

A. Africa

1. Major developments

269. Parts of the African continent continue to struggle to overcome the effects of armed conflict, long-term instability and persistent threats to peace and security. The deteriorating political situation in some African sub-regions has spurred increases in illicit drug trafficking, thereby worsening public health problems related to drug use. West Africa, for example, has seen more manufacturing and trafficking of methamphetamine, while an apparent rise in drug trafficking into and out of Liberia has led to increased concerns relating to national security there.

270. Cannabis remains a major illicit drug of concern in Africa, and its production, trafficking and abuse continue to present significant challenges. Despite eradication efforts, cannabis is illicitly cultivated throughout the continent. The illicit production of cannabis resin is limited to a few countries in North Africa. Morocco has remained the largest producer of cannabis resin on the continent, and one of the largest producers of cannabis resin in the world, notwithstanding the fact that production in that country is reportedly declining. North Africa has witnessed an increase in seizures of cannabis resin and remains the subregion of Africa with the largest amounts of reported seizures of the substance. In addition to being abused locally, cannabis resin is smuggled, mainly to Europe.

271. The trafficking of opiates through Africa has continued, owing to limited law enforcement capacity in the region. East Africa is increasingly being used as a transit route for heroin originating in Asia and bound for markets in South Africa and West Africa. Southern Africa continues to be a key link in the global transit of heroin and cocaine. The well-developed transportation infrastructure in Southern Africa facilitated the shipment of cocaine and heroin in 2013, as evidenced by large seizures of heroin in South Africa.

272. New trends relating to trafficking in amphetamine-type stimulants indicate a growing domestic market throughout Africa, as well as the smuggling of amphetamine-type stimulants to East and South-East Asia and Oceania. Recent seizures in South Africa point to an increase in the manufacture of methamphetamine, along with the emergence of small-scale manufacture of methcathinone. The clandestine manufacture of methaqualone in the region has continued, as indicated by large-scale seizures of relevant precursors in both Mozambique and South Africa.

2. Regional cooperation

273. The African Union has been implementing its Plan of Action on Drug Control and Crime Prevention for the 2013-2017 period, which provides a strategic framework to guide the development of drug policy. The priority areas of focus for 2013-2014 include: (a) implementing the African common position on controlled substances and access to drugs for pain management; (b) implementing continent-wide minimum quality standards for the treatment of drug dependence; (c) adopting policies aimed at channelling confiscated proceeds from drug trafficking and related offences to support demand reduction and treatment programmes; (d) strengthening research on drug control and on the monitoring and evaluation of drug abuse and trafficking trends; and (e) facilitating continent-wide training for the treatment of drug dependence.

274. The African Union, with the support of UNODC, has held expert group meetings on the Plan of Action on Drug Control in Southern Africa. A conference on developing and improving responses to counter drug trafficking was organized in Harare at the end of 2013. The outcomes included a suggestion to establish a regional intelligence centre in Africa and to improve data collection and analysis in African countries.

275. In recognition of the seriousness of drug-related problems in Africa, UNODC has continued to implement tailored programmes in the region, including the Container Control Programme, implemented jointly with the World Customs Organization (WCO); the regional programmes on drugs and crime for East Africa for the 2009-2015 period; and the Airport Communication Project (AIRCOP). The Southern African Development Community (SADC), assisted by UNODC, is implementing a regional programme for the 2013-2016 period entitled "Making the SADC region Safer from Crime and Drugs". Covering the 15 member States of SADC, the programme is designed to address concerns about the escalation of crime at both the national and transnational levels, particularly as the region develops ways to make cross-border movement easier.

276. The Economic Community of West African States (ECOWAS) has continued to implement its Regional Action Plan to Address the Growing Problem of Illicit Drug Trafficking, Organized Crime and Drug Abuse in West Africa, which in 2013 was extended until 2015. As part of this effort, the West Africa Coast Initiative, implemented with the International Criminal Police Organization (INTERPOL), is targeting Côte d'Ivoire, Guinea, Guinea-Bissau, Liberia and Sierra Leone. Since 2013, the Policy

Committee of the Initiative has adopted a new regional approach that puts more emphasis on regional cooperation among law enforcement authorities. Joint operations, for example, have been conducted between the police forces of Liberia and Sierra Leone.

277. The West Africa Commission on Drugs, a private non-governmental initiative which has brought together distinguished West Africans through the Kofi Annan Foundation, published a report in June 2014 on the consequences of West Africa's status as a new hub for global drug traffickers. While emphasizing that drug use is a public health issue rather than a criminal justice matter, the Commission has recommended more effective integration of counter-narcotics efforts into efforts to prevent corruption and money-laundering in the region.

278. At the sixth session of the African Union Conference of Ministers for Drug Control and Crime Prevention, held in Addis Ababa from 6 to 10 October 2014, the ministers assessed the progress in implementation of the African Union Plan of Action on Drug Control (2013-2017). A keynote statement by the president of the International Narcotics Control Board emphasized the need to: (a) increase capacity to prevent and treat drug addiction, and to rehabilitate persons affected by drug abuse; (b) ensure adequate availability of controlled substances for medical purposes; and (c) further train health-care professionals and competent authorities in the treatment, aftercare, rehabilitation and social reintegration of persons affected by drug abuse.

3. National legislation, policy and action

279. An important component of investigating and combating illicit drugs is the strengthening of legislation and national capacities for implementation. The legal framework in place throughout much of Africa, however, does not match the urgency of rising drug use on the continent and its continuing status as a major transit and trafficking destination. In the past year, very few developments could be detected with respect to advancing national regulation and action.

280. South Africa adopted a national master plan on drugs for the 2013-2017 period, aimed at reducing the impact of substance abuse and at harmonizing and enforcing laws and policies. Moreover, the Drugs and Drug Trafficking Act of 1992 was amended in April 2014 to classify as illegal the street-drug mixtures known locally as "nyaope" or "woonga" (which are comprised of mixtures of ingredients, mainly heroin and cannabis).

Earlier, in March 2013, the Prevention of and Treatment for Substance Abuse Act of 2008 was promulgated. The Act promotes prevention, early intervention, community-based interventions, aftercare services and reintegration in all nine South African provinces.

281. The Government of Ghana approved an amendment to the schedule of the Narcotic Drug (Control Enforcement and Sanctions) Law of 1990 to control certain new psychoactive substances and other psychotropic substances, such as methamphetamine and its derivatives.

4. Cultivation, production, manufacture and trafficking

(a) Narcotic drugs

282. Information regarding the cultivation, consumption, production, manufacture and trafficking of narcotic drugs in Africa remains very limited.

283. North Africa continues to be the subregion with the largest amounts of seizures of cannabis resin, and, according to UNODC, the amounts have continued to increase. The largest seizures in the subregion were reported by Algeria, rising from 53 tons in 2011 to over 211 tons in 2013, and Morocco, rising from 126 tons in 2011 to 137 tons in 2012. In 2012, Morocco accounted for 11 per cent of global seizures of cannabis resin; in 2013, it accounted for 12 per cent, according to preliminary figures. Other North African countries have also reported substantial seizures of cannabis resin. For example, in 2013 Egyptian authorities seized over 84 tons of cannabis resin, 80 tons of which had been trafficked from Morocco on fishing boats.

284. At the same time, there are indications that the popularity of cannabis resin in Europe continues to decrease. According to UNODC, the amount of cannabis resin seized is now comparable to the amount of cannabis herb seized, indicating an increased preference for cannabis herb in European markets, increasingly produced locally, over imported cannabis resin, primarily from Morocco, which continues to be the country of origin of most of the cannabis resin seized in Europe.

285. Morocco remains the largest producer of cannabis resin on the continent, and cannabis herb continues to be cultivated in most African countries. The largest producers in North and East Africa include Egypt, Ethiopia, Kenya, Morocco and the United Republic of Tanzania. In 2013, Egyptian authorities seized over 212 tons of cannabis herb.

286. In most countries of Southern Africa, cannabis also continues to be produced and consumed locally, as well as trafficked to Europe on a small scale. Total seizures of cannabis herb in South Africa in 2013 were estimated at 196 tons by the South African Police Service. Most seizures occurred during the transportation of cannabis by road, while law enforcement at border posts each month seized approximately 100 kg of cannabis herb destined for export, mainly to the United Kingdom. Southern African criminal groups are increasingly also engaged in the online sale of cannabis.

287. Sierra Leone reported 17 cases and nearly 2 tons of cannabis herb seized in 2013, reflecting a growing concern in that country regarding the cultivation of cannabis. Production of cannabis herb also continues to be an issue in Nigeria, where 205 tons of packaged cannabis herb were seized and 847 ha of cannabis plant were discovered and destroyed.

288. Trafficking of heroin to and through East Africa has increased, as evidenced by large seizures reported by countries in the subregion. The coastlines of East Africa are seldom patrolled, making the subregion attractive to drug trafficking syndicates and vulnerable as a transit point for heroin shipments. Heroin originating in West Asia is trafficked through the subregion for onward trafficking to South Africa and countries in West Africa. While heroin continues to be trafficked via air courier, it appears that maritime transport is becoming the preferred method of smuggling the drug. Between 2010 and 2013, large seizures of heroin were reported by the Governments of Kenya and the United Republic of Tanzania, and totalled nearly 2 tons, including seizures made off the coast and inland. An additional 1 ton of heroin was seized in April 2014 by the Kenyan authorities.

289. Countries in North Africa also reported significant seizures of heroin. According to national data provided, seizures of heroin in Egypt increased from nearly 75 kg in 2012 to 260 kg in 2013. The amount of heroin transiting West Africa, largely via commercial air carriers, has continued to increase. Ghana and Nigeria have generally seen the most regular detections and seizures of medium-sized shipments. There has also been a growing trend of heroin trafficking to and through Liberia, with a considerable number of people involved currently serving as personnel of the military and police forces. This is supplemented by a growing domestic consumer market in Liberia.

290. In Southern Africa, there has been an increase in trafficking of heroin by means of international mail and parcel services. In the past year, concealment methods

have diversified and become more sophisticated. Development of new harbours such as Port Ngqura, and the expansion of existing ones such as Durban, both in South Africa, continue to be tested by traffickers as possible entry points for drugs into Southern Africa. Nationals of Southern African countries continue to be detained as suspected drug couriers in South and South-East Asia and South America. Women, especially those from low-income backgrounds, continue to be vulnerable to recruitment as drug couriers.

291. Seizures of cocaine reported by countries in East Africa have increased, notably in the United Republic of Tanzania. According to UNODC, it is estimated that cocaine worth \$160 million is abused in Kenya and the United Republic of Tanzania annually. From 1 January 2009 to 31 August 2014, the Tanzanian authorities seized more than 459 kg of cocaine and arrested more than 2,000 persons. In December 2013, the Secretary-General of the United Nations cited UNODC figures showing that the estimated value of cocaine trafficked through West Africa and the Sahel had reached around \$1.25 billion annually.

(b) Psychotropic substances

292. There are indications that the abuse of amphetamine-type stimulants in Africa is on the rise, although comprehensive and current data for all countries in the region are not available.

293. In a worrying development, trafficking of amphetamine-type stimulants through East Africa (e.g. Ethiopia and Kenya) for onward shipment by plane to East and South-East Asia has continued. In 2012 and 2013, for example, the authorities of Kenya reported numerous seizures of amphetamine-type stimulants, destined mainly for Japan and Malaysia, at the international airport of Nairobi.

294. Large-scale seizures of methaqualone and its precursors continue to be made in Mozambique and South Africa. Over 3 tons of methaqualone were seized in Johannesburg, South Africa, in March 2014. In addition, recent seizures in northern Mozambique have included 605 kg of N-acetylanthranilic acid, a precursor used in the illicit manufacture of methaqualone. The drug is believed to be manufactured for local consumption in Southern Africa, predominantly in South Africa.

(c) Precursors

295. In 2013, the Governments of Kenya, Libya, Sierra Leone and Zimbabwe invoked their right, under article 12,

paragraph 10 (a), of the 1988 Convention and now require pre-export notification for all substances listed in Table I and Table II of the 1988 Convention, including for pharmaceutical preparations containing ephedrine and pseudoephedrine and for saffron-rich oils. As at 1 July 2014, 14 out of 54 African countries had invoked article 12, paragraph 10 (a).

296. Africa continues to be affected by trafficking in precursor chemicals, notably ephedrine and pseudoephedrine, used in the illicit manufacture of amphetamine-type stimulants. According to information provided through PICS, the following African countries have been identified as having been involved in incidents reported since December 2013: Ethiopia, Kenya, Malawi, Mozambique, Nigeria, South Africa, United Republic of Tanzania and Zimbabwe. In 63 per cent of the cases reported during the period under review, African countries, namely Ethiopia, Malawi and South Africa, were mentioned as destination countries for ephedrine and pseudoephedrine shipments originating in India. There has also been a marked increase in the diversion of precursors for manufacture of amphetamine-type stimulants to West Africa. Only nine countries in Africa have registered with PICS so far. The Board calls on all Governments in the region to register with PICS in order to increase and facilitate the sharing of information related to the diversion and trafficking of precursors.

(d) Substances not under international control

297. The abuse of tramadol, a prescription opioid not under international control, continues to raise concern in a number of African countries, notably in North Africa. In 2013, tramadol was placed under national control in Egypt, where the abuse of the substance was widespread. According to data provided by the Egyptian authorities, seizures of tramadol decreased from 650 million tablets in 2012 to 27 million tablets in 2013. This downward trend is reportedly attributed to the new stringent measures in place regarding the substance. Reportedly, the abuse and trafficking of tramadol have also recently been increasing in Libya. In addition, Nigeria has reported abuse of tramadol and has now scheduled it as a controlled medicine.

298. Information regarding trafficking and abuse of new psychoactive substances in North and East Africa is limited. However, the prevalence of such substances in Africa seems to be lower than in other regions. Only 11 African countries reported the emergence of new psychoactive substances between 2008 and 2013.

299. Use of khat (*Catha edulis*), a plant-based substance not under international control, remains highly prevalent in some African countries and among communities of expatriates from those countries. Khat is cultivated in East Africa, predominantly in Ethiopia and Kenya, where its abuse is also widespread. Despite the health risks associated with chewing the mildly hallucinogenic psychostimulant leaves, khat is consumed widely in the region, in particular in Djibouti, Ethiopia and Somalia, and to a lesser extent in Madagascar. In addition, the substance is increasingly being exported or smuggled to other countries and regions to supply expatriate communities, mainly those from Ethiopia, Kenya, Somalia and Yemen.

300. Concerns about the harm associated with khat, and the combination of khat with other substances, have led to its control in Eritrea, Madagascar, Rwanda, the Sudan and the United Republic of Tanzania. Nevertheless, seizures of khat in Africa have remained relatively low, which could be attributed to the fact that the substance is still legal in countries such as Djibouti, Ethiopia, Kenya and Somalia. According to UNODC, since 2004 reported seizures of khat in Africa have ranged between 1 and 10 tons per year.

301. Burkina Faso has reported the abuse of datura, a plant containing a combination of anticholinergic substances. Young people in Burkina Faso commonly ingest datura as a tea infusion.

5. Abuse and treatment

302. Many countries in Africa lack the capacity and systems for monitoring drug abuse and collecting and analysing drug-related data. Therefore, assessing the extent and patterns of drug abuse in the region, including accurate prevalence rates, remains a challenge for competent national authorities. Furthermore, national health-care systems are often inadequate and do not meet the needs of local populations with regard to the treatment and rehabilitation of drug-dependent persons. In some cases, such facilities are non-existent or depend on assistance from international or non-governmental organizations.

303. Some countries in the region have taken concrete steps to improve national systems for the treatment of drug dependence. For example, such treatment has improved in Ethiopia, Kenya, Mauritius, Senegal, Seychelles and the United Republic of Tanzania, largely as a result of capacity-building and skills development initiatives. Better capacity to handle drug treatment has also been reported by Burundi, Eritrea and Madagascar. In Africa, the prevalence of HIV among people who inject drugs is 12.1 per cent.

304. Eritrea has conducted its first workshop on drug counselling, while the national drug observatory of Kenya, which collects and analyses health and law enforcement data, has published two reports on the subject. A feasibility study to establish a similar national drug observatory in the United Republic of Tanzania has been conducted.

305. The Government of Kenya was planning to initiate by the end of 2014 a national programme on methadone treatment for opiate users. The aim of this initiative is to increase the quality of life of heroin users and prevent new HIV and hepatitis infections among those who inject heroin. In Kenya, the Ministry of Health has developed and published a national policy for HIV prevention, treatment and care for people who inject drugs. According to the information available to the Board, there are nearly 50,000 persons who abuse drugs by injection in Kenya, with heroin being the primary drug of injection.

306. The annual prevalence of cannabis use remains high in many countries in Africa. Reportedly, about two thirds of persons who have registered to receive drug treatment in Africa have indicated cannabis as their primary drug of abuse. Prevalence of cannabis use in the adult population is highest in West and Central Africa, at about 12.4 per cent.

307. Although no comprehensive or robust nationwide surveys of drug-use levels have been conducted in any country in the Southern Africa subregion, there are indications from South Africa of an increase in the abuse of heroin, methamphetamine and methcathinone. Data from drug treatment centres in South Africa indicate a resurgence in methaqualone consumption and a decrease in cocaine consumption.

308. In East and North Africa, amphetamine abuse has been reported only by Algeria, Egypt and Kenya. In Kenya, the lifetime prevalence of amphetamine abuse among secondary school children in Nairobi is 2.6 per cent. For other countries in the region, no recent data have been made available.

309. Nigeria saw an increase in cocaine and heroin abuse in 2013. Preparations for a national drug use survey, along with the design of a national drug monitoring system, commenced in Nigeria in that year. Drug law enforcement agencies from Togo have reported a general trend of increased abuse of medicines containing psychotropic substances, as well as of tramadol.

310. Reporting from throughout Africa has further highlighted that young people comprise a significant

proportion of drug users. In Benin, for example, 45 per cent of drug users are young people, with an average age of 22 years. In 2014, Cameroon reported that there had been an average of 5,000 to 6,000 patients treated in the capital annually for diseases related to the abuse of narcotics and psychotropic substances, and that between 75 and 80 per cent of hospitalizations for drug abuse had been for individuals between 15 and 39 years of age. A significant number of countries throughout Africa also lack any specialized treatment facilities for drug dependence, including rehabilitation facilities, or do not have the institutions or the logistical capacity for treatment countrywide.

B. Americas

Central America and the Caribbean

1. Major developments

311. Owing to its geographical location and weak governing institutions, the Central America and the Caribbean region continues to be exploited by local gangs and international organized criminal groups as a transit and trans-shipment route for illicit drugs originating in South America and destined for consumer markets in North America and Europe. Local consumption of illegal drugs also appears to be growing in many countries of the region. In addition, security challenges associated with the drug trade, including high levels of violence, money-laundering, corruption and other illicit activities, are pressing issues for countries of the region.

312. Costa Rica and Honduras continue to be primary trans-shipment points. The amount of cocaine trafficked through Central America has increased, particularly along the border between Guatemala and Honduras, following an intensification of drug law enforcement efforts in Mexico.

313. It is estimated that more than 80 per cent of all cocaine trafficked to the United States transits the region. There is also an increasing trend of illicit drugs being produced in the region. Cannabis is produced mainly in small quantities for local consumption. Guatemala is a minor, but growing, producer of opium poppy. Regionally, there is an increasing trend with regard to the production and trafficking of new psychoactive substances. Traffickers in the region are turning to the importation of non-scheduled precursor chemicals to manufacture methamphetamine through alternative methods to avoid