The Eastern & Southern Africa Commission on Drugs

Illicit drug markets of Eastern and Southern Africa

An overview of production, supply and use

Jason Eligh

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ABOUT THE AUTHOR

Jason Eligh is a senior expert at the Global Initiative Against Transnational Organized Crime (GI-TOC). He is an illicit drug market and policy analyst who has researched, developed and led technical cooperation and assistance initiatives that address illicit drug issues in Africa and Asia. His expertise focuses on understanding the contexts and characteristics influencing illicit drug use behaviours and the structural resilience of drug trade environments, particularly as these factors relate to the development and sustainability of harm.

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INTRODUCTION

The countries of Eastern and Southern Africa have a long history of illicit drug cultivation, production, consumption and trade. *Khat*, a crop that is indigenous to the Horn and coastal East Africa, has been used as a stimulant since the 12th century.[1] Cannabis, originally imported from Asia, has a history of several hundred years of production and use in the region. Initially, the informal policies surrounding the control of these drugs had been driven by traditional social networks, and cultural beliefs and practices.[2] Today, however, it is the more recent large-scale trade in and widespread use of opiates, stimulants and other synthetic substances that has become recognized as a harmful phenomenon and risk to the region.

As container and intermodal shipping grew rapidly through the 1970s, along with new long-haul mass transport and passenger aircraft, the global economic landscape in general, and illicit drug marketplaces in particular, were reshaped. The development of the region's air and seaports, and their integration into global transport and communication networks, saw the emergence of new *entrepôt* trade, and hubs of commerce became networked across the continent. Meanwhile, technological innovations designed to increase the volume of drug commodity movement and decrease the risk of seizure began to emerge.[3] With these developments, many nascent networks of African drug traders began to consolidate their positions in the drug economies of Eastern and Southern Africa.[4]

As international drug control measures began to restrict supply chains from South Asian and Latin American source points, new trafficking routes evolved in Eastern and Southern African states to circumvent these measures, thus opening new supply channels and, consequently, new markets. From the 1980s, the continental consumption, production and distribution of substances such as heroin, cocaine, cannabis and synthetic drugs grew notably, and the impact of this expanding illicit market on development was significant, and paradoxically symbiotic. The emerging illicit drug markets were both a threat to development and security in the region and at the same time a new source of economic livelihood for populations of poor and vulnerable communities.[5]

The 1990s saw significant, rapid drug trade expansion across the continent as Afghan heroin began to emerge in volume in East Africa. Shipped by *dhow* to Kenyan and Tanzanian ports from Pakistan and Iranian departure points, initially to be repackaged and trans-shipped to European and US markets, local heroin use began to grow. Heroin use spread along the eastern coast and to South Africa, as well as to some island states, such as Mauritius and the Seychelles. Across the region these heroin users tended to be among the poorest and most vulnerable members of society. Injection drug use soon emerged in Zimbabwe, Zambia, Malawi, Uganda, Rwanda, Burundi, eSwatini, Namibia, Angola and the Democratic Republic of Congo (DRC). Cocaine, methamphetamine and other synthetic drugs soon followed.

Today, Eastern and Southern African countries have become significant illicit drug transit hubs and destination markets for a diversity of illicit drugs. Growing consumer demand and improved infrastructure have shaped and facilitated the availability and accessibility of illicit drugs across the region. As a consequence, domestic and regional drug trade flows and user markets have become embedded features of the region's domestic illicit economies.

ILLICIT DRUG SUPPLY

DRUG SUPPLY IN THE REGION: KEY POINTS

- The supply of heroin, cocaine and methamphetamine to the region has grown significantly over the past decade.
- The supply of new psychoactive substances (e.g. synthetic cannabinoids and stimulants) has increased significantly in the region over the past five years.
- International supply chains provide the heroin and cocaine to the region, and much of the methamphetamine.
- The corruption of law enforcement officials, and the way that criminal actors have compromised other institutions and facilities more broadly, is a primary structural enabler of drug markets across the Eastern and Southern African region.

Eastern and Southern Africa has become a major transit region in the global flow of illicit drugs. Significant quantities of heroin, cocaine and methamphetamine are shipped to and through the region's air, land and seaports each year. These flows arrive and transit through supply hubs alongside licit trade, and an overwhelming volume of the drug flows remain undetected. It is difficult to fully comprehend the scale of the maritime trade environment, particularly as it relates to the region's coastlines: the area is vast, the traffic patterns varied, and the formal and informal trade flows involve many vessel types and sizes.

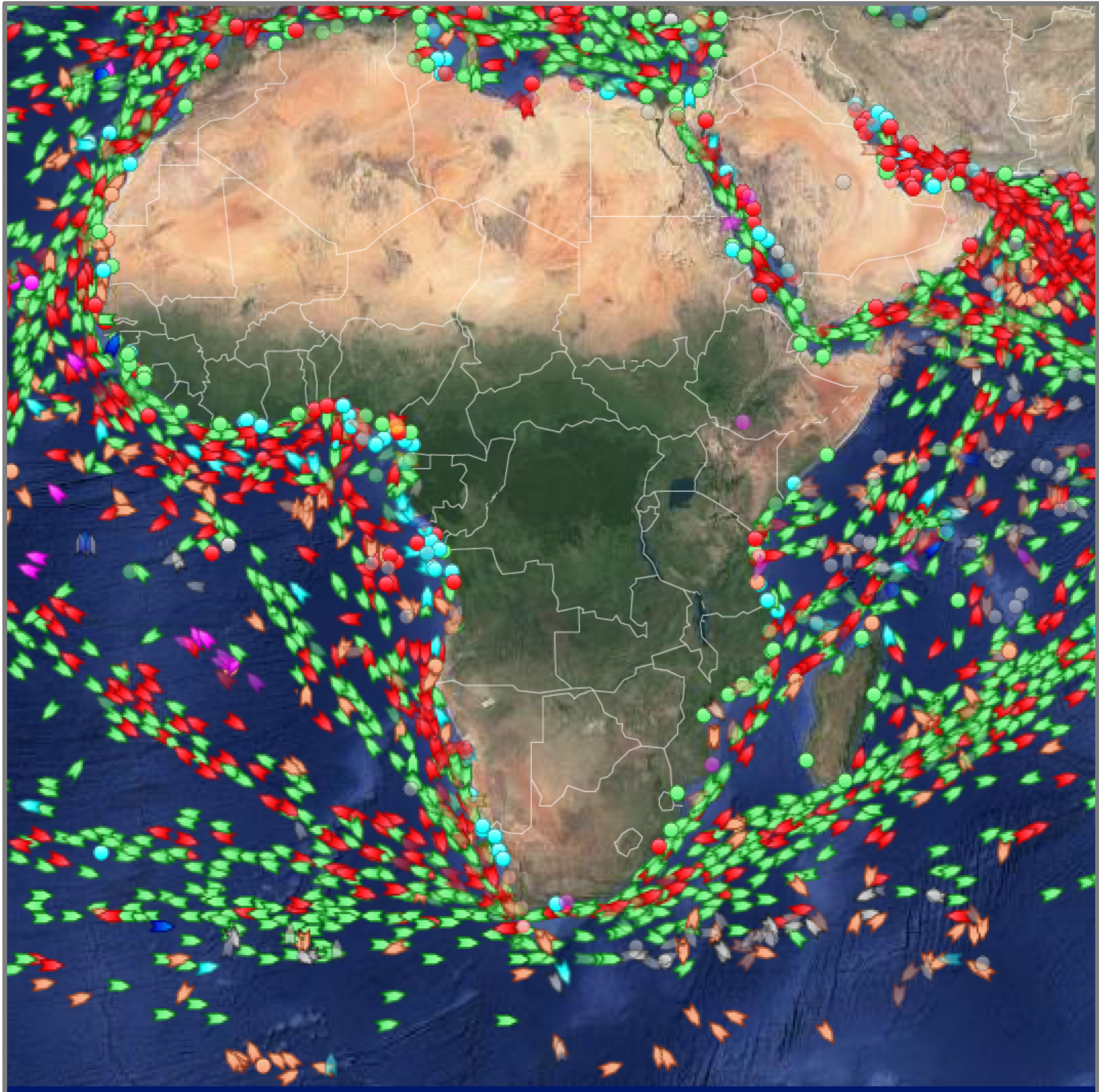


FIGURE 1: A screenshot representing the volume, diversity and distribution of marine traffic. This image shows only those vessels that have an automatic identification system (AIS). AIS is a tracking system mandatory for vessels of 300 or more gross tonnage, and all passenger vessels. Note that the majority of vessels that ply the waters of the region (e.g. dhows and fishing craft) either do not have an AIS onboard or it is deactivated to avoid being tracked. As a result, these vessels would not be seen in this map, meaning that the real number of active vessels would be significantly greater than that which is seen here.

Source: MarineVesselTraffic.com, a website that monitors marine traffic in real-time

How does the region fit into the drug supply chains? Intelligence and research confirm that maritime flows of heroin enter the region via coastal points in Tanzania and central Mozambique. South Africa and Kenya are key entry points for cocaine. Mozambique is also the primary regional entry point for methamphetamine from Afghanistan. Madagascar is increasingly emerging as a significant trans-shipment hub for both heroin and cocaine, as well as for the intraregional distribution of these drugs and cannabis. The island is also a significant repackaging and redistribution hub, operating as a breakbulk point (where large shipments of illicit drugs are broken down into smaller loads for onward transit). Tanzania and the central coastal region of Mozambique serve this breakbulk purpose for heroin and methamphetamine from Afghanistan, as do South Africa and Kenya for cocaine from Latin America, and South Africa for methamphetamine from Mexico and Nigeria.

These transit hubs and their breakbulk functions are important elements in the regional flow of these illicit substances. They are close to transit points, such as container ports and airfields, have weak governance and surveillance measures in place, and monitoring or enforcement institutions that are easily corrupted or compromised.[6] It is the embedded complicity of such 'brokers' that enables these illicit supply chains to endure.

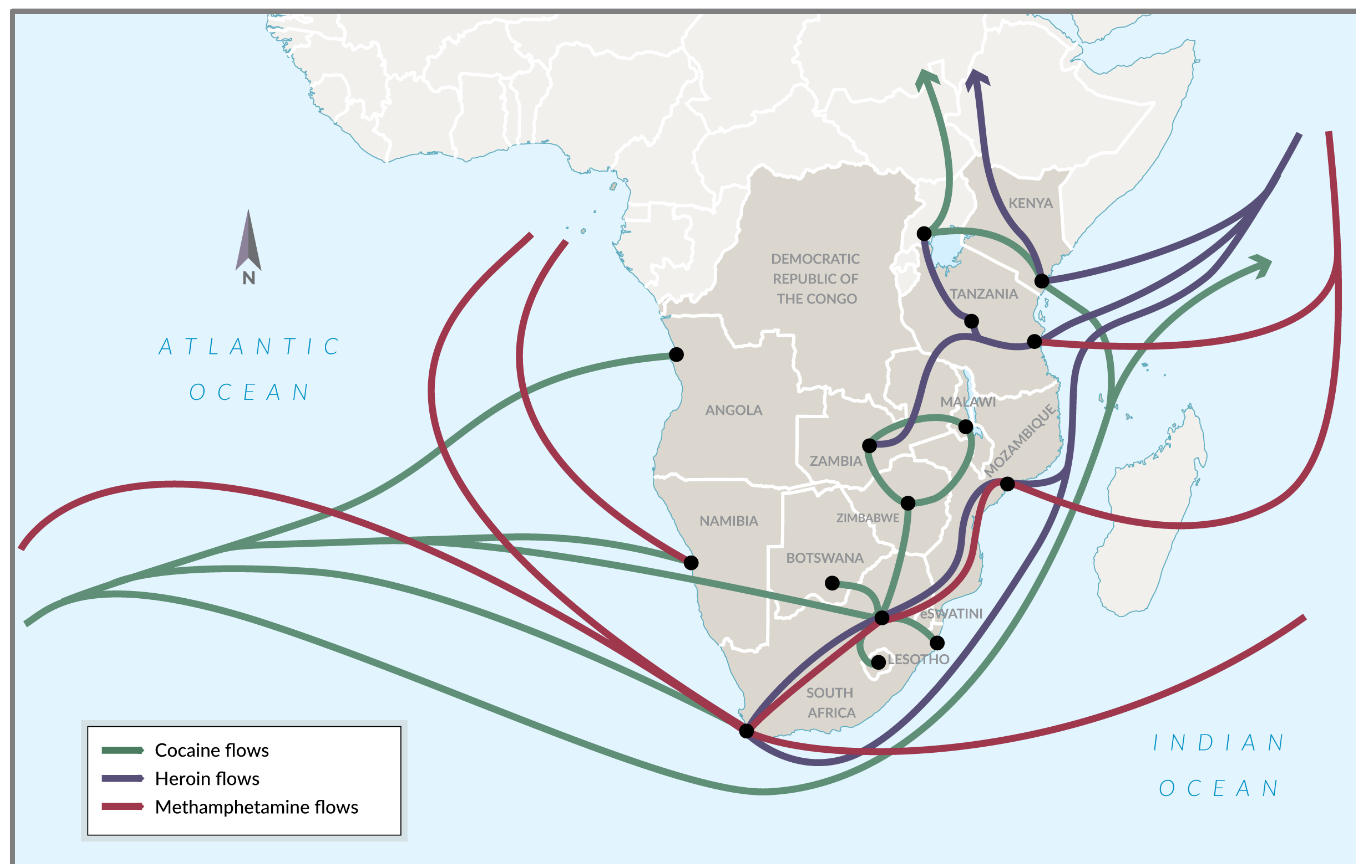


FIGURE 2: Simplified international supply chain flows for methamphetamine, heroin and cocaine to and through the Eastern and Southern Africa region (2020).

Source: Global Initiative Against Transnational Organized Crime (GI-TOC)

There is significant transregional trade in all of these illicit drugs, particularly in flows extending from coastal arrival points to markets inland, networked supply chains connecting the primary and secondary air hubs and seaports of the region to one another, as well as strong inter-island and intercoastal trade between Mauritius, the Seychelles, Madagascar, Comoros, Mayotte and Réunion. While much attention in respect to illicit drug trafficking often is fixed on the role of the east and southern African coastline, one should not discount the volume and breadth of traffic that is occurring within and between the region's Indian Ocean island countries, and how this is influenced by and connected with the region as an evolving illicit market ecosystem.

Analysis of drug flows

Cannabis

The supply chains for cannabis are largely intraregional in nature. Unlike other substances, cannabis that is produced in the region continues, in general, to be consumed within the region. While there is evidence of some additional supply coming from countries of neighbouring regions, Kenya, eSwatini, Malawi, Tanzania and Uganda have been identified as important origin countries for the supply of cannabis in the region.[7] Lesotho and Madagascar are also source countries for the illicit intraregional cannabis trade.

FIGURE 3: A seizure of 47 kilograms of cannabis originating from Madagascar; the seizure occurred in the Seychelles.

Source: Seychelles National Drug Enforcement Agency

FIGURE 4: 1.5 tonnes of cannabis seized by Mozambican police as it was transiting from Malawi to Zimbabwe.

Source: Domingo, Club of Mozambique

Heroin

Heroin in the region originates in Afghanistan. Heroin is produced from the gum of the opium poppy plant. Afghanistan is the largest producer of opium in the world and the largest source for the production of its semi-synthetic derivative, heroin.

The so-called 'southern route', which connects heroin production points in Afghanistan to East African markets began in earnest in the 1990s when heroin began to be transported in bulk across the Indian Ocean on *dhows*. These traditional transport vessels would dock in international waters and offload their cargo onto smaller craft, such as local fishing boats, which would then ferry the heroin to beaches and other informal harbour sites dotted along the region's unmonitored shorelines. As these criminal networks accrued wealth from the heroin trade, they bought access to major ports through bribery and protection from many officials within the criminal justice systems across the region. This opened up heroin smuggling routes using container shipping and airports. In short, one of the most important evolutions

in the regional heroin market over time has been geographic, an evolution that implies political and social shifts. Trafficking has developed from what was primarily marine-based transport to the use of a variety of transit modes and a proliferation of interior routes. Control of the heroin trade has since shifted from coastal ports to the greater logistical and economic benefits afforded by globally connected capital cities, and regional heroin distribution networks have now developed in towns and cities across the entire region.[8]

Cocaine

Increasing volumes of cocaine from South American source points are reaching Kenya, Mozambique, Namibia and South Africa. Shipments arrive either aboard container ships and other transoceanic vessels, or in smaller volumes by air via West Africa. Most of the cocaine that reaches the region is intended for onward trans-shipment to markets in Europe and Asia, but an increasing amount of it remains in the region to supply growing domestic consumer markets.

Regional flows of cocaine move overland along major cargo transport routes and border points, as well as through airports in Angola, the DRC, Kenya, Malawi, Mozambique, South Africa, Uganda and Zimbabwe. International departure points by air to European, Middle East and Asian markets for cocaine include multi-segment passenger and cargo flights originating in Uganda, Malawi, South Africa, Zambia and, further north, in Ethiopia. These shipments are facilitated by corrupt officials at all stages of transit.

Country	2016	2017	2018	2019	2020
Angola	0.0	0.0	0.0	0.0	12.0
eSwatini	0.0	60.0	0.0	0.0	0.0
Kenya	182.4	9.5	20.0	5.5	0.0
Madagascar	0.0	142.5	0.0	0.0	0.0
Malawi	2.0	11.0	2.0	0.0	0.0
Mauritius	0.0	0.0	0.0	95.0	0.0
Mozambique	0.0	0.0	0.0	0.0	28.0
Namibia	1.0	3.3	412.0	0.0	0.0
Seychelles	0.0	0.0	0.2	0.8	0.0
South Africa	156.1	1 500.8	2.2	812.7	138.5
Tanzania	2.4	0.0	6.1	0.0	0.0
Uganda	3.7	3.5	3.8	2.9	2.9
Zambia	26.0	8.8	2.1	6.0	0.0
Zimbabwe	3.0	20.0	13.8	6.0	0.0
	376.6	**1 759.4**	**462.2**	**928.9**	**181.4**

TABLE 1: Estimated annual seizure volumes of cocaine in transit (in kilograms), 2016–2020.

Note: Only countries with at least one reported seizure in this time period are listed.

Source: Data acquired from open-source material, including press articles and enforcement agency information releases.

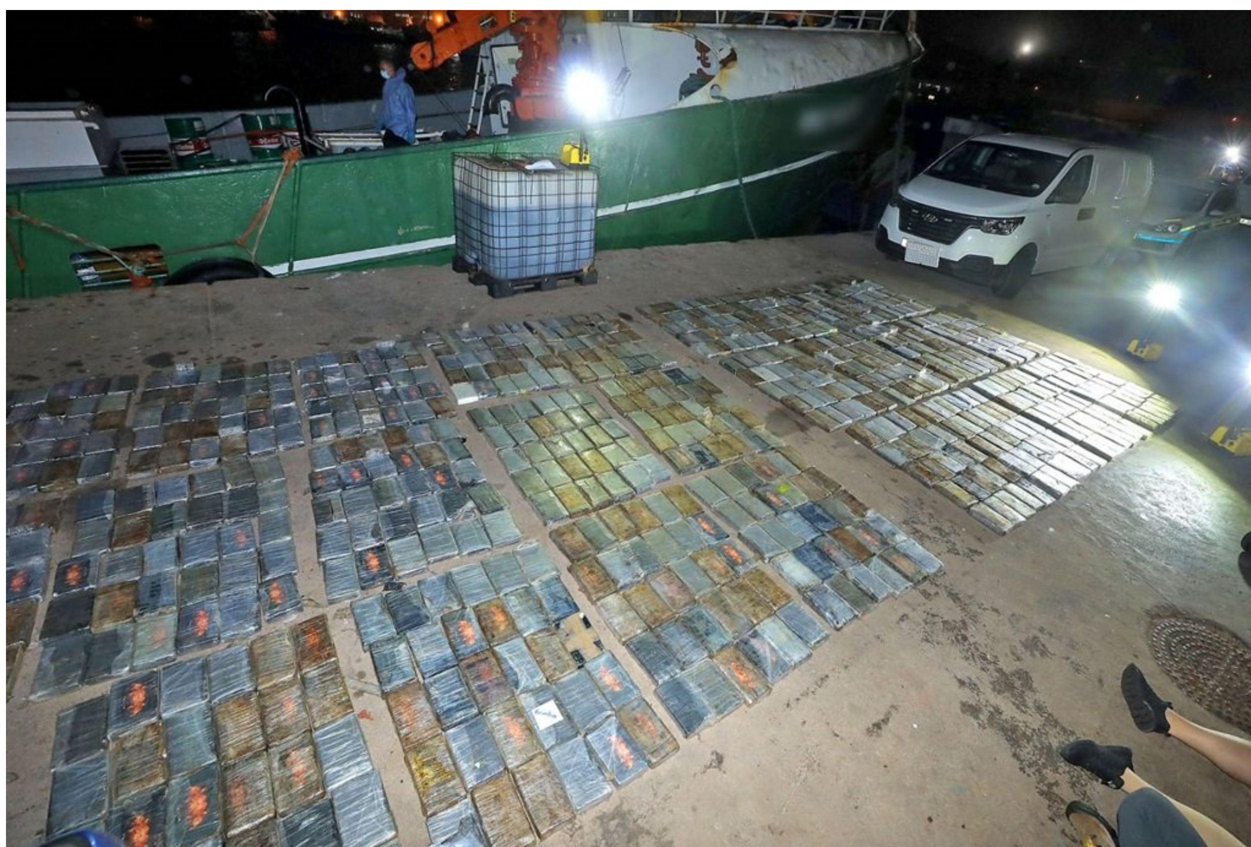


FIGURE 5: A one-tonne seizure of cocaine from a fishing vessel arriving in South Africa, March 2021. The vessel allegedly received the cocaine from a 'mother ship' before ferrying the cargo to shore in preparation for onward transit to regional and European markets.

Source: South African Police Service (SAPS)

FIGURE 6: A 100-kilogram shipment of cocaine from a container from Brazil is seized in Mombasa, Kenya, July 2016.

Source: AFP

Methamphetamine

The supply of methamphetamine (meth) in the region began in South Africa in the early 1990s. This meth market was rooted in the illicit trade of poached marine resources (particularly abalone) in exchange for precursor chemicals.[9] South African gangs traded abalone to Chinese criminal syndicates in return for chemicals, which they used to produce methamphetamine locally. Nigerian organized criminal groups, which had operated in a brokerage capacity between the domestic meth manufacturers and local wholesale buyers, shifted to the distribution of their own supply in the region following the emergence and expansion of industrial meth production labs in and around Nigeria in 2016. Nigerian-based supply chains appear to dominate the flow of meth into the region, but there is competition.

A significant recent development has been the identification of two new and previously unknown meth supply chains, both of which are now supplying domestic marketplaces in Eastern and Southern Africa. The first emerged in Afghanistan. Shipped along the so-called Afghan heroin 'southern route' (see above) to Tanzania and Mozambique, a significant volume of Afghan meth destined to supply the growing base of southern Africa users has been flowing alongside heroin shipments – often in the same vessels – since 2019. The second production point is in Latin America, under Mexican cartel control. Mexican meth is shipped to South Africa via Brazil, alongside cocaine shipments on the same route. That southern Africa now is a significant node in the global meth supply chain involving the cartels of Mexico in the west and the Taliban provinces of Afghanistan to the east, has, in many ways, been inevitable.

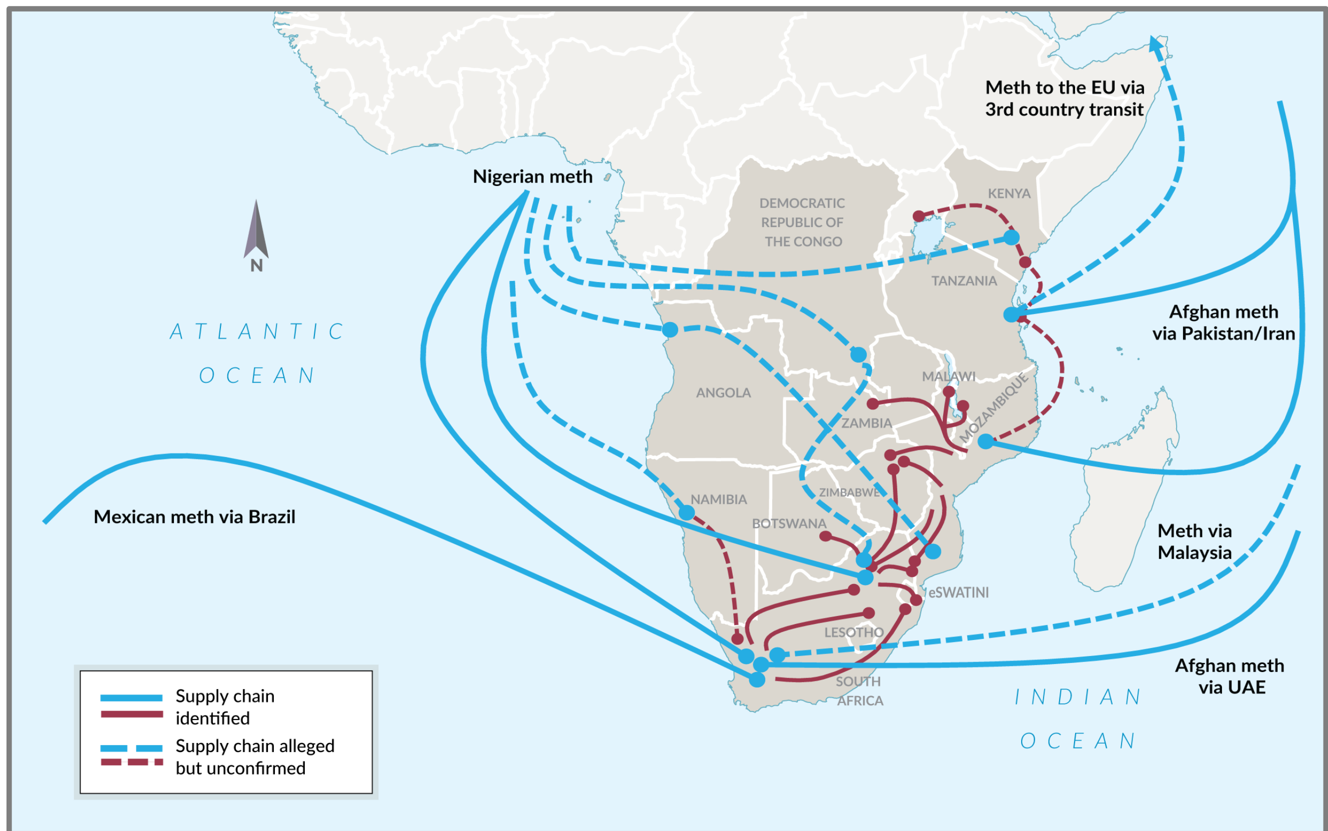


FIGURE 7: Simplified supply chain flows for methamphetamine through Eastern and Southern Africa, 2020.
Source: GI-TOC

FIGURE 8: Packages of Afghan methamphetamine concealed in bags of coffee and seized on a beach near Nacala, Mozambique, after having been ferried ashore from a 'mother ship' by a small flotilla of fishing boats.

Source: Mozambique National Criminal Investigation Service (SERNIC)

FIGURE 9: A kilogram of crystal methamphetamine (known in South Africa as 'tik') produced in Afghanistan is prepared for distribution and sale in South Africa. This meth was transported by dhow from the Makran coast of Pakistan along traditional maritime routes to the Mozambican coast. From there, it was smuggled overland to South Africa.

Other synthetic substances

The growing supply of novel cannabinoid, stimulant and psychoactive chemical compounds from Indian and Chinese production points appears to be a significant new development in the region. Often ordered from online providers and supplied by post, as well through more traditional air and sea supply methods, these substances began arriving in the

region in 2011. Since 2015, they have been identified as a concern in the Indian Ocean island countries of the region in particular, as well as in the larger cities of South Africa.

Domestic chemical production of methcathinone, methaqualone, and 3,4-Methylenedioxymethamphetamine (MDMA, also known as Ecstasy) has been confirmed in Mozambique and South Africa, and is suspected to be present in several other countries in the region too. These production points are the sources for intraregional flows of these synthetic drugs to neighbouring marketplaces. MDMA is supplied in volume also from European production points, and methaqualone from India, in addition to both being produced locally. Other synthetic substances, such as lysergic acid diethylamide (LSD), ketamine and gamma hydroxybutyrate (GHB) are supplied almost exclusively from European, Chinese and South Asian production and distribution points.

There is a vigorous illicit trade in precursor chemicals in the region. These include controlled chemicals, such as ephedrine, pseudoephedrine, safrole and red phosphorous, among others. These originate from chemical production suppliers in India and China. A smaller volume may be diverted to the regional illicit market supply chain also from African and European pharmaceutical and chemical production points. Although some of these scheduled substances have licit chemical uses, such as in the production of medicines or plastics, their diversion from a licit trade flow to an illicit one is a common occurrence, and one that is rarely policed with any degree of efficacy.

The supply of controlled pharmaceuticals, particularly opioids (e.g. Tramadol), is another emerging concern. This is relevant not only for the impact these substances may have locally, but also for the fact that the diversion of such drugs will impact domestic pharmaceutical stocks. Palliative care measures rely heavily on the use of pharmaceutical-grade opioids, and stricter enforcement measures to tackle potential stock leakages to the illicit market may have a correlating negative impact on the ability of medical bodies to acquire, and maintain, sufficient stocks of these medicines.

FIGURE 10: Drums of sassafras oil, a banned food additive that is used more commonly as a precursor for the production of MDMA. The shipment allegedly came from China and was seized by the Namibian customs authority at Walvis Bay in 2019.

Source: Namibian Police Force

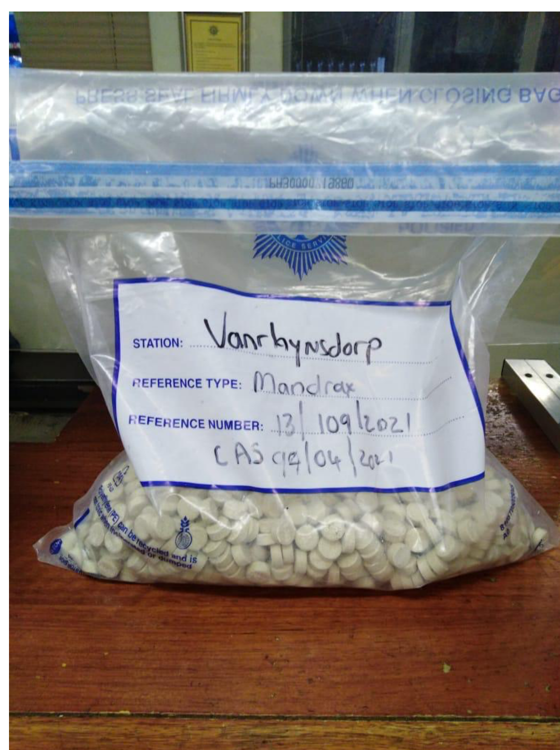


FIGURE 11: A bag of nearly a thousand methaqualone (Mandrax) tablets seized by the South African police, April 2021.

Source: SAPS

ILLICIT DRUG PRODUCTION

DRUG PRODUCTION IN THE REGION: KEY POINTS

- Cannabis cultivation is widespread, and locally produced cannabis is consumed largely within the region.
- While clandestine drug labs for other substances do exist in the region, their production appears to be limited to the supply of regionally specific substances (e.g. methaqualone and methcathinone), rather than competing with international production points for market share of more popular substances (e.g. methamphetamine).
- International production points in Afghanistan, Mexico and Nigeria supply nearly all of the heroin, cocaine and methamphetamine consumed in the region.

Cannabis

Cannabis has been cultivated in the region for several hundred years. Although it is produced in some capacity in every country in the region, the United Nations identifies DRC, eSwatini, Lesotho, Malawi, South Africa and Zambia as countries with a 'probable sizeable' domestic cannabis cultivation and/or production.[10] Madagascar, Tanzania and Uganda also have widespread cultivation of cannabis. Much of the cannabis is grown for local and regional consumption, though there is growing evidence that some is exported to markets in the European Union.

Although governments take a prohibition stance in regard to cannabis cultivation and production, it remains a challenge to many to undertake any effective interdiction. The ubiquity and ease of cultivation across vast stretches of outdoor, often inaccessible, rural environments, the scale of production and the ease with which it is moved to markets all constrain enforcement efforts to disrupt production and supply chains. Eradication campaigns often result in the destruction of only small areas under plantation, and these are often later replanted. The role that the – as yet limited but growing – legalization of cannabis cultivation for medical purposes will have on illicit production dynamics in the region remains an area for additional inquiry.

Country	2015	2016	2017	2018
eSwatini				3 000 000
Kenya		8 747	4 662	517
Madagascar	21 325		57 708	

TABLE 2: Annual cannabis eradication (number of plants), as reported to the United Nations by countries of the region.

Note: Only countries that reported at least one cannabis plant eradicated are included.

Source: UNODC, World Drug Report 2020, Booklet 3: Drug supply, 82–90

The most challenging element affecting the further growth of illicit cannabis cultivation and production in the region is not the risk posed by law-enforcement interdiction, or other government control measures: it is far more fundamental. Lack of access to water for crop irrigation, in sufficient quantities and from reliable supplies, is the greatest limiting factor to current illicit cannabis cultivation and yield, and to its future growth potential.

Heroin

Heroin is synthesized in production points located in Afghanistan and Pakistan, and, to a lesser degree, Iran. There is no opium poppy cultivation or heroin production in the region. Heroin that is marketed in the region originates in Afghanistan.

Cocaine

While there have been instances in the past of attempts to cultivate coca in some highland areas of the continent, currently there is no known coca cultivation or cocaine production in the region. The cocaine that is found in the region originates from cultivation and production points in the Andean countries of South America.

Methamphetamine

Often the presence and use of meth in the region has been described as a localized issue (usually in relation to use of this drug in the Western Cape province of South Africa) or a minor reporting concern in relation to the potential or actual diversion of related controlled precursor chemicals. However, we know now that such perceptions are outdated and, to a point, serve only to compound the incomprehension around what has become a vibrant, regional drug industry with continental and global ramifications.

Crystal meth is manufactured in the region in rapidly increasing volumes for both domestic consumption and sale into international supply chains. Industrial-scale production has been alleged or confirmed in Kenya, Mozambique, South Africa and Zimbabwe. Recently, Nigerian-based industrial production flows have taken a predominant role in the supply of meth markets in the region. Nigerian meth, produced in large volumes and with high levels of purity, has been available in the region since 2016. Meth produced in Afghanistan and Mexico is also a significant and growing contributor to the meth markets of the region.

Other synthetic substances

Several other synthetic drugs are produced in clandestine labs across the region. Domestic synthesis of methamphetamine, methcathinone, MDMA and methaqualone has been verified in Kenya, Mozambique and South Africa; local production is suspected in many other countries. There is no known regional production of other synthetic substances.

FIGURE 12: A home-based clandestine synthetic drug micro-lab discovered by law enforcement in South Africa, March 2021.
Source: SAPS

ILLICIT DRUG USE

DRUG USE IN THE REGION: KEY POINTS

- Cannabis is the most common drug of use across the region; however, there is significant heroin and cocaine use, and a growing volume of synthetic drug use, particularly of methamphetamine.
- Injecting drug use is a common feature across drug markets, and its link to the transmission of HIV and hepatitis C virus (HCV) is significant.
- Evidence-based public health programmes to respond to the needs and harms associated with drug using communities are largely absent. Those programmes that do exist are few and challenging for people who use drugs to access.

Cannabis

Cannabis is the most commonly used illicit substance in the region (and across the continent). It is available and used in every country of the region, most commonly in its herbal (dried leaf) form, but is also consumed as a resin (commonly called 'hashish'). Cannabis is smoked in both its leaf and resin form, or ingested as an edible product on its own or combined with another type of foodstuff.

Country	Estimated number of people who use cannabis (millions)
DRC	5.0
Tanzania	3.6
Kenya	3.3
Uganda	2.6
Madagascar	2.1
Mozambique	1.9
Angola	1.8
South Africa	1.8
Zambia	1.4
Malawi	1.2
Zimbabwe	1.1
Comoros	0.2
Lesotho	0.2
eSwatini	0.1

TABLE 3: Regional countries with the highest estimated population of people who use cannabis (2018).

Source: New Frontier Data, The Africa Regional Hemp and Cannabis Report, June 2019

Heroin

In the early days of heroin use in the region, consumption was predominantly through inhalation. This was because the form of Afghan heroin commonly available was consumed most easily in this manner. Later, around the year 2000, there was a significant change in the type and consumption method of heroin in the region.[11] The Afghan supply chain had contracted suddenly and its heroin supplies had vanished from the streets temporarily. It was replaced by a new, white heroin allegedly from South East Asia.[12] Not easily consumed through inhalation, this new form of heroin was believed to be more effectively used by injecting it (injection drug use – IDU). Thus, a means of consumption that had hitherto been largely peripheral in the regional heroin market became – in a matter of months – the dominant means of use.

From that time forward, the proliferation of heroin injection continued. IDU was being taken up as a means of use by a growing number of coastal heroin users. It proved more efficient than smoking in delivering the desired high – particularly for users with a high tolerance or dependency level.[13] The adoption of IDU continued along the growing transregional heroin flows that began to infiltrate deeper into communities of the regional interior.

Today heroin is available in both powder and 'stone' form. Both are heavily adulterated products. Where prevalence statistics are available, IDU is estimated to be the mode of consumption for anywhere from 10% to 50% of heroin users in heroin using communities. Inhalation remains a common form of consumption, and it is smoked also in mixtures with cannabis (e.g. '*nyaope*'); and, in some cases, it is snorted in the same manner as cocaine powder.

Substance	Number of users (mean)	Number of users (range)	Annual volume consumed (mean), metric tonnes	Annual volume consumed (range), metric tonnes
Heroin	1 001 198	734 700–1 133 456	701	567–817
Cocaine	423 648	311 500–562 798	35	28–44
Methamphetamine	295 239	228 290–373 778	61	47–76

TABLE 4: Estimated number of people who use heroin, cocaine and methamphetamine, and annual volumes consumed in six countries of Eastern and Southern Africa (2020).

Note: The six countries are eSwatini, Kenya, Lesotho, Malawi, South Africa and Tanzania. Substance volumes are not adjusted for purity.

Source: GI-TOC, Insights into the market valuation of heroin, cocaine and methamphetamine in six countries in southern and eastern Africa (forthcoming, 2021)

Cocaine

Cocaine is available in every country of the region. It is found in both powder and 'crack' forms. Cocaine powder is snorted, and sometimes ingested or inhaled. Crack cocaine, a mixture of powder cocaine and baking soda that forms small pieces ('rocks') when it dries and hardens, is smoked or inhaled. In the region, powder cocaine is five to seven times more expensive than crack cocaine, and generally favoured by consumers who have more disposable income. Crack cocaine is estimated to be the most common form of cocaine consumed in the region, due to its lower price point and the greater diversity of distribution outlets. There are reports in several countries of cocaine being injected as well.

FIGURE 13: Images of a clandestine crack cocaine operation uncovered in a house in South Africa.

Source: SAPS

Methamphetamine

Meth is available in most countries in Eastern and Southern Africa. It is becoming the dominant substance used in a growing number of communities where it has displaced crack cocaine as the illicit stimulant of choice. Found only in crystalline form to date, it is most commonly smoked. However, a growing number of meth users in the region are reporting now that they inject it.[14] Recent estimates suggest that the consumer base for meth in South Africa, the country with the largest meth consumption in the region, appears to be significantly greater than initially imagined, making it potentially one of the largest meth consumer markets in the world.[15] Meth also has market footholds in eSwatini, Lesotho, Botswana, Mozambique, Malawi, Zambia, Zimbabwe, Uganda and Kenya. It is inevitable that meth will penetrate every other drug market of the region, and its availability, accessibility and use will increase.

Other synthetic substances

While methamphetamine is the most commonly used synthetic drug in the region, it is not the only one. Methaqualone (Mandrax), a sedative that pre-dates the use of meth in the region and originates in South Africa, is available for use in several regional countries. Sold in tablet form, methaqualone is crushed and mixed with cannabis and the mixture is smoked. Methcathinone, another stimulant manufactured in the region, is consumed in several countries as well. Often with a cheaper retail price than methamphetamine, methcathinone is sold in some local drug markets as a meth substitute. Also called 'cat', it is snorted, smoked and sometimes injected. MDMA is a psychoactive substance that is consumed in both tablet and powder form. Its use is particularly associated with nightlife entertainment venues, including bars, nightclubs and other similar establishments.

Other synthetic substances that are used in the region, though with less frequency, volume and geographic breadth, are:

- Lysergic acid diethylamide (LSD), a hallucinogen also known as 'acid', which is available most commonly as a liquid.

- Ketamine, a sedative that is used in veterinary medicine, can be found in liquid and powder form, and is most commonly snorted or ingested.
- Gamma hydroxybutyrate (GHB), also known colloquially as the 'date rape' drug, a psychoactive substance that is most commonly available in liquid form and its primary mode of consumption is through ingestion.

FIGURE 14: Methcathinone ('cat') packaged for sale.

The consumption of other new psychoactive substances, such as the evolving array of synthetic cannabinoids and stimulants, has seen increasing frequency over the past four years. This has been a development of particular concern for several western Indian Ocean states. Mauritius, for example, continues to struggle with a significant increase in the domestic use of synthetic cannabinoids.[16] A shared feature of these substances is that they are synthesized specifically to mimic the effects of known illicit substances, but are designed carefully to be chemically different from these substances. In this regard, they often fall outside of the 'normal' regulatory system for illicit substances and, for this reason, occupy an ambiguous existence between the legal and illegal domains. It is likely that their availability and use in drug markets of the region will increase, particularly as a more easily concealed substitute for herbal cannabis.

Year	Seizure volume (kg)
2013	0.2
2014	0.3
2015	0.9
2015	1.0
2017	6.8
2018	12.8
2019	9.2

TABLE 5: Seizure volumes of synthetic cannabinoids, Mauritius, 2013–2019.
Source: Statistics Mauritius, Digest of Crime, Justice and Security Statistics, 2018 and 2019

Country	Number of people who inject drugs (PWID)	HIV prevalence among PWID (%)	HCV prevalence among PWID (%)	HBV prevalence among PWID (%)	Number of needle syringe distribution sites	Number of opioid-assisted drug treatment sites
DRC	160 000	13			0	0
Kenya	30 500	18	16	5	19	7
Lesotho	2 600				0	0
Madagascar	15 500	5	6	5	0	0
Mauritius	11 667	46	97	6	46	42
Mozambique	29 000	46	67		1	0
Rwanda	2 000				0	0
Seychelles	2 560	13	76	1	0	1
South Africa	76 000	14	55	5	5	<11
Tanzania	33 000	15	54	2	1	7
Uganda	3 892	17–20			0	0

TABLE 6: A comparison of bloodborne virus metrics and the availability of public health measures for several countries of Eastern and Southern Africa.

Note: Data was unavailable for countries not appearing in the table; numbers given are estimates.

Source: Harm Reduction International, Global State of Harm Reduction 2020, 162

CONCLUSION: FEATURES OF THE REGIONAL ILLICIT DRUG MARKETS

In summary, five general features are evident in the supply and use structures and characteristics of the region's illicit drug markets.

Drug markets are diverse, expanding and internationally networked

Illicit drug markets are no longer confined to the coastal periphery, or to the region's growing urban centres. Nor is the market one that is dominated by cannabis smokers and a few 'hard' substance users. Heroin, cocaine and synthetic drugs are widely available across the region. Drug use occurs in all secondary and tertiary towns and settlements. International drug supply chains connect foreign industrial production points to the domestic markets of the region, no longer simply passing through to points further downstream, but instead now arriving to supply domestic markets and their growing number of consumers. With a diversity of substances and modes of use, the region's many domestic drug marketplaces should be viewed now as socially embedded, structurally resilient and geographically expansive.

Public health implications of the current approach to drugs are grim

The region is vastly underprepared and under-resourced to address the health, security and welfare requirements of its domestic populations living in these environments of emerging and maturing illicit drug marketplaces. With the continent already home to 69% of the world's population living with HIV, the rise in African consumption of opiates and an increase in IDU has led to a correlated increase in HIV and HCV transmission among communities of people who inject drugs.[17] HIV seroprevalence rates among users in these areas are as high as 87%.[18] Morbidity and mortality among young people who use drugs (PWUD) increased markedly as their adherence rates for antiretroviral medication (for treatment of HIV) decreased, stigma and discrimination by health officials and law enforcement against PWUD increased,[19] and fatal and non-fatal overdose rates grew.[20]

Access to prescription medicines – opioids, in particular – has failed to improve across the region due to misdirected drug control enforcement initiatives targeting heroin and other drugs; subsequent health institutional reluctance to employ the substances involved; and counterfeiting and diversion by criminal groups of pharmaceutical commodities from licit streams into illicit markets.[21] As a result, national pharmaceutical stocks have been limited, and palliative care options diminished.[22]

Marginalization, poverty, vulnerability and inequitable development policies and programmes are contributing to the growth in illicit drug markets and their related harms

Urbanization in Eastern and Southern African countries is expected to increase by 74.3% and 43.6%, respectively, by 2050.[23] Five of the top 20 fastest-growing cities in the world are found in the region. Even before the negative developmental impacts brought about by the COVID-19 pandemic, the region was suffering from a period of extremely inadequate investment in housing, transport infrastructure and other social services. This underinvestment has compromised potential socio-economic and infrastructural development gains, and exacerbated existing environments of poverty, sanitation, unemployment, and insecurity in many cities and towns across the region. The situation has been aggravated by the corresponding absence of a widespread industrialization process, a feature that happened hand in hand with urbanization in other parts of the world. Historically, industrial work has served to provide mass employment for uneducated or low-skilled community populations, as well as providing vital tax revenue, which governments can reinvest in infrastructural development programming.[24] These developmental challenges have influenced drug market evolution in the region.

For example, the growth in synthetic drug use, such as meth, can be seen as a consequence of the region's urban development inadequacies. Its regional proliferation flows from policies and environments of inequitable, unsustainable development and it is quickly filling the deteriorating spaces of the growing number of marginalized and victimized communities facing ever-limited opportunities for licit socio-economic prosperity. This situation has been exacerbated by the COVID-19 pandemic and the restrictive measures undertaken to stop its spread. While these lockdown measures have failed to disrupt the production and distribution flows of local meth (and other illicit drug) markets, they have in turn been contributing to decreased personal mobility and a correlated increased influence on economic precariousness among the poorest segment of societies. Consequently, demand for meth has remained strong in existing regional marketplaces, and is growing in those markets where it had once been absent.

The arrest of small-holding farmers for illicit crop cultivation and the destruction of their meagre livelihood have impoverished innumerable rural households. National prison populations have expanded in some places to overcapacity levels of 400% and more[25] as state security and judicial structures have responded to the political push against the 'drug threat' by arresting and incarcerating vast numbers of poor people for drug-related crimes. Subsequently, generations of young people have become disenfranchised due to criminal convictions earned for low-level drug crimes, such as drug use or possession of small quantities of drugs for personal use. Disproportionately high unemployment and underemployment rates continue to plague people who use (or used) drugs, in particular those who have been marginalized by a criminal conviction for low-level drug offences.

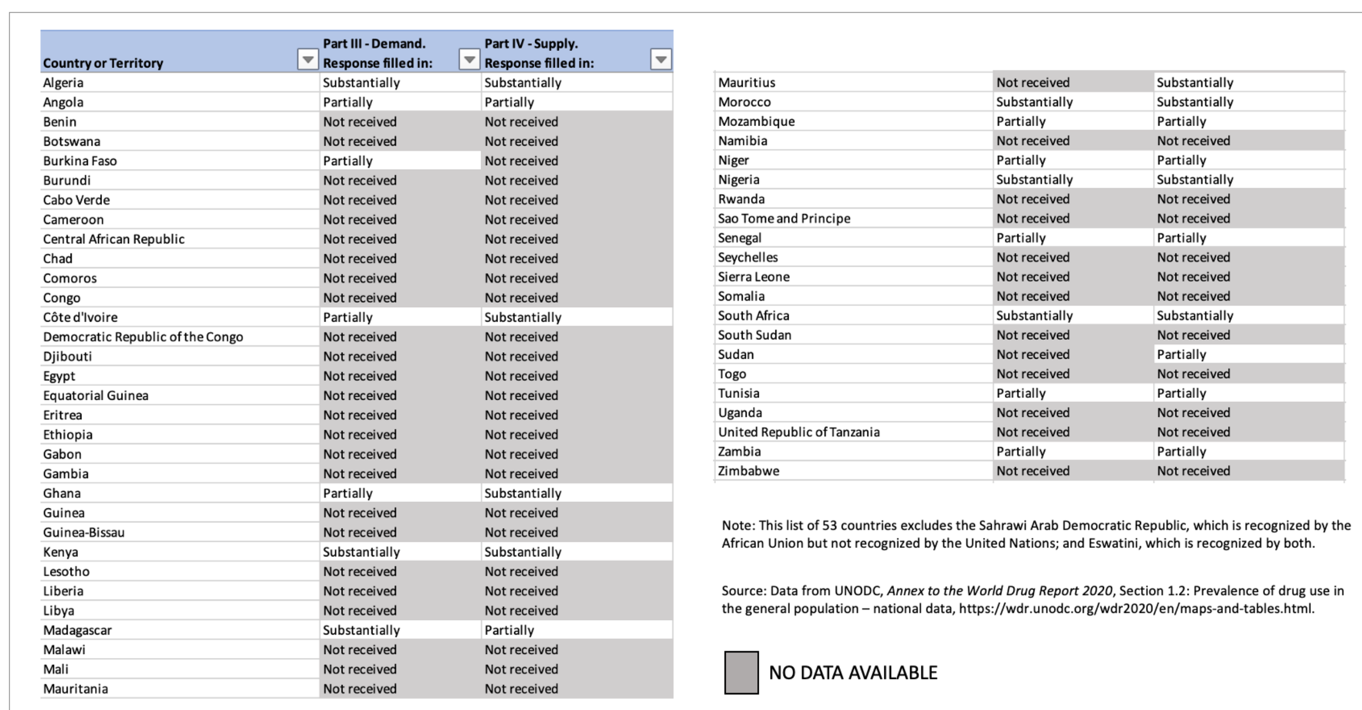
We overestimate what we think we know about regional drug markets

African drug markets are vastly under-researched. This is true in particular for markets of the region. As a result, it is common to find this absence of evidence-based market information replaced instead by political prognostication, misguided analysis and inaccurate proxy metrics. In most countries of the region, it is evident that there is no reliable determination of some of the basic marketplace denominators needed to assess a drug market environment, the harms that it is creating or the relative effectiveness of measures put in place to address these. Fundamental regional drug market metrics that lack evidence-based quantification include the numbers of people who use drugs; which drugs they are consuming, and how; and the frequency of their consumption. In the absence of such basic information, it is not possible either to mount an effective national response to illicit drug markets, or measure the impacts of such a response. Thus, the result is that we tend to underestimate the size and diversity of our domestic markets, their relevance and relationships, and the harms therein, and we tend to overestimate or overdramatize the impact of law enforcement-based interdiction measures on these markets and their flows.

This knowledge gap is never more apparent than when we look at the information made available by regional governments to the United Nations for its latest annual reports questionnaire (ARQ) exercise. The information gathered in this questionnaire is used to inform the UN's annual World Drug Report, the instrument that outlines current knowledge of the world's drug markets. In the region, only Kenya, Madagascar, Mozambique, South Africa and Zambia submitted responses for their most recent (2020) report. The remaining countries appear to have been unable, or unwilling, to respond to the standard ARQ drug queries with information on their own markets.

Admittedly, there are attempts to quantify these fundamental metrics in some regional countries, but many of these are based on imperfect methods that lead inevitably to imperfect results. For example, the use of drug seizure data and drug treatment-seeking data are two common measures employed by some national government agencies to understand the drug markets and upon which to develop drug policy responses. However, if a drug is not seized in a country, it does not mean then that it is not available in that country, nor does the volume of seizures have any definitive correlation to the characteristics of use or supply within a particular marketplace. Similarly, the absence of people seeking treatment for any particular substance does not, on its own, create a realistic picture of the characteristics of local drug demand or drug-use behaviour. It is a hypothetical sort of thinking that attempts to ground conclusive decisions from inconclusive data and results. Of particular note, it has been this type of approach that has hampered the ability of policymaking bodies in the region to see that the lack of independent, science-based drug monitoring

systems across the region makes it impossible for countries to accurately assess how their local drug market environments are evolving and growing.



Country or Territory	Part III - Demand. Response filled in:	Part IV - Supply. Response filled in:
Algeria	Substantially	Substantially
Angola	Partially	Partially
Benin	Not received	Not received
Botswana	Not received	Not received
Burkina Faso	Partially	Not received
Burundi	Not received	Not received
Cabo Verde	Not received	Not received
Cameroon	Not received	Not received
Central African Republic	Not received	Not received
Chad	Not received	Not received
Comoros	Not received	Not received
Congo	Not received	Not received
Côte d'Ivoire	Partially	Substantially
Democratic Republic of the Congo	Not received	Not received
Djibouti	Not received	Not received
Egypt	Not received	Not received
Equatorial Guinea	Not received	Not received
Eritrea	Not received	Not received
Ethiopia	Not received	Not received
Gabon	Not received	Not received
Gambia	Not received	Not received
Ghana	Partially	Substantially
Guinea	Not received	Not received
Guinea-Bissau	Not received	Not received
Kenya	Substantially	Substantially
Lesotho	Not received	Not received
Liberia	Not received	Not received
Libya	Not received	Not received
Madagascar	Substantially	Partially
Malawi	Not received	Not received
Mali	Not received	Not received
Mauritania	Not received	Not received
Mauritius	Not received	Substantially
Morocco	Substantially	Substantially
Mozambique	Partially	Partially
Namibia	Not received	Not received
Niger	Partially	Partially
Nigeria	Substantially	Substantially
Rwanda	Not received	Not received
Sao Tome and Principe	Not received	Not received
Senegal	Partially	Partially
Seychelles	Not received	Not received
Sierra Leone	Not received	Not received
Somalia	Not received	Not received
South Africa	Substantially	Substantially
South Sudan	Not received	Not received
Sudan	Not received	Partially
Togo	Not received	Not received
Tunisia	Partially	Partially
Uganda	Not received	Not received
United Republic of Tanzania	Not received	Not received
Zambia	Partially	Partially
Zimbabwe	Not received	Not received

Note: This list of 53 countries excludes the Sahrawi Arab Democratic Republic, which is recognized by the African Union but not recognized by the United Nations; and Eswatini, which is recognized by both.

Source: Data from UNODC, *Annex to the World Drug Report 2020*, Section 1.2: Prevalence of drug use in the general population – national data, https://wdr.unodc.org/wdr2020/en/maps-and-tables.html.

NO DATA AVAILABLE

FIGURE 15: The response rate for the Annual Reports Questionnaire submission period related to the collection of national data on illicit drug use and supply for inclusion in the UN World Drug Report of 2020.

Note: A statistical touchstone for global illicit drug market data and analysis, the content of the UN's annual World Drug Report is based on data derived from the voluntary submission by member states. The response from African countries each year is poor.

Weak, compromised and corrupt governance structures, institutions and agents broker and sustain regional drug markets

It is generally acknowledged that many law enforcement and other government officers are corrupt, and are enablers of illicit drug markets, rather than disablers of them. The corruption of domestic enforcement institutions may be the single greatest structural enabler of drug markets across the Eastern and Southern African region. Incompetence among some officials in the execution of their duty and responsibility is also a fundamental concern of every enforcement body in the region.[26] There are no serious measures in place to disrupt corrupt practices, and no government appears to have demonstrated a willingness to end the structural components of endemic corruption apart from employing the language of 'anticorruption' for politically expedient purposes such as the 'settling of scores', the muzzling of opposition voices, or the disruption of democratic principles.

In conclusion, the countries of Eastern and Southern Africa are at a crossroads in the global illicit drug economy. The region has a long history of being a geographic transit routing for drug flows moving from upstream producer countries to downstream destination markets.

Yet despite a strong law enforcement policy and programmatic approach to these illicit drug flows, the markets have continued to adapt and grow in the region. Despite seizures and arrests appearing to increase in frequency and volume, illicit drug market retail prices have decreased in value. For example, the inflation-adjusted price for a gram of meth in 2020 is 43% less than it was in 2004.[27] The diversity of substances available in local drug markets has increased, with new synthetic drugs beginning to challenge more traditional substances, such as cannabis. Markets for some drugs have emerged now in places where they were not previously available. Both heroin and cocaine have moved from their

coastal origins to inland countries. Local meth production has been supplanted by international industrial-based production and supply chains. The 'commodity portfolios' of the region's illicit drug distributors are more diverse in their selection of substances being supplied, and secure in their delivery. Multiple substances are moving through the same routings, vessels, ports, breakbulk points, storage facilities and transport vehicles. Secondary and tertiary towns and settlements now have their own vibrant retail drug markets, particularly for substances like heroin and crack cocaine. Poly drug use has become the norm in most regional markets, while injection drug use, with its links to HIV and HCV transmission, has permeated the entire region.

In respect to the political economy of the region, it is increasingly evident that drug trade profits have been used to fund democratic electoral campaigns for political office; propped up dictatorial and hereditary government leaders and their regimes; and corrupted state institutions, to the point that some countries could be viewed as 'captured states'.[28] While supply-based interventions were able occasionally to displace or interrupt an individual illicit drug market flow, despite all of the money and resources committed to the task, they have never been able to contain or eliminate the continued evolution of the markets. This is not unique to the region, however. Despite decades of drug-based interventions and multilateral cooperative programming, continental and global drug markets continue to expand as well.

Current drug policy approaches, founded exclusively on the implementation of strict prohibition measures, are not succeeding in disrupting or reducing the illicit drug markets of Eastern and Southern Africa.[29] 'Tough on drugs' laws and mandatory minimum sentences are not stopping or reducing illicit drug supply or consumption. The domestic drug markets of the region continue to persevere.

We must acknowledge, therefore, that these illicit drug 'shadow economies' are significant components today of regional and national gross domestic product. As such, reform of national drug policy and legislation alone is insufficient to foster effective, sustainable development solutions, or to reduce the pernicious influence of these drug-related marketplaces and the corrosive impact of their trade on national development efforts. Policy solutions must mirror the illicit regional market in its structural complexity, and be designed to contribute to substantially undermining the power and influence of market structures, and displacing their national and regional brokers. They must also be the product of a fundamental effort to undermine these enablers beyond the intuitive yet traditional health, security and social services-oriented approaches to drug policy governance. Long-term multi-dimensional policy approaches integrated into national sustainable development programmes addressing the structural drivers of inequity, vulnerability and human insecurity would mark a positive, fundamental shift in regional drug policy approaches to both trafficking and use in the region.

Notes

[1] Bob G. Hill, Čat (*Catha edulis forsk*), *Journal of Ethiopian Studies*, 3, 2 (1965), 13–23; John G. Kennedy, *The Flower of Paradise*, Springer, 1987.
[2] For example, see Chris S. Duvall, Cannabis and tobacco in precolonial and colonial Africa, in Thomas Spear (ed.), *Oxford Research Encyclopedia of African History*, Oxford University Press, 2017.
[3] For example, Nigerian criminal groups pioneered the technique of 'bodypacking', whereby a drug courier swallowed cocaine- or heroin-filled pellets wrapped in condoms and transported the drugs to the market destination inside their bodies. See Stephen Ellis, *This Present Darkness: A History of Nigerian Organised Crime*, Hurst, 2016. This remains one of the more common methods of concealing drugs today, particularly in conjunction with long-distance air travel. These groups also are credited with pioneering the practice of using 'cut-outs' to undertake this task. Cut-outs are individuals recruited as mules to bodypack or smuggle drugs, but who had no connection to the trafficking network that recruited them. This practice continues, and has contributed to the large number of people from Eastern and Southern Africa who have become imprisoned for drug-related offences around the world, and in East Asia in particular.
[4] Ashley Neese Bybee, The twenty-first century expansion of the transnational drug trade in Africa, *Journal of International Affairs*, 66, 1 (2012), 69–84.
[5] Tuesday Reitano and Marcena Hunter, The crime-development paradox: Organised crime and the SDGs, GI-TOC and ENACT, 2018.
[6] Only between 0% and 2% of inbound shipping containers are scanned at regional ports of call. Where scanning does occur, often it is undertaken by poorly trained operators, or those who are easily compromised.
[7] United Nations, World Drug Report 2020 Booklet 3: Drug supply, UNODC, 2020, p 72.
[8] For more information on the emergence and evolution of heroin markets in the region, see Jason Eligh, A shallow flood: The diffusion of heroin in Eastern and Southern Africa, GI-TOC, May 2020, https://globalinitiative.net/analysis/heroin-east-southern-africa; and Simone Haysom, From the maskani to the mayor: The political economy of heroin in east and southern Africa, ENACT, February 2020, https://enactafrica.org/research/research-papers/from-the-maskani-to-the-mayor-the-political-economy-of-heroin-markets-ineast-and-southern-africa.
[9] For more information on the emergence and growth of methamphetamine markets in the region, see Jason Eligh, A synthetic age: The evolution of methamphetamine markets in Eastern and Southern Africa, GI-TOC, March 2021, https://globalinitiative.net/analysis/meth-africa.
[10] United Nations, World Drug Report 2020 Booklet 3: Drug supply, UNODC, 2020, 68.
[11] Susan Beckerleg, Maggie Telfer and Gillian Hundt, The risk of injecting drug use in eastern Africa: A case study from Kenya, *Harm Reduction Journal*, 2, 12 (2005).
[12] Ibid.
[13] As the price of heroin increased, and as dependency levels increased, the most cost-efficient means of using for poorer populations is through injecting.
[14] Jason Eligh, A synthetic age: The evolution of methamphetamine markets in Eastern and Southern Africa, GI-TOC, March 2021, https://globalinitiative.net/analysis/meth-africa.
[15] Ibid.
[16] Richard Chelin, Breaking bans: The scourge of synthetic drugs in Mauritius, ENACT research paper 15, September 2020, https://enactafrica.org/research/research-papers/breaking-bans-the-scourge-of-synthetic-drugs-in-mauritius.
[17] African Union, Progress report on the implementation of the AU Plan of Action on Drug Control (2013–2017) for the period 2014–2016, Second meeting of the Specialised Technical Committee on Health, Population and Drug Control (STC-HPDC-2), Addis Ababa, 20–24 March 2017.
[18] Harm Reduction International, The global state of harm reduction 2018, https://hri.global/flagship-research/the-global-state-of-harm-reduction/global-state-of-harm-reduction-2018.
[19] Kathryn E. Lancaster et al., Substance use and universal access to HIV testing and treatment in sub-Saharan Africa: Implications and research priorities, *Journal of Virus Eradication*, 4, supplement 2 (2018), 26–32.
[20] Anecdotal accounts of a perceived growing increase in fatal and non-fatal overdose incidents, particularly in relation to periods of police crackdown on users, were acquired from interviews with southern African regional civil-society-organization informants and PWUD in South Africa and Tanzania, May 2018.
[21] Global Commission on Drug Policy, The negative impact of drug control on public health: The global crisis of avoidable pain, 2015, https://www.globalcommissionondrugs.org/reports/the-negative-impact-of-drug-control-on-public-health-the-global-crisis-of-avoidable-pain; J Cleary et al., Formulary availability and regulatory barriers to accessibility of opioids for cancer pain in Africa: a report from the Global Opioid Policy Initiative (GOPI), *Annals of Oncology*, 24, supplement 11 (2013), xi14–xi23; Eric Przysma, Counterfeit medicines and criminal organisations, International Institute of Research Against Counterfeit Medicines, September 2013, https://globalinitiative.net/wp-content/uploads/2017/12/IRACM-Counterfeit-Medicines-and-Criminal-Organizations-Oct-2013.pdf.
[22] J Cleary et al., Formulary availability and regulatory barriers to accessibility of opioids for cancer pain in Africa: a report from the Global Opioid Policy Initiative (GOPI), *Annals of Oncology*, 24, supplement 11 (2013), xi14–xi23.
[23] Joseph Teye, Urbanisation and migration in Africa, Expert group meeting, United Nations, New York, 1–2 November 2018, https://www.un.org/en/development/desa/population/events/pdf/expert/28/EGM_Joseph_Teye_ppt.pdf.
[24] Simone Haysom, From the maskani to the mayor: The political economy of heroin markets in east and southern Africa, ENACT, Issue 13, February 2020, https://www.polity.org.za/article/a-new-african-dream-the-benefits-of-satellite-cities-for-east-africa-2013-05-29.
[25] Unpublished data, UNODC Regional Office for Southern Africa, Pretoria, South Africa.
[26] The assumption should not be made here that this allegation applies to all individuals within a particular enforcement body. There are numerous examples, however. We would point to the report of the Mauritian Constitutional Commission of Inquiry on Drug Trafficking (July 2018), in which a principal finding was the corruption of the Anti-Drug and Smuggling Unit of the Mauritian Police Force. It was

recommended (Recommendation 17B.2, p 196) that the entire organization be disbanded and replaced due to the depth of corruption within its membership. We recognize that while corrupt practices may not extend to all members of a force, in contrast to the Mauritian example, we would argue that the silence of other members of the force about the behaviour of their colleagues does mean that they are enablers of this corruption and therefore must share some responsibility in its perpetuation. It should go without saying that this corruption goes beyond law enforcement bodies to include other state-based bodies, institutions and actors within the region, including customs agencies, port facilities, transport companies, import/export agencies and border guard forces.

[27] Jason Eligh, A synthetic age: The evolution of methamphetamine markets in Eastern and Southern Africa, GI-TOC, March 2021, p 39, https://globalinitiative.net/analysis/meth-africa.

[28] This is a moniker applied in similar fashion to Guinea-Bissau.

[29] There are a number of other research papers that have examined this challenge faced by law enforcement in the use of interdiction to disrupt illicit markets. See Harold A Pollack and Peter Reuter, Does tougher enforcement make drugs more expensive?, *Addiction*, 109, 12 (2014), 1959–1966; Jonathan P Caulkins and Peter Reuter, How drug enforcement affects drug prices, *Crime and Justice*, 39, 1 (2010), 213–271.

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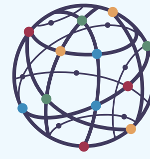

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secretariat@esacd.org