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

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

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WENDU REPORT

STATISTICS AND TRENDS

ON ILLICIT DRUG USE & 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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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

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

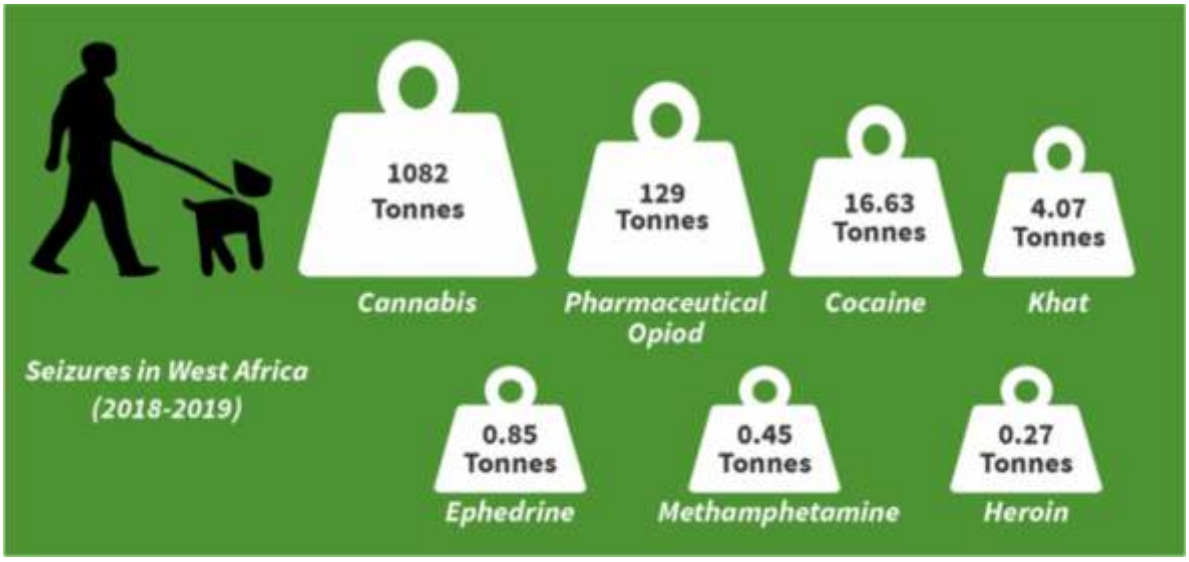
Executive Summary

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 recommendations 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, antimalaria, 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.

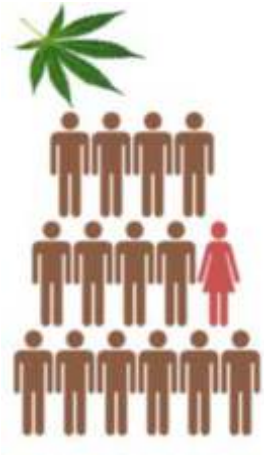
Drug Treatment Demand in West Africa

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 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 5 persons that accessed treatment for SUD is 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.

SECTION ONE

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

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

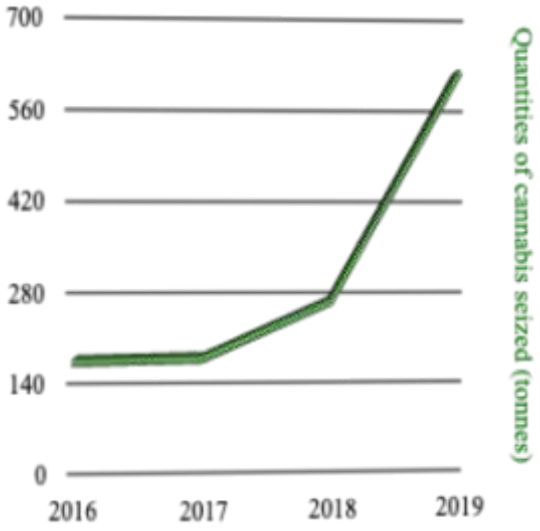
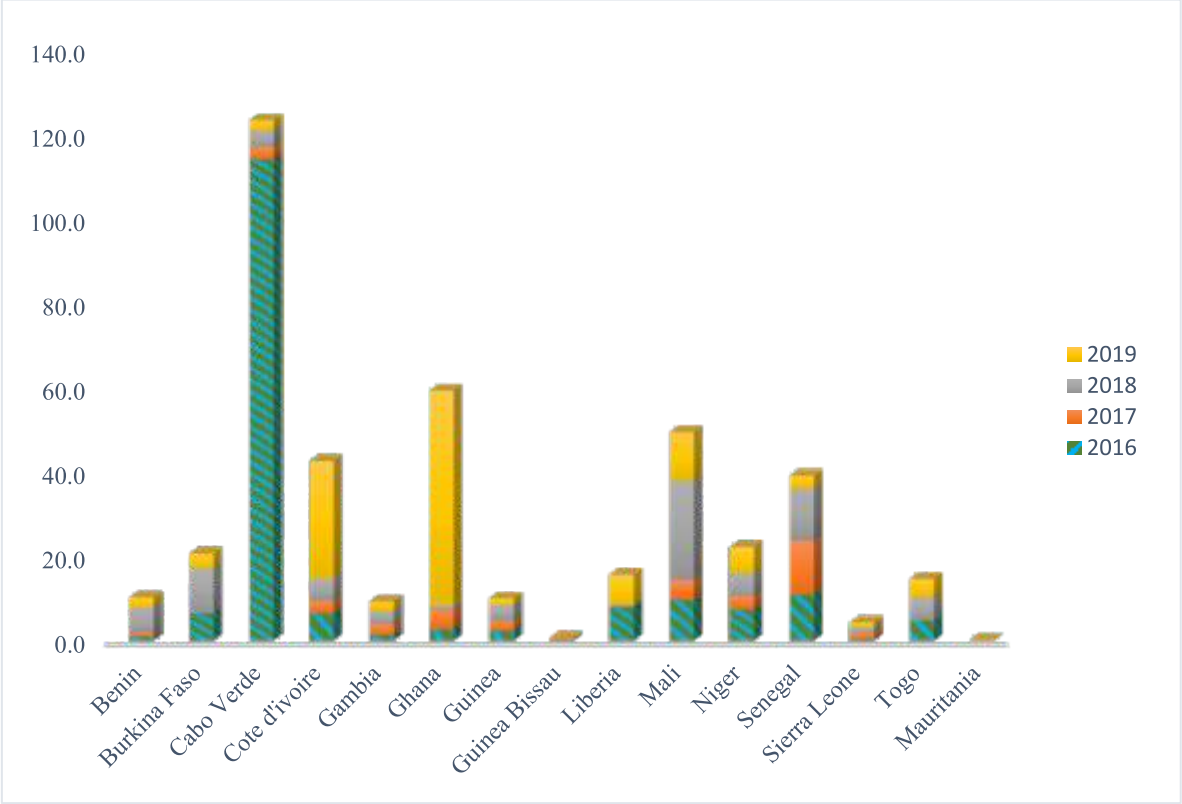


Fig 1.2. Trend in cannabis/hashish seizures in West Africa (excluding Nigeria), 2016-2019

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).

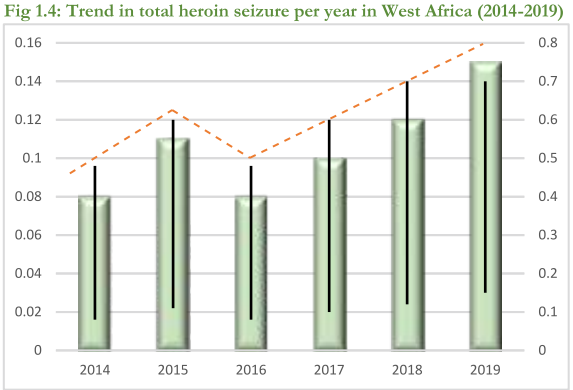
Opioids

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 use2. 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).

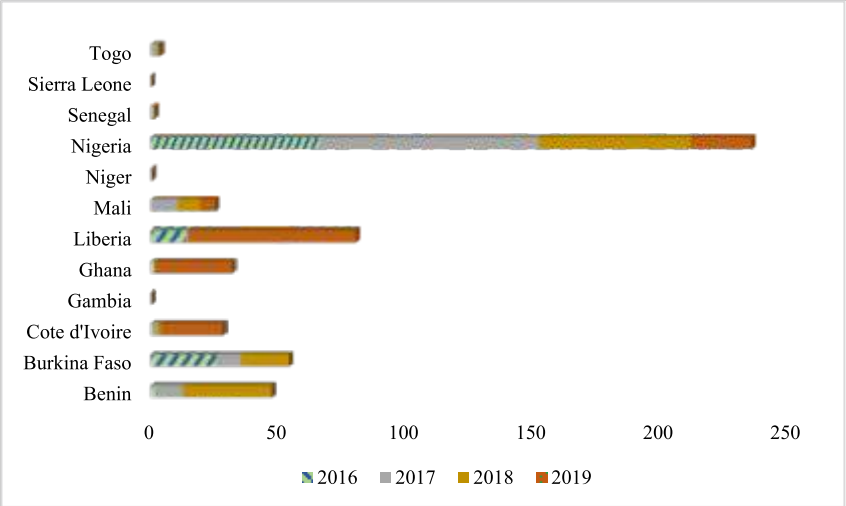
Fig 1.4: Trend in total heroin seizure per year in West Africa (2014-2019)



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).

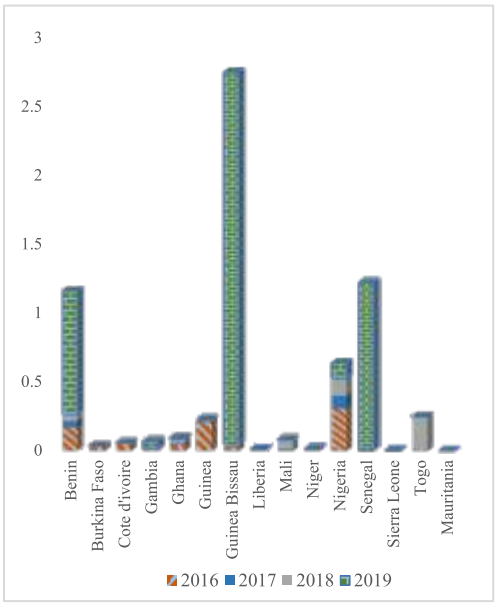
Fig 1.5: Trend in heroin seizure in West Africa (2014-2019)



Cocaine

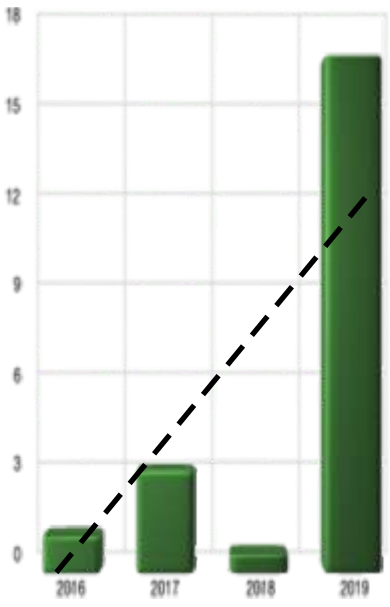
A total of about 16.63 tonnes of cocaine were reported to have been seized in the region in 2018 and 2019 and Cabo Verde accounted for over 66 percent of the total quantities of cocaine seized in West Africa. The quantities of cocaine seized in 2019 increased by 28 percent compared with the preceding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



Quantities of cocaine seized (tonnes)

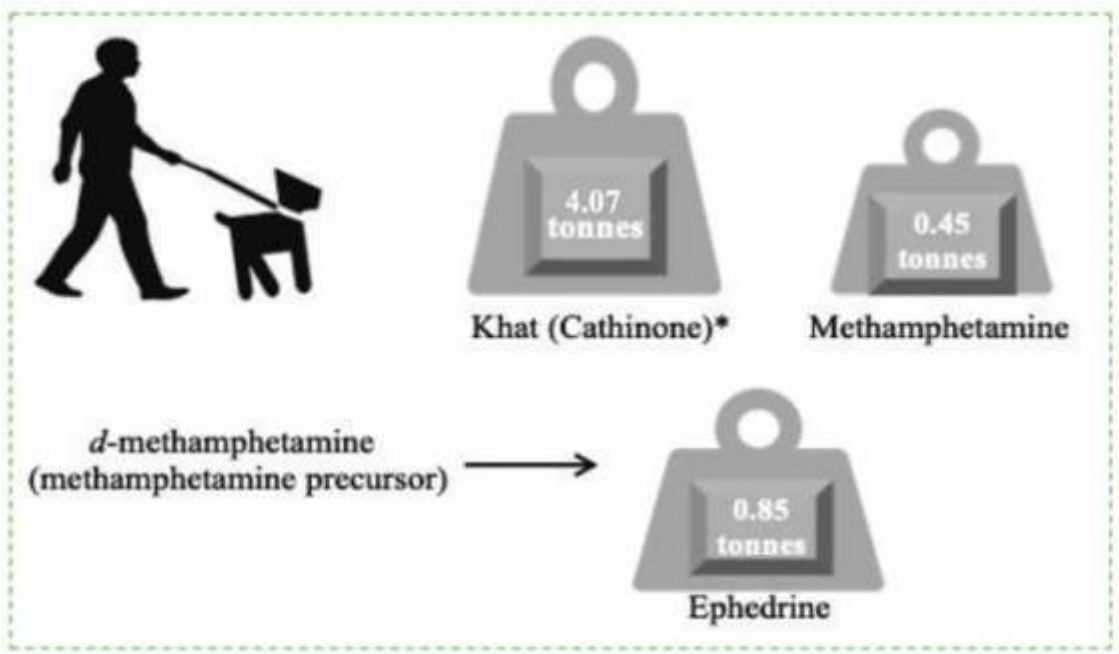
Amphetamine-type Stimulants (ATS)

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 substances. 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



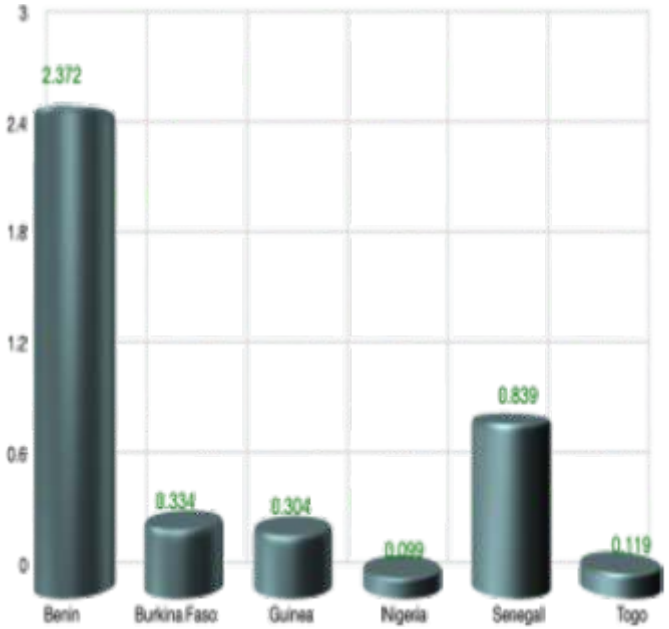
**1971 Convention on Psychotropic Substances , schedule I*

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[3]. 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

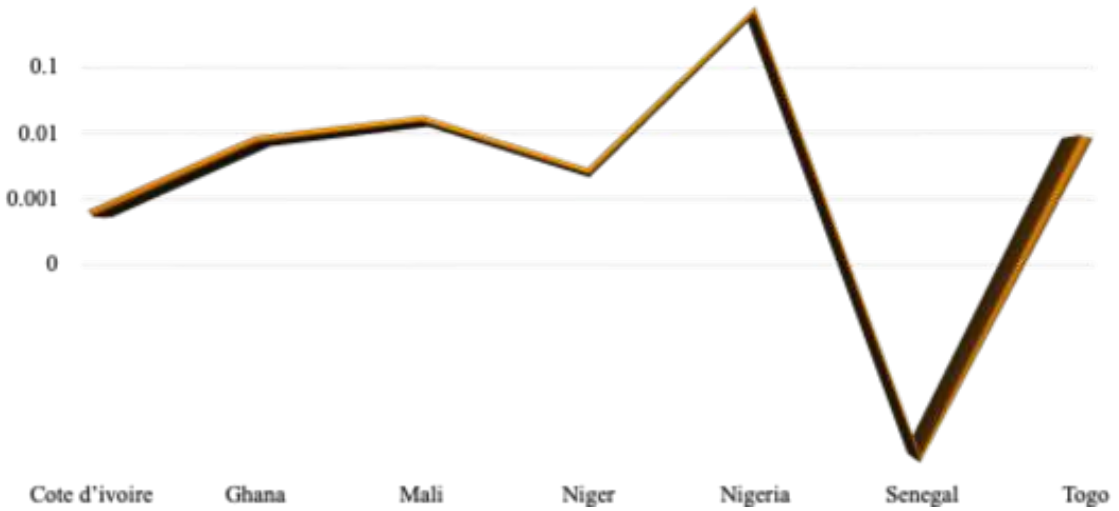


Source: ECOWAS analysis of WENDU data

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)



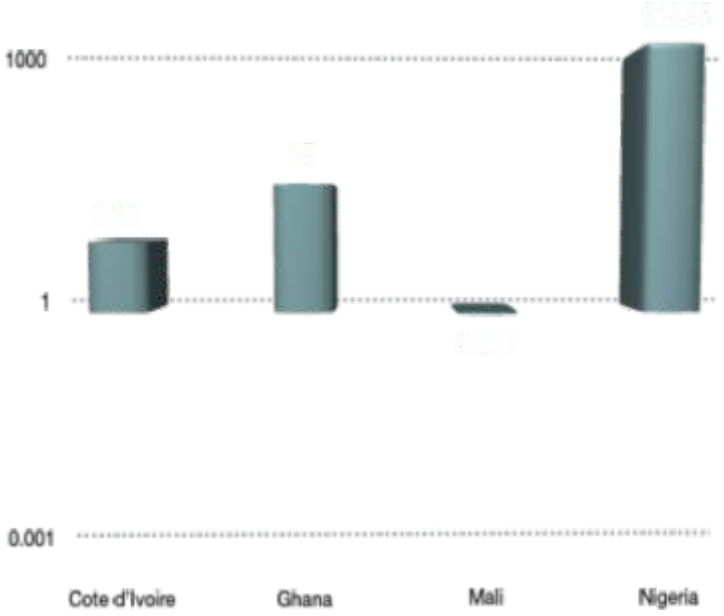
Source: ECOWAS analysis of WENDU data

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).[1]

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 2mg (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 100, 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/.

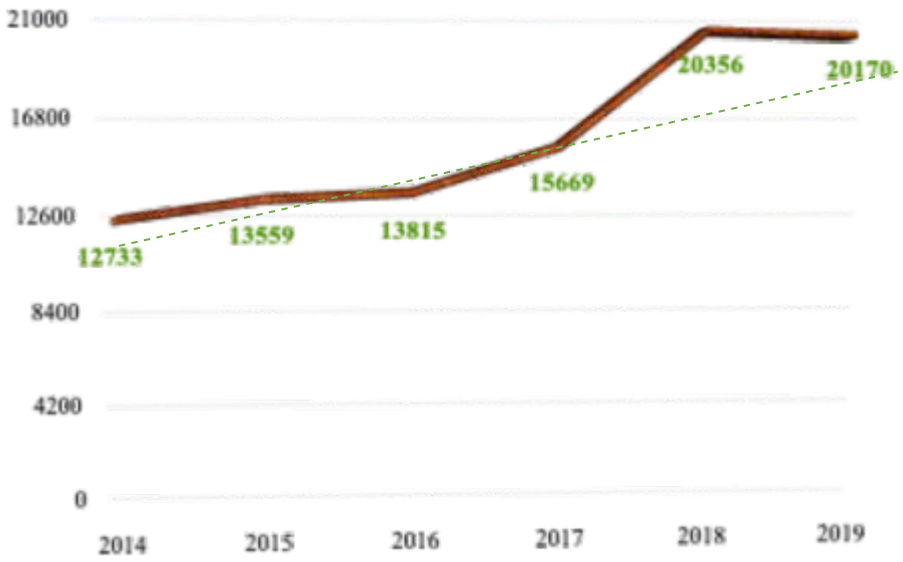
Arrests due to drug related offences

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 the pattern of drug use in the region 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 a period (often prolonged) 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 (95persons 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).

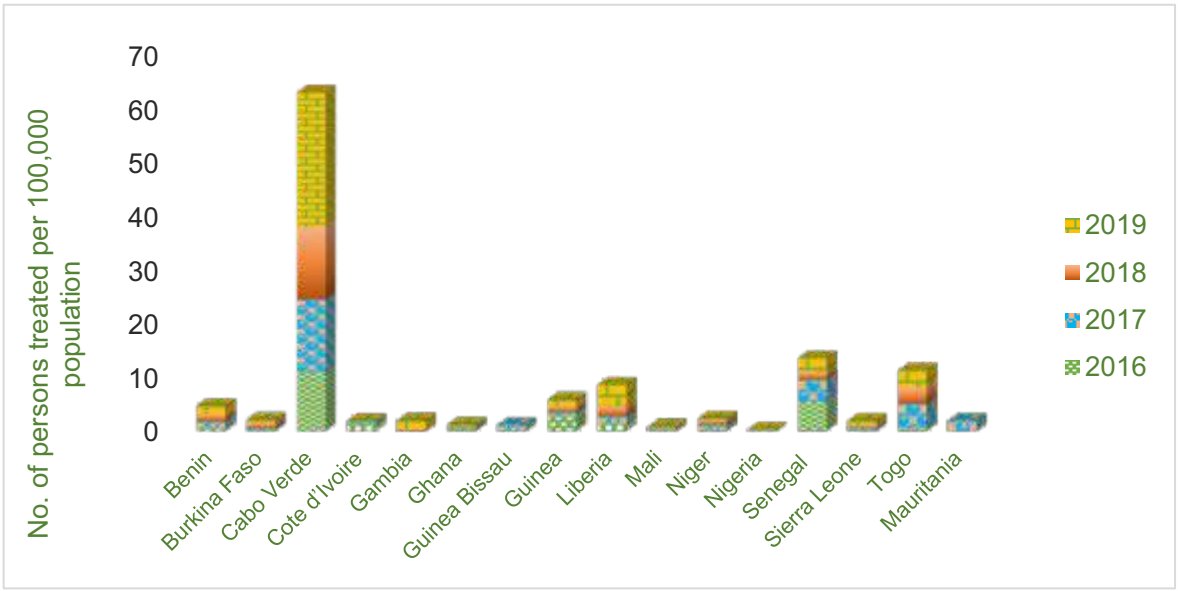
Alcohol

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	0.09
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.

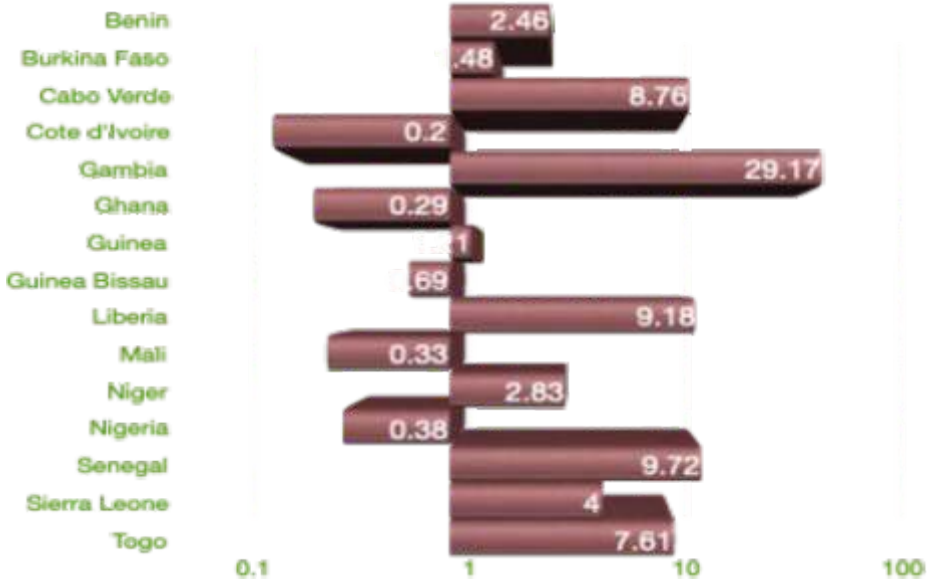
Table 1.3: Total number of persons treated for drug use disorders in West Africa (2018 - 2019)

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.

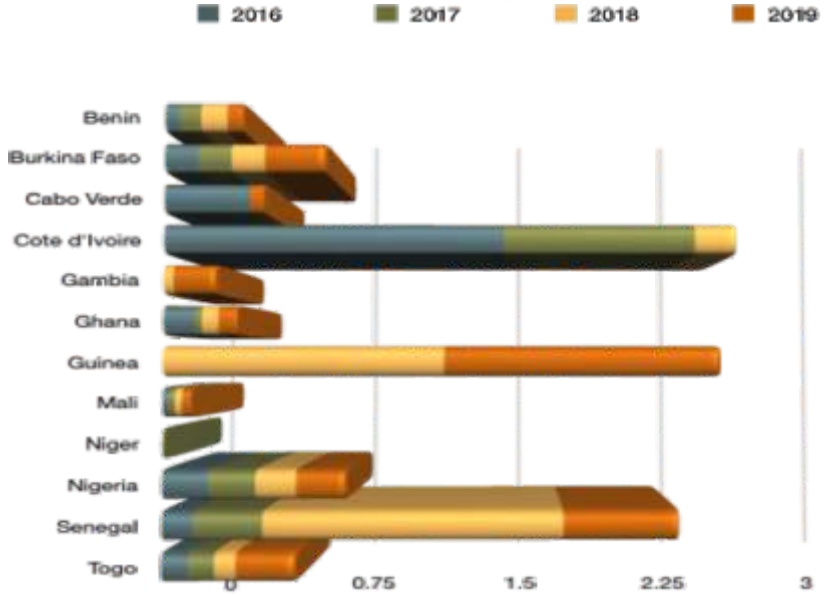
Table 1.5: Number of persons (per 100,000 population) treated for cocaine use disorder in West Africa (2016–2019)

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

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% (6.7 per 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).

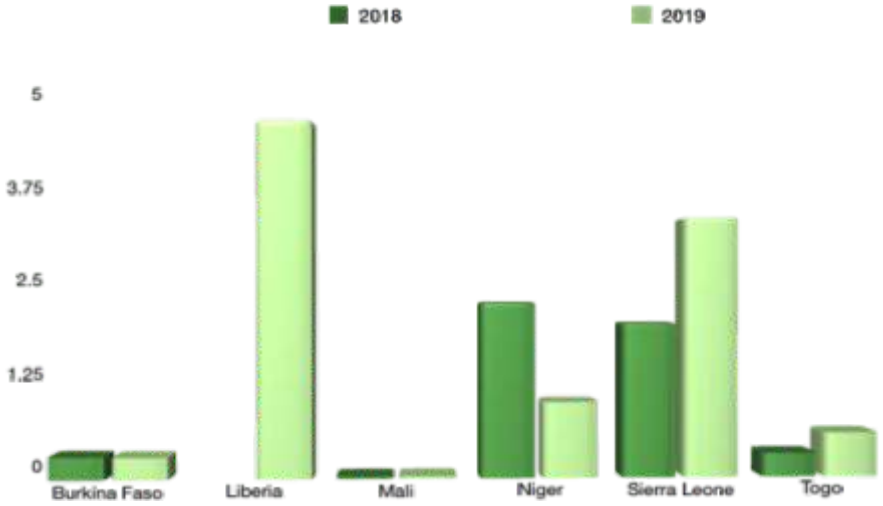
Fig. 2.4: No. of persons per 100,000 population treated for heroin use disorders in West Africa (excluding Liberia) from 2016 to 2019



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)



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.

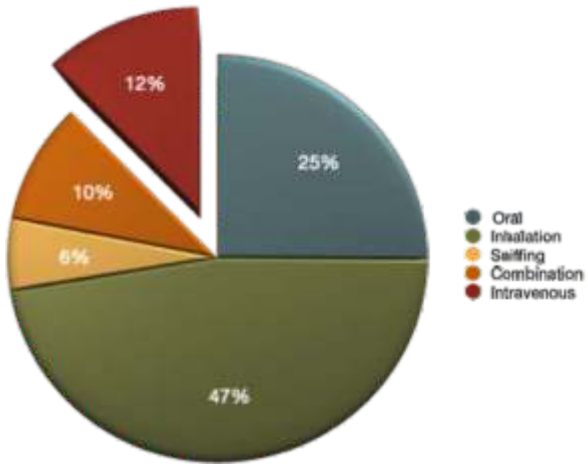
Table 1.6: No of persons (per 100,000 population) treated for MDMA use disorder in West Africa (2017 - 2019)

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[g]. 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[g].

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

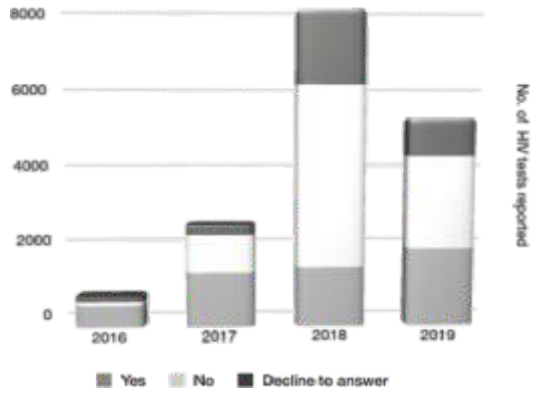
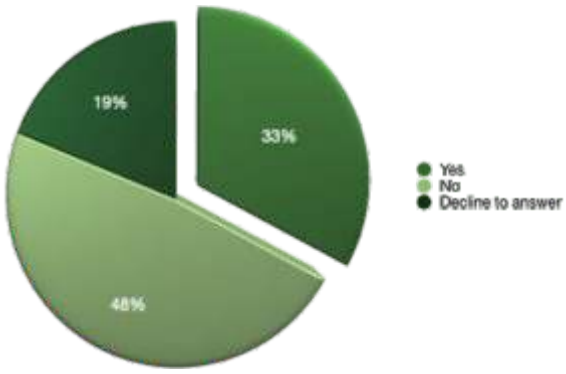


Fig 2.8: Proportion (%) of persons in treatment for SUDs who had HIV screening in West Africa (2016 – 2019)

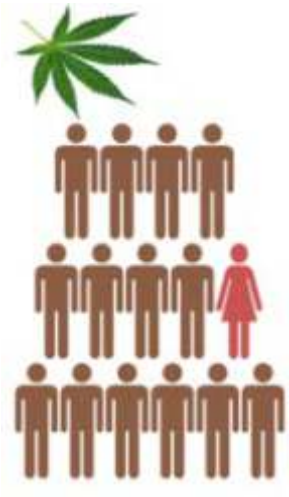


Source: ECOWAS analysis of WENDU data

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

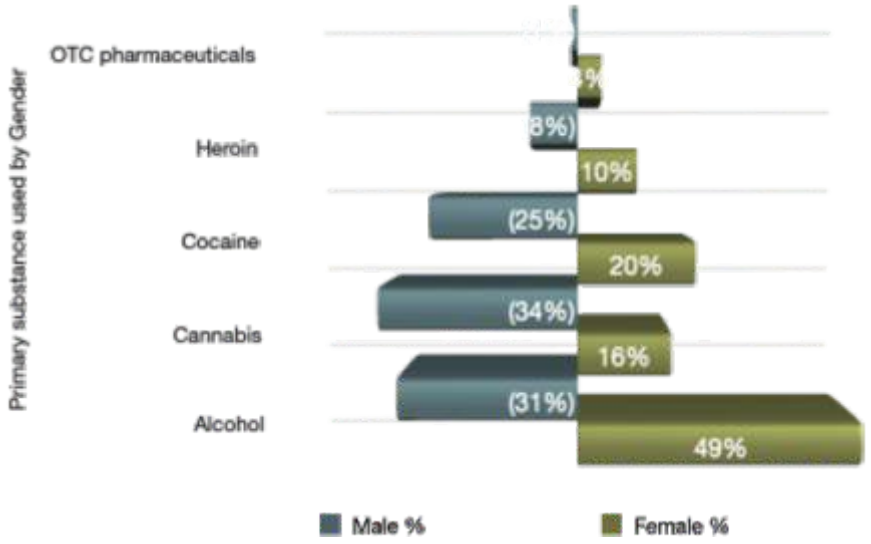
1 of 6 persons that accessed treatment for heroin use disorders is a woman

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[c]. 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[d].

Fig. 2.9: Gender differences in primary substance used (2018-2019)

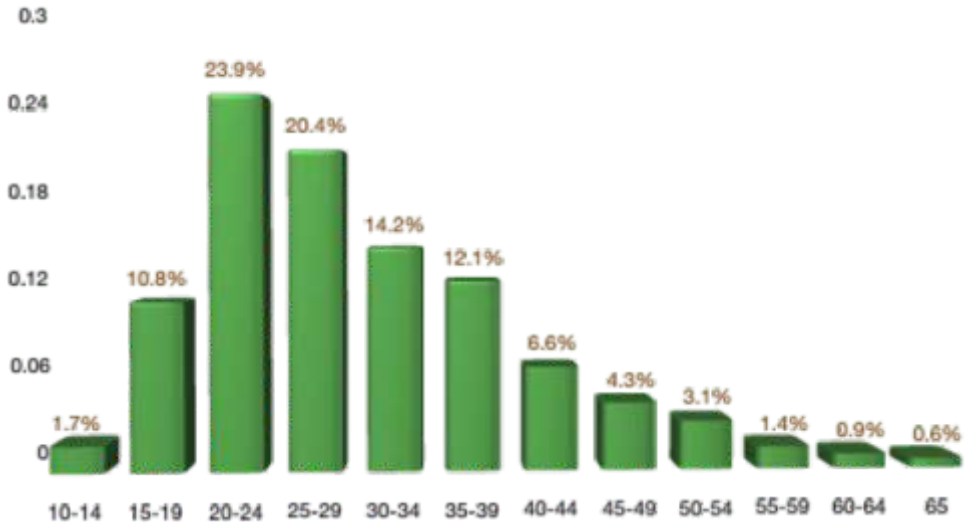


Source: ECOWAS analysis of WENDU data

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.

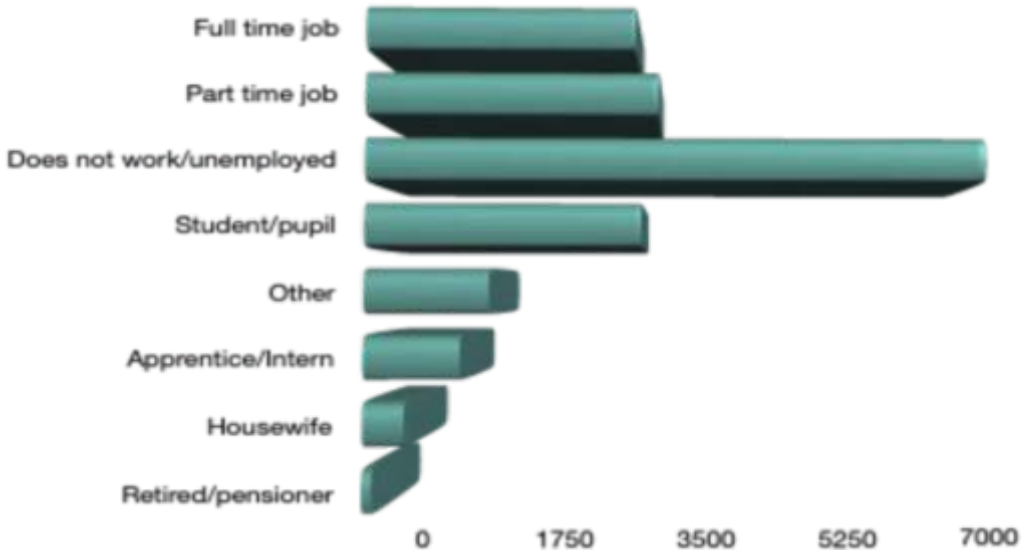
Fig. 3.0: Age category of people who entered treatment for substance use disorders in West Africa (2018-2019)



Source: ECOWAS analysis of WENDU data

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).

Fig. 3.1: Occupational status of people treated for SUDs in West Africa (2018 – 2019)

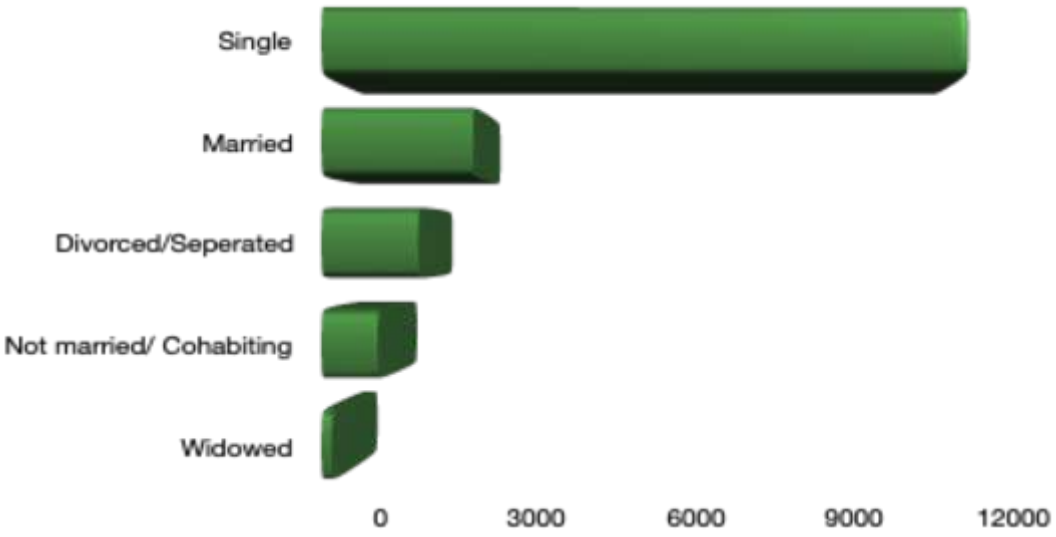


Source: ECOWAS analysis of WENDU data

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

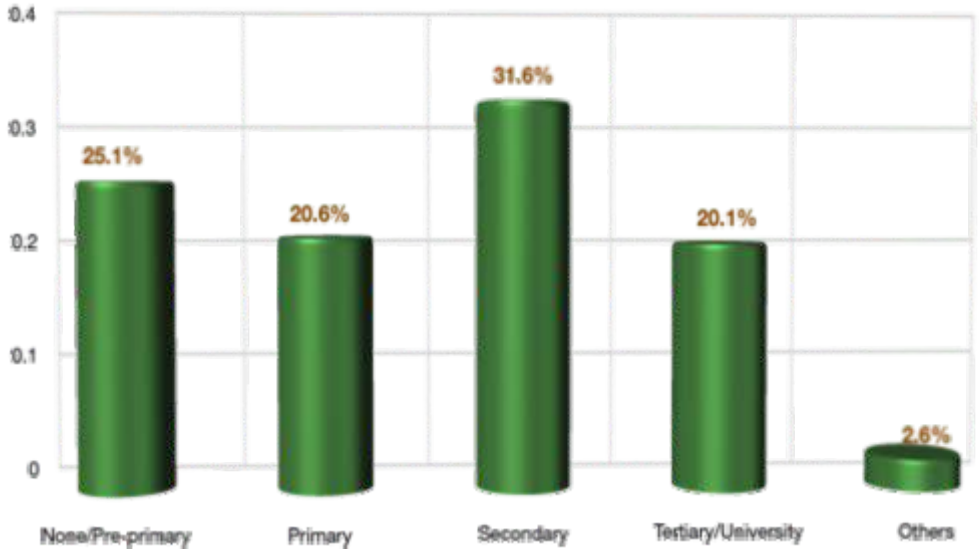


Source: ECOWAS analysis of WENDU data

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 medically 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)

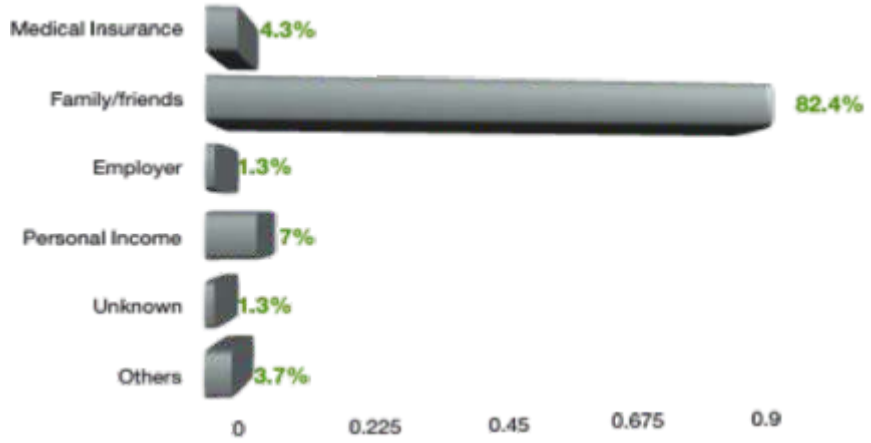
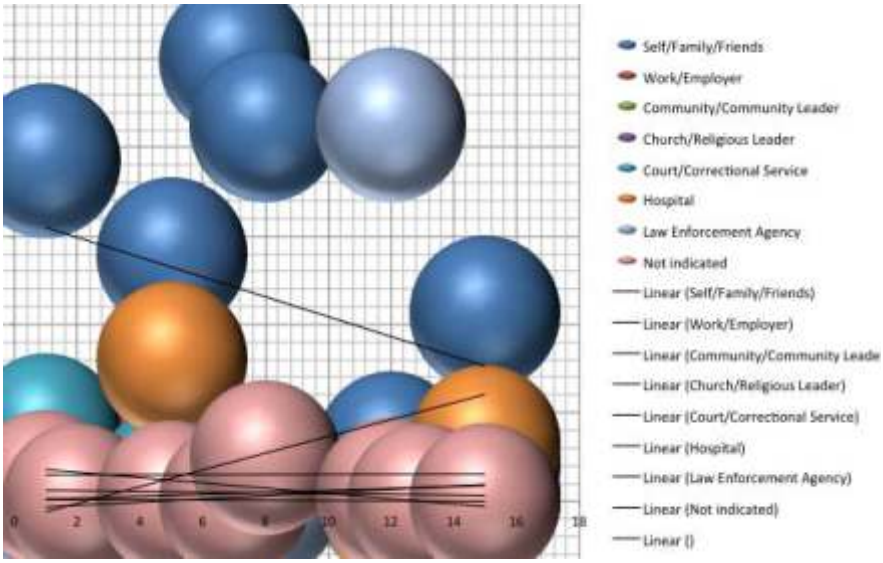


Fig. 3.5: Sources of referral for SUD treatment services in West Africa (2018 – 2019)



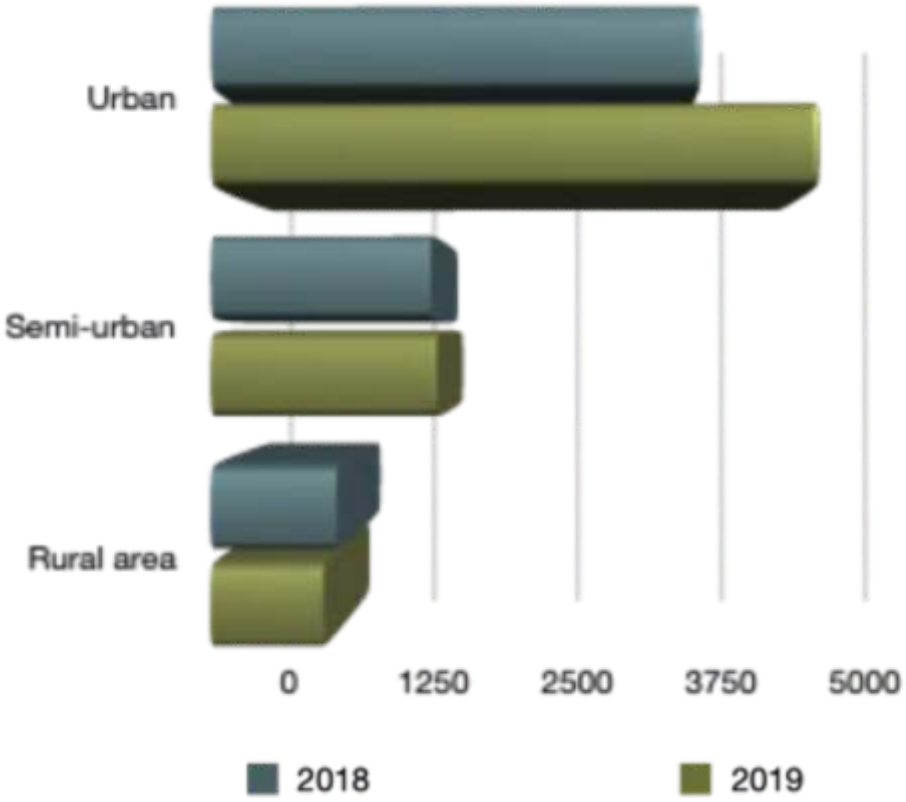
Source: ECOWAS analysis of WENDU data

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 admissions 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 healthcare.

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 coordination 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.

SECTION TWO

COUNTRY
SPECIFIC DATA

COUNTRY SPECIFIC DATA

BENIN

BACKGROUND

The Epidemiology Network on Drug Use in Benin (BENDU) captures drug treatment data from healthcare structures spread over the entire national territory. There are seventeen treatment data collection centres in the country. In addition, data on drug seizures as well as data on the number of people arrested due to drug related offences were provided by the Comite Interministeriel de Lutte Contre l'Abus des Stupefiants et des Substances Psychotropes (CILAS).

DRUG SUPPLY SUPPRESSION

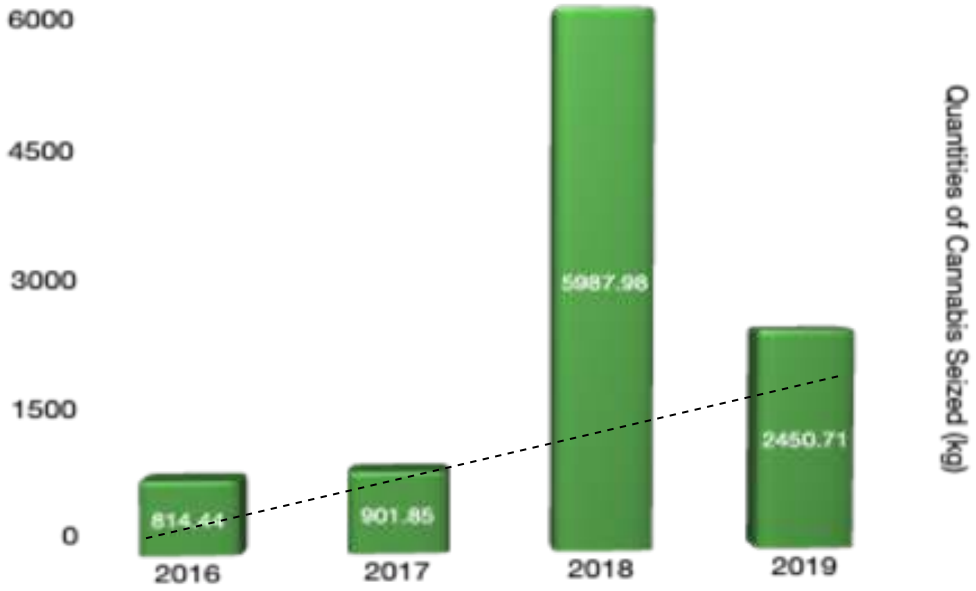
Benin recorded the largest quantities of cannabis seizure in 2018. A total of 5,987.98kg of cannabis seized in that year was larger than the quantities seized in the other three years (2016, 2017 & 2019) combined (fig 1). There was also a remarkable increase in the quantities of cocaine seizures from 2016 to 2019. A total of 893.87kg of cocaine was seized in Benin in 2019, 168.09kg of cocaine seized in 2016 and 44.76kg in 2017 (table 1). Benin also recorded its first Khat seizure in 2019 with a total of 2,372kg. In addition, there was a notable increase in the seizure of counterfeit pharmaceuticals in Benin. In 2018, a total of 15,537kg falsified, counterfeit and substandard generic diclofenac tablets were seized by CILAS (table 1).

Table 1: Quantities of controlled drugs seized, by type (2016-2019)

	2016	2017	2018	2019
		Quantities (Kg)		
Cannabis	814.44	901.85	5987.98	2450.71
Cocaine	168.09	45.76	49.22	893.87
Heroin	1.96	10.44	34.50	0.38
ATS	Not Reported	1.13	Not Reported	Not reported
Khat	0	0	0	2372
Tramadol	-	5.5 Packets	0.29	59,194.9
Methamphetamine	141.52	146.61	0	0
Ephedrine	295.37	152.02	0	0
Others		Diazepam= 18packets	Diazepam= 0.007 Nitric Acid= 0.07	Codeine= 1.86

**Counterfeit Pharmaceuticals seized in 2018- Diclofenac= 15,537kg

Figure 1: Trend: cannabis seizure in the Republic of Benin



Source: ECOWAS analysis of WENDU data

Table 2: Total number of arrests for drug related offences (2014-2019)

Variable	2014	2015	2016	2017	2018	2019
Number of persons arrested	127	110	86	96	99	152

In 2015, 110 persons (1.04 per 100,000 population) were arrested for drug related offences in Benin. (table 2). However, only 71 were incarcerated. The remaining 39 were released after being identified as PWUDs. The highest number of arrests due to drug related offenses in Benin was in 2019 (table 2). Disaggregated data by gender was not available for reporting.

Drug Treatment Demand

The WENDU data revealed a steady increase in the number persons treated for alcohol use disorders from 0.61 persons per 100, 000 population in 2016 to 1.56 persons per 100,000 population in 2019 in Benin (figure 2). In addition, alcohol was often ingested in combination with two or more other substances.

Figure 2: Total number of people in treatment per 100,000 population for alcohol use disorders in Benin (2016-2019).

Source: ECOWAS analysis of WENDU data

Cannabis remained the primary drug used from 2016 to 2019 as this accounts for 68 percent of all persons in treatment. The data indicated persistent increase in the number of treatment entrants citing cannabis as the primary drug used during this period. In 2017, poly drug use was recorded among artisans and civil servants in Benin and cannabis use disorders were mostly recorded among school students and artisans. Hallucinogens were used by apprentices and artisans while tramadol and tobacco were mostly recorded among taxi drivers, students and artisans (table 3).

Table 3: Primary drug used (excluding alcohol) among people in drug treatment in Benin Republic (2016 – 2019).

Primary Drug Used	2016		2017		2018		2019	
	N	(%)	N	(%)	N	(%)	N	(%)
Cannabis	74	84.1	159	77.9	164	66.4	232	69.2
Cocaine/crack	8	9.1	29	14.2	22	8.9	13	3.9
Heroin	6	10.0	10	4.9	13	5.3	8	2.4
Hallucinogen	0	0	4	2.0	4	1.6	4	1.2
Solvent/Glue	0	0	2	1.0	3	1.2	4	1.2
Others (tramadol, tobacco, cafe)	23		19		41	16.7	Tramadol= 69 Sedative= 5	22.1

Significant number of persons (64 percent) that entered treatment for substance use disorders from 2016 to 2019 were between the ages of 20 and 39 years. Majority (69 percent) were either students or unemployed, 6 percent had full time employment and 11 percent were apprentice or interns. In addition, people in treatment were majorly single (59 percent) and a substantial number (70 percent) were either in secondary or tertiary institutions (table 4).

Table 4: Sociodemographic characteristics of patients (2016 -2019)

Demographic variables	2016 N (%)	2017 N (%)	2018 N (%)	2019 N (%)
Age group				
10-14	0	0	3 (0.7)	0
15-19	3 (3)	1 (0.003)	23 (5.7)	33 (5.3)
20-24	19 (13)	78 (19)	26 (6.4)	45 (7.2)
25-29	36 (31)	77 (35)	71 (17.5)	131 (20.9)
30-34	13 (11)	37 (10)	38 (9.4)	94 (15.0)
35-39	17 (15)	54 (19)	88 (21.7)	143 (22.8)
40-44	10 (9)	34 (9.6)	24 (5.9)	56 (8.9)
45-49	6 (5)	18 (5)	30 (7.4)	48 (7.7)
50-54	4 (4)	22 (6.2)	34 (8.4)	34 (5.4)
55-59	4 (3)	17 (4.8)	29 (7.1)	28 (4.5)
60-64	0	8 (2.3)	24 (5.9)	11 (1.8)
65+	4 (6)	9 (2.5)	16 (4.0)	3 (0.5)
Professional situation				
Work full-time	55 (35)	72 (20)	15 (3.7)	15 (2.4)
Working part-time	**No distinction	**No distinction	27 (6.7)	38 (6.1)
Does not work / unemployed	61 (39)	98 (28)	60 (14.8)	193 (30.8)
Apprentice/intern	0 (0.0)	68 (19)	66 (16.3)	38 (6.1)
Student/pupil	28 (18)	86 (24)	211 (52.0)	326 (52.1)
Disabled/medically unfit for work	0 (0)	0 (0.0)	0 (0.0)	0 (0.0)
Housewife	3 (2)	11 (3)	11 (2.7)	0
Retirement	0	20 (6)	16 (3.9)	16 (2.6)
Other	10 (6)	0	0	0
Marital status				
Married	36 (23)	62 (17)	67 (16.5)	73 (11.7)
Separated/Divorced	22 (14)	124 (35)	87 (21.4)	116 (18.5)
Widowed	7 (5)	11 (3)	11 (2.7)	23 (3.7)
Single	90 (58)	158 (45)	241 (59.4)	414 (66.1)
Education				
None/pre-primary	50 (50)	43 (12)	44 (10.8)	35 (5.6)
Primary	25 (25)	104 (12)	73 (18.0)	85 (13.6)
Secondary	63 (63)	101 (29)	140 (34.5)	174 (27.8)
Tertiary/University	17 (11)	107 (30)	149 (36.7)	332 (53.0)
Residential Zone				
Urban	108(70)	239(67)	227 (55.9)	370 (59.1)
Semi-Urban	36(23)	116(33)	179 (44.1)	256 (40.9)
Rural	11(7)	0	0	0

* For professional situation: Regular employment requested without distinction of full & part time work

The major route of administration of substances from 2016 to 2019 in Benin was inhalation (41 percent) and this was followed very closely by ingestion (40.5 percent). There were several recorded cases of combined route of administration with no recorded case of injecting drug use (table 5). However, civil society engagement during the monitoring and evaluation mission to Benin revealed that a high number of individuals inject drugs but do not access government hospitals due to fear of stigmatization and arrest.

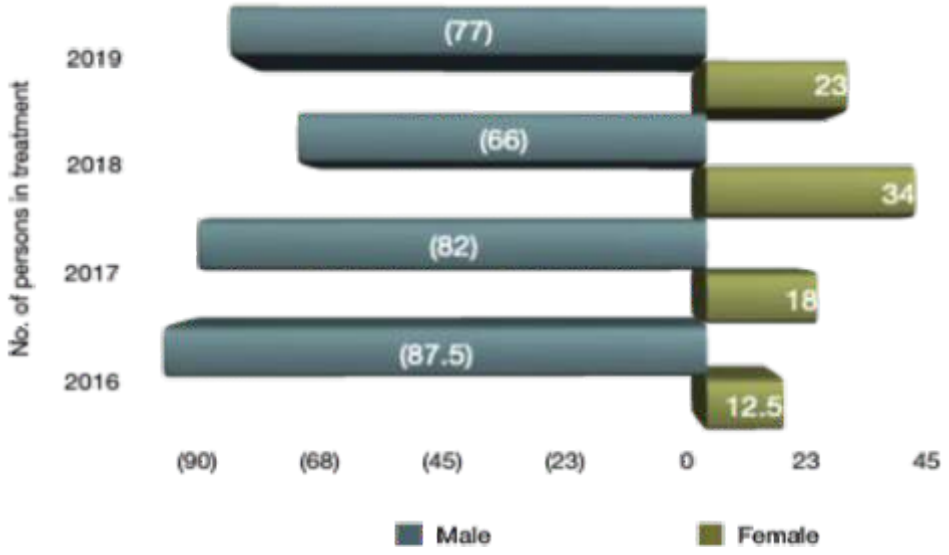
Table 5: Route of administration of substances

Route of administration	2016 N (%)	2017 N (%)	2018 N (%)	2019 N (%)
Oral	52 (13)	172 (48)	178 (43.8)	228 (36.2)
Inhalation	92 (54)	89 (25)	155 (38.2)	307 (49.1)
Sniffing	0	0	0	0
Intravenous	0	0	0	0
Other/Combination	27 (16)	94 (27)	73 (18.0)	91 (14.5)

Gender and Substance Use in Benin

The WENDU data for Benin reflected gender differential in substance use disorders amongst treatment entrants. One in 4 persons that accessed treatment for alcohol use disorders from 2016 to 2019 is a woman (figure 3).

Figure 3: Total number of persons with alcohol use disorders (AUD) in treatment by Gender in Benin (2016- 2019)



Source: ECOWAS analysis of WENDU data

The data further revealed that one of 5 persons that accessed treatment for cannabis use disorders is a woman, one of 7 persons and one of 6 persons that accessed treatment for problems related to the use of cocaine and heroin respectively, is a woman (table 6).

Table 6: Total number of persons in treatment by gender in Benin (2016-2019)

Drug Category	2016		2017		2018		2019	
	Male N	Female N	Male N	Female N	Male N	Female N	Male N	Female N
Cannabis	76	4	134	15	142	22	232	71
Cocaine/crack	6	0	18	2	19	3	13	3
Heroin	0	0	4	1	11	2	8	1
Hallucinogen	0	0	0	0	4	0	4	0
Others**	0	0	21	15	41	10	78	39

**Others: Tramadol, solvent, sedative .

Majority of individuals (72 percent) in treatment were referred by family and friends, 5 percent were referred by healthcare practitioners and 8 percent were referred from court or correctional facilities. The report further suggests that majority of the treatment entrants (43 percent) do not know their HIV status, 42 percent declined to respond to the question and only 15 percent of those in treatment from 2016 to 2019 know their HIV status. In addition, majority of the treatment (73 percent) were paid for by family and friends (table 7).

Table 7: Cases and Treatment patterns (2016-2019)

Variable	2016 N (%)	2017 N (%)	2018 N (%)	2019 N (%)
Number of cases	155	355	406	626
Follow up treatment				
Outpatient	Not Reported	78 (22)	268 (66.0)	373 (59.6)
Inpatient		225 (63)	123 (30.3)	202 (32.3)
Both		52 (15)	15 (3.7)	51 (8.1)
Sources of referral				
Self/family/friends	144 (93)	237 (67)	311 (76.6)	432 (69.0)
Work/employer	0	12 (3)	0	17 (2.7)
Social services	3 (2)	0	0	0
Psychiatrist/doctor/nurse	2 (1)	36 (10)	21 (5.2)	16 (2.6)
Hospital/Clinic	0	0	0 (0.0)	12 (1.9)
Court/corrections	3 (2)	55 (16)	34 (8.4)	28 (4.5)
Educational institution	0	0	0	27 (4.3)
Church / religious groups	0	0	0	9 (1.3)
Others	24 (2)	15 (4)	40 (9.9)	85 (13.6)
HIV Testing				
Yes	Not Reported	61 (17)	23 (5.7)	129 (20.6)
No		195 (55)	171 (42.1)	227 (36.3)
Refuse to answer		99 (28)	212 (52.2)	270 (43.1)
Source of Payment				
Medical insurance	1 (1)	0	0	0
Family/friends	115 (74)	190 (76)	236 (58.1)	582 (93.0)
Employer	0	0	0	0
Personal income	37 (24)	165 (24)	170 (41.9)	44 (7.0)
Unknown	0	0	0	0
Other (combinations)	2 (1)	0	0	0
% Prevalence of HCV/HBV (No. of cases and percentages)				
Positive	Not Reported	15 (8)	0	0
Negative		12 (7)	0	0
Inconclusive		71 (40)	278 (68.5)	452 (72.2)
Refused to answer		80 (45)	128 (31.5)	174 (27.8)
Test not conducted/ Questions not asked		177 (50)	0	0

Conclusion

The assessment of the incidence of drug addiction faces several methodological difficulties based on the data sources (medical, judicial, general population survey) which means that the results are not always consistent. Hence, the interest of using a validated assessment tool such as the WENDU tools in hospitals.

The analysis of the 2018-2019 country report for Benin indicated a high percentage of male that accessed treatment and the most affected population is that of the 20-39 years age group, a population of young adults. The data further revealed that the most commonly used substances were alcohol and cannabis. In addition, tramadol, whose consumption statistics are unreliable during the period under review, is by far the most consumed within certain socio-professional categories, in particular, motorcycle taxi drivers, drivers of hand-held vehicles (rickshaws) or heavy machinery.

Indeed, in adolescents, the reasons for taking cannabis as seen in Benin are those of fun, novelty and imitation; but also a compensation for lack of competence in stress management. In adults, on the other hand, cannabis is used for its euphoric effects, its convivial dimension, but also to relieve stress, help relaxation, promote sleep or strengthen performances in handling certain menial jobs. Cannabis, still called in Benin as "ford", "gandja", "kif", "azô", is a plant which is produced in several localities of the country and certain populations abnormally make cash crops of it.

It should be noted that poly-drug addiction is frequently recorded in Benin with different combinations such as alcohol and cannabis/ alcohol, cannabis and tobacco/ cannabis, alcohol and diazepam / tramadol and other precursor chemicals. In addition to the use of tramadol, new psychoactive substances experimented with in Benin includes amphetamines commonly known as "caterpillar", "gandja", "formalin", "gbahou", "gnagan pobôl" and solvents such as dissolution, paint, glue , varnish, ether and gasoline. It's also noteworthy that injecting drug users are rarely seen in hospitals in Benin. The same is true for certain target groups such as homosexuals.

Recommendations

- Increase research and create drug addiction observatory in Benin
- Strengthen the capacities of caregivers in terms of diagnosis and care through broader training programmes and the use of assessment tools such as WENDU;
- Update and rigorously apply legislations against illicit drug trafficking in Benin with more in-depth controls at cross-border levels;
- Create and develop outpatient and hospital addictology centres,
- Make a plea for a firm commitment by the State to release its own resources in the national budget for the fight against drug addiction;
- Increase the awareness of young people on behavioral change vis-à-vis drugs and other psychoactive substances;
- Introduce modules on drug addiction in primary and secondary education programmes;
- Expand the team of trainers to impact all the districts of Benin.
- It is necessary to create drug use observatory
- factual, reliable and comparable information system concerning drugs and drug addiction, and their consequences

BURKINA FASO

Background

Drug use has become a public health problem and a major societal issue in Burkina Faso, like many countries around the world. The WENDU data collection made it possible to make a report in the treatment and care structures of people who use drugs (PWUDs) in Burkina Faso. Indeed, a real hub for drug trafficking, Burkina Faso, which was formerly considered as a transit country, has become a zone for drug production and heavy consumption in recent years. The proliferation of drinking establishments contributes to the depravity of morals in the context of socio-educational crisis. The low level of education, the youthful population, growing unemployment and poverty maintained by corruption are all contributory factors to the aggravation of the drug scourge in Burkina Faso. The drug treatment data was collated from over twenty facilities in the thirteen regional centres. The data on drug seizures and arrests due to drug related offences were received from the Comité National de Lutte contre la Drogue (CNLD).

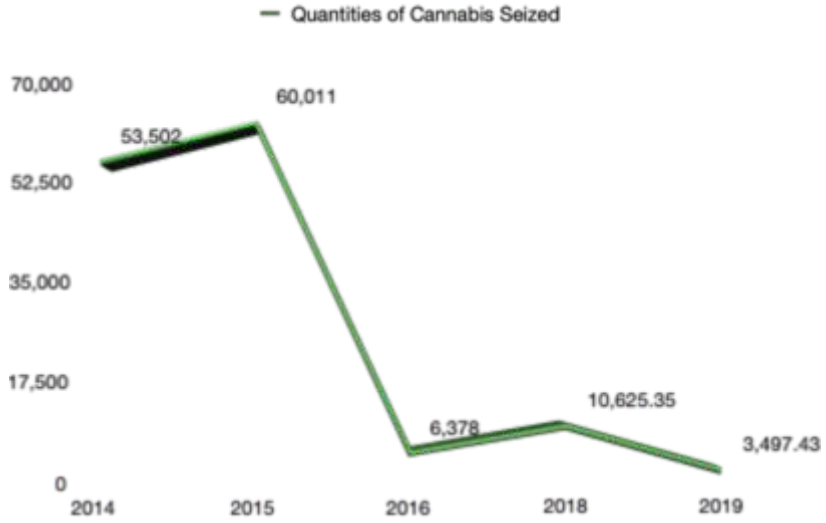
Drug Supply Suppression

The major drugs seized by law enforcement agencies in Burkina Faso from 2014 to 2018 were cannabis, cocaine and heroin. In 2014, cannabis seizures were relatively high (53,502kg) when compared to the total quantities of cannabis seized from 2015 to 2018 (table 1; fig 1). There was no available data for 2019.

Table 1: Quantities of controlled drugs seized, by type in Burkina Faso (2014-2016 & 2018)

Variables	2014	2015	2016	2018	2019
Cannabis	53,502	60,011	6,378	10,625.35	3,497.43
Cocaine	22.68	6.18	33.77	0.01	1.91
Heroin	0.16	25.39	10	18.6	0.0027
Others	11.36	16,426.5	2,478	75,293.61	30,010.59 Khat =334

Figure 1: Trend: cannabis seizure in the Republic of Burkina Faso (2014-2016 & 2018)



Source: ECOWAS analysis of WENDU data

In 2014, 158 persons (0.8 per 100,000 population) were arrested for drug related offences in Burkina Faso (table 2). The highest number of arrests due to drug related offenses was in 2016 and 2018 with approximately 4 persons per 100,000 population in Burkina Faso (table 2). Disaggregated data by gender was not available for reporting.

Table 2: Total number of arrests due to drug related offences (2014-2016 & 2018)

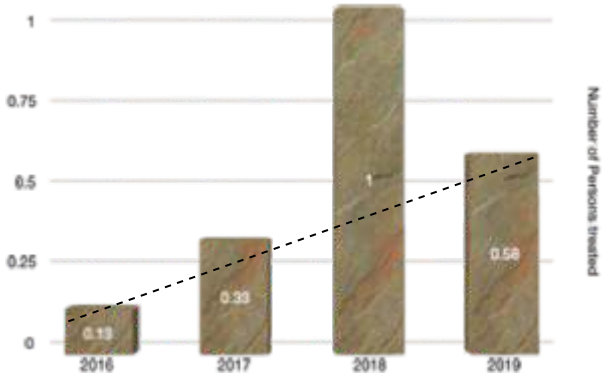
Variable	2014	2015	2016	2018	2019
Number of arrests	158	196	750	595	472
Gender					
Male	NR	NR	NR	583 (98.0)	472 (100)
Female	NR	NR	NR	12 (2.0)	0

**NR: Not Reported

Drug Treatment Demand

There was a significant increase in the number of persons in treatment for alcohol use disorders from 2016 (0.33 per 100,000 population) to 2018 (1 person per 100,000 population) and a decline in 2019 (0.58 per 100,000 population) in Burkina Faso (figure 2). Excluding alcohol, the primary substance used among people in treatment is cannabis, as this accounts for approximately 56 percent of persons that accessed drug treatment facility in Burkina Faso from 2016 to 2019 (table 3). In addition, 16 percent of the treatment entrants were treated for disorders related to the use and abuse of over the counter (OTC) and prescription medicines.

Figure 2: Total number of people in treatment per 100,000 population for alcohol use disorders in Burkina Faso (2016-2018)



Source: ECOWAS analysis of WENDU data

Table 3: Primary drug used (excluding alcohol) among people in drug treatment in Burkina Faso Republic (2016 – 2019).

Primary Drug Used	2016		2017		2018		2019	
	N	%)(	N	%)(	N	%)(	N	%)(
Cannabis	269	68.1	235	60.7	375	37.3	293	52.7
Cocaine	14	3.5	21	5.4	21	2.1	13	2.3
Heroin	27	6.8	27	7.0	27	2.7	51	9.2
OTC	67	17.0	36	9.3	0	0	0	0
MEVL/MSO*	67	16.2	36	8.1	136	13.5	0	0
Tramadol	0	0	0	0	42	4.2	56	10.1
Others (tobacco, solvents, cafe)	18	4.6	59	15.2	183	13.7	27	4.9

A substantial number of persons (81 percent) who entered treatment for substance use disorders in 2018 and 2019 were between the ages of 15 and 29 years. Age disaggregated data was not available for 2016 and 2017. Just over half (51 percent) were unemployed while about 82 percent were single and had either primary or no education. In addition, 61 percent of the persons in treatment reside in the urban area of Burkina Faso (table 4).

Table 4: Sociodemographic characteristics of patients (2018 -2019)

Demographic variables	2018 N (%)	2019 N (%)
Age group		
10-14	25 (2.5)	23 (4.1)
15-19	215 (21.4)	54 (9.7)
20-24	503 (50.3)	264 (47.6)
25-29	150 (14.2)	84 (15.1)
30-34	50 (4.8)	49 (8.8)
35-39	25 (2.5)	36 (6.5)
40-44	20 (2.0)	8 (1.4)
45-49	10 (1.0)	9 (1.6)
50-54	8 (0.8)	9 (1.6)
55-59	5 (0.5)	4 (0.7)
60-64	0	9 (1.6)
65+	0	6 (1.1)
Professional situation		
Work full-time	80 (8.0)	93 (16.8)
Working part-time	200 (20.0)	43 (7.8)
Does not work / unemployed	496 (49.3)	306 (55.1)
Apprentice/intern	90 (9.0)	0 (0.0)
Student/pupil	100 (9.9)	60 (10.8)
Disabled/medically unfit for work	0	0
Housewife	20 (2.0)	21 (3.8)
Retirement	15 (1.5)	0
Other	0	32 (5.8)
Marital status		
Married	90 (9.0)	70 (12.6)
Separated/Divorced	10 (1.0)	20 (3.6)
Widowed	4 (0.4)	5 (0.9)
Single	495 (49.2)	402 (72.4)
Education		
None/pre-primary	190 (18.9)	325 (58.6)
Primary	611 (60.7)	127 (22.9)
Secondary	150 (14.2)	81 (14.6)
Tertiary/University	20 (2.0)	10 (1.8)
Residential Zone		
Urban	578 (57.5)	374 (67.4)
Semi-Urban	250 (24.5)	75 (13.5)
Rural	178 (17.7)	106 (19.1)

The primary route of administration of substances was inhalation and this accounted for 70 percent of all reported cases from 2016 to 2019. This was followed closely by oral and less than one percent are inject drugs (table 5).

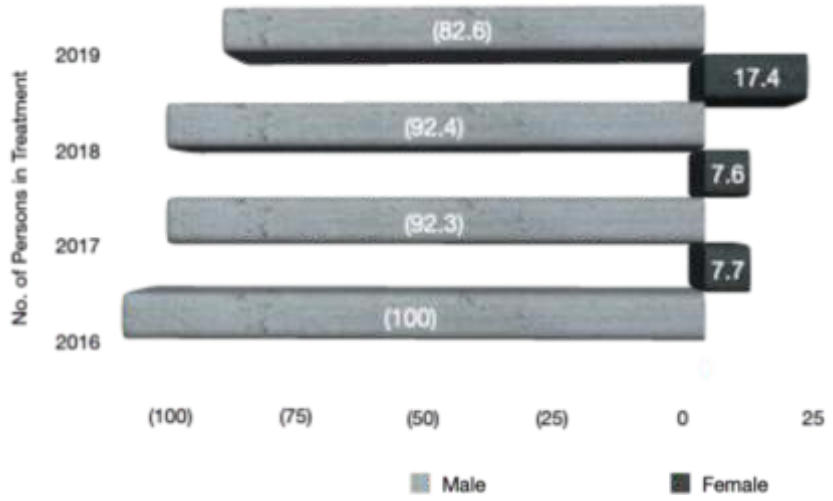
Table 5: Route of administration of substances

Mode of administration	2016 N (%)	2017 N (%)	2018 N(%)	2019 N(%)
Oral	92 (22.9)	101 (22.8)	228 (22.7)	171 (30.8)
Inhalation	310 (77.1)	342 (77.2)	670 (66.6)	314 (56.6)
Sniffing/Snorting	0	0	30 (2.9)	64 (11.5)
Intravenous	0	0	20 (2.0)	0
Others/Combination	0	0	58 (5.8)	6 (1.1)

Gender and Substance Use in Burkina Faso

The WENDU data for Burkina Faso reflected gender differential in substance use disorders amongst treatment entrants. One in 11 persons that accessed treatment for alcohol use disorders from 2016 to 2019 is a woman (figure 3).

Figure 3: Total number of persons with alcohol use disorders (AUD) in treatment by Gender in Burkina Faso (2016-2019)



Source: ECOWAS analysis of WENDU data

Gender differential for other substances used by treatment entrants suggests a non-significant and less pronounced variation in gender, apart from disorders related to the use of pharmaceuticals. The data revealed that one of 34 persons that accessed treatment for cannabis use disorders is a woman while only males accessed treatment for cocaine and heroin use disorders. However, one of 6 persons that accessed treatment due to disorders related to the use of tramadol is a woman (table 6).

Table 6: Total number of persons in treatment by gender in Burkina Faso (2016-2019)

Drug Category	2016		2017		2018		2019	
	Male N	Female N	Male N	Female N	Male N	Female N	Male N	Female N
Cannabis	268	1.0	235	0	375	18	278	15
Heroin/ Opioid	27	0	27	0	27	0	51	0
Cocaine	14	0	21	0	21	0	13	0
MEVL/MSO	62	0	36	0	136	10	0	0
Tramadol	0	0	0	0	42	16	56	0
Others*	23 (5.7)		59 (14.0)		163 (16.2)		27 (4.1)	

** Other substances majorly reported by Burkina Faso is tobacco*

A substantial number of individuals (90 percent) in treatment were referred by family and friends while 5 percent were referred by healthcare practitioners. The report further showed that almost all (97 percent) of the people in treatment in 2018 and 2019 did not know their HIV status. In addition, majority of the treatment (89 percent) were paid for by family and friends (table 7).

Table 7: Cases and Treatment patterns (2016-2019)

Variable	2016 N (%)	2017 N (%)	2018 N(%)	2019 N(%)
Number of cases	420	443	1,006	554
Number of new cases	108 (25.7)	206 (46.5)	656 (350)	348 (62.7)
Follow up treatment	312 (76.4)	237 (53.5)	350 (34.8)	207 (37.3)
Outpatient	360 (85.7)	301 (67.9)	785 (78.0)	424 (76.4)
Inpatient	60 (14.2)	232 (32.1)	221 (22.0)	131 (23.6)
Source of referral				
Self/family/friends	420 (100.0)	430 (97.1)	847 (84.2)	481 (86.67)
Work/employer	0	0	10 (1.0)	5 (0.1)
Social services	0	0	18 (1.8)	0
Psychiatrist/doctor/nurse	0	11 (2.48)	78 (7.8)	45 (8.1)
Hospital/Clinic	0	2 (0.45)	43 (4.3)	0
Court/corrections	0	0	1 (0.1)	14 (2.5)
Educational institution	0	0	3 (0.3)	0
Church / religious groups	0	0	6 (0.6)	10 (10.8)
HIV Testing				
Yes	Not Reported	Not Reported	0	20 (3.6)
No			1006 (100)	505 (91.0)
Refuse to answer			0	30 (5.4)
Sources of Payment				
Medical Insurance	Not Reported	Not Reported	10 (1.0)	5 (0.9)
Family/friends			905 (89.9)	511 (92.1)
Employer			25 (2.5)	4 (0.72)
Personal income			40 (4.0)	30 (5.4)
Unknown			40 (4.0)	0
Other (Combination)			14 (1.4)	5 (0.9)

Conclusion

The consumption of Tramadol by a growing number of young people in Burkina Faso deserves additional research to better understand the phenomenon, guide therapeutic strategies and provide appropriate responses. The difficulties encountered in collecting this data underline the need to further set up a computerized collection system.

The availability of opioid substitution therapy (OST) would help improve the quality of patient care. In addition, specific surveys in the general population are essential to better understand the epidemiological profile of locally consumed drugs with a view to better plann appropriate healthcare to offer.

Recommendation

- Urgently develop the capacity of health professionals to effectively manage drug use disorders;
- Establish and equip specialized centres for the care and rehabilitation of people in need of drug treatment services;
- Increase sensitization, advocacy and awareness programmes on drug use prevention in schools
- Develop and implement national strategic plan for drug control in Burkina Faso

CABO VERDE

Background

Drug trafficking and consumption in Cabo Verde continue to pose a number of threats to public health, with negative implications on social and economic stability. The National Integrated Programme to address Drugs and related Crime (2018-2020) has been identified as one of the priority areas for intervention, research and prevention, with special emphasis on evidence-based policies and prevention programmes against drugs and crime in Cabo Verde.

The data presented in this report were collected from the pilot structures of Cabo Verde Epidemiology Network on Drug Use (CVENDU). The data collection centres includes; The Therapeutic Community Granja de São Filipe (CTGSF), which is a residential unit for the treatment and social reintegration of drug addicts, the Integrated Response Space to Dependencies (ERID), One Stop Shop model (outpatient), the Free Drug Unit (ULD) and the Psychosocial Support Space (EAP) that provides drug treatment in prison settings for people who use drugs (PWUDs) in the Central Prison of São Martinho in Praia, the largest in the country. These pilot structures also include the Paúl Health Stations in Santo Antão, Santa Catarina de Santiago, Sal and São Vicente, the Ribeirinha Health Centre and the CAP´S Psychosocial Support Centre, a service São Vicente City Council, hereinafter referred to as DS.

The law enforcement data on drug seizures in 2018 and 2019 were obtained from the Judicial Police, while data on the number of people incarcerated due to drug related offences in the same period were provided by the Attorney General of the Republic

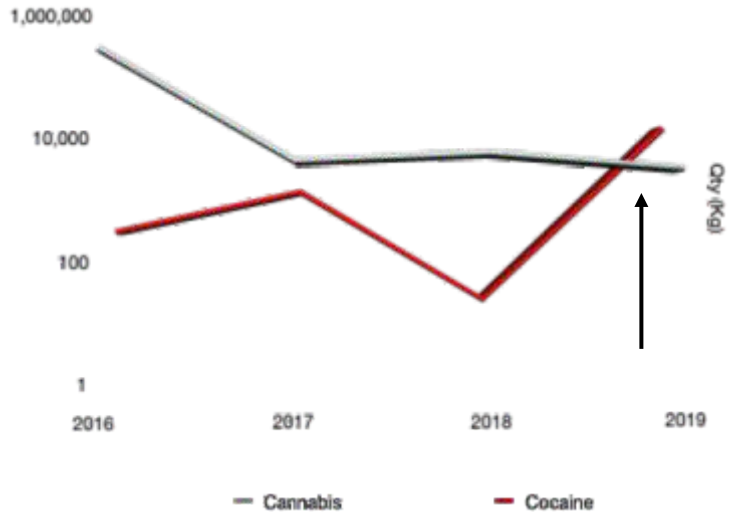
Drug Supply Suppression

Cabo Verde recorded significant consecutive decline in the quantities of cannabis seized from 113,752kg in 2016 to a total of 3909,664 kg in 2018 and 2,390.20 kg in 2019 (table 1). The quantities of cocaine seized in Cabo Verde increased from 292.027kg in 2016 to 1,174.697kg in 2017. Despite the considerable decrease of 27.83kg of cocaine seized in 2018, the country recorded an exponential increase of 11,073.89kg in 2019, making it the largest seizure of cocaine in Cabo Verde in the period under review.

Table 1: Quantities of controlled drugs seized, by type in Cabo Verde (2016-2019)

Variable	2016	2017	2018	2019
		Quantities (kg)		
Cannabis	113,752	2,981.9	3,909.644	2390.197
Cocaine	292.027	1,174	27.842	11,073.89
Hashish	0	0	4.47	0.16
Others	2.6	0	0.33	0

Figure 1: Trend: cannabis and cocaine seizures in Cabo Verde (2016-2019)



Source: ECOWAS analysis of WENDU data

A total of 107 persons (19.33 per 100,000 population) were arrested due to drug related offences in 2019, while the highest number of arrests were made in 2016 (35.6 persons per 100,000 population). There was a much higher percentage of men than women arrested for drug related offences from 2014 to 2019 although the gender differential for arrest was considerably reduced in 2017 (table 2).

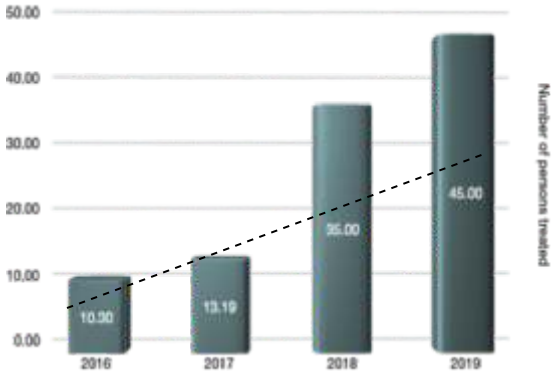
Table 2: Total number of arrests due to drug related offences (2014-2016 & 2018)

Variable	2014	2015	2016	2017	2018	2019
Number of arrests	148	156	197	48	90	107
Gender, N (%)						
Male	131 (88.5)	143 (91.7)	185 (93.9)	32 (66.7)	76 (84.4)	92 (86)
Female	17 (11.5)	13 (8.3)	12 (6.1)	16 (33.3)	14 (15.6)	15 (14)

Drug Treatment Demand

There was a significant increase in the number of persons in treatment for alcohol use disorders from 10.3 persons per 100,000 population in 2016 to 35 person per 100,000 population in 2018. In addition, the number of people in treatment in 2019 was three times more than the total number of persons in treatment in 2017 (Figure 2). Apart from alcohol, cocaine/crack was the major primary drug used among treatment entrants as this accounts for 79 percent of persons that accessed drug treatment facilities in Cabo Verde from 2016 to 2019 (table 3).

Figure 2: Total number of people in treatment per 100,000 population for alcohol use disorders in Cabo Verde (2016-2019)



Source: ECOWAS analysis of WENDU data

Table 3: Primary drug used (excluding alcohol) among people in drug treatment in Cabo Verde (2016-2019)

Primary Drug Used	2016 N (%)	2017 N (%)	2018 N (%)	2019 N (%)
Cannabis	35 (18.6)	35 (24.3)	39 (20.9)	46 (21)
Cocaine	71 (37.8)	56 (38.9)	81 (43.3)	114 (52.1))
Heroin	2 (1.1)	0	1 (0.5)	0
Ecstasy	0	2 (1.4)	1 (0.5)	1 (0.5)
Crack	74 (39.4)	48 (33.3)	57 (30.5)	38 (17.4)
Others (Tobacco, Evening cocktail)*	6 (3.2)	3 (2.1)	8 (4.3)	20 (9.1)

**other combinations such as cannabis and tobacco, crack and marijuana*

Majority of the people (69 percent) that entered treatment for substance use disorders from 2016 to 2019 were between the ages of 21and 40years. Just over half (51 percent) were unemployed while almost all the treatment entrants (98.9 percent) were single and about 77 percent had either primary or secondary education. In addition, 67.5 percent of persons in treatment reside in the urban area of Cabo Verde (table 4).

Table 4: Sociodemographic characteristics of patients (2016-2019)

Demographic Variables	2016 N (%)	2017 N (%)	2018 N (%)	2019 N (%)
Age group				
5-10	0	0	0	3 (0.6)
11-15	4 (1.6)	1 (0.5)	12 (3.7)	25 (5.3)
16-20	18 (7.3)	10 (4.6)	38 (12.0)	90 (19.2)
21-25	43 (17.6)	51 (23.5)	75 (23.3)	45 (9.6)
26-30	48 (19.6)	48 (22.1)	65 (20.2)	91 (19.4)
31-35	56 (22.9)	42 (19.4)	46 (14.3)	61 (13.0)
36-40	35 (14.3)	30 (13.8)	37 (11.5)	52 (11.1)
41-45	23 (9.4)	14 (6.5)	20 (6.2)	34 (7.3)
46-50	8 (3.3)	11 (5.1)	19 (5.9)	19 (4.1)
51-55	9 (3.7)	3 (1.4)	7 (2.2)	10 (2.1)
56-60	1 (0.4)	6 (2.8)	1 (0.3)	6 (1.3)
61-65	0	1 (0.5)	2 (0.6)	3 (0.6) >65= 29 (6.1)
Professional Situation (excluded those in prison)				
Work full time	33 (21.6)	39 (27.7)	124 (39.0)	146 (31.2)
Work Part time*	0	0	0	81 (17.3)
Unemployed	100 (65.4)	87 (61.7)	159 (49.0)	215 (46.0)
Others	20 (13.1)	15 (10.6)	39 (12.0)	26 (5.6)
Marital status				
Married	8 (3.3)	9 (4.1)	19 (6.0)	32 (6.8)
Separated	1 (0.4)	1 (0.5)	0	0
Cohabiting	1 (0.4)	0	10 (3.0)	10 (2.1)
Divorced	2 (0.8)	1 (0.5)	4 (1.0)	1 (0.2)
Single	233 (95.1)	206 (94.9)	288 (89.0)	422 (90.2)
Other	0	0	1 (0)	3 (0.6)
Education				
None/pre-primary	4 (1.6)	3 (1.4)	5 (1.6)	33 (7.0)
Primary	159 (64.9)	100 (46.1)	138 (42.9)	222 (48.0)
Secondary	72 (29.4)	105 (48.4)	163 (50.6)	197 (42.1)
Higher Institution	10 (4.1)	8 (3.7)	16 (5.0)	10 (2.1)
Unknown			0	6 (1.3)
Residential Zone				
Urban	Not reported	114 71.3)	114 (71.0)	254 (68.5)
Semi-urban		28 (13.9)	28 (14.0)	11 (3.0)
Rural		29 (11.8)	24 (12.0)	72 (19.4)
Others		0	6 (3.0)	34 (9.2)

The primary route of administration of substances was oral and this accounts for 42 percent of all reported cases from 2016 to 2019 (table 5), followed closely by inhalation (24 percent).

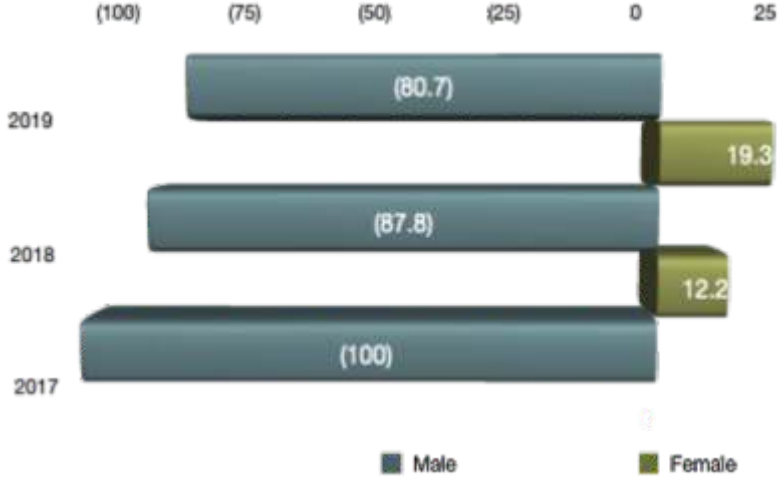
Table 5: Route of administration of substances (2016-2019)

Route of Administration	2016 N (%)	2017 N (%)	2018 N (%)	2019 N (%)
Oral	59 (24,4)	76 (37,4)	136 (42.2)	250 (53.4)
Smoked	112 (46,3)	83 (40,9)	103 (32.0)	106 (22.6)
Inhalation	71 (29,3)	44 (21,7)	81 (25.2)	96 (21.0)
Intravenous	0	0	1 (0.3)	0
Others/Combination	0	0	1 (0.3)	16 (3.4)

Gender and Substance Use in Cabo Verde

The WENDU data for Cabo Verde reflected gender differential in substance use disorders amongst treatment entrants. One in about 9 persons that accessed treatment for alcohol use disorders from 2017 to 2019 is a woman (figure 3).

Figure 3: Total number of persons with alcohol use disorders (AUD) in treatment by Gender in Cabo Verde (2017-2019)



Source: ECOWAS analysis of WENDU data

Gender differential for other substance used by treatment entrants suggests a non-significant and less pronounced variation in gender, apart from disorders related to the use of cocaine/crack. The data revealed that one of 11 persons that accessed treatment for cocaine use disorders is a woman while only male accessed treatment for ecstasy and heroin use disorders in Cabo Verde from 2017 to 2019 (table 6).

Table 6: Total number of persons in treatment by gender in Cabo Verde (2017-2019)

Drug Category	2017		2018		2019	
	Male N	Female N	Male N	Female N	Male N	Female N
Cannabis	37	0	52	0	43	3
Heroin/ Opioid	0	0	2	0	1	0
Cocaine/crack	1	0	96	14	143	9
Ecstasy	0	0	2	0	1	0
Cocktail*	1	0	7	0	4	0
Others	0		2 (0)		11 (4)	

*** Cocktail combinations: crack/marijuana, cannabis/tobacco, crack/alcohol**

Cabo Verde recorded more than 66 percent of new treatment cases in the reporting period and only 28 percent were hospitalized while receiving treatment. Majority (59 percent) were referred by family and friends while 31 percent were referred from hospitals/clinics. It is noteworthy that 84 percent of the treatment entrants in Cabo Verde were provided free medical services by the Government (table 7). Of the four institutions that provided WENDU data in 2016 and 2017 (Granja Sao Filipe Therapeutic Community- CTGSF; One-Stop Shop- ERID; The Drug Free Unit- ULD; and the Psychosocial Support Area- EAP), only CTGSF conducted simultaneous medical diagnoses of other health problems. At CTGSF, 31 patients were tested for HIV in 2016 and 37 in 2017 (table 7).

Table 7: Cases and Treatment patterns (2016-2019)

Variable	2016 N (%)	2017 N (%)	2018 N (%)	2019 N (%)
Number of cases	245	217	322	468
Number of new cases			231 (72)	281 (60.0)
Follow the treatment			89 (28)	169 (36.1)
Unknown			2 (1.0)	18 (3.8)
Outpatient	153 (62.4)	162 (74.7)	202 (63.0)	366 (78.2)
Inpatient	92 (37.6)	55 (25.3)	120 (37.0)	102 (21.8)
Sources of referral to treatment				
Self/ family/friends	Not reported	Not reported	200 (62.1)	263 (56.2)
Work/employer			5 (1.6)	11 (2.4)
Social Services			4 (1.2)	6 (1.3)
Hospital/clinic			88 (27.3)	155 (33.1)
Court/corrections			13 (4.0)	21 (4.5)
Educational Institution			0 (0)	0 (0)
Church/religious groups			3 (0.9)	3 (0.6)
Others			9 (2.8)	9 (1.9)
Source of Payment				
Family	14 (5.7)	10 (4.6)	18 (5.6)	42 (9.0)
Employer	0	0 (0)	0 (0)	0 (0)
Personal Income	0	2 (0.9)	26 (8.1)	76 (16.2)
Free medical services provided by the Government	231 (94.3)	205 (94.5)	274 (85.1)	276 (59.0)
Unknown	0	0	4 (1.2)	35 (7.5)
Others	0	0	0	39 (8.3)
HIV test				
Yes	31	37	91 (28.3)	84 (18.0)
No	0	0	0	0
Unknown	Not reported	Not reported	231 (71.7)	384 (82.0)
Diagnosis of other health conditions				
Diabetes	1 (3.2)	1 (2.7)	Not reported	Not reported
Diabetes and HIV	0	0		
HIV	1 (3.2)	1 (2.7		
Psychotic Disorders	4 (12.9)	4 (10.8)		
No other health condition	25 (80.7)	31 (83.8)		

Conclusion

After the capacity building workshop of the National Epidemiology Network on Drug Use in Cape Verde (CVENDU), which took place in October 2018, the range of services for data collection was expanded. The selected services have shown their full commitment to the continuous collection and reporting of data to CCAD, to feed CVENDU's central database. Due to difficulties inherent in some treatment centres yet to be resolved, their data have not been made available for analysis.

Recommendations

For CVENDU to function effectively, it is necessary to provide all health structures with equipment and invest in the continuous utilization of technicians who were trained during the capacity building workshop to train others who will also be responsible for the collection and introduction of data in the CVENDU database. Thus, expanding the collection of data to other state treatment structures and NGOs for treatment of dependencies existing in the country.

In view of the challenges, it is essential that Cabo Verde can count on the reinforcement of ECOWAS support and assistance, so that the extent, patterns and trends of drug use and the consequences can be monitored throughout the national territory. In turn, this information will allow the country to redirect interventions in the domain of addictions.

COTE D'IVOIRE

Background

Cote d'Ivoire has a national plan to address illicit drug trafficking and drug abuse, developed in 1998 and adopted in 2000. However, the efforts to curb illicit drug trafficking and drug abuse today far exceed the purview of the national plan. The Comité Interministériel de Lutte Antidrogue (CILAD), the institution responsible for combatting illicit drug trafficking and drug use in Cote d'Ivoire, made the development of the National Integrated Plan a priority in 2017.

The drug demand reduction component is specifically addressed by the Ministry in charge of health, through the PNLTA. Its actions have led to results that needs to be reinforced but significant. These include the adoption of framework documents such as the policy document and the national treatment protocol for alcoholism and drug addiction and more recently, the launch of an experimental phase before the pilot treatment project of Opiate Substitution (OST) in Ivory Coast.

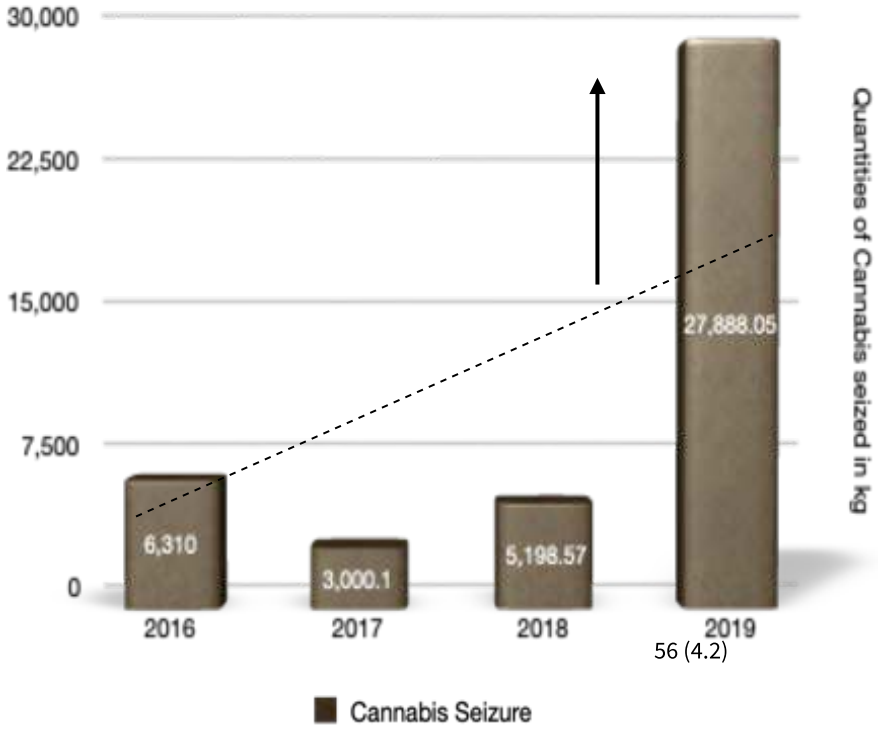
Drug Supply Suppression

Cote d'Ivoire recorded the largest quantities of cannabis seizure in 2019. A total of 27,888.05kg of cannabis seized in that year was approximately two times larger than the quantities seized from 2016 to 2018 combined (fig 1). There was also an increase in the quantities of heroin seized from 0.60kg in 2016 to 23.97kg in 2019 while the quantities of cocaine seizures decreased from 48.2kg in 2016 to 1.40kg in 2019 (table 1). The country also recorded an alarming increase of 44,068kg in quantity of tramadol seized in 2018 compared to the 5.90kg of tramadol seized in 2016 and 12.92kg in 2019. There was also a remarkable increase in the seizure of counterfeit pharmaceuticals with a total of 517.034kg of spurious, substandard and falsely labelled pharmaceuticals seized in 2019 (table 1).

Table 1: Quantities of controlled drugs seized, by type in Cote d'Ivoire (2016-2019)

Variable	2016	2017	2018	2019
Quantity of Substance (kg)				
Cannabis/hashish	6,310	3,000.1	5,198.57	27,888.05
Cocaine	48.2	5.10	1.29	1.40
Heroin	0.60	1.70	1.72	23.97
Ephedrine	0.03	0.90	5.87	0.01
Tramadol	5.90	26.10	44,068	12.92
Others	Rivotril= 0.03 Diazepam= 6.60	Clanazepam= 0.27 Diazepam= 9.70	Methamphetamine= 0.59 Benzodiazepam = 61.64 Counterfeit Medicine= 202.850	Benzodiazepam = 645.33 New psychoactive substances= 1,334 Counterfeit Medicine= 517.034

Figure 1: Trend: cannabis seized in Cote d'Ivoire (2016-2019)



56 (4.2)

Source: ECOWAS analysis of WENDU data

A total of 9 persons per 100,000 population were arrested due to drug related offences in 2019 making it the highest number of arrest in Cote d'Ivoire since 2014. There was a much higher percentage of men than women arrested for drug related offences in the reporting period. Of the 634 individuals arrested in 2017 and 2,297 arrested in 2019, the country recorded the arrests of 14 and 55 juveniles due to drug possession respectively in those years.

Table 2: Total number of arrests due to drug related offences (2014 -2019)

Variable	2014	2015	2016	2017	2018	2019
Number of arrests	1652	1707	1330	634	1978	2297
Gender						
Male	1617 (97.9)	1664 (97.5)	1274 (95.8)	608 (95.9)	Not reported	2162**
Female	35(2.1)	43 (2.5)		35 (5.5)		135

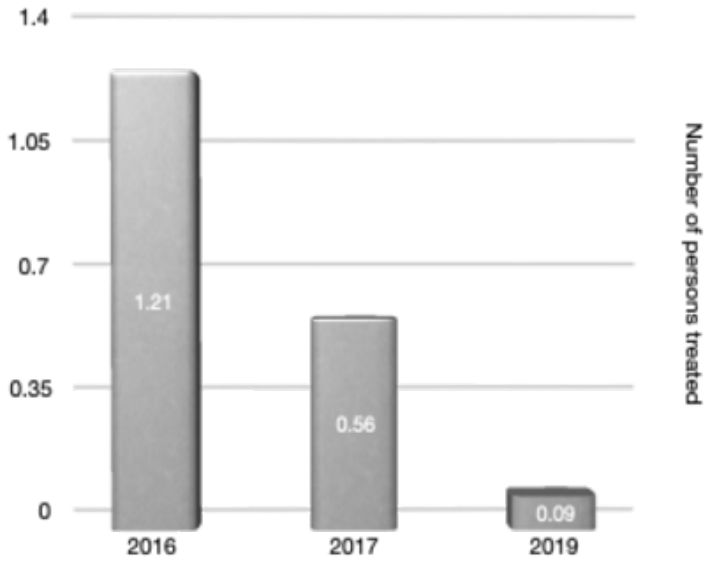
*In 2017, 14 minors were also arrested in addition to the total number of arrests

** In addition to the total number of drug related arrests by gender in 2019, Cote d'Ivoire recorded the arrest 55 minors.

Drug Treatment Demand

In 2017, 132 persons (0.5 per 100,000 population) were treated for alcohol use disorders in Cote d'Ivoire (figure 2). The primary drug used amongst treatment entrants is heroin as this accounts for 35.3 percent of all persons in treatment in 2016, and 33 percent in 2017 (table 3), This configuration changed in 2019, with more than half of healthcare seekers consuming mainly cannabis (53%) while heroin users represents 28% of the observed population. It is important to note that the 2019 WENDU report for Cote d'Ivoire captured only two treatment centres compared to the five treatment centres reported in 2016 and 2017. Therefore, the decline in the number of people in treatment reflected in the 2019 report should be interpreted with caution. In addition, 2018 data was not available for analysis.

Figure 2: Total number of people in treatment per 100,000 population for alcohol use disorders in Cote d'Ivoire (2016 - 2017 & 2019)



Source: ECOWAS analysis of WENDU data

Table 3: Primary drug used among people in drug treatment in Cote d'Ivoire (2016 – 2019).

Primary drug used	2016		2017		2019	
	N	%)(	N	%)(	N	%)(
Cannabis	289	30.2	178	30.7	51	53.1
Mandrax	0	0	0	0	0	0
Cocaine	286	29.9	154	26.6	8	9.9
Heroin	338	35.3	191	33.0	23	28.4
MEVL/MSO	6	0.6	21	3.6	0	0
ATS	0	0	13	2.2	0	0
Others (tobacco, solvents)	39	4.1	22	3.8	7	8.6

Significant number (70 percent) of individuals that presented with substance use disorders in 2016, 2017 and 2019 were between the ages of 20 and 39 years (table 4). The majority of these population (60 percent) were either students or unemployed. Single individuals (86% in 2016 and 93% in 2017 and 97.5% in 2019) were most likely to use substance and a substantial number were either in primary or secondary school (71%in 2016, 70%in 2017 & 63% in 2019).

Table 4: Sociodemographic characteristics of patients (2016-2017 & 2019)

Demographic Variables	2016 N (%)	2017 N (%)	2019 N (%)
Age Group			
10-14	5 (0.9)	0	0
15-19	25 (4.3)	16 (16.5)	10 (12.3)
20-24	88 (15.4)	26 (26.8)	26 (32.1)
25-29	121 (21.2)	10 (10.3)	27 (33.3)
30-34	109 (19.1)	9 (9.3)	9 (11.1)
35-39	88 (15.4)	26 (26.8)	6 (7.4)
40-44	121 (21.2)	10 (10.3)	3 (3.7)
45-49	7 (1.2)	0	0
50-54	7 (1.2)	0	0

55-59	0	0	0
60-64	0	0	0
65+	0	0	0
Professional Situation			
Work full-time	90 (20)	56 (15.1)	7 (8.9)
Working Part-time	80 (17.7)	40 (10.7)	7 (8.9)
Unemployed	142 (31.6)	129 (34.6)	25 (31.6)
Apprentice/Intern	46 (10.2)	21 (5.6)	0
Student/pupil	113 (25.1)	113 (30.4)	39 (49.4)
Disabled/medically unfit for work	0	0 (0)	0
Housewife	25 (5.6)	13 (3.5)	0
Retirement	0	0	0
Others	0	0	1 (1.3)
Marital Status			
Married	14 (2.8)	5 (1.3)	0
Separated	0	0	0
Not married/ Cohabiting	57 (11.4)	23 (6.1)	2 (2.5)
Divorce	1 (0.2)	0	0
Widowed	0 (0.0)	0	0
Single	426 (85.5)	344 (92.5)	77 (97.5)
Others	0	0	0
Education			
None/Primary	82 (16.5)	59 (15.9)	4 (5.1)
Primary	142 (28.6)	97 (26.1)	4 (5.1)
Secondary	209 (42.1)	152 (40.8)	46 (58.2)
Tertiary	55 (11.1)	61 (16.4)	25 (31.6)
Others	8 (1.6)	3 (0.8)	0

The primary route of administration of substances was inhalation and this accounts for about 90 percent of all reported cases in 2016, 2017 and 2019 followed closely by oral route (table 5).

Table 5: Route of administration of substances (2016-2017 & 2019)

Route of Administration	2016 N%)	2017 (N%)	2019 N (%)
Oral	54 (7.5)	54 (12.1)	9 (11.4)
Inhaled	667 (92.9)	389 (87.6)	70 (88.6)
Sniffing	0	1 (0.2)	0
Intravenous	0	0	0
Others/Combination	0	0	0

Gender and Substance Use in Cote d'Ivoire

Gender differential for cannabis use disorders by treatment entrants suggests a non-significant and less pronounced variation in gender, apart from disorders related to the use of heroin and cocaine/crack. The data revealed that one of 8 persons that accessed treatment for cocaine use disorders is a woman and one of 9 persons that accessed treatment for heroin/opioid use disorder is a woman (table 6).

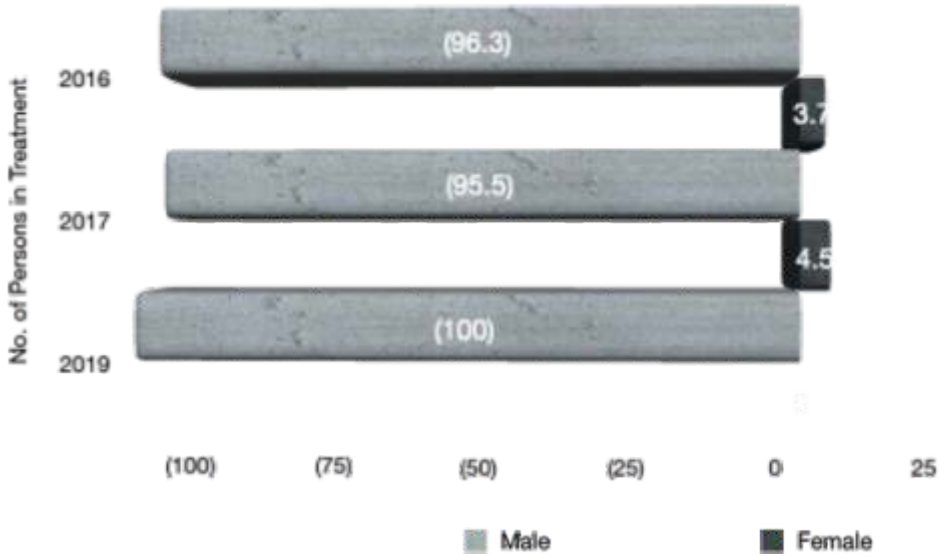
Table 6: Total number of persons in treatment by gender in Cote d'Ivoire (2016-2017 &2019)

Drug Category	2016		2017		2019	
	Male N	Female N	Male N	Female N	Male N	Female N
Cannabis	134	6	152	26	43	2
Heroin/ Opioid	158	23	176	15	23	0
Cocaine/crack	135	20	141	13	7	1
ATS	0	0	0	0	0	0
MVC/MVO*	3	0	17	5	0	0
Others	21 (5)		19 (6)		0	

*Drugs sold at the counter (MCV) or drugs sold on order (MVO)

The data further reflected a less pronounced variation in gender for alcohol use disorder as one of 35 persons that accessed treatment for alcohol use disorder is a woman (figure 3) compared to treatment entrants sighting cocaine (one of 8 persons) and heroin (one of nine persons) as the primary drug used (table 6).

Figure 3: Total number of persons with alcohol use disorders (AUD) in treatment by Gender in Cote d'Ivoire (2016-2017 & 2019)



Source: ECOWAS analysis of WENDU data

The WENDU data for Cote d'Ivoire indicated that 78 percent of the people in treatment received inpatient care (hospitalized while receiving treatment) and majority (56 percent) were referred by family and friends. Cote d'Ivoire recorded HIV testing in the reporting period (2016, 2017 and 2019). It is also noteworthy that the healthcare facilities recorded the results of HIV screenings and indicated the number of individuals that tested positive or negative in 2016 and 2017 (table 7).

Table 7: Cases and Treatment patterns (2016-2017 & 2019)

Variable	2016 N (%)	2017 N (%)	2019 N (%)
Number of Cases	714	426	79
Number of new cases	Not reported	Not reported	46 (58.2)
Follow up treatment			
Outpatient	86 (12.1)	144 (33.8)	19 (24.0)
Inpatient	628 (87.9)	282 (66.2)	43 (54.4)
Sources of Referral			
Self/Family/friends	331 (52.3)	241 (56.6)	72 (91.1)
Work/employer	15 (2.4)	16 (3.8)	0
Social Services	0	2 (0.5)	0
Psychiatrist/doctor/nurse (Healthcare professional)	106 (16.7)	45 (10.6)	0
Hospital/Clinic	0	4 (0.9)	0
Court/Corrections	3 (0.5)	1 (0.2)	0
Educational Institution	0	0 (0)	0
Church/Religious Groups	0	0 (0)	1 (1.3)
Others	178 (28.1)	117 (27.4)	6 (7.6)

Payment Sources			
Medical Insurance	0	0	0
Family/ Friends	189 (98.4)	210 (97.2)	76 (96.2)
Employer	1 (0.5)	2 (0.9)	0
Personal Income	2 (1.0)	0	3 (3.8)
Unknown	0	44 (20.3)	0
HIV Testing and results over the last 12 months			
Yes	**419(70.7)**	**208(37.9)**	**17 (21.5)**
No	27(4.6)	40(7.3)	60 (75.9)
Refuse to answer/ Unknown	147(24.8)	62(11.3)	2 (2.5)
Yes, test result positive	Not Reported	5(0.9)	Not reported
Yes, test result negative		234(42.6)	
Yes, result unknown		0	

Recommendation

- Support the implementation of the National Integrated Drug Control Plan and the National Strategic Plan based on the PNI.
- Support the implementation and dissemination of Colombo Plan UTC and UPC training programmes for capacity building of those involved in the prevention and treatment of substance use disorders
- Continue to support the implementation of the WENDU Project
- Improve access to drug dependence treatment by providing centres for the comprehensive and holistic care of people with disorders related to drug use.
- Support the development of Opioid Substitution Treatment OST programmes in major regions of the country after evaluation of the pilot programmes being launched
- Support the organization of a drug addiction prevalence survey in the general population.

GAMBIA

Background

The main sources of data for drug supply suppression in The Gambia are the Drug Law Enforcement Agency (DLEAG), Police, the Central Prison and the Gambia Bureau of Statistics while the drug treatment data was obtained from the Ministry of Health. The drug treatment data was collected from several institutions, namely Social Welfare, Edward Francis Teaching Hospital, Tanka Tanka Psychiatric Hospital and Serekunda Hospital. The "TANKA TANKA" hospital is the main Drug Treatment Centre in the country.

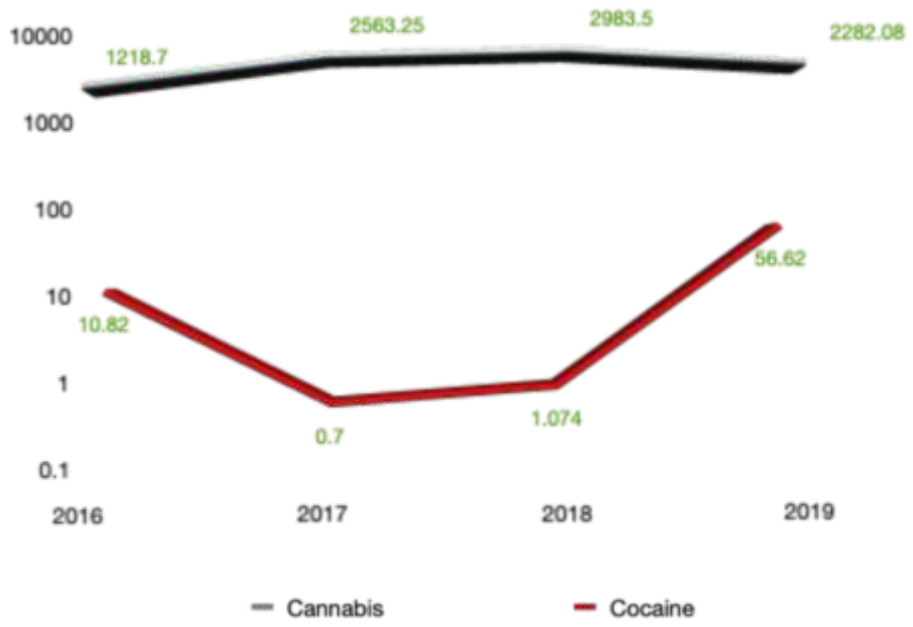
Drug Supply Suppression

The major drugs seized by law enforcement agencies in The Gambia from 2016 to 2019 were cannabis and cocaine (table 1). The quantities of cannabis seized remained fairly stable from 2017 to 2019 while cocaine seizures increased fourfold in 2019 (56.62kg) when compared to the total quantities seized from 2016 to 2018 combined (figure 1).

Table 1: Quantities of controlled drugs seized, by type in The Gambia (2016-2019)

Variable	2016	2017	2018	2019
		Quantities (kg)		
Cannabis	1218.70	2563.25	2,983.50	2282.08
Cocaine	10.82	0.70	1.074	56.62
Heroin	0	0.11	0.0054	0.011
Hashish	0.22	1.26	1.941	1.032
Others	Clonazepam =1853	Clonazepam 35 tablets Diazepam 24 tablets Bromazepam=57 tablets Lormetazepam =10 tablets Methamphetamine 298g, 90mg	Psychotropic substances=325 tablets, Zolazepam = 3 Ampules Clonazepam= 299tab Lorazepam= 60tab Total= 359	Psychotropic substances= 342 tablets Ketamine= 0.0012kg Clonazepam= 325 tablets Diazepam= 17 tablets Total= 342 tablets

Figure 1: Trend: Cannabis and cocaine seizures in The Gambia (2016-2019)



Source: ECOWAS analysis of WENDU data

A total of 625 persons (27 per 100,000 population) were arrested due to drug related offences in 2019, while the highest number of arrests were made in 2018 (30 per 100,000). The percentage of men arrested for drug related offences was much higher than women from 2014 to 2019. However, substantial number of women (22.9 percent) were arrested due to drug related offences in 2014 (table 2).

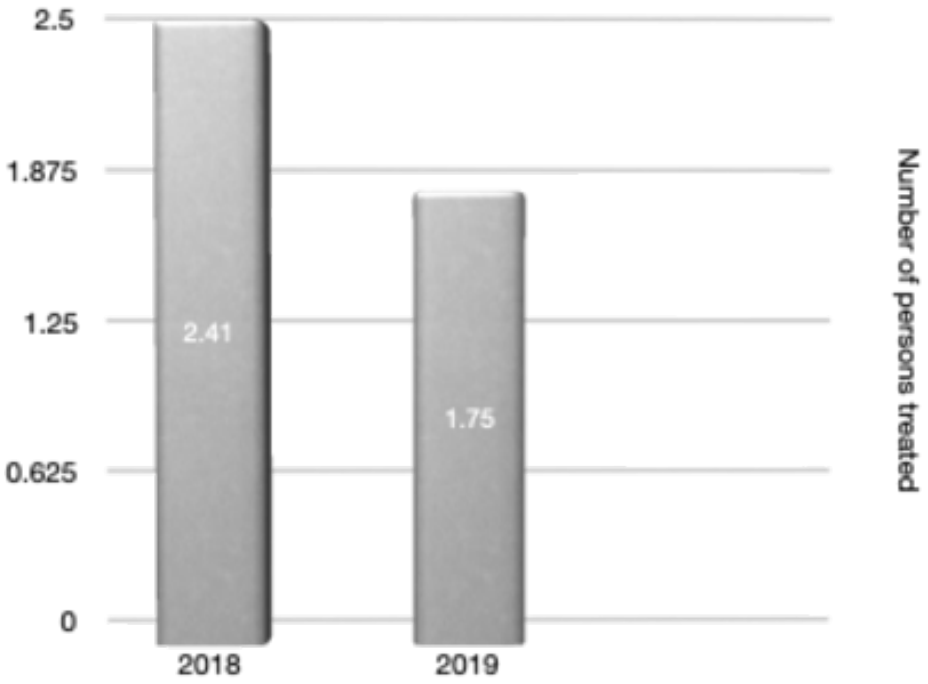
Table 2: Total number of arrests due to drug related offences (2014-2019)

Variable	2014	2015	2016	2017	2018	2019
Number of arrests	424	224	417	487	686	610
Gender						
Male	327(77.1)	220(98.2)	411(98.6)	472(97.5)	671 (97.8)	601 (98.5)
Female	97(22.9)	4(1.8)	6(1.4)	12(2.5)	15 (2.2)	9 (1.5)

Drug Treatment Demand

In 2018, 2.4 persons per 100,000 population were treated for alcohol use disorders (AUDs) and 1.8 persons per 100,000 population were treated for AUDs in 2019 (figure 2). Apart from alcohol, almost all the people in treatment (91.8 percent) cited cannabis as the main drug used in 2018 and 2019 (table 3).

Figure 2: Total number of people in treatment per 100,000 population for alcohol use disorders in The Gambia (2018-2019)



Source: ECOWAS analysis of WENDU data

Table 3: Primary drug used (excluding alcohol) among people in drug treatment in The Gambia (2018 - 2019)

Primary drug used	2018		2019	
	N	(%)	N	(%)
Cannabis	570	86.4	665	85.3
Cocaine	18	2.7	50	6.4
Heroin	2	0.3	4	0.5
Psychotropic Substances	15	2.3	18	2.3
Others (tobacco, solvents)	0	0	3	0.4

Substantial number of people (69 percent) that entered treatment for SUDs in 2018 and 2019 were between the ages of 20 and 34 years. Majority of the treatment entrants (88.6 percent) did not indicate their residential zone and this could not be ascertained as at the time the report was analyzed (table 4).

Table 4: Sociodemographic characteristics of patients (2018 -2019)

Demographic variables	2018 N (%)	2019 N (%)
Age group		
10-14	5 (3.5)	5 (0.6)
15-19	2 (1.4)	24 (3.1)
20-24	14 (9.7)	148 (19.0)
25-29	25 (17.4)	185 (23.7)
30-34	54 (37.3)	210 (27.0)
35-39	1 (0.7)	163 (20.9)
40-44	8 (5.6)	28 (3.6)
45-49	12 (8.3)	7 (0.9)
50-54	9 (6.3)	3 (0.4)
55-59	2 (1.4)	0
60-64	5 (3.5)	0
65+	7 (4.9)	0
Residential Zone		
Urban	20 (3.3)	75 (10.1)
Semi-Urban	0	23 (3.1)
Rural	11 (1.8)	24 (3.2)
Unknown	574 (94.9)	618 (85.3)

The primary route of administration of substances was inhalation and this accounts for 87 percent of all reported cases in 2018 and 2019 followed by the intravenous route (table 5).

Table 5: Route of administration of substances (2018 - 2019)

Route of Administration	2018 (N%)	2019 N (%)
Oral	2 (2.1)	14 (1.7)
Inhaled	87 (91.5)	675 (86.5)
Sniffing	1 (1.0)	39 (5.0)
Intravenous	3 (3.1)	50 (6.4)
Others/Combination	2 (2.1)	2 (0.2)

The WENDU data from Gambia indicates that 74 percent of the people in treatment received inpatient care (hospitalized while receiving treatment). Majority (70 percent) were referred either by family and friends or healthcare professionals while payment for treatment were mainly by family and friends. In addition, a sizeable number of treatment entrants in the Gambia (54.1 percent) knew their HIV status.

Table 6: Cases and Treatment patterns (2018-2019)

Variable	2018 (%)	2019 N (%)
Number of Cases	660	780
Outpatient	17.8	263 (35.1)
Inpatient	82.1	486 (64.9)
Sources of Referral		
Self/Family/friends	18.9	277 (35.4)
Work/employer	0	0 (0)
Social Services	10.5	0 (0)
Psychiatrist/doctor/nurse (Healthcare professional)	12.6	227 (35.4)
Hospital/Clinic	36.8	0
Court/Corrections	21.1	103 (16.1)
Educational Institution	0	0
Church/Religious Groups	0	0
Others	0	34 (5.3)
Payment Sources		
Medical Insurance	16.1	20 (16.4)
Family/ Friends	48.4	54 (44.3)
Employer	3.2	0 (0)
Personal Income	29.0	33 (27.0)
Unknown	1.0	13 (10.7)
Others (combination)	0	2 (1.6)
HIV Testing and results over the last 12months		
Yes	38.8	66 (54.1)
No	29.0	24 (19.7)
Refuse to answer/ Unknown	32.2	32 (26.2)

Conclusion

The overview of the WENDU data from The Gambia reiterate the need to undertake research studies to elicit both qualitative and quantitative evidence on the root cause of drug use. This will provide policy-makers with a better and insightful understanding of the drug situation and to develop evidence-based policies and interventions. Major challenges faced in curbing the menace of substance use disorders in The Gambia is the insufficient treatment facilities in both the urban and rural settings of the country.

It is however important to note that unless a holistic picture on the drug use situation in the country is scientifically established, the government will not have access to evidence-based information to address drug policy. This will subsequently affect programming in an impactful manner to reduce crime and improve public health of people who use drugs in a meaningful way.

Recommendation

- There is an urgent need to develop and implement policies and legislation to regulate the sale of psychotropic substances thereby minimizing its level of consumption and abuse especially among adolescents and young people. Policies and human resources are also needed to effectively tackle illicit drug trafficking and to reduce the demand for drugs.

- The national mental health legislation needs to be reviewed/amended to address the emerging mental health problems resulting from the use of drugs and alcohol.

- There is an urgent need for the country to embark on a well-planned evidence-based campaign for public sensitization, awareness-raising, and advocacy programmes on substance use prevention in schools, communities and at the workplace.

- Capacity building for health professionals in the management of drug use disorders is required in the short-term and sufficient treatment facilities need to be set up both in urban and rural settings with human resources capacities to make treatment available, accessible and affordable.

- The use of substances in The Gambia is currently at alarming rate and this calls for urgent intervention at all levels.

- Alternate crop substitution should be made available to allow for substitution of cannabis with agricultural crops (Agro-crops), hereby reducing illegal cultivation of drugs in the country.

GHANA

Background

Drug use and related disorders continues to rise in Ghana despite concerted efforts being put in place by the Ministries of Health and the Law enforcement Agencies to stem the tide of illicit drug trafficking and drug abuse in the country. The 2018 & 2019 WENDU data were collected from different health facilities, including government-run and privately owned establishment namely the Pantang Psychiatric Hospital – Pantang, Addictive Disease Unit – Korle Bu Teaching Hospital, Ankaful Psychiatric Hospital – Cape Coast, Accra Psychiatric Hospital- Accra, Compassion Rehabilitation Centre – Dawhenya and House of St. Francis in Ashiaman. The WENDU data further reveals that 59% of people in treatment were cared for in the privately-owned facilities. This underscores the need to further support the upgrade of the government-run treatment facilities to enhance evidence-based treatment and care for people who use drugs in Ghana.

Data from the Law Enforcement Agencies were obtained from **The Narcotics Control Commission (NCC).** Section 55 of the Narcotic Drugs (Control, Enforcement and Sanctions) Law, 1990 (PNDC Law 236), established the Narcotics Control Board (NACOB) as the lead drug law enforcement agency in Ghana. PNDC Law 236 has been repealed by the enactment of the Narcotics Control Commission Act, 2020 (Act 1019). Act 1019 was passed by Parliament on 20 March 2020 and subsequently assented to by the President of the Republic of Ghana on 11 May 2020. With Act 1019, NACOB is now established as the Narcotics Control Commission (NCC). The objects of the Commission are to:

- Ensure public health and safety
  - by controlling, preventing and eliminating traffic in prohibited narcotic drugs and plants;
  - by taking measures to prevent the illicit use of precursors;
- Develop measures for the treatment and rehabilitation of persons suffering from substance use disorders;
- Develop alternative means of livelihood for persons who cultivate narcotic plants; and
- Facilitate the confiscation of proceed from narcotic related offences.

As such, the Commission's report was also a contributory source of data to the WENDU report.

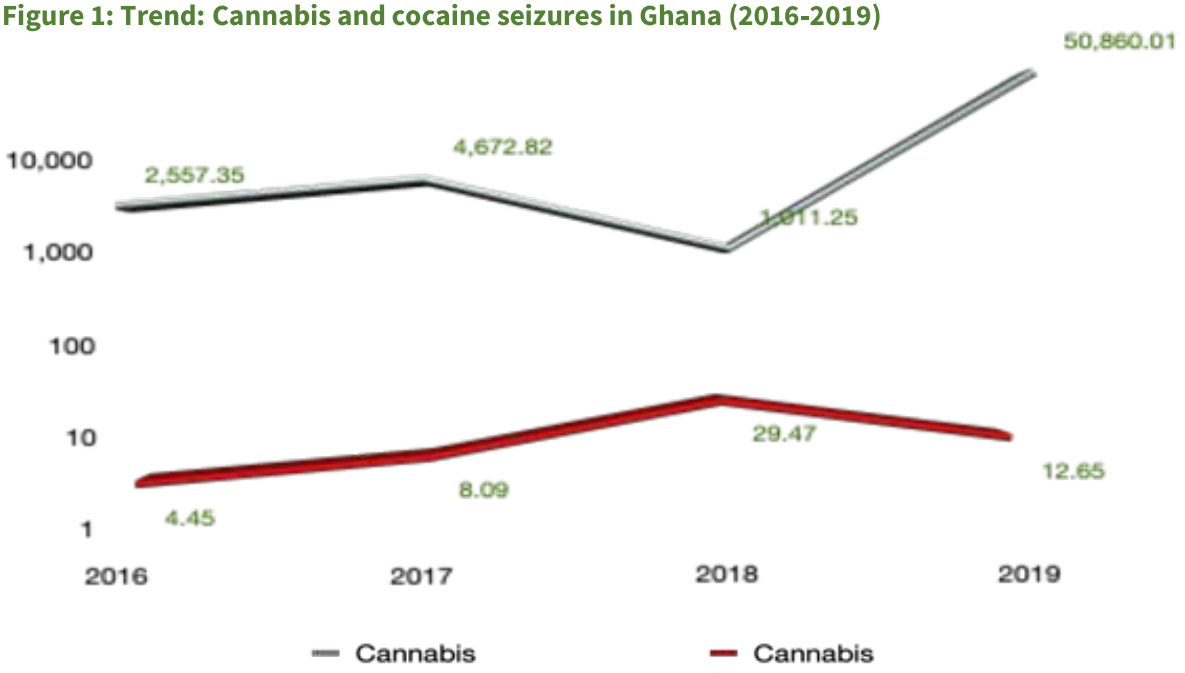
Drug Supply Suppression

Ghana recorded the largest quantities of cannabis seizure in 2019. A total of 50,860.01kg of cannabis seized in that year was larger than the quantities seized in the previous years (2016-2018) combined (figure 1). There was also a remarkable increase in the quantities of cocaine seized, from 4.45kg in 2016 to 29.47kg in 2018 and a decrease to 12.65kg cocaine seized in 2019 (table 1).

Table 1: Quantities of controlled drugs seized, by type in Ghana (2016-2019)

Variable	2016	2017	2018	2019
		Quantity of substance (kg)		
Cannabis	2,557.35	4,672.84	1,011.25	50,860.01
Cocaine	4.45	8.09	29.47	12.65
Heroin	1.45	0	0	30.19
Speedball (cocaine+ heroin)	0	0	12.75	0
Others	Hashish oil & speed ball= 3.58	ATS= 43.53 Hashish oil & speed ball = 7.94	Methamphetamine= 6.41 Ephedrine= 25 Hashish oil= 1.6	Hashish oil & speedball= 84.16

Figure 1: Trend: Cannabis and cocaine seizures in Ghana (2016-2019)



Source: ECOWAS analysis of WENDU data

A total of 41 persons (less than 1 per 100,000 population) were arrested due to drug related offences in 2019, while the highest number of arrests were made in 2015 (47 people arrested). The percentage of men arrested for drug related offences was much higher than women from 2014 to 2019 (table 2). However, it is important to highlight that the quantities of drugs seized in Ghana were limited to the report from the Narcotics Control Commission. At the time of data collection and collation, data from other security agencies on drug-related offences were not available.

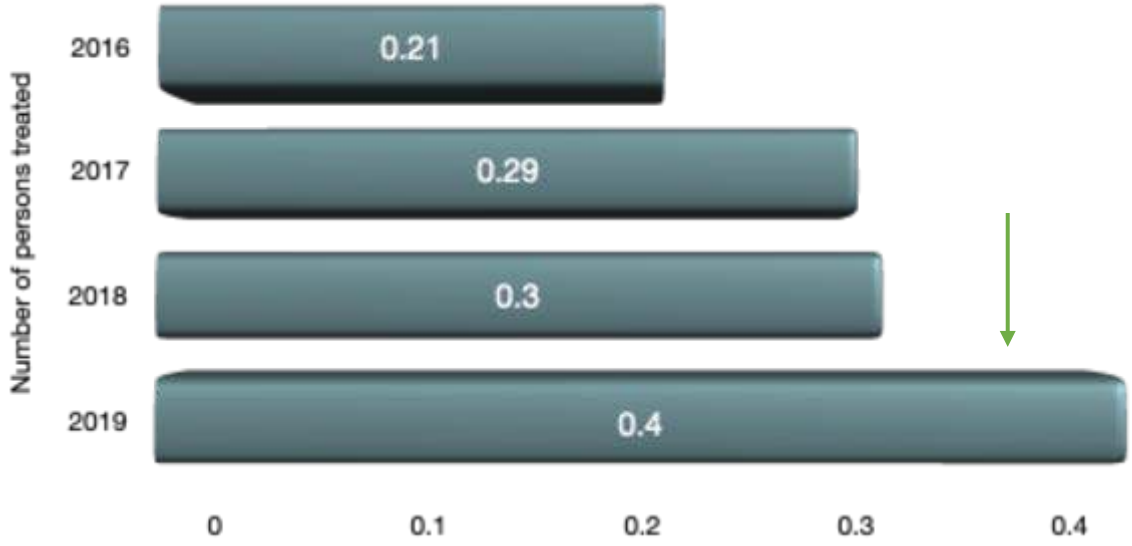
Table 2: Total number of arrests due to drug related offences (2014-2019)

Variable	2014	2015	2016	2017	2018	2019
Number of arrests	32	47	26	22	26	41
Gender						
Male	31 (96.9)	41 (87.2)	24 (92.3)	21 (95.5)	20 (77.0)	37 (90.0)
Female	1 (3.1)	6 (12.8)	2 (7.7)	1 (4.5)	6 (23.0)	4 (10.0)

Drug Treatment Demand

Ghana recorded a significant increase in the number of persons in treatment for alcohol use disorders from 0.2 per 100,000 population in 2016 to 0.4 per 100,000 population in 2019 (figure 2). Apart from alcohol, cannabis was the major primary drug used among treatment entrants as this accounts for 42 percent of persons that accessed drug treatment facilities in Ghana from 2016 to 2019 (table 3).

Figure 2: Total number of people in treatment per 100,000 population for alcohol use disorders in Ghana (2016-2019)



Source: ECOWAS analysis of WENDU data

Table 3: Primary drug used (excluding alcohol) among people in drug treatment in Ghana (2016– 2019)

Primary drug used	2016		2017		2018		2019	
	N	%)(	N	%)(	N	%	N	%
Cannabis	56	25.2	38	20.2	68	30.6	87	28.7
Mandrax	27	12.2	25	13.3	0	0	0	12.9
Cocaine	27	12.2	28	14.9	26	11.7	39	8.3
Heroin	34	15.3	9	4.8	20	9.0	25	4.3
OTC/PRE (pethidine, tramadol, cough syrup)	14	6.3	10	5.3	6	2.7	21	6.9
MEVL/MSO	8	3.6	0	0	0	0	0	0
ATS	0	0	0	0				
Others (tobacco, solvents)	0	0	0	0	12	5.4	11	3.6

Majority of the people in treatment (65.7 percent) from 2016 to 2019 were between the ages of 20 and 39 years. Less than half (44.7 percent) were unemployed, and 33 percent worked full time. Substantial number of the treatment entrants (65 percent) were single and majority (84 percent) had either secondary or tertiary education. In addition, 81 percent of persons in treatment reside in the urban area of Ghana (table 4).

Table 4: Sociodemographic characteristics of patients (2016 -2019)

Demographic Variables	2016 N (%)	2017 N (%)	2018 N (%)	2019 N (%)
Age group				
10-14	0	2 (1.4)	0	0
15-19	13 (6.6)	8 (5.6)	5 (2.3)	7 (2.3)
20-24	15 (7.7)	23 (16.0)	22 (9.9)	55 (18.2)
25-29	39 (20.2)	0 (0.0)	45 (20.2)	54 (17.8)
30-34	47 (24.0)	27 (18.8)	41 (18.5)	56 (18.5)
35-39	29 (14.8)	19 (13.2)	25 (11.3)	45 (14.9)
40-44	17 (8.7)	19 (13.2)	29 (13.0)	32 (10.5)
45-49	15 (7.7)	20 (13.9)	12 (5.4)	20 (6.6)
50-54	12 (6.0)	13 (9.0)	22 (9.9)	15 (4.9)
55-59	7 (3.8)	4 (2.8)	14 (6.3)	9 (2.9)
60-64	0	0	4 (1.8)	5 (1.7)
65+	0	0	3 (1.4)	5 (1.7)
Professional Situation				
Work full-time	56 (28.5)	69 (36.6)	83 (37.3)	89 (29.4)
Work part-time	10 (5.2)	8 (4.3)	25 (11.2)	29 (9.6)
Unemployed	112 (57.5)	93 (49.5)	72 (32.4)	133 (43.9)
Apprentice/Intern	1 (0.5)	0	6 (2.7)	15 (5.0)
Student/pupil	15 (7.8)	11 (5.9)	26 (11.7)	24 (7.9)
Disabled/medically unfit for work	0	0	10 (0.5)	4 (1.3)
Housewife	0	0	0	2 (0.6)
Retired	0	5 (2.6)	8 (3.6)	5 (1.7)
Other	1 (0.5)	2 (1.1)	1 (0.5)	2 (0.6)
Marital Status				
Married	31 (15.9)	43 (22.9)	57 (25.6)	53 (17.5)
Separated	4 (2.0)	9 (4.8)	12 (5.4)	25 (8.3)
Cohabiting/domestic partnership	0	1 (0.5)	9 (4.1)	18 (5.9)
Divorced	8 (4.0)	11 (5.9)	6 (2.7)	18 (5.9)
Widowed	6 (3.1)	4 (2.1)	0	3 (1.0)
Single	142 (72.8)	116 (61.7)	138 (62.2)	186 (61.4)
Other	4 (2.0)	4 (2.1)	0	0
Education				
None/pre-primary	3 (1.5)	9 (4.8)	11 (5.0)	11 (3.6)
Primary	14 (6.9)	20 (10.6)	16 (7.2)	47 (15.5)
Secondary	124 (63.9)	82 (43.6)	101 (45.4)	103 (34.0)
Tertiary	54 (27.7)	77 (41.0)	82 (37.0)	141 (46.5)
Other: _	0	0	12 (5.4)	1 (0.3)
Residential Zone				
Urban	173 (88.5)	127 (88.0)	Not reported	220 (73.0)
Semi-urban	17 (8.6)	12 (8.3)		83 (27.0)
Rural	5 (2.9)	5 (3.7)		0

The main route of administration of substances was oral and this accounts for 44 percent of all reported cases from 2016 to 2019 (table 5) and this was followed closely by inhalation (43 percent).

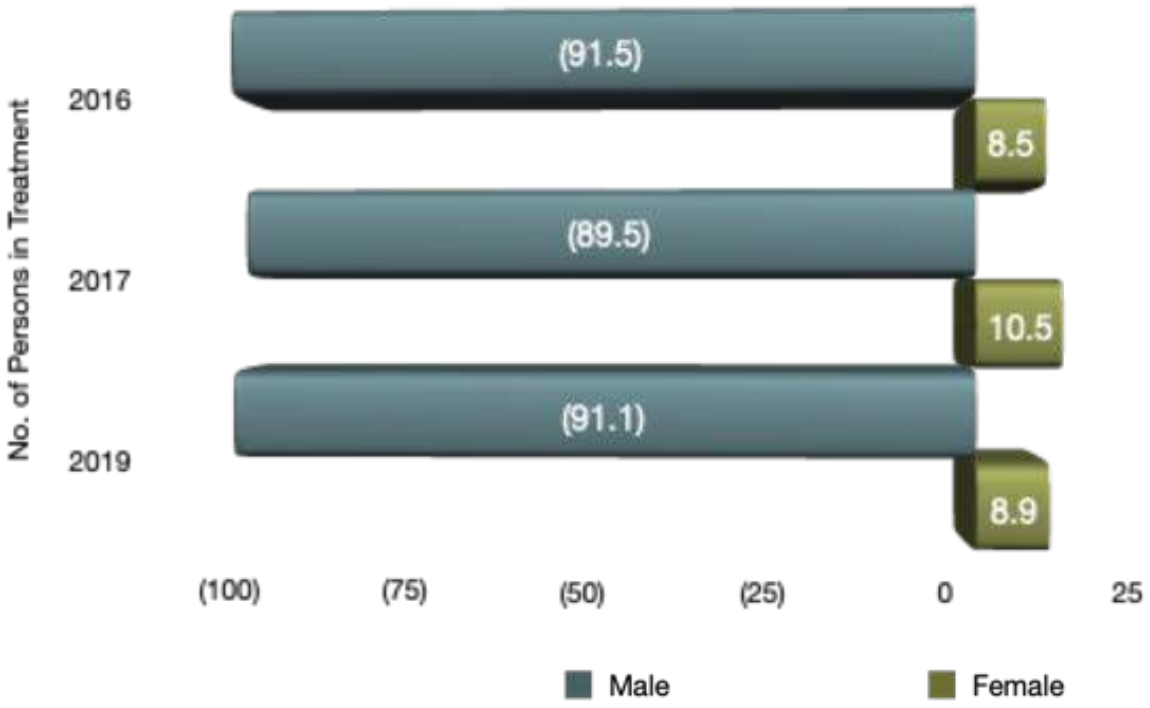
Table 5: Route of administration of substances (2016-2019)

Route of Administration	2016 N (%)	2017 N (%)	2018 N (%)	2019 N (%)
Oral	70 (35.9)	85 (45.2)	100 (45.1)	143 (47.2)
Inhaled	99 (50.8)	82 (43.6)	83 (37.3)	128 (42.2)
Sniffing	9 (4.6)	13 (7.0)	11 (5.0)	18 (6.0)
Intravenous	15 (7.7)	7 (3.7)	12 (5.4)	13 (4.3)
Others/Combination	2 (1.0)	1 (0.5)	16 (7.2)	1 (0.3)

Gender and Substance Use in Ghana

The WENDU data for Ghana reflected gender differential in substance use disorders amongst treatment entrants. One in about 10 persons that accessed treatment for alcohol use disorders from 2016 to 2017 and 2019 is a woman (figure 3).

Figure 3: Total number of persons with alcohol use disorders (AUD) in treatment by Gender in Ghana (201 6- 2017, 2019)



Source: ECOWAS analysis of WENDU data

Gender differential for other substance used by treatment entrants suggests a non-significant and less pronounced variation in gender, apart from disorders related to the use of over the counter and prescription drugs. The data revealed that one of 2 persons that accessed treatment for disorders related to the use of pharmaceuticals is a woman (table 6).

Table 6: Total number of persons in treatment by gender in Ghana (2017-2019)

Drug Category	2017		2018		2019	
	Male N	Female N	Male N	Female N	Male N	Female N
Cannabis	38 (23.0)	0	61 (30.0)	2 (11.1)	84 (31.3)	2 (5.7)
Heroin/ Opioid	27 (18.2)	0	15 (7.0)	0	13 (4.8)	5 (14.3)
Cocaine/crack	24 (13.5)	0	29 (14.2)	0	47 (18.0)	3 (8.6)
OTC/PRE (pethidine)	2 (1.4)	5 (41.7)	14 (6.8)	2 (11.1)	3 (1.0)	2 (5.7)
Others (nicotine)	10 (4.7)	0	0	4 (22.2)	2 (0.7)	2(5.7)

A large number of treatment entrants (81 percent) received inpatient care in Ghana and the majority were referred to treatment by family and friend. In addition, treatment services were paid for by family and friends from 2016 to 2019. Majority of the people in treatment (78 percent) knew their HIV status, 63.4 percent and just over half (51.6 percent) of the treatment entrants had also received HBV/HCV screening in 2016 and 2017 respectively (table 7).

Table 7: Cases and Treatment patterns (2016-2019)

Variable	2016 N (%)	2017 N (%)	2018 N (%)	2019 N (%)
Number of cases	195	188	222	303
Number of new cases	112 (57.4)	167 (88.8)	Not reported	Not reported
Outpatient	53 (27.2)	37 (19.7)	59 (26.6)	25 (8.3)
Inpatient	142 (72.8)	151 (80.3)	161 (72.5)	278 (91.7)
Source of referral				
Self/family/friends	135 (69.2)	117 (62.2)	147 (66.2)	244 (80.5)
Work/employer	7 (3.6)	17 (9.0)	15 (7.0)	20 (6.6)
Social services	1 (0.5)	1 (0.5)	0	0
Psychiatrist/doctor/ nurse (health professionals	19 (9.7)	13 (6.9)	7 (3.1)	19 (6.3)
Hospital/Clinic	22 (11.3)	4 (2.1)	41 (18.4)	3 (1.0)
Court/corrections	1 (0.5)	12 (6.4)	5 (2.2)	6 (2.0)
Educational institution	3 (1.5)	0	1 (0.4)	0
Church/ religious groups	7 (3.6)	9 (4.9)	6 (2.7)	11 (3.6)
Others	135 (69.2)	15 (8.0)	0	0
Source of Payment				
Medical Insurance	0	0	0	15 (4.9)
Family/friends	144 (73.6)	144 (76.6)	198 (89.0)	225 (74.3)
Employer	4 (2.0)	2 (1.1)	11 (5.0)	16 (5.2)
Personal Income	8 (4.1)	12 (6.4)	8 (4.0)	10 (3.3)
Unknown	0	4 (2.1)	0	6 (1.9)
Others (combination)*	39 (20.3)	26 (13.8)	5 (2.0)	0
HIV Testing				
Yes	106 (54.4)	140 (74)	200 (90.1)	249 (89.5)
No	81 (41.5)	48 (26)	5 (2.3)	45 (7.2)
Refuse to answer	8 (4.1)	0	17 (7.7)	9 (3.2)
HBV/HCV Testing	124 (63.6)	97 (51.6)	Not reported	Not reported

*religious organizations such as churches

Conclusion

- The data was collated from six (6) treatment centres in 2019 as compared to five in 2018. Also, the statistics on the number of people arrested for drug related offences, various drug seized and their quantities were limited to the report from the Narcotics Control Commission. The NCC is expected to expand the data collection to other facilities.

- Alcohol and cannabis continue to remain the primary substance of abuse. Also, more males continue to abuse drugs compared to females. It is worth mentioning that, most of the treatment centres available have more facilities for males than females.

- Majority of those who received treatment were mainly found in the age range of 20-39 who form the active working class. It is therefore important as a country to put in place effective preventive and treatment interventions. This will help to delay or minimize drug abuse and also ensure that those with SUD get treated.

- Even though the National Health Insurance of Ghana does not cover treatment for drug use problems, there were records of payment of treatment by private medical insurance which is very encouraging.

- Besides those admitted to treatment facilities, it is important to indicate that some clients were admitted into the acute psychiatric wards for short psychiatric treatment. Due to financial challenges, these clients could not enroll into drug recovery treatment

Recommendations

- Government should extend the National Health Insurance to cover treatment and rehabilitation services for substance use disorders;

- Establish national drug treatment and rehabilitation centres to cater to the needs of increasing numbers of people with substance use disorders.

- Drug prevention education programmes targeting “in-school” as well as “out-of-school” adolescents and young people should be designed and implemented throughout the country.

- Resources could be made available to intensify drug prevention education programmes especially among youth.

GUINEA

Background

Guinea has only one Government-run treatment facility and this has put a strain in providing adequate drug treatment and care for people who use drugs. The 2018-2019 WENDU data was collated from the Donka Psychiatric Treatment Centre. The data on drug supply suppression were made available by the Office Centrale Anti-Drogue (OCAD).

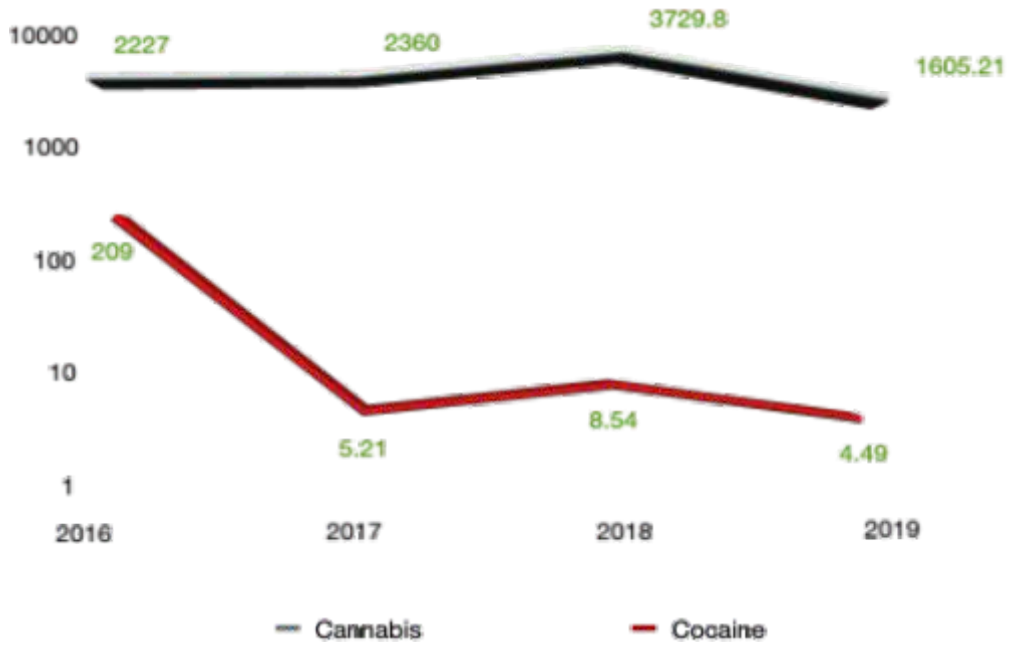
Drug Supply Suppression

Cannabis was the most trafficked drug in Guinea over the four years covered in this report. The largest quantities of cannabis seizure in Guinea was in 2018 with a total of 3,734.9 kg. The quantities of cannabis seized reduced considerably in 2019 (figure 1). There was also a remarkable decrease in the quantities of cocaine seizure from 2016 to 2019. A total of 209kg of cocaine was seized in Guinea in 2016, 5.21kg in 2017 and 4.49kg in 2019. Guinea also recorded its first khat seizure in 2018 with a total of 303.85kg. In addition, there was a notable increase in the seizure of counterfeit pharmaceuticals in Guinea. A total of 2,400kg expired, counterfeit and substandard pharmaceutical medicines were collectively seized in 2018 and 2019 (table 1).

Table 1: Quantities of controlled drugs seized, by type in Guinea (2016-2019)

Variable	2016	2017	2018	2019
Quantity of substance (kg)				
Cannabis	2,227.0	2,360.0	3,729.8	1,605.21
Cocaine	209.0	5.21	8.54	4.49
Others	Valium=1,300 sachets	0	Khat= 303.85 Valium= 150 tablets Expired counterfeit medicine= 1,200kg	Valium= 582 Tramadol= 200,000 capsules Expired counterfeit medicine= 1,200kg

Figure 1: Trend: Cannabis and cocaine seizures in Guinea (2016-2019)



Source: ECOWAS analysis of WENDU data

In 2015, 156 persons (1.3 per 100,000 population) were arrested for drug related offences in Guinea. The lowest recorded arrests due to drug related offenses in Guinea was in 2018 (less than 1 per 100,000 population). In addition, the percentage of men arrested for drug related offences was much higher than women from 2014 to 2019. However, substantial number of women (36 percent) were arrested due to drug related offences in 2017 (table 2).

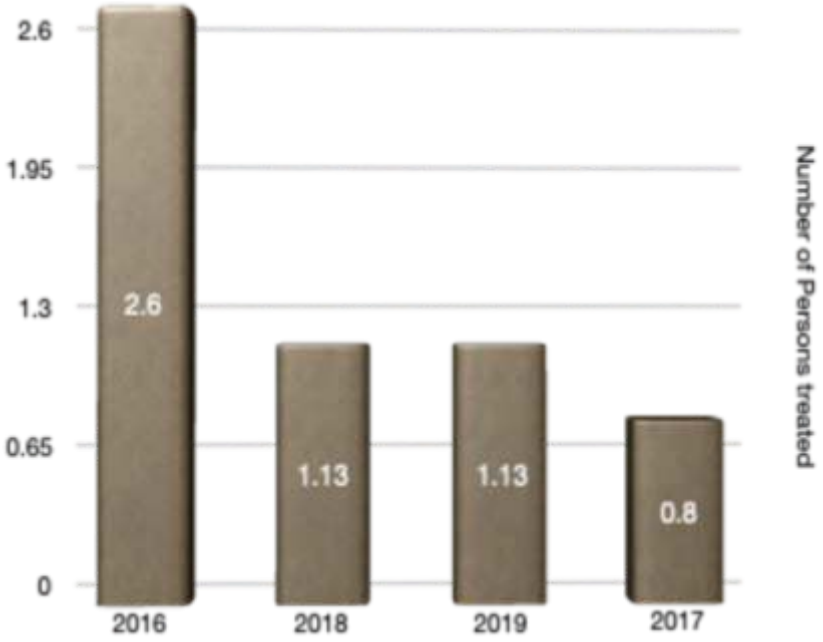
Table 2: Total number of arrests due to drug related offences (2014-2019)

Variable	2014	2015	2016	2017	2018	2019
Number of arrests	90	156	108	50	44	53
Gender						
Male	79(87.8)	146(93.6)	90(83.3)	32(64.0)	36 (81.8)	51(96.2)
Female	11(12.2)	10(6.4)	18(16.7)	18(36.0)	8 (18.2)	2 (3.8)

Drug Treatment Demand

Guinea recorded a significant decrease in the number of persons in treatment for alcohol use disorders from 2.6 per 100,000 population in 2016 to 1.1 per 100,000 population in 2019 (figure 2). Apart from alcohol, cannabis remained the major primary drug used among treatment entrants as this accounts for 36.6 percent of persons that accessed treatment facilities in Guinea from 2016 to 2019 (table 3). This was followed closely by cocaine (27.8 percent).

Figure 2: Total number of people in treatment per 100,000 population for alcohol use disorders in Guinea (2016-2019)



Source: ECOWAS analysis of WENDU data

Table 3: Primary drug used (excluding alcohol) among people in drug treatment in Guinea (2016– 2019).

Primary drug used	2016 N (%)	2017 N (%)	2018 N (%)	2019 N (%)
Cannabis	230 (33.9)	190 (32.3)	152 (27.0)	152 (27.0)
Cocaine	127 (19.0)	152 (25.9)	135 (24.0)	135 (24.0)
Heroin	0	0	147 (26.2)	147 (21)
Others (tobacco, solvents)	0	154 (26.2)	128 (22.8)	128 (22.8)

Majority of the people in treatment (63 percent) from 2016 to 2019 were between the ages of 15 and 39 years. Thirty-seven percent of the treatment entrants are students, 20 percent are home makers and 14 percent are unemployed. Thirty-two percent were single and twenty percent were married as at the time of this report. Less than half (41.6 percent) had either primary or secondary education and majority (61 percent) reside in the urban area of Guinea (table 4).

Table 4: Sociodemographic characteristics of patients (2016 -2019)

Demographic variables	2016 N (%)	2017 N (%)	2018 N (%)	2019 N(%)
Age group				
10-14	11 (0.9)	4 (0.7)	5 (0.8)	5 (1.0)
15-19	105 (8.9)	65 (11.1)	11 (1.7)	60 (11.8)
20-24	221 (18.7)	113 (19.2)	30 (4.5)	99 (19.5)
25-29	233 (19.7)	117 (19.8)	42 (6.4)	90 (17.8)
30-34	173 (14.7)	73 (12.4)	24 (3.6)	70 (13.8)
35-39	94 (7.9)	48 (8.1)	150 (22.7)	35 (6.9)
40-44	75 (6.3)	38 (6.5)	140 (21.2)	32 (6.3)
45-49	77 (6.5)	28 (4.8)	120 (18.2)	25 (4.9)
50-54	52 (4.4)	20 (3.4)	115 (17.4)	19 (3.7)
55-59	39 (3.3)	23 (3.9)	10 (1.5)	20 (3.9)
60-64	30 (2.5)	20 (3.4)	7 (1.1)	17 (3.4)
65 years and over	70 (5.9)	39 (6.6)	7 (1.1)	35 (6.9)
Average Age	34 years	34years	26 years	33 years
Professional situation				
Full time job	19 (2.6)	9 (3.3)	10 (2.0)	19 (8.1)
Working part-time	50 (6.9)	22 (8.1)	6 (1.2)	22 (9.3)
Does not work / unemployed	152 (21.1)	47 (8.0)	17 (3.5)	17 (7.2)
Apprentice/trainee	12 (1.7)	34 (12.6)	5 (1.0)	27 (11.4)
Student/pupil	240 (33.3)	75 (12.8)	258 (52.9)	57 (24.2)
Disabled/medically unfit to work	0	2 (0.7)	0	14 (5.9)
Housewife	157 (21.8)	21 (7.8)	121 (24.8)	38 (16.1)
Retirement	90 (12.5)	4 (1.5)	4 (0.8)	12 (5.1)
Other	0	56 (20.7)	67 (13.7)	30 (12.7)
Marital Status				
Married	156 (50.2)	10 (4.2)	12 (14.3)	17 (13.7)
Separated	10 (3.2)	9 (3.8)	7 (8.3)	10 (8.1)
Not married/ cohabiting	12 (3.9)	17 (7.2)	0	47 (37.9)
Divorce	34 (10.9)	16 (6.8)	2 (2.4)	15 (12.1)
Widowed	30 (9.6)	20 (8.4)	6 (7.1)	16 (12.9)
Single	69 (22.2)	105 (44.3)	27 (32.1)	19 (15.3)
Other	0	60 (25.3)	30 (35.7)	0
Education				
None/pre-primary	30 (21.4)	35 (43.2)	30 (25.0)	60 (40.8)
Primary	40 (28.6)	12 (14.8)	25 (20.8)	0
Secondary	70 (50.0)	10 (12.3)	16 (13.3)	30 (20.4)
Tertiary	0	8 (9.8)	19 (15.8)	57 (38.8)
Others	0	16 (19.7)	30 (25.0)	0
Residential Zone				
Urban	651 (55.2)	Not reported	500 (71.2)	Not reported
Semi-urban	405 (34.4)		152 (21.7)	
Rural	123 (10.4)		50 (7.1)	

The main route of administration of substances was oral and this accounts for 68 percent of all reported cases from 2016 to 2019 and this was followed closely by snorting (14 percent). There were no record of IDUs in treatment (table 5).

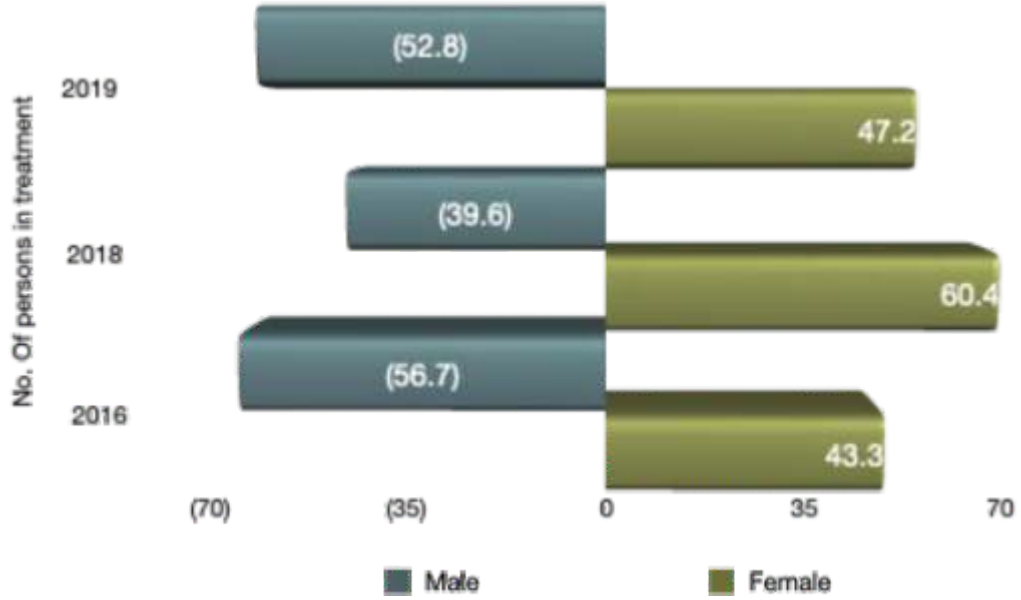
Table 5: Route of administration of substances (2016-2019)

Route of administration	2016 N (%)	2017 N (%)	2018 N (%)	2019 N (%)
Oral	600 (86.7)	450 (76.5)	240 (34.2)	390 (81.4)
By Inhalation	32 (4.6)	9 (1.5)	259 (36.9)	10 (2.1)
Sniffing	60 (8.7)	100 (17.0)	117 (16.7)	72 (15.0)
Intravenous	0	0	0	0
Others/combination	0	29 (4.9)	86 (12.3)	7 (1.5)

Gender and Substance Use in Guinea

The WENDU data for Guinea reflected a well pronounced gender differential in substance use disorders amongst treatment entrants. Equal number of men and women (1:1 persons) accessed treatment for alcohol use disorders in 2016, 2018 and 2019. Indeed, women accounted for a higher percentage (60.4 percent) of people in treatment for alcohol use disorders in 2018 (figure 3).

Figure 3: Total number of persons with alcohol use disorders (AUD) in treatment by Gender in Guinea (2016, 2018- 2019)



Source: ECOWAS analysis of WENDU data

Gender differential for other substance used by treatment entrants suggests a non-significant and less pronounced variation in gender, apart from disorders related to the use of heroin/opioid. The data revealed that one of 2 persons that accessed treatment for disorders related to the use of heroin or opioid is a woman (table 6).

Table 6: Total number of persons in treatment by gender in Guinea (2016-2019)

Drug Category	2016		2018		2019	
	Male N	Female N	Male N	Female N	Male N	Female N
Cannabis	220	10	240	19	184	20
Heroin/ Opioid	0	0	65	21	18	16
Cocaine	110	17	100	17	70	19

Substantial number of the treatment entrants (70 percent) received outpatient care in Guinea and just over half (51.8 percent) were referred to treatment by family, friends and healthcare professionals. In addition, treatment services were majorly (71 percent) paid for by family and friends from 2016 to 2019. Majority of the people in treatment (69 percent) did not know their HIV status as at the time of this report (table 7).

Table 7: Cases and Treatment patterns (2016-2019)

Variables	2016 N (%)	2017 N(%)	2018 N (%)	2019 N (%)
Number of cases	1180	588	702	507
Number of new cases	381	192	234 (33.0)	234 (46.0)
Treatment follow-up			468 (67.0)	273 (54.0)
Outpatient	799 (67.7)	396 (67.3)	542 (77.0)	347 (68.0)
Inpatient	381 (3.3)	192 (32.7)	160 (23.0)	160 (32.0)
Source of referral				
Self/family/friends	442 (37.6)	175 (29.8)	240 (34.2)	140 (27.6)
Work/employer	200 (17.0)	6 (1.0)	70 (10.0)	50 (29.6)
Social services	12 (1.0)	81 (13.8)	32 (4.6)	32 (6.3)
Psychiatrist/doctor/ Nurse (health professional)	225 (19.1)	52 (8.8)	152 (22.1)	115 (22.7)
Hospital/Clinic	150 (12.8)	120 (20.4)	53 (7.5)	53 (10.5)
Court/corrections	47 (4.0)	9 (1.5)	17 (2.4)	17 (3.4)
Educational institution	100 (8.5)	92 (15.6)	120 (17.1)	82 (16.2)
Church / religious groups	0	3 (0.5)	4 (0.6)	4 (0.8)
Other	0	50 (8.5)	14 (2.0)	14 (2.8)
Source of payment				
Medical insurance	0	4 (0.7)	0 (0)	6 (1.2)
Family	720 (61.0)	491 (83.5)	425 (60.5)	480 (94.7)
Friends	130 (11.0)	10 (1.7)	152 (21.7)	9 (1.8)
Employer	50 (4.2)	13 (2.2)	37 (5.3)	1 (0.2)
Personal income	240 (20.3)	6 (1.0)	10 (1.4)	8 (1.6)
Unknown	10 (0.8)	0	6 (0.9)	0
Other (combinations)	30 (2.5)	64 (10.9)	72 (10.3)	3 (0.6)
HIV testing				
Yes	3 (0.8)	3 (0.5)	18 (2.6)	4 (0.8)
No	368 (96.6)	573 (97.4)	70 (10.0)	490 (96.6)
Refuses to answer	10 (2.6)	12 (2.0)	614 (87.5)	13 (2.6)

Conclusion

The WENDU data from the country reflects an urgent need for appropriate intervention to reduce the use of substances in school settings and address the increased involvement of women in the production, consumption and sale of substances particularly alcohol.

In order to adequately address illicit drug trafficking and drug use in Guinea;

- It is important to review and update the National Drug Strategic Plan of Action to address illicit drug trafficking, related organized crime and drug abuse in the country. This process is currently ongoing in collaboration with ECOWAS Commission.
- There's also need to establish a policy framework to regulate the sale and consumption of drugs while ensuring enforcements, to deter drug trafficking.
- Improve care facilities and make treatment available to people who use drugs and also individuals that are incarcerated.

To this end, efforts must be made to sensitize health professionals, associations, communities, decision makers, leaders, families and vulnerable populations on the drug problem while advocating for the involvement of development partners in the mobilization of resources. This will enable massive support against this scourge.

GUINEA BISSAU

Background

Guinea Bissau is a country in West Africa that borders Senegal to the north, Guinea to the south and east and the Atlantic ocean to the west. The porous land, maritime, air borders and off shore territories like many other West African countries, exposed the country to illicit drug trafficking and related organized crime. In addition, Guinea Bissau does not have a specialized treatment centre for treatment and care of people who use drugs (PWUDs). However, treatment is provided in the mental health facility of the country.

Drug Supply Suppression

Guinea-Bissau recorded a total seizure of 90kg of cannabis in 2016 and a significant increase to 394kg in 2017. The country also recorded seizures of cocaine from 2014 to 2017 (Table 2). The quantity of cocaine seized peaked at 20kg in 2016. There were no records of other illicit drugs seized in Guinea-Bissau (table1).

Table 1: Quantities of controlled drugs seized, by type in Guinea-Bissau (2014-2017)

Variable	2014	2015	2016	2017	2018	2019
Quantity of substance (kg)						
Cannabis	Not reported	Not reported	90.0	394.0	0	0
Cocaine	5.8	11.5	20.28	8.2	20.28	2T 675Kg

Cocaine5.811.520.288.220.282T 675KgA total of 20 (1.1 per 100,000 population) persons were arrested due to drug related offences in 2016 and 14 (0.8 per 100,000 population) in 2017. Men accounted for 100 percent of arrests except in 2014, when one woman was arrested (table 2).

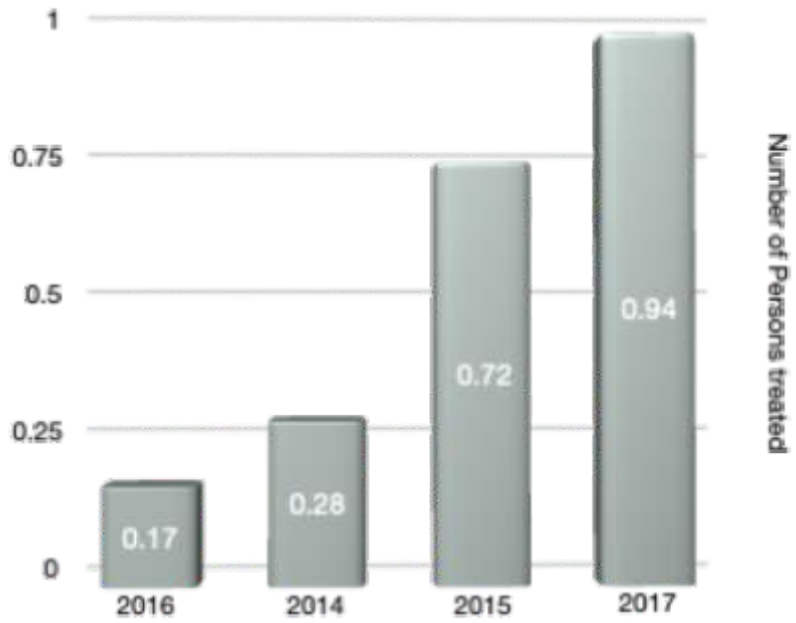
Table 2: Total number of arrests due to drug related offences (2014-2019)

Variable	2014	2015	2016	2017	2018	2019
Number of arrests	9	13	20	14	20	31
Gender						
Male	8 (88.9)	13 (100)	20 (100)	14 (100)	20 (100)	30 (96.8)
Female	1 (1.1)	0	0	0	0	1 (3.2)

Drug Treatment Demand

Among people in drug treatment in Guinea Bissau, 13 (0.8 per 100,000 population) and 17 (0.9 per 100,000 population) persons indicated alcohol as the primary substance used in 2015 and 2017 respectively (Figure 2).

Figure 1: Total number of people in treatment per 100,000 population for alcohol use disorders in Guinea-Bissau (2014-2017).



Source: ECOWAS analysis of WENDU data

Apart from alcohol, cannabis remained the major primary drug used among treatment entrants as this accounts for 97 percent of persons that accessed treatment facilities in Guinea Bissau from 2014 to 2017 (table 3). Twelve persons (0.7 per 100,000 population) were treated for cannabis use disorders in 2014 while 31 (1.2 per 100,000 population) were treated for the same condition in 2017.

Table 3: Primary drug used (excluding alcohol) among people in drug treatment in Guinea-Bissau (2016– 2019)

Primary drug used	2014 N (%)	2015 N (%)	2016 N (%)	2017 N (%)	2018	2019
Cannabis	12 (66.7)	23 (62.1)	22 (88.0)	31 (63.2)	117	13
Cocaine	1 (5.6)	1 (2.7)	0	1 (2.0)	7	0

The majority of people treated for substance use disorders were aged between 15 and 29 years (89 per cent in 2014 and 75 per cent in 2017). When compared to other West African countries, the average age of individuals in drug treatment in Guinea-Bissau was lower. Over all four years, substantial number of the patients were unemployed, single and had only attained either primary or secondary school education (Table 4).

Table 4: Sociodemographic characteristics of patients (2014-2017)

Demographic variables	2014 N (%)	2015 N(%)	2016 N(%)	2017 N (%)
Age group				
10-14	0 (0.0)	0 (0.0)	5 (12.8)	0 (0.0)
15-19	7 (38.9)	10 (27.0)	19 (48.7)	11 (22.4)
20-24	6 (33.3)	13 (35.1)	12 (30.8)	17 (34.7)
25-29	3 (16.7)	8 (21.6)	2 (5.1)	9 (18.3)
30-34	2 (11.1)	5 (13.5)	1 (2.6)	6 (12.4)
35-39	0	1 (2.7)	0	4 (8.2)
40-44	0	0	0	2 (4.1)
45-49	0	0	0	0
50-54	0	0	0	0
55-59	0	0	0	0
60-64	0	0	0	0
65 +	0	0	0	0
Professional situation				
Full-time job	0	0	0	0
Part-time work	0	0	0	0
Does not work/unemployed	13 (72.2)	30 (81.1)	2 (4.5)	27 (55.1)
Apprentice/trainee	3 (16.7)	5 (13.5)	22 (50.0)	15 (30.6)
Student/pupil	2 (11.1)	2 (5.4)	10 (22.7)	7 (14.2)
Other	0	0	10 (22.7)	0
Marital status				
Married	0	0	Not reported	0
Separated	0	0		7 (14.2)
Single	18 (100)	37 (100)		42 (85.7)
Education				
None/pre-primary	2 (11.1)	13 (35.1)	6 (15.3)	9 (18.0)
Primary	7 (38.9)	15 (40.5)	6 (15.3)	15 (37.5)
Secondary	5 (27.8)	5 (13.5)	25 (64.1)	19 (38.0)
Tertiary	4 (22.2)	4 (10.8)	2 (5.1)	7 (14.0)

The main route of substance administration was inhalation (72 per cent in 2014 and 65 per cent in 2015); in 2017, sniffing was the main route of administration. Also, that year there was one single reported case of intravenous administration (Table 5).

Table 5: Route of administration of substances (2016-2019)

Route of administration	2014 N (%)	2015 N (%)	2017 N (%)
Oral	5 (27.8)	13 (35.1)	0 (0.0)
By inhalation	13 (72.2)	24 (64.9)	17 (34.7)
By sniffing	0	0	31 (63.3)
IV	0	0	1 (2.0)
Other/combination	0	0	0

All treatment entrants were referred to treatment by family and friends in 2014 and 2015 and treatment services were majorly (93 percent) paid for by family and friends. Majority of the people in treatment (60 percent) did not know their HIV status as at the time of this report (table 6).

Table 6: Sociodemographic characteristics of patients (2016-2019)

Variable	2014 N (%)	2015 N (%)	2016 N (%)	2017 N (%)	2018 N (%)	2019 N (%)
Number of cases	18	37	Not reported	Not reported	124	13
Number of new cases	5	25 (67.5)				
Follow-up treatment						
Outpatient	18 (100)	0				
Inpatient	0	37 (100)				
Source of referral						
Self/family/friends	18 (100)	37 (100)	Not reported	Not reported	Not Reported	Not Reported
Employer	0	0				
Social services	0	0				
Hospital/Clinic	0	0				
Source of payment						
Medical insurance	0	0	Not reported	0	Not Reported	Not reported
Family	16 (88.9)	34 (91.8)		47 (95.9)		
Friends	2 (11.1)	03 (8.1)		2 (4.1)		
Employer	0	0		0		
Personal income	0	0		0		
HIV test						
Yes	0	0	4 (10.2)	7 (17.9)	Not Reported	Not Reported
No	0	0	18 (46.15)	29 (74.4)		
Refused to answer			17 (43.6)	3 (7.7)		

Conclusion

In 2017, 0.8 persons per 100,000 population were arrested due to drug trafficking offences in Guinea Bissau compared to 1.2 persons per 100,000 population who were treated for cannabis use disorders in the same year. This reveals that the national drug control efforts in Guinea Bissau is tilted towards repression rather than a balanced approach. With treatment available at the only mental health centre in the country, access to drug treatment services is clearly a major issue for many individuals in need of drug treatment who live in other regions and hard to reach areas, may not be able to reach the facility for treatment and care.

In addition, drug supply suppression is mostly concentrated in Bissau; however, illicit drug trafficking may be increasing in other areas in the country, including on the islands of Guinea-Bissau.

Recommendations

- Establish specialized and state-of-the-art drug treatment and rehabilitation facilities in all parts of the country.
- Develop technical expertise in the country for evidence based drug treatment and rehabilitation
- Develop national strategic plan for drug control based on a balanced approach in Guinea Bissau.

LIBERIA

Background

Substance use and related disorders is paramount in today's global efforts to achieving sustainable growth. Liberia as a nation is not an exception, with a low human development index rate and youthful population. This report reflects a clear picture of efforts from the collaboration with development partners in boosting the efforts of the Government to effectively address this menace in the country. The Liberia Epidemiology Network on Drug Use (LENDU) report is generated through the collaborative efforts of faith-based institutions, mental healthcare facilities, prevention and awareness institutions, health authorities and Law enforcement agencies in Liberia.

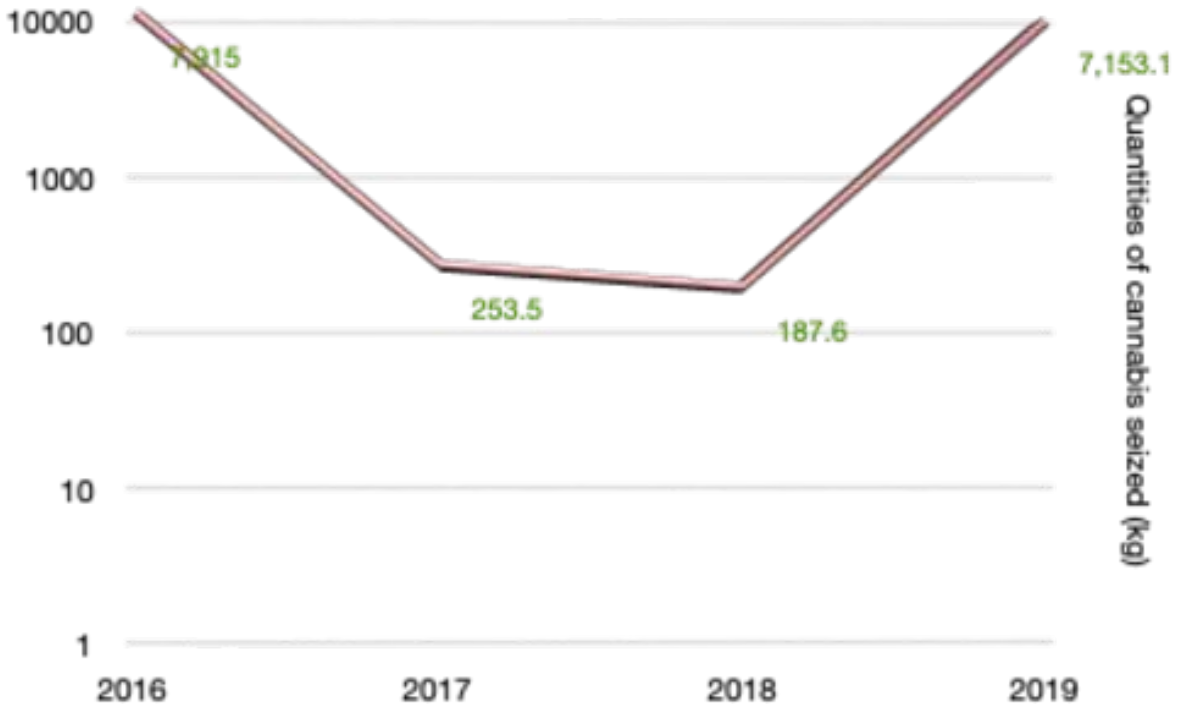
Drug Supply Suppression

Cannabis was the most trafficked drug in Liberia over the four years covered in this report. The largest quantities of cannabis seizure in Liberia was in 2016 with a total of 7,915 kg. The quantities of cannabis seized reduced considerably in 2017 and 2018 (figure 1). There was also a slight increase in the quantities of cocaine seizure from 2016 to 2019. A total of 3.2 kg of cocaine was seized in Liberia in 2016 and 6.58kg in 2019 (table 1).

Table 1: Quantities of controlled drugs seized, by type in Liberia (2016-2019)

Variable	2016	2017	2018	2019
Quantity of substance (kg)				
Cannabis	7,915.00	253.50	187.6	7,153.10
Cocaine	3.20	0.40	2.50	6.58
Heroin	13.70	0.80	0	65.55
Others	5.30	Methamphetamine 1.90	Others (Hashish oil, speedball)= 3,937.6	0

Figure 1: Trend: Cannabis seizures in Liberia (2016-2019)



Source: ECOWAS analysis of WENDU data

In 2014, 88 persons (2 per 100,000 population) were arrested for drug related offences in Liberia. This remained fairly stable from 2015 to 2017 when 97 persons (2.1 per 100,000 population) were arrested due to drug related offences. There was however, a remarkable increase in the number of arrest to 324 persons (6.7 per 100,000 population) in 2019. In addition to these figures, a total of eleven juveniles were arrested in 2017 and 2019. The percentage of men arrested for drug related offences was much higher than women throughout the reporting period but the rate continued to decrease from 2015 to 2019 (table 2).

Table 2: Total number of arrests due to drug related offences (2014-2019)

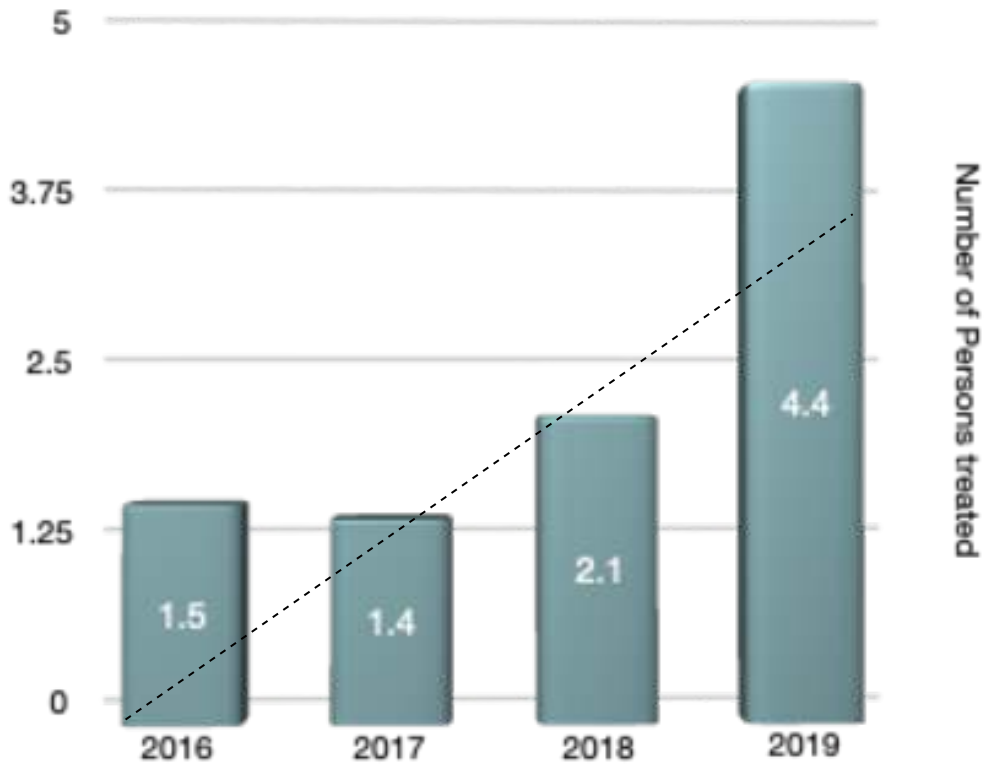
Variable	2014	2015	2016	2017	2018	2019
Number of arrests	88	115	89	97	104	324
Gender						
Male	74(84.1)	78(67.8)	69(76.5)	79(81.4)□	85 (81.7)	270□□(83.3)
Female	14(15.9)	37(32.2)	20(22.5)	18(18.6)	19 (18.3)	54 (16.7)

* Including eight juveniles, **Including three juveniles

Drug Treatment Demand

Liberia recorded a remarkable increase in the number of persons in treatment for alcohol use disorders from 1.5 per 100,000 population in 2016 to 4.4 per 100,000 population in 2019 (figure 2). Apart from alcohol, cannabis remained the major primary drug used among treatment entrants as this accounts for 33 percent of persons that accessed treatment facilities in Liberia from 2016 to 2019 (table 3). This was followed closely by cocaine (28.5 percent) and heroin (23.6 percent).

Figure 2: Total number of people in treatment per 100,000 population for alcohol use disorders in Liberia (2016-2019).



Source: ECOWAS analysis of WENDU data

Table 3: Primary drug used (excluding alcohol) among people in drug treatment in Liberia (2016– 2019).

Primary drug used	2016 N (%)	2017 N (%)	2018 N (%)	2019 N (%)
Cannabis	72 (18.8)	168 (30.6)	881 (35.6)	457 (28.4)
Cocaine	130 (33.9)	242 (44.1)	740 (29.9)	247 (15.4)
Heroin	32 (8.3)	63 (11.4)	704 (28.4)	332 (20.6)
Ecstasy	0 (0)	1 (0.2)	10 (0.4)	13 (0.8)
OTC/PRE	18 (4.7)	7 (1.3)	130 (5.3)	214 (13.3)
MEVL/MSO	41 (10.7)	0	0	0
ATS	9 (2.3)	0	10 (0.4)	15 (0.9)
Other (tobacco, solvents)	18 (4.6)	7 (1.3)	0	Tramadol= 214 (13.3) Nicotine, Tye= 131 (8.1)

Majority of the people in treatment (75.8 percent) from 2016 to 2019 were between the ages of 15 to 34 years. Less than half (41.3 percent) of the treatment entrants were unemployed, 11 percent were gainfully employed full time and 10 percent were students as at the time of this report. In addition, majority of the people in treatment (64 percent) had either secondary or tertiary education (table 4).

Table 4: Sociodemographic characteristics of patients (2016-2019)

Demographic variables	2016 N (%)	2017 N(%)	2018 N (%)	2019 N (%)
Age group				
10-14	1 (0.3)	2 (0.3)	Not reported	50 (4.9)
15-19	48 (14.0)	131 (22.0)		131 (12.8)
20-24	82 (23.9)	161 (27.1)		226 (22.1)
25-29	90 (26.3)	156 (26.3)		164 (16.0)
30-34	72 (21.1)	93 (15.7)		131 (12.8)
35-39	29 (8.5)	40 (6.7)		126 (12.3)
40-44	10 (2.9)	11 (1.9)		85 (8.3)
45-49	9 (2.6)	0		43 (4.2)
50-54	1 (0.3)	0		39 (3.8)
55-59	0	0		22 (2.1)
60-64	0	0		7 (0.7)
65+	0	0		0
Professional situation				
Work full-time	7(2.1)	233 (55.6)	13 (4.8)	39 (2.4)
Working part-time	10 (3.0)	17 (4.1)	45 (16.7)	68 (4.2)
Does not work/unemployed	208 (63.2)	101 (24.1)	99 (36.8)	680 (42.2)
Apprentice/intern	27 (8.2)	12 (2.9)	62 (23.0)	54 (3.6)
Student/pupil	64 (19.5)	13 (3.1)	33 (12.3)	158 (9.8)
Disabled/medically unfit for work	4 (1.2)	2 (0.5)	9 (3.3)	19 (1.2)
Housewife	3 (0.9)	2 (0.50	2 (0.7)	6 (0.40
Retired	0	0	6 (2.2)	8 (0.5)
Other	1 (0.3)	39 (9.3)	0	592 (36.8)
Marital status				
Married	2 (0.8)	0	6 (24.0)	22 (3.1)
Separated	11 (4.7)	2 (22.2)	3 (12.0)	32 (4.4)
Not married /cohabiting	47 (20.3)	4 (44.4)	11 (44.0)	88 (12.2)
Divorce	7 (3.0)	1 (11.1)	1 (4.0)	14 (1.9)
Widowed	2 (0.8)	0 (0)	0 (0)	2 (0.3)
Single	163 (70.3)	2 (22.2)	4 (16.0)	563 (78.1)
Education				
None/pre-primary	41 ((17.0)	16 (11.5)	0	26 (4.1)
Primary	60 (24.9)	1 (0.7)	4 (14.8)	138 (21.5)
Secondary	98 (40.7)	12 (8.6)	10 (37.0)	238 (37.2)
Tertiary	41 (17.0)	8 (5.8)	13 (48.1)	186 (29.1)
Other: _	1 (0.4)	0	0	52 (8.1)

The main route of administration of substances was inhalation and this accounts for 51 percent of all reported cases from 2016 to 2019 (table 5). This was followed by the oral route of administration (24.6 percent).

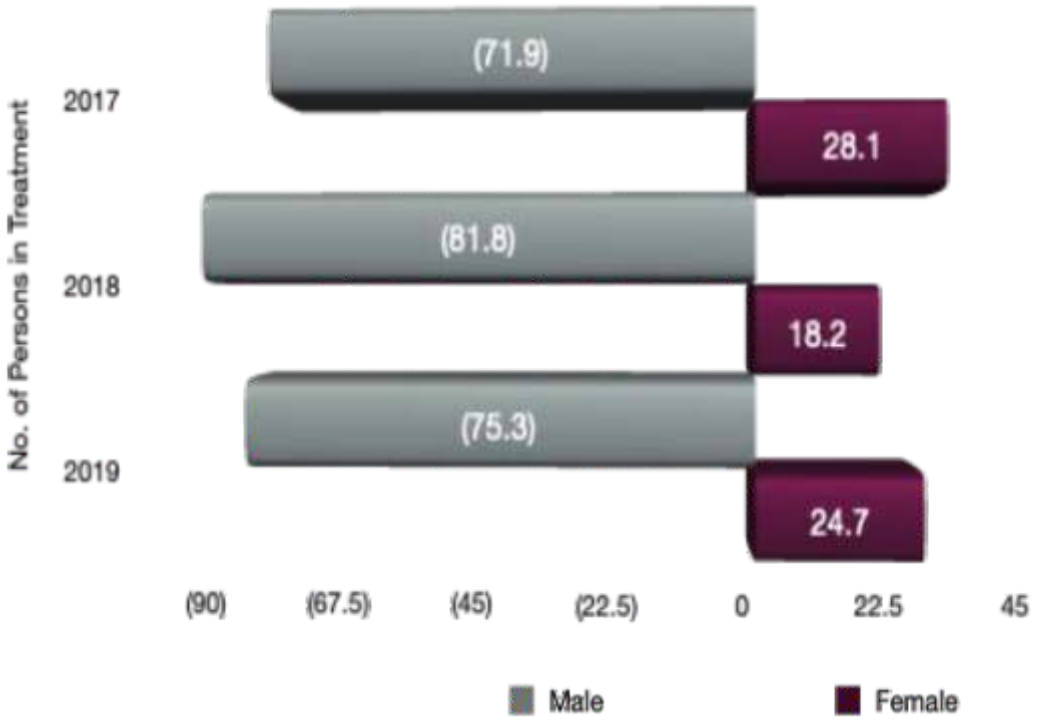
Table 5: Route of administration of substances (2016-2019)

Route of administration	2016 N(%)	2017 N(%)	2018 N (%)	2019 N (%)
Oral	41 (11.7)	61(10.1)	127 (44.7)	395 (43.8)
By inhalation	247 (70.8)	436 (72.1)	104 (36.6)	519 (43.8)
By sniffing	61 (17.5)	19 (3.1)	29 (10.2)	90 (10.0)
Intravenous	0	0	0	14 (1.5)
Other/combination	0	89 (14.7)	24 (8.5)	283 (31.4)

Gender and Substance Use in Liberia

The WENDU data for Liberia reflected a well pronounced gender differential in substance use disorders amongst treatment entrants. One of 4 persons that that accessed treatment for alcohol use disorders from 2017 to 2019 is a woman (figure 3).

Figure 3: Total number of persons with alcohol use disorders (AUD) in treatment by Gender in Liberia (2017 - 2019)



Source: ECOWAS analysis of WENDU data

Gender differential for other substance used by treatment entrants suggests a well pronounced variation in gender. The data revealed that one of 2 persons that accessed treatment for disorders related to the use of over the counter pharmaceuticals and prescription medicine is a woman, one of 6 and one of 7 that accessed treatment for cocaine and heroin use disorders respectively is a woman. In addition, one of 8 persons that accessed treatment due to cannabis use disorder from 2017 to 2019 is a woman (table 6).

Table 6: Total number of persons in treatment by gender in Liberia (2017 - 2019).

Drug Category	2017		2018		2019	
	Male N	Female N	Male N	Female N	Male N	Female N
Cannabis	51	21	773	62	395	64
Heroin/ Opioid	25	1	584	73	256	65
Cocaine	87	44	648	67	192	51
Ecstacy	2	0	0	0	12	1
ATS	6	0	0	0	7	6
OTC/PRE* (Pethidine)	14	6	55	14	89	59

*Prescription medicine recorded = Pethidine

Just over half (50.9 percent) of the treatment entrants received outpatient care in Liberia. Majority of these individuals (59 percent) were referred by family and friends while less than half (43 percent) of the services and care received was also paid for by family and friends (table 7).

Table 7: Cases and Treatment patterns (2016-2019)

Variable	2016 N (%)	2017 N (%)	2018 N (%)	2019 N (%)
Number of Cases	340	Not reported		
Follow up treatment				
Inpatient	0	43 (13.4)	879 (78.0)	338 (33.0)
Outpatient	249 (85)	249 (77.8)	248 (22.0)	662 (64.6)
Others (Specify): Weekly group	43 (15)	28 (8.8)	0	25 (2.4)
Sources of referral				
Self/family/friends	158 (46.9)	381 (63.3)	923 (69.2)	436 (46.5)
Work/employer	0	1 (0.2)	33 (2.5)	40 (4.3)
Social services	37 (11.0)	12 (2.0)	79 (5.9)	128 (13.6)
Psychiatrist/doctor/nurses (health professionals)	18 (5.3)	14 (2.3)	23 (1.7)	59 (6.3)
Hospital/clinic	5 (1.5)	5 (0.8)	112 (8.4)	62 (6.6)
Court/corrections	7 (2.1)	12 (2.0)	23 (1.7)	42 (4.5)
Educational Institution	2 (0.6)	3 (0.5)	14 (1.0)	22 (2.3)
Church/religious groups	37 (11.0)	46 (7.6)	86 (6.4)	83 (8.8)
Others	73 (21.7)	130 (21.6)	41 (3.1)	66 (7.0)
Source of payment				
Medical Insurance	5 (1.5)	0	Not reported	17 (2.7)
Family/friends	67 (19.7)	114 (24.7)		433 (70.0)
Employer	15 (4.4)	0		6 (1.0)
Personal Income	21 (6.2)	0		92 (14.9)
Unknown	17 (5.0)	284 (61.5)		14 (2.3)
Other (combinations)	215 (63.2)	64 (13.9)		57 (9.2)

Conclusion

The WENDU report for Liberia is a clear testimony that drug use among young people in Liberia continues to remain critical. This calls for concerted efforts and evidence-based interventions to stem its tide. Substance use disorders is currently destroying the fabric of the society in Liberia and has exponentially increased crime, violence and hostility rate. It is important to note that about 5 percent of the people in treatment in 2019 were aged between 10 to 14 years resulting in school absenteeism of these individuals. In addition, the country has limited resources to help integrate people into the mainstream society and give them a sustainable source of livelihood after care. Hence, the need for national government and international organization to address illicit drug trafficking and drug abuse in Liberia and to empower institutions saddled with this responsibility in the country.

Recommendation

For effective drug supply suppression and demand reduction in Liberia, the following recommendations should be considered;

- Existing drug rehabilitation centres should be adequately equipped with required psychotropic medicines for treatment and care of PWUDs. In addition, the country solicit for urgent renovation of Catherine Mills Rehabilitation Centre to ensure adequate spacing and accommodation for critical cases. Currently there is limited capacity for inpatients services (80 beds to the entire population of Liberia);
- Continuous capacity building of staff;
- Provision of a mini Laboratory to provide routine medical check-up including Urinalysis, VDRL, Malaria, Typhoid, Parasites, Pregnancy Testing and HIV Testing for people in treatment.

MALI

Background

Mali is a land-locked country bordered by Algeria to the north, Niger to the east, Burkina Faso and Cote d'Ivoire to the south, Guinea to the southwest, and Senegal and Mauritania to the west. The porous land, maritime, air borders and off shore territories like many other West African countries, exposed the country to illicit drug trafficking and related organized crime. Once considered as a transit zone for illicit drugs, most of the drugs trafficked through the country remains in the country, leading to easy access and increased use of substances amongst the populace. Despite these challenges, Mali does not have a specialized centre for treatment and care of people who use drugs (PWUDs). Currently, the Point G University Hospital in Bamako provides treatment for PWUDs. Data on drug supply and law enforcement was obtained from the following law enforcement structures: Police, Gendarmerie, Customs and the Central Narcotics Office.

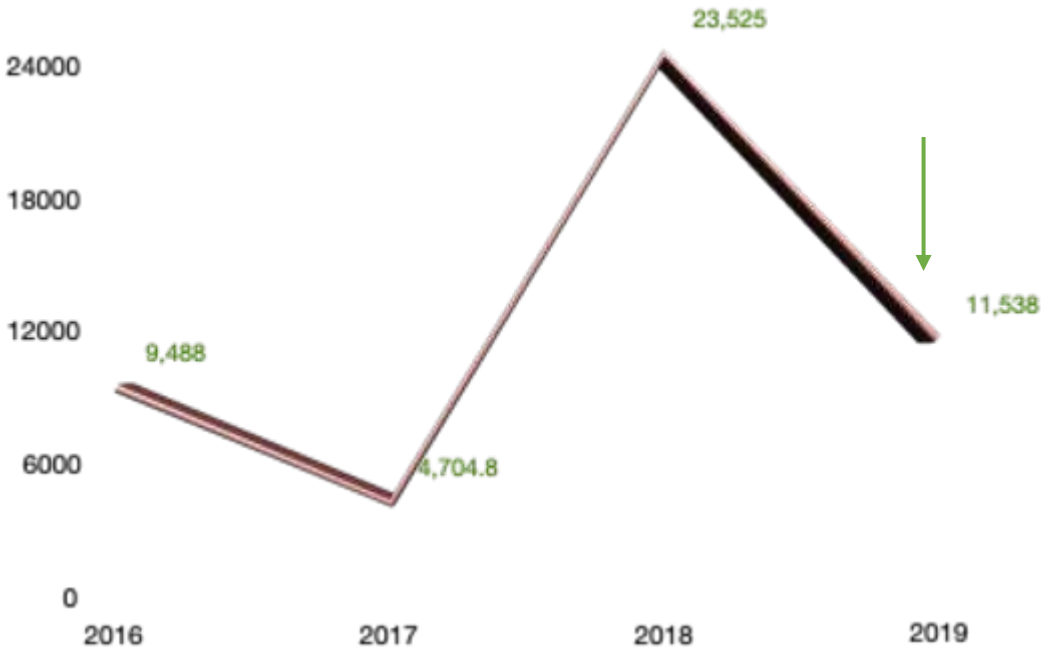
Drug Supply Suppression

Cannabis remains the most trafficked drug in Mali over the four years covered in this report. The largest quantities of cannabis seized in Mali was in 2018 with a total of 23,525 kg. The quantities of cannabis seized reduced considerably in 2017 (figure 1). There was also a slight decrease in the quantities of heroin seized from 2017 to 2019. A total of 10.5 kg of cocaine was seized in Mali in 2017 and 6 kg in 2019 (table 1).

Table 1: Quantities of controlled drugs seized, by type in Mali (2016-2019)

Variable	2016	2017	2018	2019
Quantities of substance (kg)				
Cannabis	9,488.0	4,704.8	23,525	11,538
Cocaine	1.93	7.94	2.76	5.03
Heroin	0	10.50	8.58	6.0
Crack	0	0.86	62.93	0.015
Amphetamine	0	184.20	0	0
Methamphetamine		0.27	12.41	112 tablets
Tramadol	0	88 704 tablets ; 3 cartons ; 6 packets	601,245 tablets	18,402 tablets 130 cartons
Diazepam	0	76 775 tablets	5,330 tablets	15,701 tablets
Ephedrine	0	1809 tablets	0	3,844 tablets
Rivotril	0	6026 tablets	0	0
Others	0	1595 of medicines**	1,595	0

Figure 1: Trend: Cannabis seizures in Mali (2016-2019)



Source: ECOWAS analysis of WENDU data

In 2016, 412 persons (2 per 100,000 population) were arrested for drug related offences in Mali. The lowest number of arrest was in 2016 when forty-nine persons were arrested. The percentage of men arrested for drug related offences was much higher than women (96.5 percent) throughout the reporting period (table 2).

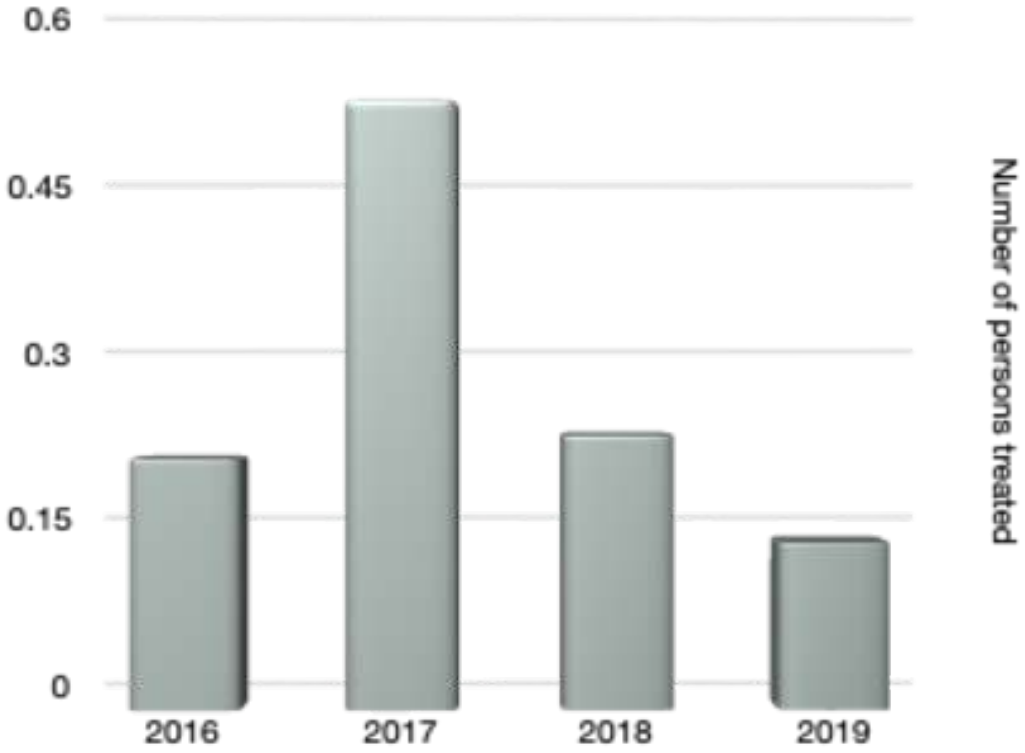
Table 2: Total number of arrests due to drug related offences (2015-2019)

Variable	2015 N(%)	2016 N(%)	2017 N(%)	2018	2019
Number of arrests	412	49	151	270	246
Gender					
Male	409 (99.3)	49 (100.0)	142 (94.3)	257 (95.2)	232 (94.3)
Female	3 (0.7)	0	9 (5.7)	13 (4.8)	14 (5.7)

Drug Treatment Demand

Mali recorded a fairly stable number of about 0.2 persons per 100,000 population in treatment for alcohol use disorders in 2016 and 2018. The highest number of persons in treatment for AUDs was recorded in 2017 (figure 2). Apart from alcohol, cannabis remained the major primary drug used among treatment entrants as this accounts for 45 percent of persons that accessed treatment facilities in Mali from 2016 to 2019. This was followed closely by other substances such as tobacco and solvent (34 percent) while 11 percent of treatment entrants cited tramadol as the primary drug used in the reporting period (table 3).

Figure 2: Total number of people in treatment per 100,000 population for alcohol use disorders in Mali (2016-2019)



Source: ECOWAS analysis of WENDU data

Table 3: Primary drug used (excluding alcohol) among people in drug treatment in Mali (2016– 2019)

Primary drug used	2016 N (%)	2017 N (%)	2018 N (%)	2019 N (%)
Cannabis	42 (31.1)	70 (37.0)	90 (37.8)	62 (69.7)
Tramadol	9 (6.7)	15 (7.9)	35 (14.7)	6 (6.7)
Cocaine	8 (5.9)	10 (5.3)	9 (3.8)	9 (10.1)
Heroin	3 (2.2)	5 (2.6)	6 (2.5)	7 (7.9)
Others (tobacco, solvents)	36(26.7)	62 (32.8)	98 (41.2)	5 (5.6)

Majority of the people in treatment (62 percent) from 2016 to 2019 were between the ages of 10 to 29 years. Forty-two percent of the treatment entrants were employed while equal percentages (24 percent) were either students or unemployed. Substantial number (85.6 percent) were single and majority (66 percent) had either primary or secondary education (table 4).

Table 4: Sociodemographic characteristics of patients (2016-2019)

Demographic variables	2016 N (%)	2017 N (%)	2018 N (%)	2019 N (%)
Age group				
10-19	16 (13.4)	23 (16.5)	23 (15.5)	13 (11.0)
20-29	59 (49.6)	68 (48.9)	73 (49.3)	54 (45.8)
30-39	36 (30.3)	30 (21.6)	35 (23.6)	38 (32.2)
40-49	4 (3.4)	10 (7.2)	10 (6.8)	4 (3.4)
50^{+}	4 (3.4)	8 (5.7)	7 (4.7)	9 (7.6)
Professional situation				
Work full-time	13 (10.9)	14 (10.1)	27 (18.2)	22 (18.6)
Working part-time	35 (29.4)	46 (33.1)	47 (31.7)	25 (21.2)
Does not work /unemployed	28 (23.5)	28(20.1)	35 (23.6)	39 (33.10
Apprentice/intern	2 (1.7)	4 (2.9)	2 (1.3)	1 (0.8)
Student/pupil	32 (26.9)	37 (26.6)	39 (26.4)	23 (19.5)
Housewife	2 (1.7)	0	0	2 (1.7)
Others	7 (5.9)	10 (7.2)	10 (6.7)	6 (5.1)
Marital status				
Married	24 (20.2)	27 (19.4)	30 (20.3)	27 (22.9)
Not married /cohabiting	0	0	0	1 (0.8)
Divorced/Separated	4 (3.4)	8 (5.7)	10 (6.7)	5 (4.2)
Widowed	0	0	1 (0.7)	0
Single	91 (76.5)	98 (70.5)	102 (68.9)	85 (72.0)
Other	0	6 (4.3)	5 (3.4)	0
Education				
None/pre-primary	16 (13.4)	10 (7.2)	19 (12.8)	19 (17.1)
Primary	29 (24.4)	39 (28.1)	57 (38.5)	34 (30.6)
Secondary	38 (31.9)	47 (33.8)	43 (29.1)	35 (31.5)
Tertiary	21 (17.6)	31 (22.3)	0	23 (20.7)
Others	15 (12.6)	12 (8.6)	0	0

The main route of administration of substances was inhalation and this accounts for 42.3 percent of all reported cases from 2016 to 2019 (table 5). This was followed very closely by oral route of administration (41.2 percent). The country also recorded a total of 2,401 IDUs documented through a survey conducted by Plan International in 2018.

Table 5: Route of administration of substances (2016-2019)

Route of administration	2016 N (%)	2017 N (%)	2018 N (%)	2019 N (%)
Oral	76 (56.2)	108 (57.1)	71 (25.1)	34 (35.4)
By inhalation	34 (25.1)	47 (24.8)	161 (57.0)	55 (57.3)
By sniffing	12 (8.8)	17 (9.0)	25 (8.8)	4 (4.2)
Intravenous*	13 (9.6)	17 (9.0)	25 (8.8)	3 (3.1)

* A total of 2,401 IDU were documented through a survey conducted by Plan International in 2018

Majority (78.3 percent) of the treatment entrants received outpatient care in Mali. In addition, substantial number of these individuals (90 percent) were referred by their employers while 93 percent of the services and care received was paid for with the personnel income of treatment entrants (table 6).

Table 6: Cases and Treatment patterns (2016-2019)

Variable	2016 N (%)	2017 N (%)	2018 N (%)	2019 N (%)
Number of cases				
Number of new cases	135	189	282	103
Follow up treatment	0	0	0	15
Outpatient	1590 (86.0)	1645 (84.8)	0	43 (36.4)
Inpatient	258 (14.0)	295 (15.2)	282 (100)	75 (63.6)
Source of referral				
Self/family/friends	0	0	282 (100)	99 (86.1)
Work/employer	1848 (100)	1940 (100)	0	4 (3.5)
Psychiatrist/doctor/nurse (Healthcare professional)	0	0	0	12 (10.4)
Source of Payment				
Medical Insurance	0	0	0	Not reported
Family/friends	0	0	282 (100)	
Employer	0	0	0	
Personal Income	1848 (100)	1940 (100)	0	

Recommendation

- Establish specialized drug treatment centres for the treatment of substance use disorders;
- Increase information, education, awareness creation targeted towards the general population, adolescents and young people and other groups at risk (communication for behavioral change);
- Develop the capacity of national stakeholders towards improving advocacy for balanced approach in addressing drug problems;
- Strengthen the capabilities of drug control institutions in terms of equipment and intelligence;
- Increase accessibility to Opioid Substitution Therapy (OST), typically methadone and buprenorphine for people who are opioid dependent.

NIGER

Background

Niger is bordered to the north by Algeria and Libya, to the east by Chad, to the south by Nigeria and Benin, to the west by Burkina Faso and Mali. The vast open desserts, the lengthy and porous border of Niger contribute to its increased vulnerability to illicit drug trafficking and related organized crime. Formerly viewed as a transit hub for illicit drugs, Niger is also faced with increased drug use as most of the drugs in transit also remains in the country. The Epidemiology Network on Drug Use in Niger captures drug treatment data from healthcare structures spread over the entire national territory. Data on drug seizures as well as data on the number of people arrested due to drug related offences were provided by the the Office Central de Répression du Trafic International de Stupéfiants (OCTRIS).

Drug Supply Suppression

Niger recorded a total seizure of 22,074.91 kg of cannabis from 2016 to 2019 and it remains the most trafficked drug in the country. The largest quantities of cannabis seized in Niger was in 2016 with a total of 7,210.13kg (figure 1). Furthermore, the quantities of cocaine seized in Niger reduced considerably from 5.79kg in 2018 to 0.55kg in 2019 (table 1). There was also a record high seizure of tramadol throughout the reporting period as Niger continues to serve as a transit corridor for illicit trafficking of benzodiazepines, tramadol and counterfeit pharmaceutical medicines.

Table 1: Quantities of controlled drugs seized, by type in Niger (2016-2019)

Variable	2016	2017	2018	2019
Quantity of substance (kg)				
Cannabis	7,210.13	3,268.55	5,297.45	6,298.78
Cocaine	0.12	4.42	5.79	0.55
Heroin	0.130	0	0	0.21
ATS	13,617 tablets	34,017tablets	8,167 tablets	487 tablets
Diazepam	5,981,838 tablets	1,633,931tablets	4,701,807 tablets	883,048 tablets
Tramadol	16, 909, 491 tablets	7, 337.160 tablets	16,764,956 tablets	1,866,288 tablets
Others	Ephedrine= 897 tabs	Methamphetamine= 2.96	Methamphetamine= 2.28 Crack= 0.18	Crack= 0.26

*Consist of cannabis herb and resin

Figure 1: Trend: Cannabis seizures in Niger (2016-2019)

Source: ECOWAS analysis of WENDU data

A total of 12,152 persons (54 per 100,000 population) were arrested in Niger for drug related offences in Niger from 2014 to 2019. The highest number arrests in a single year was recorded in 2018. The percentage of men arrested for drug related offences was cumulatively much higher than women (98 percent) throughout the reporting period (table 2).

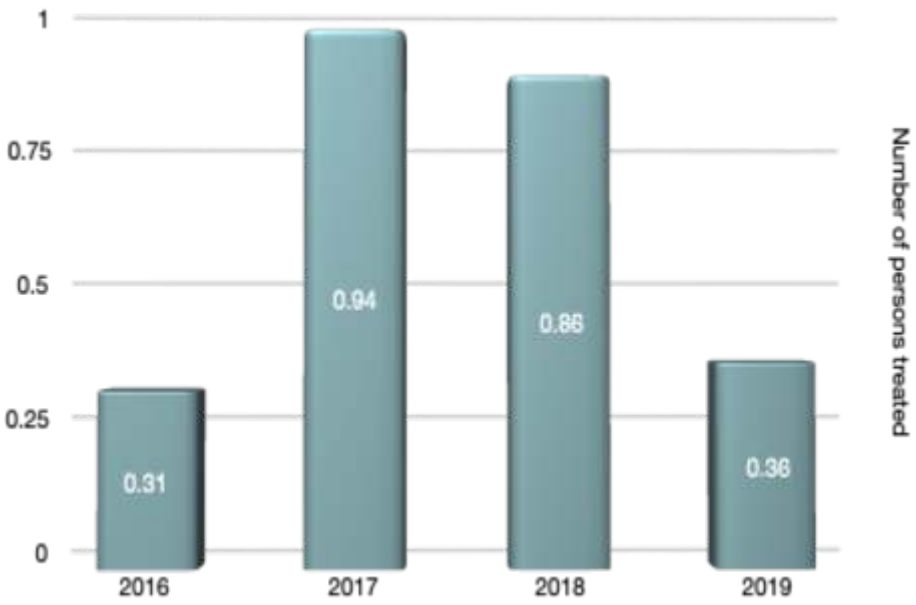
Table 2: Total number of arrests due to drug related offences (2014-2019)

Variable	2014	2015	2016	2017	2018	2019
Number of arrests	929	1355	2002	2761	3064	2041
Gender						
Male	916 (98.6)	1327 (97.93)	1956 (97.7)	2703 (97.9)	3001 (97.9)	1973 (96.7)
Female	13 (1.4)	28 (2.07)	46 (2.3)	58 (2.1)	63 (2.1)	68 (3.3)

Drug Treatment Demand

Niger recorded a total of 507 persons (2.3 per 100,000 population) in treatment for alcohol use disorder from 2016 to 2019 (figure 2). The highest number of persons in treatment for AUDs was recorded in 2017 (0.94 per 100,000 population). Apart from alcohol, the country recorded high percentage of treatment entrants (47 percent) citing over the counter (OTC) and prescription medicines such as Tramadol as the primary drug used from 2016 to 2019. This was followed closely by cannabis with about 41 percent of people in treatment. The high level of treatment entrants citing tramadol use indicates that a considerable percentage of tramadol trafficked through Niger also remains in the country (table 3).

Figure 2: Total number of people in treatment per 100,000 population for alcohol use disorders in Niger (2016-2019)



Source: ECOWAS analysis of WENDU data

Table 3: Primary drug used (excluding alcohol) among people in drug treatment in Niger (2016– 2019)

Primary drug used	2016 N (%)	2017 N (%)	2018 N (%)	2019 N (%)
Cannabis	393 (39.4)	440 (40.5)	493 (39.0)	636 (45.8)
Cocaine	0	2 (0.2)	4 (0.3)	2 (0.1)
Heroin	0	0	0	0
Ecstasy	0	108 (9.9)	0	0
OTC .(tramadol and corticoids)	518 (51.9)	449 (41.3)	495 (39.2)	536 (38.6)
ATS	23 (2.3)	44 (4.0)	114 (9.0)	0
Other (tobacco, solvents, such as benzodiazepines)	64 (6.4)	44 (4.0)	157 (12.4)	Tramadol= 215 (15.5)

Majority of the people in treatment (68 percent) from 2016 to 2019 were between the ages of 15 to 29 years. Just over half (52 percent) of the treatment entrants were employed. The data indicates an increased problematic substance use by individuals that are gainfully employed in Niger. Less than half (49 percent) of the people in treatment were single and substantial number (68 percent) had only primary or no education (table 4). In 2016, the country recorded a total of 142 minors and immigrants in treatment.

Table 4: Sociodemographic characteristics of patients (2016 -2019)

Demographic variables	2016 N (%)	2017 N (%)	2018 N (%)	2019 N (%)
Age group				
10-14	105 (9.9)	154 (12.2)	64 (4.6)	37 (2.5)
15-19	230 (21.8)	387 (30.7)	408 (29.1)	158 (10.7)
20-24	243 (23.0)	343 (27.2)	361 (25.7)	438 (29.8)
25-29	210 (19.9)	183 (14.5)	269 (19.2)	354 (24.1)
30-34	139 (13.2)	120 (9.5)	205 (14.6)	153 (10.4)
35-39	79 (7.5)	46 (3.6)	70 (5.0)	108 (7.3)
40-44	33 (3.1)	11 (0.9)	41 (2.9)	76 (5.2)
45-49	11 (1.0)	11 (0.9)	17 (1.2)	90 (6.1)
50-54	6 (0.6)	7 (0.6)	8 (0.6)	45 (3.1)
55-59	0	0	0	11 (0.7)
60-64	0	0	0	0
65+	0	0	0	0
Professional situation				
Work full-time	167 (15.81)	173 (13.7)	142 (10.1)	250 (17.0)
Working part-time	201 (19.03)	341 (27.0)	258 (18.4)	546 (37.1)
Does not work / unemployed	281 (26.6)	314 (24.9)	331 (23.6)	296 (20.1)
Apprentice/intern	147 (13.92)	227 (18.0)	284 (20.3)	123 (8.4)
Student/pupil	115 (10.89)	181 (14.3)	175 (12.5)	77 (5.2)
Disabled/medically unfit for work	3 (0.28)	9 (0.7)	10 (0.7)	18 (1.2)
Housewife	0	17 (1.3)	60 (4.3)	66 (4.5)
Other	Minors & immigrants= 142 (13.4)	0	142 (10.1)	94 (6.4)
Marital status				
Married	123 (11.6)	267 (21.2)	186 (13.2)	258 (17.6)
Separated	87 (8.2)	164 (13.0)	231 (13.5)	156 (10.6)
No married cohabiting	8 (0.8)	95 (7.5)	49 (3.5)	0
Divorce	173 (16.4)	127 (10.1)	178 (12.7)	101 (6.1)
Widowed	0	0	6 (0.42)	21 (1.4)
Single	625 (59.2)	523 (41.4)	573 (40.9)	835 (56.8)
Other	40 (3.8)	116 (9.2)	179 (12.8)	99 (6.7)
Education				
None/pre-primary	455 (43.1)	444 (35.2)	591 (42.2)	601 (40.9)
Primary	326 (30.9)	401 (31.8)	326 (23.3)	402 (27.3)
Secondary	204 (19.3)	282 (22.3)	234 (16.7)	352 (23.9)
Tertiary	45 (4.4)	74 (5.9)	115 (8.2)	40 (2.7)
Other: _	26 (2.5)	61 (4.8)	136 (9.7)	75 (5.1)

The main route of administration of substances in Niger was inhalation and this accounts for 42 percent of all reported cases from 2016 to 2019 (table 5). This was followed closely by oral route of administration (39 percent).

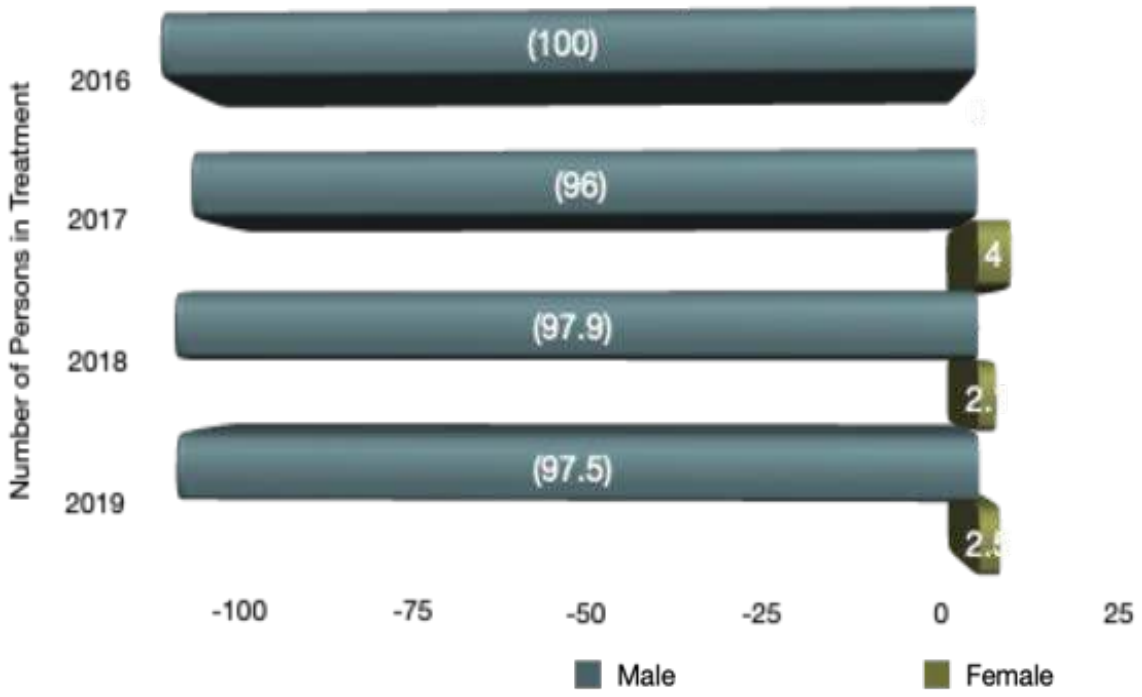
Table 5: Route of administration of substances (2016 -2019)

Route of administration	2016 N (%)	2017 N (%)	2018 N (%)	2019 N (%)
Oral	473 (44.79)	645 (51.10)	405 (28.9)	505 (34.6)
By inhalation	343 (32.48)	344 (27.25)	749 (53.4)	767 (52.2)
By sniffing	23 (2.17)	26 (0.47)	89 (6.3)	2 (0.1)
Intravenous	0 (0.0)	2 (0.04)	5 (0.35)	0
Other/combination	217 (20.54)	245 (19.41)	154 (11.0)	196 (13.3)

Gender and Substance Use in Niger

The WENDU data for Niger reflected a less pronounced gender differential in substance use disorders amongst treatment entrants. Only one of 45 persons that accessed treatment for alcohol use disorders from 2016 to 2019 is a woman (figure 3).

Figure 3: Total number of persons with alcohol use disorders (AUD) in treatment by Gender in Niger (2016 - 2019)



Source: ECOWAS analysis of WENDU data

Gender differential for other substance used by treatment entrants suggests a less pronounced variation in gender. The data revealed that one of 34 persons that accessed treatment for cannabis use disorder is a woman and one of 11 persons that accessed treatment due to prescription medicines such as tramadol and corticosteroid is a woman. (table 6).

Table 6: Total number of persons with drug use disorders in treatment by gender in Niger (2016-2019).

Drug Category	2016		2017		2018		2019	
	Male	Female	Male	Female	Male	Female	Male	Female
Cannabis	383	10	419	21	483	13	622	14
Cocaine	0	0	2	0	4	0	2	0
Heroin	0	0	0	0	0	0	0	0
Ecstasy	0	0	69	39	0	0	0	0
MEVL/MSO *	503	15	360	89	380	25	508	28
ATS (amphetamine)	23	4	44	0	114	0	0	0
Other (tobacco, solvents, benzodiazepines)	0	0	44	0	157	0	Tramadol= 215	0

*tramadol and corticosteroids

Substantial number of people in treatment (63 percent) received outpatient care in Niger and majority (72.6 percent) were referred to treatment by family and friends while approximately 5 percent were referred to treatment from court or correctional facilities. In addition, treatment and care were majorly (78.8 percent) paid for by family and friends from 2016 to 2019 and 37 percent of the treatment reside in the urban area of Niger (table 7).

Table 7: Cases and Treatment patterns (2016-2019)

Variable	2016 N (%)	2017 N (%)	2018 N (%)	2019 N (%)
Number of cases	1,052	1262	1402	1470
Number of new cases	854 (81.17)	842 (69.8)	798 (56.9)	887 (60.1)
Follow up treatment	198 (18.82)	420 (30.17)	604 (43.1)	583 (39.7)
Outpatient	684 (69.6)	795 (62.9)	801 (57.1)	991 (67.4)
Inpatient	342 (33.8)	467 (37.01)	601 (42.9)	479 (32.6)
Source of referral				
Staff/family/friends	784 (74.52)	897 (71.07)	856 (61.1)	1308 (89.0)
Work/employer	42 (3.97)	23 (1.82)	27 (1.9)	15 (1.0)
Social services	14 (1.32)	54 (4.27)	39 (2.8)	9 (0.6)
Psychiatrist/doctor/nurse (health professional)	77 (7.29)	156 (12.36)	194 (13.8)	121 (8.2)
Hospital/Clinic	8 (0.75)	28 (2.21)	60 (4.3)	15 (1.0)
Court/correctional facilities	126 (11.93)	27 (2.13)	100 (7.1)	2 (0.1)
Educational institution	0	34 (2.69)	21 (1.5)	0
Church / religious groups	4 (0.37)	43 (3.40)	0	0
Others	1 (0.09)	0	236 (16.8)	0
Source of Payment				
Medical insurance	0	0	0	0
Family	984 (93.18)	967 (76.62)	927 (66.1)	1410 (95.9)
Friends	33 (3.125)	4 (0.31)	95 (6.8)	15 (1.0)
Employer	2 (0.18)	19 (1.50)	32 (2.3)	10 (0.7)
Personal income	13 (1.23)	158 (12.51)	308 (22.0)	26 (1.8)
Unknown	0	28 (2.21)	0	0
Other (combinations)	24 (2.27)	86 (6.81)	293 (20.9)	9 (0.6)
Residential Zone				
Urban	362 (34.3)	429 (34.1)	495 (35.3)	644 (43.8)
Semi-Urban	358 (33.9)	427 (33.9)	472 (33.7)	447 (30.4)
Rural	336 (31.8)	402 (32.0)	435 (31.0)	379 (25.8)

*humanitarian and NGOs

Conclusion

Although the WENDU data for Niger reflected high percentage of treatment entrants citing prescription medicines such as tramadol as the primary drug used from 2016 to 2019, there was a slight decline in the consumption of tramadol in 2019. This reduction is attributed to the implementation of the order of the Minister of Health which classifies tramadol among the high-risk substances of interest in medicine in Niger.

Recommendation

Niger experienced challenges associated to lack of intra and inter-agency collaboration in coordinating the activities between the structures saddled with the responsibility to tackle illicit drug trafficking and drug abuse. Indeed, the

chairmanship of the coordination committee being attached to a department of the Ministry of Justice, its vitality depends on the dynamism of the leadership. It is therefore highly recommended that the organizational texts and structure of the Inter-ministerial Drug Control Committee is made to function more independently. In addition, we recommend the following;

- Establish specialized drug treatment centres for drug use disorders;

- Develop a national strategic plan to address illicit drug trafficking, related organized crime and drug abuse in Niger including inter-sectorial collaboration to reduce drug problems (including tramadol use).

- Develop the capacity of national stakeholders towards improving advocacy for balanced approach in addressing drug problems.

NIGERIA

Background

Drug trafficking and abuse remains a global phenomenon which countries are making concerted efforts to address. Nigeria, for several years was only a transit country for cocaine and heroin being transported from Latin America and South East Asian countries respectively. Since 2011, methamphetamine production in Nigeria and its export have been of great concern with the discovery of 18 clandestine laboratories for methamphetamine production. Nigeria produces cannabis sativa in large quantities particularly in south-western states of the country. Khat was also first discovered in Nigeria in 2016. The first Hashish oil laboratory was discovered in Lagos Nigeria in May 2020. Of recent, there has also been large seizures of tramadol (225mg-250mg) in Nigerian sea ports.

Drug Use: Until 2017 there was no authentic national data available on the estimated number of illicit drug users in Nigeria. However, in 2017, Nigeria, with the technical support of UNODC through the 10th European Development Fund project "Response to Drugs and Related Organized Crime", carried out the first National Household Survey on Drug Use and Health as well as the National Survey on Problematic Drug Use in the country. The objective of the exercise was to have evidence-based information on the quantum and pattern of drug use in the country to inform policy formulation and programme implementation.

The survey which covered the 36 states of the Federation and the Federal Capital Territory, covered 40,000 households, 9,000 persons with drug use disorders and 3,000 key informants. The survey had its major findings, the prevalence of drug use in Nigeria in the past year estimated at 14.4% or 14.3 million people between 15 and 64 years, as compared to the 2016 global prevalence of 5.6% in the adult population.

HIV/AIDS: In Nigeria, it is estimated that persons who inject drugs (PWIDs) account for 9 per cent of new HIV infections annually. HIV prevalence among PWIDs is 4.2 percent [f] against a backdrop of 3.4 per cent HIV prevalence in the general population. HIV prevalence among PWIDs varies across states from 3 per cent in Lagos to 9.3 per cent in FCT. Prevalence in females is about seven times higher than their male counterparts. The dynamics among female injecting drug users that predisposes them to greater HIV risks are not well understood in Nigeria [f].

Data for this report were obtained from Treatment admissions to specialist treatment centres, Psychiatric hospital admissions/discharges and Admissions to National Drug Law Enforcement Agency (NDLEA) Counselling Centres.

Aggregate Data on Drug supply/Trafficking were obtained from the 36 State Commands and the Federal Capital Territory, Special Area Commands at the Airports, Seaports and Border Posts and Special Intelligence Units.

Drug Supply Suppression

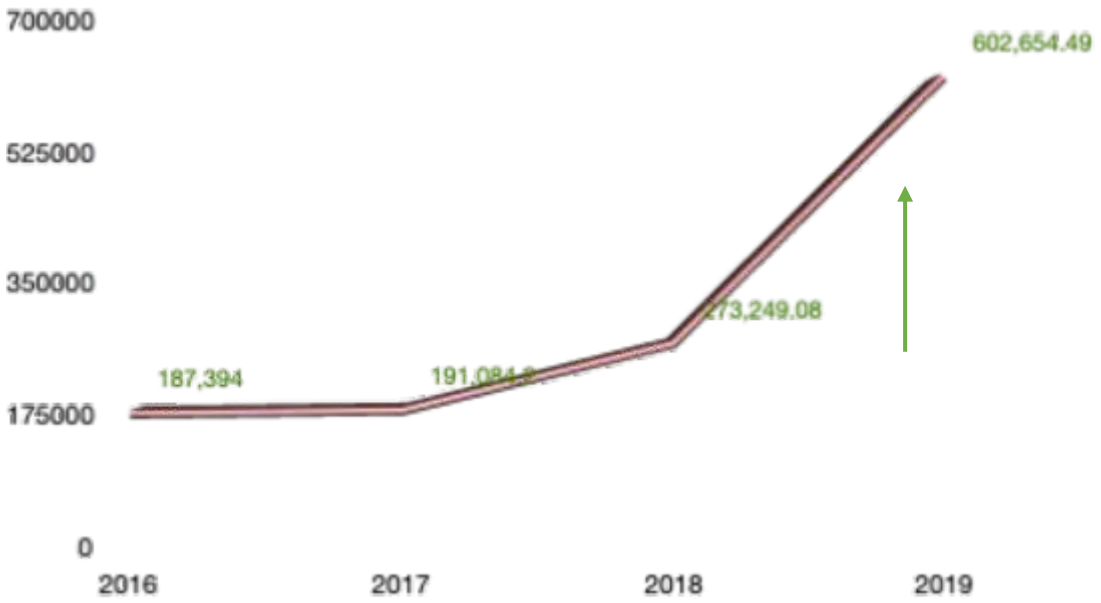
Cannabis was the most trafficked drug in Nigeria over the four years covered in this report. The largest quantities of cannabis seizure in Nigeria was in 2019 with a total of 602, 659.49 kg. In addition, a total of 4,133.79 hectares of cannabis farm was destroyed in 2018 and 2019 (table 1). The quantities of cannabis seized in the country increased remarkably from 2016 to 2019 (figure 1). There was also a significant decrease in the quantities of tramadol seized from 2017 to 2019. A total of 96,136.7kg of tramadol was seized in 2017 and 2,708. 83kg in 2019 (table 1).

Table 1: Quantities of controlled drugs seized, by type in Nigeria (2016-2019)

Variable	2016	2017	2018	2019
		Quantity of substance (kg)		
Cannabis	187,394	191,084.2	273,249.08*	602,654.49**
Cocaine	305.2	92.3	124.86	112.99
Heroin	66.3	85.4	59.62	23.89
ATS	1,352.6	782.43	Methamphetamine= 270.08	Amphetamine= 0.75 Methamphetamine=146.38
Tramadol	-	96,136.7	22,562.31	2,078.83
Khat	1,279.8	0	6.7	92.69
Ephedrine	718.3	168.9	362.56	454.09
Others	Opioids (Tramadol, codeine, pentazocine) = 62,232.1 Sedative-hypnotics (Benzodiazepine, Barbiturates) = 6,205.8 Exol5,Oxytocin,Amitriptyline Tabs= 4.777.6	Cough syrup with codeine= 9,772.5 Benzodiazepine = 1,783.4 Extol 5, Oxytocin, Amitriptyline Tabs, Pentazocine = 9,450.8	Cough syrup with codeine= 16,039.14 Benzodiazepine= 1,464.93 Barbiturates= 12.42 Other opiates= 677.88 Exol5,Oxytocin,Amitriptyline Tabs= 2,971.25	Cough syrup with codeine= 1,225.53 Benzodiazepine= 1,646.73 Opioids= 287.28 Opiates= 1.75 Barbiturates= 22.57 Others= 4,155.49

*cannabis farm destroyed in 2018= 3,660.64 hectares, **cannabis farm destroyed in 2019= 473.15 hectares.

Figure 1: Trend: Cannabis seizures in Nigeria (2016-2019)

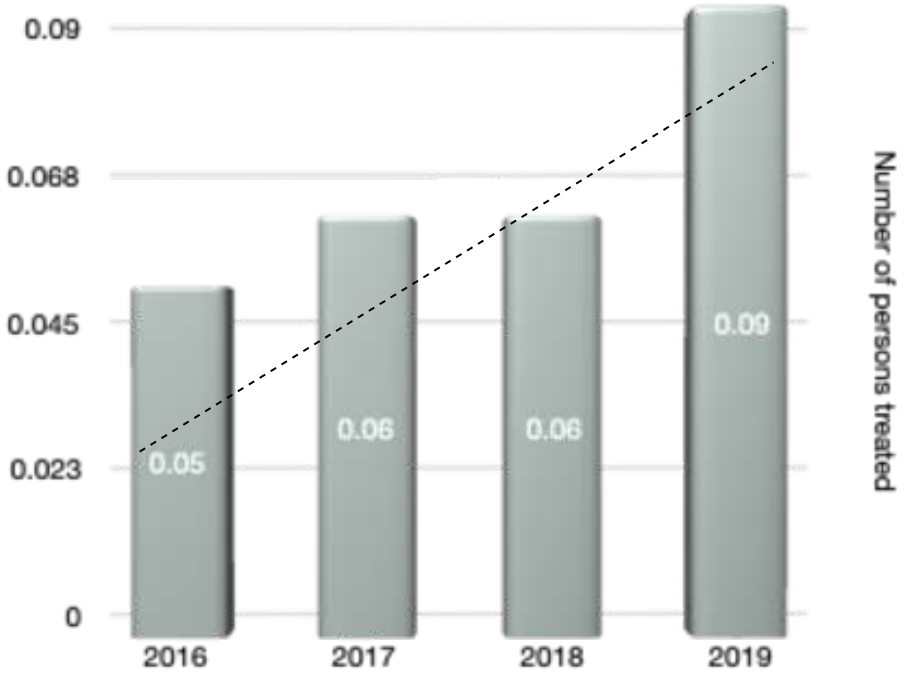


Source: ECOWAS analysis of WENDU data

Drug Treatment Demand

Nigeria recorded a total of 518 (0.2 per 100,000 population) in treatment for alcohol use disorder from 2016 to 2019 and the highest number of persons in treatment for AUDs was recorded in 2019 (figure 2). Apart from alcohol, the country recorded high percentage of treatment entrants (54.4 percent) citing cannabis as the primary drug used and about 37 percent presented with opioid use disorders at the treatment facility (table 3).

Figure 2: Total number of people in treatment per 100,000 population for alcohol use disorders in Nigeria (2016-2019)



Source: ECOWAS analysis of WENDU data

Table 3: Primary drug used (excluding alcohol) among people in drug treatment in Nigeria (2016– 2019)

Primary drug used	2016 N (%)	2017 N (%)	2018 N	2019 N
Cannabis	445 (50.7)	520 (54.1)	489	744
Cocaine	25 (2.8)	30 (3.1)	44	46
Crack	20 (2.3)	8 (0.8)	25	51
Opiates (including heroin)	356 (40.5)	370 (38.5)	337	414
Other stimulants including Ecstasy/ATS	3 (0.3)	5 (0.5)	1	0
Sedative-hypnotics	29 (3.3)	28 (2.9)	8	33
Hallucinogen	0	1 (0.1)	2	1
Other (solvents/glue)	0	3	1	4

Majority of the people in treatment (74.7 percent) in the period under review were between the ages of 20 to 39 years. Less than half (46 percent) were unemployed, 37 percent were gainfully employed and only 15 percent were students as at the time of this report. Substantial number (79 percent) of the treatment entrants were single and majority (85 percent) had either secondary or tertiary education (table 4).

Table 4: Sociodemographic characteristics of patients (2016-2019)

Demographic Variables	2016 N(%)	2017 N(%)	2018 N (%)	2019 N (%)
Age group				
10-14	2 (0.2)	1 (0.1)	1 (0.1)	1 (0.1)
15-19	62 (6.4)	56 (5.2)	64 (6.2)	74 (5.0)
20-24	251 (25.9)	268 (24.7)	257 (25.0)	320 (21.7)
25-29	221 (22.8)	276 (25.4)	226 (22.0)	339 (23.0)
30-34	203 (21.0)	219 (20.2)	184 (17.9)	263 (17.9)
35-39	104 (10.7)	126 (11.6)	144 (14.0)	229 (15.5)
40-44	53 (5.5)	68 (6.3)	73 (7.1)	134 (9.1)
45-49	32 (3.3)	25 (2.3)	35 (3.4)	57 (3.9)
50-54	19 (2.0)	21 (1.9)	23 (2.2)	32 (2.2)
55-59	9 (0.9)	12 (1.1)	10 (1.0)	11 (0.7)
60-64	7 (0.7)	8 (0.7)	7 (0.7)	10 (0.7)
65+	5 (0.5)	5 (0.5)	4 (0.4)	3 (0.2)
Professional Situation				
Work full-time	249 (25.2)	266 (24.5)	224 (21.8)	384 (26.1)
Working part-time	37 (3.7)	84 (7.7)	133 (12.9)	231 (15.7)
Does not work/ Unemployed	418 (42.3)	481 (44.3)	490 (47.7)	619 (42.0)
Student/pupil	0	248 (22.9)	176 (17.1)	229 (15.5)
Housewife	0	4 (0.4)	2 (0.2)	3 (0.2)
Retirement	0	2 (0.2)	0	0
Other	49 (4.9)	0	3 (0.3)	7 (0.5)
Marital Status				
Married	167 (16.9)	170 (15.7)	150 (14.6)	260 (17.7)
Separated/Divorced	30 (3.0)	39 (3.6)	39 (3.8)	60 (4.1)
Widowed	6 (0.6)	2 (0.2)	10 (1.0)	3 (0.2)
Single	786 (79.5)	873 (80.5)	827 (80.4)	1,147 (77.9)
Other	0	1 (0.1)	2 (0.2)	3 (0.2)
Education				
None/pre-primary	132 (13.3)	129 (11.9)	101 (9.8)	137 (9.3)
Primary	44 (4.4)	38 (3.5)	40 (3.9)	63 (4.3)
Secondary	353 (35.7)	329 (30.3)	296 (28.7)	491 (33.4)
Tertiary	460 (46.5)	589 (54.3)	591 (57.5)	782 (53.1)

The main route of administration of substance in Nigeria was inhalation and this accounts for 51 percent of all reported cases from 2016 to 2019 (table 5). This was followed closely by oral route of administration (42 percent).

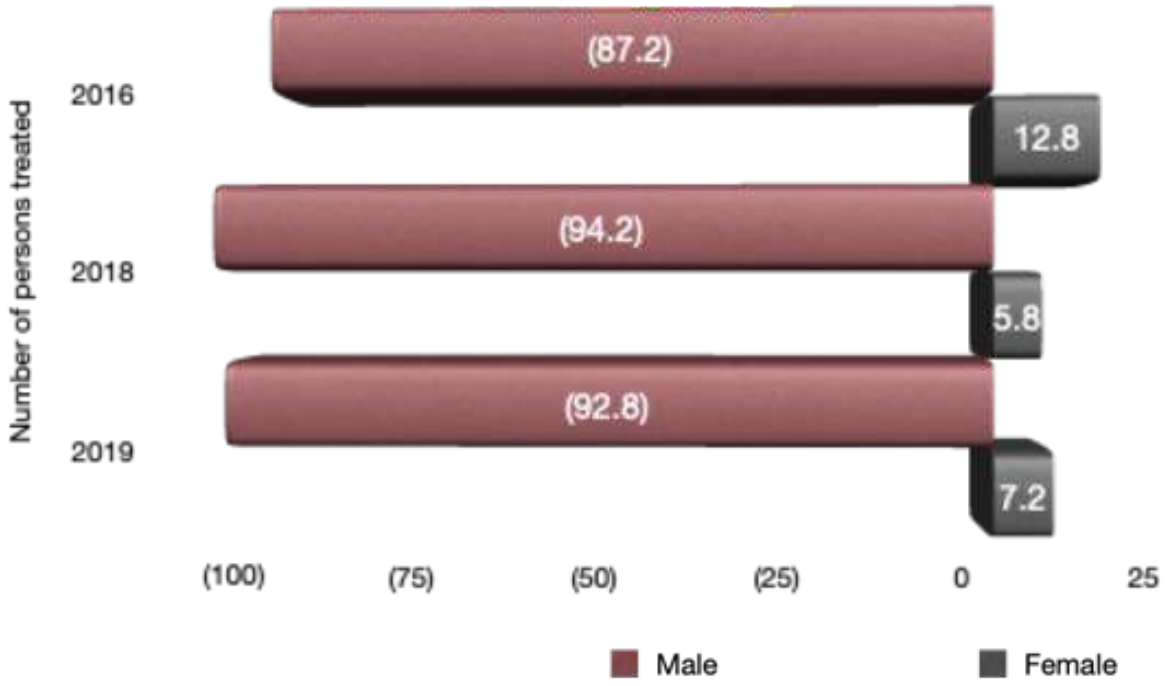
Table 5: Route of administration of substances (2016-2019)

Route of administration	2016 N (%)	2017 N (%)	2018 N (%)	2019 N (%)
Oral	464 (46.9)	491 (45.3)	404 (39.3)	557 (37.8)
Inhalation/smoke	464 (46.9)	538 (49.6)	529 (51.5)	813 (55.2)
By sniffing	30 (3)	28 (2.6)	39 (3.8)	48 (3.3)
Intravenous	31 (3.1)	28 (2.6)	56 (5.4)	55 (3.7)

Gender and Substance Use in Nigeria

The WENDU data for Nigeria reflected a less pronounced gender differential in substance use disorders amongst treatment entrants. One of 11 persons that accessed treatment for alcohol use disorders from 2016 to 2019 is a woman (figure 3).

Figure 3: Total number of persons with alcohol use disorders (AUD) in treatment by Gender in Nigeria (2016- 2019)



Source: ECOWAS analysis of WENDU data

Gender differential for other substance used by treatment entrants suggests a less pronounced variation in gender. The data revealed that one of 33 persons that accessed treatment for cannabis use disorder is a woman and one of 11 persons that accessed treatment due to opioid use disorder is a woman. (table 6).

Table 6: Total number of persons in treatment by gender in Nigeria (2016-2019).

Drug Category	2016		2018		2019	
	Male N	Female N	Male N	Female N	Male N	Female N
Cannabis	415	11	480	9	716	28
Heroin/ Opioid	339	16	299	38	379	35
Cocaine	22	2	42	2	43	3
Crack	14	3	19	6	41	10
Other stimulants	2	1	1	0	0	0
Sedative/hypnotics	28	0	8	0	33	0
Hallucinogen	0	0	2	0	1	0
Other organic solvents/ glue	0	0	2	0	4	0
Others (nicotine)	0	0	1	0	0	0

Substantial number of people in treatment (63 percent) received inpatient care and 13 percent received residential counselling in non-hospital settings in Nigeria. Almost all the treatment entrants (93 percent) were referred to treatment by family and friends while approximately 3 percent were referred to treatment from court or correctional facilities. In addition, treatment and care were majorly (70 percent) paid for by family and friends and 72 percent of the treatment entrants reside in the urban area of Nigeria (table 7). Just over half of the people in treatment (55.5 percent) knew their HIV status, only 26 percent confirmed they have been screened for HCV and 22.5 percent were IDUs in 2018 and 2019 (table 7).

Table 7: Cases and Treatment patterns (2016-2019)

Variable	2016 N (%)	2017 N (%)	2018 N (%)	2019 N (%)
Number of cases	989	1085	1028	1,473
Number of new cases	534 (54)	783 (68.0)	760 (73.9)	1106 (75.1)
Follow up treatment	Not reported	Not reported	267 (26.0)	357 (24.2)
Unknown/ decline to respond			1 (0.1)	10 (0.1)
Outpatient	317 (32.1)	207 (19.1)	105 (10.2)	224 (15.2)
Inpatient	592 (59.9)	644 (59.4)	705 (68.6)	934 (63.4)
Therapeutic community	18 (1.8)	48 (4.4)	32 (3.1)	19 (3.1)
Residential Counselling	56(5.7)	178 (16.4)	160 (15.6)	234 (15.9)
Non Residential Counselling	6 (.6)	8 (0.7)	26 (2.5)	62 (4.2)
Source of referral				
Self/family/friends	926 (93.6)	1024 (94.4)	945 (92.0)	1364 (92.6)
Work/employer	3 (0.3)	6 (0.6)	9 (0.9)	4 (0.3)
Social services	0	4 (0.4)	1 (0.1)	0
Psychiatrist/doctor/nurse (health professional)	38 (3.8%)	21 (1.9)	23 (2.2)	27 (1.8)
Court/corrections/law enforcement agencies	16 (1.6%)	17 (1.6)	26 (2.5)	59 (4.0)
Educational institution	2 (0.2)	11 (1.0)	5 (0.5)	3 (0.2)
Other	4(0.4%)	2 (0.2)	19 (1.8)	16 (1.1)
Source of Payment				
Medical insurance	2 (0.2)	2 (0.2)	2 (0.2)	0
Family/ Friends	866 (87.6)	1001 (92.3)	907 (88.2)	1,338 (90.8)
Employer	5 (0.5)	6 (0.6)	2 (0.2)	4 (0.3)
Personal income	95 (9.6)	57 (5.3)	60 (5.8)	68 (4.6)
Unknown	19 (1.9)	15 (1.4)	25 (2.4)	51 (3.5)
Other (combinations)	2 (0.2)	4 (0.4)	32 (3.1)	12 (0.8)
Residential Zone				
Urban	Not reported	Not reported	750 (73.0)	1030 (71.1)
Semi-urban			216 (21.0)	284 (19.6)
Rural			62 (6.0)	134 (9.3)
HIV testing				
Yes	(51.2)	631 (58.1)	(56.0)	(56.7)
No	(33.5)	325 (30.0)	(34.0)	(37.3)
Decline to answer	(15.3)	129 (11.9)	(10.0)	(6.0)
HCV testing				
Yes	(11.5)	271 (25.0)	(24.9)	(27.0)
No			(62.1)	(66.3)
Decline to answer			(13.0)	(6.7)
Injecting				
Never Injected	Not reported	Not reported	960 (93.4)	1,402 (95.2)
Injected			64 (6.3)	71 (4.8)
Unknown/decline to respond			4 (0.4)	0

Conclusion

There are several legal and policy frameworks in place to tackle substance use and drug trafficking in-country with the coordination placed with the National Drug Law Enforcement Agency (NDLEA). Synergy is needed between NDLEA, NAFDAC and Pharmaceutical Council of Nigeria to reduce access to prescription drugs such as opioids.

Recommendation

The treatment demand information system, NENDU in Nigeria is at this stage still developing but all drug treatment facilities have committed to the system and have been able to provide data monthly since February 2015. Since its creation, the NENDU system is ensuring that appropriate information is provided to policy makers and professionals. The network also contributes to harmonized drug information at the regional level. Based on the monitoring and analysis of the NENDU data since 2015, it is possible to elaborate recommendations on treatment needs in Nigeria as follows;

- Expand community-based treatment to increase treatment access to indigent drug users as drug treatment in Nigeria is currently limited to people who can afford it ;
- Develop evidence-based gender-sensitive strategies to effectively address drug abuse amongst females ;
- Expand number of beds per treatment facility for PWUDs ;
- Diversify the drug treatment offer, based on the needs of clients, especially opioids users;
- Address the issue of outpatient admission to treatment ;
- Ensure that HIV, HCV and HBC testing are available to PWUDs ;
- Ensure appropriate care of PWUDs with co-morbidities ;
- Ensure that appropriate and effective prevention policies are in place to avoid drug use initiation among the most-at-risk population (urban, youth, etc.) ;
- Reach out to PWUDs so that entry into treatment occurs earlier in the drug use history rather than later ;
- Enforce opioids prescription drugs regulation to avoid diversion and misuse.

SENEGAL

Background

Senegal, like other West African countries, has been confronted for years with illicit drug trafficking and diversification of drug trafficked through the country for consumption. Indeed, the country occupies a strategic geographical position which arouses the interest of traffickers. To deal with this situation, the State of Senegal with the support of the various partners has set itself two objectives, namely to strengthen the reduction of supply but above all to accentuate its efforts on reducing demand.

This new policy meets international, regional and sub-regional requirements. Thus, the efforts made have resulted in the establishment of a treatment centre for addictions quickly followed by an ongoing decentralization process. However, this centre is encountering operational difficulties with dilapidated premises, the end of the CODISEN project, the lack of human resources and the absence of software for data collection.

Nine psychiatric structures in Senegal provided the data collection tool. The drug treatment data were obtained from the patient consultation register in addictology treatment centres, psychiatric structures and hospitalization register of patients in psychiatric services. The drug supply suppression data were obtained from Customs and the Central Office for the Suppression of the Illicit Traffic in Narcotic Drugs (OCRITIS) in Senegal.

Drug Supply Suppression

Cannabis remains the most trafficked drug in Senegal in the reporting period. The largest quantities of cannabis seized in Senegal was in 2017 with a total of 12,779. 62kg. The quantities of cannabis seized reduced remarkably from 2017 to 2019 (figure 1). There was also a significant increase in the quantities of cocaine seized from 2016 to 2019. A total 0.87kg of cocaine was seized in 2016 and 1,200.49kg in 2019.

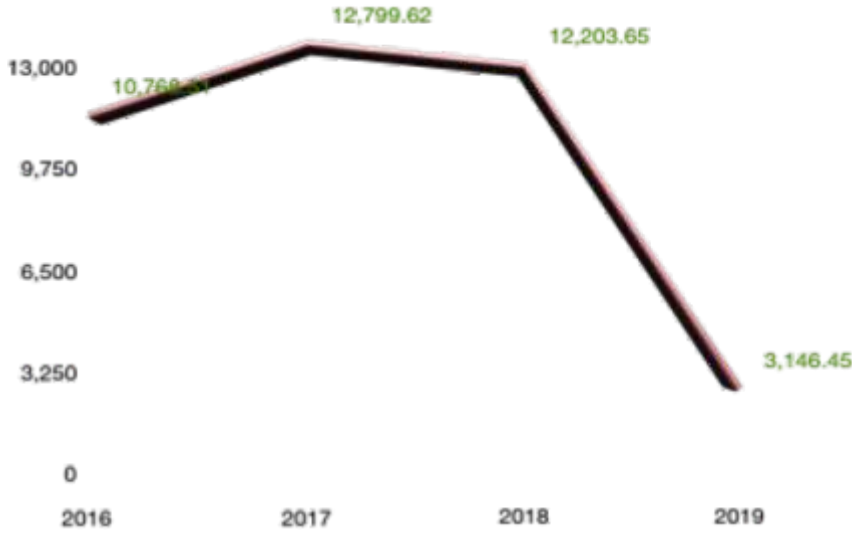
In addition to these quantities, eight stones and four Képas of cocaine were reportedly seized in 2019 (table 1). Senegal recorded its first Khat seizure in 2016 with a total of 32.52kg and 839kg in 2018. The country also recorded seizure of counterfeit medicinal products such as barbiturates and tramadol (table 1).

Table 1: Quantities of controlled drugs seized, by type in Senegal (2016-2019)

Variable	2016	2017	2018	2019
Quantity of substance (kg)				
Cannabis	10,768.51	12,779.62	12,203.65	3, 146.45*
Cocaine	0.87	2.26	0.40	1,200.49**
Crack	0	0	0	2 stones
Heroin	0,031	0,813	0.62	0.017g***
Hashish	1,201	7,8678	0.79	0.173****
Khat	0	32.52	839	0
ATS	Amphetamine= 42.11	Amphetamine 16.5 Methamphetamine= 25kg + 280 tablets	Amphetamine= 28 tablets Methamphetamine= 214 tablets	Amphetamine= 2,300
Others		Barbiturates= 25 tablets Tramadol =840 tablets Pharmaceutical Products =4533 tablets	Tramadol= 8,981 tablets	Pharmaceutical products= 174.973 kg of various medicines, 10 WPVITAMIN sachets, 01 Olive vial and 04 syringes Skunk= 1.57

* In addition to the total number of cannabis seized in 2019, 12,296 cones, 1,001 and 1009 stems were seized in Senegal.
** for quantities of cocaine seized, 8 stones and 4 Képas,***for quantities of heroin seized, 14 Képas,12 sachets, ****for hashish, 8stones and 11 resins added to the quantities of hashish seized.

Figure 1: Trend: Cannabis seizures in Senegal (2016-2019)



Source: ECOWAS analysis of WENDU data

A total of 9,687 persons (61 per 100,000 population) were arrested for drug related offences in Senegal in six years from 2014 to 2019. The number of arrests due to drug related offences increased exponentially from 1 per 100,000 population in 2014 to 26 per 100,000 population in 2019. Almost all individuals (99.2 percent) arrested for drug related offences in Senegal from 2014 to 2019 are men (table 2).

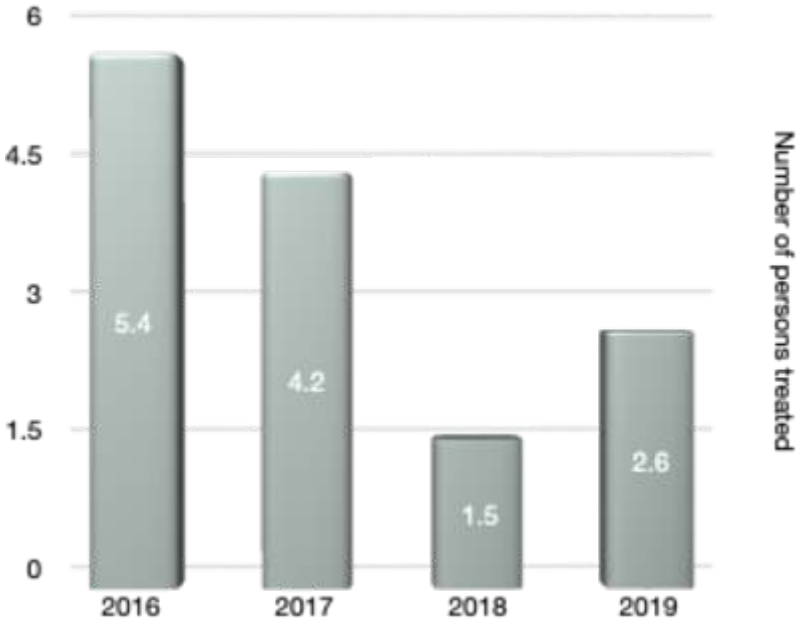
Table 2: Total number of arrests due to drug related offences (2014 2019)

Variable	2014	2015	2016	2017	2018	2019
Number of arrests	159	176	394	1224	3,466	4,268
Gender						
Male	148 (93.1)	168 (95.4)	383 (97.2)	Not reported	3,440 (99.2)	4,259 (99.8)
Female	11 (6.9)	8 (4.6)	11 (2.8)		26 (0.8)	9 (0.2)

Drug Treatment Demand

Senegal recorded a total of 2,074 (13 per 100,000 population) in treatment for alcohol use disorder from 2016 to 2019 (figure 2). The highest number of persons for AUDs was recorded in 2016 (5.4 per 100,000 population). With regards to other psychoactive substances, the country recorded high percentage of treatment entrants (85.7 percent) citing cannabis as the primary drug used (table 3).

Figure 2: Total number of people in treatment per 100,000 population for alcohol use disorders in Senegal (2016-2019)



Source: ECOWAS analysis of WENDU data

Table 3: Primary drug used (excluding alcohol) among people in drug treatment in Senegal (2016– 2019)

Primary drug used	2016 N (%)	2017 N (%)	2018 N (%)	2019 N (%)
Cannabis	3,778 (91.9)	3,173 (89.0)	1,972 (82.1)	1,541 (67.0)
Cocaine	19 (0.5)	39 (1.1)	411 (17.1)	51 (2.2)
Heroin	74 (1.8)	181 (5.1)		78 (3.4)
Ecstasy	13 (0.3)	17 (0.5)		0
MEVL/MSO	41 (1.0)	51 (1.4)		163 (7.1)
ATS	0	0	20 (0.8)	0
Poly Consumption	0	0		175 (7.6)
Other (tobacco, solvents, _	184 (4.5)	103 (2.9)		291 (12.7)

Majority of the people entering treatment (72 percent) in the period under review were between the ages of 20 to 39 years. Just over half (58.6 percent) of the treatment entrants in 2019 were employed and 74 percent were single as the time of this report. Substantial number (80 percent) of the treatment entrants had either primary or secondary education and 1.4 percent were enrolled in Qur'anic schools. Majority of the treatment entrants in 2016 (78 percent) resided in the urban area of Senegal (table 4).

Table 4: Sociodemographic characteristics of patients (2016 -2019)

Demographic variables	2016 N (%)	2017 N (%)	2018 N (%)	2019 N (%)
Age group				
10-19	699 (14.2)	597 (14.2)	370 (13.9)	Not reported
20-29	2226 (45.3)	1988 (47.4)	898 (33.8)	
30-39	1174 (23.9)	935 (22.3)	447 (16.8)	
40-49	611 (12.4)	540 (12.9)	162 (6.1)	
50-54	207 (4.2)	87 (2.1)	45 (1.7)	
55-59	0	0	10 (0.4)	
60-64	0	0	5 (0.2)	
Professional situation				
Work full-time	Not reported	Not reported	Not reported	1,587 (58.6)
Work part-time				
Unemployed				996 (36.8)
Student/pupil				125 (4.6)
Marital status				
Married	1107 (22.5)	964 (23.0)	Not reported	596 (22.0)
Divorce	67 (1.4)	107 (2.6)		0
Widowed	21 (0.4)	43 (1.0)		0
Single	3721 (75.7)	3 080 (73.4)		1,924 (71.1)
Other	0	0		188 (6.9)
Education				
None/pre-primary	1461 (29.7)	1 246 (29.7)	Not reported	0
Primary	1375 (28.0)	838 (20.0)		1,274 (47.0)
Secondary	1727 (35.1)	1 809 (43.1)		1,174 (43.4)
Tertiary	354 (7.2)	301 (7.2)		222 (8.2)
Other: _	0	0		38 (1.4)*
Residential Zone				
Urban	654 (13.3)	Not reported	Not reported	Not reported
Semi-urban	3835 (78.0)			
Rural	428 (8.7)			

*Qur'anic

The main route of administration of substance in Senegal was inhalation and this accounts for 74 percent of all reported cases from 2016 to 2019. This was followed by oral route of administration (15.6 percent). In addition, Senegal recorded about 2 percent IDUs that accessed treatment from 2016 to 2019 (table 5).

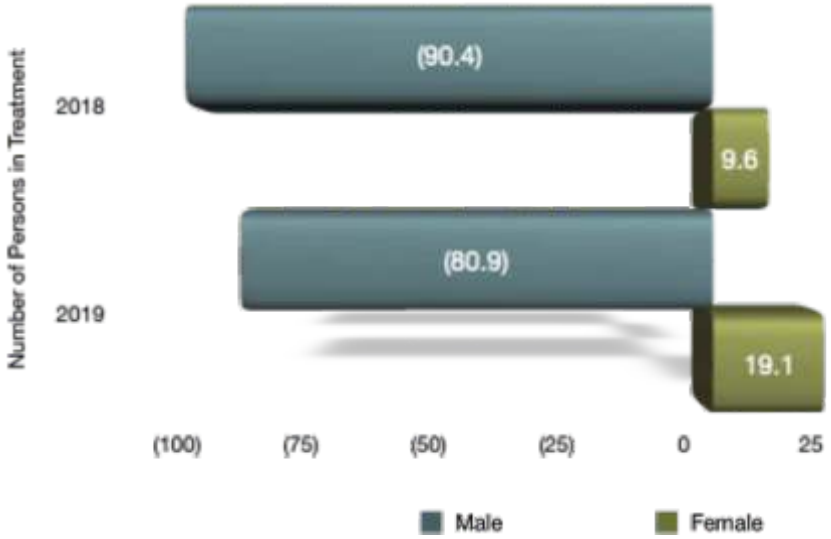
Table 5: Route of administration of substances (2016 -2019)

Route of administration	2016 N (%)	2017 N (%)	2018 N (%)	2019 N (%)
Oral	907 (18.5)	688 (16.4)	250 (9.41)	412 (15.2)
Inhalation	3801 (77.3)	3 287 (78.4)	1,972 (74.3)	1,633 (60.3)
Sniffing	76 (1.5)	73 (1.7)	73 (2.8)	69 (2.5)
Intravenous	30 (0.6)	23 (0.6)	92 (3.5)	129 (4.8)
Other/combination	103 (2.1)	123 (2.9)	269 (10.1)	466 (17.2)

Gender and Substance Use in Senegal

The WENDU data for Senegal reflected a less pronounced gender differential in substance use disorders amongst treatment entrants. One of 6 persons that accessed treatment for alcohol use disorders in 2018 and 2019 is a woman (figure 3).

Figure 3: Total number of persons with alcohol use disorders (AUD) in treatment by Gender in Senegal (2018- 2019)



Source: ECOWAS analysis of WENDU data

Gender differential for other substance used by treatment entrants suggests a less pronounced variation in gender. The data revealed that one of 55 persons that accessed treatment for cannabis use disorder in 2018 and 2019 is a woman (table 6).

Table 6: Total number of persons with drug use disorders in treatment by gender in Senegal (2018-2019).

Drug Category	2018		2019	
	Male N	Female N	Male N	Female N
Cannabis	1,958	14	1,492	49
Heroin/ Opioid	375	36	73	5
Cocaine/crack			45	6
Ecstasy	43	19	0	0
ATS			0	0
MEVL/MSO			148	15
Poly consumption			175	0
Others			226	65

Despite the availability of a specialized treatment centre in Senegal, substantial number of people in treatment (85 percent) received outpatient care. This might be attributable to the centre encountering operational difficulties with dilapidated premises for inpatient care. In 2019, almost all the treatment entrants were referred by family and friends (table 7).

Table 7: Cases and Treatment patterns (2016-2019)

Variable	2016 N (%)	2017 N (%)	2018	2019
Number of cases	4917	4194	2,656	6,489
Number of new cases	735 (15.0)	617 (15.1)	1,150 (43.3)	2,708 (41.7)
Follow up treatment			1,506 (56.7)	3,781(58.3)
Outpatient	4,215 (85.7)	3,492 (83.3)	2,010 (75.7)	5,806 (89.5)
Inpatient	702 (14.3)	681 (16.2)	646 (24.3)	683 (10.5)
Sources of referral				
Self/family/friends	Not reported	Not reported	Not reported	5,905 (91.0)
Psychiatrists/doctor/ nurses (health professionals)				454 (7.0)
Court/correctional services				130 (2.0)

Conclusion

This report is based on data collected from a specialized care centre (CEPIAD) and nine psychiatric services. The data collected made it possible to study the frequency of dependence on different addictive substances and their abuse. In addition, they will make it possible to monitor trends in problematic illicit substance use and to put in place appropriate care services and policies.

In order to know precisely the situation of illicit trafficking and drug abuse in Senegal, the county plan to organize a national survey in this direction, in collaboration with the National Agency for Statistics and demography (ANSD). In the same vein, the process of setting up the National Drugs and Addictions Observatory (ONDA) will be finalized.

Recommendations

As a result of this collection of data on PWUDs, as in previous reports, some recommendations were made as follows;

- Organize a national survey on illicit drug trafficking and abuse, as part of the implementation of the National Strategic Plan to Combat Drugs 2021-2025;
- Quickly finalize the process of setting up ONDA;
- Build the capacities of staff in data collection and provide them with the appropriate equipment;
- Strengthen the coordination of collection actions of state services and civil society organizations, in order to transmit identical objective data.

SIERRA LEONE

Background

The Epidemiology Network on Drug Use in Sierra Leone captures drug treatment data mainly from the Sierra Leone Psychiatric Teaching Hospital in Kissy. Data on drug seizures as well as data on the number of people arrested due to drug related offences were provided by the the Drug Law Enforcement Agency of Sierra Leone.

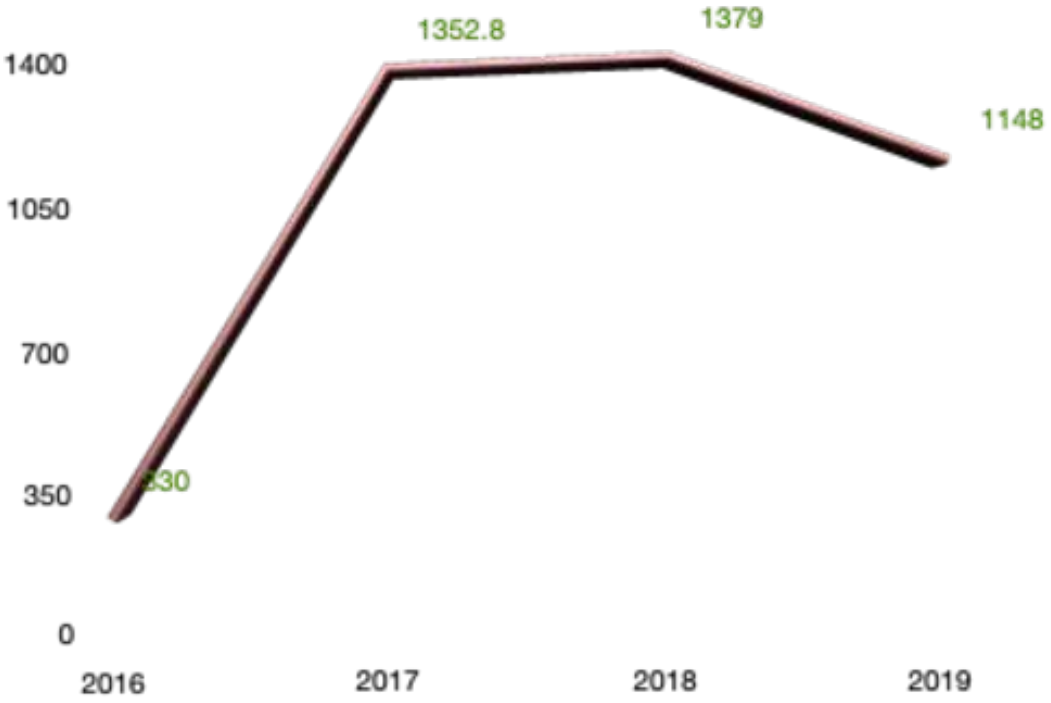
Drug Supply Suppression

Cannabis remains the most trafficked drug in Sierra Leone in the reporting period. The largest quantities of cannabis seized in Sierra Leone was in 2018 with a total of 1,379kg and the lowest quantity of cannabis seized was in 2016 with a total of 330kg. The country recorded only 1.7g of heroin seized in 2018 while quantities of cocaine and tramadol dwindled from 2017 to 2019 (table 1)

Table 1: Quantities of controlled drugs seized, by type in Sierra Leone (2016-2019)

Variable	2016	2017	2018	2019
Quantity of substance (kg)				
Cannabis/hashish	330.0	1,352.8	1,379.0	1,148
Cocaine	0.01	2.8	0.0036	0
Heroin	0	0	0.0017	0
Others (Tramadol)	0.9	120	0	0

Figure 1: Trend: Cannabis seizures in Sierra Leone (2016-2019)



Source: ECOWAS analysis of WENDU data

A total of 173 (2.3 per 100,000 population) were arrested for drug related offences in Sierra Leone in six years from 2014 to 2019. The number of arrests due to drug related offences reduced to 6 (less than 0.1 per 100,000 population) in 2019 (table 2). Disaggregated data by gender was not available for reporting.

Table 2: Total number of arrests due to drug related offences (2014 -2019)

Variable	2014	2015	2016	2017	2018	2019
Number of arrests	53	49	40	21	4	6
Gender						
Male	NR	NR	NR	NR	4	6
Female	NR	NR	NR	NR	0	0

*NR: Not Reported

Drug Treatment Demand

Sierra Leone recorded a total of 145 persons (1.9 per 100,000 population) in treatment for alcohol use disorder from 2016 to 2019 (figure 2). The number of people in treatment for AUD increased exponentially from 0.2 per 100,00 population in 2016 to 0.8 per 100,000 population in 2019 (figure 2). Apart from alcohol, the country recorded high percentage of treatment entrants (46.2 percent) citing cannabis and tramadol (39 percent) as the primary drug used (table 3).

Figure 2: Total number of people in treatment per 100,000 population for alcohol use disorders in Sierra Leone (2016-2019)

Source: ECOWAS analysis of WENDU data

Table 3: Primary drug used (excluding alcohol) among people in drug treatment in Sierra Leone (2016– 2019)

Primary drug used	2016 N (%)	2017 N (%)	2018 N (%)	2019 N (%)
Cannabis	103 (52.0)	120 (46.1)	163 (47.1)	306 (44.1)
Cocaine	20 (10.1)	25 (9.6)	17 (4.9)	10 (1.4)
Heroin	0	0	0	0
Tramadol	75 (37.9)	115 (44.2)	149 (43.1)	252 (36.3)
Others (Kush, pampers)	0	0	17 (4.9)	126 (18.2)

Significant number of people in treatment (94 percent) in the period under review were between the ages of 20 to 39 years. Majority (61 percent) were unemployed and 73.5 percent were single as at the time of this report. Substantial number (77.3 percent) of the treatment entrants had either primary or secondary education and majority (69.6 percent) resided in the urban area of Sierra Leone (table 4).

Table 4: Sociodemographic characteristics of patients (2016-2019)

Demographic variables	2016 N (%)	2017 N (%)	2018 N (%)	2019 N (%)
Age group				
10-14	0	0	0	0
15-19	4 (1.8)	3 (1.1)	17 (4.4)	28 (3.7)
20-24	37 (18)	54 (19)	78 (20.3)	153 (20.2)
25-29	65 (31)	78 (27)	122 (31.7)	274 (36.1)
30-34	50 (23)	74 (26)	93 (24.2)	156 (20.6)
35-39	54 (25)	62 (22)	71 (18.4)	123 (16.2)
40-44	3 (1.2)	8 (3)	11 (2.9)	14 (1.8)
45-49	0	2 (0.7)	1 (0.3)	8 (1.1)
50-54	0	2 (0.7)	1 (0.3)	2 (0.3)
55-59	0	0	1 (0.3)	0
60-64	0	0	0	0
65+	0	0	0	0
Employment status				
Work full-time	13 (6.1)	22 (7.3)	6 (1.0)	18 (2.4)
Working part-time	30 (15)	29 (10)	11 (3.0)	1 (0.1)
Does not work / unemployed	116 (54)	161 (57)	254 (66.0)	475 (62.7)
Apprentice/intern	0	0	0	0
Student/pupil	51 (24)	69 (24)	114 (30.0)	264 (34.8)
Housewife	2 (0.9)	0	0	0
Retired/Pensioner	0	2 (0.7)	0	0
Other	0	0	0	0
Marital status				
Married	44 (21)	57 (21)	68 (21.0)	49 (6.5)
Separated/Divorced	37 (17)	44 (15)	56 (30.0)	22 (2.9)
No married/ cohabiting	5 (2)	7 (2)	12 (3.0)	19 (2.5)
Widowed	4 (1.8)	7 (2)	1 (1.0)	3 (0.4)
Single	123 (58)	168 (60)	248 (45.0)	665 (87.7)
Education				
None/pre-primary	29 (13)	38 (14)	73 (19.0)	110 (14.5)
Primary	55 (26)	97 (34)	129 (32.0)	287 (37.9)
Secondary	109 (51)	126 (44)	140 (46.0)	324 (42.7)
Tertiary/University	20 (9)	22(7)	43 (3.0)	37 (4.9)
Residential zone				
Urban	176 (82)	201 (72)	253 (65.7)	511 (67.4)
Semi-Urban	30 (14)	59 (21)	94 (24.4)	192 (25.3)
Rural	7 (3)	23 (7)	38 (9.9)	55 (7.3)

The main route of administration of substance in Sierra Leone was inhalation and this accounts for 39.7 percent of all reported cases from 2016 to 2019. This was followed by oral route of administration (26.8 percent). In addition, Sierra Leone recorded 1.5 percent IDUs that accessed treatment from 2016 to 2019 (table 5).

Table 5: Route of administration of substances (2016-2019)

Route of administration	2016 N (%)	2017 N (%)	2018 N (%)	2019 N (%)
Oral	0	0	0	17 (2.2)
Inhalation	81 (39)	111 (39)	193 (50.1)	266 (35.1)
Sniffing	74 (34)	99 (36)	103 (26.8)	164 (21.6)
Intravenous	8 (3)	5 (2)	0	12 (1.6)
Others/combination	50 (24)	68 (23)	89 (23.1)	299 (39.4)

Majority of the treatment entrants (60 percent) received outpatient care in Sierra Leone and this can be attributed to the fact that the country has only one Government-run treatment facility which has limited bed space to accommodate PWUDs that require inpatient care. In addition, almost all the treatment entrants (96.7 percent) were referred to treatment by family and friends in the reporting period (table 6).

Table 6: Cases and Treatment patterns (2016-2019)

Variable	2016 N (%)	2017 N (%)	2018 N (%)	2019 N (%)
Number of cases	213	283	385	758
Number of new cases	115 (53)	172 (60)	256 (66.5)	331 (43.7)
Follow up treatment	98 (46)	111 (39)	129 (33.5)	427 (56.3)
Outpatient	123 (57)	176 (63)	206 (53.5)	479 (63.2)
Inpatient	90 (43)	107 (37)	179 (46.5)	279 (36.8)
Sources of Referral				
Staff/Family/Friends	208 (98)	272 (96)	351 (91.2)	754 (99.5)
Work/employer	0	0	0	0
Social Services	0	0	0	0
Psychiatrist/doctor/nurse (Healthcare professional)	0	0	2	2 (0.3)
Hospital/Clinic	0	0	5	0
Court/Corrections	0	0	0	0
Church/Religious Groups	0	0	0	1 (0.1)
Others (Police)	5 (2)	11 (4)	27	1 (0.1)

Conclusion

In Sierra Leone, drug treatment demand data were obtained from the Sierra Leone Psychiatric Teaching Hospital in Kissy. Substance abuse remains a growing challenge in the country and research is needed to elicit the impact of substance use and related disorders. Infrastructure for the treatment of individuals that present with substance use disorders is limited due to lack of human resources and funding.

Recommendations

- There's need for more rehabilitation centres to cater to those with substance use disorders;
- Training of addiction specialists on the Universal Treatment Curriculum of the Drug Advisory programme and ICAP accreditation in collaboration with COLOMBO Plan;
- Periodic epidemiological studies on substance abuse;
- Provide funding to appropriate authorities to build capacity for research, prevention and sustainable demand reduction.

TOGO

Background

Togo, a West African nation on the Gulf of Guinea is bordered by Ghana to the west, Benin to the east and Burkina Faso to the north. Like every other West African country, the porous borders provides a safe haven for illicit drug traffickers. The youthful demographic population of Togo and the high growth rate constitute sources of increased pressure on the health services already experiencing a reduction in staff and aging workforce. It is noteworthy that macroeconomic performance is still weak compared to social demand linked to this strong demographic pressure. Moreover, increased poverty amongst the populace partly justifies the low attendance of modern health structures while family dysfunctions (disagreements, divorce, poverty, violence) further expose children to psychological fragility. These factors result in the relaxation of parental control, the absence of a family framework for awakening the mental process and gives rise to difficulties in reintegrating PWUDs to the mainstream society (juvenile delinquency, consumption of alcohol and drugs). These and many more risk factors which are not peculiar to Togo alone pose serious challenges to stem the tide of increasing drug use and illicit drug trafficking in the country.

The data presented in this report were collected from the pilot structures of Togo Epidemiology Network on Drug Use (TENDU). The treatment data was obtained from twelve treatment facilities and the data on drug supply suppression were obtained from the Comité National Anti-Drogue of Togo.

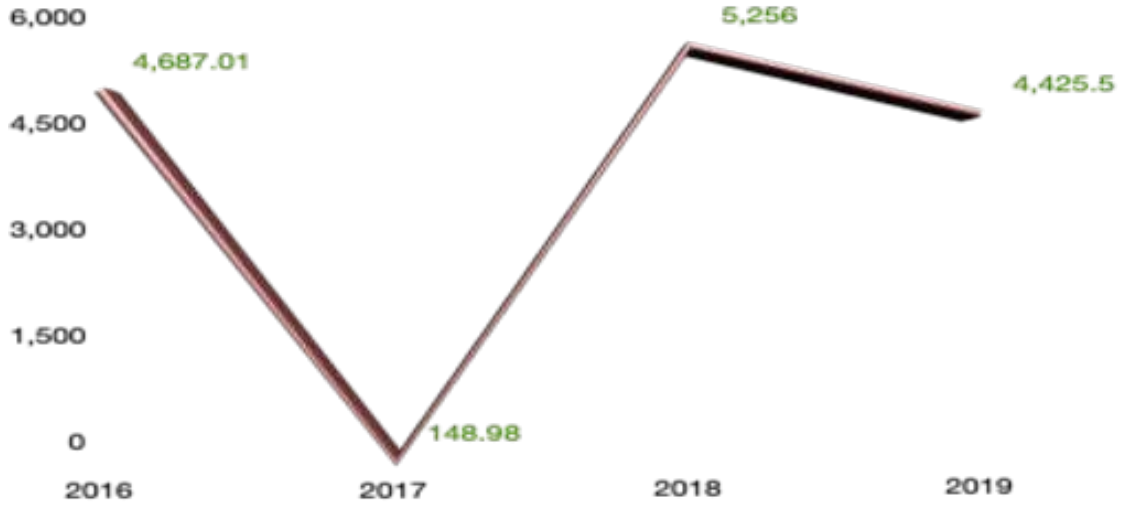
Drug Supply Suppression

Togo recorded a total seizure of 14,517.48kg of cannabis from 2016 to 2019 and it remains the most trafficked drug in the country. The largest quantities of cannabis seized in Togo was in 2018 with a total of 5,256 kg (figure 1). The quantities of cocaine seized fluctuated all through the period under review. A total of 8.55kg of cocaine was seized in 2016, a record high seizure of 236.66 kg cocaine was documented in 2018 and the quantity seized further reduced to 0.6kg in 2019. There was also a record high seizure of tramadol in 2016 with a total of 10,320kg and this quantity reduced considerably to 17.5 kg in 2019. Togo also recorded its first Khat seizure in 2018 with a total of 94.5 kg. In addition, there was a notable increase in the seizure of counterfeit, substandard and adulterated pharmaceuticals in Togo. The country recorded a total of 10,512.57kg of counterfeit medicines seized in 2018 and 2019. Other substances reportedly seized in the period under review includes counterfeit cigarette and adulterated drinks (table 1).

Table 1: Quantities of controlled drugs seized, by type in Togo (2016 -2019)

Variable	2016	2017	2018	2019
		Quantity of substance (kg)		
Cannabis	4,687.01	148.98	5,256.0	4,425.5
Cocaine	8.55	0.0	236.66	0.6
Heroin	0.02	2.52	0.007	0.9
Khat	0	0	94.5	24.5
Tramadol	10,320	7.8kg and 23tablets	0.50	17.5
ATS	0	2.02	5.57	1.5
Counterfeit medicines	45388.67	2354.74	87,553.77	16,958.8
Others	0	Counterfeit cigarette= 12704.34	Cocaine + Heroin= 0.015 Counterfeit cigarette= 10.70 Adulterated drinks =668 bottles Powdered detergent =11,062	Cocaine+ Heroin= 0.02 Counterfeit cigarette= 23,462.3

Figure 1: Trend: Cannabis seizures in Togo (2016-2019)



Source: ECOWAS analysis of WENDU data

A total of 392 persons (5 per 100,000 population) were arrested for drug related offences in Togo from 2014 to 2019. Of the 79 people documented in 2018, the country reported that six people were arrested in the prison environment. The number of arrests due to drug related offences remained fairly stable throughout the period under review (table 2). In addition, the percentage of men arrested for drug related offences was much higher than women (86.4 percent) from 2014 to 2017. Gender disaggregated data was not reported in 2018 and 2019 (table 2).

Table 2: Total number of arrests due to drug related offences (2014-2019)

Variable	2014	2015	2016	2017	2018	2019
Number of arrests	78	65	48	44	79*	78
Gender						
Male	68 (87.2)	59 (90.7)	43 (89.6)	33 (75.0)	Not reported	Not reported
Female	10 (12.8)	6 (9.3)	05 (3.4)	11 (25.0)		

*Six people were arrested in the prison environment

Drug Treatment Demand

Togo recorded a total of 982 persons (12 per 100,000 population) in treatment for alcohol use disorder from 2016 to 2019 (figure 2). The highest number of people in treatment for AUD was recorded in 2017 (4.6 per 100,000 population) and the number remained fairly stale in 2018 and 2019 with an average of 3 persons per 100,000 population. Apart from alcohol, the country recorded high percentages of treatment entrants (68 percent) citing cannabis as the primary drug used while 8 percent were treated for disorders related to the abuse of prescription only medicines such as benzodiazepines, tramadol and pethidine (table 3).

Figure 2: Total number of people in treatment per 100,000 population for alcohol use disorders in Togo (2016-2019)

Source: ECOWAS analysis of WENDU data

Table 3: Primary drug used (excluding alcohol) among people in drug treatment in Togo (2016 – 2019)

Primary drug used	2016 N (%)	2017 N (%)	2018 N (%)	2019 N (%)
Cannabis	313 (66.5)	320 (52.9)	297 (70.2)	600 (76.0)
Cocaine/crack	26 (5.5)	12 (2.1)	21 (5.0)	31 (3.9)
Heroin	9 (1.9)	9 (1.6)	7 (1.7)	20 (2.5)
Ecstasy	0	1 (0.2)	2 (0.5)	2 (0.3)
MEVL/MSO Benzodiæpine	0	25 (4.5)	12 (2.8)	32 (4.1)
ATS	23 (4.9)	3 (0.5)	6 (1.4)	Amphetamine = 2 (0.3) Methamphetamine= 4 (0.5)
Tramadol	8 (1.7)	24 (4.3)	24 (5.7)	44 (5.6)
Others	Crack= 1 (0.2) Benzodiazepam= 1 (0.2) Hallucinogen= 2 (0.4) Solvents, organics= 2 (0.4) Tobacco = 86 (18.3)	Tobacco = 167 (29.8)	Tobacco= 41 (9.7) Pethidine= 13 (3.1)	Tobacco= 41 (5.2) Pethidine/Kpiri (Hallucinogen)= 13 (1.6)

Majority of the treatment entrants (67 percent) in Togo were between the ages of 20 to 39years. Thirty-three percent were gainfully employed, 19 percent were unemployed and 17.5 percent are students. Less than half (48 percent) were single as at the time of this report, majority (69.7 percent) had either primary or secondary education and substantial percentage (60.5 percent) resided in the urban area of Togo.

Table 4: Sociodemographic characteristics of patients (2016 -2019)

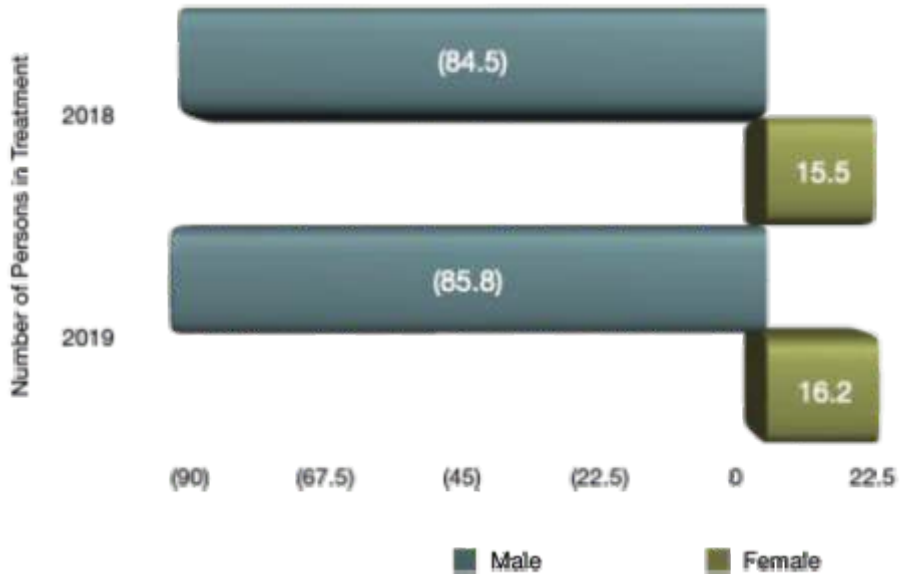
Demographic variables	2016 N (%)	2017 N (%)	**2018 N (%)**	**2019 N (%)**
Age group				
10-14	2 (0.4)	1 (0.2)	3 (0.5)	51 (5.0)
15-19	38 (8.1)	26 (4.1)	45 (8.1)	83 (8.0)
20-24	97 (20.6)	82 (12.9)	126 (22.5)	174 (16.6)
25-29	122 (25.9)	183 (28.8)	146 (26.1)	194 (18.6)
30-34	108 (23.0)	96 (15.1)	79 (14.1)	138 (13.2)
35-39	48 (10.2)	83 (13.1)	55 (9.8)	103 (10.0)
40-44	29 (6.17)	60 (9.4)	43 (7.7)	91 (8.7)
45-49	15 (3.2)	56 (8.8)	23 (4.1)	70 (7.7)
50-54	5 (1.1)	18 (2.8)	16 (2.9)	54 (5.2)
55-59	4 (0.9)	8 (1.3)	11 (2.0)	39 (2.0)
60-64	2 (0.4)	9 (1.4)	5 (0.9)	35 (4.4)
65+	0	14 (2.2)	7 (1.3)	7 (0.60
Professional situation				
Work full-time	110 (23.4)	139 (21.9)	126 (22.5)	97 (9.3)
Working part-time	23 (4.9)	226 (35.5)	79 (14.1)	158 (15.3)
Does not work / unemployed	77 (16.4)	73 (11.5)	109 (19.5)	288 (27.8)
Apprentice/intern	3 (0.6)	50 (7.9)	12 (2.2)	182 (17.5)
Student/pupil	110 (23.4)	114 (17.9)	142 (25.4)	142 (13.7)
Artist	124 (26.4)	0	0	0
Housewife	24 (5.1)	26 (4.1)	28 (5.0)	30 (2.9)
Retired	0	8 (1.3)	3 (0.5)	3 (0.2)
Other (trade, precarious work, portefaix).	0	0	60 (10.7)	139 (13.3)
Marital status				
Married	100 (21.3)	278 (43.7)	139 (24.9)	139 (13.4)
Separated/Divorced	52 (11.1)	62	33 (5.9)	273 (26.2)
No married/ cohabiting	2 (0.4)	35 (5.5)	56 (10.0)	156 (15.0)
Widowed	13 (2.8)	2 (0.3)	8 (1.4)	48 (4.7)
Single	303 (64.5)	259 (40.7)	313 (56.0)	423 (40.7)
Others	0	0	10 (1.8)	0
Education				
None/pre-primary	50 (10.6)	75 (11.8)	74 (13.2)	208 (20.1)
Primary	122 (26.0)	240 (37.7)	108 (19.3)	444 (42.7)
Secondary	228 (48.5)	232 (36.5)	256 (45.8)	256 (24.7)
Tertiary	70 (14.9)	89 (14.0)	119 (21.3)	119 (11.4)
Other: _	0	0	2 (0.4)	12 (1.1)
Residential zone				
Urban	220 (46.9)	Not reported	385 (68.9)	645 (62.1)
Semi-urban	218 (46.5)		114 (20.4)	174 (16.7)
Rural	31 (6.6)		60 (10.7)	220 (21.2)

The main route of administration of substance in Togo was inhalation and this accounts for 50 percent of all reported cases from 2016 to 2019. This was followed by oral route of administration (39.5 percent). In addition, Togo recorded 2 percent IDUs that accessed treatment from 2016 to 2019 (table 5).

Table 5: Route of administration of substances (2016-2019)

Route of administration	2016 N (%)	2017 N (%)	2018 N (%)	2019 N (%)
Oral	275 (38.8)	507 (79.2)	278 (49.7)	428 (41.3)
By inhalation	409 (57.7)	90 (14.15)	259 (46.3)	409 (39.4)
By sniffing	12 (1.7)	24 (3.77)	8 (1.4)	88 (8.4)
Intravenous	13 (1.8)	23 (3.61)	4 (0.7)	24 (2.3)
Other/combination	0	0	10 (1.8)	90 (8.6)

Figure 3: Total number of persons with alcohol use disorders (AUD) in treatment by Gender in Togo (2018- 2019)



Source: ECOWAS analysis of WENDU data

Gender differential for other substance used by treatment entrants suggests a more pronounced variation in gender. The data revealed that one of 10 persons that accessed treatment for cannabis use disorder in 2018 and 2019 is a woman, one of 5 persons and one of 9 persons that accessed treatment due to disorders related to the use of cocaine and prescription medicines such as tramadol and pethidine respectively is a woman (table 6).

Table 6: Total number of persons in treatment by gender in Togo (2016-2019).

Drug Category	2018		2019	
	Male N	Female N	Male N	Female N
Cannabis	250	27	474	47
Heroin/ Opioid	6	0	20	5
Cocaine/crack	20	1	20	1
Ecstasy	2	0	2	0
MEVL/MSO	10	2	10	8
ATS	6	0	6	1
Tramadol	24	0	24	6
Pethidine/ Kpiri	13	0	13	2
Others (nicotine)	40	1	40	1

Just over half (50.8 percent) of the treatment entrants received outpatient care in Togo, majority (66 percent) referred to treatment by family and friends while 5.6 percent were referred to treatment from the judicial services and correctional centres. In addition, 54 percent of the treatment had already been screened for HIV as at the time of this report (table 7).

Table 7: Cases and Treatment patterns (2016-2019)

Variable	2016 N (%)	2017 N (%)	2018 N (%)	2019 N (%)
Number of cases	470	636	559	1039
Number of new cases	291 (61.9)	277 (43.5)	386 (69.1)	732 (70.5)
Follow up treatment	179 (38.1)	359 (56.4)	173 (30.9)	307 (29.5)
Outpatient	183 (33.9)	191 (30.3)	324 (58.0)	675 (65.0)
Inpatient	287 (61.1)	445 (69.7)	235 (42.0)	364 (35.0)
Source of referral				
Self/family/friends	292 (62.1)	486 (76.4)	446 (79.8)	498 (79.8)
Work/employer	15 (3.2)	16 (2.5)	5 (0.9)	0
Social services	8 (1.7)	10 (1.6)	3 (0.5)	58 (0.5)
Psychiatrist/doctor/nurse (health professional)	23 (4.9)	23 (3.6)	43 (7.7)	114 (7.7)
Hospital/Clinic	0	29 (4.6)	1 (0.2)	71 (0.2)
Court/corrections/ Police	23 (4.9)	20 (3.1)	34 (6.1)	68 (6.1)
Educational institution	6 (1.3)	23 (3.6)	4 (0.7)	92 (0.7)
Church / religious groups	10 (2.1)	13 (2.0)	17 (3.0)	82 (3.04)
Other	0	16 (2.5)	6 (1.1)	56 (1.1)
Source of Payment				
Medical insurance	41 (8.7)	17 (2.7)	14 (2.5)	50 (4.9)
Family	328 (69.8)	401 (63.1)	407 (72.8)	700 (67.3)
Friends	52 (11.1)	13 (2.0)	30 (5.4)	120 (11.6)
Employer	19 (4.0)	18 (2.0)	32 (5.7)	32 (3.1)
Personal income	3 (0.6)	101 (15.9)	34 (6.1)	60 (5.7)
Unknown	0	0	0	32 (3.4)
Other (combinations) & NGO	27 (5.7)	86 (16.5)	42 (7.5)	42 (4.0)
HIV testing				
Yes	Not reported	293 (46.1)	359 (64.2)	559 (53.9)
No		343 (53.9)	196 (35.1)	396 (38.1)
Refuse to answer		0	4 (0.7)	84 (8.0)

Conclusion

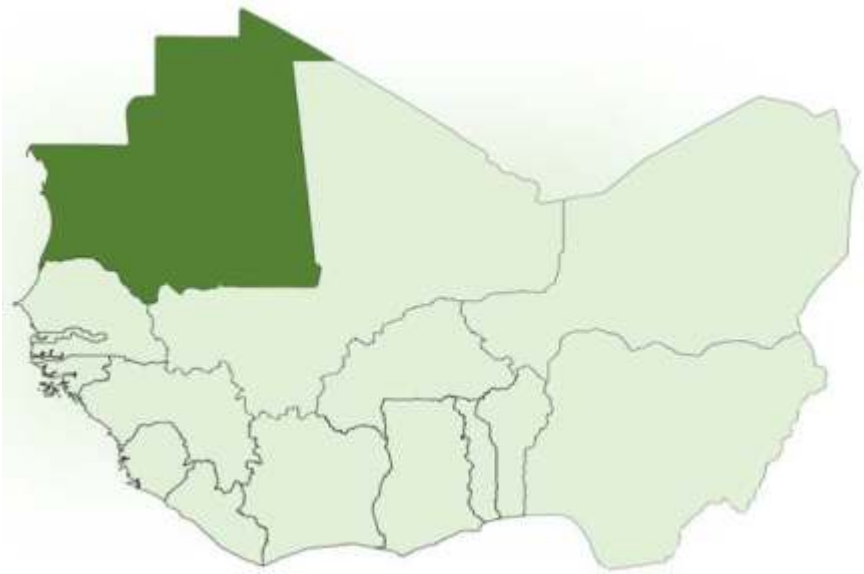
In order to effectively provide evidence-based treatment and care for PWUDs, the country seeks urgent capacity to assess the needs of PWUDs especially in very precarious situations, establishment of a risk reduction, relapse prevention, substitution and socio-family and professional reintegration programme. To elucidate the current challenges in tackling drug use in the country, further research is required on the effect of co-morbidities of alcohol, drugs and mental disorders, HIV infection, Hepatitis B/C and other co-morbidities.

Recommendations

The following recommendations are necessary to reduce drug demand reduction and adequately suppress the supply of illicit drugs in the country;

- Integrated care within the same clinical framework, multidisciplinary, diversified services, if possible favoring outpatient treatment in a psychosocial approach including rehabilitation, and social reintegration.
- Need to train stakeholders and motivate them with a view to appropriating the WENDU tool and ensuring good data reporting, as well as improving the health information system using new information techniques.
- The establishment of a pilot addictology centre in the country.

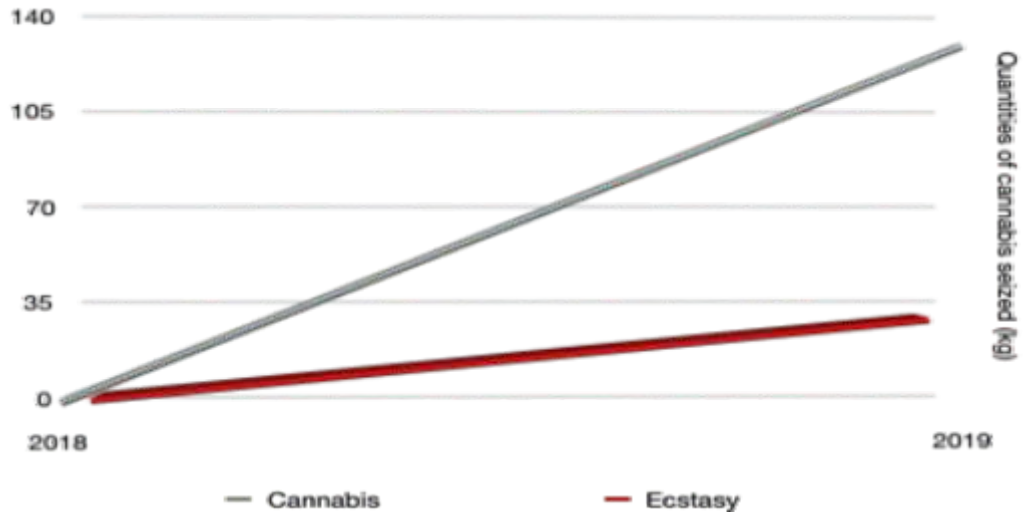
MAURITANIA



Drug Supply Suppression

Mauritania recorded a total seizure of 128.77kg of cannabis in 2018 and 2019 and it remains the most trafficked drug in the country. The largest quantities of cannabis seized in Mauritania was in 2019 with a total of 120.85kg (figure 1). The country also recorded a total of 35kg of ecstasy during the reporting period (table 1).

Figure 1: Cannabis and Ecstasy seizures in Mauritania (2018 & 2019)



Source: ECOWAS analysis of WENDU data

Table 1: Quantities of controlled drugs seized, by type in Mauritania (2016-2019)

Variable	2018	2019
	Quantities of substance (kg)	
Cannabis	7.92	120.85
Cocaine/Crack & Cannabis	0	2
Ecstasy	4	31
MEVL/MSO* Benzodiazepine	10 tablets 860g	226 tablets 226g
ATS	0	0.2
Others	Indian Hemp= 86.42 Gardinal 100 tablets = 2,700	Indian Hemp= 250.12 Gardinal 100 tablets = 2,700

Drug Treatment Demand

Eighty-one persons (1.9 per 100,000 population) were treated for alcohol use disorder in 2017 in Mauritania and cannabis was reported as the most commonly used drug among treatment entrants in the country (table 2).

Table 2: Primary drug used (excluding alcohol) among people in drug treatment in Mauritania (2017)

Primary drug used	2017	
	N	(%)
Cannabis	439	94.4
Mandrax	0	0
Cocaine/crack & Cannabis	5	1.3
Alcohol & Cannabis	2	0.4
Ecstasy	0	0
MEVL/MSO *Benzodiazepine	0	0
ATS (amphetamine)	0	0
Others (tobacco, solvents, glue)	19	4.1

Conclusion

There were limited data reported on the drug situation in Mauritania. Cannabis remained the primary drug among people in treatment and it's also the most trafficked drug in the country.

Recommendation

The Government of the Islamic Republic of Mauritania has taken multidimensional measures to improve the health of the population in general and the health of young people in particular, through the amendment of national legislation on the subject, adopting a national strategy in this area and strengthening the Inter- Ministerial body responsible for improving cooperation. In addition, the Ministry of Health through the National Programme for Mental Health PNSM concerned about the increase in the use of substances in Mauritania, has put in place an action plan to effectively address this scourge.

However, much more needs to be done to effectively curb the growing trend of drug use which as, overtime, become a threat to the national economy (due to its effects on education, health etc.)

The following recommendations are necessary for effective drug control in Mauritania:

- Review and update existing legal frameworks on illicit drug trafficking, related organized crime and drug abuse in Mauritania;
- Conduct a national study on alcohol and drug use in schools;
- Strengthen civil society organizations and build capacity to promote advocacy on drug demand reduction;
- Conduct community mobilization and awareness campaign on the dangers of drug use.

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