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A RISING TIDE

Trends in production, trafficking and
consumption of drugs in North Africa

MATT HERBERT | MAX GALLIEN

MAY 2020



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ACKNOWLEDGMENTS

The authors are indebted to research assistants in North Africa who aided their work, interviewees who took time to speak about key trends in narcotics on the issue, and the Global Initiative Against Transnational Organized Crime for excellent operational and editorial support. The authors are thankful to Mark Micallef, Tuesday Reitano and Laurent Laniel for their comments and feedback. We would like to thank the government of Norway for funding this project.

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Cover photo: A farmer walks in a cannabis field near the town of Ketama in Morocco's northern Rif region. © *Fadel Senna/AFP via Getty Images*

Design: Glenn Jooste, FreeFlow Publishing Services.

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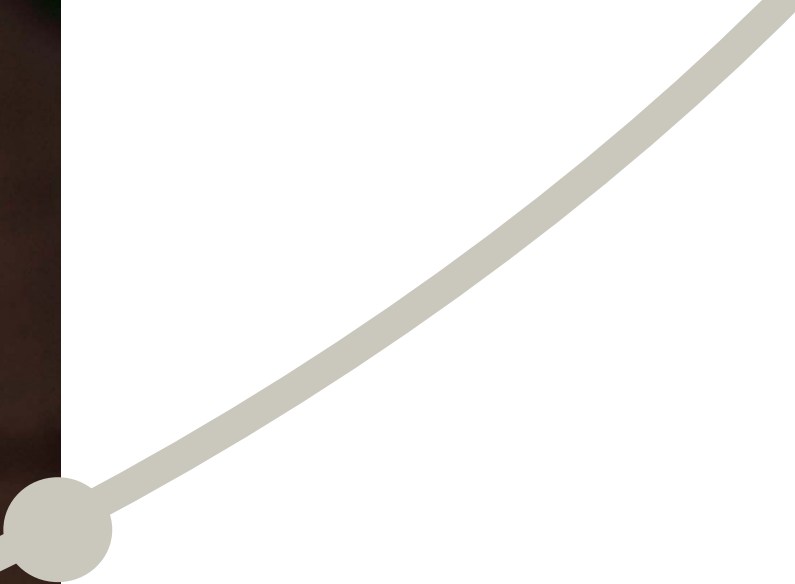

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EXECUTIVE SUMMARY



The houses of Angad, Morocco, they say, have two doors: one to Morocco and the other to Algeria. The small rural community in the north of the country has known the smuggling trade for generations.

‘This is a heritage,’ the head of one household explains. ‘The first generation, after independence, smuggled products to Algeria. The second, beginning in the late 1970s, smuggled subsidized Algerian goods into Morocco. Today, we are witnessing the third generation.’ He pauses. ‘The generation of *karkoubi*; the generation of hashish.’¹

The impressions of the man from Angad ring true across the four countries of the Maghreb: Morocco, Algeria, Tunisia and Libya. The drug trade is both growing and changing in form and impact. Historically a zone of production for cannabis destined for the European market, the region has increasingly become a key thoroughfare for drug trafficking, notably for cocaine headed to Europe and various psychotropic pills coming from the continent. Crucially, as the opinion in Angad highlights, the consumption of drugs in the region itself is increasing. The use of highly addictive psychotropic drugs has become a significant issue in nearly all of the Maghrebi countries, along with cannabis and, in lesser quantities, cocaine and opiates.

The impact of drugs on the Maghreb is also changing. Environmental degradation is starting to afflict cultivation points. Corruption linked to narcotics has become noticeable both among high-level officials and low-level security-force officers. However, perhaps most destructive of all and most frequently overlooked are the public-health challenges posed by rising drug use.

Morocco, Algeria, Tunisia and Libya are facing new challenges around drugs, which in turn tax their capacity to respond. The paucity and isolation of available information prevents the development of a clear, region-wide understanding of the magnitude, drivers and impact of the problem. Too frequently, security, economic and public-health issues are not integrated into their analysis and prevention. This in turn has stymied efforts to build a comprehensive, holistic, cross-regional strategy to counter what is, at heart, a region-wide challenge.

◀ A farmer displays cannabis resin near Ketama in Morocco's northern Rif region.
© Fadel Senna/AFP via Getty Images

This report offers a sizing and analysis of the developing trends around drugs in the Maghreb. It begins by detailing the production of narcotics in the Maghreb, including both cannabis and poppies. Next, it focuses on the trafficking of these products, exploring the types of drugs that transit the region, the routes they take and the groups involved in their movement. The report then looks at drug consumption trends in the Maghreb, before detailing the impacts of narcotics on state capacity, security and public health and ending with brief recommendations.

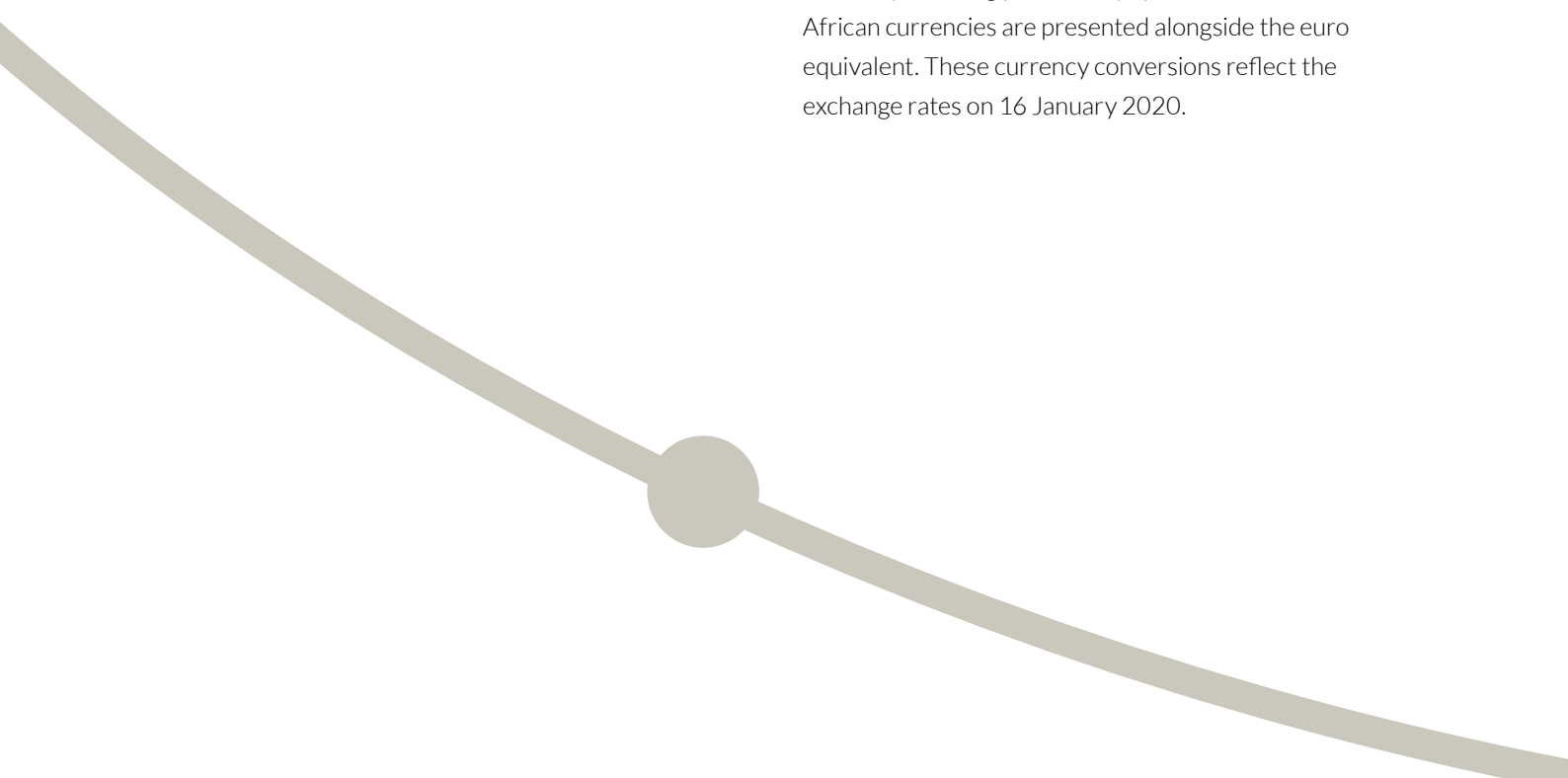
It is important to note upfront that comprehensive data on drug production, trafficking and consumption in the Maghreb is sparse. Government reports and press releases concerning confiscations and arrests offer a glimpse as to the types of drugs that are prevalent – but these are also subject to significant biases. Security services in the region are not apolitical actors, and changes in confiscation levels can indicate variously growing trafficking, changing enforcement levels, or simply more governmental transparency and open communication.

Survey-based studies on consumption are often based on insufficient samples, and lack standardization across the region, particularly around the classification of psychotropic substances.

The paucity of data poses a problem for research of this kind, and has an effect on both policy making and the public perception of these issues. More openly available, detailed and systematic data would help to dispel rumours, identify populations in need and contribute to a more productive conversation on this issue.

In order to address these data challenges, this report draws on a wide variety of sources, including interviews with various stakeholders, confiscation and usage statistics from regional governments and international organizations, medical studies and media reports. The use of diverse data sources from across the region is intended to address – to the greatest degree possible – the deficiencies in data highlighted above. We have tried to flag throughout the challenges that remain, and are therefore conservative in our analysis.

In the report, drug prices and payments in North African currencies are presented alongside the euro equivalent. These currency conversions reflect the exchange rates on 16 January 2020.



A street in Marrakech, Morocco. Parts of the Maghreb are experiencing public-health challenges as a result of increasing drug use. © Fadel Senna/AFP via Getty Images ►

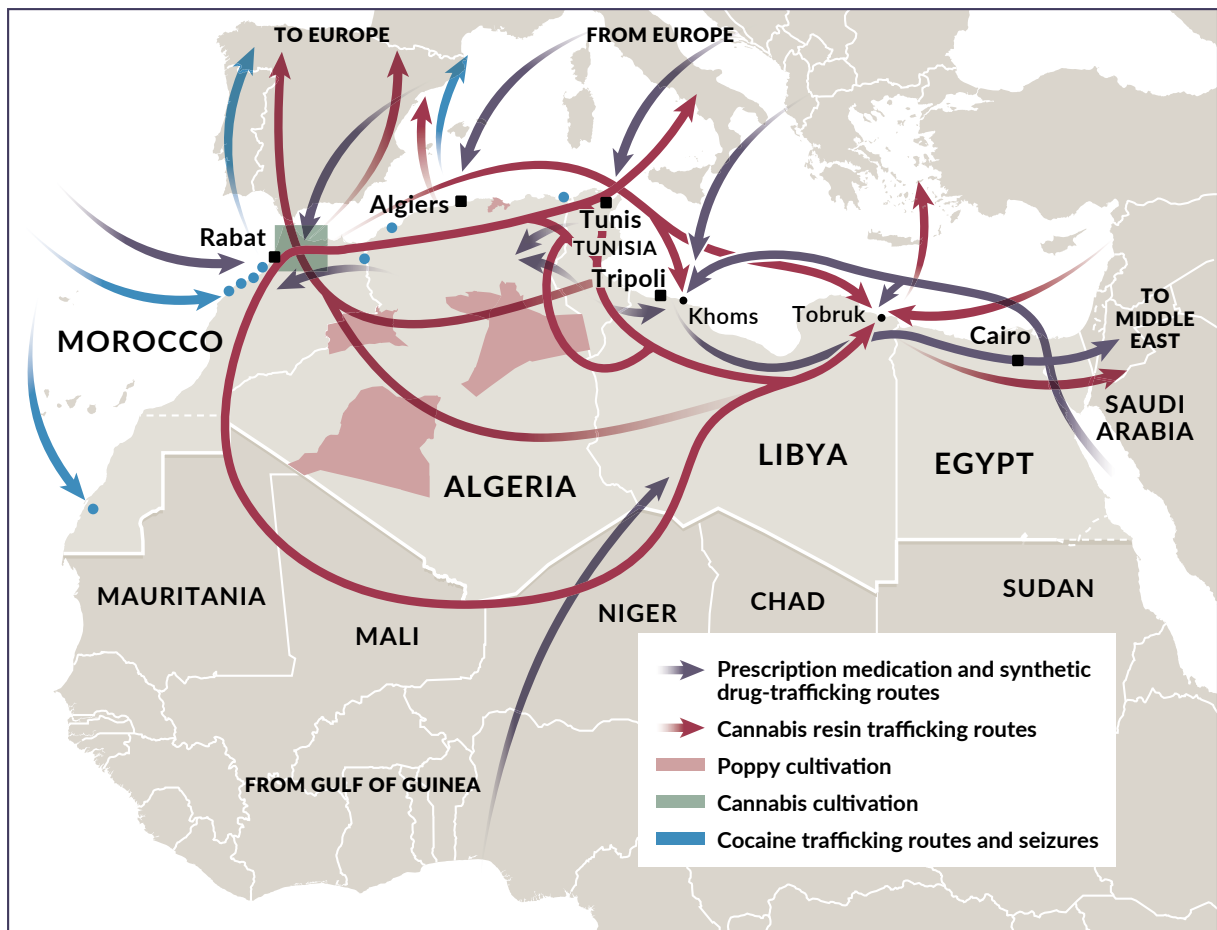
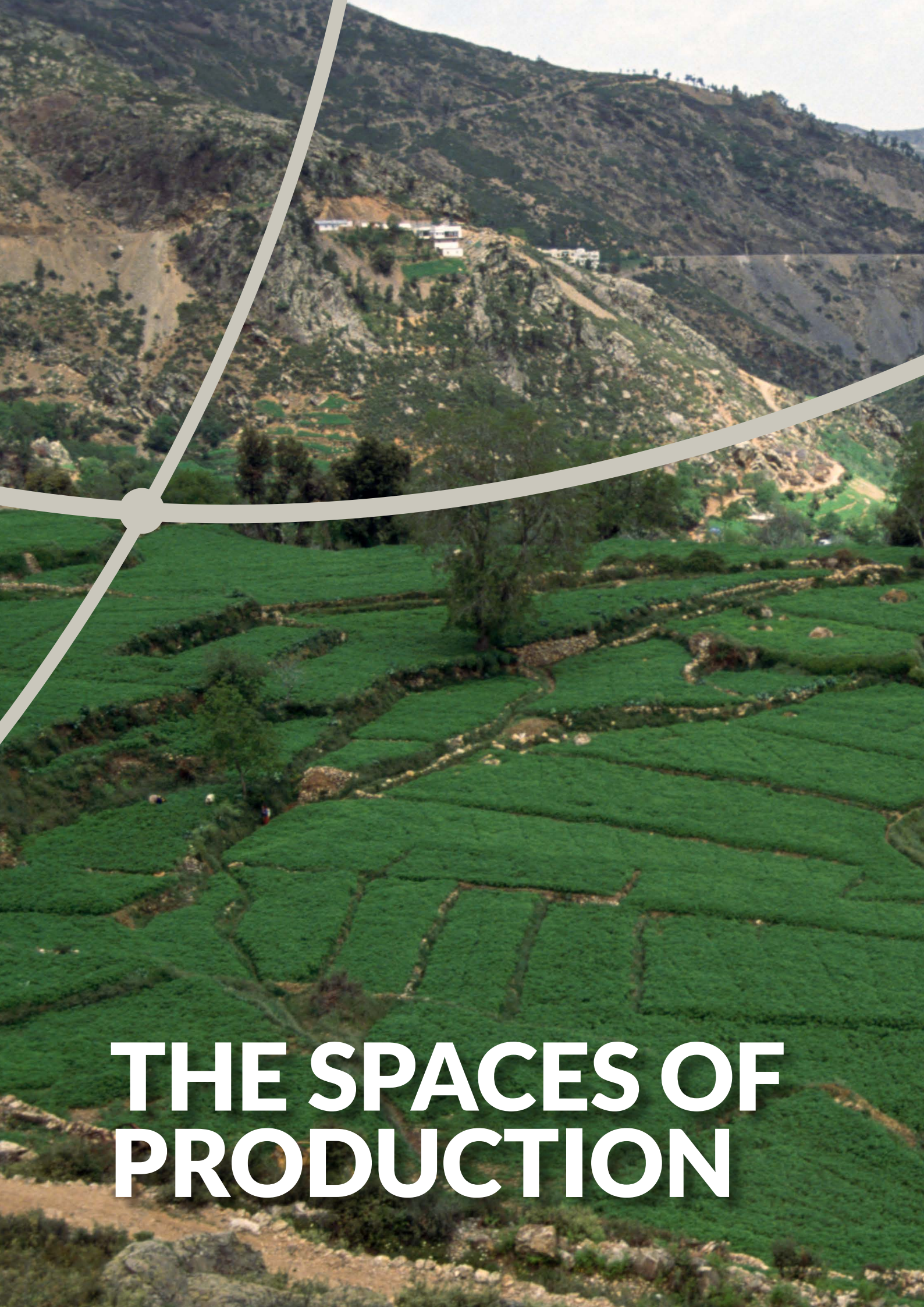


FIGURE 1 Drug cultivation and trafficking routes in North Africa





THE SPACES OF PRODUCTION



For decades the Maghreb has been analysed primarily as a place where drugs are produced. This is almost exclusively due to the growth of cannabis and refinement into resin for the European market, most of which is located in northern Morocco. The country remains amongst the largest producers of cannabis resin in the world, with most of its output destined for Europe. However, smaller amounts of both cannabis and poppies are grown elsewhere in the region. These additional cultivation zones underscore the fact that climactic barriers to an expansion of production in the area are limited – instead, the spread of drug production within the region is fundamentally a question of politics and economics.

Cannabis

North Africa has a long history with cannabis. Prior to the arrival of the French and Spanish in the 19th century, and then during the colonial era, the drug was cultivated in small plots in Morocco's northern Rif mountains, as well as throughout northern Algeria and Tunisia.² Most production catered to local user bases in the three countries, although some interregional smuggling and export to Europe did occur.³ In the wake of mid-century independence, the three nations prohibited the cultivation, sale and use of cannabis. In Tunisia and Algeria, these policies were broadly effective, at least with respect to production; however, in Morocco they were not.⁴

Moroccan production began to spike in the 1960s, as European demand for cannabis resin increased rapidly. The prices that European buyers were willing to pay and the volume they consumed far outstripped previous demands from the local market. Farmers responded by sharply increasing the number of hectares devoted to cannabis cultivation.⁵ This rise continued unabated throughout the 1970s and 1980s, fuelled by continued increases in demand and the destabilizing impact of civil wars in Lebanon and Afghanistan, countries that had functioned as the main suppliers to the European market. By the mid-1990s, Moroccan producers had come to dominate the market for cannabis resin, supplying 70–80% of the drug imported from outside into Europe.⁶

◀ Cannabis is cultivated near Ketama, in the Oued Sra Valley, Morocco.
© DeAgostini/Getty Images

Since this point, Morocco's quasi-monopolistic supply position to the European market has not manifestly changed. Government efforts to eradicate production have led to a steep drop in the amount of acreage under cultivation since the early 2000s, amounting to 47 000 hectares in 2017.⁷ However, the decline in acreage has had only a limited effect on overall production of cannabis resin. This is due both to the introduction of new agricultural methods and a shift by farmers towards new, hybrid cannabis varieties that are more potent and have a significantly higher yield than those previously used.⁸ Producing two or three crops per year, Moroccan cultivators are estimated to be able to generate roughly 35 000 metric tonnes of cannabis annually, which, when processed, accounts for 713–714 tonnes of resin.⁹ The value of this is estimated at up to US\$23 billion per year, representing a two-fold increase over the last decade.¹⁰

Even with the increase in aggregate value, Moroccan resin is significantly cheaper than that produced in Lebanon or Afghanistan, the other main suppliers

to Europe. A kilogram in Morocco retails for roughly €694, but costs over €1 000 in Lebanon.¹¹ This price disparity has enabled Moroccan producers to continue to dominate the European market.

In Morocco, the production of cannabis is decidedly low-tech and atomized. Production takes place on tens of thousands of farms across the northern Rif region, concentrated around the cities of Ouazzane, Al Hoceima and Chefchaouen, particularly in the Chefchaouen communes of Beni Ahmed, Bab Berred and Bab Taza.¹² This placement is not accidental; the cultivation of cannabis has been tolerated by the government in economically marginalized regions at least since the 16th century, approached as a type of informal subsidy. Despite repeated attempts to renegotiate this relationship, the toleration of cannabis production in these zones has continued. Here, the labour intensity of its cultivation has been crucial, as it results in the creation of much-needed employment opportunities in the agricultural sector in economically disadvantaged areas.¹³

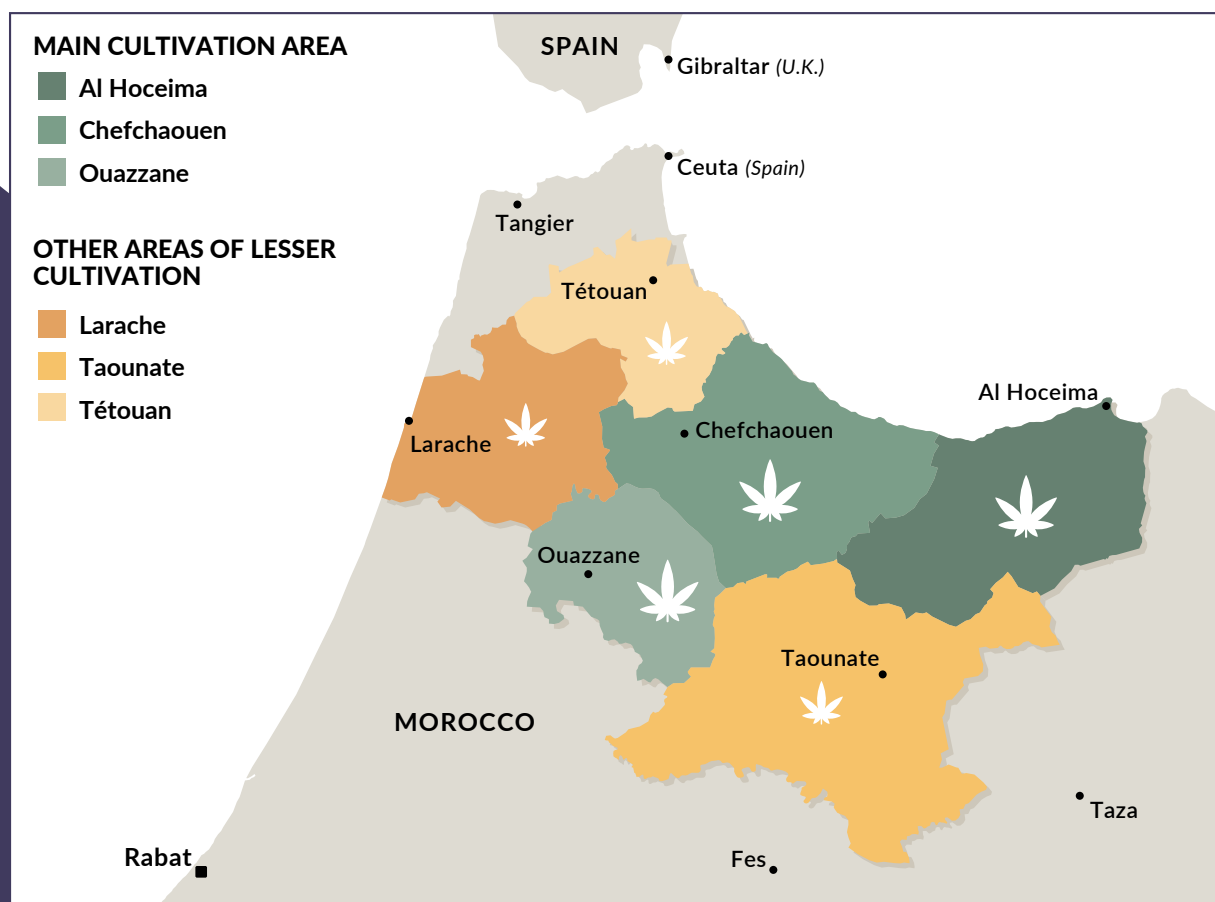


FIGURE 2 Moroccan cannabis cultivation

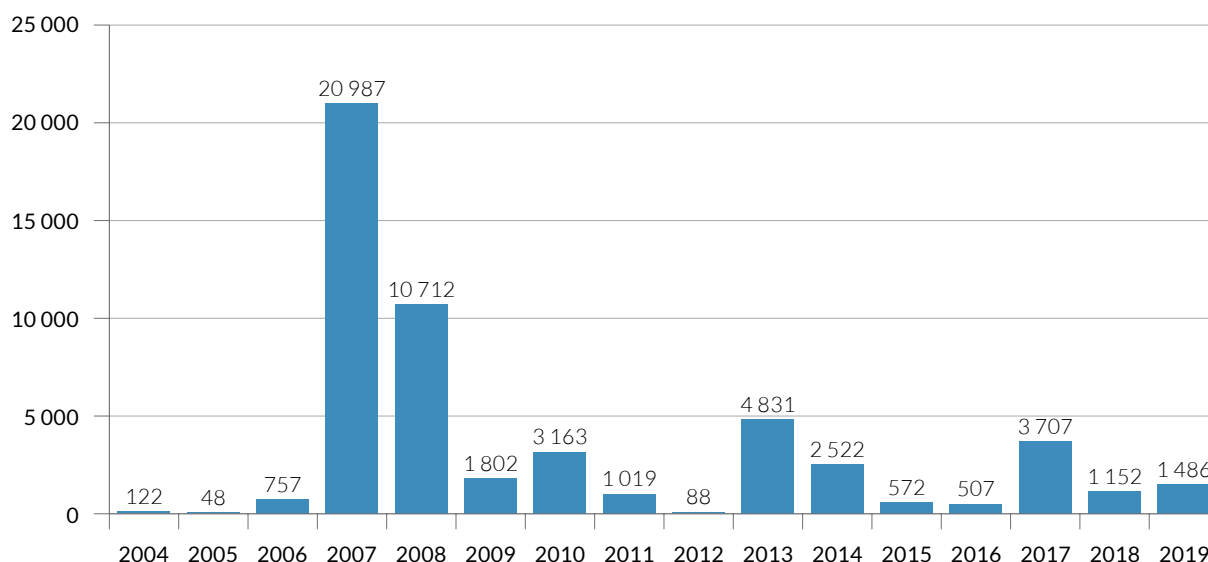


FIGURE 3 Algerian seizures of cannabis plants

SOURCE: Algerian Office National de Lutte Contre la Drogue et la Toxicomanie, yearly reports from 2004 to 2019.

The number of growers is estimated at between 96 000 and 140 000; if family members are included, the number of direct beneficiaries of cannabis cultivation is likely to be over a million.¹⁴ For most, cannabis production offers only a limited income, with farm labourers earning between 100 and 150 dirhams (€9.30–€13.90) a day during the planting and harvest periods.¹⁵ Far greater profits are accrued by the owners of larger farms, as well as wholesalers, traffickers and brokers.¹⁶ However, even the comparatively smaller income for small farmers still exceeds alternate economic options in a zone that has historically seen little state action to better the economy.¹⁷ According to a US analysis of the situation, although some of the farmers and traffickers were opportunistic at a practical level, many had ‘no economic alternative to their cultivation of marijuana and marketing of hashish.’¹⁸

Although Morocco remains the dominant production point for cannabis in the region, some production still takes place in other Maghrebi countries. In Algeria, the security services seized 56 548 cannabis plants between 2003 and 2018, a relatively modest number compared to the number seized and eradicated in Morocco during the same period.¹⁹ Although small-scale seizures did occur, these incidents primarily involved multi-hectare plantations, particularly in the northern regions of Béjaïa and Tizi Ouzou, and in Adrar in the south-west.²⁰ Production in Algeria however appears to be primarily geared towards the country’s domestic market, rather than Europe.²¹

Small growing operations have also been uncovered in Tunisia and Libya. In Tunisia, most of these have been located in rural areas in the country’s west and north-west.²² In Libya, there is reportedly some cannabis grown on farms in the far south of the country, near the communities of Sebha and Kufra.²³ The quantities seized in both countries suggest that these operations cater to local use, rather than export to other areas of the Maghreb.

Overall, the Maghreb is one of the key global centres for cannabis cultivation and resin extraction. The activity is overwhelmingly condensed in northern Morocco at present, but this geographic concentration hinges largely on differences in the degrees of official toleration of cannabis.

The spread of drug production in the region is fundamentally a question of politics and economics.

Attempts at prohibiting cannabis cultivation [in Morocco] have contributed social tension, as locals have seen their livelihoods threatened.

For Morocco, the unofficial but almost systematic acceptance of cannabis cultivation is a relatively low-risk means of buttressing stability in otherwise economically marginalized and potentially resistive regions.²⁴ Occasional attempts at prohibiting cultivation have contributed significant social tension and periodic unrest as locals have seen their livelihoods threatened. This dynamic is also believed by foreign observers to be behind the recent decline in eradication and seizures in the Rif, as a prolonged protest movement based in the city of Al Hoceima has cautioned the Moroccan state from further antagonizing the population of the Rif region.²⁵

Recent years have seen some efforts at containing production and limited eradication programmes; however, a real economic alternative to cannabis production in the Rif has not yet emerged, making continued tolerance essential for regional stability and citizens' livelihoods. As one Moroccan official noted, 'The fight against cannabis ultimately is a human-development issue – many youth have lost everything in the Rif.'²⁶

The current European preoccupation with migration through Morocco has further complicated this issue. In the past, migration to Europe provided alternative livelihood strategies for many in north-east Africa, suggesting that an escalation of eradication strategies may also increase migratory pressures at a time when migration has become a central issue in Morocco's relationship with Europe.

Finally, the factor most threatening to cannabis cultivation in North Africa is the growing trend of the crop's cultivation in Europe, and the decisions by some governments on the continent to decriminalize such activity.²⁷ If it continues, the move towards home-grown cannabis in Europe could have a significant economic impact, and hence social impact, on northern Morocco.

Algeria and Tunisia have taken a different approach, enforcing strict bans on cultivation of the drug in the mid-20th century. Seemingly as a result of this, the two countries do not have regions or communities economically dependent on cannabis cultivation or any significant political pressure to relax their zero-tolerance approach. However, the routine detection and capturing of small-scale cannabis growing operations in Algeria and Tunisia underscores the fact that despite governmental repression, the horticultural knowledge and willingness to produce the drug remains. If enforcement efforts by the two governments wane, either due to political calculations or a diversion in security-force attention, cannabis production could expand fairly rapidly in both countries.

Poppies

While poppy cultivation has a long-standing history in the Middle East – especially in Lebanon, Turkey, and to a lesser degree Egypt – it has historically been far rarer in the countries of the Maghreb. However, the region has seen a small increase in poppy cultivation since the turn of the millennium – connected directly to the production of opium, which is made from the seed capsules of the plant.

Although there is a history of poppy cultivation and opium refinement in Tunisia, nearly all recent seizures in the Maghreb have been in Algeria,²⁸ where cultivation is primarily concentrated in the country's south-western wilaya (province) of Adrar and, to a lesser extent, in the wilayas of Ghardaïa, Ouargla, Béchar and Bejaïa.²⁹ Algerian authorities

report between several dozen and several thousand plants seized every year, amounting to 167 039 poppy plants between 2006 and 2019.³⁰

Most cultivation appears to be relatively small scale and fairly ad-hoc. It is likely undertaken by farmers looking to supplement or substitute the income they derive from licit crops. However, at least two large-scale cultivation efforts have been uncovered. In 2007, a plantation was found near the town of Talmine in Adrar, consisting of 8 000 plants planted over 15 hectares. The next year a second industrial-size operation was discovered in the region, this time involving 43 000 poppies and an additional 500 cannabis plants.³¹ In both incidents, large quantities of processed opium were found.

Algeria's poppy cultivation is not especially large compared to other regional producers, such as Egypt and Lebanon, let alone the larger production countries in Central and South East Asia. All plants seized in Algeria between 2006 and 2019 would likely only yield 40–60 kilograms of opium.³² The paucity of production suggests that it is intended primarily for the small local or national markets.

However, the persistence of cultivation in Algeria is both notable and troubling. It underscores the fact that climatic and other conditions in parts of the Maghreb

are conducive to poppy growth, and that farmers have thus developed expertise in their cultivation. The factors likely limiting production are strict state enforcement and limited consumer demand for heroin and opium.

However, as discussed further on, North Africa is facing a dramatic expansion in the consumption of synthetic-opioid use, with tramadol consumption surging in the eastern Maghreb and Sahel, and a localized heroin epidemic raging in northern Morocco. If supplies of tramadol and Subutex are interdicted, or more fully controlled, or if heroin use in Morocco grows dramatically, there is a risk that the limited production capacity manifest in south-western Algeria could expand and transform a modest problem into one larger in scale.

**Location of poppy plant seizures,
Algerian wilayas (provinces)**

WILAYAS
 Béjaïa
 Ghardaïa
 Bêchar
 Ouargla
 Adrar

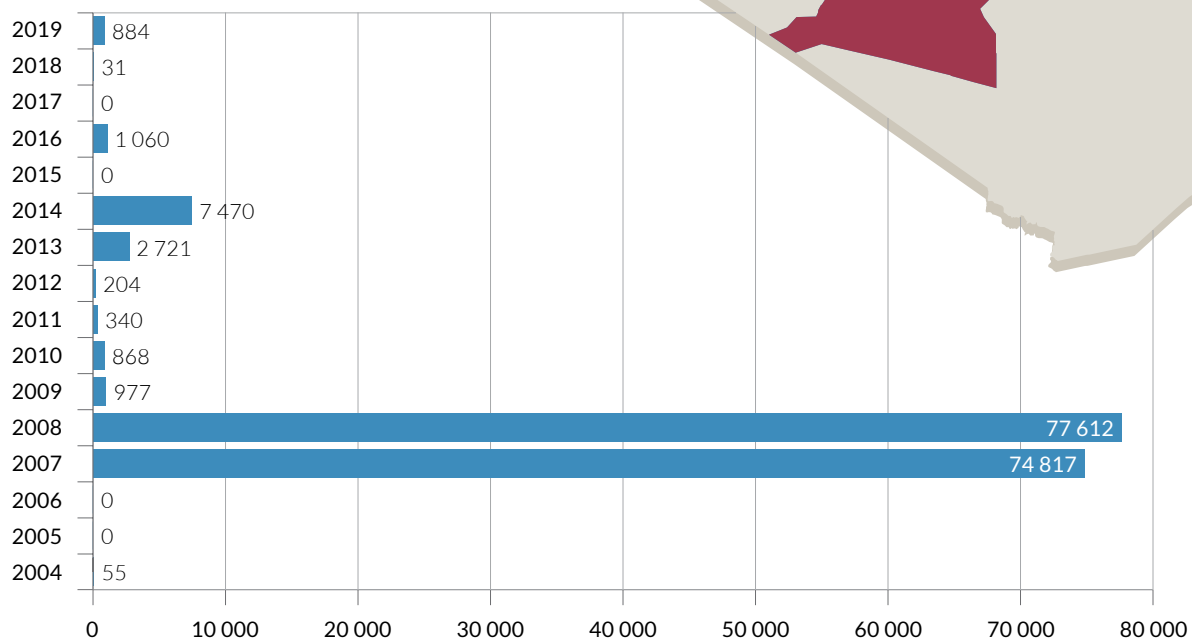
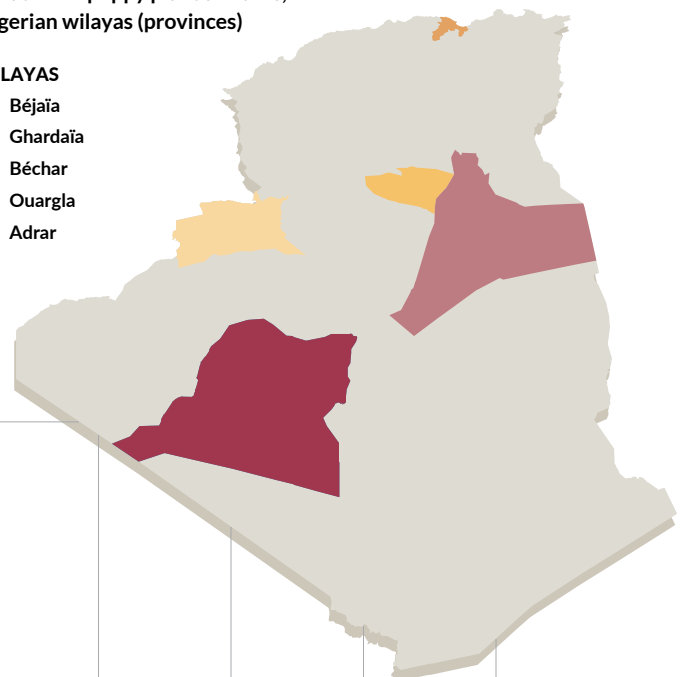


FIGURE 4 Algerian seizures of poppy plants

SOURCE: Algerian Office National de Lutte Contre la Drogue et la Toxicomanie, compilation of yearly reports from 2004 to 2019



THE SPACES OF TRANSPORT



While the production of drugs is long-standing in the Maghreb, trafficking within the region has historically been far more muted. It is here that the changing role and centrality of the region with respect to narcotics is most pronounced. Since the turn of the millennium, some routes used for the transport of cannabis resin, cocaine and psychotropic pills between Latin America, Africa and Europe have shifted to transect the Maghreb.

Some of this has been due to the increase in consumption of drugs in the region, a topic covered in more depth later in this report. However, these changes in routes are largely due to perturbations in other transit zones – notably the Sahel, where growing violence, instability and surveillance by international actors has left traffickers seeking other routes. The shift has also been enabled by elements already in existence in North Africa, including robust cross-border smuggling and long-standing linkages between state officials and traffickers.

Ultimately, at the centre of the Maghreb's rise as a transit point is its geographic positioning – sitting between Europe, sub-Saharan Africa and the Middle East, the region is effectively a doorway to both large and well-established markets, as well as those that, although new, are fast growing and lucrative.

Although drug trafficking through the Maghreb involves a variety of substances – each with distinct transport patterns, networks and incentives – three types dominate: cannabis, cocaine and psychotropic pills.

Cannabis

Cannabis is by weight and value the dominant type of drug trafficked from and through the region. While small flows enter the Maghreb from West Africa (via commercial air travel) or the Levant (via maritime transport), most of the cannabis trafficked through the region is grown in Morocco's northern Rif region and then processed into cannabis resin.³³

◀ Boats confiscated from drug smugglers by the Spanish Civil Guard Maritime Service in the port of Algeciras. © Jorge Guerrero/AFP via Getty Images

The region is a doorway to large, well-established markets, as well as those that are new and fast growing.

There are five primary routes utilized for the trafficking of cannabis: north from Morocco across the Strait of Gibraltar and Alboran Sea to Spain; south and west across the central Sahara to Libya; east across Algeria, Tunisia and Libya; a maritime route from Morocco to Libya and the eastern Mediterranean; and routes from Libya eastward to Egypt and the Levant, and northward to the Balkans and Europe.

ROUTE 1: Morocco to Spain

The first route employed by North African cannabis-resin traffickers leads from growing areas in northern Morocco across the western Mediterranean and into Spain. This route is by far the oldest in the region, having developed in the 1960s. Between then and the 2000s, lax border security enabled shipments to be smuggled on ferries or pleasure boats from Morocco into Spain, and from there to other points in Europe.³⁴

While it has not entirely disappeared, the route has become more difficult since the early 2000s. Spain deployed a surveillance system in the western Mediterranean that proved vastly more effective at spotting and tracking the transport boats and planes used by the smugglers. This drove traffickers to reorient trafficking strategies, including the use of helicopters and light aircraft.³⁵

Maritime trafficking across the Strait of Gibraltar and the Alboran Sea, and into Spain and Portugal, remains the dominant means through which Moroccan cannabis reaches Europe, with Spain seizing by far the largest quantities of cannabis resin in the world.³⁶ As enforcement has increased, so too has the profitability of the trafficking networks and their ability to invest in high-end equipment. Recent arrests by Spain of one network uncovered multiple 12- to 14-metre semi-rigid boats, each capable of carrying 3 000 kilograms of resin, that were equipped with radar for use in mid-sea drug exchanges with other craft.³⁷ In other instances, pleasure boats and sail boats are used.³⁸

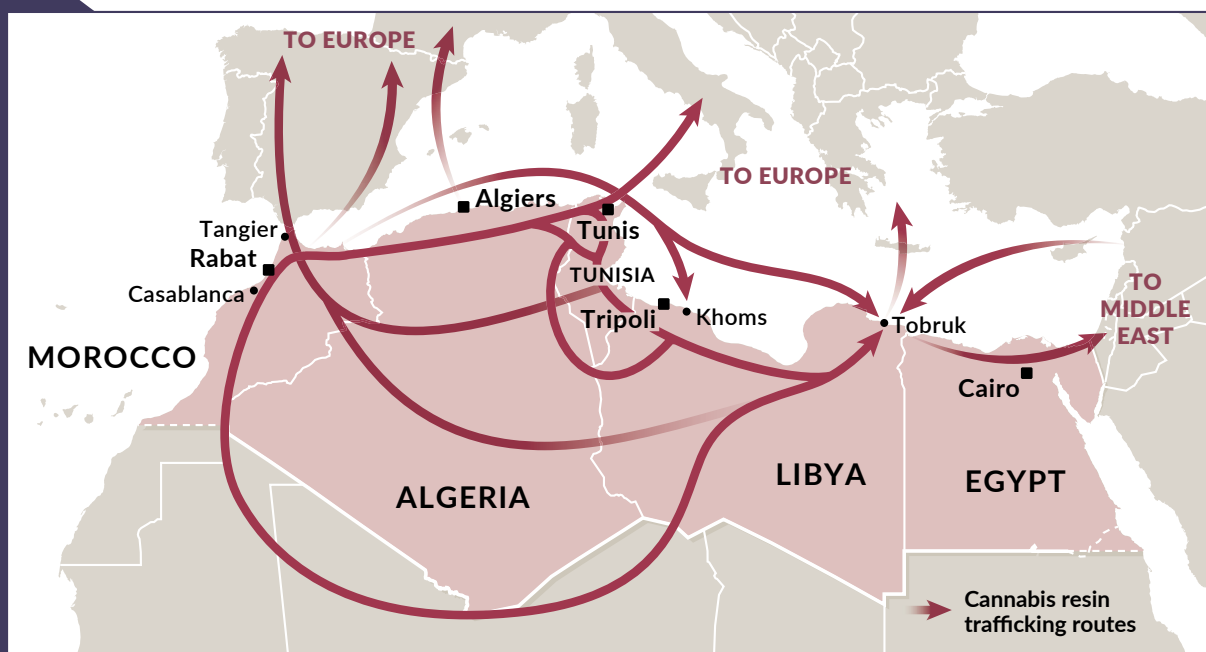


FIGURE 5 North African cannabis resin trafficking routes

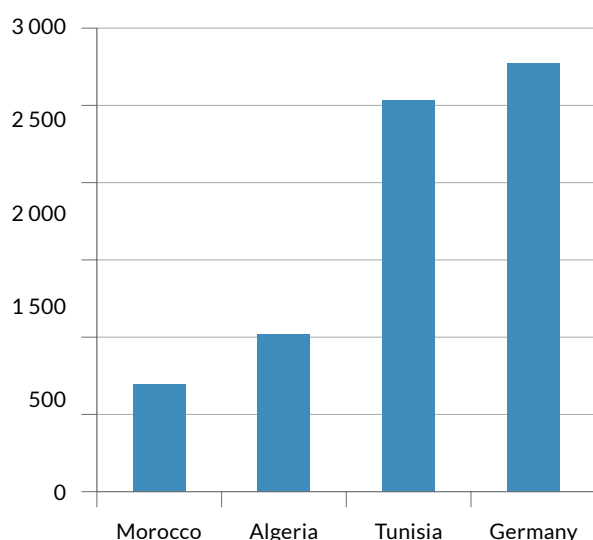


FIGURE 6 Cost of cannabis resin (wholesale) (euros/kilogram)

SOURCE: European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) and Europol, EU Drug Markets Report: 2019, June 2019, p 84.

The networks involved in north–south cannabis trafficking necessarily have contacts with Moroccan producers; however, they can include people of many different nationalities, both from across Europe and further afield.³⁹ Additionally, there is a poly-trafficking element to the cross-straits trade, with some cannabis traffickers also involved in migrant smuggling.⁴⁰

ROUTE 2: Cross-Sahara to Libya

The second route employed by Moroccan cannabis-resin traffickers moves south and east, from Morocco through the central Sahara.⁴¹ It began to assume prominence in the early 2000s, as a result of increasing Spanish surveillance, and the attendant risk of interdiction, across the straits. This led traffickers to seek out routes through remote desert areas of Sahelian states where policing capabilities are more limited, including Mauritania, Mali, Niger and Chad.⁴²

From growing areas in northern Morocco, resin shipments are transported south, by land or sea, to Mauritania.⁴³ While some land routes move southwards on the Algerian side of the Morocco–Algeria border, most are within Moroccan controlled territory. These routes reportedly cross from Morocco into Mauritania via the border near Bir Moghreïn and Ain Ben Tili, before diving south and east, paralleling the Algerian border across the Sahara Desert, into Mali and Niger and in some instances Chad.⁴⁴

Convoys carrying cannabis resin through the central Sahara either cross into western Libya through the Salvador Pass (located at the western end of the Nigerien–Libyan border), or, in rare cases, at a point close to the Toummo crossing (near the border’s eastern terminus), before moving north towards the city of Sebha.⁴⁵ Some traffickers also move products through these crossing points and then parallel to the border, heading east to the city of Kufra, but such shipments are normally aimed at the Egyptian market.⁴⁶

The traffickers operating along these routes typically move in multi-vehicle convoys, carrying large quantities of the drug. Often, such convoys include armed guards or contracted members of armed groups in order to reduce the risk of bandits seizing and ransoming the cargo.⁴⁷

Although this route is effective for large-volume transit, the weaknesses of the Sahelian states that initially made it attractive to traffickers have ultimately transformed into a liability, as armed groups and bandits arose and metastasized across the central Sahara in the wake of the 2011 Arab uprisings.⁴⁸ The situation became further complicated when French forces swept into northern Mali, creating an open-ended surveillance and patrolling mission there, as well as in Niger and Chad. The combination of increasing insecurity and heightened surveillance by the international community in the central Sahara has driven some smugglers to search for a safer route, one involving transport laterally across the Maghreb to Libya.

ROUTE 3: Cross-Maghreb to Libya

The trafficking of cannabis resin across the Morocco–Algeria border is not an entirely new phenomenon – modest amounts of the drug have been transiting the frontier since the 1970s.⁴⁹ However, the relative ease of other routes had precluded its wide-scale use. This changed sharply in the early 2010s, with seizures increasing from 10 tonnes in 2006 to 211 tonnes in 2013.⁵⁰ Since that point seizures have declined, although they remain significantly above what was seen in the early 2000s. In the first 11 months of 2019, for example, seizures stood at 50.5 tonnes.⁵¹ These confiscations are thought to account for only 20–25% of the total quantity of drugs flowing through Algeria.⁵²

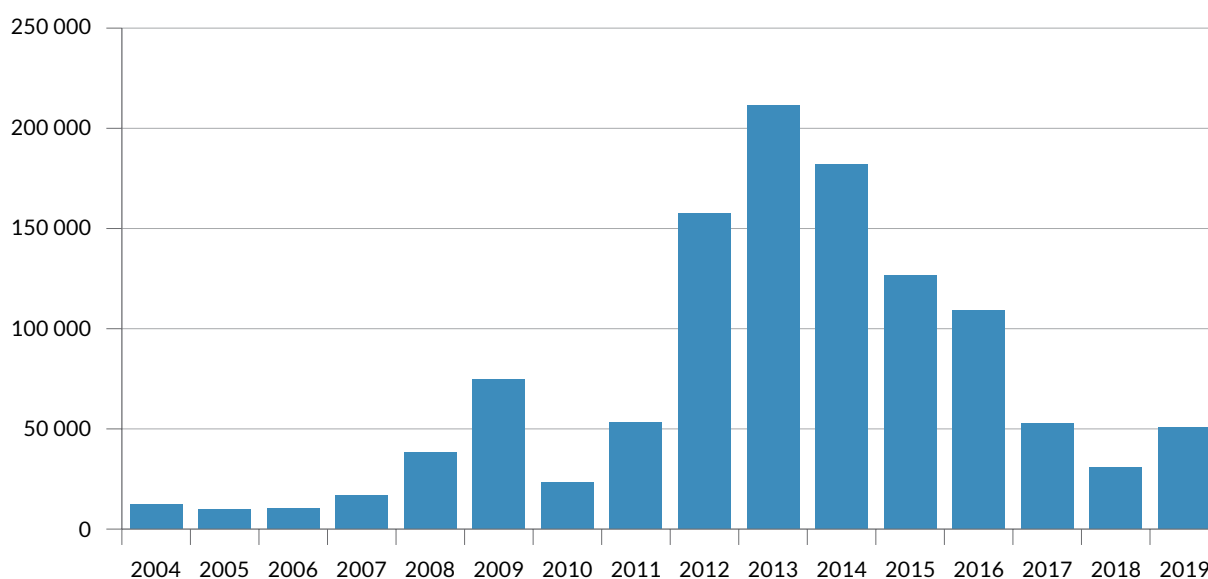


FIGURE 7 Algerian cannabis resin seizures (kilograms)

SOURCE: Algerian Office National de Lutte Contre la Drogue et la Toxicomanie, compilation of yearly reports from 2004 to 2019.

Most cross-Maghreb trafficking starts along the northern third of the Morocco–Algeria border, concentrated roughly between Figuig and Saidiyya. Shipments in this area tend to be numerous, but relatively small individually, often 10–30 kilograms, although shipments of 100 kilograms or more are occasionally uncovered. Further south, in the border areas around Naâma and Béchar, larger shipments come through, often of several hundred kilograms. In one two-day stretch in May 2019, authorities intercepted over three tonnes of resin coming across the border near the city of Aïn Safra in Naâma.⁵³

Large Moroccan trafficking networks dominate the cross-border trade, but they subcontract the actual movement of drug shipments to a small number of local smuggling groups.⁵⁴ ‘The networks from the Rif bring [drugs] here and pass it off to the Oujda networks, who bring it to the borders,’ explained one Moroccan NGO official.⁵⁵ At the border, the drugs are delivered into the hands of a discrete number of Algerian traffickers, most of whom appear to be based either on the border or in Oran.⁵⁶ These traffickers recruit youth from border towns to move the drugs across the frontier using backpacks or loaded on donkeys.⁵⁷

The border networks are essential, given their granular understanding of the border’s geography and smuggling routes.⁵⁸ Crucially, the local networks often have pre-existing relationships with local security

officials and know which officials are willing to allow cross-border trafficking in exchange for payment.⁵⁹

Once in Algeria, cannabis-resin shipments are collected in properties close to the border and then trafficked eastwards by small networks or individual transporters distinct from those operating on the border. Smaller volumes are secreted within cars or pickup trucks, while large shipments often utilize trucks, with the drugs hidden underneath produce or other goods.⁶⁰ The use of one or more scout cars is common; these are tasked with driving several kilometres ahead of the transport car to identify fixed or mobile police or customs checkpoints.⁶¹ One journalist illustrated the attraction of the trade by explaining that ‘a driver can get paid 30 000 dinars (€225) to drive a load from Tlemcen to Oran, where the car is left on the street [for the next transporter].’⁶²

Most shipments move along the East-West Highway towards Oran and Algiers. Some of the shipments routed via Oran and Algiers are smuggled directly from those cities to Spain and France aboard ferries.⁶³ However, a significant quantity is moved across the Tunisian border in Jendouba, Kef or Kasserine either overland or, near Tabarka, across the maritime border between the two countries.⁶⁴

A second route from the Morocco–Algeria border goes through the centre of Algeria, often through the

cities of Ghardaïa, Ouargla and El Oued and sometimes Tébessa.⁶⁵ These shipments are then smuggled into Tunisia through the border governorates of Kasserine, Gafsa and Tozeur.⁶⁶ Large shipments on this route also move from El Oued into the far southern reaches of Tunisia, both near the official crossing point at El Borma and via points further south.⁶⁷ Finally, some of the cannabis resin moved along the central Algeria route is smuggled directly into Libya in and around the Algerian city of Debdeb and the Libyan city of Ghadames.⁶⁸

Similar to the Morocco–Algeria border, shipments of drugs crossing into Tunisia are brought to the Algerian side of the frontier by Algerian networks and then passed to Tunisian networks. Often these transfers happen at night, when security-force patrols are less active on the Tunisian side of the border.⁶⁹ A Tunisian official explained that the rugged terrain along the border enables the trade: ‘There is multi-generational involvement in the Algeria–Tunisia drug trade,’ he noted. ‘It’s popular in part because it is seen as easy money.’⁷⁰

From Tunisia’s border regions some shipments of cannabis resin are moved to Tunis or coastal tourist areas to supply the country’s internal market.⁷¹ Other shipments are reportedly smuggled to Europe from departure points along Tunisia’s northern coast.⁷²

A significant volume of cannabis resin heads east towards Libya, however. Coming from the areas around Tabarka, Kasserine and Tozeur, in Tunisia, these shipments follow secondary roads from the main north–south highway, before passing through the city of Gabès and heading towards the Libyan border.⁷³ At the Libyan border, some smuggling takes place through the Ras Ajadir and Dehiba–Wazin ports of entry.⁷⁴ Cannabis resin is also trafficked across the border in the areas between these official crossing points.⁷⁵ The shipments moved via both official crossings as well as clandestinely across the border can be substantial, with some totalling several hundred kilograms.⁷⁶

The system for smuggling cannabis resin within Tunisia appears to parallel that in Algeria. Most transportation is carried out by individual transporters or small networks contracted by traffickers in the borderlands. Small loads are moved via cars or in *louages* (informal buses), passed from transporter to transporter until they reach their destination.⁷⁷ Similar to Algeria, larger loads move with a scout (termed a *kachef*) driving a kilometre or more in front. ‘[The *kachef*] must be well known by the police and he must know the roads and tracks,’ explained a Tunisian smuggler. ‘His role is to open the road for the carrier and pay the different patrols in the different governorates.’⁷⁸

Cannabis shipments moved through the far south of Tunisia follow a slightly different pattern. The region is a semi-closed and heavily surveyed military zone with limited civilian traffic. Traffickers are therefore forced to try and actively hide from Tunisian military surveillance and patrols. To do so, they utilize the terrain, moving shipments of drugs via a system of dry riverbeds in the south and on to the Libyan border.⁷⁹ Tunisian security forces have found at least one large cache of buried cannabis resin in this region, suggesting that trafficking groups may also be mitigating the risk by moving drugs only partway through the military zone before caching them for another network to pick up for the remainder of the journey.⁸⁰

A final cross-Maghreb route also goes from the area on the northern Morocco–Algeria border south to Béchar or Adrar and then east to Illizi province, where it crosses over

Some routes used for the transport of drugs between Latin America, Africa and Europe have shifted to transect the Maghreb.

into Libya.⁸¹ Less information is available on the magnitude of cannabis smuggled through Algeria's far south. Until recently, only limited seizures had occurred there.⁸² However, the route may be increasing in use, as demonstrated by the seizure in late 2019 of over a tonne of resin near In Amenas on the Libyan border.⁸³

ROUTE 4: Maritime from Morocco to Libya

Finally, a maritime route has become increasingly prominent over the past six years, reportedly as a result of increasing border-security efforts by Morocco, Algeria and Tunisia.⁸⁴ This involves some degree of littoral trafficking, with traffickers moving from point to point along the North African coast towards Libya – resulting in routine reports of cannabis found stashed on beaches in Algeria and Tunisia.⁸⁵ By volume, however, most trafficking involves a well-organized system of large cargo vessels moving directly from the Moroccan coast towards ports in Libya, such as Zuwara, Misrata and Tobruk.⁸⁶ Between 2013 and 2016, 20 large vessels were apprehended, and 280 tonnes of resin seized.⁸⁷ The total volume moved via the maritime route is believed to be quite high, with one particular Moroccan trafficker, Ben Ziane Berhili, estimated to alone move 400 tonnes per year.⁸⁸

The route is relatively simple. Cannabis resin is moved from stash-locations on the Moroccan coast to offshore vessels of various sizes.⁸⁹ While big cargo ships, often Syrian registered, account for the largest seizures, the relatively high profile of these craft has led some smugglers to focus instead on yachts and fishing vessels, which are able to blend into the larger littoral maritime traffic in the southern Mediterranean.⁹⁰ Such vessels, often crewed by Europeans, can carry five tonnes or more of cannabis resin.⁹¹

From points off the Moroccan coast, the transport ships head east. Most transit the Strait of Sicily and are either offloaded directly in Libya or transferred to smaller vessels off the Libyan coast.⁹² However, in at least one incident Moroccan resin is known to have been shipped from the western Mediterranean to the Black Sea, before being offloaded in Bulgaria.⁹³

ROUTE 5: Libya to Europe

Once in Libya, shipments of cannabis resin are warehoused in coastal cities.⁹⁴ Tobruk, in eastern Libya, has emerged as a particularly important entrepôt for cannabis and other drugs. A significant portion of the drugs come from Morocco, but among those stored is cannabis resin shipped from government-held areas of Syria and intended for the European market.⁹⁵ Drug shipments from Morocco, Lebanon and Syria have been detected in other Libyan cities as well, including Misrata and al-Khoms.⁹⁶

The traffic through Libya seems to be accelerating, probably as a result of the fractured law-enforcement system in the state, limited risk of apprehension and protection systems at ports.⁹⁷ In 2017, the Libyan Ministry of Interior claimed to have apprehended 409 tonnes of cannabis resin.⁹⁸ In a one-month stretch in the autumn of 2018, customs officials seized some 38 tonnes of cannabis resin at the port of al-Khoms alone, reportedly coming from Syria.⁹⁹ Interdictions are likely to represent only a small fraction of what is transported through the country.

From storage points in both western and eastern Libya, some cannabis resin is transported overland towards Egypt, transiting either via the main border crossing of al-Salloum or surreptitiously crossing the land border between the two states to the east of Jaghbub.¹⁰⁰ However, most cannabis resin moves north, either crossing the central Mediterranean to Malta or the Hurd Bank. Here drug shipments are either transferred from ship to ship before continuing the voyage to Europe, or shipped directly to disembarkation points in southern Italy or the western Balkans.¹⁰¹ Similar to the traffic across the Alboran Sea, it appears that much of the cannabis trafficked across the Mediterranean from Libya occurs via small craft, including Maltese and Italian fishing boats.¹⁰² A discrete number of instances have been uncovered in which small and medium cargo ships have been used to port cannabis resin north from Libya to Europe.

Cannabis-resin trafficking in the Maghreb, as well as in the Sahel, involves a mix of both highly organized networks and more atomized individual smugglers or small networks. Highly organized networks in northern Morocco and western Algeria are responsible for the

large-volume shipments. However, in counterpoint to shipments through the Sahel, the physical smuggling of resin in the Maghreb is often conducted by smaller groups subcontracted to move discrete distances across the different countries.¹⁰³

The smuggling networks can be well equipped and armed, even in locations such as Algeria where the possession of weapons is tightly controlled. In one instance, in the city of El Menia in Algeria's south, the members of an international network active in resin smuggling were arrested with satellite phones, GPS units, shotguns, pistols and ammunition. Some

1.25 million Algerian dinars, €700, US\$100 and 505 UAE dirhams were also confiscated from them.¹⁰⁴

Although the production and smuggling of cannabis in North Africa and its centrality for the European market have a long history, it is crucial not to overlook how this has changed in recent years. Both regional unrest and state responses have contributed to shifts in the routes of cannabis smuggling. The impact has been further amplified by the fact that cannabis is increasingly not the 'only game in town', as cocaine trafficking through the region has increased substantially.

Cocaine

Cocaine trafficking through the Maghreb has increased significantly in recent years. Although a small internal-consumption market exists, most shipments of the drug are aimed at the European market.

The transit of cocaine through the region is a relatively recent evolution. In the first years of the 20th century, only small shipments of cocaine were recorded, most

arriving from Europe via the postal services or from passing ships.¹⁰⁵ Mostly, shipments were aimed at the small local cocaine market, with little indication of onward smuggling.¹⁰⁶

This pattern began to change midway through the first decade of the 2000s, as Colombian and Venezuelan trafficking networks established a foothold in West

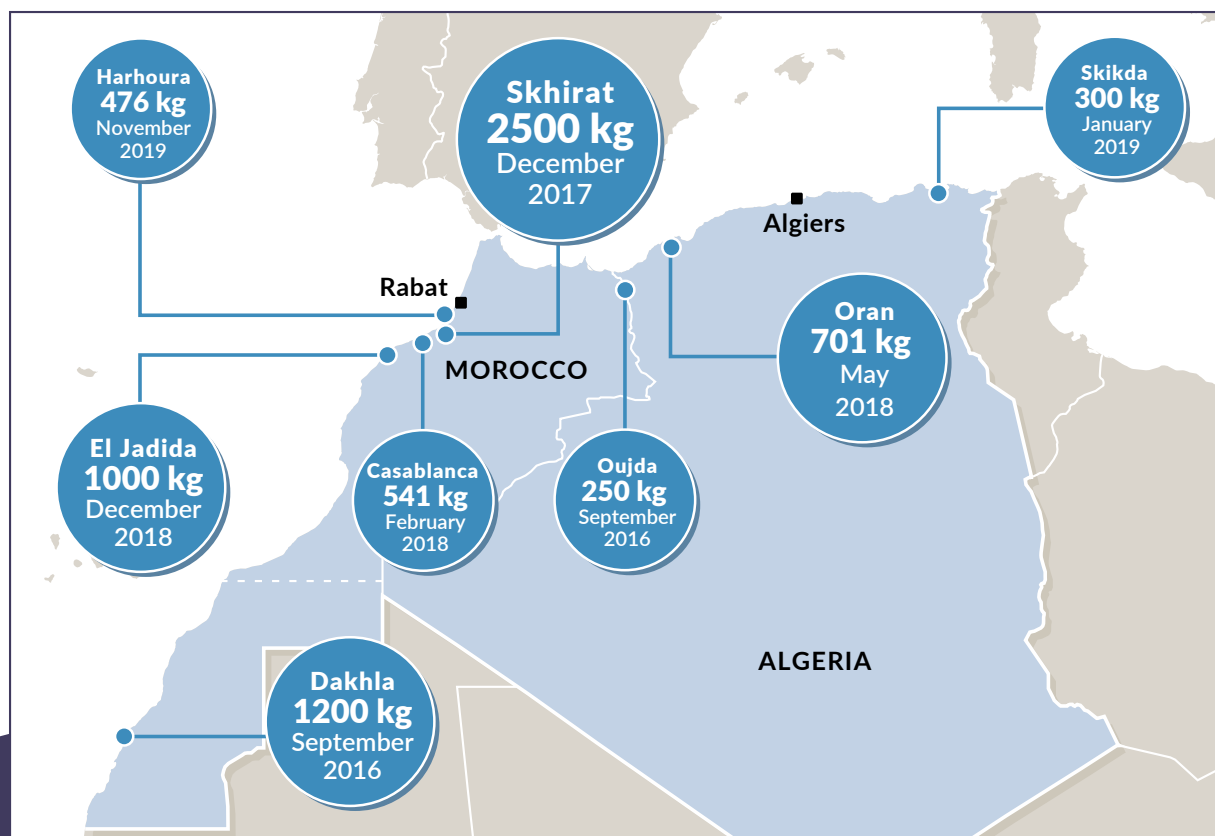


FIGURE 8 Major North African cocaine seizures, 2016 to 2019

Africa.¹⁰⁷ Smuggling outposts in countries such as Guinea-Bissau, Guinea and Mali proved more secure than previous maritime smuggling routes to Europe, which had come under sustained Spanish and Portuguese law-enforcement pressure.¹⁰⁸ However, once cocaine shipments had arrived in West Africa, the traffickers still faced the challenge of how to physically move them to destination markets in Europe.

Some shipments were 'body carried', ingested by a courier in a West African city who then took an international flight to Europe.¹⁰⁹ However, limitations on how much could be moved via this technique meant that most trafficking occurred via trafficking routes that transited North Africa. Some went via the sea, shuttled north along the coastline of Mauritania and Morocco on fishing boats.¹¹⁰ Other routes stayed on land, one moving laterally across the Sahara, passing through northern Mali, Niger and on through Algeria, Libya and Egypt.¹¹¹ A second route traced the West African coast, moving through Mauritania and Morocco to the northern cities of Nador or Al Hoceima, before being spirited across the Alboran Sea into Spain by boat or helicopter.¹¹²

In building both the sea and land routes for cocaine trafficking, Colombian and Venezuelan traffickers relied heavily on local organized-crime groups. In particular, significant links appear to have been forged with Moroccan networks trafficking cannabis resin. The genesis of the partnership between cocaine traffickers and resin smugglers is unclear, with the relationship possibly dating back to the late 1990s when both groups utilized Cape Verde for onward smuggling of their respective drug shipments to Europe.¹¹³ The relationship led cocaine traffickers to begin using established resin-trafficking routes in the Sahara to move their product towards Libya and Egypt. The relationship also overlapped in northern Morocco, where cocaine traffickers relied on a combination of cannabis-resin smugglers and organized-crime networks from across Europe to move shipments across the Mediterranean and into Europe.

Trafficking patterns once again began to change in the mid-2010s. While routes from West Africa through the Sahara into Libya and on to Europe remained, a growing number of cocaine shipments began to

transit directly from South America to North Africa. Cocaine traffickers may have refocused their attention on North Africa in order to avoid the risks and complexities of the central Sahara, a trend also seen with cannabis smugglers, as noted above.

Morocco is at the epicentre of rising cocaine shipments through the Maghreb. The country's three largest cocaine seizures occurred between 2016 and 2019, all involving direct shipments from South America.¹¹⁴ Many recent seizures have involved commercial shipping operations, in which the drugs are loaded in shipping containers and hidden among otherwise licit cargo. One example of this occurred in late 2017, when nearly 2.5 tonnes of cocaine, which had been shipped from a southern Brazilian port, was recovered from storage sites in and around Rabat and in the northern city of Nador.¹¹⁵ In other instances, shipments of cocaine have been offloaded from larger ships to Moroccan fishing or pleasure vessels off the coast, before being smuggled to shore.¹¹⁶ There may also be an air route used to smuggle shipments into the country, with a base reportedly for aid in aerial trafficking discovered near the southern city of Boujdour in late 2018.¹¹⁷

Rather ominously, in 2016 a conversion laboratory was found in Oujda, on the border with Algeria. Manned by Peruvian chemists and stocked with 250 kilograms of refined cocaine, the lab suggests that routes through North Africa are becoming increasingly mature and important to international drug-trafficking organizations.

A similar, but more nascent pattern has emerged in Algeria. Maritime cocaine shipments had been uncovered in Algeria in the early 2010s, although the volume of the shipments then were not particularly large.¹¹⁸ This changed in May of 2018, when Algerian coastguards raided a container ship in Oran, and uncovered 701 kilograms of cocaine hidden in a container of frozen meat.¹¹⁹ As with many of the large Moroccan seizures, the shipment in Oran had originated from the southern Brazilian port of Santos. Another large cocaine seizure was made in Skikda, at the other end of the country, in January 2019, when 300 kilograms of cocaine was found on the shoreline, packed into 12 hermetically sealed backpacks.¹²⁰ The size of these shipments suggests that traffickers were

operating a well-developed route, rather than simply testing a potential route for future use.

Much smaller volumes of cocaine have been interdicted in Tunisia. This includes 30 kilograms abandoned by traffickers on a yacht near the Cap Bon peninsula in 2017, and a similar quantity recovered the same year from the island of Kuriat.¹²¹ Kuriat, located off the coast of Monastir, has a longstanding reputation as a key trafficking point between Tunisia and Italy for other types of drugs, such as cannabis resin. The presence of cocaine there suggests that drug-trafficking networks operating between Italy and Tunisia may now be experimenting with cocaine importation.

Finally, cocaine traffickers also operate in Libya. Some cocaine arrives via maritime routes – either from West Africa or directly from South America – into ports in eastern and western Libya, such as Misrata, al-Khoms, Benghazi and Tobruk.¹²² Terrestrial routes through the Sahara continue to be used to smuggle cocaine into Libya via its southern border, but the volumes have fallen significantly over the past five years. Most land-based routes enter Libya from Niger, near the Salvador Pass, before routing towards the city of Sebha and travelling on towards the coast.¹²³

Alongside the maritime shipments, cocaine is also smuggled into the Maghreb by air travellers coming from South America. The flight from the Brazilian city of São Paulo to Casablanca in Morocco has become particularly notorious, with a relatively large number of traffickers apprehended upon arrival. However, similar incidents have been recorded in Algiers, Tunis and Tripoli. Most arrests involve relatively limited quantities of the drug, either secreted in luggage, dissolved in liquids, or contained in capsules previously ingested by traffickers.¹²⁴

There is also a separate, smaller flow of cocaine that recirculates back into the region from Europe. Most commonly recorded in Tunisia and Algeria, and to a lesser degree Libya, the drug is trafficked via commercial air travel and ferries.¹²⁵

While some cocaine trafficked to the Maghreb is destined for consumption in the region – especially that coming in from Europe – the majority of shipments are aimed at other markets. Europe is the main destination, though in a limited number of instances cocaine traffickers have also routed shipments to the Persian Gulf and West Africa through the Maghreb.¹²⁶

Unlike the trade in cannabis resin, there is little large-scale trafficking of cocaine across the borders between the Maghreb's countries. Rather, cocaine smuggled into Morocco, Algeria, and Tunisia is generally smuggled out of those countries on boats, aircraft and ferries directly to Europe. In Libya this pattern is broadly the same, though some cocaine is smuggled across the country's eastern border into Egypt.¹²⁷

However, trafficking of small volumes of cocaine between Maghrebi states seems to be increasing. There have been a number of cocaine shipments intercepted in the borderlands between Algeria and Tunisia, and to a lesser extent on the border between Morocco and Algeria.¹²⁸ In 2017, a network was uncovered in western Algeria that moved drugs from Tunisia to Algeria secreted in cars.¹²⁹ In Tunisia, trafficking networks have been uncovered in Gafsa, Tunis and in the northern city of Bizerte, including one involving a mix of Tunisians and Algerians.¹³⁰

These small-scale shipments appear to be aimed at the local user base, and to date have elicited little concern from authorities. However, given the rising volume of cannabis resin trafficking routed laterally across the Maghreb and the notable overlap with traffickers involved in cocaine, a significant risk exists that such small-scale trafficking could lay the foundation for larger and more systemic cocaine shipments between Maghrebi countries in the future.



PRESCRIPTION MEDICATION AND SYNTHETIC DRUGS



Like cannabis and cocaine, trafficking in prescription medication and synthetic drugs is rapidly proliferating across the Maghreb. Authorities routinely seize huge quantities of pharmaceuticals such as clonazepam (Rivotril), tramadol, diazepam, buprenorphine (Suboxone, Subutex) and sildenafil (Viagra), as well as illicit narcotics such as ecstasy, ketamine and fenethylline (Captagon). In the first eight months of 2019, Algeria alone seized nearly two million pills, an increase of 33% over the same period the year before.¹³¹

However, unlike with other illicit drugs there is no simple directionality to the smuggling in prescription medication and synthetic drugs in the Maghreb. There are multiple flows, some going east or north, others west or south. Some of the drugs are smuggled into the region hidden in bulk container ships, others body-carried in by plane, while many others are fraudulently sourced from pharmacies in each Maghrebi country.

Often, those trafficking in pills are individual actors or members of small, localized networks. There is relatively little evidence to date of smuggling networks with levels of scope, capital and organization similar to those active in transporting other types of drugs through the region.

TYPES OF PRESCRIPTION MEDICATION AND SYNTHETIC DRUGS CONFISCATED IN MOROCCO, ALGERIA, TUNISIA AND LIBYA

Apettin	Arbinil	Artane	Aymoxat	Captagon
Dexon	Diazepam	Ecstasy	Equanil	Ilko
Imovane	Ketamine	Kietyl	Largactil	Lyrice
Lysanxia	Motival	Parkidyl	Parkinane	Pregabalin
Prelika	Regapen	Rivotril	Roxil	Sénestra
Subutex	Tanakan	Temesta	Tramadol	Tranxene
Valium	Valzepam	Viagra		

◀ Tunisians queue outside a pharmacy observing social distancing, Ariana, northern Tunisia, 16 March 2020. © Chedly Ben Ibrahim/NurPhoto via Getty Images

While cannabis and cocaine route through the Maghreb to other markets, with some local consumption resulting, prescription medication and synthetic-drug trafficking in the Maghreb is intended nearly exclusively for local markets and consumers, as will be discussed more extensively in the section below.

The atomization, omni-directionality and localization of the trafficking make adequately addressing the issue intensely difficult. However, precisely because the market for prescription medication and synthetic drugs is growing throughout the region, there is a compelling need to identify solutions to the challenge.

How prescription medication and synthetic drugs enter the Maghreb

Prescription medication and synthetic drugs enter the black market in the Maghreb in one of three ways: diversion from licit sellers, small-scale smuggling, or bulk smuggling.

Diversion from licit sources is probably the most common way that prescription medications enter the regional black market. Historically, Algeria has been at the epicentre of diversion, but it is a problem that exists throughout the region.¹³² The reason for this is state subsidies, which have ensured that medicine prices in Algeria are, and have been for some time, significantly lower than in Tunisia and Morocco.¹³³ This imbalance drove the emergence of medicine and medicinal-equipment smuggling rackets. 'It's a good business,' explained one Moroccan journalist. 'Algerian

medicines are subsidized, and so we get contraband products very cheap.'¹³⁴

Medications diverted for recreational use are a long-standing sub-component of this trade. The trade from Algeria mostly involves clonazepam (sold under the name Rivotril) an anti-seizure drug commonly used to treat epilepsy, whose recreational use began to surge in the early 2000s in Morocco.¹³⁵ While the drug was and remains legally available in Morocco, it was costly and difficult to access, requiring both a prescription and the presentation of an ID.¹³⁶ In contrast, the cost of a clonazepam tablet in Algeria in the early 2000s was roughly half the price in Morocco, and could be easily accessed, which fuelled a sharp rise in cross-border smuggling for recreational consumption.¹³⁷

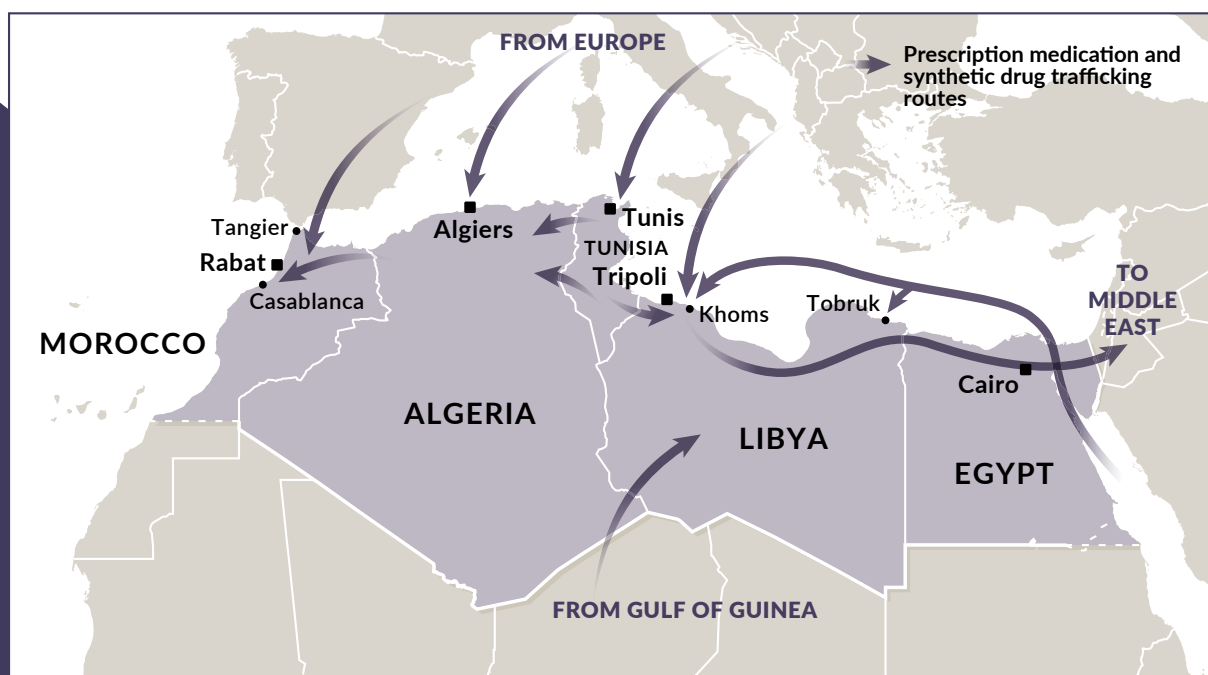


FIGURE 9 Smuggling routes: Prescription medication and synthetic drugs

Use of the drug has continued to increase in recent years, with Moroccan seizures jumping from 57 000 tablets in 2011 to over 800 000 in 2016.¹³⁸ Across the border, Algerian seizures have also been high, peaking in 2013 at 866 377 doses of the drug.¹³⁹

The trade in clonazepam and the broader diversion of prescription medications from Algerian pharmacies, continues. However, such drugs are increasingly being diverted for consumption in the local Algerian market, rather than for export. Recent clonazepam seizures in the east of the country, for example, suggest that a local market for the drug is emerging.¹⁴⁰

This shift has been accompanied by a demand for new drugs, such as diazepam and tramadol. While Algerian authorities have cracked down on diversion and imprisoned several pharmacists, corruption and fraud remain serious challenges.¹⁴¹ There has also been an upsurge in violent robberies targeting pharmacies for the drugs. As a result of these incidents, in which several pharmacists have been wounded or killed, some pharmacies have stopped stocking certain types of commonly abused medications.¹⁴²

The second means through which prescription medication and synthetic drugs enter the Maghreb is through small-scale smuggling from abroad. These endeavours are typically undertaken by individuals or small networks, whose smuggling ventures involve thousands or tens of thousands of pills per attempt; this is sharply different from the bulk smuggling described further on.

Small-scale smuggling is omnipresent around the periphery of the Maghreb. Some of the activity comes from Sahelian countries to the south of the Maghreb, involving traffickers moving discrete quantities of prescription medications – mainly tramadol – into southern Libya and Algeria.¹⁴³ The profits on such smuggling can be significant, with tramadol sourced in northern Nigeria marked up significantly by the time it is resold in Sebha, in southern Libya, though the trade is largely atomized.¹⁴⁴

However, most small-scale trafficking comes from the European Union. Authorities in Morocco, Algeria, Tunisia and Libya routinely arrest couriers arriving from Europe on planes or ferries.¹⁴⁵ Many are members of the large Maghrebi diaspora in Europe, although occasional arrests are made of those with no familial links to the region.¹⁴⁶

Unlike the pharmaceutical diversion, small-scale smuggling from Europe is narrowly concentrated on just a few synthetic drugs and medications.¹⁴⁷ The most common drug is ecstasy, much of which is produced in European labs before arriving in the Maghreb hidden in luggage or among imported goods.¹⁴⁸ The rise in ecstasy seizures has been stark, with Moroccan security forces noting a rise from 200 pills seized in 2011 to 974 983 in 2019, accounting for roughly two-thirds of all pills confiscated in the country.¹⁴⁹ Both Algerian and Tunisian authorities routinely interdict arriving couriers, with ferries from Italy and France being an especially popular means for smuggling.

Trafficking from Europe also involves some diverted medications. Both Algerian and Tunisian authorities routinely arrest couriers coming from France carrying buprenorphine (sold under the brand name Subutex) or tramadol and intercept packages containing drugs such as lorazepam.¹⁵⁰ Further, Morocco has apprehended couriers coming from Spain to the country with such medications.¹⁵¹

Finally, while bulk smuggling is historically rare in the Maghreb, it has increased significantly in the region since 2011. In contrast to small-scale smuggling, smuggling

Prescription medication and synthetic-drug trafficking in the Maghreb is intended nearly exclusively for local markets.

in bulk involves millions of doses transported by cargo vessels. The majority of bulk-smuggling cases identified in the region have involved Libya, with international smuggling networks leveraging gaps in official law-enforcement capacity and effective protection networks in the country to introduce drugs intended both for the domestic Libyan market and for onward smuggling.

Interceptions suggest that most bulk smuggling involves tramadol, produced in either India or China and routed to the Libyan ports of Misrata, al-Khoms and Tobruk.¹⁵² Most of these shipments are intended for onward trafficking to Egypt and other points to Libya's east, but there is also a rising tramadol-addiction epidemic in Libya itself.¹⁵³ Maritime bulk-smuggling networks also route other drugs through the country; these include Captagon, believed to come from Syria, and generic versions of Viagra.¹⁵⁴

Finally, evidence of bulk smuggling also exists in Morocco. Some of this involves consignments of



North Africa has experienced a dramatic increase in the consumption of synthetic opioids, such as Tramadol.

© Fred Tanneau/AFP via Getty Images

psychotropics intended for onward shipment – in one case, in 2017, 40 million doses of tramadol destined for Guinea were intercepted by Moroccan authorities in the port of Tangiers.¹⁵⁵ However, other shipments seized seem to be intended for import into Morocco – for example, the 1 500 kilograms of trafficked ephedrine seized in 2011.¹⁵⁶

How prescription medication and synthetic drugs move within the Maghreb

Once prescription medication and synthetic drugs have entered the black market, there is significant portability throughout the entire region. The specific means through which they are smuggled and distributed differs by country and the specific situation along a given border.

The closed and somewhat walled border between Algeria and Morocco has forced much of the Rivotril smuggling, and that of other psychotropics, between the two countries to be conducted via body carrying or to be carried on mules.¹⁵⁷ This has significantly restricted the number of pills any one courier can carry, which has in turn forced smuggling networks to distribute their activities and hence the general risk.

Both Algerian and Moroccan networks are involved in the trade, commonly with the former sourcing the drugs and bringing them to the border, and the latter transporting them from the border to inland Moroccan cities. Although the networks trafficking medicines and synthetic drugs are reported to be distinct from

cannabis traffickers, interviews in fact suggest that traffickers from the two countries sometimes barter resin for pills, suggesting the distinction may not be so clear cut.¹⁵⁸

Most of the trade between Algeria and Morocco takes place in the northern areas of the border, near the city of Oujda, with smaller-scale trade occurring to the south between the Algerian province of Béchar and the Moroccan province of Figuig.¹⁵⁹ Oujda in particular has developed as a key entrepôt for the Rivotril trade. Some of the smuggled drugs are sold there, often clandestinely, but sometimes via open markets or pharmacies.¹⁶⁰ However, most psychotropics are smuggled to larger Moroccan cities. 'The trafficking is conducted by groups that move the pills from Oujda to Fez to Rabat to Casablanca,' explained a Moroccan security official.¹⁶¹ The traffic from border areas to the coast is lucrative. A single dose of Rivotril that retails for 1–3 Moroccan dirhams (€0.10–€0.30) in Oujda can be sold for 5–10 dirhams (€0.50–€1.00) in Casablanca.¹⁶²

In contrast to the Morocco–Algeria border, the border between Algeria and Tunisia is more open, with frequent commercial and tourist traffic shuttling between the two countries. Most trafficking on this frontier takes place by car and truck, travelling via formal ports of entry. This allows fairly large quantities of between 500 and 115 000 doses to be trafficked.¹⁶³ While the northernmost area of the border – between the Tunisian governorate of Jendouba and the Algerian province of El Taref – sees frequent seizures, these in fact occur all along the frontier. This includes lightly populated areas such as the south-western Tunisian governorate of Tozeur, where one of the largest Viagra seizures to date has been made.¹⁶⁴

A new dynamic that emerged over the past two or three years has involved a sharp escalation in the quantity of diverted psychotropics smuggled into Algeria. Most come from Tunisia, where drugs such as pregabalin (Lyrica, Regapen) and Viagra are illicitly purchased at pharmacies in border areas and inland or sourced from patients with valid prescriptions.¹⁶⁵ The pills are then smuggled by car or truck into Algeria through official border-crossing points.¹⁶⁶ Because of the method of transport, the volumes smuggled can be quite large – one seizure in central-western Tunisia involved 115 000 pills.¹⁶⁷ However, smaller-scale smuggling attempts, involving several hundred to several thousand pills, are also quite common.¹⁶⁸

The precise reason why psychotropic smuggling from Tunisia to Algeria has increased now is unclear; however, it may be linked to both economic challenges within Tunisia – leading some pharmacists willing to illicitly sell some of their stock – and a concurrent decline in the number of Algerian pharmacists willing to stock commonly abused medicines, such as Lyrica.¹⁶⁹ The impact of the increased trade on Tunisia has, however, been significant.¹⁷⁰ Crucially, it has contributed to a serious medicine shortage that has prompted popular frustrations and protests.¹⁷¹

From the Tunisian border, the drugs are moved to Algerian cities in the central north of the country where the profits can be maximized. Much of this trade is atomized, with individual smugglers moving relatively small amounts. However, some large psychotropic networks have been uncovered, such as a 15-person network based in the eastern city of

Constantine that had stockpiled some 361 900 pills when arrested.¹⁷²

A similar dynamic exists on Tunisia's border with Libya. There, trafficking employing cars and trucks frequently transits both ways across the border. While some traffic is routed through the northern port of entry at Ras Ajadir, most recent seizures have occurred at the Dehiba–Wazin crossing.¹⁷³ Such smuggling typically involves psychotropics concealed within cars. Larger shipments, such as one involving 35 000 pills in November 2019, move overland across the border between Ras Ajadir and Dehiba–Wazin.¹⁷⁴

While most prescription medication and synthetic drugs circulating within the Maghreb are used in region, there are exceptions. Significant quantities of tramadol transit from Libya to Egypt, supporting the large user base for the drug both there and in Gaza.¹⁷⁵

Additionally, along Algeria's southern borders with Mali and Niger, a significant outbound trade in various types of prescription medication continues.¹⁷⁶ It remains unclear whether their export is for recreational use or for use by residents of Sahelian countries as a low-cost means of treating medical ailments.

While the diversity of routes, consumer groups and substances involved somewhat veil a singular or unidirectional macro-structure of psychotropic smuggling in the Maghreb, the increase in the presence of these substances in the region's borderlands marks one of the most critical developments for the area's smuggling economies in recent years. As prescription medication and synthetic drugs are easy to transport and rarely subject to significant legal or social sanction, the trafficking of them provides new opportunities for established players and new entrants. There is therefore good reason to fear that there is substantive room for expansion in the trafficking of these substances if demand were to further increase.

Critically, the increased presence of these drugs in the Maghreb has had effects on the region and its borderlands beyond the generation of new routes and income streams for smugglers. Often sold at very low prices, and with substantive health effects, these pills stand at the centre of health crises around drug consumption within the region. The following section expands on this issue.

A close-up photograph of a person's hands lighting a cigarette. The person is holding a silver lighter in their left hand, which is lit, and a cigarette in their right hand. The cigarette is held between the fingers, and the tip is glowing. In the foreground, a pack of cigarettes is visible, with the brand name "POWER TUBE" partially legible. The background is blurred, showing a person wearing a blue and white striped shirt. A white geometric line graphic is overlaid on the top left of the image.

DRUG CONSUMPTION IN THE MAGHREB

Although most international media attention has focused on changes in trafficking through the Maghreb, and mainly cocaine trafficking, the region has also become an increasingly important consumption market. The use of a wide variety of drugs has increased substantially in recent years, especially among young men. 'We didn't have a drug problem twenty years ago,' noted an Algerian politician. 'Now you find hashish and other drugs even in small towns.'¹⁷⁷

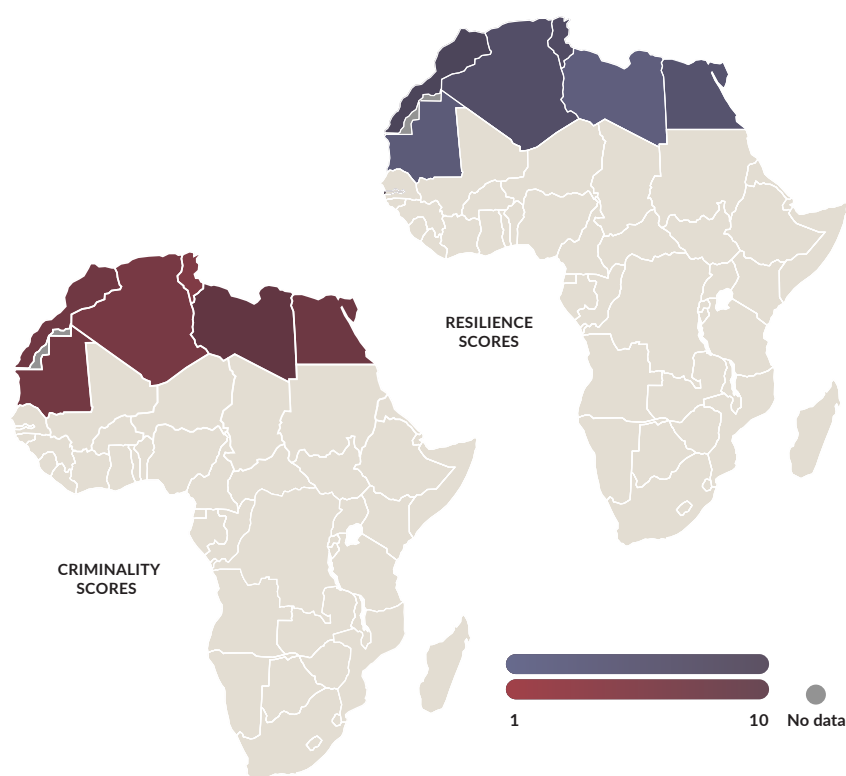


FIGURE 10 Regional overall criminality and resilience scores

NOTE: In the Organised Crime Index Africa 2019, North Africa scored 4.73 for criminality (on a scale of 1 to 10) and 4.19 for resilience.

SOURCE: Organised Crime Index Africa 2019, Enact, 2019, <https://ocindex.net>.

This rise in consumption is not driven by a single factor. Rather, a number of interconnected trends play a role. The Maghreb has a relatively young population, especially when compared to Europe; the median age in Morocco is nearly 30, while in Algeria it is closer to 28.¹⁷⁸ This large youth population creates a significant potential consumer base. Further, the social frustrations faced by these youths, especially with regard to economic aspirations, have gone largely unaddressed. Drugs – cannabis, diverted medicines, synthetic drugs, cocaine and heroin – offer Moroccans, Algerians and Tunisians an escape from frustration, joblessness and boredom.¹⁷⁹ For Libyans, mired in a complex, protracted conflict, drugs also offer an aid to both young militia men engaged in combat and the wider population.¹⁸⁰

The growing demand for drugs has intersected with their rising availability, a by-product of the increasing number of trafficking routes through the region. As cannabis or cocaine shipments move across different countries, some ‘peels off’ (is left behind), often as payment by large trafficking networks to those contracted to do the physical smuggling. Most of this is sold on the local market, making drugs more readily available and at a cheaper cost than in the past.

In turn, the rising consumption further drives trafficking targeting the Maghreb. As the region’s drug markets grow and mature, there is a significant chance that international traffickers will seize the opportunity for profit. The evolution of the region from a production zone to one of transit, and finally to one of consumption, significantly complicates efforts by regional states to address the issue of drugs. Rising consumption has led to rising addiction and therefore poses a serious public-health challenge. With the regional health and prevention infrastructure inadequately equipped, states are approaching this rapidly escalating health crisis through a security lens, a strategy that risks further accelerating it.

The following section provides an overview of current trends in drug consumption in the region, broken down by type of drug.¹⁸¹ Traditionally, cannabis has dominated local consumption; however, in recent years it has been joined by the rapidly expanding consumption of a variety of prescription medications and synthetic drugs, and, in some areas, by growing cocaine and heroin markets.

Cannabis and cannabis resin

Although the majority of Morocco’s cannabis production is exported, the Maghreb has also traditionally been a significant consumption market for a range of cannabis products. There is a long history of consumption, particularly in Morocco, and the drug remains, by a significant margin, the most frequently used illegal drug in the region, with some indications that the number of consumers is rising. Estimates place the number of active cannabis users in Morocco at between 600 000 and 800 000, with a higher prevalence among young males.¹⁸² Estimates for Algeria are somewhat lower, at about 200 000 regular users, although this appears to be a relatively low estimate given the population size and availability of the drug.¹⁸³ In Tunisia a similar number of consumers (roughly 200 000) are believed to use the drug.¹⁸⁴ Because of these high levels of consumption, the market for cannabis and cannabis resin in the Maghreb is viewed as the region’s largest type of illicit market.¹⁸⁵

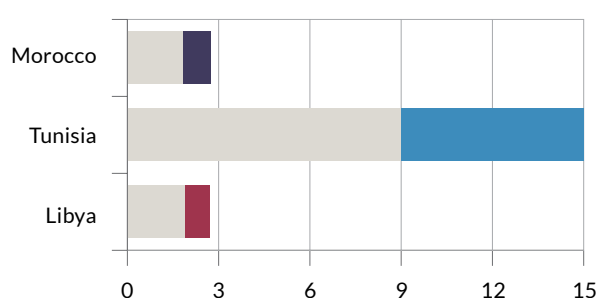


FIGURE 11 Average street-level cost of a gram of cannabis resin (euros)

NOTE: The coloured portion indicates the price range.

SOURCES: Mark Micallef, *Shifting sands — Libya’s changing drug trafficking dynamics on the coastal and desert borders*, EMCDDA, 2019, p 10; Interview, Tunisian drugs researcher, remote, December 2019; Interview with a Moroccan drugs researcher, remote, December 2019.

There are strong indications that consumption is particularly prevalent among young men. In Tunisia, an estimated 57% of cannabis users nationwide are

between 13 and 18 years old.¹⁸⁶ Surveys among students between the ages of 15 and 17 indicate that 17% of boys in Morocco, 11% in Algeria and 9% in Tunisia had experimented with cannabis. The percentage for girls was consistently under 2%.¹⁸⁷

There is a widespread perception in the region that cannabis use is growing. This view appears to be borne out in Algeria, where arrests for consumption of the drug have increased significantly, from 9 238 in 2014 to 20 291 in the first 11 months of 2019.¹⁸⁸ Similar figures are not available for Morocco and Tunisia; however, school surveys indicate that the percentage of students who admit to using cannabis has more than doubled in both countries over the past five years.

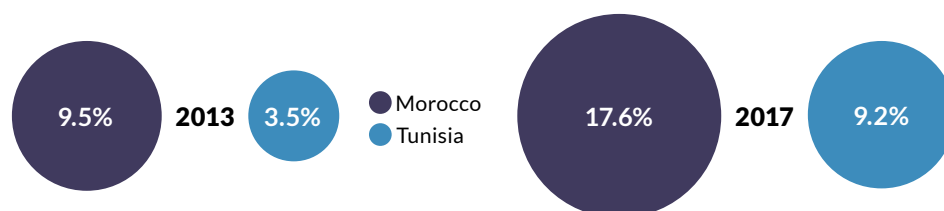


FIGURE 12 Use of cannabis by male students in Morocco and Tunisia

SOURCE: Mediterranean School Survey Project on Alcohol and Other Drugs in Schools (MedSPAD), Morocco and Tunisia, 2013 and 2017.

It is notable that cannabis consumption in the Maghreb is not only an urban phenomenon. While school survey data suggests that the concentration of drug use may be proportionally higher in urban areas, use of cannabis is also widespread in peri-urban and rural areas across the region.¹⁸⁹ Availability is particularly high in areas on or close to established smuggling routes, with cannabis resin reportedly far easier and cheaper to procure at points on the Tunisia–Algeria border than it is in Tunis.¹⁹⁰

Street-level sales of cannabis resin are conducted by individuals or small networks of a half dozen or so young men. A significant number of arrests involve poly-product distributors, with the same individual or network selling small quantities of cannabis, diverted medicines and occasionally cocaine and heroin.¹⁹¹ Dealers sometimes sell by weight, but often retail sales involve cruder measurements. In Algeria, for example, many dealers sell by the *ourf*, which is roughly one-third the size of an index finger and retails for 2 000–3 000 Algerian dinars (€10–€15).¹⁹²

Street-level distribution can be lucrative, especially for youths who have otherwise marginal job opportunities. By the time of his arrest, one small supplier in the Algerian city of Oum El Bouaghi had stockpiled 3 867 500 dinars (€28 855) and €600.¹⁹³ The lucrateness of the trade has led a growing number of distributors, especially in Algeria and Tunisia, to arm themselves with knives, pistols, shotguns or other weapons.

The use of a variety of drugs has increased substantially in recent years, especially among young men.

Prescription medication and synthetic drugs

While cannabis has long dominated the consumption market in North Africa, recent years have seen low-cost but highly addictive pills dramatically increase in popularity throughout the region.¹⁹⁴ Consumption of different prescription medications and

synthetic drugs seems to vary with socio-economic conditions – while more affluent users are able to afford ecstasy, some of the most severe health risks are caused by cheaper substances, such as *karkoubi*, which are popular among socio-economically marginalized sections of the population.

In Algeria, the number of people arrested per year for the consumption or possession of prescription and synthetic drugs has grown faster than the cannabis consumption. The percentage of arrests has more than quadrupled.



FIGURE 13 Algerian arrests for psychotropic possession

SOURCE: Algerian Office National de Lutte Contre la Drogue et la Toxicomanie, 2014 and 2019 yearly reports.

Less data is available from Tunisia and Morocco, although available evidence suggests that sharp increases in use are also occurring in these countries.¹⁹⁵ A recent medical study highlighted the prevalence of synthetic and prescription drugs among Tunisia's addict population, and the particular effects this had on the country's youth.¹⁹⁶ Survey data from the country's schools suggests that students are coming into contact with these substances at a young age.¹⁹⁷ For unclear reasons, consumption of prescription and synthetic drugs in Tunisia is higher among female students than among males, a unique case within the statistics of drugs consumed in the Maghreb.¹⁹⁸

In Libya, the use of pills has increased significantly since the country's 2011 revolution. In part, the rise can be traced to the use of prescription drugs by armed groups to maintain alertness and relieve stress.¹⁹⁹ However, consumption of such drugs has risen among the population more broadly, including among women and young people. For most, they are a means of dealing with the extreme stresses of the present moment.²⁰⁰ Prescription-drug abuse has been further propelled by the effective collapse of centralized security structures, which has led to large volumes of pills being imported into the country and limited the risk that consumers will be caught or sanctioned.

There is a remarkable heterogeneity in the different prescription psychotropics consumed across the region, and a strong sense that consumption patterns commonly overlap between different countries. While the consumption of a specific psychotropic may start in one country, it generally spreads across the region fairly rapidly.

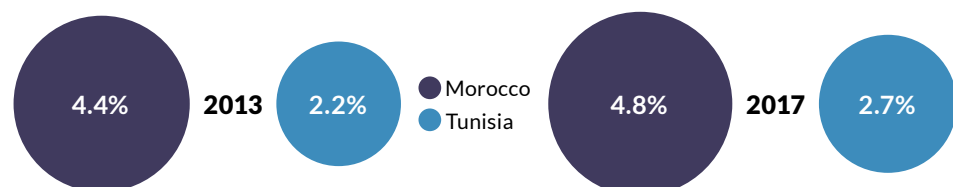


FIGURE 14 Use of psychotropics by male students in Morocco and Tunisia

SOURCE: MedSPAD, Morocco and Tunisia, 2013 and 2017.

Across the region, drugs such as Lyrica, Rivotril, diazepam and Artane (termed ‘Madame Courage’ or ‘the poor man’s ecstasy’) are extremely popular.²⁰¹ Lyrica in particular has emerged as a sought-after drug among lower-income populations in Algeria’s urban areas.²⁰² As a Tunisian smuggler noted, ‘Algerians are asking for all Tunisian [psychotropic] medicines, but especially Lyrica.’²⁰³ Part of the attraction for consumers is that psychotropics are relatively inexpensive, with a 150-milligram tablet of Lyrica costing 200–250 Algerian dinars (€1.50–€1.90).²⁰⁴ Psychotropics are also perceived to be relatively safe, given their medical provenance.

In Morocco, much of the public concern about drug consumption has involved *karkoubi*, a local term for a variety of cheap psychotropics, such as Rivotril.²⁰⁵ *Karkoubi* is typically either sold as individual pills or in a ‘belt’ – a connected group of 7–10 pills.²⁰⁶ Rising use of the drug is fuelled by its ubiquity, with hundreds of thousands of pills seized every year, and also by its extremely low price, which, at 5–10 dirhams (€0.50–€1.00) per dose, is accessible to lower-income and middle-class users.²⁰⁷

Tunisia has a particularly high consumption of Subutex, a highly addictive form of buprenorphine that is commonly used as an alternative to heroin. Sold as pills, the substance is typically mixed with water and then injected. Tunisia’s Ministry of Health estimates that the number of Subutex users has reached 33 000, up from 12 000 in 2012.²⁰⁸ It is likely that this official number significantly minimizes the scale of the problem.²⁰⁹

Although Tunisia seems to have the largest Subutex consumer base in the region, there is evidence of Subutex use in Algeria and, to a more limited degree, Libya.²¹⁰ The price of Subutex, costing some 30 dinars (€9.60) in Tunisia and slightly more in Algeria, is higher than other opioids such as tramadol, possibly skewing opioid use among lower-income users towards the latter drug.²¹¹

The use of ecstasy is also increasing across the region, with seizures in Morocco increasing from 200 doses in 2011 to over 549 673 in 2017.²¹² A tab of the drug costs 50–200 dirhams (€5–€20), depending on the clientele it is marketed to.²¹³ The price of ecstasy in Morocco has dropped by two-thirds over the last 15 years, making it economically feasible for a far larger user base.

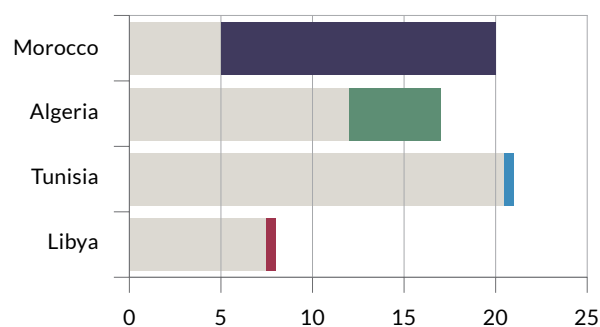


FIGURE 15 Average street-level cost of a pill of Ecstasy (euros)

SOURCES: Mark Micallef, *Shifting sands — Libya’s changing drug trafficking dynamics on the coastal and desert borders*, EMCDDA, 2019, p 10; Tunisian Ministry of Interior, *Démantèlement D’un Réseau De Trafic De Drogue Dans La Banlieue De La Capitale*, 26 October 2017, www.interieur.gov.tn/fr/actualite/2745; Brian Brequeville, *Drogue: les chiffres chocs de l’ecstasy*, *TelQuel*, 14 December 2018, https://telquel.ma/2018/12/14/drogue-les-chiffres-chocs-de-lecstasy_1621730; communication from Algerian drugs researcher, February 2020.

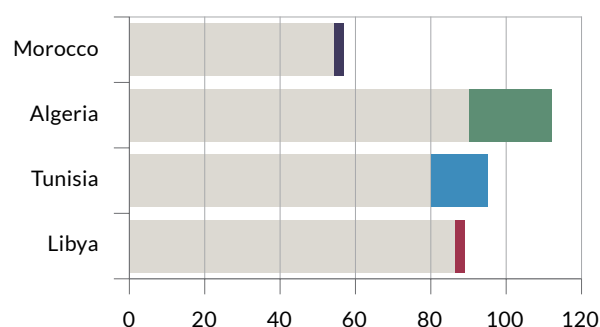


FIGURE 16 Average street-level cost of a gram of cocaine (euros)

SOURCES: Mark Micallef, *Shifting sands — Libya’s changing drug trafficking dynamics on the coastal and desert borders*, EMCDDA, 2019, p 10; Nabila Amir, *La cocaïne, pas seulement une drogue de ‘riches’*, *El Watan*, 28 June 2018, www.elwatan.com/edition/actualite/la-cocaine-pas-seulement-une-drogue-de-riches-28-06-2018; Fahd Iraqi, *Maroc: la nouvelle route de la cocaïne*, *Jeune Afrique*, 20 March 2019, www.jeuneafrique.com/mag/749599/politique/maroc-la-nouvelle-route-de-la-cocaine; *La Tunisie: Un supermarché de drogues à ciel ouvert !*, *Business News*, 7 October 2016, www.businessnews.com.tn/la-tunisie--un-supermare-de-drogues-a-ciel-ouvert,519,67481,3.

A similar pattern has emerged in Tunisia. Data from the Tunisian Ministry of Health and from school surveys suggests that the consumption of ecstasy had increased by roughly a factor of seven in recent years.²¹⁴ The slightly higher price points of the drug, ranging from 25 to 80 dinars per pill (€8–€24) suggests that it is marketed primarily to more affluent customers.²¹⁵ Although some ecstasy is also consumed in Algeria and Libya, its use here appears to be more limited than in Morocco and Tunisia.

It is worth noting that two of the most prevalent drugs in the Middle East, Captagon and tramadol, are so far largely absent from many of the consumption markets in the Maghreb, although there are exceptions to this. Both tramadol and Captagon are smuggled into and used in Libya, but the market for the latter is not believed to be significant at present. Tramadol use is far more significant, but it has not yet evolved into the serious epidemics seen in Egypt or some Sahelian countries.²¹⁶ In Libya, a strip of

tramadol, containing 10 pills, reportedly retails for 100 dinars (€16).²¹⁷

There is also a small amount of tramadol used in Algeria and Tunisia, with significant fears that these markets could grow.²¹⁸ The risk of a rapid increase in tramadol use is likely to be highest in the far south of Algeria and the south-east of Tunisia, where populations have ready access to tramadol trafficked and distributed in northern Mali, Niger and western Libya.

Cocaine

Though cocaine is far less common in the Maghreb than cannabis resin and prescription and synthetic drugs, there does exist a small but seemingly growing consumer base in the region. Cocaine use in the region is not new, but for decades the drug's rarity and comparatively high price have limited its mass appeal.²¹⁹

This has begun to change, however. Over the past 15 years, the price of a gram of cocaine in Morocco has halved to 600 dirhams (€55).²²⁰ This steep drop is probably linked to the increasing availability of the drug as a result of the rise in trafficking through Morocco. Although the drug is slightly more expensive in other Maghrebi countries, prices in Algeria and Libya have also fallen significantly in recent years.²²¹

Cocaine remains per dose the most expensive type of drug used in the Maghreb, but the decline in price may have led to a widening of the cocaine-consumption base, with middle-class people now able to afford it.²²²

Distributional quantities of cocaine are increasingly seized by law-enforcement officials throughout the region. Most supply – and presumably use – remains concentrated in urban areas or in tourist zones.²²³ However, in a number of incidents in Algeria and Tunisia, small, distributional quantities of cocaine have been found in relatively rural areas or in border zones.²²⁴

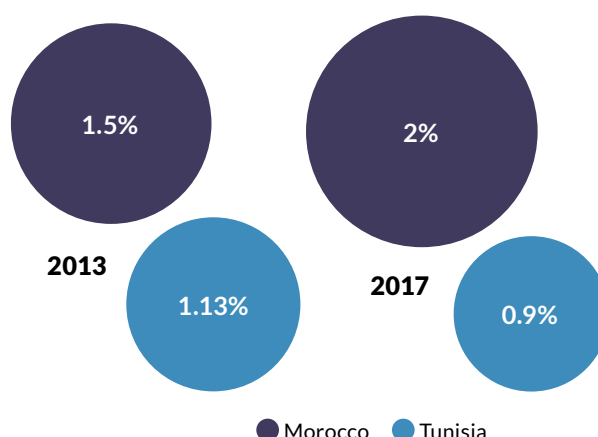


FIGURE 18 Use of cocaine by male students in Morocco and Tunisia

SOURCE: MedSPAD, Morocco and Tunisia, 2013 and 2017

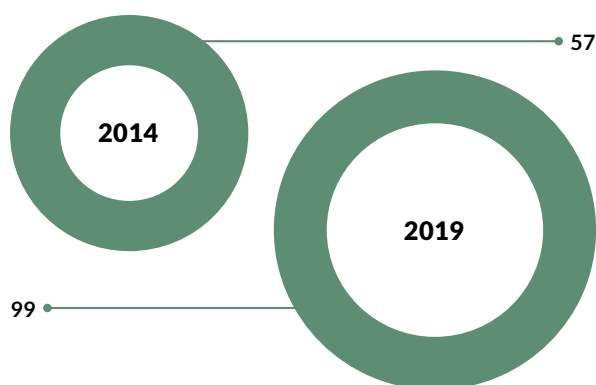


FIGURE 17 Algerian arrests for cocaine possession

SOURCE: Algerian Office National de Lutte Contre la Drogue et la Toxicomanie, 2014 and 2019 yearly reports.

Although use of the drug is increasing overall, it is still far less popular and common than cannabis resin and pills. However, there is a risk that if cocaine trafficking through the region continues to grow, so too will the availability of the drug, which would lead to a decline in price. Such a pattern has occurred in Latin America and, to a lesser degree, in West Africa, with cocaine and crack-cocaine usage spiking due to 'peel off' from trafficking. The comparatively lower price in Morocco is a first indication of this dynamic.

Heroin

Heroin is one of the least commonly consumed drugs in the Maghreb, but as with other substances, its use appears to be rising. Unlike with cannabis, prescription and synthetic drugs, and cocaine, however, heroin use appears to be highly siloed geographically, with clusters of users in a small number of locations and few in most others.

The largest cluster of heroin users is in Morocco, mainly in urban centres in the northern region of Tangier-Tetouan-Al Hoceima, although there is some use in Nador, Casablanca and Rabat-Salé.²²⁵ The country has an estimated 15 000 addicts, but a rapid rise in use in the north in recent years suggests that the number could be significantly higher.²²⁶ The drug costs €2.80–€6.50 for a tenth of a gram, and Moroccan users either smoke or inject it.²²⁷ Most of it is imported from Europe, and significant quantities are reportedly bartered for cannabis.²²⁸

Heroin and opiate use in Algeria, Morocco and Libya is less prevalent, but there is also a lack of data on the issue. Algerian arrests for use of the drug are relatively low, for example, with only 198 heroin users apprehended between 2012 and 2019.²²⁹ However, the frequency of dealer arrests and of kilogram-level trafficking efforts in Algeria and Tunisia suggest that heroin use in these countries may be higher than typically perceived.²³⁰ In Libya, where a small heroin-user population existed before the revolution, the development of heroin-trafficking routes through the country in the wake of 2011 risks further fuelling use.²³¹ However, there are no reports of the kind of widespread use seen in Morocco.

Most use in Algeria, Tunisia and Libya appears to be concentrated in urban coastal areas. However, there is some evidence of small clusters of use in more rural and remote areas of these countries. In Tunisia, for example, the past several years have seen relatively sustained arrests of heroin dealers in the western region of Gafsa.²³²

Although limited in comparison to other drugs, the growing consumption and availability of heroin poses a clear future risk. In part this is due to the public-health challenges posed by heroin addiction. Perhaps more worrisome, however, is the degree to which heroin use in the region could grow rapidly among those currently using opioid psychotropics, such as tramadol and Subutex, if access to those pharmaceuticals is sharply limited or curtailed. Such a shift has occurred in other regions, notably in North America in the early 2000s.

Peel-off from changing drug-smuggling routes, and the influx of cheap synthetic narcotics, has shifted drug-consumption patterns in the Maghreb. Overall consumption has increased across the region, with drug experimentation occurring at a younger and younger age. Most notably, comparatively cheap but highly addictive prescription and synthetic drugs have increasingly gained market shares from cannabis resin. Cocaine and heroin, still relatively niche products, have become more sought after as trafficking routes through the region push down their price.

There are clear signs that this challenge is outstripping the capacity of public-health systems in Morocco, Algeria, Tunisia and Libya. NGOs in all four countries have highlighted the absence of sufficient numbers of prevention and rehabilitation programmes. Existing institutions are understaffed and running over capacity,²³³ and addicts in the region are more frequently in contact with the police than with public-health officials. As will be discussed in the following section, there is little indication that security-focused approaches have had a positive effect in addressing a growing public-health crisis in the Maghreb.



THE IMPACT ON STATES AND STATE RESPONSES



The changing trends in the Maghreb are having indelible impacts on Morocco, Algeria, Tunisia and Libya. Although the effects of production, trafficking and consumption trends differ significantly, all three have tested the ability of states to respond to the changing narco-ecosystem in the region, and in many ways found them lacking.

Securitized approaches – which focus on interdicting and deterring drug producers, traffickers, and users – continue to predominate, but with limited impact. State capacity to respond has been degraded both by corruption within official institutions and through the empowerment of violent non-state actors to directly counter state sovereignty. At the same time, public-health interventions are limited, and prevention and treatment initiatives are absent, overwhelmed or underfunded.²³⁴

The following section will briefly detail the consequences of the changes taking place around drugs in the Maghreb, looking at the effects on governments, traffickers and societies. Production, trafficking and consumption will each be addressed in turn.

Changing production and the risk of instability

Out of the three trends, the rising production of drugs in the Maghreb has had a comparatively limited impact on the region's state structures to date. Unlike changes in trafficking and consumption, changes in production are largely limited to one product (that is, cannabis) and a single country (namely, Morocco). Although small-scale production of cannabis and poppies occurs in other Maghrebi states, there is no equivalent to the large, concentrated area of cannabis production existing in northern Morocco. Consequently, the political calculations that enable cannabis cultivation in the Rif are not mirrored elsewhere.

◀ Seized drugs on display at the Central Office of Criminal Investigation, Marrakech, October 2017. © Fadel Senna/AFP via Getty Images

*Prevention and
treatment initiatives are
absent, overwhelmed
or underfunded.*

While Moroccan cannabis production appears remarkably stable – producing a similar amount of resin in 2019 as a decade before – the important evolution in recent years is the widespread adoption of hybrid varieties of the drug.²³⁵ These strains are typically developed in Europe, and it is their productivity that has enabled Moroccan growers to produce more resin with less land.

The advent of the new strains, however, has affected the economics and the ecology around cannabis production in new ways. Hybrid seeds are imported and relatively expensive to grow compared to the traditional variety. This has allowed for large farmers – in some cases supported by European investors – to gain an increasing share of the cannabis-production market.²³⁶ This in turn has left smaller farmers in precarious economic positions; in the words of one, ‘We just survive.’²³⁷ Some youth have found work as labourers on the large farms, but for many others the alternate economic options are extremely limited. Effectively, there is a risk that the notional reason for official tolerance – to placate a rural population menaced by limited economic opportunity – is being undermined by the rise of a consolidated and concentrated production industry.

As concerning is the ecological damage caused by the new varieties of cannabis, particularly to water resources. Hybrid varieties typically require significantly more water than traditional types of cannabis.²³⁸ This water has mostly been sourced from the region’s aquifers, putting further strain on water resources – both now and for future generations – in a region that is water-stressed.²³⁹ While this has sparked some small-scale conflicts between growers, the real risk is that the rapid depletion of sub-soil water resources will significantly impact the viability of both licit and illicit economic development in the region in the future, and in so doing increase the risk of local instability.²⁴⁰

The increasing concentration of the industry into a smaller number of hands also risks increasing corruption. Official tolerance and complicity have always been necessary for a trade that, while politically and economically necessary, is technically illegal. As one researcher explained, ‘[Moroccans] almost don’t treat [cannabis production and trafficking] as an organized crime, particularly because of the low levels of violence involved, and [they] certainly don’t fight it as one.’²⁴¹ Local officials, including law-enforcement officers, reportedly engage with and allow for the continued operations of producers in exchange for routine or semi-routine payments.²⁴² However, because more producers have historically been small farmers making marginal profits, payments to government officials were on average similarly limited. The rise of large, wealthy producers potentially changes the magnitude of corruption, allowing for more money to be directed at higher-level actors than has traditionally been the case. This in turn risks having a significant, corrosive effect on regional security forces and the broader mechanisms of government.

In sum, the changes in cannabis production in northern Morocco have put additional economic, social and environmental pressure on an already fragile and marginalized region. This is likely to compound in coming years as concentration of production, water scarcity and heightened corruption become even more pronounced. Ultimately, efforts by the state to ensure political stability in the region through the informal tolerance of cannabis production risk being fully undermined by changes within the industry.

Trafficking, corruption and violence

Over the past decade, the power of trafficking organizations across the Maghreb has begun to shift. Changes in both drug-trafficking routes and state responses have created conditions conducive to a consolidation of organized-crime groups, leading to incentives for the formation of larger and more economically powerful cartels. This diverges sharply from the more atomized or networked groups that have traditionally dominated in the Maghreb. The rise of more powerful networks poses key challenges for governance and state capacity in the region. In particular, there is a significant risk of criminal co-option and penetration of state agencies and a growing chance of criminal violence.

Trafficking networks have not previously posed a challenge to most Maghrebi states, primarily because the small number of groups active had transacted small volumes of cannabis and accrued limited power. In Morocco, the one place where traffickers transacted larger drug shipments and reaped higher profits, there is a history of corruption – both among high-level state officials and security forces in the field.²⁴³ The growth of west-to-east cannabis trafficking across the Maghreb and the use of the region for cocaine trafficking threatens to reshape the landscape. Cannabis- and cocaine-trafficking networks operating in Algeria, Tunisia and Libya are concentrated and highly profitable. Their profitability allows for a strategic flexibility, especially around the use of bribery to keep trafficking routes open and shipments free from interdiction.

Regional states have unintentionally fuelled the power of wealthy trafficking organizations through efforts to buttress border security. In the name of combating drug trafficking and terrorist movement, Morocco, Algeria and Tunisia have all tightened their borders, deploying personnel, building walls and installing surveillance equipment.²⁴⁴ These efforts have had a marginal impact on drug trafficking – with seizures declining along the northern section of the Morocco–Algeria border. However, rather than ending trafficking, border strengthening seems to have shaped it. Powerful trafficking networks have been able to continue their operations, their financial

resources offering them a means to circumvent hardened borders. Small trafficking networks and smugglers of other commodities (including petrol, electronics and food) have been forced out of business. As one informal trader in Algeria noted, ‘Drug traffickers are earning billions, but the rest of the people are not making a good living.’²⁴⁵

This winnowing has enabled large trafficking networks to gain an even greater percentage of the cannabis-resin trade. In addition, they have been able to recruit highly capable smugglers from among the ranks of the now-unemployed commodity smugglers and members of small trafficking networks.

Despite fears to the contrary, powerful trafficking networks in Morocco, Algeria and Tunisia have so far not typically resorted to extensive violent campaigns. Occasional attacks on security forces by traffickers have been reported on the Morocco–Algeria border, but the incidents are limited and there is little evidence that they are systematic or pre-planned.²⁴⁶ On the Tunisia–Algeria border, there are reports of traffickers contracting with terrorist groups to attack and distract security forces, in order to better move large shipments of cannabis across the frontier.²⁴⁷ However, the level of violence directly attributable to trafficking is slight, and there is not much indication of violence being used as a primary tactic or tool of the groups. However, the potential for violence seems to be increasing. In a growing number of incidents, traffickers in Morocco, Algeria and Tunisia have been in possession of firearms or other weapons when arrested.²⁴⁸ The pattern differs slightly in Libya, where armed traffickers and the protection of traffickers by armed groups is more common, mainly as a result of the weakness of the state and the country’s anarchic situation.²⁴⁹ However, even in Libya coercion and the threat of violence by traffickers is far more common and systemic than direct attacks.

Rather, the focus of traffickers in the Maghreb is on leveraging their growing power to corrupt and co-opt state officials at a higher and more centralized level than has occurred in the past. ‘The traffickers bringing drugs into Algeria don’t kill people; they buy them,’ explained one security analyst.²⁵⁰



This corruptive focus was underscored in Algeria where, in the wake of the Oran cocaine seizure, a range of officials and relatives of political elites were implicated, including prosecutors, the driver for the National Police Chief, and the son of the current president.²⁵¹ Similar dynamics have been uncovered in Morocco, with accusations of high-level complicity being levelled.²⁵² In one instance, a gendarmerie colonel posted in northern Morocco was accused of accruing over 1 billion dirhams through engagement with a trafficker.²⁵³

There is also the risk of less visible but more omnipresent low-level corruption within the region's security forces. A sizeable number of gendarmes and auxiliary-force officials have been arrested in Morocco on corruption and trafficking charges in recent years, including 29 who are accused of involvement with cocaine traffickers.²⁵⁴ Low-level corruption has also been recorded in Tunisia. However, more troublesome has been the small number of Tunisian security-force and military personnel arrested for direct involvement in cannabis trafficking.²⁵⁵

Such corruption is the primary risk of increased trafficking through the region because of its potential to spark institutional decay and undermine governance on multiple levels. Rising corruption exacerbates a

situation in which illicit activities are tolerated by local law enforcement, thereby institutionalizing illegal actions by the police and customs officials. This risks the deterioration of the relationship between local populations and state institutions, as people see their livelihoods criminalized and experience their interaction with the state primarily through the security services. Finally, as has occurred in Algeria, corruption becomes a tool in inter-elite competition, used as either a prompt or a pretext by those in power to move against and sideline potential competitors.

Finally, the rise in trafficking across the Maghreb has also become an irritant in regional diplomatic relations. Algeria and Morocco have accused each other of the nefarious toleration, and in some cases enablement, of drug trafficking notionally intended to undermine the other.²⁵⁶ These accusations are rooted more in the acrimonious bilateral relationship between the two states than in any sort of objective reality. However, they also pose a stumbling block for meaningful cooperation on counter-trafficking efforts. Rising drug trafficking is likely to become a central diplomatic irritant in coming years, even for states that are nominally friendly – such as Algeria and Tunisia, or Tunisia and Libya, as rising consumption transforms the issue from an abstract security challenge into a major point of social concern.



Consumption, securitization and public health

The rising use of cannabis resin, prescription and synthetic drugs, cocaine and heroin has triggered an increase in official concern and prompted social worries and moral panics across the region. Crime and violence by the region's youth are blamed on drugs, and there exist broader concerns that growing substance use is eroding cultural morals.²⁵⁷ Addiction – most notably to pills and heroin – has risen significantly in a relatively short period of time.²⁵⁸ This has produced a completely new challenge for the region's public-health systems, and has largely overwhelmed under-equipped health and prevention infrastructure. States have approached a rapidly escalating public-health crisis through a security lens, which, in turn, risks further accelerating the drug-consumption challenge.

The changing patterns of drug consumption are having a noticeable impact on public health in the Maghreb. Not only has there been an increase in overall drug consumption, with high levels of consumption among young men in particular, but there has also been an increase in the consumption of cheap, synthetic psychotropics. Compared to the drugs traditionally dominant in the region, such as cannabis, prescription medications used recreationally are significantly more addictive and have more aggressive health effects. As their low price has made them attractive to a group of consumers with limited resources and income, this represents a huge challenge for the public-health sector in the region. In some instances, notably in Libya, youth drug dependence is reported to have increased substantially.²⁵⁹

While data is difficult to access, reports by practitioners, health centres and non-governmental organizations strongly suggest that the region's current public-health infrastructure is inadequate for addressing the rising addiction challenge. Some prevention and rehabilitation centres have been set up – especially for injection

A Libyan security officer supervises the incineration of 30 tonnes of hashish in the capital, Tripoli.

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drug use – however, in general such centres are underfunded and can offer only a limited number of beds to the growing population of addicts.²⁶⁰ They are often inaccessible for more marginalized sections of the population.²⁶¹

In addition to this, information about the effects, origins and risks of psychotropic drugs in particular appears to be insufficiently available, as does information on prevention and treatment. An increasing moral panic around violence committed by young men addicted to prescription medications also increases the risk of vulnerable consumers being outcast or facing arrest instead of receiving treatment.²⁶²

Maghrebi states have responded to these challenges by arresting a growing number of people on narcotics-related charges. In Algeria, arrests for drug trafficking rose five-fold between 2011 and 2018, reaching 16 713.²⁶³ A similar, stark rise occurred in the number of arrests for consumption, jumping from 7 325 in 2011 to 32 997 in 2018.²⁶⁴ Although care should be taken in interpreting why the rise occurred – it could, for example, be the result of increased movement of drugs or oscillations in enforcement – what is clear is that more Algerians are being arrested on narcotic charges than ever before.

A similar trend exists in Morocco, where authorities arrested 94 010 people, mostly Moroccan citizens, on drug charges between January and September 2019. This represented an increase of nearly 50% over the previous year.²⁶⁵ An estimated 25% of the country's inmates are incarcerated for drug crimes.²⁶⁶

Tunisian authorities have released little information on the trajectory of drug arrests in their country, although investigations have reportedly skyrocketed since 2000.²⁶⁷ In 2016, some 8 984 people were charged with drug-related offences in Tunisia – 65% of them for drug consumption.²⁶⁸ In the same year, some 30% of Tunisia's prison population was incarcerated on drug charges, and a large number of people endured lengthy periods in pretrial detention for the same reasons.²⁶⁹

Securitization effectively represents an application of long-standing governmental approaches offering zero-tolerance for drug offenses to a situation in which both the access to drugs and the social taboos against drug use are changing rapidly. There is little indication that lengthy pretrial detention or imprisonment has a significant positive impact on the situation, and there is every reason to believe that it may simply create further addiction problems, as prisoners are exposed to new and potentially more addictive types of drugs while incarcerated.

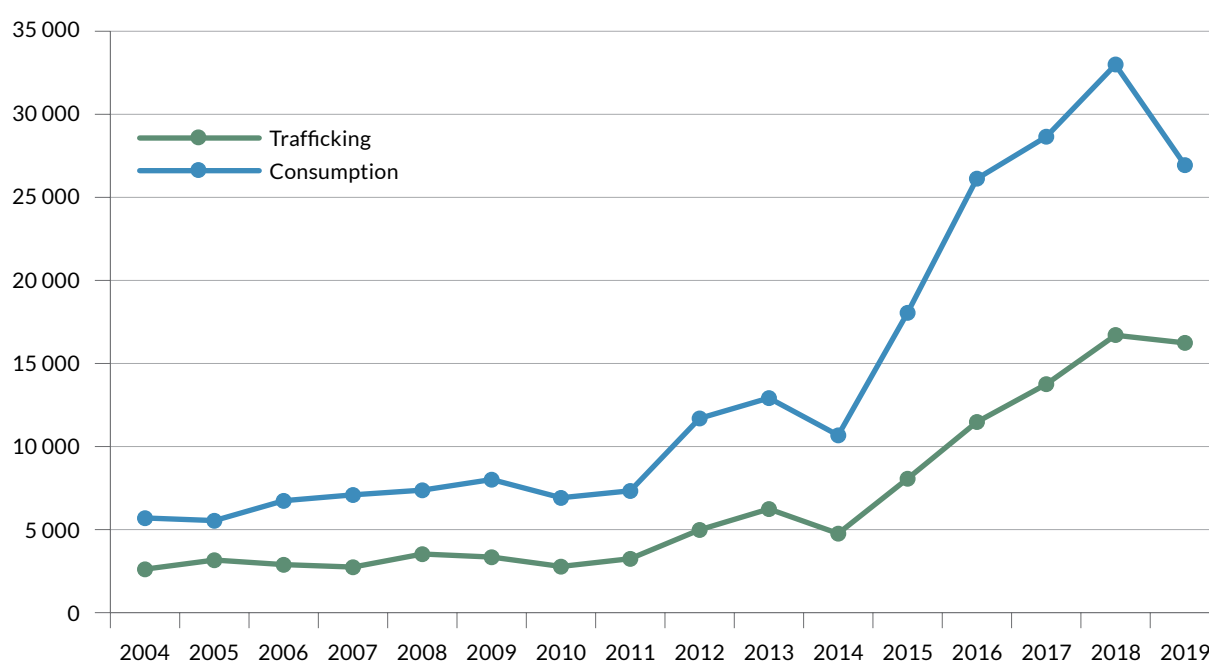


FIGURE 19 Algeria: Arrests for drug trafficking and consumption

SOURCE: Algerian Office National de Lutte Contre la Drogue et la Toxicomanie, yearly reports from 2004 to 2019.

There are also significant social costs to the region's securitized approaches, as the imprisonment of users affects educational prospects and economic opportunity among vulnerable populations.²⁷⁰ 'I found girls aged 17 and 18 in prison for hash,' noted a former Tunisian prisoner. 'They are losing a year of school, and thus everything, because of hash.'²⁷¹

There are indications that the securitized approaches of Maghrebi states are being rethought. In Tunisia, there has been some effort to address legal sanctions against cannabis consumption and offer more discretion to judges. Some Moroccan political parties have gone further, proposing decriminalization of the drug for medicinal use.²⁷² Draft legislation has been proposed, but has not been passed to date.²⁷³

However, the speed at which consumption trends are changing in the region means that the legislative changes currently suggested risk being out of date and insufficient by the time they are implemented. The danger of a significant public-health crisis around drug consumption – one that puts stress on the region's governments, public-health systems and citizens – is very real. Addressing this will require the mobilization of significant resources, particular attention to the intersection of public-health systems and economically marginalized communities, and a revision of securitized engagements with drug consumption. In the absence of rapid and significant reforms, this situation is likely to further deteriorate, resulting in severe costs to both human lives and the region's social and economic fabric.


The danger of a significant public-health crisis around drug consumption is very real.



Moroccan drug users smoke heroin, M'diq, 14 September 2019. © Fadel Senna/AFP via Getty Images



CONCLUSION



Over the past decade, substantive changes have occurred in drug production, trafficking and consumption in the Maghreb. Cannabis production has oscillated to new varieties of the plant, threatening the fragile ecology and economic systems in northern Morocco and risking the social stability long accepted as the implicit benefit of unofficial toleration of production. Trafficking in cannabis, cocaine, and prescription and synthetic drugs has surged across the Maghreb, in some instances representing a rerouting of other trafficking channels, in others something wholly new. Intersecting with, yet distinct from, trafficking has been the rise in drug consumption, as people in Algeria, Morocco, Tunisia and Libya increasingly experiment with and become addicted to a wide variety of illicit substances.

While the production, trafficking and consumption of drugs in the Maghreb have changed, state responses have largely not kept pace. The already limited effectiveness of old approaches, such as securitizing borders and punishing consumption, is deteriorating rapidly. The situation risks sparking parallel and intertwined crises in security, governance and public health.

Realistically, there is little chance that the unfolding challenge surrounding drugs will ebb in the near future. European demand for cannabis and cocaine will continue to compel traffickers to move their products through the countries of the Maghreb. These efforts will likely continue to be abetted by high-level protection provided by governmental officials, and by far more endemic narcotics-linked corruption among low-level security and military personnel.

The combination of young populations, profound boredom and pessimism, and increasingly affordable and accessible drugs will continue to drive a turn towards pharmacologic escapism, supplied both from within and outside of the region. Draconian zero-tolerance enforcement is unlikely to dent the situation as long as these drivers are in place.

The impact of the COVID-19 pandemic on regional trafficking underscores the limited utility of enforcement focused approaches. Morocco, Algeria, Tunisia, and Libya have all closed their borders and halted inbound and outbound air and maritime travel for

The COVID-19 pandemic may well exacerbate regional narcotics production, trafficking, and consumption.

travellers, though not imports and exports of goods. Border security surveillance and enforcement have increased significantly.

The policy responses have rerouted some narcotics flows. A portion of the cannabis resin shipments that previously transited the Straits of Gibraltar and Alboran Sea now depart for Spain from Morocco's Atlantic ports.²⁷⁴ Some psychotropic smugglers operating between Tunisia and Libya have shifted from land routes to maritime trafficking.²⁷⁵

However, there is little evidence that narcotics production, trafficking, or consumption has been significantly impacted by the pandemic or the heightened law enforcement activities and restrictions on movement implemented to limit it. Large cannabis resin shipments across the Algeria-Morocco border continue, while Tunisian arrests for narcotics consumption or sale occur daily. The continuation of international trade offers a continued avenue for cocaine shipments from South America to enter the region.²⁷⁶

There is reason for concern that, in the medium term, the COVID-19 pandemic may well exacerbate regional narcotics production, trafficking, and consumption. Enforcement pressures will likely waver. The virus will likely sicken significant numbers of security officials or deter them from reporting to work, impacting the operational capacity, a dynamic currently emerging with the Libyan Coastguard.²⁷⁷ Governments may also retask security forces from counter-narcotics missions to address social instability caused by the economic fallout of the pandemic. Local and international trafficking networks may well seek to exploit this new operational space.

The economic impact may also lead newly unemployed individuals to engage in narcotics production, trafficking, and retail sales out of pure necessity. This will further entrench the narcotics economy in the region, making it extremely difficult to address in the post-pandemic era.²⁷⁸

To address existent and future challenge, new policy approaches towards drugs in North Africa will be needed. The region's states and the international community are well advised to move from focusing on isolating the problem to building resilience to it. This requires new policy tools, a comprehensive and coordinated strategy, and dynamic, iterative policymaking.



RECOMMENDATIONS

The following eight recommendations are offered as a means of addressing the problem:

- Data on drug issues should be centrally collected, routinely released and comprehensive in its scope (involving security, public-health and social-service contributions). While most Maghrebi countries maintain counter-narcotics units or centres, information is rarely released publicly on a regular basis. The information that is released is often solely focused on drug arrests and confiscations. These data practices impede efforts by international observers, donors, civil society and the governments themselves to understand the contours of the emerging challenge, as well as its regional dynamics. Independent monitoring and information collection on drug issues by civil-society groups is essential, as it will offer further transparency, including with regard to data on sensitive or contentious issues that governments might be reluctant to release.
- National policy approaches need to be holistic, coordinated and multi-stakeholder, and aim for resilience over elimination. This includes security forces, health and social welfare ministries and NGOs, and development organizations. Efforts should be made to ensure that security approaches complement, rather than overshadow, alternate means of addressing the harm and risks posed by drugs, including both public-health and development efforts.
- Public-health systems should be built up to address the growing risks posed by drug consumption. Resilience-oriented policy approaches should necessitate heavy investment in treatment facilities for drug consumers, and take particular care to make them accessible to marginalized communities, as well as identifying hotspots and gaps within the current infrastructure. Similarly, investments should focus on prevention programmes, particularly those targeted at students, which should be expanded significantly. An important first step in each of the Maghrebi

Moroccan police seize hashish concealed in tubes, Casablanca, 9 June 2014.

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*The impact of
COVID-19 on regional
trafficking underscores
the limited utility of
enforcement-focused
approaches.*

countries should be a thorough study of the current needs of the sector, considering geographic variation, engagement with at-risk populations, and the situation in prisons.

- Walls will not work. Recent years have seen regional governments and donors invest significant resources into border fortifications to address trafficking. However, this has not systematically deterred drug smuggling, especially not that which is carried out by highly capitalized and well-connected networks. Rather, it has propelled the consolidation of small network structures into more powerful cartels. Further, by creating pockets of high youth unemployment in border regions, border fortification policies have led to a labour pool for trafficking networks and a consumer base for cheap drugs.
- Corruption and engagement with illicit economic actors must also be addressed. Expanding drug production and trafficking poses serious challenges to governance. High-level corruption, the embedding of illicit economies in politics, and the role of state institutions in their control and rent creation, have long been tools of governance in the region. However, the advent of trafficking, especially of high-value commodities such as cocaine, risks supercharging corruption, corroding governance and upending the traditional systems through which states control illicit and informal actors. A holistic approach to addressing drugs in the region necessitates effective and comprehensive efforts to address both high-level and petty corruption and a rethinking of how states address illicit actors within their borders.
- Coordinated regional policy approaches are necessary to address a pan-Maghreb challenge. Drug traffickers operate regionally, leveraging gaps and differences in enforcement between states to their advantage. As a result, policy responses need to be coordinated regionally. This applies to both regional state institutions and the international donor community. Given the particular fluidity of drug trafficking, and the ability of networks to react and restructure, coordination also needs to be adaptive. This requires an institutional infrastructure and cooperation that involves a regular exchange of information, alongside coordinated decision-making at an operational level.
- Governance must also be strengthened. Programmes must be designed to support governance in marginalized areas, including in borderlands and regions where systematic drug production takes place. Governance strengthening needs to be planned holistically, relying on a comprehensive mapping of stakeholders and potential veto players, and suggesting strategies to engage these players and constituencies.
- Donors should be realistic about what can be accomplished and how quickly. There needs to be a recognition that drug production, trafficking and consumption are closely embedded not only in the region's conflict and security infrastructure, but also in its economic and social development. Addressing the challenge in ways that do not upend societal and political stability across the region will necessarily take time, money and significant political capital. Rather than focusing programming on the problems of most concern to donor countries, there should be dialogue – bilaterally and regionally – on what is needed in the Maghreb and how it can best be accomplished.

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