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United Nations Office on Drugs and Crime



The Afghan Opiate Trade and Africa - A Baseline Assessment



2016

**The Afghan Opiate Trade and Africa -
A Baseline Assessment 2016**

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Disclaimers

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Glossary

AA	Acetic Anhydride
AGE	Anti-Government Element
AIDS	Acquired Immune Deficiency Syndrome
AND	Anti-Narcotic Department, Jordan
ANF	Anti-Narcotics Forces, Pakistan
ANGA	Anti-Narcotics General Administration, Egypt
ANGA	Ani-Narcotics General Administration, Libya
ANSDF	Afghanistan's National Security and Defence Force
AoO	Area of Operations
AOTP	Afghan Opiate Trade Project
ARQ	Annual Report Questionnaire
AFTA	Asia Free Trade Area
APTA	Asia Pacific Trade Agreement
ATS	Amphetamine-Type Stimulants
BBC	British Broadcasting Corporation
BKA	Bundeskriminalamt, Germany
CARICC	Central Asian Regional Information and Coordination Centre
CCP	UNODC Global Container Control Programme
CEN	Customs Enforcement Network
CEWG	Community Epidemiology Work Group
CID	Central Investigation Department, Nigeria
CMF	Combined Maritime Forces
CNP	Cuerpo Nacional de Policia, Spain
CNPA	Counter Narcotics Police of Afghanistan, Afghanistan
COAFG	UNODC Country Office for Afghanistan
DEA	Drug Enforcement Administration, United States of America
DELTA	Database on Estimates and Long Term Trend Analysis
GBP	British Pound Sterling
GDP	Gross Domestic Product
DMP	Drugs Monitoring Platform
GCC	Gulf Cooperation Council
EMCDDA	European Monitoring Centre for Drugs and Drug Addiction
EU	European Union
EUROPOL	European Police Office
FC	Frontier Corps, Pakistan
gm	Grams
ha	Hectares
HDI	Human Development Index
HIV	Human immunodeficiency virus
I.R.	Islamic Republic
IDS	Individual Drug Seizures
IDU	Injecting drug use
INCB	International Narcotics Control Board
INSCR	International Narcotics Control Strategy Report
INTERPOL	International Criminal Police Organization
ISAF	International Security Assistance Force
kg	Kilograms
km	Kilometres

mt	Metric ton
MCN	Ministry of Counter Narcotics, Afghanistan
MAR-INFO	An information system executed by the EU Council Customs Working Party
MOI	Ministry of Interior
No.	Number
NCA	National Crime Agency, United Kingdom
NCB	Narcotics Control Bureau, India
NDLEA	National Drug Law Enforcement Agency, Nigeria
PDR	People's Democratic Republic
RCMP	Royal Canadian Mounted Police, Canada
RILO	Regional Intelligence Liaison Office
ROSA	Regional Office for South Asia
ROSEN	Regional Office for West and Central Africa
S.A.R	Special Administrative Region
SADC	Southern Africa Development Community
SAFTA	South Asian Free Trade Area
UN	United Nations
UNDP	United Nations Development Programme
UNDSS	United Nations Department of Safety and Security
UNODC	United Nations Office on Drugs and Crime
USD	U.S. Dollar
WCO	World Customs Organization
ZKA	Zollkriminalamt, Germany

Key Findings

This report presents a “Baseline Assessment” of the illicit Afghan opiate trafficking situation in Africa, with a focus on heroin trafficking along the southern route out of Afghanistan into, through and from Africa. The main objective of this report is to provide an initial evidence base to support policymakers and law enforcement officials in evaluating the trafficking of Afghan opiates into and across the continent, and to allow the development of effective responses to the issue. While Africa has traditionally been perceived as a transit region for heroin and other drugs moving to destination markets in Europe, North America and Asia, drug trafficking and organized crime is increasingly posing a multifaceted challenge to health, the rule of law and development within the continent itself.

Eastern Africa faces many challenges. Natural disasters and civil war, recurrent food shortages and droughts have left many of the region’s 180 million people struggling under extreme poverty, and this has been exacerbated by corruption and poor governance. Eastern Africa is increasingly becoming a major landing point for heroin shipped from Afghanistan to Africa via the Indian Ocean. However, despite this increase in maritime smuggling, seizure rates of opiate within Eastern Africa remain low.

In Western Africa, drug trafficking, notably via air couriers, has been going on for decades with trafficking networks making extensive use of established courier networks to move drugs, both heroin and cocaine, towards destination markets. This is one of the poorest regions in the world, and in many of the countries in this region governance and law enforcement continues to face challenges as a result of a lack of resources, making the region vulnerable to organised crime. These factors, combined with West Africa’s geographic location along major and well established trafficking routes between, for example, South America and Europe, make it attractive to organized crime.

Northern Africa appears to be somewhat of an outlier in this analysis of the opiate trade in the African continent, possibly due to being separate from wider drug trafficking trends seen in sub-Saharan Africa, and as a result of being mainly supplied by a sub-section of the Balkan route rather than the southern route. Heroin seizures in Northern Africa are limited and drug addiction rates are generally low.

Knowledge of the current drug trafficking picture in Southern Africa is limited. A lack of heroin seizure, purity and consumption data is notable across the region, largely due to a lack of law enforcement capacity and poor data collection processes. While Mozambique and South Africa are known to be major transshipment countries for Afghan opiates, the broader picture of how this affects Southern Africa remains largely unknown. There remains a risk that traffickers will exploit limited law enforcement capacity in Southern Africa, leading to increasing drug trafficking and use, which in turn will further inhibit economic and social development within the region.

Comprehensive data on the prices of opiates throughout Africa is currently unavailable. Although heroin commands a reasonably high price in parts of Africa, greater profits can generally be made in other destination markets and it is likely that prices of heroin in Africa remain significantly lower than in other international markets. There is limited data on the purity of heroin trafficked into, through and out of Africa, and there is no evidence to suggest that heroin is produced in Africa itself.

Globally, Africa is estimated to be home to 11 per cent of global opiate users and of this 11 per cent of users living in Africa, more than 50 per cent live in Western and Central Africa. While cannabis remains the number one illicit drug used both on the continent and globally, and the only drug produced in Africa for export in large quantities, heroin appears to be becoming more popular in some areas, particularly in Eastern Africa. Synthetic opiates such as Tramadol are also used in Africa and use of such opiates may lead to the use of Afghan opiates, should market conditions for heroin change. Use of Afghan-sourced heroin has wider public health impacts in Africa, including on transmission rates of HIV and Hepatitis C, although data on this area remains limited.

There are obvious challenges in attempting to analyze organized crime in general, and these challenges are even more apparent in Africa, since the industries and participants are generally adverse to external scrutiny. An additional complicating factor is the lack of consistent and reliable data on which to base assessments. Drug trafficking in Western Africa appears to be dominated by Nigerian crime groups, and in Eastern Africa Baluch diasporas appear to be involved in heroin trafficking from South West Asia. There is very little information available on how African organized crime networks are structured, the nature of their links to international drug markets, or the extent to which they are involved in other types of organized crime such as trafficking of persons.

The links between insecurity and the drugs trade in Africa remain largely unknown. Drug traffickers, insurgent groups and violent extremists all thrive in parts of Africa where there is minimal legitimate government authority, which in turn poses a wider threat to security and development across the continent. While these groups may share a similar geographic space, an understanding of how these groups are linked – if at all – remains difficult to quantify. Additionally the extent of drug related corruption within government structures in Africa is difficult to assess.

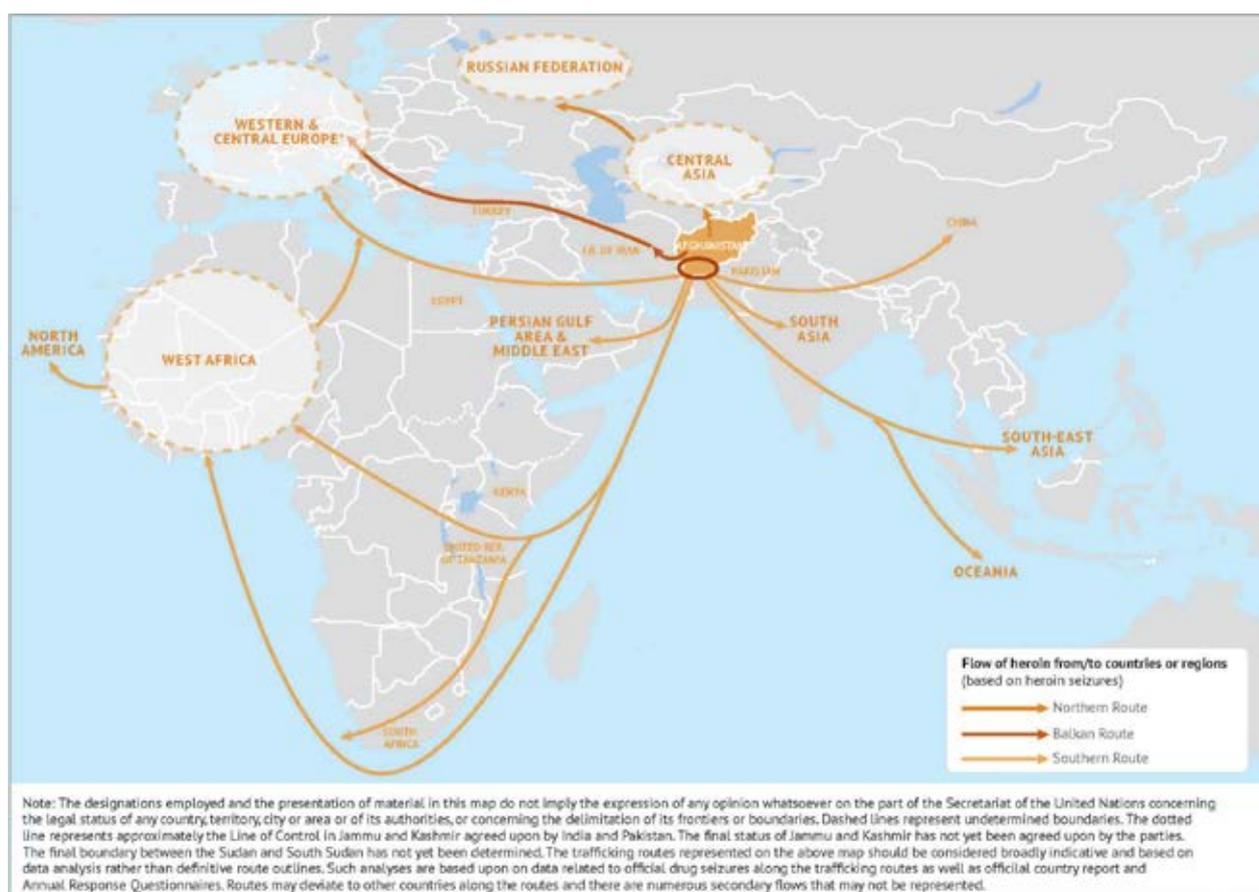
Drug trafficking is a serious challenge to Africa and is taking place against a backdrop of real economic growth and development in parts of the continent. There are growing signs that heroin trafficking to Africa is no longer solely about transit to other regions, but is also feeding a burgeoning domestic consumer market. For Africa, the significance of this shift is potentially substantial, since the continent as a whole has a limited capacity to respond to a potential upsurge in heroin trafficking. Although some African countries are known to be major centers for drug trafficking, a potential increase in heroin demand and consumption in Africa means that other countries, previously with limited drug related activity, may become more vulnerable to the trade. Early warning of which countries might likely be affected, is urgently needed – however this will require greater capacity within Africa to collect, analyze, report and act on drug related information.

In producing this report, it has become apparent that detailed reporting, analysis and understanding of the opiate trade operating in Africa is limited, and that the true impact of the trade more generally on the continent is not widely understood. A lack of capacity to collect, analysis and assess data on the opiate trade in Africa has led to significant gaps in both the UNODC and African Member State's knowledge of the trade. Where possible areas of limited information have been highlighted in the text. In this report UNODC has also provided a list of key knowledge gaps on important questions relating to the opiate trade within Africa. These knowledge gaps are listed at the end of the report. It is hoped that these gaps can provide research questions for future UNODC assessments, and can direct both Member States and the International Community to develop a greater understanding of the Afghan opiate trade and its impact on Africa.

Introduction

Afghan heroin is trafficked to every region of the world except Latin America. A global network of routes, facilitated by international and domestic crime groups ensures that heroin is trafficked from production countries in South West Asia to global consumer markets. Multiple factors affect traffickers' choice of routes including risk of detection, geo-political changes, logistical difficulties, topographic considerations and existing relationships between criminal groups.

Map 1: Indicative Afghan heroin trafficking routes



Source: UNODC elaboration, based on seizure data from Drug Monitoring Platform (DMP), Individual Drug Seizures (IDS) and Annual Report Questionnaires (ARQ), supplemented by national government reports and other official reports.

Three broad trafficking routes have been identified for the movement of Afghan heroin. The “northern route” is the main heroin trafficking corridor linking Afghanistan to Central Asia and the large market of the Russian Federation. An emerging network of trajectories known collectively as the “southern route” travels southward from Afghanistan, either through Pakistan or the Islamic Republic of Iran¹, crosses the Indian Ocean and targets Africa, Europe, and Asia. The third and oldest route is an overland trajectory that crosses the Islamic Republic of Iran, Turkey and South-Eastern Europe to Western and Central Europe and is colloquially known as the “Balkan route”.² This report presents a “Baseline Assessment” of the illicit Afghan opiate trafficking situation in Africa, with a focus on heroin trafficking along the southern route out of Afghanistan to, through and from Africa.

The main objective of this report is to provide an initial evidence base for policymakers and law enforcement to evaluate the trafficking of Afghan opiates into and across the continent and to allow the development of effective responses to the problem. The analysis in this report comes with an important caveat; that many

1 UNODC, World Drug Report 2015, p.43.

2 UNODC, World Drug Report 2015, p.43.

countries in the region lack the capacity to produce, collect, analyze and share data on the illicit drug trade and associated trade in precursor chemicals. Development of governmental and independent research and analytic capacity within Africa in the field of organized crime remains a key challenge. Indeed, this report is to be considered a “Baseline Assessment” of the state of the Afghan opiate trade in Africa, upon which further research can be developed in future. Similarly, information on law enforcement and criminal justice activities in Africa, as well as forensic analysis remains sparse, which makes it difficult to form an accurate picture of regional and national trends in any depth. This report, therefore allows UNODC to develop a picture of the problem as it currently is, albeit based on limited information, but provides a useful start point for future research and analysis to support policy makers and operational activity.

Africa has traditionally been perceived as a transit region for heroin and other drugs moving to destination markets in Western and Central Europe, but drug trafficking and organized crime increasingly pose a multifaceted challenge to health, the rule of law and development within the continent itself. Additionally, drug traffickers, insurgent groups and terrorists all thrive in parts of Africa where there is minimal legitimate government authority, which in turn poses a wider threat to security and development across the continent. Research is still limited in this area, and although direct links between terrorist groups and opiate traffickers have not yet been identified, it is possible that such relationships may be occurring within Africa, or may develop in future.

The first chapter of the report provides an overview of the broad features and drivers of drug trafficking routes to and through Africa and the groups that operate them, the key point being that organized criminal groups associated with trafficking Afghan heroin are expanding in Africa, and that this expansion threatens security and stability. Chapter Two then develops the geographical focus of the report, starting first with an overview of opiate production in Afghanistan, before looking at various regions within Africa to describe more specific routes, trends in seizures and the modus operandi of trafficking groups. The challenges that traffickers present to governance, stability, health and development within Africa are becoming increasingly apparent. Yet these challenges are largely beyond the individual reach of any single African government; they link developed and developing regions and require international cooperation in order to make progress. Chapter Three, Impacts and Challenges, focuses primarily on these issues, as well as looking at efforts to increase cooperation within Africa and between source and destination countries. The changing nature of trafficking into Africa, with growing maritime drug shipments, presents significant challenges to counter-narcotics efforts in Africa. There remain extensive knowledge gaps, which is particularly evident with regard to forensic information and data on local drug markets. Having reviewed the latest trends in illicit drug supply and demand and the current efforts to stem illicit trafficking within West Africa, Chapter Four, The way forward, presents a selection of potential steps that could form part of an integrated and comprehensive response to the trafficking of illicit Afghan opiates. Finally, a series of Annexes at the end of the report detail the methodology used in this assessment, and provide a view of the regional groupings used in this report.

Sources and Data

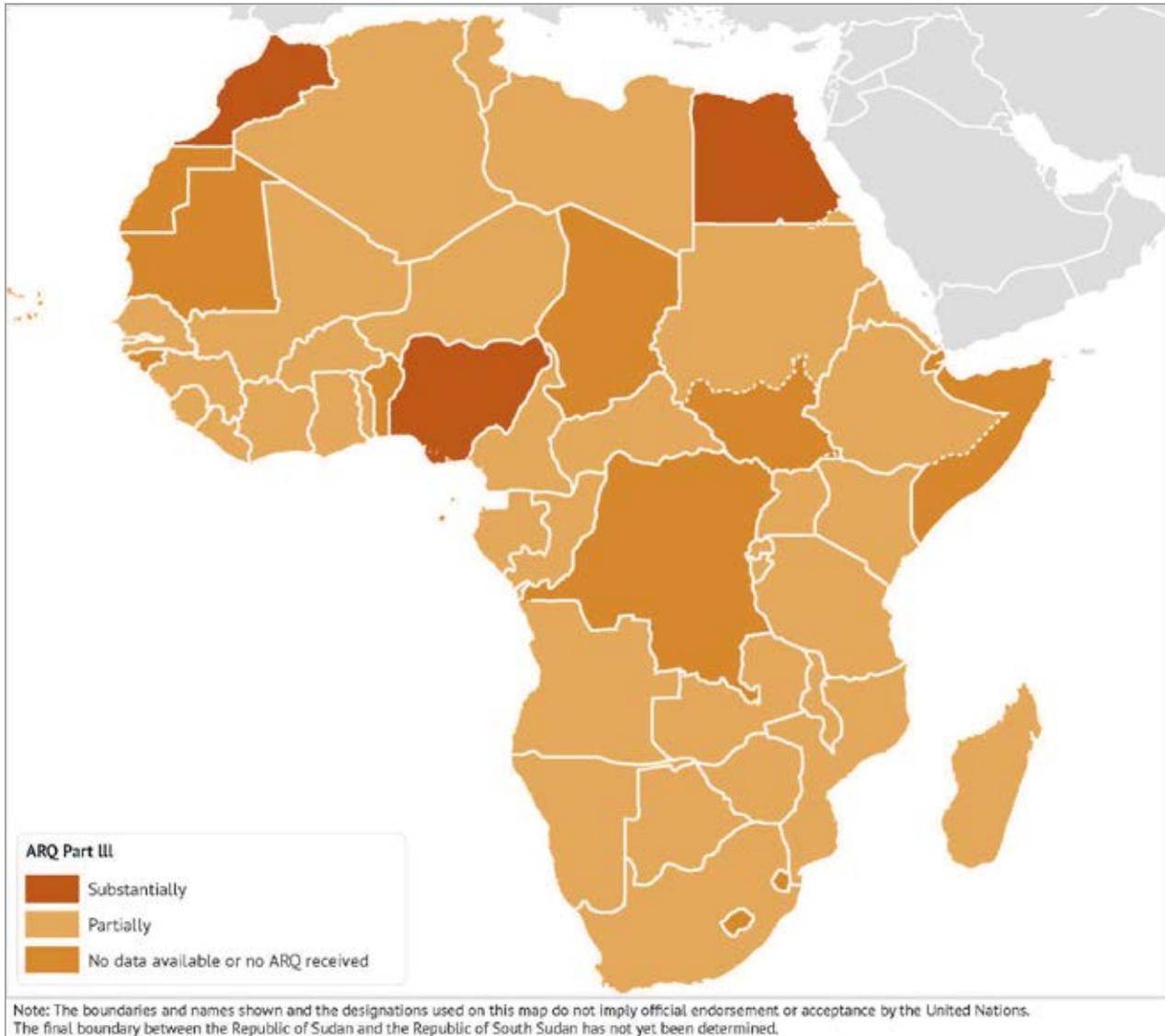
The report draws from the following data sources:

- Data submitted by Member States to UNODC through the Annual Reports Questionnaire (ARQ), a data collection tool completed by Member States each year.
- Seizure cases reported to UNODC through the Drug Monitoring Platform database (DMP). This is an online platform for officials to report and visualize drug seizure data.
- The UNODC Individual Drug Seizure database (IDS). This contains data on significant individual drug seizures as reported by Member States.³
- Presentations and reports from Member States.
- Open source reporting has been used in some places as indicative of trafficking activity.

³ The defined thresholds of ‘significant’ quantities per drug, as used by UNODC for reporting in the IDS database, are as follows: Opium, cannabis herb, cannabis resin and cannabis plants: ≥ 1 kilogram; Heroin, morphine, cocaine: ≥ 100 grams; seizures referring to trafficking by mail: All quantities. Quantities below the threshold do not have to be reported by Member states to UNODC, as stipulated by mandate.

However, the data suffers from important gaps. For example, there is little drug seizure information from many countries in Africa and particularly from a number of southern African states. Even where drug seizures are reported, there is often sparse notes on destinations, methods of trafficking or other variables that would allow deeper conclusions about patterns in opiate trafficking to be drawn. Although most African countries are recorded as having replied to at least one Annual Response Questionnaire (ARQ) between 2002 and 2014, in 2014 only thirteen of the fifty-six countries in Africa replied.

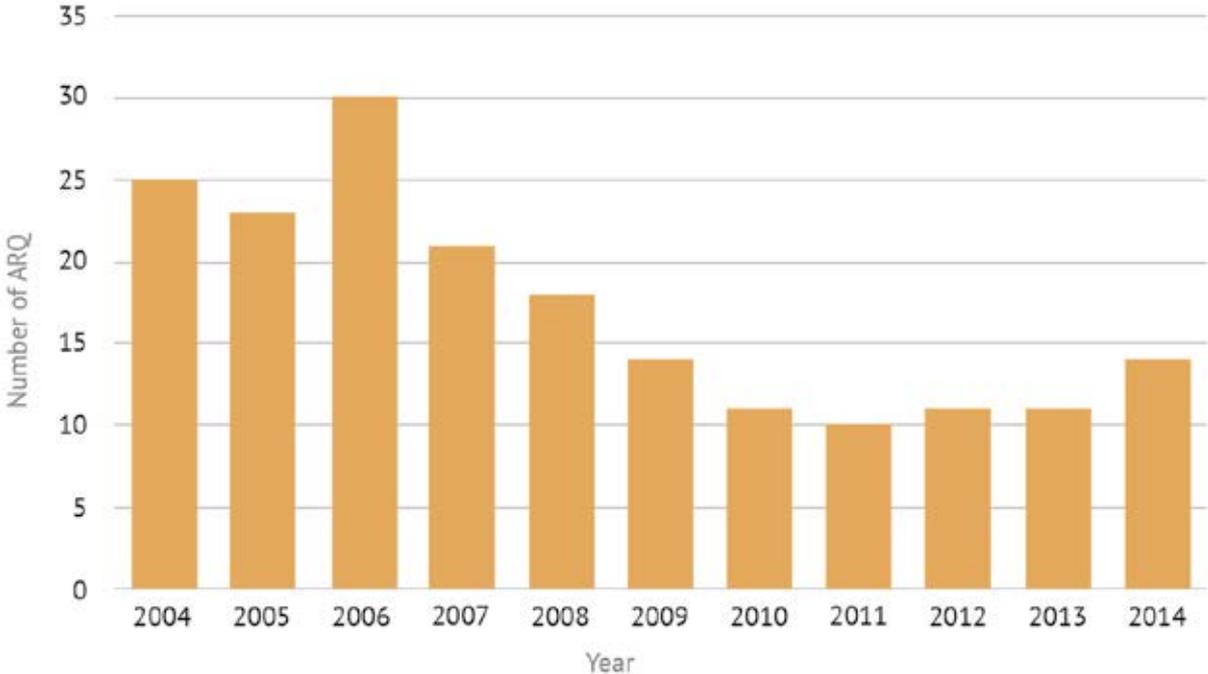
Map 2: Member states in Africa that provided annual reports questionnaire drug supply data for 2004-2014



Source: UNODC, based on responses to Annual Report Questionnaire 2004-2014 and supplemented by national government reports and other official reports, World Drug Report 2015.

Note: Those countries that have been classified “substantially” have submitted a response to the ARQ constantly from 2004-2014.

Figure 1: Summary of African ARQ questionnaire responses 2004-2014



Source: UNODC ARQ database

CHAPTER 1: Afghan Opiate Trafficking to and Through Africa

Overview: The drug trade in Africa

In his address to the African Union at its summit meeting of 2 February 2009, the UN Secretary General reiterated that drug trafficking poses a major challenge to security and governance in West Africa and that the United Nations and ECOWAS are working closely to “roll back this dangerous phenomenon”.⁴ However, it is not just in West Africa that drug trafficking is becoming a concern - drug trafficking is emerging as a significant stability problem for all of Africa. In 2012 experts from African States who reported to UNODC, perceived a substantial increase in the use of all illicit drugs after 2005.⁵ This threat persists today with the 2015 World Drug Report highlighting the pivotal role of Africa in trafficking of multiple drug types including heroin, cocaine and methamphetamine.⁶ The urgency of developing a regional response to the illicit Afghan opiate trade in Africa is increasing as understanding of the diversity of drug activity becomes more evident. With organized crime groups taking advantage of porous borders, the multiplication of transportation corridors, corruption and areas of limited governance, Africa has the potential to become a major transit, as well as end user destination for multiple types of drugs. Flows of cocaine from South America⁷ are supplemented by heroin shipments from Afghanistan⁸ and local amphetamine-type stimulants (ATS) that are produced within the continent (notably in Guinea and Nigeria), making Africa a major center for poly-drug trafficking.⁹ Drug precursor chemicals may also be increasingly shipped through Africa both for drug production in Africa and for shipment to other global production centers.¹⁰ The weak security situation in Libya, Somalia and Mali and the flow of illegal drugs through some of these regions raise particular concern of a potential drug-insurgent symbiosis in some of the most vulnerable regions of the continent. Moreover, the social and political changes in Northern Africa that have occurred in Egypt, Libya and Tunisia have reportedly caused deficiencies in the drug law enforcement capabilities of these countries.¹¹

Methods of opiate trafficking

Four basic methods for transporting opiates from South West Asia to Africa are highlighted in this report: postal trafficking, maritime trafficking by sea (including in cargo and small boats), trafficking by air (in cargo, luggage and hidden on the bodies of couriers) and trafficking by land (including in vehicles through trade crossings and unguarded borders, in luggage and hidden on the body). Of the four types, data from Africa shows that land trafficking to Africa is not commonly utilized, with exception of Northern Africa, where Egypt in particular, is supplied by land with heroin from Afghanistan as a sub-branch of the Balkan route transiting through the

4 <http://www.un.org/sg/STATEMENTS/index.asp?nid=3693> (UNSG’s address to Summit of African Union, African Union HQ, Addis Ababa, 2nd Feb 2009).

5 UNODC World Drug Report 2012, p.18.

6 UNODC World Drug Report 2015, p. xiii - https://www.unodc.org/documents/wdr2015/World_Drug_Report_2015.pdf.

7 UNODC research suggests that some 18 tons cocaine enter West Africa every year, a portion of which is then smuggled across the Sahara via Chad, Niger and Mali; see UNODC Transnational Organized Crime in West Africa, February 2013.

8 UNODC World Drug Report, 2012 notes “An increase in heroin seizures has been reported, for example, in the coastal areas of Eastern Africa, West and Central Africa, and Northern Africa, suggesting that Afghan heroin is being diverted to those areas”; see UNODC World Drug Report, 2012, p.34. The UNODC Misuse of Licit Trade by for Opiate Trafficking in Western and Central Asia, October 2012 also provides details of heroin shipments by maritime transportation and seizures in Africa since 2010.

9 UNODC ATS Situation Report in West Africa, 2012.

10 The United States, State Department’s International Narcotics Control Strategy Report, March 2009. See: <http://www.state.gov/documents/organization/120054.pdf>

11 International Narcotics Control Board (INCB), Annual Report 2012, Chapter III, p. 48. See: http://www.incb.org/documents/Publications/AnnualReports/AR2012/AR_2012_E_Chapter_III.pdf

Middle East. Overland transportation is sometimes used within Africa by Eastern African traffickers to transfer shipments to Southern Africa, using private vehicles to transport heroin across borders, in order to reduce interception by border guards.

In the Indian Ocean, the Combined Maritime Forces (CMF) are reporting an increased quantity of seized opiates sourced from Afghanistan, likely destined for ports in Eastern Africa, notably in Kenya and Tanzania. Drug seizure data from the region shows a significant rise in cannabis resin shipments in addition to an increase in the flow of opiates. This suggests that the maritime trafficking of opiates is on the rise, as is suggested by the CMF operations in the area. Maritime trafficking of opiates to Western Africa also occurs, but this appears to be secondary compared to the increasing use of air couriers. Western and Eastern Africa are experiencing tremendous increase in use of air couriers, serving both intra-regional as well as international consumer markets of US and Western/Central Europe. Interceptions of drug shipments by air and mail suggest that these methods have remained popular for Western and Eastern African traffickers. Nigerian and Kenyan airports, have played a significant role in large shipments but increased interception has hampered these activities. Although the average quantity seized is small, the sheer number of shipments indicates that the aggregate volumes smuggled using these methods may be large.

Supply routes

Numerous routes connect Afghan and South West Asian opiate suppliers to African consumer markets. Routes seem to have diversified to include more shipments direct from South Asia by sea, as well as more traditional trafficking by mail and air from South West Asia. The globalization of South West Asian and African diasporas, transport routes and communications connections appear to be important factors generating a profusion of potential supply lines for traffickers and supporting their capacity to use them. In any given case of trafficking to and through Africa, a familiar set of enablers may be obvious, but the web of supply lines overall is becoming more diverse. This has implications for law enforcement efforts, most notably in requiring cooperation among countries that may have little capacity to work effectively with one another.

Participants

In terms of the nationalities of traffickers, a trend noticed in many drug markets around the world is the increased involvement of nationals of African countries.¹² As discussed in this report, available information indicates that trafficking syndicates from regions such as West Africa are active in almost all parts of the world associated with the southern route. More information on these networks, which might be involved in trafficking different types of drugs, is necessary to design effective law enforcement and policy responses. Member States report to UNODC a greater need for intelligence sharing in this area, for example between destination countries such as Australia, countries in transit regions such as East and South-East Asia, and source countries in South-West Asia. The rise of nationals of African countries in drug trafficking is a prominent example of shifting opportunities and market power that is accompanying the diversification of routes globally. A reasonable hypothesis to investigate is that globalization increases opportunities for suppliers and retailers to reduce the many middlemen that have been a feature of drug trafficking out of Afghanistan.

Afghanistan as a source

Almost all of the opiates entering Africa originate from Afghanistan – un-surprising considering Afghanistan remains the biggest global producer of illicit opiates. According to the 2015 UNODC World Drug Report, Afghanistan accounted for 85 per cent of global opium production and 77 per cent of global heroin production.¹³ The rule of law does not extend across large parts of the country due to the dominance of Anti-Government Elements (AGE) in many southern provinces, which is also where the bulk of the opium poppy is cultivated.

¹² World Drug Report 2010, p.62.

¹³ UNODC World Drug Report 2015, Page 42.

The lack of government control and a strong anti-government element presence, combined with a lack of licit employment opportunities creates a conducive environment for opium production and for the processing and trafficking of morphine and heroin.¹⁴ After many years of drug production, Afghanistan has one of the highest opiate addiction rates in the world with 2.65 per cent of the population reportedly abusing opiates.¹⁵

Opium production

Despite efforts by the Government of the Islamic Republic of Afghanistan and the international community, opium-poppy cultivation in Afghanistan had dramatically increased in recent years, notwithstanding the 2015 decline. In 2014 the area under opium-poppy cultivation was estimated at 224,000 hectares¹⁶, a record high and a rise of around 7 per cent compared with 2013. The vast majority (89 per cent)¹⁷ of opium-poppy cultivation in 2014 took place in nine provinces in the south and west of the country. The country witnessed a 19 per cent decline in cultivation levels from 224,000 hectares in 2014 to 183,000 in 2015, and saw the estimated opium production level drop from 6,400 tons to 3,300 tons over the same period.¹⁸ While this decline is important, the level of opium production in Afghanistan remains significantly high and the 2015 cultivation figure is still the fourth highest since the beginning of estimations in 1994.¹⁹

In 2015, Helmand remained the country's major opium-cultivating province (86,443 hectares), followed by Farah (21,106 hectares), Kandahar (21,020 hectares), Badghis (12,391 hectares), Uruzgan²⁰ (11,277 hectares), Nangarhar (10,016 hectares), Nimroz (8,805 hectares) and Badakhshan (4,056 hectares).²¹ All three of the major opium-cultivating regions of Afghanistan saw declines in cultivation with the largest decline being seen in the Eastern Region (-40 per cent) followed by the Southern Region (-20 per cent) and the Western Region (-10 per cent). Conversely, regions with previously low cultivation levels saw significant increases with the Central Region reporting an increase of +38 per cent and the Northern Region seeing a +154 per cent increase.²²

14 According to the United Nations Mission in Afghanistan, most civilian deaths and injuries caused by anti-government elements were in the south and south-east of the country. UNAMA Annual Report on Protection of Civilians in Armed Conflict 2014.

15 UNODC World Drug Report 2011. Opiates are substances derived from opium poppy, such as morphine and codeine, including their derivatives, such as heroin; see also: UNODC Opiate flows through northern Afghanistan: a threat assessment 2012, p. 17.

16 UNODC and Afghanistan Ministry of Counter Narcotics, "Afghanistan Opium Survey 2014", p. 6.

17 UNODC and Afghanistan Ministry of Counter Narcotics, "Afghanistan Opium Survey 2014", p. 6.

18 UNODC and Afghanistan Ministry of Counter Narcotics "Afghanistan Opium Survey 2015 – Executive summary", p. 5.

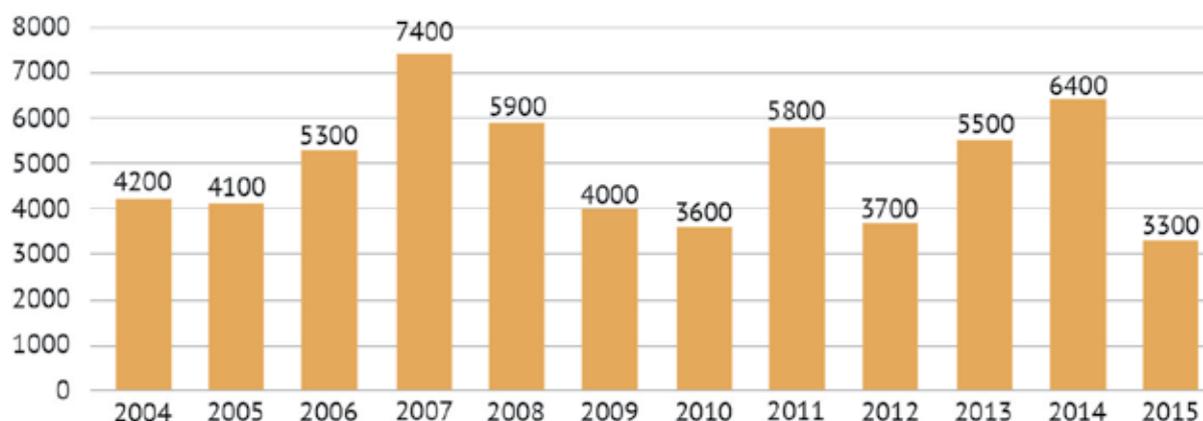
19 UNODC and Afghanistan Ministry of Counter Narcotics "Afghanistan Opium Survey 2015 – Executive summary", p. 5.

20 Also including Gizab district, a district formerly part of Day Kundi province, but currently under the Governorship of Uruzgan province.

21 UNODC and Afghanistan Ministry of Counter Narcotics "Afghan Opium Survey 2015" pg 5.

22 UNODC and Afghanistan Ministry of Counter Narcotics "Afghan Opium Survey 2015" pg 5.

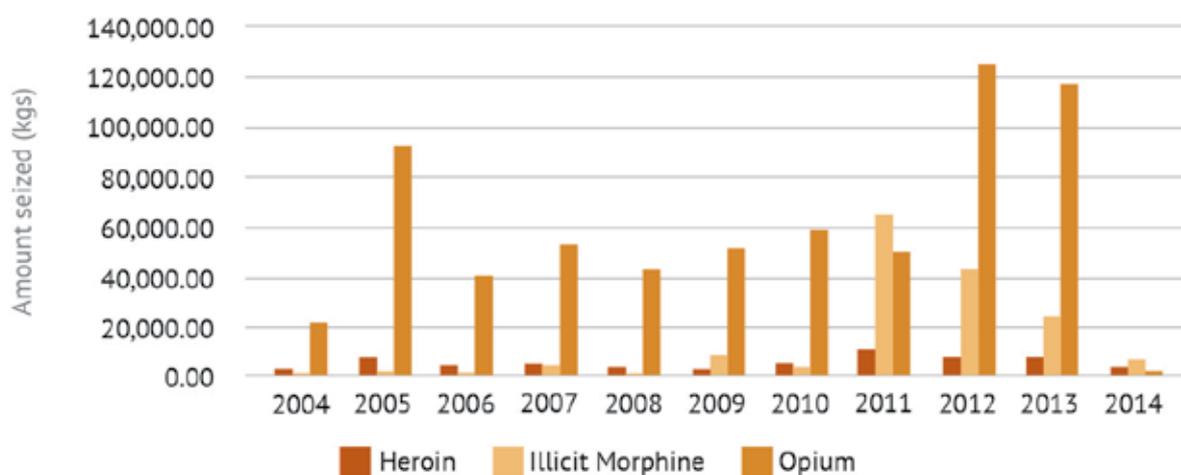
Figure 3: Potential opium production in Afghanistan (Tons) 2004-2015



Source: Afghanistan Opium Survey 2015, MCN & UNODC

Although the exact reasons for the 19 per cent decline in cultivation levels remain undetermined, factors that may have contributed include: over production in previous years, an exhausting of poor agricultural soil – also the result of over-cultivation in previous years, and a reduction in the profit margin for farmers who need increased resources (equipment, fertilizer etc.) to produce a profitable yield. The significant reduction in opium yield per hectare of poppy also suggests that possible over-production in previous years is exhausting the agricultural capacity of some of Afghanistan’s cultivatable land.

Figure 4: Seizures of opium, morphine and heroin in Afghanistan 2004-2014



Source: UNODC Annual Report Questionnaire (ARQ)

Note: Opium seizures in 2014 were not reported to UNODC

In Afghanistan itself, Helmand province reports the largest amount of seized opium; other provinces in the south and south-west bordering the Islamic Republic of Iran and Pakistan such as Herat, Nimroz, Kandahar, Zabul and Uruzgan, also reported multi-ton seizures. This aligns with the regional data on seizures, with the majority of opium seizures taking place in provinces neighboring the Islamic Republic of Iran. Cross-border movements of opium use the same routes as heroin and morphine exports but opium is more likely to remain within South-West Asia for local domestic consumption, or may undergo further processing outside Afghanistan.²³

23 UNODC Misuse of Licit Trade for Opiate Trafficking in Western and Central Asia 2012, p. 54.

Overview of trafficking routes from Afghanistan to Africa

Afghan heroin is brought to people who use drugs worldwide via three broad trafficking routes out of Afghanistan: the Balkan route, the northern route and the southern route.²⁴ The gateway to these routes is through the long, porous and remote borders of Afghanistan, 2,310 km with Pakistan, 2,476 km with Central Asia and China and 925 km with the Islamic Republic of Iran.²⁵ The southern Route to Africa is made up of a number of smaller sub-routes which originate in Afghanistan and transit Iran or Pakistan. Opiates are shipped either via air or by dhow from these countries to destinations in Africa, either for consumption in domestic African consumer markets or for onward shipment to other global destinations. Some opiates are trafficked to Africa – mainly northern Africa – via a sub route of the Balkan route which crosses Iran into the Middle East and into North Africa via Egypt. Unlike opiates being trafficked to Africa via the Southern Route, these opiates are mainly trafficked by land or, to a lesser extent, by air.

24 UNODC World Drug Report 2010, p.45.

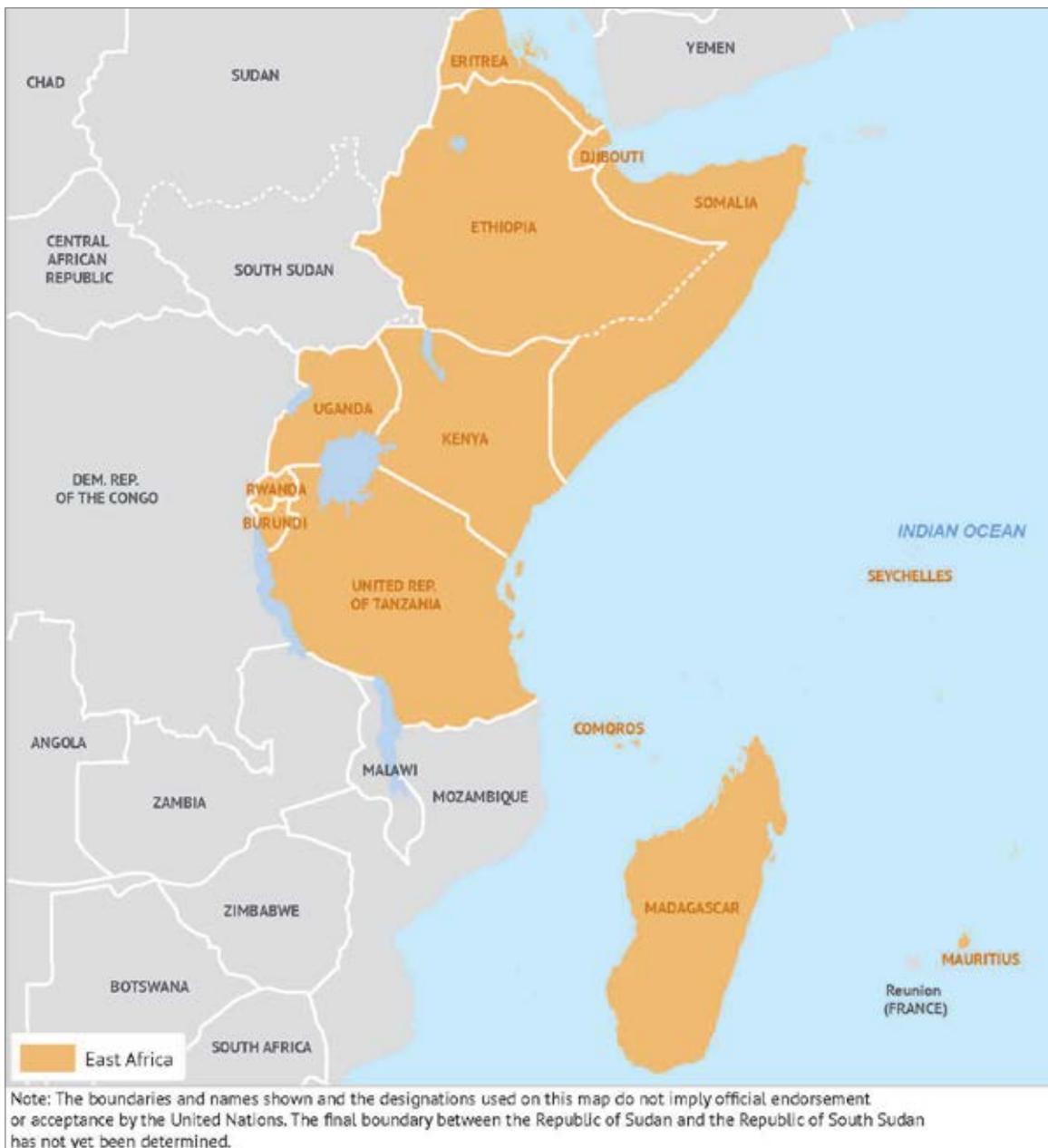
25 Official website of Ministry of Interior Affairs of Afghanistan, accessed on January 2016: <http://moi.gov.af/en/page/3122>

CHAPTER 2: Regional Trafficking Overviews

Eastern Africa

Eastern Africa can be divided into three areas, namely the Eastern African region (Kenya, The United Republic of Tanzania, Uganda, Burundi, and Rwanda), the Horn of Africa (Djibouti, Eritrea, Ethiopia and Somalia) and the Indian Ocean Islands off the Eastern African coast (Seychelles, Comoros, Mauritius and Madagascar).²⁶

Map 4: Eastern Africa



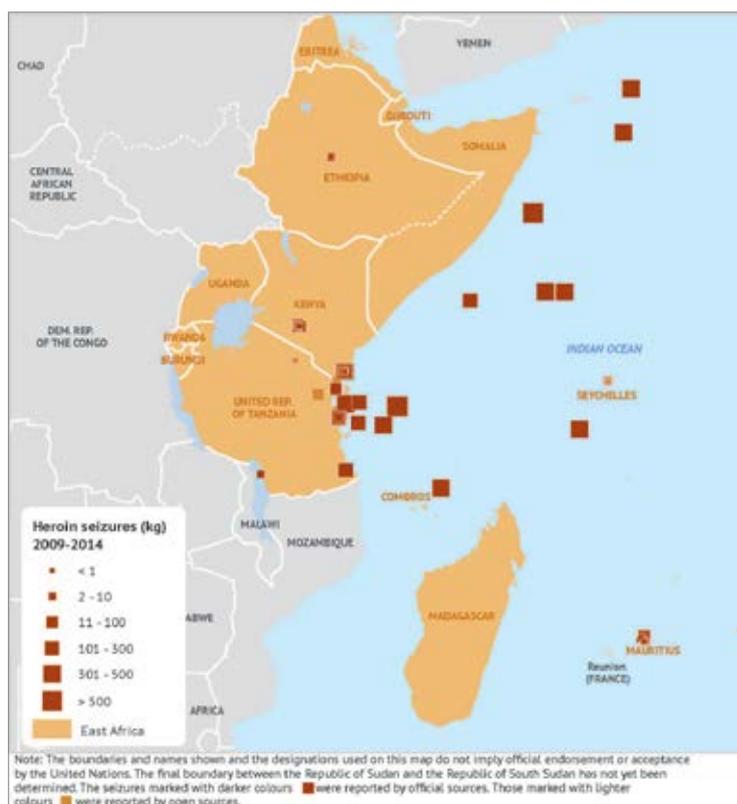
Source: UNODC elaboration, based on seizure data from Drug Monitoring Platform (DMP), Individual Drug Seizures (IDS) and Annual Report Questionnaires (ARQ), supplemented by national government reports and other official reports

26 UNODC, Promoting the Rule of Law and Human Security in Eastern Africa, Regional Programme document 2009-2012, p.9. See: https://www.unodc.org/documents/easternfrica//regional-ministerial-meeting/Eastern_Africa_Regional_Programme_Final_Draft.pdf

Eastern Africa faces many challenges. Natural disasters and civil war, recurrent food shortages and droughts have left many of the region's 180 million people struggling under extreme poverty.²⁷ Poor governance, corruption and human rights abuses have inhibited development to varying degrees in a number of these countries. In addition, Eastern Africa is the region second most affected by HIV in the world, leading to an extremely negative impact on the development of the countries concerned. Terrorism has struck in several countries and has attempted to entrench itself in Somalia, projecting outward into Kenya, Uganda and other countries.²⁸

To add to this list, Eastern Africa²⁹ has begun to emerge as a major landing point for large consignments of Afghan heroin that are trafficked across the Indian Ocean. Since 2010, an upsurge in seizures has been noted both in the region and off the Eastern African seaboard. In 2014, a single seizure of 1032 kilograms of heroin - one of the largest heroin seizures beyond Afghanistan and its neighbors - was made off the coast of Eastern Africa, underlining the significance of the route.³⁰ Press reports have also suggested that the use of heroin within Eastern African countries is also growing, particularly in Kenya and Tanzania.³¹

Map 5: Heroin Seizures in Eastern Africa 2009 – 2014



Source: UNODC elaboration, based on seizure data from Drug Monitoring Platform (DMP), Individual Drug Seizures (IDS) and Annual Report Questionnaires (ARQ), supplemented by national government reports and other official reports.

27 UNDP Human Development Report 2014, p.78.

28 For example see: The World Post News, “Somalia-based Al-shabaab attacks on Garissa University in Kenya”, June 2015: http://www.huffingtonpost.com/2015/04/02/garissa-university-attack_n_6990074.html, The Foreign Policy Magazine, video of “Al-Shabaab attack on the Westgate shopping mall in Nairobi”, September 2013: <http://foreignpolicy.com/2015/09/20/nairobi-kenya-westgate-mall-attack-al-shabab/>, CNN News, “Al-Shabaab attack in Kampala, Uganda”, July 2010: <http://edition.cnn.com/2010/WORLD/africa/07/15/somalia.uganda.threat/index.html> and the National Consortium for the Study of Terrorism and Responses to Terrorism (START), Background Report, September 2013: http://www.start.umd.edu/sites/default/files/publications/publications/local_attachments/STARTBackgroundReport_alShabaabKenya_Sept2013.pdf

29 This report considers Eastern Africa to be consisting of 13 countries, which break down into many distinct areas, including much of the Swahili Coast, the Horn of Africa, and the eastern border of the Great Lakes region. The coastline of Eastern Africa spans a vast range of coastline from the Red Sea, along the Gulf of Aden and the Indian Ocean. The Indian Ocean islands of Seychelles, Mauritius and Comoros, are also considered as part of the UNODC Region of Eastern Africa.

30 Combined Maritime Forces, “Record heroin bust for Combined Maritime Forces CTF 150”, April 26, 2014: <http://combinedmaritimeforces.com/2014/04/26/record-heroin-bust-for-combined-maritime-forces-ctf-150/>

31 The Economist news “Drug smuggling in Africa- the Smack Track”, January 17, 2015, <http://www.economist.com/news/middle-east-and-africa/21639560-east-african-states-are-being-undermined-heroin-smuggling-smack-track>

Main trafficking routes and methods in East Africa

Until approximately 2009, and based on seizure data, the bulk of heroin trafficked to Eastern Africa was historically trafficked via air routes.³² Commercial air couriers, made use of airlines terminating in Eastern Africa as well as those transiting Eastern Africa before heading onto European destinations.³³ Heroin traffickers continue to use airports in Eastern Africa, although a comparative analysis of maritime seizures off the coast of Eastern Africa in relation to seizures at airports, suggest that, as of 2010 air trafficking may be becoming less common than maritime trafficking. This is also reflected in a lack of detection of heroin transiting Eastern Africa on the way to Europe or the US via air. According to one database of drug courier activity³⁴, only three of the one hundred and fifty seven drug couriers detected on flights from Africa to airports in several European countries including Belgium, Germany, France, and Switzerland between 2009 and 2011, came from Eastern Africa.³⁵ Only four of the one hundred and fifty seven were carrying heroin, including one from the United Republic of Tanzania. The amounts of heroin carried were small.

Most of the heroin seized at Eastern African airports has been transported by passengers on commercial flights arriving at, or departing from, the international airports of Addis Ababa, Dar Es Salaam and Nairobi. These airports provide a link in the distribution route between heroin producing and trafficking countries in South West Asia, and key heroin consumer countries in Europe, North America and Asia. In addition to the use of air trafficking methods, UNODC research suggests that heroin traffickers are exploiting the coast of Eastern Africa to land shipments of heroin, on a significantly greater scale than that trafficked by air.³⁶ Much of the region's coastline is porous, with isolated inlets, islands, mangroves and remote beaches, proving suitable for trafficking via dhows.³⁷ Fishing harbours and busy ports offer further potential landing sites for illicit consignments being trafficked on larger commercial container ships.

32 UNODC “Organised Crime and Trafficking in Eastern Africa- discussion paper” November 2009 , p. 29: https://www.unodc.org/documents/easternafrika//regional-ministerial-meeting/Organised_Crime_and_Trafficking_in_Eastern_Africa_Discussion_Paper.pdf

33 UNODC “Transnational Organized Crime in Eastern Africa- A Threat Assessment”, September 2013, p.19.

34 Based on IDEAS, a collaborative database of airport security officials in European countries, including airports in Belgium, Germany, France, and Switzerland.

35 Two from Kenya and one from the United Republic of Tanzania.

36 UNODC “Transnational Organized Crime in Eastern Africa- A Threat Assessment”, September 2013.

37 UNODC “Organised Crime and Trafficking in Eastern Africa- discussion paper” November 2009 : https://www.unodc.org/documents/easternafrika//regional-ministerial-meeting/Organised_Crime_and_Trafficking_in_Eastern_Africa_Discussion_Paper.pdf

Map 6: Indicative Afghan heroin trafficking by maritime means to Eastern Africa

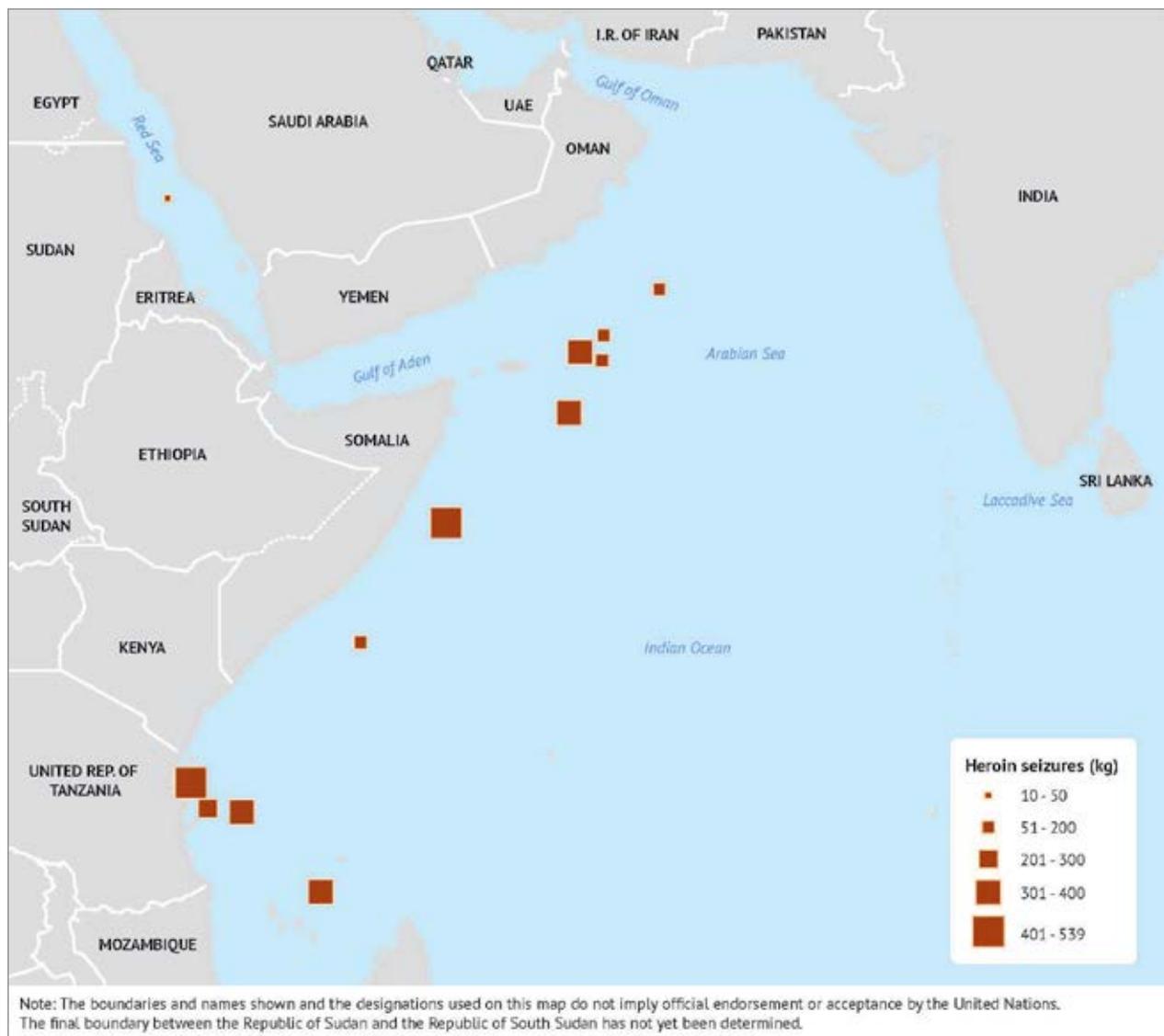


Note: The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations. The final boundary between the Republic of Sudan and the Republic of South Sudan has not yet been determined.

Source: UNODC elaboration, based on drug seizure data from Drug Monitoring Platform (DMP), Individual Drug Seizures (IDS) and Annual Report Questionnaire (ARQ), supplemented by national government reports and other official reports.

Maritime routes account for a majority of the Afghan opiates trafficked to Eastern Africa. The dhow trade is significant along the Swahili Coast, with historic trade routes around the Indian Ocean timed to benefit from the direction of the monsoon wind directions. Pakistan and Iran have well established and traditional maritime trade ties with Eastern Africa,³⁸ while smaller, localised dhow routes provide links between countries in Eastern Africa and parts of the Middle East, such as Yemen and Oman. Although some of this trade is legitimate, dhows also provide an effective method of smuggling illicit goods, including opiates, either as the only good being transported, or mixed in with licit goods. For example, cargo smuggling of narcotics mixed with legitimate cargo has been documented between Yemen and Djibouti.³⁹ The main heroin maritime trafficking route runs from the Makran Coast, a remote desert area that is primarily in Pakistan but also transects a part of the Iranian sea border, across the Indian Ocean to the Eastern seaboard of Africa, mainly to the coast of Tanzania.⁴⁰ Initial detections of large quantities of heroin were reported in March 2010 when the Tanzanian authorities seized 95kgs of heroin in the coastal town of Tanga. From 2010 to 2014 the Combined Maritime Force (CMF) operating in the Indian Ocean have continued to seize large quantities of opiates being trafficked to Eastern Africa by dhows.

Map 7: Heroin seizures in the Indian Ocean by CMF (2010-2014)



Source: Combined Maritime Force (CMF)

38 UNODC “Transnational Organized Crime in Eastern Africa- A Threat Assessment”, September 2013, p. 19.

39 F. Gooch “Shoot on Sight” 2011, p. 274.

40 Detail on the route from the Makran Coast provided by the Combined Maritime Force (CMF).

More recently, the increase in container trade sparked by an economic boost in Eastern Africa, has usurped the dhow trade on larger international shipping routes, including from Eastern Africa to South Asia. There are several major container ports on the coast of Eastern Africa, including Mombasa and Dar Es' Salam, which provide trade hubs linking shipments of licit and illicit goods with the interior of the continent. There are also numerous smaller ports including Lindi, Tanga and Zanzibar in Tanzania and Mbaraki and Kilindini in Kenya, although data on the extent that these are used for trafficking is extremely limited.⁴¹ Organised crime groups trafficking illicit items into Africa, and from the Continent, use container ports, often bribing local officials to ensure goods pass through undetected.⁴² Although not opiate related, a well-documented seizure of almost a tonne of cocaine from containers in Kenya in 2004 highlighted the threat of general drug trafficking into or via Eastern Africa utilizing container transport.⁴³ Since 2004, drug seizures from containers in Eastern Africa have been limited although it is likely that continued trans-shipment of opiates has occurred. Trafficking of other illicit items through the container ports of Eastern Africa underlines the ability of organized crime groups to continue to exploit these routes to move a variety of goods, for example, ivory is illicitly trafficked in bulk via containers from ports in Eastern Africa.⁴⁴ Fraudulent medicine is also among the items trafficked into Eastern Africa through the container ports.⁴⁵

In response to the increase in criminality using the maritime domain, the Global Maritime Crime Programme (GMCP) of UNODC spearheaded the establishment of the Indian Ocean Forum on Maritime Crime (IOFMC) in March 2015 in order to strengthen regional cooperation and to counter criminal activity in the maritime domain. IOFMC research highlighted several important factors, primarily the growing importance of the southern route. An increase in geo-political conflicts between transit countries along the Balkan route and the northern route has increased the pressure and complexities for drug trafficking. As a result of constraints on these land routes, the sea routes are experiencing a significant increase in trafficking activity. In particular a key attraction for networks using the southern route is the lack of jurisdictional authority for enforcement activity on the high seas .

In contrast to the large amounts seized off the East African coastline, heroin seizures within Eastern Africa, with the exception of Tanzania, have tended to be smaller than expected. Given the size of seizures at sea⁴⁶, and CMF's assessment of the quantities of narcotics heading through their Area of Operation (AoO), the small scale of land seizures within East Africa are indicative that insufficient resources are being allocated to drug interdiction, and that weak border controls and corruption are common, rather than the fact that low levels of heroin are being trafficked through the region.⁴⁷

41 There are four small ports servicing the island of Zanzibar all of which come under the jurisdiction of the Zanzibar Ports Corporation, they are Malindi Slipway, Mkoani Port, Weshi Port and Wete Port.; see International Hydrographic Organization "Capacity Building Programme - The State of Hydrography and Nautical Charting in the United Republic of Tanzania", December 2012, p.26.

42 The Business Daily Africa, "Judiciary and port lift Kenya's bribery ratings in East Africa" published on October 11, 2010: <http://www.businessdailyafrica.com/Judiciary-and-port-lift-Kenya-s-bribery-ratings-in-E-Africa--/539546/1260628/-/qlbj39/-/index.html>

43 UNODC Transnational Organized Crime in West Africa- A Threat Assessment (TOCTA), February 2013.

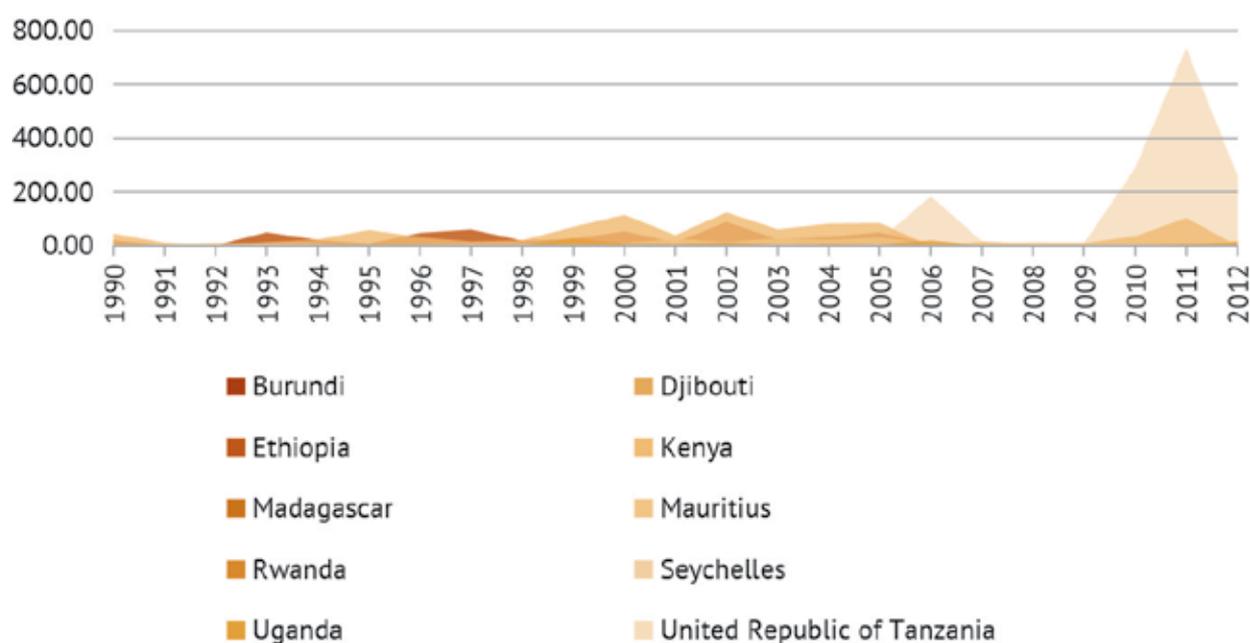
44 INTERPOL, "Elephant Poaching and Ivory Trafficking in Eastern Africa: Assessment for an Effective Law Enforcement Response", February 2014.

45 World Customs Organization, "Record seizure of illicit medicines in Africa" news released on June 13, 2013: <http://www.wcoomd.org/en/media/newsroom/2013/june/wco-and-iracm.aspx>

46 In 2014 the total amount of narcotics seized by the CMF stood at 3,399Kg of heroin and 18490Kg of cannabis resin. The figure for 2014 demonstrates a 66% increase on narcotics seized in 2013 and continues the trend of CMF seizing increasing amounts of drugs year-on-year.

47 UNODC "Organised Crime and Trafficking in Eastern Africa- discussion paper" November 2009, p. 28: https://www.unodc.org/documents/easternafrica//regional-ministerial-meeting/Organised_Crime_and_Trafficking_in_Eastern_Africa_Discussion_Paper.pdf

Figure 5: Quantity of heroin seized in Eastern Africa 1990- 2012 (last available data for all countries listed)



Note: Only Kenya and Mauritius provided data for 2013-2014

Source: UNODC Annual Report Questionnaire (ARQ) and Database on Estimates and Long-term Trend Analysis (DELTA)

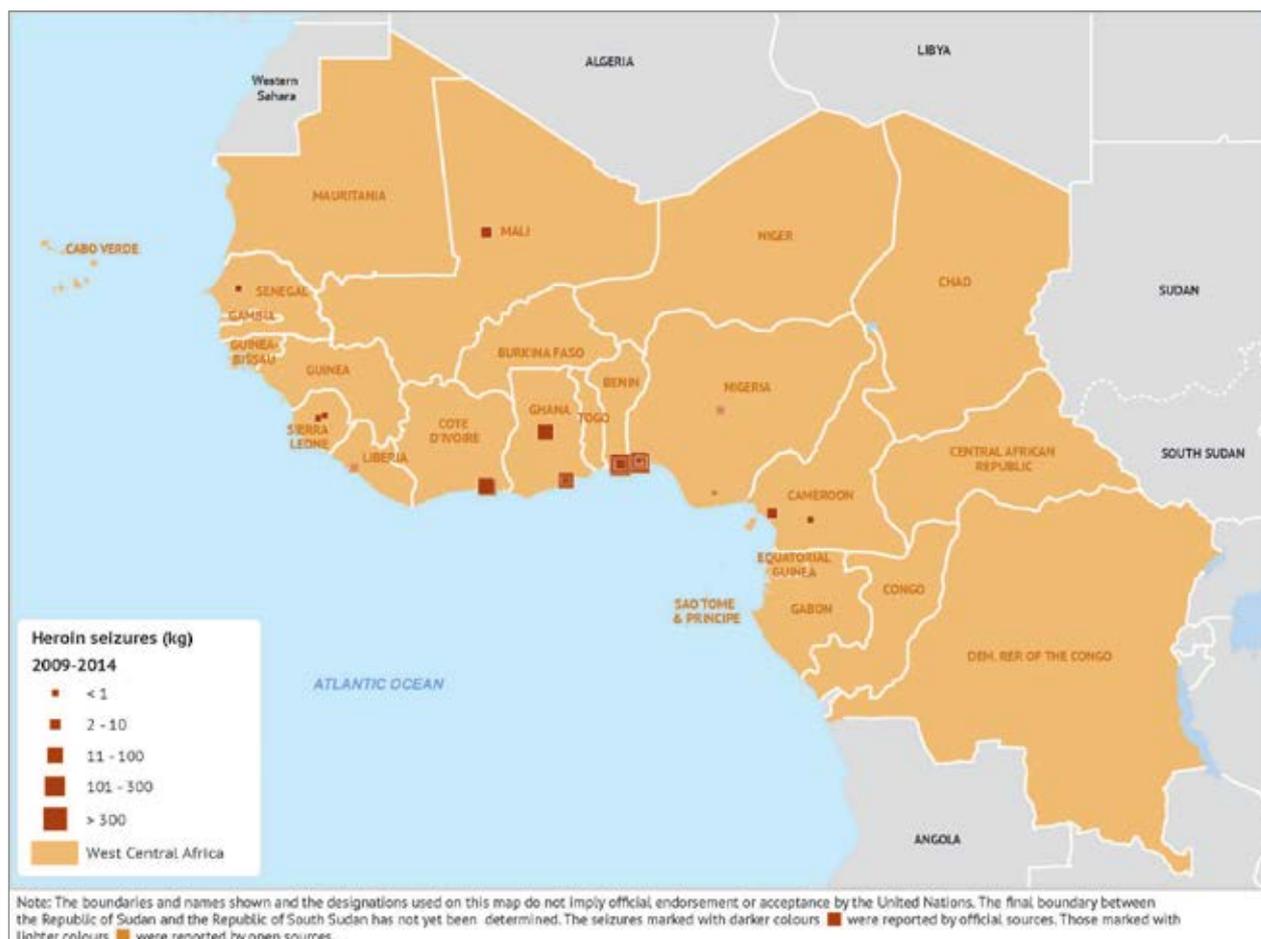
Western and Central Africa

Western and Central Africa includes: Benin, Burkina Faso, Cameroon, Cabo Verde, Central African Republic, Chad, Congo, Côte d'Ivoire, Democratic Republic of the Congo, Equatorial Guinea, Gabon, Gambia, Ghana, Guinea, Guinea-Bissau, Liberia, Mali, Mauritania, Niger, Nigeria, Sao Tome and Principe, Senegal, Sierra Leone and Togo. Many of the countries in this region remain very vulnerable to organized crime.⁴⁸ This is one of the poorest regions in the world, with a number of countries in West and Central Africa on the United Nations list of the "least developed countries".⁴⁹ Poverty, among other factors, acts as a major driver for involvement in criminal activity and creates a large pool of potential recruits for criminal groups, particularly in low level trafficking roles such as couriers and drug mules.

48 UNODC "Transnational Trafficking and the Rule of Law in West Africa: A Threat Assessment" July 2009. http://www.unodc.org/documents/nigeria//publications/Assessments-research-programmes/West_Africa_Report_2009.pdf

49 United Nations, List of Least Developed Countries as of 11th December 2015: http://www.un.org/en/development/desa/policy/cdp/ldc/ldc_list.pdf

Map 8: Locations of reported heroin seizures in West Africa as reported to UNODC, presented in government reports or in the media, 2009-2014



Source: UNODC elaboration, based on seizure data from Drug Monitoring Platform (DMP), Individual Drug Seizures (IDS) and Annual Report Questionnaires (ARQ), supplemented by national government reports and other official reports.

In many countries of the region, governance is weak and law enforcement continues to face challenges as a result of a lack of resources and significant corruption. These factors, combined with West Africa's geographic location along major and well established trafficking routes between, for example, South America and Europe, make it attractive to organized crime. As a result drug trafficking is increasingly posing a serious threat to security, stability and development in Western and Central Africa. A report by the African Centre for Strategic Studies (CSS), a think-tank, has noted that one West African state, Guinea Bassau has become "...the world's first narco-state..."⁵⁰ and suggests that the drivers that led to this occurring can be found in several other countries throughout the African continent.

The Western Africa region has a history of conflict (Sierra Leone and Liberia) and coups (Burkina Faso, Guinea Bassau and Niger). Drug trafficking proceeds have resulted in an increase in funds available for supporting illicit corrupt practices in West Africa.⁵¹ This link between drugs, instability and insecurity continues today and may include new ideological actors linked to international terrorism who profit from drug trafficking to fund their operations, although information on this subject remains limited⁵². Western Africa has long been associated

50 D. O'Regan & P. Thompson, "Advancing Stability and Reconciliation in Guinea-Bissau: Lessons from Africa's first Narco-state", The African Centre for Strategic Studies, June 2013, Page 1.

51 Commission of African Union, "Comprehensive Assessment of Drug Trafficking and Organized Crime in West and Central Africa", January 2014, p. 11: <http://www.globalinitiative.net/download/general/subsaharan-africa/Organized%20Crime%20in%20West%20and%20Central%20Africa%20-%20July%202014%20-%20Full.pdf>

52 Financial Action Task Force (FATF) & Inter Governmental Action Group Against Money Laundering in West Africa (GIABA) "Terrorist Financing in West Africa. Financial Action Task Force Report", October 2013, p. 26: http://www.giaba.org/media/f/632_TF-in-West-Africa.pdf

with the trafficking of cocaine, principally from South America, but there is reporting of heroin trafficking also occurring in the region.

Main trafficking routes and methods in West and Central Africa

West Africa has “a long history”⁵³ of drug trafficking and organised crime. During the era of colonisation, the natural resources of West Africa were traded illegally⁵⁴ and over time the type of commodities smuggled changed with the region becoming a transit area for drugs, particularly cocaine, destined for the European drug market.⁵⁵ Over time, many West African economies “became increasingly informal and progressively dominated by criminal networks.”⁵⁶

In the early 1980s, drug trafficking in the Western African region primarily involved individuals who transported small amounts of drugs via air to Europe and passed through relatively unnoticed.⁵⁷ By the late 1980s the number of West Africans (mainly Nigerians and to a lesser extent Ghanaians)⁵⁸ in foreign prisons convicted of drug related offences were over a thousand.⁵⁹ The skills of West African traffickers – particularly those from Nigeria – attracted criminal groups from other regions who sought a co-operative relationship with them.⁶⁰ In the 2000s, West Africa came to be known as a “new hub”⁶¹ for the cocaine trade between Europe and Latin America with ships, containers and modified airplanes being used to traffic multi-ton shipments⁶² to and through the continent.⁶³ The drug would then be sent by courier to Western and Central Europe.⁶⁴

Heroin travels to West Africa mostly by way of air and maritime routes. Air routes touch both Eastern Africa and countries in South Asia. Maritime transport is also heavily utilized. Most maritime and air heroin shipments travel to Nigeria, Benin, Ghana and the Côte d’Ivoire⁶⁵ and originate from Pakistan, India, Bangladesh or the Islamic Republic of Iran.

53 L.F. Madeira et al., ‘The international cocaine trade in Guinea-Bissau: current trends and risks’, Norwegian Peacebuilding Centre, Noref Working Paper, February 2011, Executive Summary: http://www.peacebuilding.no/var/ezflow_site/storage/original/application/7563aa361160ef275ddd4f0812c6f41e.pdf

54 G. Wannenburg, ‘Organized crime in West Africa’ African Security Review, 14(4), 2005, p.1-22.

55 S. Ellis, ‘West Africa’s international drug trade’ African Affairs, 108(431), 2009, p.171-196.

56 G. Wannenburg, ‘Organized crime in West Africa’ African Security Review, 14(4), 2005, p.1-22.

57 S. Ellis, ‘West Africa’s international drug trade’ African Affairs, 108(431), 2009, p.171-196.

58 S. Ellis ‘West Africa’s International Drug Trade’, Published by Oxford University Press on behalf of Royal African Society, 2009.

59 ‘2,000 Nigerians in foreign jails for drug offences’, New Nigerian, 13 May 1988; K. B. Quantson, Travelling and Seeing: Johnny just come (NAPASVIL Ventures, Accra, 2002), p.67.

60 Statement to the Senate Foreign Relations Committee, Subcommittee on African Affairs, 20 July 1995, obtained from the US Information Resource Center, US Embassy, The Hague.

61 L.F. Madeira et al., ‘The international cocaine trade in Guinea-Bissau: current trends and risks’, Norwegian Peacebuilding Centre, Noref Working Paper, February 2011, p.6-8.

62 Large seizures of cocaine declined drastically in West Africa after 2007 although there were still major seizures of cocaine in South America and which were destined to West Africa in July and in August 2012 in Brazil and Bolivia. In 2007, there were at least 11 seizures of more than 100 kg of cocaine around West Africa, totaling over 11 tons; in 2009, a single seizure of 160 kg was made. In 2010 and in 2011, there were an average of around 2.8 tons of cocaine per year seized in West Africa and only one major seizure of cocaine was reported in 2012 in the region, dropping the volume of the seizures by 1,750 % comparing to the two previous years. Database on drug seizures, UNODC- Regional Office for West and Central Africa (ROSEN), 2012.

63 UNODC estimates that between 2004 and 2010, an average of 40 tons of cocaine was annually trafficked from South America transiting West Africa to head Europe and Asia.

64 Based on IDEAS database the number of couriers emanating from the region has also decreased. In 2010 and 2011, an average of 60 kilograms of cocaine was seized from couriers departing from West Africa. It now appears that less than one fifth of the cocaine couriers arriving in Europe are coming from West Africa. Most couriers are flying directly from Latin America and the Caribbean. In addition to an overall decline, the profile of the couriers has changed over time, which may explain the decrease in detection of West African drug couriers at European airports. Data derived from ‘Illicit Drug seizures with relation to European Airports’ (IDEAS) database, 2009-2013.

65 http://www.incb.org/documents/Publications/AnnualReports/AR2012/AR_2012_E_Chapter_III_Africa.pdf, p.12; <http://register.consilium.europa.eu/doc/srv?l=EN&f=ST%2010192%202013%20INITI>, p.33.

Drug trafficking through West Africa, notably via air couriers, has been going on for decades with trafficking networks making extensive use of established courier networks to move drugs,⁶⁶ both heroin and cocaine, towards destination markets. Heroin arriving from the Middle East or South Asia, sometimes makes its initial landfall in Eastern Africa from where it is trafficked by air towards West Africa for subsequent onward transportation to final consumer markets, including the United States, Western and Central Europe. An unknown portion stays for domestic consumption within West Africa. Furthermore, trafficking from South Asia to West and Central Africa is segmented and flexible and appears to be centered around pragmatic cooperation, notably between Nigerian and Pakistani trafficking networks.

Nigeria

Nigeria is central to the heroin trade in West and Central Africa. On average, over the period from 1990 to 2012, West and Central Africa seized 183 kg of heroin (rounded) annually. Most of this was seized in Nigeria, which accounted for an average of 60 per cent of annual seizures in West and Central Africa. Other countries in the region rarely averaged 10 kg of heroin seized annually. After significant seizure levels in the early 1990s, heroin seizures in Nigeria hovered around 100 kg for over the last decade. The majority of heroin is seized at Murtala Mohammed International Airport (MMIA), which seems to be the main departure point for low-level heroin couriers. Although it seems that MMIA attracts illicit trafficking, it must be noted that other major airports are also sometimes used for large illicit drug shipments.

Recent seizures outside of Africa have focused attention on the growing significance of West Africa as a destination for heroin. For example, in April 2011, Pakistani authorities inspected a container destined for Benin, and discovered 108 kg of heroin packed into matchstick boxes. Further investigation led to a further 266 kg of heroin hidden in rice bags at a warehouse.^{67 68} It appears that this heroin was ultimately destined to continue to Nigeria and the latest seizure data in 2014 made available to UNODC concerns a shipment of 58 kg seized at Karachi seaport and destined for Nigeria via Benin.⁶⁹ Among other implications, such cases may indicate that Nigeria acts as a repository for the region and a storage point for heroin destined to other consumer markets.

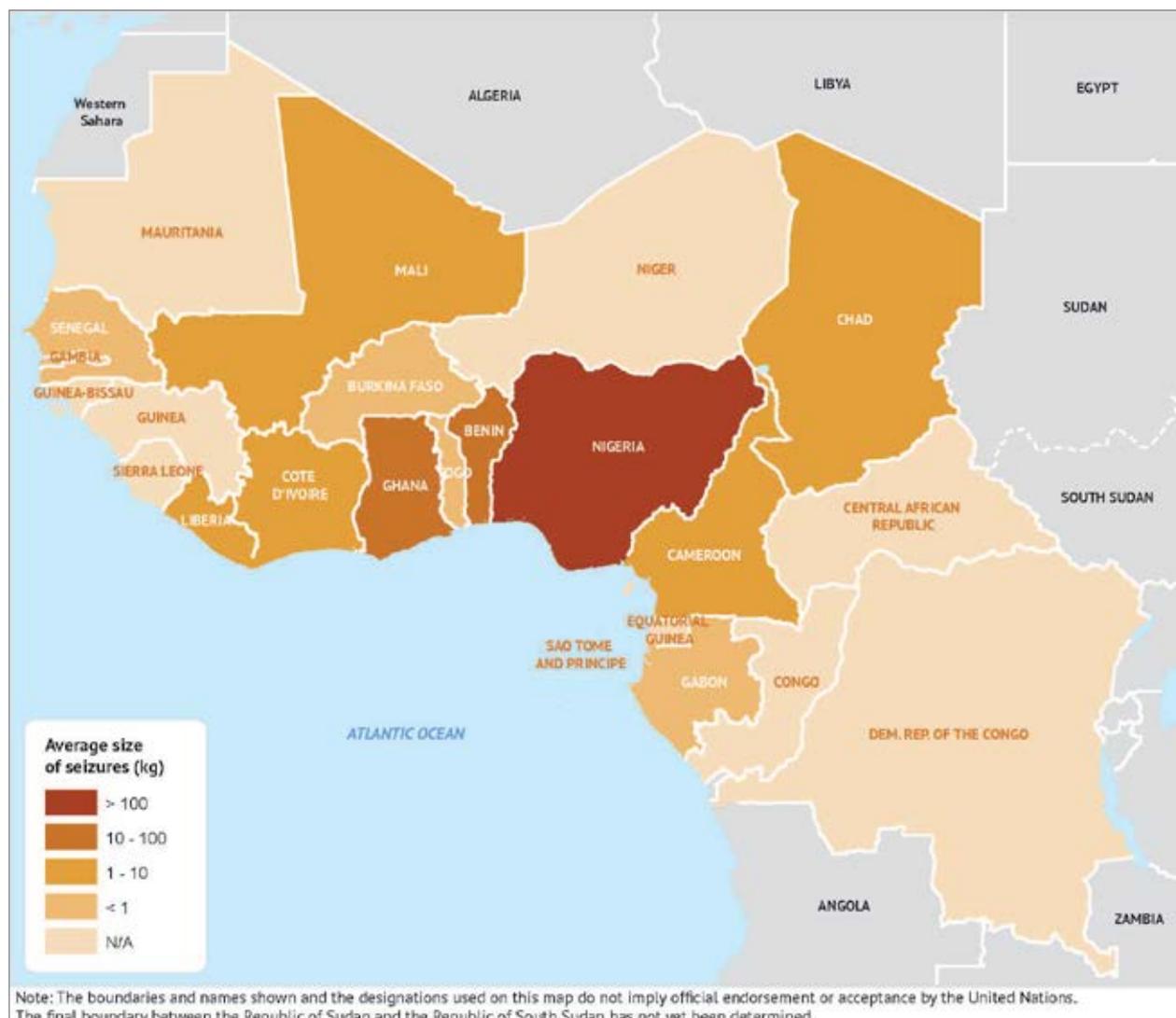
66 UK National Criminal Intelligence Service, "United Kingdom Threat Assessment of Serious and Organized Crime", August 2003: <http://image.guardian.co.uk/sys-files/Guardian/documents/2003/08/21/crime.pdf>

67 UNODC- Regional Office for West and Central Africa (ROSEN) database.

68 UNODC-WCO Container Control Programme "Year-end Report", 2011, p. 28.

69 "ANF seized heroin worth Pakistan Rupees 398 million from a container destined abroad. 4 gang members including a foreigner arrested", ANF, www.anf.gov.pk/content/pr8apr14.pdf

Map 9: Average size (kg) of heroin seizures per country in West and Central Africa, 2010-2013



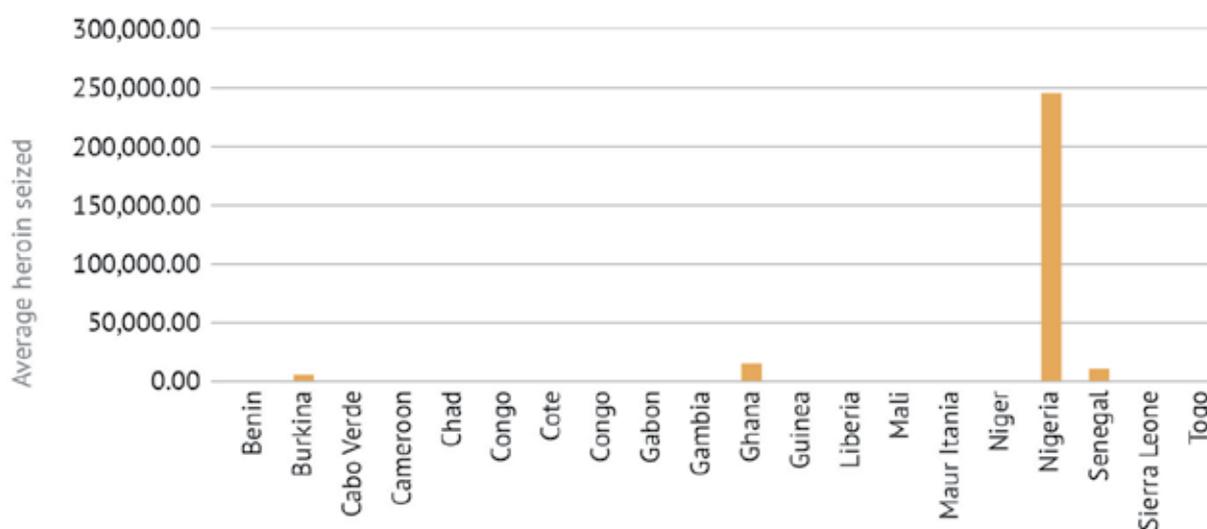
Source: UNODC Individual Drug Seizure database

Other countries in West and Central Africa

Maritime trafficking of heroin to Ghana is rare but there is some recent evidence that it may be occurring. The critical spots for drug trafficking are reportedly Kotoka International Airport, as well as the ports of Tema and Takoradi. Likewise, the border posts of Aflao, Elubo and Sampa are regarded as strategic points for illegal activities.⁷⁰ The Pakistani authorities reported the seizures of 69 kg of heroin from a container in Rawilpindi in May 2014 which was destined for Ghana.

70 “Situational analysis of drug trafficking «a police point of view» Bolivia, Brazil, Colombia, Ecuador, Panama and Peru,” Ameripol, 2011, www.fiapp.org/pdf/publicaciones/c6c8ebe23982bee7524bac042eaceac0.pdf

Figure 6: Average heroin amount seized annually in West and Central Africa by countries, 1990-2014



Source: UNODC Annual Report Questionnaire (ARQ)

Heroin trafficking to Ghana also involves air couriers but also airfreight that may involve larger volumes than that smuggled through drug couriers. In March 2010, 80 kg of heroin was seized in Ghana, in an air cargo shipment originating from Teheran, Iran and destined for the United States.⁷¹ The same network was linked to a November 2010 seizure in Nigeria netting 130 kg of heroin also originating in Iran.⁷² The use of airfreight appears to also be increasingly common in trafficking heroin from Côte d'Ivoire, mainly via Abidjan airport with the drug usually transported by cargo flights originating in Pakistan and to a lesser extent Iran.⁷³

In most of these countries small seizures appear to indicate low levels of trafficking, while in others, data from Asia and West and Central Europe or occasional and sudden spikes tends to indicate activity. It is likely that traffickers are changing routes in West and Central Africa, preferring to try targeting lesser-known airports. For example after an average of less than one kg of heroin seized annually since 1991, Cameroon reported several seizures in 2013-2014, which seemed comparatively very high. While some seizures in Pakistan⁷⁴ and Iran⁷⁵ had previously targeted Cameroon, this is the first time the country has reported such seizures, suggesting that a wider variety of routes are being used some of which include Cameroon.

Similarly, Liberia averages less than one kilogram of heroin seized per year but several recent seizures at Monrovia international airport (reportedly from Pakistan) may indicate some level of activity since these seizures only began following the establishment of a US Drug Enforcement Administration (DEA) office in the country.⁷⁶ Most of these interceptions concerned small amounts of heroin, however the arrest of a trafficker at Colombo airport in Sri Lanka who had travelled from Liberia with more than 30 kg of heroin, raises questions about the importance of the country for transnational heroin trafficking.⁷⁷ Another country, which merits inclusion in this

71 US Department of Justice, “Statement before the Senate”, May 2012, p.7: <http://www.justice.gov/ola/testimony/112-2/05-16-12-dea-harrigan.pdf>

72 US Department of Justice, “Statement before the Senate”, May 2012, p.7

73 Dublin Group, “Regional Report on West Africa”, May 2013, p.2: <http://register.consilium.europa.eu/doc/srv?l=EN&f=ST%2010192%202013%20INIT>

74 In March 2003, British Customs seized 17.7kg of heroin that a Pakistani criminal syndicate was shipping to Cameroon, <http://www.justice.gov/dea/pubs/states/newsrel/wdo120505.html>

75 In 2011, Iranian authorities seized around 33kg of heroin that was destined for Cameroon., Will NG, World Customs Organization, Presentation during the Workshop on Afghanistan Opiate Trafficking through the Southern Route”, March 24-25, 2014, Vienna, Austria.

76 All Africa, “Liberia: Drug in Stomach- Nigerian Arrested with 53 tubes of heroin in Liberia” , January 17, 2014: <http://allafrica.com/stories/201401170746.html>

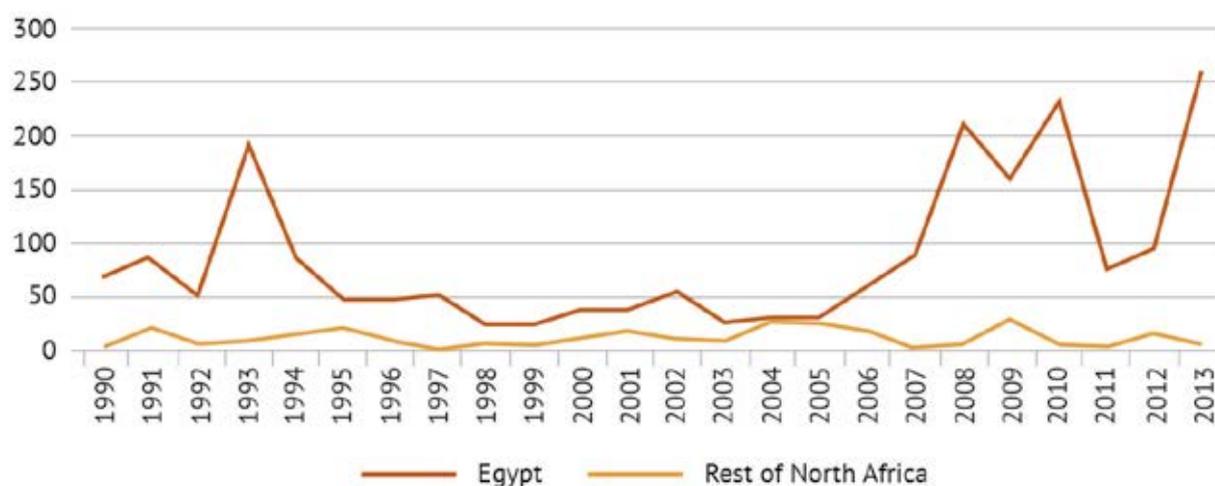
77 UNODC Southern Route Workshop, Sandun Ganegoda, National Dangerous Drugs Control Board, Presentation “Drug trends in Sri Lanka”, March 24-25, 2014, Vienna, Austria.

analysis, is Mali. Seizures in the country have traditionally been negligible in strong contrast to some rather large seizures reported to have departed from Mali by some countries in Europe and Northern Africa.

Northern Africa

Northern Africa includes: Algeria, Egypt, Morocco, Libya, South Sudan, Sudan and Tunisia. The Northern Africa region has been a relatively quiet region for heroin trafficking. The region saw a gradual increase in heroin seizures starting in 2006, with the trend peaking in 2008 before dropping significantly in 2011. This is likely due to the instability and declining security situation that occurred around this time period, rather than the result of a reduction in the amount of heroin that was being shipped to the region.⁷⁸ Although data is very limited, Egypt remains the country with the largest quantities of heroin seized in Northern Africa. Data reported to UNODC suggests that while the level of heroin seizures has remained low in Northern Africa as a whole (although data from Libya is not available), an increase in seizure rates in Egypt is apparent from 2012.

Figure 7: Comparison of heroin seized in Egypt and other countries in North Africa (Algeria, Libya, Morocco, Tunisia) 1990-2013



Note: 2013 is the year the last data for all countries is available. Only Algeria, Egypt and Morocco provided information for 2014.
Source: UNODC Annual Response Questionnaire (ARQ)

Northern Africa has a very limited level of illicit opium poppy cultivation, with small amounts of production found mainly in Egypt,⁷⁹ and to a much lesser extent in Algeria.⁸⁰ Currently there is no evidence of further processing of opium into heroin within the Northern Africa region. Heroin is sourced from Afghanistan to Northern Africa either for domestic consumption, or in a limited number of cases, for onward transit to other destination countries. Demand for heroin varies in the Northern African region; however, it commonly ranks 3rd to 4th in terms of drugs demand on the continent as a whole.⁸¹ Opioids, particularly the synthetic opiate Tramadol, are the primary drugs used among persons treated for drug problems in the region, with heroin being the main drug of injection.⁸² Cannabis seems to be the drug of choice in the region. There is very little research or published information on illicit drugs supply or demand in Northern Africa. The region is in need of support to implement data collection and surveys on a wide range of issues in the field (for example, representative drug use prevalence surveys, epidemiological networks, etc.), as well as on forensic data generation in order to develop a greater understanding of the issue.

Northern Africa thus appears somewhat of an outlier in this analysis of the African continent, possibly due

78 Seizures declined in 2011 possibly due to the uprising and the deteriorated security situation that occurred in the region in 2011.

79 UNODC World Drug Report 2010, p.41.

80 UNODC World Drug Report 2015, Annex I, VII.

81 Annual Report Questionnaire.

82 Middle East and North Africa Harm Reduction Association, "Assessment of situation and response of drug use and its harms in the Middle East and Northern Africa", 2012, p.11: <http://www.menahra.org/images/pdf/Menahra.pdf>

to being separate from the wider drug trafficking trends seen in sub-Saharan Africa, and as a result of being supplied mainly from a potential sub-route of the Balkan route rather than the southern route. Heroin seizures in Northern Africa are limited and drug consumption rates (with the exception of cannabis consumption) are generally low. There is, however, a significant market for tramadol, and to a much lesser extent heroin, in Egypt, the region's most populous country.⁸³ There are also concerns that Libya, both pre and post-revolution,⁸⁴ was a regular stop for heroin and other drug trafficking. Finally, while heroin use in the Maghreb region (Tunisia, Morocco and Algeria) is generally considered to be low, there are indications of a growing use of synthetic opiates (notably Subutex⁸⁵ in the Maghreb and Tramadol in Egypt and Libya). An additional indicator is the growing HIV problem in the Northern Africa, possibly due in part to the sharing of non-sterile drug injecting equipment amongst people who use drugs.⁸⁶

Main trafficking routes and methods in Northern Africa

As identified in this report, most of the heroin entering Africa enters the continent through the countries located along the East and West African coastline in dhows or containers from Iran and Pakistan via the southern route. Once in Africa, inter-regional trafficking takes place between Eastern, Western, and Southern Africa. However, Northern Africa is relatively isolated from this broader sub-Saharan African heroin trafficking trade, in part because it is much less dependent on the maritime southern route. Much of the heroin entering Northern Africa appears to be sourced from a sub-route of the Balkan route which cuts through the Middle East into Northern Africa. There are however, established and historical smuggling routes linking Sub-Saharan Africa with Northern Africa, which have been used to smuggle illicit commodities including drugs. The first of these consists of a route from West Africa through the Sahel and Northern Africa toward Europe, which is mainly used to smuggle cocaine. The other is a route used to smuggle cannabis from Morocco⁸⁷ through the Sahel and Northern Africa and also destined for Europe.^{88 89} Cannabis and cocaine trafficking across the Sahel appears to be declining although cannabis trafficking off the Moroccan coast in the Mediterranean seems to be on the rise.^{90 91 92} Importantly, while these two established drug routes overlap with one another, there is no evidence of heroin being trafficked along them.

83 The Egyptian National Council for Fighting and Treating Addiction; The National Survey on Psychotropic Drug Use in Egypt (2015).

84 United States Institute of Peace, "Illicit Trafficking and Libya's Transition", 2014, p.15-17: <http://www.usip.org/sites/default/files/PW96-Illicit-Trafficking-and-Libya's-Transition.pdf>

85 Aljazeera News, "Tunisia drug use grows amid economic stress", published on May 28, 2014: <http://www.aljazeera.com/news/middleeast/2014/05/tunisia-drug-use-grows-amid-economic-stress-2014517111322203916.html>

86 UNAIDS and Hashemite Kingdom of Jordan, "Global AIDS response progress reporting- Country Progress Report", January 2010-December 2011, p.21: [www.unaids.org/en/dataanalysis/knowyourresponse/countryprogressreports/2012countries/ce_JO_Narrative_Report\[1\].pdf](http://www.unaids.org/en/dataanalysis/knowyourresponse/countryprogressreports/2012countries/ce_JO_Narrative_Report[1].pdf)

87 Annual Report Questionnaire 2009, Q.3.

88 Annual Report Questionnaire 2010, Q.24.

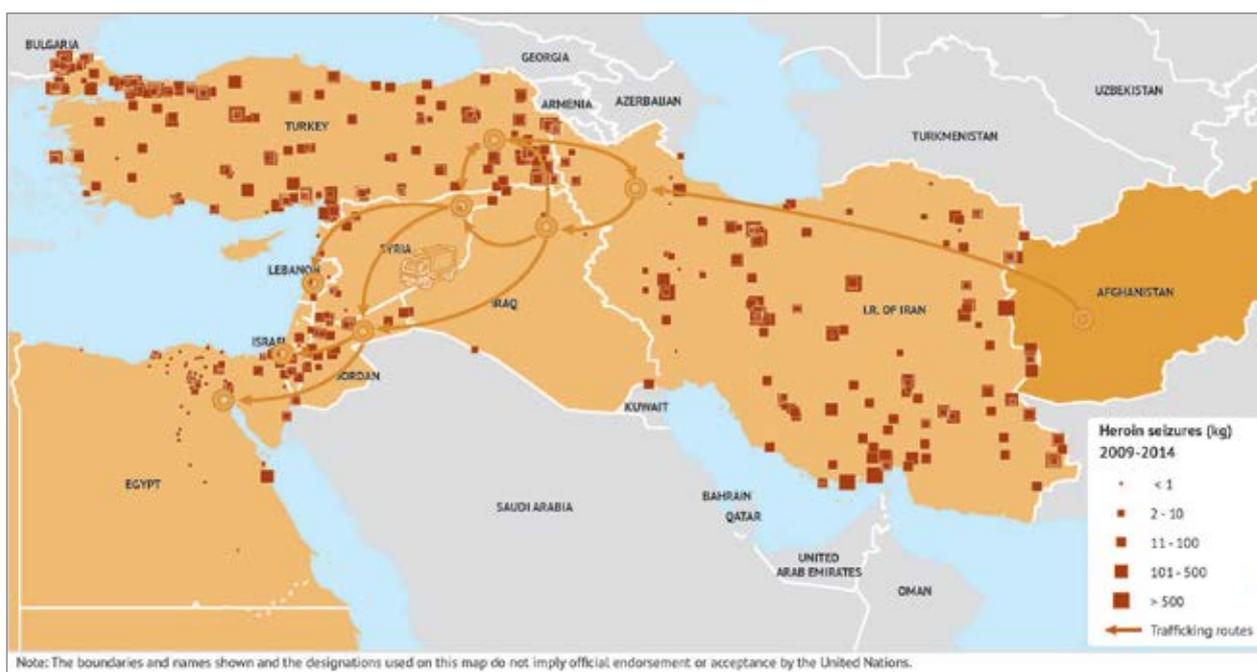
89 Annual Report Questionnaire 2010, Q.6.

90 Bilan annuel des saisies.

91 Mini-Dublin Group, Regional Report for Northern Africa, October 2012, p.2. http://www.parlament.gv.at/PAKT/EU/XXIV/EU/09/66/EU_96626/imfname_10381463.pdf

92 Annual Report Questionnaire 2011.

Map 10: Indicative drug trafficking routes from Afghanistan (through Balkan route) through Northern Africa and the Middle East.



Source: UNODC elaboration based on seizure data from ARQ, DMP and Country reports

Egypt dominates regional heroin seizures in Northern Africa and is second only to Nigeria in Africa in terms of the quantity of heroin seized in the last few decades. The country is supplied by heroin from Afghanistan either through a sub-branch of the Balkan route (through the Middle East) via its eastern border⁹³ or to a lesser extent via the southern route by sea and air. Other North African countries receive a limited amount of heroin -whether in transit to Europe or for their limited domestic markets – and do not appear to be linked to Egypt or to each other as it concerns heroin trafficking.

Egypt

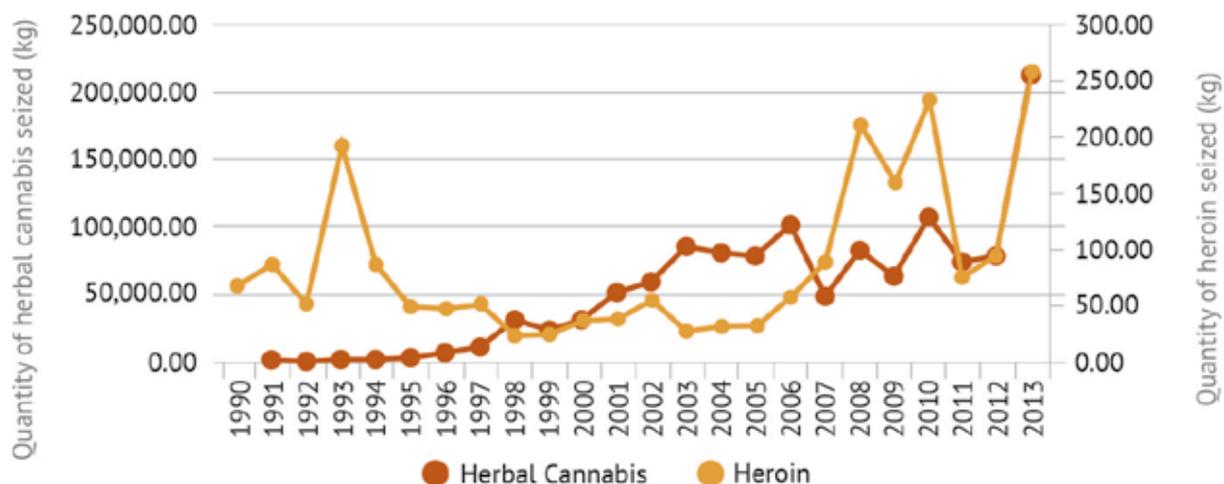
In the 1980s, cannabis resin, opium (locally cultivated) and methamphetamine (locally produced in the name of Maxiton Forte) dominated the illicit drugs market in Egypt. Heroin was seized in relatively “modest” quantities (with occasional peaks of 242 kg in 1983, 335 kg in 1988 and 192 kg in 1993).⁹⁴ However, in the late 1990s and early 2000s, illicit cannabis cultivation replaced opium cultivation and seizures of all other drugs showed a steady decrease.⁹⁵ 2006 marked a new era for drug interdiction in Egypt, as heroin and cannabis resin seizures started to rise again maintaining a steady increase to date (with the exception of 2011-2012 which coincided with instability caused by the political upheavals that occurred across the region) reaching new record levels in 2014 where 613 kg of heroin were seized. According to the Egyptian authorities, most of the heroin seized in Egypt is destined for local consumption within the country.

93 According to the HONLEA 2008, “East and West Asia are the main sources of the heroin smuggled into the country, mostly through its eastern borders and the Gulf of Aqabah area.”; see Report on the current situation with respect to the illicit trafficking of narcotic substances in Egypt, Eighteenth Meeting of Heads of National Drug Law Enforcement Agencies, Africa, Yamoussoukro, 8-12 September 2008, p.2.

94 UNODC database.

95 Cannabis herb seizures have been on the rise since then with fluctuating figures in the late 2000s possibly due to eradication campaigns conducted by the Egyptian law enforcement authorities.

Figure 8: Quantities of heroin and cannabis seized in Egypt 1990 – 2013



Source: Annual Response Questionnaire and Egyptian ANGA Annual reports 2006-2013

Trafficking Routes and methods in Northern Africa:

One of the larger heroin routes into Egypt, is a sub-branch of the Balkan route (from Turkey and Iran into Iraq/Syria and other Middle East countries). This sub-branch of the Balkan Route, is a land route with trucks most commonly used as a transportation mode crossing from Iran and into Iraq,⁹⁶ Syria,⁹⁷ Jordan⁹⁸ and further to Israel and Egypt. Once in Israel the route moves towards Egypt through the Sinai region.⁹⁹ The Sinai was historically an important crossroads between the opium-producing region of Anatolia and the important Egyptian market in the Nile Valley. Most traffic ran overland through Syria, Palestine (later Israel), and Jordan.¹⁰⁰ From the late 1970s through the early 1980s, Lebanon’s Beka Valley was Egypt’s nearest large opium-producing source and the substance would be mostly trafficked across the Sinai.¹⁰¹ Heroin enters Egypt from the Egyptian border; through the eastern border of Sinai and through the Gulf of Aqaba to the east coast of Sinai, either through unofficial entry points or via the Nuweiba seaport in South Sinai. The Sinai region has always been an important entry point for poly-drug trafficking of heroin, cannabis resin and cocaine into Egypt.¹⁰² Jordanian authorities report that the final destination of the heroin they seize is Israel, Saudi Arabia and Egypt¹⁰³ suggesting that traffickers do not intend to traffic further into Northern Africa. Israel has reported that since 2005 it has become a “transit” country for heroin smuggling, transferred from Lebanon and Jordan to Egypt, in exchange for cannabis resin which is supplied to the local Israeli market.¹⁰⁴ In its 2012 ARQ, Israel reported that 30 per cent of the heroin that crossed into the country transited Egypt, 50 per cent transited Jordan and 5 per cent transited Lebanon.¹⁰⁵ In

96 In recent years, due to the strengthened Iranian – Turkish border, there is evidence that heroin is trafficked from Iran to Iraq. UNODC World Drug Report 2013, p. 30-34.

97 Additionally, since 2011, Syria started to report Iraq as a source of heroin. Syria ARQ 2011 and 2012.

98 There was a significant increase in heroin seizures within Jordan (237 Kg in 2013 in the first 6 months). Of the significant heroin seizures in Jordan in 2013, only one seizure was reported at Jaber border (bordering Syria) and one seizure at the Iraqi border. The rest of the heroin was seized within the country and closer to Israel and Egypt (the main destinations). The source of the heroin seized in Jordan in 2013 is not clear but the continuing civil war in Syria is likely to have impacted trafficking flows and law enforcement priorities. Source: as reported in Africa study questionnaire.

99 Website of Israel Anti-Drug Authority, Drug Market: <http://www.antidrug.gov.il/english/template/default.aspx?catid=277>

100 J. J. Hobbs, Troubling Fields: the opium poppy in Egypt; *The Geographical Review* 88 (I): 64-85, January 1998, p.68

101 Ibid, p.68.

102 https://www.middleeastmonitor.com/downloads/other_reports/arab-organization-for-human-rights-in-uk.pdf

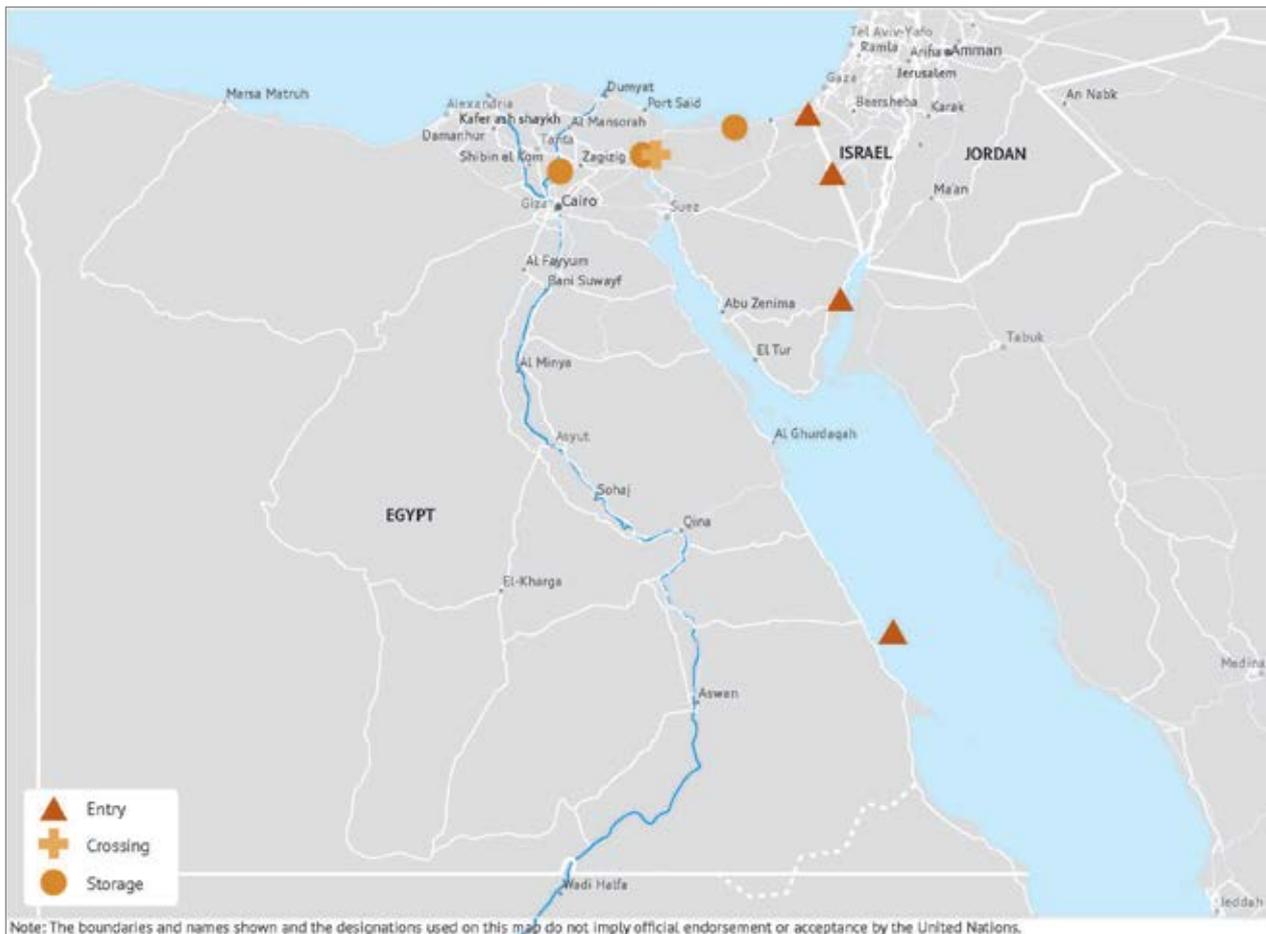
103 Mini Dublin Group, Regional Report on the Near East”, November 2013, p.3-4. <http://register.consilium.europa.eu/doc/srv?l=EN&f=ST%2015181%202013%20INIT>

104 Mini Dublin Group, Regional Report on the Near East”, November 2013, p.3-4. <http://register.consilium.europa.eu/doc/srv?l=EN&f=ST%2015181%202013%20INIT>

105 ARQ Israel 2012.

their 2013 and 2014 ARQ, Israel also reported that Egypt was a transit country for heroin seized in its territories, but did not provide a percentage figure for how much came from this direction. The ARQ responses may indicate that Egyptian traffickers are also supplying the Israeli market rather than solely the Egyptian market.

Map 11: ANGA reported heroin entry, crossing and storage locations in Egypt



Source: UNODC elaboration based on seizures data and discussion with ANGA officials, Egypt

Following the 2011 uprising in Egypt, the security situation rapidly declined and Sinai was no exception. Drug traffickers may have exploited the situation and in 2012 Egyptian authorities assessed that the flow of drugs into the country was growing despite the declining level of seizures being recorded.¹⁰⁶ In 2013 and 2014, as the security apparatus regained better control over the country, heroin seizures peaked again marking a new record level of 260 kg in 2013 and 613kg in 2014.

In addition to the land routes into Egypt, there is some evidence of maritime trafficking routes through a sub-branch of the southern route transported directly by sea to the South-Eastern Red Sea coasts of Egypt. In February 2014, a 140kg seizure of heroin took place in Egyptian territorial waters near Safaga on the Red Sea. The 140 kg of heroin was transported from Pakistan through the Red Sea to Egypt on board a Greek registered ship.¹⁰⁷ Other drugs are also reported to be trafficked through this channel, for example in 2011, the Egyptian ANGA seized three tons of Cannabis resin also being trafficked across the Red Sea. The vulnerability and use of the Suez Canal for trafficking activity is not a new development,¹⁰⁸ and in the past, it was considered an important “transit point for heroin being trafficked by ship en-route from Southeast and South West Asia to

106 The National Operational Plan for Addressing the Drugs Issue in Egypt (2012).

107 <http://www.moiegypt.gov.eg/Arabic/Departments+Sites/Media+and+public+Relation/News/n030220141.htm>

108 U.S Department of States, International Narcotics Control Strategy Report (INSCR) 2004, p. 492 : <http://www.state.gov/documents/organization/29963.pdf>

Europe and the United States”.¹⁰⁹ As an example, Egyptian police seized four tons of opium and 300 kilograms of heroin in a Suez Canal operation in 1988. In 1993, the Turkish Navy seized 2.7 tons of morphine base on board of a Panamanian-registered coaster that had cleared the Suez Canal and was heading to Turkey’s south-eastern port of Bodrum.¹¹⁰ Since these seizures are dated and there are no further details on the route, the continuous smuggling via this route cannot be asserted. However, given its proximity to the southern route corridor in the Indian Ocean, the increased interdiction off the coast of Eastern Africa may push traffickers operating along the southern route northward towards the Red Sea and Sinai.

The third, and by far less frequent, entry point of heroin to Egypt is through airports in small quantities. Until recently heroin was trafficked by air from Syria to Egypt by Syrian, Palestinian and Jordanian nationals. In 2013, nationals from Tanzania and Kenya were also involved in heroin trafficking to Egypt also through airports. Customs and law enforcement authorities at Cairo International Airport arrested two Tanzanians in possession of 7.05 kg heroin. The two incidents departed from Tanzania, transited Kenya and were destined for Egypt, although the organizers of this trafficking are unknown as those arrested were only couriers. Other East Africans, notably Kenyan nationals, have also been arrested at the airport on drug trafficking charges. With few exceptions, such seizures are also reportedly destined for the Egyptian domestic market. The development of an air route from Eastern Africa into Egypt is consistent with reports from other countries in the region who note an increase in heroin seizures linked to the development of an air transit hub in Eastern Africa.¹¹¹ This is suggested by the 50 kg of heroin seized in December 2010 in Tanzania, which was bound for Sudan and Egypt via Nairobi.¹¹² In what was called the largest Sudanese heroin seizure in recent memory Sudan police arrested a Tanzanian woman with 3 kg of heroin in 2013 en-route to Egypt.¹¹³ Seizures of heroin are relatively low in the rest of Northern Africa. There appears to be a lack of integration within Northern African markets, with each country having its own trafficking dynamics separate from each other and Egypt.

Originally, the cocaine trafficking routes via several countries of Western and Northern Africa (including Senegal, Mauritania and Morocco) to Western and Central Europe were developed by making use of existing cannabis trafficking networks.¹¹⁴ For heroin, however, there have been few indications that the same process takes place. This also makes it less likely that the same groups are involved in trafficking all three drug types in the region.¹¹⁵ For cocaine and cannabis trafficked through the region, a northward journey towards Europe may also occur, but there is no such evidence of this for heroin. Moreover, the weakened borders and security vacuum in Libya may presumably have made these regions more vulnerable to drug traffickers but this does not appear to be the case for heroin,¹¹⁶ as attested by the negligible seizure data and the limited countries reporting this route.

The political upheavals that have occurred across the region have had a serious impact on Northern Africa’s stability and its ability to interdict narcotics and report seizure levels. This is particularly true of Libya where the situation has worsened following the Libyan revolution, due to the collapse of State institutions including law enforcement organisations. Libya appears to rank second behind Egypt in terms of heroin seizures in Northern Africa (at least prior to the revolution). Heroin seizures in Libya had been showing an increasing trend since

109 J. J. Hobbs, *Troubling Fields: the opium poppy in Egypt*; *The Geographical Review* 88 (I): 64-85, January 1998, p.68; http://www.unodc.org/pdf/egypt/egypt_country_profile.pdf

110 Reported by *The New York Times*, February 9, 1993: <http://www.nytimes.com/1993/02/09/world/heroin-pouring-through-porous-european-borders.html>

111 UNODC *Afghan opiate trafficking through the southern route*, 2015, p. 86.

112 Report of the International Narcotics Control Board, 2011, p. 48. : http://www.incb.org/documents/Publications/AnnualReports/AR2011/AR_2011_E_Chapter_III_Africa.pdf[www.cimicweb.org/cmo/medbasin/Holder/Documents/r024%20CFC%20Monthly%20Thematic%20Report%20\(07-DEC-12\).pdf](http://www.cimicweb.org/cmo/medbasin/Holder/Documents/r024%20CFC%20Monthly%20Thematic%20Report%20(07-DEC-12).pdf)

113 *Africa Study Questionnaire*.

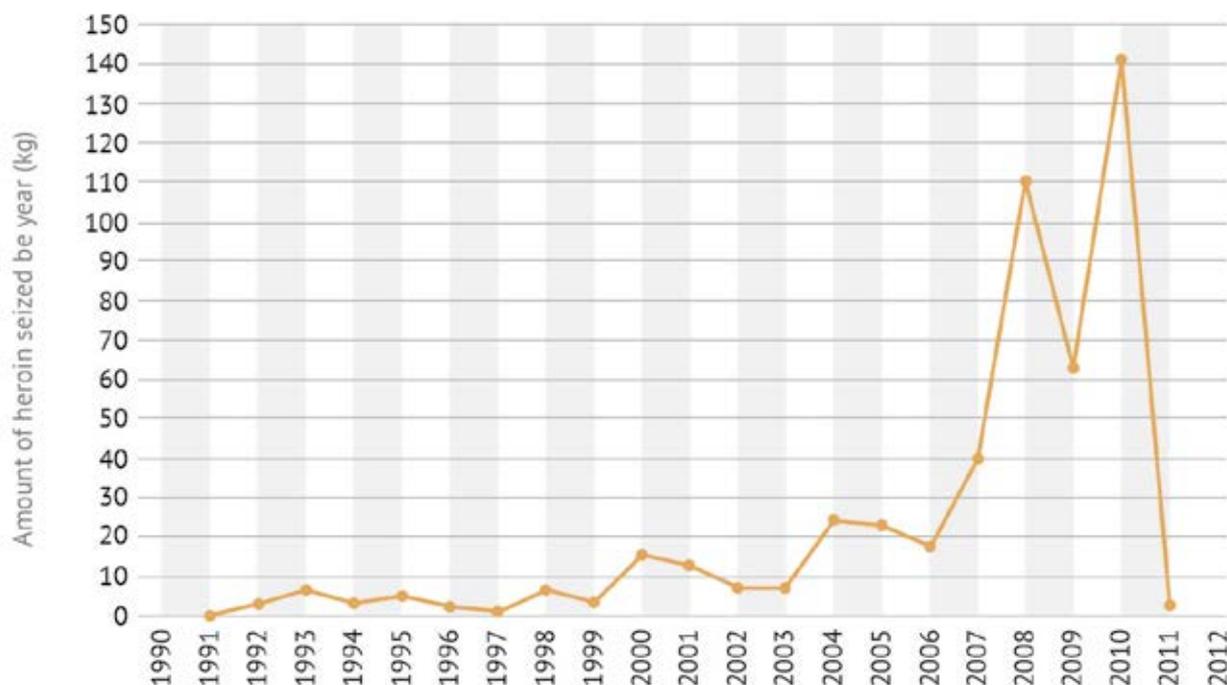
114 UNODC *Crime and Development in Africa*, June 2005, p.32.

115 There has been fragmentary evidence that since the mid-2000s some migrants have made money by carrying drugs from West to Northern Africa but these are unlikely to involve large amounts and there is little evidence that it involves heroin. Daniel, *Les Routes clandestines*, p.135;

116 ARQ database and BILAN ANNUEL DES SAISIES DE STUPEFIANTS ET DE SUBSTANCES PSYCHOTROPES A L’ECHELLE NATIONALE PAR LES TROIS SERVICES.

1999 that reached an unprecedented peak in 2010 (roughly 140 Kg), however seizures dropped dramatically following the outbreak of violence within the country in 2011, and at present available data on the source or final destination of heroin seized in Libya is very limited.

Figure 9: Heroin seizures in Libya 1990-2011



Source: Anti-Narcotics General Administration (ANGA), Libyan¹¹⁷

Note: Data after 2011 was unavailable

Southern Africa

Southern Africa includes: Angola, Botswana, Lesotho, Malawi, Mozambique, Namibia, South Africa, Swaziland, Zambia and Zimbabwe. Knowledge of the current drug trafficking picture in Southern Africa is limited. In the late 1990s a number of countries in Southern Africa were identified as drug transshipment points, principally South Africa and Mozambique. Current information indicates that these countries continue to act as transshipment points, but that opium is not cultivated, and heroin is not produced, in any of the South African Development Community (SADC) countries. Opiates, however, are trafficked into Southern Africa from overseas – especially via maritime routes from South West Asia. Other heroin flows within the SADC originate in Tanzania and move overland into Mozambique, Zambia and finally South Africa. In particular, South Africa’s developed infrastructure, financial services industry and connections to global transport and shipping hubs helps facilitate trafficking through air and sea port facilities to international markets.

Within South Africa, local opiate users have been impacted by the use of the country as a transshipment point: according to a 2010 report from the Institute of Security Studies (ISS), a “...recent trend is the diversion of...Class A drugs to local markets”.¹¹⁸ The ISS went on to report that: “In the last five years, the cultivation, smuggling and consumption of drugs has become the greatest organized crime concern in Southern Africa.”¹¹⁹ There are concerns that the use of Southern Africa as a transshipment point, is also leading to an increasing consumer

117 Libyan Anti Narcotic General Administration.

118 Institute of Security Studies (ISS), December 2010, Organized crime in Southern Africa First annual review, Compiled by Annette Hübschle, p5, p27.

119 Institute of Security Studies (ISS), December 2010, Organised crime in Southern Africa First annual review, Compiled by Annette Hübschle.

market for heroin within South Africa, similar to that being reported in Eastern Africa, as some traffickers divert drugs to the local market, in addition to shipping narcotics to international markets.

In addition to South Africa, there are indications that Afghan opiates are being transshipped to Mozambique. In 2012 the Dublin Group stated that the country "...is a growing concern for international counter-narcotics agencies".¹²⁰ Mozambique is relatively stable, has long, porous borders, lacks law enforcement capacity and suffers from weak governance in some areas, all of which make it an attractive prospect for trafficking activity. Additionally, Mozambique borders the major trafficking hubs in Eastern Africa, and it is possible that interdiction activity by CMF off the coast of Tanzania is leading to traffickers shifting their focus of activity to Mozambique.¹²¹ In 2010, one major Mozambican narcotics trafficker, Suleiman Momad Bachir was nominated as a drug trafficking "Kingpin" to the US Treasury Office of Foreign Assets Control (OFAC) list.¹²² Prior to his nomination, Bachir was able to operate in Mozambique with impunity and his case provides a good example of a powerful trafficker operating in the country.

The strategic drug trafficking picture for the rest of Southern Africa remains limited due to the lack of reliable data. A lack of data on heroin seizure rates, purity and consumption is notable across the region, largely due to a lack of law enforcement capacity and poor governmental data collection processes. As a result, reliable estimates of consumption and trafficking routes have not yet been fully developed. The countries in SADC face severe resource constraints and have not prioritized counter-narcotics reporting. The resulting data gaps have major implications for interdiction efforts, rehabilitation and regional cooperation. There remains a risk that traffickers will exploit poor government capacity in Southern Africa, leading to increasing drug trafficking and use, which in turn will further inhibiting economic and social development within the region.

Regional price and purity data

Although heroin commands a reasonably high price in parts of Africa, greater profits can generally be made in other destination markets particularly in Western Europe, North America and South East Asia. For example, whereas Germany and the United Kingdom maintained retail prices of US\$ 65.50 (in 2013) and US\$63.31 (in 2012) per gram of heroin respectively (see Table 1), by comparison the price in Egypt over the same time period was only US\$17.29 per gram. Older data from 2007 indicates that a gram of heroin had cost US\$1.86 in Kenya and US\$6.78 in Nigeria – a very low price relative to markets in Europe and North Africa. More recent data upon which to make a more solid comparison is currently unavailable, but it is likely that prices of heroin in Africa remain significantly lower than in other international markets.

120 Dublin Group country report 2012on Mozambique (15457/12), Council of the European Union, Brussels, 29 October 2012.

121 Dublin Group country report 2012on Mozambique (15457/12), Council of the European Union, Brussels, 29 October 2012.

122 Reported on the U.S Department of the Treasury, June 2010. See: <https://www.treasury.gov/resource-center/sanctions/OFAC-Enforcement/Pages/20100601.aspx>

Table 1: Comparative Heroin/cocaine prices in selected countries in Africa, US and Western Europe and average monthly incomes in US \$, by last reported year

Country/territory	Reported retail price per gram of heroin	Reported retail price per gram of cocaine	Reported year heroin/cocaine
Kenya	1.9	31.80	2007/2007
Egypt	11.5	93.6	2013/2013
Algeria	130.64	140.00	2012/2013
South Africa	35.01	32.70	2009/2009
Nigeria	6.78	32.45	2009/2007
US	250.00	2.10	2012/2012
Belgium	37.00	68.2	2013/2013
Germany	65.5	91.60	2013/2013
France	46.67	86.68	2013/2013
Netherlands	46.7	69.04	2013/2013
UK	63.31	63.31	2012/2012

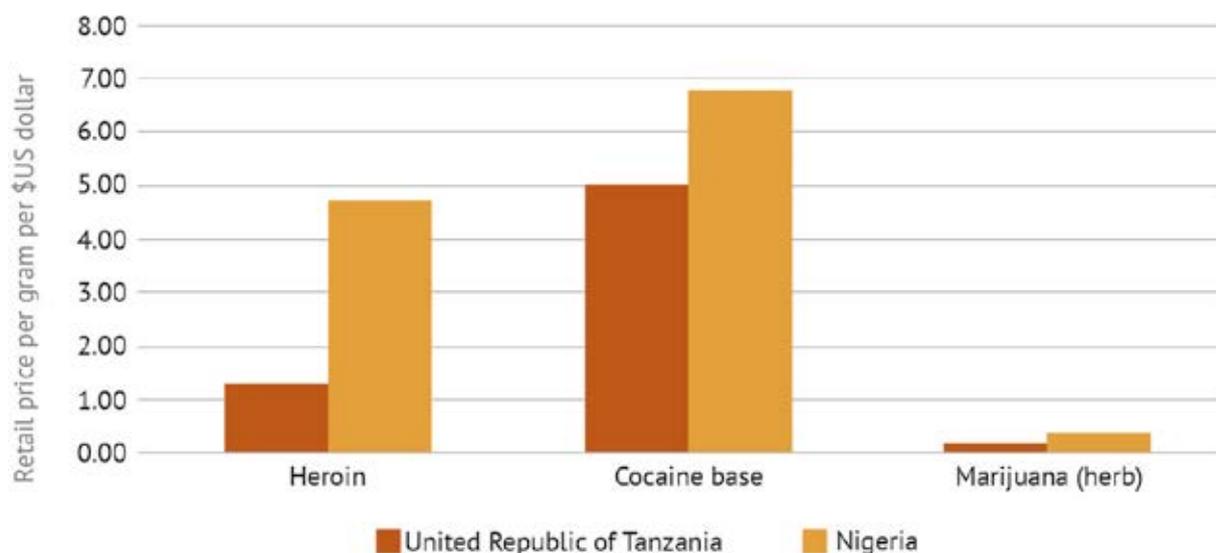
Source: UNODC World Drug Report 2015

Table 2: Reported average retail heroin purity in selected countries in Africa and Western and Central Europe, 2010-2013 (later data for all countries listed is unavailable)

Country/territory	Heroin purity at street level (per centage)
Nigeria	50
Côte d'Ivoire	27
Australia	27
Ghana	50
USA	12
Canada	50
Germany	11
Sweden	18
Russia	7
France	11

Source: World Drug Report 2015

Figure 10: Comparative retail prices of drugs in Nigeria and Tanzania, 2009



Source: World Drug Report, 2015

Note: The last reported heroin data for Nigeria and Tanzania was 2009

The presence of adulterants in heroin shipments is common, with the practice of “cutting” heroin having been reported in Afghanistan since the 1990’s.¹²³ Data on reported seizures in countries receiving Afghan heroin as well as in Afghanistan itself¹²⁴ suggest that a proportion of Afghan heroin continues to be adulterated or “cut” either at the point of manufacture, by Afghan wholesalers or by traffickers along the supply chain. Adulterating heroin allows traffickers to potentially increase profits by providing greater quantities of opiates albeit at a lower purity. From a law-enforcement perspective, the forensic analysis of adulterants may help to identify specific trafficking and processing groups, as well as potentially identifying heroin trafficking routes. Identification of the chemical signature of heroin and its constituent adulterants requires good forensic capacity, which may be beyond the capabilities of some African governments, indicating a need to enhance regional forensic capacity and stimulating information sharing between regional agencies.

Forensic testing of heroin in Afghanistan by both UNODC and DEA, indicates that, for the most part, the heroin produced and trafficked in the country is of low quality. This contrasts with the heroin seized on the Indian Ocean – forensic analysis of five seizures obtained from dhows in the Indian Ocean indicates that this heroin is of a much higher purity (See table 3). This suggests that heroin is further refined and processed into purer forms somewhere along the supply chain in South West Asia. UNODC has received limited data on the purity of heroin trafficked into, through and out of Africa, but it is unlikely that African trafficking networks possess the capacity to refine opiates into purer forms of heroin, although at present this does remain a significant knowledge gap. Although comprehensive purity data is limited, at the domestic retail level heroin consumed in Africa appears to be of a lower quality than that consumed in destination markets outside of the Continent, notwithstanding the high purity of heroin being shipped to Eastern Africa via the Indian Ocean. Although the definition of what is classified as street heroin, varies by country, it is likely that lower purity opiates are being sold in domestic markets within Africa while more refined and purer heroin is retained for more lucrative international markets. However, information on relative retail purity levels remains very limited, and highlights the need for improved data collection and further study in this area.

123 UNDCP, Afghanistan Strategic Study #2, The Dynamics of the Farmgate Opium Trade and the Coping Strategies of Opium Traders, October 1998, p. 18.

124 Initial Assessment Report on the Capabilities of the Forensic Drugs Laboratories in Afghanistan, Pakistan and the Central Asian Republics, UNODC.

Table 3: Content and purity of selected heroin shipments interdicted in the Indian Ocean

Date	Approx. location	Suspected Narcotic Seized (from initial test)	Results of laboratory testing
13-Apr-12	Indian Ocean Between: 10° & 14° N 56° & 60°	182kg heroin	The seized chunky off-white material was found to contain 59.5 per cent (+/-2.7 per cent) & 60.8 per cent (+/-2.8 per cent) (2 samples) Heroin Hydrochloride & caffeine & Methorphan. Heroin classified as SW Asian Type C.
29-Mar-13	Indian Ocean Between: 02° & 06° S 46° & 50° E	500kg heroin	The seized chunky off-white material was found to contain 57.7 per cent (+/-2.7 per cent) Heroin Hydrochloride & caffeine & Methorphan. Heroin classified as SW Asian Type C.
6-May-13	Indian Ocean Between: 05° & 09° S 39° & 43° E	317kg heroin 7kg cannabis resin	The seized chunky off-white material was found to contain 57.7 per cent (+/-2.7 per cent) Heroin Hydrochloride & caffeine & Methorphan. Heroin classified as SW Asian Type C.
14-May-13	Indian Ocean Between: 01° & 05° S 45° & 49° E	195kg heroin	The seized chunky off-white material was found to contain 64.0 per cent (+/-2.8 per cent) Heroin Hydrochloride & caffeine & Methorphan. Heroin classified as SW Asian Type C.

Source: Combined Maritime Forces (CMF)

CHAPTER 3: Impacts and Challenges

The Challenge of Opiates and Public Health

According to the UNODC World Drug Report, globally, Africa was estimated to be home to 11 per cent of global opiate users in 2013 more than 50 per cent of whom live in Western and Central Africa.¹²⁵

Figure 11: Estimated number of opiate users (global) 2013

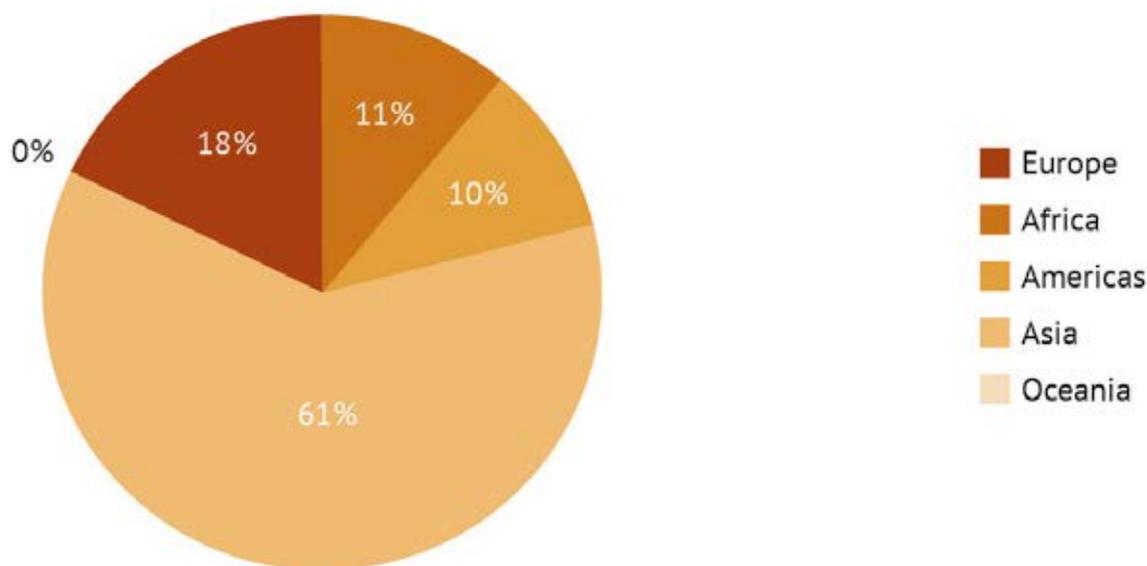
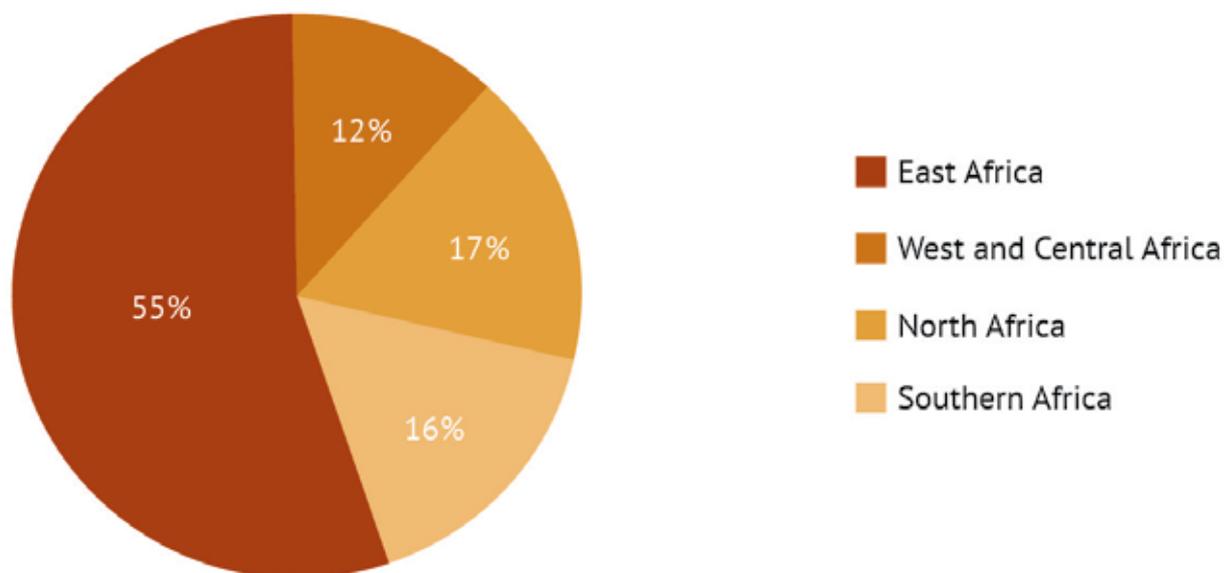


Figure 12: Estimated number of opiate users by region in Africa, 2013



Source: World Drug Report, 2015

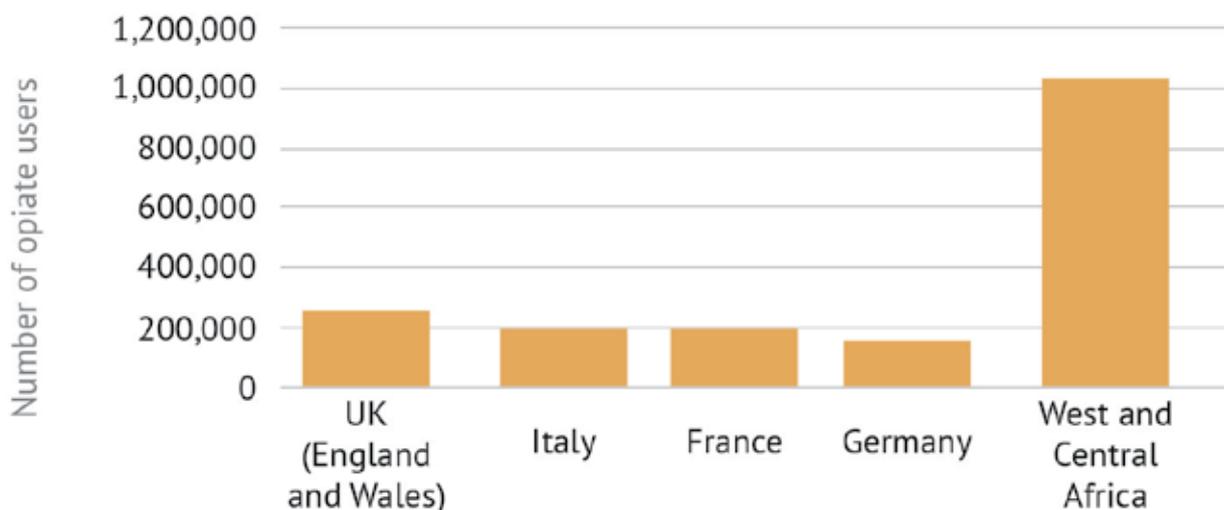
While cannabis remains the number one illicit drug used both on the continent and globally, and the only drug produced in Africa for export in large quantities, heroin appears to be becoming more popular in some areas, particularly in Eastern Africa. However, this should be qualified by noting that the limited data currently

125 UNODC World Drug Report 2015.: 1.1.1. Annual prevalence of drug use by regions and globally by drug types <https://www.unodc.org/wdr2015/en/maps-and-graphs.html>

available shows that heroin is usually the least popular of the four main drug types (cannabis, heroin, cocaine, ATS) consumed on the Continent. For example, data from 2013 on drug prevalence in Cabo Verde found that 7.6 per cent of the Cabo Verdean population has used/tried an illicit drug in a given moment of their lives (the lifetime prevalence rate), 2.7 per cent used an illicit drug in the last 12 months prior to the survey and 1.6 per cent currently use an illicit drug (last 30 day consumption). The most consumed drug was cannabis (7.2 per cent lifetime prevalence; 2.4 per cent last 12 months prevalence and 1.5 per cent last month prevalence), followed by cocaine (0.9 per cent lifetime prevalence; 0.2 per cent last 12 months prevalence and 0.1 per cent last month prevalence) and “Cocktail” (crack cocaine in addition to cannabis - 0.3 per cent lifetime prevalence; and 0.1 per cent last 12 months prevalence). Again, it is worth mentioning the appearance of amphetamine consumption with a 0.1 per cent lifetime rate and the absence of heroin.¹²⁶

The majority of drug use prevalence estimates from countries within Africa are obtained from non-representative sampling methods, for example from data recorded by drug registries. In some cases where estimates are available, the information is dated and is of limited use in assessing the current situation or producing trend analysis for policy or programmatic purposes. With these caveats in mind, the trafficking of heroin and other opiates poses a challenge to public health within Africa, but the impacts differ between countries. Available data shows that the opiate use prevalence rates in most African countries is below the global average of 0.4 per cent, with the exception of Nigeria, the Seychelles and Mauritius¹²⁷ The prevalence of opiate use in Northern Africa is even lower, however, consumption of cocaine and opiates in the region is reported to be increasing from this traditionally low level.¹²⁸

Figure 13: Estimated number of opiate users in the main markets of Western Europe compared with West Africa, 2013



Source: UNODC Annual Report Questionnaire (ARQ)

126 See Inquérito Nacional sobre a prevalência de consumo de substâncias psicoactivas na população geral, Ministério da Justiça, UNODC, United Nations (Cape Verde), Praia, April 2013.

127 UNODC, World Drug Report 2013, Annex I-II.

128 International Narcotics Control Board Annual report 2013, p.38. http://www.incb.org/documents/Publications/AnnualReports/AR2013/English/AR_2013_E_Chapter_III.pdf

Table 4: Comparative opiate use prevalence in selected Eastern, Western and Central African countries by last reported year of estimate, and prevalence globally.

Country	Annual prevalence	Estimated population of users 15-64	Year of estimate
Cape Verde	0.18	308,000	2004
C.A.R.	0.05	2,448,000	2004
Chad	0.22	5,802,000	2004
Congo	0.13	2,253,000	2004
DRC	0.13	33,678,000	2004
Ghana	0.14	14,049,000	2004
Liberia	0.17	2,145,000	2004
Niger	0.2	7,575,000	2004
Nigeria	0.7	85,213,000	2004
Senegal	0.08	6,707,000	2006
Sierra Leone	0.17	3,233,000	2004
Kenya	0.22	22,237,980	2012
Mauritius	0.91	925,000	2007
Rwanda	0.14	5,811,000	2004
Seychelles	2.30	61,000	2011
Somalia	0.16	4,884,000	2004
Uganda	0.05	16,397,000	2004
Global	0.4	16,500,000	2013

Source : *World Drug Report, 2015*

Specific and individual pieces of research provide examples of particular case studies in Africa, and although broad quantitative generalisations cannot be made from the data, the research does provide an indicator of events on the ground. For example, a 2011 assessment of Persons Who Inject Drugs (PWIDs) in West Africa indicated high HICV and HCV prevalence among PWIDs and DUs, that women were more at risk of being HIV infected (a prevalence rate of 13 per cent for women, compared to 3 per cent for men), and that risk factors for HIV and HCV indicate urgent need for harm reduction interventions including access to opioid substitution therapy. The results of this study, estimated the number of PWIDs for the region of Dakar to be 1,324, out of a population of 2,930,594. The same study indicated high levels of heroin and crack cocaine use, with the prevalence of HIV/AIDS appearing significantly higher among people who use drugs than in the general population (4.3 per cent and 0.7 per cent respectively). Females who use drugs were more vulnerable than males, with HIV prevalence significantly higher among female PWIDs than male PWIDs.¹²⁹

Similarly, research from Ghana, the “Modes of Transmission” studies produced in 2008, revealed that 0.3 to 4.0 per cent of new HIV infections were attributed to PWIDs.¹³⁰ A separate assessment produced in 2007, indicated that about 35 per cent of prison inmates in Ghana had injected drugs, even though only 10 per cent had been arrested for drug trafficking and/or possession. The report went on to identify the fact that the strongest behavioural risk factor for HIV infection while in prison in Ghana, is drug use injection.¹³¹

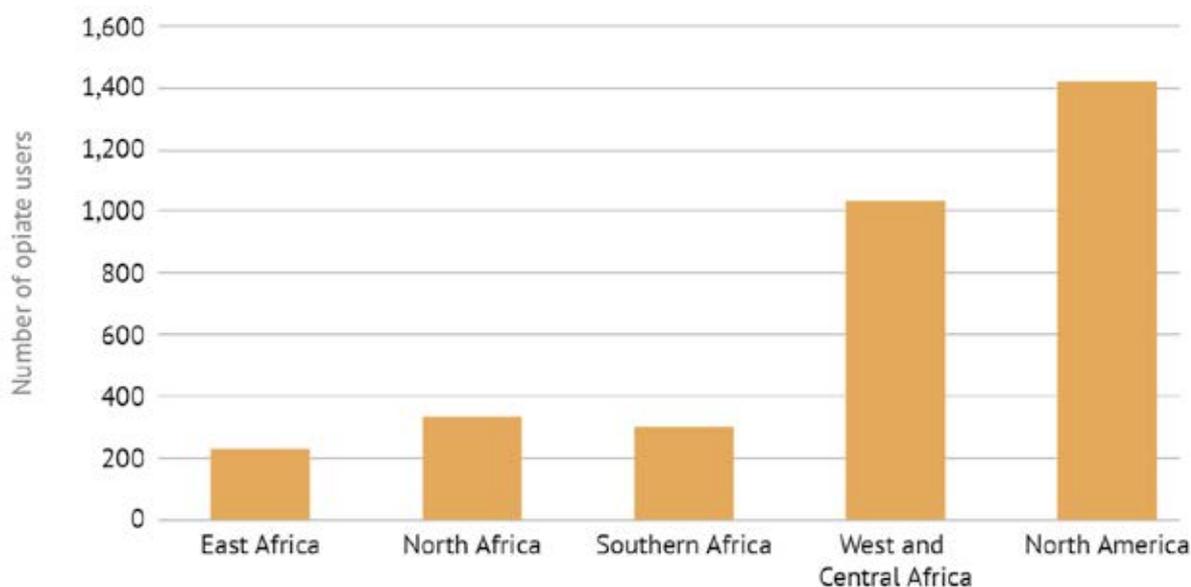
129 Survey on HIV, HBV and HCV prevalence and at risk practices among drug users in the Region of Dakar (Senegal), 2011- Sponsored by ANRS and IMEA- Partners: CRCE, MoH/ Mental Health Office, NAS, UNODC, ESTHER.

130 UNAIDS & The World Bank, New HIV infection by mode of transmission in West Africa: A multi-country analysis, March 2010: http://www.unaids.org/sites/default/files/en/media/unaids/contentassets/documents/countryreport/2010/201003_MOT_West_Africa_en.pdf

131 S. R Reid “Injection drug use, unsafe medical injections, and HIV in Africa: a systematic review”, Harm Reduction Journal, August 2009. : <http://www.harmreductionjournal.com/content/6/1/24>

Compared to the rest of sub-Saharan Africa, the HIV epidemic in West and Central Africa appears to have distinct dynamics, being more concentrated among key populations of PWIDs.¹³²

Figure 14: Comparison of estimated number of opiate users across Africa with United States of America (2013)



Source : *World Drug Report, 2015*

Heroin use in the Indian Ocean islands evolved independently of the prevalence of heroin use in the rest of Eastern Africa. The drug was introduced to Mauritius in the 1980s and use - including injection use - grew over time, giving the small island nation one of the highest heroin user rates in the region. Attention was drawn to the problem in 1985, when members of parliament were arrested at a Netherlands airport in possession of the drug.¹³³

In the last decade, however, heroin use in Mauritius has been overtaken by the use of the pharmaceutical synthetic opioid “Subutex” (Buprenorphine), which is used as a substitute in the treatment of heroin addiction. Subutex tablets can be taken orally or can be dissolved and injected. Although the sale and use of Buprenorphine sale is prohibited in Mauritius, it is a standard prescription medicine in France, used in heroin substitution treatment, and most of the supplies of the drug to the country appear to come from France, often couriered in by air by French and Mauritian nationals. The island of Reunion, 225 km to the west of Mauritius, is a department of France, where the sale and use of Buprenorphine is legal, so it is possible that this could provide a local source of supply to Mauritius. The most recent data on heroin use in Mauritius, taken from a 2013 survey, shows a dramatic reduction from 2006, the year of the previous survey. It is not clear whether this decline has been offset by the increase in buprenorphine use or is due to the introduction of methadone, used in heroin substitution treatment by the Government.¹³⁴ Elsewhere in the Indian Ocean, the Seychelles has experienced a dramatic rise in heroin usage since 2005, when the drug was introduced into the domestic market. Injecting drug use appears to be contributing to the spread of HIV/AIDS and hepatitis C in Seychelles.¹³⁵

In Northern Africa, cannabis continues to be the most commonly used illicit drug. Depending on the country, heroin, cocaine and amphetamines are also of concern and this has been indicated in some countries by showing an increase in the seizure data. While seizures are only at best an indirect indicator of trafficking, they can

132 E. Papworth et al., “Epidemiology of HIV among female sex workers, their clients, men who have sex with men and people who inject drugs in West and Central Africa”, *Journal of the International AIDS Society*, 2013. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3852130/pdf/JIAS-16-18751.pdf>

133 UNODC Transnational Organized Crime in Eastern Africa, September 2013, p. 22.

134 UNODC Transnational Organized Crime in Eastern Africa, September 2013, p. 22.

135 Seychelles Millennium Development Goals: Status Report 2010, Ministry of Foreign Affairs, Seychelles, August 2010.

suggest the existence of consumption markets. Heroin is among the main injectable drugs reported in this region.¹³⁶ Other injectable drugs include prescription medicines, antihistamines, other opioids, such as morphine and methadone, tranquilizers, and cocaine.¹³⁷

UNAIDS data from 2014 estimates that there are around 50,300 adults and children (ages 15+) living with HIV in Tunisia, Algeria, Egypt and Morocco.¹³⁸ Sexual transmission is the main route of infection, followed by the sharing of needles for drug injection.¹³⁹ There is also some evidence to suggest that injecting drug use contributes significantly to the spread of the Hepatitis C Virus (HCV) throughout the region. Of particular concern is Libya. Although current data on the rate of HIV in Libya is not available, a report by the Liverpool School of Tropical Medicine published in 2013,¹⁴⁰ and based on data collected in Tripoli prior to the uprising, concluded that an alarming 87 per cent of the city's injecting drug users have HIV.¹⁴¹ That is the highest rate recorded anywhere globally and in comparison to the rest of the North African region which has recorded HIV prevalence rates among People Who Inject Drugs (PWIDs) of 6.9 per cent in Algeria, 6.7 per cent in Egypt, 11.4 per cent in Morocco and 3 per cent in Tunisia.¹⁴² The study has also shown that 84.4 per cent of Libyan PWIDs have most injected Buprenorphine in the past month and 11.9 per cent injected heroin (white or brown) while 2.3 per cent injected both.¹⁴³

According to the limited data available on Tunisia, opiates, particularly heroin are only minimally consumed within the country; however, the use of the heroin substitute Buprenorphine is more common. Data from treatment centres and civil society organizations, although not comprehensive, confirms this finding. The Tunisian National Committee on Addiction received an average of 200 applications for drug abuse treatment per year (since 2004), of which 50 per cent are related to use of Buprenorphine with the other 50 per cent relating to alcohol and Psychoactive drugs use. It was also reported that the use of Buprenorphine is part of poly-drug consumption in 92 per cent of cases.¹⁴⁴ Other studies on different age groups (15-24 or 16-45) report similar findings.¹⁴⁵ While buprenorphine was available in Tunisia for several years, treatment workers say its use has increased since the 2011 revolution. An increase in cross-border smuggling with neighbouring Algeria and Libya, combined with a depressed economy, are reportedly driving the increase in addiction rates.

Based on 2012 data, the prevalence of general drug consumption in Algeria is 1.15 per cent of the population.¹⁴⁶ Drug consumption remains dominated by cannabis followed by Psychoactive drugs.¹⁴⁷ Opium is ranked third in drug use, with a relatively low prevalence of 0.055 per cent of users using the drug according to 2012 data.¹⁴⁸ For other drugs, including cocaine, heroin and ecstasy, very low levels of consumption were also reported. The

136 Northern Africa is commonly associated with the Middle East (MEAN region). The report refers to the whole MENA region and not Northern Africa alone.

137 MENHARA 2012.

138 UNAIDS Country Reports, 2012-2014.: <http://www.unaids.org/en/regionscountries/countries/>. An estimate for Libya, Sudan and South Sudan were not available.

139 UNAIDS 2013 Regional Report for the Middle East and Northern Africa.

140 Mirzoyan et.al, "New evidence on the HIV epidemic in Libya: Why countries must implement prevention programs among people who inject drugs" *Journal of Acquired Immune Deficiency Syndromes*, April 2013: http://journals.lww.com/jaids/Abstract/2013/04150/New_Evidence_on_the_HIV_Epidemic_in_Libya___Why.18.aspx

141 <http://www.irinnews.org/report/98239/libya-s-growing-drugs-hiv-problem>

142 UNAIDS 2013 Regional Report for the Middle East and Northern Africa.

143 Mirzoyan et.al, "New evidence on the HIV epidemic in Libya: Why countries must implement prevention programs among people who inject drugs" *Journal of Acquired Immune Deficiency Syndromes*, April 2013.

144 Presentation by Prof. Dr. Nabil Ben Salah, Directeur Générale de la Santé - 19 June 2012 - A meeting organized on by the Department of the Italian Anti-Drug policy of the Presidency of the Council of Ministers - <http://www.politicheantidroga.it/comunicazione/eventi/mednet-2012/elenco-relazioni-mednet.aspx>

145 Presentation by Tunisia Delegation – South Africa (African Union) – April 2014.

146 Co-operation Group to Combat Drug Abuse and Illicit Trafficking in Drugs, "Drug Situation and Policy", 2014: <http://www.coe.int/T/DG3/Pompidou/Source/Images/country%20profiles%20flags/profiles/CP%20Algeria%20English%2044s-X3.pdf>

147 Regardless of the time reference, with the exception of the last 30 days data where Psychoactive drugs consumption surpassed that of cannabis.

148 *Enquête épidémiologique nationale et globale sur la prévalence de la drogue en Algérie.2010 French version*

prevalence of heroin consumption remains very limited at 0.02 per cent of the user population for lifetime use. Only men have been reported as consuming heroin in Algeria, with the age group 16-19 representing the largest base of users (0.05 per cent). Drug treatment in Algeria is currently available in 53 rehabilitation clinics, 15 hospitals and 185 treatment centres.¹⁴⁹ Although the above mentioned survey did not highlight the prevalence of Buprenorphine use in Algeria, other reports have noted its use, sometimes at a higher frequency rate than heroin.¹⁵⁰

A national survey taken in Morocco in 2005 on the prevalence of mental disorders revealed that the level of general drug abuse in the country stands at 3.0 per cent of the population, while that of substance dependence is 2.8 per cent.¹⁵¹ A 2006 study estimating the level of drug use and HIV prevalence in specific cities in Morocco,¹⁵² namely Casablanca, Rabat, Salé, Tangier and Tetouan revealed that 69 per cent of people who used drugs within the previous 12 months had used heroin, half by injection. However, many users consume heroin in multiple methods of delivery especially while increasing doses. The study also showed, in line with seizures data, that heroin consumption is more prevalent in Tangier and Tetouan. A more recent survey (2011) on drug use¹⁵³ again in the cities of Tangier, Tetouan and Nador, showed heroin to be the main product consumed among drug users (97 per cent). The survey also revealed that after heroin; the most frequently consumed drugs were cannabis (84 per cent), benzodiazepines (45 per cent) and cocaine (38 per cent). This pattern of consumption of major drug types have been previously identified in other cities including Nador, Al Hoceima, Fez and Oujda.¹⁵⁴

In 2010 and facing a public health problem with the concentration of the HIV epidemic among people who inject drugs, Morocco adopted a pragmatic and evidence-based approach to respond to drug use and the associated spread of HIV. With high-level commitment from the King himself, Morocco became a pioneer on harm reduction in the Middle East and Northern Africa (MENA) region. In 2010 the country initiated three pilot opioid substitution therapy (OST) projects becoming the first country to implement opioid substitution therapy in Northern Africa. As of 2014 there are six opiate substitution therapy sites in operation in Morocco.¹⁵⁵ The country also began treating heroin addicts with methadone at the Hasnouna Association clinic in Tangier.¹⁵⁶

149 Mini Dublin Group, Regional Report for Northern Africa, January 2009, p.2. <http://register.consilium.europa.eu/doc/srv?l=EN&t=PDF&gc=true&sc=false&f=ST%205280%202009%20INIT>

150 AIDS Projects management Group, "Rapid Assessments of HIV/AIDS and Injecting Drug Use in Algeria, Egypt, Iran, Libya, Morocco and Oman: Findings and Lessons Learned", February 2008, p.14. <http://www.aidsprojects.com/wp-content/uploads/2011/05/MENA-Rapid-Assessment-Report.pdf>

151 PREVALENCES DES TROUBLES MENTAUX DANS LA POPULATION GENERALE MAROCAINE. (ENQUETE NATIONALE, 2005) - <http://srvweb.sante.gov.ma/Publications/Bulletins/Documents/final%202005.pdf>

152 Evaluation rapide de la situation sur le risque d'infection à VIH en relation avec l'usage des drogues injectées et injectables et à problème au Maroc (2006).

153 300 drug users were recruited using the "snowball" method.

154 Violations des droits humains des usagers de drogues dans trois villes au Nord du Maroc (Tanger, Tétouan, Nador) 2011 http://www.pplateforme-elsa.org/_files/Rapport_Violations_DH_UDI.pdf

155 <http://www.unaids.org/sites/default/files/country/documents/Morocco%20NCPI%202013.PDF>

156 For example, see: <http://www.morocoworldnews.com/2013/02/76548/the-epidemic-of-heroin-addiction-in-morocco/>, & <http://english.alarabiya.net/en/life-style/healthy-living/2013/10/30/Morocco-s-Tangiers-pioneer-clinic-fights-drug-addiction-stigma.html>

Table 5: Prevalence of opioid use(including synthetic opioids) in Northern Africa

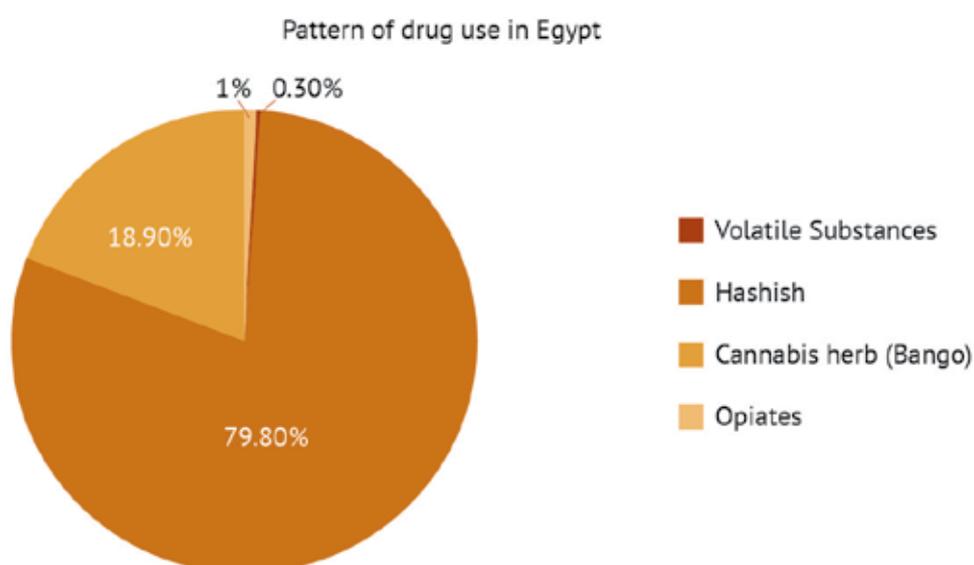
Country	Annual prevalence	Estimated population 15-64	Estimated number of users	Year of estimate
Algeria	0.06	24,246,280	145,475	2010
Egypt	0.44	51,459,570	226,419	2006
Libya	0.14	4,148,360	5,800	2004
Morocco	0.08	21,247,000	16,997	2011
Tunisia	0.12	7,293,000	8,751	2011

Source : Word Drug Report, 2015

Egypt

In 2015, the Egyptian National Council for Combating and Treating Addiction (NCCTA) finalized a national survey on psychotropic drug use in Egypt among 25,000 household aged 12-60. The survey studied the pattern of smoking, psychotropic drug use, alcohol use and pharmaceuticals (including licit and illicit preparations). The data indicates that the prevalence of drug use was 4.8 per cent with hashish being the most commonly abused drug (79.8 per cent among people who use drugs) followed by cannabis herb (18.9 per cent). One per cent of users were using opiates (morphine and heroin) and 0.3 per cent used volatile substances. The prevalence of pharmaceutical preparations use was 8 per cent, of which 26.3 per cent use tramadol. Single drug use was more common than poly drug use (8.4 per cent versus 3.4 per cent respectively) and the regular use (addiction) rate for drugs and pharmaceutical preparations was 1.8 per cent.

Figure 15: Pattern of drug use in Egypt 2015



Source: The Egyptian National Council for Fighting and Treating Addiction; The National Survey on Psychotropic Drug Use in Egypt (2015)

In 2015 the General Secretariat of Mental Health and Addiction Treatment (GSMHAT), Egyptian Ministry of Health and Population published the consolidated report of its “National Research on Addiction”. The research was undertaken over a period of 20 years, on 6 phases each covering a group of governorates. The total sample size was 106,480 individuals, aged 15-65. The research results provided higher prevalence of drug and alcohol use in Egypt (compared to the aforementioned survey) partly due to the fact that males represented a higher per centage of the sample than females (67.4 per cent versus 32.4 per cent). The consolidated report revealed a drug and alcohol use prevalence rate of 20.6 per cent in Egypt. Regular use and abuse represented 12.9 per cent. The breakdown of types of drugs used showed similar pattern to that of the recent national survey where 77 per cent use cannabis and 23.4 per cent use opioids (including opiates, tramadol and cough

medications). Cairo, the capital, has the highest drug use prevalence rates (33 per cent) followed by Upper Egypt (22.4 per cent). The breakdown of opioid use in Egypt (only available for coastal cities) shows lifetime use prevalence of 0.3 per cent for heroin and 2.1 per cent for Tramadol.¹⁵⁷ Cairo has shown a prevalence of opioid use at 9 per cent.

A deeper analysis of the Cairo phase of the research focused on the prevalence of substance use and dependence among women residing in Cairo¹⁵⁸ and revealed recreational and occasional patterns of substance use by 2.5 and 2 per cent of women, respectively, whereas regular use and dependence were more common (4.8 and 4.9 per cent, respectively).¹⁵⁹ According to this analysis, the higher prevalence of substance use in women were related to lower levels of education, marital status (higher prevalence in separated, widowed and divorced females than single or married females). Women in the age range of 20–35 years had the highest rate of substance use with cannabinoids being the most frequently used substances among the study sample (6.9 per cent), followed by alcohol (3.8 per cent) and opioids (2.7 per cent).

The increase in Tramadol use in Egypt is due to its easy use and the belief that it improves concentration, ability to work and sexual performance. Most of the patients seeking treatment for opiate use are poly-drug users of cannabis, resin and Tramadol due to the withdrawal symptoms of the latter. Heroin ranks third in terms of patients requesting treatment¹⁶⁰ and is the most commonly injected drug.¹⁶¹ Tramadol has been used by heroin users in various countries as an alternative to heroin.¹⁶² It is likely that Tramadol users develop a tolerance overtime leading them to increase the dose or even switch to heroin use. This is posing a real threat to the Egyptian community and requires further research.

Tramadol use in Africa

There has been increasing evidence that in general synthetic opioids provide a gateway to heroin use. For example, the growth in heroin addiction in the United States is partially because, "...abusers turned to heroin because it was cheaper and/or more easily obtained than prescription drugs and because heroin provides a high similar to that of prescription opioids..."; and the same is likely true of Africa.¹⁶³ Tramadol is an opioid painkiller that is not subject to international control, usually obtainable from pharmacies and often prescribed after surgeries.¹⁶⁴ Tramadol is widely available on the internet without prescription¹⁶⁵ and is available in several countries as a medicinal product under prescription. In many countries, the most common access for consumers to obtain prescription drugs is via friends and relatives who have been prescribed them by a physician.¹⁶⁶ There is

157 Breakdown of opioids is only available for coastal cities however, Study on Cairo indicates much higher opioids prevalence.

158 Emad Hamdi, Noha Sabrya, Aref Khoweiled, Albert Edward and Dalia Enaba. (2013). The National Addiction Research Program: prevalence of alcohol and substance use among women in Cairo. *Egyptian Journal of Psychiatry*. 34, 155–163.

159 The extent of abuse/dependence detected in this study is unexpectedly high, probably because of sample composition and level of researcher training.

160 The Fund for Drug Control and treatment of Addiction. Hotline report (Jan-June 2013), accessible at <http://www.drugcontrol.org.eg/Hotline/List.aspx?CatID=6>

161 Interview with doctors at MoH hospital.

162 http://www.who.int/medicines/areas/quality_safety/5.2TramadolCritReview.pdf.

163 "Law enforcement and treatment officials throughout the United States report that many heroin users began using the drug after having first abused prescription opioids. These abusers turned to heroin because it was cheaper and/or more easily obtained than prescription drugs and because heroin provides a high similar to that of prescription opioids. According to treatment providers, many opioid addicts will use whichever drug is cheaper and/or available to them at the time. Several treatment providers report the majority of opioid addicts will eventually end up abusing heroin and will not switch back to another drug because heroin is highly addictive, relatively inexpensive, and more readily available. Those abusers who have recently switched to heroin are at higher risk for accidental overdose. Unlike with prescription drugs, heroin purity and dosage amounts vary, and heroin is often cut with other substances, all of which could cause inexperienced abusers to accidentally overdose. US DEA National Threat Assessment Summary 2013 <http://www.justice.gov/dea/resource-center/DIR-017-13%20NDTA%20Summary%20final.pdf>

164 UNODC, *Global Synthetic Drugs Assessment*, 2014, p. 11.

165 World Health Organization, *Tramadol Update Review Report*, June 2014, p.7. http://www.who.int/medicines/areas/quality_safety/6_1_Update.pdf

166 UNODC, *The Non-medical Use of Prescription Drugs: Policy Direction Issues*, 2011, p. 2, 14, 29.

growing evidence of misuse of Tramadol in some African countries based on large seizures of such preparations in Northern and Western Africa. In particular, misuse of Tramadol has been reported by Egypt, Libya, Mauritius, and Togo.¹⁶⁷ Additionally in May 2012, the targeting of containers at the autonomous port of Cotonou in Benin, which were supposedly holding illicit pharmaceutical products, led to the seizure of 61 tonnes of Tramadol which originated in India and were transiting Benin for delivery to Niger. The total resale cost of the 80,094,000 tramadol tablets seized amounts to around EUR 7,340,000.¹⁶⁸ Other seizures of Tramadol have also occurred in Togo, Ghana and Senegal.¹⁶⁹

Different dosages of Tramadol (50 mg, 100 mg, 125 mg, 200 mg, 225 mg, and 250 mg) are trafficked or legally imported from production centres in India to user markets in West Africa.¹⁷⁰ Since 2012, Benin, followed by Nigeria, Ghana, Togo, Niger, Sierra Leone, Cameroon, and Côte d'Ivoire appear to be the major transit or destination countries for Indian Tramadol.¹⁷¹ In 2012, there were 157 shipments of unauthorized Tramadol to West African ports and airports. One year later, the number of shipments increased by 560 per cent compared to the previous year and since Jan 2014, there have been 232 shipments of unauthorized Tramadol to West Africa. In 2012, 153 tons of Tramadol were seized by Customs officials in Benin and Togo. In 2013, only Benin reported the seizures of a number of Tramadol shipments for a total volume of 55 tons, all of which had been smuggled from India and were mainly destined for Niger.¹⁷² Overall, since 2012, Tramadol 120 mg and 200 mg have been the most frequent dosages imported to the region mainly to Benin, Nigeria, and Ghana. Furthermore, since early January 2013, there have been shipments of stronger Tramadol like T-250 intercepted in the region.

The Fund for Drug Control and Addiction Treatment, believes that there has been a significant increase in drug use in the country following the Egyptian revolution in 2011 and that around 30 per cent of the people who use drugs being admitted to drug treatment centres in Cairo (Egypt) are using Tramadol.¹⁷³ To prevent misuse, in 2012 the Egyptian government put Tramadol, its salts, equivalents and preparations on the list of controlled substances in the 2012 Anti-Narcotics Law Number 182.¹⁷⁴

The spread of tramadol leads to several important questions: is Tramadol capturing a part of the market that would otherwise be supplied by Afghan heroin? Are Tramadol users likely to switch to other opioids (synthetic or Afghan source opiates), for example if Tramadol becomes difficult to acquire? If Tramadol is viewed as a heroin substitute then does it need to be viewed as part of a larger opioid demand? More research is needed, notably on the characteristics of those using tramadol, the extent to which Tramadol users switch into heroin use.

167 International Narcotics Control Board (INCB), Report of the International Narcotics Control Board for 2012, Vienna, January 2013.

168 <http://register.consilium.europa.eu/doc/srv?l=EN&f=ST%2010192%202013%20INIT>, p.17.

169 International Narcotics Control Board (INCB), Annual Report 2012, January 2013, p.46.

170 “Twenty-fourth meeting of Heads of National Drug Law Enforcement Agencies, Africa.” Addis Ababa, 15-19 Sept 2014, UNODC/HONLAF/24/CRP.1 https://www.unodc.org/documents/commissions/CND/Subsidiary_Bodies/HONLAF/24_Documentation/UNODC_HONLAF24_CRP1_eV1404570.pdf

171 “Twenty-fourth meeting of Heads of National Drug Law Enforcement Agencies, Africa.” Addis Ababa, 15-19 Sept 2014, UNODC/HONLAF/24/CRP.1 https://www.unodc.org/documents/commissions/CND/Subsidiary_Bodies/HONLAF/24_Documentation/UNODC_HONLAF24_CRP1_eV1404570.pdf

172 “Twenty-fourth meeting of Heads of National Drug Law Enforcement Agencies, Africa.” Addis Ababa, 15-19 Sept 2014, UNODC/HONLAF/24/CRP.1 https://www.unodc.org/documents/commissions/CND/Subsidiary_Bodies/HONLAF/24_Documentation/UNODC_HONLAF24_CRP1_eV1404570.pdf

173 Reported by the Channels Television on May 15, 2013: Drug Addiction On High In Egypt — Expert - <http://www.channelstv.com/2013/05/15/drug-addiction-on-high-in-egypt-expert/>

174 “Country Report Egypt”, presented at the Twenty-second Meeting of Heads of National Drug Law Enforcement Agencies, Africa (HONLAF), Accra, 25-29 June 2012.

The Challenge of Opiates and Organised Crime

There are obvious challenges in attempting to analyze organized crime in general, and these challenges are even more apparent in Africa, since the industries and participants are generally adverse to external scrutiny. An additional complicating factor is the lack of consistent and reliable data on which to base assessments. The main information sources for this section consist of arrest data –with the caveat that this concerns overwhelmingly low level couriers or “small fish”, as well as a literature review of relevant journals and periodicals. A final source of information is the Annual Report Questionnaire (ARQ), however ARQ data for much of Africa is very limited due to a poor response rate.

West African Crime Groups

Drug trafficking to and from Africa appears strongly influenced by West African groups with such groups reportedly operating in more than 80 countries worldwide¹⁷⁵ and with membership traditionally dominated by Nigerian criminal organizations.¹⁷⁶ The involvement of African crime groups in heroin trafficking began in the 1980s as European and North American airports tightened security controls, encouraging heroin traffickers in Thailand to use Africa as a staging point for their activities and the use of African nationals as mules.¹⁷⁷ This effort centered on Nigeria which became the main hub for heroin trafficking in Africa and Nigerian crime groups became very active in heroin smuggling between Thailand and Europe, and Thailand and the USA. These groups then expanded their operations and diversified into Pakistan and India. In the 1990’s cocaine trafficking became more attractive than heroin trafficking, with Nigerians operating out of Brazil and Peru into Europe, supplying the same networks they had set up and previously supplied with heroin.¹⁷⁸

Although Nigeria was historically the hub of trafficking activity, local Nigerian traffickers gradually extended their operations to other West African countries, notably Ghana.¹⁷⁹ Ghanaians were initially involved as intermediaries and couriers¹⁸⁰ and along with other West African nationalities, they became increasingly active in the illicit drug trade following the increase scrutiny of Nigerian nationals at international airports. Over time, also because of the increased scrutiny of African couriers, European and Asian nationalities also became used as intermediaries and drug mules.¹⁸¹ West African influence stretches outside the Western African region, notably into Eastern Africa. The likely role of West African networks operating in Eastern Africa was underlined by seizure data that showed that from 2011 to 2013 more than half of the heroin seized at Nairobi international airport was destined for West Africa, either for domestic consumption or for onward trafficking.¹⁸² As an example, a 2011 seizure of 102 kg of heroin in Kenya was backtracked to a Pakistani ship carrying more than three tons of heroin. Media reports suggested that one of the main buyers was a Nigerian drug trafficker based in Nairobi.¹⁸³

South Africa also became a base of operations for West African trafficking groups during the 1990’s, and as in the

175 U.S. Government, International Crime Threat Assessment, “Nigerian Criminal Enterprises,” December 2000, p. 104. <https://www.ncjrs.gov/pdffiles1/Digitization/189403NCJRS.pdf>

176 S. Ellis, “West Africa’s International Drug Trade”, African Affairs, 108/431. p.171.

177 E. Akyeampong, “Diaspora and drug trafficking in West Africa”: a case study of Ghana”, African Affairs, 2005, p.431

178 Container Control Programme, Nigeria Assessment 2011.

179 E. Akyeampong, “Diaspora and drug trafficking in West Africa”: a case study of Ghana”, African Affairs, 2005, p.431

180 H. Bernstein, “Ghana’s drug economy: some preliminary data”, Review of African Political Economy, n. 79, 1999, p. 20.

181 S. Jackson, GM Western Operations, West African organized crime in focus. <http://www.afp.gov.au/~media/afp/pdf/a/africa.ashx>

182 Data from Figure 3.

183 P. Mayoyo & F. Mukinda ‘Kenya: Drug Ship “In Local Waters for Ten Days” Before Intercepted’, reported on: <http://allafrica.com/stories/201103291128.html>, 29 March 2011.

rest of sub-Saharan Africa, such Western African networks appear important if not dominant.^{184 185} South Africa was, and remains, particularly attractive for international trafficking as it lies along major international shipping routes between Asia and Europe and the Americas, and the country has excellent infrastructure to support international trafficking activity. Ethnic Baluch drug traffickers, with connections to the Makran coast in Pakistan and Iran are also based in South Africa.¹⁸⁶ It is unclear how these groups coordinate with West African networks operating in Southern Africa but given the strong West African organized crime presence in South Africa, links are likely to exist.

Trafficking to Eastern Africa

The lack of prosecutions of higher level members of drug trafficking organizations operating in Africa has limited the information available to develop a good understanding of the network structure and those key individuals responsible for organizing international trafficking outside of Africa. However, the existing evidence base suggests that trafficking of Afghan sourced heroin to Africa - particularly to Eastern Africa, but also to Western Africa, is strongly linked to organized crime groups based in Iran and Pakistan.

There is some reporting to indicate a nexus between local organized crime groups and Iranian and Pakistani traffickers. Baluch traffickers, who control trafficking activity along the Makran coast region of Iran and Pakistan, and working with Baluch diasporas in Eastern Africa, control networks that ship heroin from Afghanistan by the maritime route to Tanzania, via Iran and Pakistan.¹⁸⁷ Baluch traffickers from Iran and Pakistan have links to both relatives living in Tanzania and other Tanzanian citizens, according to the Tanzanian Anti-Narcotics Unit (ANU). Some Tanzanian nationals provide transport to other parts of Africa in support of Baluch trafficking networks while others are reported to be part of Baluch trafficking networks.¹⁸⁸ Details of arrests made when large shipments of heroin that had arrived in Eastern Africa by boat were interdicted, show that in most cases, the Pakistani or Iranian traffickers were caught along with traffickers who were nationals of the country in which the heroin was landed. In a number of cases in Tanzania, drugs were found with local traffickers, and in one 2011 case two Nigerians, a Pakistani and a South African were caught with 66 kg of heroin in Dar es Salaam.¹⁸⁹

Traffickers in the past have recruited Tanzanian couriers to move heroin through Iran into Eastern Africa¹⁹⁰ but there is little recent data indicating that this is ongoing. The Tanzanian Anti-Narcotics Unit (ANU) informed UNODC that many of the senior, well established drug traffickers in the country began their involvement in the heroin trade as couriers in the 1980s and 1990s. Some of the current Tanzanian 'drug barons' had been arrested when working as couriers in the Baluchistan province of Pakistan, strengthening the nexus between Tanzanian and Baluch trafficking networks. After these Tanzanian couriers finished their prison sentences they returned to Tanzania, becoming agents, translators and customers for Baluch drug traffickers operating in Africa, thereby increasing the links between these two regional trafficking groups.

Elsewhere in Eastern Africa, local Somali militias are reported to have limited involvement in the heroin trade, particularly as it concerns trafficking into Kenya, but their relationship if any with West African networks remains unclear.¹⁹¹ At a higher level, West African traffickers appear to have formed a partnership with Pakistani

184 Madeira, L.F. et al., 'The international cocaine trade in Guinea-Bissau: current trends and risks', Norwegian Peacebuilding Centre Noref Working Paper, February 2011, p. 7-9.

185 Eastern and Southern Africa Anti- money Laundering Group (ESAAMLG), Laundering the proceeds of illicit trafficking in narcotic drugs and psychotropic substances, 2011, p.14. <http://www.esaamlg.org/userfiles/DRUG-TRAFFICKING-REPORT.pdf>

186 Written response to information request, received from the Tanzanian Anti Narcotics Unit in December 2013.

187 Written response to information request, received from the Tanzanian Anti-Narcotics Unit in December 2013.

188 Written response to information request, received from the Tanzanian Anti-Narcotics Unit in December 2013.

189 Written details of arrests were provided to UNODC in 2013 by the Kenyan CID ANU and the Tanzanian ANU.

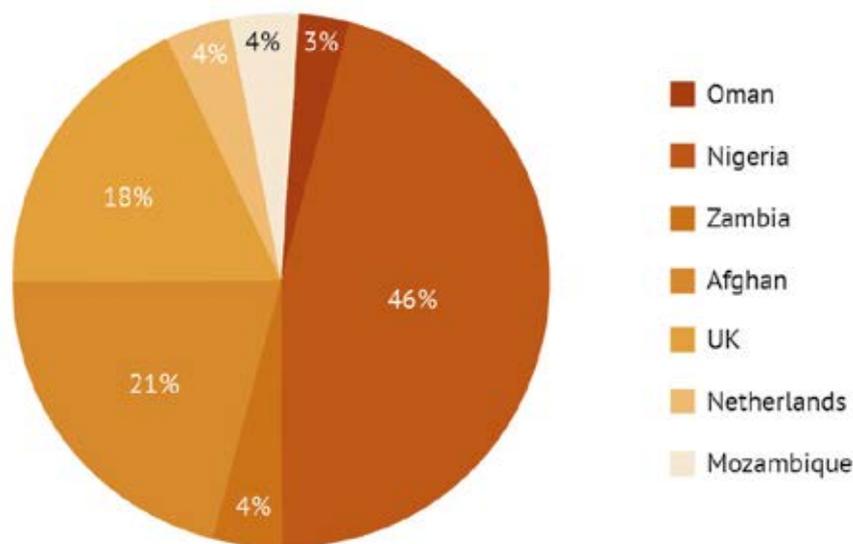
190 Eastern and Southern Africa Anti- money Laundering Group (ESAAMLG), Laundering the proceeds of illicit trafficking in narcotic drugs and psychotropic substances, 2011, p.14.

191 P. Gastrow, "Termites at Work: Transnational Organized Crime and State Erosion in Kenya"; September 2011, p. 4, 6, 8. http://www.ipinst.org/images/pdfs/ipi_epub-kenya-toc.pdf

traffickers.¹⁹² Western African crime groups, mainly Nigerian, may control shipments that originate in South West Asia and transit Western Africa on their way to other international markets. Significant profits can thus be made by these South West Asian and West African crime groups if substantial shipments of heroin destined for North American or European markets are successfully delivered.

International arrest figures show a high level of courier activity by West African traffickers (both in terms of heroin trafficking and trafficking of other drugs). Where UNODC received drug specific arrest data, Nigerian nationals are among the main nationalities arrested, even in important countries along the Balkan route such as Turkey and Greece. In August 2007, Iranian authorities reported the arrest of 90 traffickers in different Iranian provinces; 85 of them (94 per cent) were Africans (Tanzanian, Nigerian, and Ghanaian nationals), the rest Pakistanis and Iranians.¹⁹³ Historical data suggests that African drug trafficking groups began targeting Turkey in the early 2000s.¹⁹⁴ Individuals appear to be primarily nationals of Nigeria, Ghana, Guinea-Bissau, Rwanda and South Africa.¹⁹⁵ Although most of these networks focus on the trafficking of cocaine, heroin, methamphetamine and cannabis are also trafficked, suggesting that these groups have poly-drug trafficking business interests.¹⁹⁶ In terms of opiates, Nigerian nationals were the only African traffickers reported to SELEC in 2012.

Figure 16: Country of citizenship for foreign nationals arrested on heroin trafficking charges in Pakistan in 2013



Source: Anti-Narcotics Force, Pakistan 2013¹⁹⁷

The structure of organized crime networks

Previous research indicates that West African networks are not large or hierarchically structured but rather consist of small groups revolving around loose and fluid networks based on personal contacts.¹⁹⁸ Structures of this type are more effective at preventing detection and arrest of members and to decreasing the risk of seizures

192 Presentation by Interpol Delegate at Paris Pact Expert Roundtable on Eastern Africa, 22-24 September, Nairobi, Kenya; https://www.wcoomd.org/~media/CEN/Member/Global/Members/Azerbaijan/2009/AZ%20report_2009_drugs.ashx?db=web

193 UNODC Paris Pact, Drug Situation Analysis Report Islamic Republic of Iran, 2010, p.10

194 B. Ekici, "African Transnational Threat to Turkey", African Security Review, September 2013, p.123.

195 B. Ekici, "African Transnational Threat to Turkey", African Security Review, September 2013, p.123.

196 B. Ekici, "African Transnational Threat to Turkey", African Security Review, September 2013, p.123.

197 Foreigners arrested in Pakistan, reported on official website of Pakistan Anti-Narcotics Forces:

198 E. Akyeampong, "Diaspora and drug trafficking in West Africa: A case study of Ghana", African Affairs 104/116, 429-447: <http://users.polisci.wisc.edu/schatzberg/ps362/Akyeampong2005.pdf>

of drug loads.¹⁹⁹ Such structures are based mainly on familial or ethnic lineage, often operating as independent entities within autonomous networks.²⁰⁰

Membership of trafficking groups is varied in terms of ethnicity and nationality but Nigerians, especially those of the Igbo and Yoruba language groups appear to be active across West Africa and in key markets/transit points like South Africa.²⁰¹ The involvement of the Igbo people in criminal activities probably takes its root from the Nigerian civil war. Following the end of the Biafra Civil War (1967-1970),²⁰² the spread of the Igbo diaspora across the globe facilitated the establishment of Igbo criminal syndicates. Igbo groups are established in Nigeria, the rest of Africa and in a number of other countries.²⁰³ In some countries, including Nigeria, such groups often find themselves in joint ventures with other criminal organizations regardless of their nationalities. For example, following the seizure of 130 kg of heroin that was apprehended in Nigeria in 2010, apart from three Nigerian nationals, a Taiwanese, and a Chinese national²⁰⁴ also faced trial over the seizure. In the case of Ghana for example, there is a traditional linkage between the Lebanese community in West Africa and opium or heroin trafficking through the region as “Lebanese smugglers were using West Africa as a transit point to transport heroin to the USA as early as 1952.”²⁰⁵ This relationship appears to continue today although its current extent is unclear.

Research suggests that gang members live and work in the cell structure (led by a “lieutenant” who is supported by a “recruiter”, a “cell leader” and various “soldiers”).²⁰⁶ This “Nigerian network” organizational structure has been copied in other countries in Western Africa such as Ghana, Côte d’Ivoire and Senegal²⁰⁷ and may possibly be true in other African regions as well. Nigerian Organised Crime Groups (OCGs) are generally structured into small, well-organised and capable criminal cells to diminish the risk of detection and arrest, and to decrease the risk of seizure. Furthermore, they are semi-autonomous criminal groups based exclusively on familial or ethnic lineage. The most successful of them are family-based OCGs.

Nigerian OCGs also rely strongly on ethnic and familial connections in order to expand their business worldwide. The Nigerian diaspora in Africa and overseas is an important asset for Nigerian OCGs in the development of demand markets and with respect to the facilitation of illicit imports toward Nigeria and West-Africa. They also keep up to date on new trafficking techniques. The use of terms such as “Manager, Chairman, Minister, Senator and President” signify the importance of position within the group structures. A number of networks, using cells consisting of three to fifteen members each, have been identified. Each cell of “boys” usually has an identifiable leader who acts as recruiter and trainer of new members. Nigerian organisations are highly mobile, and are resilient structures. The use of Nigerian local dialects within the Nigerian criminal syndicates reinforces their “impermeability”.

A unique aspect of the hierarchy of the Nigerian criminal organisation which differs significantly from the other criminal organisations (such as Colombian cartels) is that the bottom of the pyramid may be in direct contact

199 Interview with NDLEA official, 12 September 2013, Abuja, Nigeria.

200 <http://www.fiiapp.org/pdf/publicaciones/c6c8ebe23982bee7524bac042eaceac0.pdf>

201 Q. A. Karim, HIV/AIDS in South Africa, October 2010, p.243.

202 The area inhabited by the Igbo was widely devastated during the war; they suffered discrimination, were often forced out of their mainland and ultimately were more exposed to criminal activities than other ethnic groups. The Igbo of Nigeria: History and Culture, University of California, Riverside. <http://www.faculty.ucr.edu/~legnerref/igbo/igbo2.htm>

203 I. K. E. Oraegbunam, Crime and Punishment in Igbo Customary Law: The Challenge of Nigerian Criminal Jurisprudence, African Journal Online, Volume 7, 2010.

204 NDLEA intercepts 130kg heroin worth \$9.9 million destined for Europe - <http://www.ndlea.gov.ng/v1/?q=content/ndlea-intercepts-130kg-heroin-worth-99-million-destined-europe-us-nigeria-relations-drug-con>

205 S. Ellis, West Africa’s international drug trade. African Affairs, 2009.

206 European Institute for Crime Prevention and Control, affiliated with the United Nations (HEUNI) “Organised Crime Around the World”, Publication Series No. 31, Helsinki 1998.

207 A. L. Mazzitelli, “Transnational Organised Crime in West Africa: The Additional Challenges” International Affairs, Volume 83, Number 6, 2007, p. 1084.

with the head of the OCG Head. In such cases, couriers may have greater knowledge of the identity of the head of the group and may have greater involvement in network operations than would be the case for trafficking groups in other parts of the world. In the rest of West Africa, most traffickers are resident in the countries where they operate, and make use of local partners, but the methods they use are typical of the practices used by Nigerian traffickers globally. This includes a predilection for the use of couriers to move drugs via commercial aircraft.²⁰⁸ “Local” partners may refer to Africans resident in African countries or diasporas of African nationals living abroad.

Foreign traffickers may have attempted to organize their own ventures through Western Africa, but there has been only limited evidence of this in the public domain. As an example, in October 2007, the Ghanaian authorities arrested two Afghan nationals alleged to be conspiring to import 100 Kg of heroin for re-export to the US.²⁰⁹ Post-seizure investigations showed that there was no overarching cartel and that heroin trafficking in West Africa remained in the hands of West African nationals. This is partly due to Nigerian and in lesser extent Ghanaian communities in important transit countries in South West Asian (Pakistan) and Southeast Asia (Thailand, Indonesia)²¹⁰, as well as in consumer markets in Europe (including Nordic countries)²¹¹ and the United States.

Given the poly-drug features of many West African trafficking networks²¹² it can be assumed that there might be some overlap between heroin and cocaine/ATS trafficking groups and routes.²¹³ To think of networks as purely “heroin traffickers” may not be entirely accurate, since traffickers in Western Africa can also smuggle multiple drug types or can switch from one commodity to another. It is also deceptive to classify traffickers by their nationality since they can and often hold multiple passports – especially given the ease with which passports can be falsified. For example, when the Ghanaian government in the late 1990’s investigated reports that over a hundred Ghanaians were languishing in Southern African jails, it discovered that over 80 per cent were Nigerians possessing Ghanaian passports.²¹⁴

Northern African trafficking networks

West African groups are also present in Northern Africa but to a much lesser extent, in part due to a smaller diaspora among other factors. Northern Africa has different organized crime structures largely as a result of hosting a different opiate route compared to the rest of Africa. This route appears to end in Egypt and smuggling occurs through the Sinai (and the eastern borders in general) under the control of individual organized criminals amongst the inhabitants of Sinai, including Bedouin Tribes.²¹⁵ The use of this region for licit and illicit trade predates the formation of most nation-states in the region. The smuggling of cannabis resin and opium from Jordan and Saudi-Arabia into Egypt, an activity that was part of the Bedouin economy for generations, became

208 UNODC Transnational Organized Crime in West Africa: A Threat Assessment, February 2013, p.14.

209 The two Afghans were arrested in Accra in a joint undercover operation between the Ghana Police Service and the United States of America (USA) Drug Enforcement Administration (DEA). The suspects, who arrived in the country as tourists, were alleged to be in the country to collect money to import 100 kilogrammes of heroin worth \$ 1.7 million, from Afghanistan into Ghana. The two suspects were deported to the USA to face similar drug charges. This was made possible because of an existing treaty between Ghana and USA. The suspects had arranged for the heroin to be re-exported into the USA. See Paris Pact EXPERT ROUND TABLE 22-24 SEPTEMBER 2008, PRESENTATION FROM GHANA.

210 US Department of States, International Narcotics Control Strategy report of INL, 2009.

211 Norwegian Institute for Alcohol and Drug Research, The Drug Situation in Norway 2014, p.78. http://www.sirus.no/filestore/Import_vedlegg/Vedlegg_publicasjon/drugsit_norway13.pdf

212 EUROPOL, EU Organised Crime Threat Assessment, 2011, p.20: <https://www.europol.europa.eu/sites/default/files/publications/octa2011.pdf>

213 Such as in South Africa, see T. J. Callahan “Transnational Crime Strikes South Africa”, Crime and Justice International Volume:13 Issue #2, dated March 1997, p. 9 to 13. <https://www.ncjrs.gov/App/publications/abstract.aspx?ID=171867>

214 E. Akyeampong, “Diaspora and drug trafficking in West Africa”: a case study of Ghana”, African Affairs, 2005, p.431

215 It is worth noting that Bedouins of the Matruh clan are also involved in cannabis resin trafficking on Egypt’s borders with Libya.

even more important in the early 1950s.²¹⁶ Traditionally, inhabitants from the Sinai were arrested, or reported as part of the trafficking network, in most of the heroin seizures at the Egyptian borders or in significant heroin seizures within the country.

The role of the Bedouins and other inhabitants of the Sinai in heroin trafficking is generally limited to cross border smuggling from the broader Middle East into Egypt.²¹⁷ By virtue of their geographic location, individuals within some of the Bedouin tribes have dominated trafficking activity along this route but it is important to note however that not all Bedouin tribes are involved in smuggling.²¹⁸ Bedouins have intimate knowledge of the local desert and mountainous areas in the Sinai and along the east coast of Egypt making them an essential component in the movement of drugs through the region. The tribes also know the safest and most desolated areas for hiding smuggled goods as well as the coastal entry points with the weakest coast guard coverage which reduces the risk of drug interdiction.

The general lack of information on other groups/individuals involved in the supply chain makes analyzing the type and nature of collaboration of Bedouins with other international organized groups for heroin trafficking difficult. However, two 2014 seizures of heroin consignments (60 Kg and 140 kg) being transported through the Red Sea to Egypt appear to indicate the involvement of broader transnational networks. A national from the UAE was involved in organizing both consignments from the departure country (Afghanistan and Pakistan respectively) for the benefit of Egyptian nationals (mostly Bedouins). A Greek national was involved in transporting the drug onboard of a Greek ship, with a crew composed of two Syrians and six Indians.

Table6: 140kg heroin seizure in Egypt (2014)

Date	Amount	Method	Route	Remarks
03/02/2014	140 kg heroin	Sea transport	Pakistan - Egypt	A UAE national setup the cargo outside Egypt, 3 Egyptians were involved in receiving the consignment and its promotion in Egypt. One Greek facilitated the maritime transport of the drugs on board of a floater with the aid of 8 crew member (2 Syrians and 6 Indians)

Source: <http://www.moi.gov.eg/Arabic/Departments+Sites/Media+and+public+Relation/News/n030220141.htm>

Inhabitants of the Sinai are also reportedly arrested outside the Sinai, which indicates that the variety of groups involved in trafficking to Egypt may not be very high, and may largely be the sole preserve of these groups. These networks and their retail dealers appear to be localized in certain areas in Egypt where Egyptian drug law enforcement carry out regular crackdowns; for example in the Qalubya's golden triangle, on the Ismailiya-Suez highway and in the slum areas in Cairo and Giza.

Heroin related arrests in Egypt represented on average 3-8 per cent of total drug related arrests during the period 2008-2013 and increased to 11 per cent in 2014.²¹⁹ The number of foreigners arrested in drug related offences in general and heroin related offences in particular are minimal relative to Egyptian national arrests.

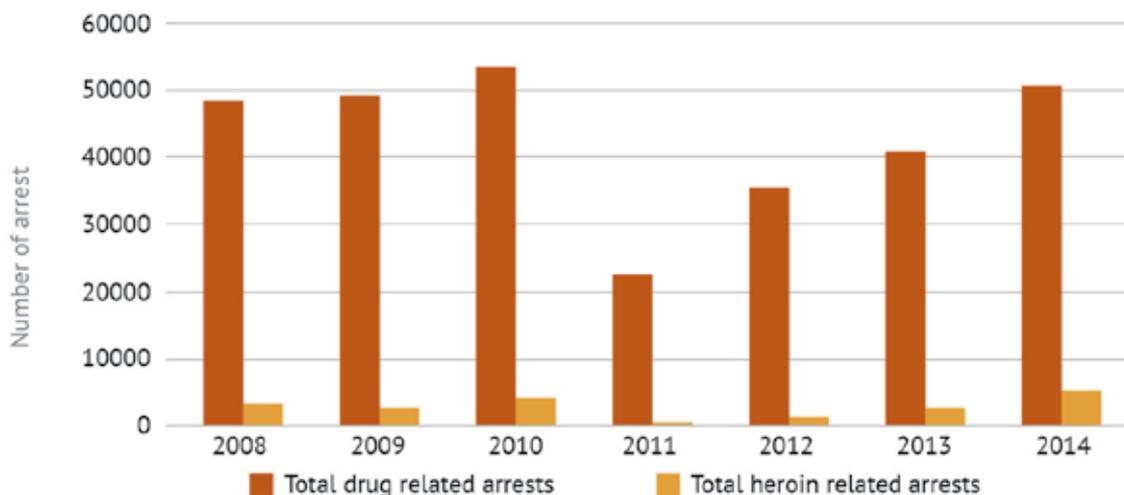
216 E. Marx, (Edited by D. Seigel & H. Neilen) "Chapter 3: Hashish Smuggling by Bedouin in South Sinai", Organised Crime: Culture, Markets, Policies, 2008, p. 29.

217 Interview with Egyptian Anti-Narcotics General Administration (ANGA).

218 "I. E. Matesan & J. Gay, "El Arish and the Sinai Peninsula Underworld, Egypt", The National Strategy Forum Review, Summer 2011 Volume 20, Issue 3, p. 9. <http://nationalstrategy.com/Portals/0/documents/Summer%202011%20NSFR/Summer%202011%20NSFR.pdf>

219 Arrests include drug trafficking, smuggling and possession.

Figure 17: Drug related arrests in Egypt 2008 – 2014

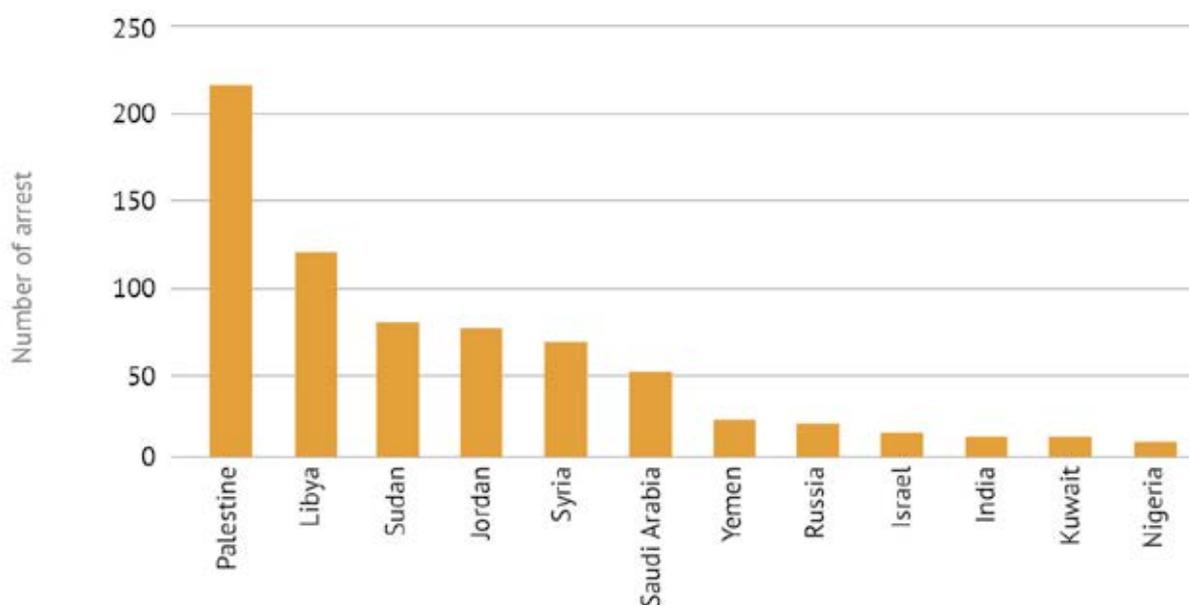


Source: Anti-Narcotics General Administration (ANGA), Egypt, Annual report 2008 – 2014

During the same period, 826 foreigners were arrested in Egypt for drug-related offences, of whom citizens from the Middle East represented 58 per cent followed by North Africa (24 per cent). It is possible that the ongoing civil war in Syria may push greater numbers of unemployed Syrians towards trafficking as a source of income, although research on the impact of the war on Syria on drug trafficking activity remains very limited at present. From Northern Africa, Libyans, then Sudanese are the most commonly arrested nationals for drug offenses.

However, some foreigners are known to be involved in heroin trafficking to Northern Africa and are sometimes arrested as a result. For example, in 2013, 10 foreigners were arrested in Egypt on heroin related charges, including 2 Kenyans and 3 Tanzanians²²⁰, a new development which might reflect the emergence of a sub-route for heroin trafficking into Egypt via Eastern Africa. It is also noteworthy that of the almost 1 ton (998.2 kg) of heroin seized by Egyptian law enforcement over the six year period 2008-2013, only 14 per cent of this amount was being moved by foreign traffickers and couriers. This suggests that heroin smuggling into Egypt, and its further trafficking within the country, is organized primarily by Egyptian nationals, with international crime groups having little direct involvement in the trade within Egypt's national boundaries.

Figure 18: Top 10 nationalities arrested in Egypt over drug related offences 2008-2014

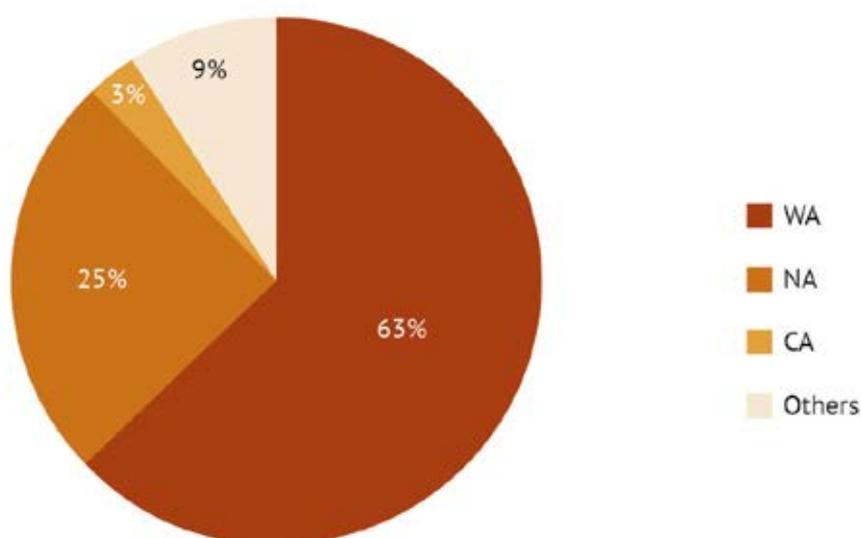


Source: Anti-Narcotics General Administration (ANGA), Egypt, Annual report 2008 – 2014

220 There was one arrest of an Omani female (half Tanzanian) in possession of 3 Kg of heroin in Alexandria airport.

Elsewhere in Northern Africa, it appears to be local groups rather than foreigners who seem to be more involved in opiate trafficking. Moroccan nationals are active in drug distribution, but this appears to be predominantly cocaine, cannabis and ATS rather than heroin.²²¹ Traditionally, Moroccan Organized Crime Groups (OCGs), along with other OCGs in Europe, coordinate the trafficking of cannabis resin from Morocco to Spain (the South West hub) and its onward distribution to The Netherlands (the North West hub) and other EU countries. Retail of cannabis is also often controlled by criminal groups of Moroccan origin. Additionally, Moroccan groups retain a key role in the trafficking of cocaine from West Africa, using the Northern African route established for cannabis resin. Cocaine is sometimes trafficked in poly-drug consignments with cannabis. Heroin, however remains absent. There is more activity in Algeria where West African nationals account for more than 60 per cent of foreign individuals arrested for drug trafficking (See chart below), of which nationals of Nigeria, Niger and Mali top the list.²²²

Figure 19: Foreign drug related arrests by nationality in Algeria 2005 – 2014



Source: Anti-Narcotics General Administration (ANGA), Algeria

Meanwhile, the smuggling of cocaine and most likely heroin in Libya appears to be correlated to illegal migration networks. Networks from Niger, Nigeria, Chad, Eritrea, Somalia, Sudan, and other sub-Saharan states have been found to be active in trafficking in persons and smuggling of migrants in Libya. Particularly in Nigerian networks, the relationship between the smuggling of persons and the smuggling of illicit drugs, such as heroin and cocaine, is a close one.²²³ There were few seizures of cocaine or heroin that have been made in conjunction with the arrest of West Africans in Libya.^{224 225} It also appears that the smuggled migrants are financing their journey north by transporting drugs rather than cash.²²⁶ The Algerian government reports that the routes used by drug trafficking networks “coincide with those used for human trafficking and organised crime, which suggests that

221 EUROPOL Organised Crime Threat Assessment (OCTA) 2009 & 2011.

222 Annual Report Questionnaire 2011, And Bilan 2004-2013.

223 Mark Shaw study 2014.

224 In Dec 2012, a group of 3 illegal migrants of African nationalities and 1 Libyan were arrested in Tripoli in possession of 2 Kg of heroin for local distribution. According to open source reports, the group has distributed 1.25 kg of heroin in Tripoli in the preceding two months. <https://www.youtube.com/watch?v=c0ptgizzo2M> and https://www.youtube.com/watch?v=92rDb_cBOHA and <http://drugsmonitoring.unodc-roca.org/ids/339290>

225 In Feb 2014, a Nigerian male was arrested in Tripoli in possession of 0.5 kg of heroin. The Nigerian admitted his connection to a human and drugs smuggling ring. <https://www.facebook.com/photo.php?fbid=647285752005252&set=a.429810873752742.99639.411646302235866&type=1&theater> and <http://drugsmonitoring.unodc-roca.org/ids/339282>

226 Mini-Dublin Group, Regional Report on Northern Africa, April 2014, p.6.

the latter operations are increasingly being used to back up the former”.²²⁷ One example reported by Algerian authorities are illegal immigrants from sub-Saharan countries which are reported as an important channel of trafficking of hard drugs.²²⁸ Additionally, as seen elsewhere in Northern Africa, some overlap between human trafficking and drug trafficking networks in Africa, both north and south of the Sahara have been reported.²²⁹

The Challenge of Opiates and Insecurity

Drugs have been linked to conflict and instability in Africa²³⁰ but little analysis have been made of their tactical use in providing an edge against stress and fear in combat.²³¹ There is some evidence of use of drugs as relaxants or stimulants during combat and insurgency operations to protect against pain, fatigue, fear and severe climate conditions. Narcotics may be provided for those militants who may lack adequate ideological/military training. In West Africa, the majority of Revolutionary United Front (RUF) combatants in Sierra Leone and National Patriotic Liberation Front (NPLF) soldiers in Liberia used a drug colloquially called “brownbrown” – a mix of cocaine and gunpowder – during combat.^{232 233} This included child soldiers who were forced into using both cocaine and heroin.²³⁴

Beyond its pain-killing qualities, the use of opium to ease the stress of combat during the Afghan war was documented by Ahmed Rashid while heroin has been reported as used by suicide bombers in Afghanistan.²³⁵ In Central Asia some extremist attacks have involved heroin users, including during the like the incursion into Batken (Kyrgyzstan) in 2006 and by the Beslan attackers in Russia.²³⁶ Similarly, forensic tests performed on suicide bombers in Saudi Arabia²³⁷ and Pakistan²³⁸ reportedly revealed the presence of heroin (and other drugs) in several cases. Boko Haram is alleged to be using Tramadol on its young fighters before sending them to fight.²³⁹ In this way drugs are used to aid indoctrination and to persuade recruits to carry out violent attacks.

Violent extremism, insurgency and illicit trafficking

There have been increasing concerns that drugs, violent conflict and organized crime can interlink, both in terms of shared geographic space but also with links between networks.²⁴⁰ Such linkages between drugs and insurgency have been demonstrated in several regions notably Afghanistan, Central Asia and South America.²⁴¹ Heroin seizures

227 Mini-Dublin Group, Regional Report for Northern Africa, 2012, p.3. http://www.parlament.gv.at/PAKT/EU/XXIV/EU/09/66/EU_96626/imfname_10381463.pdf

228 Annual Report Questionnaire 2009, Q.26.

229 EMCDDA–Europol joint publications, ‘Cocaine A European Union perspective in the global context’, 2010.

230 UN Security Council Resolution (UNSCR 2195), S/RES/2195 (2014), December 19, 2014.

231 The Christian Science Monitor, “Nigeria’s Drug Traders Ply The Liberian Connection”, reported on January 1996. <http://www.csmonitor.com/1996/0129/29072.html>

232 Reportedly a mixture of cocaine and gunpowder known as brownbrown; see: Sierra Leone By K. Manson & J. Knight, p.18.

233 B. Ayodele, ‘Drug lords, cartels and trafficking as a security threat in Africa’ p. 41.

234 International Crisis Group, ICG Africa Report No. 28, April 2001, p.15. <http://www.crisisgroup.org/~media/Files/africa/west-africa/sierra-leone/Sierra%20Leone%20Time%20for%20a%20New%20Military%20and%20Political%20Strategy.pdf>

235 The Jamestown Foundation, The Taliban Fedayeen : The World’s Worst Suicide Bombers, Terrorism Monitor V. 5, Issue 14, July 2007. http://www.jamestown.org/single/?tx_ttnews%5Btt_news%5D=4285&no_cache=1#.U6FYXvm1a8M

236 This is similar to reports from Russian authorities which indicated high levels of heroin and morphine in the bodies of Beslan attackers which enabled them to remain “insensitive to pain.. (...) even after being shot several times” see “Beslan Terrorists High on Heroin, Morphine — Blood Tests”, MOSnews, 18.10.2004, <http://www.mosnews.com/news/2004/10/18/beslandrugs.shtml>

237 In 2011, the Saudi, Al Watan newspaper quoted the Saudi security advisor, Dr. Yusuf Rumaih informing that the Kingdom sent the samples of remains of those terrorists to three foreign countries, where the results showed the presence of heroin in their bodies. <http://gulffnews.com/news/gulf/saudi-arabia/terrorists-inject-suicide-bombers-with-heroin-1.871471>

238 http://centralasiaonline.com/en_GB/articles/caii/features/pakistan/main/2011/10/06/feature-01

239 The Guardian, Boko Haram Leader calls for more schools attacks after dorm killings, reported on July 2013. <http://www.theguardian.com/world/2013/jul/14/boko-haram-school-attacks-nigeria>

240 UN Security Council Resolution (UNSCR 2195), S/RES/2195 (2014), December 19, 2014.

241 “Report of the Secretary-General on the threat of terrorists benefiting from transnational organized crime” S/2015/366.

reported by the CMF have noted a possible terrorism connection,^{242 243} while previous UNODC²⁴⁴ and UN²⁴⁵ reports have highlighted the link between opiate trade and Taliban funding within Afghanistan.

In Africa, the relationship between insurgent funding and drug trafficking is often reported anecdotally or through media reports, but official government information on such links is rarely specific enough to be analysed effectively.²⁴⁶ There are few independent sources of information on terrorism and drug linkages in Africa and much information is fragmentary. However, there are several regions in Africa where multiple transnational threats, including terrorism and drug trafficking appear to overlap, indicating a potential link between different threat streams. For example the United Nations has reported that the region of southern Tunisia, southern Algeria and northern Niger serve “as bases and transit points for non-state armed groups, including terrorist groups and criminal and drug trafficking networks with links to the wider Sahel region.”²⁴⁷ More specifically, several reports have advanced the possibility of a link between terrorist groups such as al-Qaeda in the Islamic Maghreb (AQIM), and drug trafficking, notably as it concerns the Sahel region.²⁴⁸ The drugs in question appear to consist of cannabis and cocaine,²⁴⁹ rather than opiates and are moved by land across specific regions of West and North Africa where AQIM and other armed groups (including Tuaregs) operate.

AQIM involvement in the drug trade would reportedly consist of the taxation of drug convoys in the region which would be consistent with behaviour observed in other theatres involving insurgent groups operating in a shared space with drug traffickers, such as in Afghanistan. According to local law enforcement agencies, AQIM and Tuareg groups developed financial and cultural bonds in parts of the Sahel. Traders who regularly move along the roads of the Sahel region reported that only one AQIM group, or more precisely one cell of AQIM in the Sahel was reportedly involved in taxation of all kinds of smuggled goods.²⁵⁰ The cell, that was until recently led by the Algerian Mukhtar Bel-Mukhtar²⁵¹ was identified as Katibat al-Mulathamine.^{252 253} It is suggested that taxation along this route was not systematic nor was it limited to cocaine, but extended to cigarettes, and any other goods transiting the region.

As well as AQIM, other groups may also have some involvement in facilitating drug trafficking.²⁵⁴ The Movement for Unity and Jihad in West Africa (MUJAO) is a splinter group from AQIM, operates in the same geographical area in the Sahel and has ideological affinities with AQIM. The causes for the split of a group into MUJAO were

242 Official information releases made by the CMF reporting the heroin seizures all included a reference as to whether there was a link to terrorism.

243 Official UNODC mission to the Combined Maritime Forces, January 2014.

244 UNODC The Global Afghan Opium Trade, 2011 : https://www.unodc.org/documents/data-and-analysis/Studies/Global_Afghan_Opium_Trade_2011-web.pdf

245 Report of the Analytical Support and Sanctions Monitoring Team on specific cases of cooperation between organized crime syndicates and individuals, groups - <http://unama.unmissions.org/Portals/UNAMA/SpecialReports/20150209%202160-I-p-special-report.pdf>

246 For example, the Algerian government has reported that drug trafficking networks work hand-in-hand with arm traffickers and terrorist groups but no further information was provided; ARQ 2010 Q 31.

247 United Nations Security Council, letter dated 15 February 2013 from the Panel of Experts on Libya established pursuant to resolution 1973 (2011) addressed to the President of the Security Council.

248 David E. Brown, “The challenge of drug trafficking to democratic governance and human security in West Africa”, Strategic Studies Institute, May 2013, p.iv. See also “Report of the Secretary-General on the threat of terrorists benefiting from transnational organized crime” S/2015/366.

249 An alleged cocaine route traveling by land, from Mali and Mauritania to Morocco has been mentioned. UNODC, “The transatlantic cocaine market”, April 2011, p.36.

250 Interview with three traders (two Malians and one Mauritanian) taking the route of Mauritania to Morocco and Mali to Algeria.

251 <http://www.un.org/sc/committees/1267/NSQI13603E.shtml>

252 Until recently, al-Mulathamine Cell was active from El-Oued to Malian and territory of Niger, and from Moroccan borders to Tunisian borders.

253 « Contre-terrorisme au Sahel », UE/CIVIPOL, Compte rendu du premier séminaire régional tenu à Nouakchott le 7 et 8 décembre 2010.

254 <http://www.un.org/sc/committees/1267/NSQE13412E.shtml>

partially linked to disagreements over “the sharing of profits from drug trafficking.”²⁵⁵ The report adds that MUJAO’s leaders are known to be drug traffickers involved in the drugs trade in the Sahel and southern Algeria. Currently, this appears to consist of involvement in the cocaine trade rather than the heroin trade, especially as MUJAO’S area of operations includes the cocaine entry route into Western Africa.²⁵⁶ Another group present in the region, Ansar el-Dine is reported to have links to organized crime and also finances itself from drug trafficking.²⁵⁷ Solid evidence on the relationship between drug trafficking and insurgent groups is difficult to obtain.²⁵⁸ Although terrorist groups, insurgents and drug traffickers occupy the same geographical space, it does not necessarily follow that there is co-ordinated activity between the groups. What is clear, however, is that the wider region serves as a hub for a number of transnational threats including drug trafficking and transnational terrorism, and relationships between these groups evolve over time.

In Eastern Africa, other potential extremist linkages exist with the heroin trade, mainly through Al Shabaab. The Somalia based extremist group, merged with Al Qaeda in February 2012, and was linked to operations carried out by Al Qaeda in Eastern Africa including complex attacks (suicide vehicle borne IEDS combined with armed fighters) on Mogadishu Court and the United Nations Development Programme office in Mogadishu.²⁵⁹ An organized crime group reportedly involved in heroin trafficking on the Swahili Coast has been linked by the United Nations Security Council Monitoring Group on Somalia and Eritrea (UNSCMGSE), to the Ansaar Muslim Youth Centre (AMYC), a group associated with Al Shabaab.²⁶⁰ The 2012 Security Council report went on to state that a Tanga based organized crime group, the ‘Muene’ network, is believed to be linked to a Pakistani-Iranian drug ring.²⁶¹ The network reportedly traffics heroin “...through the Tanga coast to Mozambique and South Africa...”, and also moves the stimulant khat from Kenya to Tanzania.²⁶² Local fishermen are reportedly paid by the Muene network to provide transportation of AMYC recruits to Somalia, as well as smuggling Al-Shabaab members from Somalia through Tanga to onward destinations in Africa. These fishermen are also key to the network’s lucrative involvement in the trafficking of ‘hard’ drugs and oil bunkering. Heroin may be trafficked into ports in Somalia for onwards shipment to Kenya, and this may be a future area of concern should CMF continue to interdict drug shipments off the coast of Tanzania. Possible entry points in Somalia include the busy cargo point of Kismayoo, which for several years was under Al Shabaab control. Heroin and cocaine are apparently smuggled through the ports of Bosasso, Puntland, and Kismayoo, and are “...transported as sugar or rice aboard trucks into Kenya...”, as reported by the International Peace Institute in a 2011 report.²⁶³

However, there have been no confirmed reports of Al Shabaab itself being directly involved in trafficking heroin. The fundamentalist nature of Al Shabaab would possibly suggest a lack of involvement and interest by the group in drug trafficking, although other religiously conservative groups, such as the Taliban in Afghanistan, have been known to take a pragmatic view of involvement in trafficking if it supports their wider objectives. The major sources of revenue for the Al Shabaab includes the charcoal trade and taxation of both ports and businesses,

255 <http://www.un.org/sc/committees/1267/NSQE13412E.shtml>

256 Mini-Dublin Group, Regional Report for Northern Africa, 2012, p.4. www.parlament.gv.at/PAKT/EU/XXIV/EU/09/66/EU_96626/imfname_10381463.pdf

257 Mini-Dublin Group, Regional Report for Northern Africa, 2012, p.4. www.parlament.gv.at/PAKT/EU/XXIV/EU/09/66/EU_96626/imfname_10381463.pdf

258 W. Lacher, “Challenging the Myth of the Drug-Terror Nexus in the Sahel”, WACD Background Paper No. 4, West Africa Commission on Drugs, <http://www.wacommissionondrugs.org/wp-content/uploads/2013/08/Challenging-the-Myth-of-the-Drug-Terror-Nexus-in-the-Sahel-2013-08-19.pdf>

259 UN Security Council Report, S/2012/544, paragraph 34.

260 UN Security Council Report, S/2012/544, Annex 3.2: The AMYC is based in Tanga, Tanzania, and “engages in radicalization, recruitment and fund raising on behalf of Al-Shabaab”.

261 UN Security Council Report, S/2012/544, paragraph 37.

262 UN Security Council Report, S/2012/544, paragraph 36.

263 P. Gastrow, Termites at Work: Transnational Organized Crime and State Erosion in Kenya, September 2011. The report cited an intelligence source and interviews in 2010 with Kenya Revenue Authority officers along the Kenya, Somalia border. http://www.ipinst.org/images/pdfs/ipi_cpub-kenya-toc.pdf

including shops and transport providers, rather than taxing narcotics transiting their area of operations.²⁶⁴ The potential for expansion into the drug trade cannot be ruled out especially if Al Shabaab's existing revenue streams become threatened through the use of sanctions or other financial constraints. The majority of the heroin trafficking dhows intercepted by CMF between 2012 and early 2014 sought a direct route across the Indian Ocean, avoiding the Somali Coast, which is notable as a high threat piracy area. At the time of writing, this would suggest that heroin trafficking groups and piracy gangs have not formed working relationships.

²⁶⁴ H. S. Jarle, *Al Shabaab in Somalia: The History and Ideology of a Militant Islamist Group, 2005 to 2012*, Oxford University Press, 2013.

Drug/insurgent linkages – a case study: The Muene Network:

The example of the Muene network provides a useful case study to understand the linkages between drug trafficking and insurgent groups in Africa. The network, headed by 'Cholo' Muene, is allegedly involved in multiple types of trafficking and smuggling along the coastline of northern Tanzania, Kenya and as far north into Somalia as Mogadishu. A member of the Muene network also runs boats to Baraawe, a port in south central Somalia between Kismayoo and Mogadishu. In 2013 Al Shabaab was documented operating openly in Baraawe. The Muene network was also involved in siphoning petroleum products from tankers docked in Tanga, up to early 2012. The fuel was smuggled to destinations including areas of Somalia that at the time were under Al Shabaab control. The consignments were large, with more than 200 drums reportedly being trafficked. The UN Security Council's Monitoring Group on Somalia and Eritrea ("The Monitoring Group") received multiple reports that "Cholo" had been aided and abetted in this criminal enterprise by a well-known local businessman linked to the oil business in Tanga.

The structure of the 'Muene' network is based around family ties and the services of more than twenty fishermen who provide logistical support. The linkage with the Pakistani-Iranian drug group involves a further three local criminal networks. Fishing vessels are used to carry out activities including drug trafficking, oil bunkering and smuggling of Al Shabaab members throughout Eastern Africa. Cash in hand payments are made to the fishermen for smuggling goods and people, which makes tracking the finances associated with this activity difficult. The 2012 report from the Monitoring Group suggests that the Muene network's relationship with the Pakistani-Iranian crime network appears established, as it has been operating in Tanga for "some years".

A representative of the Muene network has been documented as being associated with a drug trafficking group based in Southern Africa. There are indications that a Zambian organized crime group had interests in drug trafficking from the Kenyan port city of Mombasa. A meeting took place in early 2012 between a member of the Zambian group and the member of the Muene network, "to assemble a team from the "Cholo" Muene network and to identify members of the Tanga police and military who might cooperate in the transportation of drugs from Mombasa, and the smuggling of Tanzanian Al-Shabaab recruits to Somalia." The Monitoring Group reported that local law enforcement within Zambia were complicit in permitting the Muene network to carry out numerous activities, including drug trafficking, stealing oil from a pipeline and smuggling of Al Shabaab recruits.

The profits generated by the smuggling of fuel has been key in providing the Muene network with protection. The 2012 report stated that: "Information obtained by the Monitoring Group suggests this has apparently included the collusion of some local businessmen, officials, and may extend to the participation of members of the security forces. As a result, the Muene network's activities in support of AMYC and Al-Shabaab appear to have been shielded from official notice or intervention." The large scale of the Muene network's oil bunkering activity further suggests the organized crime group operates with a level of impunity within the region.

There are indications the Muene network does not enjoy complete impunity. The Monitoring Group reported that in mid-2012 the leader of the Muene Network, 'Cholo' Muene, along with several other members "were in hiding from the Tanga authorities, wanted for a variety of criminal offences". Most had fled to Pemba and Zanzibar. Leadership had been taken over by a younger brother, Shehe Rashid Muene. The transference of leadership between brothers underlines the family nature of this organized crime group.

Source: Report of the Monitoring Group on Somalia and Eritrea pursuant to SCR 751 & SCR 1907, 17 June 2012, http://www.somaliareport.com/downloads/UN_REPORT_2012.pdf

CHAPTER 4: The Way Forward

There are growing signs that heroin trafficking to Africa is no longer solely about transit to other regions, but is also feeding a burgeoning domestic consumer market. For Africa, the significance of this shift is potentially substantial, since the continent as a whole has a limited capacity to form an effective response to the apparent upsurge of heroin trafficking. Heroin trafficking into Africa is putting an already fragile region at even greater risk. For example, the intravenous use of heroin may further aggravate the already serious level of HIV infection present in parts of Africa. Furthermore, some gang members working for foreign drug traffickers are being paid in drugs,²⁶⁵ rather than cash, which in turn leads to the development of local consumer markets where none previously existed.

Drug trafficking is a serious challenge to Africa and is taking place against a backdrop of real economic growth and development in parts of the continent. Western Africa for example, is growing at a rapid pace, fueled both by global demand for raw materials, and new technology enhancing business connectivity with the wider world. Eastern Africa's economic prospects look promising, notwithstanding the challenges found in the Horn of Africa,²⁶⁶ while South Africa's connections to international shipping and financial networks make it a key component of development in the Southern African region. Although the opportunities for licit business development in some African countries are encouraging,²⁶⁷ there is also the possibility that this increase in economic activity will also make illicit business easier, and will increase demand for drugs from a population that has an increasing disposable income. Smaller African states have yet to benefit from increasing economic growth and this will be a challenge in the coming years, with economic inequality and poverty in some parts of the continent possibly encouraging groups to resort to illicit activity for financial gain.

ECOWAS is taking the issue of drug trafficking very seriously and there is strong regional political commitment to tackle the trade. However, this is not evenly matched across all countries and some smaller states simply do not have the capacity to deal with the criminal justice challenges they face. A future long term goal may be to increase regional capacity in a sustainable manner, either via the African Union or through a series of other regional organizations, in order to improve law enforcement capacity and to support smaller African states. A good case study can be seen through the example of the Kenyan court system, which has begun trying Somali pirates in order to overcome Somalia's lack of capacity in this area. This example provides a clear focus for future technical assistance while keeping things in the region and building regional capacity and ownership. It also allows greater international oversight over such cases and reduces the chance of corruption. There have been numerous cases of drug-linked corruption reaching into the highest levels of law enforcement and government in parts of Africa.²⁶⁸ In the longer term, there is a need to develop real incentives to political leaders and senior law enforcement officials to fight drug trafficking and organized crime, as currently those incentives are not in place.

Trafficking network's use of maritime transportation and seaports in Africa was identified as a key emerging threat in the UNODC World Drug Report 2015. An increased focus on law enforcement activity at seaports may, however, influence traffickers to use alternate ports of entry; increased control of one area needs to be complemented by intelligence sharing and regional cooperation in other areas. It is widely agreed that the creation of regional centres for the exchange of criminal intelligence and coordination of operational responses has helped strengthen the fight against transnational organized crime in other parts of the world. Such centres include the Central Asian Regional Information Coordination Centre (CARICC),²⁶⁹ the Gulf Criminal Intelligence

265 Congressional Research Service, *Illegal Drug Trade in Africa: Trends and U.S. Policy*, September 30, 2009. <http://fas.org/sgp/crs/row/R40838.pdf>

266 <http://www.worldtrademarkreview.com/issues/article.ashx?g=ee64face-470f-4c32-bc77-543421c5c787>

267 See the latest MacKinsey prognosis on African economic opportunities for example.

268 This includes the head of the Gambian NDEA, Mr. Bun Saleh, and the previous NDLEA chairman in Nigeria, Bello Lafajji. At a higher level, the US named the eldest son of the late Lansana Conté, President of Guinea (1984–2008), a “drug kingpin” in July 2010.

269 Members: Azerbaijan, Kazakhstan, Kyrgyzstan, Russia, Turkmenistan, Tajikistan, Uzbekistan.

Centre (GCIC),²⁷⁰ the Joint Planning Cell (JPC),²⁷¹ the Southeast European Law Enforcement Centre (SELEC)²⁷² and others. Currently no such centre exists in the African region. Eastern Africa, as the main hub for heroin trafficking in the region, would benefit from such an initiative, perhaps supported through the African Union, and tied into the broader network of regional coordination centers.

The financing of the Southern Route is clearly a significant intelligence gap. Drug trafficking has been recognised in other developing countries as not only posing a threat to security and health, but also to the wider economy as corruption and laundered funds reduce the confidence of the international development community and global financial institutions to invest in and lend to these jurisdictions. The economies of South Asia and Africa, allow for a wide range of money laundering methods to be used, including cash, bank transfers, commodity transfers and use of “hawala” or similar service providers (Money or Value Transfer Services). The majority of the jurisdictions in the region are conducting regular risk assessments at a national level regarding risks they face from money laundering and terrorist financing, including those which are associated with drug trafficking. A dynamic process of financial intelligence gathering, analysis and reporting will ensure that these risk assessments become increasingly accurate and relevant. This in turn will best allow policy makers to request and allocate resources to reduce the vulnerabilities in their anti-money laundering and counter terrorist financing frameworks.

UNODC has sought to leverage the combined strengths of individual national and international law enforcement networks by creating a ‘network of networks’ which establishes and/or strengthens cooperative links between these entities and acts as a force multiplier in the fight against illicit trafficking. The creation of an intelligence sharing and regional co-operation center in Eastern Africa would thus also have benefits outside the region, particularly if it were connected with the work of CMF and land based co-ordination centers in South West Asia. The lack of seizures in Tanzania, which has been heavily targeted by heroin traffickers, also underlines the threat that at least a part of the local interdiction effort may have been compromised. A level of regional oversight could build accountability for law enforcement and judicial officials.

Drug traffickers targeting the border regions between countries highlight a need for improved law enforcement cooperation in the region. Border regions are often remote, while capacity building efforts are usually concentrated primarily at the headquarters level, in capital cities. Further efforts need to be made to bolster the capacity of law enforcement in remote border areas and building working relationships with counterparts across the border.

There is a major gap in publically available data and information on the higher level of drug trafficking networks operating in Africa, as arrests and prosecutions almost exclusively focus on the lower level couriers, facilitators, street level dealers and users.²⁷³ The impunity that exists for major drug traffickers facilitates the flow of heroin into and through the region, and limits the effect capacity building can have on reducing the threat heroin poses to Africa. On occasion there has been strong criticism at the international level. The arrest data presented in this Baseline Assessment does not consist of organizers or so-called drug “kingpins”. They are for the most part, couriers and petty dealers, who are easily replaced when arrested.²⁷⁴

Generally, current law enforcement activity within Africa only allows for prosecution of low-level carriers; in order to pursue more senior traffickers and their networks as a whole, coordinated investigations along the whole of the southern route back to Afghanistan is required. Political will, both within Africa and by the International Community, is a pre-requisite. African organized criminal groups understood early on how take advantage of the

270 Members: Bahrain, Kuwait, Oman, Qatar, Saudi Arabia, United Arab Emirates.

271 Members: Afghanistan, Iran, Pakistan.

272 Members: Albania, BiH, Bulgaria, Croatia, FYROM, Greece, Moldova, Montenegro, Romania, Serbia, Turkey.

273 The arrest of ‘Mama Lela’ in Tanzania is an exception.

274 The Global Commission on Drug Policy, War on Drugs, June 2011, p.3.. http://www.globalcommissionondrugs.org/wp-content/themes/gcdp_v1/pdf/Global_Commission_Report_English.pdf

greater profit opportunities afforded by globalization, and took advantage of a lack of local law enforcement capacity to operate with impunity. Similarly, insurgent and/or extremist groups have internationalized their operations in line with their aims. In some cases, both seek to establish themselves in regions with weak government control. In parts of Africa, links between these two worlds have been established, AQIM controlled certain drug routes through the Sahel in the early to mid-2000s and extremist groups based in Eastern Africa have apparently relied on drug traffickers to provide smuggling support for their members.²⁷⁵ Counter piracy operations in the Indian Ocean remain significant, with a NATO taskforce operating in addition to European Union Naval Force ATALANTA (EU NAVFOR), both with maritime and air assets. The number of piracy incidents has fallen significantly, while there is growing awareness of the maritime heroin route, following CMF successes. Additionally, there is less opportunity to counter the heroin flow at its source in Afghanistan, as the international military mission there draws down.

There is an urgent need for baseline data to identify the extent and patterns of opiate use across Africa, including injecting drug use and other higher risk practices associated with the sharing of injection equipment. This would indicate the level of support needed to establish harm reduction services for prevention of HIV and HCV among people who inject drugs. Establishing a set of baseline data, to be routinely updated at a future point, would enable UNODC and other organizations to accurately follow and respond to drug usage trends in the region. Furthermore, the lack of capacity precludes a complete understanding of the health impacts of illicit drugs on the region. Moreover, information about the type of data available is not regularly updated and statistics are often reused over several years.

Several themes cut across the threats described above. First, information and data collection on these issue and their impact on African continent remains limited. Moreover there is:

- a. A strong need for regional coordination and cooperation to intercept and share information on organized criminal groups.
- b. An evident lack of IT systems and data management tools to make proper use of information gathered during investigations for detailed analysis and strategic responses.
- c. A Need for better and regular training for border management organizations and coast guard units.
- d. A Need for specific research studies to be proposed; for example analysis on drug trafficking and use in the region, cross border trafficking and organized groups involved, the increasing use of synthetics opioids and their impact on heroin use, the impact of geopolitical changes in the region on the drug trafficking and consumption, and links between organized crime, corruption and terrorism.
- e. The need to enhance information collection, analysis and sharing on how drug traffickers raise, move, use and store funds associated with the Southern Route.

Africa is developing economically²⁷⁶ due to its unique geographical and historical strengths, and of its wealth of natural resources and minerals. Several African countries are among the fastest growing economies in the world. However, the challenges presented by the drugs trade that are covered in this report are threats to expanding prosperity and peace in the continent. Rooting out the trafficking groups that operate with impunity and mitigating the impacts on governance, health and the rule of law will take a sustained and coordinated effort, beginning with the development of a stronger evidence base which will in turn lead to a concerted political and practical actions to safeguard Africa's future from the damage of heroin consumption and trafficking.

275 EU Institute for Security Studies, Re-mapping the Sahel: transnational security challenges and international responses, Report # 19, June 2014. http://www.iss.europa.eu/uploads/media/Report_19_Sahel.pdf

276 The UN Economic Commission for Africa, "Forty-Seventh Session of the Commission on Population and Development", April 2014. http://www.un.org/en/development/desa/population/pdf/commission/2014/system/Agenda%20item%204/ECA_Item4.pdf

Knowledge Gaps

In producing this report, a number of significant knowledge gaps in UNODC's understanding of the Afghan Opiate trade and its impact on Africa have been identified. Donors and Member States have requested a list of these knowledge gaps in order to raise awareness of the short-comings of the data set, and to improve data collection and research for future assessments. These knowledge gaps are not exhaustive, but include:

Afghanistan and the Indian Ocean

- 1) Are Afghan trafficking networks focusing more on the "southern" trafficking route via Africa, than the traditional "Balkan" and "northern" routes? If so, why is this the case?
- 2) What are the main departure points for Afghan sourced opiates leaving Afghanistan and South West Asia when they are being shipped to Africa?
- 3) What are the major land routes used for moving Afghan opiates from the Afghan border to the Makran coast for onward shipping to Africa?
- 4) What are the ratios between air, land and maritime trafficking from South West Asia to Africa? How have these changed over time?
- 5) What are the major Afghan and South West Asian trafficking networks involved in trafficking opiates to Africa? How are they organized? Who are the network heads? What is their involvement with the Taliban and other insurgent groups? Do they have direct business links with African traffickers?
- 6) What are the major concealment types for opiates being shipped from Afghanistan and South West Asia to Africa? Are certain methods favored over others?
- 7) How are drug profits obtained by Afghan and South West Asian trafficking networks? What are the financial flows?
- 8) Where does the bulk of heroin refinement and the addition of adulterants occur? Does it take place in Afghanistan or elsewhere along the route?
- 9) To what extent have trafficking networks been affected by the activities of the Combined Maritime Force (CMF) in the Indian Ocean? If so how have networks adapted to this activity?
- 10) What are the main transit routes and destination points for dhows that are trafficking opiates to Africa?
- 11) What is the ratio of opiates trafficked by dhow compared to that trafficked by shipping container? How has this changed over time?
- 12) What is the volume of precursor chemicals being shipped from Africa to South West Asia? What are the main types of precursors being shipped? What networks are responsible for moving precursor chemicals? Are they the same as the networks that move narcotics or are they different?

African Regions (Eastern, Southern, Western/Central, Northern)

- 13) What impact does the activity of CMF have on trafficking to Africa? Do routes change as a result? Have networks located in Eastern Africa adapted to the presence of maritime forces? If so how?
- 14) Where are the major entry points for opiates entering Africa?
- 15) What are the major exit points for opiates leaving Africa?
- 16) What is the main method of smuggling opiates into and out of Africa (Maritime, air freight, air couriers, land movement etc). Do these methods change over time and if so why?
- 17) What are the major concealment methods for opiates entering and leaving Africa? Is any particular type favored over another?
- 18) What are the major crime groups responsible for smuggling opiates into Africa? Who are the major heads of these networks? Do they focus on local domestic markets or do they have international connections? What is the extent of these crime groups international reach?
- 19) How are drug related finances handled in Africa? What are the main methods of moving drug profits and laundering drug money in Africa?
- 20) What is the extent of drug related corruption in Africa? What form does this corruption take? What is

the level of this corruption (local government/police, senior government officials etc.)

21) What is the extent of the addiction rate for opiates in Africa? Is this growing or diminishing? Is this affected by the size of the drug flows moving through the region?

22) Are there any links between drug trafficking groups and terrorist groups in Africa, for example Al-Shabbab, Boko Haram, Al-Qaeda in the Islamic Magreb (AQIM), Daesh etc? Are there any links between militias or anti-government elements in Africa and drug traffickers? Are there links between pirate groups and drug traffickers in Africa?

23) Is there any evidence of the refinement or processing of opiates occurring in Africa?

24) Is there any link between opiate traffickers and other forms of organized crime such as wildlife trafficking, people smuggling or weapons trafficking.

25) What is the extent of precursor chemical trafficking in Africa? Where are these chemicals sourced from? What are the main transit routes for trafficking of precursor chemicals? What are the networks responsible for the smuggling of precursor chemicals in Eastern Africa?

Prices and Purity

26) What are the prices per gram of heroin for various countries in Africa (in local currencies and dollar values)? Are there regional variations (for example difference between Southern, Western, Northern and Eastern Africa). Are there local variations within a country? What are the causes of these variations?

27) Is there a standard definition for what is classed as “street heroin” in various African countries?

28) What factors affect the price of opiates? For example to what extent does the end user market, level of risk involved in trafficking, quantity of drugs sought etc. affect the price?

29) Is there a difference in the purity of opiates consumed in local African markets compared to those that transit Africa or other international markets? What is the difference in purity level? Is the purity level of the opiates consumed in Africa increasing, decreasing or remaining the same?

30) What are the purities for opiates seized or consumed in different parts of Africa?

31) What are the shortfalls in forensic testing capacities in African countries?

Public Health

32) Is there any evidence that abuse of synthetic opiates act as “gateway drugs” that subsequently lead to heroin addiction within Africa?

33) Do synthetic opiates (Tramadol/Buprenorphine) capture part of the market that would otherwise be captured by Afghan opiates? Or are the synthetic and Afghan sourced opiate markets separate from each other?

34) To what extent do synthetic opiate users also use Afghan-sourced opiates within Africa?

35) Is there a correlation between areas of high levels of opiate abuse and HIV/Hepatitis C transmission in regions of Africa? Is there a correlation between the increase in heroin flows into Africa and HIV/Hepatitis C transmission?

36) What is the demographic breakdown of users of Afghan-sourced opiates?

37) What is the demographic breakdown of users of synthetic opiates in Africa?

38) To what extent are African countries public health systems able to cope with the current level of opiate addiction?

Organized Crime

39) What are the major organized crime networks operating in Africa? Where are they located? What is their reach?

40) Do organized crime networks in Africa operate as cartels or are they more flexible organizations?

41) What is the business model that organized crime groups use to operate? Is there a “typical” organized crime network structure or do the networks vary by region/country?

- 42) Who are the major African “Kingpin” Traffickers? Where are these “Kingpin” traffickers based?
- 43) Do African trafficking networks co-operate or are they rivals?
- 44) How do organized crime groups move and launder drug money? What are the financial flows associated with African trafficking networks? Are drug profits kept in Africa or are they moved into the wider global financial system?
- 45) To what extent are African organized crime groups protected by or involved with the political structures of African countries?
- 46) What are the links between African trafficking network networks and those in other regions? For example how do Eastern African networks work with South West Asian trafficking networks? How do organized crime networks in South Africa work with trafficking networks in South East Asia? How do North African trafficking networks work with organized crime groups based in Europe?
- 47) Do the African networks who are involved in heroin trafficking just focus on heroin? Or do they move other types of drugs as well? Do African drug trafficking networks also traffic other illegal commodities such as weapons and wildlife? Are African drug trafficking networks involved in the movement of migrants and trafficking of people? Do African organized crime groups also have licit business activities?
- 48) What are the operational costs for trafficking networks moving opiates into, through and out of Africa? What are the costs associated with shipping drugs by dhow, paying air couriers and land traffickers? What are the costs associated with bribery and corruption?

Insecurity

- 49) Are there any links between African drug trafficking organizations and major African based extremist groups (for example Boko Haram, Al-Shabaab, Islamic State, Al-Qaeda in the Islamic Maghreb?)
- 50) If there are links, what is the nature of the involvement of violent extremist groups in opiate trafficking? Are they directly involved in the trade? Or is their involvement limited to taxation, protection etc?
- 51) Are there any links between drug trafficking organizations and pirate groups in Eastern Africa and Western Africa? If so, what are the nature of these links?
- 52) Is there widespread use of opiates by militias and armed groups in Africa? If so, what do these groups use opiates for (as combat stimulants, painkillers etc.)?
- 53) Is there widespread use of opiates amongst the armed forces, government officials and security services of African countries? If so what is the level of this use?
- 54) What is the nature of drug related corruption in Africa? What levels of corruption are there (for example, low level police corruption, senior police corruption, senior government level corruption?)

Subject to Member State’s interest, future UNODC research could begin to answer some of these knowledge gaps in order to help improve understanding of the Afghan opiate trade and its effect on the African continent. Additionally, academic, NGO or government researchers may be able to assist in answering some of these knowledge gaps.

Annex 1: Methodology

This “Baseline Assessment” provides an initial understanding and analysis of the illicit opiate trade to various destinations in Africa. The information used to map and describe the trafficking routes is derived primarily from drug seizure cases. Seizures are certainly an indicator of drug flows, an indirect indicator of the size of those flows and also reflect the priorities and resources of law enforcement agencies, but do not tell the whole picture.

The sources of data used in this report include: the UNODC Annual Report Questionnaires (ARQ), the Individual Drug Seizures database (IDS), the UNODC Drug Monitoring Platform (DMP) and national reports. Only official seizure data have been used, with the exception of cases where there was a paucity of official information, in which case media-reported seizures data have also been considered as a substitute. It is important to note that the seizure data available through the DMP and IDS databases were often, in terms of aggregated quantity, lower than the overall reported seizure total, since they did not include all seizures made in a given country. Moreover, the report provides the most recent data available to the UNODC.

A major limitation on developing the analysis was the lack of seizure data available for some countries and regions. Not all cases had a level of detail that allowed for deep analysis. With the aim to obtain background information on seizures and routes and to identify the types and sources of available data, UNODC researchers exchanged information with officials of the law enforcement agencies and public health departments of a number of countries and territories including: Afghanistan, Belgium, France, Greece, Germany, Ghana, Italy, Kenya, the Netherlands, Nigeria, Spain, The United Republic of Tanzania, the United Kingdom and the United States of America. Data was also exchanged with international organizations, including the World Customs Organization, Europol and INTERPOL.

Annex 2: Regional Groupings

This report uses a number of regional and sub-regional designations. These are not official designations. They are defined as follows:

Eastern Africa: Burundi, Comoros, Djibouti, Eritrea, Ethiopia, Kenya, Madagascar, Mauritius, Rwanda, Seychelles, Somalia, Uganda and United Republic of Tanzania.

Northern Africa: Algeria, Egypt, Libya, Morocco, South Sudan, Sudan and Tunisia.

West and Central Africa: Benin, Burkina Faso, Cameroon, Cabo Verde, Central African Republic, Chad, Congo, Côte d'Ivoire, Democratic Republic of the Congo, Equatorial Guinea, Gabon, Gambia, Ghana, Guinea, Guinea-Bissau, Liberia, Mali, Mauritania, Niger, Nigeria, Sao Tome and Principe, Senegal, Sierra Leone and Togo

Southern Africa: Angola, Botswana, Democratic Republic of the Congo, Lesotho, Malawi, Mozambique, Namibia, South Africa, Swaziland, Zambia and Zimbabwe.

North America: Canada, Mexico and United States of America.

South America: Argentina, Bolivia (Plurinational State of), Brazil, Chile, Colombia, Ecuador, Guyana, Paraguay, Peru, Suriname, Uruguay and Venezuela (the Bolivarian Republic of).

Central Asia and Transcaucasia: Armenia, Azerbaijan, Georgia, Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan.

Middle East and Gulf/ South-West Asia: Afghanistan, Bahrain, Islamic Republic of Iran, Iraq, Israel, Jordan, Kuwait, Lebanon, Oman, Pakistan, Qatar, Saudi Arabia, State of Palestine, Syrian Arab Republic, United Arab Emirates and Yemen. The Near and Middle East refers to a sub-region that includes Bahrain, Israel, Iraq, Jordan, Kuwait, Lebanon, Oman, Qatar, Saudi Arabia, State of Palestine, the Syrian Arab Republic, the United Arab Emirates and Yemen.

South Asia: Bangladesh, Bhutan, India, Maldives, Nepal and Sri Lanka.

East and South-East Asia: Brunei Darussalam, Cambodia, China, Democratic People's Republic of Korea, Indonesia, Japan, Lao People's Democratic Republic, Malaysia, Mongolia, Myanmar, Philippines, Republic of Korea, Singapore, Thailand, Timor-Leste and Viet Nam.

South-Eastern Europe: Albania, Bosnia and Herzegovina, Bulgaria, Croatia, Kosovo²⁷⁷, Montenegro, Romania, Serbia, the former Yugoslav Republic of Macedonia and Greece.

Western and Central Europe: Andorra, Austria, Belgium, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Hungary, Iceland, Ireland, Italy, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, Monaco, the Netherlands, Norway, Poland, Portugal, San Marino, Slovakia, Slovenia, Spain, Sweden, Switzerland and the United Kingdom of Great Britain and Northern Ireland.

Oceania: Australia, Fiji, Kiribati, Marshall Islands, Micronesia (Federated States of), Nauru, New Zealand, Palau, Papua New Guinea, Samoa, Solomon Islands, Tonga, Tuvalu, Vanuatu and small island territories

²⁷⁷ All references to Kosovo in the presence publication should be understood to be in compliance with United Nations Security Council Resolution 1244 (1999).



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