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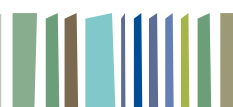
West Africa's evolving drug crisis: From transit hub to emerging consumer market

Summary

The 2024 Report of the West African Epidemiology Network on Drug Use (WENDU) highlights West Africa's shift from a drug transit route to a growing consumer market, driven by youth-led demand amid socio-economic vulnerabilities. Cannabis dominates seizures and treatment admissions. Cocaine seizures reached 13.2 tons, while amphetamine-type stimulants (ATS) seized surged to 23 tons. Emerging threats include synthetic drugs such as kush and pharmaceutical opioids, for instance tramadol, which are linked to devastating health emergencies in some countries of the Economic Community of West African States (ECOWAS).

Recommendations

- Promote youth-focused development to address the socio-economic causes of substance abuse among youths.
- Provide psychosocial support in schools and workplaces as opposed to conventional punitive measures that alienate young people.
- Adapting legal, infrastructural and human capacities with a view to implementing alternatives to incarceration is critical for sustainable treatment and rehabilitation in the region.
- ECOWAS and international partners need to establish joint task forces for combating drug trafficking along major trafficking routes in the region. These task forces must proactively identify and disrupt production points and supply chains.



Introduction

The fifth series of the West African Epidemiology Network on Drug Use (WENDU) Report 2024 provides a comprehensive analysis of illicit drug trafficking, supply suppression and treatment demand across West Africa. Based on data submitted by WENDU national Focal Points in 12 ECOWAS countries and Mauritania, the report highlights the region's evolving role not only as a transit hub but also as a burgeoning consumer market for illicit substances.

'The West African Epidemiology Network on Drug Use (WENDU) is a strategic ECOWAS project aimed at enhancing the evidence base for policymaking by collecting data on drug demand and supply across the ECOWAS region and Mauritania. Through national focal points and surveillance sites, WENDU monitors drug use patterns, identifies emerging trends, and evaluates the effectiveness of regional interventions.'

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

Regional dynamics reveal an escalating drug crisis that is transitioning from West Africa as a mere transit route, as emphasised in the 2020–2022 WENDU report, to a burgeoning consumer market (as highlighted in the 2023 and 2024 WENDU reports). Cannabis remains entrenched, with derivatives like kush spreading and leading to public health emergencies in countries such as Sierra Leone. Surges in the use of cocaine and amphetamine-type stimulants (ATS) indicate that global supply chains are adapting. Coastal nodes, for instance Senegal and Guinea-Bissau, are persistent hotspots in cocaine supply chains.

Along with previous WENDU reports, the 2024 report shows that the consumer market is predominantly made up of youths. Patients who are admitted for substance use disorders (SUDs) range in age from 20 to 34 and comprise about 50 to 57% of treatment enrolments. Poverty and unemployment (which affects 30 to 33% of patients), as well as peer influence, are enduring drivers that affect both unemployed and employed individuals. Secondary school students and adolescents are flagged as high-risk groups, with early initiation into drug use progressing from cannabis to higher-risk drugs. The demand for treatment is rising steadily, reflecting growing awareness, but infrastructure development lags behind, fostering outpatient dominance, urban bias and low numbers of institutional referrals.

WENDU reports offer pathways for evidence-based responses to drug trafficking and abuse in West Africa.

'Reliable and up-to-date data are vital for policy and evidence-based programming. We must strive to let the recommendations of the report and the policy brief guide our drug prevention and control activities. ECOWAS has continued to translate the findings of the WENDU Report into an evidence-based regional response to drug demand reduction. With an investment exceeding USD1.4 million in treatment and data systems, the training of over 200 specialists, and direct support to 14 Member States, ECOWAS continues to translate data into action thereby advancing the vision of a drug-free and healthier West Africa.'

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

Based on the 2024 WENDU Report, this policy brief examines the dynamics of drug supply and drug trafficking. The report examined enforcement responses through seizures and arrests, as well as patterns in treatment demand. After discussing these dynamics, the policy brief ends with recommendations to address drug trafficking and SUDs.

Methodology

This policy brief draws on the WENDU Report 2024, using the report's mixed-methods framework that integrates quantitative data from law enforcement (seizures, arrests) and health systems (treatment admissions) with qualitative insights from national Focal Points. Data collection involved standardised templates submitted by Focal Points appointed by ministries of health, justice and the interior and covered trends for 2024. Observational methods were used to analyse patterns without behavioural intervention, supplemented by key-informant interviews and secondary sources for contextual depth.

To enhance reliability, cross-verification with prior WENDU reports was conducted, emphasising trends over absolute values. Yet, successive WENDU reports have faced issues relating to evidence gaps, including incomplete seizure volumes, under-reporting in rural areas and among women, inconsistent indicators, and enforcement biases. For instance, arrests and seizures often reflect enforcement capacity rather than the actual prevalence of trafficking.

Mr Demba Ceesay, Director General of the Drug Law Enforcement Agency (DLEAG), affirms that *'the availability of reliable and evidence-based data on the regional drug situation is among the key objectives of WENDU.'* For Ms Abdulhameed Wosilat of the Federal Ministry of Health and Social Welfare in Nigeria, addressing data gaps *'requires countries in the region to adopt innovative data collection and surveillance methods that harness digital technologies, regional observatories, and community-based intelligence to produce timely and reliable insights on drug use trends.'*

Dr Jalloh Abdul, Director of Mental Health and Non-Communicable Diseases (NCDs) at the Ministry of Health in Sierra Leone, maintains that, for WENDU to truly measure the impact of drug use, it needs a clear, unified framework that connects what happens at national and regional levels. Nationally, the skills of utilising digital points and digital dashboards for timely data and establishing feedback loops will ensure that information guides action.

There is a need to embrace new technology and listen to community voices. WENDU should encourage the combination of data from police, customs, health and community sources to build a more comprehensive and accurate picture of drug trends across West Africa.



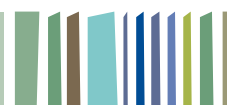
Observational methods were used to analyse patterns without behavioural intervention, supplemented by key-informant interviews

Seizure patterns: Prevalent and emerging drugs

Data from 13 West African countries show that over 953 035 kg of illicit drugs were seized by law enforcement agencies, along with about 1.5 million kilograms of pharmaceuticals diverted from legitimate channels. Although seizures do not provide definitive information on the true prevalence of drugs in the region, they offer insights into some of the prevalent and emerging drugs in circulation in West Africa.

Cannabis dominates the regional landscape, accounting for the majority of seizures and treatment admissions. It is the most cultivated, trafficked and consumed substance, with strong local demand sustaining its prevalence. Cannabis consistently accounts for the majority of seizures based on the 2022, 2023 and 2024 data, with about 68.96% in the 2020–2022 period, 89.65% in 2023 and over 86% in 2024.

ATS, including methamphetamine, MDMA, cathinones and captagon, are surging, indicating a shift toward global supply chains. Emerging threats include synthetics such as kush, a potent synthetic cannabinoid linked to health emergencies that is gaining traction in Sierra Leone.



Pharmaceutical opioids such as tramadol and codeine are widely diverted for non-medical use. Other emerging drugs include benzodiazepines diverted from legitimate channels and vaping products containing synthetics, reflecting diversification amid enforcement pressures.

Cannabis

In 2024, cannabis seizures reached over 418 000 kg across 11 countries. The bulk of reported seizures was in Nigeria, with the seizure of 358.3 tons and extensive plantations, Guinea with 13.22 tons, Senegal with 12.74 tons and extensive plantations, Côte d'Ivoire with 10.8 tons and Togo with 11.9 tons.

Nigeria, representing about 50% of West Africa's population, was responsible for about 86% of cannabis seizures in 2024. The data suggest a shift from small-scale seizures to plantation-scale eradication in The Gambia, Nigeria and Senegal.

Chart 1: Overall cannabis seizures (in kg) in 2024

Country	Cannabis (bulk/seized in kg)	Cannabis plants/fields	Notes on cannabis
Benin	7 165.19	—	Still dominant
Cabo Verde	22.35	—	Marginal
Côte d'Ivoire	10 760.00	—	Declined to 18.9% in comparison with 2023
The Gambia	1 923.9 (sativa)	2 254.5 kg from plantations	Cannabis cultivation is significant
Ghana	146.67	—	Makes up 3.4% of total
Guinea	13 224.00	—	Second after tramadol
Guinea-Bissau	N/A	—	No data reported
Liberia	N/A	—	No data reported
Nigeria	358 276.44	548 003.83 kg of cannabis seized from plantations	Large-scale cultivation
Senegal	12 737.79 (bulk)	123 kg seeds + 1 233 plants + 38.5 ha fields	Large-scale cultivation
Sierra Leone	302.45	—	Important but below tramadol
Togo	11 864.73	—	Major drug (+ 23.8%)
Mauritania	1 734.53	—	Slight decline
TOTAL	418 158.05 kg (bulk) + 58 288.33kg of cannabis estimates in plantations (Nigeria, The Gambia and Senegal)		Cannabis is the <i>most seized drug</i> in West Africa

Source: WENDU (2025)

Cannabis derivatives

Seizures of other cannabis derivatives (kush, hashish, Skunk, resin) amounted to approximately 248 kg across West Africa in 2024. Sierra Leone reported the largest seizures (108 kg), mainly of kush, confirming the rising popularity of this drug among urban youths.

Senegal and The Gambia with total seizures of 108 kg and 76 kg, respectively, also registered multiple derivatives, suggesting that coastal states are increasingly exposed to non-traditional forms of cannabis. In Guinea, kush (7.4 kg) and resin (4 kg) appeared alongside small quantities of crack, underlining the gradual diversification of substances beyond traditional cannabis.

While cannabis derivatives such as kush are modest in amount, compared with cannabis herb seizures, the presence of these cannabis derivatives points to a diversification of cannabis markets in the region.

General Didier Atchou, Contrôleur Générale de police in Benin, has emphasised that the kush epidemic is symptomatic of structural problems such as poverty, unemployment and lack of opportunities for young people. Kush use began in Sierra Leone around 2016 and has since spread to countries in the Mano River Union area with such severe effects that some countries have declared it a national emergency.

WENDU Focal Persons emphasise the need to take decisive action to address the spread of kush. Dr Jalloh Abdul, Director of Mental Health and Non-Communicable Diseases (NCDs) at the Ministry of Health in Sierra Leone maintains that *'stopping the spread of kush in West Africa requires strong teamwork across borders. Countries need to share information openly, conduct joint operations, and harmonise their laws through ECOWAS to create a unified front.'*

Dr Diallo Ousmane Tanou, a field epidemiologist in Guinea, underscores the need to 'establish a multisectoral emergency response to the trafficking of kush at both the national and regional levels. Regional information-sharing through the ECOWAS Commission is critical to ending the menace.'

Cocaine

Cocaine ranks second, primarily as a transit drug, with interceptions totalling 13.2 tons, which are concentrated in Senegal with 7.5 tons. Guinea-Bissau and Cabo Verde with 2.7 and 1.6 tons in interceptions, respectively, also reported substantial volumes of seizures, consolidating their reputation as key nodes in transatlantic trafficking networks. Owing to reliance on seizure patterns, enhanced enforcement may account for higher numbers in countries such as Senegal, while limited reporting and poor enforcement explain low volumes elsewhere.

Mr Abdoulie Sanyang, Minister of Interior in Gambia, observes that 'because of the strategic location of West Africa, the region continues to be attractive to traffickers for the storage, transit and transshipment of drugs, particularly cocaine, from South America to Europe. The availability of these drugs in the local illicit drug market has created public health challenges that have the potential to undermine economic activities as well as impact on the health and wellbeing of individuals and societies.'



Seizures of other
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(kush, hashish, Skunk,
resin) amounted to
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in 2024

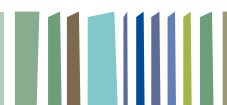
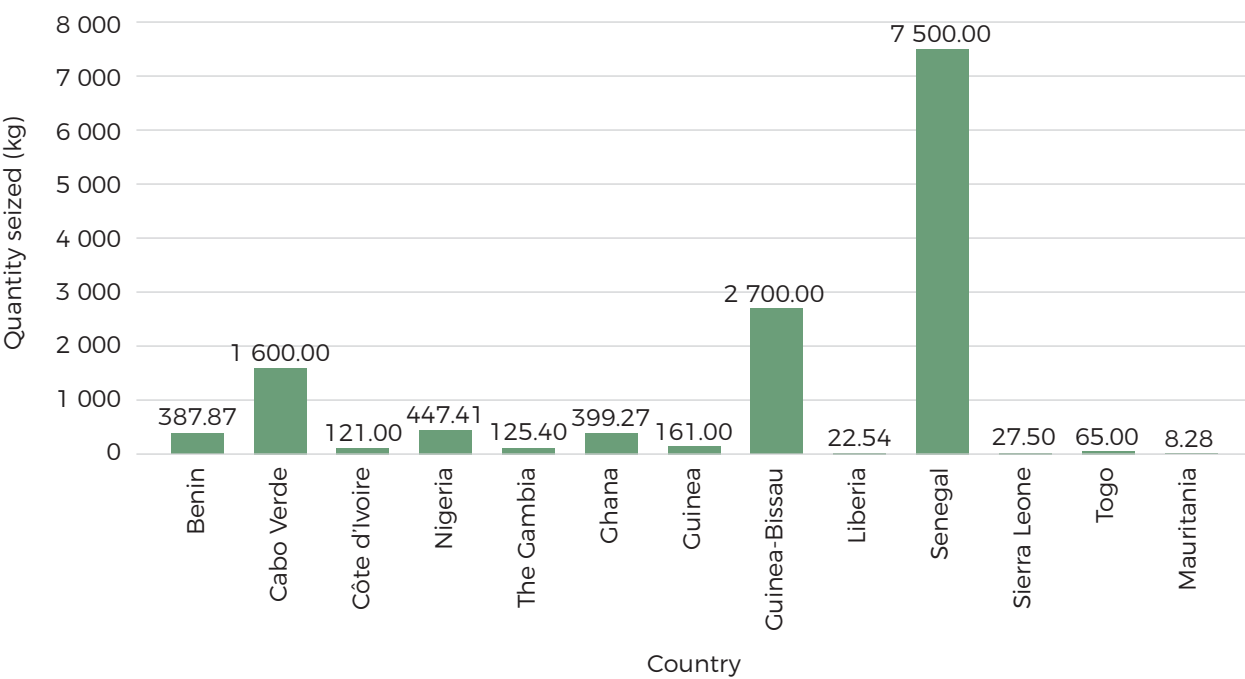


Chart 2: Overall seizures in 2024



Source: WENDU (2025)

Heroin

Heroin seizures remained limited in 2024, with a combined total of 260.58kg across 13 countries. The most significant seizures were in Nigeria (216.58 kg), Côte d'Ivoire (18.5 kg) and Ghana (10.9 kg), suggesting emerging trafficking or consumption pockets along coastal corridors. Seizures in Liberia and Senegal of 6.6 kg and 6.4 kg, respectively, were not negligible, although Liberia’s figure represented a 73% decline compared with 2023, possibly reflecting reduced trafficking flows or a decrease in detection capacity.

Amphetamine-type stimulants (ATS)

ATS seizures totalled nearly 23 tons, with the majority occurring in Togo (15.9 tons). While Nigeria experienced a slight decline in seizures from 2023, Liberia had a 391% increase compared with 2023, underscoring the country’s rising vulnerability. In Sierra Leone, there was the first major emergence of captagon (217 kg) in the subregion, raising concerns given its established markets in the Middle East.

Chart 3: ATS seizures/synthetic stimulants (cathinones, meth, Ecstasy, MDMA, crystal meth, captagon) – 2024

Country	ATS/synthetic category	Quantity	Notes
Benin	Pharmaceutical ATS	601.84 kg	Declined to 95% compared with 2023
Cabo Verde	ATS	0.00	No seizures
Côte d'Ivoire	ATS	3.04 kg	Rising quantity

Country	ATS/synthetic category	Quantity	Notes
The Gambia	Methamphetamine (tablets)	18 937	Strong rise in volume
	MDMA (Ecstasy) tablets	104 936	Explosive increase
	Crystal meth	12.81 g	Present
Ghana	Cathinone analogues	15.10 kg	Minor seizures
	Speedball (mixed substances)	10.50 kg	Detected
Guinea	—	—	No direct ATS data
Guinea-Bissau	Methamphetamine / ephedrine	0.00	No seizures
Liberia	ATS	412.50 kg	+391% in comparison with 2023
Nigeria	ATS	1 098.19 kg	Present
Senegal	ATS	0.92 kg	Present
Sierra Leone	Captagon	217.00 kg	Alarming emergence
Togo	ATS (unspecified)	15 901.90 kg	Huge category
Mauritania	ATS (unspecified)	4 325.00 kg	Dramatic surge
TOTAL	A mixed record of various types of synthetic drugs	Togo and Mauritania drive the totals; new threats in Sierra Leone and The Gambia	

Source: WENDU (2025)

With the growing variations of synthetic drugs, there is very limited information about the composition of ATS found in the region.

Dr Yahafdou ELMouhab, Director of Human Resources, Ministère des Affaires Sociales, de l'Enfance et de la Famille (MASEF), Mauritania, emphasised that it is important for 'West African countries to enhance and improve the exchange of information on drug types and their chemical composition, share experiences in addiction treatment among member states, and strengthen regional capacities for identifying, classifying, seizing, and monitoring manufactured substances. This includes reinforcing and tightening controls at land and especially maritime entry points.'

Tramadol

Tramadol featured prominently in pharmaceutical hauls across the board, with millions of tablets intercepted. Seizures in 2024 amounted to more than 6 tons in solid form and nearly 5 million diverted tablets. Guinea, with nearly 5 million tablets intercepted, seems to be the most impacted, along with Ghana (3.26 tons) and Sierra Leone (2.12 tons).

The widespread availability and misuse of tramadol confirm its central place in the region's opioid crisis. The affordability of tramadol and ATS makes them drugs of choice for the youthful population. Nigeria also recorded seizures of about 1 398 429.40 kg of codeine, a 573.45% increase in the seizures of this pharmaceutical product in 2023.

Chart 4: Tramadol seizures in 2024 (pharmaceutical opioid)

Country	Quantity	Notes
Benin	— (likely reported under ATS)	Likely only a small share
Cabo Verde	0.00	None reported
Côte d'Ivoire	763.15 kg	Sharp increase (+ 246% compared with 2023)
The Gambia	912 tablets	Growing trend
Ghana	3 263.26 kg	Dominant in seizures (75.5% of pharmaceuticals)
Guinea	4 954 500 tablets	Alarming opioid issue
Guinea-Bissau	—	Not reported
Liberia	—	Not reported
Nigeria	86 707 tablets	About 140% increase compared with 2023
Senegal	3 386 tablets	Present
Sierra Leone	2 116.85 kg	Most seized drug
Togo	— (included in psychotropics)	Massive seizures; volume not disaggregated
Mauritania	—	No figure isolated
TOTAL	>6 143.26 kg + 5 045 505 million tablets	Confirms tramadol as leading opioid threat

Source: WENDU (2025)

Country-specific data on prevalent drugs

The following data is available on drugs that are prevalent in the countries under discussion:

- **Benin:** ATS, cocaine and tramadol are prevalent, with an emerging rise in heroin.
- **Cabo Verde:** Alcohol dominates substance use, with substantial amounts of cocaine being trafficked and marginal cannabis use.
- **Côte d'Ivoire:** Crack cocaine is prevalent but there is a sharp rise in cocaine seizures. Côte d'Ivoire has high unemployment among patients, minor arrests (93 cases) and strong HIV testing (89%).
- **The Gambia:** Treatment is confined to cannabis use; however, there is a surge in synthetics/MDMA.
- **Ghana:** Heroin and tramadol seizures occur but treatment options are restricted and are based on mixed public/private care.
- **Guinea:** This is the cannabis hotspot (13.2 tons), with tramadol tablets predominating.
- **Guinea-Bissau:** The country is a cocaine transit route but has no dedicated treatment centres.
- **Liberia:** There has been a surge in ATS and a decrease in heroin. There has also been a notable rise in the number of women arrested.

- **Nigeria:** Driven by population and enforcement, the country stands out with 86% of cannabis seizures and 68.7% of arrests. Furthermore, treatment scales are needed.
- **Senegal:** Senegal is a cocaine hub with 7.5 tons seized and with plantation eradications. Nevertheless, gaps in arrest disaggregation persist.
- **Sierra Leone:** Sierra Leone reports high kush seizures (108 kg). Arrests of women were prominent (25% shares), with an urban-youth focus.

Responses to drug trafficking: Prosecutions and convictions

A total of 25 891 arrests were recorded in 2024 across the 13 countries. The country with the highest number of arrests was Nigeria with about 68.7% of arrests, notably owing to both law enforcement efforts and its large population. Côte d'Ivoire was second with more than 5 300 individuals apprehended, reflecting extensive law enforcement led by the gendarmerie. Other countries with high arrest levels included The Gambia with about 1 387 arrests and Liberia with 456 arrests. Smaller states such as Guinea-Bissau (22 arrests) and Mauritania (16 arrests) registered a very low number of arrests, despite their known involvement in trafficking networks.

In the vast majority of cases, men accounted for 90.6% of the arrests. This confirms the strong gender imbalance and under-reporting when it comes to drug-related offences. Only 9.3% of the arrests involved women, while minors made up just 0.4%, recorded exclusively in Côte d'Ivoire (93 cases) and Togo (5 cases).

'The low arrests of women traffickers reinforce the understanding that drug trafficking and related offences remain overwhelmingly male-dominated in the region, though women continue to appear in small but visible numbers in certain contexts.'

Grace S Orshio, Esq., WENDU Resource Person



A female suspect was arrested with bags of cannabis sativa weighing 1 112kg in Akwa Ibom State, Nigeria

Source: NDLEA Facebook

Chart 5: Combined total arrests by gender

Country	Men arrested	Women arrested	Minors arrested	Total arrests
Benin	151 (94.38%)	9 (5.63%)	0 (0.0%)	160
Cabo Verde	95 (90.48%)	10 (9.52%)	0 (0.0%)	105
Côte d'Ivoire	5 015 (94.5%)	197 (3.7%)	93 (1.8%)	5 305
The Gambia	1 360 (98.05%)	27 (1.95%)	0 (0.0%)	1 387
Chana	62 (85%)	11 (15%)	0 (0.0%)	73
Guinea	92 (66.2%)	37 (26.6%)	10 (7.2%)	139
Guinea-Bissau	21 (95.5%)	1 (4.5%)	0 (0.0%)	22
Liberia	307 (67.3%)	149 (32.7%)	0 (0.0%)	456
Nigeria	15 884 (89%)	1 909 (10.7%)	0 (0.0%)	17 793
Senegal	—	—	—	—
Sierra Leone	141 (75%)	47 (25%)	0 (0.0%)	188
Togo	319 (91.93%)	23 (6.63%)	5 (1.44%)	347
Mauritania	16 (100%)	0 (0.0%)	0 (0.0%)	16
TOTAL	23 463 (90.6%)	2 420 (9.3%)	108 (0.4%)	25 991

Source: WENDU (2025)

While the average number of women was low, some countries stood out. Liberia reported that almost one-third (32.7%) of those arrested were women. In Sierra Leone, women made up 25%. These figures are above the regional average and suggest a more visible role played by women in the drug economy in these contexts.

The presence of minors in the number arrested was limited to Côte d'Ivoire and Togo, which together accounted for 108 arrests. Although rare, the appearance of these youths in the statistics is concerning, as it points to their exploitation in trafficking or consumption networks. In countries such as Senegal, which reported significant drug seizures but no disaggregated arrest figures, a major gap persists in linking data on arrests to justice outcomes.



Across West Africa in 2024, such data was fragmented and uneven, with only a handful of countries providing figures

Drug-related conviction data remains far less comprehensive than arrest statistics across West Africa. Across West Africa in 2024, such data was fragmented and uneven, with only a handful of countries providing figures. Only a limited number of countries reported figures for 2024, and even fewer reported them broken down by gender. Where information is available, convictions mirror the same gender patterns as arrests, with men overwhelmingly dominant. Chart 6 presents the available conviction data by country, highlighting the disparities in reporting and the observable trends.

Chart 6: Drug-related convictions by gender, 2024

Country	Men arrested	Women arrested	Minors arrested	Total arrests
Benin	N/A	N/A	N/A	N/A
Cabo Verde	95 (90.5%)	10 (9.5%)	0 (0.0%)	105
Côte d'Ivoire	N/A	N/A	N/A	N/A
The Gambia	N/A	N/A	N/A	N/A
Ghana	N/A	N/A	N/A	N/A
Guinea	N/A	N/A	N/A	N/A
Guinea-Bissau	N/A	N/A	N/A	N/A
Liberia	~40 (67.8%)	~19 (32.2%)	0 (0.0%)	59
Nigeria	3 127 (94.1%)	195 (5.9%)	N/A	3 322
Senegal	N/A	N/A	N/A	N/A
Sierra Leone	N/A	N/A	N/A	N/A
Togo	319 (92%)	23 (6.6%)	5 (1.4%)	347
Mauritania	16 (100%)	0 (0.0%)	0 (0.0%)	16
TOTAL	3 597 (93.45%)	247 (6.42%)	5 (0.13%)	3 849

Source: WENDU (2025)

Ways of concealing drugs and challenges concerning law enforcement efforts

Traffickers use sophisticated methods to avoid detection. Cocaine is often hidden in shipping containers (e.g. embedded in legitimate cargo like fruit or vehicles) being transported along maritime routes from South America. ATS are disguised as pharmaceuticals or everyday items, such as tablets in luggage or body-packing. The Gambia has reported a surge in synthetic drugs, with over 100 000 MDMA and nearly 19 000 methamphetamine tablets, thus confirming the expansion of tablet-based trafficking routes.

Notable progress in the form of strengthened border controls, joint task forces and regional intelligence-sharing at the national, regional and international levels made the interceptions concerned possible. However, seizures often correlate with the focus of law enforcement, such as maritime operations, rather than with the true prevalence of drugs. For instance, kush is one of the major synthetic drugs causing severe substance use disorders in Liberia, with notable accounts of seizures by the Liberia Drug Enforcement Agency (LDEA).¹

'There is a need to develop and utilize robust, secure digital platforms for data input, collation and analysis, which can help overcome challenges posed by poor communication infrastructure and limited computer facilities.'

*ACG Muhammed Bashir Ibrahim, Director, Drug Demand Reduction,
National Drug Law Enforcement Agency, Nigeria*

Dr António Na Canle, Clinical Director of Mental Health, Guinea Bissau, notes: ‘West African states face significant challenges in the fight against drug trafficking and abuse, including a lack of resources, infrastructure and data collection. However, many countries in the region have implemented policies and programs to combat drug trafficking and abuse, and it is important to strengthen these initiatives.’

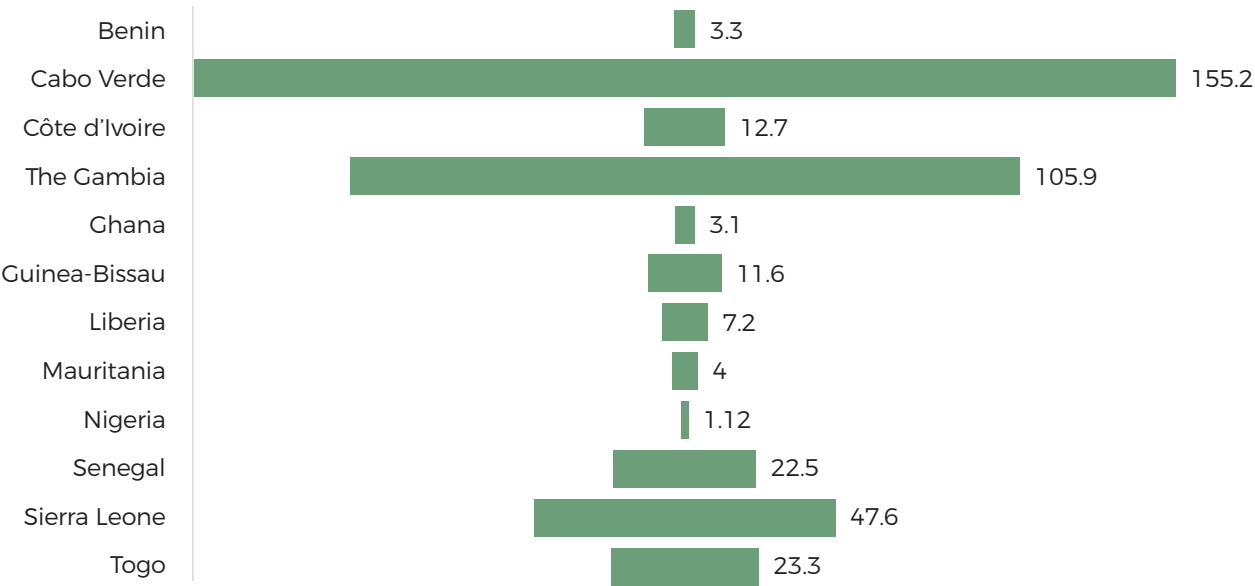
Extent of treatment demand and healthcare referrals

Treatment demand is rising, driven by youth-led consumption, with over 57% of patients being under the age of 35. Official centres across West Africa reported approximately 23 000 treatment cases in 2024, up from 21 000 in 2023 – despite the latter figure including data from Mali, Niger and Burkina Faso, which were excluded from the 2024 report. This indicates rising official treatment demand among current ECOWAS member states and Mauritania.

However, per-capita rates reveal stark disparities. The regional average stands at 14.6 cases per 100 000 people, but Cabo Verde (172 per 100 000) and The Gambia (106 per 100 000) report exceptionally high rates, likely reflecting stronger treatment infrastructure or reporting systems rather than proportionally higher use. Sierra Leone (47.6) and Togo (23.3) also stand out, linked to the Kush and Tramadol crisis and widespread alcohol and cannabis use, respectively.

By contrast, larger countries like Nigeria (1.12), Côte d'Ivoire (12.7), Ghana (3.1) and Benin (3.3) record much lower rates, suggesting that many people with problematic drug use remain undocumented and are unable to access formal health facilities. Testimonies from family members of drug users show that people often seek support through informal, traditional and religious settings rather than formal treatment centres.

Chart 7: Drug treatment demand per 100 000 of population, 2024



Source: WENDU (2025)

In about 56% of reported cases, families and friends play a dominant role in both referring substance users for treatment and paying associated costs, thereby underscoring their critical influence on access.

Patients self-refer in about 29% of cases and cover treatment costs directly (27%). Institutions have a minimal role in referrals (11.3%), confirming that drug treatment is perceived more as a private family responsibility than a public health service. This creates inequities, as those without family support or financial means face barriers.

National variations include Cabo Verde's strong institutional role in referrals (35%) and treatment, reflecting developed infrastructure. This is in contrast to the heavy reliance on family in Nigeria, The Gambia and Guinea-Bissau (70–85%). In Côte d'Ivoire, Ghana, Senegal, Sierra Leone and Liberia, referrals are shared between families and self-referrals, with those made by institutions being marginal.

Chart 8: Overall payment sources, 2024

Country	Total cases	Family (N/%)	Personal (N/%)	Free/other (N/%)
Benin	429	206 (48%)	146 (34%)	77 (18%)
Cabo Verde	931	270 (29%)	205 (22%)	456 (49%)
Côte d'Ivoire	3 689	1 844 (50%)	590 (16%)	1 255 (34%)
The Gambia	2 965	2 076 (70%)	740 (25%)	149 (5%)
Ghana	1 040	416 (40%)	364 (35%)	260 (25%)
Guinea	600	330 (55%)	180 (30%)	90 (15%)
Guinea-Bissau	243	146 (60%)	61 (25%)	36 (15%)
Liberia	390	171 (44%)	156 (40%)	63 (16%)
Senegal	4 253	2 127 (50%)	1 276 (30%)	850 (20%)
Sierra Leone	4 089	1 840 (45%)	1 431 (35%)	818 (20%)
Togo	1 885	1 037 (55%)	471 (25%)	377 (20%)
Mauritania	197	128 (65%)	49 (25%)	20 (10%)
TOTAL (%)	20 711	10 591 (51.13%)	5 669 (27.37%)	4 451 (21.49%)

Source: WENDU (2025)

Yet, stigma, funding and low awareness mean that many with SUDs remain outside the system. Lack of institutional referrals and payments for treating SUDs further compound the crises. While arrests and convictions are critical for dealing with traffickers, there is a growing understanding across the region that the judiciary and law enforcement agencies need to provide a pathway for recovery for persons with SUDs and for those engaged in petty crimes to feed their addiction.

As a result, the ECOWAS Commission has been working with member states to promote the Alternative to Incarceration Project among them.

Dr Daniel A Amankwaah, Principal Programme Officer, ECOWAS Drug Prevention and Control Division, holds that 'the current incarceration-focused model for drug offenses has shown limitations in achieving long-term positive outcomes. A paradigm shift towards alternative interventions is imperative to address the complex interplay of social, economic, and health factors contributing to substance abuse. The proposed alternative aims to prioritize rehabilitation, mental health support, and community-based solutions over punitive measures. Alternative to Incarceration (ATI), through the recovery courts, represents a paradigm shift in addressing substance abuse within the criminal justice system. By combining judicial oversight with evidence-based treatment and support services, these courts offer a more compassionate and effective approach to helping individuals overcome addiction and rebuild their lives.'

Following this effort by ECOWAS, countries across West Africa have begun exploring approaches to implement ATI. Dr Jalloh Abdul emphasises that ATI means changing how we think about drug use, that is, from considering it a crime to seeing it as a health challenge. This requires legal reforms and strong teamwork between the justice system, health services and social programmes.

Speaking at the launch of the fifth WENDU Report, Mr Demba Ceesay, Director General, DLEAG, noted: '[A]s part of our Alternative to Incarceration (ATI) initiatives, the ECOWAS-funded rehab-center will enable us to provide support services for first-time offenders as well as implement community-oriented programmes for drug offenders. With a slight shift in drug intervention regime, we would like to project certain drug-dependent persons as victims that need support to rebuild their lives instead of perpetrators.'

The treatment and rehabilitation center is a national project that will not be operated in isolation. DLEAG, the Department of Social Welfare, and civil society organizations will work together in providing comprehensive treatment services including counseling, skills acquisition and after-care services among other services to affected persons.'

Gap in treatment centres

The WENDU reports repeatedly identify regional treatment gaps. Treatment patterns highlight limited infrastructure, resulting in a predominance of outpatients and limited follow-up programmes. Moreover, HIV-testing coverage remains insufficient at a regional average of 42% (with the exception of Côte d'Ivoire at 89%). Regional gaps in the care of those with the hepatitis C virus (HCV) stand at 76.7%. This represents a major missed opportunity for prevention, early detection and antiretroviral therapy (ART) linkage.

A critical shortage of trained professionals in addiction medicine and mental health persists. Dr N'Guessan Badou Roger, Head of Drug Treatment, Research and Training, Interministerial Committee for the Fight against Drugs (CILAD), Ministry of the Interior and Security, Ivory Coast, insists that there is a *'need to invest in treatment centres and train professionals in the management of drug users.'*

As a result, ECOWAS has been working relentlessly to promote the need for rehabilitation centres in the region. Mr Abdoulie Sanyang, Minister of Interior in Gambia, affirms that the *'ECOWAS Commission's funded rehabilitation centre is the first ever specialised drug treatment facility in The Gambia.'*

At the Launch of the fifth WENDU Report in the Gambia in October 2025, Dr Sintiki Tarfa Ugbe, Director, Humanitarian and Social Affairs, ECOWAS Commission, noted that *'ECOWAS support for the construction of a drug treatment and rehabilitation centre for The Gambia is aimed at providing a more structured intervention designed to manage drug-related health and other problems in The Gambia. As of today, the project is over 90% complete.'*

'The ECOWAS Commission has invested heavily in capacity building, training over 200 professionals across 10 Member States on the Universal Treatment Curriculum (UTC) and Universal Prevention Curriculum (UPC). The Commission has also financed the renovation and equipping of ten treatment and rehabilitation centres in our Member States representing an investment of approximately USD 1 million from the ECOWAS budget. This has led to a reduction in relapse rates and a rise in admissions for people with drug use disorders.'

Between 2019 and 2024, the ECOWAS Commission and its partners provided technical and financial assistance to 14 Member States and Mauritania for the formulation of National Drug Master Plans (NDMPs), and comprehensive blueprints for coherent national responses to drug supply and demand challenges. This support, financed through both the ECOWAS budget allocations and European Union (EU) contributions, spurred significant legislative reforms in Ghana, The Gambia, and Guinea-Bissau.'

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

Gender dynamics

Despite national and regional efforts, gender dynamics show strong imbalances, with men comprising 90 to 92% of cases. Women face barriers like stigma, a lack of tailored services, and cultural constraints, leading to under-representation (less than 10% in many countries). Some countries show higher female involvement in specific contexts, such as alcohol or synthetics categories.

Chart 9: People receiving treatment by drug and gender, 2024

Country	Total cases	Male (N/%)	Female (N/%)
Benin	429	385 (89.7%)	44 (10.3%)
Cabo Verde	931	805 (86.5%)	126 (13.5%)
Côte d'Ivoire	3 689	3 348 (90.8%)	341 (9.2%)
The Gambia	2 965	2 760 (93.1%)	205 (6.9%)
Ghana	1 040	986 (94.8%)	54 (5.2%)
Guinea	600 (arrested youths)	582 (93.6%)	18 (6.4%)
Guinea-Bissau	243	186 (76.5%)	57 (23.5%)
Liberia	390	312 (80.0%)	78 (20.0%)
Nigeria	2 598	2 051 (78.95%)	547 (21.05%)
Senegal	4 253	3 934 (92.5%)	319 (7.5%)
Sierra Leone	4 089	3 640 (89%)	449 (11%)
Togo	1 905	1 599 (83.94%)	306 (16.6%)
Mauritania	197	197 (100%)	0 (0%)
TOTAL (%)	23 329	20 785 (89.1%)	2 544 (10.9%)

Source: WENDU (2025)

Age, education and marital factors

The substance abuse phenomenon in the region is youth-driven, with the largest cohorts aged between 20 to 24 (22.7%) and 25 to 29 (19.5%). Over 57% of users are below 35 years of age. Many of these youths have a secondary education as their highest level (31.6%), particularly in Sierra Leone, Senegal, Côte d'Ivoire and Nigeria. This indicates that vulnerability is greatest during adolescence and early adulthood when many individuals are still in, or recently out of, secondary school.

'The patterns of drug treatment confirm that drug use cuts across all educational strata, requiring prevention campaigns that reach both school systems and higher education institutions, while also addressing vulnerable and marginalized groups.'

Dr Rita Kadanga, WENDU Resource Person

Nevertheless, young people hold the key to addressing the drug crises in West Africa.

'Young people hold incredible power to turn the tide of drug addiction. They can become trusted peers and leaders, running campaigns that bust myths about drugs and reduce stigma. Through school clubs, social media, and volunteer groups, young people can champion resilience and promote positive mental health. When given the right skills, opportunities, and a voice in policymaking, young people shift from being bystanders to active drivers of change in their communities.'

*Dr Jalloh Abdul, Director of Mental Health and Non-Communicable Diseases (NCDs)
at the Ministry of Health*



When given the right skills, opportunities, and a voice in policymaking, young people shift from being bystanders to active drivers of change in their communities

Many of these patients are single individuals. There are very few accounts of married persons in treatment centres. This also highlights the vulnerability of users and the impact of drugs on relationships.

Chart 10: Age coverage

Age group	Benin	Cabo Verde	Côte d'Ivoire	Ghana	Liberia	Sierra Leone	Togo	Mauritania	TOTAL (N)	TOTAL (%)
≤14	1	0	9	0	0	0	24	0	34	0.27%
15-19	35	68	336	21	5	378	162	284	1 289	10.39%
20-24	66	71	839	154	10	1 225	351	0	2 716	21.90%
25-29	79	104	642	174	7	997	332	0	2 335	18.83%
30-34	52	137	545	224	2	560	313	0	1 833	14.78%
35-39	39	122	482	178	4	355	231	0	1 411	11.37%
40-44	49	97	379	131	11	255	200	0	1 122	9.04%
45-49	40	56	247	75	8	128	114	0	668	5.39%
50-54	35	121	135	40	5	100	71	0	507	4.09%
55-59	23	111	33	23	6	50	50	0	296	2.39%
60-64	5	44	23	16	1	29	21	0	139	1.12%
65+	5	0	19	4	0	10	16	0	54	0.44%
TOTAL	429	931	3 689	1 040	59	4 087	1 885	284	12 464	100%

Source: WENDU (2025)

Socio-economic drivers

The demand for illicit substances stems from deep-rooted socio-economic vulnerabilities and structural deficiencies. Poverty and high unemployment rates (30.37% of patients are unemployed, with the largest concentrations in Côte d'Ivoire, Sierra Leone and Togo) drive youths toward affordable escapes like kush or tramadol as coping mechanisms. Rural cannabis cultivation provides precarious livelihoods amid limited alternatives, sustaining local supply chains.

Peer influence and boredom among adolescents in educational environments exacerbate initiation into drug use, which often progresses from cannabis to higher-risk substances such as cocaine. These factors highlight a demand-side crisis rooted in structural inequities, including joblessness, a lack of educational opportunities, and weak social support systems.

The data also show that individuals in full-time (24.94%) and part-time (9.3%) employment together account for 34.24% of patients, demonstrating that the issue extends beyond economic deprivation and affects those with livelihoods as well, potentially impacting productivity, workplace safety and social stability.

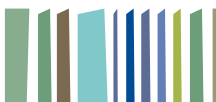


Peer influence
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Chart 11: Patients' occupational status

Age group	Benin	Cabo Verde	Côte d'Ivoire	Chana	Liberia	Nigeria	Sierra Leone	Togo	Mauritania	TOTAL (N)	TOTAL (%)
Full-time	87	539	773	369	11	774	524	660	0	3 737	24.48%
Part-time	0	37	674	174	5	297	151	0	0	1 338	8.77%
Unemployed	103	326	1 322	305	17	880	1 256	482	0	4 691	30.73%
Student	75	17	720	162	9	316	1 696	256	284	3 535	23.16%
Homemaker	17	12	30	1	7	1	0	218	0	571	3.74%
Retired	0	0	5	2	10	0	8	0	0	25	0.16%
Other	147	0	165	24	0	330	432	269	0	1 367	8.95%
TOTAL	429	931	3 689	1 037	59	2 598	4 067	1 885	284	15 264	100%

Source: WENDU (2025)

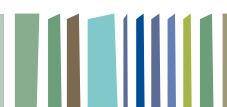


Recommendations

- Promoting youth-focused development is a critical priority for addressing the causes of substance abuse among youths. The government, along with international partners, should broaden the reach of vocational and entrepreneurship skills training so as to provide youths with marketable skills. This includes creating job opportunities as part of long-term projects.
- There is a need to work with school authorities to prevent the use of school premises for drug trade and abuse. Schools and institutions also need to provide psychosocial support and referral to rehabilitation centres as opposed to conventional punitive measures that alienate young people.
- There is a need for treatment, rehabilitation and reintegration projects across West Africa. ECOWAS member states should adopt legal and infrastructural measures to implement alternatives to incarceration policies and procedures and thus provide a pathway for rehabilitating substance users who commit crimes to feed their addiction.
- ECOWAS and international partners need to establish joint task forces against drug trafficking along major trafficking routes. These forces must proactively identify and disrupt production points and supply chains.
- There is a need for nationwide campaigns at schools and in slum areas to raise awareness about the dangers of drug abuse.
- National, regional and international stakeholders should support WENDU with digital tools to collect and manage data. This involves developing integrated technological tools that enable national Focal Points to receive timely alerts and information about drug seizures, arrests, convictions and treatment dynamics.

Notes

- 1 Youth gangs in Liberia: Motives, structure and illicit economies, ENACT Report, Institute for Security Studies 2025, www/enact-africa.s3.amazonaws.com/uploads/pages/1737711192308-research-paper-49.pdf.





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