

A. Africa

1. Major developments

362. The illicit production of, trafficking in and abuse of cannabis, a major drug of concern in Africa, is a persistent challenge. While cannabis herb is illicitly cultivated in all subregions, illicit cannabis resin production remains limited to a few countries in North Africa. Seizures of cannabis resin reported by Morocco increased further in 2016 to nearly 237 tons, while Algeria and Egypt reported a significant decline in seizures.

363. Although cannabis remains the substance most widely abused in Africa, the abuse of cocaine, various opioids (including tramadol), amphetamine-type stimulants and emerging new psychoactive substances is reported to be growing. Drug use, in particular heroin abuse, also appears to have intensified in all subregions of Africa.

364. Trafficking in drugs frequently occurs in parallel with other illicit activities, such as trafficking in persons and arms, thereby worsening insecurity and instability across Africa. In South Africa, drug-related crime rates have increased by 11 per cent since the previous reporting period. Eight out of nine provinces in South Africa have experienced an upsurge in drug-related crime.

365. Transnational organized crime networks in Africa, including those involved in drug trafficking, are increasingly exploiting the Internet for their illicit activities. In Nigeria, the National Drug Law Enforcement Agency reported that various web pages and blogs had become the most common sources of drugs, and that drugs were increasingly advertised and traded online.

2. Regional cooperation

366. In November 2016, INTERPOL carried out an eight-day operation code-named “Adwenpa II” to reinforce border security in the West Africa subregion. The operation built on the success of the first operation “Adwenpa”, which had been part of a capacity-building programme to strengthen border management in West Africa. “Adwenpa II” involved 28 key border crossing points between 14 countries: Benin, Burkina Faso, Côte d’Ivoire, Gambia, Ghana, Guinea, Guinea-Bissau, Liberia, Mali, Niger, Nigeria, Senegal, Sierra Leone and Togo. It resulted, inter alia, in multiple seizures of cocaine, cannabis, heroin, methamphetamine and other drugs.

367. In 2016, UNODC, ECOWAS and the European Union launched a call for proposals for the funding of innovative drug prevention initiatives and pilot programmes. The initiatives and programmes that were selected were in Burkina Faso, Cabo Verde, Liberia, Mauritania, Sierra Leone and Togo. The main target group consists of young people. The grants were to enable civil society organizations to implement interventions and policies that the available scientific evidence has shown to be effective in preventing substance abuse, as outlined in the UNODC International Standards on Drug Prevention. Support was also provided to national authorities and institutions to promote intra-sectoral cooperation.

368. The second meeting of the African Union Specialized Technical Committee on Health, Population and Drug Control was held in Addis Ababa from 20 to 24 March 2017. Participants from 34 African Union member States, African Union organs, ECOWAS, United Nations agencies, intergovernmental and non-governmental organizations and cooperation partners attended. The African Union member States represented at the meeting were Algeria, Angola, Burkina Faso, Cameroon, Chad, the Comoros, the Congo, the Democratic Republic of the Congo, Egypt, Eritrea, Ethiopia, the Gambia, Guinea, Kenya, Lesotho, Mali, Mauritania, Morocco, Mozambique, Namibia, Nigeria, Rwanda, Senegal, Sierra Leone, South Africa, South Sudan, Sudan, Swaziland, Togo, Tunisia, Uganda, the United Republic of Tanzania, Zambia and Zimbabwe. The ministers’ meeting, which was part of the event, endorsed a number of recommendations, including: to consider and treat drug use disorders as health conditions; to fully develop and adopt national drug policies; to ensure that people who use drugs are provided with access to treatment and psychological services; to recognize the special risks that young women and girls face regarding drug use; and to include drug use prevention in core curricula of law enforcement and medical institutions in order to broaden the prevention workforce in Africa.

369. In January 2017, the African Union Mechanism for Police Cooperation (AFRIPOL) was officially created in Addis Ababa. AFRIPOL held its first general assembly in Algiers in May 2017. Participants from 45 African Union member States agreed on the adoption of a three-year workplan (2017–2019) that sets out strategic outcomes for various crime areas, including drug trafficking.

370. In March 2017, in Zanzibar, the representatives of the Triangular Initiative countries gathered for the first time with representatives of States of the African and Indian Ocean regions. The participating countries included six African States: Kenya, Madagascar, Nigeria, Seychelles, South Africa and the United Republic of

Tanzania. The meeting facilitated interregional sharing of experiences and best practices in detecting, investigating and disrupting the methods used by transnational organized crime groups to finance their activities.

371. The Twenty-seventh Meeting of Heads of National Drug Law Enforcement Agencies, Africa, was held in Hurghada, Egypt from 18 to 22 September 2017. Discussions focused on regional and subregional cooperation in countering drug trafficking. During the working groups, participants considered the following topics: effective measures to counter money-laundering and illicit financial flows; enhancing coordination of the regional communication platforms that support drug law enforcement across Africa; trafficking in new psychoactive substances, including khat (*Catha edulis*), benzodiazepines and tramadol, and law enforcement responses; and addressing the specific needs of women and girls in the context of the world drug problem.

3. National legislation, policy and action

372. In March 2017, Seychelles amended its Misuse of Drugs Act by inserting into Schedule I synthetic cannabinoids in any form.

373. In Somalia, the new national development plan 2017–2019, launched by the federal Government in November 2016, states that drug trafficking presents a major threat to the country's maritime security. The strategic geographic location of Somalia offers vast opportunities for illegal activities, including drug trafficking. The plan stresses that drugs are a serious problem affecting young people in Somalia today. The national development plan focuses on increasing economic opportunities for young people as a way of stopping those negative trends.

374. In May 2017, the parliament of Tunisia adopted Law No. 2017-39 amending Law No. 92-52 on narcotic drugs. The amendment provides for the repeal and replacement of article 12 of Law No. 92-52. Under the new article, judges, at their own discretion (as authorized by article 53 of the penal code), may choose not to impose the minimum jail sentence and fine provided for by Law No. 92-52. This applies only to consumption or possession of narcotics for personal use.

375. In February 2017, the Drug Control and Enforcement Authority of the United Republic of Tanzania formally replaced the Drug Control Commission as the leading organization for drug control in the country. The Authority was established under the Drug Control and Enforcement Act, 2015, which had replaced the Drugs

and Prevention of Illicit Traffic in Drugs Act, 1995. The Authority has been entrusted with coordinating a national drug response and given the power to conduct investigations, seize drugs and arrest offenders.

4. Cultivation, production, manufacture and trafficking

(a) Narcotic drugs

376. Africa remains a key transit region for drug trafficking. Cannabis continues to present challenges on the continent. While cannabis herb is illicitly cultivated in all subregions, illicit cannabis resin production remains limited to a few countries, in North Africa in particular, with Morocco being reported most often the source country. Reportedly, most cannabis resin in North Africa is trafficked to Europe. On the other hand, the available information suggests that cannabis herb is trafficked mostly within Africa. Africa's relevance as a transit region for cocaine is also growing. While in previous years, West African countries were the main transit area for cocaine trafficking, North African countries are increasingly also being used as a transit route for cocaine originating in South America and on its way to Europe. According to UNODC, cocaine reaches Africa by various routes, but it mainly arrives directly from South America or indirectly via the Sahel region and West Africa or, to a lesser extent, via Europe. Opiates originating in Afghanistan are transiting through Africa, and then being trafficked onward to Europe, North America and other consumer markets.

377. In 2016, several African countries reported seizures of cannabis herb. Seizures reported by Egypt dropped by about 45 per cent in relation to the previous year, from 360 to 200 tons. Similarly, in Madagascar, reported seizures dropped by 62 per cent, from 8 to 3 tons, while in Zambia, the reported figures increased from 17 to 20 tons. Notable seizures of cannabis herb were also reported by Ghana (more than 2 tons), Kenya (almost 9 tons), Mozambique (more than 1 ton), Nigeria (more than 4 tons), and Sudan (45 tons).

378. In 2016, Morocco reported one of the largest seizures of cannabis resin worldwide, nearly 237 tons, compared to 235 tons in 2015. Most of the cannabis resin seized in Morocco was bound for European markets, in particular Spain and France, while some was meant for local consumption. Also, trafficking in cannabis by sea continues to be a major challenge for the Moroccan authorities.

379. Algeria and Egypt also once again reported large seizures of cannabis resin. However, the quantities reported by both Governments had significantly declined over the previous few years, in particular since 2013. In Algeria, seizures of cannabis resin declined to 109 tons in 2016, 14 per cent less than in 2015 (127 tons) and 48 per cent less than in 2013 (211 tons). It was estimated that 75 to 80 per cent of the cannabis resin was being trafficked through provinces located in the north-west of the country, including through maritime ports. The remainder, 20 to 25 per cent, was destined for local consumption. Egypt reported some 29 tons of cannabis resin seized in 2016, 12 per cent less than in 2015 (33 tons) and 65 per cent less than in 2013 (84 tons).

380. Various reports from European Union countries point to an emerging trafficking route for cannabis resin using Libya as a major transit hub. Cannabis resin originating from Morocco is increasingly being trafficked across the Mediterranean, mainly to Italy, and from there onwards to various other destinations. However, most cannabis resin leaving Morocco is still going to Spain, with only smaller amounts going to Italy, either directly or via Libya.

381. The data reported by African countries on the eradication of cannabis remain limited, therefore it is a challenge to assess their efforts in that regard. However, according to the information available, worldwide, Morocco ranked second and Nigeria third in terms of the areas of cannabis cultivation they had eradicated over the period 2010–2015. Although the area under cannabis cultivation in Morocco may have decreased in recent years as reported by the national authorities, yields seem to have stabilized owing to the introduction of high-yield varieties. New production techniques and high-potency plants have reportedly been introduced in Morocco recently. In addition, Kenyan authorities eradicated 12 ha of cannabis and seized 6,095 marijuana plants in 2016, while authorities of Zambia seized almost 40 tons of cannabis plants.

382. Africa's growing relevance as a transit region for cocaine was confirmed by a series of large cocaine seizures reported by various countries on the continent. UNODC considers that this development may be attributed to the expansion of the cocaine market worldwide.

383. Cocaine was mostly transported to Morocco from South America along commercial air and sea routes. For 2016, authorities in Morocco reported the largest quantity of cocaine ever seized in the country, totalling 1,621 kg, compared to 120 kg seized in 2015. In October 2017, Moroccan authorities reportedly seized 2.5 tons of cocaine in a single operation, taking place in two locations. The

cocaine came from Brazil and was bound for countries in Africa and Europe. In addition, in January 2017, the country's Judiciary Police reported about 116 kg of cocaine seized in Tangier.

384. Tunisia also reported unprecedented seizures of cocaine from South America. Tunisia seems to be a transit as well as a destination country for South American cocaine. In September 2016, authorities in Brazil seized 602 kg of cocaine concealed in 18 bags of organic sugar placed in a container bound for the port of Tunis via Italy. In March 2017, more than 31.5 kg of cocaine were seized in the Mediterranean by the Tunisian Maritime Guard. In 2016, seizures of cocaine were also reported by Algeria (59 kg), Egypt (26 kg), Kenya (113 kg), South Africa (191 kg), the Sudan (10 kg) and Zambia (26 kg).

385. Other countries in Africa, including Djibouti, Ghana, Madagascar, Mali, Mozambique, and Nigeria also reported seizures of cocaine. In January 2017, police in Djibouti seized 500 kg of cocaine at the main port in a shipment originating from Brazil. According to the authorities, it was the biggest seizure of cocaine in Djibouti and in East Africa as a whole since 2004. In addition, Ghana seems to be an important transit country for cocaine destined for Europe, although seizures made in Ghana have declined and are now rather modest. In 2016, Ghana reported seizing 6 kg of cocaine (which had originated in Brazil), down from 465 kg seized in 2014 and 901 kg seized in 2013. In 2016, Madagascar and Mozambique reported modest amounts of cocaine being seized, with both countries reporting less than 1 kg each.

386. In Mali, in December 2016 and January 2017, the joint airport interdiction task forces established under the UNODC-INTERPOL-World Customs Organization (WCO) Airport Communication Project (AIRCOP) seized 2 kg of cocaine in Bamako that had originated in Latin America and was being trafficked to Europe. In 2016, Nigeria reported cocaine seizures totalling 82 kg.

387. Trafficking in opiates originating in Afghanistan via the southern route has continued, and the abuse of opiates in Africa has continued to increase. In South Africa, there were several cases in which heroin had been smuggled from Pakistan to be sent onward to the United States. However, most of the heroin trafficked into South Africa was intended for local consumption. In 2016, very few African countries reported seizures of heroin; they were Algeria, Egypt, Ghana, Kenya, Madagascar, Morocco, Mozambique, Nigeria, South Africa, the United Republic of Tanzania and Zambia. The quantities seized were between 30 grams and 816 kg. Between January and June 2017, authorities in the

United Republic of Tanzania seized more than 27 kg of heroin. Seizures of heroin trafficked from Africa were also reported by authorities in Europe. The Combined Maritime Forces, operating in the Indian Ocean off the coast of Eastern Africa, regularly make seizures of several hundred kilograms each. In May 2017, for example, the Royal Navy of the United Kingdom detected and destroyed 266 kg of heroin found in a freezer on a fishing boat.

388. In South Africa, abuse of the street-drug mixture “nyaope” although illegal since March 2014, is on the rise. Its main active ingredient is heroin, and it is highly addictive. “Nyaope” is usually wrapped in a cannabis leaf and smoked. The withdrawal symptoms are very severe. “Nyaope” is consumed mostly by young people from poor backgrounds, as it is more affordable than other drugs and easily available in townships and informal settlement areas.

(b) Psychotropic substances

389. In Morocco, officials reported the seizure of more than 1 million tablets of psychotropic substances in 2016.

390. Concern about methamphetamine manufactured in West Africa is growing. In the past few years, methamphetamine was smuggled to Asia and Oceania from various African subregions, primarily North, West and Central Africa. Organized criminal networks in Nigeria manufacturing and trafficking methamphetamine primarily target markets in South-East Asian countries. Between 1 November 2016 and 1 November 2017, the National Drug Law Enforcement Agency of Nigeria reported seizures of several drugs, including methamphetamine. The total amount of methamphetamine seized was 40 kg. In 2016, authorities of Kenya and South Africa reported methamphetamine seizures of 9 kg and 440 kg, respectively.

391. Operation “Lionfish”, one of the operations led by INTERPOL, revealed a network of West African organized crime groups involved in methamphetamine trafficking. In total, more than 120 kg of methamphetamine were seized during the operation. A number of arrests were made as a result of specific intelligence-sharing. The arrests helped to identify a cocaine trafficking route via Ethiopia to the Middle East, Asia and the Pacific.

392. In 2016, the South African Police Service reported an increase in the number of clandestine laboratories manufacturing synthetic drugs, including methamphetamine, that are largely destined for the domestic market. East Asia and, to a lesser extent, South Africa are the main markets for methamphetamine manufactured in East Africa.

(c) Precursors

393. Because of the poor response rate for form D, reliable data for the region on seizures of substances listed in Tables I and II of the 1988 Convention and of substances not under international control remain limited or are non-existent. As at 1 November 2017, only 21 African countries returned form D for 2016, and in most cases data were either missing or insufficient. However, incidents communicated through PICS confirm that Africa continues to be affected by trafficking in precursor chemicals.

394. According to data communicated through PICS, between 1 November 2016 and 1 November 2017, the African countries involved in precursor-related incidents as countries of origin, transit or destination were Mozambique, Nigeria, South Africa and the United Republic of Tanzania. The main precursor communicated through PICS was ephedrine, which is used in the illicit manufacture of methamphetamine. Other precursors communicated were acetic anhydride (a key chemical in the manufacture of heroin), acetone and methyl ethyl ketone.

395. The available data suggest that South Africa remains a key destination for smuggled ephedrine and pseudoephedrine. In November 2016, the National Drug Law Enforcement Agency of Nigeria shared information through PICS about a single seizure it had made at Lagos airport of almost 84 kg of ephedrine destined for South Africa. The Narcotics Control Bureau of India seized 15 kg of pseudoephedrine, also destined for South Africa.

396. According to authorities in the United Republic of Tanzania, the diversion of precursor chemicals continued in 2017. One seizure of various chemicals included 25 litres of acetic anhydride that had originated in France. Other cases involving large quantities of precursor chemicals were still under investigation.

397. 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 Africa can be found in the report of the Board for 2017 on the implementation of article 12 of the 1988 Convention.

(d) Substances not under international control

398. Trafficking in and abuse of substances not under international control remains a serious concern in a number of African countries. The available data suggest that the non-medical use of tramadol, a synthetic opioid

analgesic, is growing, as evidenced by seizures in Central, North and West Africa.

399. Increased abuse of tramadol was observed in the Sahel region. In 2016, more than 8 million tablets were seized in the Niger, which is particularly affected by tramadol misuse. Authorities in Nigeria reported seizing 3.1 tons of tramadol in 2016. Misuse has also increased in Libya, which is considered a major source of tramadol trafficked to Egypt. Drug seizures made in 2016 by Governments in West Africa as part of the UNODC Container Control Programme included more than 10 tons of tramadol. In Sudan, almost 700,000 tablets were seized in 2016.

400. In November 2017, Indian authorities reportedly seized a record 23.5 tons of methaqualone tablets. The raw materials for methaqualone were imported from Indonesia, and the final product was intended for delivery in Mozambique or South Africa. South African authorities reported seizing almost 4 tons of methaqualone in 2016.

401. Khat (*Catha edulis*) is a plant-based substance not under international control. Between 1 November 2016 and 1 November 2017, several incidents involving khat originating from African countries were reported. In 2017, authorities in Spain reported the seizure of two shipments of khat, one of 75 kg originating in Kenya and another of 100 kg originating in Ethiopia. In addition, authorities in Malaysia reported 10 incidents involving a total of 231 kg of khat originating from Ethiopia. Seizures were in the range of 8 kg to 78 kg per incident. Seizures of almost 11 tons of khat were reported by Sudan for 2016.

5. Abuse and treatment

402. Cannabis still remains the primary drug for which drug users seek treatment in Africa. Available data suggest that the annual prevalence rate of use of cannabis among Africans aged 15 to 64 continues to be high and is estimated to be 7.5 per cent, nearly double the global average. West and Central Africa are the subregions with the highest prevalence rates, estimated at 12.4 per cent. However, the true extent of drug abuse in Africa is unclear, as prevalence data are mostly outdated or unrepresentative, or are non-existent. This applies to drug types other than cannabis as well.

403. Based on the limited data available, Africa seems to be experiencing a greater increase in heroin use than other regions. According to UNODC, Côte d'Ivoire, Kenya, Mozambique, Nigeria, South Africa, the United Republic of Tanzania and Zambia reported an increase in the abuse of heroin. Of those countries, Mozambique, Nigeria, South Africa and the United Republic of Tanzania also reported

an increasing number of people seeking treatment for opioid use disorders. It is estimated that the annual prevalence of the use of opiates in Africa among people aged 15 to 64 is 0.30 per cent, or more than 2 million people, a rate comparable to the global average estimate of 0.37 per cent.

404. In Nigeria, drug abuse is on the rise, especially among women and young people. Moreover, treatment options are limited and drug users face stigma in their communities. Nonetheless, drug dependence treatment in Nigeria improved in the past years with the introduction of national minimum standards for drug dependence treatment and of a standard policy and practice guidelines for counsellors working with the National Drug Law Enforcement Agency. The strategies recommended by that agency for dealing with the rising rate of drug abuse included the orientation and education of young people, demand reduction, rehabilitation and the reintegration of drug-dependent individuals into society.

405. In June 2017, the Ministry of Health of Kenya launched a national substance disorders treatment protocol. Kenya is experiencing an increase in substance abuse. The upsurge in the abuse of drugs by injection can be attributed to increasing international drug trafficking coupled with the location of Kenya at a crossroads for international trade in the region. Statistics indicate that more than 50 per cent of drug users are aged 10 to 19, something that could have devastating effects on the socio-economic development of the country and the health of its population. Evidence suggests that the strengthening of treatment services for substance abuse disorders and the constant improvement of those services play a crucial role in reducing the demand for drugs, HIV transmission among drug users and drug-related crime.

406. Health systems in most African countries do not have the resources or the capacity to ascertain the extent and patterns of drug use or to offer adequate drug abuse prevention and treatment services. However, in Burundi, Cabo Verde, Eritrea, Ethiopia, Kenya, Liberia, Madagascar, Mauritius, Mozambique, Nigeria, Senegal, Seychelles and the United Republic of Tanzania, drug dependence treatment has improved noticeably.

407. Opioid substitution therapy is now available in several African countries including Algeria, Kenya, Mauritius, Morocco, Senegal, South Africa and the United Republic of Tanzania. In addition, Egypt is contemplating a pilot project, and Seychelles is assessing a pilot project. According to the African Union, needle and syringe programmes for people who abuse drugs by injection are available in Kenya, Mauritius and the United Republic of Tanzania. Moreover, Morocco opened two new addiction centres in 2017, while

Egypt opened a drug treatment facility in Cairo. Since 2016, buprenorphine has been approved for use in Morocco, in addition to methadone. Similarly, Mauritius introduced the use of buprenorphine and naltrexone for relapse prevention, while Zanzibar, United Republic of Tanzania, initiated the use of methadone.

408. As of 31 December 2016, the Centre for the Integrated Management of Addiction, at the University Hospital of Dakar, had had 651 drug users apply to be enrolled in its opioid substitution treatment programme but admitted only 178 due to capacity restraints. The substitution drug used was methadone.

409. In February 2017, the only drug abuse treatment and prevention centre in Tunisia, “El Amal”, reopened with the support of the Health Ministry. It had been closed several years ago. Its reopening strengthens the treatment of drug users in the country.

410. In 2016, a study was published on patterns of substance abuse among university students in South Africa. It found that current cannabis use stood at 17.3 per cent. Another study, also published in 2016, found that polydrug use among students in Botswana aged 10 to 19 combined illicit drugs and tobacco (26.6 per cent), alcohol, tobacco and illicit drugs (18.7 per cent), and illicit drugs and alcohol (12.3 per cent). In each case, males were more likely to have engaged in multiple substance use than females. Another finding was that the lifetime use of habit-forming substances was common in Botswana. The finding pointed to a need for immediate programme interventions.

411. Countries in Africa were still lagging behind in offering treatment for substance abuse. According to UNODC, only one third of countries in Africa are likely to have a budget allocated for treating substance abuse. Treatment and rehabilitation facilities, as well as basic drug-related treatment and health services were still scarce in many African countries. The bulk of the treatment provided was detoxification, sometimes with psychosocial support. Available facilities were generally poorly funded and had few qualified personnel. Care was usually provided in overcrowded psychiatric hospitals without specialized drug dependence services, or offered by non-monitored traditional healers and faith-based facilities.