



**GLOBAL  
INITIATIVE**

AGAINST TRANSNATIONAL  
ORGANIZED CRIME

# A SHALLOW FLOOD

The diffusion of heroin in  
eastern and southern Africa



JASON ELIGH

MAY 2020





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# ACRONYMS

<b>AfDB</b>	African Development Bank
<b>AG</b>	Africa Group of the UN
<b>ARQ</b>	annual report questionnaire
<b>ARV</b>	antiretroviral
<b>AU</b>	African Union
<b>CND</b>	UN Commission on Narcotic Drugs
<b>CSO</b>	civil-society organization
<b>DCEA</b>	Drug Control Enforcement Administration (Tanzania)
<b>E</b>	lilangeni (eSwatini)
<b>FSL</b>	Forensic Science Laboratory (South Africa)
<b>GI-TOC</b>	Global Initiative Against Transnational Organized Crime
<b>HCV</b>	hepatitis C virus
<b>HIV</b>	human immunodeficiency virus
<b>IDU</b>	injecting drug use
<b>JICA</b>	Japan International Cooperation Agency
<b>K</b>	Zambian kwacha
<b>LSL</b>	Lesotho loti
<b>MT</b>	metical (Mozambique)
<b>NSP</b>	needle syringe programme
<b>OST</b>	opioid substitution therapy
<b>PLHIV</b>	person living with HIV
<b>PWID</b>	people who inject drugs
<b>PWUD</b>	people who use drugs
<b>RDS</b>	respondent-driven sampling
<b>SADC</b>	Southern African Development Community
<b>SANPUD</b>	South African Network of People Who Use Drugs
<b>SAPS</b>	South African Police Service
<b>TOC</b>	transnational organized crime
<b>TZS</b>	Tanzanian shilling
<b>UN</b>	United Nations
<b>UNODC</b>	United Nations Office on Drugs and Crime
<b>WDR</b>	UNODC World Drug Report

◀ Aerial view, Maputo, Mozambique.

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# EXECUTIVE SUMMARY





**T**he flow of heroin from Asian production points to the coastal shores of eastern and southern Africa is not new. Whereas the first heroin transit routes in the region in the 1970s relied heavily on maritime transport to enter the continent, a number of transport modes and urban centres of the interior have increasingly become important features in the current movement of heroin in this region. Interior transit hubs and networks have developed around air transport nodes that use regular regional and international connections to ship heroin. As regional air routes proliferated and became more efficient, their utility and value for the heroin trade increased as well. Heroin is also consolidated and shipped over a frequently shifting network of overland routes, moving it deeper into the African interior in a south-westerly direction across the continent.

Consequently, a shallow flood of heroin has gradually seeped across the region, and this has had a significant impact on the many secondary towns found along the continent's transcontinental road networks. These places, in turn, have spawned their own small local heroin markets, and become waypoints in rendering sustainable the now chronic, metered progression of heroin's resolute geographic diffusion across the region.

The impact of this creeping spread of heroin on regional state development has been significant and, paradoxically, symbiotic. The emerging illicit African drug market environments may represent credible threats to the development and security of the region's nascent independent state institutions and structures.<sup>1</sup> At the same time, these markets have also presented new and considerable sources of economic livelihood and opportunity for the continent's ever-expanding population of poor, disenfranchised and vulnerable people. A surrogate 'drug working class' has emerged as a socio-economic sequela to more traditional, yet increasingly limited, licit income opportunities.<sup>2</sup>

◀ Zanzibar harbour, Tanzania. © Golero via Getty Images

The expansion of drug markets and the correlated securitized, and increasingly militarized, responses developed by (and imposed upon) African states to counter these emergent criminal economies and related structures have had several unintended consequences. Foremost would be the substantial impacts to human health, and in particular the relationship between injecting drug use (IDU) and the transmission of HIV and hepatitis C virus (HCV) in a region that is home to the majority of the world's people living with HIV. In fact the relationship between regional drug-trafficking routes, the rise in IDU and a correlated rise in HIV and HCV sero-conversion among people who inject drugs (PWID) has been demonstrably evident yet, in many countries, largely ignored.<sup>3</sup>

Identifying or describing the flow of heroin through the region has been the subject of numerous studies.<sup>4</sup> Many of these have proceeded from a law-enforcement interdiction or historical perspective,<sup>5</sup> although a few have taken a more holistic, political-economy-based approach.<sup>6</sup> Although each of these has contributed to the broader research base, there are still a number of thematic areas around which knowledge gaps continue to exist. In particular, there are gaps when it comes to understanding the fundamental architecture and economic structure of the regional marketplaces. These include the characteristics around drug pricing, distribution systems and market structure, as these relate to the consequential movement of heroin from the coastal periphery to the inland regions of the countries that constitute the region of eastern and southern Africa.

The purpose of this report is to examine the diffusion of heroin across eastern and southern Africa. This will be achieved through an analysis of retail heroin prices, distribution systems and domestic marketplaces. The report provides an analytical summary of heroin market data collected across the countries of the region, with specific retail price points, commentary on domestic heroin distribution systems and structures, and a discussion of the common structural characteristics evident across the region that enable, embed and sustain these heroin markets.

The report is the first of a series of four price-monitoring papers to be undertaken for the region, each of which will endeavour to explore different components of the regional trade, while providing updates on price points and market disruptions or expansions as they emerge. This research is part of a wider initiative designed to develop domestic capacity to undertake and maintain a sustainable real-time heroin price index for countries of the region, and, ideally, one that would exist in an open-source format with input from people who use drugs (PWUD), civil-society organizations (CSOs) and law-enforcement partners. It is important to state at the outset that the data used in this report is intended to be built upon through the collection of additional time series sets from current markets, in addition to new data sets from current and new countries of interest – where applicable and practicable. Subsequent data sets will include, in particular, pricing and value calculations related to individual market volume.

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## Research methods

This research draws from and analyzes field data examining three characteristics of the illicit drug economy in a selected number of countries of eastern and southern Africa:

- Price. This part of the data identifies the retail price (i.e. street price) for heroin in a given market location, and examines factors that influence retail price variations within a particular market, and between markets.
- Distribution system. Identifying the means by which heroin is moved between wholesale and retail vending situations, and how it is moved within and between adjacent and/or distant markets.



- Market structure. Identifying core structural components of domestic heroin markets in the region, with particular attention to those features that enable markets to emerge and flourish, as well as factors that disrupt or deteriorate these markets.
- Researching illicit activities is a challenge in any context. Those who engage in illegal economic activities have strong incentives against the examination of, and reporting on, their activities. Nevertheless, it is widely accepted that researching organized illicit activities and their actors is possible, and is indeed a necessary step towards the acquisition of information intended to provide a fuller understanding of developments in all societies in the context of the rapid globalization of drugs and related criminal economies. As is the case with research work in this field in general, the study triangulated data gathered from several qualitative and quantitative approaches and, in some rare cases, researchers made plausible assertions based on this data. Interviews were conducted with people in and around the illicit economy, and in particular with protagonists and observers within the local drug marketplaces.

### Why examine price, distribution systems and market structures?

Illegal drug prices are a significant factor in the fundamental characteristics of the markets.<sup>7</sup> Their structural characteristics are important variables in gaining a better understanding of the contexts, geographies and dynamics of the markets and flows in which they exist.<sup>8</sup> They provide us with insight into the patterns of variability, stability or instability of a particular drug market;<sup>9</sup> allow us to identify marketplace and flow linkages;<sup>10</sup> and they can be important metrics in the examination and understanding of drug-related policy and action.<sup>11</sup> Examining drug markets through the lens of drug pricing and distribution systems is therefore an important starting point in gaining a better understanding of the mobility characteristics of drugs within and across markets and countries,<sup>12</sup> how they move between each,<sup>13</sup> and how responsive markets and distribution systems are to domestic means of interdiction designed to disrupt or eliminate them.<sup>14</sup> Further, information on illegal-drug prices is seen by the UN as important enough to warrant core annual country reporting criteria in the context of monitoring the international response to these drugs.<sup>15</sup>

1. Pre-existing, historical smuggling routes	6. Acceptable interdiction risk environment
2. Weak economies	7. Pervasive corruption
3. Significant diaspora communities	8. Porous borders and vast, unguarded coastline
4. Geographic centrality and transport infrastructure	9. Limited legitimate economic opportunities
5. Weak law-enforcement institutions	10. Abundant supply of willing couriers

**FIGURE 1** Ten structural factors influencing the development of heroin flows to and through eastern and southern Africa

SOURCE: AN Bybee, The twenty-first century expansion of the transnational drug trade in Africa, *Journal of International Affairs*, 66, 1 (2012), 69–84; C Perras, *Les drogues et le continent africain dans le contexte de la mondialisation*, *Drogues et Mondialisation*, 15, 1 (2016), 51–65; S Haysom, P Gastrow and M Shaw, The heroin coast: A political economy along the East African seaboard, ENACT, June 2018; M Shaw, Africa's changing place in the global criminal economy, ENACT, 2017.

## UN World Drug Report

In its annual World Drug Report (WDR), the UN makes an attempt to publish national price figures for all illegal drugs and across all countries. We must recognize, however, that the numbers included in this report are flawed in a number of ways, and in the end paint an inaccurate representation of *current* real prices.

Firstly, the UN concedes that it does not conduct independent drug price field data research or collect price data first hand.<sup>16</sup> The price data published in the WDR is gathered from price data information given by UN member states in their response to the annual report questionnaire (ARQ) exercise.<sup>17</sup> The ARQ is a voluntary exercise requested of all countries on the subject of drug-related data submission. Although it is a regular reporting task that continues to be encouraged by the UN Commission on Narcotic Drugs (CND) membership, it regularly achieves only low completion rates. In fact, many countries, particularly those in Africa, do not respond to the ARQ. Even for

those submissions that are made, the ARQ datasets retain numerous inherent flaws. Incompletion rates are high; submitted data is taken by the UN at face value and rarely queried; and there are no means of verification or external validation processes applied, so it is possible for fabricated datasets to be submitted and published.<sup>18</sup>

Secondly, the UN admits that when ARQ drug price data is not submitted by a country then the UN sometimes makes its own calculation of the data for that country based on previous years' data submissions and/or neighbouring country data, or by using some other proxy dataset they decide to employ as a baseline.<sup>19</sup> Thus, in such cases, the numbers published do not provide genuine price data; rather, it would be more accurate to refer to the figures as roughly drawn estimates. More simply put, they are price points of only modest market relevance.

Although there have been several research approaches to address fundamental data deficiencies in various drug markets and geographies around the world, it is widely held that there is little granular information available on the broader spectrum of drug markets across the eastern and southern African region, and particularly on the domestic characteristics of drug price and distribution systems present therein. This gap in knowledge has been highlighted in previous research initiatives,<sup>20</sup> and it is the intention of this report to contribute to filling these gaps.

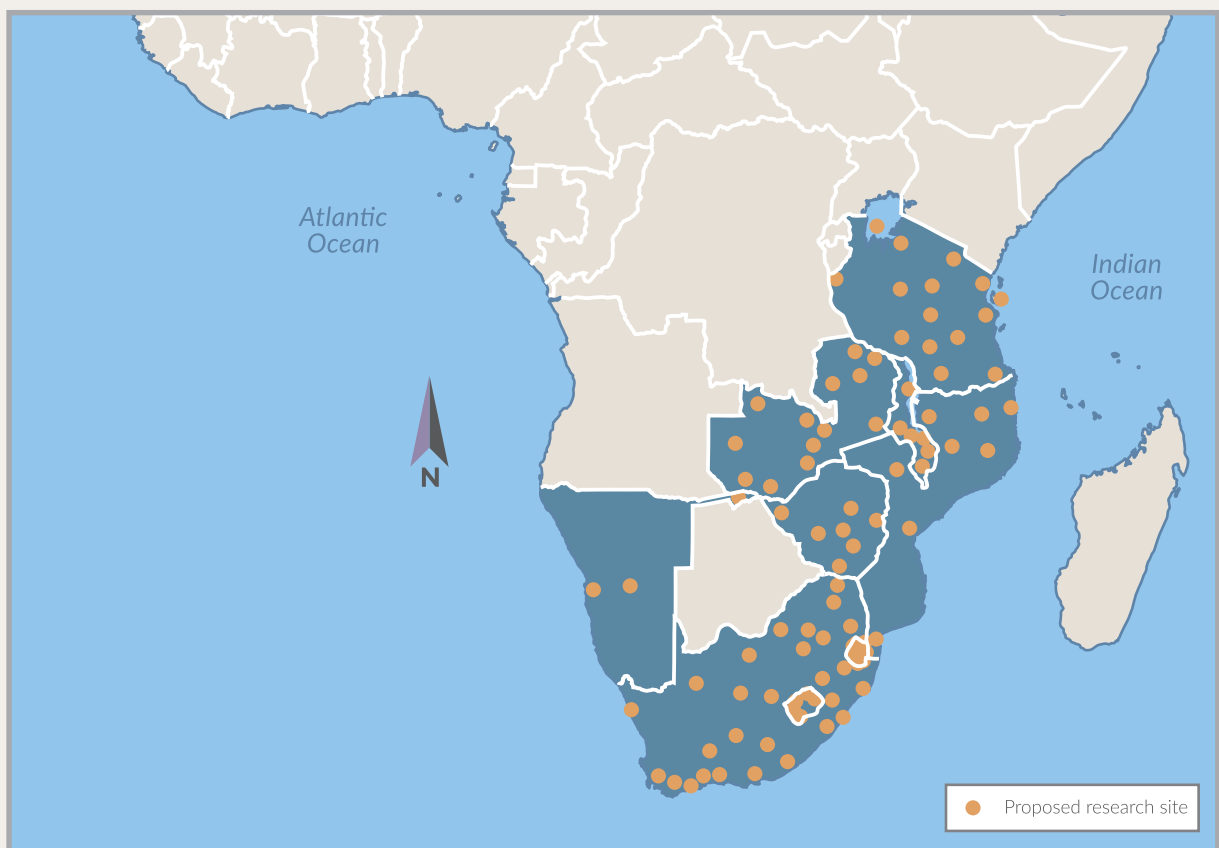
### Country and site selection

The region of eastern and southern Africa encompasses a number of countries. For the purposes of this study, eSwatini, Lesotho, Malawi, Mozambique, Namibia, Tanzania, South Africa, Zambia and Zimbabwe were selected for the purposes of field research. The rationale for determining this set of countries was as follows: Tanzania, Mozambique

and South Africa were discussed in our 2018 report, 'The heroin coast',<sup>21</sup> from the perspective of being coastal landing points for the entry of heroin into the region, and have long been identified as significant heroin market environments for various structural reasons.<sup>22</sup> Although much previous research<sup>23</sup> has examined the flow of heroin into the East Africa region, it lacks considered examination of the extension of these flows through the regional hinterland, and analysis of the potential for these illicit trafficking flows to nurture the development of consumer markets, which have emerged as a consequence of the heroin 'spillover' into the surrounding economic landscapes of these structurally weak nations, as well as their vulnerable inland neighbours.<sup>24</sup> In light of this gap, and given the focus of this research, we included these three coastal nations as principal starting points for our planned drug price and market analyses. Also included in this study are as many of their



**FIGURE 2** Countries included in this research



**FIGURE 3** Regional research site locations, n = 94



immediate inland neighbouring nations as was possible given the research constraints of budget, time and human-resource capacity. As a result, a further six nations – as indicated above – were included.

Kenya, Madagascar and Botswana were initially included as potential field sites. However, delays encountered in initial discussions with potential domestic civil-society organization (CSO) partners meant that they were excluded from this initial baseline exercise. The Great Lakes countries of Burundi, Rwanda and Uganda were identified in previous GI-TOC work<sup>25</sup> as possible important waypoint nations in relation to transcontinental heroin (and cocaine) trafficking flows. These countries were unable to be accommodated in this research, however, owing to time and budget constraints. These six nations deserve further study, and will be considered for the follow-on research period. There were additional challenges encountered during the fieldwork in several of the study countries, which generated further limitations to the work; these are discussed in the country sections later in this report.

### **What data was collected?**

- 1) Where possible, a photograph of a representative heroin retail sample, geolocated and price-matched, with and without packaging.
- 2) Identification of the price paid by the 'average' user for a 'normal' heroin dose, and user perception of dose quality.
- 3) Characteristics identified by users, dealers and traffickers of the local retail heroin market, its operation, distribution and supply systems, and pricing; and core elements supporting the operation (and sustainability) of domestic heroin markets, including socio-environmental impacts and influences.
- 4) Identification of the impacts on marketplaces resulting from interdiction and other strategies designed to disrupt and/or end the heroin trade in a particular area.

### **How was this data collected?**

Civil-society organizations that have been developed and run by PWUD have argued for several

years now that drug-related research and policy development initiatives, through their entire life-cycle, should be undertaken with the meaningful involvement of PWUD. However, PWUD should not be objects upon which these initiatives are cast; rather, they should be present and meaningfully partnered in such processes. The GI-TOC believes in the genuine involvement of PWUD in its community-driven research around drug issues. The design of this particular research effort was therefore done in partnership with PWUD group members from Tanzania and South Africa, and included input also from PWUD civil-society actors in the other seven southern African nations that formed part of this study. A significant part of this research was designed, and implemented with and by, PWUD peers. As research partners and direct participants, they were invaluable in determining what was possible, where to go, how to phrase questions, and how, when and where to gather data safely, among other inputs.

Unfortunately, it was not possible to have PWUD implementers in all of the countries of research at this time. In several of the research countries, PWUD were not formally organized. In one case, where formal/informal groups did exist, they chose not to participate in the research in a direct manner for reasons of personal security. In each of these instances, we hired a local researcher who worked closely with PWUD communities to act as a research buffer, to work with those PWUD who wished to be involved, to coordinate with them on data collection, but to do so in a manner whereby their exposure to potential harm was minimized.

The research fieldwork itself was developed around a respondent-driven sampling (RDS) design framework. RDS is a popular methodological standard for fieldwork dealing with so-called hard-to-reach populations.<sup>26</sup> PWUD – particularly in many African nations, where national PWUD population size estimates have not been done, and where the state takes an active role in pursuing, suppressing and imprisoning their numbers – would qualify as a hard-to-reach population in this case.

## Methodology

### RESPONDENT-DRIVEN SAMPLING

RDS was used to identify and obtain feedback from local users, dealers and traffickers. Informants were identified through a PWUD-led RDS methodological approach. Interviews were semi-structured and conducted by PWUD research partners. These partners included civil-society organizations and

individuals with whom the GI-TOC partnered in this research, and whose field researchers were PWUD or PWUD peer-mentor individuals. Photographs were taken by PWUD of doses they purchased, and qualitative characteristics were reported.

### PRICE METRICS AND PERCEPTION DATA ON HEROIN DOSE QUALITY

Retail purchase price information was collected for each location by PWUD research partners. Price metrics were collected from PWUD. This data was cross-referenced with similar price data collected from interviews with local dealers and mid-level suppliers.

Dose quality was measured subjectively in each location using a Likert scale measure, 1 to 5, where 3 was the 'normal' perceived quality in the location, 5

represented a dose that was much better than normal, and 1 represented a dose that was heavily adulterated and/or much worse than normal. This information was gathered through interviews with PWUD. Retail purchase price is one of several price-related metrics that were used. Others include 'price per unit of measure' (e.g. price per gram); 'wholesale price and unit of measure' (e.g. wholesale price per kilogram).

### DOMESTIC DISTRIBUTION SYSTEM AND MARKETPLACE CHARACTERISTICS

Information on the characteristics of each site's drug distribution system, local market structures, and the historical emergence and embeddedness of these features was collected through semi-structured discussions with PWUD, local dealers and higher-level

market suppliers. Queries sought information on the structure of market supply chains, existing systems of cash and commodity flows, and factors that contributed to price and marketplace disruption and/or expansion.

The data in this report has been drawn from those datasets that were gathered and submitted by research teams in each of the nine countries of this study. To be clear, the research teams in Tanzania and South Africa were made up entirely of PWUD partners. In the remaining seven countries, the GI-TOC was unable to identify, in the time involved, an appropriate PWUD group with which to partner. As a result, the research was coordinated by a local researcher or research organization employed by the GI-TOC. These researchers were engaged because they worked closely with PWUD in these countries. Their remit was to work with PWUD in the identification of answers to the research questions.

As noted, field research was undertaken in two countries wholly by peer members of PWUD network groups. In these countries, a team of qualified field researchers were selected by the network leader and tasked with gathering the field data. They were provided with a nominal stipend to cover their accommodation and transport costs. They were trained and supervised by one peer research coordinator. The research coordinator was trained and supervised by a GI-TOC field research specialist. Each peer researcher was assigned a geographic area of the country in which they were to undertake the fieldwork; each was familiar with his or her geographic area. In those fieldwork locations where direct research engagement with

PWUD groups was not possible, the training was undertaken with the engaged local researcher, who was tasked with gathering data by employing a more convenient 'chain-referral' methodology.<sup>27</sup>

Peer researchers – with the input of network members – identified in advance initial retail drug market locations in each of the towns included in this research. The principal of confidentiality governed the entire approach to the fieldwork. Researchers took on the role of 'market observers' and were given a series of tasks to be undertaken in each market location:

- To meet with local PWUD – individually and in groups – to confirm the availability of heroin in the local marketplace; to identify the most recent and common price (or price range) of this heroin, and the factors that affected price; and to gather information on the perceived quality of this heroin (using a simple Likert scale). This information was provided in person to the peer researchers by local users.
- To obtain photographs of samples. Photos were obtained of heroin samples from most locations. With the permission of a local user, a photo was taken of the heroin they had purchased – but prior to use, so as to:
  - a) record the packaging;
  - b) create a visual record of the available heroin; and
  - c) show the approximate size of the sample as scaled for reference. In some cases, dealers allowed researchers to take photos of different packaging and volume samples the dealers had available.
- Where possible, to acquire referrals from PWUD respondents to local mid-level heroin supplier(s) and low-level street dealer(s) who would be willing to discuss retail distribution and marketplace characteristics, including volume of trade, methods of production and trade, import and export of product, and the effect of law-enforcement interdiction efforts on the heroin supply chain.

This data, including photos, was captured by researchers on their mobile phones and sent regularly (i.e. every one or two days) to the research coordinator<sup>28</sup> by means of an encrypted social-media app. After reviewing the data, the coordinator sent it using the same app to the GI-TOC research supervisor. A series of standard research security protocols were observed to ensure the confidentiality and security of this data – and of the researchers and respondents – throughout the research process.

For this research, no money (or other payment, in kind or otherwise) was paid at any time to any informants, dealers, suppliers or other individuals. Nor was any payment made for access, photos, responses to questions or referrals.

## Limitations, risks and safeguards

### Research limitations

In the quest to better understand the drug market environments of eastern and southern Africa, we determined it was important to address the following knowledge gaps: the lack of price data in the current literature and research in this area of study, and the issue of understanding heroin purity – particularly in the context of prices and markets. It was the intention of this research exercise therefore to include data on heroin purity as well as price. However, for several reasons, this was not deemed possible.

As with many research studies, time was a significant limiting factor determining what could and could not be done in the context of this work. The fieldwork was designed with a four-month window within which it could be completed. The research set out in this current report is intended to be the initial baseline for a series of price and market monitoring studies for the region. As a 'living' baseline,<sup>29</sup> this process will document, over time, heroin marketplaces across the region over the period of one year, ultimately working towards a sustainable, domestic mechanism through which these price and market data could continue to be collected and analyzed, contributing to the development



of better, more relevant drug policy approaches across the region.

Budget was an additional constraint and, for this reason, the research was restricted to the initial nine countries of this study, to the exclusion of the Indian Ocean island states, as well as those continental states further north.

### ***Risks and safeguards***

The principal risks included the following:

- Security environment, security of person and security of data. Drug use, and particularly injecting drug use, is prohibited in every country in which research was conducted. As such, PWUD in most of the countries under study face significant stigma and discrimination, and regularly risk arrest, torture or worse in several of the countries involved. Further, the collection of primary data on drug markets in these countries is a significantly sensitive affair, particularly because of the reality that government agents in all countries play an important role in the operation and security of the drug markets that cross their frontiers, and are part of their illicit economies. As such, all research participants were voluntary. Data collection locations were discussed and proposed by local researchers, who had also complete control over when and how to enter, and collect data from, these identified local drug markets. Data points, photographs and videos were inputted and sent in real time to a domestic research coordinator who fact-checked the contents and then forwarded them to the GI-TOC coordinator. Interviewers deleted the data and photographs from their devices after confirmation of receipt by the domestic coordinator. Data was transmitted from the coordinator to the GI-TOC research focal point using the same protocols. Data was then stored on an encrypted drive.

- Absence of formal PWUD CSOs. In several countries, given their political and security environments, there were no formal, active PWUD CSOs with which a public partnership was possible. In these cases, a research mediator – one who worked with PWUD communities – was engaged to lead research implementation with informal (often unaligned) PWUD partners.
- Illegality of drugs and PWUD. Heroin is criminalized in every country that forms part of this research. Therefore, there was a significant risk of research participants coming into contact with law enforcement, or receiving criminal sanction in some manner. In several of the countries, there are active government campaigns to arrest and jail PWUD.
- Corrupt law enforcement and other government officials. It is difficult to identify corrupt officials, but their existence can be validated through a body of existing academic research, and, more directly, through the testimonies of PWUD who deal with such officials on an almost daily basis.

Two important safeguards included:

- The principle of do no harm. An overriding feature of the work was the need to ensure that no individual or group was harmed in any way as a result of either conducting or participating in this research. Communication between the GI-TOC and partners was undertaken daily, and the research was adjusted constantly to accommodate the risk dynamics inherent in local heroin market environments. In three countries, research had to be ceased, abandoned or significantly abbreviated owing to personal security concerns around the researchers and participants.
- De-encryption and data security. All researchers used an encrypted mobile peer-to-peer messaging application in order to store and send data, which was removed from the phone once it had been uploaded to either the peer coordinator (in the case of Tanzania and South Africa) or the GI-TOC research supervisor.





# A BRIEF HISTORY

HEROIN IN EASTERN AND  
SOUTHERN AFRICA





**H**eroin is not an African product: it is an introduced commodity. Similarly, heroin is not produced from a crop indigenous to the African continent: it is derived from the opium gum that oozes out of the striated capsules of poppies endemic to regions of Southwest and Southeast Asia. While it would have been available in very small amounts as a quasi-licit commodity across many parts of colonial Africa in the middle of the last century, the introduction of the UN's Single Convention on Narcotic Drugs (1961) marked a new global beginning in the prohibition of certain drugs, including heroin. Historical production and seizure figures would suggest, however, that this very act of establishing a global heroin prohibition environment did not succeed in eliminating its production and trade; instead, the convention became a core structural component in making heroin a valuable tradeable commodity from the perspective of its institutionalized illegality and illicitness.<sup>30</sup>

Nigeria is recognized as one of the first African nations to import heroin in volume with the purpose of assisting, from as early as the mid-1950s, its movement from Southeast Asian origin points to the markets of North America and Europe.<sup>31</sup> By the late 1970s, West African airports and seaports had begun to embrace and consolidate their role as transit hubs for heroin (and soon after, cocaine). The region's position in between production markets in the east, and European and US marketplaces in the West – alongside an amenable political system, established air linkages, and a vast and growing diaspora network – made West Africa an attractive and illusory 'point of origin' for the transit of such shipments.<sup>32</sup> Soon Ghana, Mali and the diasporic membership of other West African nations began to move into this illicit market space alongside the predominant Nigerian networks.<sup>33</sup>

◀ **Members of the Afghan security force destroy an illegal poppy field in Maiwand district of Kandahar province.** © Javed Tanveer/AFP via Getty Images



*Regular maritime  
traffic of heroin  
from Asia to East  
Africa increased  
alongside opium  
yield increases.*

From the early 1980s, heroin began moving in small amounts – both from West African ports of call, as well as directly from Southeast Asian sources – into the cities of Africa’s eastern seaboard, as tourism began to expand in places like Kenya.<sup>34</sup> The growing influx of foreign tourists saw the emergence of a limited domestic consumer market for heroin.<sup>35</sup> This shift in transit to eastern coastal regions was, in some part, due to a sustained increase in seizures of heroin originating from West African transit origins and destined for European destinations.<sup>36</sup> Nigerian networks began to make greater use of the growing transcontinental transport options becoming available, particularly including an increase in the interconnectedness of continental airports, as well the proliferation of direct flights servicing the growing independent populations of the continent’s former colonial enclaves.<sup>37</sup> This move to a wider geographic transit diversity with the inclusion of East African ports and cities, made it easier once again to conceal illicit heroin shipments to European and American destinations, this time amid the myriad flows of a rapidly growing transnational tourism and cargo trade.<sup>38</sup> Initially, East African import and distribution was controlled by Nigerian traders through their diaspora networks that cut across the cities of the coastal nations.

As the decade came to an end, three important developments influenced the dynamics of the East African heroin market as an emerging transit and distribution locale. First, heroin from Southeast and Southwest Asia that was transiting the region began to increase in volume. Alongside this, however, came a correlated increase in seizures. From 1986 to 1990, both the CND and INTERPOL noted significant increases in the amount and volume of African-based heroin seizures over previous years.<sup>39</sup> This was a significant development, and one that increased the acceptable risk environment in which these trafficking networks were operating. Thus began the slow movement of maritime and air shipments to ports further to the continental south; these were new transit points through which shipments could be less susceptible to interdiction. The end of the civil war in Mozambique in 1992, which opened up a new coastal territory that had earlier been a more challenging environment due to conflict, was a significant influencing contributor to this southward shift of vessels from Kenya and Tanzania to new points in northern Mozambique. The end of apartheid in South Africa in 1994 also contributed to this geographic expansion in supply. Democracy opened the doors of a previously closed market to a reasonably wealthy and large domestic market for drugs. Naturally, this encouraged the movement of supply vessels further down the southern African littoral to bring them closer to this new potential market, one that had sound air and overland transport infrastructure, and a worldwide amount of goodwill (and, therefore, clandestine opportunity) accompanying its emergence from isolation.<sup>40</sup>

The second development came in the form of a diversification of regional trafficking network actors. Indigenous eastern African groups – who became involved initially as local fixers for the West African networks – began to wrest control (and power) away from the Nigerians. As a result, Tanzanian, Zanzibari and Mozambiquan trafficking groups began to emerge.<sup>41</sup> Initially, they dealt with low-volume and locally destined shipments, but this would soon change.

The third development was one that came with some significant personal impacts. The beginning of the 1990s marked the start of a rapid expansion of coastal heroin

use and, in particular, the eventual initiation of IDU. By the middle of the decade, heroin use had expanded significantly across the coastal communities of southern Kenya, Tanzania and Mozambique, as well as into secondary inland communities in the region.<sup>42</sup>

Regular maritime traffic of heroin from Southwest Asian sources to East African shores continued to increase alongside opium poppy crop and opium yield increases in Afghanistan in the 1990s. In fact,

Afghanistan's opium output quadrupled over the decade from 1985 to 1995.<sup>43</sup> It expanded further still, particularly following the Taliban's rise to power in 1996 and their declaration of an Islamic Emirate of Afghanistan. In 1999, 4 565 tonnes of opium were harvested in Afghanistan – enough to manufacture roughly 458 tonnes of heroin – and 1 200 tonnes of opium were harvested in Myanmar.<sup>44</sup> As the new millennium approached, eastern African trafficking networks were dealing with growing shipment

Afghanistan opium poppy cultivation from 1994 to 2003 (hectares, rounded)

1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
71 000	54 000	57 000	58 000	64 000	91 000	82 000	8 000	74 000	80 000

Afghanistan opium production from 1994 to 2003 (in tonnes)

1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
3 416	2 335	2 248	2 804	2 693	4 565	3 276	185	3 400	3 600

SOURCE: UN (2003) Afghanistan: opium survey 2003, UNODC, Vienna, p 7.

Myanmar opium poppy cultivation from 1990 to 2003 (hectares, rounded)

1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
150 100	160 000	153 700	165 800	146 600	154 070	163 000	155 150	130 330	89 500	108 700	105 000	81 400	62 200

Myanmar potential opium production from 1990 to 2003 (in tonnes)

1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
1 621	1 728	1 660	1 791	1 583	1 664	1 760	1 676	1 303	895	1 087	1 097	828	810

SOURCE: UN (2003) Myanmar: opium survey 2003, UNODC, Vienna, pp 8 and 12.

**FIGURE 4** Opium poppy cultivation in Afghanistan and Myanmar compared

volumes, a growing local consumer base and a wider geographic area of influence. But things were about to change.

The five-year period 2000 to 2004 can be viewed as marking an important environmental shift in the evolution of heroin in eastern and southern Africa. That period roughly marks the beginning of what would quickly become a volume-based expansion of heroin trafficking networked and embedded along nearly the entirety of the eastern and southern African coast. The Taliban position of acceptance of the cultivation of poppy and the production of opium as a staple agricultural commodity, one taken since the beginning of their period of control in Afghanistan, changed abruptly in July 2000. In a

surprise move, Taliban leader Mullah Mohammed Omar declared poppy cultivation (and opium production) to be *haram*, or forbidden under Islamic law. In the months following the declaration, the Taliban succeeded in reducing the cultivation of opium poppy by 90% and the production of opium gum by 96%.<sup>45</sup> Without doubt there were opium stores from which suppliers could draw down on reserves to continue to manufacture heroin. Nevertheless, this decimation of the cultivated crop was a significant supply shock to the regional distribution systems that had previously succeeded in delivering Afghan heroin to consumer markets abroad. This sudden policy shift on cultivation had serious geopolitical implications as well.



**An Akha subsistence farmer scores opium poppies in the remote Phongsaly province, Lao PDR.**

© Tessa Bunney/Getty Images

As the Taliban were moving to eliminate Afghan poppy cultivation in its entirety, on the eastern edge of Asia, Myanmar was surging towards what would become back-to-back years of significant opium production.<sup>46</sup> Just when Afghanistan appeared to be moving away from cultivating the poppy, the boost in Myanmar production suddenly took on a new level of importance and, as a traditional origin point for the networks in eastern and southern Africa, a new level of significance. In that brief 2000–2001 production window, the only place on earth where opium was being harvested in any significant quantity had shifted from Southwest Asia to Southeast Asia.

Heroin use at this time was predominantly through inhalation, a method of consumption sometimes called ‘chasing the dragon’. This was because the dirty-brown Afghan heroin, which was so common on the streets of urban centres like Nairobi and Mombasa, as well as the many secondary towns along the coast, was consumed most easily in this manner. Around 2000 – and this trend overlaps with the decline in Afghan heroin production

– reports from Kenya indicate that there was a significant change in the type of heroin and the consumption method in the region.<sup>47</sup> Afghan heroin suddenly vanished from the streets and was replaced entirely by a new, white heroin, allegedly from Southeast Asia.<sup>48</sup> Not easily consumed through inhalation, this form of heroin was believed to be more effectively used through IDU. Thus, a means of consumption (i.e. injection with a needle syringe), which had been largely peripheral in the eastern African coastal heroin market, had become – in a matter of months – the dominant means to use the drug.

The proliferation of IDU among neighbouring populations of consumers in the region was also caused by an apparent reduction in the purity of Afghan heroin once the supply chain had resumed following the brief period of supply reduction.<sup>49</sup> Allegedly, one tactic employed by suppliers during that time was to reduce the purity of heroin by adding adulterants to it prior to shipment, thus bringing down the overall purity of the product.<sup>50</sup> Adding adulterants increased the volume of





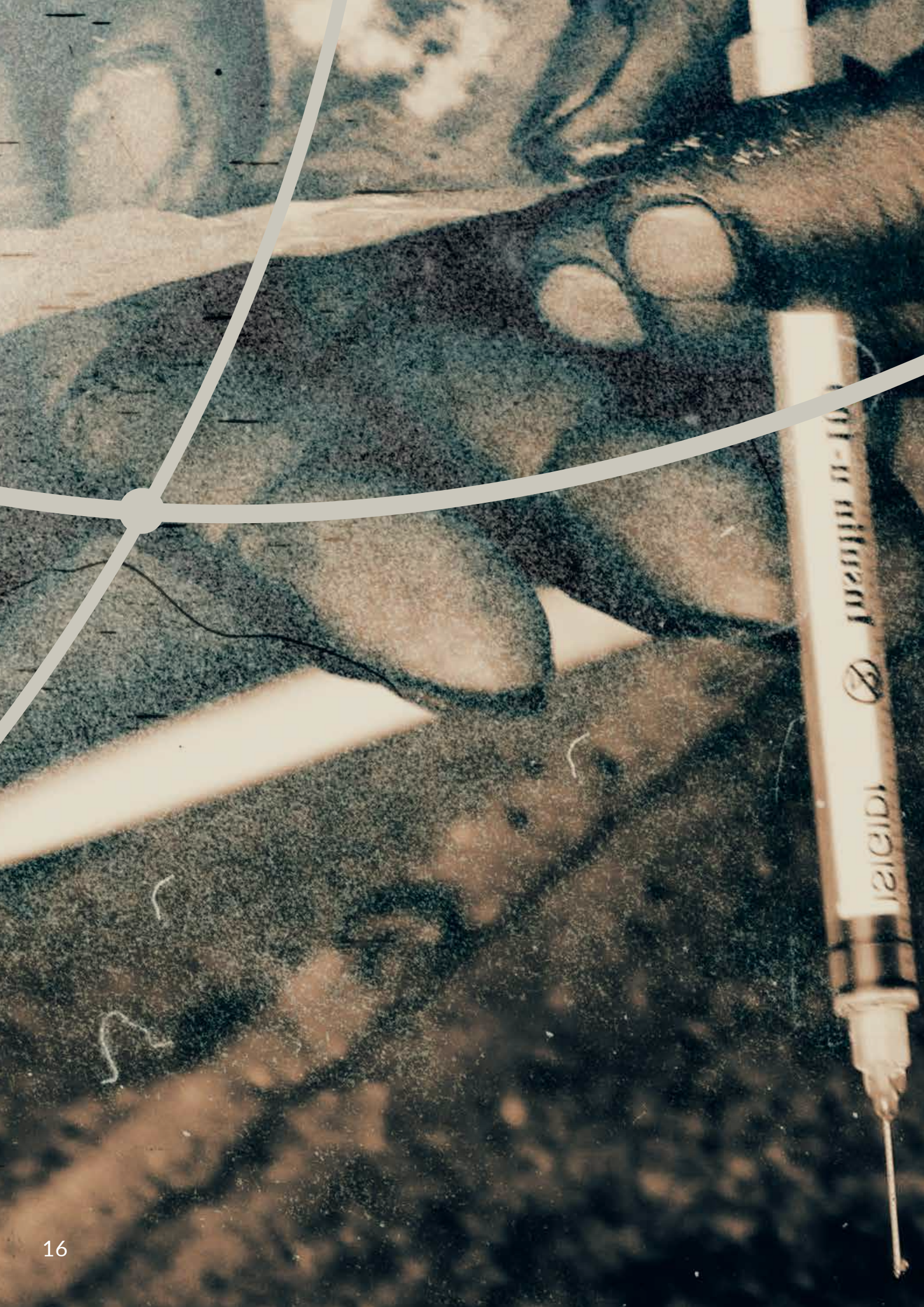
heroin available, and thus allowed distributors to continue to meet their consumer base demands. The smoking of heroin of a much lower purity level – particularly for a population that had grown accustomed to a higher level of purity – also most likely contributed to a sustained shift among heroin consumers in eastern Africa away from smoking to injecting. In this way, they would consume less heroin – and therefore spend less money – and still get the effect of the heroin as desired.<sup>51</sup> IDU was being taken up as a means of use by a growing number of coastal users. It proved more efficient than inhalation or smoking in delivering the desired high, particularly for users with a high tolerance or dependency level.<sup>52</sup>

In 2004, a seizure of 1.1 metric tonnes of heroin was made on a vessel docked in Mombasa.<sup>53</sup> Ten years later, the UN would attribute the geographic factors and volume of such a seizure as being a common characteristic affirming the emergence of the so-called ‘southern route’ as a major pathway for the trafficking of Afghan heroin to Europe via Africa.<sup>54</sup> Regardless, in the years following this seizure, and until the UN declaration of African vulnerability to heroin traffic made in 2015, one

must assume that high volumes of heroin regularly transited the Indian Ocean by dhow<sup>55</sup> to landing points dotted along the eastern and southern Africa coastline.<sup>56</sup> Subsequently, heroin continued to seep into communities along the coast, and inland to larger urban centres where heroin markets sprouted. As the structural factors of poverty, inequality, unemployment, cross-border migration and trade grew in the region during this period, so did the demand for heroin – as well as its consequences.

Today, some 40 years on from their introduction, the heroin economies of eastern and southern Africa appear to be as resilient and profitable today as they have ever been. Despite the broad acknowledgement of the role that these geographies are playing in either the transit of heroin to European markets or the expansion of their own domestic consumer populations, heroin appears to have become a significant shadow commodity across large swathes of the region. And its pervasive, institutionally corrosive influence stands as a testament to the importance of promoting evidentiary approaches to national and regional drug policy formulation and implementation.










# **THE DOMESTIC HEROIN MARKETS IN EASTERN AND SOUTHERN AFRICA**





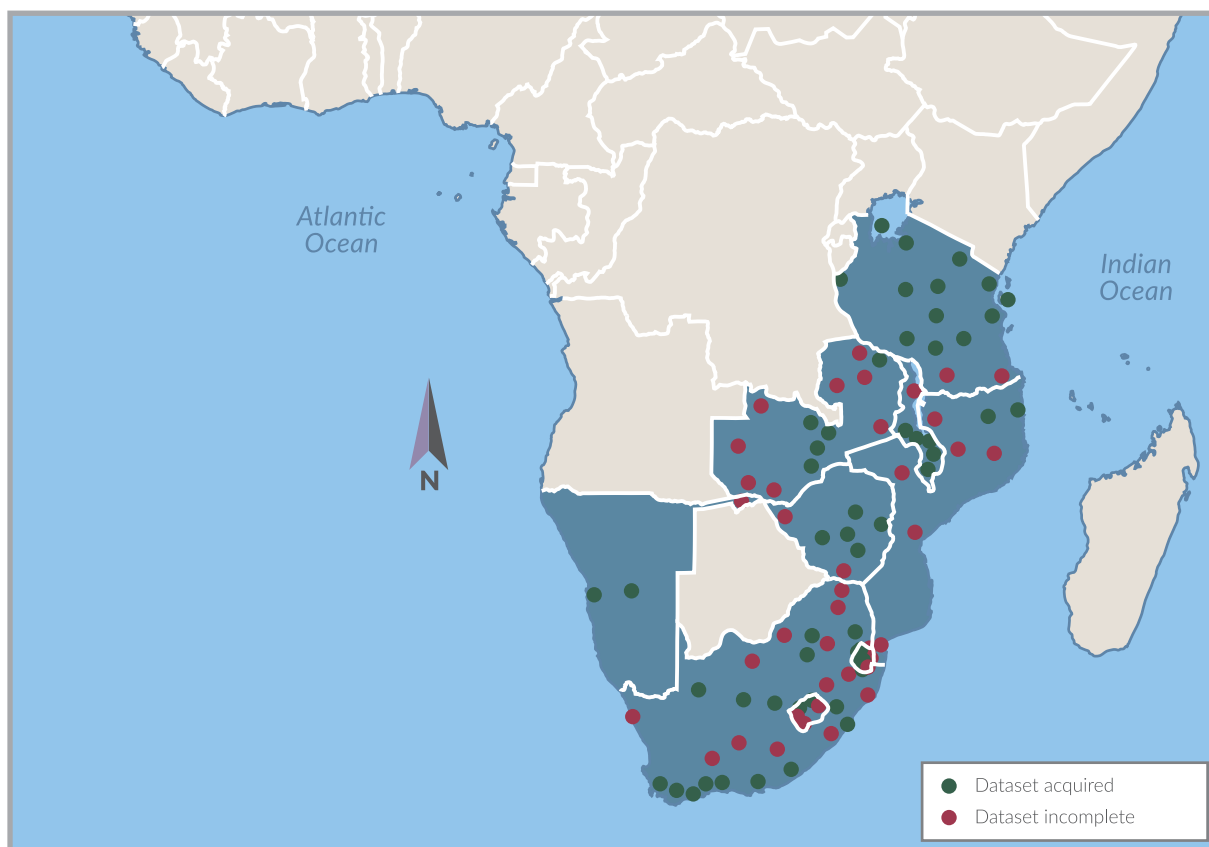
Of the 94 potential research sites proposed originally across the nine countries under study, 41 were unable to return complete, viable data sets in line with the parameters of the exercise. Reasons for this included:

- **Environmental insecurity** – sites along the border between northern Mozambique and southern Tanzania, in particular, were affected by non-state actor violence and intense personal insecurity in many places.
- **Inadequate data** – in several of these locations, the quality of the data collected and submitted was insufficient for it to be considered for inclusion in the current report. Reasons for this included incomplete price (or other) data sets, inability to collect necessary data due to factors beyond the control of the researcher (e.g. drug crackdown occurring at the time and potential informants in hiding or arrested), and the inability of researchers to access the ‘closed markets’ that existed in some areas.
- **Time constraints** – in the case of 24 locations, the research participants failed to return any data in the time period required for it to be included in this current report.

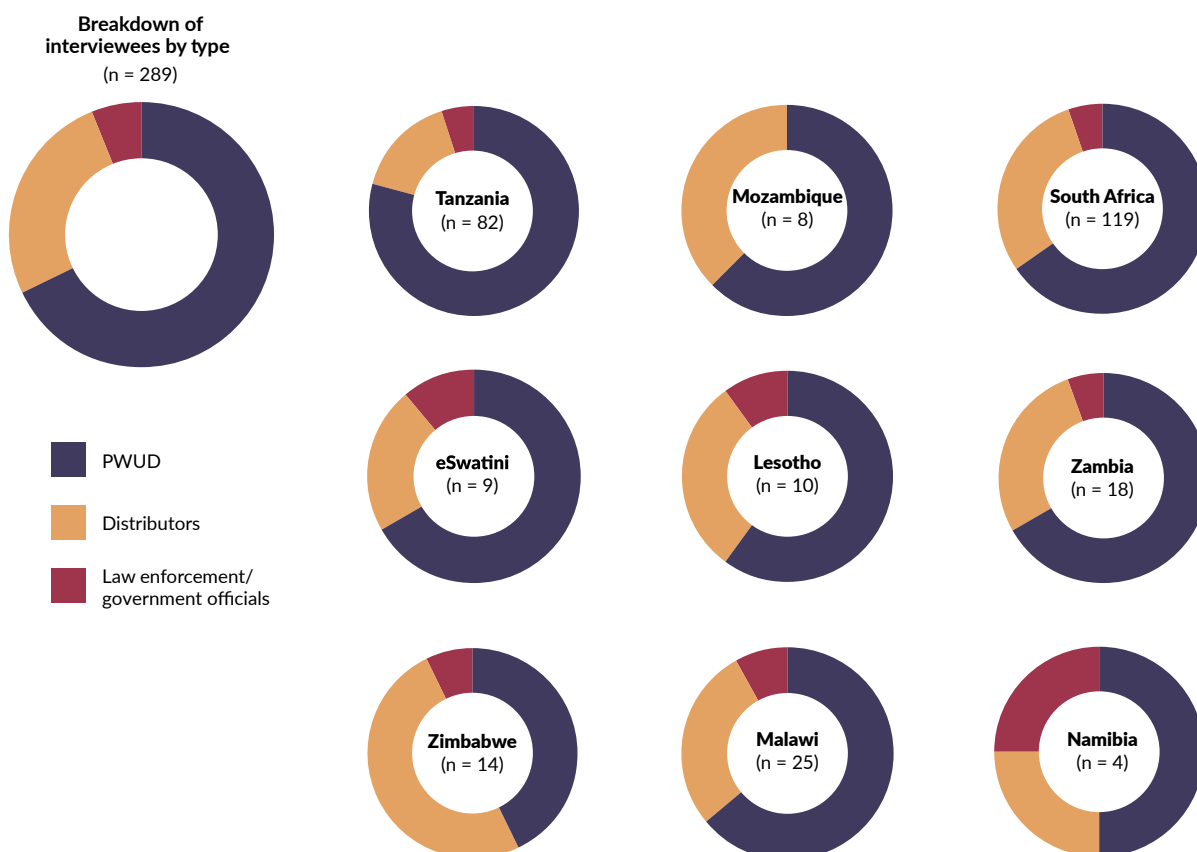
Interviews were conducted with 196 PWUD; 76 street dealers or distributors (of various levels); and 17 law-enforcement and government officials (of varying levels) in 53 of the 94 sites. A further 56 law-enforcement officials contributed input only to the domestic drug price database.

Retail price data was collected from sites in all nine countries. Photographs of retail heroin samples were collected from seven of the nine countries. In Malawi and Namibia, the researchers were not presented with any verifiable heroin samples that they could photograph. In the case of the Malawian researchers, they were presented with samples of cocaine, instead of the requested heroin. Where relevant, numerical references for drug sample photograph locations are indicated on country research site maps. Currency conversions were applicable at the time of conducting the research.

Qualitative information on the characteristics of domestic distribution systems for heroin, as well as on market structural features that enable and promote the heroin retail market-places to sustain themselves and, in most cases, expand, were also collected. These are presented in the report by country, under the headings ‘price’, ‘distribution’ and ‘market’. A presentation of cumulative price, distribution and marketplace characteristics in the region is presented following the country case presentations.



**FIGURE 5** Research site locations



**FIGURE 6** Interviewee breakdown, by country

## LOCAL DRUG TERMINOLOGY

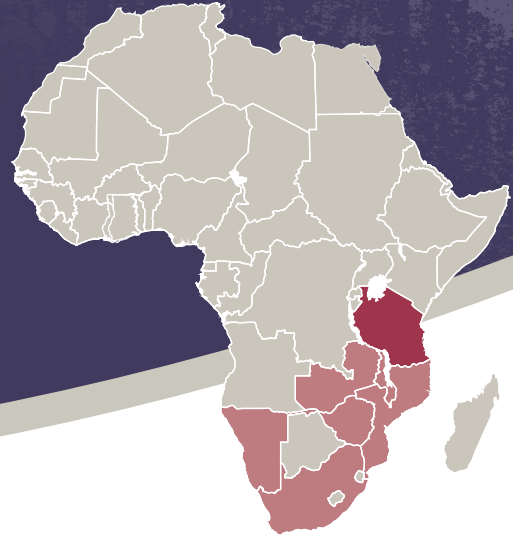
<b>Banky</b>	A unit of storage for distribution. Similar to a clear plastic bag used in banks to store cash, it is used by heroin wholesalers for the bulk storage of retail units, such as beats (see below).
<b>Beat</b>	A measurement unit of heroin equivalent to $\frac{1}{4}$ gram.
<b>Booster</b>	A measurement unit of heroin equivalent to 3 grams.
<b>Kat</b>	A regional variation of the English word 'cut'; used in Lesotho to refer to low-quality heroin.
<b>Katte</b>	A measurement unit of heroin equivalent to $\frac{1}{4}$ gram.
<b>Mosia</b>	A Sesotho word meaning 'cat'; refers to low-quality heroin.
<b>Ndonga</b>	A measurement unit of heroin common in Tanzania and equivalent to 10 grams.
<b>Ngcono</b>	A Zulu word meaning 'superior'; used in reference to high-quality heroin.
<b>Nyaope</b>	The Swahili word for 'white'; used by some Tanzanians to describe heroin.
<b>Ori</b>	An abbreviation of 'original'; refers to high-quality heroin in Lesotho.
<b>P</b>	An abbreviation of 'pure', commonly used in eSwatini; refers to heroin of high quality.
<b>Pinch</b>	A measurement unit of heroin roughly equivalent to $\frac{1}{8}$ gram.
<b>Rock(s)</b>	A measurement unit of heroin, equivalent to $\frac{1}{4}$ gram and signifying uncrushed heroin.
<b>Section</b>	A measurement unit of heroin equivalent to $\frac{1}{4}$ gram.
<b>Snymen</b>	Low-level street dealers in Lesotho.
<b>Stone(s)</b>	A measurement unit of heroin, equivalent to $\frac{1}{4}$ gram and signifying uncrushed heroin.
<b>Twist(er)</b>	A $\frac{1}{4}$ gram unit of heroin sold in South Africa, wrapped in plastic, and which resembles a tiny handbag.
<b>Unga</b>	The Swahili word for 'flour'; used by some Tanzanians to describe heroin.
<b>Whoonga</b>	A regional variation of 'unga', used mainly in the KwaZulu-Natal province of South Africa.

## NOTE ON HEROIN FLOW MAPS

The identification of heroin directional flows shown in the country maps is based on an analytical interpretation of data gathered from interviews with people who use drugs, law-enforcement and government officials, and local drug distributors. The visual representation of these flows is based on this interpretation, and should be viewed as a relative estimation, and not a definitive assertion.

Currency conversions were applicable at the time of conducting the research.

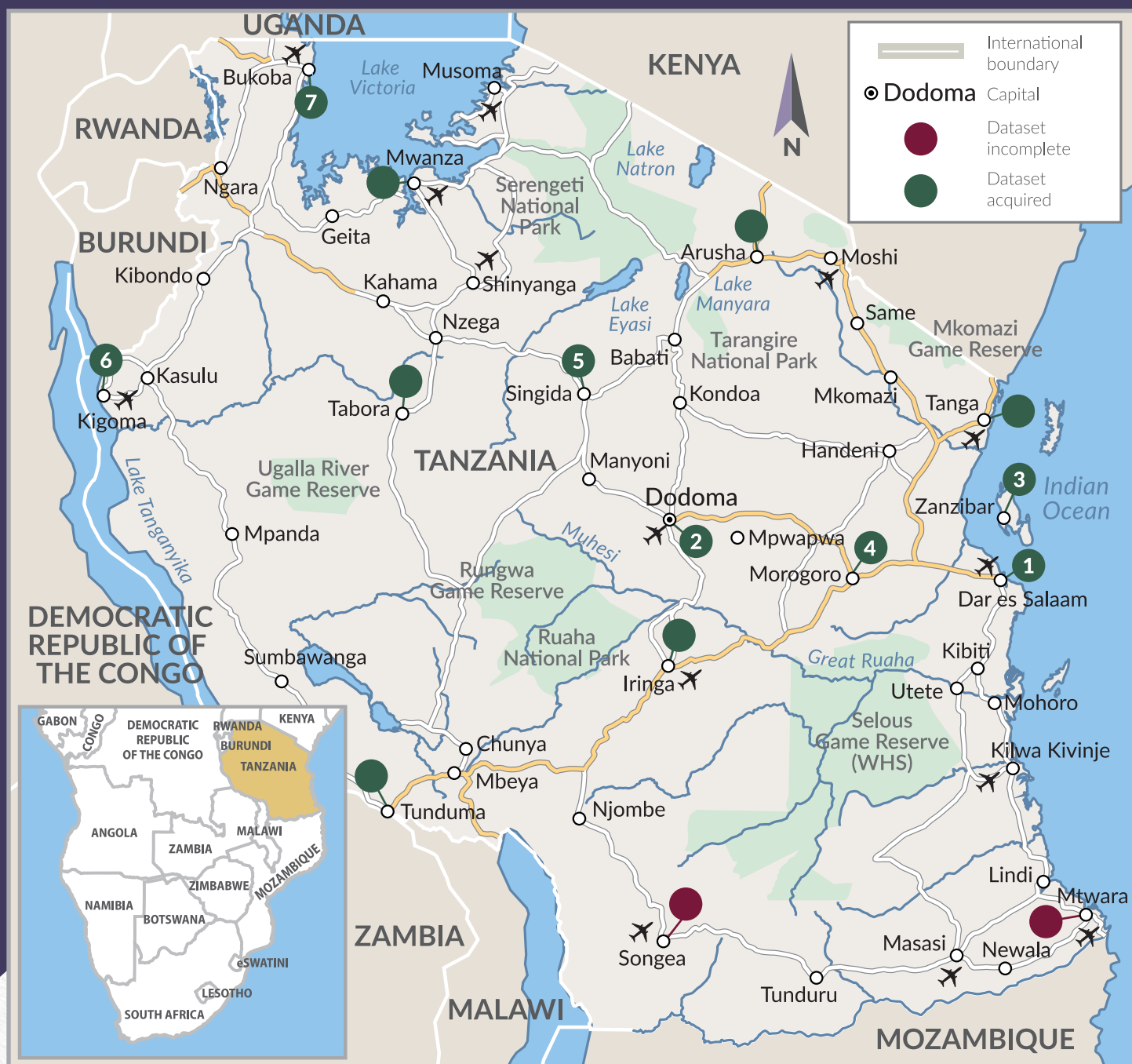




## THE HEROIN MARKET IN TANZANIA

**D**ata was collected in partnership with a local civil-society organization affiliated with PWUD. Domestic heroin retail price data was gathered through field interviews conducted with heroin users and market dealers active in 15 drug market sites across the country. These locations included urban, peri-urban and rural geographies, and represent the majority of the administrative regions of the country. Owing to significant security concerns, it was not possible to collect sufficient data in locations bordering with Mozambique, including the regions of Mtwara, Ruvuma and Lindi.

Metrics addressing retail price range (minimum to maximum) in local currency, user perception of product quality, and local market demand and supply characteristics were gathered for each site. A photograph was taken of representative heroin retail samples from most locations for reference, and to identify the kinds of retail packaging used in the country. The sample photos and price points for the sites are representative of the most common retail samples available in that location (see the map) and the mean retail price point for that sample.



**FIGURE 7** Research site locations, Tanzania



# Retail heroin samples from Tanzania

Note: TZS3 000 is equivalent to just over €1.



A set of 'pinches' from the Kigamboni area of Dar es Salaam. These can range in weight, though each sleeve is roughly 0.125g. These are sold for around TZS 3 000.



A pinch of 'white sugar' heroin from Dodoma, selling for TZS 6 000. Marketed as a quality substitute for Dodoma's popular, hyper-pure 'Burundi pinch', 'white sugar' allegedly contains no heroin; rather, it is said to be a concoction of unidentified cutting agents and other adulterants.



The 'Burundi pinch': roughly 0.25g in weight and sold in Dodoma for TZS 5 000–6 000, this is recognized by PWUD as having high purity, and provides a pleasant high. It gets its name from its alleged source – a previously unknown overland heroin supply route entering Tanzania from the west via the Great Lakes countries of Uganda, Rwanda and Burundi.



This foil-wrapped 0.25g heroin packet is sold in Zanzibar for TZS 5 000, and represents some of the very best heroin available in the country. PWUD perceive its purity to be high – close to 100%. Its packaging is unique, and shares no similarities with packaging found elsewhere in the country.



A pinch of heroin from Morogoro, halfway between Dar es Salaam and Dodoma. It sells for TZS 3 000. Oddly, for a heroin market located between two large domestic production and distribution points for heroin nationally, the quality of this pinch is very poor. It has been described as 'rough', 'dirty' heroin, with poor melting characteristics similar to those described in Kigoma.



A pinch from Singida. This retails for TZS 2 000, with the quality being perceived as extremely poor. PWUD find it to be heavily adulterated, and with low purity.





A pair of heroin pinches from Kigoma, located on the western border of Tanzania formed by Lake Tanganyika. It retails for TZS 5 000. PWUD report it to be of poor quality, with some PWID reporting that it doesn't melt properly and that it resembles glue when they attempt to dissolve it for injection.

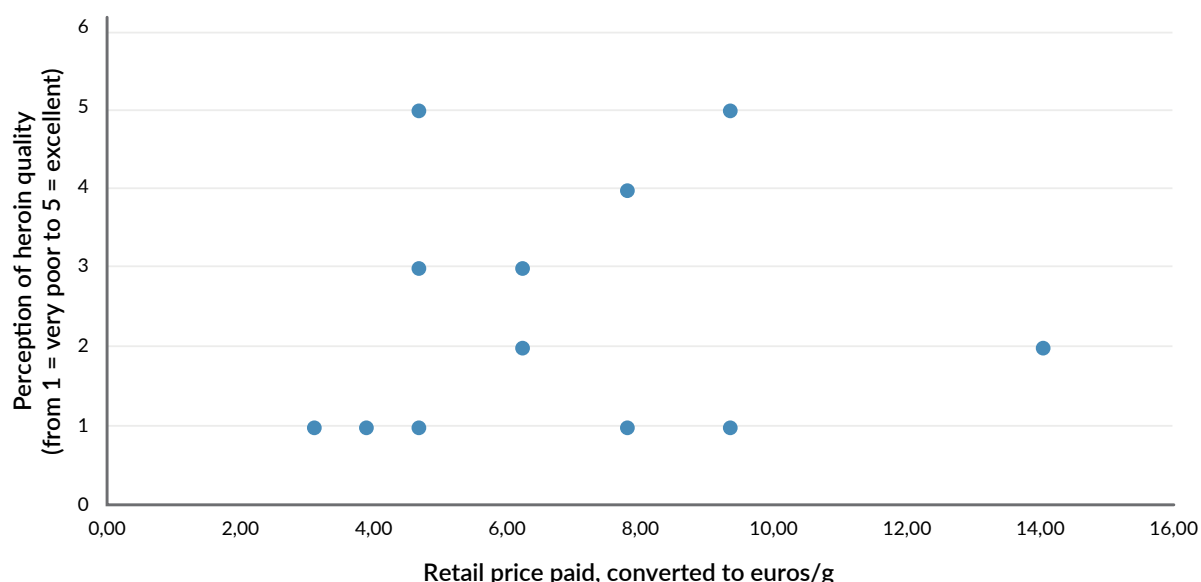


A pinch of heroin from Bukoba, located on Lake Victoria, in the north-western part of the country, near the border with Uganda. These pinches retail for TZS 9 000, and are viewed as being heavily adulterated. These pinches allegedly are sourced from supplies cut and repackaged in Dodoma, over 900km away.

Two heroin pinches were obtained in **Tanga**, on the north-eastern coast, just below the Kenyan border. These were roughly 0.2g in weight, and retail for TZS 3 000. Despite **Tanga's** proximity to coastline trafficking nodes, PWUD perceive the quality of these pinches to be no better than average, and less so than those available in nearby Zanzibar or Dar es Salaam.

A heroin pinch obtained from **Mbeya**, along the southern border with Zambia and Malawi, retails for around TZS 2 500 and is very poor quality. Like the Kigoma pinch, it has a dirty, granulated appearance. PWUD believe the sample in question to have been cut so many times that there may not be any heroin left in it, and it is rumoured to be a low-grade concoction of unidentified adulterants.

A pair of heroin pinches were obtained in **Mwanza**, located in Tanzania's far north, on the southern coast of Lake Victoria. These pinches weigh roughly 0.12g each, and retail for TZS 4 000. Their quality is poor, with PWUD indicating that they are heavily adulterated versions of heroin. The Mwanza supply originates in Dodoma, where high-volume cutting and repackaging occurs. It is possible that additional cutting and repackaging also occur in Mwanza.



**FIGURE 8** Perception of heroin quality by PWUD, compared with retail price, Tanzanian sites

## Characteristics of the domestic heroin economy in Tanzania

### Price

Initial results show that there is no place in Tanzania where heroin is not available. The reported domestic retail price of heroin in Tanzania is between 2 000 and 8 000 Tanzanian shillings (TZS) (equivalent to €0.79–3.15) per dose, with a mean price of TZS 4 000 (€1.57).

The average number of doses taken by a heroin user in a day fluctuates significantly across the country, from six to 20 or more pinch-sized doses in urban and peri-urban areas, and higher numbers recorded in rural areas. Situational factors, such as price, perceived dose purity and method of consumption (heavier users, who inject heroin, as opposed to smoking or inhaling the drug, tend to consume more), determine the daily amount of heroin consumed.

The price of heroin does not appear to be correlated closely with its perceived quality (see Figure 8). Pricing seems more closely related to supply-related factors, such as the consistency of its availability in particular local markets. For example, relatively high prices are paid for heroin of very poor quality in places such as Mwanza and Kigoma, with dealers and users reporting that the heroin available in

such remote rural locations is cut repeatedly with a variety of adulterants that muddy its appearance, mute its effect and, in some cases, give its liquid form a glutinous consistency, which makes it difficult to inject. Overall, injection of heroin is an increasingly common method of use in rural areas, following a trend seen in urban areas for some years. The price of heroin in more remote areas is reportedly determined, in part, by dealers passing on the costs of transport and supply to users.

### Distribution and packaging

Initial results appear to show that the further away the heroin is acquired from a large urban centre, such as Dodoma or Dar es Salaam, the lower its perceived quality. Both these cities are reported to be geographic centres for the distribution of heroin throughout the country, where mid- and low-level domestic trafficking groups receive heroin from international supply networks before transporting it to local markets for sale.

There appear to be no secure, organized supply pipelines in rural areas. Dealers in remote areas rely on nearby entrepreneurs with links to the illegal market, who arrange heroin shipments from primary

suppliers either in Dodoma or Dar es Salaam. Shipment is arranged either through people carrying the drug on public transport or small caches that are hidden in commercial vehicles. The heroin that is procured for these remote locations has already been cut at source. In some cases, the heroin supplied from Dodoma or Dar es Salaam is prepackaged in small single-dose packages for retail sale; in others, it is purchased in larger wholesale quantities to be cut again by rural suppliers before being distributed.

The retail packaging of Tanzanian heroin provides interesting information about forms of consumption and about heroin supply routes. Most of the retail doses are sold as a 'pinches', whereby the adulterated heroin is packaged in a narrow polypropylene tube that is heat-sealed at each end. A major variation in appearance between pinches in different locations lies in the colour of the contents. Although purity sampling was not conducted as part of this research, it is generally believed by PWUD that darker colours tend to indicate higher levels of adulteration.

The quantity and quality of heroin in a pinch vary according to location. For example, in some places, a pinch may be slightly larger than the average weight (i.e. 0.125 grams) and appear to contain more product. According to users, this is because the quality of the product is lower as a result of repeated cutting, and dealers increase the weight as a means of accounting for a decrease in purity. This presents a challenge in trying to determine the volumes of local heroin supply and demand, as it is not possible to determine a universal national measure for the number of pinches per gram given these factors.

Our sample results from Dodoma, Mwanza and Mbeya showed a strong similarity in retail packaging, which suggests that these three markets are closely linked through a single supply chain. In some locations, however, there is a distinct difference in packaging of retail heroin doses. For example, on the Zanzibari island of Unguja, heroin is distributed in distinct, curly-tailed foil packaging, a marked

difference from most of the mainland markets. In Dodoma, there is a second type of retail dose available known as a 'Burundi pinch' (see the photo samples), which in its packaging is different from the regular pinches – it is sold in a small polyethylene 'twister' and is reportedly of much higher quality than the other, more regular, pinches. This has spawned copycat production of pinches in Dodoma, which are sold as 'Burundi pinches', but which contain mostly white powdered adulterant, and little heroin by volume. Such apparent deviations in packaging most likely signify supply chains that are outside of, or tangential to, the existing domestic network. Interviews with dealers appear to support this conclusion as, in terms of the Dodoma market, a hitherto undefined supply channel entering Tanzania overland from Burundi, with origins in the overland trafficking of heroin from the major airline landing points of Tanzania's east African neighbours, was described by several informants.

## Market

These results provide new and important information about how local drug markets function. But they also confirm that the picture is substantially more complicated than we previously believed. The survey data from Tanzania, as well from ongoing interviews across the region, suggests that when it comes to local markets, there are few fixed flows of heroin that can be identified and blocked. Rather than following distinct streams, the supply of heroin is more akin to a shallow flood. The decades of impunity that traffickers have enjoyed mean that there are now multiple entry points into the regional market, and many competing or concurrent channels of supply, interwoven with the physical landscapes. Heroin is distributed in Tanzania with various levels of purity, volume and regularity, and the market is run by groups and networks of various sizes. The fact that heroin is supplied with significantly different levels of purity to the same retail consumers, and at the same price, is a symptom of a domestic heroin market with few barriers to entry for aspiring traffickers and dealers.



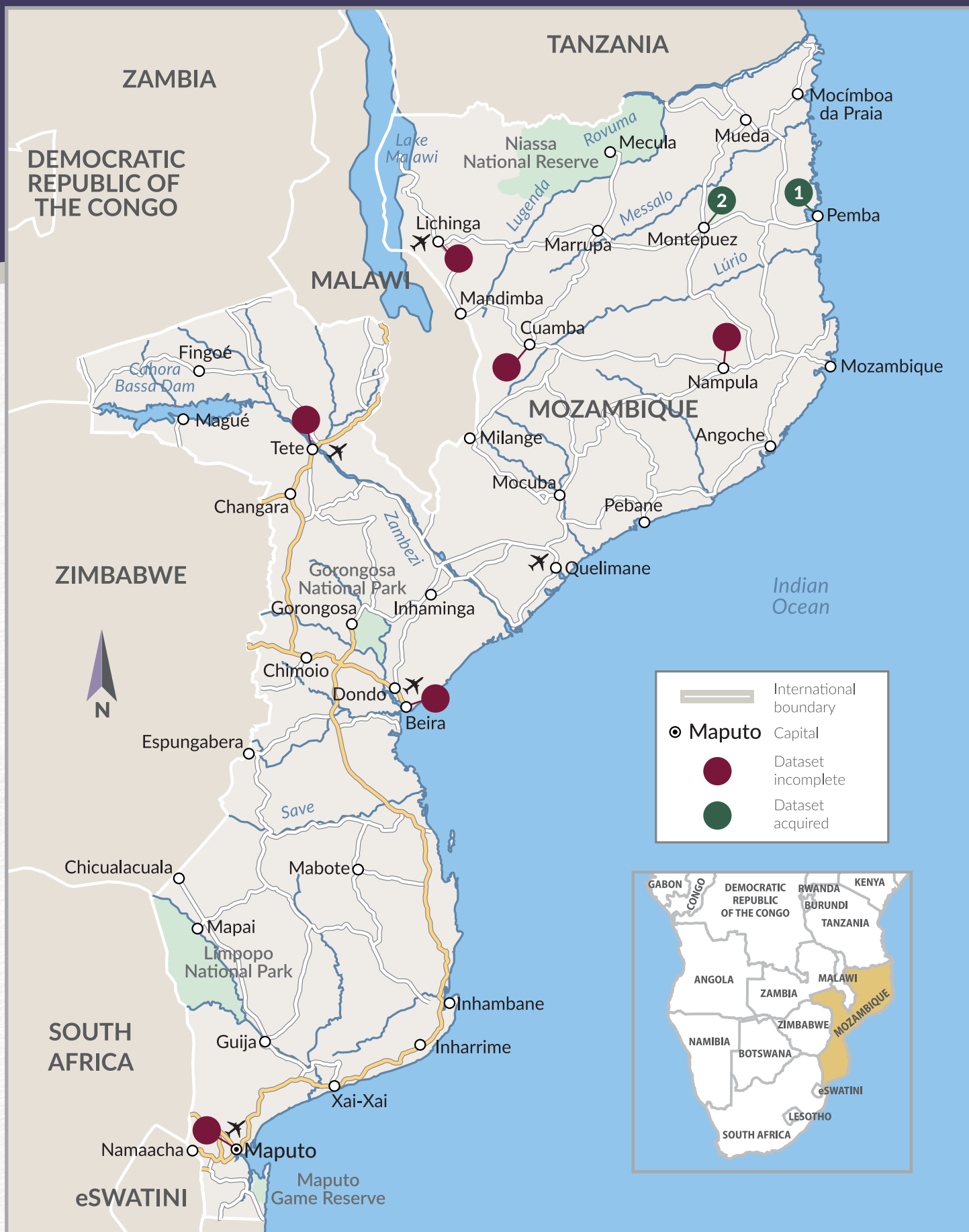


**FIGURE 9** Domestic distribution flows of heroin in Tanzania



## THE HEROIN MARKET IN MOZAMBIQUE

**F**or Mozambique, data was collected in partnership with a local researcher. Domestic heroin retail price data was gathered through field interviews conducted with market dealers active in three drug market sites in northern Mozambique. Owing to significant security concerns, it was not possible to collect sufficient data in locations bordering with Tanzania, including in particular the region of Cabo Delgado. Due to monitoring by state agents, one researcher had to cease his work in three sites, and a second researcher was unable to complete documentation across three other locations. As a result, only minimal metrics addressing retail price range (minimum to maximum) in local currency, user perception of product quality, and local market demand and supply characteristics were gathered for the sites that were covered. Photographs were taken of representative heroin retail samples from these locations for reference, and for representation of retail packaging characteristics. The sample photos and price points illustrated in the data set are representative of the most common retail samples available in these few locations and reflect the mean retail price point for the samples in only these sites.



**FIGURE 10** Research site locations, Mozambique



## Retail heroin samples from northern Mozambique

*Note: MT1 000 is equivalent to €14.*



A 0.25g packet of high-grade heroin available in Pemba, a core logistics and distribution point for heroin entering or transiting northern Mozambique. Selling for MT 2 500 a packet, the product is largely pure. Medium-quality versions sell for MT 750, and the lowest-quality for MT 400.



These twin foil-wrapped 0.25g heroin packets, sold in Montepuez for MT 2 000 per packet, represent the highest quality available in the Montepuez heroin marketplace. It is said that this heroin originates in Mtwara, Mozambique, and is transported down the coast to Mócimboa da Praia, from where it is distributed inland. Equally, this pure heroin could come directly from landing points in and around nearby Pemba.



A foil-wrapped 0.25g packet of mid-grade heroin available in northern Mozambique. Retailing for MT 500 per packet, this product is aimed at PWUD who want something of a higher standard than the low-quality imported Tanzanian pinches favoured by mineworkers and other poor users. This is 'middle class' heroin – of a higher grade than the impure pinches, but not as expensive as the highest-quality alternatives.



Two packets of low-grade available for MT 200 each in Montepuez. In fact, these are Tanzanian pinches smuggled south into northern Mozambique on trucks crossing the Negomano Bridge border point. The market for these heavily adulterated pinches is the large artisanal mining community who inhabit this northern region.

# Characteristics of the domestic heroin economy in Mozambique

## Price

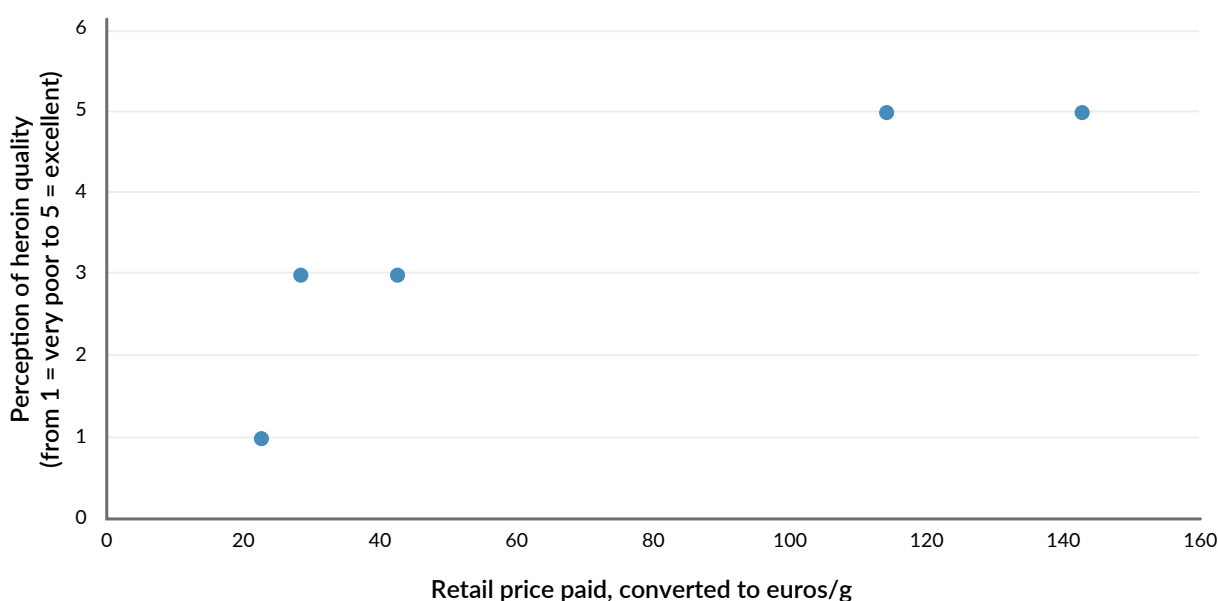
Initial results and follow-up contact with additional informants to the study show that there is no place in Mozambique where heroin is not available. Like Tanzania (and Kenya), Mozambique has a long-standing heroin consumer base, with users emerging in the late 1980s, and populations of heroin use (and injecting) emerging since the late 1990s.

The reported domestic retail price of heroin in northern Mozambique is between MT1 600 and MT10 000 (equivalent to €22–138) per gram, with a mean price of MT5 800 (€80). The average number of doses taken by a heroin user in a day fluctuates across the region, but ranges from two to five in urban and peri-urban areas, while somewhat higher amounts (of much lower quantity) were recorded in several rural areas. Situational factors that influence price include stated or perceived dose purity and proximity to major landing points for marine-based supply vectors. Proximity to the Tanzanian border accounts for the presence of Tanzanian pinches, which were of apparently very low quality and sold at a low price, commensurate with their heavily adulterated state and poor quality.

The price of heroin in northern Mozambique appears to correlate closely with its perceived quality. In fact, pricing is standardized according to quality and volume, and volume, purity and price points appear to differ little in the region, although, depending on proximity of the client to the supply point, the retail and wholesale price may fluctuate modestly up or down. Heroin is consistently available throughout the north of the country, and is used by many different profiles of users, from wealthy part-time users to the most vulnerable, many of whom derive their livelihood from the informal mining sector. Overall, injection of heroin is an increasingly common method of use in most of these rural areas, following a trend seen in urban areas for some years.

## Distribution and packaging

This research affirmed the findings of earlier research undertaken by the GI-TOC on the nature of heroin flows to and within Mozambique. There appear to be secure, organized supply pipelines in rural areas. There are key shipping points in the country, as well as storage facilities, and those for packing and repacking product prior to onward shipping. Northern Mozambique is a crossroads for regional heroin



**FIGURE 11** Perception of heroin quality by PWUD, compared with retail price, Mozambican sites



distribution, acting as a core entry and processing node. The country's long coastline plays a crucial role in the import of heroin in volume shipments. Offloaded offshore – or onshore in unregistered marinas – and ferried to shore by small boat, the heroin is then taken to large centres for consolidation, preparation for onward transport and, in some cases, processing for local consumption.

## Market

The challenges facing the Mozambican government to policing the nation's coastline (and land border points, for that matter) are insurmountable. The coastlines and land borders are long. There are thousands of unregistered fishing boats and subsistence fisherfolk plying Mozambican waters, in addition to the myriad small-scale fishing operators. Mozambique has no national coast guard force. Its land border force is poorly trained, poorly paid and reasonably pliable when it comes to bribes. In Mozambique, domestic-based high-level distributors have succeeded in creating a reasonably stable, consolidated heroin market. Transport corridors are fixed, with regular consignments of heroin being distributed overland to destinations west and south. Government officials are bribed to look away, as are any other officials (e.g. border guards) who might try to intervene in market activity.

**Maputo, Mozambique.**

© Veronique Durruty/Gamma-  
Rapho via Getty Images







**FIGURE 12** Domestic distribution flows of heroin in Mozambique



## THE HEROIN MARKET IN SOUTH AFRICA

South Africa has the largest consumer market for heroin in eastern and southern Africa. Although inhaling and smoking of heroin remain widespread practices, the majority of long-term heroin users engage in IDU. Poly drug use<sup>57</sup> is also common in South Africa. The prevalence rates of HIV and HCV among PWID, most commonly transmitted through the sharing of non-sterile injecting equipment, are alarming.<sup>58</sup> Access to recognized, evidence-based treatment programming is limited; most treatment, where available, is under the guise of private detoxification-only facilities. Opioid substitution therapy (OST) is rare, expensive, largely detoxification- rather than maintenance-oriented, and viewed by many officials – law enforcement and health workers alike – as being inappropriate.

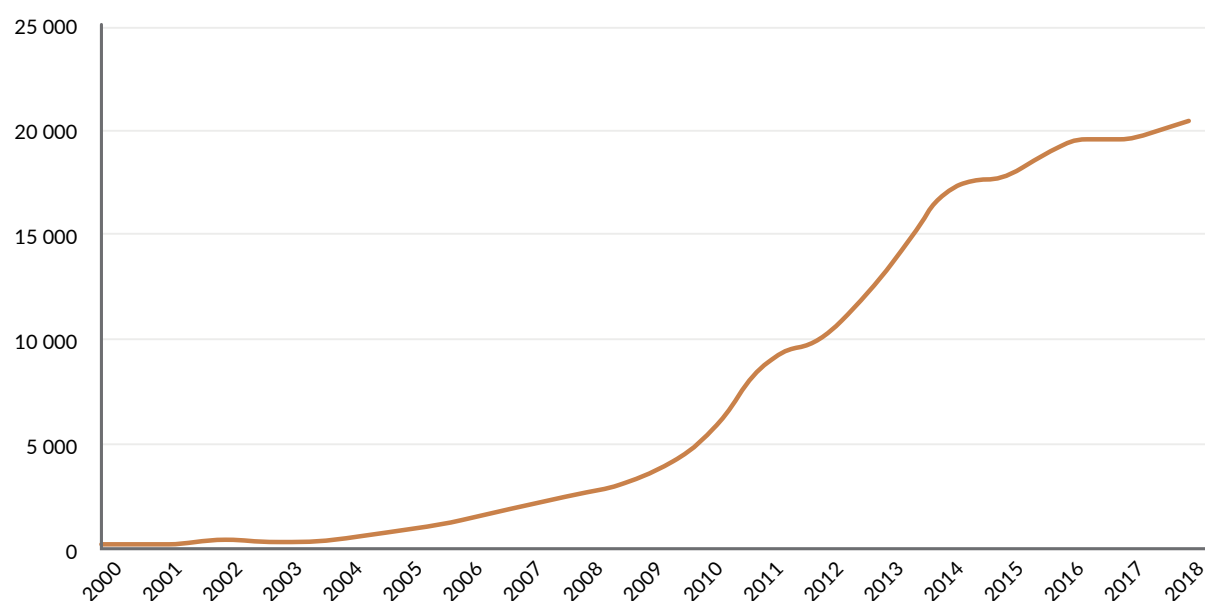
Needle syringe programmes (NSPs), designed to reduce the risk of PWID sharing their needle syringes by providing free ones in drug-use areas, have proven equally challenging. While Cape Town, Pretoria, Johannesburg, and Durban have been trying to upscale local programmes that have been in place for several years, there remains a strong degree of suspicion among national and provincial government officials as to the nature and efficacy of such programmes. The programmes are run by CSOs, and the police have regularly been accused of harassing staff who try to provide these community-centered services. In one grave instance, the town council of eThekweni (which includes Durban) closed its NSP on the grounds that it was promoting drug use.<sup>59</sup> The city authorities made a political statement that lacks both empathy and evidence, but is steeped in the fundamentalist tradition of prohibition. It reflects the angst felt in many smaller communities as the heroin markets expand through South Africa and out into the wider reaches of the continent. Heroin is entrenched in South Africa, and it is changing the country as much as the country is changing heroin markets. It is found everywhere, and yet the market continues to grow.

Data was collected in two streams. In the first, data was collected in partnership with a local CSO operated by PWUD. Domestic heroin retail price information was gathered through field interviews conducted with heroin users and market dealers active in an

initial subset of 15 drug market sites across the country. These included urban, peri-urban and rural locations, and represent the majority of the administrative regions of the country. (Owing to significant delays in implementation by local researchers, it was not possible to collect sufficient data in locations additional to these 15, but which had been discussed prior to the start of the research.) Metrics addressing retail price range (minimum to maximum) in local currency, user perception of product quality, and local market demand and supply characteristics were gathered for each site. A photograph was taken of representative heroin retail samples from all locations for reference, and for representation of retail packaging characteristics. The sample photos and price points are representative of the most common retail samples available in that location and at that time.

This data was recorded in a data sheet devised by the PWUD group, and a portion of each of the completed and submitted sheets is included in the following subsection. Data was inputted into each data sheet based on the responses provided to peer researchers by PWUD informants in relation to the retail characteristics of the heroin most recently purchased locally by each individual informant interviewed. Informants who had not recently purchased heroin, or who refused to provide information in this regard, were excluded from this reporting instrument.

In the second stream, data was collected as part of an initiative between the GI-TOC and the South African Police Service (SAPS). This was designed to support the development of a database to monitor drug prices for South Africa. The purpose of this database would be to provide accurate, real-time pricing for use in the monitoring of domestic heroin markets and in the study of the disruptive impacts (or not) of measures designed to interdict in, and reduce the harm of, these illicit markets. This data was collected by law-enforcement personnel from informants and other sources from every judicial district in each province of the country. Some of this data is presented in this report, particularly in association with the data collected by the CSO run by PWUD.



**FIGURE 13** Annual police cases relating to heroin in South Africa, 2000–2018

SOURCE: National Forensic Science data, 2000–2018





**FIGURE 14** Research site locations, South Africa

# Retail heroin samples from South Africa

Note: ZAR 100 is equivalent to €6.10.

## Cape Town

A	SUBSTANCE DETAILS			
	ID:	06	Weight: (g)	0,2
B	Date bought:	24-Dec-19	Sold as weight: (g)	0,25
	Town or City:	Cape Town	Price: (R)	30
	Suburb:	Wynberg	Units per gram:	4,00
	Nationality of seller:	Congalese	Price per gram: (R)	120
	Name:	Heroin		
	Street name:	Whoonga	Colour:	off-white/tan/beige
	Seller calls it:	Whoonga	Type:	Powder with clumps
	PACKAGING DETAILS			
	Type:	Binbag plastic (black or green)		
	Description:	All packaging was plain with no logos or branding present		

2

A	SUBSTANCE DETAILS			
	ID:	05	Weight: (g)	0,2
B	Date bought:	20-Dec-19	Sold as weight: (g)	0,25
	Town or City:	Cape Town	Price: (R)	60
	Suburb:	Wynberg	Units per gram:	4,00
	Nationality of seller:	Congalese	Price per gram: (R)	240
	Name:	Heroin		
	Street name:	Whoonga	Colour:	off-white/tan/beige
	Seller calls it:	Whoonga	Type:	Powder
	PACKAGING DETAILS			
	Type:	Shopping bag plastic (white, blue or yellow)		
	Description:	All packaging was plain with no logos or branding present		

2

A	SUBSTANCE DETAILS			
	ID:	07	Weight: (g)	NA
B	Date bought:	25-Dec-19	Sold as weight: (g)	0,25
	Town or City:	Cape Town	Price: (R)	25
	Suburb:	Wynberg	Units per gram:	4,00
	Nationality of seller:	Congalese	Price per gram: (R)	100
	Name:	Heroin		
	Street name:	Whoonga	Colour:	brown
	Seller calls it:	Whoonga	Type:	Hard, solid rocks
	PACKAGING DETAILS			
	Type:	Shopping bag plastic (white, blue or yellow)		
	Description:	All packaging was plain with no logos or branding present		

2

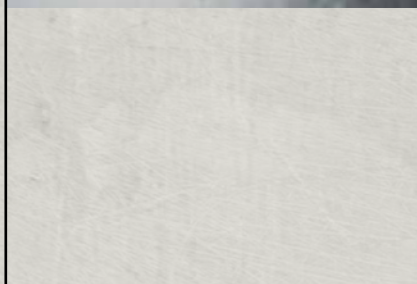


## Bloemfontein

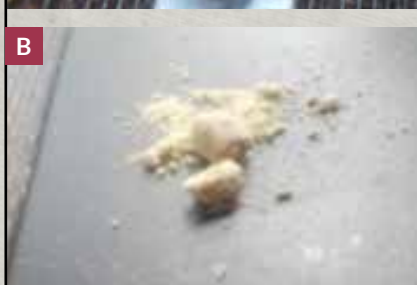


SUBSTANCE DETAILS			
ID:	17	Weight: (g)	NA
Date bought:	18-Jan-20	Sold as weight: (g)	0,25
Town or City:	Bloemfontein	Price: (R)	15
Suburb:		Units per gram:	4,00
Nationality of seller:	Tanzanian	Price per gram: (R)	100
Name:	Heroin		
Street name:	Whoonga	Colour:	White
Seller calls it:	Whoonga	Type:	Rocks and powder
PACKAGING DETAILS			
Type:	Binbag plastic (black or green)		
Description:	All packaging was plain with no logos or branding present		

## Durban

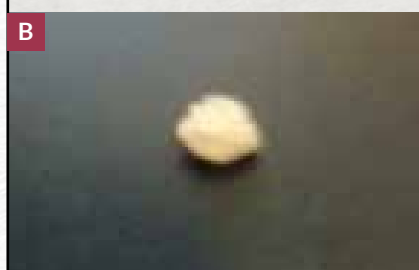


SUBSTANCE DETAILS			
ID:	08	Weight: (g)	0,09
Date bought:	10-Jan-20	Sold as weight: (g)	0,1
Town or City:	Durban	Price: (R)	25
Suburb:		Units per gram:	10,00
Nationality of seller:	South African	Price per gram: (R)	250
Name:	Heroin		
Street name:	Whoonga	Colour:	White/off-white
Seller calls it:	Whoonga	Type:	Stones and powder
PACKAGING DETAILS			
Type:	Clear plastic		
Description:	All packaging was plain with no logos or branding present		



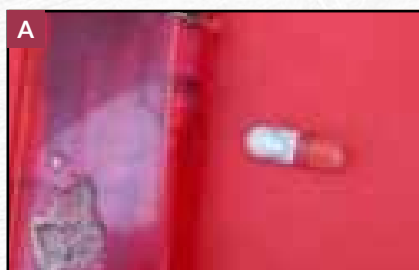
SUBSTANCE DETAILS			
ID:	09	Weight: (g)	0,25
Date bought:	11-Jan-20	Sold as weight: (g)	0,25 (quarter gram)
Town or City:	Durban	Price: (R)	50
Suburb:	Umbilo (Dalton)	Units per gram:	4,00
Nationality of seller:	Tanzanian	Price per gram: (R)	200
Name:	Heroin		
Street name:	Whoonga	Colour:	White/off-white
Seller calls it:	Whoonga	Type:	Stones and powder
PACKAGING DETAILS			
Type:	Shopping bag plastic (white, blue or yellow)		
Description:	All packaging was plain with no logos or branding present		





SUBSTANCE DETAILS			
ID:	10	Weight: (g)	0,14
Date bought:	11-Jan-20	Sold as weight: (g)	0.125
Town or City:	Durban	Price: (R)	30
Suburb:	City centre (taxi rank)	Units per gram:	8,00
Nationality of seller:	Tanzanian	Price per gram: (R)	240
Name:	Heroin		
Street name:	Whoonga	Colour:	White/off-white
Seller calls it:	Whoonga	Type:	Stone
PACKAGING DETAILS			
Type:	Multicolour plastic		
Description:	All packaging was plain with no logos or branding present		

4



SUBSTANCE DETAILS			
ID:	11	Weight: (g)	0,04
Date bought:	12-Jan-20	Sold as weight: (g)	0,05
Town or City:	Durban	Price: (R)	12
Suburb:	Lower Berea	Units per gram:	20,00
Nationality of seller:	South African	Price per gram: (R)	240
Name:	Heroin		
Street name:	Whoonga	Colour:	Off-white/grey-brown
Seller calls it:	Whoonga	Type:	Powder
PACKAGING DETAILS			
Type:	Red and white capsule		
Description:	All packaging was plain with no logos or branding present		

4



SUBSTANCE DETAILS			
ID:	12	Weight: (g)	NA
Date bought:	15-Jan-20	Sold as weight: (g)	0,25
Town or City:	Durban	Price: (R)	50
Suburb:	South Beach	Units per gram:	4,00
Nationality of seller:	Tanzanian	Price per gram: (R)	200
Name:	Heroin		
Street name:	Whoonga	Colour:	Beige/off-white
Seller calls it:	Whoonga	Type:	Rocks
PACKAGING DETAILS			
Type:	Shopping bag plastic (white, blue or yellow)		
Description:	All packaging was plain with no logos or branding present		

4

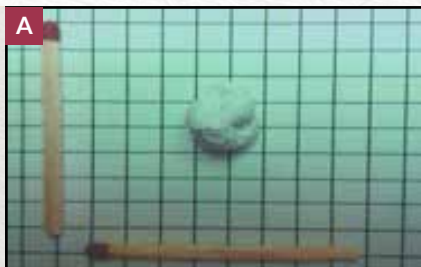
## Port Elizabeth

5



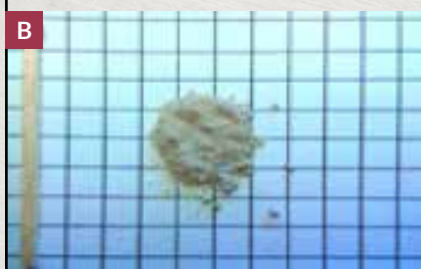
SUBSTANCE DETAILS			
ID:	01	Weight: (g)	No scale available
Date bought:	16-Dec-19	Sold as weight: (g)	0,25 mg
Town or City:	Port Elizabeth	Price: (R)	R50
Suburb:	Central	Units per gram:	4,00
Nationality of seller:	Nigerian	Price per gram: (R)	R200
Name:	Heroin		0,25 mg
Street name:	Thai White	Colour:	Beige, Stone colour
Seller calls it:	Bag	Type:	Powder
PACKAGING DETAILS			
Type:	Shopping bag plastic (white)		
Description:	Packaging was white with no logos or branding present		

5



SUBSTANCE DETAILS			
ID:	02	Weight: (g)	No scale available
Date bought:	16-Dec-19	Sold as weight: (g)	0,25
Town or City:	Port Elizabeth	Price: (R)	50
Suburb:	Central	Units per gram:	4,00
Nationality of seller:	Nigerian	Price per gram: (R)	200
Name:	Heroin		0,25
Street name:	Thai White	Colour:	Tanned Beige, Dark Cream
Seller calls it:	Thai	Type:	Powder & Small rocks
PACKAGING DETAILS			
Type:	Shopping bag plastic (white)		
Description:	Packaging was white with no logos or branding present		

5



SUBSTANCE DETAILS			
ID:	04	Weight: (g)	No scale available
Date bought:	16-Dec-19	Sold as weight: (g)	0,25
Town or City:	Port Elizabeth	Price: (R)	45
Suburb:	Central	Units per gram:	4,00
Nationality of seller:	Nigerian	Price per gram: (R)	180
Name:	Heroin		
Street name:	Thai White	Colour:	Light Gray
Seller calls it:	Thai	Type:	Powder
PACKAGING DETAILS			
Type:	Shopping bag plastic		
Description:	Packaging was white with no logos or branding present		





SUBSTANCE DETAILS			
ID:	03	Weight: (g)	No scale available
Date bought:	16-Dec-19	Sold as weight: (g)	0,25
Town or City:	Port Elizabeth	Price: (R)	60
Suburb:	Richmond Hill	Units per gram:	4,00
Nationality of seller:	Nigerian	Price per gram: (R)	240
Name:	Heroin		0,25
Street name:	Thai White	Colour:	Light gray
Seller calls it:	Thai	Type:	Powder & Small rocks
PACKAGING DETAILS			
Type:	Shopping bag plastic (yellow)		
Description:	Packaging was white with no logos or branding present		

5

## Pretoria



SUBSTANCE DETAILS			
ID:		Weight: (g)	
Date bought:	15-Jan-20	Sold as weight: (g)	Full gram
Town or City:	Pretoria, Gauteng	Price: (R)	200
Suburb:	Tshwane	Units per gram:	1-2
Nationality of seller:	Tanzanian	Price per gram: (R)	
Name:	Heroin		
Street name:	Heroin	Colour:	Off white
Seller calls it:	Gram	Type:	Powdered
PACKAGING DETAILS			
Type:	Other		
Description:	All packaging was plain with no logos or branding present		

6

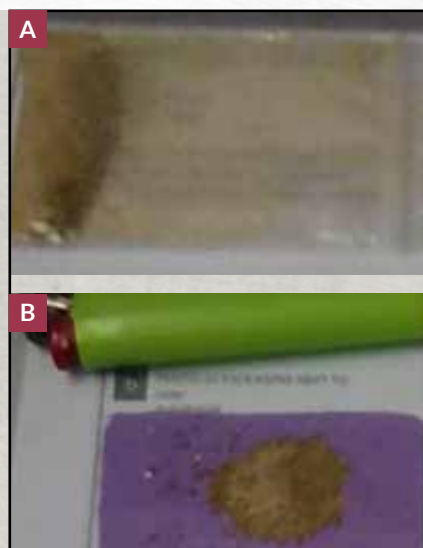
## East London



SUBSTANCE DETAILS			
ID:	16	Weight: (g)	NA
Date bought:	15-Jan-20	Sold as weight: (g)	0,25
Town or City:	East London	Price: (R)	80
Suburb:	Mdantsane	Units per gram:	4,00
Nationality of seller:	Nigerian	Price per gram: (R)	320
Name:	Heroin		
Street name:	Nyaope	Colour:	Beige/off-white
Seller calls it:	Nyaope	Type:	Small rocks and powder
PACKAGING DETAILS			
Type:			
Description:			

7





SUBSTANCE DETAILS			
<b>ID:</b>	18	<b>Weight: (g)</b>	NA
<b>Date bought:</b>	18-Jan-20	<b>Sold as weight: (g)</b>	0,25
<b>Town or City:</b>	N. Cape, Upington	<b>Price: (R)</b>	60
<b>Suburb:</b>	N/A	<b>Units per gram:</b>	4,00
<b>Nationality of seller:</b>	Nigerian	<b>Price per gram: (R)</b>	240
<b>Name:</b>	Heroin		
<b>Street name:</b>	Nyaope	<b>Colour:</b>	Beige/dark-brown
<b>Seller calls it:</b>	Nyaope	<b>Type:</b>	Small rocks and powder
PACKAGING DETAILS			
<b>Type:</b>	Plastic bankie (small)		
<b>Description:</b>	All packaging was plain with no logos or branding present		

## Characteristics of the domestic heroin economy in South Africa

### Price

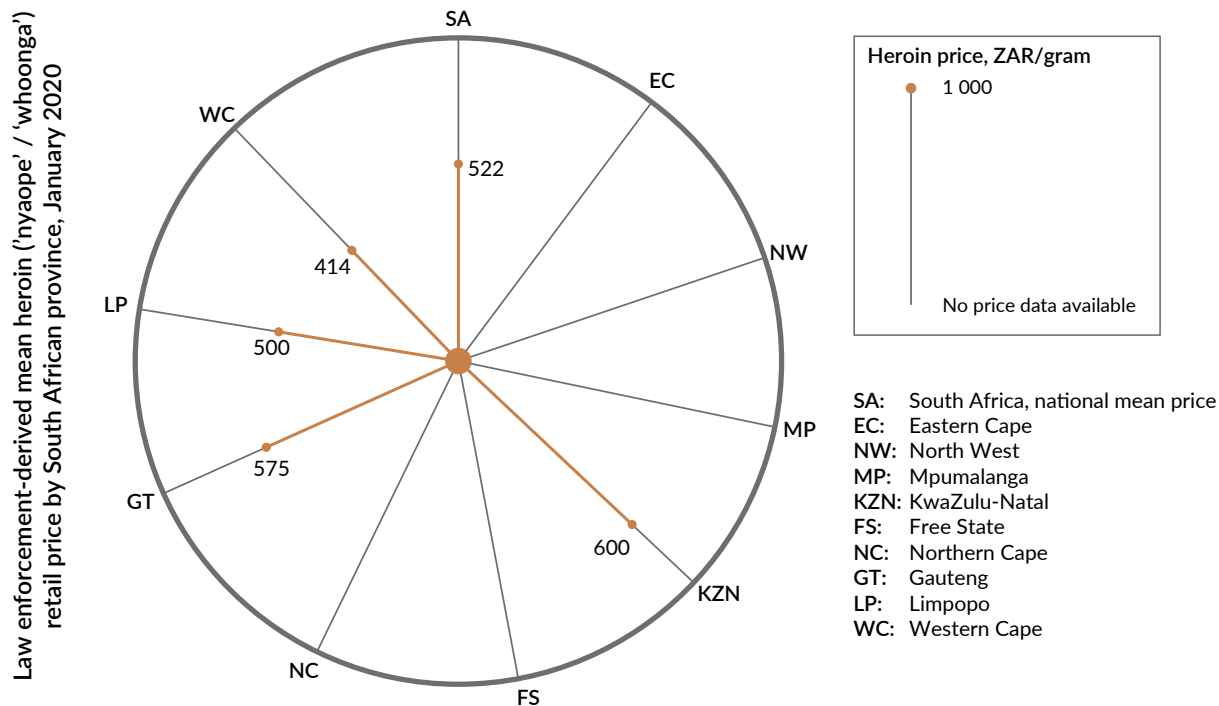
Two approaches were used to collect retail price data for heroin in South Africa. The first involved a dataset gathered by SAPS. This represents one component of a programme of cooperation between the GI-TOC and SAPS, and forms the foundation of a three-year programme of support with the purpose of building and maintaining a national drug price monitoring database for the country. In South Africa, as in the rest of the region, little is known of the market system supporting and facilitating the production, distribution and use of heroin and other illegal substances. As is the case in all drug environments, although law-enforcement interdiction operations may provide sporadic glimpses of the domestic market system, a holistic understanding of how heroin is sold, in what quantities it is sold, what prices are paid, how prices vary within and between markets, and how the distribution processes are organized, remains incomplete.

Gaining a better understanding of these contextual and structural factors across South African drug markets is a principal reason grounding this relationship with SAPS, and it underpins the reasoning behind the regional research in this report. In this regard – and for the first time ever in Africa – SAPS, in conjunction with divisional representatives in each

of the 43 regional court districts across the country, organized the collection of retail heroin price data during January 2020. The data was aggregated and analyzed, and provincial minimum to maximum ranges and means were produced in rands (ZAR) per gram.

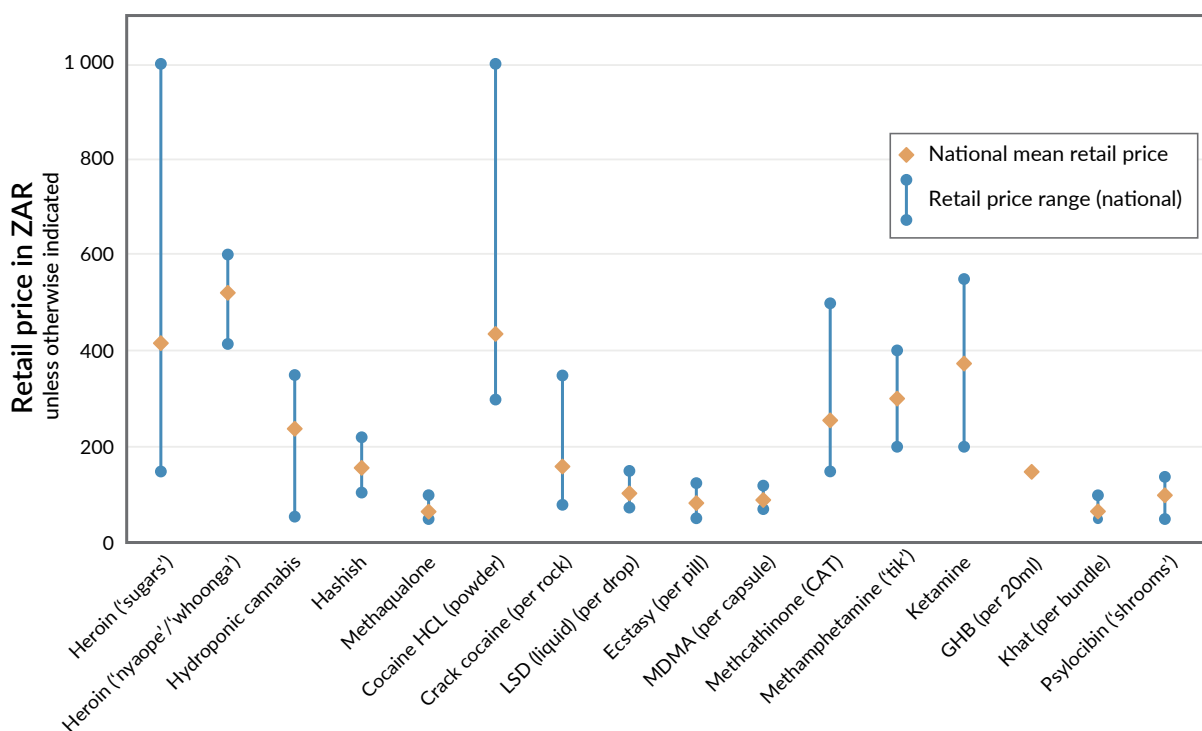
According to these law-enforcement-derived pricing datasets, the reported domestic retail price of a gram of heroin in the country ranges from ZAR 150 (in the province of Limpopo) to ZAR 1 000 (Mpumalanga) for what SAPS has labelled 'heroin sugar'; and ZAR 414–600 for the heroin the SAPS describes as *whoonga* (also referred to as *nyaope*). This distinction between two types of heroin is a unique element of this data, and demonstrates an interesting bifurcation in the perceptual analysis of the nation's drug market and consumer base.

The retail data for heroin collected by SAPS can be partnered with data the police service collected during the same period for all other illegal substances that are available for sale in each of the country's provinces. By examining this data, we can see how the retail market price range and mean price for heroin relates to other competitor products across the broader drug marketplaces of South Africa. For example, the mean price for both heroin 'sugar' and *whoonga/nyaope* fall above nearly all of the other major drugs available.



**FIGURE 15** Law-enforcement-derived mean *nyaope/whoonga* price, South Africa, January 2020

SOURCE: Global Initiative, SAPS



**FIGURE 16** Law-enforcement-derived mean and range retail price for illegal drugs available in South Africa, January 2020

SOURCE: Global Initiative, SAPS

If we look at the second data-collection approach taken as part of this research effort in South Africa – retail price data derived by PWUD informants – we are presented with a very different set of figures. PWUD made no distinction between types

of heroin. Instead they treated all forms of heroin as one commodity group. PWUD-derived retail price data shows a range of ZAR 100–500 (€6.10–30.50) per gram for heroin nationally, with tighter retail price ranges delineated by province.

## What is *nyaope* or *whoonga*?

Why does South Africa differentiate between heroin 'sugars' and *nyaope/whoonga*? And it is not a distinction that is unique to law enforcement; rather, it is a ubiquitous discursive feature of the mainstream consciousness of the country, permeating political as well as social dialogue. It is a distinction that merits some examination.

*Nyaope* is the Swahili word for 'white', which is the colour of crushed heroin. *Whoonga* is a mispronunciation of *unga*, the Swahili word for 'flour', and is the slang term used by PWUD in the Dar es Salaam and Tanga areas of Tanzania for heroin. In practice, South African heroin dealers make no distinction between *nyaope*, *whoonga* and heroin.

In 2009, a subset of interviewees participating in qualitative fieldwork undertaken by Harvard University researchers looking at drug use and HIV risk identified a new street drug (*whoonga*), with some of these informants indicating that antiretroviral (ARV) drugs<sup>60</sup> were added as components of its manufacture.<sup>61</sup> Media stories began to appear soon after, which sensationalized the alleged (but unproven) ARV link with *whoonga*.<sup>62</sup> Myths around its use intensified, with follow-on media articles and academic papers describing the drug as 'highly and uniquely addictive';<sup>63</sup> a 'dangerous and highly addictive ... mixture with soil, sand or in some cases cement powder';<sup>64</sup> and a cocktail of 'heroin, methamphetamine, rat poison, detergent, talcum powder, milk powder, baking powder, and crushed ARV pills'.<sup>65</sup>

In striking a more nuanced tone, one study argues that this 'new' drug was likely to be a mixture of illicit and non-illicit substances whose precise contents are often unknown to users and may change depending on who is manufacturing the sample. Such variation stems in part from manufacturers' practice of cutting in cheap and readily available substances as bulking agents, keeping the price of the drug low enough for its target market.<sup>66</sup>

In subsequent years, a number of researchers have attempted to explain *whoonga/nyaope* (and *kataza*),<sup>67</sup>

including its ingredients and implications.<sup>68</sup> The continued belief in the uniqueness and dangerousness of this drug has been imprinted on much of South African society today.

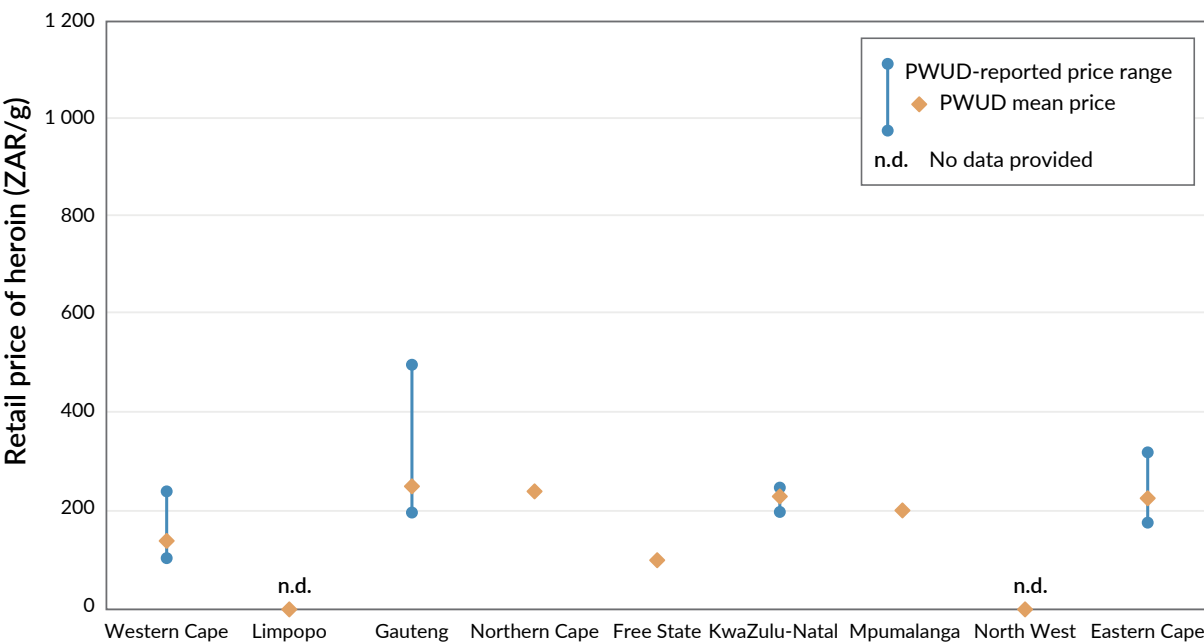
PWUD and dealer participants in South Africa's drug markets, however, tell a different story. In their view, there is no substantive distinction that can be made between heroin sugars, *whoonga*, *nyaope* and *kataza*. They are just different street names given to the same product – heroin. As one long-time Tanzanian dealer in Johannesburg explained: 'It's the same thing, Tanzanians introduced it [heroin] to cities, the locals started smoking and got hooked, and they used our names for heroin instead of calling it heroin.'<sup>69</sup> On the issue of it being a cocktail of substances, and not just heroin, the dealer said: 'In the early days, we mixed heroin with other stuff to make the volume bigger, and you could do it because there wasn't a lot of competition and a lot of people didn't know anything purer, but those days are over, there's a lot of heroin in the system and if you mix it, people won't buy from you.'<sup>70</sup>

The argument made by many journalists and researchers that *nyaope* is heavily adulterated heroin – a concoction of dangerous bulking substances – intended for the poorest users in the urban periphery of shanty towns and slums, and thus different from 'normal' street heroin that could be purchased in the city, appears also not to be supported by local market participants. For example, another dealer, a man who sells in the Soweto market, explains that he buys pre-packaged 'sections'<sup>71</sup> from an inner-city Tanzanian supplier in Johannesburg, and these are exactly what he sells to his clients in Soweto. As he explained on the issue of whether the product is altered in any way before being resold: 'In the city, [heroin sections] come in brown plastics, like small suitcases, and if you go to Soweto you will find those same brown suitcases. I don't add anything. Those bags are difficult to open. It would take a very long time to open them all and make them again. It isn't worth it.'<sup>72</sup>



In summary, it seems clear that South African researchers and policymakers have, to a significant extent, failed to understand the provenance of *nyaope*, *unga*, *whoonga* and *kataza*, and the social dynamics of the South African heroin market more generally. Certainly, there is evidence suggesting that the nature of the substance has been misconstrued. It is neither unique, nor more dangerous or more addictive than the heroin that is sold in the urban centres. Interviews

have shown that pre-packaged heroin is being bought in the inner city for retail to township markets. It is not unpackaged, further adulterated, then repackaged in the same plastic covering to be sold as a different product to poor and vulnerable PWUD in the urban periphery. The product that is being sold in these townships is exactly what is sold in the inner city. It is good-quality heroin, regardless of what street name is used to label it.



**FIGURE 17** PWUD-derived range and mean heroin prices, South Africa, January 2020  
 SOURCE: SANPUD and Global Initiative

If we compare the SAPS and PWUD retail price datasets, we can identify several differences between the two sets of figures. Of note, the SAPS figures contain wider minimum to maximum ranges and higher means by region than all of the PWUD data. Furthermore, the rough mean national price for one gram of heroin, as determined by SAPS data, is approximately ZAR 491, or €29.95 – compared to ZAR 198 (€12.08), as derived from PWUD data. In general, then, we find in our two retail price data collection exercises that the initial SAPS dataset determines a national retail price level for heroin in

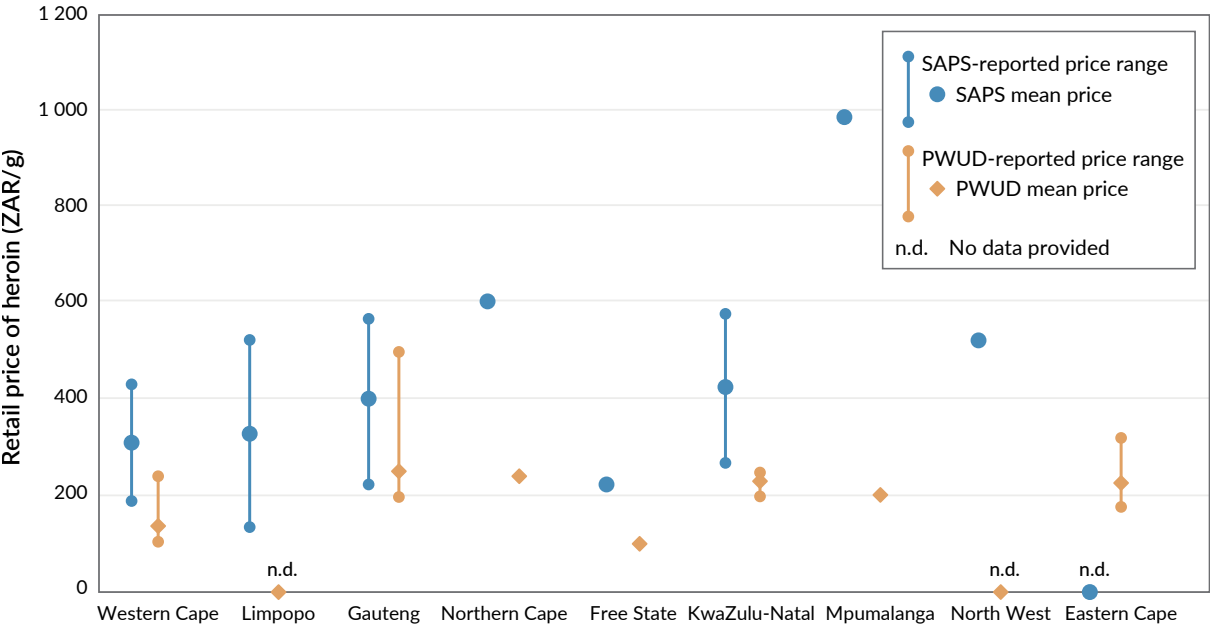
South Africa of more than double that determined by the PWUD research. This lack of price coherence between these two datasets may be a factor of their differing methodological approaches, including the possibility of price bias provided by PWUD to law-enforcement-aligned informants versus that which is provided on a PWUD peer-to-peer basis. A better understanding of the factors that influence this price difference will form a research question in follow-on research in South Africa. In terms of volume of personal use by PWUD, in general, PWUD who smoke heroin regularly may consume around three to four beats a day (a beat is

a 0.25g packet). Those who inject heroin would use more – around four to six beats a day, depending on their level of dependence and the quality of the heroin. Although there are no current consensus figures for the number of PWUD in South Africa, figures from research completed in 2015 estimated 110 000 heroin users, and a population of 75 000

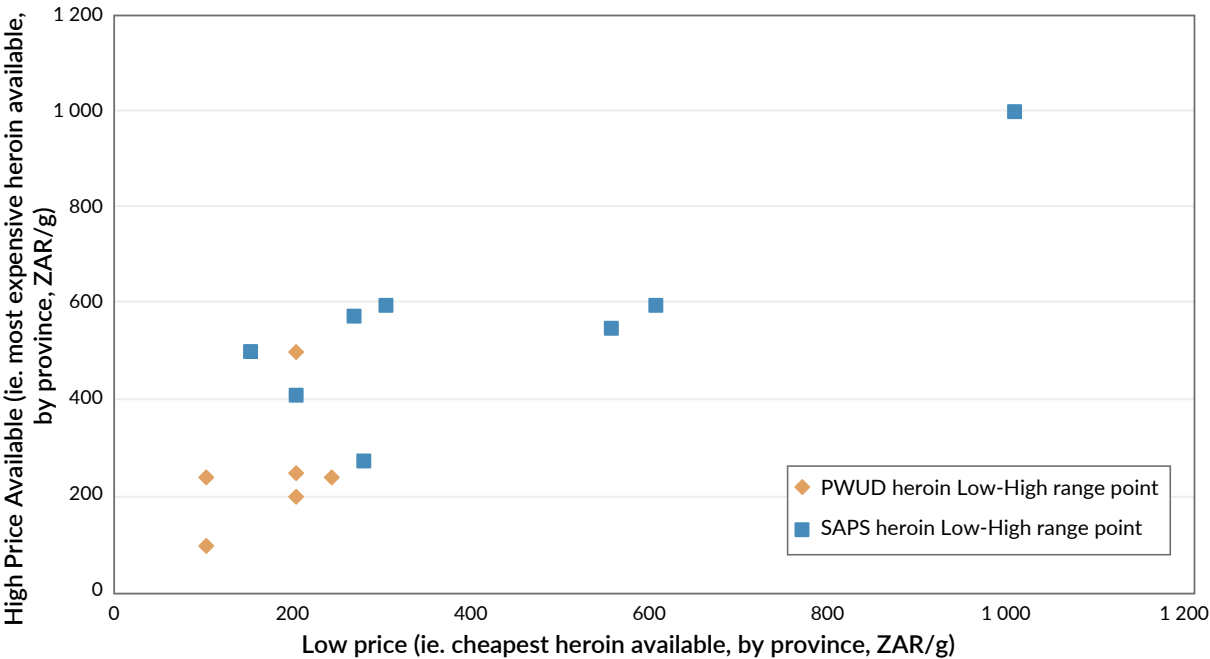
PWID.<sup>73</sup> It is likely this figure was an underestimate at the time, and that numbers have grown significantly since then.

### Distribution and packaging

There is no place in South Africa where good-quality heroin is not available. Johannesburg and Cape



**FIGURE 18** Comparing PWUD and law-enforcement retail price data for heroin, South Africa, January 2020  
 SOURCE: SANPUD, Global Initiative, SAPS



**FIGURE 19** PWUD and law-enforcement retail price ranges (low to high) for heroin, South Africa, January 2020  
 SOURCE: SANPUD, Global Initiative, SAPS

Town are the core domestic distribution centres for the country. Of the two, Johannesburg is the gravitational centre for the entire southern African region. There is an insatiable demand for heroin in Joburg, much more so than in Cape Town.

A multitude of smaller shipments make their way out of the country through the two major airports of O.R. Tambo (Johannesburg) and Cape Town International; by container through the seaport in Cape Town or the inland dry port of City Deep in Johannesburg; or in public-transport or private vehicles through the border gates with Botswana, Lesotho and Zimbabwe.

Tanzanian and Nigerian groups control the bulk of the import volume and domestic wholesale distribution for the heroin market in South Africa, with local South African gangs controlling the trade in the suburbs of several of the major cities. In areas that are home to high numbers of African migrants, the heroin distribution tends to be run by Tanzanian gangs as well. Re-export of heroin tends to be organized by Nigerian groups (e.g. to eSwatini and Lesotho), particularly if it is headed for another

interim continental destination. There remain unresolved questions from this research around the extent to which some European and South Asian groups are involved as well in this export trade to consumer markets further afield, particularly to the Middle East and Western Europe.

In the large metropolitan cities, there is a division of drug territory agreed between the major domestic heroin distributors, though most of the highest-level distribution remains largely in the hands of Tanzanian interests. In many cases, Nigerian groups acquire their supply from Tanzanian sources as well, even if they are working through Nigerian intermediaries in Mozambique or Tanzania itself. This has much to do with the length of time that the Tanzanian diaspora has been in South Africa, as well as how embedded their networks have become in that time.

The heroin trade in South Africa is said to have been initiated by enterprising Tanzanian traffickers, branching out in the 1990s from the coastal supply points to the burgeoning new market that appeared following the end of apartheid. They established



Smaller dealers are no less organized or industrialized than their larger-scale competitors. Most are entrepreneurial in their orientation and take an individualized approach to their business by pulling together bespoke orders for their volume-dealing clients. This heroin order was put together by a mid-level supplier in the Cape Town area, who sectioned the order by volume of 'beats'. One beat retails for ZAR 80. There are 50 of these units in one plastic bank bag (known as a 'banky'). The purchase price of this order for the client was ZAR 70 000. Several orders like this are filled by the supplier every day.





South Africa is an established heroin destination country. It possesses arguably the largest heroin consumer base on the continent. The country's domestic heroin market is structured, embedded, regionally networked and industrialized. These SAPS photos of evidence gathered in a raid they made in Durban in July 2019 demonstrate the assembly-line production approach that is taken to organizing heroin – from imported powder to individualized, weighted capsules, through to the organization and allocation of product for distribution and delivery.



Along with caffeine powder, and other over-the-counter powdery substances, the popular analgesic Grand-Pa tablets are allegedly used in the heroin cutting process in South Africa.

the trade routes; they piloted the retail distribution and sale of heroin from their informal settlements in Cape Town, and then further afield; expanded the market; grew the consumer base; and, eventually, they occupied the lucrative import-supplier spaces that forced other industrious dealers and distributors to pair with Tanzanian suppliers in order to get their product to market.

Many mid-level distributors in urban areas accept and fulfil custom orders from street dealers, in terms of volume and distribution packaging. It is almost as simple as ordering a pizza. The distribution system, particularly in large urban centres, from which secondary cities and towns are supplied, has

become a regimented industrial model in business efficiency. It processes, repackages and delivers thousands of kilos a year to keep up with its ever-growing consumer market.

### Market

South Africa is a mature, stable, heavily structured and socio-economically embedded heroin market. It draws heroin in from the east coast, with flows traversing neighbouring countries overland, and from maritime routes to supply the large consumer demand. The decades of impunity that traffickers have enjoyed have fostered the gradual emergence of multiple entry points into the South African market, and many stable, concurrent channels of supply, interwoven with the physical and socio-cultural landscapes. Law-enforcement bodies have been compromised, in part or in whole, to the point that low-level police officers in many areas have come to treat street-based heroin distribution points as cash dispensers – places where police can receive small payments.<sup>74</sup>

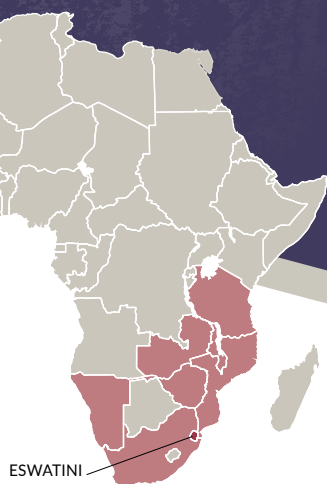
As is the case with its neighbours, border control officers in South Africa are known to accept payments to facilitate the cross-border transit of goods. South Africa has failed to secure its borders against any number of illicit flows, so the fact that

heroin flows into and out of the country freely should not come as a surprise. The border is too vast and the staff assigned to protect it too few, poorly trained, incorrectly motivated and poorly compensated. Law-enforcement personnel, particularly those in specialist drug interdiction units, are seen as no different in their enablement of the

domestic heroin market. As one dealer put it during an interview in Johannesburg: 'The police in Joburg [Johannesburg] don't want to stop the dealers, they want to make money off them. All they do all day is search for the money. If they put a bag over your head it is because they think you have money, or information.'<sup>75</sup>



**FIGURE 20** Domestic distribution flows of heroin in South Africa



## THE HEROIN MARKET IN ESWATINI

Data in eSwatini was collected by a local research consultant who was affiliated with PWUD communities. Domestic heroin retail price data was gathered through field interviews conducted with heroin users and market dealers active in drug market sites in the country. Metrics addressing retail price range in local currency, user perception of product quality, and local market demand and supply characteristics were gathered. Photographs were taken of representative heroin retail samples from most locations for reference and of retail packaging characteristics. The sample photos and price points are representative of the most common retail samples available in the research locations at that time.

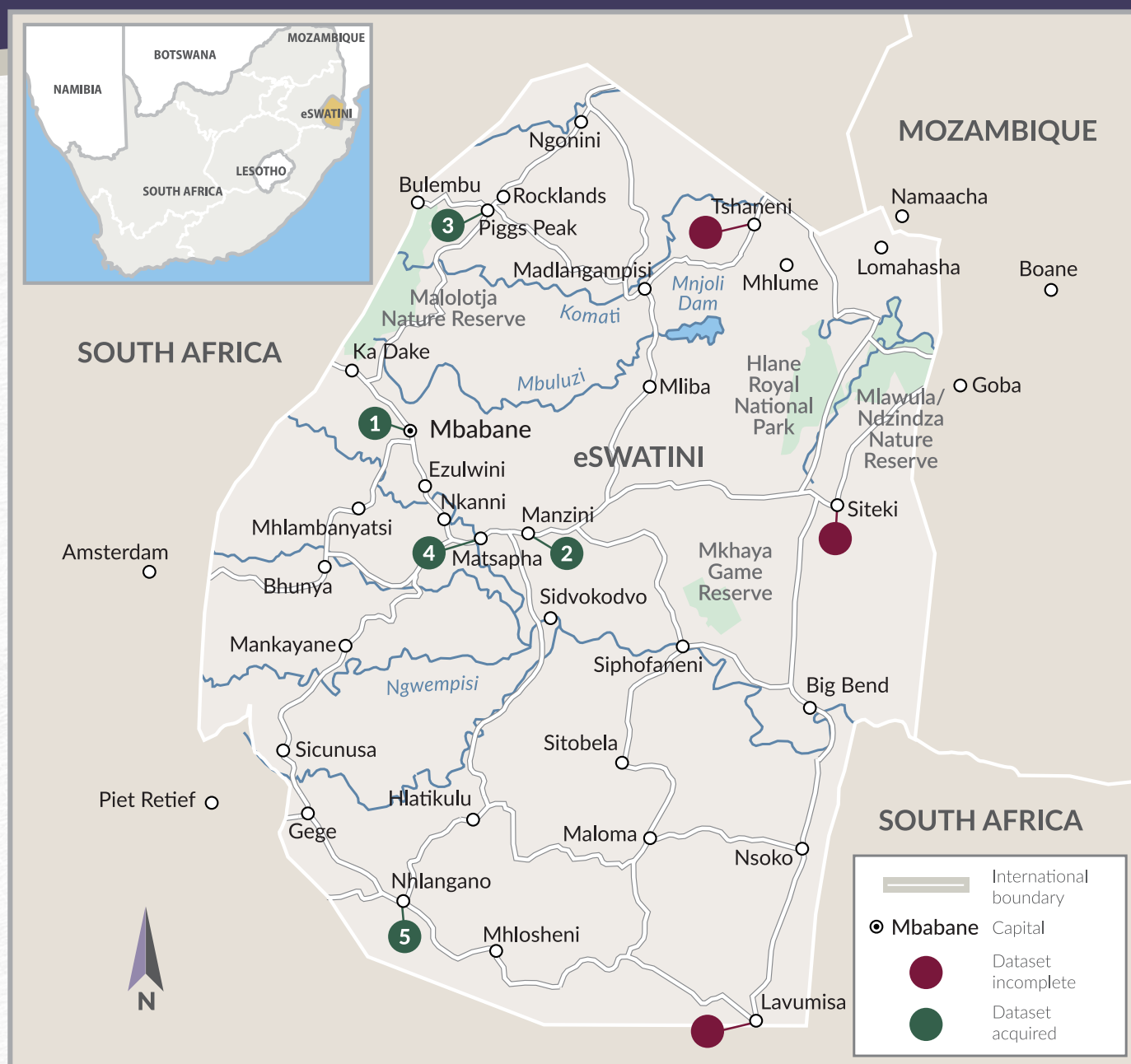
### Characteristics of the domestic heroin economy in eSwatini

#### Price

The Kingdom of eSwatini has a moderate but growing heroin-consuming population. There is one type of retail heroin that is widely available in eSwatini, commonly referred to as 'P', which is supposed to represent 'pure' heroin. Its local name is *ngcono*, meaning 'good stuff'. It comes prepackaged and is retailed widely in 0.25g units, selling for E400 (about €24). The colour is white (akin to the colour of 'Thai white' heroin). It is claimed by dealers (and users) that this product is uncut and therefore pure. In the absence of purity testing capacities, it was not possible for the research to indicate whether this claim has any truth to it. Generally, however, it would be unusual for pure heroin to be available for sale in quarter gram amounts. If it is genuinely pure, this would signify a unique and direct link between the original producer (in southern Asia) and this African marketplace, which is unlikely to be the case.

There is another form of product sold in eSwatini, also under the name of P, but which allegedly contains no heroin at all; rather, it is alleged to be a concoction of various





**FIGURE 21** Research site locations, eSwatini

# Retail heroin samples from eSwatini

Note: E 100 is equivalent to €6.00



A 0.25g packet of 'ngcono' (good stuff) heroin sold in Mbabane, Matshapha, Manzini, Piggs Peak and Nhlangano. The cost is E400, or about €24.



This 0.25g packet of 'P' (standing for 'pure' heroin) was sold in Mbabane for E 400 or about €24. Allegedly, the 'P' distributed by this dealer contains no heroin at all. Instead, it is alleged by some competitors to be a mixture of unnamed chemical adulterants.

adulterant powders combined to simulate the colour and texture of P. Some have alleged even that its mix could be deadly. It was agreed that it is difficult to differentiate between the real P and the fake P – particularly in the low-light settings where drug use often occurs. Whether this allegation is true or, for example, is a tale told by users and dealers to rationalize the potentially unexplained fatal and non-fatal overdoses resulting from the use of 'pure' P, is uncertain. Researchers were able to acquire a sample of this alleged counterfeit P, but unable to test its properties.

## Distribution and packaging

The heroin distributed in eSwatini is supplied from Mozambique. It enters eSwatini overland from Maputo and other southern Mozambican areas. Most often, the imported heroin is smuggled into the country concealed within regular, licit commodity shipments arriving by truck. Foodstuff shipments are most commonly infiltrated. Deliveries are weekly. As in Lesotho, the trade in eSwatini appears to be dominated by Nigerian actors living in the country, who have legitimate businesses through which they are able to conceal their heroin operations. Connections between domestic Nigerian distributors in eSwatini and suppliers in Mozambique also are aligned on cultural bases, with Nigerian intermediaries in Mozambique arranging the concealed shipments to eSwatini. Distribution points in eSwatini include the capital, Mbabane, which also has the largest consumer

base, Matshapha, Manzini, Piggs Peak and Nhlangano. While the domestic distribution appears to cater for a population of users who, collectively, consume several kilos a week of heroin, heroin distribution in eSwatini also has a secondary function – the facilitation of larger overland shipments from Mozambique to distribution points in the larger South African retail market. Hence, there are numerous distribution connections between the heroin marketplace in eSwatini and those in Mozambique and South Africa.

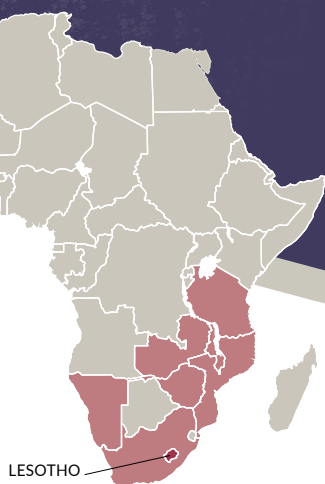
## Market

Quite similar to the structural components of the Lesotho marketplace, eSwatini dealers and importers indicate that neither eSwatini law-enforcement personnel nor border control officers pose a risk in terms of interdicting the regular shipments that transit the border points weekly. If a situation were to arise in which there was an increased risk of law-enforcement intervention in the marketplace, payments would be made to ensure that the impact was insignificant. The amount of these payments was not provided by informants at the time of the research, but the information nevertheless corresponds well with the situation indicated in Lesotho. Border officials could pose a problem to the heroin trade on the South African side of the border, but it was indicated that suppliers' contacts in South Africa were responsible for dealing with these potential interdictors in a similar manner as is the case in eSwatini.



**FIGURE 22** Estimated heroin flows and retail nodes in eSwatini, January 2020





## THE HEROIN MARKET IN LESOTHO

**T**he Kingdom of Lesotho is one of the smallest countries in southern Africa. It is surrounded completely by the Republic of South Africa. With a population of 2.5 million, most of the citizens of the country survive on subsistence farming produce, which they sell. Lesotho has 10 districts, of which the most urban are Maseru (the capital city), Leribe and Mafeteng.

Data in Lesotho was collected by a local research consultant who was affiliated with PWUD communities. Domestic heroin retail price data was gathered through field interviews conducted with heroin users and market dealers active in the drug market sites visited in the country. Metrics addressing retail price range in local currency, user perception of product quality, and local market demand and supply characteristics were gathered. A photograph was taken of representative heroin retail samples from most locations for reference, and for representation of retail packaging characteristics. Videos of production and repackaging techniques were also taken. The sample photos and price points are representative of the most common retail samples available in the research locations at that time.

### Characteristics of the domestic heroin economy in Lesotho

#### Price

There are two types of retail heroin commonly available in Lesotho: *kat* and ORI.

#### Type 1:

- *Kat* (local name: *mosia* – meaning a cat); sold wrapped in plastic packaging. *Kat* is also a play on the word ‘cut’ to mean that this retail product is adulterated.
- Unit of base measure is the volume held on a small fingernail, and is often called a nail.
- A single 0.25g unit of *kat* is equivalent to a measure of six ‘fingernails’.

- One unit sells for LSL 300 (about €18).
- The colour is cream or off-white.
- The product is cut and repackaged in Maseru. The supplier, through his business links, provides the powder with which to cut the heroin supplied from Bloemfontein, South Africa.
- *Kat* arrives in Lesotho in rock form and is ground down using kitchen utensils, after which the new powder is mixed with a variety of adulterants (these were not named).
- As a retail product, demand for *kat* is very high and dealers regularly sell out of supply.

#### Type 2:

- ORI – derived from the word ‘original’, this is alleged to be pure heroin. As it is sourced from Bloemfontein, this is unlikely. However, in the absence of purity testing, this is the understood difference between the two products. While ORI may have a higher content of morphine than *kat*, it would be unlikely in reality that it is composed of pure heroin.
- The unit of measure is also a nail.
- A single unit of ORI is three fingernails, making it about half the volume of a unit of *kat*.
- This unit, though smaller, also sells for LSL 300 (about €18).
- ORI arrives in Maseru in powder form.
- Generally, demand for ORI is low. It is consumed mainly by wealthier clients, as most PWUD find the units too small for the price (compared to *kat*).

### Distribution and packaging

The supply and distribution of heroin in Lesotho is controlled by high-level Nigerian professionals based in Maseru. All of the heroin that is distributed in the country is supplied by, and delivered by, mid-level dealers in Bloemfontein, South Africa. The distribution chain suppliers in Bloemfontein are also Nigerian. Heroin found in Bloemfontein normally originates in Johannesburg, from where it is transported to Bloemfontein by bus.

Supply to Maseru is regular, and occurs weekly. Heroin supplies for Lesotho are collected in Bloemfontein and transported by road to Lesotho, a distance of 140 kilometres, or less than two hours. Drivers enter Lesotho at the Maseru land border and delivery is made to the Nigerian focal point

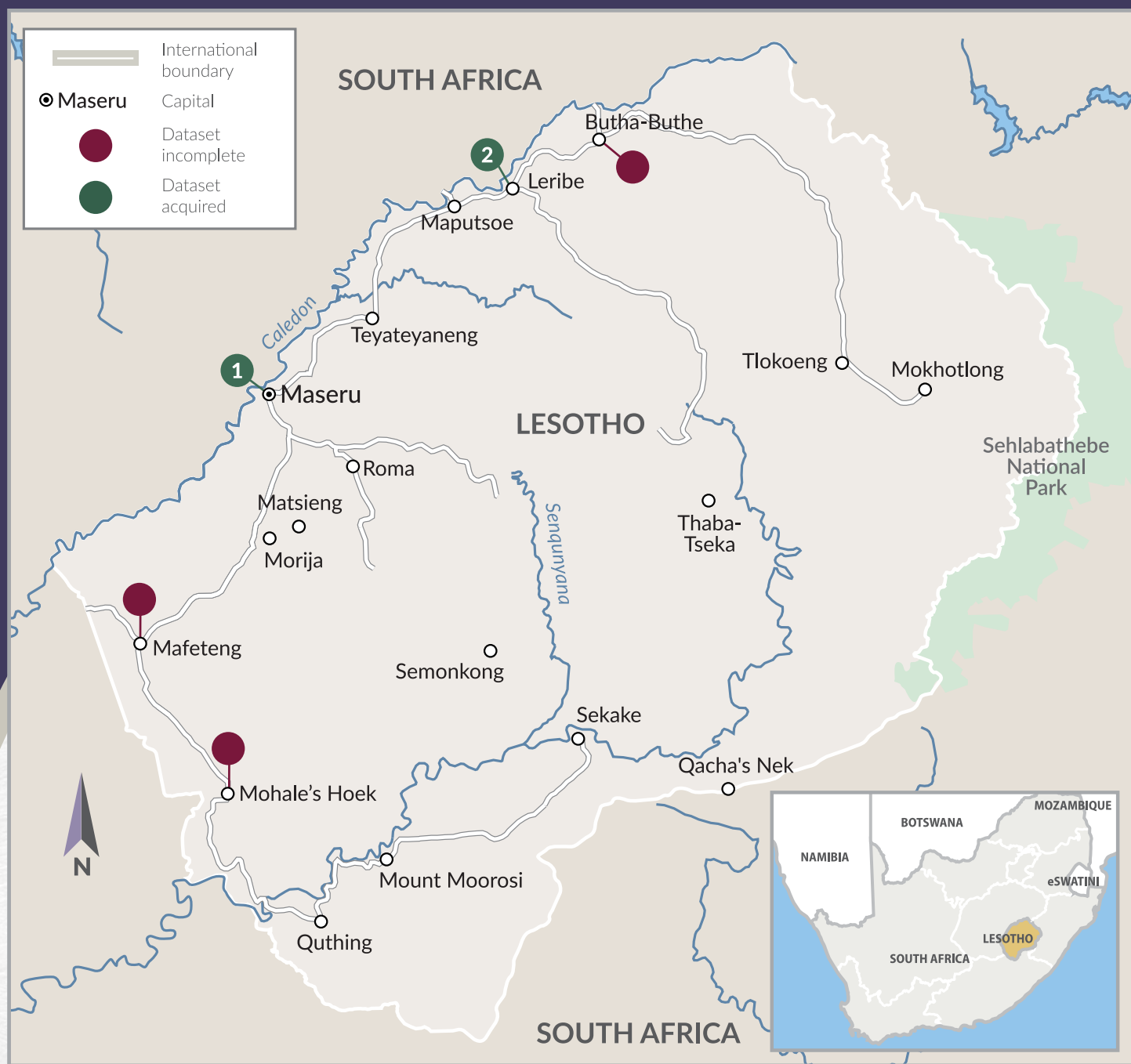
there for processing and distribution. When there are large, celebratory events occurring in Lesotho, the heroin supply will double to twice weekly loads.

Once in Maseru, the heroin is distributed by the many lower-level street dealers to the domestic market. Distribution is concentrated in Maseru and its surroundings, including Roma, where there is a university. There are an estimated 15 low-level dealers in Maseru, and an estimated nine in Leribe. Traders and PWUD believe that heroin reaches other more rural and outlying districts where it is transported by users, as there is no knowledge among the Maseru network of dealers of other traders operating in the outer districts.

The mark-ups made from selling ORI and *kat* are threefold. For example, if LSL 10 000 was spent in obtaining the heroin, then it should yield LSL 30 000–35 000. Dealers would be expected to hand over that much to the supplier every week. If more money was made, then that difference would remain theirs. Therefore, there is a strong incentive to adulterate the heroin arriving from Bloemfontein in order to increase the quantity available to be sold, and therefore the potential additional income to be made and retained in pocket. The amount of heroin distributed by street dealers varies depending on their location, the general client base and the time of year (e.g. if there are celebratory events happening).

### Market

Rarely are vehicles searched at the South Africa–Lesotho border at Maseru. Regardless, informants have indicated that border control officers are easily – and regularly – bribed if, for some reason, a search is suspected. In Lesotho, the police conduct few investigations and hardly ever undertake a drug raid or other active, independent interdiction. On the rare occasion that a raid does occur at a domestic supply point, the police are usually bribed LSL 500 (about €30) per person, per raid. Of further note, there is no drug enforcement unit in the Lesotho Mounted Police Service. All drug-related cases are handled by the mounted police investigations unit, an entity that lacks any formal training on the nature of drugs or drug-related policing.



**FIGURE 23** Research site locations, Lesotho



## Retail heroin samples from Lesotho

Note: LSL 100 is equivalent to roughly €6.00.



This packet of heroin is a single measure of ORI, meaning 'original'. It is alleged to be pure heroin, and the amount is roughly half (e.g. three fingernail measures) of the amount found in the impure *kat* variety (e.g. six fingernail measures). Though smaller in volume, its price is the same (LSL 300) as the 0.25g packet of *kat*. It is sold mostly to wealthier clients, as regular users find the volume too low for the price.



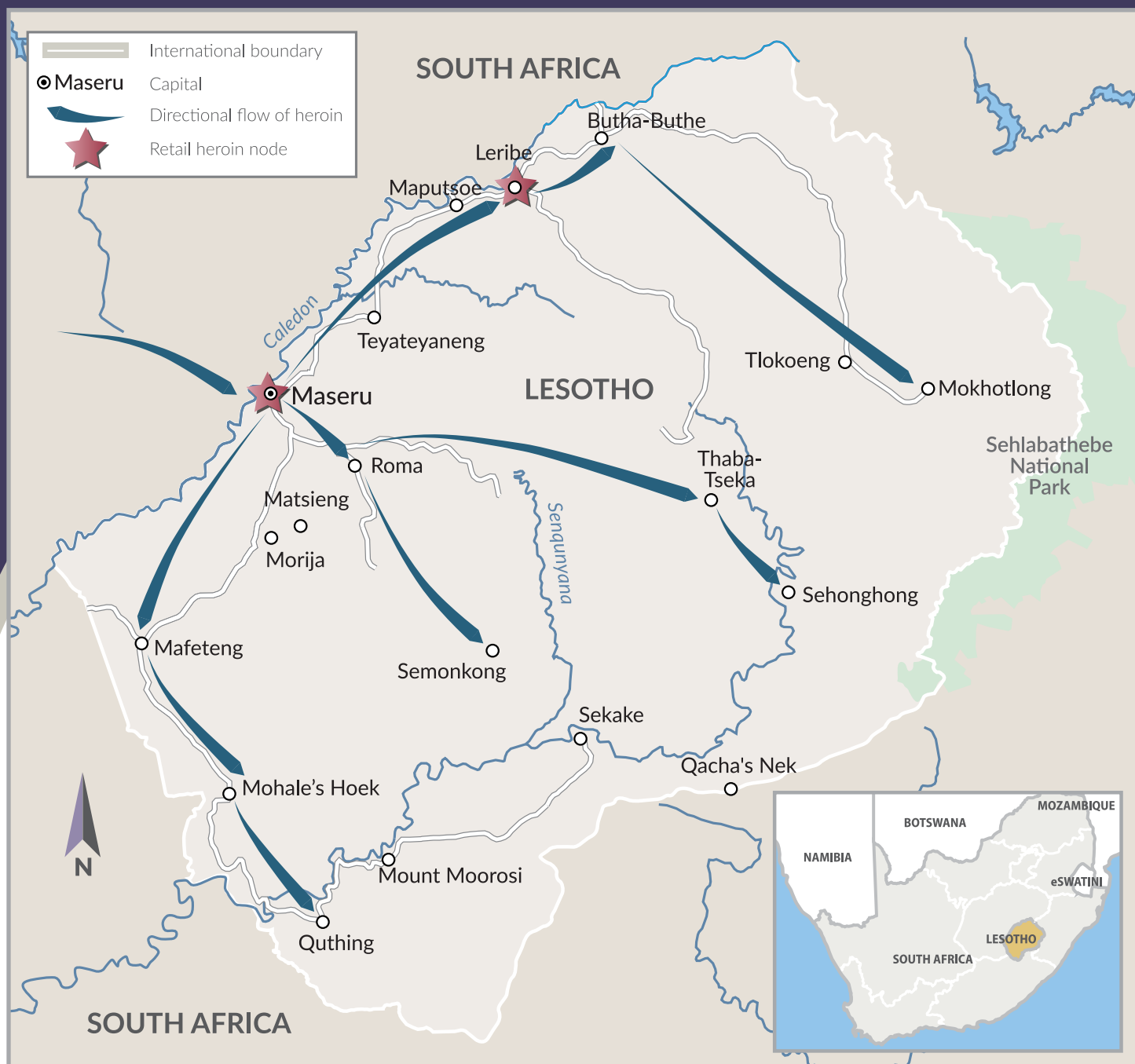
A 0.25g heroin packet of *kat* (meaning cut, i.e. not pure). Sometimes it is called *mosia* in Sesotho, meaning 'cat', which is perhaps a playful local adaptation of *kat*. This sells for LSL 300 in Maseru and Leribe, roughly €18. It is the variety most used by local PWUD.



A still taken from a video of a mid-level heroin supplier in Lesotho as she demonstrates the repackaging of *kat* heroin powder into 0.25g 'handbags' prior to putting together an order for distribution.



'Waiting for a fix' while roadside heroin dealers negotiate orders as they deliver to vehicles outside Maseru, Lesotho.



**FIGURE 24** Estimated heroin flows and retail nodes, Lesotho, January 2020



# THE HEROIN MARKET IN ZAMBIA

Data in Zambia was collected by a CSO that worked with PWUD communities. Domestic heroin retail price data was gathered through field interviews conducted with heroin users and market dealers active in the drug market sites visited in the country. Metrics addressing retail price range in local currency, user perception of product quality, and local market demand and supply characteristics were gathered. A photograph was taken of representative heroin retail samples from most locations for reference, and for representation of retail packaging characteristics. The sample photos and price points are representative of the most common retail samples available in the research locations at that time.

## Characteristics of the domestic heroin economy in Zambia

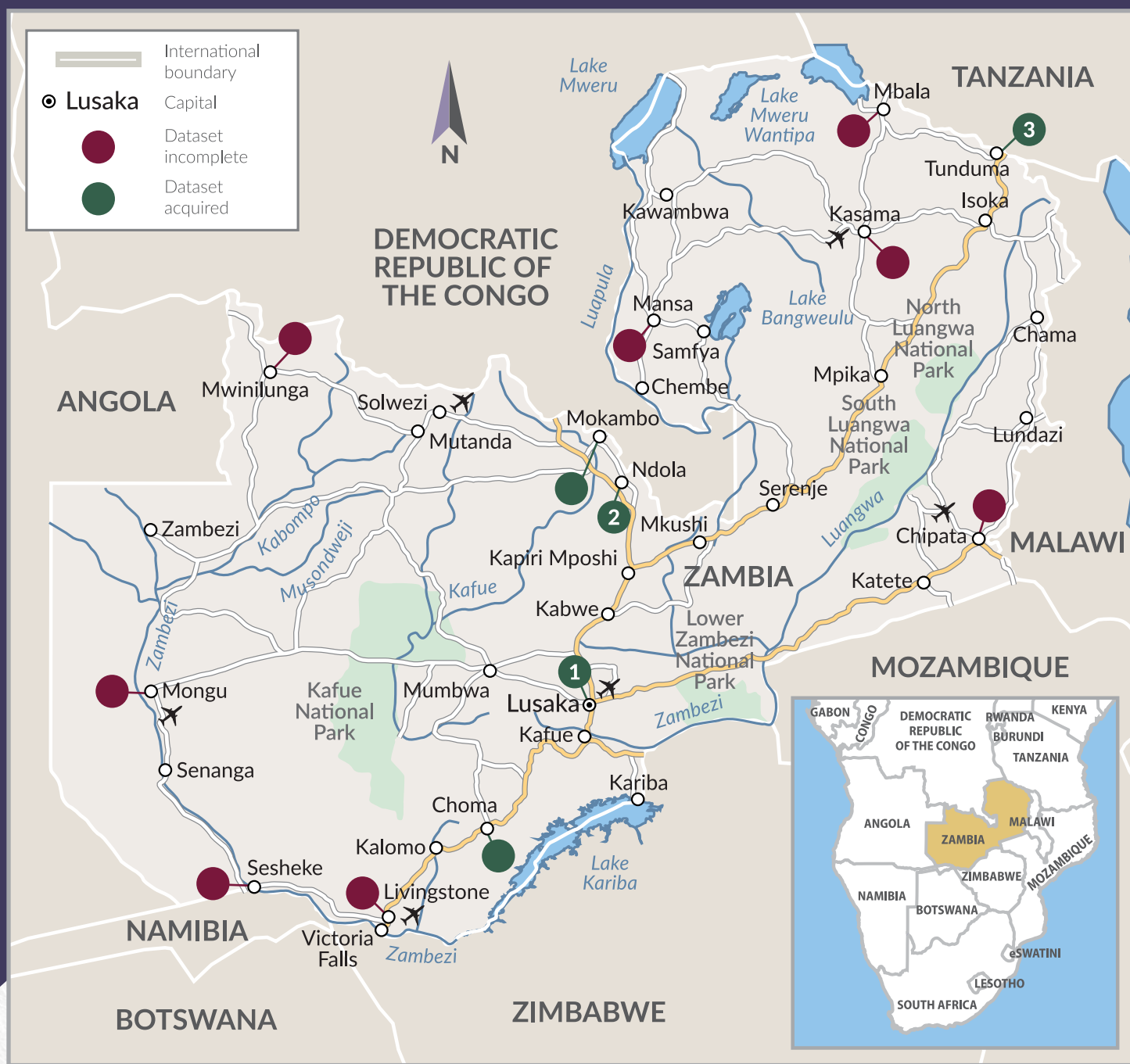
### Price

Initial results show that there is considerable heroin use in Zambia, more so than researchers had initially believed to be the case. Although still not available in all parts of the country, it would seem heroin is available in Zambia in multiple forms,<sup>76</sup> including capsules, powder and the cheapest version, rocks. The reported domestic retail price of heroin ranges from ZMK 60 to 600 (roughly €4 to €37) per gram, with a mean price of ZMK 300 (€18).

IDU is a common form of heroin consumption, particularly along the border areas, transport corridors, and in the capital, Lusaka. Situational factors, such as price, perceived dose purity, and location tend to mildly influence the retail price of heroin.

The price of heroin does appear to be somewhat correlated with its perceived quality, but there were insufficient sample points to determine this with any certainty. Pricing does not necessarily appear to be linked to supply-related factors, such as the consistency of its availability in particular local markets, as there seems to be a stable flow of heroin in the domestic market.

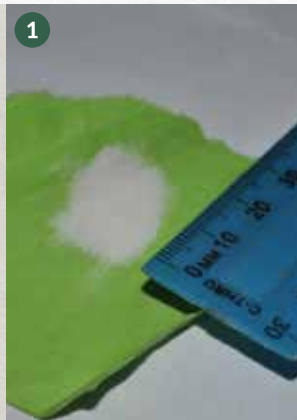




**FIGURE 25** Research site locations, Zambia

## Retail heroin samples from Zambia

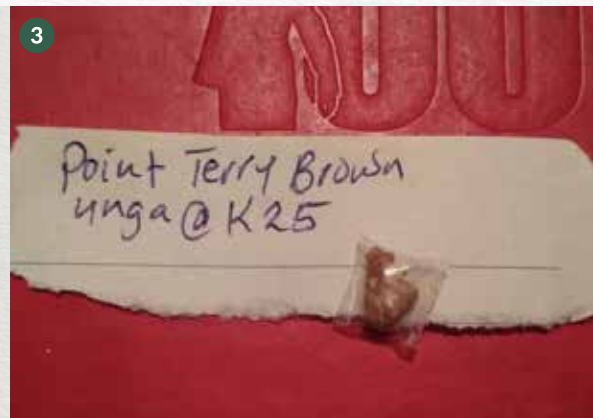
*Note: 100 kwacha is equivalent to roughly €6*



Powdered white heroin, retailing in Lusaka



Allegedly purer versions of heroin are also available in the retail market, as one local dealer demonstrated with this sample packet containing his larger so-called 'good stuff' stash.



Brown heroin, approx. 0.125g per pinch, sold for 25 kwacha per packet in Tunduma. The town has proven to be a reliable overland entry point for heroin landed in Tanzania to transit onward to departure points (e.g. Lusaka International Airport) or to other domestic markets, most particularly South Africa.



Pinches of heroin 'stones' available in Tunduma, not far from the border control point with Tanzania. This retails for 20 kwacha per packet. Heroin use appears to be rather heavy along this border area with Tanzania.



Overall, injection of heroin is an increasing method of use in rural areas, following the trend seen in urban Lusaka and its surroundings for some years.

### Distribution and packaging

The role of Kenneth Kaunda International Airport in Lusaka is another important feature of this market. A well-connected and reasonably modern facility, the airport has a direct service to many continental international airports, as well as direct service to Dubai and Istanbul. Law-enforcement and customs measures are lax, and the inland location – away from known heroin transit points – makes it an attractive structural node in the regional heroin network. From some accounts, this airport appears to serve now as an inland gateway for the shipment of heroin from the continent to European markets. Whether heroin arrives into Zambia via this airport was not determined in this research. Researchers did determine, however, that an undetermined regular volume of heroin arrives in the country overland in trucks from Tanzania, Botswana and Mozambique. The Botswana connection most likely involves the transfer of heroin to Lusaka from Mozambique via Johannesburg. The Tanzanian and Mozambican shipments have to cross only the shared border they have with Zambia, a border that is weakly enforced by agents who are quite easily corrupted. It is believed that the volume of heroin in these shipments is less than five kilograms per truck.

Domestic heroin distribution appears to be centred on Lusaka and its surroundings. Larger volumes are concentrated there and then dispersed in small amounts by dealers and PWUD to towns further afield. There is some indication that heroin is imported from the Democratic Republic of Congo into Zambia from Lubumbashi and through the 'Katanga Boot'; however, it is equally likely that the heroin transits the Boot via the Congo Pedicle Road that bisects it in order to link Zambia's two geographic lobes. The matter of this issue fell outside the scope of the present research scope, and further data on this possible distribution routing is not available.

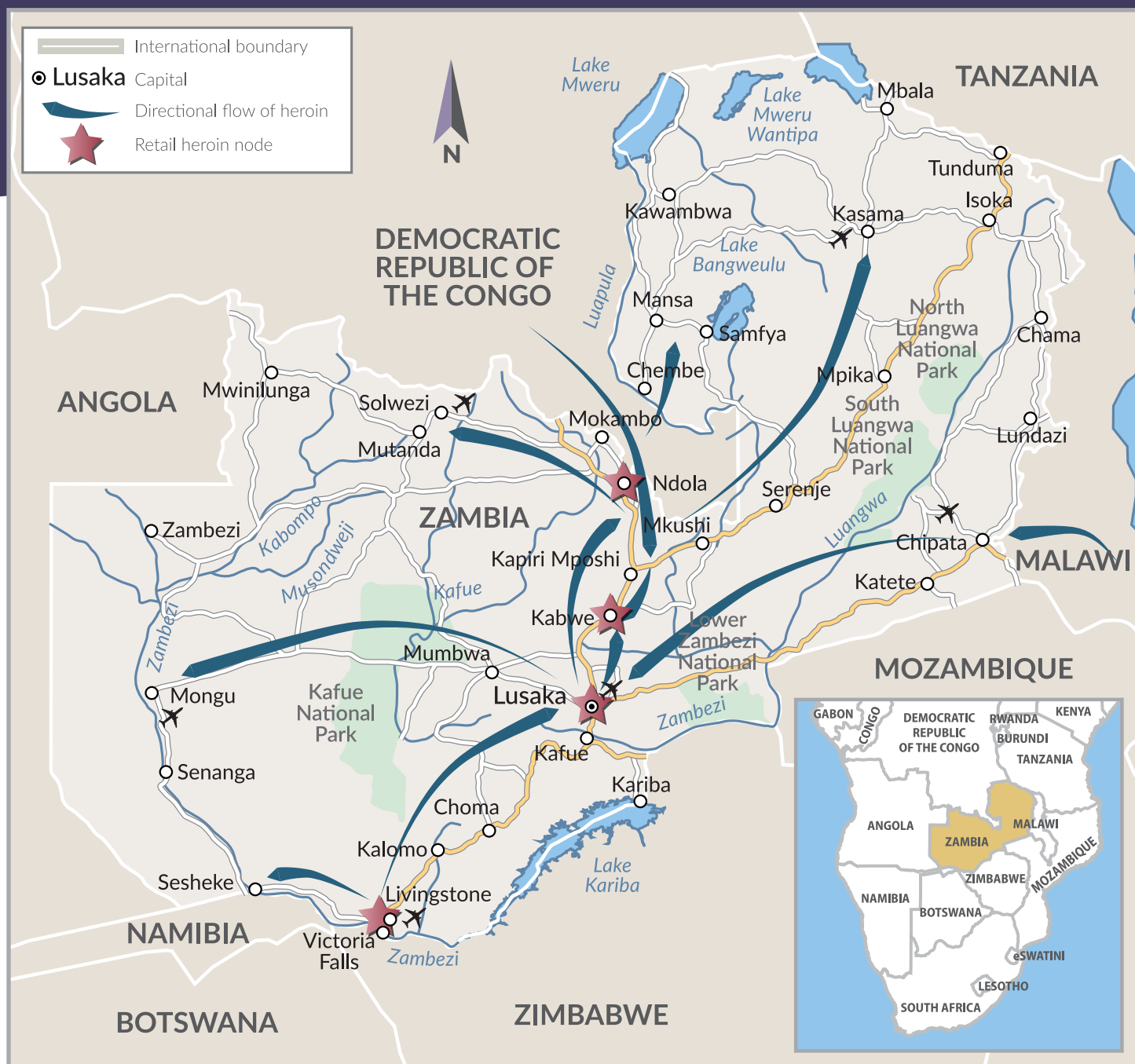
### Market

An interesting feature of the heroin retail marketplace in Zambia was the reported increase in use of mobile banking apps to pay for the purchase of drugs. With a penetration rate above 90%,<sup>77</sup> and the use of mobile internet above 50%,<sup>78</sup> with users texting dealers their orders, making an electronic transfer of funds to pay for the heroin, and receiving text instructions on the delivery and pick-up of the purchased heroin. Perhaps not yet a universal mode of retail, it does nevertheless echo similar purchasing scenarios in the region, including the use of mobile phone money transfer apps to pay sex workers in Zimbabwe.<sup>79</sup>

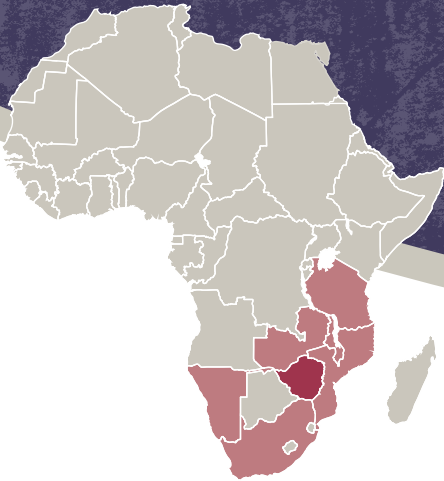


The Nakonde border crossing between Zambia and Tanzania. In addition to the formal crossing point, there are hundreds of kilometres either side of this border point that go largely unpatrolled or protected. The ease of transiting this border is a factor in the movement of heroin between markets.





**FIGURE 26** Estimated heroin flows and retail nodes, Zambia, January 2020



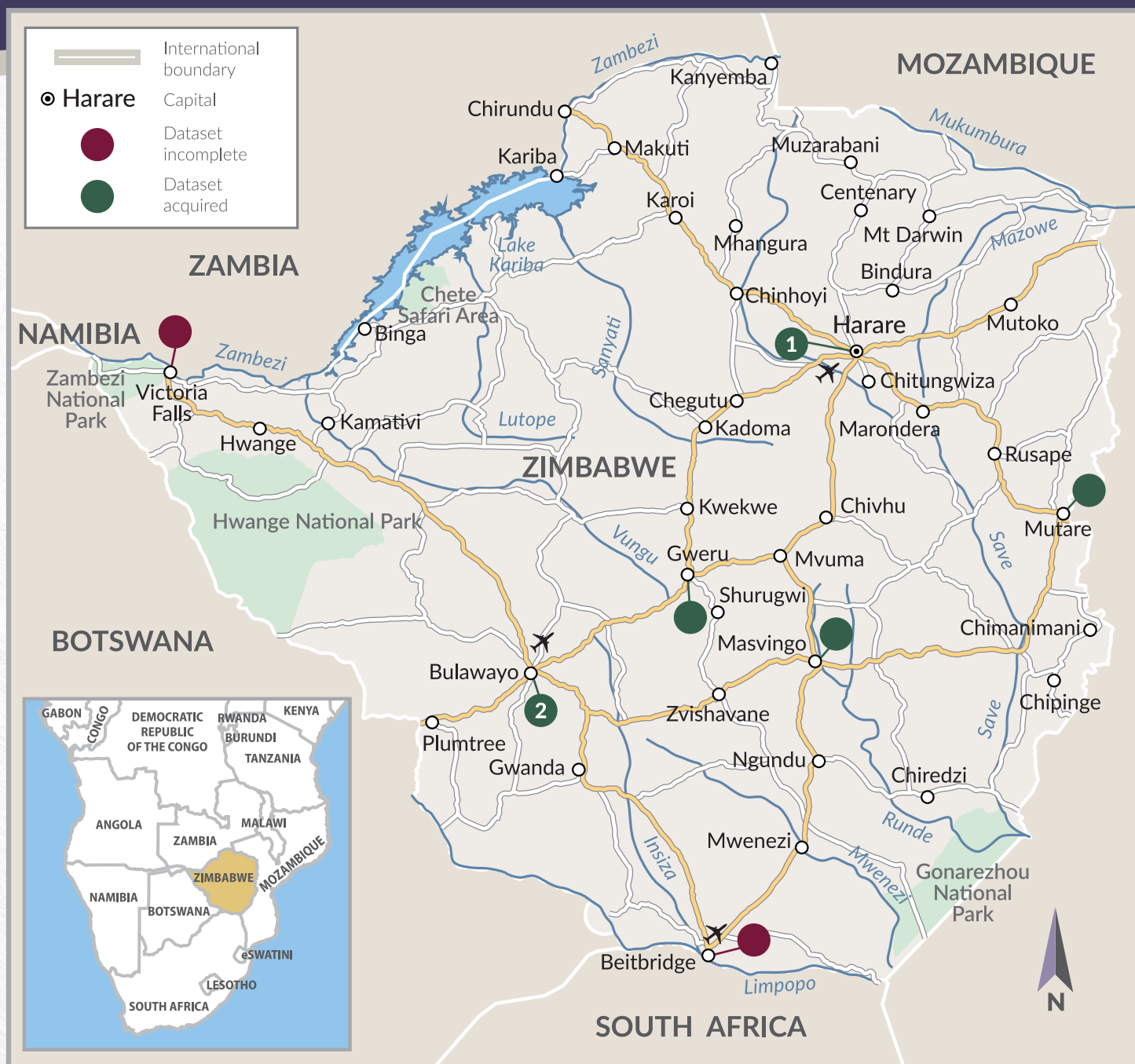
## THE HEROIN MARKET IN ZIMBABWE

Data in Zimbabwe was collected by a local research consultant who was affiliated with PWUD communities. Domestic heroin retail price data was gathered through field interviews conducted with heroin users and market dealers active in the drug market sites visited in the country. Metrics addressing retail price range in local currency, user perception of product quality, and local market demand and supply characteristics were gathered. A photograph was taken of representative heroin retail samples from most locations for reference and for representation of retail packaging characteristics. The sample photos and price points are representative of the most common retail samples available in the research locations at that time.

### Characteristics of the domestic heroin economy in Zimbabwe

#### Price

Initial results show that, in Zimbabwe, the retail price of heroin depends on the quality of the heroin being sold, how available it is and on its source. In Harare, the capital, white powder heroin generally retails for between US\$15 and US\$30 per gram (€13.74–27.48). The dirty-brown variety retails for between US\$5 and US\$15 (€4.58–13.74). Outside of Harare, the retail price has a greater degree of fluctuation, the heroin has a greater variation in perceived quality, and the availability of product is neither stable nor secure. For example, in Bulawayo and Gweru, the price is anywhere between ZAR 50 and ZAR 350 per gram (€3.03–21.19), depending on the quality of the product being purchased. Heroin is sold under different names, depending on the clientele and distribution locations. These include 'little witch' (because of its potency); 'brown sugar'; 'black tar'; 'Powder 1'; 'Powder Malawi'; 'Big H'; and 'Boy'.



**FIGURE 27** Research site locations, Zimbabwe



## Retail heroin samples from Zimbabwe



A 0.25g packet of heroin from Harare that looks more like meth and retails for between US\$15 and US\$30 per gram. Harare's heroin consumer market is supplied from low-volume, overland concealed consignments (tens of kilograms or less) arriving from Gauteng, South Africa. It is also introduced into the country through body concealments (2kg or less) by returning members of the Zimbabwean diaspora.



The contents of a 0.25g packet of heroin powder available in Bulawayo. This retails for between ZAR 50 and ZAR 350 per gram, depending on its alleged purity. Heroin marketed in Bulawayo is likely to have been transported overland from Gauteng, either carried in public transport through the porous Beitbridge border gate area along the Limpopo River, or via Gaborone or Francistown, in Botswana. Its transport is facilitated by corrupt border, law-enforcement and immigration officials along the entire route.

The retail price appears to be based on a simple correlation between stated price point and perceived quality. The higher the price, the higher the alleged quality. Despite the millions of dollars Zimbabwe has received in overseas development assistance to undertake HIV programming, including funding from the UN, the US the UK, and the Global Fund, there is no key population size estimate for PWID or PWUD in Zimbabwe. Several informants in the health and drugs field associated with the country were approached during this research, but none were willing to venture even a rough estimate for the record. What can be said, however, is that there appears to be a growing population of PWID in Zimbabwe, including users in secondary cities and towns, and particularly near border points. Many of these are alleged to have 'picked up the habit' while working or residing in South Africa, though with the current flows of heroin into and through Zimbabwe, they are just as likely to have acquired knowledge and experience of IDU in Zimbabwe itself. Further, the myths of *nyaope* are present also in the rural heroin marketplaces of Zimbabwe, something that

is likely to have been acquired from the tales of returning Zimbabwean diaspora members (see the section on the South African retail heroin market). There is no indication that what is being sold is anything other than heroin, largely derived from Johannesburg.

There were alarming reports of some PWUD in areas outside of Harare (e.g. Masvingo) who admitted to polydrug use, but who indicated that they did not know the difference between the many types of drugs that they were consuming. In particular, they could not indicate whether the powdered drugs they were consuming were cocaine or heroin, or some other powdered substance.

### Distribution and packaging

In the main, the Zimbabwe heroin market is a closed one. A large volume of domestic supply originates from Johannesburg. Overland entry points are numerous, particularly around the Beitbridge border post area, where a multitude of unofficial border crossing points are used along the Limpopo River natural border. Heroin is also smuggled directly

through the official border post, where immigration and police officials are acknowledged as being active participants in facilitating the trade, particularly upon payments of small bribes to ensure their compliance. (Such compliance is not limited to heroin, but also applies to any item of contraband that is attempted to be transported across the border point.)

In Zimbabwe, the market is allegedly organized by groups from South Africa, Nigeria, Tanzania and Somalia, all of whom have close links with senior Zimbabwean officials – particularly those with party and military affiliations. In urban areas, and particularly in Harare, distribution is organized through a network of runners who peddle heroin, alongside other illicit commodities. Generally, the heroin arrives in Zimbabwe in bulk amounts (i.e. in units measuring several kilograms). In Harare, it is then processed and packaged for local distribution. Given that it is largely sourced in Johannesburg, users' perception of its quality is very positive. The high-level domestic importers and distributors are allegedly not well known, though there are suspicions as to their identities and affiliations – it appears that most of the trade and distribution are organized and coordinated from within the high-walled villas located in the most affluent suburbs of Harare. Given the inherent instability in the country's domestic market environment, entry to the distribution market is fluid, and the variation in price and quality of heroin being sold across the country would appear to indicate that there are numerous distribution channels in place in the market.

## Market

Zimbabwe is an emerging, unstable domestic heroin market. The initial results of this research provide some new and important information about how the local drug market is structured and operates. The information also confirms that the overall picture is substantially more complicated than initially believed. There appear not to be many large, fixed flows of heroin that could possibly be identified and blocked. The supply pattern of heroin is diverse, apparently with multiple entry points into the domestic market, and many competing or concurrent channels of supply.

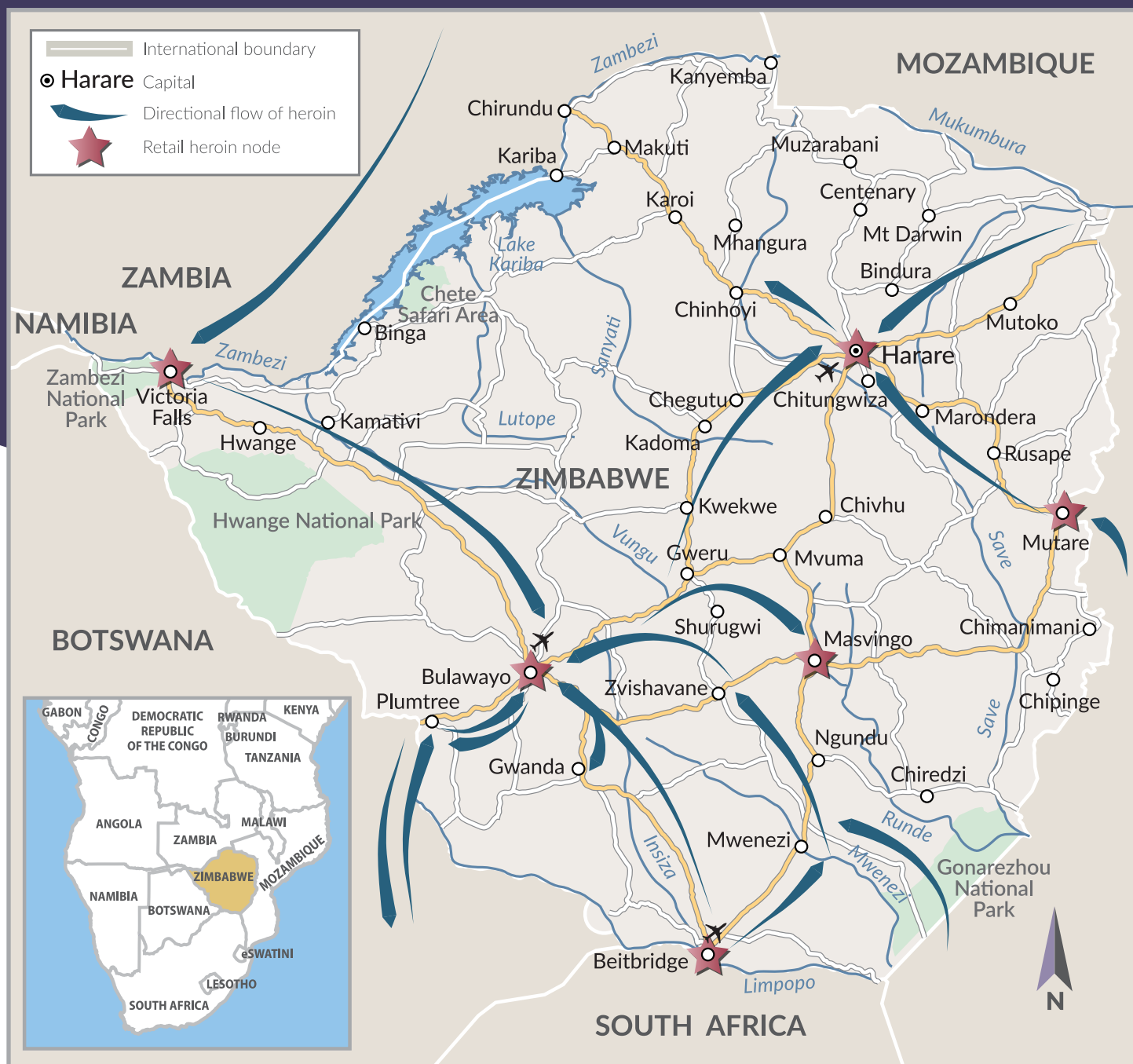
It appears that heroin for domestic consumption in Zimbabwe is not available consistently throughout the country; and, when it is available, it is often found with inconsistent levels of purity matched with price. The market is said to be operated by a conglomerate of competing high-level interests, with as much investment in the trans-shipment of product to other destinations in Africa as in channelling product between Johannesburg and Harare to earn hard currency in a time of acute national economic malaise. The fact that heroin is supplied with significantly different levels of purity to the same retail consumers, and at the same retail price points, is a symptom of what may be a domestic heroin market with few barriers to entry for aspiring traffickers and dealers. Given the country's ongoing political instability, however, and the fragility of its broader economic and infrastructural systems, it is unlikely that the market will become more stable or better organized until these political and economic risks are adequately addressed.

*Zimbabwe is  
an emerging,  
unstable domestic  
heroin market.*



Beitbridge border crossing between Zimbabwe and South Africa is a common connector between the growing heroin markets of Zimbabwe and the significant, established supply points in South Africa. Heroin is smuggled in small quantities by public transport and in regular goods shipments into Zimbabwe alongside the intermingling of Zimbabwean and other African migrant workers returning home or returning to South Africa. The number of informal traders who cross this formal entry-exit point on a daily basis constitutes more than half of all traffic through the border. This is one of the highest rates in southern Africa.





**FIGURE 28** Estimated heroin flows and retail nodes, Zimbabwe, January 2020



## THE HEROIN MARKET IN MALAWI

Data in Malawi was collected by a local research consultant who was affiliated with PWUD communities. Domestic heroin retail price data was gathered through field interviews conducted with drug users and market dealers active in drug market sites visited in the country. Metrics addressing retail price range in local currency, user perception of product quality, and local market demand and supply characteristics were compiled. No sample photos were able to be taken. Price points provided are intended to be representative of the most common retail samples available in the research locations.

### Characteristics of the domestic heroin economy in Malawi

#### Price

The reported domestic retail price of heroin in Malawi ranges from US\$30 to US\$45 per gram (€27.13–40.70). Situational factors, such as price, perceived dose purity and method of consumption (heavier users who inject heroin – as opposed to smoking or inhaling it – tend to consume more), shape the daily amount of heroin consumed by PWUD. Heroin use is present in Lilongwe, the capital, but PWUD indicate that cocaine is more commonly consumed than heroin in the country.

#### Distribution and packaging

Dealers indicate that most of the heroin that arrives in Malawi is destined for re-export to neighbouring countries and not for supplying the domestic consumer base. Heroin arrives in some quantity, though the research was able to determine neither the average volume of shipments nor their frequency. Malawi appears to be a transit country for heroin moving from the eastern coastal country landing points to the heroin consumer







Highway M1 runs north–south through the Ntcheu District in central Malawi. For much of its route through the district, unguarded and overlooked, the road demarcates the international border between Malawi and neighbouring Mozambique. In this photo, everything to the left side of the highway central dividing line is Mozambique, and everything to the right is Malawi.



An open market environment at night for retailing illegal drugs is becoming a common feature in several areas of Lilongwe, Malawi.

markets of West Africa, with Nigeria, Ghana and Sierra Leone all named by dealers as probable destinations. This transit trade appears to be supplied most commonly by individual travellers, with heroin concealed on or in their person, or in their baggage. Domestic distribution occurs in night market environments, in clubs, and other entertainment venues, both indoor and outdoor. When available, heroin is retailed alongside a selection of other illicit drugs, with cocaine – both in powder and crack form – being the most common.

## Market

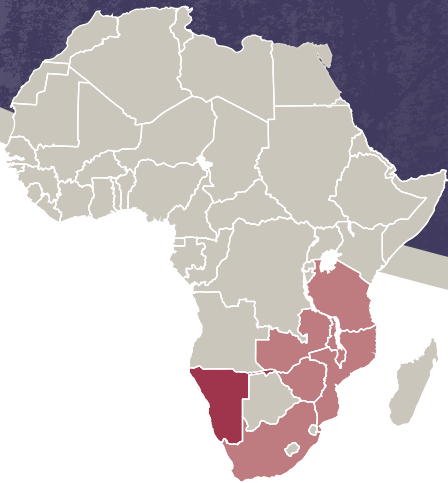
It appears from initial investigation that while heroin moves from east to west as it transits Malawian territory, there is a concurrent flow of cocaine transiting Malawi from west to east. In nearly all cases, dealers, PWUD and law enforcement named Kamuzu International Airport in Lilongwe as the key transit node enabling most of these illicit flows. Chileka International airport near Blantyre, in the south of the country, was said to be a secondary node of

transit. The most common technique used to get drugs through airport security is by compromising airport agents, particularly border guards. Similar to how goods are moved through formal border points, a guard is paid to provide a ‘window of time’ through which the traveller is able to pass through the checkpoint without inspection. Normally a matter of minutes is sufficient. On the rare occasions when a seizure and/or arrest is made at these airports, often it comes down to the traveller missing the aforementioned window.

Aside from the airports, Malawi boasts a lengthy unguarded overland border. The overland transit of heroin – from the Niassa region in Mozambique through Malawi in the south and back into the Tete region of Mozambique, before it is transported south towards eSwatini and South Africa – exploits these porous borders. In particular, it is alleged that heroin brought in by air to Lilongwe is then transited overland in high volumes by vehicle through the Dedza border crossing with Mozambique.



**FIGURE 30** Estimated heroin flows and retail nodes, Malawi, January 2020



## THE HEROIN MARKET IN NAMIBIA

Data in Namibia was collected by a local research consultant who was affiliated with PWUD communities. Domestic heroin retail price data was gathered through field interviews conducted with drug users and market dealers active in drug market sites visited in the country. Metrics addressing retail price range in local currency, user perception of product quality, and local market demand and supply characteristics were sought. No sample photos were able to be taken. Price points provided are intended to be representative of the most common retail samples available in the research locations.

### Characteristics of the domestic heroin economy in Namibia

#### Price

Initial results show that there are limited places where heroin is available in Namibia. The reported domestic retail price of heroin in Namibia is 500 Namibian dollars per gram (€30.11). This was identified in both the capital, Windhoek, and Walvis Bay. Drug use is alleged to be very high in the country, although there exists scant information beyond anecdotal accounts to provide any quantitative estimation or justification for this belief. It is likely that cannabis makes up the preponderance of the drugs consumed by the user base, however.

#### Distribution and packaging

Heroin allegedly arrives by sea routes, but flows of the drug cannot compete with cocaine flows heading south from Angola and destined for South Africa, or arriving at the Namibian coast. Namibia is a significant transit country for the transport of cocaine, less so for heroin. It has a surprisingly sizeable population of





**FIGURE 31** Research site locations, Namibia

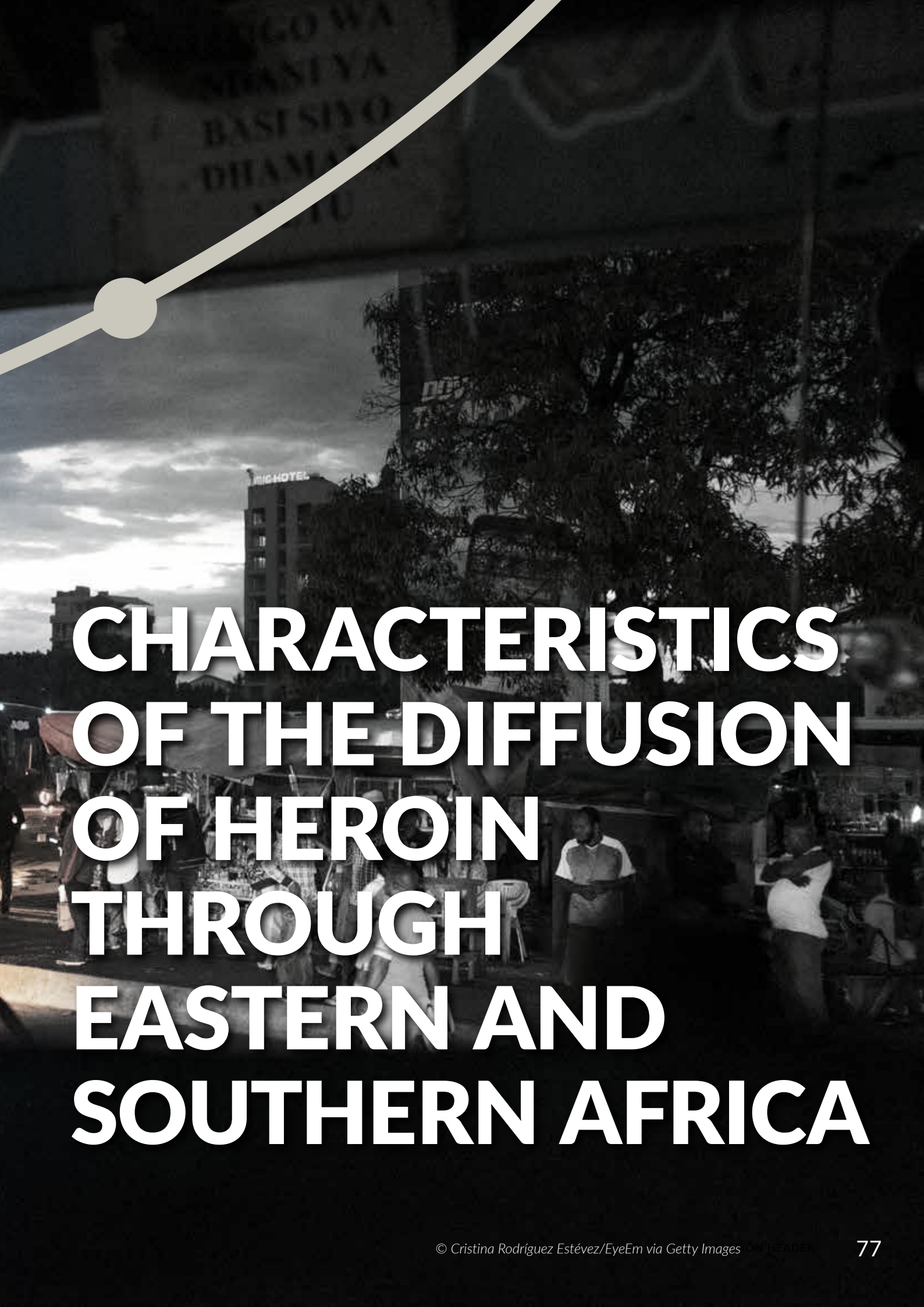
foreign prisoners incarcerated in its jails for drug-trafficking-related offences – particularly for the concealment of drugs on their person or packed in their bodies – and apprehended as they arrived or transited by air.

### Market

Although heroin is present in the country, its market availability is limited and irregular. Cocaine and

ephedrine powder are among the most commonly seized substances. There is no reliable evidence to indicate any heroin flow to Namibia from South Africa, though this would be plausible. Neither is there strong evidence that the Four Points border crossing located at the eastern tip of the Caprivi Strip is an entry point to Namibia for heroin flows, though it is a significant cross-border point between Zambia and Botswana for other illicit goods.





# CHARACTERISTICS OF THE DIFFUSION OF HEROIN THROUGH EASTERN AND SOUTHERN AFRICA





## A SHALLOW FLOOD

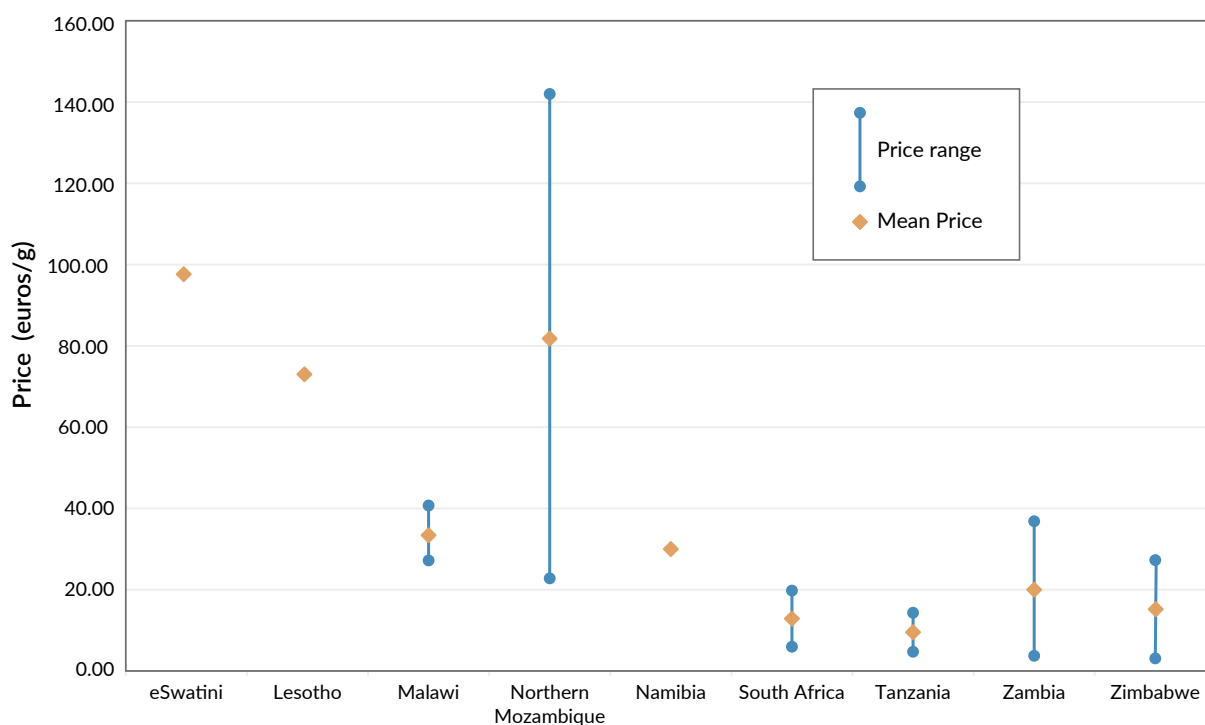
There has been a significant spread of heroin – both in the prevalence of supply and use – across eastern and southern Africa. Patterns of use have followed an ever-expanding proliferation of supply channels. The ubiquity of heroin across large swathes of Tanzania, Mozambique and South Africa has been a characteristic of these countries' urbanizing socio-economic development for many years, extending as far back as the early 1990s. The diffusion of heroin use, however, has been identified now throughout the neighbouring countries of Zambia, Lesotho and eSwatini, and is beginning to become embedded in rural areas across Zimbabwe too.

With few exceptions, the general characteristics of domestic distribution, and retail and wholesale marketplace environments in the research countries were found to be similar in their orientation, organization and structure. The relatively cheap retail heroin prices in South Africa and Tanzania suggest a high degree of product availability for distribution within the market. The significant range in price paid for high-quality heroin in northern Mozambique, meanwhile, suggests that the local market there consists primarily of high-volume heroin shipments landing in and transiting through the region, with small 'spillage' amounts of heroin calved from these passing shipments on an ad hoc or payment-in-kind basis, which are then used to supply the small local marketplace. The fact that very cheap, low-quality heroin is smuggled across the border from Tanzania to supply the poor local mining population is additional evidence to support this projection.

Specific exceptions, however, did exist around the volume and geographic distribution of market importers and distributors (with greater concentrations and networks in larger marketplaces, like South Africa, and fewer, more restricted actors in limited markets, like Malawi and Namibia). Likewise, there were found to be regional differences in the ethnicity of actors involved in the domestic distribution and retail channels, which appears to be a factor of place-specific immigrant diversity, depth of diasporic networks within these places, and the breadth of poverty and socio-economic marginalization within these geographically specific market environments.



**FIGURE 32** Heroin flows and nodes in eastern and southern Africa



**FIGURE 33** Street-based pricing of heroin in eastern and southern Africa, January 2020

## Consequences and concerns

### Identification of substances

There remains much confusion around the identification of substances available in regional domestic retail markets, particularly among PWUD in many less formal market-based locations. This includes substances that are considered to be of a similar composition (e.g. heroin/*nyaope*/*whoonga*), and those that are sold as one substance but turn out to be another (linked to difficulties in identifying cheap versions of heroin, meth and cocaine in low-light environments and with similar packaging).

### Adulteration of heroin

Adulteration of heroin is seen in many places to be a significant issue of concern, particularly in terms of domestic profiteering by criminal groups, as well as in the significant health implications posed by the substances employed in the adulteration process. There are bad batches of heroin masquerading as pure product, or using a popular product as camouflage for dangerous concoctions, yet most PWUD have no way of determining the safety of the substances they purchase for consumption.

### Weak forensic capacity

Outside of South Africa, other regional authorities have no reliable way of identifying with any certainty the contents of substances they interdict. In several



instances, law-enforcement officers must guess as to the origin and/or chemical composition of a substance encountered in their work. This, in turn, has not only health implications, but also judicial and penal implications.

### **A region under-prepared and under-resourced to mount a response**

Countries are vastly under-prepared and under-resourced to address the health and welfare requirements of consumers in these environments of emerging and maturing heroin marketplaces. Africa is already home to 69% of the world's population living with HIV, and the rise in African consumption of opiates and an increase in IDU has led to a correlated increase in HIV and HCV transmission among communities of people who inject drugs.<sup>80</sup> HIV seroprevalence rates among users in these areas have soared as high as 87%.<sup>81</sup> Discrimination by health officials and law enforcement agencies of PWUD continues largely unabated,<sup>82</sup> as does their stigmatization, and fatal and non-fatal overdoses continue to grow.<sup>83</sup>

Further, access to prescription medicines, opioids in particular, has failed to improve across the region owing to misdirected drug control enforcement initiatives targeting heroin and other drugs; health institutional reluctance to employ the substances involved; and counterfeiting and diversion by criminal groups of pharmaceutical commodities from licit streams into illicit markets.<sup>84</sup>

National prison populations have grown to overcapacity levels of 400% and more, as state security and judicial structures respond to the increase in use by arresting and incarcerating vast numbers of people for drug-related crimes.<sup>85</sup> As a result, generations of young people continue to become disenfranchised due to criminal convictions earned for low-level drug crimes – such as drug use, or possession of small quantities of drugs for personal use.<sup>86</sup> Finally, disproportionately high unemployment and underemployment rates have succeeded in further marginalizing people who use (or used) drugs, and those with a criminal conviction for low-level drug offences.<sup>87</sup>

*Countries in the region are vastly under-prepared and under-resourced to address the health and welfare requirements of drug consumers.*

## General characteristics of domestic heroin markets in eastern and southern Africa

- The pervasiveness of institutional corruption and incompetence contributes significantly to the resilience and expansion of heroin markets in the region. It cannot be stated more simply. The cash nature of the heroin economy is very corroding on front-end policing institutions and personnel.
- There is little relevant and actionable data available to inform the response of law-enforcement agencies in their efforts to curtail the harms related to the embedded drug marketplaces and their support systems. Much of the data that is being used is outdated, biased or irrelevant. For example, the differences in retail price data presented by SAPS and by the PWUD researchers in South Africa raise several questions around the validity and provenance of workplace data.
- Cocaine and heroin flows appear to overlap in the region. Although not an element of study in this report, it could not be avoided that in Malawi and Zambia in particular, the south-eastern movement of cocaine flows from West Africa appeared to co-mingle with the south-western flows of heroin from the eastern coast. The concomitant price, distribution and market influence of cocaine and



The bridge and one-stop border gate system at the Chirundu border crossing between Zambia and Zimbabwe. Built with Japanese International Cooperation Assistance funding, it continues to be the model that the African Development Bank wishes to pursue for the continent's many frontier crossings. Quick, efficient border points assist (and redefine) the transport dynamics for all trade commodities – both licit and illicit.



Funded by Japanese International Cooperation Assistance and the African Development Bank, construction of the Kazungula Bridge is set to be completed in 2020. This bridge, located in the Four Corners international quadripoint, will connect Zambia and Botswana by road and rail, thereby replacing the existing ferry system and significantly reducing the waiting time for transport vehicles to cross the Zambezi River.





**FIGURE 34** The Four Corners international quadripoint is where Botswana, Namibia, Zimbabwe and Zambia's international border lines converge. This intersection is also close to three trans-African highways: the north–south spines of both the Cape Town to Cairo and Cape Town to Tripoli highways; and the east–west spine of the Beira (Mozambique) to Lobito (Angola) highway.

- other drugs along these flow corridors should be considered in future work.
- CSOs and PWUD groups, in particular, have much to contribute to supporting effective national responses to the structures and harms generated by embedded heroin marketplaces in the region. They can be able partners in this regard, as was demonstrated through the implementation of this research. Often, however, they are ignored – or, worse, pursued and imprisoned by their governments in the region.
- It is a fallacy to think of land borders as hard barriers – they are permeable across the region. While the borderless example of Ntcheu District (Malawi) was used earlier in the report, it is not unique in its orientation. The vastness of these regional borders and the inadequacies of national border forces mean that effective enforcement is impossible.
- The continued underestimated role of the periphery and its players: There was repeated reference in interviews of heroin supply and distribution flows that incorporated the geographic boundaries and territories of the Democratic Republic of Congo; the Great Lakes countries of Burundi, Rwanda, and Uganda; and the geographic influence of Botswana. These require study.
- The impact of development and connectedness. The long-term plan of the AU and the AfDB to develop several overland transport corridors raises significant concerns over how these channels might be exploited for the expanded transport of heroin (and other illicit goods) alongside the desired increase in the transportation of licit goods. An assessment of illicit economic risk should be a consideration of these bodies, as they continue to pursue greater geographic cohesion and connectedness between states.



## Implications for drug policy in Africa

In fact, these domestic markets continue to expand. Supply interdiction strategies are not working.<sup>88</sup> 'Tough' laws and mandatory minimum sentences are not stopping or reducing illicit heroin distribution – or the distribution of any other illegal substance for that matter. The continued resilience and expansion of the region's heroin markets are not a consequence of ineffective prohibition efforts; rather, the continued unobstructed diffusion of heroin through the cities and towns of eastern and southern Africa should be seen as a natural consequence of prohibition-based approaches themselves.<sup>89</sup>

Variations on interdiction, including pursuing so-called 'kingpin' or high-value target (HVT) elimination strategies do not generate any more significant disruption in a network, such as the proposed disarray among the leadership of trafficking networks that is felt such a move would entail.<sup>90</sup> Instead, these strategies foster only temporary periods of increased violence within affected communities, followed by immediate replacement of the HVT by one of many cadres waiting to take control and continue the work when the opportunity to do so arises.<sup>91</sup> Instead, we must acknowledge that illicit 'shadow economies' – like the heroin economy that exists across the region – are significant components of regional and national gross domestic product.

As such, reform of national drug policy and legislation alone is insufficient to foster effective, sustainable development solutions, or to reduce the pernicious influence of these heroin-related marketplaces and the corrosive impact of their trade on national development efforts. Policy solutions must mirror the illicit regional market in its structural complexity, and be designed to contribute to substantially undermining the power and influence of market structures, and displacing their national and regional enablers. They must also be the product of a fundamental effort to undermine these enablers beyond the intuitive yet traditional health, security and social services-oriented approaches to drug policy governance. Long-term multidimensional policy approaches integrated into national sustainable development programmes addressing the structural drivers of inequity, vulnerability and human insecurity would mark a positive, fundamental shift in regional drug policy approaches.

## Conclusions

The results of this research provide new and important information about how far heroin has diffused and evolved across eastern and southern Africa, and how its domestic markets function and adapt. The results also indicate that the consumer market in the region appears to be much larger than previously acknowledged, particularly as indicated by government officials. But they also confirm that the picture is substantially more complicated than previously believed. The research findings from these nine countries, as well as supporting information from follow-on and ongoing interviews across the region, suggest that when it comes to these domestic market structures and their distribution systems, there are few fixed flows of heroin that can be identified and blocked using conventional, prohibition-style interdiction strategies and techniques.

Rather than following distinct streams, the supply of heroin is more akin to a shallow, slow-moving flood. The decades of impunity that traffickers have enjoyed mean that there are now multiple entry points into the regional market, many competing or concurrent channels of supply, interwoven with the physical landscapes. These domestic markets now are stable, embedded features of the landscape. Heroin is distributed in varying levels of purity, volume and regularity, and the market is run by groups and networks of various sizes. The fact that heroin is supplied with significantly different levels of purity to the same retail consumers, and at the same price, is a symptom of domestic heroin markets with few barriers to entry for aspiring traffickers and dealers.

It is the understanding of this research that the domestic heroin markets of eastern and southern Africa are neither standalone inconsequential entities, nor are they loosely linked subordinate satellites. Rather, they are part of a stable regional drug economy system that stretches from Somalia to South Africa, and from the eastern littoral to all the inland states of the region.

*As these domestic drug markets continue to expand, supply interdiction strategies are not working.*



**FIGURE 35** The proposed trans-African highway network is a decades-old plan designed to connect the continent by means of overland transport corridors. Despite the network's varying state of completion, with missing links and deteriorating surfaces, there are some viable and heavily used sections – particularly in southern and eastern Africa. These routes link high-volume coastal heroin shipments with inland transport nodes, such as airports, through lower-volume distribution modes (hand-carried packages of heroin; bodypacking; and concealment within licit goods).

SOURCE: AfDB and UNECA, Review of the implementation status of the trans-African highways and the missing links, volume 1, main report, SWECO International & Nordic Consulting Group, final report, p 17, 2013.



## NOTES

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- 16 UN World Drug Report 2019 Methodology Report, UNODC Research and Trend Analysis Branch, Vienna. This document provides clear admissions and stipulations on the derivation of price data and the methodological approaches employed in the production of the WDR 2019 drug price numbers.
- 17 It is important to note that drug price data published in the UN WDR is outdated by design. For example, in the WDR 2019 the drug price

- numbers were 2017 figures. This is not unusual, as the WDR is historical in its orientation. This is a direct result of the means through which its data is accumulated and the length of time necessary for such a large document to be compiled, channelled through various approval processes, and eventually released.
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  - 24 UNODC research officer Thomas Pietschmann employed the term 'spillover' in his description of the emergence of domestic heroin consumer markets resulting from the proliferation of small amounts of heroin spilling over from the larger-volume shipments transiting an area as the product is transported to its destination market. See T Pietschmann, Price-setting behaviour in the heroin market, *Bulletin on Narcotics*, 56, 1 (2004), 105–139; 110.
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  - 26 RDS is a chain-referral sampling methodology of estimability employed in qualitative research on hard-to-reach populations. Sampling these populations is challenging due to the fact that most standard sampling methodologies require a sampling frame derived from a list of sample population members. For hard-to-reach populations such as PWUD, generally the size is small relative to the population of those who do not use drugs, often PWUD populations can be geographically dispersed, and often are difficult for outsiders to penetrate. See D Heckathorn, Snowball versus respondent-driven sampling, *Sociological Methodology*, 41, 1 (2011), 355–366.
  - 27 D Heckathorn, Snowball versus respondent-driven sampling, *Sociological Methodology*, 41, 1 (2011), 355–366.
  - 28 In the case of those countries with a local research consultant in lieu of a team of PWUD peer researchers, the data was sent directly to the GI-TOC research supervisor.
  - 29 'Living' in the sense that the datasets could be added to and further manipulated as more baseline information became available over subsequent weeks and months.
  - 30 It is not the purpose of this report to argue the efficacy (or not) of the global prohibition approach to substances such as heroin. It is reasonable, however, to point out that while the prohibition of opium and heroin have been pursued in some form for more than a century – and most fervently since the introduction and approval by member states of the UN's Political Declaration and Plan of Action on International Cooperation Towards an Integrated and Balanced Strategy to Counter the World Drug Problem (1998) – at no time during the past century, including during the era of prohibition and 'control', have the global production, supply and use of heroin been at higher levels than today. See UN (2019) World drug report 2019, UNODC, Vienna.
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50 In a time of acute, immediate interruption to supply, there is no easy way to make up for lost product in the short term. As a result, the most expedient solution is to boost the existing supply through the addition of adulterants, a process that would increase product volume but decrease its purity. See J Miltenburg, Supply chains for illicit products: Case study of the global opiate production networks, *Cogent Business and Management*, 5:1423871, 2018.

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53 As quoted in Cocaine Route Monitoring and Support, Drug trafficking in East Africa: Reported extent, impact, policy responses and rethinking the focus for building a regional response, European Commission, Brussels, November 2016, 10.

54 See the Executive Summary in UN, World drug report 2014, UNODC, Vienna. The following year, the UN expanded on their 'southern route' declaration and concluded at that time that Africa was vulnerable to the expansion of the global drug economy. See UN, World drug report 2015, UNODC, Vienna.

55 A dhow is a single- or double-masted wooden ship with a triangular sail. A traditional vessel found in sizes up to 300 tonnes, these marine craft have been a staple trade

facilitator linking the coastal state marketplaces of the eastern Indian Ocean. For centuries, there have been innumerable dhows plying the coastal ports and shores from the Middle East to South Asia and Eastern Africa. See A Villiers, Some aspects of the Arab dhow trade, *Middle East Journal*, 2 (1948), 399–416.

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57 Meaning they use more than one illegal substance, perhaps on a regular basis. For example, they may use heroin, but also cocaine and methamphetamine.

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65 G Davis and K Steslow, HIV medications as drugs of abuse, *Current Addiction Reports*, 1, 2014, 214–219, 216.

66 Ibid.



- 67 *Kataza* is the term used in Mpumalanga to refer to *nyaope/whoonga*. *Kataza* is the Swahili word for 'forbid', and it is yet another synonym originating from Dar es Salaam for heroin.
- 68 A Khine, and K Mokwena, Drug interactions in the constituents of street drug mixture 'nyaope' in South Africa: a mini-review, *African Journal of Drug and Alcohol Studies*, 15, 2 (2016), 91-101; P Mthembi, E Mwenesongole, and M Cole, Chemical profiling of the street cocktail drug 'nyaope' in South Africa using GC-MS 1: Stability studies of components of 'nyaope' in organic solvents, *Forensic Science International*, 292, 2018, 115-124.
- 69 Interview with Tanzanian heroin dealer in Johannesburg, May-June 2019, Johannesburg.
- 70 Ibid.
- 71 A section is the term used in Johannesburg and Cape Town to describe a 0.25g packet of heroin. In Johannesburg, this packet is made from brown plastic and is shaped like a tiny handbag. In Cape Town, a section is sold in bits of sealed white plastic that are shaped like an upside-down mushroom. See photo examples of both in the previous section of this report.
- 72 Interview with Zulu heroin dealer, June 2019, Johannesburg.
- 73 G Setswe et al, Programmatic mapping and size estimation study of key populations in South Africa: Sex workers (male and female), men who have sex with men, persons who inject drugs and transgender people, Human Sciences Research Council, Pretoria, 2015.
- 74 S Haysom, Hiding in plain sight: Heroin's stealthy takeover of South Africa, ENACT, Nairobi, March 2019.
- 75 Interview with heroin dealer, June 2019, Johannesburg.
- 76 Some informants on the border with the DRC indicated that heroin was available for purchase in a 'bottled version'. It was unclear to researchers what this meant, and they were unsuccessful in pursuing further information about this method of consumption. Much more in depth research is necessary over coming months in order to improve upon the current understanding of retail heroin product varieties available in Zambia, and the volume and pricing schemas relevant to each.
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