, referrals by hospitals and clinics and referral by criminal justice institutions.

More than two-thirds of referrals are by families and friends, underlying the social nature of substance abuse care in the focal countries. There is no evidence of referral by social services or a publicly funded welfare system in the region, highlighting the elementary nature of the social support service and the near lack of an effective government presence in the public management of drug abuse cases.

The study finds that with the exception of Guinea Bissau, there are different classes of drug and substance abuse treatment centres: government owned centres, private fee-charging clinics, NGO addiction recovery centres, and religious organisation-owned care facilities, among others.

While the social support services in the region related to substance abuse is elementary, the study finds that there are increased referrals to treatment by the criminal justice system for people with substance use disorders. Seventy-five percent of countries in the region reportedly offer the option of referral for treatment and diversion in minor cases involving the possession of drugs within the legal threshold of quantities of controlled substances for personal use in each country. This points to a fundamental shift in the approach from the processing of people arrested with drugs and illicit substances through the criminal justice system to rehabilitation and medical care.



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A significant proportion of the financial burden associated with substance abuse treatment is borne by individuals directly. An overwhelming 77.4% of the expenses incurred for drug treatment services utilised by individuals receiving treatment between 2020 and 0 were covered by the financial contributions of patients' families and their close associates. This substantial reliance on out-of-pocket payments underscores the vital role played by the support network of the afflicted individuals in facilitating access to and provision of essential addiction treatment services during the specified time frame. This prevailing financial dynamic restricts access to care, putting in perspective the region's blight of poverty.

## Progress and constraints of measures against drug abuse and trafficking

### Abuse care and comorbidities

Comorbidity in the context of drug and substance abuse refers to the presence of one or more additional medical or psychological disorders or conditions occurring alongside the primary substance use disorder. Comorbidity is a common and complex issue in this field, and it can have significant implications for both diagnosis and treatment. Injection drug use is a significant risk factor for contracting HIV/AIDS and hepatitis. Also, some substances, like stimulants, can lead to cardiovascular problems. The question of comorbidity highlights the need for harm reduction strategies and integrated healthcare for individuals with substance use disorders.

The study finds a variation in the percentage of citizens who are aware of their serostatus and the availability of testing in care facilities. The study finds that in Benin the majority of people receiving treatment (84.95%) do not know their HIV and hepatitis infection status. For Côte d'Ivoire, 58.2% of people in treatment were tested for HIV. For Gambia, a significant number (54.1%) of people receiving treatment in the Gambia knew their HIV status. In Ghana, 37.8% of people in treatment were tested for HIV during treatment.

For Mali, 81.1% of people in treatment do not know their HIV/AIDS status and in Sierra Leone, no HIV or Hepatitis B testing was carried out on patients for the period under review. For Togo, 54.18% of people entering treatment had already been tested for HIV at the time of this report. Other countries have no record of the HIV status of people in treatment.





## There are very few accessible drug prevention and treatment services in the focus countries

## Measures in place to prevent drug trafficking

The WENDU reports data on drug seizures – cannabis, pharmaceutical opioids, khat, cocaine, heroin, ephedrine and methamphetamine – as well as records of arrest for drug-related offences during the periods under review. Furthermore, large quantities of substandard, fake, falsified and counterfeit medical products were seized, suggesting increased law enforcement efforts and enhanced collaboration within and between agencies, which has resulted in the interception rates reported in ECOWAS member states and Mauritania.

From the period under review, a total of 157, 130 tonnes of drugs were seized. The data reported showed that there was an upward trend in the quantity of drugs seized in the sub-region. Cannabis-type drugs were the most frequently seized drugs during the reference period, accounting for 68.96% of illicit drugs seized, followed by pharmaceuticals (19.21%). Other commonly seized illicit drugs included cocaine-type substances (2.23%), heroin (1.96%), tramadol (1.81%) and other substances (0.8%).

Additionally, data provided by law enforcement agencies reflect an increase in the number of arrests for drug offences in 2020–2022.

While drug seizures and the number of arrests made may not serve as direct proxies for assessing illicit drug trafficking, they do offer insights into the efficacy of drug law enforcement agencies and the priority accorded to curtailing drug supply within member states. Nevertheless, disparities in the quantity and frequency of drug seizures can function as valuable metrics for discerning trends and patterns in drug supply within the regional contexts.

‘The WENDU reports’ scope can be expanded to include drug-related convictions and the number of drug-related properties confiscated in Member States. Focusing on convictions and confiscated properties is more results-oriented than arrests and drug seizures.’

*Daniel Amankwaah, Principal Programme Officer,  
ECOWAS Drug Prevention and Control Division*

## Measures in place to prevent drug use and addiction

The study establishes the proliferation of new psychoactive substances and pharmaceutical opioids and the concomitant exponential increase in drug use across the focal countries, as evidenced by the sharp rise in the number of people seeking

treatment for drug-related disorders. Conversely, there is substantial insufficiency in the provision of both drug prevention and treatment services across the region.

Furthermore, the dearth of accessible drug prevention and treatment services underscores a critical deficiency in the region's healthcare infrastructure. This deficiency perpetuates the cycle of substance abuse and hampers efforts to curb its negative consequences. Moreover, the study's findings raise questions about the effectiveness of current regulatory frameworks. The proliferation of falsified medicines suggests vulnerabilities in the pharmaceutical supply chain, with far-reaching implications for public health.

## Recommendations

### Regional level: ECOWAS Commission and states

- **Devise a regional cannabis policy:** One of the study's key findings is a regional public health crisis driven by cannabis cultivation and use, especially among young people. The ECOWAS Commission must take a strategic leadership position in framing a uniform regional cannabis policy position that puts in proper context the region's cultural, social and economic realities.
- **Enhanced regional knowledge system:** The study establishes the huge absence of empirical information on drug and substance use across the target countries. There is the need to enhance research at regional, national and sub-national levels to better understand the extent and nature of drug addiction and substance abuse. This requires developing an online knowledge platform to collect and manage data on drug supply, use, and treatment. Additionally, WENDU and the ECOWAS Drug Prevention and Control Division should be adequately resourced to expand the reporting scope beyond data on clinical patterns to engage with socioeconomic and political factors that drive the demand, use, and supply of drugs.
- **Strengthen the legal and regulatory framework:** Narcotics regulatory frameworks across the region are notably outdated, many containing the same antiquated colonial provisions that are out of sync with current best global practices. All the countries covered in the study need to update and rigorously enforce drug-related legislation, including laws related to the sale, possession, and trafficking of psychoactive substances, and strengthen the capacity of regulatory and enforcement institutions.
- **Targeted public awareness campaigns for substance abuse prevention:** The research underscores the domination of the youth demographic and students in the drug abuse spectrum. It is imperative to employ a diverse array of media channels and educational instruments to effectively communicate the associated hazards and repercussions of substance abuse.
- **Treatment facilities:** The study points to the absence of treatment centres in rural areas across the focal countries and significant insufficiencies in outpatient and inpatient addiction treatment centres in urban settings. Notwithstanding financial limitations, states must prioritise investments in addiction care services. Additionally, states should establish clear policies and create an enabling environment to encourage other stakeholders to contribute to filling this critical gap in service provision.
- **Enhancing cross-border controls to mitigate regional drug trafficking and illicit substance infiltration:** The issue of drug trafficking and the infiltration of illicit substances across international borders is exacerbated across the region by deficiencies in border governance. This border management crisis has regional ramifications, highlighting the imperative of bolstering cross-border controls as a critical measure in controlling access to drugs and illicit substances.
- **Substitute crops:** Cannabis, as the most easily accessible and commonly used illicit substance in the region, is predominantly cultivated, processed, and traded within local borders. It is imperative for states to plan for the cultivation of alternative crops as a means to supplant the cultivation of this prohibited narcotic and other such crops. This strategic shift in agricultural focus serves the dual purpose of diminishing the economic incentives associated with drug production while fostering the development of legal, sustainable alternatives.



The youth are  
the dominant  
demographic in the  
drug abuse spectrum

## Country specific

### Benin Republic

- Integrated National Programme (PNI): There is a need for the country to implement the PNI to combat drugs and activate all nodes on the policy frame for effective management of drug and substance abuse in the country.

### Côte d'Ivoire

- Capacity building: Based on the study findings, the country needs to disseminate the Colombo Plan's Universal Treatment Curriculum tools for treatment of substance use disorders and enhance training for those involved in substance use and prevention as one of the primary ways for addressing the country's substance abuse crisis.

### Liberia

- Rehabilitation centres: Liberia requires adequate investment in drug treatment centres and has to urgently renovate critical facilities like the Catherine Mills Rehabilitation Centre.

### Mali

- National Drug Control Plan: Mali needs to adopt a national drug control plan and strategy to holistically frame the country's interventions against drug and substance abuse.

### Niger

- Enhancing the autonomy of the Inter-Ministerial Committee: It is imperative for the country to strengthen the autonomy of the Inter-Ministerial Committee for Narcotics Control, positioning it as a hub for policy innovation and governmental oversight. Another pressing imperative is the development of a comprehensive national strategy aimed at effectively addressing the crosscutting challenges posed by drug trafficking and the associated governance implications.

### Nigeria

- Enhancing treatment accessibility: In light of Nigeria's status as the most populous nation in the region coupled with an acute shortage of drug treatment facilities, it is imperative that Nigeria, in collaboration with other critical stakeholders, escalates current interventions in establishing treatment centres that are both readily accessible and economically feasible for marginalised populations. Essentially, Nigeria needs to broaden access to thousands of citizens in need of substance abuse care.

## Civil society

- **Evidence-based policy advocacy:** Civil society organisations (CSOs) and community based organisations (CBOs) across the region are often the interface between the government and communities. Therefore interested and capable groups should influence policy by working with policymakers to ensure that policies are grounded in research findings, local dynamics and best practices. Their focus should include, among others, allocation of resources to strengthen healthcare systems, treatment centres, mental health services, harm reduction and reducing the penalties for minor offences, among others.
- **Provision of support to treatment and rehabilitation centres:** CSOs and CBOs are critical to establishing new care centres, supporting and collaborating with existing treatment and rehabilitation centres. This support can involve fundraising, providing volunteers, and advocating for improved access to treatment services, especially in underserved areas.
- **Promoting platforms of collaboration:** CSOs and CBOs across the region should work on creating platforms of non-contentious engagement between their organisations and government agencies, healthcare providers, trade unions, business guilds, and law enforcement agencies. This coordinated approach can be more effective in addressing the multifaceted nature of drug abuse, including its criminal justice and public health aspects.

## International development partners

- **Strengthening of governance institutions:** The study findings underscore the multifaceted inefficiencies in governance institutions tasked with narcotics control and managing health outcomes across the region. Multilateral organisations' interventions should focus on enhancing capacity to address drug abuse and related challenges. Assistance should target building effective law enforcement and border control mechanisms to combat drug trafficking and organised crime.
- **Enhance healthcare systems:** One of the most critical areas requiring intervention is improving access to drug addiction treatment facilities, particularly in personnel quality and infrastructure. The international community would need to collaborate with the West Africa Health Organization (WAHO) and West African governments to expand and improve drug addiction treatment centres, ensuring they are adequately equipped and staffed. Engagement should also include harm reduction strategies, such as needle exchange programmes and access to clean injection equipment, to reduce the transmission of HIV/AIDS and other blood-borne diseases among injecting drug users.
- **Updating regulatory framework on pharmaceutical opioids:** The international community should work with ECOWAS to strengthen regulatory frameworks related to pharmaceutical supply chains to prevent the proliferation of pharmaceutical opioids and support efforts to combat the illegal diversion of licit pharmaceuticals for illicit consumption.

## Notes

- 1 Reuters, Drug use high in West and Central Africa, trafficking funds conflict: U.N., 27 June 2022, [www.reuters.com/world/africa/drug-use-high-west-central-africa-trafficking-funds-conflict-un-2022-06-27/](http://www.reuters.com/world/africa/drug-use-high-west-central-africa-trafficking-funds-conflict-un-2022-06-27/).
- 2 The study countries are: Benin, Burkina Faso, Cape Verde, Côte d'Ivoire, Gambia, Ghana, Guinea, Liberia, Mali, Niger, Nigeria, Senegal, Sierra Leone, Togo and Mauritania.
- 3 O Ogbuoji, I Bharali, N Emery and KK McDade, Closing Africa's health financing gap, Brookings Institute, 1 March 2019, [www.brookings.edu/articles/closing-africas-health-financing-gap/#:~:text=To%20address%20financing%20shortfalls%2C%20leaders,achievement%20of%20universal%20health%20coverage.%E2%80%9D](http://www.brookings.edu/articles/closing-africas-health-financing-gap/#:~:text=To%20address%20financing%20shortfalls%2C%20leaders,achievement%20of%20universal%20health%20coverage.%E2%80%9D).
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## About ENACT

ENACT builds knowledge and skills to enhance Africa's response to transnational organised crime. ENACT analyses how organised crime affects stability, governance, the rule of law and development in Africa, and works to mitigate its impact. ENACT is implemented by the ISS and INTERPOL, in affiliation with the Global Initiative Against Transnational Organized Crime.

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