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

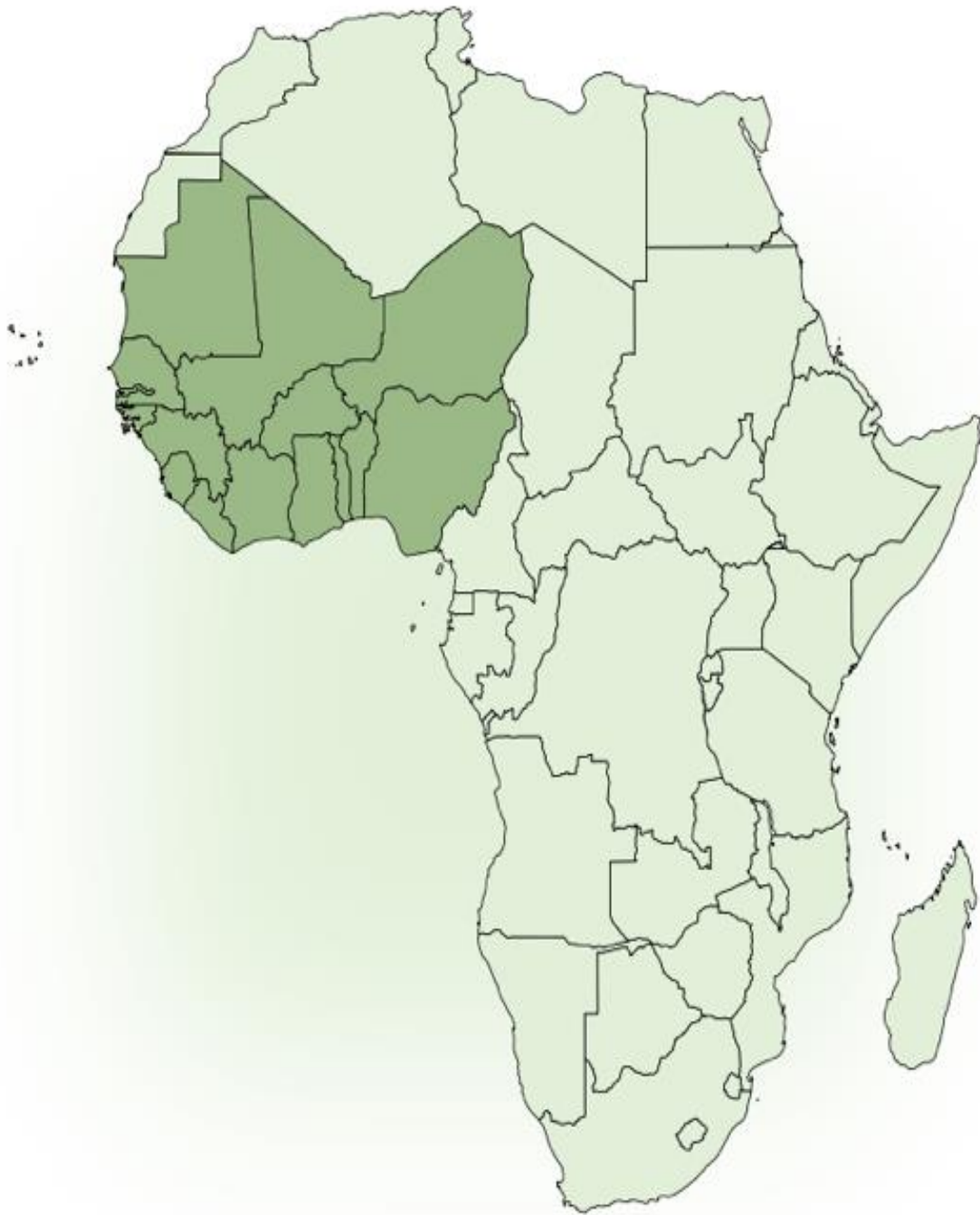STATISTICS AND TRENDS ON ILLICIT DRUG USE AND SUPPLY (2023)

WENDU

REPORT

STATISTICS AND TRENDS

ON ILLICIT DRUG USE AND SUPPLY (2023)

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

CONTENTS

The West African Epidemiology Network on Drug Use (WENDU) Report (2023) is the fourth 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 responses that address both drug demand and supply by practitioners and policymakers in the ECOWAS Member States and Mauritania.

The report highlights treatment demand and access to treatment for substance use disorders (SUDs) in the region. It points to strides made to improve access to treatment and a number of barriers related to human resources, infrastructure, information and service provision, perception of services, help-seeking behavior, 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 provides 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 collaborates with the Global Drug Demand Reduction Programmes Division of the US Department of State's Bureau of International Narcotics and Law Enforcement Affairs (INL), under the Colomba Plan, to provide training to healthcare professionals to earn International Certification as Addiction Professionals (ICAP). So far, over 200 professionals have been trained in the region, thereby contributing to enhancing the quality of services provided to persons with SUDs in the ECOWAS region. Since 2023, the WENDU Report comes with a policy brief developed by ENACT- Enhancing Africa's Response to Transnational Organised Crime which also has been supporting the launch of the Report.

Although more Member States have reported referral of people with SUDs from the Criminal Justice System into treatment since 2019, the number of treatment entrants from this source of referral has remained low. This calls for heightened advocacy and collaboration towards the fundamental change in approach from the incarceration of individuals with SUDs for drug-related offences to treatment. In this regard, the ECOWAS Commission has launched its Pilot Project on Alternative to Incarceration (ATI) for persons with SUDs to intensify inclusive community-based efforts, sensitization, awareness, and advocacy programmes on treatment and rehabilitation approach to persons with SUDs in the ECOWAS Member States.

The WENDU report also presents data on drug supply suppression efforts in the region, including drug seizures and arrests for drug-related offences.

The 2023 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 States 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 fourth 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,) ENACT – Africa, INL and other non-governmental organizations such as the Centre for Research Information on Substance Abuse (CRISA).

NATIONAL FOCAL POINTS OF WENDU

The West African Epidemiology Network on Drug Use (WENDU) was designed to provide sentinel surveillance regarding drug situations in ECOWAS Member States and Mauritania. It aims at improving the 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 assesses the regional and national responses/interventions on drug control; supporting Member States towards reporting regularly on drug situations as required by International Drug Control Conventions and; assisting Member States in generating strategic information for policy making. The network comprises national focal points in the ECOWAS Member States and Mauritania. Under the responsibility of their governments, the national focal points of WENDU are the national authorities who provide drug information to the regional network.

Benin	Côte d'Ivoire
CGP ATSOU Didier	Dr N'Guessan Badou Roger
Dr Gansou Grégoire Magloire	Dr ATSE N'tamon Innocent
Cabo Verde	Ghana
Dr. Eloisa Borges	Koomson Sylvester Ebenezer Nana
Dr. Zania Silva	Fati Mahmoud Wattigi
The Gambia	Liberia
Ousman Saidybah	Esther Felen Grant
Yankuba Suwareh	
Guinea-Bissau	Nigeria
Dr Jerónimo Henrique Te	Pharm. Abdulhameed Wosilat
Fernando Jorge Barreto Costa	Pharm. Oluchi Ezeajughi
	Mr. Chigbu Odoemelam
Sierra Leone	Senegal
KARGBO Ibrahim Kargbo	Prof. Sy Abou
Dr. JALLOH Abdul Jalloh	
Mauritania	Togo
	Col. Amayi Kossi B.
Dr El Mouhab Yahafdou	TCHONDA Epse Kpema Masama Esso
	AHO Komivi Mawusi

ACRONYMS

Acronyms	Definition
CCAD	Commission de Coordination Contre l'Alcool et autres Drogues (Coordination Commission for Alcohol and Other Drugs)
CILAD	Le Comité Interministériel de Lutte contre la drogue (The Inter-Ministerial Committee for the Fight against Drugs)
COVID-19	Coronavirus disease 2019
CRISA	Centre for Research and Information on Substance Abuse
ECOWAS	Economic Community of West African States
EU	European Union
HBV	Hepatitis B virus
HCV	Hepatitis C virus
HIV	Human Immunodeficiency Virus
INCB	International Narcotics Control Board
INL	Bureau Office of International Narcotics and Law Enforcement Affairs
INP	Integrated National Plan
LSD	Lysergic acid diethylamide
NAFDAC	National Agency for Food and Drug Administration and Control
NDLEA	National Drug Law Control Enforcement Agency
NFPs	National Focal Points
NENDU	National Epidemiology Network on Drug Use
OTC	Over-the-counter drugs
PWUDs	People Who Use Drugs
PWSUDs	Persons With Substance Use Disorders
SP-CILAS	Secrétariat Permanent de la Commission Interministérielle de Lutte contre l'Abus de stupéfiants et de substances psychotropes (Permanent Secretariat of the Interministerial Commission for Combating Drug and Psychotropic Substance Abuse)
SUDs	Substance Use Disorders
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 and trends in drug use and drug supply as well as trafficking in substandard, spurious, falsified and counterfeit medicinal products in West Africa.

In 2023, 10 ECOWAS Member States (Benin, Cabo Verde, Côte d'Ivoire, The Gambia, Ghana, Guinea Bissau, Liberia, Senegal, Sierra Leone, Togo) and Mauritania provided data for the WENDU Report.

The first part of the report provides a regional overview of the trends in the supply of drugs and drug treatment demand in the Region. It highlights drug supply suppression efforts in the region, drawing inferences on trends based on the latest estimates in drug supply as reported by the participating ECOWAS Member States and Mauritania. Also in the first part, the report provides an overview of drug treatment demand in the region, noting treatment patterns and primary substances of concern. The second part of the report provides country by country report on drug supply and treatment, presenting country-specific data, detailed analysis of drug situation, policies and recommendations from each participating country.

Drug Supply Suppression in West Africa

Cannabis, Pharmaceutical opioids, Cocaine, Heroin, Khat, Methamphetamine and key precursor chemicals for methamphetamine such as ephedrine, were the main drugs seized in West Africa in the index period. About 83,734.81 kg and over 31,000 tablets/capsules of drugs were seized in 2023. Cannabis continues to account for the largest quantity of drugs seized in the region. A total of about 75,072.02 kg of cannabis was seized, accounting for about 89.65% of seizures in the index period. The highest Cannabis seizures were made in Benin, Cote d'Ivoire and Senegal.

Based on the latest estimates of the WENDU supply data, Cocaine and Crack Cocaine is the second most commonly reported drug seized in West Africa. About 7,841.58 kg of Cocaine was seized in the period under review, with 95% of the Cocaine seizures made in Senegal. A 6.53% increase in Cocaine seizures was recorded in 2023 compared to about 7,361.2 kg of Cocaine seized in 2022, despite having fewer reporting countries in 2023.

The seizure data also reflected significant seizures of Heroin (87.37 kg) and pharmaceutical opioids, mainly Tramadol (224 kg and over 11,000 tablets/capsules). Other pharmaceutical products, including Benzodiazepines, methaqualone, other medicines and empty packaging for pharmaceutical products were also seized during the index period, indicating that the sub-region continues to be a hub for the diversion of licit pharmaceuticals for illicit use. Other psychoactive substances reported to have been seized in 2023 in West Africa include amphetamine-type stimulants (ATS), Ephedrine, Kush and other yet to be identified substances. Of particular note is the emerging drug of abuse, **Kush,** seized in the Gambia, Senegal and Sierra Leone.

Reported arrests due to drug-related offences decreased significantly over the reporting period. A total of 4,217 arrests due to drug-related offences were made in 2023 compared to a total of 23,427 arrests in 2022. Women made up the minority of arrests at 6% of the total arrests. It is however noted that this data does not include arrests made in Nigeria, Mali, Niger, Burkina Faso and Guinea-Conakry.

The WENDU data highlights the complexity and challenges associated with combating the illicit drug trade in the sub-region. Whilst efforts are being made to reduce the supply of drugs through seizures and arrests, the quantities seized highlight the persistent nature of the problem and the need for continued law enforcement and cooperation across the sub-region.

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 of treatment demand in 2023, highlighting the growing demand for drug treatment in West Africa.

Data collected on drug treatment in 2023 indicated a significant number of people seeking treatment for substance use disorders. This can be attributed to availability of more treatment centres and improved reporting of drug treatment data in the Member States. About 130 treatment centres provided data on treatment and care for PWUDs, with about 21,970 patients, between the ages of 10 to 61, reported to have undergone treatment for substance use disorders. The Gambia had the highest number of treatment entrants per a 100,000 population, followed by Cabo Verde. It is noteworthy that both countries provide free medical care for persons with SUDs. About 86.7% of persons reportedly treated for SUDs in 2023 fell within the age bracket of 15-44, with the highest concentration being between 20 to 34. The data also showed that 0.6% of treatment entrants in 2023 were between the ages of 10-14. That is about 132 persons, a figure which is by no means insignificant. The data highlights the continuing concentration of drug use amongst the youth in the region, calling for urgent action in evidence-based prevention and treatment.

The main substances for which persons entered into treatment included Cannabis, Alcohol, Pharmaceutical Opioids, Cocaine, and Heroin. Cannabis and Cannabis-type substances constituted the highest substance used by people in treatment across the region in 2023 (about 28%). This is followed by Alcohol at about 11.78% and Pharmaceutical Opioids at about 9.2%. Cannabis was however not the principal drug of concern across all reporting countries. In Cabo Verde and Togo, for instance, Alcohol was the primary substance for which treatment was administered. Also, in Sierra Leone, the principal drug of concern was **Kush** (63%).

We note that the Kush problem in Sierra Leone and its potential for rapid spread across the Region was specifically highlighted during the WENDU data validation workshop as a situation requiring urgent response and preventive action to curb further spread.

Significant incidents of treatment due to Cocaine use were also recorded in Ghana (18% of total for the country), Cabo Verde (15% of total for the country) and Liberia (11.4% of total for the country). Polydrug use in the region was mainly reported in Guinea Bissau. This came second to Cannabis in Guinea Bissau at about 27%.

In 2023, more men than women accessed treatment for SUDs, in a continuing trend, with only about 8% of women accessing treatment. The data revealed that the dearth of treatment centres providing drug treatment for women as well as social barriers, such as discrimination are the leading reasons contributing to the low percentage of women seeking treatment.

Treatment entrants in 2023 were of diverse educational qualifications, with the highest concentration (about 67.2%) at the secondary school or tertiary levels of education. Significantly, the majority, making up about 48.7%, are in the secondary schools. The pre-primary and primary school treatment entrants also made up a notable 23%. Occupational disaggregated data revealed the highest drug use amongst the unemployed. However, the number of treatment entrants in part-time or full time employment is also on the rise. The need for active advocacy and collaboration with educational institutions and workplaces towards prevention is pertinent.

Most referrals to treatment (about 90%) and payment for treatment (about 65%) were made by family and friends with infinitesimal institutional referrals (about 9%). This underlines the importance of community support and also underscores the need for improved advocacy towards institutional referrals, especially from educational institutions and the criminal justice system, considering the youth concentration of SUDs in the region. It is in light of this that the ECOWAS Commission invites more support towards its evidence-based prevention activities in Member States. Similarly, the Commission has just launched its Alternative to Incarceration (ATI) pilot project, to drive collaboration with the criminal justice systems in Member States, towards a shift from punitive measures for persons with SUDs to referral and treatment for rehabilitation.

Treatment demand in 2023 was highest among single people (79.6%). About 43% of persons reportedly in treatment for SUDs knew their serostatus, whilst 43% did not know and about 9% declined to answer. Knowledge of serostatus is generally improved, however, educating PWUDs about the importance of regular testing is still needed among people in treatment in the region.

The most common route of drug administration reported among PWUDs in West Africa is inhalation and this accounts for about 42.40% of all reported routes of drug administration in 2023. The oral route came a very close second at 41.80%. This may be attributed to alcohol being a major substance of abuse, leading to treatment in 2023. Others included intravenous (5.6%), sniffing (4.5%) and a combination of two or more routes (5.7%).

Importantly, the report notes a positive development regarding the expansion of drug treatment facilities and the improvement in data collection practices related to addiction treatment. This expansion has enabled the acquisition of more comprehensive and detailed information on drug admissions, demographic characteristics of individuals seeking treatment, substance use patterns, as well as the implementation of widespread HIV testing programs.

Limitations

A major limitation of the WENDU 2023 Report is the reduced number of reporting countries. The reduction in the number of ECOWAS Member States that reported in 2023 to 10 from the 15 that reported in 2016-2019 and the 14 that reported in 2020-2022 has affected the accuracy of the regional overview.

Another limitation is the narrow scope of data collection. With regards to treatment data, Country reports indicate a small range of treatment centres from which data is collected. This limitation, together with incomplete data/unavailability of disaggregated data on some key variables across some Member States, affects the quality of the data collected. There is a need for further training of data collectors and funding to improve the data collection process and thereby improve the quality of the regional report.

Challenges

Some of the challenges encountered in preparing the report include:

1. Changes in management within the agencies responsible for drug law enforcement leading to logistical and administrative hurdles.

2. Reliance on manual methods of data collection which slow down the process.

Recommendations and Policy Implications

1. The report places a strong emphasis on the necessity for targeted interventions that address specific needs and vulnerabilities. There is especially an urgent need for treatment centres which provide adequate care to women with SUDs across the region.

2. There is an urgent need to intensify evidence-based prevention strategies amongst the youth. This is imperative due to the early onset of drug use and the concentration of substance abuse among the young population of the region.

3. Access to treatment for SUDs needs to be improved in the region through strengthening existing centres and creating new centres as well as expanding community-based drug treatment services to ensure equitable access to treatment services.

4. Access to treatment for SUDs should be further enhanced through capacity building for prevention and treatment professionals and collaboration towards improving institutional referrals to treatment and supporting payment for treatment.

5. Member States are urged to explore Alternative to Incarceration (ATI) strategies in handling persons with substance use disorders in contact with the criminal justice system.

6. Efforts to reduce the supply of drugs through seizures and arrests are ongoing, but the quantities seized highlight the persistent nature of the problem and the need for continued law enforcement and cooperation across the region. By focusing on collaboration, data-driven approaches, and targeted interventions, it is envisaged that the region will continue to make significant strides towards Drug Demand Reduction.

7. Improved allocation of funds to national institutions to build capacity in research, prevention and demand reduction.

8. Regional cooperation, knowledge sharing and technical assistance to promote standardized data collection methodologies, harmonized surveillance systems and best practices in drug demand reduction should be encouraged and facilitated.

9. Technical support, funding and training are required to Improve reporting on drug data in the region.

10. Collaboration and partnerships should be harnessed between Member States towards Drug Demand Reduction in the region.

11. Ongoing monitoring and evaluation of drug treatment programmes and interventions is essential to assess their impact and identify areas for improvement. Policy-makers should prioritize the development of surveillance systems that monitor key indicators related to treatment outcomes, access to care and long-term recovery. This information is helpful for policy adjustments, resource allocation and the identification of best practices to improve the effectiveness of drug treatment efforts

SECTION ONE

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

DRUG SUPPLY SUPPRESSION

Law Enforcement Efforts and Initiatives in West Africa

Law enforcement efforts for controlling drug supply reduction, with a particular focus on combating drug trafficking and seizing controlled substances, are pivotal in addressing the complex challenges associated with drug abuse and illicit drug markets. Law enforcement agencies in the region employ a multifaceted approach, combining intelligence gathering, interagency collaboration, and international partnerships to disrupt drug supply chains. These efforts often include targeted investigations, surveillance, and border control measures to intercept and seize illicit drugs in transit.

The seizure of controlled substances is a fundamental component of law enforcement's supply reduction strategy. It involves identifying and apprehending traffickers and distributors while seizing illicit substances. These seizures not only disrupt the drug trade but also have a deterrent effect on would-be traffickers. Collaboration between Member States, sharing intelligence, and coordinating efforts at the regional and international levels are essential for enhancing the effectiveness of these operations.

Furthermore, innovative technology and data-driven approaches have become increasingly vital in the fight against drug trafficking. Law enforcement agencies in the region employ sophisticated analytics to track drug trends, identify trafficking routes, and target high-risk areas. The success of these efforts can be measured, not only in terms of the quantity of drugs seized, but also by the dismantling of trafficking networks and the reduction in the availability of controlled substances in the market. Law enforcement agencies continually adapt and refine their strategies to stay ahead of the ever-evolving tactics employed by drug traffickers.

Drug Seizures

In 2023, a total of about **83,734.81 kg** and over **31,000 tablets/capsules** of drugs were seized. While neither the weight of seized drugs nor the number of seizure cases is a direct indicator of the magnitude of drug trafficking, they do provide some insight into drug supply trends and patterns in West Africa & Mauritania and reflect the capacity and priority of drug law enforcement within the region.

Cannabis

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

Cannabis type substances seized by Country in 2023
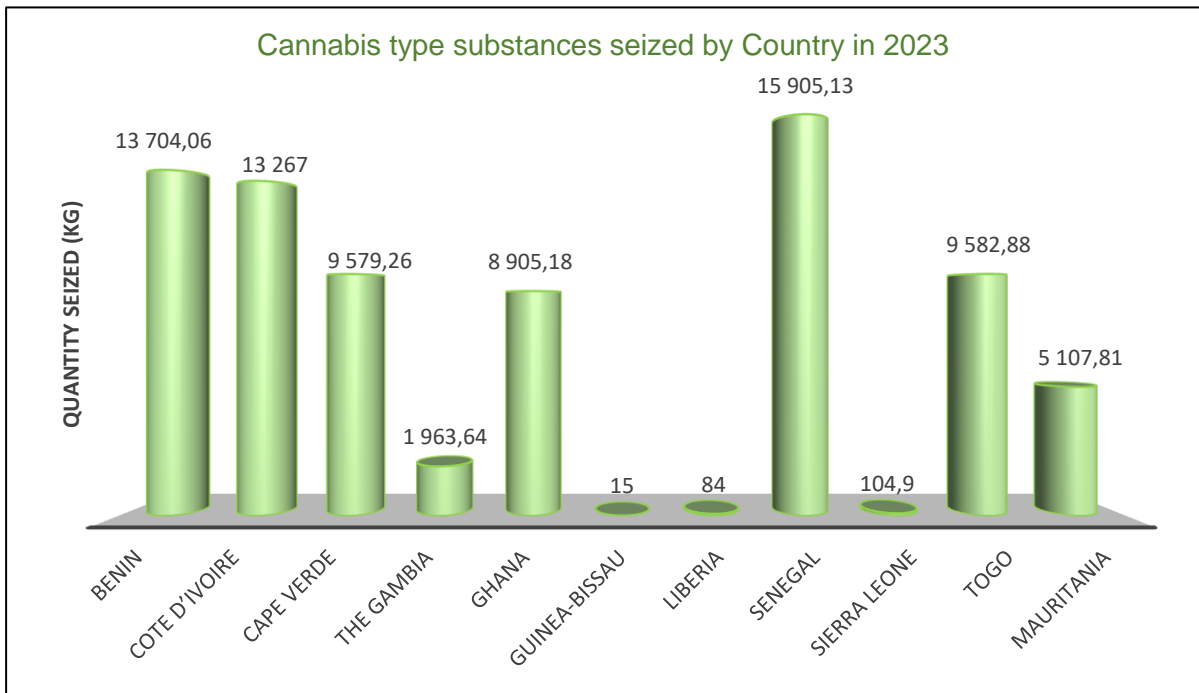
Opioids

The largest quantities of opioids reported to have been seized in the region in 2023 were of pharmaceutical opioids (about 224kg with over 11,000 tablets/capsules) followed by heroin. The main pharmaceutical opioid seized was **Tramadol (over 95%)**. Others include Morphine, Oxycodone, Methadone and Capentadol. About **22.71 kg of Speedball** was also seized in Ghana. The highest seizures of pharmaceutical opioids were recorded in Cote d'Ivoire, Senegal and Sierra Leone. These seizures are indicative of the fact that the West African region continues to be a hub for the diversion of licit pharmaceuticals for illicit use. A total of **87.37 kg of Heroin** was also reported to have been seized in 2023 excluding quantities from Nigeria, Mali, Niger, Burkina Faso, and Guinea Conakry. The largest quantities of heroin seized in the reporting period was recorded in Liberia, accounting for about 62% of the total seizure in 2023. Following Liberia, the highest seizures were recorded in Benin (12.6%) and Ghana (12.25%) while five countries (Cabo Verde, Guinea Bissau, Sierra Leone, Togo and Mauritania) did not record Heroin seizures in 2023.

Table 1: Heroin

HEROIN	
COUNTRY	**QUANTITY SEIZED KG/G**
Benin	10.97 kg
Cote D'ivoire	4.99 kg
Cabo Verde	0
The Gambia	74 g
Ghana	10.7 kg
Guinea-Bissau	0
Liberia	54.23 kg
Senegal	6.41 kg
Sierra Leone	0
Togo	0
Mauritania	0
Total	87.37 kg

Cocaine

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

Table 3: Cocaine

Cocaine	KG/G
Benin	19.01
Cote D'ivoire	37.79
Cabo Verde	34.59
The Gambia	184.05
Ghana	12.11
Guinea-Bissau	36
Liberia	0.02 (20g)
Senegal	7,503.93
Sierra Leone	0.0105 (10.5 G)
Togo	0.67 (670 G)
Mauritania	13.4
Total	7,841.58 Kg

Amphetamine-type Stimulants (ATS)

The data on seizure of amphetamine-type stimulants continue to reflect a downward trend in the region since 2017. The total ATS seizures in the region amounted to about 306.9 kg and 3,854 tablets. However, although the number of reporting countries was relatively stable from 2017 - 2022, there is a significant alteration in that regard in 2023, with data unavailable from five Member States. The reported seizures were made in Benin, The Gambia, Ghana, Senegal and Togo. The ATS seized in the largest quantities in 2023 was **Cathinones (Khat)**, a plant based psychoactive substance scheduled under the 1971 UN Convention on psychotropic substances. Khat alone accounted for 300 kg of the entire ATS seizure in the region and this quantity is reported from Senegal alone. This was followed by **Methamphetamine** (6.43 kg and 3,854 tablets, **Ecstasy** (16.79 g and 16,109 tablets) and significantly reduced quantities (about 463.67g) of **Crystal Meth**.

The change in trend for the quantities of types of ATS seized has been sustained since 2018 as previously, Methamphetamine accounted for the largest quantities seized (from 2014 to 2017) in the region. However, while Khat is now reported as the type of ATS that is most seized in the region, there is a change in the trend of countries where Khat seizures are made. In 2022, the significant Khat seizures in the region were recorded in Nigeria (23,653.18 kg) and Cote d'Ivoire (40.46 kg). Thus, Senegal which now has the highest Khat seizures in 2023 did not report any in 2022.

Ephedrine

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

Other psychoactive substances

Other psychoactive substances reported to have been seized in West Africa in the index period include methaqualone (0.102 kg), benzodiazepines (53.172 kg and 40 tablets), other pharmaceutical products (36,484.07 kg), illicit tobacco products (64,327.38 kg), Kush (7.37 kg and 25 Kepas) and other yet to be identified substances (154.28 kg). About 686.4 kg of empty packaging of various pharmaceutical products was also seized in Togo.

Of particular note is the emerging drug of abuse, **Kush,** seized in the Gambia, Senegal and Sierra Leone.

Arrests for Drug-Related Offences in 2023

Data on illicit drug trafficking in Member States indicate the efforts made by national governments and their responsible institutions to reduce the supply of drugs in the sub-region. The efficacy of these arrests often reflects not only the strength of a nation's law enforcement and judicial systems, but also demonstrates the presence of operational intelligence, cross-agency collaboration, and a robust legal framework.

Arresting drug traffickers yields several potential benefits both at the national, regional, and international levels. Firstly, it serves as a deterrent to those engaged in the drug trade, discouraging them from participating in illegal activities. By apprehending and prosecuting traffickers, law enforcement agencies signal a strong commitment to upholding the rule of law and protecting public health and safety. Secondly, these arrests disrupt drug supply chains, thereby reducing the availability of illicit substances in the market. This can lead to a decrease in drug abuse rates and related criminal activities, benefiting communities and individuals struggling with addiction. Lastly, arresting drug traffickers can foster international cooperation, as it demonstrates a country's commitment to combating transnational organized crime and aligns with the objectives of global efforts to address drug-related challenges.

Arrests for Drug-Related Offences

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

Trend of Arrests in 2022 and 2023 Amongst 2023 Reporting Countries
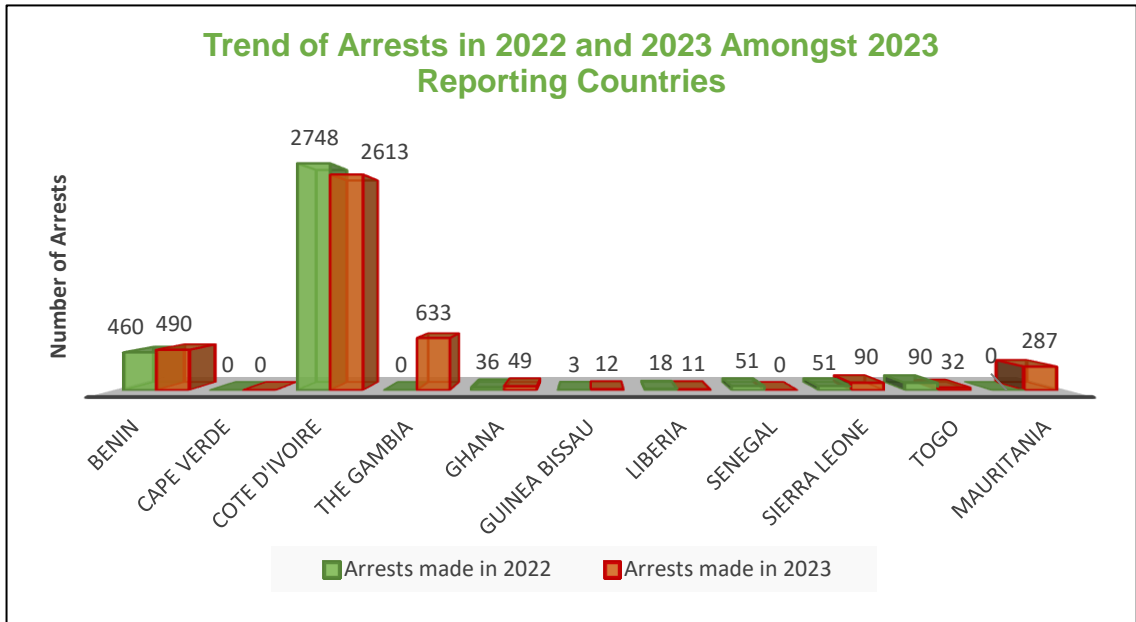
Arrests by Sociodemographic Variables

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

DRUG TREATMENT DEMAND

DRUG TREATMENT DEMAND

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

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

Cumulatively, based on available data, more patients received out-patient care (about 61.3%) in 2023. However, this is so because of high incidences of out-patient care in Cote d'Ivoire, Cabo Verde and Sierra Leone, otherwise the other reporting countries provided more in-patient than out-patient care in 2023. Overall, the need for more treatment centres providing in-patient care for males and females persists in the region.

Treatment Demand per 100,000 Population in 2023
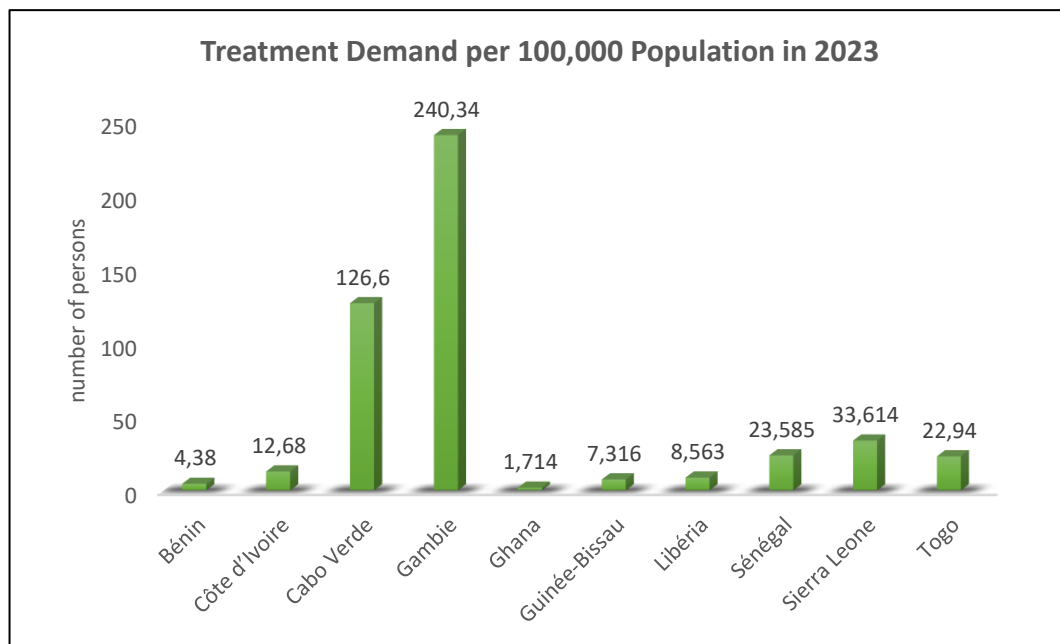
Principal Drugs of Concern

Drugs used in West Africa include a wide range of psychoactive substances and polydrugs. Common substances cited by treatment data in 2023 include Alcohol, Cannabis, Opioids, Cocaine, Pharmaceutical products, Kush and polydrugs. Polydrug use 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.

Cannabis and Cannabis-type substances constituted the highest substance used by people in treatment across the region in 2023 (about 28%). This is followed by Alcohol at about 11.78% and Pharmaceutical Opioids at about 9.2%. Cannabis was however not the principal drug of concern across all reporting countries. In Cabo Verde and Togo, for instance, Alcohol was the primary substance for which treatment was administered. Also, in Sierra Leone, the principal drug of concern was Kush (63%).

We note that the Kush problem in Sierra Leone and its potential for rapid spread across the Region was specifically highlighted during the WENDU data validation workshop as a situation requiring urgent response and preventive action to curb further spread.

Significant incidents of treatment due to Cocaine use were also recorded in Ghana (18%), Cabo Verde (15%) and Liberia (11.4%). Polydrug use in the region was mainly reported in Guinea Bissau. This came second to Cannabis in Guinea Bissau at about 27%.

Principal Drugs of Concern by Gender

There were no overriding dissimilarities between principal drugs of concern for males and females in the reporting year. Nonetheless, the available data revealed some variation in the principal drugs of interest for males and females in some of the reporting countries. Alcohol was the primary substance for which women entered into treatment in Ghana (36%), Senegal (37.62%) and Togo (67.86%). In Benin, more women went into treatment for use of Pharmaceutical opiods compared to Cannabis in the case of the men. There was also a high incident rate of Alcohol use by women in treatment in Benin.

Routes of Drug Administration

The most common route of administration among people in treatment for SUDs in 2023 is West Africa is inhalation (42.4%), closely followed by oral (41.8%). This is a slight departure from the 2020-2022 trend, where inhalation was distinctly the most common route of administration. It is noted, however, that the number of reporting countries is fewer and Alcohol and Pharmaceutical opioids featured prominently as principal drugs in 2023. Other common routes of administration include intravenous (about 5.6%), sniffing (about 4.5%) and the combination of two or more routes (about 5.7%). It is crucial to acknowledge that the percentage of intravenous users may underestimate the actual prevalence, given that intravenous drug users form part of a hard-to-reach population and are infrequently encountered in treatment facilities.

Routes of drug administration in 2023
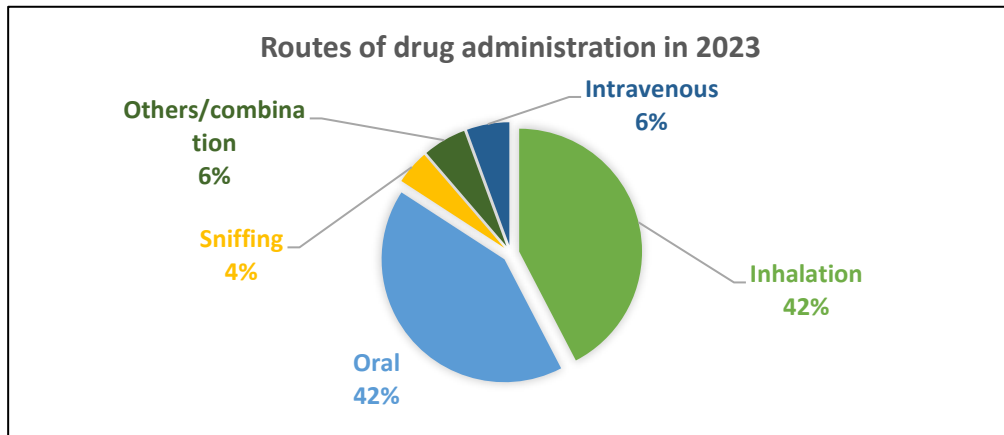
The number of ECOWAS Member States reporting data on HIV tests decreased in 2023 from about 11 to 5 in 2023. A total number of 7,685 responses were reported for the indicator on HIV tests in 2023. However, only 43% of those in treatment know their HIV status. People who inject drugs (PWIDs) are more likely to contract HIV than the rest of the population. Despite the increased risk for PWIDs to acquire HIV through the sharing of contaminated drug injection equipment, very few treatment entrants in the region know their HIV status.

This results to limited access to HIV prevention, treatment and care for PWIDs in ECOWAS Member States and Mauritania. Evidence from the analyzed WENDU data indicates that the West African region continues to employ the client-initiated HIV testing and counselling, also known as the voluntary HIV counselling and testing. However, this primary model for HIV screening is limited by discrimination and increased fear of stigma by individuals already marginalized due to substance use behavior. In order to increase the coverage of HIV testing in the region and subsequently increase access to HIV treatment and prevention, it is pertinent that the treatment centres start to implement the Provider-initiated HIV testing and counselling based on the WHO/UNODC guidance on HIV testing and counselling in health facilities
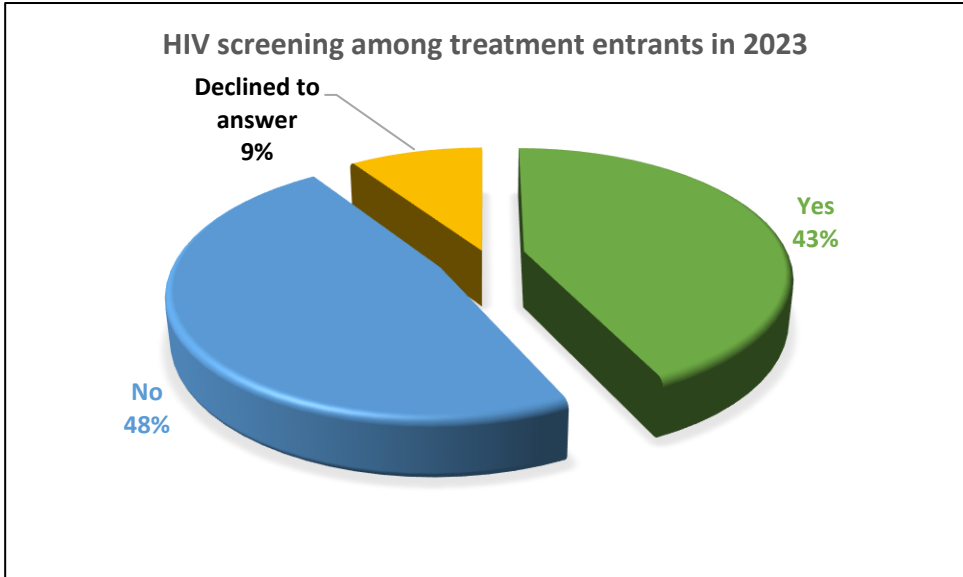
Gender and Substance Abuse

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

There were no overriding dissimilarities between principal drugs of concern for males and females in the reporting year. Nonetheless, the available data revealed some variation in the principal drugs of interest for males and females in some of the reporting countries. Alcohol was the primary substance for which women entered into treatment in Ghana (36%), Senegal (37.62%) and Togo (67.86%). In Benin, more women went into treatment for use of Pharmaceutical opioids compared to Cannabis in the case of the men. There was also a high incident rate of Alcohol use by women in treatment in Benin.

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 (73.4%) than the older age groups in 2023. This report further revealed that about 0.6% of individuals treated for SUDs in 2023 were aged 10 to 14 years, implying the early onset of substance abuse and highlighting the need for intensified efforts towards evidence-based prevention in the region.

Age Categories of Persons Treated in 2023

Age Category	Percentage
65+	0,40%
60 - 65	1,20%
55 - 59	3%
50 - 54	3,50%
45 - 49	4,60%
40 - 44	7,80%
35 - 39	13,30%
30 - 34	15%
25 - 29	27,30%
20 -24	17%
15 - 19	6,30%
10 to 14	0,60%
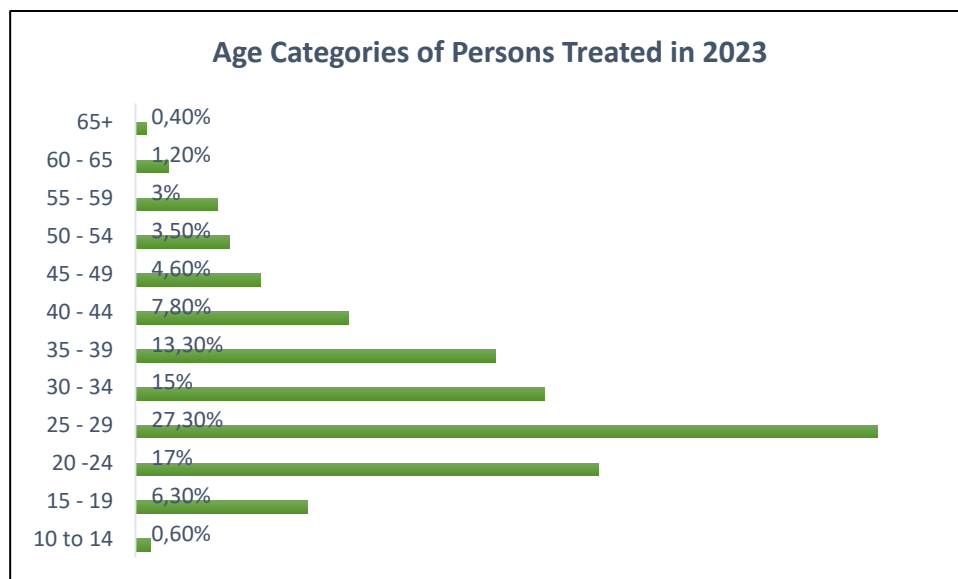
Occupation of Treatment Entrants

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

Occupational status of persons treated for suds in 2023

- Full time job: 22,18%
- Part time job: 13,91%
- Unemployed: 33,21%
- Student/pupil: 19,32%
- Other: 6,56%
- Apprentice/Intern: 2,03%
- House wife: 2,05%
- Retired/Pensioner: 0,73%
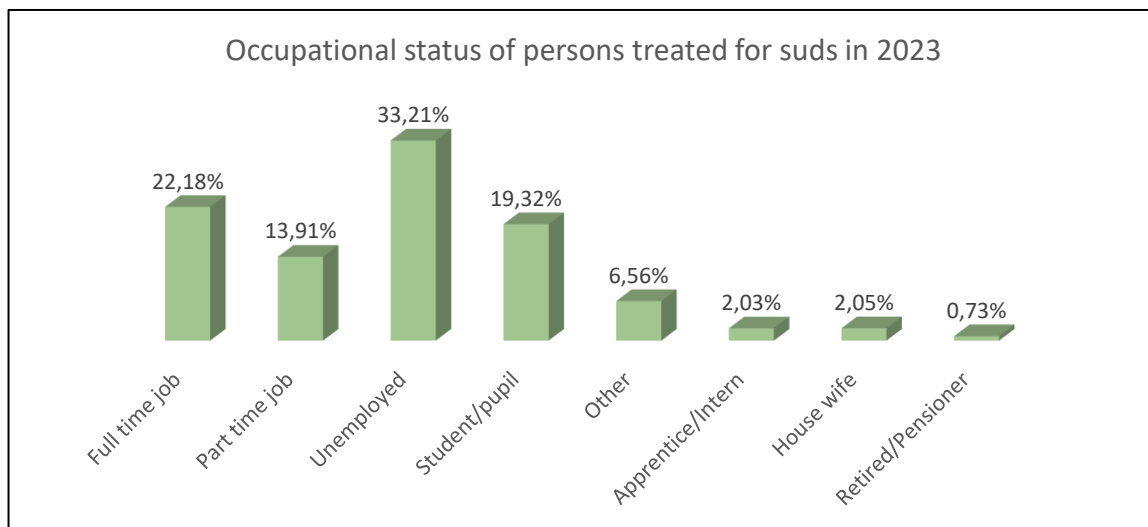
Educational Status of Treatment Entrants

The majority of patients who entered treatment for SUDs in 2023 had either secondary education (48.70%) or tertiary education (18.50%). The concentration of treatment demand amongst those in educational institutions further underscores the need for evidence-based prevention intervention and policy framework to address substance use in educational institutions in West Africa, beginning with the primary schools, as early onset of drug use has already been established.

Educational status of treatment entrants in 2023

- Others: 10%
- Tertiary: 18,50%
- Secondary: 48,70%
- Primary: 14,30%
- None/Pre-primary: 8,90%
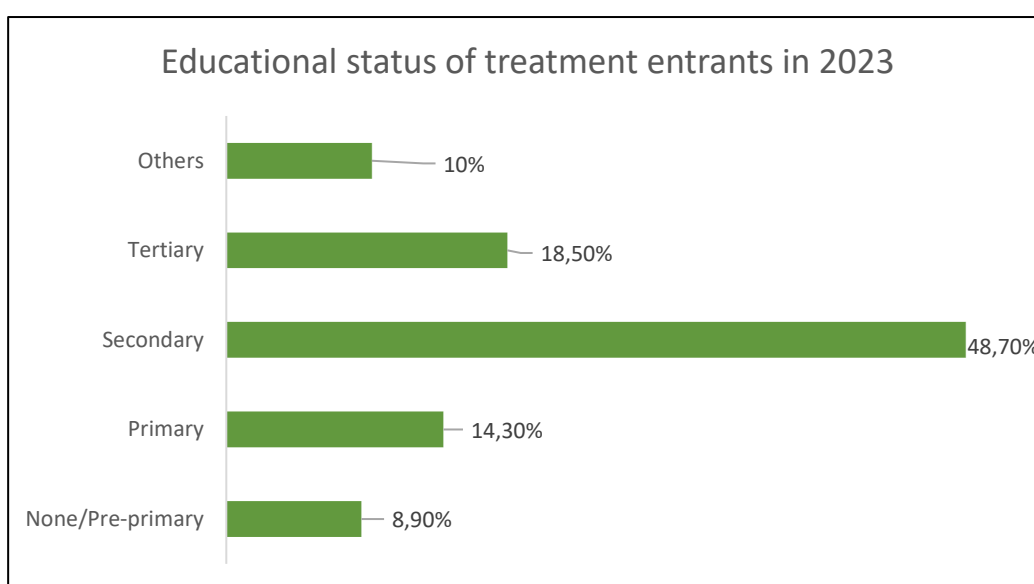
Marital Status of Treatment Entrants

In a continuing trend, the highest percentage of persons treated for SUDs in the region during the index period were single persons.

Marital status of persons treated for suds in 2023

Married: 15,60%
Separated/Divorced: 6,60%
Cohabiting: 1,50%
Widowed: 1,50%
Single: 79,60%
Others: 4%
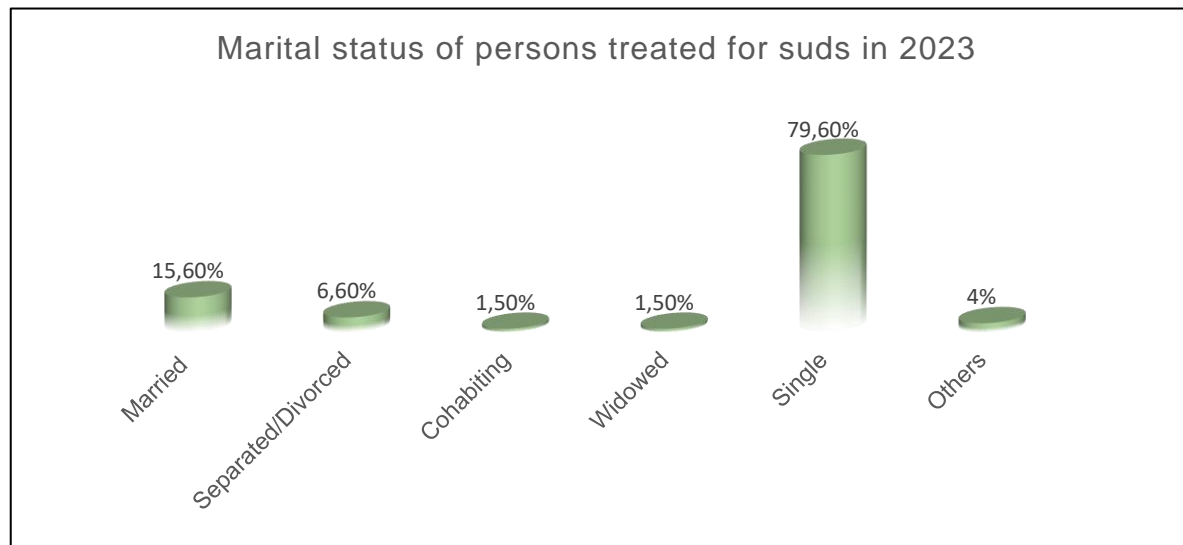
Sources of Referral and Payment for Drug Dependence Treatment Services

Persons with SUDs were mostly referred to treatment by family and friends in 2023. The low rate of institutional referrals by Law Enforcement Agencies/Judicial Institutions, Educational Institutions, employers, etc points to the need for enhanced partnerships and advocacy with these institutions which have some form of influence over most PWSUDs.

Specifically, regarding Law Enforcement Agencies/Judicial Institutions, the ECOWAS Commission recently launched its Pilot Project on Alternative to Incarceration (ATI), calling for a shift from punitive measures to treatment referrals for PWSUDs in contact with the justice system. It is anticipated to improve access to treatment and decrease recidivism amongst PWSUDs.

Sources Of Referral For Treatment In 2023

Social Services: 0,55%
Others: 0,75%
Law Enforcement/Judicial Ins.: 1,31%
Healthcare Services: 5,15%
Faith-Based Org.: 0,60%
Educational Ins.: 0,48%
Work/Employer: 0,86%
Self/Friends/Family: 90,30%
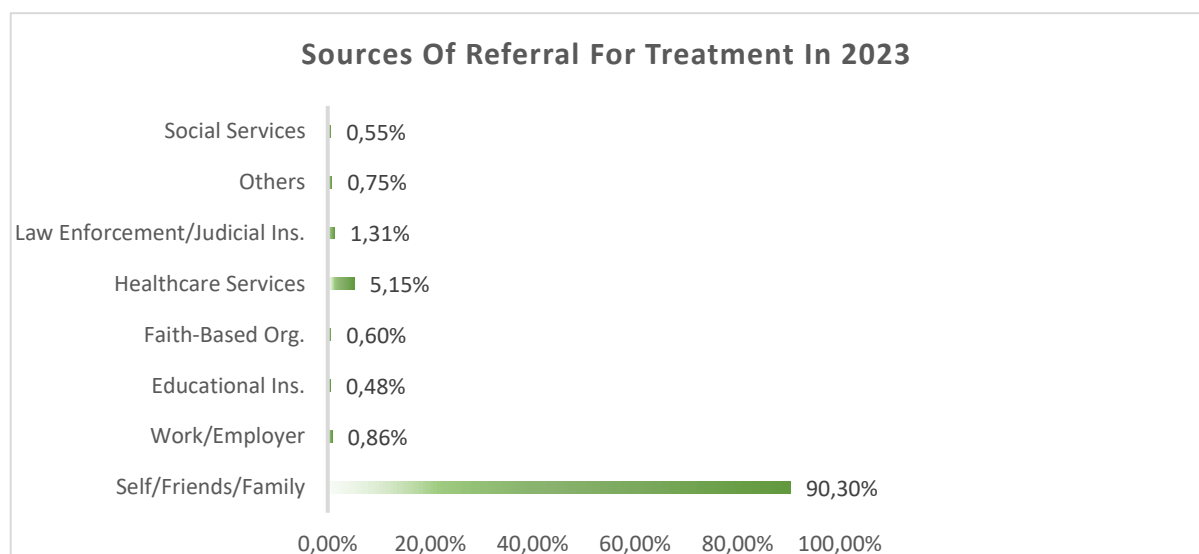
Family and friends also made up the highest source of payment for treatment of SUDs. Affordability of healthcare for SUDs has been a major factor limiting access to treatment. However, some Member States, including Cabo Verde, The Gambia and Senegal have provided free treatment for Persons with SUDs. This has encouraged and improved access to treatment for SUDs in these Member States. Member States who are yet to make such provisions are encouraged to do so. Policies which extend medical insurance to mental health challenges, including SUDs are also desirable in improving access to treatment.

Sources of payment for drug treatment in 2023

Self 7%
Unknown/Others 21%
Medical Insurance 2%
Work/Employer 6%
Family and friends 64%
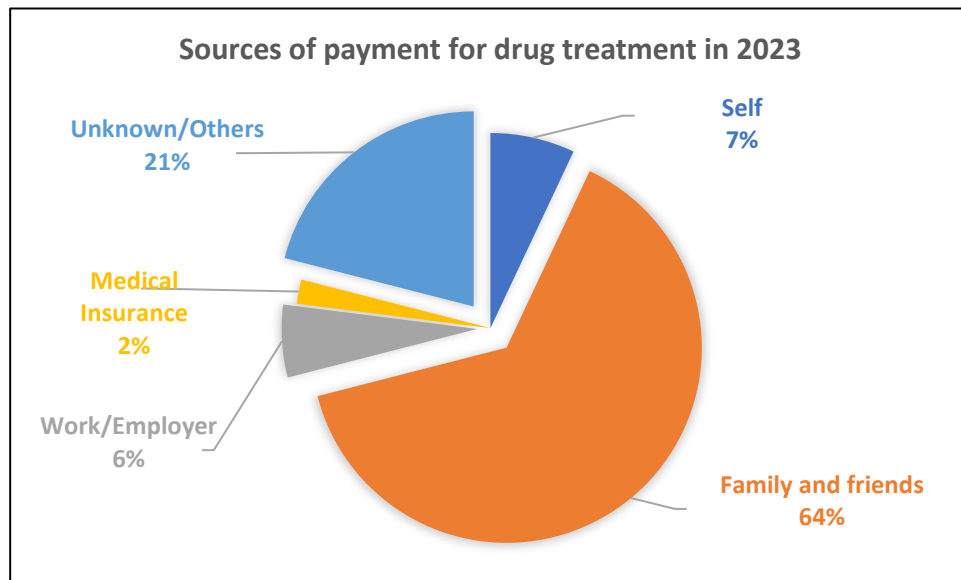
Residential Areas of Treatment Entrants

According to the WENDU data, about 80% of people treated for SUDs in 2023 lived in urban areas, compared with their counterparts living in semi-urban (9%) and rural (11%) areas. In addition, the data suggests significant variation in hospital admissions according to the types of substance used, the main substance involved, referral to treatment, age at first use and the residential area of people entering treatment by country. Possible contributing factors to the observed pattern of access to treatment in urban, semi-urban and rural residential areas include, but are not limited to, poverty, unemployment, low levels of education and lack of access to mental health care.

Residential areas of treatment entrants

Rural 11%
Semi-Urban 9%
Urban 80%
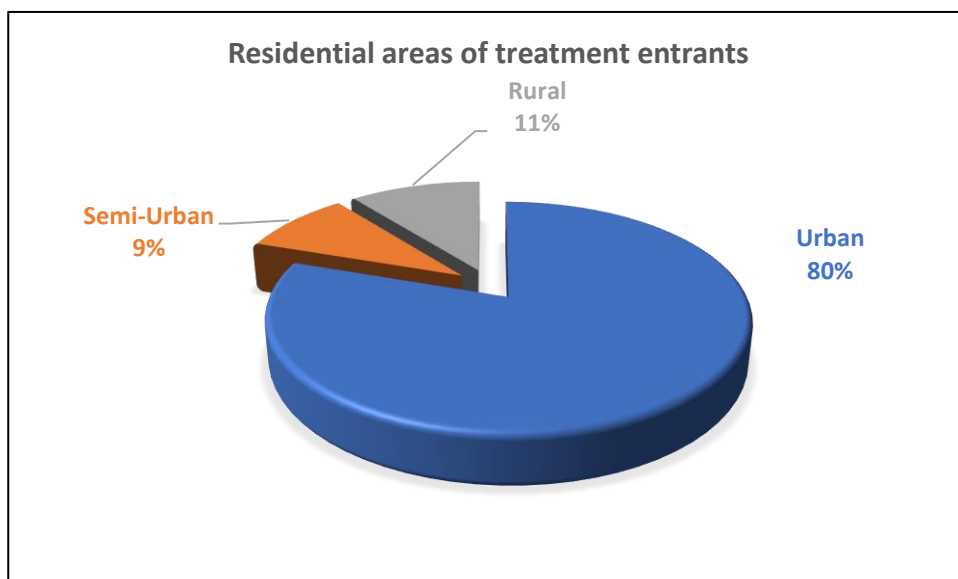
SECTION TWO

COUNTRY SPECIFIC DATA

BENIN

Geographical and Demographic Situation

The Republic of Benin, located on the Gulf of Guinea, spans 114,763 km². It is bordered by Burkina Faso and Niger to the north, Nigeria to the east, Togo to the west, and the Atlantic Ocean to the south. The country's geography includes plains, savannah, and the north-western Mount Atacora, with elevations up to 800 meters.

Benin has a population of approximately 11.5 million, nearly half of whom are under fifteen. The population is divided into three linguistic groups: GBE (e.g., Fon, Aïzo), EDE (e.g., Yoruba, Nago), and GUR (e.g., Batonu, Ditamari). Over fifty regional languages are spoken. The primary religions are Christianity (36%), Animism (35%), and Islam (20%), with widespread religious syncretism.

The population growth rate is 2.77%, higher than the 2% average for least developed countries, leading to urbanization and challenges in employment, social services, education, and health.

Since the late 1990s, Benin has enjoyed a stable democracy with peaceful elections. The current government, in place since 2021, has implemented the second "Government Action Programme" (PAG) to improve productivity and living conditions. Despite a generally favorable socio-political climate, the government faces high economic expectations and social pressures to reduce youth unemployment and improve public services.

SUPPLY SUPPRESSION

Some Legislative Measures Taken to Prevent and Control Illicit Drug Trafficking, Organised Crime and Drug Use.

The Benin government has established comprehensive legal measures at international, regional, and national levels to address the growing drug problem. The political will of the State and Government of Benin is evident in the legislative and regulatory measures taken, including the ratification of United Nations Conventions and various bilateral, multilateral, and international agreements on drugs.

Key legislative measures include:

- **Law No. 87-09 (21 September 1987)**: Concerning poisonous plants.
- **Law No. 97-025 (18 July 1997)**: On the control of drugs and precursors, particularly Articles 92 to 108.
- **Act No. 2007-016 (6 July 2007)**: Establishing a National Financial Information Processing Unit (CENTIF).
- **Law No. 2011-20**: Addressing the fight against corruption and related offenses.
- **Law No. 2017-27 (18 December 2017)**: Regarding the production, packaging, labeling, sale, and use of tobacco and related products.
- **Act No. 2018-16 (28 December 2018)**: The Criminal Code of Benin.
- **Act No. 2018-14 (2 July 2018)**: Amending and supplementing the Code of Criminal Procedure.
- **Act No. 2018-17 (25 July 2018)**: Combating money laundering and terrorist financing.
- **Act No. 2018-13 (2 July 2018)**: Amending and supplementing the organization of the judiciary and establishing the Court for the Suppression of Economic Offenses and Terrorism (CRIET).

Benin has also established the Interministerial Commission to Combat Drug Abuse and Psychotropic Substances (CILAS), set up by Decree No. 99-162 (8 April 1999) under the Ministry of Security. CILAS's responsibilities include:

- Coordinating and leading government policy on combating illicit trafficking and drug abuse.
- Proposing action plans and effective measures to the government to protect Benin from drug addiction.
- Implementing international conventions, agreements, and protocols on narcotics and psychotropic substances.
- Assessing the State's annual requirements for narcotics and psychotropic substances.
- Issuing import permits for these substances as needed.

- Controlling the entry, distribution, and use of these substances at all stages, including endorsing import, export, or use certificates or authorizations and controlling stocks.
- Maintaining statistics on narcotic drugs and psychotropic substances.
- Supervising and controlling the processing or manufacture of these products when necessary.
- Keeping an updated list of authorized persons and establishments involved in the possession, manufacture, import, or trade of narcotic drugs and psychotropic substances.
- Updating national regulations on narcotic drugs and psychotropic substances in line with international treaties.
- Providing opinions on all industrial and commercial operations involving poisonous substances.
- Submitting an annual report on the national situation regarding narcotics and psychotropic substances
-

Table 1 : Drug traffickers arrested in 2023

YEAR	Number of people arrested and referred to court
2023	490

The number of people arrested in 2023 (490) was slightly higher than in 2022 (460), thanks to the firmness and professionalism shown by the agencies involved. The government and its technical and financial partners have also shown political will in supporting the many strategies to combat drugs. This is reflected in the efforts toward capacity-building and the establishment of institutions for prevention and deterrence.

The operation of intelligence networks and their exchange between these institutions and law enforcement officers have helped to dismantle groups of traffickers, who are also highly organized with the sole aim of slipping through the net of the defense and security forces

Table 2 : Drug seizures in 2023 (in Kg)

DRUG TYPE	QUANTITIES KG
Cannabis	13,704.06
Cocaine	19.01
Heroïne	10.96
Xtc Mdma	0.011
Methamphetamine	1.5
Oxycodone	0.117
Medications	12,718.11
Methadone	0.25
Metaqualone	0.102
Other Products Not Yet Identified	154.28
Total	16,454.63 (Excl. Other Products) Not Yet Identified))

Cannabis and medicines made up the bulk of products seized by law enforcement agencies in 2023, in addition to other drugs. The case of Cannabis can be explained by the fact that many people, faced with the global economic crisis, the lack of decent employment and taking advantage of the conflicts in the sub-region, are choosing to grow and trade in this plant to satisfy their vital needs. As far as medicines are concerned, there are grounds for suspecting the existence of clandestine laboratories in the country, with repeat traders continuing to supply the black market.

Faced with this situation, the central government must urgently provide the necessary resources to put in place a policy to steer young people towards legal activities likely to meet their needs, and to provide the security and defence force with appropriate means of transport to reinforce patrols with special motivational actions for the benefit of young people.

Table 3 : Gender and Nationalities of Persons Arrested

Gender 490		Nationalities and gender disaggregation of persons arrested																	
M	F	Benin		Nigeria		Niger		Togo		B/Faso		Cameroun		The Netherlands		Ghana		Senegal	
		404		29		39		9		1		2		1		2		1	
421	69	346	58	21	8	37	2	8	1	3	0	2	0	1	0	2	0	1	0

Nationalities and gender of persons detained
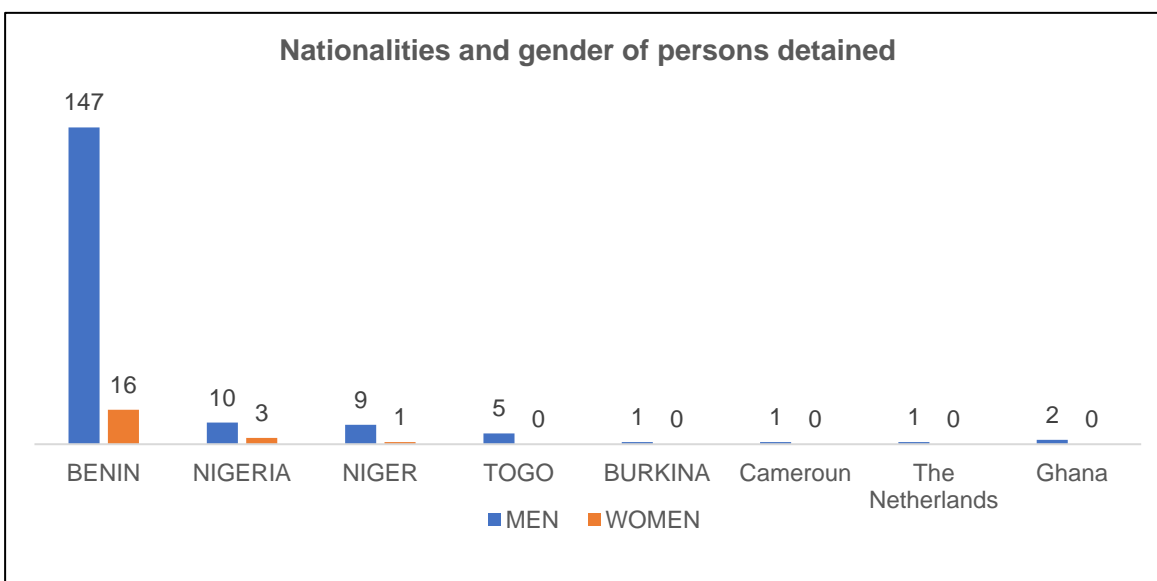
Table 3 shows that Beninese citizens top the list of people arrested.

The fact that so many people have been remanded in custody shows that the operational structures on the ground, in conjunction with the country's judicial system, remain uncompromising in this fight. Cannabis cultivation in certain areas, the proliferation of means of transport and the porous nature of the borders are all factors that can explain the high number of people arrested and brought to trial.

The calm and hard work of the judicial institutions in Benin's criminal justice system must be encouraged in the management of cases linked to drug trafficking, and the capacities of all those involved must be strengthened. It's true that repression has own its limits in this battle as the phenomenon takes on a more prominent role in society, but it remains a deterrent and should not be abandoned for any reason whatsoever.

TREATMENT DEMAND

Data collected from Five Hundred and Three (503) healthcare facilities throughout the country was used to indicate treatment demand.

Table 4 : Data by departments

DATA BY DEPARTMENTS in Benin Republic											
Alibori	Atacora	Borgou	Donga	Hills	Zou	Tray	Couffo	Ouémé	Coastline	Mono	Atlantic
00	00	00	23	00	103	00	04	34	277	25	37

The departments in which there were no results are those were the agents likely to collect the data were recently trained in December 2023 by CILAS in collaboration with the CNHUP-C. The low number of treatment entrants in some places may be due to patients' ignorance of going to the existing care centers in their locality or a lack of motivation on the part of the staff.

The high number of registered drug users in the Coastline department is probably justified by the fact that it is a department that receives internal migrants in search of well-being, the high concentration of data collection centres and also the prevailing idleness may be a factor. This is why it is important that the State reviews the policy of job creation, guidance and reintegration with a view to settling young people in peri-urban and rural areas, which would certainly reduce the rural exodus.

Table 5: Data by Centres

NAMES OF DRUG TREATMENT CENTRES	N	RESPONSIBLE
Cotonou Integrated Addiction Care Centre	79	SESSOU Richard
Ouma Health Centre in ZOU	75	SESSOU Richard
Centre National Hospitalier et Universitaire-Hubert Koutoucou MAGA, Cotonou	73	SINGBO Dorothée
Cotonou National Hospital and University Centre for Psychiatry	107	HONTONDJI Eugenie
Comè zone hospital	16	WABODOU Serah
Aguégués Health Centre	22	KOKOUN Jules
CS Sèmè Kpodji	20	KINIGBE Jocelyne
Allada Social Centre	15	DJOUHOLOU Eudoxie Sika
St Camille de Tokan	18	AGBOTON Pascaline
St Camille de Bohicon	28	AGBOTON Pascaline
St Camille de Djougou	23	AGBOTON Pascaline
Lokossa STI/HIV/AIDS Information and Forecasting Centre	09	ADELANKOU Rosemonde
BRANDA Clinic	08	ASSOGBA Romaric
Departmental Directorate of Social Affairs and Microfinance (Couffo)	04	GUIDIBI Alban Joël
MISSIGBE Clinic	06	ADJAHI Lise
TOTAL	503	

Table 6 : Type of Treatment

Treatment	Year of declaration 2023	
	No.	%
Outpatients	340	67.6%
Inpatients	138	27.43%
The two	25	4.97%
Total	503	

To date, it is hospitals in urban areas that mostly receive drug users for appropriate care, whether on an outpatient or inpatient basis. This makes it difficult to identify the full impact of drug addiction,

not only in areas that are not covered, but also in those that are, because it is only relatives, friends, the judicial services or the law enforcement agencies who refer drug users to certain treatment centres that are sometimes unknown to the general public. It is therefore vital to involve NGOs involved in this fight and the traditional therapists to whom these people are often referred by their parents or friends, most of whom are illiterate. There is also a need to raise public awareness of what to do when faced with drug users.

Table 7 : Sources of Referrals

Sources of recommendations	Year of declaration 2023	
	no.	%
Personal/family/friend	422	83.90%
Work/employer	05	1%
Social services	08	1.60%
Doctor/psychiatrist/nurse (Healthcare professional)	13	2.58%
Hospital/clinic/	15	2.98%
Criminal court/department	11	2.18%
Educational establishment	18	3.58%
Religious denominations	11	2.18%
TOTAL	**503**	

For this group of patients, the request for care came mainly from family/friends and the patient him/herself (83.90%), followed by educational institutions (3.58%). Referrals from religious denominations, social services, doctors and hospitals were in the minority. The therapeutic injunction or alternatives to incarceration is not yet widely used by courts and employers for psychiatric care.

Table 8 : Main Substances of Abuse

Main substances	Year of declaration 2023		NOTES
	No.	%	
Alcohol	104	20.67%	Poly-drug use, with consumption of 2 to 3 products in addition to the main one declared
Cannabis	233	46.32%	
Cocaine/crack	16	3.2%	
Heroin	03	0.59%	
Opiate	56	11.13%	
Sedative	12	2.39%	
Hallucinogen	08	1.6%	
Solvent	12	2.39%	
Other (stimulants) tramadol, tobacco, dissolution	59	11.72%	
TOTAL	503		

An analysis of this table shows that cannabis is the most widely used drug (46.32%), but is used in combination with several other drugs. Its cultivation in certain areas of the country makes it more accessible to consumers at lower cost. It is followed by alcohol (20.67%), which is produced almost everywhere, although the quality of production leaves much to be desired. It is much in demand at all the country's religious ceremonies and festivities. Tramadol, tobacco and dissolution (11.72%) are consumed by a fringe of young people (bricklayers, trainee drivers, motorbike drivers, etc.) and farmers for physical energy. The health risks are enormous, but these users ignore them.

Figure 1 : Main Substance of Abuse by Gender

Gender integration of substances used in Benin Republic

Substance	Women	Men
Other (Tramadol, tobacco, dissolution)	27,27%	9,82%
Solvents	7,27%	1,79%
Hallucinogens	3,64%	1,34%
Opiates/Heroin	7,27%	11,61%
Sedative	9,10%	1,56%
Cocaine/crack	7,27%	2,90%
Heroin	0%	0,45%
Cannabis	16,36%	50%
Alcohol	21,82%	20,53%

■ Women   ■ Men
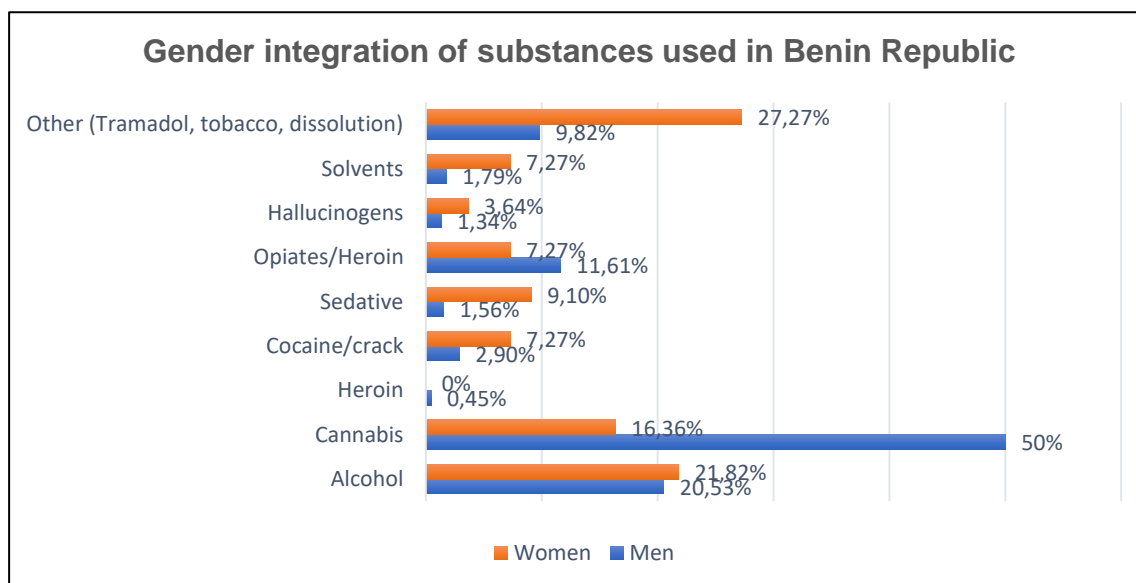
According to these results, the drugs most used by men are cannabis (50%) and alcohol (20.53%). Alcohol (21.82%) and other drugs (tramadol and other psychotropic products) (27.27%) are the drugs most used by women in this table. Opiates (11.61%) for men play a no less important role in the lives of some adults, who live in less than stellar social situations. Once again, those involved need to raise awareness to warn the public of the inestimable damage.

Table 9 : Routes of Administration

Method of administration	Year of declaration 2023	
	No.	%
Oral	131	26.04%
By inhalation	288	57.26%
By sniffing	00	00%
Intravenous	06	1.19%
Other/combination	78	15.51%
Total	503	

Inhalation (57.26%) and oral (26.04%) are the main routes of administration adopted by drug users in this report. A combination of routes (15.51%) was also used by users. Intravenous drug use (1.19%) is very low, due to awareness campaigns about the risks of contamination by viral and other diseases. Most intravenous drug users also live in ghettos, often in hard-to-reach areas.

Table 10 : Occupational Situation

Occupational variables	Year 2023	
	No.	%
Works full time	92	18.3%
Works part-time	59	11.73%
Not working/unemployed	107	21.27%
Apprentice/intern	38	7.55%
Student	194	38.57%
Housekeeper	11	2.19%
Disabled/medically unfit for work	00	00%
Retired	02	0.39%
TOTAL	503	

Pupils/students (38.57%) and the unemployed (21.27%) formed the majority of persons in treatment in this report. They use drugs more generally, they say, to prevent themselves from falling asleep to study (in the case of learners) and the illusion of drowning their worries in idleness (in the case of the unemployed). Patients in full-time employment (18.3%) and those in part-time employment (11.73%), in search of good feelings and energy to perform well at their jobs also indulge in drugs. Mass awareness-raising is needed among these different social groups to limit the damage.

The saying goes that work is a source of liberation. It is therefore imperative for governments to develop an employment policy adapted to the context in order to reduce the gap between the marginalized and dream of a fulfilled population.

Figure 2 : Educational Situation

People who have completed secondary/university education (50.3%) top the record, ahead of those with secondary education (24.05%) and those who have never been to school or have barely learned the French alphabet (15.51%).

It is clear that students are more exposed to drugs of all kinds. It is the responsibility of parents and those involved in the fight against drugs to raise awareness among this target group, on whom the country's future depends.

Educational Situation in Benin Republic

None/pre-primary	Primary	Secondary	Completed secondary school/University
15,51%	10,14%	24,05%	50,30%
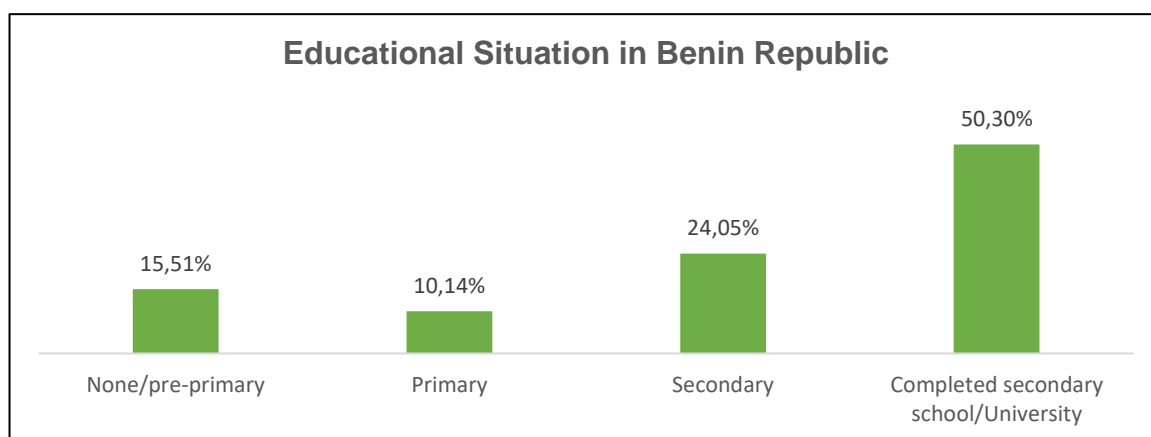
Table 11 : Marital Status

Marital status	Year 2023	
	Number	%
Single (never married)	300	59,**64%**
Married	93	18,49%
Divorced/ Separated	53	10,54%
Widowed	57	11,33%
Total	**503**	

 In Benin, people who have never married are the most represented group in treatment (59.64%). They are followed by married people (18.49%), divorced/separated people (10.54%) and widows/widowers (11.33%). The situation of single and married people, who account for a high proportion of drug users, can be explained both by the lack of means to start a family and assume their responsibilities and by the gloomy state of business. It is desirable that the social support system be reviewed, strengthened and prioritised by those in power.

Table 12 : Frequency of Use by Type of Drug.

Drug category	Frequency of consumption in the last month (Reporting year, 2023)				TOTAL DRUGS ABUSE
	Did not consume during the month	Consumed once a week or less	Used 2-6 days a week	Used daily	
Alcohol	18	15	39	32	104
Cannabis	29	29	58	117	233
Crack/Cocaine	00	02	01	13	16
Ecstasy	00	00	00	00	00
Opiates/Heroin	01	00	04	54	59
Sedative	03	03	04	02	12
Hallucinogen	01	04	03	00	08
Solvent	03	05	03	01	12
OTHER DRUGS	11	17	12	19	59
TOTAL	66	75	124	238	503

The high rate of cannabis consumption, followed by alcohol, shows how easy it is to obtain these products. Locally produced cannabis and alcohol cost consumers almost nothing. The frequency of use of these two products is a cause for concern and calls on law enforcement and health officials to take appropriate measures to limit the health and safety consequences for the population.

Breakdown of Patients by Age and Average Age

The findings show that the 25-29 age group corresponds to young people who, in the prime of their lives, are struggling to find stable, well-paid employment so that they can start a family and assume their responsibilities. The uncertainty of achieving this goal drives these young people into the arms of drugs, with deplorable consequences. According to the average age (28) in the report, the public authorities need to give serious thought to the guidance and retention of young people in the education system in order to guarantee their integration into the world of work.

Table 13 : Age range of inpatients in treatment centres classified by type of main drug of abuse

Main drug of abuse	Reporting Year 2023	
	No	Range
Alcohol	104	25-64
Cannabis	233	15-64
Heroin/epiates	59	40-65
Cocaine/crack	16	20-59
Sedative	12	35-64
Solvent	12	20-29
Hallucinogen	08	20-39
Other (tramadol)	59	25-59

Table 14 : HIV screening

Tested for HIV in the last 12 months	Year of declaration : 2023	
	No.	%
Yes	51	(10.14%)
No	293	(58.25%)
Refused to answer	159	(31.61%)

The high percentage of people who do not know their HIV status and who declined to answer the questions is proof that many want to live in ignorance and spare themselves the fear of certain death if they are carriers.

Table 15 : Area of Residence

Residence	Year of declaration : 2023	
	Number of residents	% of the population
Urban 1	339	67.40%
Semi-urban 2	151	30.01%
Rural 3	13	2.58%
Total	503	

The results of this report show that traffickers are invading urban centres to sell their products. This is due to the high population density in these centres, brought about by the influx of young people looking for permanent, well-paid jobs. The failure of these young people to live up to their illusions exposes them to the dangers of drugs, to which they become addicted as a result, among other things.

Table 16 : Sources of payment for services

Source of payment	Year of declaration 2023		Comments
	No	%	
Personal income	157	31.21%	Standard cost recovery procedures and Community funding
Family/ Friends	278	55.27%	
Employer	01	0.20%	
Medical insurance	00	0%	
Other Unknown, ND and other)	67	13.32%	
TOTAL	503		

The cost of patient care received in this financial year was borne mainly by relatives and friends (55.27%). Personal income covered 31.21% of this total, and 13.32% came from unknown sources. It should be noted that the central government has not yet really defined a policy of comprehensive care. To this end, and in addition to the efforts already made by the State, it is important to seek help from NGOs and other community and international organizations.

Table 17 : Concomitant diseases

Types of disease	Yes	No
Cardiovascular diseases	07	496
Respiratory disorders	08	495
Mental disorders	26	477
Hypertension	02	501
Liver diseases	04	499
Diabetes	03	500
Gastrointestinal diseases	00	503
Tuberculosis	00	503
Hepatitis	00	503

The insignificant number of diagnoses for diseases other than HIV/AIDS highlights drug users' ignorance of the diseases associated with drug use. It is up to the State to find the appropriate means to make this community aware of the problem, so that they can be optimally cared for.

Table 18 : HCV/HBV screening

Tested for HCV/HBV in the last 12 months	Year of declaration : 2023	
	no.	%
Yes	26	5.17%
No	448	89.06%
Refused to answer	29	5.77%

COMMENTS ON THE RESULTS

The results of the evaluation of the incidence of drug addiction in Benin before the use of the WENDU tool did not reflect reality. These discrepancies can be attributed to a number of significant factors. These include the sources of the data analysed (medical, judicial, general population surveys, etc.) and unsuitable data collection tools.

The approach found and validated today by ECOWAS is WENDU data collection in hospitals. With this tool, the data comes directly from the care centres and is compiled and analysed rigorously by mental health care professionals.

In the reports of this approach, men are more represented with a high percentage (91.16%) and the population most affected is that of the 25-29 age group (24.40%), corresponding to a population of young adults. This is followed by the 20-24 age group (16.53%).

The results of the same report show that the most commonly used drugs are alcohol and Cannabis, which are unfortunately consumed with other precursors.

Among teenagers, Cannabis is used for curiosity, imitation and self-affirmation. Among adults, on the other hand, it is used for its euphoric effects, its convivial dimension, but also to relieve stress, help relaxation or promote sleep or enhance performance in the fields or in the holds of ships or in markets for unloading goods. Also known in Benin as 'gué', 'gandja', 'kif' or 'azô', Cannabis is a plant that is grown in many parts of the country, and some people use it as a cash crop despite the formal prohibition in force.

Tramadol is less frequently mentioned in this report, even though it is still the faithful companion of certain socio-professional categories, notably motorbike taxi drivers, drivers of hand-propelled vehicles (rickshaws) and heavy machinery.

It should be noted that polydrug use is frequently recorded with combinations: alcohol + cannabis, alcohol + cannabis + tobacco, cannabis + alcohol + diazepam / trihexiphamidyl / tramadol or other precursors.

Among the new substances acting as narcotics are amphetamines commonly known as "caterpillar", "gandja", "formol", "gbahou" or "gnagan pobôl", medicines such as tramadol, solvents such as dissolvent, paint, glue, varnish, ether, petrol, powdered dried faeces, synthetic drugs, etc.

Injecting drug users are rarely seen in hospitals in Benin. The same applies to certain target groups such as homosexuals. Awareness-raising campaigns aimed at these two groups, who are largely unaware of treatment mechanisms, will be a priority in future programmes.

CONCLUSION

All in all, the results obtained in the fight to reduce the supply of drugs in 2023 show that the number of people arrested and brought to justice exceeds the number arrested and brought to justice in 2022. This finding calls on all those involved to combine their efforts to reduce the problem. When it comes to seeking treatment, the population remains undecided and prefers to live clandestinely with

their serological status. They need to be made sufficiently aware of the harmful effects of drugs and other psychotropic substances, so that they can be better cared for by the appropriate centres.

The average age of drug users (28) directly affects young people and reflects a general trend in drug use among the population. It would be beneficial for the central government to devise a policy of vocational training for young people and job creation for this age group, to ensure the development of the entire population in terms of health and safety. Schools, universities, fields and ghettos in some Beninese towns are some of the places where these psychoactive substances are marketed and consumed.

RECOMMENDATIONS

To succeed in the fight against drugs, we need to:

- Make a plea for a firm commitment from the State to allocate its own resources in the national budget to the fight against drug addiction;
- Encourage and increase research into drug addiction in Benin;
- Update and rigorously apply anti-drug legislation, with tighter controls at our borders;
- Create and develop outpatient and inpatient addiction centres;
- Build the capacity of law enforcement officers, and especially healthcare workers, in terms of diagnosis and management through broader training programmes and the use of statistical tools such as WENDU;
- Equip borders with the right equipment to step up patrols and more objective checks and searches;
- Increase awareness among all socio-professional and religious groups of the risks of illicit trafficking and drug use;
- Increase the coverage capacity of the team of trainers by organizing training sessions for trainers to ensure that all the districts of Benin are adequately covered;
- Set up an observatory to combat drug addiction.

COTE D'IVOIRE

Context

Côte d'Ivoire established a national plan to combat illicit trafficking and drug abuse in 1998, which was adopted in 2000. However, the scope of efforts to address these issues has since expanded beyond this initial plan. The Comité Interministériel de Lutte Antidrogue (CILAD), the institution responsible for combating illicit trafficking and drug abuse in Côte d'Ivoire, prioritized the development of an integrated national plan in 2017.

To reduce the demand for drugs, the Ministry of Health has developed a national protocol for the care of drug users. This protocol uniquely proposes a minimum package of activities at each level of the health pyramid and includes a framework for opiate substitution treatment, which has been implemented in Côte d'Ivoire for nearly two years.

Regarding data collection, over a dozen care facilities, which currently do not meet international standards, are participating in a platform that periodically provides strategic data, albeit with relatively limited output, until 2021.

DRUG SUPPLY SUPPRESSION IN 2023
Drug Seizures

Cannabis is still the most commonly seized drug in Côte d'Ivoire, with annual seizures usually amounting to several dozen tons. Cannabis seizures in 2023 (13.629 kg) were slightly lower than in 2022 (15.020 kg). While cocaine was the most seized drug (2.062 tons) in 2022 after cannabis, medicines diverted for drug-related purposes, particularly tramadol (220.344 kg) and benzodiazepines (53.172 kg), were the most seized substances after cannabis in 2023. There has been a sharp increase in tramadol seizures compared with 2022 (15.443 kg). Is this increase the result of increased targeting of tramadol by law enforcement agencies in response to the "Khadafi"

phenomenon that shook the country this year, or is trafficking/use clearly on the increase in the country?

Table 1: Quantities of drugs seized, by Type in 2023

Drugs	Quantities seized in 2023
Cannabis	13,267 T
Cocaine	37.785 kg
Heroin	4.991 kg
STA	0
Khat	0
Benzodiazepine	53.172 kg
Tramadol	220.344 kg
Ephedrine	0

Arrests for Drug-Related Offences

Overall, there was a slight decrease in the number of people referred to court for drug-related offences in 2023 (2,613) compared with 2022 (2,798), with men accounting for 93.11% of those referred in 2023. There was also be a slight increase in the number of minors brought before a judge. 58 in 2023 compared with 50 in 2022.

Table 2: Total number of arrests for drug-related offences by gender

Number of arrests in 2023	2613
Gender	
Men	2433
Women	122
Minors	58

The data collection system does not provide a breakdown of those arrested according to the type of drug trafficked or consumed. The majority (80-95%) of people brought before a judge for drug-related offences are users. However, the system is currently being improved to provide information on this indicator.

Application for Treatment for Drug Addiction 2023

The data below has been compiled from ten (10) facilities providing care for drug-related disorders.

In 2023, Cannabis followed by Heroin were the most frequently cited substances used by patients, accounting for 56.7% and 12.4% respectively.

Table 3: Main Substances Used in 2023

Main medicines used 2023	%
Cannabis	56.76
Cocaine	4.23
Crack	
Heroin	12.41
Ecstasy	4.14
MEVL/MSO*	0.08
STA	0.78
Poly Consumption	
Other: tobacco, Alcohol, Tramadol	Tobacco = 32.03

Socio-Demographic Characteristics of Patients (2023)

A total of 3,571 patients were treated in drug treatment centres in 2023. The majority were in the 20-24 age group (22.29%), followed by the 25-29 age group (18.71%). Overall, at least six out of ten patients were under 35, and 80% of them had attended school. Most of them were unemployed (35%) and there were also pupils/students (18.20%). The majority of patients were single (89.08%).

Table 4: Socio-Demographic Characteristics

Demographic variables 2023	2023 %
Age range	
10-14	0.03
15-19	11.20
20-24	22.29
25-29	18.71
30-34	15.35
35-39	15.71
40-44	6.94
45-49	4.93
50-54	2.86
55-59	0.81
60-64	0.64
65+	0.53
Occupational situation	
Full-time employment	19.35
Part-time work	18.82
Not employed/unemployed	35
Students	18.20
Housewives	0.67
Retired	0.30
Other	7.95
Civil status	
Married	4.23
Separated/divorced	0.42
Widows	0.31
Simple	89.08
Other	5.96
Level of education	
None/primary	11.85
Primary	17.95
Secondary	45.59
Tertiary	16.66
Some studies	7.95

Routes of Administration

The main route of administration was inhalation, accounting for 70% of all cases reported in 2023, followed by the oral route with 23.6%.

Route of administration	2023 (%)
Oral route	23.61
Inhalation	70.04
Sniffling	2.63
Intravenous route	1.37
Other/Combination	2.35

Gender and Substance Use 2023

In 2023, the majority of patients seen for drug-related disorders were male (90.3%).

Gender of patients seen for consultation	Number of employees (N)	Frequency (%)
Men	3226	90,34
Woman	345	9,66
TOTAL	3571	

In 2023, the use of psychoactive substances was more or less the same for men and women, whatever the substance used.

Table 5: Main drug used by gender

Category of drug	2023	
	Men	Women
Cannabis	56.70	57.39
Heroin/opioids	12.71	9.57
Cocaine	4.2	3.77
Crack		
Other stimulants	-	-
Sedatives/hypnotics	-	-
Hallucinogen	-	-
Other organic solvents/glues	-	-
Other (nicotine)	4.59	9.28
Sedative hypnotics	-	-
Others (Tramadol)	11.81	3.19

Treatment cases and models (2023)

In 2023, WENDU data for Côte d'Ivoire showed that 87.1% of people receiving treatment received outpatient care. The majority of patients (97.1%) were referred for care by family and friends, who also paid for care in more than six cases (66.7%).

Most of the patients lived in urban areas. The rate of patients tested for HIV and hepatitis C was 37.5% and 2.6% respectively.

Number of cases					
Number of new cases					
Follow-up treatment					
Unknown/refused to answer					00
Outpatients					87.15
Inpatients					12.85
Therapeutic community					00
Home advice					00
Advice away from home					00
Source of referral					
Self/family/friends					97.17
Work/employer					0.45
Social services					0.17
Psychiatrist/doctor/nurse (healthcare professional)					0.39
Courts/correctional facilities/law enforcement agencies					1.18
Educational establishment					0.45
Other					0.20
Source of payment					
Medical insurance					00
Friends/ family					66.79
Employer					0.03
Personal income					3.22
Unknown					1.46
Other (combinations)					28.51
Residential area					
Urban area					94.76
Semi-urban area					2.38
Semi-urban area					2.86
HIV screening					
Yes					37.52
No					62.48
Refusal to answer					00
HCV screening					
Yes					2.60
No					97.40
Refusal to answer					
Injection					
Never used injections					87.40
Use of injections					2.60
Unknown/refused to answer					10

Conclusion

In 2023, 3,571 patients were treated in centres for the treatment of drug-related disorders, the majority of whom were male. They were generally single and lived in urban areas. The main drug used was cannabis. Most were referred for treatment by their families, who also provided medical care. Almost all the patients had not been screened for Hepatitis C, compared with nearly four out of ten who had been screened for HIV.

Recommendations

Recommendations to ECOWAS/ National authorities

Capacity building

- Building the capacity of national stakeholders in the treatment of substance use disorders and the prevention of substance use.

- Training national decision-makers to use data in action.

- Improving technical facilities for treatment, care and support for drug users and their families.

- Support the acquisition of specific drugs and inputs for treatment facilities

- Carrying out nationwide surveys on substance use

- Support nationwide epidemiological, economic and social studies on the use of psychoactive substances.

-Carrying out a bio-behavioural study of vulnerable drug users in other inland towns.

Strengthening the information and health data collection system on drug use.

- Develop a collection of health indicators on drug use and support its integration into the national health information collection system.

CABO VERDE

Background

Republic of Cabo Verde, is an archipelago located 500 km from Senegal and 1,400 km southwest of the Canary Islands in the North Atlantic. It consists of ten islands divided into the Barlavento and Sotavento groups. The archipelago spans a land area of 4,033 km² and has an exclusive economic zone of 734,235 km². Most islands are volcanic, featuring notable peaks on Fogo, Santo Antão, and Santiago, while Sal, Boa Vista, and Maio are flat and bordered by beaches. Only 10% of the land is arable, and mineral resources are scarce. The economy is mainly service-based, with a focus on tourism and foreign investment.

Strategically located in international drug trafficking routes between Africa, Europe, and the Americas, Cabo Verde faces significant public health threats from drug trafficking and consumption. In response, the country has invested in treatment facilities, including the Granja de São Filipe Therapeutic Community and psychiatric services in major hospitals. In 2022, the Ribeira de Vinha Therapeutic Community was established with support from Kuwait. Prisons have also been equipped with psychosocial support areas, and the Praia central prison features a drug-free unit.

Integrated Addiction Response Centres (ERID) have been set up to provide community-based treatment services. The Integrated National Plan to Combat Drugs and Related Offences (2018-2023) serves as a strategic framework, aligned with regional and

international initiatives like the African Union's Agenda 2063 and the UN Sustainable Development Goals.

The Plan focuses on two main areas:

1. **Demand Reduction**: Implementing measures for prevention, care, treatment, and social reintegration that are specifically tailored to the target population and the context of the intervention

2. **Supply Reduction**: Strengthening institutional capacities, judicial and security system cooperation, and maritime and air border control to combat the supply of illicit drugs.

Analysis of Psychoactive Substance Use in Cabo Verde: Key Findings from the 2012 National Surveys

The results of the "National Survey on the Prevalence of the Consumption of Psychoactive Substances in the General Population", carried out in Cabo Verde in 2012, revealed that 7.6% of individuals have already consumed illicit psychoactive substances throughout their life trajectory, with cannabis. being the most consumed drug (7.2%).

The consumption profile shows that it mainly affects men, at 14.2%, compared with 2.5% for women.

It particularly affects young people aged 15 to 34 (8%). Compared with alcohol consumption, which is the most widely used legal substance, prevalence in the general population is 63.5% over the course of a lifetime, affecting men (81.3%) more than women (49.5%).

The prevalence of drug use is very high among drug users and sex workers, at 90%.

Also according to the " National Survey on the Use of Psychoactive Substances in Cabo Verdean Secondary Schools" carried out in 2012, among secondary school students, the lifetime prevalence of the use of psychoactive substances is 3% for cannabis, 0.7% for ecstasy, 0.5. % for amphetamines, 0.5% for cocktails and cocaine and 0.4% for heroin and crack. It should be noted that the most widely used illicit substance is cannabis, both during a lifetime and in the last 12 months (2.1%) and 30 days (1.2%).

In general, initiation into the use of illicit substances occurs around the age of 16 for both boys and girls.

Aware of the enormous challenges posed by the trafficking and consumption of psychoactive substances and the need for credible evidence for policy formulation and the evaluation of interventions, the Coordinating Committee on Alcohol and Other Drugs, as part of the implementation of the ECOWAS Action Plan to Combat Illicit Drug Trafficking and Organised Crime in West Africa and with technical assistance from the United Nations Office on Drugs and Crime (UNODC) and support from the European Union, established the National Epidemiology Network on Drug Use in Cabo Verde in October 2018, which encompasses key partners in data collection in the country and follows the WENDU questionnaire model.

Demographic and Socioeconomic Overview of Cabo Verde

Cabo Verde's population is characterized by its youth, with an average age of 28.6, below the world average (30), but set to rise to 33 by 2030.

Cabo Verde is facing a situation of demographic transition characterized by falling fertility and mortality rates. As indicated in the Strategic Plan for Sustainable Development, the proportion of people under the age of 15 and over the age of 64 is tending to fall and, as a result, the availability of people of wealth-creating age is increasing.

This demographic transition, by making a greater proportion of young people available on the labour market, is, on the one hand, an asset for improving the performance of the economy and the well-being of the population. On the other hand, it may mean an increase in new social challenges, if the productive structure does not have sufficient elasticity to respond to the increase in demand for employment.

Due to its geographical location and vulnerable borders, the country has become a transit point for drugs, and some of the drugs that pass through remain in the country, fueling local consumption.

Data sources

The data presented in this report were collected from the Granja de São Filipe Therapeutic Community (CTGSF) and the Ribeira de Vinha Therapeutic Community (CTRV), which are residential units for the treatment and social reintegration of drug addicts; the Espace de Réponses Intégrées aux Addictions (ERID), community-based outpatient treatment (One Stop Shop model) in Praia and Sal; services at Praia Central Prison that deal with the treatment of drug-addicted inmates, namely the Espace d'accompagnement psychosocial (EAP) and the Unité Sans drogue (ULD), which operate on an outpatient and inpatient basis respectively. These are all departments of the Alcohol and Other Drugs Coordination Commission (CCAD).

These data are in addition to those from the health departments of Santa Cruz, Sal, Santa Catarina de Santiago, Ribeira Grande de Santiago, São Lourenço dos Órgãos, Ribeira Grande de Santo Antão, Boa Vista, Maio, Fogo, Brava and São Nicolau.

In addition to public treatment facilities, Cabo Verde has 3 NGOs, all religious in nature, dedicated to the treatment of drug addicts: Tendas do El Shaddai, Fazenda da Esperança and Remar. Of these, the only one that admits women for treatment is Remar. All work in a hospital environment. This is why, in view of the commendable work carried out and in order to have a complete view of the data on chemical dependency treatment in Cabo Verde, CCAD has also added the data from these treatment facilities.

These NGOs work in close collaboration with CCAD and have been trained in the implementation of the WENDU questionnaire, which they then began to apply in their respective Centres.

Data on drug seizures made during 2023, provided by the Judicial Police, are also presented.

DATA FROM HEALTHCARE STRUCTURES AT NATIONAL LEVEL

Table 1: Total services provided by healthcare facilities

Total participation	Total	%
	758	100%

a) Services by island

Islands	Amount	%
Santo Antão	66	8,70%
São Vicente	162	21,37%
São Nicolau	125	16,49%
Boa Vista	42	5,54%
Maio	22	2,90%
Saint-Jacques	178	23,48%
Fogo	32	4,22%
Brava	12	1,58%
Sal	119	15,69%
Total	758	

Table 2: Proportion of new cases

Proportion of new cases	Total	%
Yes	534	70.44%
No	224	29.55%
Total	758	

Table 3: Type of treatment

Type of treatment	Amount	%
In Patient	268	35.35%
Outpatient	490	64.64%
Total	758	

Table 4: Gender of users

Gender of patients served	Total	%
Male	677	89.31%
Female	81	10.68%
Total	758	1

Table 5: Age distribution of users

Age group of users	Total	%
10-14	0	0%
15-19	2	0.26%
20-24	47	6.20%
25-29	84	11.08%
30-34	119	15.69%
35-39	109	14.37%
40-44	100	13.19%
45-49	79	10.42
50-54	99	13.06%
55-59	88	11.60%
60-65	31	4.09%
Total	758	

Table 6: Main Drug Used

Main drug of dependence that prompted treatment - Men and women	Total	%
Alcohol	469	61.87%
Cannabis	137	18.07%
Cocktails (Crack+Marijuana)	21	2.77%
Cocaine	87	11.47%
Fissure/Stone	30	3.95%
Ecstasy	0	0%
Tobacco	11	1.45%
Other	3	0.39%
Total	758	

a) Women

Main addictive drug that determines treatment for women	Total	%
Alcohol	65	80.24%
Cannabis	3	3.70%
Cocktails (Crack+Marijuana)	0	0%
Cocaine	5	6.17
Fissure/Stone	7	8.64%
Ecstasy	0	0%
Tobacco	0	0%
Other	1	1.00%
Total	81	

b) Men

Main addictive drug that determines treatment for men	Total	%
Alcohol	427	63%
Cannabis	126	19%
Cocktails (crack+marijuana)	23	3%
Cocaine	77	11%
Fissure/Stone	23	3%
Ecstasy	0	0%
Tobacco	1	0%

Other		0	0%
Total		677	

Table 7: Main methods of substance use

Consumption modes	Total	%
Ingestion/Oral	486	64%
Smoked	220	29%
Sniffed/inhaled	52	7%
Injected	0	0%
Other (not included)	0	0%
Total	758	1

Table 8 - Area of residence

Users' area of residence	Total	%
Urban	401	57%
Semi-urban	119	17%
Rural	171	24%
No content	7	1%
Total	698	

Table 9 - HIV screening

HIV screening	Total	%
Users who know their HIV status	287	53%
Users who do not know their HIV status	256	47%
Total	543	

Table 10 - Patients with concomitant diseases

Concurrent diseases of users	Total	%
Hypertension	19	54%
Mental retardation	2	6%
Schizophrenia	2	6%
HIV-positive	2	6%
Epilepsy	5	14%
Diabetes mellitus	3	9%
Psychoses	2	6%
Haemorrhoids	0	0%
Depression	0	0%
Other diseases (hepatitis B, C, etc.)	0	0%
Total	35	

Drug Seizures in 2023

In 2023, the Judicial Police seized a total of 34.585776 kg of Cocaine, 9,578.9941 kg of Cannabis and 0.264379 kg of Hashish nationwide.

The largest seizures of Cocaine, Cannabis and Hashish were made on the island of Santiago. 250 ml of hashish oil were also seized in Praia and 1.04 grams of a mixture of hashish and cocaine in Mindelo.

Table 14: Judicial Police data - Drug seizures in 2023

Nrupping Kg	Seizures Department					Total
	Praia	**Assomada**	**São Vicente**	**Sal**	**Boa Vista**	
Cacaïne	11.999716	0.00	22.17669	0.40937	0.00	34.585776
Cannabis	9,175.9177	400.5	0.17139	2.295	0.11	9, 578.9941
Haschisch	0.207639	0.00	0.03252	0.00	0.00	0.264379

Main results

Analysis of the WENDU 2023 data collected points to the fact that in 2023 the trend of the last 3 years continued, during which treatment data was obtained at national level. A total of 758 patients were treated, 89 from health centres and police stations, 79 from the Granja de São Filipe Therapeutic Community, 119 from the Integrated Addiction Response Space, 44 from the Psychosocial Support Space, 16 from the Free Drugs Unit, 14 from Tendas do El Shaddai and 114 from Remar Cabo Verde. Of these patients, 65% were treated as outpatients and 35% as inpatients.

In 2023, the percentage of male patients, 89%, and female patients, 11%, remained unchanged. In the Psychosocial Support Area, the Drug-Free Unit, the El Shaddai Tents and the Fazenda da Esperança, all the patients are men.

The equivalent of 70% of patients seek treatment services for the first time, and the majority do so on their own initiative.

The age group between 30 and 34 has the highest number of patients (16%). However, it is easy to see that they started using very early, with 1% of patients starting to use between the ages of 6 and 9. It should be noted that 4% of patients are aged between 60 and 65.

Alcohol was identified as the first drug used by 60% of patients. However, patients at the Psychosocial Support Area and the Drug-Free unit at Praia Central Prison had started to use Cannabis. Alcohol was also cited as the drug that prompted treatment seeking by 66% of men and 74% of women. As a result, oral ingestion is the most commonly used method of consumption.

Cannabis is the second most commonly used drug among men (19%) and crack is the second most commonly used drug among women (15%).

No cases of abuse of or dependence on opiate drugs have been recorded, and since 2019, no cases of injection drug use have been recorded.

More than half, 57%, of patients live in urban centres. This figure rises to 89% among patients at the Granja de São Filipe Therapeutic Community and 100% among patients at the Ribeira de Vinha Therapeutic Community. This is partly due to the population density of urban centres and the ease of access to medicines.

These figures do not include patients from the Psychosocial Support Area and the Drug-Free Unit, as they are in isolation.

Around 53% of patients using treatment services know their HIV status. The remaining 47% do not know their status, either because they have not taken an HIV test or because they have taken the test but did not want to know the result.

In addition to dependence on alcohol and other drugs, patients suffered from other concomitant illnesses, such as high blood pressure (54%), psychoses (6%), HIV (6%), mental retardation (6%), epilepsy (14%), schizophrenia (6%) and diabetes (9%).

The overwhelming majority, 98%, of patients who have used WENDU's treatment services are of Cabo Verdean nationality, with the remaining 2% of foreign nationality, which was not specified.

Of these patients, 91% are single, 5% are married, 2% are divorced, 2% are in a common-law relationship and 1% have not declared their marital status.

The corresponding 83% of patients did not pay for treatment, and of the nearly 17% who did pay, around 11% received family support and 6% paid out of their own resources.

Incomplete integrated basic education is the qualification of around 32% of patients, followed by incomplete secondary education at 27%. It should be noted that 3% of patients have completed higher education.

The equivalent of 45% of patients had a job before seeking treatment. These are mainly patients from the health posts and the drug-free unit at Praia Central Prison. The difference between unemployed patients, at 40%, is not great.. Students account for 5% and the corresponding 6% are in precarious employment.

Police figures for 2023 show that the Judicial Police seized a total of 34.585776 kg of Cocaine, 9,578.9941 kg of Cannabis and 0.264379 kg of hashish throughout the country.

The largest seizures of cocaine, cannabis and hashish were made on the island of Santiago. 250 ml of hashish oil were also seized in Praia and 1.04 grams of a mixture of hashish and cocaine in Mindelo.

General conclusions

During 2023, all the healthcare facilities contributed to the WENDU database, and for the third year running, data was extracted, contributing to the preparation of the report currently being analysed.

This result is the outcome of ongoing investment in the training of technicians who work with the data and of fluid dialogue between all the health structures, particularly those that are not part of the WENDU pilot structures and that have started to apply the questionnaire. It is also the result of investment in training representatives of the 3 treatment NGOs to apply the WENDU questionnaire in their respective centres, but they have yet to receive the data from Fazenda da Esperança.

By 2023, the situation had returned to normal after Covid 19, with services provided entirely in person and patients admitted without any inconvenience.

The percentage of hospital admissions has risen from 9% in 2022 to 35% in 2023, thereby reducing the percentage of outpatient care.

It is easy to see that the majority of users are men. The difference between male patients, 89%, and female patients, 11%, has remained unchanged since 2022.

There has been a considerable increase in crack use among women.

For the second year running, the judicial police have recorded a record number of hashish seizures.

Alcohol remains the most widely used addictive substance and has been identified as the drug that most motivates people to seek treatment. This is why, alongside the prevention of the use of other drugs, the country has invested in strengthening prevention and inspection measures. Among these measures, the presidential initiative "Less Alcohol, More Life Campaign" stands out, created in 2018 with the aim of preventing and reducing the abusive consumption of alcoholic beverages, through actions that bring about changes in behaviour, with the adoption of healthy lifestyles in articulation with reducing access to alcohol. This campaign has now been transformed into the "Less alcohol, more life" Foundation.

In 2019, the new law on alcohol, law no. 51/IX72019 of 8 April, was approved and came into force, establishing the regime for the availability, sale and consumption of alcoholic beverages in public places, places open to the public and workplaces of central and local public administration departments and bodies and private entities. This law aims to protect public health, particularly that of children and young people, as well as public safety.

In December 2022, a study was carried out on the implementation of this new law, with the aim of understanding the real scope and state of implementation of the measures provided for by the said law and, thus, enabling the search for solutions and better measures to overcome the constraints linked to its application.

ECOWAS has just provided Cabo Verde, through the Alcohol and Other Drugs Coordination Commission, with a sufficient number of computers for all the health structures that are part of WENDU, including the 6 Integrated Response Centres for Addictions (one-stop shops), which have started operating. These equipment will certainly help to consolidate the gains made with the creation of WENDU.

After training new technicians and retraining those already collecting data, the country will be in a position to have increasingly comprehensive data that reflects the real situation in the country.

This data will enable anti-drug policies to be readjusted to the reality of the country, thus fulfilling one of the objectives of creating WENDU.

On 16 February, the first year of operation of the Ribeira de Vinha Therapeutic Community on the island of São Vicente, the second in the country and dependent on the CCAD, began. This report includes data collected from this treatment centre, which will also benefit from equipment provided by ECOWAS.

However, alongside the gains, there are also constraints. The data on the prevalence of psychoactive substance use in the general population is obsolete, dating back to 2012. It is therefore essential to carry out another study that will enable us to understand the real situation in the country and, consequently, to adjust policies in this area. Given that CCAD does not have the financial resources to cover the costs of such a study, it is counting on ECOWAS's support to carry it out.

The need for regular training of health professionals remains, given their high mobility. To achieve this objective, it is important for the Alcohol and Other Drugs Coordination Commission to be able to count on the support of its international partners, in particular ECOWAS, so that it can monitor the extent, trends and patterns of drug use and its consequences throughout the country.

THE GAMBIA

Context

The Gambia is located on the west coast of Africa. It occupies an area of 11,295 sq km (land: 10,000 sq km and water: 1,295 sq km). This makes it one of the smallest countries in Africa.

The capital city is Banjul, with a population of about 31,301 excluding suburbs, but it is exceeded in size by both Brikama 699,704 (2013 Population and Housing Census) and Kanifing (382,096 inhabitants (2013 Population and Housing Census).

The country is divided into seven administrative areas: five regions and two municipalities.

The country has seven health regions namely *West Coast Region (1&2), Lower River Region, Central River Region, Upper River Region and the North Bank Region (east and west).*

The population of The Gambia is now at 1,882,450(GBOS, 2013, Population and Housing Census).

The main sources of data for drug supply suppression in The Gambia are the Drug Law Enforcement Agency (DLEAG), the Police, the Central Prison and the Gambia Bureau of Statistics, while data on drug dependence treatment was obtained from the Ministry of Health. Data on drug dependence treatment was collected from two key sources. This year, the selected facilities named below are those used for treatment due to the covid19 pandemic. As a result, only the Tanka-tanka psychiatric facility was authorised to make admissions.

- The Tanka Tanka psychiatric establishment.
- Ministry of Health, Department of the National Mental Health Programme/Treatment Facilities.

DRUG SUPPLY SUPPRESSION

Trafficking and Possession : Quantity Seizures 1st January To 31st December 2023

Drug Type	2023
Cannabis	1t,954 Kg,34 G,492 Mg
Cannabis Plantation	133 Kg,600 G
Cocaine	184 Kg,46 G,398 Mg
Heroin	74 G
Hashish	9kg,598 G,883 Mg
Clonazepam	3 Tabs
Methamphetamine	3,854 Tabs
Skunk	1 Kg,841 G,554 Mg
Ecstasy	11,385 Tabs
Tramadol	83 Tabs
Kush	7 Kg,352 G,121 Mg
Diazepam	37 Tabs
Mdma	5g,120 Mg
Crystal Meths	78g,266 Mg

The table above shows the seizure statistics of the period under review, 1st January to 31st December 2023. There was a significant decrease in the quantity of seizures of Cocaine, Clonazepam, and Tramadol in 2023 compared to 2022.

In contrast, there is a minimal increase in the quantity of seizures of Cannabis but a significant increase in the seizure of other drug types. However, Kush, Diazepam, MDMA, and Crystal Meth which were not seized in 2022 were seized in significant quantities in 2023. It is important to note that the significant seizures of Cannabis in the form of plantations in 2023 compared to 2022 is an indication of an increase in local cultivation of Cannabis.

Cases and Arrestees

2023	Cases	Arrestees	Gambian	Non-Gambian
	623	633	539	94

Cases, Arrestees and Nationality
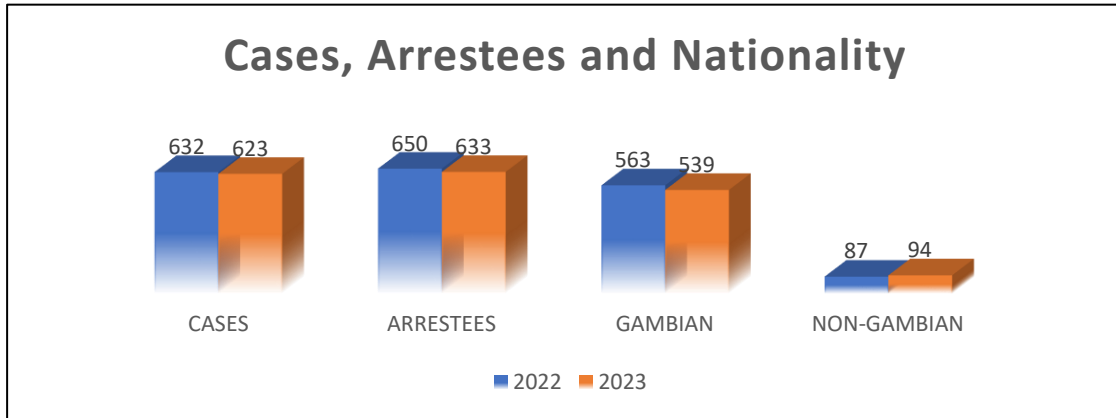
The chart above illustrates a minimal decrease in the number of cases registered, the total number of arrestees, and the number of Gambians arrested in 2023 compared to 2022. However, there is a slight increase in non-Gambian arrests compared to 2022 the same period.

Regional case

Banjul		Kanifing Municipality		West Coast Region		Upper River Region		North Bank Region		Lower River Region		Central River Region	
2022	2023	2022	2023	2022	2023	2022	2023	2022	2023	2022	2023	2022	2023
23	36	161	180	315	287	41	29	46	51	12	27	34	13

The period under review reveals cases registered in all administrative regions of the Gambia. West Coast Region (WCR) and Kanifing Municipality (KM) continue to register more cases compared to other regions. This could be attributed to population density in WRC and KM as well as their proximity to the southern part of Senegal "Cassamance" and the amusement areas. All regions except WCR, URR, and CRR registered an increase in cases in 2023 compared to the same period in 2022.

Cases per Drug Type

Type Of Drug	Trafficking Cases	Possession Cases
	2023	2023
Cannabis	55	340
Cannabis Plantation	3	3
Cocaine	23	4
Heroin	2	1
Hashish	17	36
Clonazepam	NIL	1
Methamphetamine	NIL	20
Skunk	1	23
Ecstasy	NIL	5
Tramadol	NIL	4
Diazepam	NIL	1
Kush	NIL	79
Mdma	NIL	3
Crystal Meths	NIL	2
Total	101	522

There was a significant decrease in Cannabis trafficking cases as of 31st December 2023 compared to the same period in 2022 while possession cases were minimally reduced. Cannabis plantation cases were registered in both trafficking and possession in 2023 while only registered as a single case in 2022.

The data revealed that Cocaine was registered only under trafficking in 2022 while in 2023 was registered on both trafficking and possession. The total trafficking cases in 2023 is significantly reduced while possession increased in 2023 compared to 2022.

Arrestees' Nationality

Nationality	Total 2023
Gambian	539
Senegalese	33
G/Bissau	7
G/Conakry	4
Nigerian	9
Jamaican	Nil
Sierra Leonean	34
British	3
American	1
Spanish	1
Turkish	1
DR Congo	1
Total	633

The period under review indicates a regular pattern of more Gambian arrestees followed by Senegalese in both 2022 and 2023. It is interesting to note the significant reduction of Senegalese, and Nigerians while there was a significant increase in the arrest of Sierra Leoneans, and Bissau Guineans in 2023 compared to 2022.

Age Distribution Percentage

Age Bracket	No. Of Arrestees		Percentage (%)	
	2022	2023	2022	2023
17 yrs and below	10	25	1.54	4
18 yrs-35 yrs	448	466	68.92	74
36 yrs and above	192	142	29.54	22
TOTAL	650	633		

Region	17 yrs and below	18 yrs to 35 yrs	36 yrs and above
	2023	2023	2023
Banjul	NIL	30	2
Kanifing Municipality (KM)	4	135	29
West Coast Region (WCR)	13	209	85
Lower River Region (LRR)	NIL	20	5
Central River Region (CRR)	1	5	7
Upper River Region (URR)	2	20	3
North Bank Region (NRB)	5	47	11
TOTAL	25	466	142

The table above indicates that minors were arrested in the KM, WCR, CRR, URR and NBR in 2023. The arrests of minors in 2023 significantly increased compared to 2022. The age

brackets of 18 to 35 years constitute the highest number of arrestees in both years. However, only 36 years and above registered a reduction in 2023 compared to 2022.

Gender Distribution (Region)

Region	2023	2023
	Male	Female
Banjul	32	NIL
Kanifing Municipality	165	3
West Coast Region	294	13
Lower River Region	25	NIL
Central River Region	12	1
Upper River Region	23	2
North Bank Region	61	2
TOTAL	612	21

The 2023 data indicates a slight decrease in male arrestees while a slight increase in female arrestees in 2023 compared to 2022. However, this is the reflection of the cases registered and arrested persons during the period under review. WCR and KM continue to register a higher number of arrestees in both male and female categories as well in both years respectively. It is noted that KM, BJL, NBR, and LRR registered a significant increase in male arrestees in 2023 compared to 2022. It is only BJL and LRR that did not arrest any females in both years.

Percentage Gender Distribution

Gender	No. Arrestees	Percentage (%)	Year
Male	634	97.54	
Female	16	2.46	2022
Total	*650*	100	
Male	612	97	
Female	21	3	2023
Total	633	100	

The above table indicates an insignificant difference in the percentage comparison of males and females in 2022 compared to 2023. However, the number of male arrestees in 2022 is more than in 2023 while female arrestees were more in 2023 compared to 2022.

2023 DRUG TREATMENT DATA FOR THE GAMBIA

Socioeconomic and Environmental Factors That Challenge or Influence Substance Use In The Gambia

Some of the socioeconomic and environmental factors are.
- Peer influence
- The desire to travel abroad for greener pastures.
- Poverty
- Unemployment
- Family problems
- Pervasive negative attitudes and prejudices towards mental disorders/substance use

- The limited infrastructure for treatment and care. For example, Tanka Tanka Psychiatric Unit of Edward Francis Small Teaching Hospital (EFSTH) is the only available inpatient facility in the country.
- The inadequacy of human resources available to deliver appropriate mental health care services.
- The limited financial resources.
- Lack of surveys and research into substance use and related problems.
- Lack of commitment by service users in the general health care delivery system

Data Sources

- The Gambia Health Management and Information System HMIS
- The Tanka-Tanka Psychiatric Facility
- The Gambia Bureau of Statistics (GBOS)
- Community mental health team
- Drug Law Enforcement Agency, The Gambia (DLEAG)
- The psychiatric outpatient department (EFSTH)

Limitations of the Data

- Limited data addressing the specific substance of use. E.g., Kush, Ecstasy, cocaine, heroin, methamphetamine etc
- Not all data are available on sex and age distribution.
- Some facilities do not report through the HMIS (Health Management Information System) data bank.
- Continued changes of staff as practitioners especially psychiatric nurses secure more lucrative job offers abroad.

Drug Induced Psychosis Reported From Seven Health Regional Facilities (Major Health Centers)

Regions	Drug induced psychosis. (Inpatient cases)	Drug induced psychosis (inpatient deaths)	Drug induced psychosis outpatient cases
Central River Region	No report	No report	No report
Lower River Region	No report	No report	No report
North Bank East Region	0	0	110
North Bank West Region	No report	No report	No report
Upper River Region	0	0	37
Western Health Region 1	0	0	1952
Western Health Region 2	0	0	415

Kanifing General Hospital; Drug Induced Psychosis F12 And Fi9 2023

Months														
	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec	Total	%
Male	7	9	31	33	33	33	26	33	23	24	7	9	268	99.3
Female	1	1	0	0	0	0	0	0	0	0	0	O	2	0.7
Total	8	10	31	33	33	33	26	33	23	24	7	9	270	100

F12 (Cannabis) 2023

Gender	Months												Total	%
	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec		
Male	13	15	43	50	46	44	29	52	47	48	28	22	437	95.6
Female	1	1	2	2	2	2	2	2	2	4	0	0	20	4.4
Total	14	16	45	52	48	46	31	53	49	52	28	22	457	100

Brikama District Hospital
F19 (Multiple Induced Psychosis) 2023

FEMALE	00	01	00	00	00	00	00	00	02	00	0	01	04	7.7
TOTAL	03	05	07	01	03	02	03	02	07	09	11	02	52	100

Gender	Months												Total	%
	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec		
Male	12	20	34	17	26	23	19	30	40	43	51	47	362	99.7
Female	0	0	0	0	0	0	0	0	01	0	0	0	01	0.3
Total	12	20	34	17	26	23	19	30	41	43	51	47	363	100

F12 (Cannabis Induced Psychosis 2023
Tanka Tanka Psychiatric Unit (The Only In-Patient for Mentally Challenged) 2023

Diagnosis	Under 18 yrs	18 yrs and above	Male	Female	Total	%
Dip	32	1752	1768	16	1784	16

Edward Francis Small Teaching Hospital
Psychiatric Outpatient Department 2023
Drug Induced Psychosis F12

Gender	Months												TOTAL	%
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec		
Male	18	86	80	75	72	66	81	76	89	80	79	88	890	98.2
Female	0	02	03	01	00	03	01	02	01	02	00	01	16	1.8
Total	18	88	83	76	72	69	82	78	90	82	79	89	906	100

Drug Induced Psychosis F19

Gender	Months												TOTAL	%
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec		
Male	5	30	33	23	34	37	32	28	31	25	21	13	**312**	**97.8**
Female	0	01	00	00	01	02	00	02	01	00	00	00	**07**	**2.2**
Total	5	31	33	23	35	39	32	30	32	25	21	13	**319**	**100**

Conclusion

The overview of WENDU data from The Gambia reveals the need for further research studies to obtain qualitative and quantitative evidence on the root cause of drug use. This will enable decision-makers to have a better understanding of the drug situation, and to proceed with the development of evidence-based policies and interventions. The main challenges to reducing

the threat of substance use disorders in The Gambia are inadequate treatment facilities in both urban and rural areas of the country. It is important to note, however, that unless a comprehensive picture of the drug use situation in the country is scientifically established, the Government will not have access to factual information to develop drug policy.

Recommendations

○ There is an urgent need to develop and implement policies and legislation to regulate the sale of psychotropic substances, to reduce their level of consumption and abuse, particularly among teenagers and young people. Policies and human resources are also needed to effectively combat illicit drug trafficking and reduce drug demand.

○ National mental health legislation needs to be revised/modified to deal with new mental health problems resulting from drug and alcohol use.

○ The country urgently needs to embark on a well-planned, evidence-based campaign for public awareness, information and advocacy programs on substance use prevention in schools, communities and the workplace.

○ It is necessary to strengthen the capacity of health professionals in the management of short-term drug use disorders, and to set up sufficient care facilities in both urban and rural areas, with adequate resources. Human resources needed to make treatment available, accessible and affordable.

○ Drug use in The Gambia is currently at an alarming rate, requiring urgent intervention at all levels.

○ Substitute crops should be available to enable cannabis to be replaced by agricultural crops ("agro-crops"), thereby reducing illegal drug cultivation in the country.

GHANA

Abstract

The report under review covers the period from January to December 2023. The data was collected from twenty-one (21) treatment centers across five (5) regions (the Greater Accra, Eastern, Bono, Central and Ashanti regions. The previous year's data was collated from twelve (12) treatment centres within three (3) regions (the Greater Accra, Central and Bono regions).

The twenty-one (21) treatment facilities where the data was collated were made up of five (5) government facilities and sixteen (16) private facilities.

Five hundred and eighty-five (585) clients received treatment in the year 2023. Services received by clients were more in the privately owned facilities (77%) than the government owned facilities (23%). A total number of five hundred and sixty-nine (569) clients (97%) received inpatient treatment services and sixteen (16) clients (3%) received outpatient treatment services. The primary substance of abuse among clients admitted to both inpatient and outpatient treatment centres were Cannabis 273 (47%), alcohol 146 (25%) and Cocaine 106 (18%).

Referrals to the treatment centres were mostly by family (75%), self (9%), doctors/psychiatrist/nurse (7%). Payment for treatment was largely by family (88%), self/personal income (4%) and employer (3%).

Forty-nine (49) persons were arrested within the period from twenty-four (24) narcotic drug related cases. This included male (80%) and female (20%). Cannabis remains the most trafficked drug.

INTRODUCTION

Area Description

Ghana has different geography and ecology extending from coastal savannah to tropical rain forest, with a spanning land mass of 238,533 square kilometres. Ghana shares land borders with Côte d'Ivoire in the west, Togo in the east, Burkina Faso in the north and the Gulf of Guinea in the south.

The Population Household Census in 2021 places Ghana's population at 30.8 million. This is made up of females (50.7%) and males (49.3%) with a national sex ratio of 97 males for every 100 females.

Ghana administratively has sixteen (16) regions with each having its own regional capital city. A Regional Minister appointed by the President of the Republic heads each region. Figure 1 below is the map of Ghana.

Sources of Data:

Data collected was for the period, January - December 2023 and gathered from:

a. Treatment Centers

Data were collected from twenty-one (21) treatment centres. Details of the treatment centers are shown in Table 1 below.

Table 1: Details of treatment centres and their locations

SN	Name of Centre	Location
1	House of St. Francis	Ashiaman
2	Serenity Place	Accra Psychiatric Hospital
3	Addictive Diseases Unit	Korle Bu teaching hospital
4	Compassion Rehabilitation Centre	Brekuso
5	Peridot	New Legon
6	Iris place	Agbogba
7	Jelas	Adenta
8	Wellness Recovery Centre	Accra Psychiatric hospital Outpatient
9	Protocol Recovery Centre	Oyibi
10	Restored and Renewed Centre	Aburi
11	Remar	Sunyani
12	Pantang Rehabilitation Centre	Pantang
13	New Hope	Kumasi
14	FRHAB	Kumasi
15	Brottier Home	Kumasi
16	Willingway	Kumasi
17	Iris Place	Kumasi
18	Cheshire (Kumasi)	Kumasi
19	Peep Ters (Kumasi)	Kumasi
20	Remar (Kumasi)	Kumasi
21	Ankaful	Cape Coast

b. The Narcotics Control Commission (NACOC) - Report on Drug Law Enforcement

The Government of Ghana enacted the Narcotics Drugs (Control, Enforcement and Sanctions) Law, 1990/PNDC Act 236 in 1990 (PNDCL 236). Section 55 of PNDCL 236 provides for the establishment of the Narcotics Control Board. The Board has been replaced by the Narcotics Control Commission which was established by the Narcotics Control Commission Act, 2020 (Act 1019). Act 1019 was established to provide for offences related to Narcotic drugs and plants. The Narcotics Control Commission Act, 2020 (Act 1019) has enhanced the powers of the Commission to control and eliminate the trafficking in prohibited narcotics drugs, co-ordinate the prevention, treatment and rehabilitation of persons with substance use disorders and prevent the illicit use of precursors.

Limitations in the Data Collection

The data collected on the treatment admissions were collected from five (5) Regions (the Greater Accra, Eastern, Bono, Central and Ashanti regions). Data from other treatment centres were not available at the time of collation. This could not be a complete picture of the situation in the country.

The data collected on the number of people arrested for drug trafficking offences, various drugs seized and their quantities were limited to the 2023 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.

DATA PRESENTATION AND ANALYSIS

Descriptive analysis (frequencies and cross-tabulations) was used to describe the data collected. Data were collected, monthly, from twenty-one (21) treatment centres. Five (5) of these treatment centers are government owned. Five hundred and eighty-five (585) clients received treatment during the period under review, as compared to three hundred and eighty-one (381) clients who received treatment in 2022. Details are found in Table 2 below.

Table 2: Proportion of Treatment Episodes (Episodes by Treatment Centre)

S/N	Name of Centre	Jan-Dec. 2023	
		N	
		MALE	FEMALE
1	House of St. Francis	97	24
2	Serenity Place	32	1
3	Addictive Diseases Unit	11	3
4	Compassion Rehabilitation Centre	5	-
5	Peridot (New Legon)	16	-
6	Iris place (Agbogba)	30	-
7	Jelas (Adenta)	33	2
8	Wellness Recovery Centre	2	-
9	Protocol Recovery Centre	28	-
10	Restored and Renewed Centre	-	2
11	Remar	2	-
12	Pantang Rehabilitation Centre	64	2
13	New Hope	114	9

14	FRHAB	34	-
15	Brottier Home 1	11	-
16	Willingway	10	3
17	Iris Place	6	2
18	Cheshire	11	-
19	Peep Ters	5	-
20	Remar	9	-
21	Ankaful	12	5
	Total	532	53

Table 3: Proportion of New Cases

New Cases	2023	
	No.	%
Yes	585	100

In Table 3 above, 'Yes' shows a first-time admission.

Table 4: Type of Treatment Received

	2023	
Treatment Received	No.	%
Inpatient	569	97%
Outpatient	16	3%
TOTAL	585	100

As shown in Table 4 above, treatments received by clients were mostly inpatient (97%) as compared to outpatient treatment (3%).

Table 5: Sources of Referral

Source of referral	Jan-Dec. 2023	
	N	Percentage (%)
Self	55	9%
Family	441	75%
Friends	11	2%
Work/employer	19	3%
Social services/welfare	4	1%
Doctor/psychiatrist/nurse (health professional)	41	7%
Hospital/clinic	2	0%
Court/correctional service	3	1%
School	1	0%
Police	2	0%
Church/Religious group	2	0%
Other :	4	1%
Total	585	100%

As indicated in Table 5 above, the major source of referral to treatment centres was mainly by family (75%), self (10%) and doctor/psychiatrist/nurse (7%). Other referral sources were workers (3%). The least recorded sources were social welfare (1%), court (1%). There were no records of referral from hospital/clinics, police, church and school.

Table 6: Primary Substance of Abuse

Substances (N)	No	Percentage (%)
Alcohol	146	25%
Cannabis	273	47%
Cocaine	106	18%
Heroin	17	3%
Nicotine	8	1%
Tramadol	5	1%
Pethidine	20	3%
Methamphetamine	2	0%
Over the counter/prescription	2	0%
Other (add appropriate drug type/category): Tramadol	6	1%
Total	585	100%

As shown in Table 6, Cannabis (47%) was the main primary substance of abuse, followed by alcohol (25%), Cocaine (18%), Pethidine (3%), Heroin (3%), and OTC/PRE (0%).

Table 7: Primary Substance of Abuse by Gender

Drug type/category	Jan-Dec. 2023			
	Male		Female	
	No	%	No	%
Alcohol	127	24%	19	36%
Cannabis	256	48%	17	32%
Cocaine	98	18%	8	15%
Heroin	15	3%	2	4%
Nicotine***	7	1%	1	2%
Pethidine	17	3%	3	6%
Tramadol***	5	1%	-	0%
OTC/PRE	1	0%	1	2%
ATS** (only methamphetamine)	2	0%	-	0%
Other (add appropriate drug type/category): Tramadol, Pethidine	4	1%	2	4%
Total	532	100%	53	100%

Table 7 above, shows the primary substance of abuse for males was Cannabis (48%), followed by alcohol (24%) and Cocaine (18%). In the case of females, the primary substance of abuse was alcohol (36%), followed by Cannabis (32%) and Cocaine (15%)

Table 8: Socio-Demographic Data

Employment	No.	Percentage (%)
Working full-time	209	36%
Working part-time	101	17%
Not working	219	37%
Apprentice/intern	3	0.5%
Student/pupil	40	7%
Disabled/medically boarded	0	0%
Housewife	2	0.3%
Pensioner	1	0.2%
Other	10	2%
Marital status		
Married	95	16%
Separated	17	3%
Living in non-married intimate relationship	2	0.4%

Divorced		26	4%
Widowed		5	0.9%
Single		436	75%
Other		4	0.7%
Education			
None/pre-primary		21	4%
Primary		70	12%
Secondary		271	46%
Tertiary		214	37%
Other (specify)_____		9	1%

Table 8 above, shows that majority of the clients treated were those not working (37%) and those working full time (36%). This is followed by those working part-time (17%).

On marital status, single persons recorded the highest (75%) and followed by clients who are married (16%).

On the educational background of clients, the majority of the clients have secondary (46%) education. This was followed by clients with tertiary (37%) education.

Table 9: Primary Mode of Substance Use

Mode of use	Jan-Dec. 2023	
	N	%
Swallowed/Oral	150	26%
Smoked/Inhaled	395	68%
Snorted	14	2%
Injected	26	4%
Total	585	100

Table 9 indicated that smoking/inhalation was the most used method of administration (68%), followed by swallowed/oral administration (26%), with injection and snorting representing 4% and 2% respectively.

Table 10: Age Distribution of Clients

Age group	Jan-Dec. 2023	
	N	%
15-19	30	5%
20-24	97	17%
25-29	104	18%
30-34	105	18%
35-39	96	16%
40-44	61	11%
45-49	35	6%
50-54	32	5%
55-59	15	3%
60-64	4	1%
Total	585	

Clients within the age range of 25-29 (18%) and 30-34 (18%) were in the majority, this was closely followed by age range of 20-24 representing 17%. Majority of the clients between the ages of 20-49 (85%) fall within the active workforce.

Table 11: Mean/Average Age of Patients in Treatment Centers by Selected Primary Drugs of Abuse

Primary of drug of abuse	Jan-Dec. 2023
	Mean age
Alcohol	76.47
Cannabis	57.41
Heroin	63.19
Cocaine/crack	69.43

Table 12: HIV Testing

Tested for HIV in the past 12 months	2023	
	No.	%
Yes	219	38
No	341	58
Decline to answer	25	4
Total	585	100

On HIV testing, 38% of clients were tested for HIV while receiving treatment as compared to majority (58%) who were not tested while receiving treatment.

Table 13: Areas of Residence

Residence	Jan-Dec. 2023	
	N	%
Urban	509	87%
Semi-urban	48	8%
Rural	28	5%
TOTAL	585	100

Table 13 above shows that majority of clients admitted at the various treatment centres came from the urban (87%) areas. This was followed by semi-urban ((8%) and rural, (5%).

Table 14: Source of Payment for Treatment

Source of payment	Jan-Dec. 2023	
	N	Percentage (%)
Medical insurance	2	0%
Family	517	88%
Friends	5	1%
Employ	20	3%
Self	22	4%
Other	19	3%
Total	585	100

The key sources of payment for treatment were mostly by family and self (92%). Followed by employer and other sources representing 3% respectively.

Table 15: Number of People Arrested for Drug Trafficking

Arrested	2023	
Male	39	80
Female	10	20
Total number of people arrested	49	100

Forty-nine (49) arrests were made from twenty-four (24) narcotic drug related cases. This was made up of thirty-nine (39) males and ten (10) females representing 80% and 20% respectively.

Table 16: Drug Seizure by Type

Drug Type	2023
	Quantity of Substance (kg)
Cannabis	8,905.18 kg
Cocaine	12.1086 kg
Heroin	10.7 kg
Methamphetamine	4.7051 kg
Tramadol	0.5 kg
Ephedrine	26.45 kg
Speedball	22.71 kg
Total	8,982.35 kg

The total drugs seized was 8,982.35 kg in net weight, with Cannabis being the most trafficked making 99% of total drug seizure.

Table 17: Details of Suspect's Age Range

S/N	Age Range	Number	Percentage (%)
1	20 – 29	13	27%
2	30 – 39	16	33%
3	40 – 49	12	24%
4	50 – 59	5	10%
5	60 – 69	2	4%
6	70 – 79	1	2%
	Total	49	100%

As indicated above in Table 17, the age range of the suspects arrested within the period was between 20- 79 years. The majority of the suspects fall within the age range of 30 - 39 years (33%), followed by age range of 20 - 29 years (27%) and the least age range was 70 - 79 years (2%).

FINDINGS/SUMMARY ON DRUGS OF ABUSE

- The main type of treatments received by patients were inpatient (97%) as compared to outpatient treatment (3%). In addition, 36% of the clients were tested for HIV while receiving treatment as compared to majority (58%) who were not tested while receiving treatment.

- Cannabis (47%) and alcohol (25%) remains the most commonly reported primary psychoactive substances of abused among clients who sought treatment within the period. The primary route of drug administration was smoking/inhalation (68%)

- The major source of payment for treatment was by family (88%). Even though insignificant, there was a record of payment made through medical insurance in 2023 as compared to 2022 where there was no record of payment from medical insurance.

- The family (75%) followed by self (9%) were the main sources of referral to treatment centres. More so, the majority of the clients who received treatment came from the urban (87%) areas.

- The majority of the clients treated were both those not working (37%) and those working full time (36%) categories were those who sought treatment within the period. On marital status, singles (75%) were the majority of the clients treated.

- Patients within the age ranges of 20-44 (80%) were the majority of clients who sought treatment for SUDs. These age ranges form the active workforce.

- Majority of the patients recorded in the treatment centres were men (91%) as compared to women (9%). This could partially be due to the fact that majority of the treatment centres have more males facilities than females.

- Majority of the clients who received treatment were found to have received formal education at the levels of secondary (46%) and tertiary (37%).

- Forty-nine (49) persons were arrested for narcotic drug trafficking related offences with more males (80%) than females (20%).

- Similar to 2022, cannabis (99%) remains the most of the total drug seized.

CONCLUSIONS

- There has been an improvement in treatment services and data collation in 2023. Twenty-one (21) treatment centres across five (5) regions (the Greater Accra, Eastern, Bono, Cape Coast and Ashanti regions) was covered in terms of data collection as compared to 2022 where the data was collated from twelve (12) treatment centres within three (3) regions (the Greater Accra, Central and Bono regions).

- Cannabis and alcohol continue to remain the major primary substance of abuse for which people seek treatment. More so, the age range of 20-44 (80%) were the main group who sought and received treatment. This age group form the active working class.

- The type of treatments received by clients were mostly inpatient and are more available for males than females.

- Also the number of arrests and seizures made through drug related offences were limited to the report from Narcotics Control Commission.

RECOMMENDATIONS

The following are recommended:

- There is the need to strengthen support in prevention and treatment especially with the Universal Prevention Curriculum (UPC) where more preventive experts are needed.
- There should be training for local focal persons (treatment centres) in the area of data collection.
- There should be establishment of drop-in centres, across the country in order to take care of women and adolescents especially.
- There is also the need to expand data collection to cover other treatment facilities and law enforcement agencies.

GUINEA-BISSAU

Introduction

Guinea-Bissau is one of the poorest and most fragile countries in the world. It borders to the north with Senegal, to the south with Guinea, and its Atlantic coast is made up of the Bijagós Archipelago, with around 88 islands. Despite being a small country, with a population of around 1.9 million people, Guinea-Bissau has a wide variety of ethnic groups, languages and religions.

Political Context: Guinea-Bissau has a history of political and institutional fragility since its independence from Portugal in 1974. It is one of the countries in the world with the greatest political instability and most prone to coups d'état. Since independence, 4 coups d'état and 17 coup attempts have been recorded.

Drug trafficking and use continue to be a significant problem in Guinea-Bissau. The country remains an important corridor for Cocaine trafficking from South America to Europe, due to its strategic geographic location and the presence of well-established smuggling routes. Corruption and weak institutions have facilitated the activities of drug traffickers.

Furthermore, the use of illicit drugs, especially Cannabis, continues to be a concern. The lack of effective addiction prevention and treatment programs, along with poverty and lack of opportunities, contribute to the persistence of drug use.

Guinean authorities have made efforts to combat drug trafficking and substance misuse, including cooperating with the international community and implementing security and repression measures. However, challenges persist due to lack of resources, corruption and political instability.

Supply Suppression in 2023

Table 1: Quantities of drugs seized (2023)

Type of Drug 2023	Quantities (Kg)	%
Cannabis	15	29 %
Cocaine	36	71 %
Heroin		
STA		
Khat		
Tramadol		
Others		
		100 %

Table 2: Number of arrests for drug offences by gender (2023)

Number of arrests	2023	%
	12	
Sex		
Men	11	92 %
Women	01	08 %
		100 %

Drug Treatment Demand in 2023

Table 3: Main drugs consumed (apart from alcohol) among people entering treatment for drug use in (2023).

Main drugs consumed	2023 N	%
Cannabis	61	44 %
Cocaine	03	2 %
Crack	06	4 %
Heroin		
Ecstasy (MD)	10	7 %
MEVL/MSO*		
STA		
Poly Consumption	37	27 %
Others (tobacco, solvents)	22	16 %
		100%

Table 4: Sociodemographic Characteristics of Patients (2023)

Demographic variables	No	%
Age Range		
10-14		
15-19	27	19 %
20-24	41	29 %
25-29	19	14 %
30-34	12	9 %

35-39		15	11 %
40-44		11	8 %
45-49		05	4 %
50-54		03	2 %
55-59		04	3 %
60-64		02	1 %
65+			
Professional Situation			
Full-time employment		13	9 %
Part time job		11	8 %
No job/unemployed		45	32 %
Students/pupils		53	38 %
Housewives		09	6 %
Retired			
Other		08	6 %
Marital Status			
Married		09	6 %
Separated/Divorced		11	8 %
Widowers		07	5 %
Singles		79	56 %
Other		33	24 %
Level Of Studies			
None/pre-primary		21	15 %
Primary		26	19 %
Secondary		32	23 %
Tertiary		41	29 %
Some studies		19	14 %

Table 5: Routes of administration

Route of administration	No	%
Oral route	129	92 %%
Inhalation	04	3 %
Sniffing		
Intravenous use		
Other/Combination	06	5 %

Gender and Substance Use 2023

Table 6: Number of people in treatment by gender in 2023

Drug category	No		%	
	Men	Women	Men	Women
Cannabis	59	05	42%	4%
Heroin/Opioid				
Cocaine				
Crack	06			4%
Other stimulants				
Ecstasy (MD)	10			7%
Sedatives/hypnotics				
Hallucinogenic				
Other organic solvents/glue				
Others (nicotine)				
Sedative hypnotics				
Polyconsumption	35	02	25%	1%
Others	21	01	15%	1%

Table 7: Cases and Treatment Models in 2023

Number of new cases	No.	%
Follow-up treatment		
Unknown/refused to answer		
Outpatients	39	28 %
Hospitalized patients	100	72 %
Therapeutic community		
Home advice		
Advice away from home		
Sources Of Referral		
Self/family/friends	112	81 %
Work/employer	03	2 %
Social services		
Psychiatrist/doctor/nurse (healthcare professional)	13	9 %
Court/Corrective houses/Law enforcement agencies	02	1 %
Educational institution		
Other	09	7 %
Sources of Payment		
Medical insurance		
Family/friends	59	42 %
Employer	03	2 %
Personal income	01	1 %
Unknown		55%
Others (combinations)		
Residential Area		
Urban area	47	39 %
Semi-urban area	10	7 %
Semi-urban area	06	4 %
HIV Testing N/A		
Yes		
No		
Refusal to answer		
HCV Testing N/A		
Yes		
No		
Refusal to answer		
Injection		
Never used injections	00	
Use of injections		
Unknown/refused to answer		

Conclusion

The situation of drug trafficking and consumption in Guinea-Bissau is complex and worrying, with significant implications for national security, socioeconomic development and public health. In this analysis, we can conclude that:

Impact of Drug Trafficking: Drug trafficking in Guinea-Bissau is one of the main threats to the country's stability. The flow of narcotics through Guinean territory has been associated with

criminal activity, corruption and political instability, undermining efforts to strengthen democratic institutions and the rule of law.

National Security Risks: The presence of criminal groups and drug trafficking networks represents a serious threat to national security. Furthermore, the involvement of corrupt elements within government institutions intensifies the challenges faced by authorities in the fight against drug trafficking.

Socioeconomic Impact: Drug trafficking contributes to the perpetuation of economic underdevelopment by diverting resources, undermining effective governance and eroding trust in public institutions. Furthermore, drug use creates a cycle of poverty and social marginalization, negatively affecting the most vulnerable communities.

Public Health Challenges: The increase in drug use in Guinea-Bissau represents a significant challenge for public health services. The lack of resources and institutional capacity makes it difficult to prevent, treat and rehabilitate drug addicts, exacerbating health problems associated with drug use.

Need for Multisectoral Response

Effectively addressing the problem of drug trafficking and consumption in Guinea-Bissau requires an integrated and multisectoral approach. This includes measures to strengthen security institutions, promote socioeconomic development, improve health services, and implement prevention and rehabilitation strategies. Ultimately, overcoming challenges related to drug trafficking and consumption in Guinea-Bissau will require renewed commitment from national authorities, support from the international community and the mobilization of adequate resources to implement sustainable and effective solutions.

Recommendations

1. **Demand Reduction Policies**: Invest in drug use prevention programs from childhood to adulthood. This may include educational programs in schools, public awareness campaigns, and access to counseling and treatment services.

2. **Evidence-Based Treatment:** Expand access to proven effective treatments for problematic drug use, including behavioral therapies, substitution medications, and psychosocial support.

3. **Community Development:** Invest in community development programmes that address the underlying causes of drug use, such as poverty, lack of employment opportunities, limited access to education, and family instability.

4. **Harm Reduction Policies:** Implement harm reduction strategies, such as syringe exchange programs, drug testing, naloxone distribution for overdose reversal, and supervised consumption rooms, to reduce harms associated with drug use and promote safety public and health.

5. **Drug Policy Reform:** Assess and reform drug policies to prioritize public health approaches over punitive approaches. This may include decriminalizing or legalizing certain drugs, regulating the market, and reallocating resources to focus on prevention, treatment, and harm reduction.

6. **International Cooperation:** Strengthen international cooperation to combat drug trafficking, including sharing intelligence information, promoting extradition agreements, and supporting economic development in drug-producing countries.

7. **Professional Training:** Train health professionals, social workers, educators and security agents to identify and deal with drug use in a sensitive, effective and evidence-based way.

8. **Research and Evaluation:** Invest in ongoing research to better understand the causes and consequences of drug use, as well as the effectiveness of different prevention and treatment interventions.

9. **Community Involvement:** Promote community involvement in the formulation and implementation of drug-related policies and programs, ensuring that interventions are culturally sensitive and relevant to local needs.

10. **Holistic Approach:** Recognize that combating drug trafficking and treating problematic substance use require a holistic and collaborative approach, involving multiple sectors of society, including government, civil society, the private sector and affected individuals.

LIBERIA

Introduction

The scourge of drugs and substance abuse casts a shadow over communities worldwide, affecting individuals, families, and societies at large. This pervasive issue extends far beyond the biochemical interactions of substances; it intertwines with broader societal challenges, mental health concerns, and economic disparities. As we navigate this intricate landscape, it is crucial to acknowledge the urgency of addressing both the root causes of substance abuse and the development of effective mitigation strategies.

This introduction sets the stage for a nuanced exploration into the causes and consequences of drugs and substance abuse, laying the foundation for a comprehensive examination of practical approaches to mitigate its spread. By understanding the underlying factors and implementing evidence-based interventions, we aspire to build a resilient framework that fosters prevention, treatment, and support for individuals grappling with the complexities of substance abuse.

The primary objective of LENDU (Liberia Epidemiological Network on Drugs Use) is to strategically control the epidemiology situation in Liberia and fight the use of illegal substances. While the governing authority is trying to curb the situation, the death rate of young people continues to increase with chronic diseases, mob violence, and other criminal activities, therefore drug use is slowly polluting Liberian society. Drugs corrupt the mind and transform human thinking from being rational to lawless, violent, and hostile apart from medically prescribed drugs, drugs have been the public enemy number one in many societies for their psychological influence on human behavior and ability to fuel crime.

In collaboration with ECOWAS, UNODC, AUC and partners, the Liberia Country Program has conducted the following activities:
- Establishment of the Liberia Epidemiological Network on Drugs Use (LENDU)
- Training of eighteen (18) professionals from line ministries, agencies, and faith-based organizations in the country on data collection
- School Survey on Drug Use among young people/students in secondary schools within the fifteen (15) counties of Liberia
- Collection of data on Drug Use with the facilities providing services to persons with Substance Abuse problems
- Development of national drug master plan
- Prison survey of HIV/AIDS and Hepatitis B and C

Institutional Reports

Key institutions and partners we collaborate with at LENDU are:

The Liberia Drugs Enforcement Agency (LDEA): was established to address matters related to the control and regulation of drug-related issues within the country. These include, but are not limited to:

- Combat drug trafficking - one of the primary reasons for establishing the Liberia Drugs Enforcement Agency is to combat the illicit trafficking of drugs. The agency plays a crucial role in preventing the smuggling of narcotics across borders and within the country, thereby disrupting the illegal drug trade network.
- Ensure public health and safety - the LDEA aims to protect the public health and safety of the Liberian population by curbing the abuse and misuse of drugs. This includes efforts to reduce the prevalence of drug addiction, overdoses, and associated health risks that can negatively impact individuals and communities.
- Preventing substance abuse - the agency is dedicated to preventing and reducing substance abuse within Liberia. By implementing educational programs and enforcement measures, the LDEA seeks to discourage the initiation of drug use and promote a drug-free lifestyle.
- International Cooperation - LDEA reflects Liberia's commitment to international cooperation in the fight against transnational organized crime, including drug trafficking. The agency collaborates with other nations and international organizations to strengthen the global effort to combat the production, trafficking, and distribution of illicit drugs.
- Maintaining National Security - the entity contributes to maintaining national security by addressing the destabilizing effects of drug trafficking and abuse on the social fabric of the country. It helps prevent the use of drug proceeds to fund criminal activities that could threaten the stability of Liberia.

Given all these, the Liberia Drugs Enforcement Agency during the period intercepted and arrested many cases.

The surge in new cases can be attributed, in part, to our intensified community outreach programs. The LDEA is involved in collaborative efforts with local organizations, schools, and healthcare providers to facilitate early identification and intervention. Mental health education

initiatives played a pivotal role in dispelling myths and fostering an environment where seeking professional help is normalized.

Table 1 : Some of the successes of the LDEA in 2023.

County	Substance Discovered	Quantity & Street Value	Taken Action
Nimba	Marijuana	24 Kg;	Arrested, Investigated, Charged, And Forwarded To Court For Prosecution
	Marijuana	2 Kg;	Arrested, Investigated, Charged, And Forwarded To Court For Prosecution
Sinoe	Heroin	11 Gm	Arrested, Investigated, Charged, And Forwarded To Court For Prosecution
Big Gedeh	Marijuana	10 Kg;	Arrested, Investigated, Charged, And Forwarded To Court For Prosecution
	Marijuana	48 Kg	Arrested, Investigated, Charged, And Forwarded To Court For Prosecution
River Gee	Heroin	54.2 Kg	Arrested, Investigated, Charged, And Forwarded To Court For Prosecution
			Forwarded To Court, Prosecuted, Found Guilty, And Sentenced To Prison For Months (January And June 2023)
	Cocaine, Heroin	20 Gm	Arrested, Investigated, Charged, And Forwarded To Court For Prosecution
Maryland	Cocaine, Heroin		The Investigation Found Them To Have Facilitated Theo And Prince

ES Grant Mental Health Hospital is also a critical partner in Drug Use Interventions. The charts below show data collected during the periods indicated.

Table 2: Socio-Demographic Data

	Jan-Jun 2023	Jul-Dec 2023
Employment		
Working full-time	8	4
Working part-time	7	6
Not working	215	150
Apprentice/Intern	2	4
Student/pupil	14	16
Disabled/medically boarded	11	13
Housewife	5	3
Pensioner	2	4

Other (specify)		
Marital status		
Married	5	4
Separated	17	13
Living in non-married intimate relationship	12	13
Divorced	10	17
Widowed	3	2
Single	127	151
Other (specify)		
Education		
None/pre-primary	18	37
Primary	79	42
Secondary	146	105

Type of Treatment Received		
Treatment received	Jan-Jun 2023	Jul-Dec 2023
In-patient	153	142
Out-patient	111	58
Other (specify: Weekly Group session	505	418

Number of all Cases of Drugs Use (including Alcohol Use)	
Period	Total Number of Clients Who Entered into Treatment
Jan-Jun 2023	264
Jul-Dec 2023	200

Age Distribution of Clients		
Age group	Jan-Jun 2023	Jul-Dec 2023
10-14	5	4
15-19	7	3
20-24	55	51
25-29	52	42
30-34	55	38
35-39	57	40
40-44	11	9
45-49	9	6
50-54	6	4
55-59	5	3
60-64	2	0
65+	0	0

Primary Substances of Abuse		
Substances (N)	Jan-Jun 2023	Jul-Dec 2023
Alcohol	12	9
Cannabis	196	157
Mandrax	0	0
Cocaine	32	21
Heroin	16	9
Ecstasy	0	0
OTC/PRE	8	4
TTY**	0	0
Other	0	0
Total	264	200

Gender by Primary Substances of Abuse				
Drug Type and Category	Jan-Jun 2023		Jul-Dec 2023	
	Male	Female	Male	Female
Alcohol	9	3	7	2
Cannabis	152	44	132	25
Mandrax	0	0	0	0
Cocaine	30	2	19	2
Heroin	16	0	7	2
Ecstasy	0	0	0	0
OTC/PRE	6	2	3	1
TTY**	0	0	0	0
Other	0	0	0	0
Total	213	51	167	33
*Over-the-counter or prescription medicines				

Conclusion

The strategic and successful operations conducted by the Liberia Drugs Enforcement Agency (LDEA) resulting in the arrest of some criminals at various border points stand as a testament to the agency's unwavering commitment to combating the menace of drugs and substance abuse.

While celebrating these achievements, it is crucial to acknowledge that the battle against drugs is ongoing. The dynamic nature of the illicit drug trade necessitates continuous adaptation of our strategies. This report serves as a clarion call for sustained collaboration among law enforcement agencies, government bodies, and international partners to fortify our defences against the ever-evolving tactics employed by those engaged in drug-related criminal activities.

Beyond the immediate success of the operations, it is imperative to recognize the broader implications of these arrests. The disruption of drug trafficking networks not only prevents the flow of narcotics but also interrupts potential funding sources for criminal enterprises, contributing to the overall national security and stability. As we reflect on the accomplishments detailed in this report, it is incumbent upon us to redouble our efforts in preventative initiatives. Investing in education, rehabilitation, and community engagement remains integral to

addressing the root causes of substance abuse, fostering resilience, and breaking the cycle of addiction.

Let the successes achieved, as narrated in this report, serve as a catalyst for renewed dedication, unity, and innovation in our ongoing mission to secure our nation against the pervasive threat of drugs and substance abuse, as well as establish and support existing institutions and facilities that are being utilized for treatment, care and rehabilitation services for the victims of this menace.

SENEGAL

Background

With a surface area of 196,712 km^2 , Senegal is bordered to the north by Mauritania, to the east by Mali, to the south by Guinea and Guinea Bissau, and to the west by The Gambia and the Atlantic Ocean along a 500 km coastline. The capital, Dakar, is a peninsula in the far west. Senegal is a flat country with sandy soils no higher than 130m. According to the Agence Nationale de la Statistique et de la Demography (ANSD), Senegal's population is estimated at 18,032,473 in 2023, with a density of 95 inhabitants/km^2 (World Bank).

Suppression of Drug Supply

Although Senegal is a country where hemp is grown, it is also an area where it is trafficked and widely consumed. Huge quantities of Indian hemp, seeds and plants have been seized this year, with **12,737.794 kg** and **1,233 plants** of Indian hemp and 38.5 hectares of the same product dismantled by the defence and security forces. Other common drugs such as cocaine and psychotropic substances are the subject of intense trafficking, with consumption levels constantly on the rise at **7,503.676 kg** and **3,386 tablets** respectively. Consumption of **ecstasy (4,724)** is still on the increase, and seizures are rising.

Furthermore, Senegal's geographical location places it at the confluence of the African, American and European continents. This puts the country on the main international drug trafficking routes. Generally speaking, like other countries in West Africa, Senegal has become a transit point and a growing area of consumption for most drugs.

Table 1 : Summary Table of National Drug Statistics FOR 2023

| Services | Indian hemp | | | | Cocaine | Hashish | Heroin | Crack | Ecstasy | Tramadol | Skunks | Morphine | Khat | Kush |
	Blocks and bulk	Plants	Destroyed fields	Seeds										
Doctors	3,455.733 kg	1,233 feet	-	-	18.732 kg	15.125 kg	0.386 kg	0.17023 kg	4251 pills	2777 tablets	0.920 kg	-	-	25 kepas
Police (*DSP, DPAF, DPJ*)	3021.391 kg	-	-	-	0.367 kg	0.525 kg	0.023 kg	0.080 kg	-	-	-		-	-
Customs	4,455.865 kg	-	-	-	8.559 kg	07 kg	06 kg	-	-	-	-	3.08 kg	300 kg	
Army	2,589 kg	-	38.5 ha	123 kg	7,470 kg	-	-	-	-	-	-	-	-	
Gendarmerie	2,237.04 kg	-	-	-	6.018 kg	0.475 kg	-	-	473 pills	609 tablets	-	-	-	-
Weight (Kg)/ Number/ Area	12.737794 kg	1,233 feet	38.5 ha	123 kg	7,503.676 kg	23.125 kg	6.409 kg	0.250 kg	4724 pills	3386 tablets	0.920 kg	3.08 kg	300 kg	25 kepas

Drug Treatment Demand in 2023

The data below was collected by supervising 20 mental health facilities in Senegal. **Urban areas bear the brunt of drug use more than rural areas. Dakar remains the epicentre of drug use.** The number of patients received in psychiatric and addictology facilities in 2023 for SUDs is **4253 patients** (see table I).

Table 2: Number of Treatment Cases in 2023

Cases	Year Of Declaration (2023)	
	N	%
New Cases	829	19.50
Former Cases	3424	80.50
Total	4253	100

Table 3: Demographic variables

Demographic variables	Reporting year (2023)	
	(N)	(%)
Gender		
Male	3934	92.50%
Female	319	7.50%
Marital status		
Not specified	306	7.20%
Single	2428	57.10%
Divorced	362	8.50%
Married monogamous	655	15.40%
Married polygamist	413	9.70%
Widow	89	2.10%
Level of Education		
Other	1097	25.80%
Elementary (primary)	157	3.70%
Middle school	434	10.20%
Not specified	936	22%
Secondary	1089	25.60%
Higher education (university)	540	12.70%
Grand total	4253	100.00%

Breakdown of patients by age group in 2023

The use of psychoactive substances was more common in patients aged between 25 and 34 (see table below).

Age group	Reporting year (2023)	
	(N)	(%)
Under 14	55	1.30%
[15-24]	898	21.20%
[25-34]	2166	51.10%
[35-44]	941	22.20%
[45-54]	102	2.40%
[55+]	131	3.10%
Average age	29.1 years old	

Breakdown of patients by substance used

Cannabis was the most commonly used substance (37.20%). Poly-drug use was found to be 1.20% (see table below).

Substances	Reporting year (2023)	
	N	%
Alcohol	987	23.20%
Other/multi-consumer	51	1.20%
Cannabis	1582	37.20%
Cocaine	102	2.40%
Crack	157	3.70%
Heroin	302	7.10%
Medicines	732	17.20%
Solvents and adhesives	128	3%
Tobacco	213	5%
Total	4253	

Breakdown by mode of administration

In terms of mode of administration, 47% of the drugs were taken by inhalation. Intravenous use was the lowest single route at 2.8% (see table below).

Mode of Administration	Reporting year (2023)	
	N	%
Oral	1779	42%
By inhalation / Smoke	1990	47%
By sniffing	305	7.20%

Intravenous	119	2.80%
Other Routes	42	1%
Total	4235	

Breakdown by type of treatment

Treatment	Reporting year (2023)	
	N	%
Outpatients	4062	95,5
Hospitalized patients	191	4,5
Total	*4253*	*100*

Gender by primary substances abused

Drug category	Reporting year (2023)			
	Men		Women	
	N	%	N	%
Alcohol	867	22.04%	120	37.62%
Other/multi-consumer	51	1.30%	0	0.00%
Cannabis	1534	38.99%	48	15.05%
Cocaine	92	2.34%	10	3.13%
Crack	145	3.69%	12	3.76%
Heroin	285	7.24%	17	5.33%
Medicines	635	16.14%	97	30.41%
Solvents and adhesives	128	3.25%	0	0.00%
Tobacco	198	5.03%	15	4.70%
Total	3934	100.00%	319	100.00%

Average age of patients in primary drug abuse treatment centres

Main drug of abuse	Period 2023
	Age range
Cannabis	[25-34]
Alcohol	[25-34]
Heroin	[25-34]
Cocaine/crack	[25-34]

OTC/PRE	[25-34]

Type of treatment required

Type of demand in 2023	N	%
Weaning	2531	78%
Substitution	78	2.40%
Other	195	6%
Reducing consumption	406	12.50%
Aftercare	23	0.70%
Grand total	3245	100%

Comments

We identified several limitations in the course of this study. Firstly, there were gaps in the data collected at several facilities. In addition, in the absence of a laboratory, it is difficult to confirm types of consumption. Data on gender differences is also incomplete. It is therefore essential to systematically collect information on each case.

In 2023, the problem of alcohol consumption persists in Senegal, with a tendency to be associated more often than not with poly-drinking. Mixing alcohol with narcotics and medicines is increasingly common among young people, although Cannabis use has fallen slightly, from 43.8% in 2022 to 37.20%. Young people and men are the main users. Practitioners are also increasingly confronted with opioid abuse, underlining the urgent need to strengthen the regulation of this phenomenon.

Numerous harm reduction initiatives have been implemented. The creation of the National Community Mental Health Network, known as REPOSAMS, has stimulated community action to combat drug use. Prospects for the fight against drug abuse in Senegal include free integrated care for drug users, the establishment of a national observatory for drugs and addictions, the implementation of a national programme to combat addictions, the opening of regional addictology centres, the revision of the drugs code and laws on drug use, the development of a reference laboratory for narcotics, and the creation of innovative funding strategies for the fight against drug use.

Conclusion

Effective harm reduction policies are currently being developed at the highest level of government. With the change in Senegal's status from a transit zone to a consumption zone, particular attention is being paid to developing harm reduction policies to better meet the needs of users.

Background

The Sierra Leone Drug Epidemiology Network collects data on drug treatment mainly from the Kissy University Psychiatric Hospital in Sierra Leone. Data on drug seizures and the number of people arrested for drug-related offences were provided by Sierra Leone's National Drug Control Agency.

Drug Supply Suppression in 2023

The data hereunder is collected from the National Drug Law Enforcement Agency (NDLEA).

Table 1. Aggregate Data on Drug Supply

Total Number of Drug Trafficking Cases Investigated from Jan - Dec 2023	
YEAR	NUMBER OF CASES
2023	82= Male: Female= 8
TOTAL	90

Table 2. Drug seizures for main prevalent drugs, including Tramadol

YEAR 2023	Cannabis sativa (kilogram)	Cocaine (gram)	Heroin (gram)	Tramadol (capsul	Others Kush (gram)	Others tapentadol tablet (gram)

				es and tablets)		
Total	104.9	10.5	0	8269.4	19.7	267.9

Drug Treatment Demand in 2023

Sierra Leone psychoactive drug epidemiology data was obtained from the Sierra Leone Psychiatric Teaching Hospital in Kissy.

The data indicates that there is an increase in psychoactive substance use (**2955)** and Kush remains the most prevalent psychoactive substance (**1865**), showing an uptick in tramadol (**701**) and cocaine use (71). Notably, individuals presenting with psychoactive substance predominantly fall within the 20-34 age bracket. A significant portion of this demographic consists of secondary school students, with a notable rise in psychoactive drug use among university/college attendees.

Furthermore, it is observed that patients employ multiple routes for administering psychoactive substances. Referrals to treatment primarily originate from family and friends, marking the primary source of patient referral to the hospital throughout the year under review.

It is noteworthy that treatment services within the hospital are currently provided free of charge.

Table 1: Sierra Leone Drug Epidemiology Report, Jan-Dec 2023

Sierra Leone Drug Epidemiology Report Reference Year Jan-Dec 2023		
Variables	Number	Percentage
Number of patients treated for SUDs	2955	100%
Sex		
M	2683	91%
F	272	9%
Age		
10-14	1	0%
15-19	315	11%
20-24	1135	38%
25-29	629	21%
30-34	341	12%
35-39	186	6%
40-44	145	5%
45-49	90	3%
50-54	51	2%
55-59	36	1%

60-64	16	1%
65+	8	0%
Substance of Abuse		
Alcoholic beverages	41	1%
Cannabis	127	4%
Cocaine	71	2%
Heroin	0	0%
Tramadol	701	24%
Ecstasy	150	5%
Kush	1865	63%
Occupation		
Work full-time	208	7%
Working part-time	19	1%
Does not work / unemployed	457	15%
Apprentice/intern	3	0%
Student/pupil	514	17%
Disabled/medically unfit for work	0	0%
Housewife	7	0%
Retirement/Pensioner	2	0%
Other	27	1%
Marital status		
Married	250	8%
Separated/Divorced	3	0%
No married/ cohabiting	0	0%
Widowed	3	0%
Single	2663	90%
Other	36	1%
Educational Level		
None/pre-primary	233	8%
Primary	201	7%
Secondary	2017	68%
Tertiary/University	504	17%
Others:	0	0%
Residential Area		
Urban	2295	78%
Semi-Urban	0	0%
Rural	379	13%

Other	281	10%
Routes of Administration		
Oral	86	3%
Inhaled	1584	54%
Sniffing	71	2%
Intravenous	487	16%
Others/Combination	379	13%
Total	2955	100%
Type of Treatment		
New cases	919	31%
Follow-up treatment	2037	69%
Outpatient	2108	71%
Inpatient	847	29%
Both	0	0%

Sources of Referral		
Staff/Family/Friends	2951	100%
Work/employer	0	0%
Social Services	0	0%
Psychiatrist/doctor/nurse	0	0%
Healthcare Professional	0	0%
Hospital/Clinic	0	0%
Short/Corrections	4	0%
Church/Religious Groups	0	0%
Others (Police)	0	0%

Recommendations

There has been an increase in the use of new substances of abuse (Kush), with the majority being used by young people and at secondary school. The following recommendations are made:

- Develop interventions to reduce drug supply and demand;
- Step up the drug abuse prevention awareness campaign;
- Create more rehabilitation centres to care for people suffering from drug and alcohol addiction;
- Undertake large-scale national epidemiological studies on drug abuse;
- Fund the relevant authorities to continue to develop research, prevention and sustainable demand reduction capacities (COLOMBO PLAN and ICAP accreditation); and Strengthen law enforcement capacity

Abstract

The abuse of alcohol, illicit drugs, fake medicines and medicines diverted from their medical use is a public health problem in Togo. This report is a compilation of data collected from thirty-one (31) public and private health centres (civil society organizations) providing drug addiction treatment and care services. It provides information on patterns of consumption of psychoactive substances and gives a worrying overview of the misuse of licit and illicit psychoactive substances. Analysis of the data collected shows that alcohol, Cannabis and medicines diverted from their medical use are the most widely used by both sexes, with a higher prevalence among young people. However, the epidemiological aspects of this phenomenon need to be sufficiently documented at national level to guide evidence-based interventions. The establishment of a national observatory, an effective data collection system and an appropriate prevention policy are becoming imperative.

Introduction

Geographical Context

Togo, a West African country, lies between 6° and 11° north latitude and 0° and 1.4° east longitude. It spans 56,600 km², stretching 600 km in length with a width ranging from 50 to 150 km. Bordered by Burkina Faso to the north, the Gulf of Guinea to the south, Benin to the

east, and Ghana to the west, Togo's 2014 population was 6,809,900, with nearly a quarter residing in the capital, Lomé.

The population is predominantly rural (62.3%) and youthful, with 60% under 25 and 42% under 15. The population growth rate is 2.84%, and the total fertility rate is 4.1 children per woman. This young, rapidly growing population exerts significant pressure on health services, which are experiencing staff shortages and an ageing workforce. Macroeconomic performance remains weak, unable to meet the high social demand due to demographic pressure. Additionally, poverty contributes to the low utilization of modern healthcare facilities and exacerbates family dysfunction, leading to increased risks of psychological issues among children.

In both urban and rural areas, the consumption of alcohol and tobacco severely impacts physical and mental health. Rural exodus is significant, with young people migrating from rural areas to urban centers, resulting in makeshift housing and disconnection from their communities. The lack of job opportunities in urban areas forces many young people to resort to begging and consuming adulterated substances. The low income from informal activities drives some to use drugs to work harder, exposing them to further health risks.

Data sources

There have been no general population surveys or studies. These are annual activity reports on alcohol and other legal and illegal drugs, such as:

i. Data on alcohol- and drug-related admissions to general wards
ii. Admissions to specialist treatment centres
iii. Admissions to and discharges from psychiatric hospitals
iv. Data from NGOs (e.g. crisis centres for women or families)
v. Police data (arrests for trafficking/possession, seizures)

Data analysis

Data on treatment requests

Table 1: Proportion of treatment episodes (per care Centre)

S/N	Name of treatment centre	Jan - Dec 2023	
		N	%
1	CEPIAK	191	9%
2	CSM Yendoube	209	10%
3	CHU Campus	128	6%
4	CHU-Kara	161	8%
5	Zebe Psychiatric Hospital	128	6%
6	Saint Camille de Kpalime	98	5%
7	CHR Atakpame	66	3%
8	CHU So	137	7%
9	CHP Tabligbo	97	5%

10	CS Saint Jean De Dieu D'Agoè	72	3%
11	CHP Pagouda	83	4%
12	CHP Bassar	64	3%
13	CHR Kara	43	2%
14	CHR Sokode	78	4%
15	CHP Kpalime	33	2%
16	CHP Blitta	19	1%
17	CSM Plr	32	2%
18	CHR Dapaong	22	1%
19	CHP Haho (Notsè)	26	1%
20	CHP De Mango	18	1%
21	CHR Tsevie	29	1%
22	Sokode Polyclinic	49	2%
23	HP de Be	19	1%
24	CHP de Mo	3	0%
25	CHP Tchamba	3	0%
26	CHP Sotouboua	8	0%
27	CHP Assahoun	2	0%
28	Saint Camille De Zooti	217	10%
29	Saint Camille de Sokode	16	1%
30	ONG Rappa	20	1%
31	ONG Croix Bleue	6	0%
	Total	2077	100%

The data was collected in thirty-one (31) care centres for people who use psychoactive substances, including two civil society organizations.

Table 2: Proportion of new cases

New cases	Jan to Dec 2023	
	N	%
Yes	1131	54.45
No	946	45.55
TOTAL	2077	100.00

This table shows that 1,131 people, or 54.45%, are new cases. These new cases bring the total number of cases to 2,077 people seen for psychoactive substance use.

Table 3: Type of treatment received

Treatment	Jan to Dec 2023	
	N	%
Outpatients	1255	64,00
Hospitalized patient	822	36,00
TOTAL	2077	100,00

Looking at the numbers in this table, we see that the majority of cases received are not hospitalized in the health centres, representing 64% of cases, or 1,255, compared with 36% of cases where the patient is hospitalized.

Table 4: Source of recommendation

Source of recommendation	Jan to Dec 2023	
	N	%
Staff/family/friends	1546	76.55
Work/employer	34	1.51
Social services	35	1.54
Doctor/psychiatrist/nurse (healthcare professional)	264	11.66
Hospital/clinic	29	1.28
Criminal court/department	46	2.03
Educational establishment	15	0.66
Church/ religious groups	50	2.21
Other	58	2.56
TOTAL	2077	100.00

From this table, we can see that the majority of cases arrive at the health centres either on personal, family or friendly recommendation (1,546), or on the recommendation of a health professional.

Table 5: Main substance of abuse

Substances	Jan to Dec 2023	
	N	%
Alcohol	883	43.00
Cannabis	550	26.00
Tobacco	55	3.00
Cocaine	32	2.00
Heroin	397	19.00
Tramadol	113	5.00
MEVL/MSO*	25	1.00
STA	3	0.00
Ecstasy	2	0.00
Other	17	1.00
TOTAL	2077	100.00
* Over-the-counter and prescription medicines		

Cannabis and alcohol were the main drugs used in 2023, accounting for 69% of all people in treatment. The data show a persistent rise in the number of people entering treatment citing cannabis or alcohol or both as their main drugs of abuse in 2023. Multiple drug use was also recorded among both young people and adults.

Table 6: Main substance of abuse by gender

Drug category	Jan to Dec 2023			
	Men		Women	
	N	%	N	%
Alcohol	739	39.00	131	67.86
Cannabis	563	30.00	26	13.47
Tobacco	55	2.91	1	0.52
Cocaine	28	1.48	2	1.04
Heroin	337	17.88	33	17.09
Tramadol	115	6.10	0	0.00
MEVL/MSO	27	1.43	0	0.00
STA	2	0.11	0	0.00
Ecstasy	1	0.05	0	0.00
Other	17	0.90	0	0.00
TOTAL	1884	100	193	100

Table 6 shows the gender disparities in the substances consumed by people entering treatment and suggests a marked gender variation. The data show that 67.86% of women compared with 39% of men consume alcohol. On the other hand, 30% of men were more addicted to Cannabis than 13.47% of women.

Table 7: Routes of drug use

Method of administration	Jan to Dec 2023	
	N	%
Oral	1424	68.56
By inhalation	505	24.31
By sniffing	25	1,20
Intravenous	116	5.58
Other	7	0.34
TOTAL	2077	100.00

Analysis of table 8 shows that the main route of administration of substances in 2023 in Togo was oral (68.56%), followed by inhalation (24.31%), ingestion or intravenous (5.58%).

Table 8: Socio-demographic data

Demographic Variables (2023)	Total	Male	Female
	N	N	N
Age Group			
0-14*	16	12	4
15-19	137	108	29
20-24	278	242	36
25-29	272	221	51
30-34	295	272	23
35-39	274	255	19
40-44	249	241	8
45-49	196	175	21
50-54	164	163	1
55-59	114	113	1
60-64	53	53	0
65+	29	29	0
Total	2077	1884	193
Average Age	35.97		
Occupation			
Works Full Time	485	461	24
Works Part-Time	295	259	36
Not Working/Unemployed	575	542	33
Apprentice/Intern	128	97	31
Student	168	152	16
Disabled/Medically Unfit For Work	48	46	2
Housewife	121	72	49
Retired	47	47	0
Other	210	208	2
Total	2077	1884	193
Marital Status			
Married	627	594	33

Separated	168	134	34
Unmarried Cohabiting	189	182	7
Divorced	124	114	10
Widowed	49	40	9
Single	903	805	98
Other	17	15	2
Total	2077	1884	193
Education			
None/Pre-Primary	363	335	28
Primary	653	600	53
Secondary	698	602	96
Tertiary	324	313	11
Others	39	34	5
Total	2077	1884	193
Area Of Residence			
Urban	1182	1080	102
Semi-Urban	509	431	78
Rural	386	373	13
Total	2077	1884	193

Table 8 shows that most of the people who entered treatment for substance use disorders in 2023 were aged between 11 and 49. In addition, a large number of the people seen for treatment came from urban (1182) and semi-urban areas. The majority were single (903), unemployed (575) or students (168); (485) had full-time jobs. In addition, the majority of people receiving treatment had either primary (653), secondary (698) or tertiary (324) education.

Table 9: Average age of patients in treatment centres classified by type of main drug of abuse

Main drug of abuse	Jan to Dec 2023	
	N	Average
Alcohol	980	16.94
Cannabis	640	11.13
Heroin	398	11.06
Cocaine/crack	32	0.55
MEVL/MSO*	27	0.4

MEVL/MSO*: Médicament En Vente Livre/ Médicament Sous Ordonnance (over-the-counter prescription medicine

From this table, we can see that the average age for alcohol consumption is 16.94 with a headcount of 980, for cannabis 11.13 with a headcount of 640.

Table 10: HIV screening

Tested for HIV in the last 12 months	Jan to Dec 2023	
	N	% (percentage)
Yes	1293	62,25
No	667	32,11
Refused to answer	117	5,63
TOTAL	2077	100,00

Analysis of this table shows that most of the users (1,293) seen in the health centres gave their consent to be tested for HIV and (667) said "no" to the HIV test.

Table 11: Sources of payment for services

Source of payment	Jan to Dec 2023	
	N	%
Medical insurance	205	9.87
Family	1144	55.08
Friends	42	2.02
Employer	11	0.53
Personal income	298	14.35
Unknown	4	0.19
Other (combinations)	373	17.96
TOTAL	2268	100.00

The table shows that a large proportion of the costs of caring for drug users are borne either by the family (1,144) or by the patient's personal income.

Results by drug type

Alcohol, Cannabis and Heroin are by far the most widely used substances, often in combination. The fall in people's purchasing power, combined with the effects of Covid 19 and the Ukrainian crisis, have led to a sharp rise in the cost of all products, encouraging the use of cheaper drugs sold on the parallel market, including certain psychotropic substances (tramadol, etc.).

The injection of substances (Heroin, Pethidine, Tramadol) is often not reported, but it is becoming a cause for concern, especially as it can be a source of proliferation of infection linked to the use of the same syringes by several people without any prior sterilization.

Analysis of the data shows that drugs are mainly consumed in large cities such as Lomé, where all forms of drugs are used by both the general population and students. The average age of our population was 35.97, with extremes of 11 and 65. The age group that uses psychoactive substances the most is the 20-24 and 25-29 age groups, followed by the 30-34 and 35-39 age groups, with their first experience between the ages of 11 and 19.

Assessing the needs of users in very precarious situations is difficult, because there is a lack of addiction treatment facilities, and potential patients refuse to be labelled as "mentally ill". Voluntary organizations and primary care services often fail to identify disorders, due to inadequate training of their teams.

Supply Suppression

There was an increase in the overall quantity of drugs (all categories) seized by law enforcement agencies nationwide in 2023. 9,744.23709 kilograms of drugs were seized in in 2023.

Table 13: Drug Seizures in 2023 (kg)

SERVICES	NARCOTICS				PSYCHOTROPIC				Djéridjeri	Total
	Cocaine	Crack-cocaine	Methamphetamine	Cannabis	Tramadol	Tapentadol	Diazepam	Flunitrazepam		
OCRTIDB		0.04033	0.222	717.47624	85.833306	0.4323	56.413	09	2.28553	871.70246
OTHER SERVICES	0.6001	0.0255		8,865.39848	6.17224		0.042	0.20621	0.0901	8,872.53463
TOTAL	0.6001	0.06583	0.222	9,582.87472 2.87472	92.0053	0.4323	56.455	9.20621	2.37563	9,744.23709
	9,583.76265				158.09681					

About 23,765.954 kg of illicit medication, 686.4 kg empty packaging of various pharmaceutical products, 64,327.384 kg of illegal cigarettes, 4164 bottles of adulterated drinks and 190,030 drinks labels were also seized in 2023.

Arrests for Drug-Related Offences

During 2023, the Central Office for the Suppression of Illicit Drug Trafficking and Money Laundering (OCRTIDB) arrested two hundred twenty (220) persons, one hundred fifty-eight (158) nationals and sixty-two (62) foreigners for offences against the drug legislation (Law no 98-008 of 18 March 1998 on the fight against drugs in Togo and law no 2015-010 of 24 November 2015 on the new penal code). The other police services arrested thirty-two persons, twenty-one (21) nationals and eleven (11) foreigners.

Table 14: Arrests for Drug-Related Offences

	People arrested by the OCRTIDB			People arrested by other law enforcement agencies		
	National	Foreigners	Total	National	Foreigners	Total
Traffickers	52	21	73	08	10	18
Users	106	41	147	13	01	14
Total	158	62	220	21	11	32

Conclusion

In summary, substance use in Togo is a scourge that is ravaging the population, especially young people. In order to provide effective and efficient evidence-based treatment and care for drug users, training is urgently required for professionals in the country to assess the needs of drug users, particularly those in very precarious situations, and to set up a harm reduction, prevention, relapse, substitution and socio-familial and professional reintegration programme. In order to identify the current challenges in the fight against drug use in the country, in-depth research is required into the effect of alcohol, drug and mental disorder co-morbidities, HIV infection, hepatitis B/C and other co-morbidities.

Recommendations

1. Monitoring and assessing the needs of users, especially those in very precarious situations should be prioritized. Following assessments, a harm reduction, relapse prevention, substitution and social, family and professional reintegration programme should be set up. A pilot addictology centre needs to be opened.

2. Further research should be carried out on alcohol, drug, and mental disorder comorbidities, HIV infection, and comorbidities.

3. Policy reforms should include setting up an integrated care system in a single clinical setting. Multi-disciplinarity, diversified services should be provided in the centre, giving priority where possible to outpatient treatment with a psychosocial approach, including rehabilitation and reintegration.

4. There is a need to train and motivate those involved in data collection in order to appropriate the digital data collection tool and ensure good data reporting, as well as to improve the health information system by using new information and communication techniques.

ISLAMIC REPUBLIC OF MAURITANIA
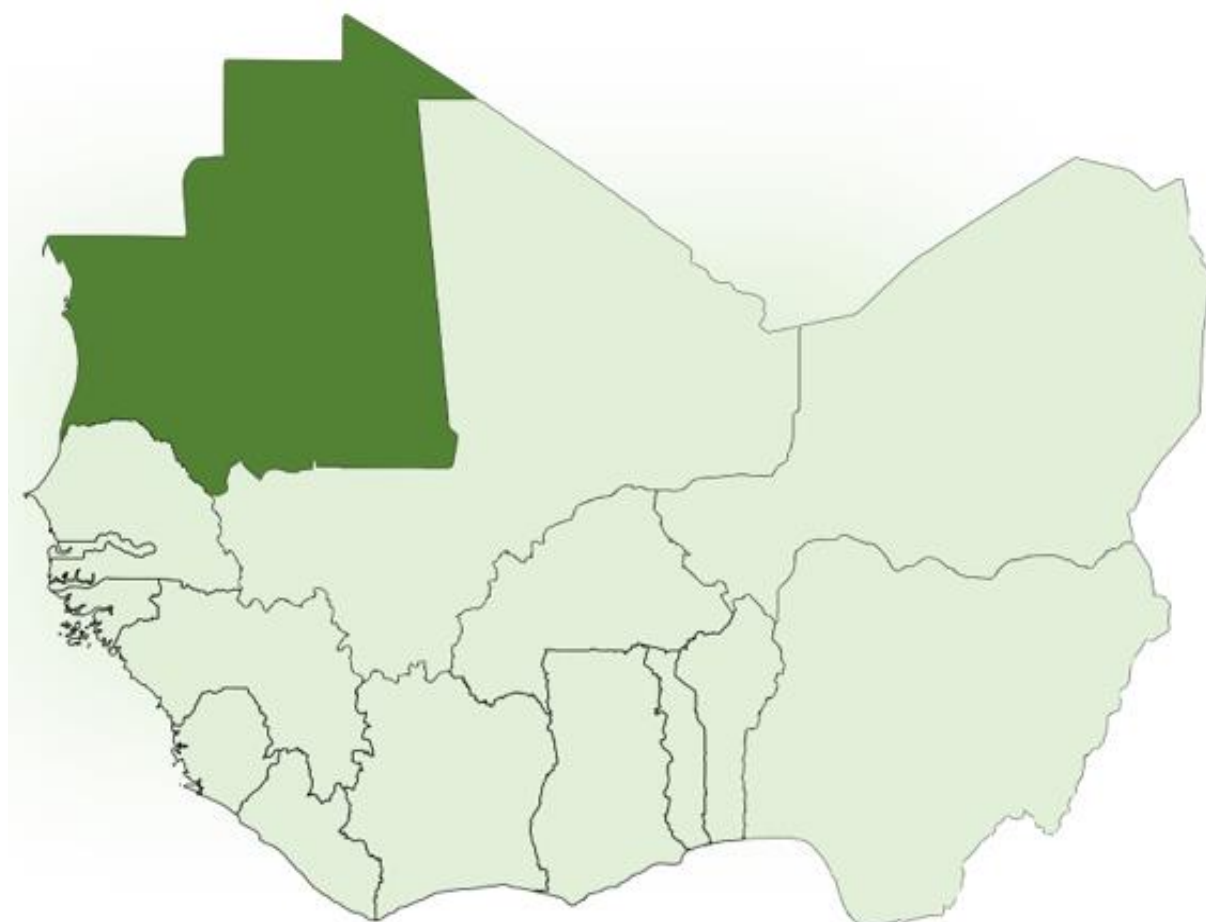
Geographical Context

Mauritania is a country in north-west Africa. It is bordered to the west by the Atlantic Ocean, to the north and north-west by the Western Sahara, to the north-east by Algeria, to the east and south by Mali and to the south-west by Senegal.

Table 1: Islamic Republic of Mauritania

Socio-demographic variable	Country situation
Geographical coordinates	21.0079° N, 10.9408° W
Limits	North Atlantic Ocean - Senegal - Western Sahara - Mali and Algeria
Size (surface area)	1,030,700 sq. km
Administrative divisions	15 Wilayas (provinces) and 57 Moughataas (subdivisions)
Capital Nouakchott	
Population	4.54 million (2018)
Percentage of the population aged under 25	59%
Population growth rate	2.67%
Prevalence of HIV	0.1%
Life expectancy at birth	58.years old
GDP per capita	$1,136.76

Table 2: - The main substance consumed Mauritania

| Substances of abuse	Reference year (2022)	Reference year (2023)
	N (%)	N (%)
Alcohol	00	80BT
Gardinal 100 tablet	00	2500P
Cannabis	00	1965.575Kg
Mandrax	00	00
Valium	00	3625CP
Indian Chanvers	7,790 Kg	16.236Kg
Cocaine / crack and cannabis	6;6 Kg	13.4Kg
Rivotrine	988 CP	1092CP
Hachich	522,594 Kg	3126Kg
MEVL / MSO * Benzodiazepine	920 P	00
SoumSoum	281 Bt	475BT
Other (tobacco, solvents, glue)	3MMC or 3M	5MMC
Tablets	00	175
Alcohol	629 Bt	975BT
Prisoners	509 including 462 Mauritanians	717 including 576 Mauritanians
Crystal Meth	519,1 g	385.4g

Table 3: Legal section

Minutes	Cash seized	Seized vehicles	Number of numbers registered for the call	The number of deposits	Number of judicial observations
287	137520 MRU	13 Cars 17 Bikes 07 bicycles	17	175	157

NB:

The data recorded in the 03 tables come from :

- Gendarmerie anti-drug squad

- The National Office for Combating Illicit Trafficking in Narcotics and Psychotropic Substances

Primary Substances of Abuse in 2023
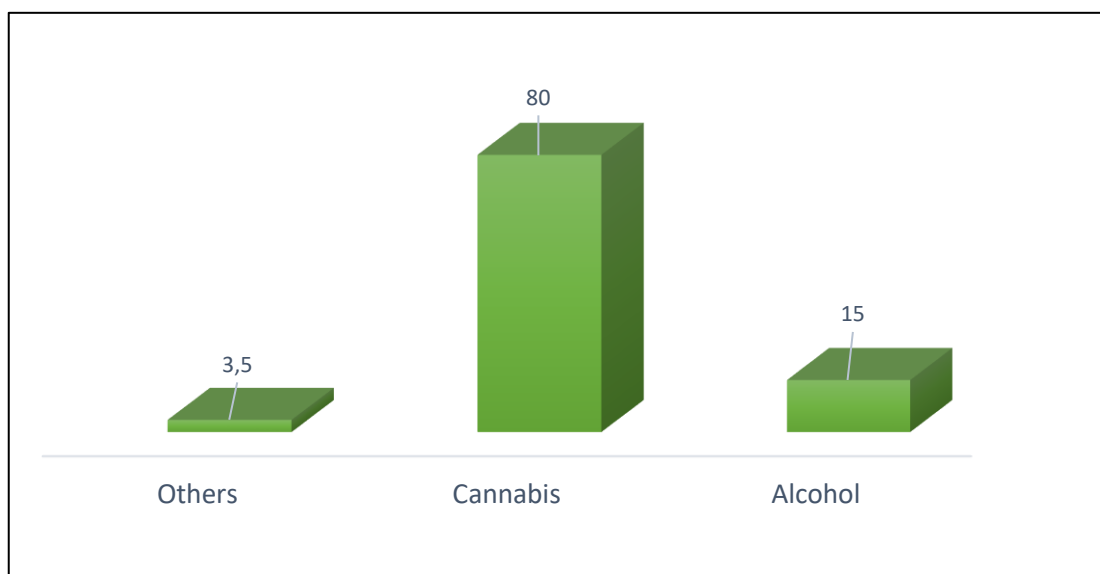
* Others include: solvents, glue, tobacco

Conclusion:

The Government of the Islamic Republic of Mauritania has taken multidimensional measures to improve the health of the population in general and young people in particular, notably by amending national legislation on illegal drugs, adopting a national strategy in this area and strengthening intergovernmental dialogue.

However, much remains to be done to combat this growing trend effectively, as drug use has over time become a threat to the national economy (impact on education, health, etc.).

To this end, the national authorities have set up a police station that takes account of the country's geographical position as a gateway between Africa and Europe.

In view of the deplorable situation, Mauritania, through the National Focal Point for **the Fight against Drugs and Alcohol in Mauritania**, wishes to put in place measures to provide care, mobilization, awareness-raising and assistance to young delinquent adolescents affected by this scourge, and to take steps to increase its capacity to prevent and combat the use of narcotics.

Recommendations

- Interministerial reflection on the institutional anchoring of a public institution to deal with the issue of drugs
- Examine and update the existing legal arsenal to make the necessary changes
- Carrying out a national study on drug and alcohol use in schools
- Involve civil society organizations active in this field by strengthening their capacities.
- Campaign to raise awareness and mobilize the population about the dangers.
- Carrying out a survey on drugs in Mauritania and a school survey
- Updating knowledge through continuing education courses and the library

- Creation of a database of reports (monthly, quarterly, annual)
- Securing medical records
- Creation of a centre to deal with addictions

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