

MAPPING SYNTHETIC DRUG MARKETS IN WEST AFRICA

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ACRONYMS AND ABBREVIATIONS

BMK	Benzyl methyl ketone
ECOWAS	Economic Community of West African States
EUDA	European Union Drugs Agency
FTIR spectrometer	Fourier transform infrared spectrometer
INCB	International Narcotics Control Board
NDLEA	National Drug Law Enforcement Agency
OCRTIS	Central Office for the Repression of Illicit Drug Trafficking
PWUD	People who use drugs
UNODC	United Nations Office on Drugs and Crime
WENDU	West African Epidemiology Network on Drug Use

EXECUTIVE SUMMARY

The proliferation of synthetic drugs across West Africa potentially represents one of the most urgent and complex public health and security challenges facing the region. In recent years, the illicit drug landscape has been fundamentally reshaped, moving away from traditional plant-based substances controlled by hierarchical criminal networks towards a fragmented, decentralized market for man-made psychoactive compounds.

The harms driven by the synthetic drug market – overdoses, chronic health conditions, severe mental health conditions, community fragmentation – are escalating. Consumption, and consequences, are concentrated in the youth: in the worst-affected countries this poses a serious threat to future stability and economic development. The effects of synthetic drugs in parts of West Africa have become so severe that since 2024 two countries have declared states of emergency – an unprecedented response previously reserved for deadly epidemics and pandemics.¹

This report examines the emergence and rapid expansion of this synthetic drug economy in West Africa, detailing how factors such as low barriers to entry, the convenience and anonymity afforded by the proliferation of online platforms and technology, and the minimal capital required for production have enabled a diverse array of new criminal actors to enter the trade. The subsequent influx of substances such as synthetic cannabinoids, nitazenes and other novel compounds of unknown composition, and the expansion of pre-existing synthetic drug markets such as methamphetamine, present a multifaceted threat that is rapidly outpacing the response capacity of regional governments.

The breadth and depth of synthetic substance presence globally has grown enormously over the past decade. Increasingly, synthetic substances are being detected in local illicit drug markets that have no prior record of their presence, often being identified as contaminants of, or unknown substitutes for, other more traditional substances. Expanding use of synthetic opioids, particularly tramadol, tramadol derivatives (most prominently tapentadol) and nitazenes in West Africa, is a particularly alarming trend within this growing illicit drug marketplace. These substances, some vital to public health institutions for pain relief and palliative care purposes, have been responsible for a significant increase in drug-related morbidity and mortality worldwide. Their potency and availability pose unprecedented challenges to public health systems and law enforcement agencies alike.

The sheer diversity of substances being synthesized, the inability of existing surveillance systems to effectively identify many of them, and the challenge of interdicting and mitigating their harms significantly impairs the ability of health and security services to respond. Further, the intersection of synthetic drug markets with other illicit activities further complicates efforts to address these challenges effectively. Organized criminal networks leverage the profits generated from synthetic drug production, trafficking and distribution to fund their criminal operations and purchase protection, driving corruption.

The report explores the mechanisms driving this rapid expansion in synthetic drug markets in West Africa, analyzing the critical roles of digital technology and globalized supply chains. It looks at how internet penetration across the region has facilitated growth in the online purchase of precursor chemicals and finished products, often from suppliers in Asia and Europe, which are smuggled into the region through difficult-to-monitor channels such as postal and courier services. The report discusses the profound economic incentives that make the synthetic drug trade so attractive, functioning as a 'bridge' market that allows new entrants to accumulate capital rapidly. By examining case studies and discussing market trends, the report illustrates how these dynamics have allowed synthetic drugs to capture a growing share of the retail market with alarming speed, potentially leading to devastating social and public health consequences.

Ultimately, the report seeks to highlight the critical disjuncture between the escalating scale of the synthetic drug threat and the state of the regional response. It investigates the obstacles hindering effective action, from severe limitations in forensic drug-testing capabilities, which leave the precise nature of the market dangerously unclear, to the chronic lack of resources for treatment and rehabilitation. The analysis underscores how traditional law enforcement approaches are struggling to confront an increasingly decentralized and technologically sophisticated adversary. In doing so, it makes the case for urgent, consolidated regional leadership to forge a coordinated, evidence-based approach that can effectively address the profound and growing challenge posed by synthetic drugs to West Africa's security, stability and the well-being of its people.

Methodology

This baseline study draws on an extensive review of existing literature, including academic and grey literature published in several languages, and analysis of international and local media. Secondary datasets analyzed include judicial and law enforcement investigations in West Africa.

Open-source intelligence techniques were used to deepen the analyses of key actors; trading data and routes; vessel movements; and company registration and shareholder structures, and to sketch the outlines of West Africa's online drug markets. In addition, they were used to conduct preliminary mapping of online drug markets in West Africa. However, this warrants further in-depth investigation.

The research also draws on years of ongoing data collection on synthetic drug markets by the Global Initiative Against Transnational Organized Crime (GI-TOC) and its affiliated researchers in West Africa. This includes semi-structured interviews with investigative journalists, law enforcement officials, judicial representatives, public officials and private-sector employees at maritime ports and airports, actors in different roles in the synthetics drug trade, people who use drugs (PWUD), health professionals, researchers, academics, representatives of international and regional organizations, and community members.

In 2025 alone, data collection for this report included more than 190 semi-structured interviews with each type of stakeholder outlined above, as set out in Figure 1 below. Interviews were conducted remotely and in person across countries in West Africa. Surveys were also conducted with PWUD across the focus countries to confirm pricing, consumption trends, and ensure PWUD perspectives remained at the centre of this report.

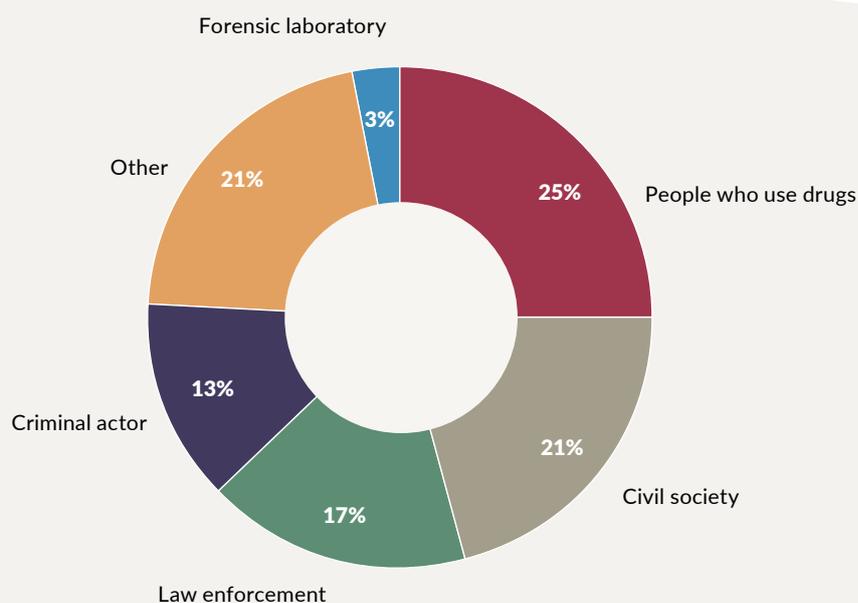


FIGURE 1 Categories of participants interviewed for the report.

Pricing data provided in the report was collected from PWUD and dealers operating in relevant countries in 2025. At least five data points (though in many cases, significantly more) were used to build each average.

The research draws on field testing of drugs – conducted with a Fourier transform infrared (FTIR) spectrometer – in Sierra Leone and Guinea-Bissau in 2024, and laboratory confirmatory testing results of a selection of samples from Sierra Leone.² It also draws on test results shared by government forensic laboratories across West Africa. Widespread consultations with regional stakeholders, and key international organizations working on the synthetic drug trade in West Africa and beyond, further support bilateral interviews.

This report focuses on illicit synthetic drugs rather than on the misuse of pharmaceutical products. Tramadol is included because most of what is available on West African retail drug markets exceeds legally permitted dosages in the region. Excluding it would also have presented a distorted image of synthetic drug markets in West Africa. While other notable pharmaceutical products, including benzodiazepines, codeine and pregabalin, are outside the scope of this research, their misuse nevertheless poses significant challenges throughout the region.

The key findings of the research were shared with numerous civil society and government stakeholders across the region for challenge and validation. This process included a roundtable with Economic Community of West African States (ECOWAS) representatives and national focal points of the West African Epidemiology Network on Drug Use (WENDU).³

Key findings from this research were presented at a high-level dialogue titled 'Mapping the future of drug markets in West Africa: synthetics, cocaine, criminal money and strategic responses', jointly convened by the Government of Ghana, the Government of the Netherlands and the GI-TOC, and held in Accra, Ghana, on 27 and 28 November 2025. The dialogue brought together around 160 participants, combining high-level representation from West African states, the Government of the Netherlands, and pivotal regional and international bodies, and expert government and civil society representatives from across Africa and Europe. Every country in West Africa was represented at the dialogue. Full drafts of this report were shared during the dialogue for consultation, with the consultation period remaining open for three weeks. All feedback received – oral and written – was considered and largely incorporated into the final draft. Inputs made by speakers and participants during interventions were also documented and included in the draft where relevant. A wide-ranging consultation and validation process was undertaken to ensure that the findings present a consolidated picture of the region's synthetic drug trade which aligns with the day-to-day realities of consumers and those implicated in the response.

Key findings

- West Africa's synthetic drug markets are expanding, diversifying and driving escalating harms.
- Synthetic drug markets – prominently including synthetic opioids – are driving escalating and increasingly devastating public health consequences, concentrated in the youth and marginalized communities.
- Low barriers to entry facilitate the entry of new criminal actors, fragmenting the criminal landscape and making the response increasingly complex.
- Digital technology and globalized supply chains tie West Africa's synthetic drug markets to global trends, underpin the emergence of new psychoactive substances and drive market expansion.
- Data gaps present a key obstacle to evidence-based and effective public health and criminal justice responses.
- The regional response is falling behind the fast-paced evolution of the synthetic drug market, leaving security and public health officials struggling to respond.
- Coordinated regional action, drawing on multi-stakeholder coalitions, is needed.

THE RISE OF SYNTHETIC DRUGS IN WEST AFRICA

In the past, West Africa's drug consumption markets – beyond cannabis – have largely been created through overspill as part of the bulk transit trade destined for more lucrative consumer markets leaks into domestic retail markets. With the advent of new, cheap, synthetic substances since the mid-2010s, this has changed.

West Africa's population of PWUD, particularly young people, are being exposed to ever more potent illicit substances. Low street-based retail prices for many synthetic drugs are affordable for growing proportions of the demographic, enabling expansion of the domestic consumption market. High – and in many countries growing – unemployment is an important economic stress factor driving drug consumption and increased involvement in criminal drug markets. As ever, the most marginalized communities bear most of the consequences. Overlaid on existing overspill consumption markets, the arrival of new psychoactive substances is driving expanding consumption of a growing array of synthetic drugs across a region that lacks the financial and technical resources to respond. Components of these new synthetic substances are often manufactured overseas and imported into the region, tying West Africa's synthetic drug challenge tightly into global trends. The case of kush is a clear example of this.⁴

Regional manufacture and synthesis using imported precursors is also growing. Methamphetamine manufacture has reportedly spread from south and south-east Nigeria across the country, mirrored by rapidly rising consumption trends. Manufacturing in other countries in the region – long suspected – has finally been evidenced, with Senegal reporting in 2022 that it had dismantled its first methamphetamine production laboratory.⁵ In Sierra Leone, the synthesis of kush was localized from about 2022, contributing to a surge in fatalities as new 'cooks' played a deadly game of trial and error with potency. Kush synthesis is now suspected, though not proven, across other countries in the Mano River basin.

The nature of synthetic drug markets means new products quickly gain a foothold, with devastating effects. In contrast to traditional plant-based drug markets, many synthetic drug markets do not need established transnational relationships, complex and expensive logistics, or significant start-up capital. Many precursors and composite synthetic drugs can be bought on the internet (dark net and surface web) and imported in small quantities by air, land or sea to make significant quantities of retail drugs. Expanding regional internet penetration and rapid adoption of communications technology among the region's young people is also underpinning growing access to online retail platforms for the acquisition of illicit drugs and their precursors. These include a wide range of synthetic substances, such as synthetic cannabinoids and opioids. Across West Africa, synthetic drugs have transformed domestic drug marketplaces within a relatively short period.

To some extent, regional trends mirror those tracked globally. While the harms of synthetic drug markets have been recognized for decades (in 1971, the UN Convention on Psychotropic Substances set out a protocol for the control of drugs such as amphetamines, barbiturates and psychedelics⁶), since 2010 the proliferation of synthetic substances detected on illicit markets has exploded. The number of synthetic drugs and their precursors has multiplied far beyond those under international regulation. New psychoactive substances regarded as public health risks have increased sixfold since 2009, reaching 1 047 by 2020.⁷

Synthetic drug markets globally are poorly understood, with datasets often resembling a patchwork of gaps, and this is particularly acute in West Africa. The diversity of synthetics available across the region, particularly precursors with licit and illicit uses, greatly taxes law enforcement abilities to detect, identify and seize. Ongoing GI-TOC engagement with law enforcement in the region supports the recognized trend of limited capacity to detect synthetic drugs among many front line institutions.

The response is significantly hampered in part by a lack of evidence on the scope and scale of the synthetic drug market across Africa. These are consistently under-estimated by regional, international and multilateral actors. It is a pivotal moment to take steps to plug this evidence gap, bringing granular data to stakeholders positioned to respond within and beyond the continent.

Mapping changing drug market patterns

West Africa’s synthetic drug market has sharply expanded over the past five years. Consumption of synthetic drugs far outstrips that of cocaine or heroin, and is reaching unprecedented levels.⁸

The GI-TOC’s 2025 illicit hub mapping initiative, which maps the galvanizing centres of illicit economies across the region and analyzes their intersection with conflict, identified the synthetic drug trade as the most pervasive, and fastest growing, illicit economy across the region between 2022 and 2025 (see Figure 2).⁹

Similarly, the GI-TOC Organized Crime Index, an expert-led assessment of the scope and scale of illicit markets, indicates that between 2023 and 2025 the synthetic drug trade became the fastest-growing criminal market across West Africa.¹⁰ The scale of the market is significant when compared with other parts of the world, and its growth rate across four sweeps of Index data (2019, 2021, 2023, 2025) is exceeded only by the cocaine trade between 2019 and 2023.

Figure 3 shows that between 2023 and 2025, the impact of synthetic drug-based criminal markets worsened in six West African countries. This tracks continental trends: 32 countries in Africa experienced increasingly severe consequences of synthetic drug markets over this period. In parallel, 2025 Organized Crime Index data shows a decrease in the ability of nine states to be resilient to the pressure and harms of criminal markets.¹¹ As the challenge escalates, the response is falling further behind.

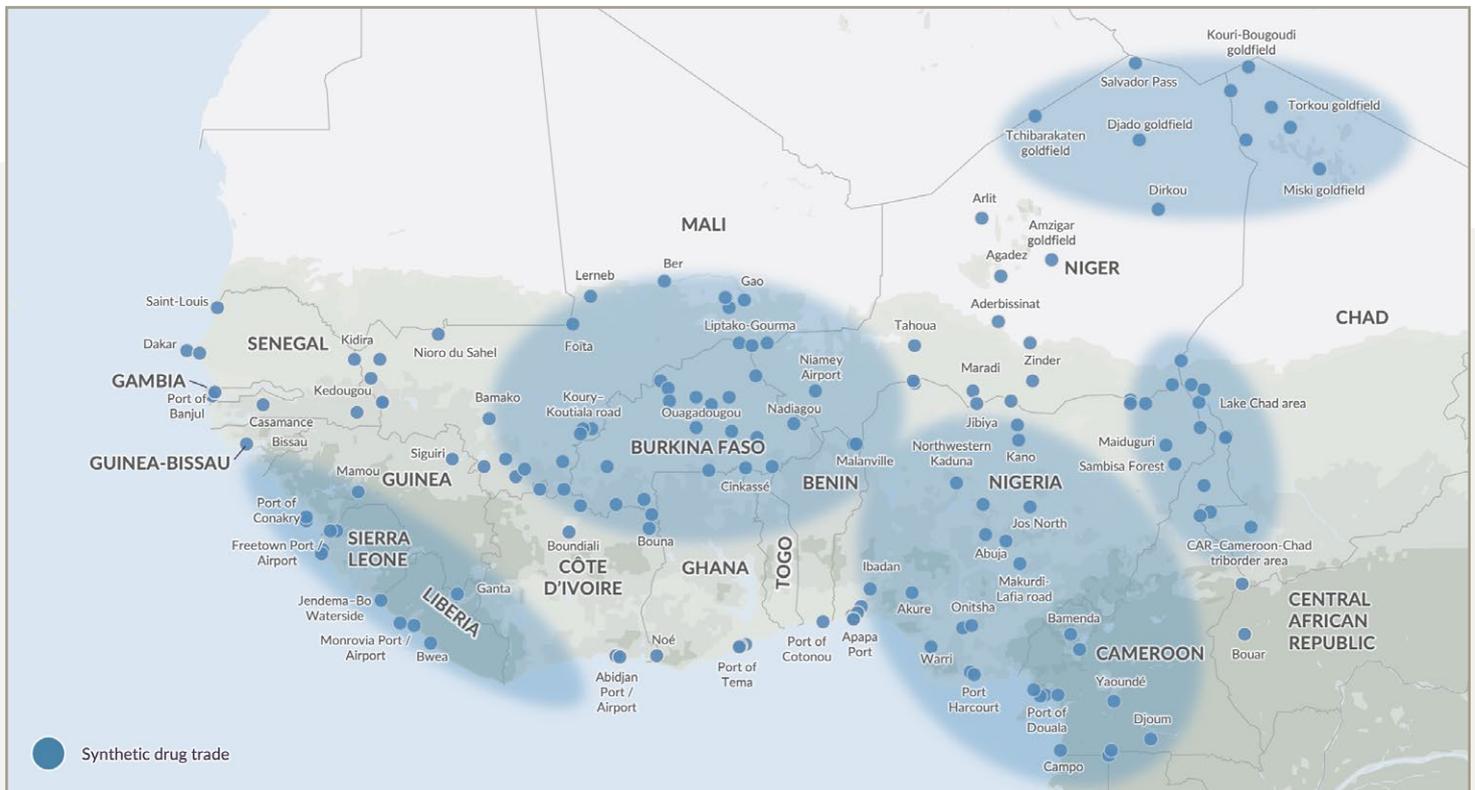


FIGURE 2 Synthetic drug trade hubs across West Africa.

SOURCE: GI-TOC, Illicit hub mapping in West Africa 2025, <https://wea.globalinitiative.net/illicit-hub-mapping/map>

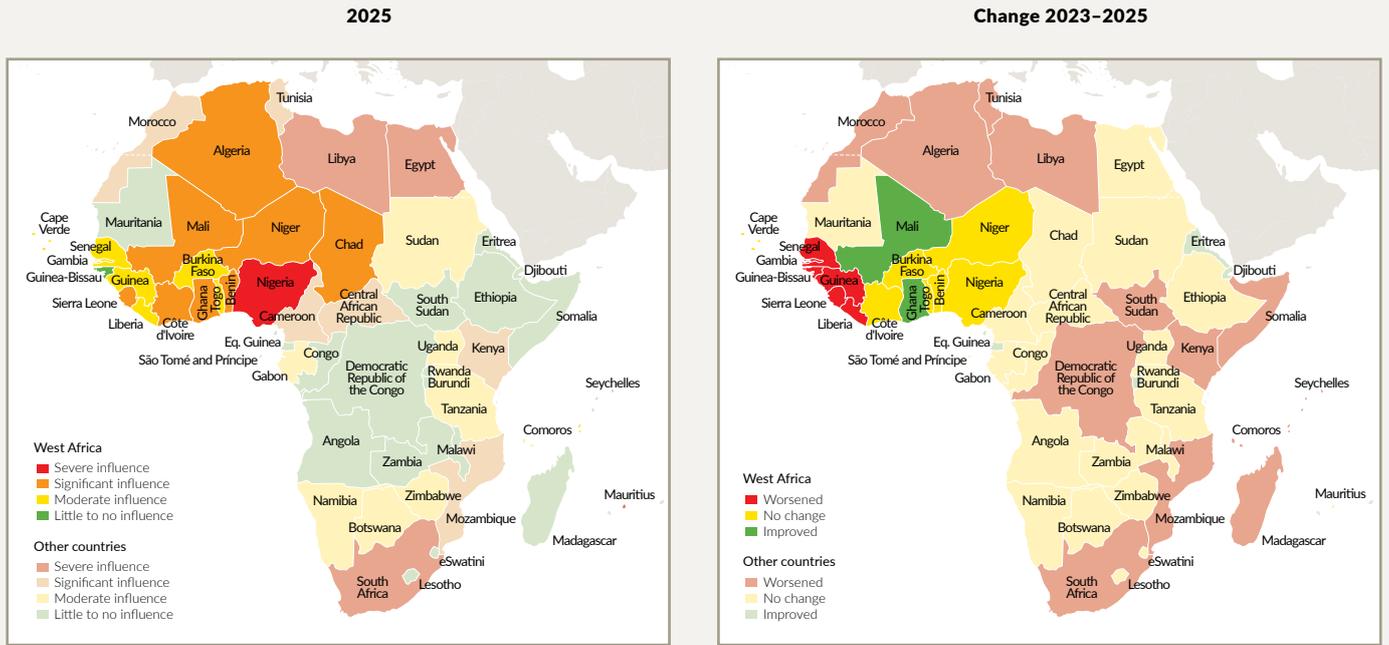


FIGURE 3 Change in the pervasiveness of the criminal market for synthetic drugs, 2023-2025.

NOTE: The Organized Crime Index is a multi-dimensional tool that assesses the level of criminality and resilience to organized crime for 193 countries based on three key pillars – criminal markets, criminal actors and resilience. The Index draws on quantitative and qualitative sources and is underpinned by more than 350 expert assessments and evaluations by the GI-TOC’s regional observatories.

SOURCE: Organized Crime Index data

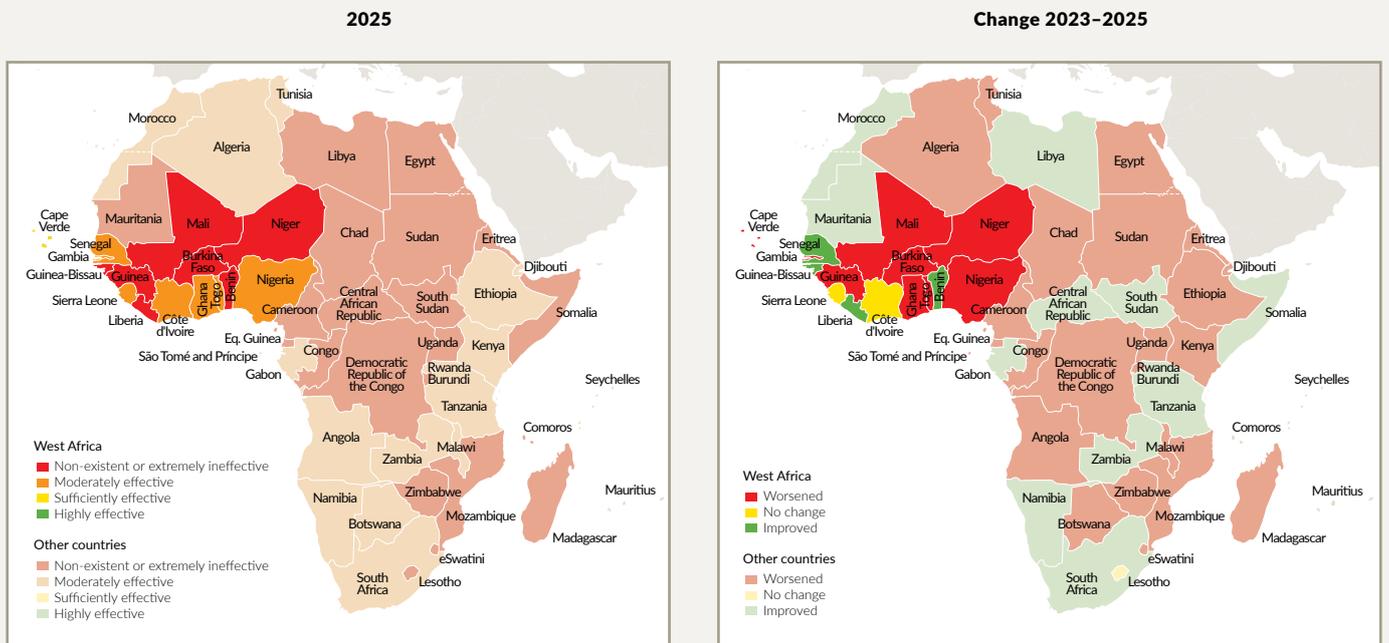
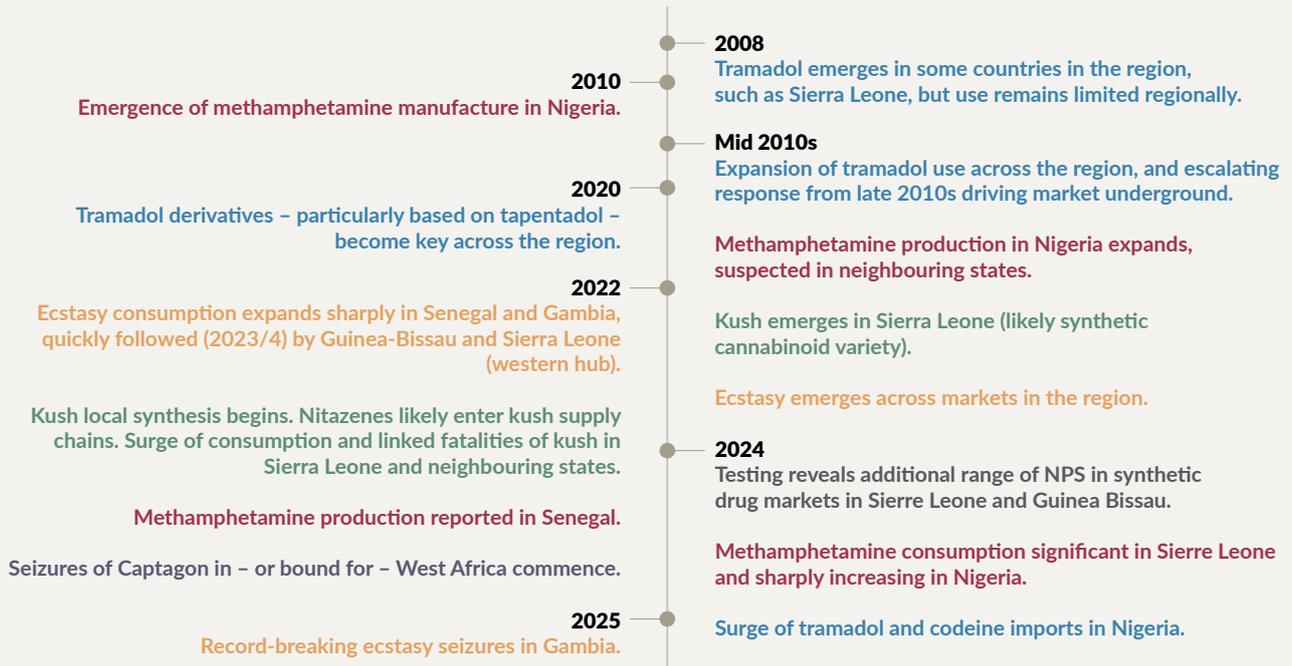


FIGURE 4 Mapping resilience, 2023-2025.

NOTE: The Organized Crime Index is a multi-dimensional tool that assesses the level of criminality and resilience to organized crime for 193 countries based on three key pillars – criminal markets, criminal actors and resilience. The Index draws on quantitative and qualitative sources and is underpinned by more than 350 expert assessments and evaluations by the GI-TOC’s regional observatories.

SOURCE: Organized Crime Index data

EMERGENCE OF SYNTHETIC DRUGS IN WEST AFRICA



MARKET CHARACTERISTICS

Substances

West Africa's synthetic drug markets were historically dominated by diverted, fake and counterfeit synthetic opioids such as tramadol. While it has been around since the 1970s, tramadol's material entry into the informal drug market in West Africa has been tracked only since the mid-2000s.¹²

Around the same time, methamphetamine markets started to expand, with evidence of the first laboratory in Nigeria emerging in 2010. The late 2010s saw a marked escalation in tramadol imports in sub-Saharan Africa and commensurate growth in consumption. In parallel, methamphetamine markets expanded, and the emergence of newer synthetic drugs imported into the region – most prominently kush and ecstasy – transformed West Africa's synthetic drug challenge into a far more diverse phenomenon.

In many countries, newer entrants have overtaken tramadol in popularity. For example, ecstasy is more commonly consumed in Senegal and kush is more popular in Sierra Leone, Liberia and Guinea. In some countries, including Ghana and Guinea, wider consumption of other synthetic drugs has occurred in parallel with reported decreases in tramadol consumption. Overall, West Africa's synthetic drug markets have expanded, diversified and become increasingly difficult to respond to.

Evidence – albeit patchy – indicates that the key synthetic drugs dominating West Africa's drug markets are synthetic opioids (most prominently tramadol and its derivatives, and nitazenes), methamphetamine, synthetic cannabinoids, and to a lesser extent ecstasy. The broad market characteristics of each are outlined below.

Synthetic opioids

Tramadol provided the first key milestone in the evolution of West Africa's synthetic drug markets, and by 2017 the region accounted for 77% of global tramadol seizures.¹³ West Africa has remained a global hub for the illicit tramadol trade: between 2015 and 2023, central and western Africa accounted for 90% of tramadol seizures globally, with seizures concentrated in maritime ports – key points of import.¹⁴ Tramadol and its derivatives are among the most trafficked and consumed synthetic drugs across the region. Nigeria is a key entry point, reporting a sharp increase in tramadol seizures since 2024.¹⁵

A key trend since 2020 has been the diversifying range of synthetic opioids emerging across West Africa. From 2020, tramadol derivatives – most prominently tapentadol-based compounds – became increasingly prominent across the region, and in many countries (including Sierra Leone) they are now far more common than tramadol. The harms associated with these derivatives exceed those of tramadol.

Nitazenes (2022) and codeine (2023)¹⁶ have further diversified the synthetic opioids available in West Africa's retail drug markets, mirroring global trends. Nitazenes stand out for their potency: three detected in Sierra Leone are estimated to be up to 25 times stronger than fentanyl, three times stronger, and equally strong.¹⁷ This level of potency means that overdose risks are significant, and that they are extremely addictive. Additionally, nitazenes commonly contaminate other drug supply chains, such as heroin and cannabinoid products. This means PWUD do not know what they are consuming and how risky it is.

Nitazenes probably emerged in West Africa as a novel and far more deadly strain of kush in Sierra Leone. While kush emerged in 2016, at this point it was probably a synthetic cannabinoid. Only in 2022 – also when local

synthesis started – is it suspected that nitazenes penetrated the supply chain.¹⁸ Conclusive testing data from 2022 is unavailable and nitazenes were confirmed in kush only in 2024. However, a spike in fatalities reported in Sierra Leone in 2022 and the change in the effects of the drug on PWUD at this point are strong indicators.

Kush had started spreading from Sierra Leone to neighbouring states in 2021. By 2023, fatalities were multiplying in Guinea, Liberia and Gambia, and by 2024 kush was detected in Guinea-Bissau and Senegal.¹⁹ By April 2024, the devastating health consequences of kush were so severe that Sierra Leone and Liberia declared national states of emergency, an unprecedented step.²⁰

Evidence strongly indicates that the composition of kush is similar across the region. Its rapid spread to neighbouring states means the whole of West Africa is at high risk of growing penetration of nitazenes into drug supply chains. Beyond the countries affected by kush – Sierra Leone, Liberia, Guinea, Guinea-Bissau, Gambia and Senegal – no other countries in the region reported suspected or evidenced presence of nitazenes in their retail drug markets. However, only a few countries – including Nigeria, Côte d'Ivoire and Ghana – had laboratories capable of detecting nitazenes. Even in these more sophisticated facilities, observers doubted whether nitazenes would be identified with routine testing approaches.²¹ The presence of adverts for nitazenes on business-to-business and classified advert websites in Ghana (Oxglow) and Nigeria (Nigeria Yellow Pages Online) are an indicator of increased risk of penetration, albeit not evidence of nitazene presence (see section below on online markets for further detail).²²

Testing of a wide range of samples from retail drug markets in Freetown and Bissau did not detect the presence of fentanyl.²³ However, a representative from a forensic laboratory in Nigeria reported identifying small quantities of fentanyl (0.05 milligrams per millilitre in a pharmaceutical injection) on a handful of occasions in 2024 and 2025.²⁴

Methamphetamines

West Africa has been a key node in the global methamphetamine trade since at least 2010, when a laboratory was dismantled in Lagos.²⁵ By the early 2010s, countries in east and southern Africa, western and central Europe, and south-east and east Asia reported flows from West Africa.²⁶ Methamphetamine was a regional market by 2015, with Senegalese authorities reporting their first significant seizure (of 81 kilograms²⁷) and manufacture suspected in other regional countries.

Nigeria is the epicentre of the regional methamphetamine market, for manufacture, trafficking and consumption. Although there have been few reported raids on methamphetamine laboratories in Nigeria in recent years, trafficking and consumption appear to have increased. Methamphetamine has become one of the most consumed drugs in many urban centres, including northern cities far from traditional manufacturing and consumption hubs in the south.²⁸ Laboratory testing of seizures in 2025 in the south and south-west of Nigeria confirmed that the substance is one of the three main drugs seized over this period, alongside cannabis and tramadol.²⁹

Methamphetamines are an increasingly regional phenomenon. Manufacture was reported in Senegal in 2022 and is suspected in other countries in the region. Consumption is significant in several other regional states – including Sierra Leone³⁰ – and growing in several others, including Ghana.³¹ In other regions, including southern and eastern Africa, methamphetamines have rapidly expanded, capturing market share from heroin and concentrating harms on the most marginalized.³² As heroin markets contract, partly shaped by decreasing supply from Afghanistan, this creates an enabling environment for further methamphetamine market expansion across West Africa.

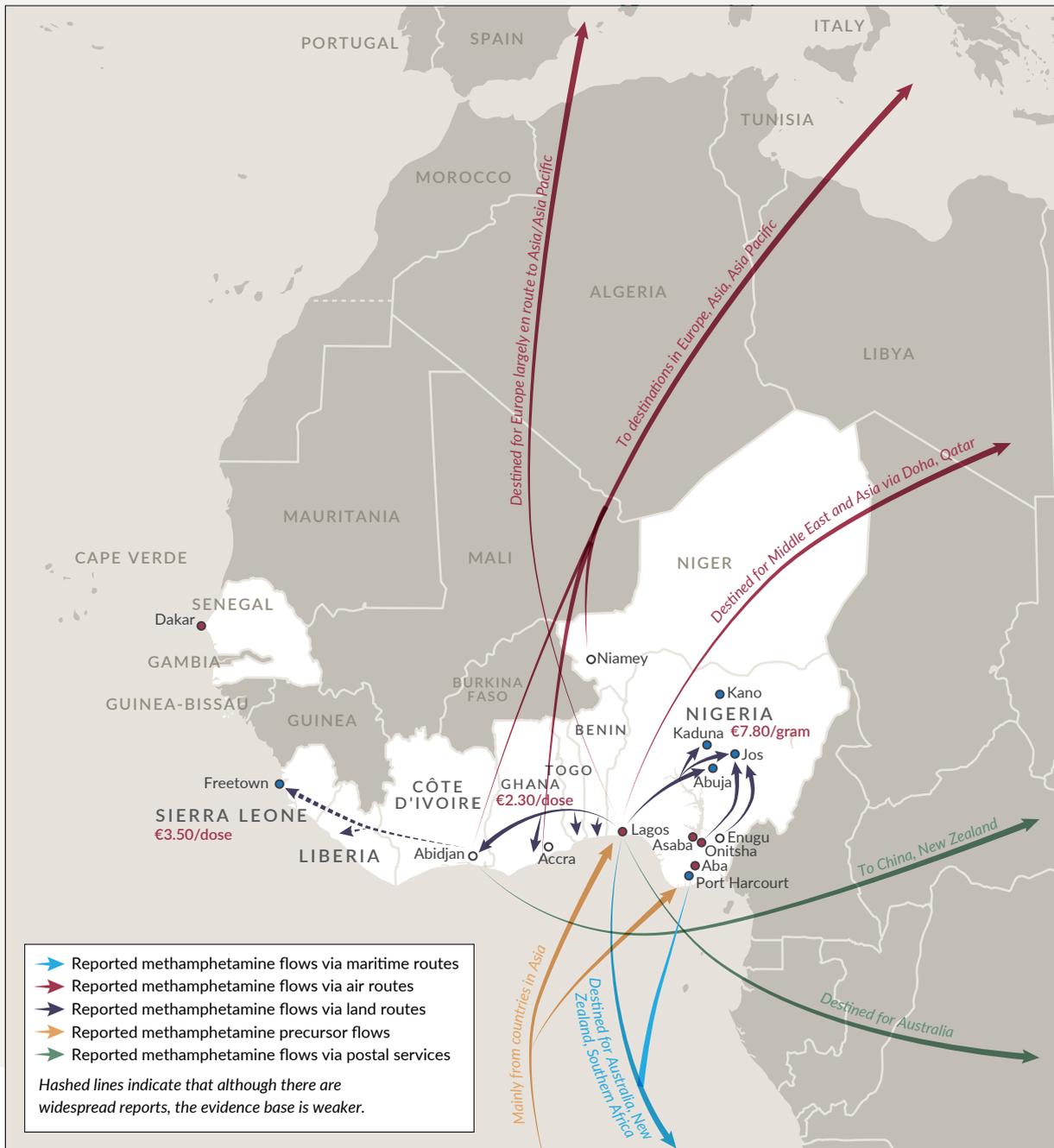


FIGURE 5 Reported flows of methamphetamine, trafficking methods and prices in select locations.

NOTE: In Nigeria, pricing data was predominantly obtained from dealers, who worked in grams rather than dose measurements.

Synthetic cannabinoids

Scarce testing data means it is difficult to confirm exactly when synthetic cannabinoids emerged in West Africa's drug markets. By 2016, they were probably available in Sierra Leone as part of the expanding kush market. This would align with global detection trends since the late 2010s.

Similarly, by far the most commonly detected synthetic cannabinoid in kush³³ – MDMB-4en-PINACA – was first identified in Europe in 2017³⁴ and by 2021 had spread across the continent.³⁵ MDMB-4en-PINACA has penetrated many African markets. For example, it is the key component of chimique, the most commonly consumed drug in Mauritius.³⁶ Despite this, it is unscheduled in Sierra Leone and many other West African states.³⁷

Synthetic cannabinoids have been most prominent in countries affected by kush but other countries, including Nigeria and Togo, have also detected synthetic cannabinoids in their retail drug markets, particularly since 2024. In Togo, the synthetic cannabinoid known as K2 (the original name of kush) is reportedly available in the capital.³⁸

Forensic laboratory testing in Nigeria repeatedly identified a different compound, ADB CHMINACA.³⁹ The prominence of synthetic cannabinoids and their precursors on online drug markets targeting West African wholesalers (see section on online markets below for further detail) indicates plentiful supply and easy availability, underpinning expansion of the market.

Ecstasy

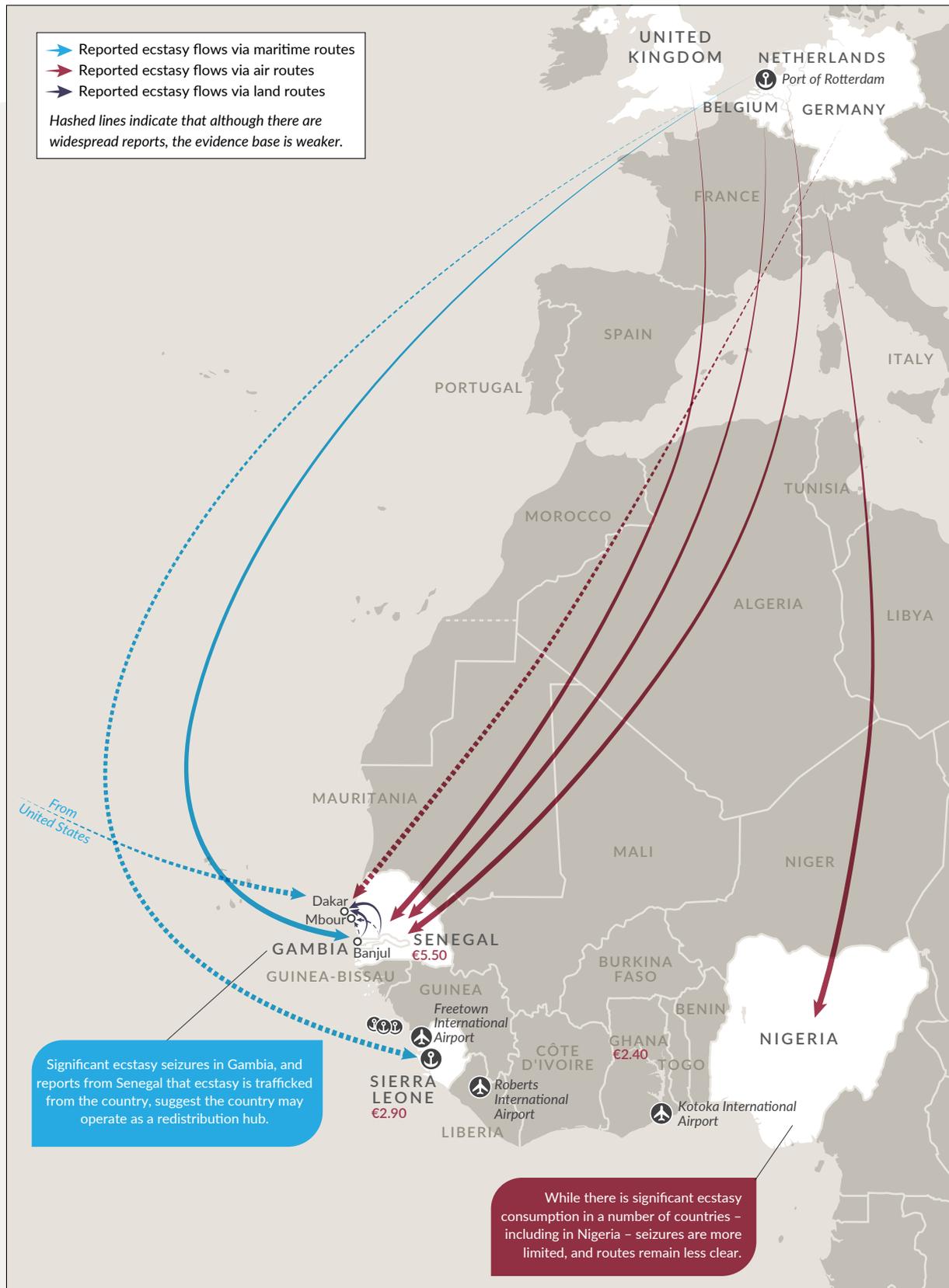


FIGURE 6 Reported flows of ecstasy, trafficking methods and prices in select locations.

NOTE: Pricing data is per pill.

Ecstasy is available as pills and crystals across West Africa. Since the early 2020s, it has become far more prominent in many countries across the region, most prominently in several countries of the western hub (Senegal, Guinea-Bissau, Gambia, Sierra Leone). Record-breaking seizures in 2025 – with investigations in Gambia uncovering a major trafficking network importing bulk quantities – indicate the operations of large-scale players.⁴⁰ Originally perceived to be a small-volume industry underpinned by couriers on commercial flights and mainly targeting the tourist scene, the ecstasy market has evolved into a larger, more profitable and more organized phenomenon which remains poorly understood.

Preliminary evidence of swaps in some countries – ecstasy from the Netherlands for cocaine from West Africa, reported by law enforcement in Gambia since 2021⁴¹ and identified as part of the modus operandi of a prominent trafficker in Sierra Leone⁴² – could bind the ecstasy market to the highly organized, mature and lucrative cocaine market. This swap mechanism could be a driver of the expansion of ecstasy markets in the sub-region, mirroring a parallel surge in volumes of cocaine transiting West Africa en route to Europe.

Case study: kush and the evolution of synthetics in Sierra Leone

The evolution of the kush market encapsulates key characteristics of West Africa's synthetic drug challenge and the weak response.⁴³ The scale of the kush market, the speed at which it expanded in Sierra Leone and beyond, and its public health consequences are unparalleled. Tracking its emergence and evolution is therefore helpful in understanding how synthetic drugs penetrate and capture large shares of existing retail markets.

While drug use in Sierra Leone has long antecedents, the 1991–2002 civil war – which involved the large-scale distribution of drugs such as crack cocaine, cannabis and heroin to combatants – marked a key step in its evolution. After the war, the most popular drug remained locally grown cannabis, but crack cocaine was popular among higher-level ex-combatants. Trading networks developed during the conflict were repurposed towards facilitating the growing trade in Europe-bound cocaine. Many ex-combatants also found new employment in this trade.⁴⁴

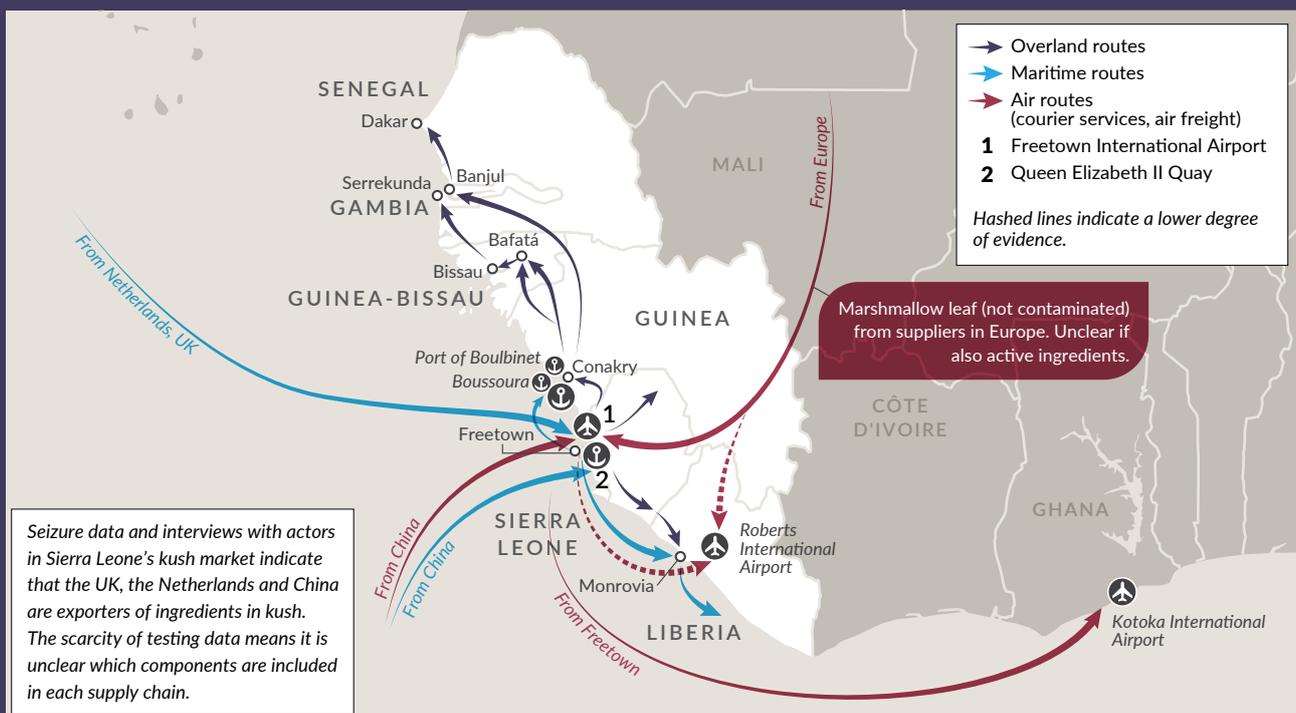


FIGURE 7 Regional trafficking routes for kush.



FIGURE 8 International trafficking routes of kush to Sierra Leone.

The emergence of tramadol in 2008 fundamentally changed drug markets. Cheap and powerful, Tramadol quickly became popular with heroin users and individuals new to drugs. In 2016, the Pharmacy Board of Sierra Leone declared tramadol abuse a national health emergency and regulation of the drug increased, as did law enforcement pressure.⁴⁵ Prices rose sharply and some tramadol users switched to kush, which was at the early stages of market penetration.⁴⁶ The new wave of synthetic drugs available on retail drug markets also included ecstasy, amphetamines and methamphetamines.⁴⁷

By 2020, kush was the most consumed drug in Sierra Leone. Two years later, the health effects of kush were widespread and fatalities were increasing, triggering significant pressure to respond. However, the absence of publicly available results from conclusive chemical testing allowed myths about the composition of kush to proliferate. This made it difficult to identify effective responses, trace supply chains, and mitigate the risks and reduce the harms to PWUD.

In 2024, chemical testing identified two strains in kush in Sierra Leone: nitazenes (a combination of protonitazene, metonitazene and protonitazepyne) and synthetic cannabinoids

(MDMB-en-4-PINACA, common in European markets). FTIR spectrometer testing in Guinea-Bissau in 2024 also detected both strains,⁴⁸ supporting analysis suggesting that kush has a similar composition across the region. Spectrometer tests conducted by forensic police in Senegal on kush samples in 2025 detected MDMB-en-4-PINACA but not nitazenes, but a limited sample size means this is not conclusive.⁴⁹

Nitazenes, synthetic cannabinoids and their precursors are manufactured outside West Africa and imported through maritime routes and increasingly through postal courier services. This ties kush closely into global synthetic drug challenges.

A move to local synthesis of imported precursors into retail-ready kush since circa 2022, fragmentation of existing criminal groups, and low barriers to entry enabling an influx of new entrants have contributed to the fast expansion of the market. These are common characteristics of synthetic drug markets, and they shape a more fragmented criminal drug marketplace which makes it increasingly difficult to develop sustainable disruptive responses.⁵⁰ ■



Chemical testing of kush samples in Freetown, Sierra Leone. *Photo: Supplied*

Consumption

Consumption of synthetic drugs in West Africa has sharply expanded over the past five years. Poly-use of synthetic substances is increasingly common, particularly among youth.⁵¹ Tramadol has long been among the most consumed drugs in the region, and its impacts have multiplied with the advent of more harmful derivatives. Since 2020, kush has quickly become the most consumed drug in Mano River basin countries and has wrought

unprecedented harms. Methamphetamine consumption has steadily increased, overtaking other drugs across many regions of Nigeria and growing elsewhere – driving widespread harms. Particularly since 2022, ecstasy consumption has dramatically increased in the western hub. Each drug is considered in turn.

Tramadol

While pharmaceutical-grade tramadol has an important medical use in pain management, its extensive non-medical use has become a major public health and law enforcement challenge across West Africa. According to WENDU, eight countries reported tramadol as the main drug of concern for individuals seeking treatment for drug-related disorders during the 2020–2022 reporting period – up from two countries (Benin and Togo) in 2020–2021.⁵² Similarly, according to the United Nations Office on Drugs and Crime (UNODC) World Drugs Report 2025, which draws on 2023 official datasets, Tramadol is the most commonly used synthetic drug in most West African countries.⁵³

Tramadol is particularly popular among motorbike taxi drivers, miners and others in physically demanding work, who take it for energy and endurance. Gold-mining zones have become major consumption hubs,⁵⁴ with prices rising sharply in remote areas and generating large profits for traffickers. For instance, at the N'Tahaka mine in northern Mali, a single tramadol pill sold for FCFA2 000 (about €3) in 2024, double the price in the nearby city of Gao.⁵⁵ Similar consumption trends exist in goldmining areas in northern Niger such as Tchibarakatene and Djado.

High-consumption areas often overlap with trafficking routes. In Nigeria, a key point of entry, tramadol ranks among the top three drugs seized and tested by official laboratories in 2024 and 2025.⁵⁶ Use is reportedly greatest in northern regions, which are also transit corridors linking maritime entry points in the south with Sahelian markets.⁵⁷ Sahelian armed groups⁵⁸ and armed groups operating in northern Nigeria, including armed bandits in the north-west and Boko Haram's Jama'atu Ahlus-Sunnah Lidda'Awati Wal Jihad faction in the north-east,⁵⁹ are significant consumers of tramadol. In Burkina Faso, tramadol and other pharmaceuticals have been bought in bulk by individuals believed to be intermediaries of armed groups.⁶⁰ Tramadol is commonly cited as a source of courage before entering battle.

In several countries, tramadol has been replaced or supplemented by its derivatives, especially tapentadol. In Sierra Leone, 2024 testing confirmed only tapentadol products on the retail market.⁶¹ Investigations confirmed large-scale exports of tapentadol mixed with carisoprodol – an extremely addictive muscle relaxant – to Ghana, Nigeria and Côte d'Ivoire.⁶² Prices vary across the region, but tramadol remains relatively affordable, with an average cost of €0.70 per pill in Bamako and €1 per pill in Abidjan in 2025. Increased consumption of new synthetic substances has contributed to poly-use but has also eroded some tramadol and tapentadol markets, including reportedly since 2022 in Guinea,⁶³ 2024 in Ghana (except for the northern regions, where tramadol use is increasing) and 2022 in Sierra Leone.⁶⁴

Kush

In Guinea and Sierra Leone, the new entrant capturing market share from tramadol is kush. Emerging in 2016 in Sierra Leone, by 2020 kush had become the most popular drug in the country, a position it continues to hold.⁶⁵ Kush also quickly spread across the subregion. Many PWUD consumed kush alongside tramadol, methamphetamine and crack cocaine. A sub-population of PWUD, however, reported using only kush.⁶⁶ Kush's low price and potent composition contributed to a rapid escalation in consumption.



Kush samples being tested in Freetown, Sierra Leone. Photo: Supplied

Fatalities linked to kush soared from 2022 as the market expanded and became deadlier. By late 2022, PWUD and residents of Freetown reported people dying in the street, bodies being picked up early in the morning in areas frequented by kush users, and an increase in sores and other symptoms related to deteriorating health.⁶⁷ Widespread fatalities were also reported in Guinea, Liberia and Gambia. They have not been reported in Guinea-Bissau and Senegal,⁶⁸ where consumption reportedly increased sharply since late 2024 and 2025.⁶⁹ It is unclear why this has been the case. While one kush seizure was reported in Ghana, stakeholders did not report the presence of a drug that appeared similar to kush in other countries in West Africa.⁷⁰ In 2025, there have been increasing reports of a drug known as kush in Mali, and a small number of linked overdoses, but the lack of conclusive chemical testing data means it is not possible to confirm whether this is part of the same phenomenon.⁷¹

Consumption of synthetic cannabinoids was reported to be growing in countries unaffected by the kush market, including Togo and Nigeria. Nigeria reported small but growing detections of synthetic cannabinoids (including ADB-CHMINACA), and noted that they had dismantled a clandestine laboratory involved in synthetic cannabinoid synthesis using chemicals imported from China. However, scarce testing data mean the contours of consumption trends are poorly sketched.

Methamphetamine

Nigeria reported the highest and fastest-growing consumption of methamphetamines. In many key urban hubs, including Lagos, Ibadan, Asaba, Aba, Onitsha, Abuja and Jos, methamphetamine is reported to have become one of the most widely consumed drugs.⁷² Since circa 2020, consumption expanded in the south-east,⁷³ traditionally the centre of production and consumption, but also increasingly diffused into northern areas.

One distributor based in northern Nigeria said: 'Crystal meth is increasingly becoming popular in the north, especially in places like Abuja.'⁷⁴ A rehabilitation centre representative in Jos, north-central Nigeria, noted: 'Five years ago, most of the people we had here were using cannabis and drugs like tramadol or codeine. This has changed. Now, most of them are using methamphetamine ... The use of methamphetamine is expanding fast and I'd say it has overtaken cannabis or is about to overtake it.'⁷⁵ Some PWUD report purity has increased, a further indicator of substantial supply.⁷⁶ There is a tracked link between cybercrime actors known as 'yahoo boys' and meth consumption.⁷⁷ To date, this overlap has not been tracked to extend to trafficking. Stakeholders across Nigeria emphasized the rapidly expanding consumption of methamphetamine in recent years, significantly outstripping any previous tracked trends.

Methamphetamine consumption is significant beyond Nigeria. In Sierra Leone, PWUD surveys conducted in June 2024 in Freetown found that methamphetamine, locally known as 'glady glady', was the third most consumed drug after kush and tramadol (notably, cannabis was excluded from the survey).⁷⁸ Elsewhere, consumption is more limited, albeit growing in some countries. In Senegal, for example, methamphetamine was the second most commonly tested synthetic drug by the forensic police laboratory,⁷⁹ although PWUD report



Nigeria is the epicentre of the regional methamphetamine market.

© Stefan Heunis/AFP via Getty Images

that consumption is significantly lower than for ecstasy and crack.⁸⁰ In Ghana, a drug expert noted: 'There are now individuals who can point to others they know who use meth, whereas just five years ago it was nearly impossible to find anyone who openly used it.'⁸¹ Meth was also available in Guinea-Bissau.⁸² In Côte d'Ivoire⁸³ and Togo,⁸⁴ meth was reported to be rarely consumed and most dealers did not stock it. Similarly, law enforcement in these countries reported low prominence,⁸⁵ and it was only rarely tested at the laboratory.⁸⁶ According to WENDU data, methamphetamine was almost never reported as the primary substance of abuse among individuals seeking treatment in West Africa.⁸⁷

Ecstasy

Ecstasy, while long available in West Africa's retail drug markets, has become significantly more prominent since circa 2020, particularly in Gambia, Sierra Leone, Guinea-Bissau, Nigeria and Senegal. In Senegal, ecstasy, known as 'volé' (meaning 'to fly'), has reportedly become the most consumed drug in urban hubs such as Dakar,⁸⁸ and since 2022 it has been the drug most frequently tested by the police forensic laboratory.⁸⁹ Volé use is concentrated in the youth.⁹⁰ In Sierra Leone and Guinea-Bissau, consumption has reportedly rapidly increased since 2024.⁹¹ While linked to the party scene across these countries, the drug is also consumed beyond this context. It is common in large Nigerian cities such as Abuja, Lagos and Port Harcourt, where there is vibrant nightlife and a high concentration of night clubs, but less prevalent than drugs such as tramadol and methamphetamine.⁹²

Supply chains

West Africa's synthetic drug markets are increasingly tightly interwoven with global dynamics. While the longstanding prevalence of tramadol misuse was a particular characteristic of regional trends, newer entrants – prominent particularly since the late 2010s – more closely mirror global dynamics. They include imported synthetic cannabinoids, ecstasy and nitazenes. International supply chains feeding regional markets are outlined first, followed by an exploration of online markets, and regional manufacture, synthesis and distribution.

International supply chains

Most synthetic drugs available in West Africa contain components imported from overseas. While some are imported as retail-ready composite drugs (including tramadol, ecstasy and a proportion of the kush market), others (methamphetamine and a more significant proportion of the kush market) are synthesized in the region using imported precursors. Even for local synthesis, however, international connections underpin markets.

Imported synthetic drugs and precursors are predominantly trafficked from Asia (most prominently China and India) and to a lesser extent Europe. Through exports, the methamphetamine market is also linked to other regions of Africa and the Asia Pacific.

Imports of synthetic drugs into the region from Asia and Europe use maritime trafficking routes, largely containerized routings, postal courier services and – for smaller volumes – commercial air trafficking routes. Globally, air freight and postal courier services are prominent mechanisms for trafficking opioids, opiates and other synthetic drugs.⁹³

Postal courier services are prominent in the trafficking of synthetic cannabinoids and their precursors, and nitazenes, enabled by the fact that small amounts can produce significant volumes of retail-ready drugs.⁹⁴ According to the World Customs Organization, across Africa methamphetamine was the most commonly seized synthetic drug in postal services in 2023.⁹⁵ Exports of methamphetamine rely heavily on air trafficking routes but probably also use maritime routings.

Asia

China is a key node in synthetic cannabinoid and nitazene supply chains globally. According to the European Union Drugs Agency (EUDA), the main producers of nitazenes are China and India, with Russia playing a lesser role.⁹⁶ MDMB-4en-PINACA, the most commonly identified synthetic cannabinoid in kush, and other synthetic cannabinoids are also widely manufactured in China, as are their precursors.⁹⁷

Chemical compounds in kush (either synthetic cannabinoids or nitazenes, or both) are reportedly imported from China via postal courier services and maritime routes. While some networks importing components had elements based in China responsible for shipping, others reported no personal connection to individuals in China and merely leveraged online platforms.⁹⁸ This mirrors global trends: in the UK and US, most nitazenes are believed to be purchased online from Chinese suppliers and imported via courier services.⁹⁹

China was identified as a point of origin for synthetic cannabinoids beyond those linked to kush markets – for example, law enforcement authorities in Nigeria also reported that China is the most common point of origin.¹⁰⁰ Open-source intelligence analysis of online platforms selling precursors in West Africa supports this view (see section on online markets below).

Despite efforts by the government to respond to the illicit tramadol trade, India continues to be reported as the main point of origin for tramadol and its variants (such as tapentadol) by stakeholders across West Africa.¹⁰¹ Since 2020, Pakistan has been a secondary point of origin, largely for imports into Nigeria, a major regional entry point.¹⁰²

Most tramadol is concealed in containers and imported through maritime ports.¹⁰³ Over the past five years, the ports of Lome and Cotonou – historically major entry points – have seen marked drops in tramadol seizures.¹⁰⁴ This could indicate displacement elsewhere or improved concealment methods. Ports in Nigeria and the Port of Tema in Ghana continue to report significant seizures.¹⁰⁵ While some imports remain in coastal states to feed consumption markets, a significant proportion is trafficked northwards to Sahelian and North African consumption markets. Containers marked for transit often undergo fewer checks at the point of import, a factor identified as a loophole for onward trafficking.¹⁰⁶

Methamphetamine precursors, including ephedrine, pseudoephedrine and methylamine, are also imported into West Africa, for licit and illicit use, from countries in Asia. According to UN Comtrade data, India was among the points of origin for methylamine, a dual-use chemical, into West Africa in 2024.¹⁰⁷

Methamphetamine stands out as the main synthetic drug exported from West Africa. Since 2010, countries in eastern and southern Africa, western and central Europe, and south-eastern and eastern Asia reported substantial flows from the region.¹⁰⁸ Methamphetamine is regularly seized in Nigeria on outbound air routes, largely heading towards Asia. Some methamphetamine manufactured in West Africa – most prominently Nigeria – also feeds regional consumption markets.¹⁰⁹ The scale of the laboratory reportedly dismantled in Senegal suggests it also catered prominently to domestic demand, with Chinese nationals the reported customers of the arrested individuals.¹¹⁰ However, most is exported to other regions of Africa (particularly southern Africa), the Asia Pacific (particularly New Zealand¹¹¹ and Australia¹¹²) and eastern Asia.¹¹³ Traffickers from Nigeria sometimes use indirect routes through Europe and the UK.¹¹⁴ Airports are pivotal export points, including Murtala Muhammed International Airport in Ikeja, Lagos State,¹¹⁵ through commercial flights. Courier services are also leveraged for export, as evidenced by seizures on this modality en route to Australia.¹¹⁶

Europe

Europe also plays an important role in exporting synthetic drugs to West Africa. Seizure data and interviews with actors in Sierra Leone's kush market indicate that the UK¹¹⁷ and the Netherlands¹¹⁸ are exporters of ingredients in kush. The scarcity of testing data means it is unclear which components are included in this supply chain. Mauritius has also identified the Netherlands as an exporting country for nitazenes, by postal courier services.¹¹⁹ Investigations in the Netherlands have not detected nitazenes on a large scale, including through the scanning and searching of inbound and outbound containers and the inspection of outgoing postal service packages.¹²⁰ The seizure of 1 000 nitazene pills at a mail sorting centre in Delft in 2024 has been the only seizure of nitazenes by postal services in the Netherlands to date.¹²¹ Similarly, UK authorities have not so far detected any outbound flows of nitazenes or synthetic cannabinoids to Sierra Leone.

Ecstasy imports from Europe to West Africa leverage air and maritime trade routes. On the latter, they are typically concealed in containers among legitimate cargo, particularly in cars, personal property and household goods. The EU, particularly the Netherlands, is the primary source of ecstasy trafficking worldwide.¹²² Investigations into several large-scale imports of ecstasy seized in West Africa indicated that they originated from the Netherlands. For example, investigations into more than 400 000 ecstasy pills seized in Gambia in September and October 2025 – the largest seizure in the country's history – traced the drugs back to the Netherlands. They were exported by a Gambian diaspora member based there. The consignment arrived in the

Port of Banjul concealed among household goods in containers.¹²³ This mirrors findings from investigations into smaller (but still significant) seizures of pills carried by passengers in luggage on commercial flights¹²⁴ (although detections by customs authorities in the Netherlands from outbound flights towards Gambia are limited).¹²⁵ Analysis of pill stamps was also consistent with manufacture in the Netherlands, although not conclusive due to high-quality emulation elsewhere.¹²⁶ Networks operating with other countries in Europe, including Germany and the UK, have also been identified through law enforcement investigations, often implicating diaspora members.¹²⁷

Gambia was repeatedly reported as the point of origin for ecstasy in Senegal.¹²⁸ This and large-scale seizures in the country may indicate that Gambia operates as a regional import and redistribution hub.

Although some ecstasy tablets are pressed in the region, this research did not identify evidence that the drug is manufactured in West Africa. Supporting this, all locally pressed pills collected from retail markets in Freetown and tested with an FTIR spectrometer were found to be fakes, with no trace of ecstasy.¹²⁹

Regional supply chains

Synthesis

The two synthetic drugs most commonly synthesized in the region are methamphetamine and kush. While some kush is imported pre-processed (ready for retail markets), this is not reported for methamphetamine.

Since it was first identified in 2010, methamphetamine manufacture in Nigeria has reportedly increased. The 2016 discovery of an industrial-scale 'super lab' in the southern Delta state confirmed not only the growing scale of the production process, but also that Mexican nationals had been providing technical expertise to local manufacturing groups.¹³⁰

Manufacture was traditionally concentrated in the south-west (particularly Lagos)¹³¹ and south-east (particularly Awka and Onitsha)¹³² but is reported to be spreading across the country, particularly to rural areas to evade detection.¹³³ It is increasingly clandestine, and since 2023 there have been no publicly reported raids on methamphetamine laboratories. One market development to evade enforcement has been the growing use of mobile laboratories in vehicles to evade law enforcement, as well as the use of temporary 'box laboratories' that are dismantled after use.¹³⁴

Methamphetamine is widely suspected to be manufactured in other West African countries, including Senegal, Sierra Leone and Togo. The reported dismantlement in 2022 of a methamphetamine laboratory in Senegal, run by a Chinese national, first evidenced these suspicions.¹³⁵ In Freetown in 2024, law enforcement dismantled a laboratory believed to be used for kush synthesis and found equipment capable of producing synthetic drugs in bulk (at least 50 kilograms per month). However, some of the equipment seized – notably an explosion-proof bioreactor and a mini reactor – seemed more consistent with the manufacture of methamphetamine. The seizures were prompted by an explosion, which could also be an indicator of methamphetamine manufacture.¹³⁶ Reported seizures of precursor chemicals at the Freetown seaport and airport also support suspicions of a methamphetamine production laboratory in Sierra Leone.¹³⁷

In Nigeria, the method of methamphetamine production has evolved. Historically, the drug was produced using pseudoephedrine or ephedrine. It is likely that ephedrine is still used in some manufacture, as indicated by ongoing diversion of the substance from legal supplies.¹³⁸ However, since 2016–2018, producers increasingly shifted to using benzyl methyl ketone (BMK) as a primary precursor. BMK-based synthesis is more cost-effective, yields meth of higher purity, and relies on less-regulated substances such as sodium cyanide and benzyl cyanide. This significantly reduces the risk of detection and disruption by law enforcement, which tightly monitors substances such as ephedrine. This shift has been enabled by access to global chemical supply chains.¹³⁹

Since 2022, Sierra Leone has emerged as the central node in synthesis of kush. The chemical processes required in making kush are simple tasks not requiring specialist expertise or extensive equipment. One strain involves combining synthetic cannabinoid precursors and using acetone as a solvent to dissolve chemical

components and bind them to organic matter. For nitazene-kush, only the second and third steps – dissolution and binding – are required. Reflecting this, the equipment in many kush laboratories is basic: pots, cloths, protective equipment (masks and gloves) and plastic squeeze bottles (such as hand-soap dispensers). Relatively simple processes and equipment are enabling factors for rapid diffusion of kush synthesis capabilities across the region.¹⁴⁰ While kush laboratories have not been detected beyond Sierra Leone, it is likely that they either already exist or will soon emerge. The Indian Ocean islands – severely affected by synthetic cannabinoids since 2016, and specifically the same strain as in kush (MDMB-4EN-PINACA) since at least 2020 – are a clear precedent: while originally concentrated in Mauritius and Mayotte, synthesis capabilities quickly spread.¹⁴¹

Distribution

West Africa has a dense web of overland and maritime trafficking routes which distribute synthetic drugs from points of import or manufacture to consumption markets across the region and beyond. These routings are horizontal, connecting coastal states in the region; and vertical, supplying Sahelian consumption markets with synthetic drugs imported through coastal entry points and synthesized in coastal states. The porous nature of land borders, and of coastal areas where small vessels can load and unload cargo, facilitates intra-regional trafficking flows. Many secondary ports and informal wharves in the region – central to intra-regional trade, licit and illicit – are scarcely monitored, if at all.

Countries with significant synthesis of synthetic drugs – Sierra Leone for kush and Nigeria for methamphetamines – logically operate as key points of origin in the region. Kush is trafficked from Sierra Leone to regional states by sea through informal wharves, and by land using official and unofficial border crossings.¹⁴² Although direct imports into other affected countries are likely and there are some indications that they are occurring,¹⁴³ they have not yet been clearly evidenced.

Nigerian methamphetamine producers probably supply consumption markets across West Africa, particularly via air routes, although evidence on the point of origin for methamphetamines in other regional countries is scarce.

Tramadol and tapentadol, imported predominantly through maritime ports, are trafficked across the region through a diffuse set of routings, with key corridors connecting the coast, particularly Nigeria, with the Sahel.¹⁴⁴

Urban hubs on northbound routes into the Sahel are key nodes in the trade. For example, Kano in northern Nigeria and Maradi just over the border in Niger are major redistribution nodes and see particularly high levels of consumption.¹⁴⁵ This is mirrored in Gao, which operates as a major logistics, redistribution and consumption hub for tramadol and other synthetic drugs in northern Mali.¹⁴⁶ Tramadol and diazepam are among the most trafficked drugs through northern Niger and Mali.¹⁴⁷

Online synthetic drug markets

The retail market for synthetic drugs in West Africa is dominated by street sales. However, the use of online platforms has emerged, particularly since the COVID-19 pandemic, when physical interactions were limited.¹⁴⁸

PWUD and dealers reported that in a growing minority of cases, purchases are made through social media platforms, prominently Facebook or Snapchat.¹⁴⁹ However, preliminary open-source intelligence analysis did not identify adverts to consumers on online platforms.¹⁵⁰

Group chats on encrypted platforms – most prominently WhatsApp and Telegram – are also used for retail drug purchases.¹⁵¹ Orders placed online are distributed by delivery services such as Yango (a taxi app).¹⁵²

In Côte d'Ivoire, some PWUD who previously used street-based drug distribution points known as *fumoirs* have shifted to online retail markets.¹⁵³ In Ghana, online platforms are used to avoid enforcement, while in Nigeria 'yahoo boys' have been identified as key customers for online methamphetamine purchases.¹⁵⁴ Across the region, PWUD continue to report higher trust in traditional face-to-face interactions.¹⁵⁵

Online markets are more prevalent in the wholesale synthetics market, particularly for precursors, synthetic cannabinoids, nitazenes, tramadol and tapentadol, and far less so for other illicit drugs.¹⁵⁶ The substances available on regional online marketplaces reflect global trends, and reflect a resurgence of several older compounds initially popular in the 2010s, and currently re-entering the market broken down into precursors, or with minor chemical changes.¹⁵⁷ Adverts to wholesalers use surface web, licit, online platforms, often business-to-business platforms. For example, tramaking.com, a global site registered in mid-2024 and hosted on Cloudflare, openly markets high-strength tramadol, tapentadol, ketamine and codeine. The site, reportedly linked to Indian suppliers, advertises availability in Nigeria, Ghana and Niger.¹⁵⁸ Similarly, Maligah, a Cameroon-hosted directory for businesses in Africa, hosts adverts by external suppliers for ecstasy, tramadol, MDMA, Lyrica, DMT, LSD, synthetic cannabinoids and precursors.¹⁵⁹ Other synthetic drugs available on online platforms in West Africa, or offering delivery to the region, include methamphetamines, speed and fentanyl.

Adverts on these platforms typically include links to other websites or more commonly contact details for encrypted messenger services for further communication (a common tactic in online drug markets globally).¹⁶⁰ Listed messenger services include mainly WhatsApp, Telegram and Signal, as well as Threema and Wickr. Some adverts consciously engage with the trust deficit many purchasers experience when purchasing products online. For example, an advert with a Hong Kong calling number for a range of synthetic cannabinoids, precursors and kush, posted on Sierra Market, noted: 'Some people deliberately disrupt this market, it is difficult for buyers to find real sellers, and it is difficult for sellers to find real buyers. I just hope that buyers will not be deceived. We have 16 years of industry experience, first-hand sources, no middlemen to make the difference, quality assurance. Professional international transportation, 100% safe delivery worldwide.'¹⁶¹

Preliminary open-source intelligence analysis indicates that the online wholesale market for precursors, synthetic cannabinoids and nitazenes is particularly significant, and that anglophone states – Nigeria, Sierra Leone and Ghana – are the markets most targeted, followed by Senegal and Côte d'Ivoire.

Platforms include national or regional business-to-business online marketplaces and those hosting unclassified ads such as Sierra Market (Sierra Leone), Oxglow (Ghana), Naijanetwork (a Nigerian news and discussion forum), Orange SN (Senegal) and *J'annonce en ligne* (hosted in Côte d'Ivoire but marketing across francophone Africa).

Suppliers advertising exports from mainland China and Hong Kong (and sharing phone numbers with relevant calling codes) are prominent on these websites, particularly for synthetic cannabinoids (and their precursors) and nitazenes, both components of kush. This reflects interviews with kush importers in Sierra Leone who indicated China as a prominent point of origin for kush components.¹⁶² Some suppliers also list connections to countries in Europe – including eastern Europe – either in the location cited in the advert, in the description of the geographies covered by the network, or in a more limited number of cases in the number provided for follow-up contact. However, more research is required to understand the extent of such supply-side connections.

Proto-nitazene – one of the nitazenes found in kush in Sierra Leone, estimated to be 25 times more potent than fentanyl – was among the most advertised substances on these online platforms. In some cases, synthetic cannabinoid precursors are sold as part of kits. Products are marketed under chemical identifiers rather than consumer-friendly names, signalling a focus on wholesalers rather than PWUD. Many adverts resemble those on social media platforms for European markets.¹⁶³

A wide variety of precursors is available on regional business-to-business and online classified advertising platforms, far beyond the range of chemical components reported to have been identified in the region. While evidence of advertising to the region does not mean the relevant precursors have been purchased and imported into West Africa, it is a clear indicator of risk and a factor that supports analyses concluding that the real range of synthetic substances on West African markets probably far exceeds those detected to date.

Criminal actors

The nature of synthetic drug markets makes them attractive to established criminal networks and a new wave of criminal entrepreneurs in West Africa. Unlike established markets for plant-based drugs such as cocaine or heroin, which require vast tracts of cultivable land, significant start-up capital and complex transnational relationships for trafficking, the synthetic drug trade operates on a different paradigm. Aspiring players do not need extensive networks or large-scale logistical operations. Instead, production can occur in small, clandestine labs and imported drugs can be bought on online platforms, making it a far more accessible venture for individuals or small groups looking to enter the illicit drug economy.

The financial incentives of the synthetic drug market are a powerful lure. Precursor chemicals are often widely available and inexpensive, yet they can be transformed into significant volumes of retail-ready drugs with high profit margins. The low cost of production and importation means criminal actors require minimal financial capital to begin their operations.

This gives these markets the characteristics of a 'bridge' criminal market: new entrants use synthetic drug markets to build capital before entering more capital-intensive markets (licit or illicit). Lower barriers to entry also mean synthetic drugs have enabled a flood of new entrants into the illicit drug marketplace, fundamentally disrupting and democratizing it.

Reflecting both characteristics, an analyst in Awka, Anambra, reported that dealers are increasingly turning to methamphetamine 'because of the large profit margin' and 'anyone can join the market once they have a laboratory and know how to make it. This is very different from other drugs [where] you need to be connected to certain people before you can join the market.'¹⁶⁴

This shapes a fragmented actor landscape. The scale at which networks operate differs widely; some capture significant market share and operate at scale, while many are far smaller operators.

Actors fall into six main typologies: state-embedded actors (who protect, rather than coordinate the trade); owners (operating as financiers); importers/exporters (who are sometimes also owners); cooks; wholesale distributors; and retail dealers.¹⁶⁵ State-embedded actors are assessed below (see 'Protection of synthetic markets'). Tramadol, more closely linked to pharmaceutical markets while sharing some characteristics, also has additional actors unique to the trade. This market is also considered separately (see 'Tramadol: straddling illicit drug markets and pharmaceuticals').

Owners

At the top of the pyramid are owners, who operate as financiers. While some smaller owners may directly coordinate imports, larger operators will delegate the import process to others. This latter set of large-scale players are typically wealthy and remain distant from the drug, often using legitimate businesses as a cover for their operations. According to a law enforcement representative in Ghana, at the highest level are the wealthy dealers 'who do not come into direct contact with couriers'.¹⁶⁶

Owners typically have access to three types of resources, starting with finance to buy precursors or retail-ready drugs. This group includes wealthy individuals and consortia in which several people pool resources, either in one-off deals or as a long-term arrangement. They also have the ability to ensure some form of protection, either to protect synthesis (where this is relevant) or at points of entry to safeguard imports. This is less pivotal for smaller-volume imports which may use loopholes in surveillance. The risks of disruption are expensive, and protection is therefore a key commodity.

Finally, in some but not all cases, owners have international connections. West African diaspora members in countries of export have repeatedly been identified as key nodes in synthetic drug networks. Interviews with kush network members, and investigations into kush seizures, repeatedly identified Sierra Leonean diaspora

members in China, the UK and the Netherlands as key nodes in coordinating and implementing the export of pre-processed kush and its components.¹⁶⁷ Similarly, investigations into major ecstasy trafficking networks in Gambia identified a diaspora member in the Netherlands as a key node in export.¹⁶⁸

However, some synthetic drugs and their precursors can be purchased – and imports coordinated – on online platforms, negating the need for relationships overseas.

Importers/exporters

Importers may be the same individuals as owners, or one rung lower in the market, tasked with coordinating the import and/or export of precursors and composite drugs. They will require – either directly or through the owner – the ability to purchase protection and coordinate imports or exports, either online or through international connections. These actors, particularly in the ecstasy and methamphetamine markets, will also coordinate with couriers to traffic the drugs across international borders. This is particularly common on commercial air routings.

Many couriers are economically vulnerable, drawn into trafficking as a means of survival amid deepening socio-economic hardship. In certain instances, they are required to swear oaths of silence prior to transit, a measure intended to shield the identities of high-level traffickers in the event of interception or arrest.¹⁶⁹

Captagon: the link between synthetics and extra-regional state-based criminal actors

West African trafficking of Captagon, an amphetamine manufactured in the Middle East, emerged in about 2021. Although it remains a limited phenomenon, the close links between Captagon and important armed actors – including Hezbollah, which has significant presence in West Africa – make it a trend of concern.

In July 2024, a consignment of nearly 8 million pills of a drug believed to be Captagon was seized in Sierra Leone.¹⁷⁰ It was believed to be in transit to another region rather than for consumption in West Africa, though onward routings are unclear. This was the most recent in a spate of Captagon seizures in, or bound for, West Africa. Authorities at the Port of Apapa in Nigeria seized

half a million amphetamine pills in 2021,¹⁷¹ while in April and November 2023 Lebanese authorities seized significant volumes of Captagon tablets bound for Senegal and Nigeria, respectively.¹⁷²

Growing pressure by Arab governments on the Syrian regime to stem the flow of Captagon into their territories has been incentivizing Damascus-aligned producers and traffickers – notably including Hezbollah-linked elements – to diversify their trans-shipment routes and target markets. West Africa seems poised to be one of the regions affected by growing trans-shipments, further widening the range of synthetics trafficked through the region. ■



Captagon's links to armed actors in the Middle East makes the amphetamine's presence in West Africa a concerning trend. © Bakr Alkasem/AFP via Getty Images

Cooks

Cooks are key players in synthetic drug markets involving local synthesis (methamphetamine and kush). The need for specialized skills, and at the very least the recipe, makes this a more consolidated node in the market, with slightly higher barriers to entry than for other actors.

Mexican cartels were pivotal in establishing skill sets that underpin West African methamphetamine manufacturing capabilities, reflecting the need for knowledge transfer. In Nigeria, this was evidenced in 2016 by the arrest of four Mexican nationals alongside five Nigerians in the first super lab to be discovered.¹⁷³ Manufacturing methods first tracked in Mexico are now also being tracked in Africa, indicating ongoing skill transfers.¹⁷⁴ Trends in eastern and southern Africa suggest Mexican cartels may remain key partners in regional methamphetamine manufacture.¹⁷⁵ Similarly, the reported dismantlement of a small laboratory in Senegal involved a Chinese national.¹⁷⁶ This may reflect the nature of the laboratory's clients, as Chinese nationals are also reported as significant consumers of amphetamines in Senegal.

Some cooks have formal training, often holding university degrees in chemistry, while others are taught by peers. For example, while discussing a methamphetamine laboratory in Lagos, a dealer noted that 'the guy doing the cooking studied industrial chemistry at a federal university in south-east Nigeria'.¹⁷⁷ Either way, the degree of knowledge required by cooks makes it likely that these are slightly more consolidated nodes in the market, with higher barriers to entry as fewer people have the skills or – arguably more importantly – the recipe and process. Cooks face significant health risks, particularly in methamphetamine markets.¹⁷⁸

Wholesale distributors

At the wholesale distribution level, the synthetic drug market becomes more complex and densely interconnected.¹⁷⁹ Some distributors specialize in a certain drug while others handle several drug types. According to one Nigerian law enforcement official, most criminal actors traffic several substances. The official noted that a recently arrested major dealer of tramadol 'was also fingered for dealing in other drugs like meth ... Most of actors are the same across drugs.'¹⁸⁰

Retail dealers

The retail distribution marketplace is yet more crowded. Key figures are actors who own places where drugs can be consumed – known as cartels or hideouts in Sierra Leone and *fumoirs* in Côte d'Ivoire. These individuals are typically deeply embedded in communities and often have personal connections to those with power to ensure a degree of protection for the consumption space. One PWUD in Abidjan noted: 'The head of the *fumoir* often pays the police,' to avoid raids and to release PWUD if they are arrested.¹⁸¹ Some consumption spaces have relatively fixed supply lines, traceable back to one wholesale distributor or a small number of importers or owners.

Distribution also takes place through a dispersed network of retail dealers who sell directly to PWUD. Some retail networks work for larger wholesale distributors, selling drugs in a particular territory on their behalf.

Gangs are deeply involved in distribution of synthetic drugs in several countries across the region, including Nigeria and Sierra Leone. In central and northern parts of Nigeria, street gangs are increasingly linked to tramadol distribution. Sara-Suka gangs, for example – traditionally associated with armed robbery, burglary and theft – started penetrating the drug market in Jos in 2020 and by 2022 were key players.¹⁸² Initially, they were involved only in cannabis but they have expanded into tramadol and other medical products such as codeine.¹⁸³ In Kano, a regional market for drugs, especially tramadol and cannabis, the Yandaba gangs – also involved in political violence during election periods – control the distribution of tramadol and other illicit drugs.¹⁸⁴ These phenomena are not exclusive to the north; in the south-western city of Ibadan, street gangs known as 'area boys' and cultists are involved in the distribution of tramadol across motor parks in the areas of Beere and Ojee.¹⁸⁵

In Sierra Leone, gangs first emerged from combatant structures in the civil war and largely provided informal security for politicians while also operating in criminal markets. By the 2010s, three key gangs – So So Black, Cent Coast Crips and Members of Blood – dominated the urban underworld. Since 2016, however, significant government pressure on predominantly opposition-aligned gangs has substantially weakened their structures. Many gang members have instead turned to distribution of drugs, most prominently of kush. Nearly all well-known commanders are now involved in the kush trade. Kush distributors and cartel owners (linked to several drug markets) include former gang leaders or members, particularly in Freetown neighbourhoods such as Portee, Aberdeen and Brookfields. For many, kush trading replaced violence, offering a steadier and less risky source of income.¹⁸⁶

There have been significant concerns that Sahelian and Nigerian armed groups may also be involved in trafficking tramadol and other pharmaceutical products. There are reports of armed groups transporting tramadol in Mali,¹⁸⁷ and armed groups in other areas, such as Chadian former mercenary groups in northern Niger, either working as transporters, or being paid by traffickers for protection of consignments transiting the areas they control. However, broadly speaking the criminal networks trafficking synthetic drugs across the Sahel and Nigeria do not neatly overlay with armed group membership. Instead, the most important role of armed groups appears to be as significant consumers of some synthetic drugs.¹⁸⁸

Tramadol: straddling illicit drug markets and pharmaceuticals

A significant proportion of tramadol in West African retail markets is of dosages far exceeding those regulated for medicinal use, or of derivative mixtures which have no legal use. For these, the supply chain is criminalized from the point of manufacture.

Imports of tramadol and its derivatives are often large, in some cases exceeding a tonne, and facilitated by actors operating at scale. For example, a BBC Eye investigation made public in January 2025 identified an Indian pharmaceutical company exporting millions of pills containing harmful tapentadol-carisoprodol mixtures branded as Tafrodol, TimaKing and Super Royal-225 to West Africa, including via Ghana.¹⁸⁹ The company has denied allegations of any wrongdoing.¹⁹⁰ Governments in both Ghana and India have taken action following the investigation.¹⁹¹ The company was not the only one reportedly operating in this manner.¹⁹²

Large-scale importers in West Africa have established links in countries of manufacture, at the point of import, and for onwards distribution. In some cases, these actors leverage the West African diaspora in producing countries or are connected by the Asian diaspora in West Africa.¹⁹³ Large-scale actors involved in illicit tramadol trafficking can also be involved in trafficking other medical products.¹⁹⁴ They are often businessmen involved in a wide range of commerce, sometimes with links to political structures that provide protection.¹⁹⁵

Some tramadol is distributed through supply chains which overlap with those of other drugs. In Nigeria, for example, the same networks that previously sold cannabis and tramadol have expanded into methamphetamine over the past three years.¹⁹⁶ Similarly, smuggling networks handling contraband items such as rice, frozen foods and stolen cars are also key players in smuggling tramadol over land borders by concealing it within other supplies.¹⁹⁷

Tramadol is also distributed by actors more closely linked to pharmaceutical markets and the trafficking of medical products. Pharmacies are part of the distribution networks for tramadol, including dosages that are higher than approved amounts. Informal sellers of medical products, who do not supply other drugs, are also common tramadol distributors in some countries, including Benin and Togo. Women are often more prominent in the sale of tramadol and other pharmaceuticals than in other drug markets. At the retail level, markets such as Cotonou's Dantokpa and in particular the Adjégounlè corner commonly known as Benin's open-air pharmacy, are key trading spaces for tramadol and other pharmaceutical products. However, the trade has become less visible in many countries after law enforcement crackdowns, including in Benin. ■

Protection of synthetic markets

Protection of the synthetic drug market is more fragmented, and in many cases less high-level, than protection of cocaine markets in West Africa. In the words of one law enforcement officer, 'The level of corruption with cocaine is higher; when you catch a trafficker with cocaine, he offers you huge sums. For ecstasy seizures, the sums offered are lower.'¹⁹⁸

Evidence points to predominantly local protection structures – concentrated around points of entry and exit, and spaces used for cooking, distribution and retail – rather than political protection at a national level. This may reflect the more fragmented nature of synthetic drug markets but also their reputationally toxic nature, given widespread regional harms. Higher-level protection, however, is far more clandestine, and greater scrutiny is required to test this hypothesis.

This is different for the tramadol market, where actors are often large-scale and therefore able to purchase high-level protection. In N'Djamena in June 2019, for example, three senior officials of the Chadian Ministry of Foreign Affairs were reportedly arrested after attempting to free a Chadian national arrested in Benin following the seizure of containers of tramadol at the Port of Cotonou four months earlier.¹⁹⁹

Across synthetic drug markets, protection at points of entry is critical.²⁰⁰ Maritime ports and airports frequently have a strong presence of people with political connections, and senior figures are often replaced upon changes of power. In several maritime ports in the region, some arriving containers are escorted out by non-port security. While it is unclear what they contain, some are believed to be linked to drugs, including tramadol and kush.²⁰¹ Higher levels of protection are particularly common for larger volumes imported by sea. One government official at a maritime port in the region noted: 'Importers are the big risk; they have the money and can buy collusion. People have tried to bribe me many times [including in the context of a large tramadol seizure in a container]. Shipping lines are clearly colluding.'²⁰²

Research identified corruption at maritime ports at different levels. For example, a senior official in Freetown was reportedly paid in kush to turn a blind eye to bulk imports. His family then helped distribute his payoff. This individual no longer works at the port.²⁰³ However, corruption is also widespread at a far lower level, with poorly paid longshoremen and dock workers particularly vulnerable to bribery to turn a blind eye during physical screening.

Decentralized protection is also key to the synthesis, distribution and retail phases of synthetic drug markets, provided predominantly by local law enforcement officers at different levels of the hierarchy.

The vulnerability of cooking facilities to disruption means protection often plays a key role here. In Sierra Leone, protection from senior police figures for kush manufacturing sites has been well evidenced. As someone from a cooking team said, 'Anybody doing this needs a connection with the police.'²⁰⁴ This was less commonly reported in Nigeria, with production facilities becoming increasingly clandestine.

Protection also happens in distribution, and is particularly visible at retail level for individual dealers and drug consumption spaces. Arrested dealers are regularly quickly released upon payment of bribes²⁰⁵ and many consumption spaces are known to be protected by local police officers – in some cases at senior levels in the hierarchy.²⁰⁶

Corruption at other points in the criminal justice system – including among prosecutors and the judiciary – also facilitates impunity of criminal actors at different points in the synthetic drug hierarchy.

EMERGING TRENDS

Growing role of online platforms in drug markets, particularly at wholesale level. The digital revolution has played a pivotal role in the evolution and expansion of drug markets. With increasing internet penetration across Africa,²⁰⁷ virtual marketplaces on the surface and dark web have become crucial hubs for the synthetic drug trade.²⁰⁸ Precursor chemicals and finished products can be easily purchased online, and subsequently imported in small quantities by air, land or sea. This method of online purchase and shipping has become a significant contributor to the local availability of synthetics, allowing for a decentralized and fragmented market that is difficult for law enforcement to track and dismantle. The targeting of regional online platforms by criminal networks in Asia selling precursors and synthetic drugs – most prominently synthetic cannabinoids and nitazenes – is a trend of particular concern.

Increasing reliance on postal and courier services for importation. Small-volume, high-frequency shipments are often subject to less stringent screening than other import channels, providing a loophole for smugglers who lack the resources to purchase protection or corrupt officials. This tactic facilitates a steady flow of synthetic drugs and their precursors into the region. The small amounts of precursors, or pure synthetic compounds, required to produce large volumes of retail product also make postal courier services an attractive trafficking mechanism for the synthetics market. To counter this, enhancing surveillance and interdiction capabilities at West African airports and improving international cooperation could be effective strategies to disrupt these air freight connections. Europe and Asia have been identified as prominent export hubs for synthetic drugs found in West Africa, highlighting the global nature of this challenge.

Diversification of substances on West Africa's retail markets, including unidentified compounds. The West African drug market is characterized by a growing diversification of available substances, including a proliferation of synthetic cannabinoids, stimulants such as MDMA and methamphetamine, and opioids. The appearance of amphetamine-type stimulants in places such as Ghana signifies an important shift in the region's drug landscape.²⁰⁹ Furthermore, the emergence of unidentified synthetic compounds, such as the substances known as 'snooth' in Guinea-Bissau and 'Ghana dust' in Sierra Leone, presents a specific and urgent concern. Drug cocktails are becoming an increasingly prevalent element of regional synthetic drug markets. They include, for example, a mixture known as 'gutter-water' in Nigeria, reportedly containing tramadol, Rohypnol and alcohol, among other substances.²¹⁰ Similarly varied concoctions including tramadol are also reported in Côte d'Ivoire. West Africa's retail markets are likely to see the emergence of a growing range of synthetic compounds – as also indicated by the diversity of precursors being advertised on regional online platforms.

Increased morbidity and mortality related to synthetic drug contamination and consumption. Of particular concern to regional health authorities as the presence and use of synthetic drugs increase is the sharp rise in morbidity and mortality linked to drug consumption and contamination. These substances are placing severe strain on the capacity of public health systems across West Africa to mitigate their harms. The unregulated nature of these substances, and their often unknown presence, has resulted in a growing number of fatal overdoses and complex poisoning cases that regional emergency and primary care services are poorly equipped to manage. Associated increases in mental health disorders, trauma and the spread of infectious diseases – which divert already limited personnel, supplies and funding from other essential health services – compound the strain on poorly resourced health services.

Fragmentation of the criminal landscape. The proliferation of synthetic drugs is fundamentally reshaping the criminal landscape in West Africa, leading to a significant fragmentation of the traditional drug market. This shift is largely driven by the lowered barriers to entry associated with synthetic drugs; unlike traditional drugs that require extensive logistical networks for cultivation, processing and transportation across continents, synthetics such as methamphetamine and fentanyl can be produced in small, clandestine labs with precursor chemicals

that are often easier to obtain. Furthermore, the rise of online platforms, including encrypted messaging apps and darknet markets, has democratized access to production knowledge and the substances themselves. This allows smaller, more agile criminal entrepreneurs to enter the market, operate with greater anonymity and distribute products directly to consumers, bypassing traditional trafficking hierarchies and presenting a more complex and decentralized challenge for law enforcement agencies to monitor and disrupt.

Innovative tactics for evading detection by producers of synthetic drugs. Producers of synthetic drugs are developing new tactics to avoid detection, disruption and prosecution. These tactics are making it harder for law enforcement and public health agencies to locate, attribute and dismantle production networks. For example, key innovations by methamphetamine producers include mobile laboratories and box laboratories. Mobile laboratories – small, transportable production setups hidden in vehicles – allow production to move quickly and use varied locations. Box laboratories can be assembled for a short production run then taken apart and removed or destroyed, leaving fewer long-lived traces at a site.

CHALLENGES TO AN EFFECTIVE RESPONSE

The capacity of law enforcement agents to detect, identify and seize are greatly hampered by the diversity of synthetics now available in West Africa, and the African continent more broadly, and particularly precursors (scheduled and unscheduled) with licit and illicit uses. Frontline law enforcement officers face significant challenges in determining whether a substance is legal or illegal, or even identifying a substance once it has been detected.²¹¹ These challenges have been repeatedly raised by law enforcement representatives from across West Africa, South Africa and elsewhere.²¹²

Many countries lack testing facilities able to detect newer synthetic substances, beyond methamphetamine and ecstasy. Even where the equipment and technical capacities exist, some laboratories are operating below capacity, as widespread testing has not been fully integrated into law enforcement and investigative processes, nor into public health services (whether provided by the state or civil society). The requirements for forensic testing of evidence as part of judicial proceedings, to ensure that samples are admissible in court, strengthen the links between forensic laboratories and the broader criminal justice chain. These requirements are in place in several countries. However, they risk distorting justice in contexts where testing capacity is inadequate. Further, the approaches used by many laboratories in the region – which conduct confirmatory testing for the most common types of drugs on the market – are not designed to detect new substances. This lack of exploratory testing approaches makes it likely that new synthetic substances are not identified. This reflects – in different countries – limitations in equipment, technical capacity or merely routine approaches adopted. Thus, there is a significant and worrying knowledge and response gap between what is being tested and what is being reported in retail markets. This results in official datasets that fail to capture the changing drug landscape, and present a distorted picture of synthetic drugs in West Africa.

The increased diversity of new synthetic substances also poses an elevated health risk (as with Tafrodol), as health professionals struggle to understand and respond to their potential health consequences. Drug markets evolve to include myriad novel synthetic substances among their inventories, and in many cases market these substances as something other than what they are. In kush markets, only after testing conducted in 2024 were countries able to leverage stocks of naloxone – which can reverse opioid overdoses, including from nitazenes, a key component in kush – as part of the health response. Prior to this, ignorance about the composition of kush made tailored public health responses impossible.

Focused law enforcement responses on particular synthetic drugs can encourage the emergence of new compounds – derivatives or entirely unrelated – which can more easily evade enforcement measures. Illustratively, from the mid-2010s many countries in West Africa significantly ramped up enforcement efforts against tramadol markets,²¹³ and in 2018 India enacted regulatory reform to restrict unauthorized exports. A range of tramadol derivatives with even worse health effects – most commonly those based on tapentadol, often mixed with other harmful chemicals such as carisoprodol – entered the market.²¹⁴ Despite its risks – including potential coma or death – tapentadol is unscheduled in many West African jurisdictions, complicating enforcement. Tapentadol is now more common than tramadol in many West African countries.²¹⁵ Tweaking the chemical composition of synthetic drugs to evade regulation is a common tactic of criminal networks. Minor changes can make drugs harder to identify through visual checks and chemical testing, and chemists have an ‘almost infinite scope to alter the chemical structure’²¹⁶ of synthetic substances, with regulations governing supply chains of certain chemical compounds – such as tramadol – quickly evaded by new compositions.

Where responses to illicit drug markets drive up the price of a specific drug, this often opens a window for other, unrelated synthetic drugs at a lower cost. In Agadez, Niger, retail prices of tramadol rose significantly in response to crackdowns, from roughly €0.30 in 2010 to as high as €3.80 by 2023.²¹⁷ In turn, dealers reported

moving away from tramadol to diazepam, which has not been classified as an illicit substance in domestic legislation.²¹⁸ In Sierra Leone, the increased price of tramadol after enhanced regulatory efforts from 2018 may have been a contributing factor to the fast-paced expansion of kush, which gained traction from 2018 onwards.²¹⁹ These new entrants have sometimes been far more harmful to health than their predecessors.

The pernicious consequences of law enforcement supply-side responses to criminalized substances are well documented, particularly as they relate to the exacerbation of health-related harms to PWUD, community-based violence and social instability.²²⁰ Widespread arrests, raids and police operations predominantly affect the most visible elements of the market. This means disproportionate harms accumulate towards the lowest rungs of the criminal market hierarchy: lower-level players and PWUD. According to one seller in Agadez, '[The police] do raids but they only pick up small consumers to send them to jail.'²²¹ Sellers and traffickers who have paid bribes are unaffected. These issues have arisen time and again as enforcement agencies struggle to implement supply-reduction measures while new illicit substances continue to emerge, traditional drug transit markets transform to drug consumption markets, domestic criminal groups grow to embrace drug trafficking as an economic enterprise, and illicit financial flows from these markets undercut the resilience of national governance institutions.²²²

Criminal drug markets frequently shift supply points when an original site of cultivation or production is disrupted. Relocation of manufacture is particularly simple for synthetic drugs. Precursor supply chains are easily re-routed, and know-how is increasingly mobile in a globalized world. When political pressure forced China to restrict fentanyl supply chains that started from industrial pharmaceutical production within its borders, synthesis enterprises quickly shifted to Mexico, where cartels faced increasing government pressure seeking to disrupt the flow of cannabis and methamphetamine.²²³ The relocation of a portion of methamphetamine manufacture from Mexico to Nigeria is another example of the flexibility of precursor supply chains and the ease of knowledge sharing;²²⁴ as is the emergence of Pakistan as a manufacturing node for tramadol after enhanced government pressure in India.

The prominence of online platforms as crucial nodes in the trafficking of synthetic drugs, as highlighted by preliminary open-source intelligence (OSINT) noting the expansion of wholesale online drug markets on the surface web in West Africa, poses further challenges for regional law enforcement agencies, which often lack specialized training for investigating and disrupting cybercrime. Similarly, cryptocurrency is an increasingly recognized method of moving drug profits and presents similar investigative challenges.²²⁵

CONCLUSION AND RECOMMENDATIONS

The rise of synthetic drugs in West Africa is evolving into a complex regional threat, representing a critical challenge to public health, security and social stability across the region. The preceding analysis has detailed how low barriers to entry, the anonymity of online markets and the high-profit, low-capital nature of synthetic drug production have fundamentally fragmented and democratized the illicit drug trade. This shift has empowered a new and more diffuse generation of criminal entrepreneurs and flooded local markets with a diverse and dangerous array of new, unseen and often unforeseen substances. The result is the foundation for a rapidly evolving challenge that traditional law enforcement and public health models, designed to combat hierarchical, plant-based drug trafficking networks and their traditional substances, are not equipped to handle. The public health and societal harms caused by some synthetic drugs – prominently including methamphetamine and synthetic opioids – are multiplying.

The ability of the region to respond to synthetic drug markets appears to be dangerously lagging behind its rapid expansion. While many governments are beginning to recognize the severity of the threat and considering essential legal and policy reforms such as alternatives to incarceration and updated legislative frameworks for new psychoactive substances, the on-the-ground reality in many countries is grim. Critical drug-testing capabilities are severely limited, leaving authorities and health officials largely blind to the chemical compositions of substances circulating on their streets. This information gap creates a major obstacle to developing effective public health messaging, clinical interventions and targeted law enforcement strategies. The picture is further complicated by a scarcity of resources for drug treatment and rehabilitation, leaving a growing user base, particularly among the youth, without adequate support.

Addressing synthetic drug markets in West Africa requires immediate, consolidated and strategic regional leadership. No single nation can effectively combat a threat that is so fluid, transnational and technologically enabled. The way forward must be built on a foundation of evidence-based, coordinated responses that transcend national borders. This necessitates significant investment in forensic capacity, the sharing of intelligence on trafficking routes and online suppliers, and the harmonization of legal frameworks. Crucially, it demands a balanced approach that enhances law enforcement's ability to disrupt the trade while simultaneously scaling up public health infrastructure to treat addiction and mitigate the devastating human cost of the evolving synthetic drug landscape. Without such a unified and multifaceted strategy, West Africa risks being overwhelmed by the profound and lasting damage of synthetic drugs.

Recommendations

Towards an evidence-based response

Strengthen information-sharing on synthetic drug markets to underpin regional early warning mechanisms.

It is key to strengthen regional and global intelligence-sharing on synthetic drugs to (i) help countries with established markets exchange lessons and identify new compounds and trends, and (ii) enable countries not yet affected by certain synthetic drugs to act quickly to prevent market expansion.

This includes greater information exchange between forensic laboratories and law enforcement on synthetic drugs across West Africa. It is essential to strengthen partnerships between different regional forensic laboratories and enhance platforms for exchange. Ensuring comprehensive reporting to WENDU of all countries in West Africa is key to enabling the organization to develop and publish more comprehensive data, and for developing credible regional drug consumption statistics. The 2023 report noted a sustained fall in the number of countries reporting to WENDU since 2019 – a concerning trend.²²⁶

Enhancing information exchange internationally is also key, and platforms such as the Global Coalition to Address Synthetic Drug Threats (US-led), UNODC and International Narcotics Control Board (INCB) databases are central to this effort. Data sharing by West African states – even where the data exists – with international data platforms is limited, contributing to the opacity of regional drug markets.

Build West African capacity for detection and control: enhance national capabilities and strengthen intra-regional sharing of samples. Many West African states urgently need improved chemical analysis and drug-testing capabilities. Equipment upgrades should go hand in hand with training to ensure proper use. Simple measures such as sharing updated spectrometer libraries can have a major impact at low cost. Without wider testing capacity, governments cannot monitor markets or base policies on evidence. As an interim step, immunoassay test strips for fentanyl, nitazenes and other synthetics should be provided to enforcement and civil society actors. Reliable testing also helps trace supply chains and inform supply-side interventions.

As resources are limited, countries should make better use of regional sample-sharing mechanisms that exist but remain underused to send samples to the stronger laboratories in the region, some of which continue to operate under capacity.

Building front-line law enforcement capacity must occur in parallel so seized drugs reach laboratories for analysis. Ensuring investigations into synthetic drug trafficking networks do not cease upon the point of seizure, but trace drug supply routes and dynamics, can support a more informed response.

Expand data sources to strengthen the evidence base. To complement formal monitoring systems, more field research and drug testing are needed to capture retail market trends and guide public health and regulatory responses. The focus should be substances causing the most harm and aligning with regional priorities. Community testing approaches offer one avenue towards building a more accurate picture of retail drug markets, and for shaping data collection around the priorities of PWUD and communities.²²⁷ Broader collaboration among governments, civil society and international partners will help overcome fragmented data and enable evidence-based decision-making.

Conduct regular threat assessments. Fragmented and sometimes discordant understandings of the threat posed by synthetic drug markets are an obstacle to building a coordinated response. Regular threat assessments that are widely consulted on to establish consensus are a critical element of building a shared understanding of the threat, which is essential for a more unified response. In parallel with state-led data collection initiatives, efforts should be made to strengthen complementary civil society data collection and monitoring.

Disrupting supply chains

Enhanced scrutiny of exports in Europe and Asia: maritime ports, airports and postal couriers. Greater scrutiny is needed of international supply chains towards West Africa – particularly for exports from Europe and Asia, where containers, vehicles and personal shipments are used to traffic synthetic drugs. Export inspections, particularly in China, India and at European ports and airports, must be strengthened.

Public private partnerships with courier and air freight companies, and online platforms. Air and postal freight as major and growing trafficking modalities for synthetic drugs require tighter controls. A potentially promising avenue for effecting this across the supply chain is through public-private partnerships. Courier companies and airlines should enhance screening at export and import points, working with national authorities to detect synthetic and new psychoactive substances.

Similarly, preliminary open-source intelligence analysis indicates significant advertising of illicit drugs and precursors on surface-level websites. Governments should enhance relationships with ecommerce sites to support a more active role in sharing actionable intelligence, identifying illicit activity and removing illicit content.

Addressing legislation in West African countries

While difficult and potentially slow, flexible and dynamic legal architecture is still required to underpin law enforcement responses to synthetic drugs. As the chemical composition of substances can be quickly adapted, their makeup is dynamic, meaning legislation is often outdated when new substances pose a challenge to law enforcement action.

For countries with limited resources, a strong approach is the adoption of a naming system which schedules whole families of drugs rather than the specific core chemical structures, which can be expensive to identify.²²⁸ West African states should scrutinize legislative frameworks to ensure they appropriately underpin action against synthetic drugs currently on the market, and their derivatives, crucially including the wider family of nitazenes and synthetic cannabinoids.

Harmonization of member state regulatory frameworks is also key to a regional response. The African Union's 2023 continental technical experts consultation on strengthening synthetic drug supply reduction has recognized this as a goal.²²⁹

Mitigating the harms of synthetic drug consumption

Increase availability of and access to treatment and support programmes, including enhanced access to opiate substitution. Access to quality treatment for PWUD seeking support is a key challenge across West Africa. Voluntary treatment options must be expanded and strengthened. The growing harms driven by synthetic opioids mean opiate substitution therapy is a pivotal element of the response. Legislative reform is required in many countries to provide the legal architecture for such programming.

Increase access to opioid antagonistic drugs such as naloxone. Naloxone, a pharmaceutical opioid antagonist typically used to treat the effects of opioid overdoses, is effective in reversing nitazene overdoses. Large or repeated doses might be required for naloxone to be effective.²³⁰ Consequently, as part of the regional public health response to synthetic opioids there is an urgent need to increase the availability of naloxone, including at first-responder organizations (including civil society) and hospitals, and to train stakeholders in its use.

Drug policy reform, including alternatives to incarceration for PWUD. States globally and across West Africa are rethinking approaches to regulating drug markets premised on prohibition and incarceration. Ghana spearheaded regional drug policy innovation in 2020 when it implemented reforms to drug legislation that introduced alternatives to incarceration for PWUD. While flawed, this legislation is a significant step forward in mitigating harms to PWUD.²³¹

Although in several countries law enforcement approaches in practice have moved away from incarceration, enshrining this in law would give PWUD more longstanding protection and provide clearer guidance to law enforcement. It is key that legislation distinguishes appropriately between use, possession for use and possession with intent to deal, in a manner which avoids the penalization and imprisonment of PWUD for possessing small quantities of narcotics. Introducing civil penalties for drug use should also be avoided.²³² The Model Drug Law for West Africa published by the West Africa Commission on Drugs in 2018 is a key baseline document for reform.²³³

Strengthen evidence-based prevention, including a key focus on preventing harms. Many communities in West Africa are poorly informed about the range of synthetic drugs available on regional retail markets, and their health consequences. Greater information sharing – in education facilities and beyond – is key to addressing this. Multi-stakeholder partnerships – including governments, but also private sector (pharmacists, health professionals and pharma company representatives, for example) and civil society stakeholders – should underpin efforts. Social media, which is an important information vector in the region, should be a key platform for such messaging. It is key to ensure the programming is evidence-based, and focussed on mitigating associated harms, in line with international protocols.²³⁴

Strengthen availability, access and quality of treatment services available to PWUD, particularly through community-based treatment approaches. While availability of treatment services has in some countries increased over recent years, this has been outstripped by the escalation of drug consumption. The aim should be to provide free access to high quality and ethical community-based or peer-led treatment for PWUD, including women who have historically been particularly under-served by support services who need, and want, it.²³⁵ This includes empowering peer groups and supporting PWUD networks. Approaches that include mandated, court-referred treatment orders should be avoided. The risks pertaining to these have been consistently demonstrated globally.

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