



ECOWAS COMMISSION
COMMISSION DE LA CEDEAO
COMISSÃO DA CEDEAO

ECOWAS SUPPORT TO MEMBER STATES FOR DRUG DEMAND REDUCTION: ACHIEVEMENTS AND IMPACT SNAPSHOT (2015-2023)



www.ecowas.int



**ECOWAS Support to Member States for
Drug Demand Reduction: Achievements
and Impact Snapshot (2015-2023)**



Table of Contents

List of Abbreviations and Acronyms	2
Acknowledgements	3
Executive Summary	4
Introduction	11
Background and Context	12
Purpose and Scope	13
Methodology	13
Limitations	13
Findings	14
- Advocacy and Institutional-Level Engagement	14
- Data collection: Substance Use System of Information	15
- Coordination and Partnerships	20
- Policy Development	26
- Capacity Building	27
- Sensitisation and Awareness-Raising	34
- Support to Treatment/Rehabilitation Centres	38
- Sustainability of ECOWAS Support to Member States	51
- Human Rights and Gender Perspectives	52
Lessons Learned and Recommendations	53
Conclusion	56



List of Abbreviations and Acronyms

- ARINWA:** Asset Recovery Inter-Agency Network for West Africa
- ATI:** Alternative to Incarceration
- CDPE:** Core Drug Prevention Educator
- CSOs:** Civil Society Organisations
- CRISA:** Centre for Research and Information on Substance Abuse
- DDR:** Drug Demand Reduction
- DLEAG:** Drug Law Enforcement Agency of the Gambia
- ECOWAS:** Economic Community of West African States
- EDPCP:** ECOWAS Drug Prevention and Control Programme
- ENACT:** Enhancing Africa's Response to Transnational Organised Crime
- EU:** European Union
- GIABA:** Inter-Governmental Action Group Against Money Laundering and Terrorist Financing
- GI-TOC:** Global Initiative Against Transnational Organized Crime
- GIZ:** Deutsche Gesellschaft für Internationale Zusammenarbeit
- IMDCC:** Inter-Ministerial Drug Coordinating Committee
- INL:** Bureau of International Narcotics and Law Enforcement Affairs
- ISS:** Institute of Security Studies
- NACOB:** Narcotics Control Board
- NFPs:** National Focal Points
- OCWAR-T:** Organised Crime: West Africa Response to Trafficking
- PWSUDs:** Persons with Substance Use Disorders
- SUD:** Substance Use Disorder
- UNODC:** United Nations Office on Drugs and Crime
- UPC:** Universal Prevention Curriculum
- UTC:** Universal Treatment Curriculum
- WANCSA:** West Africa Network of Civil Society on Substance Abuse
- WACAP:** West African Network of Central Authorities and Prosecutors Against Organized Crime
- WACD:** West Africa Commission on Drugs
- WADPN:** West Africa Drug Policy Network
- WAHO:** West African Health Organisation
- WAPIS:** West African Police Information System
- WARNO:** West African Research Network on Organised Crime
- WASCOF:** West African Civil Society Forum
- WENDU:** West African Epidemiology Network on Drug Use



Acknowledgments

This Assessment Report was prepared by the Economic Community of West African States (ECOWAS) Commission under the supervision of Dr Sintiki T. Ugbe, *Director, Humanitarian and Social Affairs* and Dr Daniel A. Amankwaah, *Principal Programme Officer (PPO), ECOWAS Drug Prevention and Control Division*.

Content Overview and Editing

Dr. Sintiki Tarfa Ugbe, *Director, Humanitarian and Social Affairs, ECOWAS Commission*;
Dr. Daniel Amankwah, *Principal Programme Officer, Drug, ECOWAS Commission*.

Data Collection, Analysis & Visualization, Drafting and Reporting

M. BOHM Mawouéna K., *Drug Demand Reduction expert, Director of ISSUP Togo*;
Ms. Grace Sewuese Orshio, Esq.

Layout Design and Print

Veeqthor Designs & Prints Ltd



Executive Summary

Background

The ECOWAS Commission, through its Drug Prevention and Control Programme (DPCP) has implemented extensive Drug Demand Reduction (DDR) activities in the ECOWAS Member States and Mauritania. These efforts are aimed at mitigating the socio-economic, political, and security threats posed by substance abuse and related Organised Crime in West Africa. This report provides an overview of the program's achievements and impact between 2015-2023. The purpose is to showcase the DDR efforts of the ECOWAS Drug Division, assess the success of the support at making impact, create an opportunity for learning & improvement and highlight needs for resource mobilization and advocacy. While there exist several detailed reports on the activities carried out by the Division, this report seeks to highlight the tangible achievements and ongoing impact of the activities at the Member States Level, providing a snap-shot view of ECOWAS support to Member States for DDR and the impact.

Methodology

The assessment employed a combination of methods, desk reviews, interviews, online survey through Kobocollect tools, and a few field visits to Nigeria, Sierra Leone and Togo due to budgetary constraints. Contact was made with Interministerial Drug Coordinating Committees (IMDCCs)/Drug Law Enforcement Agencies, The West African Epidemiology Network on Drug Use (WENDU) Focal Points, members of the West African Network of CSOs on Substance Abuse, Heads of Drug Treatment Centres and Treatment Professionals, Patients receiving care at Drug Treatment Centres.

Key Findings

The overall finding of this report is that the support activities carried out under the ECOWAS Drug Prevention and Control Programme (EDPCP) are relevant and impactful in the Member States. Activities were found to be impactful both at national and individual levels. There is also a high level of ownership and commitment to sustainability in the benefitting Member States. Some specific areas on which feedback was received are outlined below.

Policy Development: A major highlight of the programme was the support provided to 14 Member States¹ for the development of National Drug Master Plans. This was carried through funding from the ECOWAS budget and EU funding support to the ECOWAS Drug Division. These plans serve as blueprints for coherent national strategies to combat drug trafficking, abuse, and related organised crime. Feedback showed that ECOWAS support towards the development of these Master Plans served to raise awareness of the scale of the drug problem in the Member States and drive policy development in that regard. Notable legislative reforms emerged from this support, including the Ghana Narcotics Control Act (Act 1019), The Gambia's Drug Control Strategy (2019-2024) and The Gambia's Drug Control Bill. The developments following policy support underscored the critical role of policy frameworks in addressing the drug menace.

¹ All Member States except Burkina Faso, due to the political situation at the time of rolling out the support.



Capacity building: Over 200 professionals received training on the Universal Treatment and Prevention Curricula (UTC/UPC) through partnerships with the European Union (EU), Bureau of International Narcotics and Law Enforcement Affairs (INL), United Nations Office on Drugs and Crime (UNODC), and Colombo Plan. These trainings not only enhanced the technical capabilities of healthcare workers, educators, and policymakers but also spurred step-down training programs, extending the reach and impact of the initiative.

Data Collection: The establishment of the West African Epidemiology Network on Drug Use (WENDU) marked a significant milestone in data collection and evidence-based policymaking. With 31 National Focal Points across ECOWAS Member States and Mauritania, the WENDU network provides reliable data on drug supply and demand trends in the region. Since its inception, four issues of the WENDU Report and two Policy Briefs have been launched over the period of 2016-2023, making available data for evidence-based policymaking on drug issues². These reports have informed policy decisions and advocacy, leading to impactful policy changes and legal reforms in the Member States. Furthermore, the WENDU data plays a pivotal role in identifying gaps in treatment services, enabling targeted interventions.

Support to Treatment and Rehabilitation Centres: To address the identified treatment gap for Persons with Substance Use Disorders (PWSUDs) in the region, ECOWAS supported the renovation and equipping of eight drug treatment centers, including facilities in Accra, Ghana; Aneho, Togo; Freetown, Sierra Leone; Kano, Nigeria; Lagos, Nigeria; Sokoto, Nigeria; Niamey, Niger and Ouagadougou, Burkina Faso. These centers now provide improved access to care and have significantly enhanced treatment outcomes. For instance, the Federal Neuropsychiatric Hospital (FNPH) Yaba, Lagos and FNPH Kware, Sokoto, reported reduced relapse rates and increased client satisfaction following ECOWAS support. Similarly, the Rehabilitation Centre supported in Sierra Leone is the first in the country providing rehabilitation services for PWSUDs. Importantly, the support for treatment and rehabilitation had a 40% spread across the region as at the end of 2023, with plans underway for the expansion of the support to Member States yet to be supported.

Sensitization and Awareness Campaigns: Over 6,000 individuals were directly reached through school and community-based prevention programs, and mass radio campaigns in Benin, The Gambia, Liberia, Nigeria, Sierra Leone and Togo. Educational materials were also widely distributed, with 67,000 copies disseminated in Ghana alone. These initiatives empowered communities to make informed decisions, fostered youth leadership, and reduced stigma surrounding drug abuse and treatment.

Sensitisation programmes were also targeted at staff of Drug Law Enforcement Agencies and religious leaders, leading to a corresponding shift in perception and response to SUDs as a public health concern requiring treatment and rehabilitation.

² [WENDU REPORT 2018 2019 | Economic Community of West African States \(ECOWAS\); Data Analysis on the impacts of illicit drugs in West Africa: Official Launch of the WENDU Report; WENDU Policy Brief 2020-2022 | Economic Community of West African States \(ECOWAS\)](#)



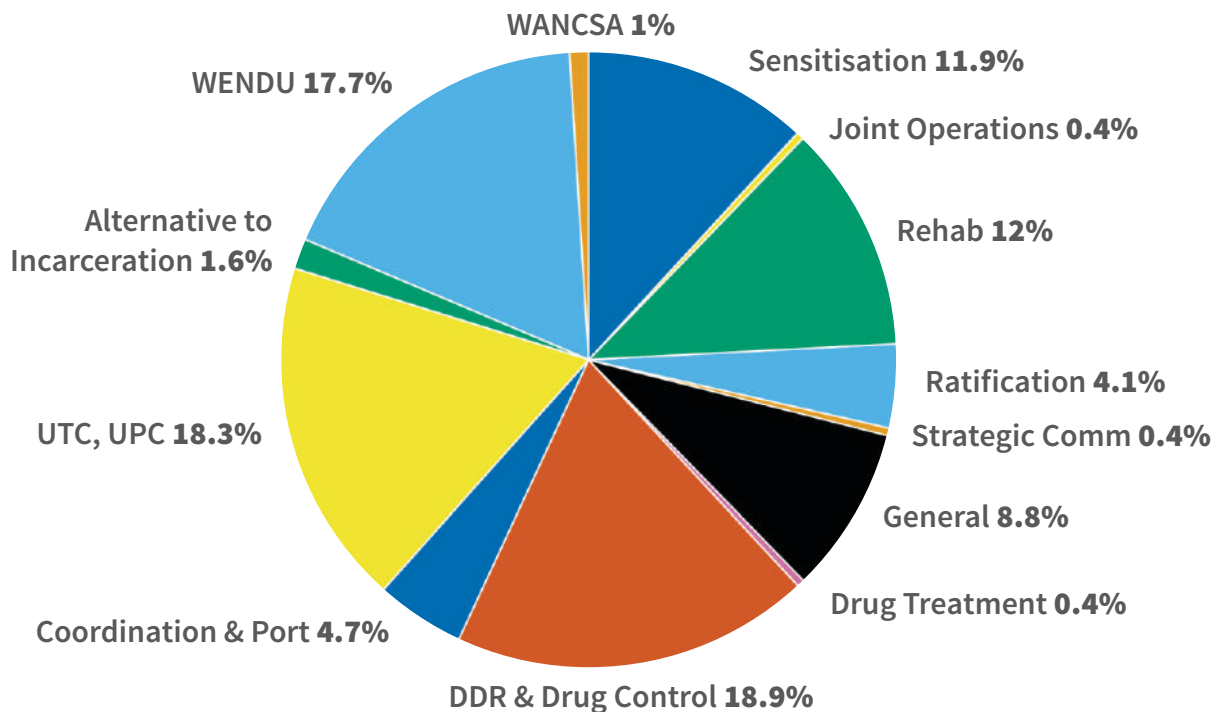
In addition, ECOWAS has effectively harnessed documentary filmmaking to raise awareness and amplify regional narratives on drug prevention. The documentary “Fighting the Drug Scourge in West Africa”, a 25-minute film funded by the European Union, showcases ECOWAS's strategic role and achievements in combating drug abuse across Member States³. For additional impact, a new documentary is in production for the ECOWAS@50 celebrations, designed to deepen public awareness on drug control and prevention efforts region-wide.

Partnership Strategy: Available data shows that the ECOWAS Commission employed an effective partnership strategy with institutional stakeholders in the Member States as well as partners such as the EU, UNODC, INL, CRISA, ISS Africa, etc in implementing the EDPCP. These partnerships have been effective at enhancing programme implementation and would continue to contribute immensely if maintained and strengthened.

Funding Commitments: Between 2015 to 2024, the ECOWAS Commission allocated about **5,468,713.37 UA**, equivalent to about **6,597,182.37 USD**⁴ outside of external funding.

Generally speaking, the bulk of ECOWAS financial commitment between 2015–2024 was concentrated in three core areas: **DDR & Drug Control (21.5%)**, **Capacity Building (20.7%)**, and

ECOWAS SUPPORT BY FUNDING CATEGORIES



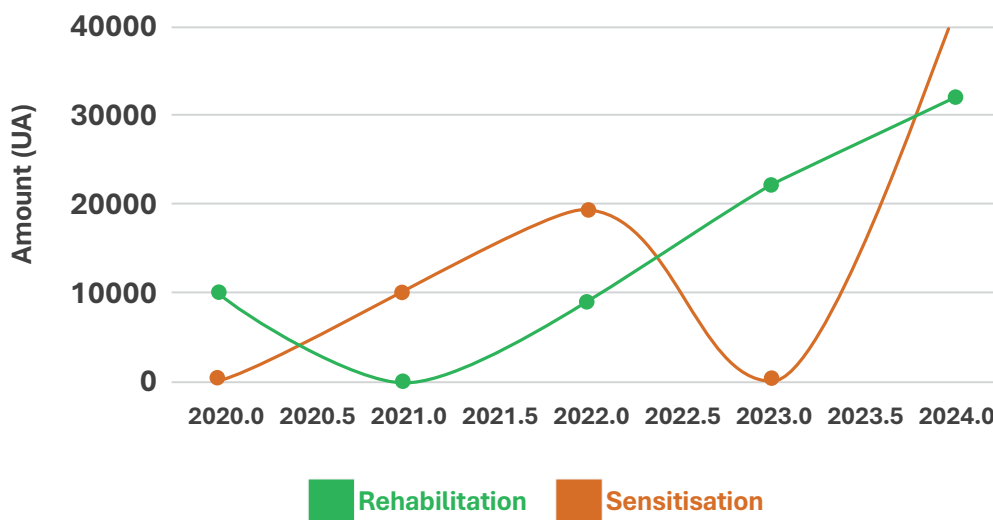
³ https://www.bing.com/ck/a?!&&p=e1482a8d1c44870be664f8869d7a27e2f957c19851c197539b05d944d4ad07a7JmldHM9MTc1NTU2MTYwMA&ptn=3&ver=2&hsh=4&fclid=0210ba16-49c6-6e02-2689-ac5048446ffc&psq=ECOWAS+drug+control+documentaries&u=a1aHR0cHM6Ly93d3cueW91dHVIZS5jb20vd2F0Y2g_dj1SUWtsa3AtRVptMA&ntb=1

⁴ At the AFDB rate of 1UA to 1.20635 USD



However, from 2020, there was a definitive shift towards treatment and rehabilitation as well as prevention strategies. Rehabilitation and Sensitisation (Prevention and prevention education) together absorbed **1,487,511 UA**, representing about **27.2% of ECOWAS' total commitment (2015–2024)**. Rehabilitation began to receive notable allocations in **2020 (96,519 UA)** and gained momentum with significant increases in **2023 (228,933 UA)** and **2024 (336,759 UA)**. While ECOWAS' early focus was on drug control (including Joint Operations), capacity building, and evidence-based data (WENDU), **rehabilitation, prevention and prevention education have become priority areas in the post-2020 period**, reflecting a shift toward treatment and demand reduction strategies. Notably, the strategic strides are rooted in the data made available through the WENDU network.

ECOWAS ALLOCATIONS TO REHABILITATION AND SENSITISATION (2020-2024)



To further strengthen treatment and rehabilitation efforts, the ECOWAS Commission began allocating funds to Alternative to Incarceration in 2023, aligning with global best practices, a strategic shift toward more progressive, health and rights-based approaches to addressing substance use disorders, rather than relying solely on punitive measures.

Challenges and Learning Opportunities

Some challenges and learning opportunities were identified.

1. Prominently, insufficient women-specific treatments facilities and restricted access to treatment for women was identified. Cross cutting issues like human rights and gender equality were implied in the implementation but need to be specifically mainstreamed in the implementation of the programme.
2. Although ECOWAS has offered tremendous support to Member States for DDR, the visibility of these efforts was not always optimal. In some instances, donated items were not clearly



branded, making it difficult to readily attribute the support to ECOWAS. Going forward, strengthening visibility measures will be important to ensure proper recognition and acknowledgment of ECOWAS contributions.”

3. Feedback from Member States highlighted some concerns about the length and complexity of the procurement procedures associated with support delivery. These challenges are not attributable to ECOWAS or Member States individually, but to procedural complexities on both sides that require streamlining.
4. Human resource limitations within the ECOWAS Drug Division have posed challenges to effective programme monitoring and implementation, particularly following the COVID-19 pandemic. At present, the Division is largely dependent on a single full-time technical staff member to coordinate and implement the wide-ranging programme. To mitigate this gap, the Division has benefited from the ECOWAS Young Professionals Immersion Programme, which has provided temporary support. However, the one-year cycle of this programme results in high turnover and limited institutional memory. Deliberate attention to this gap is therefore needed to ensure continuity and safeguard institutional knowledge in the absence of the substantive

Recommendations

To sustain and build on the successes of the ECOWAS Division, recommendations were gathered from interactions with beneficiaries and stakeholders as well as from inference. The development of definite joint sustainability strategies between ECOWAS and Member States is recommended. This should include increased funding for gender-inclusive facilities, institutionalized gender-disaggregated reporting, and strengthened capacity-building initiatives. Additionally, scaling up evidence-based prevention campaigns, particularly among youth, and adopting models like The Gambia's Drug-Free Clubs can enhance long-term impact. More specific recommendations gathered include the following:

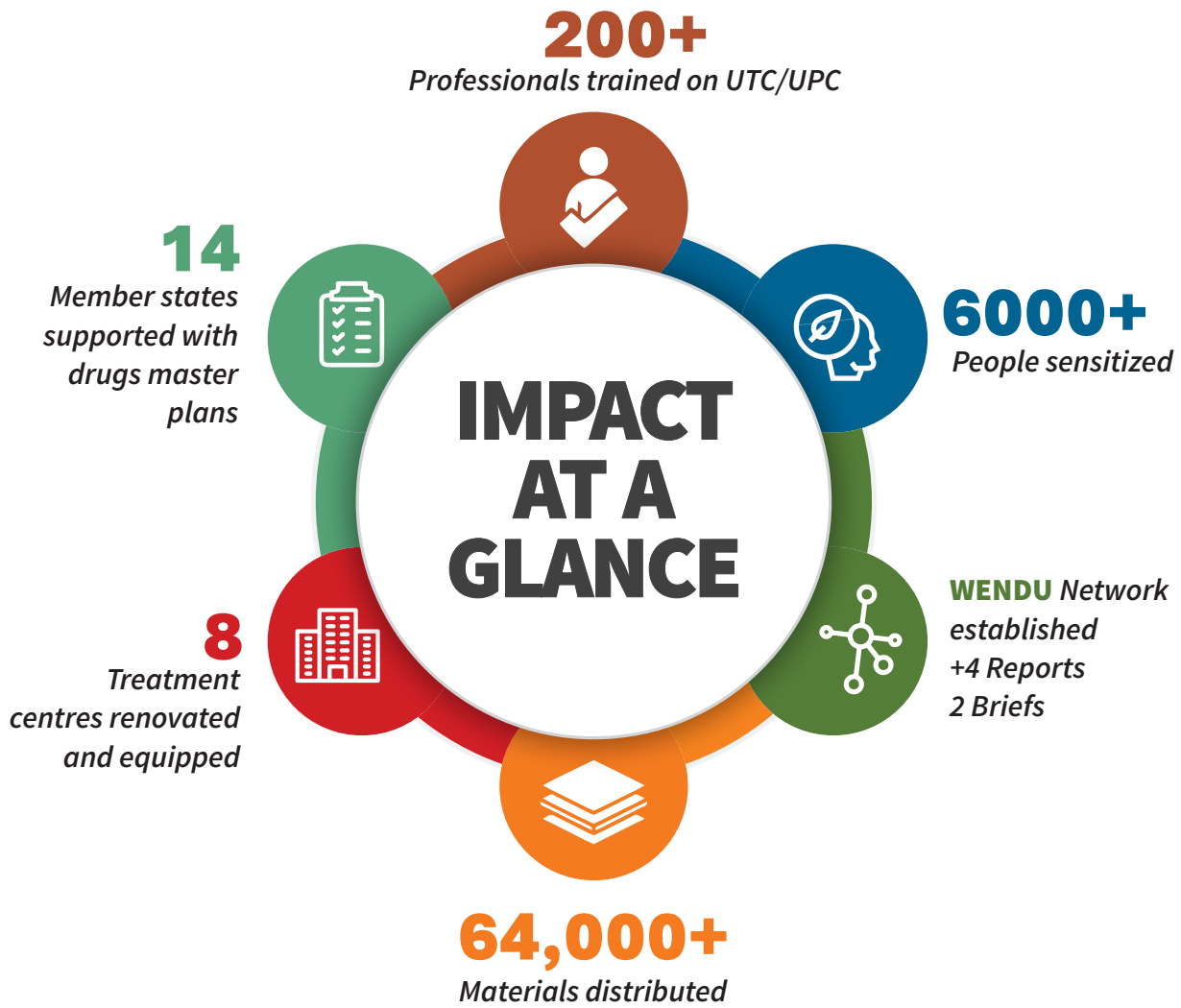
- a. Regular meetings of Heads of Ministerial Drug Coordinating Committees (MDCCs) or National Drug Law Agencies should be organised by the ECOWAS Commission to strengthen partnership and sustainability.
- b. Continued Monitoring Missions and exchange visits should be organised between Member States (at least once in three years) to strengthen advocacy, learning and sharing best practices.
- c. The ECOWAS Drug Division should engage the ECOWAS Parliament for more advocacy support at both the regional and national levels for prioritisation of drug abuse and mental health issues as well as allocation of adequate resources to combat same.
- d. Existing partnerships on DDR between ECOWAS and funding/implementing partners should be strengthened and new partnerships should be fostered for more resource mobilisation and burden-sharing which are crucial for sustainability.
- e. The ECOWAS Drug Action Plan, which lapsed in 2020, should be reviewed or extended to maintain strategic direction.



- f.** National WENDU chapters should be strengthened to ensure broader reporting coverage and higher-quality data.
- g.** More funding and technical support should be allocated to evidence-based prevention training and activities targeting youths, families, vulnerable groups, communities, faith-based organisations and work spaces.
- h.** The Gambia's model of “Drug-Free Clubs” for youth advocacy and sensitization should be adopted by other Member States for optimization of sensitisation activities and sustainability.
- i.** Expansion of treatment centres remains essential to bridging the significant treatment gap in the region. This support should be extended to the Member States which are yet to receive it and resource mobilisation should be carried out for more funding towards the support of treatment and rehabilitation for Substance Use Disorders (SUDs) in the ECOWAS region. The private sector may also be considered as a potential source of resource mobilization/collaboration on this.
- j.** Advocacy and partnerships should be harnessed by the ECOWAS to increase access to treatment through treatment funding or subsidization.
- k.** Gender-integrated care, such as women-tailored support and childcare-inclusive treatment models (e.g., Federal Neuropsychiatric Hospital (FNPH), Kware, Sokoto-Nigeria Women and Children Drug Dependent Treatment Center), should be prioritized.
- l.** Stigma-reducing campaigns, led by women leaders and community groups, are recommended to tackle social issues hindering access to treatment.
- m.** Knowledge-sharing programs and exchange visits among treatment professionals in treatment centres should be explored and supported by the ECOWAS Commission to strengthen weaker facilities and improve drug treatment collaboration in the region.
- n.** Collaboration and synergy during implementation of activities should be promoted for improved ownership and sustainability.
- o.** The human resource capacity of the ECOWAS Drug Division should be strengthened through the recruitment of staff for the division to ensure continuity of effective programme implementation in Member States.
- p.** ECOWAS visibility should be intentionally prioritised during implementation through media coverage and ECOWAS branding of support.

Limitations

Some constraints were experienced by the evaluation team, including time-frame vis-à-vis the wide geographical and technical scope of the project. Particularly, the length of time taken to get responses from some Member States. There was also the challenge of non-participation in the surveys or invitations for interviews by some Member States (Guinea, Senegal, Mali and Niger) and low participation by some others. However, documented data was leveraged for the non-participating Member States. The time-frame covered by the assessment also had its bearing on some difficulty obtaining information speedily due to the bureaucracy and the mobility of the personnel of certain Member States Administrations in charge of drug control.



Strong Partnership

EU

UNODC

INL

ISS



Introduction

Substance abuse, illicit drug trafficking and related organised crime (the Drug Menace) continue to pose serious socio-economic, political and security threats in many regions of the world, including West Africa. The drug menace adversely affects the quality of health of individuals, families and communities as well as peace and security which are prerequisites for meaningful socio-economic development and well-being.

To address the drug situation, ECOWAS adopted the Political Declaration on the Prevention of Drug Abuse, Illicit Drug Trafficking and Organised Crime in West Africa (2008) together with an ACTION Plan (2008-2012). However, there was a lag in implementation due to inadequate technical and financial resources as well as the delays experienced in building consensus on the strategic and implementation approach with funding partners. It therefore became imperative for the ECOWAS Commission to review and revalidate the Drug Action Plan. In this respect, the Heads of State in February 2013 endorsed the ECOWAS Commission's Memorandum for the two-year extension of the ECOWAS Drug Action Plan. The extension period (2013 to 2015) was to allow the ECOWAS Commission to undertake the operational review of the implementation, and the re-validation of the ECOWAS Regional Action Plan on illicit Drug Trafficking, Organized Crime related to it and Drug Abuse in West Africa. It was subsequently elaborated to 2020. These documents provide the bases for the ECOWAS Drug Prevention and Control Programme (EDPCP) with Drug Demand reduction activities aimed at reducing the incidence of drug trafficking, drug abuse and organised crime in West Africa.

The ECOWAS Drug Prevention and Control Programme (EDPCP) takes into consideration the comprehensive, balanced, coordinated, and shared responsibility approach in addressing the drug menace. This report provides highlights of the contributions and support of the ECOWAS Commission towards Drug Demand Reduction in the ECOWAS Member States between 2015-2023, evaluating the effectiveness and impact of these contributions and support under the following themes:

1. Advocacy and Institutional-Level Engagement
2. Data collection: Substance Use System of Information
3. Coordination and Partnerships
4. Policy Development
5. Capacity Building
6. Sensitisation and Awareness-Raising
7. Support to Treatment/Rehabilitation Centres

Background and Context

Drug abuse, illicit drug trafficking and related organised crime are dynamically developing phenomena in West Africa, posing public health, developmental and security challenges. The drug problem is associated with criminal behaviour, poverty, violence, significant health problems, and social exclusion.

Global epidemiological trends in the use of psychoactive substances indicate an increase in exposure of almost 43% among vulnerable groups in low-income countries (UNODC, 2020) by 2030. Epidemiological data from the "West African Epidemiological Network on Drug Use (WENDU)" corroborates this. Indeed, the use of psychoactive substances is spreading in our region with visible consequences on the health, safety and development of communities.

Hinged on the Political Declaration on the Prevention of Drug Abuse, Illicit Drug Trafficking and Organised Crime in West Africa (2008) and the ECOWAS Drug Action Plan to Address Illicit Drug Trafficking, Organized Crime and Drug Abuse (2016-2020), the ECOWAS Drug Division has taken calculable steps to support Member States to tackle the drug problem in the region.



Photos taken in a ghetto in Liberia, including excavation of graves in search for ingredients for Kush



Purpose and Scope

This evaluation was undertaken to assess the impact and outcomes of the implementation of the ECOWAS Drug Demand Reduction activities in the ECOWAS Member States from 2015 – 2023 with the aim of

- a. determining the extent to which project objectives and outcomes were achieved;
- b. learning and optimizing the programme activities for improved implementation of future objectives and activities.
- c. showing evidence of the impact of the ECOWAS Drug Demand Reduction (DDR) activities for the purpose of advocacy, resource mobilization and partnerships; and
- d. improving the visibility of ECOWAS activities and impact in the Member States.

The evaluation covers ECOWAS DDR activities in the 15 ECOWAS Member States and Mauritania. It highlights the ECOWAS Commission's support to the ECOWAS Member States to tackle substance abuse and efforts towards evidence-based services for drug use disorders and related diseases.

Methodology

The evaluation was carried out over the period of 12th September, 2024 to 29th November, 2024. It was undertaken by means of a mixed-method approach with a participatory, gender-responsive evaluation methodology, promoting the participation of stakeholders throughout the evaluation process. The evaluation methodology considered primary and secondary data sources ensuring triangulation of findings. A desk review was followed by online questionnaires, virtual interviews of relevant stakeholders and onsite visits to 5 supported drug treatment/rehabilitation centres (Freetown, Kano, Lagos, Sokoto and Aneho, Togo). Direct communication took place with a total of 40 persons (12 female and 28 male), and the response rate of the online survey was 60%, with responses from 9 ECOWAS Member States. Contact was made with Interministerial Drug Coordinating Committees (IMDCCs)/Drug Law Enforcement Agencies, The West African Epidemiology Network on Drug Use (WENDU) Focal Points, members of the West African Network of CSOs on Substance Abuse, Heads of Drug Treatment Centres and Treatment Professionals, Patients receiving care at Drug Treatment Centres.

Limitations

Some constraints were experienced by the evaluation team, including time-frame vis-à-vis the wide geographical and technical scope of the project. Particularly, the length of time taken to get responses from some Member States. There was also the challenge of non-participation in the



surveys or invitations for interviews by some Member States (Guinea, Senegal, Mali and Niger) and low participation by some others. However, documented data was leveraged for the non-participating Member States. The time-frame covered by the assessment also had its bearing on some difficulty obtaining information speedily due to the bureaucracy and the mobility of the personnel of certain Member States Administrations in charge of drug control.

Main Findings

The overall finding of this report is that support activities under the ECOWAS Drug Prevention and Control Programme (EDPCP) are relevant and have made a significant impact at both national and individual levels. Benefitting Member States demonstrated strong ownership and commitment to sustaining these results, with specific feedback outlined below.

A. ADVOCACY – INSTITUTIONAL LEVEL ENGAGEMENT

Institutional engagement and high-level advocacy have been pivotal to ECOWAS drug demand reduction and supply suppression efforts in the ECOWAS Member States. The high-level advocacy and collaboration efforts have provided necessary collaboration platforms for implementation of the ECOWAS Drug Demand Reduction and Supply Suppression activities in the Member States.

In this regard, within the reporting period,

- **16 Monitoring Missions** were conducted in **2018** across all 15 ECOWAS Member States and Mauritania.
- **Courtesy/Advocacy Visits** are made to Ministers and senior officials during implementation of activities in Member States to strengthen ownership and sustainability.
- **2 Inter-Ministerial Drug Coordinating Committee Meetings** were convened between **2015–2023**.
- **2 Ministerial Conferences** held, providing high-level platforms for collaboration.
- Continuous engagement through **virtual correspondences** and **on-site visits** across Member States.

In the course of the implementation of the EDPCP, the ECOWAS Commission, through the Drug Division, continues to interact with state authorities in all the 15 ECOWAS Member States and Mauritania in various ways including virtual correspondences and on-site visits. In the year 2018, to assess the status of the implementation of the ECOWAS Drug Action Plan and identify areas of critical challenges, with the support of the EU, 16 monitoring missions were undertaken in all the 15 ECOWAS Member States and Mauritania. In these countries, courtesy calls/advocacy visits were made to the Ministers responsible for drug prevention and control or their representatives to set the tune for partnership, ownership and sustainability.



Relevance of Activities

The advocacy and institutional level engagement activities are hinged on Outcome 1 of the ECOWAS Drug Action Plan: Strengthened ECOWAS and Member States Political Commitment, including the Allocation of Adequate ECOWAS and National Resources, for Preventing and Combating Drug Trafficking, Organised Crime and Drug Abuse. High-level advocacy and institutional-level engagement have been critical to ensuring political commitment to addressing the drug menace in the ECOWAS region.

Impact/Effectiveness

The 100% regional coverage of advocacy efforts have ensured the following:

- Sustained support and commitment for the national programmes to stem the tide against drug abuse, illicit drug trafficking and related organised crime.
- Policy action in the Member States, including the development and implementation of national Master Plans.
- Legal and Policy Reforms.^{5,6}

The relationship between the ECOWAS Commission and institutional authorities in the Member States remains strong. Nevertheless, member states highlighted the need to sustain regular institutional-level interaction and advocacy through consistent correspondence and periodic ministerial meetings. Although current engagement mechanisms have been helpful, feedback suggests room for improvement to further optimize programme implementation. In particular, ministerial-level interactions have declined since the COVID-19 pandemic, underscoring the importance of revitalizing this platform. Strengthening institutional engagement is crucial for effective programme delivery, resource mobilisation, ownership, and long-term sustainability.

B. DATA COLLECTION: WENDU NETWORK

In May 2016, the West African Epidemiology Network on Drug Use (WENDU) was formed to collect information and data on drug use trends in the region to effectively address the social, health and economic consequences of alcohol and drug use and ensure evidence-based response.

During the reporting period, over 342 professionals were trained on data collection in the region⁷, (covering 40% of the region) to strengthen drug data collection and with sustained plans for expansion to the rest of the region. Until the withdrawal of Burkina Faso, Mali and Niger from the ECOWAS, the WENDU network had a 100% functionality within the region, being coordinated by 31

⁵ *The Gambia: The review of the Drug Control Act (2023) and related reforms introduced staff codes of conduct, a Human Rights Manual, and the establishment of Human Rights and Gender Units to strengthen its drug control framework.*

⁶ *Ghana: The adoption of the Narcotics Control Act (Act 1019) reoriented drug policy towards a public health approach, including the creation of a Substance Use Disorder Rehabilitation Fund.*

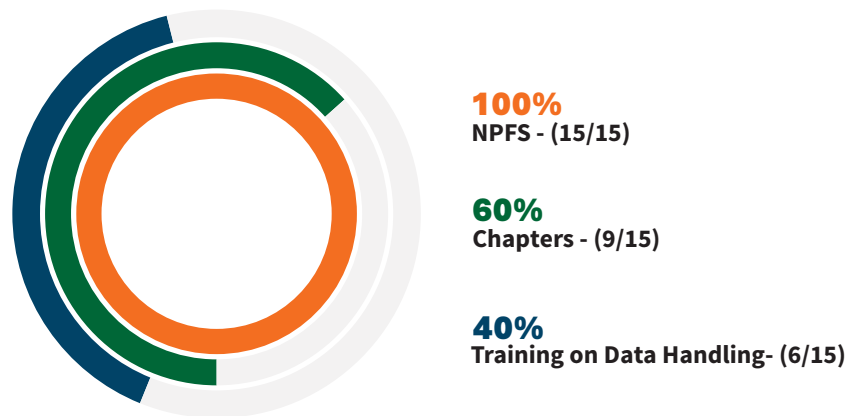
⁷ *In six Member States- Benin, Burkina Faso, Mali, Niger, Sierra Leone and Togo*



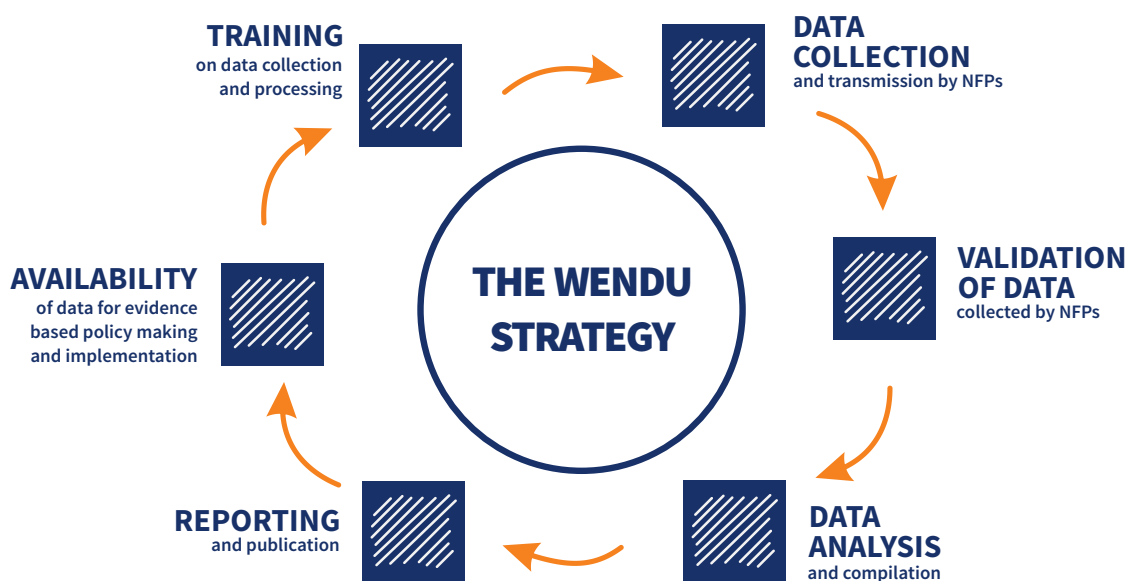
National Focal Points across all Member States and Mauritania. Nine National Chapters⁸ were inaugurated during the reporting period, making WENDU a recognised best practice for Africa in drug data systems.

The WENDU Focal Points coordinate collection of data in the Member States and transmit to the ECOWAS Commission. They were instrumental and provided key insights in the preparation of this report. The Focal Points meet once every year to validate the data collected from all Member States before the data is analysed, reported and published.

WENDU COVERAGE ACROSS ECOWAS REGION



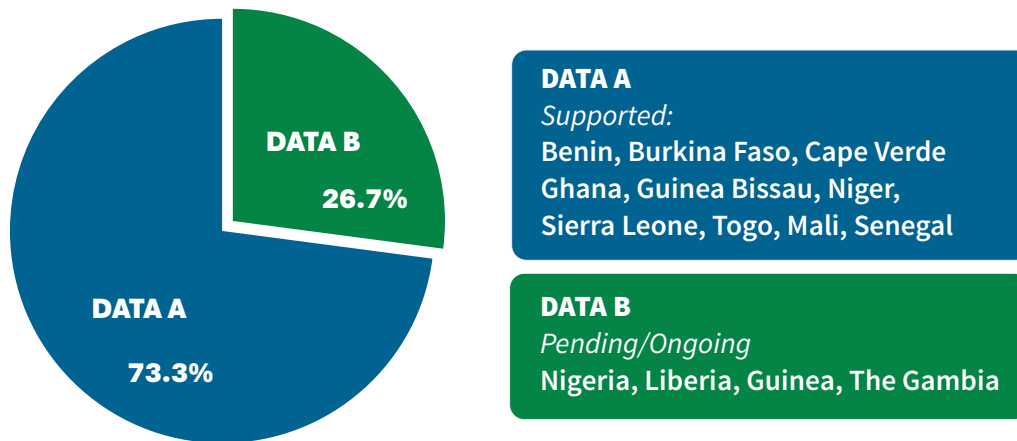
The WENDU strategy includes the chain below:



⁸ in Benin, Burkina Faso, Cote d'Ivoire, Ghana, Niger, Togo, Liberia, Mali, and Sierra Leone

To support data collection in the ECOWAS Member States, the Commission has supported over 70%⁹ of the Member States and counting with equipment, including Computers, Printers, Photocopiers, Filing cabinets and medical files to facilitate data collection. These donations are to the tune of about \$330,000.

ECOWAS SUPPORT FOR DATA COLLECTION EQUIPMENT - (\$330,000)



Some photos of WENDU Equipment Support



WENDU Equipment and Sensitisation Materials in Benin and equipment being used

⁹ 11 Member States - Benin, Burkina Faso, Cabo Verde, Cote d'Ivoire, Ghana, Guinea Bissau, Niger, Sierra Leone, Togo, Mali and Senegal



Handover of WENDU Equipment to Cabo Verde



Handover of WENDU Equipment to Ghana

Relevance of the Support

The formulation of the WENDU Network is in line with Outcome 5 of the ECOWAS Drug Action Plan – “Sustainable System of Relevant, Valid and Reliable Data on Drug Use, Drug Trafficking and Organised Crime is Developed and Maintained”.

Recognizing that in order to address drug use and dependence, the health and law enforcement sectors must work together in a coordinated, public health-focused manner, it became necessary to set up national mechanisms that can both assess the specific circumstances of a given location and clearly indicate the kinds of responses that will be required to address drug use from both the supply and demand sides in a comprehensive manner. Therefore, the WENDU network was established to enhance the informational infrastructure available to policymakers within ECOWAS Member States. The initiative sought to effectively address the social, health, and economic ramifications of alcohol and drug use through the establishment of localized sentinel surveillance networks spanning all ECOWAS countries. In conjunction with the systematic collection of data on specified dimensions of drug demand and supply at each surveillance site, the National Focal Points (NFPs) of WENDU assume a pivotal role in identifying shifts in drug utilization patterns and emergent trends.

Furthermore, the NFPs diligently communicate the resultant reports generated at the national level to pertinent agencies and organisations tasked with mitigating substance abuse issues or those directly benefiting from comprehensive insights into drug usage.

Impact/Effectiveness

Since the establishment of the WENDU network, four regional reports on Statistics and Trends on Illicit Drug Supply and Drug Use in the ECOWAS Member States and Mauritania have been released; the 2016-2017, 2018-2019, 2020-2022 and 2023 Reports. Two Policy Briefs on the 2020-2022 Report and the 2023 Report have also been launched.



Launch of the WENDU 2023 Report in Sierra Leone

Feedback from WENDU Focal Points highlights significant impacts in Member States, particularly in four areas: (i) improved reliability of national drug data, (ii) better institutional coordination and ownership, (iii) use of WENDU reports in policy formulation and advocacy, and (iv) strengthened regional cooperation and comparability of trends. The expounded impact includes:

- i.** The WENDU Report serves as a critical input into the annual World Drug Report produced by the United Nations Office on Drugs and Crime.
- ii.** Improved regional and sub-national collaboration. It created a system of learning and sharing across experts in the Member States both formally and informally. For example, there was evidence of information sharing and learning between Ghana and The Gambia and also Benin and Togo. Both countries have drug free clubs for secondary school students and share experiences for better impact and outcomes. The platform was assessed in preparing this



report as very effective for prevention education.

- iii. Monitoring trends and serving as an early warning system. Most recently, in 2022, the WENDU data highlighted a rapidly spreading new drug in the region - Kush, alerting authorities to respond.
- iv. Evidence-based policy-making and strategic planning in the ECOWAS Member States. For instance, in The Gambia, WENDU data influenced the launch of the Drug Control Strategy 2019-2024. It also highlighted the Human Rights and gender dimensions of the drug problem, leading to the establishment of a Human Rights Unit and a Gender and Child Protection Welfare Unit.

The WENDU data has also greatly influenced legal reforms on drug issues in the region, including the review of the Ghana Narcotics Control Act (Act 1019) and the current Drug Control Bill in The Gambia, especially in regard to categorizing possession of drugs.

- v. Insight to the ECOWAS Commission in indicating what kind of support is needed by the different Member States based on the statistics and trends. For instance, WENDU data:
 - a. revealed the treatment gap in the Member States, resulting in funding for training and certification on the Universal Treatment Curriculum;
 - b. influenced improved support to drug treatment centres to further bridge the treatment gap in the Member States;
 - c. pointed out the need for improved access to treatment for females with SUDs
 - d. highlighted the need for evidence-based prevention capacity building and strategies in the region;
 - e. sparked the conversation on Alternative to Incarceration (ATI) for PWSUDs who come in contact with the criminal justice system in the region.

c. COORDINATION AND PARTNERSHIPS

Over the course of implementing the ECOWAS Drug Prevention and Control Programme, the ECOWAS Commission, through the Directorate of Humanitarian and Social Affairs, sought out and prioritized partnerships that emphasized organizing and aligning efforts, resources, and actions to ensure efficiency, avoid duplication, and achieve common objectives.

The Commission has collaborated with other ECOWAS Institutions such as WAHO and GIABA and partners such as the European Union (EU), United Nations Office on Drug and Crime (UNODC), The Centre for Research and Information on Substance Abuse (CRISA), Institute of Security Studies (ISS) Africa, Global Initiative Against Transnational Organized Crime (GI-TOC), the Bureau of International Narcotics and Law Enforcement Affairs of the United States Department of State, the International Criminal Police Organisation (INTERPOL), CSOs and Government Institutions etc.



Relevance

Aimed at the common goal of drug supply suppression and drug demand reduction, and based on Outcomes 1, 2 and 4 of the ECOWAS Drug Action Plan, these partnerships facilitate effective efforts at addressing the drug menace. They bring the advantage of improved technical expertise, increased funding, knowledge and burden sharing etc.

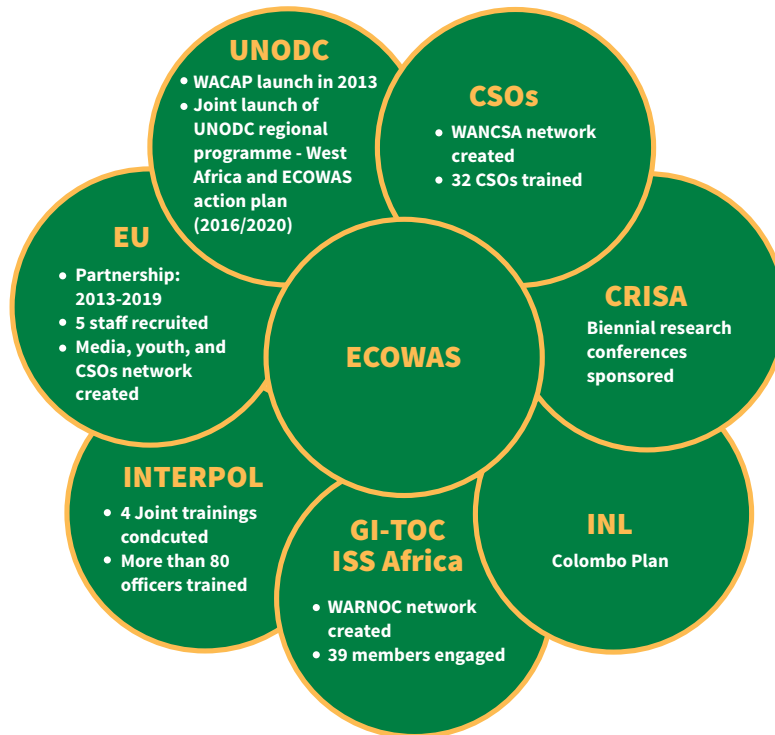
Impact/Effectiveness

A summary of the Partnership Outputs for 2015-2023 include:

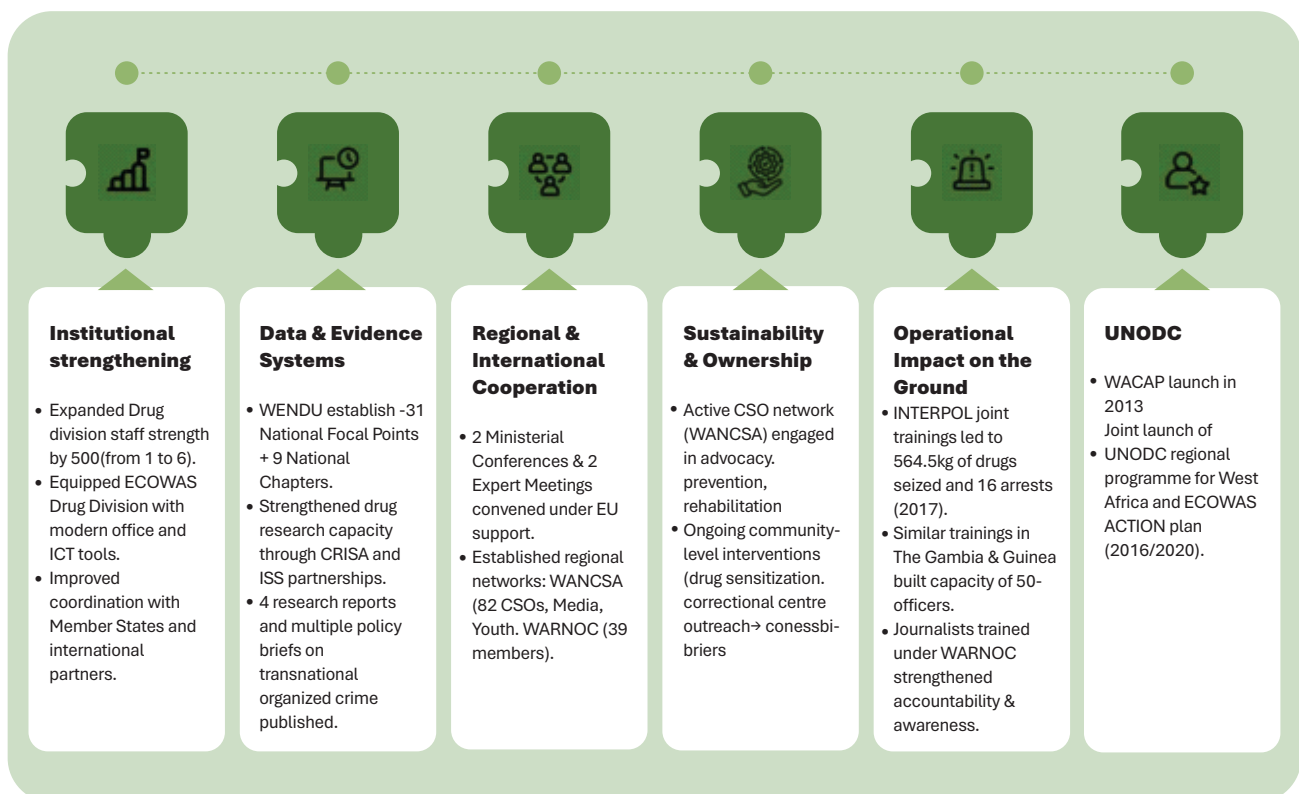
- 1** 5 additional staff recruited → 500% increase in technical capacity.
- 2** 6 regional networks were created/strengthened (Media, Youth, CSOs, WANCSA, WARNOC, WENDU).
- 3** >80 officers trained in 4 countries → led to 16 arrests & 884.56 kg drug seizures.
- 4** 39 researchers mobilized under WARNOC.
- 5** 4 research reports + 5 policy briefs published.
- 6** 32 CSOs trained and active across 15 Member States.
- 7** Multiple high-level advocacy forums: 2 Ministerial Conferences + 2 IMDCC meetings.



ECOWAS PARTNERSHIP



KEY IMPACTS OF ECOWAS PARTNERSHIPS (2013-2023)





More detailed contributions of ECOWAS partnerships are outlined below:

a. ECOWAS Partnership with the EU

The ECOWAS Drug Division, under the Directorate of Humanitarian and Social Affairs, entered into a partnership with the EU for the period between 2013 - 2019. The EU signed a Financing Agreement No. ROC/FED/022-263 named: "Support to ECOWAS Regional Action Plan on Illicit Drug Trafficking, related Organised Crime and Drug Abuse in West Africa". Then the EU signed two other implementing agreements to implement this financing agreement. One with the UNODC and the other with the ECOWAS Commission to be implemented jointly.

The impact of this partnership on the activities of the ECOWAS Drug Division was enormous and included the following:

- i.** Capacity support for the ECOWAS Drug Division. Under this category, the EU improved the staff strength of the ECOWAS Drug Division, supporting the recruitment of 5 additional technical staff to strengthen the Divisions initial staff strength of 1. In addition to the recruitment of staff, the EU also supported several capacity building training for staff of the Division. The result of this was improved technical capacity which translated into effective implementation of programme activities at the Member States level.
- ii.** Provision of office equipment to the ECOWAS Drug Division to facilitate its operations.
- iii.** Strengthening capacities for coordination and partnerships between the ECOWAS and Member States as well as other partners. For example, the establishment of the regional network for the Media, Youth and CSOs in 2017 which served as a forum to mobilize and galvanize a regional consensus for effective prevention and control of illicit drugs trafficking, related organized crime as well as drug abuse; training of CSOs and the creation of the West African Network of Civil Society on Substance Abuse (WANCSA). These Networks have greatly enhanced information-sharing between the ECOWAS Commission and the CSOs in West Africa thereby improving CSOs engagements in drug prevention and provision of care to people with drug use disorders.
- iv.** The ECOWAS-EU partnership also served to strengthen coordination with the Interministerial Drug Committees through expert meetings and Ministerial Conferences. Two expert meetings of the Inter-Ministerial Drug Coordinating Committee (IMDCC) were jointly held with two Ministerial Conferences during this period.
- v.** The "Organised Crime: West Africa Response to Trafficking" (OCWAR-T) project jointly funded by the European Union (EU) and the German Federal Foreign Office (Auswärtiges Amt, AA) from 01/02/2019 to 31/12/2023, supported ECOWAS and ECOWAS Member States to strengthen cooperation and information to address Transnational Organised Crime (TOC). The OCWAR-T programme was implemented through indirect management by an EU Member State Agency



–*Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ)* - in collaboration with International Centre for Migration Policy Development (ICMPD), United Nations Development Programme (UNDP), United Nations Office on Drugs and Crime (UNODC) and Mines Advisory Group (MAG). The ECOWAS Commission steered and coordinated the programme together with the EU Delegation and the German Federal Foreign Office (GFFO).

b. ECOWAS Partnership With CRISA

Between the period of 2015 to 2023, the ECOWAS Drug Division and the Centre for Research and Information on Substance Abuse (CRISA) enjoyed mutual cooperation on common objectives. In that time period, ECOWAS provided sponsorship for the Biennial International Conference on “Drugs, Alcohol and Society in Africa” as well as Symposia organised by CRISA. ECOWAS support for these conferences included sponsorship of Member States Delegates to attend as well as support for Conference logistics. These research conferences have been pivotal in providing enhanced capacity and knowledge in Drug abuse and drug trafficking through research.

Technical experts from CRISA have also supported the activities of the ECOWAS Drug Division, performing the role of Resource Persons. The conceptualization of the WENDU network and project was designed by the Executive Director of CRISA who also led the survey on drug treatment availability in the ECOWAS Member States.

The ECOWAS-CRISA partnership has strengthened drug research and data availability for evidence-based response in the ECOWAS region.

c. ECOWAS Partnership with ISS Africa and GI-TOC

A key aspect of this partnership was the implementation of the OCWAR-T project in the ECOWAS Member States and Mauritania. Under this programme, The West African Research Network on Organised Crime (WARNOC) was established as the first of its kind in the region, with 39 members engaged. The WARNOC is currently managed externally by the ISS, in collaboration with GI-TOC. WARNOC members are involved in capacity-building programmes and research projects on TOC in the region.

Under the OCWAR-T project, four research reports on TOC were published between 2019 to 2023. 11 Capacity Building sessions were held with the WARNOC members and 5 sessions were held with journalists on how to analyze illicit economies.

The ISS has also engaged in burden-sharing on the WENDU Project with the ECOWAS Drug Division under its Enhancing Africa's Response to Transnational Organised Crime (ENACT) project. This included some logistics support for the launch of the 2020-2022 and 2023 WENDU Reports as well as technical support towards the development of Policy Briefs for the reports. The collaboration on the WENDU project has contributed to improving evidence-based decision-making in the region, as well



as provided an opportunity for in-depth information-sharing between ECOWAS and ISS, enriching regional cooperation and effective response.

d. ECOWAS Partnership with CSOs

Recognising the important role played by CSOs in combating drug abuse, the ECOWAS Drug Division also engaged with CSOs through capacity building and networking. In February, 2018, the West African Network of Civil Society on Substance Abuse (WANCSA) was created to foster engagement and networking among CSOs. About 32 CSOs from the ECOWAS Member States were trained on drug advocacy. The WANCSA network is active and serves as a platform for information and experience sharing among CSOs in the region. The members maintain an active platform with representatives from all the Member States where they share information and strategies on advocacy, prevention efforts and accountability for improved drug demand reduction efforts in the Member States as well as activities carried out across the region and the success stories. The platform was accessed during this activity and CSO activities across the Member States were observed, including drug sensitization, visits to minors in correctional centres and supply of hygiene kits, capacity building activities in communities and correctional centres, stakeholder engagement etc.

The network continues to be an impactful initiative with cascading impact in the Member States.

The WANCSA members have however expressed the need for improved capacity building, funding and collaborative support by the ECOWAS to the CSOs within the network.

e. ECOWAS Partnership with the INTERPOL

Under collaboration between the ECOWAS Drug Unit, ECOWAS Regional Security Division and the INTERPOL, and with ECOWAS commission's funding, more than 30 law enforcement officers of different agencies from Nigeria and Niger were jointly trained on counter illicit drug trafficking and related crimes in 2017 resulting in seizures of 884.560 KG of various illicit drugs and 16 arrests in an operation that immediately followed the training. Similar training was replicated in The Gambia and Guinea in December, 2018 where over 50 participants drawn from the Drug Law Enforcement Agencies, the National Police, Customs Service, and the INTERPOL were trained. The Joint training has improved the international and inter-agency cooperation among the various drug law enforcement agencies in these 4 countries as well as the capacities of the officers.

f. Others

In addition to the above, the ECOWAS Drug Division continues to engage with other relevant stakeholders and agencies in the implementation of its programme. These include:

- i.** Inter-Governmental Action Group Against Money Laundering and Terrorist Financing (GIABA);
- ii.** West African Network of Central Authorities and Prosecutors Against Organized Crime (WACAP);
- iii.** Asset Recovery Inter-Agency Network for West Africa (ARINWA);
- iv.** West African Civil Society Forum (WASCOF)



- v. Open Society Initiative for West Africa OSIWA;
- vi. West Africa Drug Policy Network (WADPN);
- vii. West African Commission on Drugs (WACD);
- viii. West African Police Information System (WAPIS);
- ix. Response to Drugs and Related Organized Crime Support Project in Nigeria;

D. POLICY DEVELOPMENT

During the reporting period, the ECOWAS Commission, with funding from the EU and support of the OC, provided technical and financial support to 14 Member States¹⁰ and Mauritania to develop National Drug Master Plans.

In addition, The Gambia received support for the review of its Drug Control Act, 2023 & for popularisation of the Drug Control Bill and Guinea Bissau received technical and financial support to review its proposed bill on International Judicial Cooperation in Criminal Matters.

Relevance of the Support

This support is based on Outcomes 1 and 3 of the ECOWAS Drug Action Plan: 1. Strengthened ECOWAS and Member States Political Commitment, including the Allocation of Adequate ECOWAS and National Resources, for Preventing and Combating Drug Trafficking, Organised Crime and Drug Abuse; 3. Appropriate, Adequate and Efficient Legal and Policy Frameworks for effective Criminal Justice System to address and counter Drug Trafficking, Organised Crime and Drug Abuse with regard to Fundamental Human Rights and the Rule of Law.

Impact/Effectiveness

- 1** 14/15 ECOWAS Member States + Mauritania (88%) developed National Drug Master Plans with ECOWAS-EU support.
- 2** The Gambia reviewed its 2023 Drug Control Act and strategy, introducing staff codes of conduct, human rights manuals, and gender units.
- 3** Guinea Bissau reviewed its bill on International Judicial Cooperation in Criminal Matters.
- 4** Ghana enacted the Narcotics Control Act (Act 1019, 2020), reframing drug use as a public health issue, introducing a Substance Use Disorder Rehabilitation Fund.
- 5** Master Plans now provide strategic blueprints for reforms across Member States, though some plans remain unvalidated or unimplemented.

¹⁰ Excepting Burkina Faso



E. CAPACITY BUILDING

Identifying the capacity gaps in the response to drug abuse and treatment in the ECOWAS Region, the ECOWAS Commission in partnership with the EU and the Global Drug Demand Reduction Programs' Division of the Bureau of International Narcotics and Law Enforcement Affairs (INL) organized several capacity-building trainings on the Universal Treatment Curriculum (UTC) and Universal Prevention Curriculum of the Drug Advisory Programme (DAP) of the Colombo Plan during the period of 2015 to 2023.

Relevance of the Support

The UTC and UPC trainings align with Outcome 4: of the ECOWAS Drug Action Plan: “Reduced Drug Demand through Effective, Sustainable Prevention of Drug Use, Drug Dependence Treatment, Sustainable Alternative Development, Increased Access and Availability of Controlled Substances for Medical and Scientific Purposes”. Based on the WENDU report which provides the latest data on the drug situation reported by ECOWAS Member States and Mauritania, and other empirical studies, a huge gap in the availability of drug treatment services in West Africa was identified. The 2016 report reflected that a large proportion of persons affected by mental and substance use disorders (SUD) did not have access to a wide variety of evidence-based interventions that can prevent and treat these disorders, resulting in a huge treatment gap.

The initial response of the ECOWAS Commission to address the treatment gap was to use the resources available at its disposal to assist Member States in closing the treatment gap. As a first step, monitoring and evaluation missions were conducted in all the 15 ECOWAS Member States and Mauritania to assess the level of implementation of the ECOWAS Drug Action Plan and identify areas of critical need. The monitoring and Evaluation missions were carried out with financial support from the European Union under the EU support to ECOWAS Drug Unit Advocacy, Monitoring and coordination capacities and through ECOWAS Commission's annual budgetary resources.

The reports of the Monitoring Missions Team (MMT) indicated that some Member States had completed some levels of training for health professionals on the Universal Treatment Curriculum of the Colombo Plan whilst others were yet to complete or start. ECOWAS Commission therefore sought the collaboration of the Global Drug Demand Reduction Programs' Division of the Bureau of International Narcotics and Law Enforcement Affairs (INL) to accelerate the training of relevant stakeholders on the Universal Treatment Curriculum (UTC) of the Drug Advisory Programme (DAP) of the Colombo Plan. ECOWAS/EU handled most of the logistical funding while the Colombo Plan supported the training with Resource Persons.

Impact/Effectiveness

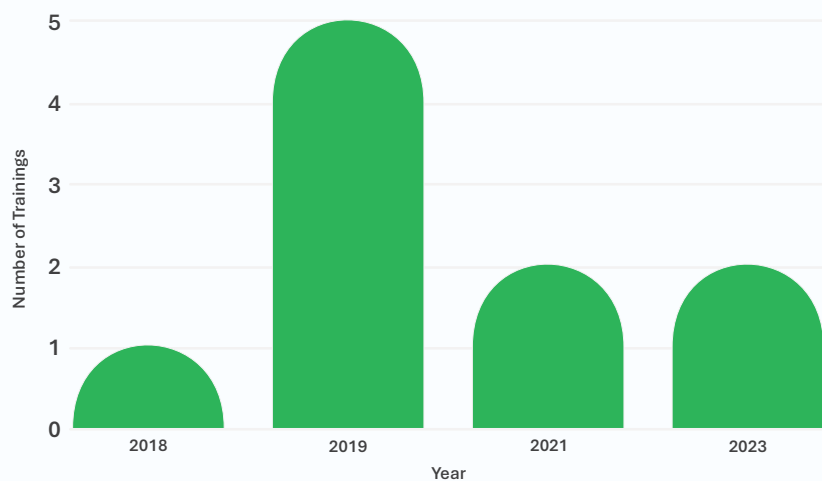
The ECOWAS Commission has supported the training of over 200 treatment and prevention professionals in West Africa. The ECOWAS Drug Division was committed to this support within the



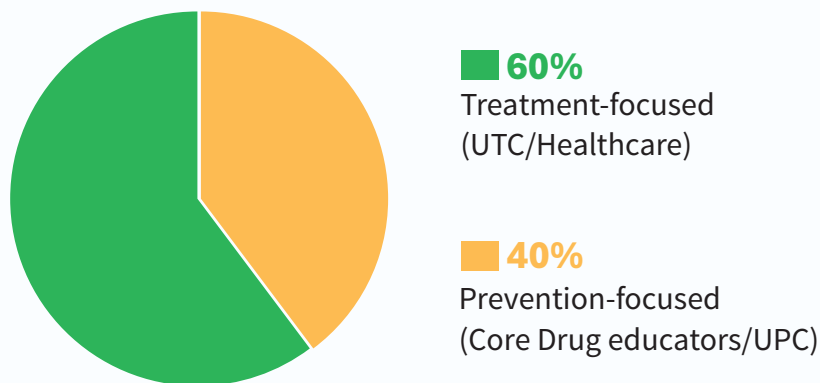
period of 2015 -2023, covering conference logistics, honorarium of resource persons, transport allowances for participants and payment for credentialing examinations. The training using the Universal Treatment and Universal Prevention Curriculum (UTC and UPC) was developed by several teams of curriculum developers, including JBS International, SME Consulting, and TTK, with overall coordination by the Colombo Plan Drug Advisory Program (CP-DAP). It provides a series of training materials for knowledge and skill development of treatment and prevention professionals. The aim of the training series is to reduce the significant health, social and economic problems associated with substance use disorders by building international treatment and prevention capacity through training, and so expanding the professional global workforce.

UTC and UPC are available through the basic and advanced series as well as with several specialist series that focus on populations with special needs, such as women, children, and persons in recovery.

NUMBER OF TRAININGS PER YEAR (2018-2023)



DISTRIBUTION OF TRAININGS BY TYPE (2018-2023)

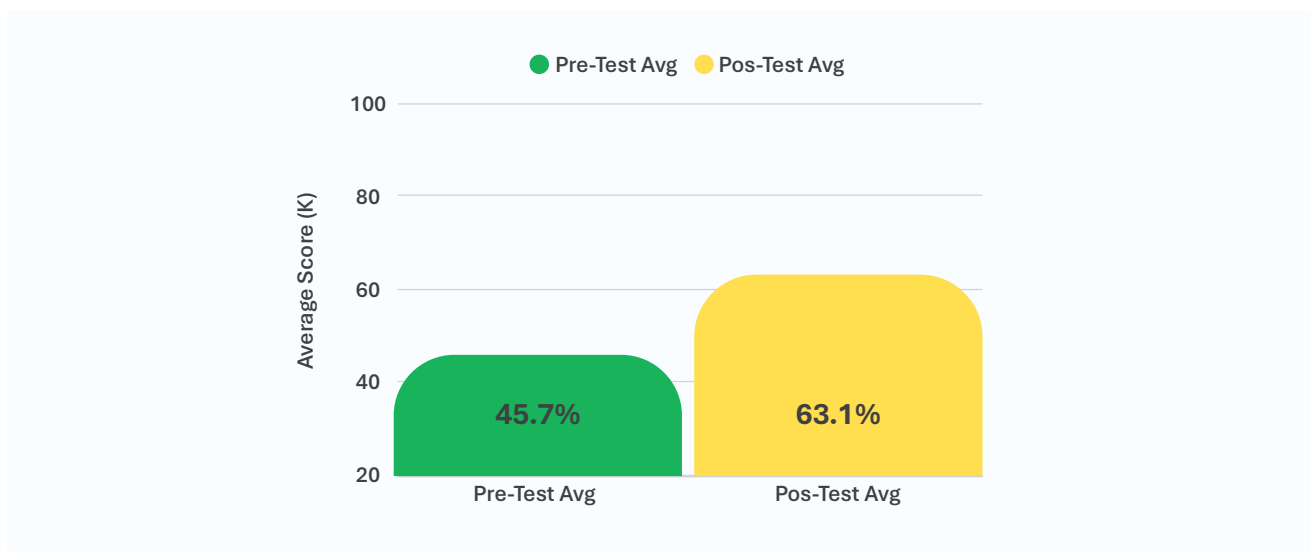




While all the full reports on the Colombo Plan training collaboration with ECOWAS were not available at the time of reporting, some of the reports accessed showed that each training conducted by master trainers includes geographical coverage, a list of participants, gender-disaggregated data, and pre- and posttests to assess training outcomes.

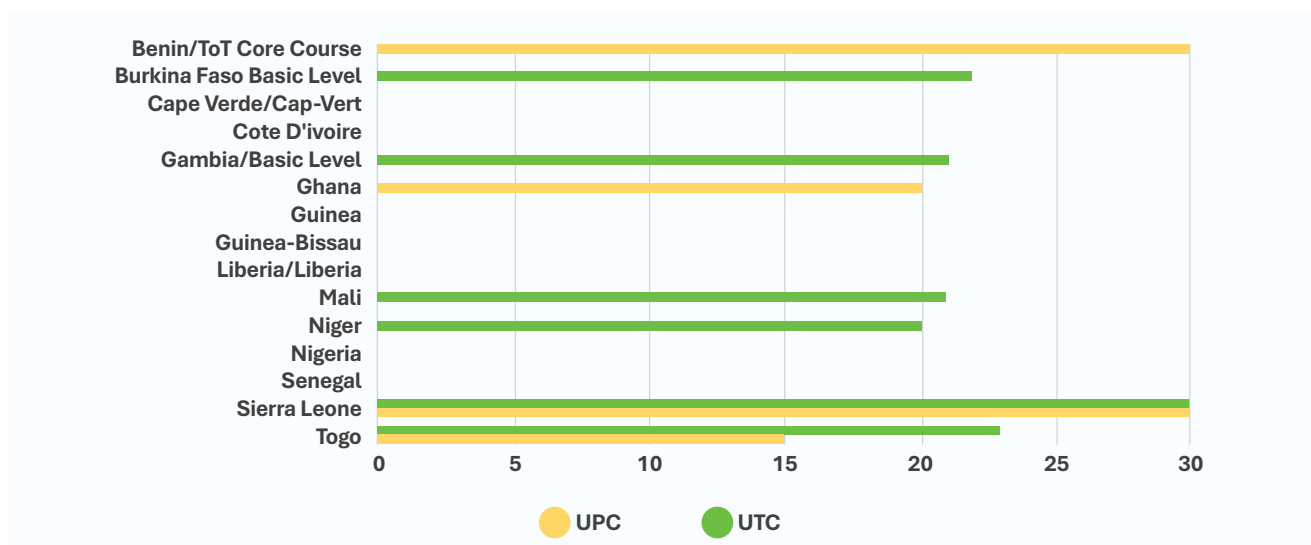
The training demonstrated measurable effectiveness, with participants' average knowledge levels increasing by about 19% between the pre- and post-tests.

TRAINING EFFECTIVENESS: KNOWLEDGE GAIN



The spread of training supported by ECOWAS demonstrates both regional reach and targeted depth. Between 2018 and 2024, at least seven Member States benefitted from professional training under the Universal Treatment Curriculum (UTC) and the Universal Prevention Curriculum (UPC).

NUMBER OF PROFESSIONALS TRAINED WITH ECOWAS SUPPORT IN MS





An average of 20-30 professionals were trained in the various Member States. This pattern shows ECOWAS' commitment to broad regional engagement, while systematically progressively concentrating resources in Member States to deepen impact. The chart above further illustrates that while treatment-focused training (UTC) dominates across the region, some Member States (e.g. Sierra Leone and Togo) benefitted from balanced investments in both treatment and prevention, thereby strengthening comprehensive responses to substance use disorders. This investment demonstrates ECOWAS' role in building a skilled workforce for sustainable drug demand reduction across the region.

The training significantly strengthened professional capacity in drug prevention and treatment, with pre- and post-test data providing clear evidence of its effectiveness. These results highlight the positive impact on knowledge transfer and practice, offering justification for further investment in continuous training. To sustain and maximize these gains, it is recommended to institutionalize refresher training and post-training mentorship.

Some Training Photos



UPC Benin



UTC Togo



UTC Burkina Faso



UTC Mali



UTC The Gambia



UTC Niger



UTC Sierra Leone



UPC Togo

Feedback from Trained Professionals/Field Practitioners

My training in UTC has considerably impacted my professional life by making me one of the referents in the field of Drug Addiction in my department (CPPM) and internationally. For me, it is an opportunity for specialization and professional development. It has also improved the quality of the services I offer to clients suffering from SUDs and other psychiatric pathologies within my establishment because the application of new techniques acquired through this training, in particular ASSIST screening techniques, assessment techniques and motivational interviewing techniques has allowed several clients to become aware of their substance abuse problem, to begin the process of change and engage in treatment.

My psychologist colleagues and I, with the support of the head of department, his deputy and all the staff of my department, have set up several support groups, including: the support for alcohol anonymous groups, the support group for users of other substances (cannabis, tramadol, cocaine, etc), the support group for people suffering from psychotic disorders, those suffering from bipolar disorder, and those suffering from depression; We have also set up occupational activity sessions to promote creativity and fulfillment in our clients. Many patients participate in these group sessions with great enthusiasm and express their satisfaction. In the case management process, we have referred some of our clients to the BLUE CROSS Post Care Centre, the NGOs LINK and HOPE and HAND FROM ABOVE for their psycho social support that helps improve recovery for our clients. Our upcoming project is to set up women-only support groups in order to limit the barriers to women's engagement with SUD care



KILIMTETOU Malouba P.

Clinical Psychologist and Addiction Counselor, Togo

Today I can validly say with great confidence and a lot of pride to say that I am a professional in the treatment of addictions. Now, the entire treatment process is well organized and follows a well-codified plan with goals to achieve. It is possible to monitor and evaluate the current treatment. We have more and more positive results and more and more people who come on their own to ask for the treatment and there is a lot more left in the treatment than before.

OURO Salifou Tanirissikatou (Phd)
Clinical Psychologist and UTC National Trainer, Togo





She shared that the ECOWAS support for training of treatment professionals has greatly improved treatment for SUDs in the ECOWAS region. She mentioned that she keeps contact with trainees she has interacted with and is happy with their improved professional service delivery.



Madam Judith Azumah

MD, Restored and Renewed Treatment Centre for Women, Ghana and UTC Master Trainer

These capacity-building activities have had the profound impact of strengthening treatment capacities, enhancing care for PWSUDs across the ECOWAS Member States. In addition to provision of professional treatment and prevention services by the trained professionals, the training has provided a pool of trainers in the region with Member states showing commitment towards stepping down the training for wider reach and greater capacity-building through conducting ECHO training at the national levels.

The Member States continue to seek support in this area to strengthen both treatment and evidence-based prevention strategies. Specifically, Member States expressed the need for improved prevention through the comprehensive UPC training, especially the School track, family, work place and community and vulnerable groups.

F SENSITISATION AND AWARENESS-RAISING

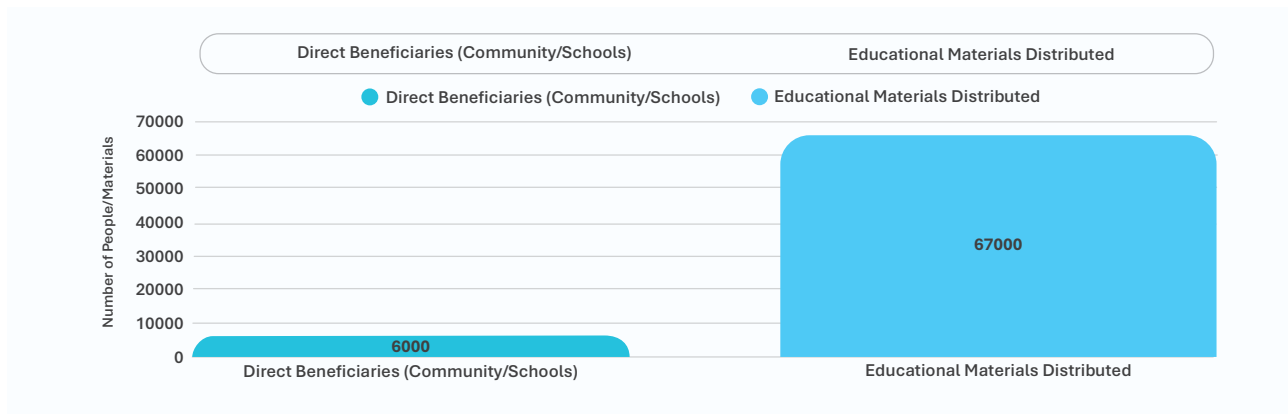
Between 2015 and 2023, the ECOWAS Commission, with the support of partners such as the EU, UNODC and CSOs carried out drug sensitisation and awareness raising campaigns targeted at different demographics in the ECOWAS Member States. The Sensitization activities were carried out through physical meetings as well as media broadcasts.

40% of the Member States received sensitization support during the reporting period with over 6,000 people reached directly through school and community drug prevention sensitisation programmes¹¹ and several others through community radio programmes in The Gambia. In addition, about 67,000 copies of drug educational materials were printed for the Ghana Narcotics Control Board (NACOB) as part of addressing the needs identified during the monitoring Missions in the Member States.

¹¹ In 6 ECOWAS Member States (Ogun State in Nigeria, Benin, Togo, Liberia, The Gambia, Sierra Leone)



REACH OF DRUG SENSITISATION CAMPAIGNS (2015-2023)



Furthermore, ECOWAS has effectively harnessed documentary filmmaking to raise awareness and amplify regional narratives on drug prevention. The documentary “Fighting the Drug Scourge in West Africa”, a 25-minute film funded by the European Union, showcases ECOWAS's strategic role and achievements in combating drug abuse across Member States¹². For additional impact, a new documentary is in production for the ECOWAS@50 celebrations, designed to deepen public awareness on drug control and prevention efforts region-wide. These documentaries serve as effective sensitization tools, raising awareness and fostering public and political engagement. The upcoming production will further sustain momentum and expand reach, especially among youth and policymakers.

CASCADE OF SENSITIZATION ACTIVITIES

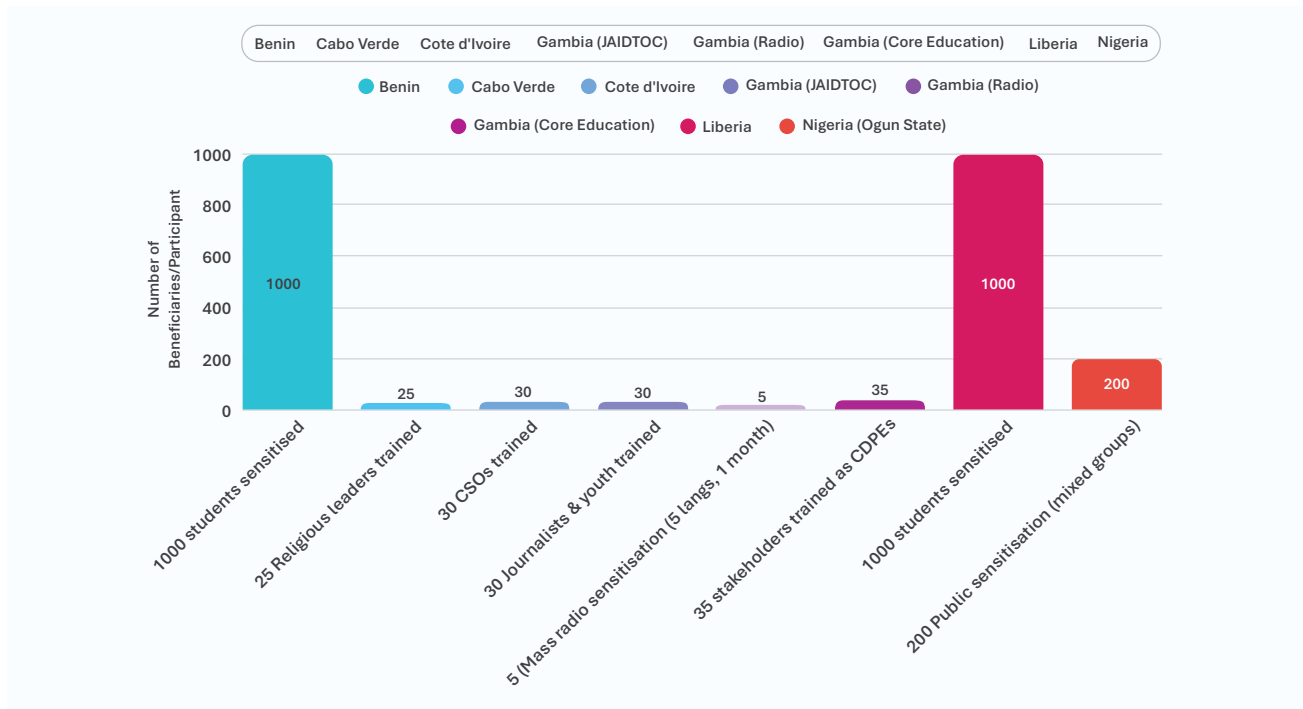


¹² https://www.bing.com/ck/a?!&p=e1482a8d1c44870be664f8869d7a27e2f957c19851c197539b05d944d4ad07a7JmltdHM9MTc1NTU2MTYwMA&pntn=3&ver=2&hsh=4&fclid=0210ba16-49c6-6e02-2689-ac5048446ffc&psq=ECOWAS+drug+control+documentaries&u=a1aHR0cHM6Ly93d3cueW91dHVlZS5jb20vd2F0Y2g_dj1SUWtsa3AtRVptMA&ntb=1



In addition, Capacity Building for Core Drug Prevention Educators (CDPEs) in order to sustain drug Prevention campaigns were held in 4 ECOWAS Member States and Mauritania. One Hundred and fifty (150) Core Drug Prevention Educators (CDPEs) drawn from government agencies, schools, religious institutions and Civil Society Organisations (CSOs) in Cabo Verde, Sierra Leone, The Gambia, Liberia and Mauritania were trained. The trainees were equipped to carry out effective evidence-based drug education in a sustainable manner to address drug use among children, adolescents, and young adults in communities across their respective countries. As an immediate outcome of the training, more than 2,000 students from 52 Secondary Schools in Sierra Leone were educated on the dangers of substance abuse in February, 2020 under ECOWAS Commission's budget by using the trained CDPEs as the resource persons.

ECOWAS MEMBERS STATES - DRUG PREVENTION SENSITISATION AND TRAINING ACTIVITIES (2016 - 2023)



Drug use prevention sensitization program in Bohicon, Republic of Benin



Relevance of the Support

In line with Outcome 4 of the ECOWAS Drug Action Plan:

“Reduced Drug Demand through Effective, Sustainable Prevention of Drug Use, Drug Dependence Treatment, Sustainable Alternative Development, Increased Access and Availability of Controlled Substances for Medical and Scientific purposes,” the ECOWAS drug sensitisation and awareness-raising activities focused on educating and empowering individuals and communities about the risks, consequences, and preventive measures related to substance abuse. These programs aim to reduce drug demand, promote healthy lifestyles, and build resilience against substance use disorders in the Member States.

Impact/Effectiveness

Between 2015 and 2023, the ECOWAS Commission, with support from partners, implemented targeted drug prevention and sensitisation activities across multiple Member States. These interventions combined school-based programmes, training of key community influencers, and mass communication to amplify reach.

- 1 Improved Awareness through Direct Reach:** Over 6,000 students and community members in 6 Member States (Nigeria, Benin, Togo, Liberia, The Gambia, Sierra Leone) were sensitised through structured school and community programmes.
- 2 Capacity Built:** 150 Core Drug Prevention Educators (CDPEs) trained in Cabo Verde, Sierra Leone, The Gambia, Liberia, and Mauritania, equipping them to deliver sustained, evidence-based drug prevention interventions.
- 3 Multiplier Effect:** In Sierra Leone alone, trained CDPEs cascaded sensitisation to more than 2,000 students across 52 secondary schools in February 2020.
- 4 Community Leadership:** Training of 25 religious leaders in Cabo Verde and 30 CSO members in Cote d'Ivoire (CONAD-CI) enhanced the pool of prevention educators embedded in communities.
- 5 Media and Public Outreach:** In The Gambia, 30 journalists and youth leaders formed JAIDTOC, delivering 8 awareness sessions and 1 month of mass radio campaigns in 5 local languages.
- 6 Sustained Advocacy:** 35 stakeholders (DLEAG, media, CSOs, youth) trained as CDPEs in The Gambia broadened inter-sectoral ownership.
- 7 Educational Materials:** NACOB (Ghana) received 60,000 leaflets, 5,000 brochures, and 2,000 posters to strengthen ongoing national campaigns.



8 **Localised Engagement:** Sensitisation in Ogun State, Nigeria targeted students, transport workers, journalists, and market associations, embedding prevention messages among vulnerable groups.

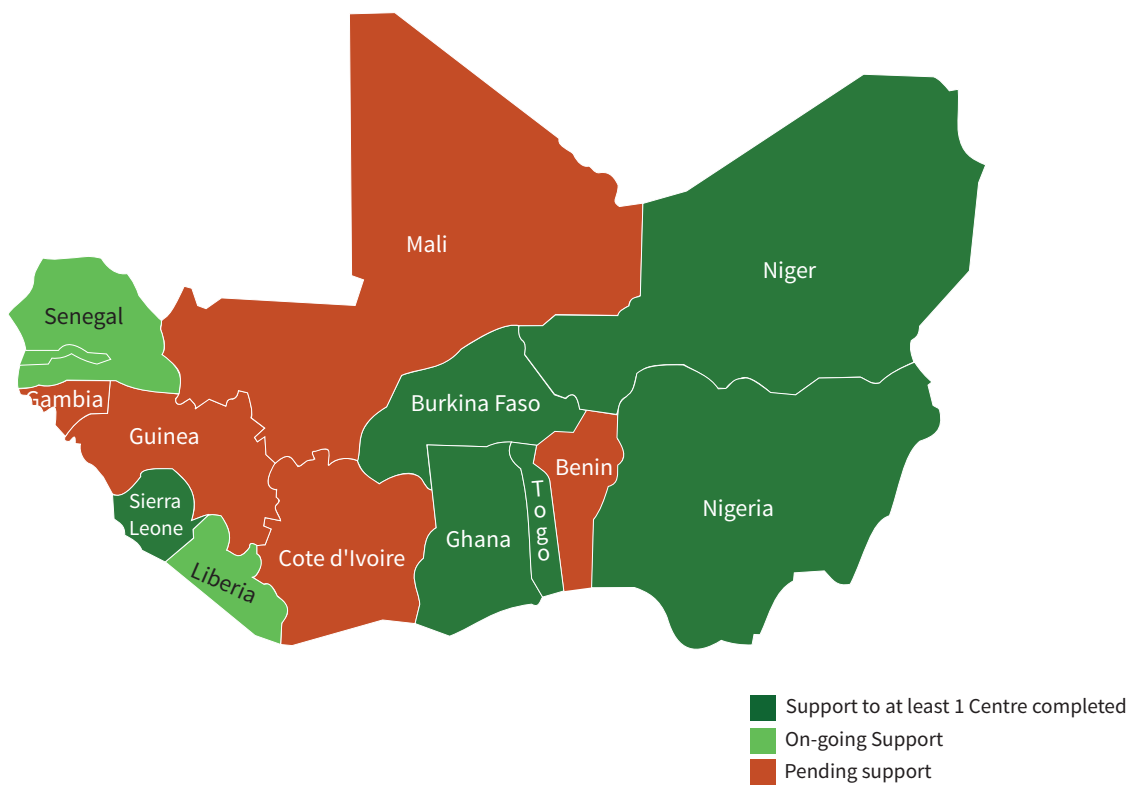
Overall Effectiveness

The data demonstrate that ECOWAS-led sensitisation is not only broad in reach but also strategic in targeting youth, educators, community leaders, CSOs, and media as multipliers. By combining direct engagement (students, communities) with capacity building (CDPEs, religious leaders, journalists, CSOs) and mass awareness tools (radio, print materials), the programme has created layered and sustainable prevention systems.

G. SUPPORT TO TREATMENT/ REHABILITATION CENTRES

Between the period of 2015 to 2023, the ECOWAS Commission through its Drug Prevention and Control Division completed support for renovation and/or supply of equipment to 8 drug treatment/rehabilitation centres in the region (Sokoto, Nigeria Lagos, Nigeria; Accra, Ghana; Freetown, Sierra Leone; Kano, Nigeria; Burkina Faso, Niger and Togo) and initiated support to 4 other treatment centres in Liberia, The Gambia, Nigeria and Senegal.

DISTRIBUTION OF ECOWAS DRUG TREATMENT SUPPORT TO MS AS AT 2023





To address the significant treatment gap for PWSUDs in ECOWAS Member States, the ECOWAS Commission initiated a structured programme to **renovate and equip drug rehabilitation centres** across the region.

- **Annual Budget Commitment:** Since 2021, the ECOWAS Drug Division has dedicated a portion of its annual budget specifically to strengthen access to treatment for Substance Use Disorders (SUDs).
- **Batch Implementation:** Support is delivered in batches, aligned with yearly budget availability. Member States are invited to nominate a Drug Treatment Centre, submit a proposal, and request support for structural renovation, equipment, or both.
- **Completed Support (up to 2023):** By the end of 2023, 8 treatment centres had been supported at a cost of approximately USD 444,000.
- **Ongoing Support (2023–2024):** An additional USD 690,000 has been committed to support 7 more treatment centres in 5 Member States during 2023–2024.

Relevance of the Support

This activity aligns with Outcome 4 of the ECOWAS Drug Action Plan “Reduced Drug Demand through Effective, Sustainable Prevention of Drug Use, Drug Dependence Treatment, Sustainable Alternative Development, Increased Access and Availability of Controlled Substances for Medical and Scientific purposes.”

In addition to the monitoring and evaluation missions carried out in 2018 as well as available WENDU data and in line with the above outcome, the ECOWAS Commission, in 2020, carried out a survey of Substance Use Disorders Treatment and Rehabilitation Centres in West Africa. The Report found a huge treatment gap in the region and called for “concerted action by ECOWAS member states to address the wide treatment gap for substance use disorders in the region”.

Effectiveness and Impact

To ascertain the effectiveness and impact of the support to treatment centres supported by ECOWAS since 2015, virtual interviews and onsite visits were conducted at the treatment centres supported. Information on impact was gathered from the following supported centres:

- a. The Paul Farmer Drug Treatment Drug Treatment and Rehabilitation Center, Sierra Leone Psychiatric Teaching Hospital, Freetown, Sierra Leone .
- b. The Psychiatric Hospital of Aneho, Togo
- c. Federal Neuropsychiatrist Hospital, Kware, Sokoto, Nigeria
- d. Aminu Kano Teaching Hospital, Kano, Nigeria

- e. Federal Neuropsychiatric Hospital, Yaba, Lagos
- f. Pantang Hospital, Accra, Ghana
- g. Psychiatric hospital of Yalgado Ouedraogo University Hospital, Ouagadougou, Burkina Faso
- h. Drug Treatment and Rehabilitation Center in the Republic of Niger

a. *The Paul Farmer Drug Treatment Drug Treatment and Rehabilitation Center, Leone Psychiatric Teaching Hospital, Freetown, Sierra Leone.*

The facility now housing this centre in Sierra Leone was renovated with the support of the ECOWAS Commission. The support included extensive renovation and supply of office equipment.



Before ECOWAS Support



After ECOWAS Support

This is the first facility of its kind in Sierra Leone and has a 30-patient capacity (20 male and 10 female), providing rehabilitation for PWSUDs. The centre began admitting patients in June 2024. It runs an in-patient rehabilitation programme for eight weeks, after which patients come in for periodic therapy as out-patients.

The immediate impact of this support is evident on two primary levels:

- Access to treatment and rehabilitation for PWSUDs
- Establishing this centre was one of the prerequisites for the certification of the hospital, formerly known as “Kissy Mental Hospital” as a Post Graduate Training Centre by the West African College of Physicians.

Consequently, this centre contributes significantly to access to treatment for SUDs in Sierra Leone. There are about 7 addiction professionals in the centre and two other consultants providing care for the patients.

b. The Psychiatric Hospital of Zebe, Aneho, Togo

The ECOWAS Commission supported treatment and rehabilitation facilities in Togo through the supply of hospital equipment to the Psychiatric Hospital of Aneho, Togo. Testimonials from this treatment facility reflect improved treatment and care since this support.

A visit to this centre revealed that ECOWAS support to the addictology unit has visibly influenced the number of admissions and the allocation of qualified human resources trained on the UTC programme for the provision of quality services to clients with substance use disorders. For example, there has been a significant increase of almost 43% in the number of clients admitted to this centre for substance use disorders from 2021 (the year the equipment was handed over) to 2023.



g *Federal Neuropsychiatric Hospital, Kware, Sokoto, Nigeria*

The ECOWAS Commission supported extensive renovation of the dilapidated Dater Ward in this facility and also provided inverters, hospital, recreational and occupational therapy equipment. A visit to the 36-bed male facility revealed robust rehabilitation activities and recorded successes. Importantly, the centre in Kware, Sokoto also serves patients from other ECOWAS Member States like Niger Republic, Togolese Republic and Benin Republic.

The center provides in-patient detoxification, psychotherapy, behavioural therapy, group therapy, occupational therapy and out-patient follow-up. In-patient care is carried out over a minimum of 3 months and patients are reportedly responsive. Active use of the recreational and hospital equipment provided by the ECOWAS Commission were observed at this centre. Occupational therapy materials provided were tailoring and hair-dressing materials.



Before ECOWAS Support



After ECOWAS Support



After ECOWAS Support

Some patients at this centre offered anonymous interviews, sharing about their experiences at the facility and their journey to recovery. A few are highlighted below:

Sanni (name changed) from Delta State, Nigeria shared that he had developed SUDs from the use of Codeine and Cannabis, leading to his admission at the centre. Prior to this, he was a jeweler and FOREX trader. He expressed his gratitude for the rehabilitation programme, especially the availability of a conducive environment and expert care to help him overcome his addiction. He noted that it has not been an easy journey but that he has improved greatly and is eager to soon rejoin the society and contribute meaningfully as he previously did. Similar testimonials were anonymously shared by Malik (name changed), a graduate from Lagos State, Nigeria and Shehu (name changed), a serving Military officer from Sokoto State.

Interviews with the Chief Medical Director, Head of Clinical Services, and Deputy Director of Nursing Services revealed that demand for admission at the centre has increased significantly since the renovation, with occupancy rates rising by an estimated 30%. The improved environment has not only enhanced the quality of care but also reduced stigma, as individuals who previously avoided the facility due to poor living conditions are now willing to seek help. Staff noted that the renovated centre has fostered greater confidence among patients and families, resulting in higher rehabilitation success rates and smoother reintegration into society.

d. Aminu Kano Teaching Hospital, Kano, Nigeria

The ECOWAS Commission supported the extension of the Dater Ward in the Aminu Kano Teaching Hospital, Kano, Nigeria to create space for recreational facilities. At the time of the onsite visit, the Dater Ward had paused its operations due to the renovations which had just been completed. However, the HOD, Drug Treatment Education and Research Unit expressed enthusiasm over the potential of the centre to improve drug treatment and rehabilitation.



e. Federal Neuropsychiatric Hospital, Yaba, Lagos

Like its counterpart in Kware, Sokoto, the ECOWAS Commission supported the extensive renovation of the Drug Ward at the Federal Neuropsychiatric Hospital, Yaba, Lagos. This 80-bed facility (60 male and 20 female) now serves a wide patient base, recording an average of 400 outpatients per clinic day. The renovation included remodeling of wards, upgrading ceilings, refurbishing offices and nursing stations, equipping nurses' changing rooms, and modernizing the gym and recreational areas.

To strengthen occupational therapy, ECOWAS provided a photo studio, barbing salon, tailoring workshop, and an ICT centre, enabling patients to acquire livelihood skills during rehabilitation. As a result, the hospital now delivers comprehensive in-patient and out-patient care, including

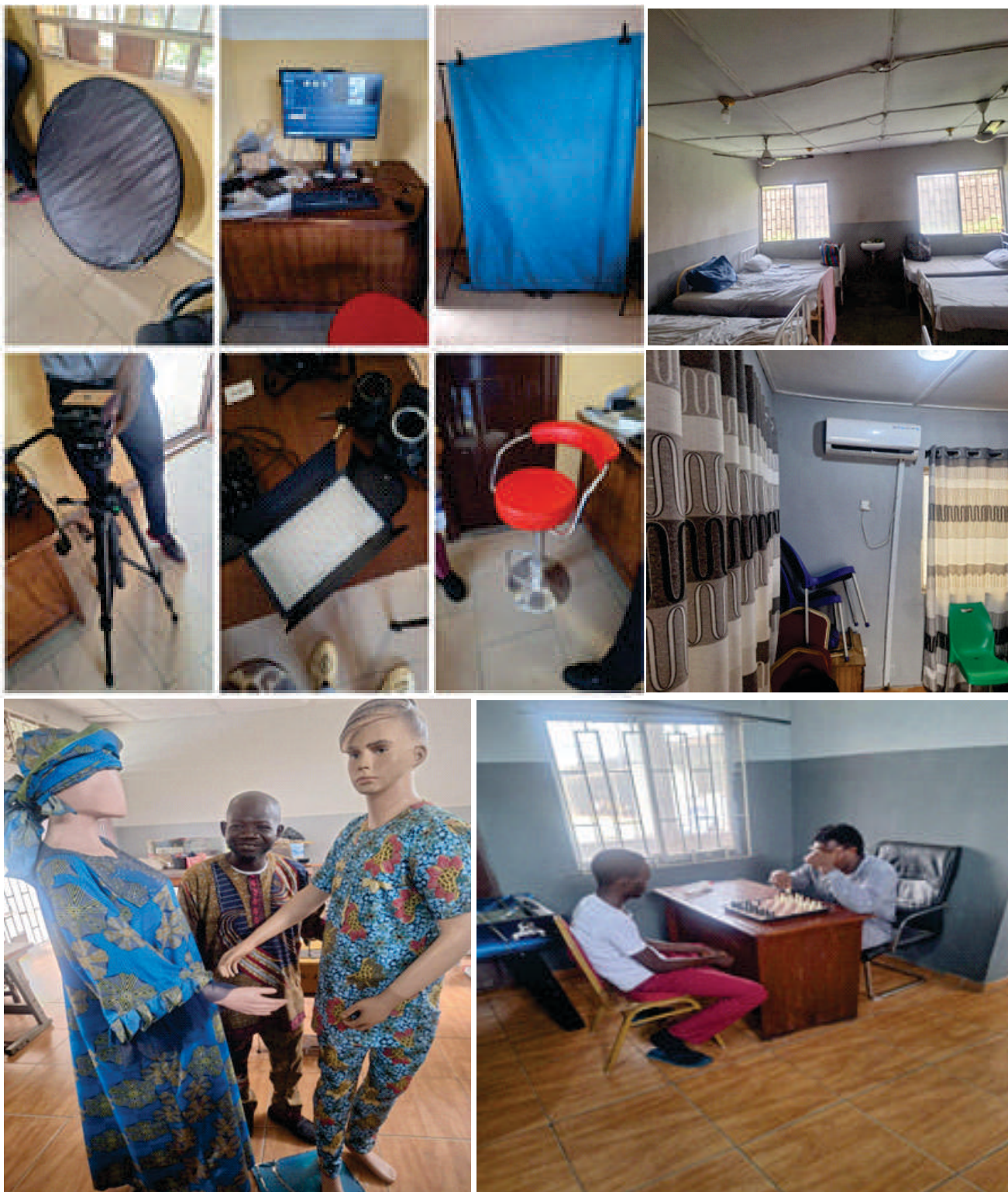
detoxification, psychotherapy, behavioural and group therapy, and occupational rehabilitation.

The programme has achieved notable results: in-patient care averages 3 months, and the centre maintains a relapse rate of only 20% within 2 years, implying an 80% sustained recovery among treated patients. Observations confirm the active use of recreational and hospital equipment provided by ECOWAS, which has significantly improved patient engagement and recovery outcomes.

Anonymous interviews were also carried out with patients at this facility. Two patients who came into rehab due to SUDs from using crack-cocaine (a businessman and police officer) expressed their appreciation for the facility, the dedication of the addiction professionals there and the opportunity giving to them to get their lives back through rehabilitation. Both had gone through the extensive rehabilitation process and were in the process of being discharged a fortnight from the interview. They felt ready to reintegrate into the society and resume their normal lives.

Some photos from the renovated FNPY Yaba





Some photos from the renovated FNPH Yaba



f. Pantang Hospital, Accra, Ghana

The Pantang Hospital in Ghana operates a 30-bed rehabilitation facility (20 male and 10 female) dedicated to the treatment of Persons with Substance Use Disorders (PWSUDs). Staff interviews revealed that prior to ECOWAS support, the facility was operational but provided suboptimal care due to structural deficiencies, including leaking roofs and deteriorating ward infrastructure.

Through targeted ECOWAS investment, the wards and rehabilitation facilities were renovated and modernized, directly addressing these structural challenges. As a result, the centre now provides improved quality of care to admitted PWSUDs in a more conducive therapeutic environment. Staff at the facility also report a better working environment, which enhances service delivery and patient management.

While service data is still being consolidated, bed occupancy rates are consistently high, reflecting increased confidence in the facility. Staff feedback indicates improved patient satisfaction, better recovery outcomes, and enhanced staff morale since the renovation.

PANTANG HOSPITAL

Before ECOWAS Support	After ECOWAS Support
Ward Condition, Leaking Roof, Deteriorating Structures	Renovated Wards, Improved Facilities
Quality of Care Limited, Poor Environment	Improved Quality, Better Treatment Outcomes
Staff Environment, Constrained, Demotivating	Conducive, Improved Moral
Low Due to Poor Conditions	Increased Willingness to Seek Treatment



g. *Psychiatric Hospital of Yalgado Ouedraogo University Hospital, Ouagadougou, Burkina Faso*

The psychiatric hospital unit in this facility dedicated to SUD treatment was renovated by the ECOWAS in 2021. The renovation enabled more office spaces and treatment spaces for services delivery. In addition to the renovation, offices were equipped with laptops, desktop, TV Screen and printers. At the time of interaction with this hospital, the unit was fully operational and functional.

The impact of this renovation had been beneficial not only to the hospital managers and professionals but especially to the patients with SUDs coming in for in-patient and out-patient care. For example, between 2021 and 2023, the centre recorded a 29% increase in treatment demand at the centre.

Types of services provided at the centre are psychotherapy, detoxification and psychoeducation. The main substances abused are the opioids, like Tramadol, counterfeit medicines, alcohol, cannabis etc. Psychosis and intoxicated cases are most frequently the reasons for seeking treatment at this centre.

h. *In 2023, The ECOWAS Commission also completed support for renovation to a Drug Treatment Centre in Niger*





The ECOWAS support to drug treatment/rehabilitation centres across the Member States has significantly improved access to treatment and rehabilitation for PWSUDs in the region. The impact of this is better care for PWSUDs and more conducive environments for rehabilitation and preparation for reintegration into society. It was clear from the visits and interactions that these centres provide care to everyday people from different walks of life who are finally able to break through barriers and biases and get the treatment they need from a mental health point of view.

H. SUSTAINABILITY OF ECOWAS SUPPORT TO MEMBER STATES

Data gathered from the desk-review and interactions with Member States showed a high level of ownership of the support received from the ECOWAS Commission. This is key to sustaining efforts. The Interministerial Drug Coordinating Committees and relevant agencies show commitment to sustaining the support received. There is however the need to keep institutional-level engagements active.

Ownership and participation were especially strongly observed in the support to treatment centres and the WENDU project. In all the centres from where data was collected, there has been put in place maintenance structures and ongoing funding to ensure the sustainability of the support received. Similarly, the WENDU network, through the National Focal Points, remains committed to providing quality data on drug demand and supply trends in the ECOWAS region. The need to strengthen the WENDU national chapters was however observed.

With regards to Capacity Building for treatment professionals, the UTC Training equipped Member States with capacity to cascade the training and enlarge the pool of treatment professionals.



However, there was no clear path of ongoing funding reported, especially for ECHO training.

I. HUMAN RIGHTS AND GENDER PERSPECTIVES

Gender Representation in Programs

The Human rights and gender perspectives of the support to Member States mostly had to be inferred in preparing this report, especially in the capacity building activities. This is due to unclear **gender-disaggregated data**. Although it is acknowledged that both females and males participated in all activities, the lack of clear data makes it difficult to measure the specific involvement and impact on women versus men. However, some interviews with WENDU Focal Points in the preparation of this report indicated attention to ethical and human rights based drug use prevention, dependence, treatment and aftercare services in Member States stemming from ECOWAS support for the development of National Drug Master Plans. The Gambia, especially reported strong policy reforms integrating human rights and gender dimensions in combating drugs.

Barriers to Access for Women in Treatment and Rehabilitation Programs

The evaluation revealed some barriers to treatment and rehabilitation services for women mainly due to the following:

- 1. Limited Treatment Facilities for Women:** Most treatment centers lacked women-specific facilities or wards, making it difficult for women to access care in a safe and conducive environment. Even the centres that had facilities for women reported very limited/inconducive facilities when compared to the facilities available for male patients. For example, in Pantang Hospital, Accra, the male and female patients share the same ward which is only demarcated. Similarly, in Lagos, ECOWAS support was concentrated on the male ward and female patients have to access some facilities (eg. recreational and occupational therapy facilities) in the male ward. This reportedly discouraged treatment entry by female patients.
- 2. Social Barriers:** Cultural stigmas and gendered expectations continue to discourage women from seeking treatment. This is compounded by the lack of community awareness and support systems to address women's unique needs.
- 3. Existing Efforts and Gaps:** While the establishment of women-only support groups in Togo is commendable, it highlights the scarcity of targeted interventions for women across the region. Efforts must be scaled up to create more inclusive and supportive environments for women needing treatment.



Lessons Learned and Recommendations

The lessons learned and recommendations from this report were gathered from the surveys and interviews relied upon in preparing this report. Some lessons and recommendations highlighted from the impact assessment exercise include the following:

1. *Advocacy and Institutional-Level Engagement*

- This is ongoing. However, it is observed that high-level interactions have dwindled since the Covid 19 Pandemic. It is recommended that high-level institutional engagement should be more frequent. Regular meetings of the heads of MDCCs should be held for better coordination. It is also recommended that the ECOWAS Drug Division should further engage with the ECOWAS Parliament to strengthen advocacy at the parliamentary level for more resource allocation and policy development in the Member States.

2. *Multi-Stakeholder Partnerships*

- It is clear from the interactions and information gathered that collaborations with international organisations, CSOs, and local stakeholders have greatly enhanced the implementation of the ECOWAS Drug Prevention and Control Programme. Emphasis must therefore be placed on prioritizing partnerships, ensuring consistent resource mobilization and knowledge sharing.
- It is recommended that existing partnerships be strengthened and harnessed for burden-sharing and new partnerships explored.

3. *Policy Support*

- It was observed that the ECOWAS Drug Action Plan lapsed in 2020 and it is therefore recommended that it be reviewed or extended.
- Also on Policy support, more engagement and advocacy support is needed to assist Member States in prioritising the implementation of the National Drug Master Plans.

4. *Capacity Building*

- The training of professionals has improved outcomes significantly, especially in the areas of treatment and prevention. However, there remains a capacity gap and more support is desirable in this area. It is recommended that stepping down training at local levels should be prioritized and expanded to sustain impact across more communities. Resource mobilization efforts therefore need to be further explored for this.
- It is also recommended that mandatory gender-disaggregated reporting should be observed for all activities, including training programs.
- Support for UTC training should be channeled to Member States which are yet to receive this training (Cabo Verde, Guinea Bissau and Senegal).



5. *Data Collection*

- The success of the WENDU network and reports demonstrates the importance of evidence-based advocacy. Ensuring regular publication and wider dissemination of data-driven reports can further influence policy and public opinion.
- It is recommended that strengthening the national WENDU chapters be prioritized so that there is active engagement at the national level, leading to wider reporting coverage and improved data quality. About 44% of WENDU Focal Points who participated in the survey for this report stated that their National WENDU Chapter did not receive regular technical assistance from the ECOWAS Commission. Similarly, 67% indicated that no annual national WENDU meetings are held in their countries. This raises a critical need to strengthen the national chapters for improved sustainability.

6. *Sensitisation and Awareness-Raising*

- The need for evidence-based drug prevention efforts in the ECOWAS region cannot be overemphasized. The WENDU data points to concentration of the drug problem among the youth population in West Africa. It is recommended that more funding be channeled towards evidence-based prevention among young people. Member State feedback also recommends concentration on the UPC School, Family, Workplace, Community and Vulnerable Persons track for a more holistic approach to prevention.
- Furthermore, in the course of interactions for this assessment, The Gambia model of sensitisation sustainability among youths was recommended. In addition to periodic sensitisation activities, The Gambia runs what they call the “Drug Free Club” where students participate in drug prevention advocacy. The young people are also trained at summer camps for peer-led advocacy. The Drug-free clubs are coordinated by a network of teachers. This model may be adopted by other Member States to sustain sensitisation efforts.

7. *Support to Treatment and Rehabilitation Centres*

- **Expansion of Treatment Centres:** ECOWAS support to Member States has made significant contributions toward bridging the treatment gap for Substance Use Disorders (SUDs) across the region. While this support has been impactful, the needs remain substantial. It is therefore important to extend similar assistance to Member States yet to benefit, while also fostering stronger partnerships to mobilize additional resources and ensure more sustainable impact.
- **Gender-integrated care:** The support to treatment/rehabilitation centres forms an integral part of ECOWAS support to Member States. A major learning from the centres is the need for women tailored support for drug treatment and rehabilitation. Data collected for this report revealed that the absence of women-tailored support for treatment continues to constitute a major treatment barrier for women with SUDs.

In regard to the above, the Federal Neuropsychiatric Hospital Kware, Sokoto, has a Regional Women and Children Drug Dependent Treatment Center to cater for women with SUDs. The

centre is equipped to accommodate women and children and provides room for mothers to come into treatment with children. This is a useful model for adapting to the treatment needs of women in the ECOWAS region. It addresses logistical barriers such as childcare support for mothers undergoing treatment.



Photo from the Regional Women and Children Drug Dependent Treatment Center, Kware, Sokoto, Nigeria

It is also recommended that awareness campaigns aimed at reducing the stigma associated with women seeking treatment for substance use disorders should be launched. Women leaders and community groups should be engaged to advocate for gender-inclusive policies and reduce stigma.

In addition to advocacy and treatment facilities, funding for treatment is also crucial to improving female access to treatment for SUDs.

- **Procurement process:** Feedback from Member States underscored the need for both ECOWAS and national authorities to strengthen efficiency in procurement, with a more collaborative approach.
- **Knowledge-sharing:** With treatment and rehabilitation centres being equipped, it is recommended that knowledge-sharing and exchange programmes be supported. These programmes will enable professionals interact with other treatment centres in the region and possibly spend time on exchange visits for learning and improvement of treatment services. Through these exchanges, centres with stronger capacities and successes can strengthen weaker centres.



- **Capacity Building:** While capacity building efforts in the region are laudable, there remains a gap in the availability of treatment professionals. All centres contacted expressed the need for more certified addiction specialists.
- **Advocacy:** Although more persons are coming into treatment for SUDs, especially among the male population, there remain some limiting beliefs and stigma around the subject and as such, awareness-raising on treatment and rehabilitation need to be supported among Member States. It is recommended that in addition to CSOs, partnership with faith-based organisations be explored in this regard
- **Integrated Services:** Some treatment centres, such as the Federal Neuropsychiatric Hospital, Kware, Sokoto offer integrated services as a strategy to reduce stigma around treatment and rehabilitation for SUDs. This is useful learning for other treatment centres in the region.
- **Treatment Funding:** Treatment funding is mostly borne by individuals and families (except in Cabo Verde and The Gambia where treatment for SUDs is government sponsored). This is a major barrier to drug treatment and rehabilitation in our region. All the treatment centres that provided feedback for this report highlighted the fact that only those who can afford it come into rehab. Furthermore, even for some who can initially afford it, they are unable to afford it long enough to suit their treatment needs.

8. Organisational Capacity

The human resource capacity of the ECOWAS Drug Division should be strengthened through the recruitment of staff for the division to ensure continuity of effective programme implementation in Member States

9. Visibility

The visibility of the EDPCP seemed poor and needs improvement. For instance, in some places visited, there was nothing to indicate ECOWAS support through proper branding. Also, internet searches of the activities carried out in Member States sometimes yielded no information. It is recommended that ECOWAS visibility is prioritised through media coverage of activities, proper branding of donations and uploading of information on the activities of the division regularly on the internet. It is acknowledged that this is not an entirely new recommendation as there in fact exists the “ECOWAS Drug News”, a reporting platform on the activities of the ECOWAS Drug Division. The platform has however been dormant for some time now and needs to be revived.

Conclusion

The ECOWAS Drug Prevention and Control Programme (EDPCP) has made significant strides in addressing the complex challenges posed by substance abuse, illicit drug trafficking, and organized crime in the region.



The impact of ECOWAS support is felt by the Member States. This report has highlighted some of the main areas of impact between 2015 - 2023, including policy development, systemic data collection, evidence-based policymaking, improved access to treatment, advocacy and sensitisation on drug abuse, capacity building, etc.

Despite the great impact made by this programme, there remain gaps mainly due to human resource and funding constraints. Addressing these gaps will require sustained commitment, increased funding, and a sharper focus on inclusivity and sustainability.

Moving forward, ECOWAS must build on the lessons learned to refine its strategies. Enhancing high-level advocacy, fostering stronger partnerships, expanding capacity-building efforts, and promoting youth-driven sensitization initiatives will be crucial for achieving long-term impact. Moreover, ensuring gender-sensitive and rights-based approaches in all interventions will strengthen the region's ability to address the drug menace comprehensively.

By leveraging its achievements and addressing identified challenges, ECOWAS will continue to lead the fight against substance abuse and organized crime, fostering healthier, safer, and more resilient communities across West Africa.



ECOWAS COMMISSION
COMMISSION DE LA CEDEAO
COMISSÃO DA CEDEAO

101, Yakubu Gowon Crescent,
Asokoro District · P.M.B. 401
Abuja, Nigeria