

### III. Analysis of the world situation

#### A. Africa

##### 1. Major developments

292. Drug trafficking in Africa has gained international attention in recent years. This is demonstrated by the fact that the Security Council has repeatedly discussed the issue of the smuggling of cocaine through countries in West Africa, notably Guinea-Bissau, in particular the threats posed by such smuggling to regional stability and the possible impact on international security. In July 2009, the Executive Director of UNODC presented to the Council a report on transnational trafficking and the rule of law in West Africa. In November 2009, the Council welcomed the progress in implementing the West Africa Coast Initiative (involving the Economic Community of West African States (ECOWAS), UNODC, other United Nations entities and INTERPOL) and urged the Government of Guinea-Bissau to take action within the framework of the ECOWAS plan of action against drug trafficking and organized crime. Also in November 2009, the Executive Director addressed the Security Council on the problem of drug trafficking in Guinea-Bissau and elsewhere in West Africa and was subsequently requested to provide the Council with updates, starting in December 2009, on progress made by West African States in dealing with drug-related organized crime.

293. Since 2004, drug trafficking organizations have been increasingly using West Africa as a transit area for smuggling large amounts of cocaine from South America into Europe and, to a lesser extent, North America, taking advantage of the fact that certain problems in West African countries, such as conflict, lack of rule of law, corruption and poverty, have made those countries more vulnerable. Most of the cocaine transiting West Africa is transported across the Atlantic on large ships and then off-loaded to smaller vessels along the West African coast; from there, the cocaine is smuggled northwards by a variety of means, including boats, land vehicles and air couriers. While until 2007, the amount of cocaine seized, either on the high seas en route to West Africa or in the subregion itself, increased markedly every year, there has been a decline in the number of seizures of cocaine in West Africa since 2008. The decline in the number of

cocaine seizures might suggest that the smuggling of that drug through the subregion is decreasing, as a result of action taken by African Governments with the support of the international community. Despite that development, the smuggling of cocaine through West Africa continues to be a serious problem that is contributing to an increase in the abuse of cocaine in the subregion.

294. Africa continues to be vulnerable to the diversion of precursor chemicals, notably ephedrine and pseudoephedrine. While most of the ephedrine and pseudoephedrine smuggled through Africa into Central America and North America, for use in the illicit manufacture of methamphetamine, some illicit methamphetamine manufacture and abuse are also occurring in countries in Africa, in particular in South Africa. In the past few years, a number of large suspicious shipments of ephedrine and pseudoephedrine have been stopped on their way to African countries, including Botswana, the Democratic Republic of the Congo, Ethiopia, Nigeria, Togo, Uganda, the United Republic of Tanzania and Zambia. Since 2008, the smuggling of ephedrine and pseudoephedrine through Africa has markedly decreased, which might be attributable to, inter alia, action taken by some African countries to better control the importation of those precursor chemicals. However, the seizure in Guinea in July 2009 of large amounts of chemicals and equipment suspected of being intended for use in the processing of illicit synthetic drugs such as MDMA ("ecstasy") shows that the region remains at risk of being used by traffickers for the diversion of precursor chemicals and underscores the urgent need for African countries to improve their national mechanisms for precursor control, with the support of the international community.

295. The continued availability of illicitly manufactured or diverted pharmaceutical products containing narcotic drugs and psychotropic substances on unregulated markets presents a serious public health problem in many African countries. Because of weaknesses in national systems for the control of the licit manufacture and distribution of pharmaceutical products, internationally controlled substances can be obtained without prescription or on unregulated

markets in most countries in Africa. The Board urges the Governments concerned to design and implement policies to effectively prevent diversion of internationally controlled substances from domestic distribution channels into unregulated markets, in conformity with Commission on Narcotic Drugs resolution 51/13, entitled "Responding to the threat posed by the distribution of internationally controlled drugs on the unregulated market".

## 2. Regional cooperation

296. Under the African Union's current Plan of Action on Drug Control and Crime Prevention, the African Union Commission has strengthened its cooperation in the areas of drug control and crime prevention with relevant international organizations, such as INTERPOL, the African Institute for the Prevention of Crime and the Treatment of Offenders and UNODC, and with the European Commission within the framework of the Africa-European Union Strategic Partnership.

297. The regional economic communities in Africa are to play a key role in the implementation of the African Union Plan of Action. In that regard, particular progress has been made by the member States of ECOWAS, which adopted a subregional action plan on drug trafficking, organized crime and drug abuse in 2008 and, at the mid-year summit meeting of ECOWAS Heads of State and Government held in Abuja in June 2009, endorsed an operational plan to combat drug trafficking and related organized crime, and a mechanism elaborated by the ECOWAS Commission for monitoring and evaluation, including by reporting progress at the level of the Security Council. The Board notes that the Security Council has called on the international community to continue to support the implementation of the ECOWAS Plan of Action and the Guinea-Bissau operational plan.

298. In April 2009, UNODC, the Department of Peacekeeping Operations and the Department of Political Affairs of the Secretariat, the United Nations Office for West Africa and INTERPOL launched a joint programme to build national and regional law enforcement capacity including in the areas of drug interdiction, forensics, intelligence, border management, money-laundering and criminal justice. One of the key elements of the programme is the establishment of specialized units to counter

transnational crime, initially in Côte d'Ivoire, Guinea-Bissau, Liberia and Sierra Leone. In 2009, West African countries benefited from two regional training activities on identifying and securing physical evidence at the scene of a crime. The activities were conducted in Côte d'Ivoire and Nigeria and sponsored by the INTERPOL Providing of Operational Assistance, Services and Infrastructure Support to African Police Forces (OASIS Africa) programme.

299. In order to strengthen transatlantic cooperation between Latin American and West African drug law enforcement agencies, ECOWAS member States were invited to attend the Nineteenth Meeting of Heads of National Drug Law Enforcement Agencies, Latin America and the Caribbean, held on Isla Margarita, Bolivarian Republic of Venezuela, in September 2009. Drug law enforcement agencies of Latin American and West African countries subsequently signed a memorandum of understanding to promote the joint investigation of specific cases at a meeting organized by UNODC in Bogota in November 2009.

300. The Board notes the activities undertaken by UNODC to assist the countries of West Africa in their efforts to combat drug trafficking. For instance, UNODC launched in 2007 a project on cooperation in the areas of law enforcement and intelligence to combat the smuggling of cocaine from Latin America into West Africa, with the aim of establishing interregional law enforcement and exchange of intelligence in the area of drug interdiction. In addition, transatlantic cooperation is to be promoted under the ongoing UNODC-World Customs Organization Container Control Programme and the Airport Communication Project recently developed by UNODC. Within the framework of South-South cooperation, Brazil, through UNODC, has been assisting Guinea-Bissau in the implementation of a drug control programme in Guinea-Bissau by providing specialized training to the Judicial Police of that country and by assisting in the establishment of a national police academy.

301. The Nineteenth Meeting of Heads of National Drug Law Enforcement Agencies, Africa, was held in Windhoek in October 2009. The participants examined the current situation with respect to regional and subregional cooperation in countering drug trafficking and formulated strategies to improve cooperation and mutual support in drug interdiction efforts.

302. In July 2009, INTERPOL convened its twentieth African Regional Conference in Cairo. Some 160 law enforcement officials from 40 countries and 8 international organizations took part in the Conference, which addressed, inter alia, drug trafficking, maritime piracy and counterfeit medicines. INTERPOL cooperates with African law enforcement authorities in combating drug trafficking, notably through its projects White Flow, COCAF and Proteus, and provides assistance in the investigation of major drug seizures, such as the cocaine seizures effected in 2009 in Angola (57 kg), Ghana (71 kg) and South Africa (270 kg).

303. A regional workshop for drug law enforcement officers was held in Tripoli in December 2008 as follow-up to the Tripoli Action Plan on Countering Drug Trafficking and Money-Laundering using the Mail, which had been adopted in November 2007. The workshop participants adopted the Tripoli Recommendations, a set of recommendations to further strengthen communication and cooperation with regard to drug-related matters between drug law enforcement agencies operating in the region. The Tripoli Recommendations have been communicated to the Council of Arab Ministers of the Interior for further follow-up.

304. In February 2009, a regional expert meeting, convened jointly by the Government of Kenya and UNODC in Nairobi, elaborated a programme for East Africa for the period 2010-2012, the aim of which is to promote the rule of law, health and human security in that subregion.

305. The Board notes that steps have been taken by Governments of African countries and relevant international organizations, such as INTERPOL and WHO, to strengthen cooperation in combating the problem of counterfeit goods, notably counterfeit medical and health products, in the region. In November 2008, some 150 representatives of police, customs and drug regulatory authorities of 26 East and Southern African countries took part in training workshops on intellectual property crime; the workshops were co-hosted by INTERPOL and the Kenyan police in Nairobi. In December 2008, the third annual meeting of the WHO International Medical Products Anti-Counterfeiting Taskforce (IMPACT) was held in Hammamet, Tunisia. The objective of the meeting, which was supported by INTERPOL and

which brought together 100 representatives from 40 countries, was to raise awareness of the dangers of counterfeit medical products and to counter their manufacture and distribution.

306. In May 2009, the Governments of the Niger and Nigeria signed a protocol of cooperation in combating drug trafficking, money-laundering and related fraudulent practices.

307. African Governments continue to take efforts to counter money-laundering in cooperation with the relevant subregional groups, notably the Eastern and Southern Africa Anti-Money Laundering Group (ESAAMLG) and the Intergovernmental Action Group against Money Laundering in West Africa (GIABA). In Namibia, to counter money-laundering legislation (the Financial Intelligence Act) entered into force in May 2009, while Senegal recently adopted legislation aimed at combating the financing of terrorism, supplementing its existing legislation against money-laundering. Malawi and Senegal were admitted as members of the Egmont Group of Financial Intelligence Units in May 2009. The Board encourages the countries of Central Africa to take appropriate measures to make the Action Group against Money Laundering in Central Africa (GABAC) fully operational. The Board also encourages the Governments of Angola, Burundi, Comoros, the Democratic Republic of the Congo, Madagascar and Rwanda to join ESAAMLG as soon as possible.

### **3. National legislation, policy and action**

308. A number of African countries have taken steps to strengthen their national drug control legislation and to improve their mechanisms for administrative monitoring and control in implementation of the international drug control treaties.

309. The Government of Ethiopia has adopted a national drug control master plan and is now in the process of establishing an inter-ministerial body to facilitate implementation of that plan.

310. The Government of Kenya has introduced a drug control component in its system for the performance appraisal of civil servants, who are now required to carry out a drug control activity as one of their duties. This measure is expected to contribute significantly to advocacy, training and drug abuse prevention in

several sectors, including in schools and the workplace.

311. A number of African countries have established or are in the process of establishing integrated national programmes to combat drug trafficking, drug abuse and associated transnational organized crime. The programmes, which have been developed by UNODC in partnership with national authorities, tackle a variety of issues such as capacity-building in law enforcement, drug supply and demand reduction, treatment for drug abusers, criminal justice, regional cooperation and activities to counter money-laundering, and are currently being implemented in Cape Verde, Guinea-Bissau and Mali. Integrated programmes have been developed for Mauritania, the Niger and Togo, while those for Benin, Burkina Faso and Ghana will be prepared later in 2009.

312. The National Drug Law Enforcement Agency of Nigeria achieved a significant increase in drug seizures in 2007 and 2008. The total quantity of cannabis seized in 2008 exceeded 335 tons, an increase of 62 per cent compared with 2007, when a total of 210 tons was seized. Also in 2008, a total of 530 kg of psychotropic substances and 365 kg of cocaine were seized. Most of the cocaine was seized at the main international airports in the country.

313. In 2009, the law enforcement authorities of Lesotho and Nigeria conducted successful operations to combat the problem of counterfeit medical products. In a police operation in Lesotho conducted with the support of INTERPOL in June 2009, large amounts of counterfeit and illicit medical products were seized, including products subject to medical prescription that had been illegally repackaged for sale on the streets. In Nigeria, similar activities were conducted by the National Agency for Food and Drug Administration and Control in May 2009. The Agency continues to enforce a zero-tolerance policy with regard to counterfeit drugs and foods marketed under counterfeit brand names, in view of the serious danger posed to public health by such counterfeit products.

314. In South Africa, the Prevention of and Treatment for Substance Abuse Act, 2008, was adopted in April 2008. The Act regulates the establishment, registration and management of treatment centres and inpatient, outpatient and community-based services for drug abusers and defines the mandate of the Central Drug Authority, whose responsibility is to monitor and

oversee the implementation of the national drug control master plan. Moreover, in view of the large-scale diversion of ephedrine and pseudoephedrine for use in the illicit manufacture of methamphetamine in South Africa, those substances have now been placed under stricter control in that country. Specifically, the Government of South Africa has amended the national drug control legislation, placing the substances under the same national controls as psychotropic substances, which are subject to import and export authorization and medical prescription (see paragraph 324 below).

#### **4. Cultivation, production, manufacture and trafficking**

##### *Narcotic drugs*

315. Cannabis production, trafficking and abuse have been reported in practically all countries in Africa. Cannabis herb continues to be the illicit drug most frequently abused in most countries in the region. The production of cannabis resin is concentrated in countries in North Africa, mainly Morocco. Seizure data indicate that most of the cannabis resin produced in that country is smuggled into Europe. The drug is also smuggled into or through North African and sub-Saharan countries. In 2008, as in previous years, Morocco seized more cannabis resin than any other African country, reporting 114 tons as the total quantity seized. The Government of Morocco estimates that the area under illicit cannabis cultivation in that country has been significantly reduced, from 134,000 ha in 2003 to 60,000 ha in 2008, which represents a decrease of 55 per cent. The Government also estimates that the total amount of illicitly produced cannabis resin fell from 3,070 tons in 2003 to 877 tons in 2008, a decrease of 71 per cent. Eradication measures in Morocco have been supplemented by alternative livelihood programmes in rural areas in the country's northern provinces and local awareness-raising campaigns. The Board encourages the Government of Morocco to continue its efforts against illicit cannabis cultivation.

316. Cannabis herb is illicitly produced in all subregions of Africa. In North Africa, it is produced on a large scale in Egypt and Morocco. In West and Central Africa, cannabis plants are cultivated for commercial purposes in Cameroon, Ghana, Nigeria, Senegal and Togo. Cannabis plants are also cultivated in most countries of East Africa, especially in Comoros, Ethiopia, Kenya, Madagascar, Uganda and

the United Republic of Tanzania, while in Southern Africa, cannabis plants are cultivated on a significant scale in the Democratic Republic of the Congo, Lesotho, Malawi, South Africa and Swaziland. While cannabis herb is usually trafficked within Africa for local consumption a proportion is smuggled into other regions, mostly Europe.

317. Large consignments of cannabis herb are seized in Africa, which in 2007 accounted for 11 per cent of global seizures of that illicit drug. The amount of cannabis herb seized in Morocco has increased significantly in recent years, from 116 tons in 2005 to 222 tons in 2008. Large consignments of the drug have been seized in several countries in East Africa. The number of drug seizures and related arrests at the international airports of Nairobi and Addis Ababa continued to rise in 2008. The United Republic of Tanzania continues to report the largest seizures of cannabis herb in East Africa. Most of the cannabis herb produced in West Africa is trafficked and abused within the subregion. In 2008, several tons of cannabis herb seized in two separate incidents in Europe were traced to Ghana, where the Ghanaian authorities were able to identify and arrest the persons involved in supplying and smuggling those consignments.

318. There have been no reports of coca bush cultivation or cocaine manufacture in Africa. Since 2005, however, West Africa has increasingly been used as a transit area for cocaine consignments bound for Europe and, to a lesser extent, North America. That is evidenced by large seizures of cocaine, effected either on the high seas en route to West Africa or in the subregion itself, which have totalled several tons per year, according to UNODC data. The cocaine seized in Africa originates mainly in Colombia and Peru and, in many cases, has been smuggled through Brazil and Venezuela (Bolivarian Republic of). Since 2004, at least 1,400 couriers on commercial flights from West Africa to Europe have been arrested for carrying cocaine.

319. Since 2008, Africa appears to have declined in importance as a transit area for cocaine trafficking, as reflected in the reduced number and size of seizures effected in 2008 and the first half of 2009. In 2008, there was a sharp decrease in seizures in Europe of cocaine originating in Africa. No large seizures of cocaine that could be traced to Africa were reported in 2009. That decline may be attributed in part to

increased international drug control efforts in the region. However, according to UNODC data, cocaine worth an estimated 1 billion United States dollars continues to be trafficked through the region each year, and West African distribution networks in Europe appear to have remained intact. That concern is supported by evidence uncovered in Guinea in July 2009 suggesting that some degree of processing of cocaine may have taken place in that country.

320. Some cocaine is smuggled into countries in Southern Africa, notably South Africa, to be abused locally or to be smuggled into other countries. Cocaine from South America is also smuggled through the United Arab Emirates into Zimbabwe. Mozambique has emerged as an area where cocaine enters into Africa to be smuggled through South Africa into the United Kingdom and other European countries. The subregion of East Africa continues to be used as a transit area for cocaine consignments destined for illicit markets in Europe.

321. Opium poppy cultivation in Africa is confined to Algeria and the Sinai peninsula in Egypt and is thought to be limited in scale in both countries. In Algeria, about 80,000 opium poppy plants are eradicated every year. The opium produced is abused locally, and there is no evidence of it being used for the manufacture of heroin.

322. Heroin continues to enter Africa mainly through the countries in East Africa. Countries in that subregion have been identified as both countries of destination of heroin consignments and transit countries; moreover, trafficking in and abuse of heroin have recently increased. Most of the heroin seized had been transported by passengers on commercial flights arriving at or departing from the international airports of Addis Ababa and Nairobi; both airports provide flight connections between West Africa and heroin-manufacturing countries in South-West and South-East Asia. From West Africa, heroin is frequently smuggled into Europe and North America in operations often organized by West African criminal organizations. Heroin smuggled by sea enters East Africa through the ports of Djibouti, Eritrea, Kenya and the United Republic of Tanzania. In addition, postal and courier services are increasingly being used to smuggle heroin.

323. Heroin traffickers in Africa also use land routes, taking advantage of the porous borders and weak

border control of many countries in the region. There is evidence of an increase in the smuggling of heroin to the islands of the Indian Ocean, particularly Mauritius. Opiates from India and Pakistan are smuggled into Mozambique and then South Africa and from South Africa into Europe, as well as into East African countries, notably Mauritius and Seychelles. Mauritius now has one of the highest levels of opiate abuse in Africa, a spillover effect of the heroin trafficking in that country. While the number and size of heroin seizures reported in West Africa each year remain very small, organized crime networks based in the subregion are playing a key role in supplying heroin to countries throughout the world and are involved in both importing heroin and street-level dealing in heroin. Côte d'Ivoire is considered a significant transit country for heroin trafficking.

#### *Psychotropic substances*

324. The illicit manufacture of psychotropic substances, notably methaqualone (Mandrax), methamphetamine, methcathinone and MDMA ("ecstasy") remains limited to South Africa and some countries in Southern and East Africa, where those substances are also abused. About 30 laboratories illicitly manufacturing drugs, mainly methamphetamine and methcathinone, are dismantled every year in South Africa. The precursor chemicals used in the manufacture of those drugs, namely ephedrine and pseudoephedrine, are imported legally into South Africa on a large scale. However, a proportion of those imports are diverted from domestic distribution channels for use in the illicit manufacture of amphetamine-type stimulants. In an effort to stem such diversion, the Government of South Africa has recently tightened national measures to control ephedrine and pseudoephedrine (see paragraph 314 above).

325. Preparations containing buprenorphine continue to be smuggled into and abused in Mauritius. In 2008, customs officers in Mauritius seized 21,727 tablets containing buprenorphine (Subutex) from a passenger arriving from France by air.

326. In many African countries, the availability of a wide range of preparations containing psychotropic substances on unregulated markets continues to be a cause for concern. The psychotropic substances in question include benzodiazepines (notably diazepam,

clonazepam, lorazepam, clorazepate), phenobarbital, slimming tablets and analgesics. Such preparations are often counterfeit products. Large seizures of such tablets are reported in the region each year.

#### *Precursor chemicals*

327. In recent years, Africa has become an area used for the diversion of ephedrine and pseudoephedrine, often in the form of pharmaceutical preparations, mainly for use in illicit methamphetamine manufacture in Central and North America. However, analysis of trafficking trends indicates that the diversion of those substances in Africa is decreasing. While a total of 75 tons of ephedrine and pseudoephedrine was prevented from being diverted through African countries in 2007, only 22 tons were stopped in 2008 and none was stopped in the first nine months of 2009. In 2008, customs officers in Côte d'Ivoire seized a total of 159 kg of ephedrine from a vehicle arriving from Ghana. It appears that most illicit shipments of ephedrine and pseudoephedrine are being smuggled into Central America and North America through Europe, as had been the case in earlier years. Meanwhile there has been a decline of up to 40 per cent in licit exports of ephedrine and pseudoephedrine to Africa since 2008.

328. In addition, Africa has been used for the diversion of acetic anhydride (a key chemical used in the illicit manufacture of heroin) into illicit channels. For instance, in December 2008, a shipment of 15 tons of acetic anhydride was stopped en route from Italy to Egypt, and two shipments of acetic anhydride totalling 36 tons were suspended in early 2009 while being transported from India and Iran (Islamic Republic of) to Djibouti. There is also concern regarding the threat posed by transnational organized criminal groups involved in the manufacture of and trafficking in amphetamine-type stimulants and psychotropic substances. For instance, in January 2009, a planned export of 2 kg of ergotamine (a precursor chemical that can be used in the illicit manufacture of lysergic acid diethylamide (LSD)) from the Czech Republic to Guinea-Bissau was stopped when the competent authorities of Guinea-Bissau failed to respond to a request by the Board to confirm the legitimacy of the transaction. In July 2009, significant quantities of chemicals suspected of being intended for use in the illicit manufacture of drugs were seized in Conakry. Most of those chemicals were solvents commonly used

for licit industrial purposes but which could be used in the illicit manufacture of cocaine, heroin, methamphetamine or methaqualone. Large amounts of sassafras oil and 3,4-methylenedioxyphenyl-2-propanone (3,4-MDP-2-P) — precursor chemicals used in the synthesis of MDMA (“ecstasy”) — and laboratory equipment were discovered together with other chemicals indicating that those chemicals were intended for use in the illicit manufacture of drugs.

329. In countries throughout Africa, there is a demonstrated need among law enforcement authorities for exchanges of experts, awareness-raising with regard to precursor control and training initiatives, including training in forensic skills. There is also a need to improve the reporting of precursor-related data to the Board and to enhance cooperation in the area of investigations. The Board therefore calls upon the Governments of all African countries and the regional economic communities to improve their national mechanisms for precursor control and encourages the regional economic communities in Africa to consider a coordinated response in that regard.

#### *Substances not under international control*

330. Khat, which is not currently under international control, continues to be cultivated in some countries of East Africa and in parts of the Arabian Peninsula and is commonly chewed as a stimulant in those areas. Although khat consumption is associated with health risks and may have detrimental social consequences, the prohibition of khat in the region is limited to some countries in East Africa, such as Eritrea, Madagascar, Rwanda and the United Republic of Tanzania. As a result of an increase in the smuggling of khat into countries in Europe and the Americas, khat has also been prohibited in a number of countries in Europe and in Canada and the United States.

### **5. Abuse and treatment**

331. Most African States continue to lack proper systems for monitoring drug abuse and are therefore unable to gather sufficient data on the extent and patterns of drug abuse or to carry out accurate assessments of prevalence rates. The only systematic monitoring of drug abuse in the region is taking place in South Africa, through the South African Community Epidemiology Network on Drug Use (SACENDU), a

drug abuse monitoring system based on demand for treatment. Consequently, neither the success of prevention campaigns nor the need for the treatment and rehabilitation of drug abusers can be properly assessed. Most national estimates of the prevalence of drug abuse are based only on rapid assessments of drug abuse among specific groups within the drug-abusing population and a limited number of school surveys. The cross-country comparability of national drug abuse estimates is therefore severely limited in Africa.

332. Furthermore, in most countries in Africa, national health-care systems are not able to meet needs of the population with regard to the treatment and rehabilitation of drug-dependent persons. National medical facilities for such treatment and rehabilitation are often seriously inadequate or simply non-existent. Frequently, only small numbers of drug-dependent persons can be accommodated in the psychiatric wards of general hospitals. Treatment and rehabilitation of drug-dependent persons in Africa often depend on assistance provided by relevant international organizations, such as WHO and UNODC, and non-governmental organizations. The Board therefore encourages the Governments of African countries to undertake systematic assessments of the extent of drug abuse on their territory and to give priority to the development of programmes for drug abuse prevention and demand reduction, particularly programmes targeting young people, including out-of-school youth. The Board also urges those Governments to provide adequate support to existing treatment services and medical structures in order to ensure proper treatment for drug-dependent persons, to provide the support necessary to establish and maintain suitable rehabilitation facilities for such persons and to evaluate the quality of the treatment.

333. Cannabis is generally regarded as the most problematic illicit drug in Africa, where an estimated 8 per cent of the population use cannabis and where that drug accounts for an estimated 64 per cent of the demand for treatment of drug abuse. Available information suggests that cannabis abuse is continuing to increase in Africa, albeit at a slower pace than previously. The widespread abuse of cannabis by children is of particular concern; in some countries, even children 7-10 years old are reported to have abused cannabis.

334. Cocaine abuse appears to be rising in Africa, particularly along emerging cocaine trafficking routes in West and Southern Africa. Data on treatment for drug abuse in South Africa show a strong increase in cocaine-related treatment between 1998 and 2008. In 2008, demand for treatment for cocaine abuse fluctuated between 11 and 25 per cent of total treatment demand in different provinces of that country.

335. Heroin abuse also appears to be increasing in Africa. Heroin is the drug most commonly abused by problem drug abusers in countries such as Kenya, Mauritius, Nigeria, the United Republic of Tanzania and Zambia. Rwanda and Seychelles have also reported an increase in the abuse of heroin. In South Africa, heroin abusers frequently use a mixture of poor-quality heroin and cocaine commonly called “sugar”, which is administered mostly by smoking. Drug abuse by injection is still limited in South Africa and other countries in the region. UNODC recently estimated the number of persons in Africa who have abused opiates at least once in the past year at between 1 million and 2.8 million or between 0.2 and 0.5 per cent of the population 15-64 years of age.

336. Between 1.4 million and 4 million persons in Africa are estimated to have abused amphetamine-type stimulants at least once over the past 12 months. Nigeria and South Africa have reported the highest annual prevalence rates of abuse of such stimulants. Burkina Faso, Côte d’Ivoire, Egypt, Ghana, Kenya, Senegal, Sierra Leone and several other African countries have also reported the abuse of amphetamine-type stimulants; however, no reliable quantitative estimates have been available in recent years. The abuse of methaqualone and methamphetamine remains of concern in South Africa; the abuse of methamphetamine occurs predominantly in and around Cape Town. The abuse of over-the-counter and prescription medicines, such as slimming tablets, analgesics and benzodiazepines (including diazepam and flunitrazepam) continues to be a problem in many African countries.

337. The Board notes that the international network of drug dependence treatment and rehabilitation resource centres (Treatnet) was recently launched jointly by UNODC and WHO to improve the quality of treatment for drug-dependent persons through cooperation, information exchange and the empowerment of

selected resource centres in all regions of the world. In Africa, Cape Verde, Côte d’Ivoire, Kenya, Mozambique, Nigeria, Sierra Leone, the United Republic of Tanzania and Zambia are currently participating in Treatnet. In addition, capacity-building initiatives have been launched in Algeria, Egypt and Morocco to provide a comprehensive response to drug abuse and HIV/AIDS, including community outreach services for drug abusers, drug abuse prevention services and treatment services for drug abusers, including prison inmates. In East Africa, an opiate substitution programme is being implemented in Mauritius, while treatment for drug abusers is being provided in Kenya, Seychelles and Uganda. In 2009, a programme for opioid substitution therapy was launched in Morocco.

## **B. Americas**

### **Central America and the Caribbean**

#### **1. Major developments**

338. The region of Central America and the Caribbean continues to be used as a major trans-shipment area for consignments of drugs originating in South America and destined for North America and Europe. Impunity, corruption and weak institutions undermine drug control efforts and the rule of law in the region, despite attempts to reform judicial systems. Drug trafficking activities are often carried out under the protection of local gangs (*maras*) operating in border areas, especially in El Salvador, Guatemala and Honduras. There are indications that criminal associations have been established between members of Mexican drug cartels and gang members. Furthermore, the region is becoming used for trafficking in precursor chemicals. Despite new regulations banning ephedrine and pseudoephedrine in several countries, the region continues to be used as a trans-shipment area for the smuggling of precursor chemicals into Mexico, where the illicit manufacture of amphetamine-type stimulants continues. The Board notes that precursors of amphetamine-type stimulants are increasingly being trafficked in the form of pharmaceutical preparations.

339. Drug trafficking by sea remains a major problem in countries in Central America and the Caribbean. In El Salvador, for example, 85 per cent of the trafficked cocaine is transported along sea routes. Furthermore,