

Empowering youth through collaborative efforts: Addressing kush use and related challenges in Freetown

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About the African Cities Research Consortium and this report

The African Cities Research Consortium (ACRC) is funded by FCDO to explore and develop new modalities for urban programming in the African continent.

Foundational scoping research across city politics, systems and domains identified entry points for action research interventions designed to address complex problems.

For Freetown, this research can be accessed at: www.african-cities.org/freetown

In Freetown, team members identified kush use among young people as a priority for the city. The following report documents their action research project, which was designed to co-create new evidence and potential solutions to the problem alongside key stakeholders.

It is based on ACRC's conceptual framework and theory of change and contributes to our broader learning process. We recognise the organisations that we support as co-researchers in this endeavour.

For more information, please visit: www.african-cities.org

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Key findings

1

The kush crisis in Freetown is driven by socioeconomic vulnerability.

Users of the drug are often male, aged between 15 and 30 and are unemployed or not in education. For these marginalised youth, kush becomes a readily available coping mechanism to alleviate poverty, boredom and stress.

2

Community responses require consistency and peer engagement.

Effective community-led responses include peer support among young people, open family dialogues and school-based awareness campaigns. However, these efforts are often undermined by a lack of continuity and consistency.

3

Supply chain disruption is hampered by corruption.

Law enforcement efforts are weakened by police complicity and corruption, with reports of arrested dealers released after paying bribes. The police should focus on high-level suppliers and traffickers rather than low-level users.

4

A holistic response must provide economic alternatives and accessible health support.

Investing in vocational training, job creation and recreational activities for at-risk youth are all essential. Current health facilities and rehabilitation centres are severely limited, unaffordable and overwhelmed.

5

Sustainable solutions depend on coordinated reform coalitions.

The complexity of the kush crisis requires inclusive reform coalitions that bring together youth representatives, traditional leaders, religious figures, police and NGOs, to build trust and coordinate efforts. Coalitions that build on existing community networks have the greatest chance of success.

Executive summary

This study, supported by the African Cities Research Consortium (ACRC), set out to understand how communities in Freetown are responding to the growing problem of kush use. Kush is a type of synthetic drug that is widely used by young people in Sierra Leone, especially in informal settlements. The study focused on two communities, Kolleh Town and Olosoroh, that show different ways of dealing with the crisis. It aims to learn from community voices and explore how local groups can work together to prevent and reduce drug use.

Using a qualitative comparative approach, the study conducted nine focus group discussions and 15 key informant interviews. Participants included youth users, former users, teachers, bike riders, health workers, law enforcement officers, religious leaders, students and local authorities, ensuring diverse perspectives were captured.

Key findings revealed significant community-driven responses already underway. Peer support, open family dialogues and school-based awareness campaigns emerged as particularly effective. Youth engagement in meaningful activities such as vocational training and employment opportunities was consistently highlighted as critical for preventing drug use. Most kush users identified were young men and women aged 15-30, often unemployed or not in education, using the drug daily as a coping mechanism against poverty, boredom and stress. Easy access and the normalisation of open kush sales further perpetuated its widespread use.

Comparing the two communities, distinct differences emerged: Kolleh Town faced substantial challenges due to entrenched supply networks, limited enforcement and passive attitudes among authorities. In contrast, Olosoroh demonstrated stronger leadership commitment and proactive collaboration between teachers, youth leaders, police and NGOs, aiming to address the issue through education, awareness and behavioural interventions.

Community recommendations emphasised the need for strengthened partnerships between families, local leaders, police and NGOs to ensure a coordinated and sustainable response. Communities advocated practical programmes offering vocational training and job opportunities, alongside accessible health services for addiction treatment. Additionally, they called for peer-led, community-driven awareness campaigns employing relatable methods such as drama, radio broadcasts and group discussions. Strategic investment in local capacities, community collaboration and targeted policy support can amplify these grassroots efforts, shaping lasting solutions to drug abuse in Sierra Leone.

Introduction

Background context

Kush is a street drug that has rapidly gained popularity among youth in Sierra Leone in recent years. While it is often mistaken for marijuana, kush is a chemically altered substance that typically consists of low-grade cannabis mixed with a range of industrial or household chemicals. Contrary to common belief, laboratory testing of samples obtained by government health authorities has found no presence of fentanyl, tramadol or powdered human bone (de Lugo and de Bruijne, 2025). However, acetone, a highly flammable and toxic solvent, has been consistently detected (ibid). In some cases, the drug contains other unidentified substances believed to enhance its potency and extend its psychoactive effects. Kush is inexpensive and readily available, making it highly accessible to unemployed and marginalised youth. Its use is associated with a range of harmful effects, including extreme sedation, organ damage and mental health complications. Produced by criminal networks, this cheap drug delivers a potent, long-lasting high that quickly leads to dependency. While Sierra Leone does not manufacture the psychoactive ingredients that give kush its effects, local criminal gangs run makeshift laboratories throughout the city where "cooks" dissolve the synthetic mixture before spraying the mixture onto marshmallow leaf to create retail-ready kush (Conteh, 2024). The production network spans multiple neighbourhoods within Freetown, including cooking facilities in the Western Peninsula's forests and eastern areas around Portee, with operations also extending to Makeni and towns in the Northern Province. These networks rely heavily on corruption for protection, as cooks pay local police commanders for security, while dealers maintain lookouts and bribe officers for advance warning of raids (Conteh, 2024). Its affordability makes it easily accessible to unemployed youth, fuelling a fast-growing epidemic that is largely urban and decentralised rather than controlled by a single cartel. Sierra Leone's president in 2024 declared a "war on Kush", calling the situation a national epidemic and threat to the country's foundation and its young people. This alarm stems from kush's devastating impact on youth: health officials report young users suffering organ failure, mental health crises and even death on a shocking scale. *"It's making young people drop out of college, and it's having a physical effect on their health. You can see they have swollen feet, they have multiple organ failures, they're involved in crimes,"* warned Sierra Leone's mental health director in 2024 (Cham, 2024). Many youths have died from kush-related complications, prompting mass burials of unidentified victims and a 4,000% increase in drug treatment admissions. Healthcare and rehabilitation services are severely limited, so the burden of this crisis falls heavily on families and communities, who are ill-equipped to respond (Lahai et al., 2025).

Kush use has penetrated deep into Freetown's informal settlements, where dense poverty and lax enforcement create a fertile market. Residents describe kush as pervasive in their communities, sold openly on roadsides and near schools in slum areas, illustrating how readily available the drug has become. In impoverished neighbourhoods, entire alleys are lined with youths slumped in intoxication. The social

fabric is being undermined as families report conflict and neglect, with some parents disowning their addicted children out of despair and stigma. Such situations underscore the human urgency of the kush crisis. Beyond statistics, it is wreaking personal havoc on youth ambitions, family unity and community wellbeing. In Freetown's informal settlements, where poverty and exclusion are already acute, kush is compounding vulnerabilities and creating a new public health emergency (Ogunade, 2025). Youth living in Freetown's informal settlements are particularly vulnerable to drug abuse, due to a confluence of socioeconomic and environmental factors. Unemployment and idleness are consistently identified as major drivers by youth. With formal jobs scarce and many young people out of school or work, boredom and frustration set in, making drugs like kush a tempting escape. Lacking viable livelihoods or constructive activities, jobless youth often turn to kush to cope with stress and hopelessness. Studies show that urban youth unemployment creates *"fertile ground for the escape offered by drugs,"* as kush becomes a readily available coping mechanism for the anxieties of poverty and limited life prospects (Lahai et al., 2025). The lingering trauma of Sierra Leone's civil war, Ebola and Covid-19 outbreaks has further strained young people's mental health, amplifying their susceptibility to substance abuse (Freetown City Council, 2020). In these settlements, everyday life is marked by hardship, overcrowding, violence and a lack of basic services, conditions that can drive youth towards drug use as a form of relief or rebellion. Peer influence and social pressure also play a critical role in initiating youth into kush use. In close-knit slum communities, drug use can quickly become a social norm propagated by friend groups. With kush dealers often being local youths themselves, access is facilitated through existing social networks. This peer-driven spread means that prevention efforts must account for youth culture and group dynamics in the slums.

Compounding these issues are factors like housing insecurity, education gaps and limited health services. Many at-risk youths in Freetown's informal settlements face unstable housing or homelessness. Such risky living situations uproot social support systems and can push young people towards drug gangs for both physical shelter and a sense of belonging. In response, community members have created alternative support structures, such as volunteers from Bombay suburb of Freetown who converted an abandoned building into a makeshift treatment centre, where they confined users to help them detox (Cham, 2024). Educational disadvantage is another concern as school enrolment and completion rates are low in these settlements, and few drug users have access to vocational training or life skills that might steer them away from narcotics. As one analysis highlights, *"weak education systems and inadequate access to mental health services"* exacerbate young people's vulnerabilities to substance abuse (Lahai et al., 2025). Once addicted, slum youth have virtually no access to formal counselling or rehabilitation; the lone psychiatric hospital in Freetown is overwhelmed, and community health facilities rarely have the capacity for substance abuse treatment (Ogunade, 2025). Thus, structural inequalities like joblessness, lack of schooling, poor housing and scarce healthcare create an environment in which Freetown's disadvantaged youth are highly susceptible to the lure of kush.

Confronting the widespread use of kush requires more than top-down crackdowns; it demands community-led action and ownership. Residents and stakeholders in Freetown's slum communities increasingly recognise that sustainable solutions must come from within. Government raids and one-off interventions have had limited effect, as dealers adapt and users migrate, while underlying drivers remain. Distrust of law enforcement is common, as community members suspect some police and local authorities of corruption or complicity in the drug trade. This erodes the credibility of external, top-down measures. Likewise, NGO campaigns or government sensitisation visits have often been sporadic and short-lived. Such experiences underscore why a more participatory, locally grounded response is imperative. Community leaders, youth, parents and grassroots groups are on the frontlines of the kush crisis and are best positioned to observe its nuances, intervene early and sustain pressure over time.

There is a growing consensus at the community level that collective action and reform coalitions are needed to combat kush, calling for united efforts that bring together all local stakeholders, youths, chiefs, religious leaders, elders and even reformed users in a coordinated fight. This vision of a community-based reform coalition involves not only cracking down on local dealers but also providing peer support and alternatives for users, as peer-to-peer engagement has shown a promising impact. A multifaceted approach that includes community members taking bold steps, like introducing local by-laws against kush and organising youth patrols to discourage public smoking. These grassroots measures, while sometimes rudimentary, demonstrate a willingness at the neighbourhood level to tackle the problem directly.

Community-led approaches offer cultural resonance and continuity that external programmes often lack. Local reform coalitions can leverage existing social structures, such as bike riders' union, faith groups and tribal associations, to spread anti-drug messaging in ways that connect with youth values and language. They can also maintain consistent outreach through mentorship, sports and group discussions that keep at-risk youth engaged, as opposed to one-off workshops. International agencies and the Sierra Leonean government have recognised this imperative: the World Health Organization, for instance, emphasises community engagement and youth organisation partnerships as central to the national action plan on kush. By supporting community-level reform coalitions, interventions can be better tailored to local realities and can build trust with those most affected.

Study rationale

Despite the severity of the kush crisis, there is a notable knowledge gap in understanding how local community dynamics can be harnessed to address it. Much of the existing research and public discourse has focused on the drug's composition, the scale of abuse, and national-level responses. While these perspectives are important, they often overlook the granular, community-level realities that fundamentally shape outcomes. Little has been documented about how informal settlements in Freetown are organising themselves, or struggling to, in response to kush, what informal support systems or norms have emerged, and how trust and cooperation can be built among

local stakeholders, who may have different interests. This study addresses that gap by examining the problem from the inside out: it centres on the experiences, actions and insights of community members in two affected settlements, rather than viewing them only as recipients of outside intervention. By doing so, it aims to uncover context-specific strategies and obstacles that top-down approaches may miss, such as the role of local influencers like ex-users, youth leaders, the impact of community rumours or beliefs about kush, and the informal rules governing drug sales in the slums.

Furthermore, there is comparative value in analysing two contrasting communities – Kolleh Town and Olosoroh – within Freetown’s urban landscape. These neighbourhoods differ in their social make-up and prior exposure to interventions, offering a chance to identify both common patterns and unique, context-dependent factors. Kolleh Town, for instance, is a long-established informal settlement near the main dumpsite, with a history of flooding and government neglect, whereas Olosoroh has distinct leadership and youth group structures. By comparing a community that has some emerging grassroots initiatives with one that might have fewer organised responses, the study can bring out what enables or hinders effective reform coalitions. The two-case approach strengthens the analysis by ensuring findings are not isolated to a single locale. Instead, recommendations can be drawn that are sensitive to variability between communities, recognising that there is no one-size-fits-all model, yet there are shared principles that can be adapted. This comparative lens directly contributes to the development of reform coalition strategies, as it reveals how different local conditions impact the viability of community-driven solutions.

The rationale for this research is to inform more holistic and sustainable responses to kush’s widespread use by putting community perspectives at the forefront. It builds on the idea that effective drug policy in low-resource urban settings must integrate community approaches alongside national initiatives. The study will bring out practical knowledge on how reform coalitions can be nurtured, and how youths, community leaders and allies can unite around shared goals of prevention, rehabilitation and advocacy. This insight is useful for policymakers and donors aiming to support locally led changes. It moves beyond generalised calls for community engagement by detailing what that looks like on the ground: the challenges of coordination, the resources needed and the successes that home-grown efforts have achieved despite the odds. In doing so, the study contributes evidence that community-level action is not only possible but essential, complementing law enforcement and public health measures with the social capital, contextual awareness and persistence that only communities themselves can provide.

Research context

Freetown’s informal settlements form the backdrop of this study, an environment characterised by both vibrancy and vulnerability. Low-income informal settlements account for roughly 36% of all settlements in Freetown, with a 2019 survey identifying 68 distinct informal communities scattered along coastlines and hillside slopes (Macarthy et al., 2024). These settlements, including Kolleh Town and Olosoroh,

historically grew as unplanned areas for the low-income and migrant city dwellers, especially in the aftermath of Sierra Leone's civil war and rural economic decline. Residents typically occupy makeshift housing in crowded and poor infrastructure conditions, many along flood-prone dump sites, steep eroded hills or swampy coastal areas. Because tenure is often insecure, basic services, such as water, sanitation, electricity and waste management, are scarce or entirely absent (Macarthy et al., 2024). Residents rely on informal work and are highly vulnerable to economic shocks (ibid). Youths grow up amidst constant instability: schools and clinics are few, and recreational facilities are virtually non-existent. These conditions have a direct bearing on the kush problem – densely packed neighbourhoods make illicit drug sales harder to police, while the absence of safe spaces leaves idle youth congregating in street corners and makeshift ghettos, where drugs circulate freely.

Previous interventions in Freetown's drug crisis have met with mixed results, revealing important shortcomings. The government's initial responses centred on security and enforcement, declaring a state of emergency on drug abuse, ramping up arrests of dealers and empowering the National Drug Law Enforcement Agency to crack down on trafficking. These actions, while signalling political will, faced challenges of capacity and corruption, as noted earlier. Thousands of young people were arrested during raids, yet prosecutions were rare, and the supply routes adapted, indicating that enforcement alone did not stem the tide. Recognising the limits of punitive measures, authorities and civil society have attempted more holistic approaches. In late 2023 and 2024, public awareness campaigns like "Anti-Kush" were launched, and Sierra Leone's government convened high-level multistakeholder forums to coordinate action (Lahai et al., 2025). In April 2024, a town hall meeting brought together over 500 stakeholders, from the vice president and cabinet ministers to the police chief, health officials, UN agencies, NGOs, traditional chiefs, religious leaders and youth representatives, all pledging a united front against kush (Madlyn, 2024). This reflects an understanding that the crisis requires cross-sector collaboration. The Ministry of Health has started integrating drug treatment into its services and partnering with NGOs to expand outreach. International partners like WHO are supporting these efforts with technical assistance, emphasising strategies such as community engagement, youth employment programmes and mental health support (Reffell and Conteh, 2020).

Despite these efforts, gaps remain in the community response. Many prior initiatives have been short-term or pilot projects that did not fully penetrate the informal communities most affected. For instance, youth in Kolleh Town recall sporadic NGO visits and donor-funded workshops that failed to gain traction after the initial engagement. Law enforcement operations are weakened by local corruption and the adaptive nature of the drug market. Moreover, some stakeholders who ought to be part of the solution, such as community chiefs or area politicians, have at times been accused of turning a blind eye or even profiting from the trade. This complex stakeholder landscape means that any lasting solution must negotiate local power dynamics carefully. A successful reform coalition at the community level would need to align diverse stakeholders toward common goals, building trust and clear roles.

This study is one of both acute need and latent potential. On one hand, Freetown's informal settlements, like Kolleh Town and Olosoroh, are under pressure from kush, contending with extreme poverty, an overwhelmed state and social strain. On the other hand, these communities harbour resilience and initiative, evidenced by residents' willingness to confront the problem through local by-laws, and advocacy when given the chance. By examining two community case studies, the research will shed light on how a reform coalition can take shape in practice, navigating constraints to harness the community's own strengths. The findings aim to guide policymakers, donors and practitioners in supporting community-driven solutions that complement broader policies, ensuring that the fight against kush is waged not only in conference rooms, but in the streets and homes of Freetown's communities, where it ultimately must be won.

Methodology

Study area

This study was conducted in two informal urban settlements in Freetown – Kolleh Town and Olosoroh. Both communities are low-income, densely populated areas where residents face significant poverty and have very limited access to basic services. Despite these similarities, the two sites represent contrasting local dynamics in relation to the kush problem:

Kolleh Town: This community has gained ill repute as a local hub for kush production and open distribution. The area operates with minimal formal infrastructure or public services, creating an environment where the illicit drug trade can flourish relatively unchecked. Community structures in Kolleh Town are weak, and the prevalence of kush-related activities is high, making it a focal point for understanding supply-side dynamics of the crisis.

Olosoroh: By contrast, Olosoroh is similarly impoverished but benefits from stronger community leadership and tighter social networks. This community has a greater collective readiness to pursue reforms and anti-drug initiatives. Local leaders and organisations in Olosoroh have previously engaged in drug abuse prevention efforts. This makes Olosoroh a suitable case for examining how social cohesion and proactive leadership can facilitate community-led responses to the kush crisis.

Selecting these two sites, one characterised by active drug production and distribution, and the other by robust community solidarity, the research can compare different ends of the spectrum. This comparative approach provides insights into both the economic drivers of kush in a production hub and the community mobilisation potential in a socially cohesive setting.

Qualitative approach

The study employed a community-based, qualitative research design to understand kush use and community responses in Kolleh Town and Olosoroh. A combination of focus group discussions (FGDs) and key informant interviews (KIIs) was used to gather diverse perspectives from each community. Fieldwork was conducted in close collaboration with local stakeholders to ensure cultural sensitivity and community trust. The qualitative approach allowed participants to openly share their experiences, perceptions and suggestions regarding the kush problem.

Data collection

A total of nine FGDs and 15 KIIs were conducted across the two communities. The interviews and discussions provided a rich qualitative dataset. The FGDs and KIIs were designed to include a broad range of participants, ensuring that various community voices were heard.

Focus group discussions (FGDs): FGDs were facilitated with diverse groups of community members in each study site. Participants were grouped to encourage open conversation among peers. Focus group participants included:

1. Secondary school teachers and educators, who could speak to the impact of kush on youth and schooling.
2. Current and former kush users, to gain firsthand insight into usage patterns, motivations and challenges in quitting.
3. Individuals with special needs, to understand if and how kush use and its effects intersect with vulnerable populations.
4. Okada¹ riders, representing young working adults who often witness or experience drug use in the community.

Each FGD was semi-structured, guided by open-ended questions about community drug issues, observed effects of kush, and existing or potential community responses. This format enabled participants to interact and build on each other's points, revealing common experiences and differing opinions within the community.

Key informant interviews (KIIs): KIIs were one-on-one interviews with individuals holding leadership or service roles related to the community's drug situation. Key informants were selected for their expected insights into the kush issue and ongoing response efforts. They included:

1. Community health workers (CHWs) who have treated or counselled individuals affected by kush, providing a health-sector perspective.
2. Local police officers and representatives from the National Drug Law Enforcement Agency (NDLEA), who could discuss law enforcement challenges and actions regarding kush.

¹ They are informal motorcycle operators who provide transportation in areas where cars struggle to reach or places with poor road networks, narrow or congested streets. They are also used to travel fast and avoid traffic.

3. Local councillors and community leaders, who could describe community-level initiatives, policies or obstacles in addressing the drug problem.
4. Other relevant stakeholders, such as NGO representatives and social workers active in the area, if present, to incorporate perspectives on rehabilitation and social support.

All interviews and group discussions were conducted in the local language to ensure participants could express themselves comfortably. Ethical research practices were maintained throughout, including informed consent, confidentiality and sensitivity to participants' wellbeing, given the potentially distressing topic of drug abuse.

Data analysis

All FGD and KII interviews were audio-recorded and later transcribed verbatim to facilitate thorough analysis. The research team utilised a thematic coding framework to systematically analyse the qualitative data. A coding codebook was developed collaboratively after an initial review of several transcripts. This codebook defined key themes and sub-themes emerging from the data. Major themes were extracted from the coded data, and patterns or differences between the two communities were identified.

To strengthen the validity of the findings, the team engaged in triangulation. This involved comparing the primary data results with information from existing secondary sources, such as government reports, prior research studies and NGO reports on substance abuse in Sierra Leone. By triangulating:

1. We verified whether community-level observations, such as an increase in youth dropouts due to kush use, or the presence of local anti-drug youth clubs, were supported by or in contrast with broader reports and statistics.
2. We situated qualitative insights within the broader national context of drug abuse, understanding whether the patterns seen in these communities reflect nationwide trends or unique local circumstances.

This approach ensured that the study's conclusions are not only grounded in the voices of the community participants but also aligned with the wider evidence on the kush crisis.

Research approach

The research followed a two-stage approach to progressively focus the inquiry and ensure the selection of the most informative study sites:

1. Community screening phase: The first phase involved a rapid assessment of five informal settlements in Freetown – Olosoroh, Kolleh Town, Congo Town, Ascension Town and Crab Town. The research team conducted scoping visits and held preliminary conversations with key stakeholders in each of these communities. A stakeholder mapping exercise was also carried out to identify existing local organisations, past or ongoing drug-related initiatives, and influential community leaders or groups.

During this screening phase, each community's existing drug-response structures and willingness to engage in reform were assessed. In practice, this meant evaluating:

- a. Whether there were any active community groups, NGOs or local authorities already working on drug awareness or youth programmes.
- b. The general attitude of community leaders towards acknowledging the drug problem and supporting interventions (for example, were community chiefs or youth leaders open to anti-drug campaigns or was there denial/avoidance of the issue?)
- c. Any history of collective action in the community that might indicate readiness to form coalitions (such as community watch groups, health initiatives or past anti-drug efforts).

This phase was designed to gauge coalition readiness by identifying which communities possessed the necessary social cohesion, leadership and support to back a joint anti-drug effort. It revealed, for instance, that Olosoroh had an active network of community health volunteers and a history of successful community meetings, whereas some other areas lacked organised leadership around social issues. Kolleh Town, while notorious for drug activity, also showed some informal networks among youth that could potentially be mobilised. The outcome of this phase was the identification of the two most suitable sites, one with strong community engagement potential, and one exemplifying the core supply issue for a deeper investigation.

2. Deep dive phase: Based on insights from the screening, Olosoroh and Kolleh Town were selected for further investigation in the second phase. This deep dive entailed the full range of FGDs and KIIs described above, focused on these two communities. By focusing on one site with strong social cohesion (Olosoroh) and another with supply-side challenges (Kolleh Town), the study can understand and compare both ends of the problem. This dual focus provides findings from the two contrasting settings can inform strategies that address multiple dimensions of the kush crisis. Insights from Olosoroh can inform how to strengthen community-led initiatives and prevention programmes, while insights from Kolleh Town highlight what economic or enforcement measures are needed to disrupt the local kush supply chain. Ultimately, lessons drawn from both communities will help in formulating a comprehensive response that is sensitive to social dynamics as well as the harsh economic realities fuelling the kush trade.

Research objectives

This study was guided by five objectives, aligned with addressing both community response and the broader context of the kush crisis in Freetown:

1. To evaluate community-led responses to the kush crisis and identify the most effective or ineffective strategies.
2. To generate community-driven recommendations for the prevention of kush abuse and the rehabilitation of affected individuals.

3. To analyse the demographics of kush users, their usage patterns and the drivers of kush use in the target communities.
4. To explore the local kush supply dynamics and the barriers to intervention in disrupting the supply chain.
5. To examine existing frameworks, structures and processes that facilitate coordination between different community initiatives and stakeholders.

These objectives ensured that the research remained focused on both the demand side, such as users and community responses, and the supply side, such as distribution and enforcement challenges of the kush problem.

Based on the objectives above, the study was guided by five research questions:

1. What are the most effective and the least effective responses to the kush crisis, as reported or observed by community stakeholders?
2. What holistic response can be developed to address kush use?
3. What are the demographics, usage patterns, and drivers of kush use in the target communities?
4. What are the key barriers to disrupting the local kush supply chain?
5. How can the effectiveness of community approaches be coordinated and improved? And what useful lessons can be learned?

Each of these questions corresponds to an aspect of the kush issue, ensuring that the research addresses a holistic understanding from community initiatives and personal experiences to structural challenges in supply reduction.

Findings

The study's findings are organised around the key research questions corresponding to each objective. The findings looked at experiences in the two communities, highlighting both common patterns and notable differences.

Objective 1: To evaluate community-led responses to the kush crisis and identify the most effective and ineffective strategies.

Research question: What are the most effective and least effective responses to the kush crisis from community stakeholders?

Community responses to the kush crisis have emerged across several levels, including efforts from young people themselves, families, schools, NGOs and local health workers. While many interventions are still limited or underdeveloped, some approaches have shown promise, particularly those that involve peer support, family engagement and multisector collaboration.

One of the most consistently cited approaches involves peer support among young people. Several participants from Kolleh Town emphasised how positive peer groups could help youths stay away from kush. One participant explained, *“Young people here could really help each other by speaking openly about how kush has affected their*

friends or their own lives. Sometimes, peer support works better because we trust our friends more than adults" (FGD kush addicts – Kolleh Town).

This sentiment was reinforced by another, who proposed that young people form activity-based groups: *"When we spend time doing positive things together, we won't have time or even interest in kush. Being together positively helps us stay strong and not fall into temptation"* (FGD kush addicts – Kolleh Town). These findings suggest that peer-based interventions, such as youth clubs or creative collectives, can be powerful when rooted in lived experience and mutual support.

Family and parental engagement also emerged as a crucial part of an effective response. Participants acknowledged that families, especially parents, need to talk more openly about kush. *"Families have an important role to play here. As parents, we need to be involved in the lives of our children. We must talk openly about kush at home, educate our kids about the harm it can cause, and be supportive if they have started using it"* (KII chief – Olosoroh). A health worker added nuance by noting a shift in family approaches over time: *"Some families had to chase away their sons or daughters that are involved in this harmful drug, to save the image of the family. However, they are now taking a different approach, because chasing them away will only make things worse"* (KII CHW worker – Kolleh Town). This shows growing recognition that inclusion, rather than isolation, offers a more constructive way forward.

Participants also emphasised the role of schools and teachers in preventing drug use. A participant shared, *"I think schools also have an essential responsibility. Teachers should be teaching students from a young age about the dangers of kush. Regular awareness sessions in schools could help children understand early why they should avoid it"* (FGD students – Kolleh Town). Education, particularly early and consistent messaging, was seen as essential in reducing initiation.

Alongside these insights, participants also highlighted systemic barriers to effective responses. They pointed out that lack of political commitment and weak law enforcement hindered progress. Interventions were often described as fragmented, underresourced and lacking follow-through, leaving communities to carry the burden with limited external support.

Support from NGOs and health workers, though currently limited, was seen as beneficial when targeted towards drug users rather than sellers. One participant explained, *"The best way I think the NGOs can help is to engage the addicts and all those into taking the drugs, instead of engaging the sellers who are making money on it. They can seclude them for one or two months to help them heal and distract their minds"* (FGD teachers – Olosoroh). A local health worker added, *"As a community, we need collaboration to support kush users"* (KII CHW worker – Kolleh Town). These reflections underline that sustained, direct engagement with users is more likely to have a positive impact than brief interventions. On a broader level, participants believed that multi-stakeholder collaboration and community ownership would strengthen these efforts. Building a network of families, teachers, peers and service

providers was seen as key to designing community-led responses that resonate with local realities.

Despite some positive practices, participants were also clear about what did not work. The most common critique was that many interventions lack continuity and consistency. One participant from Kolleh Town stated, *“The community leaders have tried talking to young people about the dangers of kush, but those efforts aren’t regular or strong enough to have a lasting effect. The problem is bigger than just talking, it needs continuous action”* (FGD bike riders – Kolleh Town). Another added, *“Occasionally, we see NGOs or health workers coming here and trying to advise the youths, but these visits aren’t frequent enough. They come once and then disappear. So, it doesn’t really change anything”* (FGD kush addicts – Olosoroh). Participants also noted that engaging sellers in dialogue was often ineffective. One teacher shared, *“Engaging the sellers could not be effective in addressing the issue, due to the huge profit they make on it”* (FGD teachers – Olosoroh). Instead, the suggestion was to direct support towards users and ensure that help reaches those willing to recover.

Youths were more vocal about the value of mutual encouragement and healthy distractions. There was also strong emphasis on socioeconomic interventions, like job creation and vocational programmes. Also, participants stressed the importance of awareness sessions, early education and government involvement. Both communities agreed on the need for government action and community collaboration but differed in their entry points and energy. Kolleh Town’s entry point was through youth activism, with bike riders, former users and volunteers self-organising informal sensitisation campaigns, despite fragmented official leadership. Olosoroh’s entry point was through formal leadership structures, where traditional chiefs, teachers and religious leaders drove organised efforts, coordinating with police and NGOs to develop anti-drug by-laws and community monitoring systems.

Objective 2: To analyse the demographics of kush users, their usage patterns and the drivers of kush use in the target communities.

Research question: What are the demographics, usage patterns and drivers of kush use in the target communities?

The study revealed that kush use is most prevalent among young people, particularly males, in both Kolleh Town and Olosoroh. The dominant age range for users appears to be teenagers and young adults, many of whom are either out of school, unemployed or engaged in casual or unproductive work. In Kolleh Town, several participants described the typical kush user as a young man with little to do during the day. One participant noted, *“One big reason young people smoke kush here is stress. There’s no work, no money. Life is tough, so they smoke it to forget their problems”* (FGD kush addicts – Kolleh Town).

While males were mentioned most frequently, females are also involved in drug use, though to a lesser degree. According to a community health worker, *“The women are*

also involved, even though the men are more involved than the women. If a woman puts her hands in drugs, they become more vulnerable and often it leads to prostitution" (KII CHW worker – Kolleh Town). This observation not only reflects gender disparity but also highlights the added risks for women, including exposure to sexual exploitation.

The data also showed that people with disabilities are becoming increasingly vulnerable to kush. As noted by a key informant, *"Some people with disability are becoming more and more vulnerable when they go into drugs. We see how kush destroys people without disability, so those with disability suffer even more"* (KII CHW worker – Kolleh Town). This points to a compounded layer of vulnerability for disabled individuals, who may have fewer support systems and face more severe consequences from drug use.

Kush use in both communities follows a frequent and often social pattern, with many users taking it daily. The behaviour is commonly embedded within peer groups and informal gatherings, such as at parties or local "chilling" spots. One teacher from Olosoroh shared, *"One of my friends invited me to a chilling. When we got there, I saw them mix the shisha with it and marijuana. When I saw them smoking it, I decided to taste. And from one taste that one does, one gets into addiction"* (FGD teachers – Olosoroh). This progression from experimentation to dependency was echoed across different interviews. A health worker explained, *"It is also due to bad influence, where someone will take kush for the sake of taking it when they are among friends to feel the moment"* (KII CHW worker – Kolleh Town). In many cases, the first encounter with kush is unplanned or peer-induced, and regular use quickly follows.

The use of kush also appears to be closely tied to the structure, or lack thereof, of daily life. Many young users are not enrolled in formal education or employment, leading to idle time and susceptibility to peer-led behaviours. As one participant observed, *"Many youths don't have anything meaningful to do all day. They just sit around and start smoking kush because they say it helps pass the time"* (FGD kush addicts – Kolleh Town). The drivers of kush use in both Kolleh Town and Olosoroh are multifaceted, with economic, social and environmental dimensions. Economic factors, particularly unemployment, poverty and boredom, were the most frequently cited drivers. Participants repeatedly emphasised that the lack of meaningful opportunities leaves many young people disappointed. A teacher in Olosoroh echoed this, by explaining, *"Some of them may genuinely want to do business, but they do not have the capital. If they had the means and were engaged in something productive, I don't think they would involve themselves in what they are currently doing"* (FGD teachers – Olosoroh Town).

Social influences, especially peer pressure, play a critical role in initiating and sustaining kush use. Multiple respondents, particularly teachers and young people, described how drug use spreads within friend groups. One youth noted, *"Some young people smoke it because their friends do it. It's like peer pressure, they want to fit in, so they start smoking kush too"* (FGD kush addicts – Kolleh Town). Similarly, a teacher in

Olosoroh stated, *“Some are coming from good homes, but they are into drugs, due to peer group influence. I know a lot that got into drugs due to peer group influence”* (FGD teachers – Olosoroh).

Peer influence can also manifest in more subtle or manipulative ways. For instance, at social gatherings, kush may be mixed into food or drinks without the knowledge of new users. A teacher described a case where: *“They are led into it through the drink they serve them, which is mixed with the drugs. Once led into, they easily get addicted”* (FGD teachers – Olosoroh). Another instance involved a soft drink being spiked with tramadol, leading to immediate behavioural changes: *“I have seen where someone mixed soft drink with tramadol (TM) and gave it to someone who had never taken tramadol before. After taking it, the person started talking abnormally”* (FGD teachers – Olosoroh).

Family dynamics were also identified as both a protective and risk factor. Negative parental behaviour, including maltreatment or neglect, was linked to increased risk, especially for girls. As one teacher explained, *“Sometimes, I blame parents for leading their children into drugs with maltreatment, especially the girl child. Girls are more likely to be influenced by peer groups than boys”* (FGD teachers – Olosoroh). At the same time, a lack of open communication or emotional support at home can make adolescents more susceptible to outside influences.

On the environmental level, the easy availability and normalisation of kush were identified as key enablers. According to community members, kush is widely available, and its use has become normalised to the point where it no longer raises alarm. One health worker stated, *“Most of the people I know that are into kush are working, so I also think that the addiction may be due to the devil, because normally, you cannot see people dying from kush and still want to take it”* (KII CHW worker – Kolleh Town). This normalisation dulls the perceived risks and allows the behaviour to persist without serious community resistance.

While the overall trends are similar across both sites, participants tended to emphasise the role of peer pressure and structured social spaces like schools, suggesting a relatively more organised social environment where peer dynamics are more visible. Further, the conversation leaned more heavily towards economic hardship and daily stress as drivers of use. These nuances suggest that while both peer and economic pressures exist in each site, their relative intensity and form may differ, influenced by local social structures and the extent of daily economic strain.

Objective 3: To explore the local kush supply dynamics and the barriers to intervention in disrupting the supply chain.

Research question: *What are the key barriers to disrupting the local kush supply chain?*

Findings from Kolleh Town clearly show that kush is widely accessible, openly sold and deeply embedded within the community’s informal economy. Participants described

how kush is sold in plain sight, with little effort to conceal its availability. *“Kush is very easy to find here in Kolleh Town. People sell it openly, sometimes on the roadside, near junctions, and even close to our schools. You don’t even need to go far,”* one participant explained (FGD kush addicts – Kolleh Town). The community is dotted with hotspots – unfinished buildings, riverside corners and football fields –where youths gather and kush is frequently sold and consumed. *“In our community, you’ll notice young men gathering near the football fields, especially after games or during late evenings ... eventually someone brings kush”* (FGD kush addicts – Kolleh Town).

Sales methods vary but tend to be discrete and low risk for sellers. Dealers may package kush in small plastic wraps or paper and sell them directly on the streets. As one participant noted, *“They usually just buy it directly from these street sellers. The dealers move around, so young people just approach them quietly”* (FGD kush addicts – Kolleh Town). Kush is so normalised in some areas that it’s *“sold as if they are selling sweets or biscuits”*, with community members easily able to point someone towards a dealer (FGD kush addicts – Kolleh Town). The sales system is also highly mobile. One particularly striking account described how youth line up in the mornings at a location called “Bob Jones” in Kolleh Town: *“They mostly form a queue to buy kush in ‘Bomeh’, sometimes they receive beatings from the dealer if they have incomplete money”* (KII CHW worker – Kolleh Town). This kind of ritualised and visible demand underscores the depth of kush’s integration into daily routines.

As for production, the actual preparation and mixing of kush appear to be done in hidden areas outside of public view. There’s widespread uncertainty about the exact origins of production, but users speculate that kush is transported from outside and then distributed locally. One youth shared, *“Most of us here are not completely sure exactly where kush is produced. People say some dealers mix cannabis with other drugs like tramadol or even fentanyl, maybe in homes or hidden areas away from police”* (FGD kush addicts – Kolleh Town).

Dealers rely heavily on young people from the same community for distribution. *“Young boys in the community are often recruited by bigger dealers to sell kush. Sometimes, these bigger dealers come with large quantities and ask local youths to sell it for them in smaller, less suspicious amounts,”* one participant revealed (FGD kush addicts – Kolleh Town). These networks allow for quick, discreet distribution, with minimal law enforcement detection.

There is also a linguistic element to concealment. Teachers in Olosoroh explained that the drug is often referred to by euphemisms like *“chewing gum, groundnut, headache medicine, mind medicine”*, making it harder for outsiders or authorities to detect conversations about kush (FGD teachers – Olosoroh). Furthermore, the diversity in drug types and names such as *“Jagaban”* and *“Mile”* complicates intervention because users may not fully understand the risks associated with each variant (FGD Teachers – Olosoroh).

The economic motivation behind kush distribution cannot be overlooked. Several participants described how people who sell kush do so purely for profit, regardless of its harmful effects on the community. *“Those who do not use it but sell it to make money hardly care about its effect on others,”* one teacher observed (FGD teachers – Olosoroh). Another teacher reflected on the broader trend: *“Most businesses today are solely focused on making money. They are not guided by religious or moral principles”* (FGD teachers – Olosoroh). Selling Kush offers a quick income stream in the context of high unemployment. The structure of the supply chain enables profit with minimal risk, especially when young community members are enlisted to distribute small quantities discreetly.

Participants repeatedly expressed frustration with the inefficacy of law enforcement. While occasional arrests happen, they are often short-lived. *“Sometimes, the police come around and chase the sellers away, but after a few days, they come right back again. It’s like they’re playing a game,”* remarked one user (FGD kush addicts – Kolleh Town).

There is also evidence of police complicity and corruption. Teachers in Olosoroh cited frequent incidents where arrested dealers were quickly released after paying bribes. *“Whenever they caught someone, they would free the person at 500,000 or 1,000,000 leones and the case would not be prosecuted,”* one participant explained (FGD teachers – Olosoroh). Another added, *“Just after about 30 minutes, one will be released to go home after being arrested. Once he has paid, he would be released”* (FGD teachers – Olosoroh). These reports highlight how bribery undermines enforcement, eroding public trust and enabling the continued operation of drug networks.

Complicity extends beyond law enforcement. Community members suggested that some stakeholders, landlords, influential residents or even officials are involved in or benefit from the trade. *“The main problem is that most of the stakeholders – those with houses – are into selling it, they are advising them to stop, they are the same ones promoting it,”* said a teacher (FGD teachers – Olosoroh). Such dual roles further entrench kush in community systems and make reform more difficult.

The study showed a complex picture of community response to the kush trade. While many residents are aware of the harm, they often choose silence or complicity, driven by fear or profit. *“The person prosecuting the case could be targeted once his identity is known,”* one teacher said, explaining why community members may avoid reporting (FGD teachers – Olosoroh). Meanwhile, those not directly benefiting from the trade often feel powerless. In many cases, people prefer not to interfere, fearing retaliation or simply seeing no point in speaking up. There is a shared sense of helplessness. As one participant put it, *“As long as the stakeholders and government have a hand in it, it will not stop”* (FGD teachers – Olosoroh). Some participants still believed that stronger measures could help. A teacher noted, *“If you can recall when the government cracked down on gangs, if similar strong measures are put in place, I believe it could help to address this issue effectively”* (FGD teachers – Olosoroh).

In both communities, the kush supply chain operates through highly localised, mobile and semi-open networks. The system thrives due to economic desperation, limited enforcement and complicity from both authorities and community members. Even when there is some resistance, it is often weak or unsafe to express. These findings suggest that any effective intervention must not only target dealers and users but also address the broader structural enablers: police reform, economic alternatives for youth and strong, community-supported enforcement mechanisms. Disruption of trade is a vital step towards all these efforts. However, this can only be effective with increased community vigilance backed up by a strong partnership with the security sector, ready to respond to reports from communities on suspected kush-related activities. The National Task Force on Drugs and Substance Abuse developed an App that can use GIS to send signals on suspected kush activities for police raids. In most of these communities where kush is manufactured, there are allegation that dealers work with police officers who inform them of pending raids.

Objective 4: To generate community-driven recommendations for the prevention of kush abuse and the rehabilitation of affected individuals.

Research question: What holistic response can be developed to address kush use?

Community members across Kolleh Town and Olosoroh repeatedly emphasised that tackling kush requires a collaborative response involving various actors, such as community leaders, elders, religious figures, police, NGOs and especially young people themselves. This is seen not just as helpful but as essential. As one youth leader from Olosoroh explained, *“It is a collective effort; the stakeholders should work with the law enforcement bodies and NGOs to develop behavioural change communication messages”* (KII youth leader – Olosoroh).

Another participant emphasised the role of leadership and unity: *“Firstly, the chief should stand with the community youths and all the other stakeholders to come together and make a firm decision on security-related issues on guiding and securing the community”* (KII imam – Olosoroh). In Kolleh Town, commercial bike riders proposed a grassroots-led approach, with one saying, *“We as commercial bike riders should go from one house to another, sensitising our brothers, from ghetto to ghetto, camp to camp, where they sit to smoke. But we are going to need empowerment for it”* (FGD bike rider – Kolleh Town).

Health workers in Olosoroh also highlighted the importance of stakeholder–law enforcement coordination. One noted, *“They should continue their work by enforcing the law. Some stakeholders threaten that if they catch them stealing, they will splash acid on their faces”* (KII health worker – Olosoroh). While this quote reflects a harsh tone, it also signals the intense frustration some community members feel and their desire for stronger protective measures.

A key theme throughout the data is the need to prevent kush use before it starts. Many believe this begins by engaging youth meaningfully and providing alternatives to idleness. *“Honestly, the main thing that could stop young people from even trying kush is creating opportunities for them. Many youths here are idle. If they had something meaningful to do, like vocational training or access to education and employment, they wouldn’t feel so hopeless or bored to start using kush”* (FGD kush addicts – Kolleh Town). Another community member echoed this sentiment: *“We are telling the elders to help us to get a job to do. If we have a job, we won’t be going to the ghetto idly”* (FGD kush addict – Kolleh Town). Providing recreational outlets was also seen as vital: *“I think having more youth programmes, sports or entertainment activities in the community can make a huge difference. Young people need healthy ways to occupy their time”* (FGD kush addicts – Kolleh Town). Participants recommended specific ideas, such as job creation, skill-building centres, sports initiatives and youth groups. *“We need training centres to train our brothers to learn a skill,”* said a bike rider (FGD bike rider – Kolleh Town), while another proposed that NGOs and government should create *“sustainable businesses, like giving motorbikes out to us on a loan basis”* (FGD bike rider – Kolleh Town). These examples underscore that local stakeholders are not just asking for support, they have concrete proposals for change.

Community education and sensitisation were also widely viewed as effective, especially if conducted respectfully. As one participant noted, *“The communities need sensitisation instead of using force. The police need to peacefully sensitise our wayward brothers to know the bad effect of this drug, use drama to display what kush does to a person”* (FGD bike rider – Kolleh Town). Sensitisation was also suggested through campaigns, house-to-house visits and even printing T-shirts with anti-kush messages.

There was strong consensus across both sites that communities cannot address kush without adequate health and rehabilitation services. However, these were noted to be almost entirely absent. A teacher in Olosoroh pointed out: *“One of the things that could be used to help them is to provide a health facility centre because the entire community does not have a health centre”* (FGD teachers – Olosoroh). The health consequences of kush use were described in detail: *“Some are already anaemic, while others have developed sores on their feet”* (FGD teachers – Olosoroh), yet access to treatment is minimal. Another teacher explained that even when users want to stop, there are barriers: *“They often find it difficult to access medical treatment because people do not want to accommodate or support them. This may cause them to return to the drug”* (FGD teachers – Olosoroh). Lack of affordable healthcare compounds the problem: *“Right now, there is no free treatment in hospitals, if you don’t have money, receiving treatment becomes impossible”* (FGD teachers – Olosoroh). Despite these challenges, some examples of successful rehabilitation emerged. *“Some of them have changed after the rehabilitation,”* a CHW noted and further emphasised, *“We need support in terms of rehabilitation for those that are involved in kush. We need to be supported as a community because we cannot do it alone”* (KII CHW worker – Kolleh Town). This

clearly points to the need for structured, accessible rehabilitation services that are community-based and stigma-free.

Even after a person stops using kush, returning to society is a long and difficult journey without structured support. Participants spoke about reintegration in practical terms, housing, jobs and emotional support. *“They should help us with a place to lodge, because most of our brothers are in the streets. Some of them are just living in Freetown for the name of it. They do not have a place to sleep or anything”* (FGD bike rider – Kolleh Town). Another bike rider shared a personal example: *“I have personally helped three people to quit kush because I advise them and they heed to my advice. When I go out to ride my bike, I would come back and give them something. This prevents them from going to smoke kush”* (FGD bike rider – Kolleh Town). Stories like this show that reintegration is not just about services, it is about relationships, community and shared responsibility. Some participants proposed that local organisations and NGOs could help by supporting small businesses or providing basic needs, while others emphasised the need to involve people who have recovered in outreach work, turning them into change agents who can share their experiences and mentor others.

Objective 5: Coalition building and coordination.

Research questions: How can the effectiveness of community approaches be coordinated and improved? What useful lessons can be learned?

To implement the above solutions effectively, the communities recognise the need for a strong coalition and better coordination among all actors. Both Kolleh Town and Olosoroh are considering or forming community anti-drug coalitions that bring together youth, elders, religious leaders, health workers, educators and local officials. By uniting these stakeholders, they aim to streamline efforts, avoid duplication and speak with one voice when seeking external support.

In terms of coalition readiness, Kolleh Town appears to have a highly mobilised youth base and engaged local leaders, which gives it an advantage. There are already youth groups like the commercial bike riders and former user groups and community volunteers actively doing sensitisation and advocacy. Formalising a coalition in Kolleh Town would involve creating a structure for these existing efforts, such as setting up a committee with representatives from each segment such as youth, women, religious leaders and so on, and assigning clear roles and regular meeting times. In Kolleh Town, because people have seen small successes through their informal collaboration, they are enthusiastic about scaling up coordination.

In Olosoroh, there is also willingness to coordinate, but they must first address trust issues that arose from past events, such as suspicions of local leaders being complicit in the drug trade. Building a coalition in Olosoroh may require starting with a clean slate of respected, impartial leaders. They might involve a neutral party – say, a respected NGO facilitator or someone widely trusted in the area to help convene the first coalition

meetings and set principles of transparency. Once the Olosoroh coalition is established under trusted leadership, it can rally the community in a unified way, like Kolleh Town.

Effective leadership and structure are crucial for these coalitions. Participants stressed that leadership must be inclusive and accountable. Inclusivity means every key group affected by or fighting the kush problem has a seat at the table: youth representatives to articulate the needs of young people and offer peer insights, elders or traditional leaders to lend authority and mobilise older generations, women, often mothers, who experience the crisis in their households and can lead grassroots initiatives, religious leaders to influence community values and provide moral guidance, and professionals like teachers or health workers for technical advice on education and treatment. Such a diverse leadership group ensures a good perspective on the issue and encourages buy-in across society.

Accountability in leadership will be addressed by adopting practices like transparent decisionmaking and open communication. Both communities have learned from experience that trust is easily broken if leaders operate behind closed doors or seem to have hidden agendas. Therefore, they envision coalition leaders regularly updating the community, welcoming feedback, and demonstrating that they are not involved in any corrupt dealings. By doing so, they keep the coalition membership, and the broader community engaged and confident in the process.

Coordinating through a coalition should lead to better resource utilisation and a stronger ability to attract support. Instead of multiple small groups working in isolation, the coalition can map out all existing structures and allocate them efficiently to where they are needed most. For instance, if Kolleh Town has a youth centre space but lacks trainers for a vocational class, and Olosoroh has a skilled trainer but no venue, the coalition framework could facilitate sharing these assets across communities or programmes. Additionally, when approaching external entities like government agencies or NGOs, the coalition can present a unified community action plan. This carries more weight and clarity than fragmented requests. Participants noted that showing a united front with clear community backing is more likely to persuade authorities to support them, whether that is securing funding for a rehab centre, getting police to dedicate officers to a community task force, or obtaining materials for awareness campaigns. Essentially, coordination amplifies their voice and efficiency, as the whole community pulling together can achieve outcomes that separate efforts could not.

The communities have also drawn valuable lessons from their past efforts that inform how they will coordinate going forward. One key lesson is that unity and consistency are crucial. They saw that when different groups worked at cross-purposes or on sporadic initiatives, the impact was minimal. Now, they intend to keep all stakeholders aligned under common goals and maintain steady pressure on the problem. This might mean establishing a year-round calendar of anti-kush activities and ensuring that, even if one leader gets busy or one project ends, another is ready to continue the work. Another lesson is the need for integrity and trust in their approach. Past incidents of

betrayal, like officials taking bribes or community figures being involved in dealing, severely set back their efforts. As a result, the coalition plans to implement safeguards: clear rules that coalition members cannot be involved in the drug trade, and perhaps community oversight committees to monitor the coalition's actions and finances. By keeping themselves honest, they preserve the moral authority needed to mobilise others.

Ultimately, the community understands that only by working together with accountable leadership and collective resolve can they overcome a challenge as pervasive as the kush epidemic. Their plan going forward is rooted in this collaborative spirit and in the hard-earned lessons of the past. Through a well-coordinated coalition, they aim to implement the holistic response of prevention, rehabilitation and reintegration effectively and sustain it for as long as it takes. They know the fight against kush will be neither easy nor quick, but with the entire community pulling in the same direction and learning continuously from experience, they have real hope of reclaiming their young people and restoring health and harmony in their communities.

Activities/reflections

The project identified and implemented activities to complement the research in one community as a pilot. The Olosoroh community stood out after the scoping study for this pilot implementation. It is important to note that the Olosoroh community identified and implemented activities in partnership with national stakeholders and institutions like the National Drug and Law Enforcement Agency and the National Task Force for Drugs and Substance Abuse.

Dissemination events

Presentation to kush stakeholders at the Emergency Operations Centre

The presentation of the findings from the kush study was witnessed by stakeholders working on various interventions on kush in the country. The presentation was attended by officials from the governmental departments, such as the mental health department at the Ministry of Health, Ministry of Social Welfare, National Task Force on Drugs and Substance Abuse, National Drug and Law Enforcement Agency, media houses and other partners. The event was chaired by officials of the National Task Force to enforce the collaboration with national institutions as part of efforts to support national ownership. The importance of this event was assembling important, yet often disconnected, stakeholders like the National Drug Law Enforcement Agency (NDLEA) and the Ministry of Health. This was essential, bridging the gap and enhancing a multisectoral coalition, ensuring that law enforcement, public health and policymaking bodies were aligned under a single, evidence-based strategy. This was the idea for the creation of the National Task Force by the government for coordinating the kush response.

The meeting was pivotal in building consensus around the ACRC's research-driven model, especially on the importance of a reform coalition of actors passionate for a community-driven solution with strong institutional support to address the challenges posed by kush. These meetings are crucial in ensuring that research findings serve as evidence in aligning response that leads to action.

Presentation to National Health Summit 2025

Sierra Leone's 2025 National Health Summit and Performance Awards took place from 15 to 17 May 2025 in Freetown. Organised by the Ministry of Health with support from the World Health Organization and other partners, the summit was convened under the theme "Improving health outcomes for all: Every Sierra Leonean life matters". It brought together government officials, public health experts, healthcare providers, community leaders and advocates on the Midterm Development Plan. We presented findings from our study on the kush crisis in Freetown in a session moderated by United Nations Population Fund (UNFPA). The presentation summarised community screening and in-depth studies in Olosoroh, summarising the drivers of kush use, barriers to addressing the crisis and the role of local actors. The session generated constructive feedback that we have incorporated into the final report around the scope and duration of the study, especially as the issue is a complex one. Suggestions on practical pathways to scale and adaptation were discussed, including, among others, continuous engagement and dissemination, expanding the conversation among a broader group.

Presentation to national stakeholders in Freetown

On 29 May 2025, the project team presented key research findings to national stakeholders. This event brought together key actors, including law enforcement and community-focused organisations, to discuss an integrated approach that combines enforcement and community support. The primary success of this event was in influencing the national conversation, with the potential to shape future policies to bolster local action. After the study at Olosoroh community, findings were presented to them to co-create local solutions on addressing the flow of kush.

This event marked a crucial shift from a top-down presentation to a participatory, community-owned process. The engagement was highly successful, resulting in a concrete and actionable plan developed by the community itself:

- Establish a local task force to monitor and report on kush-related issues.
- Hold regular community meetings to ensure ongoing dialogue and local ownership.

This grassroots event was vital for empowering the community to become active agents in solving their own problems, building social cohesion and laying the groundwork for peer-led interventions.

Community engagement activities

Engagement of community stakeholders and community buy-in

This project got a huge boost, especially with the level of involvement of community members. It is important to note that the kush epidemic is really affecting local communities, and they are fast running out of ideas on how to deal with kush. Communities have tried different strategies and have not been successful enough to deal not only with the flow but also the production, which is done locally in some communities. Community meetings were held to keep stakeholders engaged throughout the project cycle.

The community meetings resulted in the setting up of a task force to monitor and engage in community surveillance and reporting of suspected activities discreetly, through an app developed by the National Task Force for Drugs and Substance Abuse. The community task force was trained and supported by the NDLEA.

Reform coalition

The project identified institutions and individuals who are engaged in the fight against drugs, especially kush. With the declaration of kush as an issue of public health emergency by the government, a national task force was formed with several pillars to address critical areas. The law enforcement pillar led by NDLEA was to work with the security sector, supporting surveillance and reporting for action. A coalition of actors has been mobilised at Olonsoroh to support local action. A community task force, a group of 15 young people, has been trained by NDLEA on community surveillance, peer-to-peer education, and sensitisation visits to schools, as part of a range of prevention strategies. The coalition of actors includes:

- NDLEA
- National Task Force for Drugs and Substance Abuse
- Mental Health Department (Ministry of Health)
- Ministry of Social Welfare
- Sierra Leone Police (Operations Support Department)
- Traditional leader
- Female leaders
- Youth groups (bike riders head, student representative).

These actors have agreed to meet regularly and discuss how they can support the task force. This task force will provide regular updates to the group, and action points derived will be addressed by the stakeholders. These meetings are often chaired by the traditional leader at Olonsoroh. These meetings have the full support of the area command of the security sector. Important as part of the broader target is effective law enforcement, support for the referral of victims of kush, as well as enforcement of by-laws that prohibit the sale of kush.

Recommendations and way forward

Based on the findings of this research, a series of efforts have been put in place, especially working with state institutions to implement actions to effectively combat the kush epidemic in Freetown. The evidence gathered from community screenings, focus group discussions and key informant interviews points to a clear need for coordinated action across policy, community and health systems. The following priority actions are recommended:

- **Improving coordination:** Working with different partners on this project exposed serious gaps in the coordination of efforts to address kush. While the government primarily set up the National Task Force on Drugs and Substance Abuse to address the epidemic, other sectors, such as the Ministry of Health, the Ministry of Social Welfare and the Office of National Security, have also been involved. The complex nature of kush, coupled with funding challenges, has made the proper coordination of efforts difficult.
- **Policy shift:** Currently, most actions by different partners have been more around arresting kush smokers, with little effort aimed at going after the major dealers and distributors. From numerous engagements with NDLEA and the National Task Force, there is an appeal for a shift by law enforcement agencies from low-level users to the suppliers and traffickers who profit from the trade.
- **Advocate for stricter legal frameworks:** Push for and enforce stricter, non-bailable penalties for convicted high-level kush suppliers to create a meaningful deterrent and dismantle the supply chain. Also important is for the legal framework to provide support for local councils to enforce by-laws on kush in their municipalities. The lack of regulatory authority for the enforcement of by-laws is hampering local efforts to address kush.
- **Formalise and expand the youth-led task force model:** The pilot has proven the value of empowering youth with lived experience. This model should be scaled to more communities, providing formal training, operational resources (such as stipends) and a clear mandate for community surveillance and awareness-raising.
- **Invest in positive youth engagement:** Directly counter the socioeconomic drivers of kush use by investing in community-level skills training, recreational activities (sports, arts) and economic empowerment programmes for at-risk youth in informal settlements such as Olosoroh. When young people are provided with the capacity to be change agents leading awareness campaigns on kush, the impact will be greater.
- **Support to rehab centres and improved referral pathways:** Referral of victims of kush has been challenging. The rehab centres in Freetown have been stretched to the limit, due to a lack of resources and the increase in numbers of kush victims. Also important is for communities to be able to refer kush victims to rehab centres. In order to facilitate this, a toll-free phone system should be established. There is a need for awareness-raising on stigma-free pathways for individuals seeking help, connecting community-level first responders with formal health facilities to the rehabilitation services.
- **Establish regular, action-oriented forums:** Support for increasing collaboration between NDLEA, the Ministry of Health, the National Public Health Agency and community task forces through regular, structured meetings for action.

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