



**THE WEST AFRICAN EPIDEMIOLOGY NETWORK ON DRUG USE  
(WENDU) REPORT**



STATISTICS AND TRENDS ON ILLICIT DRUG USE AND SUPPLY (2018 - 2019)

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## PREFACE

The West African Epidemiology Network on Drug Use (WENDU) Report (2018 -2019) is the second regional report on illicit drug trafficking and the extent of drug use in West Africa. The report provides data on drug use patterns and emerging trends to serve as a guide in the design and implementation of adequate responses that address both drug demand and supply by practitioners and policymakers in the ECOWAS Member states and Mauritania.

One of the key findings highlighted in the WENDU treatment data relates to persons accessing health care services for treatment of substance use disorder (SUDs). The report found that only 74 persons per one million population accessed treatment for SUDs in the region in 2018 and 2019. In addition to the low number of people with substance use disorders who accessed healthcare services in the region, 50% of persons who accessed treatment for disorders related to the abuse of pharmaceuticals are women. Furthermore, one in five persons who accessed treatment for alcohol use disorders, and one in 6 persons who accessed treatment due to opiate use disorder is a woman. The disaggregation of data by gender underscores the need for more gender-specific, women-focused drug use treatment interventions to enhance support, and the provision of adjunctive services required for improved treatment outcomes amongst women with SUDs in the region.

The report points to a number of barriers related to human resources, infrastructure, information and service provision, perception of services, help-seeking behaviour, inadequate means of funding, and overall stewardship and governance-related issues impeding the performance of the mental healthcare system in the ECOWAS Member states. In particular, limited resources and inadequate number of qualified personnel for SUD treatment

programmes in the region exacerbate the challenges encountered by healthcare providers and patients when navigating the SUD treatment systems.

To address the barriers of access to quality treatment for SUDs, the ECOWAS Commission is providing support to targeted treatment centres as part of the advocacy to improve access to prevention, treatment and recovery options for individuals with SUDs in the region. In addition, to strengthen the multi-sectoral coordination, development, and implementation of integrated treatment for persons with SUDs, the ECOWAS Commission is collaborating with the Global Drug Demand Reduction Programmes Division of the US Department of State's Bureau of International Narcotics and Law Enforcement Affairs (INL), to provide training to healthcare professionals to earn International Certification as Addiction Professionals (ICAP). The training will contribute to enhancing the quality of services provided to persons with SUDs in the ECOWAS region.

A positive highlight of this year's WENDU regional report is the increase in the number of Member States (four countries in 2017 to twelve countries in 2019) reporting referral of people with SUDs from the Criminal Justice System into treatment. This fundamental change in approach from the arrest of individuals with SUDs for drug-related charges to treatment is attributed in part to the heightened inclusive community-based efforts, sensitization, awareness, and advocacy programmes on human-rights based approach to people who use drugs (PWUDs) being conducted by the ECOWAS Commission, Member States, and many other advocacy groups at all levels in the ECOWAS region and Mauritania.

The WENDU report also presents data on the quantities of cannabis, pharmaceutical opioids,

khat, cocaine, heroin, ephedrine and methamphetamine seized in the region in 2018 and 2019 which remains relatively high with over 40 thousand individuals arrested for drug-related offenses in the reporting period. In addition, there were seizures of large quantities of substandard, spurious, falsified, and counterfeit medicinal products suggesting enhanced efforts by law enforcement agencies, strengthened intra- and inter-agency collaboration that resulted in the reported interception rates in the ECOWAS Member states and Mauritania.

The 2018-2019 WENDU regional report is a collation of data collected and submitted to the ECOWAS Commission by the National Focal Points (NFPs) of the Network, nominated by Ministers of Health, Justice, and Interior in each of the ECOWAS Member state and Mauritania. We, therefore, convey our appreciation to the ECOWAS Member States and Mauritania and the WENDU Focal Points, in particular, whose commitment is instrumental to producing the second regional drug report. In addition, we appreciate the valuable contribution of our

technical partners, the African Union Commission (AUC), United Nations Office on Drugs and Crime (UNODC), World Health Organization (WHO,) INL and numerous other non-governmental organizations such as the Centre for Research Information on Substance Abuse (CRISA). We look forward to sharing with you our next edition of the report that will hopefully reflect on the impact of COVID-19 pandemic on some key dimensions on illicit drug supply and drug use in the ECOWAS Member States and Mauritania.

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## ACKNOWLEDGEMENTS

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## NATIONAL FOCAL POINTS OF WENDU

The West African Epidemiology Network on Drug Use (WENDU) was designed to provide sentinel surveillance regarding drug situation in ECOWAS Member States and Mauritania. It aims at improving information base for policy makers in addressing the social, health and economic consequences of substance use through the establishment of surveillance networks in Member States. The regional network aims at assessing the regional and national responses/interventions on drug control; supporting Member States towards reporting regularly on drug situation as required by International Drug Control Conventions and; assist Member States in generating strategic information for policy making. Under the responsibility of their governments, the national focal points of WENDU are the national authorities providing drug information to the regional network. The contact

details of the national focal points of WENDU may be found in the appendix section of this report.

WENDU is the West African epidemiology network on drug supply reduction and drug demand reduction. The network is comprised of national focal points in the ECOWAS Member States and Mauritania. WENDU is a platform to foster greater exchange of best practices and common standards on drug data collection and drug supply and use patterns among Member States. The Technical Experts' Meeting of WENDU of 2016 and 2017 and the regional and national workshops for national focal points laid valuable ground work for influencing policies in data collection systems. ECOWAS Member States have recognized the need to have a reliable data collection system on drug use.



## ACRONYMS

<b>AUC</b>	African Union Commission
<b>ATS</b>	Amphetamine Type Stimulants
<b>CCAD</b>	Commission for Coordination of Combat of Alcohol and other Drugs
<b>COVID-19</b>	Coronavirus Disease 2019
<b>CRISA</b>	The Centre for Research and Information on Substance Abuse
<b>ECOWAS</b>	Economic Community of West African States (ECOWAS)
<b>EU</b>	European Union
<b>HBV</b>	Hepatitis B Virus
<b>HCV</b>	Hepatitis C Virus
<b>HIV</b>	Human Immunodeficiency Virus
<b>INCB</b>	International Narcotics Control Board
<b>INP</b>	Integrated National Plan
<b>INL</b>	Bureau of International Narcotics and Law Enforcement Affairs
<b>LSD</b>	Lysergic acid diethylamide
<b>MDMA</b>	3,4-methylenedioxyamphetamine
<b>NAFDAC</b>	National Agency for Food and Drug Administration and Control
<b>NFPs</b>	National Focal Points
<b>NDLEA</b>	National Drug Law Enforcement Agency
<b>NENDU</b>	National Epidemiology Network on Drug Use
<b>PWUDs</b>	People Who Use Drugs
<b>OTC</b>	Over-the-counter drugs
<b>SUDs</b>	Substance Use Disorders
<b>UNGASS</b>	United Nations General Assembly Special Session on the World Drug Problem
<b>UNODC</b>	United Nations Office on Drugs and Crime
<b>WENDU</b>	West African Epidemiology Network on Drug Use
<b>WHO</b>	World Health Organization

## EXECUTIVE SUMMARY

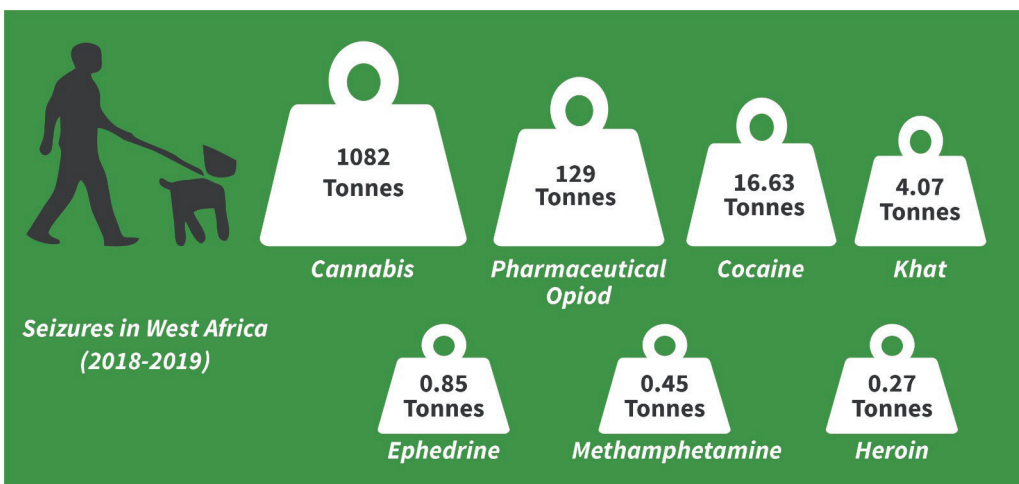
The West African Epidemiology Network on Drug Use (WENDU) Report contributes evidence to support the Region in implementing the ECOWAS Drug Action Plan on Illicit Drug Trafficking, related Organized Crime and Drug Abuse in West Africa. The Report provides a regional overview of the latest estimates of and trends in drug use and drug supply as well as trafficking in substandard, spurious, falsified and counterfeit medicinal products in West Africa.

The first part of this report provides a regional overview of the extent of and trends in the supply of cannabis, cocaine, heroin, pharmaceutical opioids, Khat, methamphetamine and other key precursor chemicals linked to the manufacture of methamphetamine, using the latest estimates as reported by ECOWAS Member States and Mauritania. The second part of the report provides an overview of drug treatment demand with a review of associated disorders. The third part provides detailed analysis of drug situation, policies and recom-

mendations in each of the 16 countries participating in WENDU.

### Drug Supply Suppression in West Africa

The WENDU Report (2018-2019) provides information on the drug situation in ECOWAS Member States and Mauritania. Overall, Cannabis, Pharmaceutical opioid, Cocaine, Khat, Heroin, Methamphetamine and key precursor chemicals for methamphetamine such as ephedrine, were the main drugs seized in West Africa in the index period. Cannabis continues to account for the largest quantity of drug seized in the region. A total of 1,082 tonnes of cannabis were seized in the index period. Pharmaceutical opioid seizures were recorded in Benin, Cote d'Ivoire, Guinea, Mali, Niger, Nigeria, Senegal and Togo. In addition to the 129 tonnes of pharmaceutical opioids seized during this period, over 19 million tablets of tramadol with various pharmaceutical strengths and dosage forms were reportedly seized in the region.



Source: ECOWAS analysis of WENDU data

Based on the latest estimates of the WENDU supply data, cocaine was the second most commonly reported drug seized in West Africa. A total of 16.63 tonnes of cocaine were seized in the period under review and Cabo Verde accounted for over 66 percent of the total quantities of cocaine seized in the region. The seizure data also reflected a remarkable increase in trafficking of khat with a significant seizure of 4.07 tonnes in the index period. For heroin, 0.27 tonnes were reportedly seized in the two-year period under review. This reflected a significant increase from the quantities of heroin seized in the region in 2016 and 2017. Other psychoactive substances reported to have been seized in 2018 and 2019 in West Africa includes ephedrine, methamphetamine, benzodiazepine, speedball (mixture of an opioid depressant such as heroin and a stimulant, cocaine) and ketamine. The report also reflected seizures of large quantities of substandard, spurious, falsified and counterfeit medicinal products. Over 120 tonnes of medicinal products including antibiotics, anti-malaria, non-steroidal anti-inflammatory drugs with various strengths and different pharmaceutical dosage forms were reportedly seized in the index period.

Arrests due to drug related offences increased significantly over the reporting period. A total of 40,526 (11 per 100,000 population) arrests due to drug related offences were made in 2018 and 2019 compared to a total of 29,484 (8.54 per 100,00 population) arrests in 2016 and 2017.

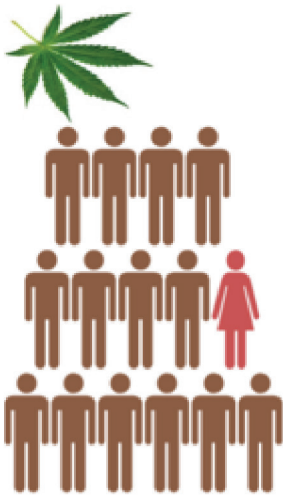
### **Drug Treatment Demand in West Africa**

The West African Epidemiology Network on Drug Use (WENDU) Report also captures the number and characteristics of people who use drugs (PWUDs) that presented themselves for drug treatment/rehabilitation services. The report provides estimates of and trends in drug use in 2018 and 2019.

Cannabis remains the main drug for which people undergo treatment in West Africa and this accounts for over fifty-five percent (55%) of all treatment admissions in 2018 and 2019. The treatment data revealed that only 74 persons per one million population accessed treatment in the region in the index period. Although men are more likely to access treatment generally for any form of substance use disorder, one in 15 persons that accessed treatment for cannabis use disorder is a woman. There's also a considerably reduced variance when gender-disaggregated data for pharmaceuticals, alcohol, heroin, cocaine and amphetamine-type stimulants (ATS) are considered. More women accessed treatment due to disorders related to the abuse of pharmaceuticals (mainly sedatives, tramadol and codeine), alcohol, ATS, heroin and cocaine. One of two persons who accessed treatment for disorders related to the abuse of pharmaceuticals is a woman, one in five persons who accessed treatment for alcohol use disorders and one in 6 persons who accessed treatment due to opiate use disorder is a woman. Statistics of PWUDs in treatment indicates that dependence on alcohol, pharmaceuticals and heroin is generally higher in women than cannabis use disorders.

Overall, men accessed treatment in West Africa in 2018 and 2019, due to disorders primarily related to the use of cannabis, alcohol, cocaine, heroin, pharmaceuticals and ATS. On the other hand, women accessed treatment mainly due to disorders related to the abuse of pharmaceuticals, alcohol, cocaine and heroin thus, exhibiting a pronounced gender divide in treatment entrants.

The proportion of treatment admissions for alcohol use disorders was higher in Cabo-Verde, Cote d'Ivoire, Ghana and Guinea than the admissions for cannabis use disorders in the reporting period. Carbo Verde recorded 70 persons per 100,000 population who accessed treatment due to alcohol use disorders and this accounted for over 49 percent of people in treatment in 2018 and 2019 in the country.



1 of 15 persons that accessed treatment for cannabis use disorders is a woman



1 of 5 persons that accessed treatment for alcohol use disorders is a woman



1 of 2 persons that accessed treatment for disorders related to the use of pharmaceuticals is a woman



1 of 6 persons that accessed treatment for heroin use disorders is a woman



1 of 5 persons that accessed treatment for SUD is a high-risk drug user

The number of treatment entrants on account of cannabis use remained fairly stable at an estimated rate of three per 100,000 population in 2018 and 2019, a slight deviation from the two per 100,000 population reported from 2014 to 2017. Overall, Gambia, Liberia and Senegal accounted for the highest proportion per 100,000 population of people who accessed treatment for problems related to the use of cannabis in the reporting period. However, Gambia (32 persons per 100,000 population) accounted for the largest number of people in treatment due to cannabis use.

Cocaine remains the most commonly used illicit stimulant drug for which people undergo treatment in West Africa in 2018 and 2019. Problematic use of cocaine was more prevalent in Cabo Verde (53 per 100,000 population) and Liberia (20 per 100,000 population). There was also a gender divide in treatment entrants as

one of nine persons that sought treatment for cocaine use disorder during the reporting period is a woman. Nevertheless, a considerable increase in trend of problematic use of cocaine was observed in the region from 2016 to 2019.

The non-medical use of pharmaceutical and other synthetic opioids in West Africa is of increasing concern. In the reporting period, a total of 129 tonnes of pharmaceutical opioids seized indicates potential increase in the non-medical use of pharmaceuticals and synthetic opioids as West Africa continues to be a hub for diversion of licit pharmaceuticals for illicit use. The data also revealed equivalent non-medical use of pharmaceuticals among both men and women in treatment.

The most common route of drug administration among PWUDs in West Africa is inhalation and this accounts for three-quarter of all reported

route of drug administration in 2018 and 2019. People who inject drugs also account for a modest proportion of treatment entrants in West Africa. The age-disaggregated data, frequency of consumption in the past month and route of administration indicates that one of 5 persons that accessed treatment in the region, in 2018 and 2019 are high-risk drug users. Other common routes of administration includes oral, inhalation and the combination of two or more routes.

The drug treatment data revealed an increase in the extent of drug use among young people than among the older population. Although the burden of drug use was highest among people aged 15 to 44 years accounting for 87.9 percent of all the people in treatment, individuals aged 10 to 29 years accounted for 57 percent of

people in treatment in 2018 and 2019. The trend analysis of the WENDU data further reflects that two of five persons that entered treatment during the reporting period were unemployed and 72 percent had only either primary or secondary education.

There was over 12 percent increase in the number of countries that referred people to treatment from the judiciary in the reporting period and this accounts for 75 percent of the countries in the region. The report suggests that several West African countries now provide option for referral into treatment and diversion away from criminal sanctions in minor cases involving the possession of drugs within the permissible threshold of quantities of controlled substances for “personal use” in each country.



# **OVERVIEW OF DRUG SUPPLY SUPPRESSION AND DRUG TREATMENT DEMAND IN WEST AFRICA**

## DRUG SUPPLY SUPPRESSION

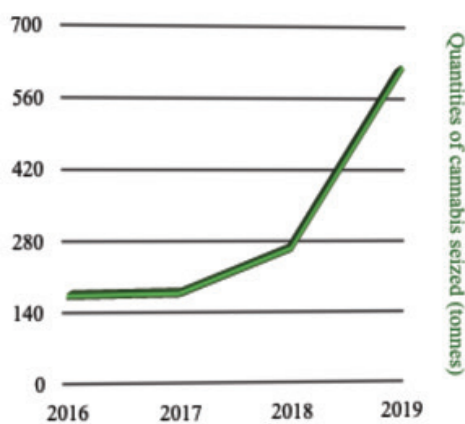
### Drug Seizures

The data on distribution, level, and pattern of drug seizures made available through the National Focal Points of WENDU was analysed in terms of the quantities (weight) of drugs seized and the number of cases of seizures. While neither the weight of drugs seized nor number of drug seizure cases is a direct indicator of drug trafficking, both indicate the capacity of drug law enforcement agencies as well as the priority in Member States. However, changes in quantities of drugs seized and the number of drug seizure cases may serve as proxy indicators of trends and patterns of drug supply in West Africa and Mauritania.

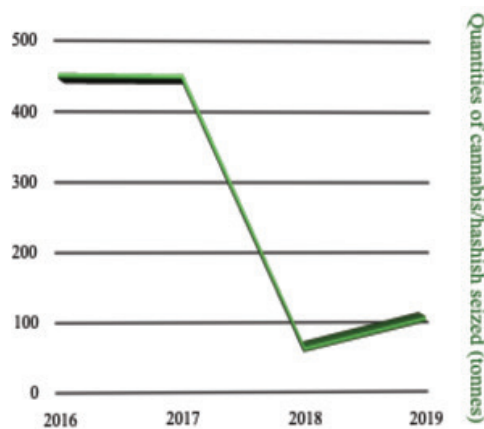
#### Cannabis

Cannabis continued to account for the largest quantities of drugs seized in West Africa in 2018 and 2019. Other drugs reportedly seized during the index period include opioid, khat, cocaine, methamphetamine and ephedrine. There were significant differences in cannabis seizures among countries in the region and Nigeria continues to record the largest quantities of cannabis seized in West Africa. There was also a significant increase of 48 percent in seizure of cannabis in Nigeria from 2016 to 2019 (Figure 1.1).

**Fig 1.1 Trend in cannabis seizures in Nigeria 2016 - 2019**

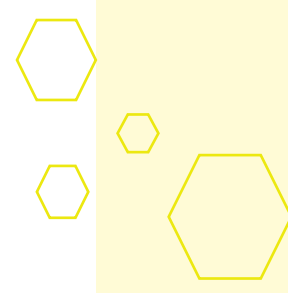


**Fig 1.2. Trend in cannabis/hashish seizures in West Africa (excluding Nigeria), 2016-2019**

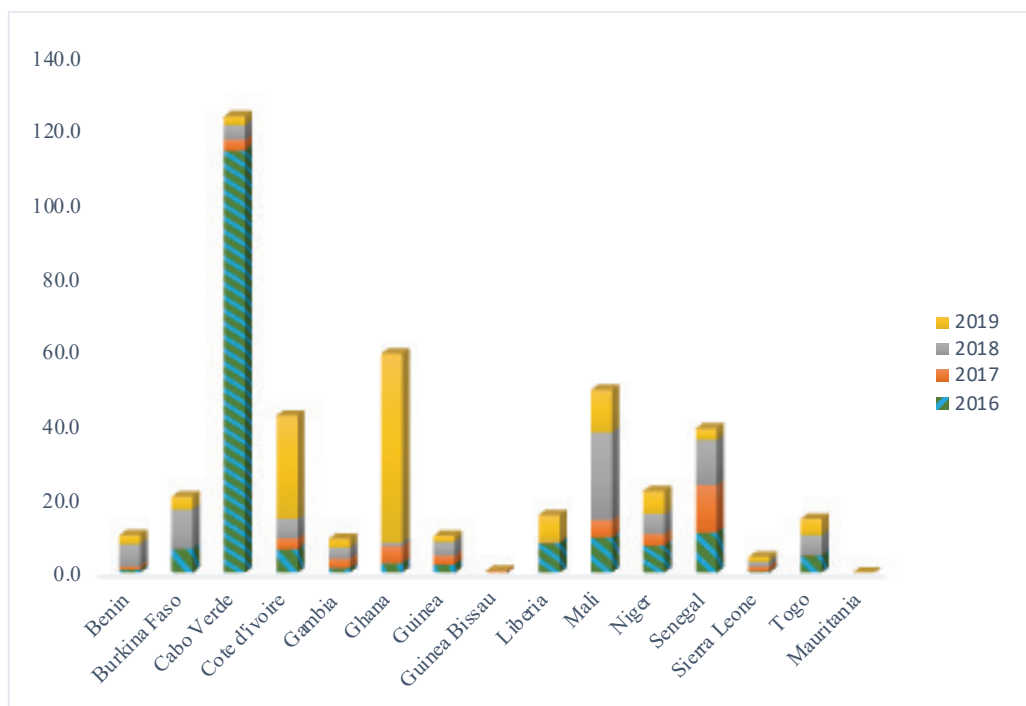


Source: ECOWAS analysis of WENDU data

In contrast to the increased seizure of cannabis in Nigeria, the trend for West Africa excluding Nigeria reflected a sharp decline in the quantities of cannabis seized in 2018 and 2019 (206.12 tonnes), when compared to the total seizures of 871.8 tonnes in 2016 and 2017 (fig 1.2). Overall, a total of 1,082 tonnes of Cannabis was seized in 2018 and 2019 in West Africa.



**Figure 1.3: Trend in cannabis/hashish seized in West Africa, excluding Nigeria (2016- 2019)**



Source: ECOWAS analysis of WENDU data

Apart from Nigeria, large quantities of cannabis/hashish seized were reported in Ghana, Cote d'Ivoire, and Mali during the period under review (figure 1.3).

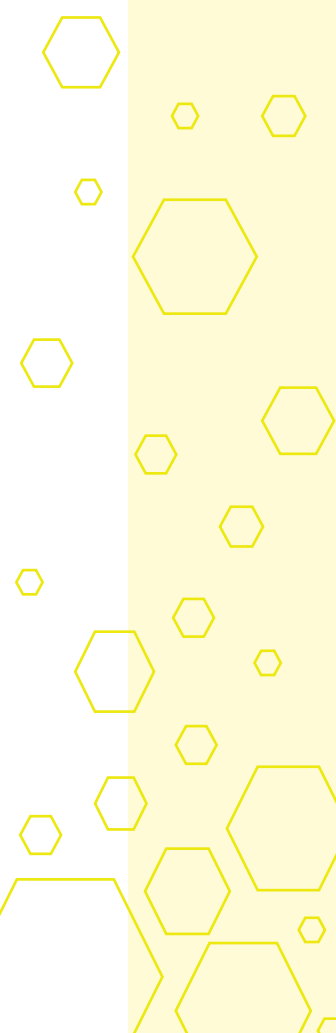
### Opioids

The largest quantities of opioids reported to have been seized in the region in 2018 and 2019 were of pharmaceutical opioids followed by heroin. The pharmaceutical opioids seized consisted mainly of tramadol and codeine and this indicates that the West Africa Region continues to be a hub for diversion of licit pharmaceuticals for illicit use<sup>2</sup>. A total of 127.94 tonnes and over 19 million tablets (19,259,872) of tramadol ranging from 225mg to 500mg were seized in the period under review. Countries where tramadol seizures were reported include Benin,

Guinea, Cote d'Ivoire, Mali, Niger, Nigeria, Senegal and Togo. In 2019, Benin reported a significant total tramadol seizure of 59.2 tonnes.

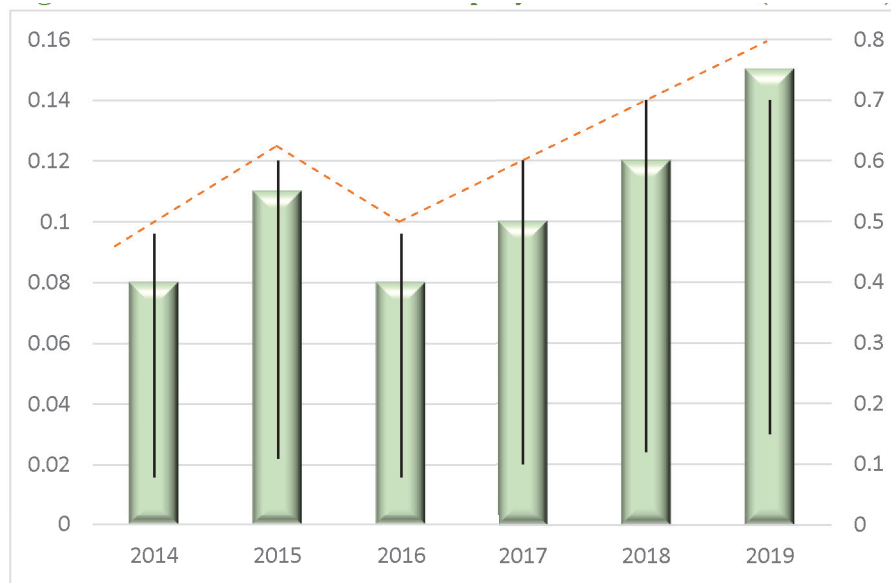
A total of 17.26 tonnes of codeine-containing products especially cough syrup formulation were seized in the reporting period and Nigeria accounted for over 98% of the quantities of codeine seized. Although Tramadol and codeine are clearly less potent than heroin, they accounted for over 98% of all pharmaceutical opioids seized in 2018 and 2019.

A total of 0.27 tonnes of heroin was reported to have been seized in West Africa in 2018 and 2019. This reflected a significant increase in the quantities of heroin seized in the region in 2016 and 2017 (fig 1.4).





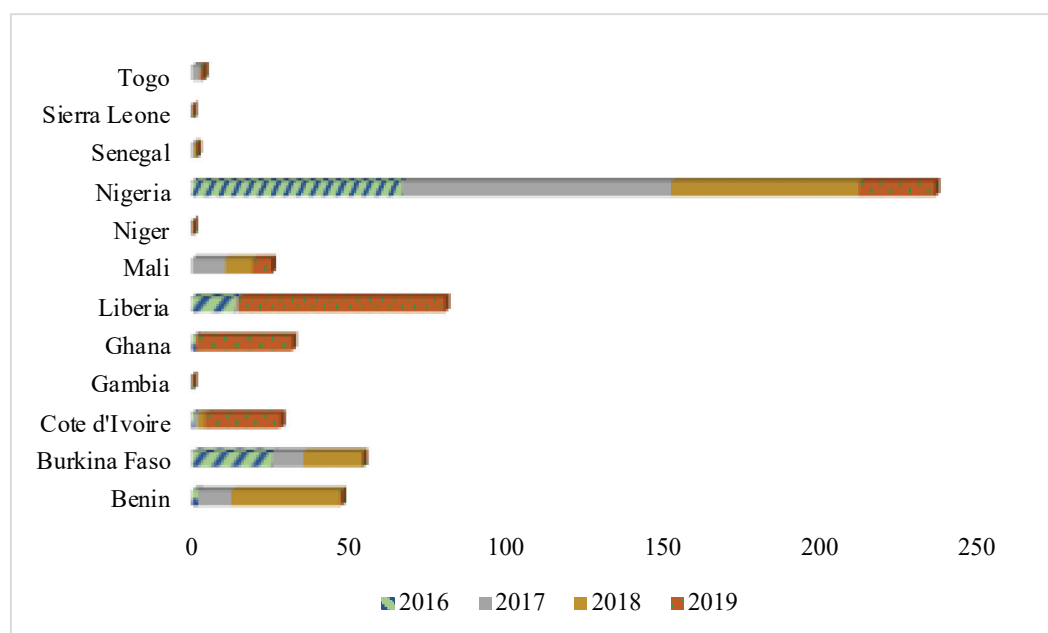
**Fig 1.4: Trend in total heroin seizure per year in West Africa (2014-2019)**

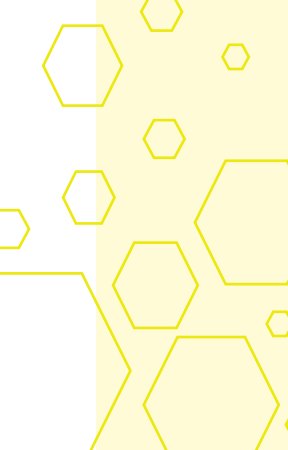
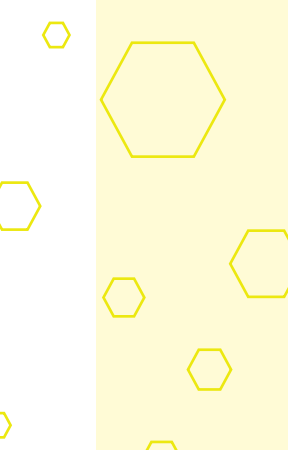
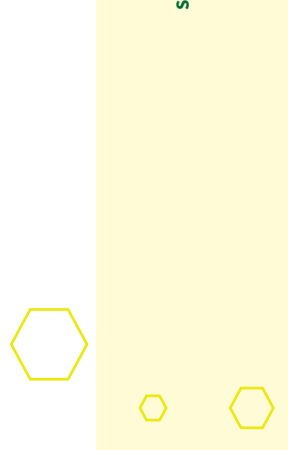
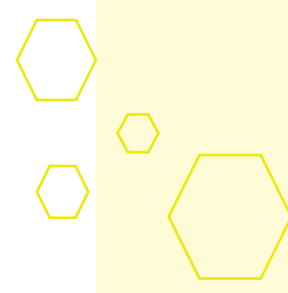


Source: ECOWAS analysis of WENDU data

The largest quantities of heroin seized in the reporting period was recorded in Liberia and this accounts for about 43 percent of the total seizure in 2019. Large quantities of heroin were also reported to have been seized in Cote d'Ivoire, Ghana and Nigeria while four countries (Cabo Verde, Guinea, Guinea Bissau and Mauritania) did not record heroin seizure from 2016 to 2019. (figure 1.5).

**Fig 1.5: Trend in heroin seizure in West Africa (2014-2019)**



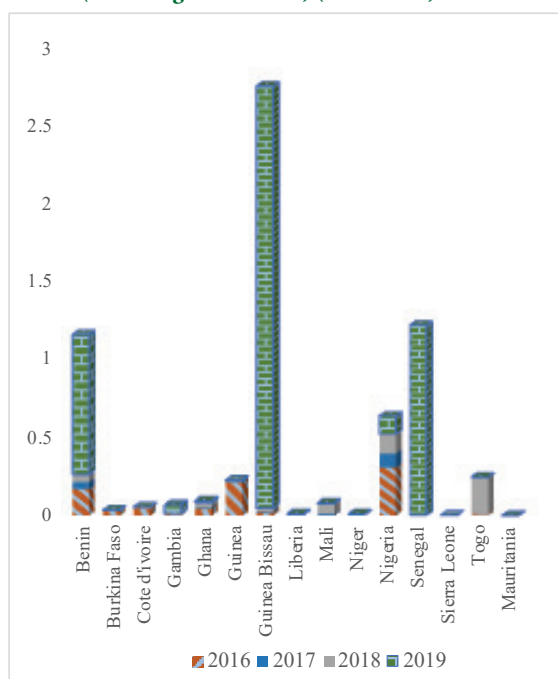


## Cocaine

A total of about 16.63 tonnes of cocaine were reported to have been seized in the region in 2018 and 2019 and Cabo Verde accounted for over 66 percent of the total quantities of cocaine seized in West Africa. The quantities of cocaine seized in 2019 increased by 28 percent com-

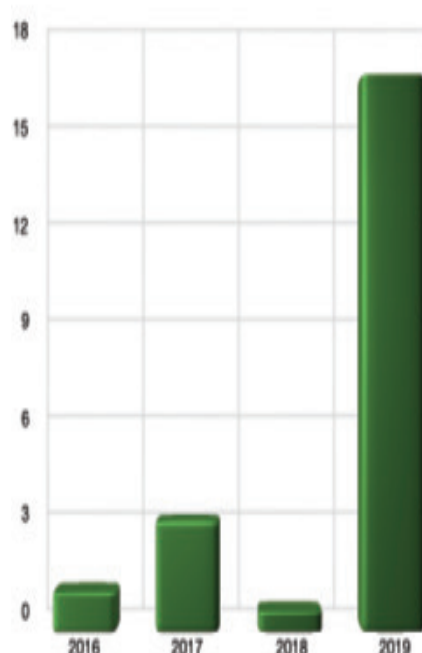
pared with the preceding year to hit a record high of about 16.06 tonnes (figure 1.7). In 2019, a total of 11.07 tonnes of cocaine were reported to have been seized in Cabo Verde, making it the largest quantities seized in the region. Large quantities of cocaine was also seized in Benin, Guinea Bissau and Senegal in 2018 and 2019 (figure 1.6).

**Fig 1.6: Trend in cocaine seizure in West Africa. (excluding Cabo Verde) (2016-2019)**



Source: ECOWAS analysis of WENDU data

**Fig 1.7: Trend in total quantities of cocaine seized in West Africa (2016-2019)**



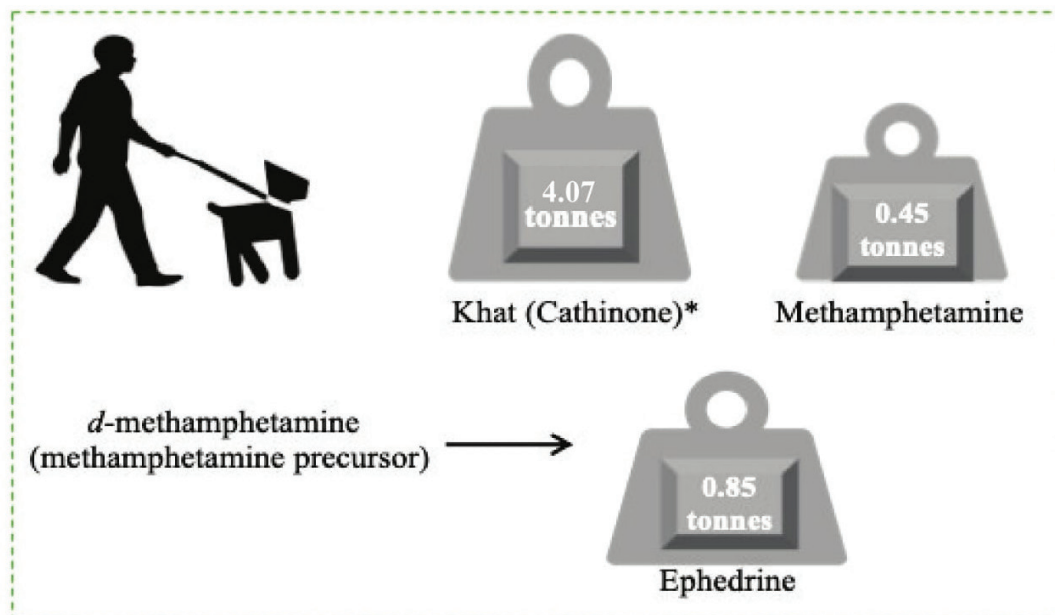
## Amphetamine-type Stimulants (ATS)

The data on seizure of amphetamine-type stimulant reflected a downward trend in the region from 2017 to 2019. In West Africa, Nigeria accounted for over 93% of the total ATS seizures in 2018 and 2019. The ATS seizure data for Nigeria however, reduced fivefold in 2019 when compared to the total seizure in 2017.

The ATS seized in the largest quantities in 2018 and 2019 were of Cathinones (Khat), a plant based psychoactive substance scheduled under the 1971 UN Convention on psychotropic sub-

stances. This was followed by methamphetamine and a significantly reduced quantities of about 0.05 tonnes of amphetamine reported to have been seized in the entire region in 2018 and 2019 when compared to 2017. There was also a notable change in trend for the quantities of ATS seized in previous years as Methamphetamine accounted for the largest quantities seized from 2014 to 2017 in the region. Although there was a reduction in quantities of ATS seized from 2017 to 2019, the number of countries reporting these seizures remained the same (eight countries) throughout this period.

**ATS & ATS precursor seizures in West Africa**

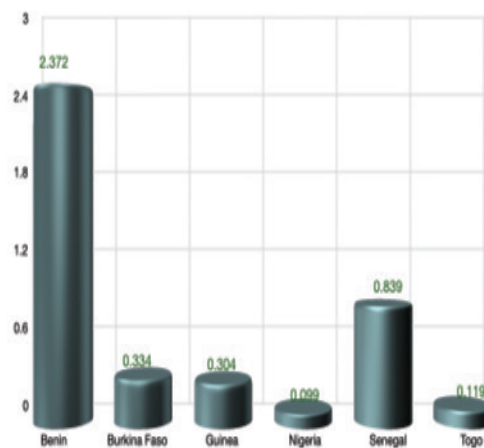


\*1971 Convention on Psychotropic Substances, schedule I  
 Source: ECOWAS analysis of WENDU data

**Khat**

Khat, a plant based psychoactive substance was reported to have been seized in the region in 2018 and 2019. The principal active components in Khat are cathinone and cathine (norpseudoephedrine). The pharmacological effects of these components are similar to that of amphetamine, although less potent<sup>3</sup>. The largest quantities of khat seized in the reporting period was recorded in Benin and this accounted for over 58 percent of the total seizures in the region (figure 1.8). Khat seizures was also recorded in Guinea, Nigeria, Senegal and Togo. In total, an estimated 4.07 tonnes of khat was seized in the region in 2018 and 2019.

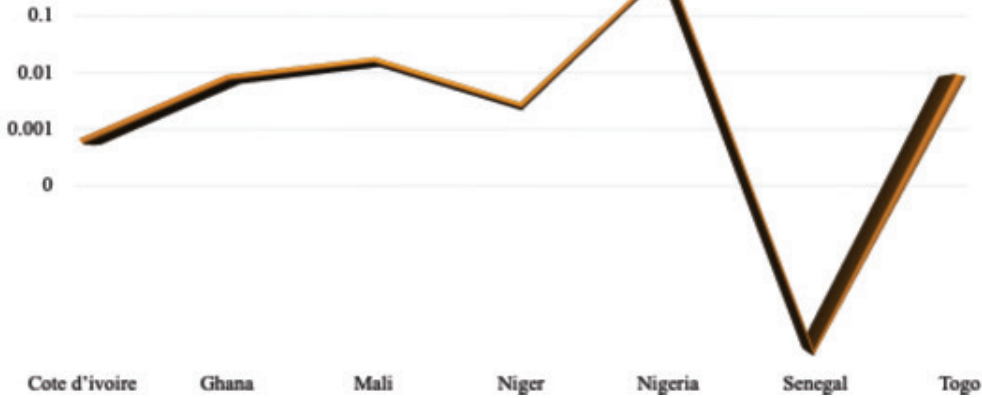
**Fig 1.8: Quantities of Khat seized in tonnes 2018-2019**



**Methamphetamine**

A total of 0.45 tonnes of methamphetamine were reported to have been seized in 2018 and 2019 in West Africa. Nigeria accounted for over 93 percent of the total seizures of methamphetamine in the reporting period (Figure 1.9). Methamphetamine seizures were also reported in Cote d'Ivoire, Ghana, Mali, Niger, Senegal and Togo. The number of countries reporting seizures of methamphetamine remained relatively stable in the period 2016-2019.

**Fig 1.9: Quantities of Methamphetamine seizure (tonnes) in West Africa (2018\_2019)**



Source: ECOWAS analysis of WENDU data

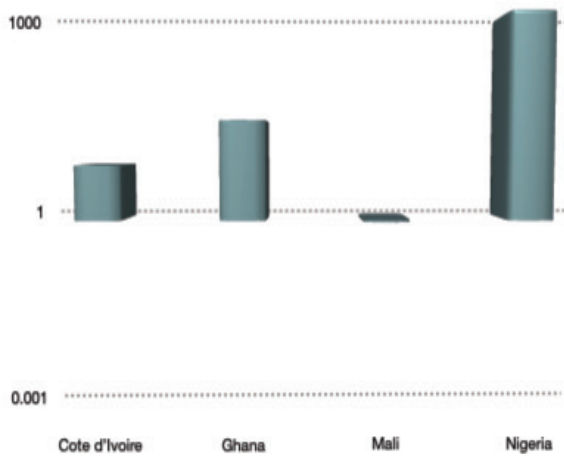
**Ephedrine**

Precursor seizure data provides a typical illustration of clandestine manufacture in West Africa. Although there have been discoveries of clandestine laboratories in Nigeria, other West African countries provided anecdotal evidence on the manufacture of controlled substances.

A total of about 0.85 tonnes of ephedrine were reported to have been seized in West Africa in 2018 and 2019. Countries where ephedrine

seizures were reported include Cote d'Ivoire, Ghana, Mali and Nigeria (Figure 2.0). The largest quantities of ephedrine seizures were reported in Nigeria (0.82 tonnes) The availability and continued seizures of large quantities of ephedrine, a major precursor chemical for methamphetamine signifies the complex challenges in addressing the clandestine manufacture of methamphetamine in the region, particularly in Nigeria.

**Fig 2.0: Quantities of Ephedrine seizure in West Africa (2018 – 2019)**



**Other psychoactive substances**

Other psychoactive substances reported to have been seized in West Africa in the index period include benzodiazepines (3.26 tonnes), barbiturates (0.31 tonnes) and ketamine (0.01 tonnes).

<sup>1</sup> Member States did not report benzodiazepines, tramadol, pentazocine, morphine, and ephedrine seized using weight measures (grammes/kilogrammes). To undertake uniform comparison among Member States, we converted drugs seized to weight measures (grammes) by multiplying by the lowest standard strength of the tablet or ampoule of the drugs reportedly seized. For instance, we converted tablets of diazepam to grammes by multiplying the number of tablets reported to have been seized by <sup>2</sup>mg (Lowest strength of the drug). Since the normal strength of tramadol (50mg) are often not seized by drug law enforcement agencies in most countries in West Africa, we converted tramadol tablets seized to grammes by multiplying by <sup>100</sup>, the minimum strength usually seized by drug suppression agencies.

iCentral Intelligence Agency. The World Factbook [Internet]. Washington, DC: Central Intelligence Agency; 2013 [updated 2019 May 1; cited 2019 Jul 15]. Retrieved from <https://www.cia.gov/library/publications/the-world-factbook/>.

## Arrests due to drug related offences

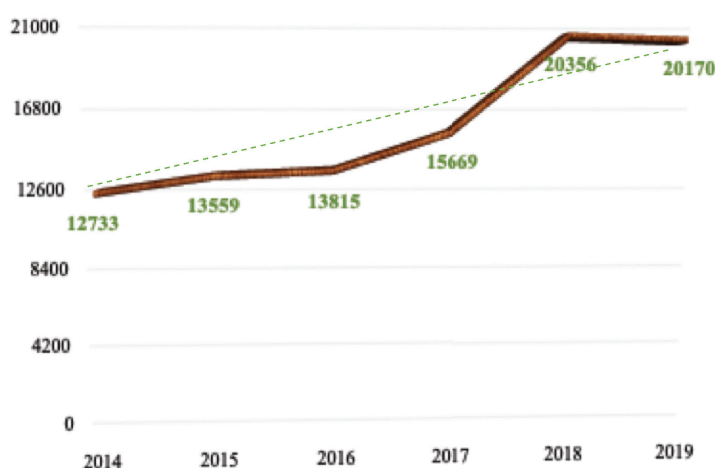
Data provided by law enforcement agencies reflected an increase in the number of arrests due to drug related offenses from 2014 to 2019 in West Africa (figure 2.1). With a regional population of over 375 million in the period under review, 20,170 people (5.35 per 100,000 population) were arrested for drug related offenses in 2019 compared to the 12,733 people (3.8 per 100,000 population) arrested in 2014. In

total, an approximate rate of 11 persons per 100,000 population were arrested in 2018 and 2019 in West Africa. The Gambia, however, accounted for the highest proportion of arrests due to drug related offences in the region in 2018 and 2019 (56.9 per 100,000 population), followed by Senegal (48.8 per 100,000 population) and Cabo Verde (36.2 per 100,000 population) (Table 1.1).

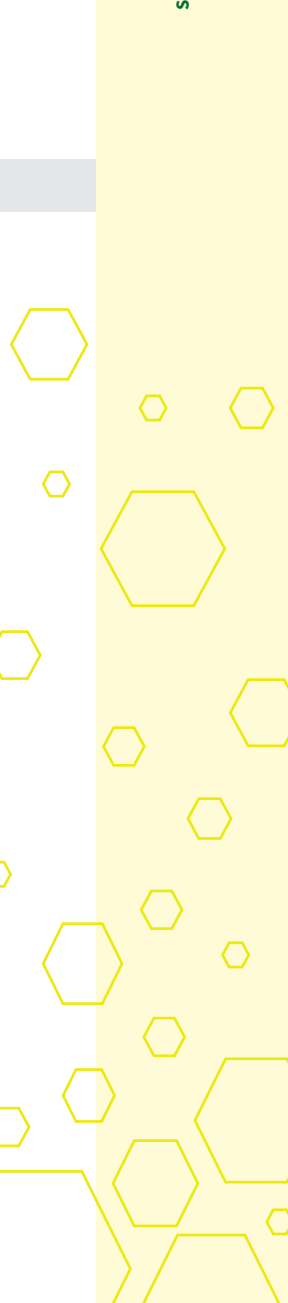
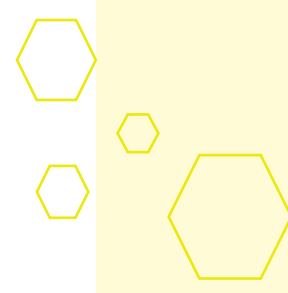
**Table 1.1: No of arrests (per 100,000 population) due to drug related offences in West Africa (2014-2019)**

Country	2014	2015	2016	2017	2018	2019
Benin	1.23	1.04	0.79	0.86	0.86	1.32
Burkina Faso	0.90	1.08	4.02	Not Reported	3.01	2.39
Cabo Verde	28.57	29.71	37.10	8.94	16.55	19.68
Cote d'Ivoire	7.29	7.35	5.58	2.59	7.89	9.16
Gambia	20.95	10.74	19.40	22.00	30.1	26.8
Ghana	0.12	0.17	0.09	0.08	0.09	0.14
Guinea Bissau	0.53	0.75	1.12	0.77	1.07	1.65
Guinea	0.81	1.36	0.92	0.41	0.35	0.43
Liberia	2.02	2.57	1.94	2.06	2.16	6.72
Mali	Not Reported	2.36	0.27	0.82	1.42	1.29
Niger	4.83	6.77	9.63	12.78	13.65	9.1
Nigeria	5.00	4.85	4.44	5.24	5.02	4.82
Senegal	1.12	1.21	2.63	7.94	21.87	26.93
Sierra Leone	0.76	0.68	0.55	0.28	0.05	0.08
Togo	1.09	0.89	0.64	0.57	1.00	0.99

**Figure 2.1 Number of arrests due to drug-related offences in West Africa (2014 – 2019)**



Source: ECOWAS analysis of WENDU data



A significant finding of this report is that drug supply suppression efforts are more prominent in West Africa. The data reflected an increase in the number of arrests due to drug related offenses and increased drug interdictions from 2014 to 2019 in the region. This calls for improved efforts

to address the illicit drug supply system through interagency collaborations and cooperation, prosecutions of drug traffickers, dismantling of drug trafficking networks, strengthening of law enforcement institutions and improved intelligence sharing amongst neighbouring countries.

## DRUG TREATMENT DEMAND

Prevalence estimates of alcohol and drug use across West African countries are limited and often not directly comparable. For this reason, the current report considers treatment demand as a proxy indicator to monitor the extent and patterns of drug use. Despite its limitations, information about people in treatment for drug use disorder can provide useful insight into trends and geographical variations with respect to drug use disorders. However, this information needs to be interpreted with caution since the number of people in treatment reflects not only

the demand for treatment but also the extent of the provision of treatment, availability and accessibility of treatment facilities in a geographical location. In addition, there's an inherent time-lag as people only enter treatment after they have consumed drugs over (often prolonged) period of time. It should also be noted that the number of people seeking treatment are only a subset of all drug users, i.e. it only reflects a small proportion of the overall number of people using drugs.

## Principal drug of concern

Drugs used in West Africa include a wide range of psychoactive substances and polydrug use is a common phenomenon among both regular and recreational drug users. Polydrug use among adolescents and young adults in treatment reflects the use of multiple substances such as speedballs, and other varying combination patterns of alcohol, cannabis, cocaine, heroin, pharmaceuticals (benzodiazepine & barbiturates) and synthetic opioids. Cabo Verde accounted for the highest number of persons per 100,000 population (95 persons per 100,000 population) that accessed treatment for all forms of disorders related to the use of substances from 2016 to 2019 (figure 2.0). This may be due to the fact that 70 percent of the people in treatment have access to free SUD-related medical care in Cabo Verde.

The trend analysis of the WENDU data indicate a significant increase in the number of people treated for substance use disorders in West Africa in 2018 and 2019 when compared to 2016 and 2017. The notable increase recorded may signify improved reporting by Member States

following multiple training sessions for national focal points on epidemiological data collection systems for substance use disorders. Liberia, with about 87 persons per 100,000 population, accounted for the highest number of persons who accessed treatment for drug use disorders in 2018 and 2019 while Cabo Verde, with about 71 persons per 100,000 population accounted for the highest number of persons who accessed treatment for alcohol use disorder in 2018 and 2019 (table 1.2).

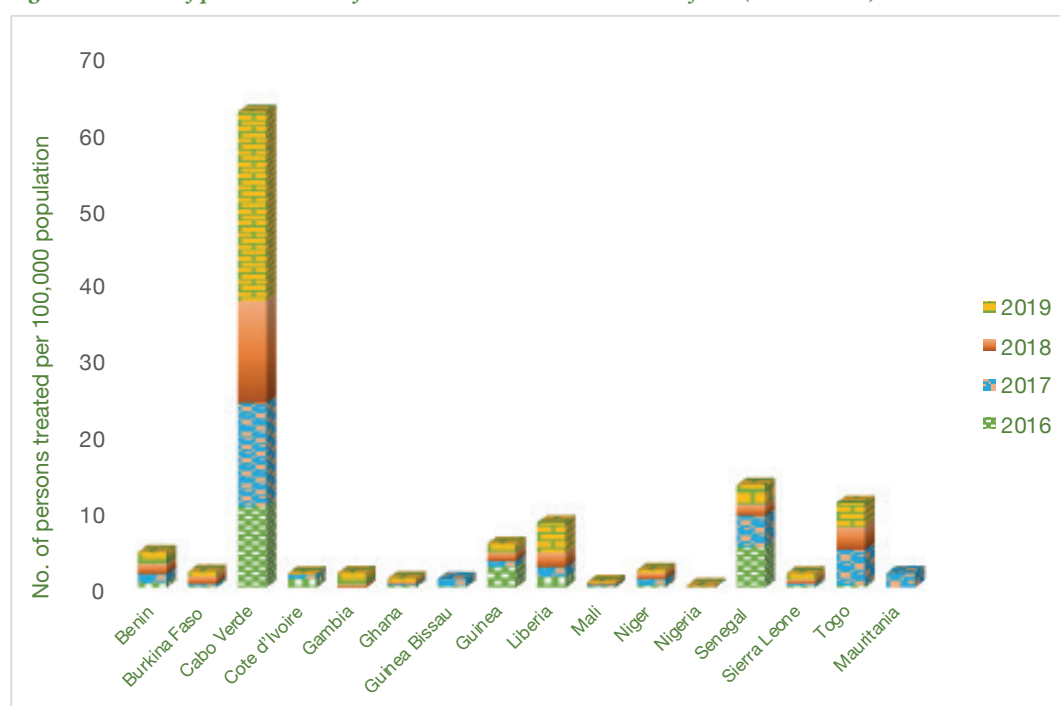
### Alcohol

Alcohol was a commonly reported principal psychoactive substance used among people in treatment in West Africa. Compared to other countries, higher proportions of treatment entrants in Cabo Verde indicated alcohol as the primary substance used from 2016 to 2019 (figure 2.2). Furthermore, the proportion of treatment admissions for alcohol use disorders was higher in Cabo-Verde and Ghana than the admissions for cannabis use disorders in 2018 and 2019 (table 1.2).

**Table 1.2 No. of persons (per 100,000 population) treated for alcohol use disorders in West Africa (2016 – 2019)**

Country	2016	2017	2018	2019
Benin	0.60	1.17	1.32	1.56
Burkina Faso	0.13	0.34	1.00	0.58
Cabo Verde	10.73	13.59	24.83	45.79
Cote d'Ivoire	1.20	0.54	Not reported	0.09
Gambia	Not reported	Not reported	0.39	1.54
Ghana	0.20	0.27	0.30	0.40
Guinea Bissau	0.17	0.93	0	0
Guinea	2.73	0.76	1.13	1.16
Liberia	1.40	1.30	1.89	3.96
Mali	0.15	0.20	0.23	0.14
Niger	0.28	0.81	0.86	0.36
Nigeria	0.06	0.06	0.06	0.00
Senegal	5.37	4.09	1.45	2.58
Sierra Leone	0.20	0.31	0.51	0.84
Togo	0.33	4.66	3.02	3.14
Mauritania	Not reported	1.89	Not reported	Not reported

**Fig. 2.2 Number of persons treated for alcohol use disorders in West Africa (2016 – 2019)**



Source: ECOWAS analysis of WENDU data

## Cannabis

Cannabis remains the main drug for which people undergo treatment in West Africa. The number of treatment entrants on account of cannabis use remained fairly stable at an estimated rate of three per 100,000 population in 2018 and 2019 (table 1.3). The treatment data further revealed that one in two persons that accessed treatment in 2018 and 2019 reported

cannabis as the principal drug used in West Africa (table 1.3). There was also a remarkable decrease in treatment entrants due to cannabis use problem in Senegal from 25.2 per 100,000 population in 2016 to 9.72 per 100,000 population in 2019 (table 1.4). This decline in demand for treatment was reportedly due to the operational difficulties experienced at the only government-run specialized drug treatment facility in Dakar.

**Table 1.3: Total number of persons treated for drug use disorders in West Africa (2018 - 2019)**

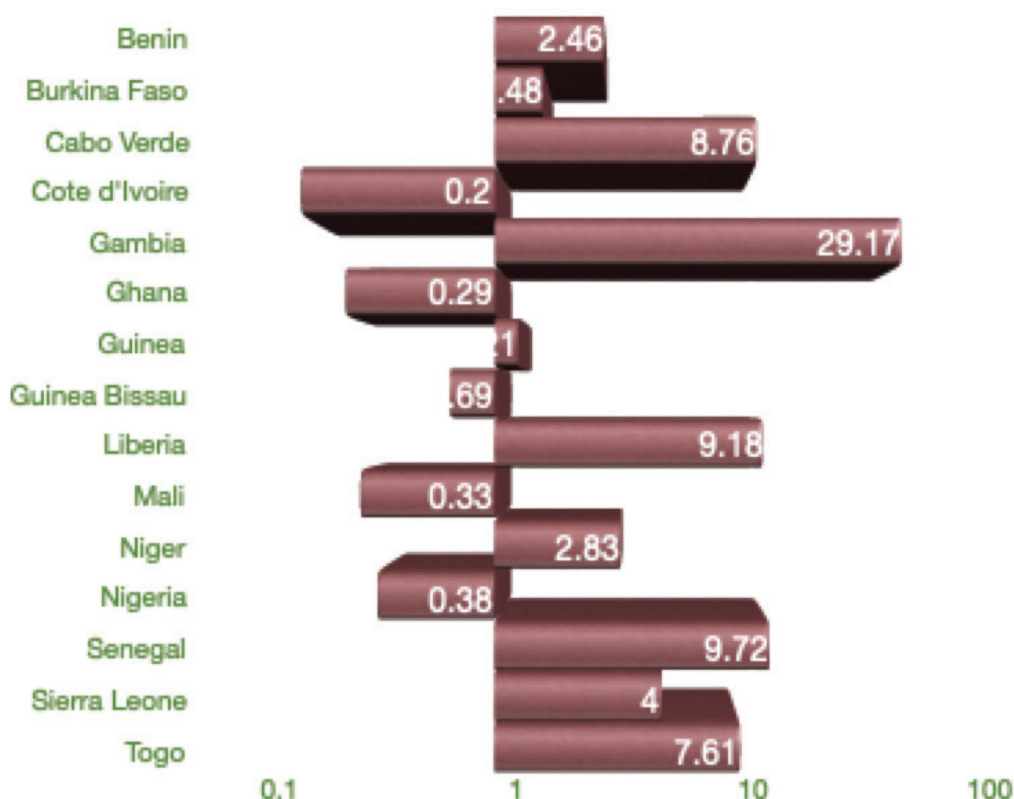
Principal substance used	Total no. of persons	Percentage (%)	No. of persons per 100,000 population
Cannabis	11 171	55.74	2.96
Cocaine	2 220	11.08	0.59
Opioids	2 527	12.61	0.67
Hallucinogen	34	0.17	0.01
Ecstasy	29	0.14	0.00
Solvent/glue	183	0.91	0.05
Over the counter drugs (OTC)	344	1.72	0.09
ATS	145	0.72	0.04
Tramadol	1318	6.58	0.35
Other stimulants (including ecstasy)	2	0.01	0.00
Sedative/hypnotics (barbiturates, benzodiazepines)	85	0.42	0.02
Others	1982	9.89	0.53

**Table 1.4: Number of persons (per 100,000 population) treated for cannabis use disorder in West Africa (2016 - 2019)**

Country	2016	2017	2018	2019
Benin	0.7	1.4	1.42	2.46
Burkina Faso	1.4	1.2	1.99	1.48
Cabo Verde	6.6	6.5	7.17	8.76
Cote d'Ivoire	1.2	0.7	Not Reported	0.2
Gambia	Not Reported	Not Reported	3.51	29.17
Ghana	0.2	0.1	0.23	0.29
Guinea Bissau	1.2	1.7	6.24	0.69
Guinea	2.0	1.6	1.22	1.21
Liberia	1.6	3.6	18.28	9.18
Mali	0.2	0.4	0.47	0.33
Niger	1.9	2.0	2.15	2.83
Nigeria	0.2	0.3	0.25	0.38
Senegal	25.2	20.6	12.44	9.72
Sierra Leone	1.4	1.6	2.13	4.00
Togo	4.2	4.2	3.76	7.61
Mauritania	Not Reported	10.2	Not Reported	Not Reported



**Fig. 2.3 No of persons (per 100,000 population) treated for cannabis use disorder in West Africa in 2019**



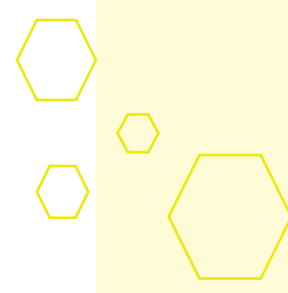
Source: ECOWAS analysis of WENDU data

Liberia, with about 18 persons per 100,000 population accounted for the highest number of persons who entered treatment for cannabis use disorder (CUD) in the region in 2018 while Gambia, with an estimated rate of 29 persons per 100,000 population recorded the highest number of persons that entered treatment for CUD in 2019 (figure 2.3).

**Cocaine/crack**

Cocaine was the most commonly used illicit stimulant drug reported among people in drug

treatment in West Africa. In this reporting period, cocaine/crack problem use was more prevalent in Cabo Verde and this accounted for over 65 percent of individuals in treatment for cocaine use disorders in West Africa. In Cabo Verde, about 28 per 100,000 population were in treatment for cocaine/crack use problems in 2019 and this was 2.5 times higher than the number of treatment entrants in the country in 2017 (table 1.5). Overall, the number of treatment entrants on account of cocaine use increased from 0.4 per 100,000 in 2016 and 2017 to 0.6 per 100,000 population in 2018 and 2019.



**Table 1.5: Number of persons (per 100,000 population) treated for cocaine use disorder in West Africa (2016 – 2019)**

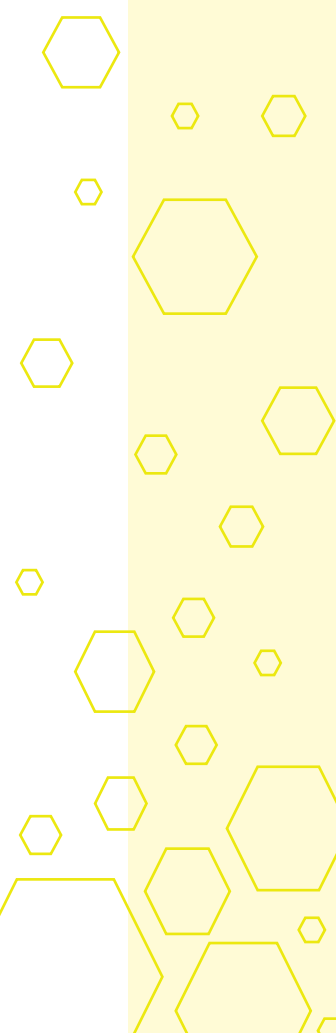
Country	2016	2017	2018	2019
Benin	0.1	0.3	0.19	0.14
Burkina Faso	0.1	0.1	0.11	0.07
Cabo Verde	13.4	10.4	25.38	27.95
Cote d'Ivoire	1.2	0.6	0.00	0.00
Gambia	Not Reported	Not Reported	0.22	2.19
Ghana	0.1	0.1	0.09	0.13
Guinea Bissau	0.0	0.1	0.37	0
Guinea	1.1	1.3	1.09	1.08
Liberia	2.8	5.1	15.36	5.13
Mali	0.0	0.1	0.05	0.05
Niger	0.0	0.0	0.02	0.01
Nigeria	0.0	0.0	0.04	0.05
Senegal	0.1	0.3	1.33	0.32
Sierra Leone	0.3	0.3	0.22	0.13
Togo	0.4	0.2	0.26	0.39
Mauritania	0.0	0.1	Not Reported	Not Reported

Source: ECOWAS analysis of WENDU data

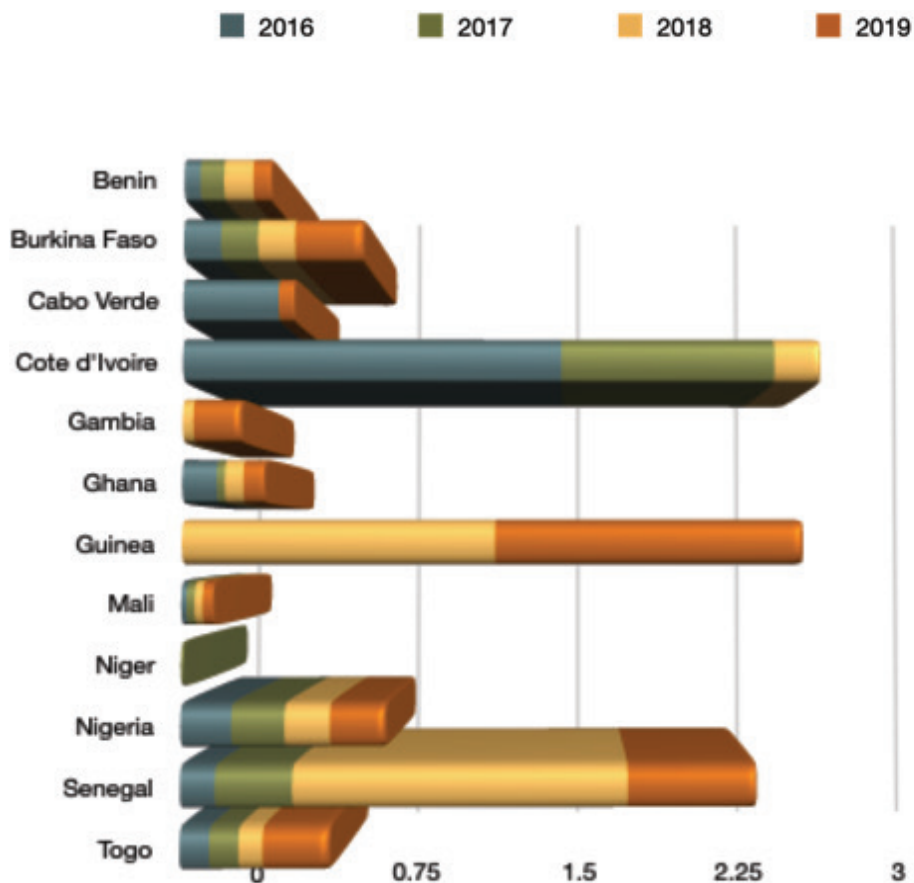
### Opioids (heroin, tramadol, and codeine)

The non-medical use of pharmaceuticals and synthetic opioids remains a major concern as West Africa continues to be a hub for diversion of licit pharmaceuticals for illicit use. Heroin was the most commonly used opioid by treatment entrants in West Africa. Opioid use accounted for 12.7% (6.7per 100,000 population) of all treatment admissions in 2018 and 2019. Liberia recorded the highest number of

people in treatment due to heroin use problems. An estimated rate of 15 persons per 100,000 population and 7 persons per 100,000 population assessed treatment in 2018 and 2019 respectively in Liberia. Other than Liberia, Guinea and Senegal also reported high rates of heroin (per 100,000) as the principal drug used by treatment entrants in 2018 and 2019 (figure 2.4).

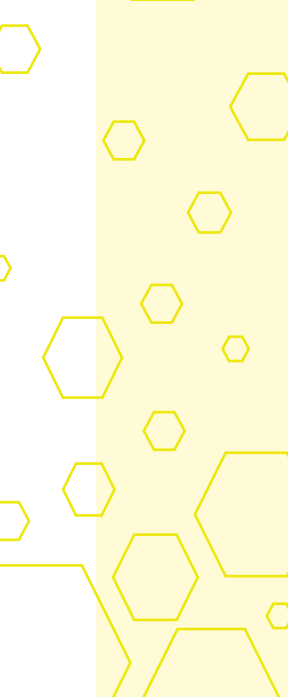
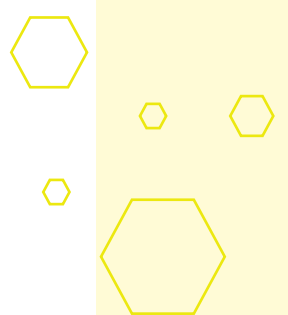
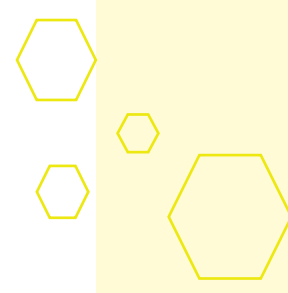


**Fig. 2.4: No. of persons per 100,000 population treated for heroin use disorders in West Africa (excluding Liberia) from 2016 to 2019**

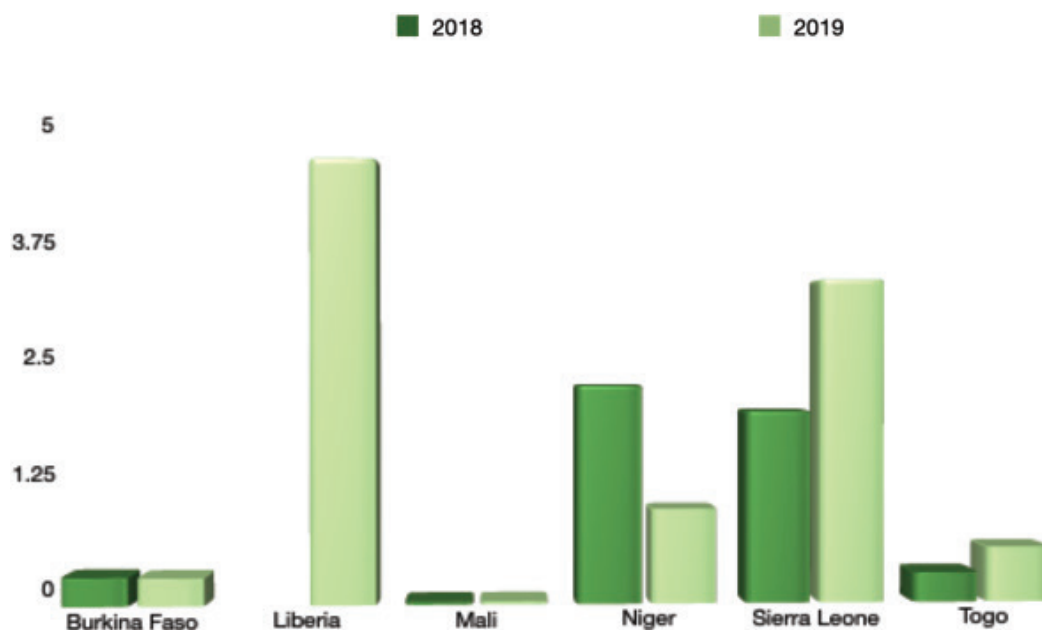


Source: ECOWAS analysis of WENDU data

Non-medical use of pharmaceutical opioids appears to have grown considerably from only two countries (Niger and Togo) citing tramadol as the principal drug of concern by treatment entrants in 2017 to six countries (Burkina Faso, Liberia, Mali, Niger, Sierra Leone and Mali) in 2019. Liberia, with about 5 persons per 100,000 population and Sierra Leone, with about 3 persons per 100,000 population accounted for the highest number of people in treatment for tramadol use disorders in 2019 (figure 2.5).



**Fig. 2.5: No. of persons per 100,000 population who accessed treatment services for tramadol use in West Africa (2018 – 2019)**



Source: ECOWAS analysis of WENDU data

The non-medical use of benzodiazepines, barbiturates and the misuse of pharmaceuticals was also a common phenomenon amongst treatment entrants in the region in 2018 and 2019.

### **Ecstasy (3,4-methylenedioxymethamphetamine, MDMA)**

The use of ecstasy is relatively rare in West Africa. A total of 161 people entered into treatment on account of ecstasy use from 2017 to 2019 in West Africa (Table 1.6). In addition, only five countries (Cabo Verde, Liberia, Niger, Senegal and Togo) have consistently recorded treatment entrants with MDMA use disorder from the period 2017 – 2019.

**Table 1.6: No of persons per 100,000 population treated for MDMA use disorder in West Africa (2017 - 2019)**

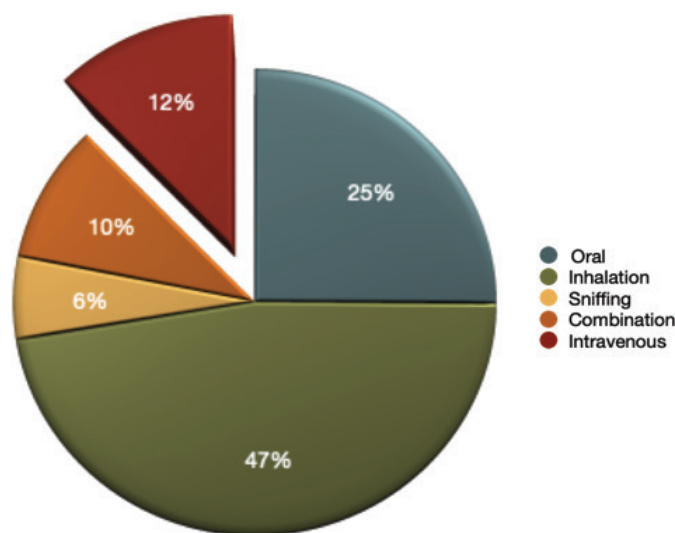
Country	2017	2018	2019
Cabo Verde	0.4	0.18	0.18
Liberia	0.0	0.21	0.27
Niger	0.5	0.0	0.0
Senegal	0.1	0.0	0.0
Togo	0.0	0.03	0.03

## Routes of drug administration

The most common method of drug administration among people in treatment in West Africa is inhalation and this accounts for three-quarter of all reported method for drug administration in 2018 and 2019. People who inject drugs also accounts for a modest proportion of treatment entrants in West Africa. The age-disaggregated

data, frequency of consumption in the past month and route of administration indicates that one of 5 persons that accessed treatment in the region, in 2018 and 2019 are high-risk drug users. Other common routes of administration includes oral, inhalation and the combination of two or more routes (figure 2.6).

Fig. 2.6: Route of drug administration in West Africa (2018 – 2019)



Source: ECOWAS analysis of WENDU data

## HIV screening among treatment entrants

The number of ECOWAS Member States reporting data on HIV tests increased from four in 2015 to 11 in 2019. A total number of 97 responses were reported for the indicator on HIV tests in 2015 while 7,875 responses and 5,089 responses were reported in 2018 and 2019 respectively (figure 2.7). However, only 33 percent of those in treatment know their HIV status and 48 percent were never screened for HIV (figure 2.8). People who inject drugs (PWIDs) are more likely to contract HIV than the rest of the population. Despite the increased risk for PWIDs to acquire HIV through the sharing of contaminated drug injection equipment, very few treatment entrants in the region know their HIV status. This results to limited access to HIV prevention, treatment and care for PWIDs in ECOWAS Member

States and Mauritania. Evidence from the analyzed WENDU data indicates that the West African region continues to employ the client-initiated HIV testing and counselling, also known as the voluntary HIV counselling and testing.

However, this primary model for HIV screening is limited by discrimination and increased fear of stigma by individuals already marginalized due to substance use behavior. In order to increase the coverage of HIV testing in the region and subsequently increase access to HIV treatment and prevention, it is pertinent that the treatment centres start to implement the Provider-Initiated HIV testing and counselling based on the WHO/ UNODC guidance on HIV testing and counselling in health facilities.

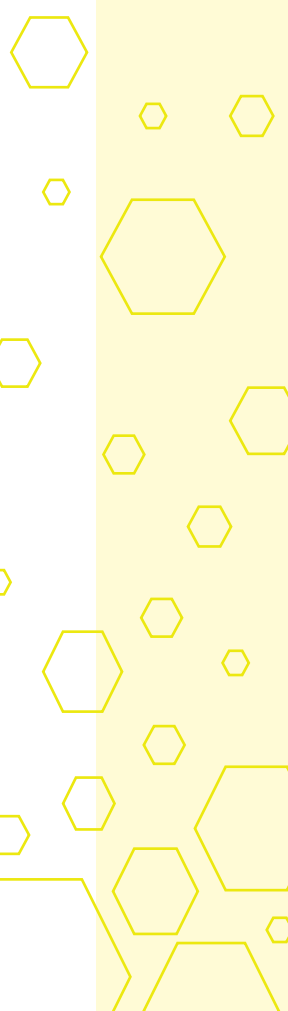
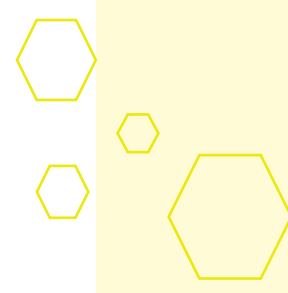


Fig 2.7: Trend in HIV tests reported among people who accessed treatment for SUDs in West Africa (2016 - 2019)

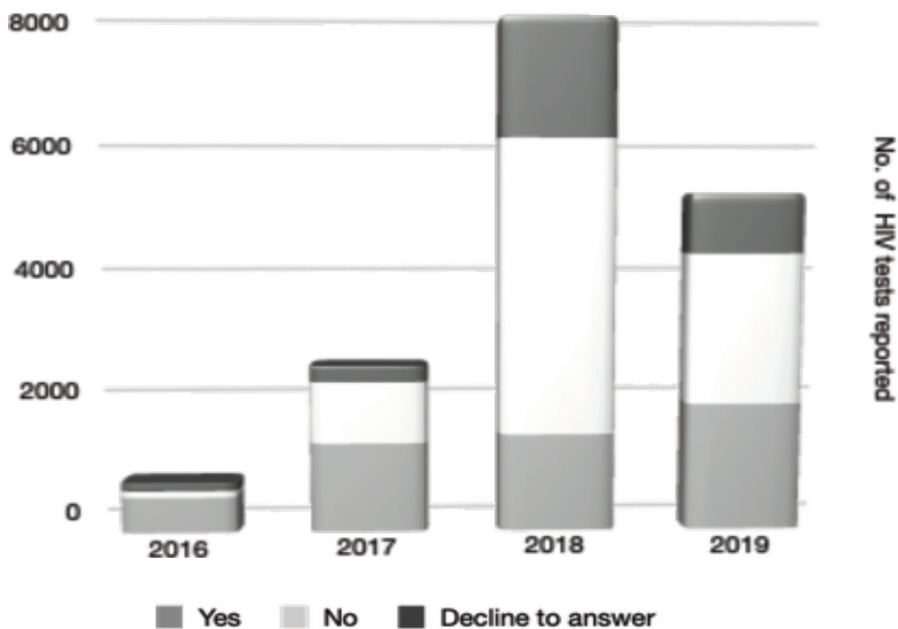
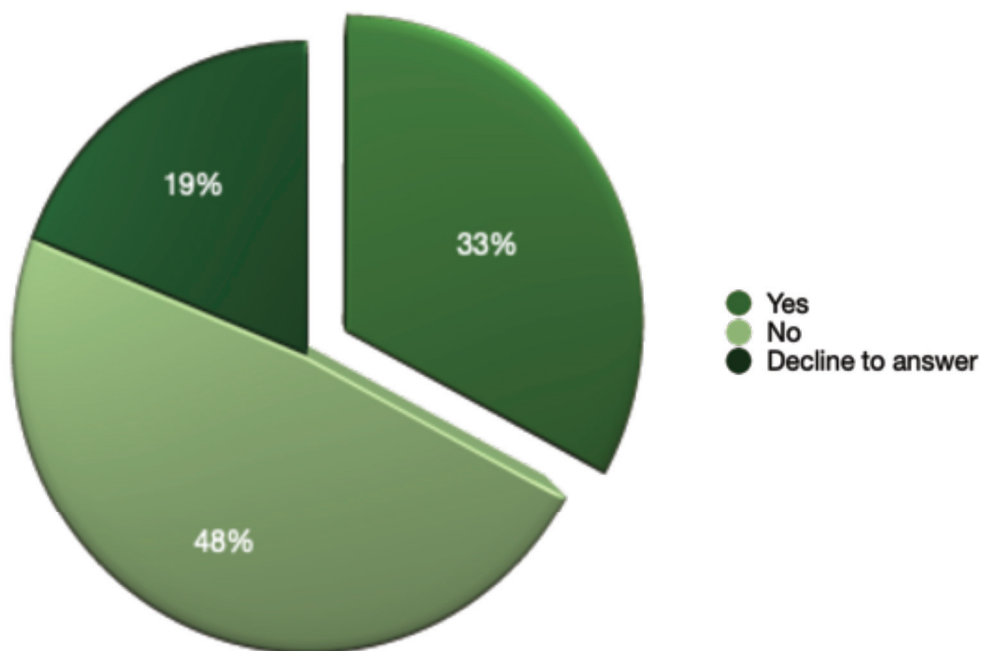


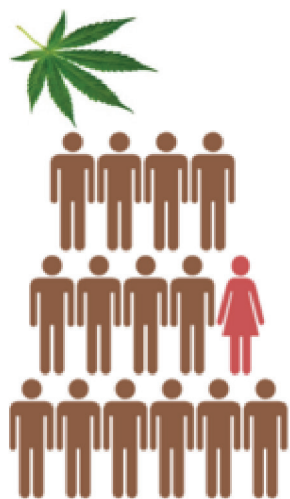
Fig 2.8: Proportion (%) of persons in treatment for SUDs who had HIV screening in West Africa (2016 - 2019)



## Sociodemographic characteristics of treatment entrants in West Africa

### Gender and substance use

The WENDU data reflected gender differential in substance use disorders amongst treatment entrants. One of 15 persons that accessed treatment for cannabis use disorders is a woman, one of 5 persons and one of 6 persons that accessed treatment for problems related to the use of alcohol and heroin respectively, is a woman. Equal proportion of men and women accessed treatment for disorders related to the use of pharmaceuticals and one of 9 persons that accessed treatment due to cocaine use disorders is a woman.



1 of 15 persons that accessed treatment for cannabis use disorders is a woman



1 of 2 persons that accessed treatment for disorders related to the use of pharmaceuticals is a woman



1 of 5 persons that accessed treatment for alcohol use disorders is a woman

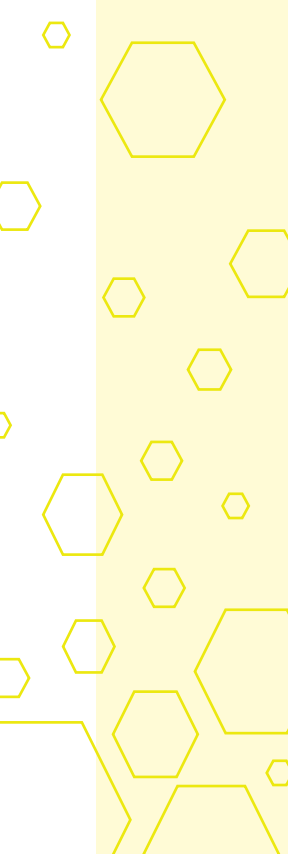
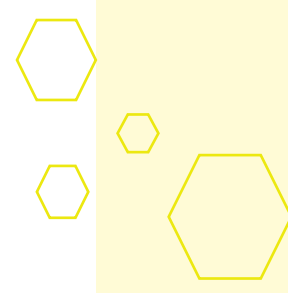


1 of 6 persons that accessed treatment for heroin use disorders is a woman



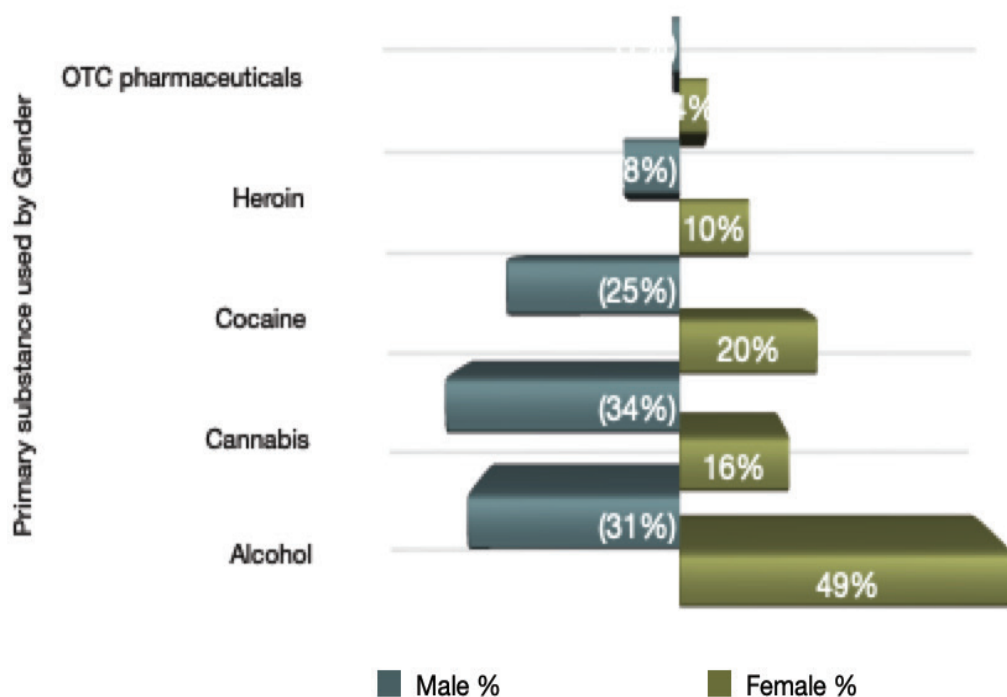
1 of 9 persons that accessed treatment for cocaine use disorder is a woman

Source: ECOWAS analysis of WENDU data



A higher proportion of men (34%) accessed treatment due to cannabis use disorders while women accessed treatment primarily due to problems related to alcohol use and this accounts for 49 percent of the total population of women in treatment. Although alcohol accounted for the second substance (31%) commonly used by men in treatment, cocaine was the second substance recorded for women (20%) (fig 2.9).

There was also a reduction in the gender gap when data on abuse of pharmaceuticals is considered. Despite the differences in gender by primary substance used for people in treatment, the observed differences could be attributed to lack of access to treatment services and higher stigma in women. In addition, women metabolize alcohol differently and achieve higher blood alcohol concentration than men and are therefore more vulnerable to experience problems related to the use of alcohol.



Source: ECOWAS analysis of WENDU data

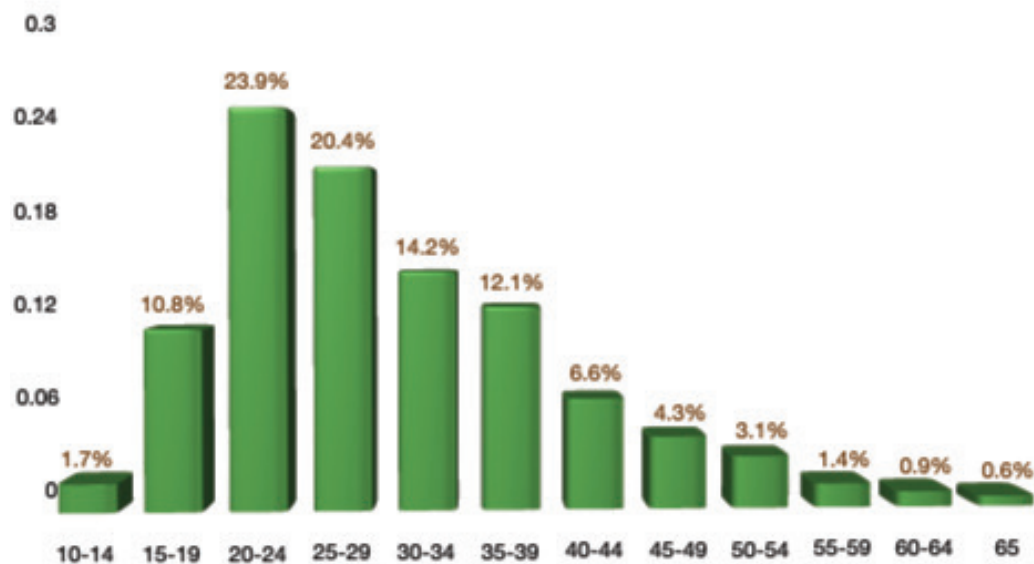
### Age Categories

The age-disaggregated data for treatment entrants revealed substance use disorders in both the young and older population. The data indicates breakdown of treatment entrants by age, ranging from 10 to 65 years. However, substance use disorders were more prevalent among people, aged 15 to 44 years than the older age groups in 2018 and 2019 (figure 3.0). This report further revealed that 1.7 percent of individuals treated for SUDs in the period, 2018-2019 were

aged 10 to 14 years implying that early initiation of substance use often occur in some settings. The WENDU report highlights the need to mainstream age-appropriate, evidence-based drug use prevention programmes in school curriculum to bolster educational outcomes and strengthen youth resilience to the use of substances. In addition, advocacy for drug use prevention and treatment interventions in West Africa should not only be targeted at secondary school students but also among pupils in the late years of primary education.

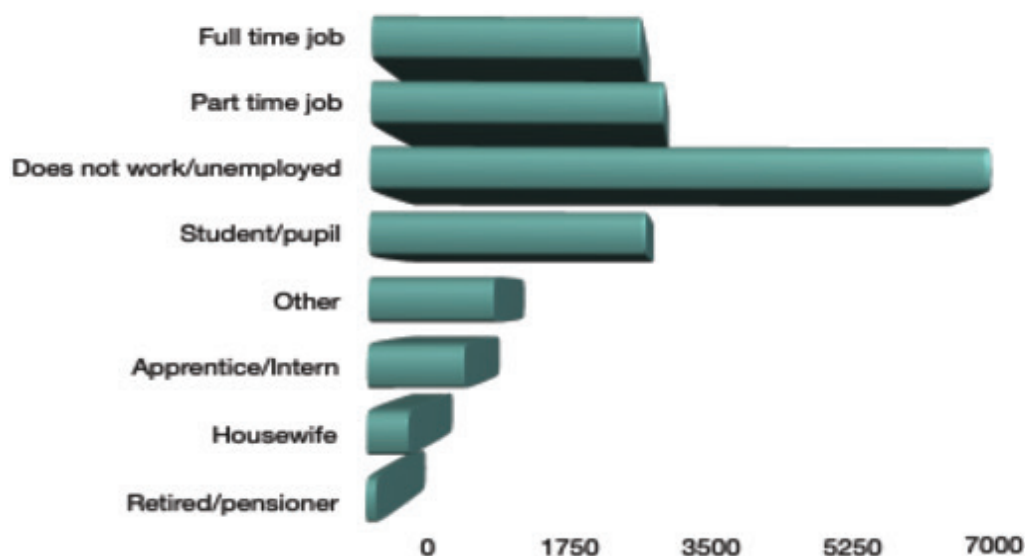


**Fig. 3.0: Age category of people who entered treatment for substance use disorders in West Africa (2018-2019)**

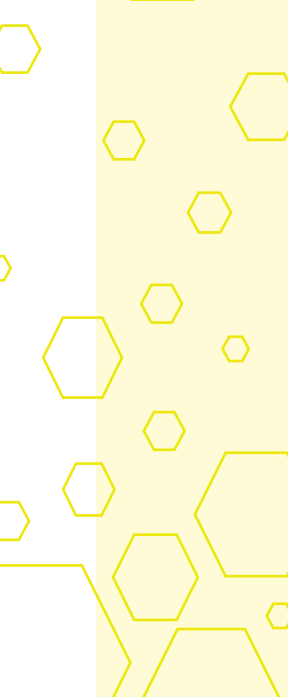
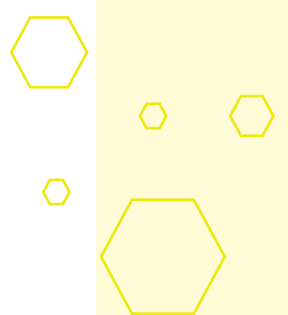
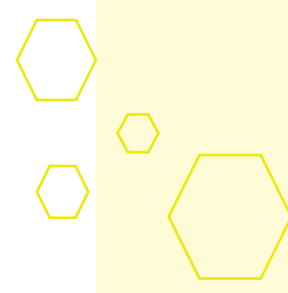


**Occupation of treatment entrants**

The majority of people that accessed treatment due to substance use disorders in West Africa in 2018 and 2019 were unemployed and a sizeable proportion were students. People who are unemployed are two times more likely to use drugs than those working in part-time or full time jobs. (figure 3.1).



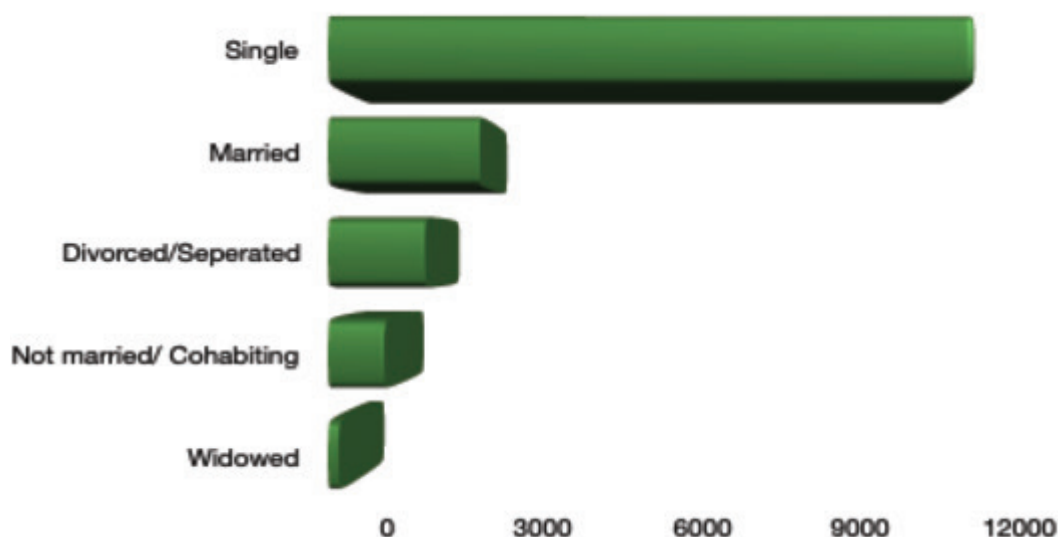
Source: ECOWAS analysis of WENDU data



### Marital status of treatment entrants

Substantial number of people in treatment (67 percent) in 2018 and 2019 were single, about 16 percent were married and more than 10 percent were either divorced or single (figure 3.2).

Fig. 3.2: Marital status of treatment entrants

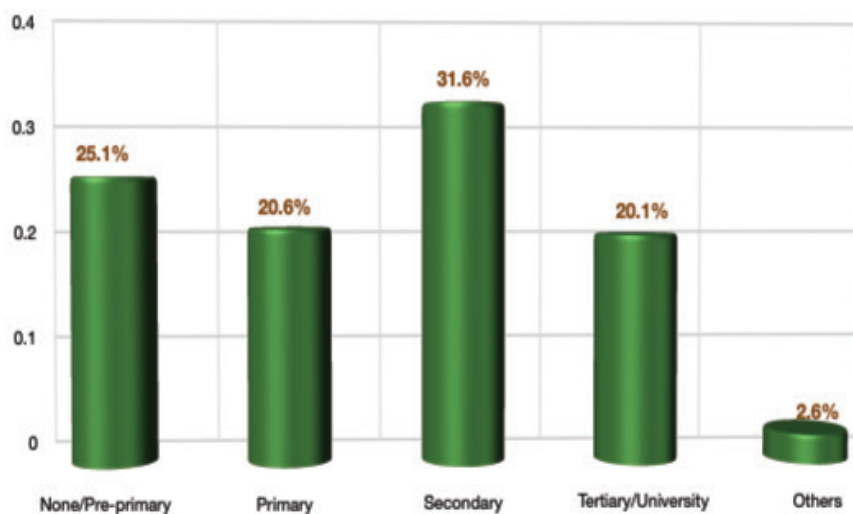


Source: ECOWAS analysis of WENDU data

### Educational status of treatment entrants

Majority of clients who entered treatment for SUDs had either secondary education (31.6 percent) or never attended primary school (25.1 percent). The WENDU data further revealed that one of 2 persons who accessed treatment for substance use disorders had either only completed primary or secondary school education (fig 3.3). This therefore, further underscores the need for evidence-based prevention intervention and policy framework to address substance use in primary and secondary schools in West Africa.

Fig. 3.3: Educational status for people in treatment for SUDs in West Africa (2018 – 2019)



## Sources of referral and payment for drug treatment services

Drug treatment services were substantially paid for by family and friends and this accounts for 82.4 percent of the people in treatment in 2018 and 2019. Seven percent of the treatment entrants paid for services using their personal income and only about 4 percent had medical insurance. However in Cabo Verde, 70 percent of the people in treatment either had medical insurance or were catered for by the Government (figure 3.4).

Fig. 3.4: Sources of payment for SUD treatment services in West Africa (2018 – 2019)

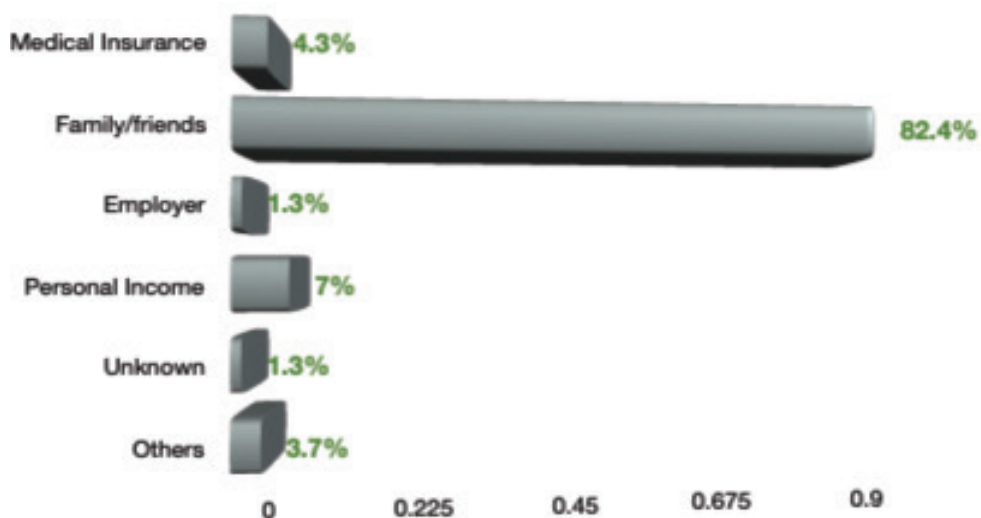
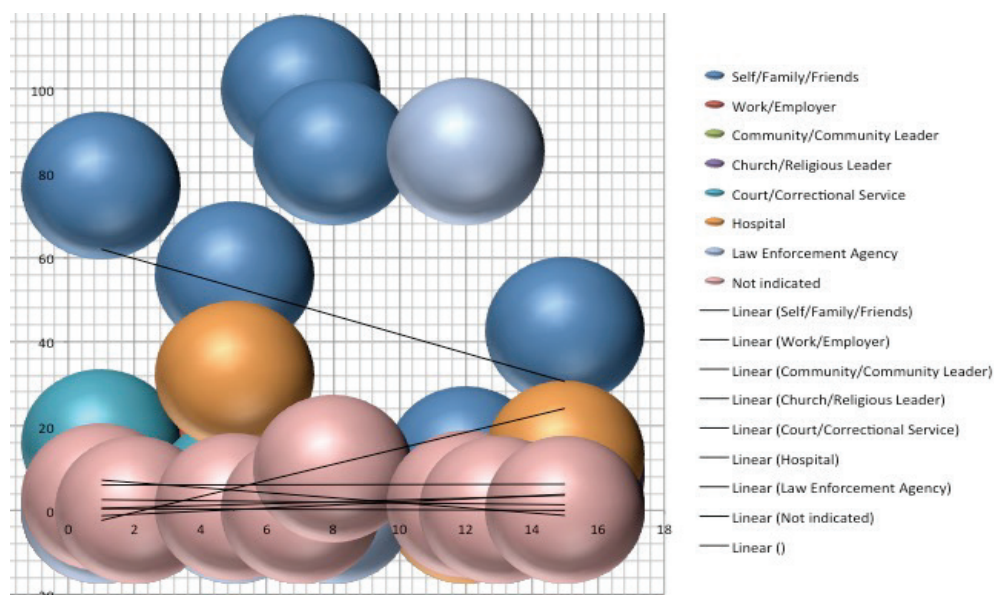
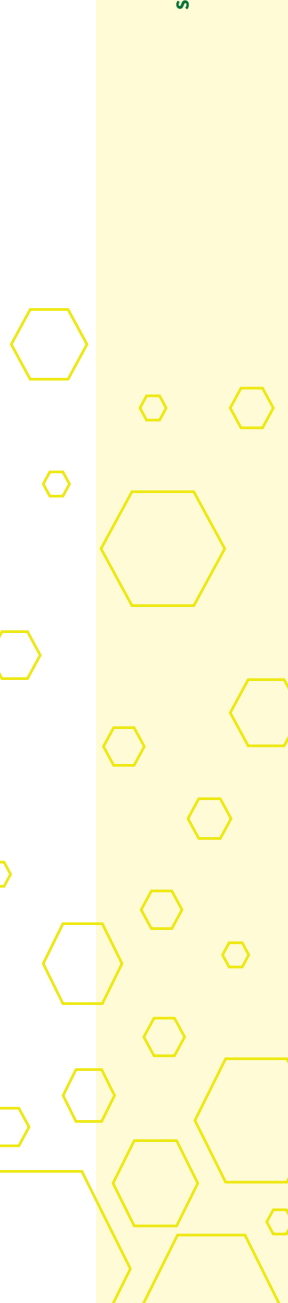
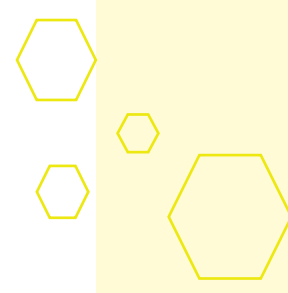


Fig. 3.5: Sources of referral for SUD treatment services in West Africa (2018 – 2019)



Source: ECOWAS analysis of WENDU data



The WENDU data further revealed that clients in drug treatment were most often referred by friends and families. In the reporting period, there was over 12 percent increase in the number of countries that referred people into treatment from the judiciary and this accounted for 75 percent of the countries in the region. The report

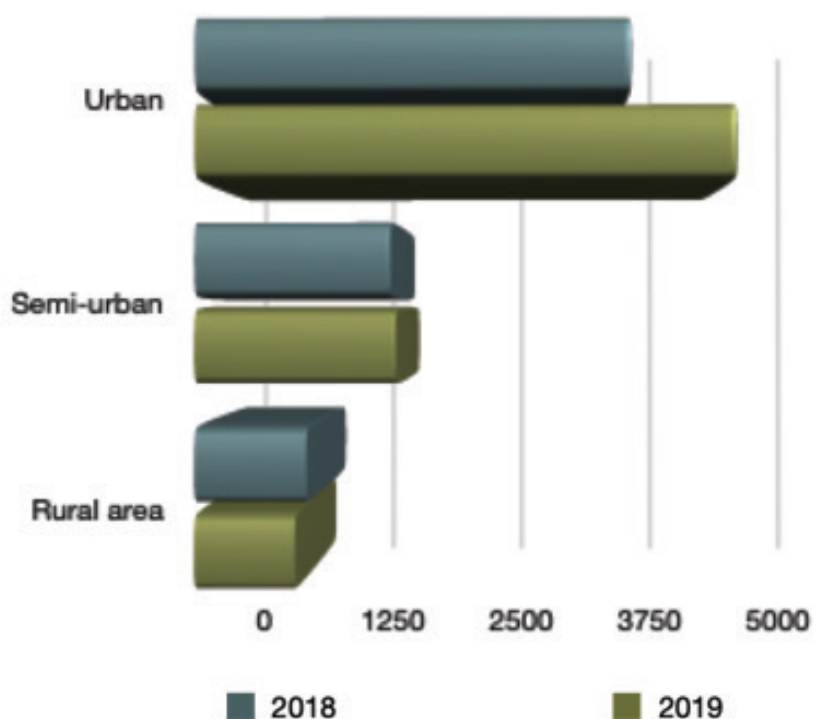
further suggests that several West African countries now provide option for referral into treatment and diversion away from criminal sanctions in minor cases involving the possession of drugs within the permissible threshold of quantities of controlled substances for “personal use” in each country (figure 3.5).

## Residential zone of treatment entrants

The WENDU data suggests that treatment entrants living in the urban residential zone were almost twice more likely to use drugs and to access treatment for drug related disorders than their counterparts that are residing in semiurban and rural areas. In addition, majority of the treatment entrants (86.7 percent) received treatment in facilities located in urban or semiurban area in 2018 and 2019 (figure 3.6). The data further suggests pronounced variation in hospital admis-

sions in relation to the types of substance used, primary substance of concern, treatment referral, age at first use and residential zone of treatment entrants by country. The possible contributory factor to the pattern observed in access to treatment in the urban, semiurban and rural residential zones includes but not limited to poverty, unemployment, low educational attainment and lack of access to mental health-care.

Fig. 3.6: Residential zone of treatment entrants in West Africa (2018 – 2019)



Source: ECOWAS analysis of WENDU data

Overall, the 2018- 2019 WENDU report indicates that the provision of effective drug treatment services remains grossly inadequate in the region. The trend analysis of this report also reflects a gap in help-seeking behaviour of people who use drugs (PWUDs) and the lack of commensurate treatment and rehabilitation services required by this population. While there seems to be some interventions in few countries, the motivation to treat people in need for drug treatment services remains poor. Therefore, as part of its efforts to strengthen multi-sectoral coordi-

nation and implementation of integrated treatment for persons with SUDs, the ECOWAS Commission collaborated with the Global Drug Demand Reduction Programs Division of the INL to train healthcare professionals and CSOs on the Universal Treatment Curriculum and to earn International Certification as Addiction Professionals. The ECOWAS Commission is also providing support to targeted treatment centres as part of the advocacy to improve access to prevention, treatment and recovery options for individuals with SUDs in the region.



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