

A. Africa

1. Major developments

357. Africa is perceived mainly as a transit region for drug trafficking, but it is increasingly becoming a consumer and a destination market for all types of drugs of abuse. That trend could, in part, be attributed to regional drug trafficking that has caused a supply-driven increase in the availability of different drugs.

358. Illicit production of, trafficking in and abuse of cannabis have remained major challenges throughout many parts of Africa, with an estimated annual prevalence of cannabis use of 7.6 per cent, twice the global average of 3.8 per cent. Africa also remains a major production and consumption region for cannabis herb and accounted for 14 per cent of cannabis herb seizures worldwide. Increased cannabis resin seizures were also reported by Morocco for 2015. While cannabis remains the primary drug of abuse in Africa, and the drug for which most drug users seek treatment, heroin abuse is also reportedly growing in some countries in the region, mainly in East Africa.

359. Afghan opiates are increasingly being trafficked to East and West Africa, either for local consumption or onward shipment. The modus operandi used depends on various factors, such as proximity to other markets and the level of law enforcement capabilities in the country concerned. Maritime trafficking in opiates across the Indian Ocean through East Africa seems to be on the rise and is reportedly associated with an increase in container trade in East Africa.

360. Increased involvement of nationals of countries in Africa has been reported in drug trafficking incidents worldwide. For example, the involvement of well-organized networks from West Africa has become more apparent in the trafficking in heroin, usually originating in Afghanistan, along the southern route. That route goes through either the Islamic Republic of Iran or Pakistan and across the Indian Ocean, the target markets being located in Africa, Asia and Europe.

361. Heroin trafficking is not limited only to East Africa. The southern route is gaining importance for the trafficking of opiates from Afghanistan, which may have an adverse impact on other subregions in Africa and, in particular, on countries that lie along the route. There are indications that some of the heroin bound for North Africa is trafficked along the Balkan route, by land or by air. West Africa has reportedly seen an increase in the

use of both air and sea to traffic heroin. According to UNODC, 11 per cent of global opiate users live in Africa, and more than half of them in West and Central Africa.

362. West Africa, a subregion that has suffered from violent conflicts and political instability, has been increasingly affected by operations by well-organized criminal groups that involve not only drug trafficking from South America to Europe but also local consumption and manufacture of synthetic drugs destined mainly for markets in Asia. The yearly value of cocaine transiting West Africa is estimated to be \$1.25 billion. Besides the trafficking of cocaine, heroin trafficking is also occurring in the subregion.

2. Regional cooperation

363. In November 2015, the West Africa Coast Initiative organized the third programme advisory committee meeting in Bissau. The meeting was attended by high-level representatives of the Initiative's implementing countries, the Economic Community of West African States (ECOWAS), the International Criminal Police Organization (INTERPOL), UNODC and other United Nations entities. During the meeting, future operational and strategic priorities for the implementation of the Initiative were agreed, and the need for deeper subregional coordination, as well as enhanced cooperation between the transnational crime units established under the Initiative and other national law enforcement agencies, was emphasized.

364. In January 2016, INTERPOL carried out a 10-day operation named "Adwenpa", in West Africa, in order to strengthen border controls between Abidjan, Côte d'Ivoire, and Lagos, Nigeria. The operation was the final activity undertaken under the two-year INTERPOL Capacity-Building Programme to Strengthen Border Management in West Africa. The operation, involving Benin, Côte d'Ivoire, Ghana, Nigeria and Togo, resulted in major seizures of drugs and other smuggled goods. Reportedly, nearly 900 kg of drugs were seized, including cocaine, cannabis, methamphetamine and khat.

365. The 23rd INTERPOL African Regional Conference, on the theme "Enhancing law enforcement cooperation in Africa: a regional response to organized crime", was held in Brazzaville in February 2016. The Conference, which was attended by senior law enforcement officials from 34 African countries, as well as four observers from Asia, Europe and international organizations, focused on transnational crime-related issues, including drug trafficking. Participants discussed strategies to combat evolving crime threats.

366. INCB organized a regional training seminar, held in Kenya in April 2016, for competent national authorities in East Africa responsible for monitoring the licit international trade in controlled substances. The seminar was attended by participants from Burundi, the Comoros, Ethiopia, Kenya, Madagascar, Rwanda, Seychelles, Uganda and the United Republic of Tanzania, as well as observers from the African Union Commission and WHO. During the seminar, participants strengthened their knowledge of the international drug control framework, the technical reporting required of their Governments under the three international drug control conventions, and the availability and use of electronic tools developed by INCB, such as I2ES and PEN Online, both designed to facilitate the international trade in controlled substances and prevent the diversion of such substances.

367. Access to and availability of narcotic drugs and psychotropic substances for medical and scientific purposes remain limited in Africa. In April 2016, INCB conducted a national awareness-raising workshop for the authorities of Kenya. The workshop was attended by health-care professionals, representatives of different authorities and of civil society, and representatives of the African Union Commission, WHO, UNODC and the international community. Participants discussed the importance of ensuring adequate access to and availability of medicines for the treatment of pain, palliative care and the treatment of mental health conditions.

368. On 30 and 31 May 2016, under the auspices of UNODC, representatives of Mauritania, the United Nations Office for West Africa and the Sahel and ECOWAS and its member States met in Dakar to discuss the finalization of a new regional programme for West Africa for the period 2016-2020. It was agreed that the following areas would be included in the programme: (a) strengthening criminal justice systems; (b) preventing and countering transnational organized crime and trafficking; (c) preventing and countering terrorism; (d) preventing and countering corruption; and (e) improving drug prevention and drug dependence treatment and care.

369. In August 2016, UNODC launched a regional programme entitled “Promoting the rule of law and human security in East Africa (2016-2021)”. The regional programme will address transnational organized crime and trafficking and corruption, as well as terrorism prevention, crime prevention and criminal justice, prevention of drug abuse, treatment and care of those affected by drug use disorders, and HIV and AIDS prevention and care.

370. The Twenty-sixth Meeting of Heads of National Drug Law Enforcement Agencies, Africa, was held in

Addis Ababa from 19 to 23 September 2016. Discussions focused on the drug control situation in the region, and regional and subregional cooperation in countering drug trafficking. During a series of working groups, participants considered the following topics: (a) effective national and regional strategies in addressing drug trafficking by sea; (b) challenges in addressing new psychoactive substances, amphetamine-type stimulants and the diversion of precursors and pre-precursors and the non-medical use and misuse of pharmaceuticals containing narcotic drugs and psychotropic substances; (c) best practices in promoting measures to ensure the availability and accessibility of internationally controlled drugs for medical and scientific purposes; and (d) practical measures tailored to the specific needs of children and youth to prevent and treat drug abuse among them and to address their involvement in drug-related crime, including cultivation and trafficking. INCB participated in the working group on best practices in promoting measures to ensure the availability and accessibility of internationally controlled drugs for medical and scientific purposes, giving a presentation on levels of consumption of and obstacles to access to opioid analgesics in Africa and measures to be adopted by Governments in the region to address them.

3. National legislation, policy and action

371. The Government of Algeria promulgated a decree, dated 9 July 2015, in which plants, psychotropic substances, narcotic drugs and precursors are classified into four schedules according to their dangerousness and medical use.

372. The Parliament of Cameroon adopted Law No. 2016/007 of 12 July 2016 relating to the Penal Code, amending the country’s Penal Code, which, inter alia, foresees criminal sanctions for various offences including the sale of counterfeit, expired or unauthorized medicines, trafficking in narcotic drugs, driving any vehicle under the influence of drugs and causing harm to any person by furnishing medical treatment or administering any drug or other substance. The punishments vary depending on the offence committed.

373. In June 2016, the Mauritius Revenue Authority launched the Stop Drug Platform, which enables the public to provide and share relevant information on drug trafficking and consumption through its website or a dedicated telephone number. The Platform acts as a tool to enlist the participation of the community to assist the Authority in countering drug trafficking. The information shared through the platform will remain confidential.

374. On 24 and 25 June 2016, the Central Drug Authority of South Africa initiated consultations with relevant national authorities, academia and civil society to develop a new national drug master plan for the period 2017-2022. The new plan will build on the outcomes of the special session of the General Assembly on the world drug problem held in 2016 and will link the drug control agenda to the Sustainable Development Goals.

375. The Food and Drug Authority of the United Republic of Tanzania issued a decision to cease the use of bulk packs (hospital packs) of 500 and 1,000 tablets or capsules in the private sector, with effect from 1 January 2017. The decision reflects the challenges that were being faced, including inadvertent contamination of tablets or capsules packed in such containers owing to repeated opening and closure, counterfeiting of products by replacing tablets and capsules, change of labels after the expiry date of products, and lack of patient information leaflets to guide patients during administration.

4. Cultivation, production, manufacture and trafficking

(a) Narcotic drugs

376. Illicit cultivation of, trafficking in and abuse of cannabis continue to present persistent challenges to authorities in Africa. While cannabis herb is produced throughout the continent, the illicit production of cannabis resin remains limited to a few countries in North Africa. Africa is still one of the main regions for cannabis herb production and consumption and accounted for 14 per cent of the reported cannabis herb seizures worldwide.

377. Cannabis resin continues to be produced in North Africa. Following a decline in reported seizures of cannabis resin in Morocco during the period 2012-2014, seizures in 2015 increased to some 235 tons. Seizures of cannabis resin declined in several other countries in the subregion. In the past, significant seizures of cannabis resin were reported by the Government of Algeria. However, since 2013, there has been a drop of almost 40 per cent in the quantities of the substance seized, from 211 tons in 2013 to 127 tons in 2015. Most cannabis resin seized in Algeria was reportedly seized in a province in the north-western part of the country, on the border with Morocco. It is estimated that up to 80 per cent of the substance is bound for foreign markets, while about 20 per cent is destined for local consumption. According to the authorities in Algeria, the typical wholesale price of

cannabis resin trafficked through the country ranges from 90,000 to 200,000 Algerian dinars per kilogram (approximately \$827 to \$1,837),⁵³ depending on the quality of the substance. The amount of cannabis resin seized in Egypt also declined, from 54 tons in 2014 to 33.5 tons in 2015.

378. In 2015, the authorities in Egypt resumed eradication campaigns targeting cannabis plant and opium poppy cultivation sites in the Sinai peninsula, eradicating 321 ha of cannabis plants and 225 ha of opium poppy during that year. In addition, the authorities seized 360 tons of cannabis herb in 2015.

379. In May 2016, the authorities of Mali seized a record amount of 2.7 tons of cannabis herb and made several arrests. Reportedly, the substance was found in a vehicle en route from Ghana. Seizures of cannabis herb were also reported by Zambia (17 tons), Madagascar (8 tons), Mozambique (5 tons), Côte d'Ivoire (4 tons) and Mauritius (43 kg).

380. During an INTERPOL-led operation targeting criminal networks involved in trafficking in persons, drugs and arms across East and Southern Africa, nearly 70 acres of cannabis plants were reportedly destroyed in Swaziland, 2.2 tons of cannabis were seized and 37 acres of cannabis plants were destroyed in Malawi, and 1 ton of cannabis concealed in a truck in Zimbabwe was seized.

381. There are indications that Africa is regaining importance as a transit region for cocaine. For years, West Africa has been associated with the trafficking by sea in cocaine from South America destined for Europe. The yearly value of cocaine transiting West Africa is estimated at \$1.25 billion. However, West Africa is also increasingly witnessing local manufacture of synthetic drugs destined mainly for Asia. That trend is particularly notable in Guinea and Nigeria. Beyond the trafficking of cocaine, West Africa has reportedly seen an increase in the use of both air and sea to traffic heroin. Cocaine trafficking has also been a concern in North Africa, as evidenced by seizures reported by countries in that subregion, including Algeria (over 88 kg) and Morocco (over 120 kg).

382. The increase in drug trafficking through the international airport in Lagos, Nigeria, was reportedly associated with a steady growth in passenger air travel. According to the summary report on the Nigerian aviation sector published by the National Bureau of Statistics of Nigeria on 1 May 2016, the total number of passengers who travelled through Nigerian airports in the third quarter of 2015 was almost 4 million people, an 8.5 per

⁵³Estimated on 8 September 2016.

cent increase relative to the second quarter of the same year. More than 30 persons were arrested at Lagos airport between January and March 2016 for drug-related offences.

383. There has also been an increased involvement by nationals of countries in Africa, in particular West Africa, in incidents related to global drug trafficking. Their involvement has been particularly visible in heroin trafficking along the southern route.

384. Trafficking of opiates originating in Afghanistan along the southern route, involving Africa as a transit or consumption region, is becoming more visible, with negative effects evident in the countries that lie along the route. Although both West and East Africa have reportedly seen persistent use of air couriers to traffic heroin, trafficking in opiates through ports in East Africa, including in Mombasa, Kenya, and Dar es Salaam, United Republic of Tanzania, is still the preferred method. Maritime trafficking is reportedly associated with the increase in container trade in East Africa. In 2015, authorities in the United Republic of Tanzania reported seizing a total of 50 kg of heroin. Madagascar reported seizing 1 kg of heroin destined for Seychelles.

385. Seizures of heroin in North Africa are limited. In 2015, Egypt reported a decline of nearly 16 per cent in seizures of heroin, from 613 kg in 2014 to 516 kg in 2015. Authorities in Algeria and Morocco reported seizing moderate quantities of heroin in 2015: 2.6 kg and 4.5 kg, respectively.

(b) Psychotropic substances

386. Countries in Africa have not been spared from illicit manufacture of and trafficking in psychotropic substances.

387. Evidence is provided by the fact that illicit methamphetamine laboratories continue to be dismantled in Nigeria. In March 2016, authorities in the country reported a seizure of 1.5 kg of methamphetamine and several chemicals, including acetic acid, acetone, benzaldehyde, hydrochloric acid and toluene, from one such site. The illicit laboratory was located in an abandoned factory in an industrial area of the Delta State of Nigeria, pointing towards a shift in the location of clandestine laboratories from in and around Lagos to more remote areas. Additionally, 266 kg of methamphetamine, bound for South Africa, were seized by authorities at the seaport in Lagos.

(c) Precursors

388. The collection, submission and analysis of precursors-related data by the national authorities remain serious challenges in many countries in Africa. Information on seizures of substances listed in Tables I and II of the 1988 Convention and seizures of internationally non-scheduled substances, as well as information on methods of diversion and illicit manufacture, stopped shipments and thefts involving those substances, which should be provided annually by Governments to the Board, remain limited and insufficient owing to a poor response rate.

389. Fourteen countries in Africa have registered with PICS. According to information provided through the system, the following countries in Africa have been identified as having been involved in incidents reported between November 2015 and November 2016: Cameroon, Ethiopia, Kenya, Mozambique, Namibia, Nigeria, South Africa, United Republic of Tanzania and Zambia. Those incidents indicate that Africa continues to be affected by the diversion of precursor chemicals, notably ephedrine and pseudoephedrine, used in the illicit manufacture of amphetamine-type stimulants. Most of those incidents involved seizures of ephedrine (totalling over 400 kg) reported by Nigeria and destined to South Africa. The majority of the seizures reported took place at the airport in Lagos or at a seaport; in some cases, methamphetamine (totalling over 350 kg) was also found together with ephedrine, using the same *modus operandi*. In South Africa, over 300 kg of ephedrine were reported to have been seized at different locations, including at an airport, a land border and a seaport. In 2015, Côte d'Ivoire seized over 277 kg of ephedrine.

390. Recent seizures outside Africa point to the growing significance of East Africa as a transit area for precursor chemicals. For example, in January 2016, authorities in Pakistan seized 21.7 tons of a misdeclared shipment of acetic anhydride, a Table I precursor used in the illicit manufacture of heroin. The investigation confirmed that the substance had transited the United Republic of Tanzania en route to Pakistan. Attempts to use East Africa, predominantly the United Republic of Tanzania, as a diversion point for heroin and amphetamine-type stimulant precursors were also reported in 2016.

391. Only Algeria, Benin, Côte d'Ivoire, Egypt, Ethiopia, Ghana, Kenya, Libya, Madagascar, Nigeria, South Africa, the Sudan, Togo, Uganda, the United Republic of Tanzania and Zimbabwe have invoked article 12, paragraph 10 (a), of the 1988 Convention, to be informed of chemical shipments prior to their departure from the exporting country. Shipments to other countries in the region that have

not yet invoked article 12, paragraph 10 (a), are therefore at risk of being diverted into illicit channels.

392. A comprehensive review of the situation with respect to the control of precursors and chemicals frequently used in the illicit manufacture of narcotic drugs and psychotropic substances in the region can be found in the 2016 report of the Board on the implementation of article 12 of the 1988 Convention.⁵⁴

(d) Substances not under international control

393. Information about the emergence of new psychoactive substances, the extent of their use and seizures of them in Africa remains limited, in particular with regard to synthetic new psychoactive substances, making it difficult to assess their impact in the region. During the reporting period, only one incident in Africa was reported through the INCB Project Ion Incident Communication System (IONICS), a secure online platform for enhanced communication of information on new psychoactive substances. That incident involved a shipment of 5 kg of khat (*Catha edulis*), a plant-based substance with psychoactive properties, that originated in South Africa, transited through Singapore and was destined for Hong Kong, China.

394. In 2015, Mauritius reported the first emergence of new psychoactive substances and identified 11 kinds of synthetic cannabinoids. They included 1-naphthalenyl-(1-pentyl-1H-indazol-3-yl)-methanone, 5F-AKB48, 5F-PB-22, AB-FUBINACA, APINACA, FUB-PB-22, JWH-073, JWH-210, MAM-2201, MDMB-CHMICA and QUCHIC.

395. The abuse of tramadol, a synthetic opioid analgesic that is not subject to international control, continues to be a matter of concern for countries in Africa, in particular in North and West Africa. However, seizures of tramadol in Egypt continued to decline, from 145 million tablets in 2014 to 90 million tablets in 2015, following the bringing of tramadol under national control in 2013. In 2015, the Control Unit at the port of Cotonu, Benin, seized over 40 million pills of counterfeit tramadol. Increased misuse of tramadol was reportedly observed in the Sahel region and seems to have increased in Libya, which is considered a major source of tramadol trafficked to Egypt.

5. Abuse and treatment

396. Owing to a paucity of detailed and reliable information related to abuse and treatment provided from the region, assessing the extent of drug abuse and accurately estimating the number of people in treatment in Africa remain challenging.

397. According to the information available, cannabis remains the primary drug for which drug users seek treatment. This could, however, be a result of limited treatment options for users of other drugs in many parts of Africa. The estimated annual prevalence rate of cannabis use in Africa is 7.6 per cent, twice the global average (3.8 per cent), with the estimated number of cannabis users in the continent as follows: 6.6 million in East Africa, 5.7 million in North Africa, 4.6 million in Southern Africa and over 30 million in West and Central Africa. The estimated annual prevalence rate of cannabis use in those subregions is 4.2 per cent, 4.4 per cent, 5.1 per cent and 12.4 per cent, respectively.

398. Although the information on cocaine abuse in Africa is very limited, the annual prevalence of cocaine use in Africa, based on data provided by very few African countries, is estimated at 0.4 per cent, comparable with the global estimate of 0.38 per cent.

399. Data on the annual prevalence of opiate use in Africa are, for many countries, more than 10 years old. According to the latest available information, however, the annual prevalence rate of opiate use in Africa was estimated at 0.31 per cent (almost 2 million users), which is comparable with the global estimate of 0.37 per cent. Within Africa, the estimates range from 0.15 per cent in East Africa, 0.25 per cent in North Africa and 0.34 per cent in Southern Africa to 0.43 per cent in West and Central Africa. Nonetheless, the abuse of opiates continues to be a significant problem in some countries, such as Kenya, Mauritius, Nigeria, Seychelles and South Africa. Owing to increased heroin trafficking to and through the region, as evidenced by large maritime seizures of the substance near its coastal areas, increases in the use of heroin and in drug abuse by injection have been reported in Kenya, Mauritius, Seychelles and the United Republic of Tanzania.

400. According to the 2016 edition of the *Guidelines on Use of Antiretroviral Drugs for Treating and Preventing HIV Infection in Kenya*, published by the Ministry of Health of Kenya, the prevalence of HIV among people who inject drugs is up to four times that among the general population. People who inject drugs reportedly have limited access to HIV prevention, care and treatment services in the country.

⁵⁴E/INCB/2016/4.

401. In Senegal, the Centre for the Integrated Management of Addiction in Dakar has estimated the number of intravenous drug users in the greater Dakar area at just over 1,300, representing approximately 12 per cent of all drug users in the city. The Centre remains the only drug treatment centre in West Africa providing integrated outreach, health care, treatment, rehabilitation, vocational training and social reintegration services to individuals suffering from drug abuse and addiction. The centre offers methadone substitution treatment as well as outpatient medical care, and dispatches mobile teams to establish contact with drug users and provide them with kits containing sterile syringes, condoms and basic medical supplies to prevent the transmission of blood-borne diseases such as HIV/AIDS and hepatitis C.

402. According to the Mauritius Revenue Authority, cannabis, heroin, sedatives, tranquillizers and buprenorphine are the types of drugs that are mostly abused in the country. In addition, synthetic cannabinoids were reported as being the preferred drug of choice. For example, according to *Health Statistics Report: 2015*, published by the Health Statistics Unit of the Ministry of Health and Quality of Life of Mauritius, 177 persons were treated at the Brown Seaward Psychiatric Hospital in 2015 for mental and behavioural disorders as a result of multiple drug use and use of psychoactive substances, and 17 persons were treated for mental and behavioural disorders that resulted from use of opioids or cannabinoids.

403. The Government of Mozambique reported an increase in the number of prevention programmes that were aimed in particular at young people and prison inmates. In 2015, health units in Mozambique reportedly assisted a total of 7,038 patients with psychiatric disorders related to drug use. Fifty per cent of those cases were in Maputo. Mozambique has observed that most drug users report consuming multiple substances and *Cannabis sativa*, while only a small percentage report using cocaine or heroin. Those reported to be most affected by drug use are aged between 26 and 30 years; that group accounts for 23 per cent of the total number of drug users. Ten per cent of registered drug users are under 20 years old.

404. As part of the implementation of its National Drug Strategy and Plan of Action, Algeria opened 39 treatment centres (out of the 53 planned) to provide drug treatment and rehabilitation facilities across the country.

405. In 2015, the General Secretariat of Mental Health and Addiction Treatment of the Ministry of Health of Egypt, in cooperation with UNODC, conducted an opioid substitution therapy feasibility study. According to the study, about 100,000 people in the country were

dependent on opioids. It was estimated that, of those, about 50 per cent were dependent on tramadol and the other half on heroin. The study estimated that 50,000 people were in need of opioid substitution therapy in Egypt. The feasibility study also focused on criteria for selecting opioid substitution therapy pilot sites and the substance to be used (methadone or buprenorphine/buprenorphine-naloxone). The study recommended that opioid substitution therapy be piloted in two hospitals in Cairo, with the target of 200 persons treated under the pilot programme.

B. Americas

Central America and the Caribbean

1. Major developments

406. The region of Central America and the Caribbean continues to be a major trans-shipment area for illicit drugs trafficked from the producing countries in the Andean region, notably Colombia, to final destination markets in the United States and, to a lesser extent, Canada and Europe. A total of 153 countries reported cocaine seizures between 2009 and 2014, and most of the illicit movement of cocaine was from South America to North America and Europe. In Central America and the Caribbean, the cocaine market has recently shifted to areas that had not previously been affected by drug abuse or trafficking.

407. The United States reported that, in 2014, 87 per cent of the cocaine entering the country had been trafficked through Central America and Mexico, and about 13 per cent through the Caribbean, primarily via the Dominican Republic and Puerto Rico. The Dominican Republic and Costa Rica were the countries most frequently identified by European countries as the origin of cocaine shipments destined for Europe.

408. Cocaine trafficking is reported to have had an environmental impact and has been linked to deforestation in Central America, specifically in Guatemala, Honduras and Nicaragua.⁵⁵ Deforestation is reported to have intensified in areas affected by drug trafficking, mainly through the building of clandestine roads and landing strips; the use of bribes, property fraud or force to pressure

⁵⁵Kendra McSweeney and others, "Drug policy as conservation policy: narco-deforestation", *Science*, vol. 343, No. 6170 (2014), pp. 489-490.