Key findings

**Tramadol**
- Almost half of all countries in Africa have reported non-medical use, seizures or trafficking of tramadol between 2015 to 2019 with most of them located in West, Central and North Africa.
- The non-medical use of tramadol has become a growing concern particularly among men, young people and manual or construction workers.
- Tramadol is trafficked mainly from Asia to countries in West, Central and North Africa.
- Large quantities of tramadol were seized in the period 2014–2019 with annual amounts fluctuating between 13 tons and 112 tons. The peaks in seizures, in several years, reflect huge individual shipments seized by some countries.

**Methamphetamine**
- The quantities of methamphetamine seized and the number of countries reporting seizures have increased over the past years mostly in West and Southern Africa.
- Methamphetamine manufacture in West and Southern Africa has expanded with 13 clandestine laboratories reported in 2018.
- Ephedrine and pseudoephedrine remain the primary precursors used in the illicit manufacture of methamphetamine.
- Methamphetamine from the region is mainly trafficked to East and South-East Asia, Oceania, and Western and Central Europe but some proportion remains in the region for domestic use.
- Use of methamphetamine is present among vulnerable populations and is associated with increased risk and harm.

**“Ecstasy”**
- For the first time in 2018, “ecstasy” manufacture has been reported from South Africa with two laboratories dismantled.
- There are indications of a growing “ecstasy” market in North and Southern Africa with annual increases in the quantities of “ecstasy” seized over the period 2014–2018.
- Increasing use of “ecstasy” has been reported among young people.
Growing tramadol market in West, Central and North Africa

The non-medical use of tramadol, an opioid analgesic used in the management of moderate and moderate-to-severe pain, has become an increasingly significant problem in Africa since 2013, with reported adverse health effects adding pressure on national health-care systems. Based on the quantities seized over the past years, the non-medical use of pharmaceutical opioids, especially tramadol, has grown considerably, most notably in West, Central and North Africa. Between 2015 and 2019, 22 out of 57 countries in Africa reported high levels of non-medical use of tramadol, seizures or trafficking. In general, tramadol for non-medical use may enter the illicit market either through diversion from licit sources such as pharmacies, unregulated vendors or through smuggling operations.57

Millions of tablets are seized each year in West and North Africa

West Africa remains the region where the largest quantities of tramadol are seized. In 2017 and 2018, Nigeria reported the largest annual quantities of tramadol seizures worldwide with 96 and 22.6 tons, respectively.

How is tramadol supplied to the West, Central and North African markets?

Based on recent quantities seized and trafficking data, tramadol is trafficked mainly to countries in North Africa, particularly Egypt and Libya, and West and Central Africa from where some of it is further trafficked to countries in the Near and Middle East such as Qatar and Saudi Arabia.62 Countries such as India and to a lesser extent China, are reported as countries of provenance for tramadol trafficking. Moreover, countries in Western and Central Europe are used as transit countries for tramadol tablets trafficked to North Africa.

In 2018, intraregional trafficking of tramadol was reported by law enforcement authorities in Niger, Senegal and Sudan, reporting several countries in West Africa (Benin, Chad, Egypt, Ghana, Mali, Nigeria and Togo) as countries of provenance for tramadol. In addition, traffickers have recently resorted to initial smuggling of tramadol shipments to Libya and then re-smuggling to Egypt across land borders.63

Source: UNODC, responses to the annual report questionnaire.

*Data collection for 2019 is preliminary and only covers Benin.


59 www.who.int/medicines/access/controlled-substances/Tramadol.pdf?ua=1


62 UNODC, responses to the annual report questionnaire.

Furthermore, in recent years large tramadol shipments seized in Western and Central Europe were destined for North Africa, particularly Egypt and Libya. Most of the tramadol seizures reported by Libya since 2013 have been made along the country’s Mediterranean coast. For instance, between 2016 and 2017, Greece, Italy and Malta reported several seizure cases with millions of tramadol tablets that were destined for Libya.\footnote{UNODC, World Drug Report 2020 (United Nations publication, Sales No. E.20.XI.6).} \footnote{UNODC, World Drug Report 2020 (United Nations publication, Sales No. E.20.XI.6).} 


Moreover, recent seizure information indicates a possible displacement of West Africa’s supply of tramadol to Pakistan. For example, according to the Nigerian National Drug Law Enforcement Agency, in July 2020, two separate seizures of tramadol tablets were presumed to have originated in Pakistan.\footnote{UNODC, World Drug Report 2020 (United Nations publication, Sales No. E.20.XI.6).} Yet, some countries in West Africa also report the diversion of tramadol, such as Côte d’Ivoire where law enforcement authorities seized over 26 kg of the substance in 2017.

### Tramadol: diverse motivations and patterns of non-medical use

The non-medical use of tramadol is reported across all ages, genders and socioeconomic classes, in both urban and rural areas. A number of studies in the Middle East and North Africa have highlighted the non-medical use of tramadol for a variety of reasons including improving mood; to prolong the duration of sexual intercourse; delaying the sensation of fatigue; as self-medication for pain relief or the relief of symptoms of depression, anxiety or other comorbid psychiatric disorders;\footnote{UNODC, World Drug Report 2020 (United Nations publication, Sales No. E.20.XI.6).} to improve intellectual, physical and working performance; and to lessen the need for sleep and decrease appetite.

**Figure 14. Price per tramadol tablet on the illicit market in Egypt, 2016 and 2017**

<table>
<thead>
<tr>
<th>Year</th>
<th>Price Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016</td>
<td>$1.03–$1.54</td>
</tr>
<tr>
<td>2017</td>
<td>$0.28–$0.45</td>
</tr>
</tbody>
</table>

Source: UNODC, responses to the annual report questionnaire.

In Nigeria, past-year use of prescription opioids (mainly tramadol, and to lesser extent, codeine or morphine) in 2017 was estimated at 4.7 per cent (4.6 million people) with 6 per cent of men compared to women at 3.3 per cent.\footnote{UNODC, World Drug Report 2020 (United Nations publication, Sales No. E.20.XI.6).} \footnote{UNODC, World Drug Report 2020 (United Nations publication, Sales No. E.20.XI.6).} The mean age of initiation of the non-medical use of pharmaceutical opioids (mainly tramadol) was 21 and past-year prevalence was particularly high among people aged 35 to 39 and 60 to 64. In addition, several countries in West Africa including Benin, Gambia, Ghana and Sierra Leone, and in North Africa Egypt, reported widespread non-medical use of tramadol by young people. For instance, the first survey among secondary school students in Egypt showed a past-year prevalence of non-medical use of 1.4 per cent among 15 to 19-year-old students in 2016, with higher prevalence in male than...
female students.77 A drug use study conducted in 2017 among schoolchildren aged 14–18, in Yaoundé, found that non-medical use of tramadol among students was at 6.1 per cent.78

Reports from several countries indicate that tramadol is misused by some population groups to improve work performance. For example, in 2020, a cross-sectional study among workers in the Nile Delta region in Egypt showed high rates of non-medical use of tramadol among construction workers at 92.3 per cent.79 In a 2017 survey among construction workers in Adamawa State, Nigeria, 85 per cent of respondents reported the non-medical use tramadol during work.80 Moreover, farming communities in Nigeria reported the non-medical use of tramadol by humans and feeding it to cattle to enable them to work under extreme conditions.81

The fact that tramadol is a pharmaceutical opioid creates the misconception of it not being harmful despite its proven dependence liability after use over a short period of time.82 Increasing numbers of injuries, emergency room admissions and fatalities linked to general use and driving under the influence of tramadol have been recorded.83,84,85,86 In addition, tramadol is reported to be misused with other substances such as alcohol, energy drinks, drugs such as cannabis, benzodiazepines, other pharmaceutical opioids, tranquilizers and cough syrups. For example, among students in Egypt reporting non-medical use of tramadol, 85 per cent used it with at least one other drug.87 Also, information from Sierra Leone shows that almost 90 per cent of drug users use a combination of tramadol and diazepam in alcohol.88,89

Is the methamphetamine market expanding in Africa?

Between 2014 and 2018, methamphetamine seizures were reported from countries located in all regions of Africa. The largest annual methamphetamine seizures in that period were reported in Southern Africa, from South Africa, and in West Africa from Benin and Nigeria. While from 2014 to 2017, four to six countries reported annual seizures of methamphetamine, in 2018 that number more than doubled to 13 countries,80 with West African countries strongly contributing to this increase. Moreover, several countries reported quantities of methamphetamine seized for the first time in 2018 with Côte d’Ivoire and Senegal in West Africa, Madagascar in East Africa and Mozambique in Southern Africa. This points to an expansion of methamphetamine in most parts of Africa. A large share of ATS seized by African countries are reported as non-specified ATS, which could indicate that the quantities of methamphetamine seized might be higher than reported.

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77 Egypt, General Secretariat of Mental Health and Addiction Treatment, and Pompidou Group, Council of Europe, MedSPAD: Results of the First Mediterranean School Survey Project on Alcohol and Other Drugs in Egypt (December 2017).


82 World Health Organization, TRAMADOL Pre-Review Report, 2017. Available at www.who.int/medicines/access/controlled-substances/PreReview_Tramadol.pdf?ua=1


87 Egypt, General Secretariat of Mental Health and Addiction Treatment, and Pompidou Group, Council of Europe, MedSPAD: Results of the First Mediterranean School Survey Project on Alcohol and Other Drugs (MedSPAD) in Egypt (December 2017).


Manufacture of methamphetamine is increasing in West Africa and Southern Africa

The manufacture of methamphetamine appears to remain limited to West Africa and Southern Africa, with a small number of clandestine methamphetamine laboratories dismantled in recent years. However, the number of clandestine laboratories dismantled and reported to UNODC increased, from an average of two laboratories per year between 2014 and 2017 to 13 laboratories in 2018. Since 2016, most methamphetamine laboratories have been dismantled in South Africa, followed by Nigeria. Even so, there are indications that the manufacturing capacity of clandestine laboratories in Nigeria has been increasing with one industrial sized laboratory detected in 2018. According to preliminary information, at least one clandestine methamphetamine laboratory was dismantled in Nigeria in 2019.91

Most, but not all, of the methamphetamine manufactured in West and Southern Africa continues to be based on the precursors ephedrine and pseudoephedrine. Even though no seizures of P-2-P were reported by African countries over the 2014–2018 period,92 there are indications that precursors of P-2-P may have been used in the manufacture of methamphetamine.

Most methamphetamine laboratories seized in Nigeria were utilizing a production method based on ephedrine, with the exception of a large industrial size laboratory dismantled in 2016, which relied on benzaldehyde, indicating a P-2-P-based synthetic route. Four Mexican nationals, that are thought to have contributed technical expertise to the method of synthesis, and five Nigerian nationals were arrested in connection with this clandestine laboratory.93 Other countries in West Africa, such as Sierra Leone, have reported the suspected diversion of precursor chemicals for the clandestine manufacture of amphetamine-type stimulants.94

In Southern Africa, ephedrine powder is trafficked to Botswana, Mozambique and Zambia and sometimes further to South Africa. The clandestine manufacture of methamphetamine in South Africa is primarily based on ephedrine, using the traditional red phosphorous method, that is, the reduction of ephedrine with hydriodic acid and red phosphorous, and the use of lithium in the

Figure 16. Quantities of methamphetamine and non-specified amphetamine-type stimulants seized in Africa and the number of African countries reporting methamphetamine seizures, 2014–2018


Figure 17. Methamphetamine manufacturing facilities dismantled in Africa, 2014–2018

Source: UNODC, responses to the annual report questionnaire.

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methamphetamine manufacturing process. In recent years Mozambique seems to have developed from a transit to a destination country after clandestine laboratories manufacturing amphetamines were dismantled. Moreover, Zambia reported seizures of increasing quantities of ephedrine and, to a lesser extent, pseudoephedrine at diverse points of entry, during the first half of 2018.97

Figure 18. Quantities of ephedrine seized, 2016–2018


Intraregional and interregional trafficking of methamphetamine

The available trafficking data in Africa indicate that organized criminal groups exploit trafficking and manufacturing opportunities in several countries in the region to reach synthetic drug markets overseas, notably in Asia and Oceania, often transiting Europe, in addition to supplying local markets. According to information from law enforcement authorities and annual prevalence data, the two countries where clandestine methamphetamine laboratories were dismantled, Nigeria and South Africa, are also major destination markets for methamphetamine. In addition, two-way trafficking between Nigeria and South Africa has been reported. Several countries in East Africa including Mauritius, Mozambique and Zambia, were also reported as destination countries for methamphetamine between 2017 and 2018. Moreover, intraregional trafficking of methamphetamine between South Africa and several countries in East Africa has been reported. With increasing reports of methamphetamine trafficking from East Africa and increased manufacturing in South-West Asia, this might point to traffickers potentially exploiting existing opiate trafficking routes for methamphetamine trafficking to East Africa.

While methamphetamine manufactured in West and Southern Africa is domestically sold at relatively low retail prices, a large proportion is trafficked to other regions including Oceania (Australia and New Zealand), East and South-East Asia (Indonesia, Japan and Philippines) and Western and Central Europe (Belgium, Germany, France, Italy, Spain and the United Kingdom), where it is sold at significantly higher prices. Although some of the methamphetamine manufactured in West Africa is sold in Western and Central Europe, European countries are mainly used for transit purposes. Since 2014, eight countries in West Africa (Benin, Burkina Faso, Côte d’Ivoire, Ghana, Guinea, Nigeria, Sierra Leone and Togo) and South Africa have been reported by countries in Western and Central Europe as countries of provenance or transit for methamphetamine. Furthermore, Europol has repeatedly noted an increase in the number of methamphetamine couriers originating from the European Union arrested in destination markets, particularly in Japan, with methamphetamine produced in West Africa.101 In 2019, 3 per cent of all methamphetamine seized by the Japanese Customs’ Authority was reported to have come from West Africa (Nigeria), East Africa (Uganda) and Southern Africa (South Africa). While Australia received a large share of its methamphetamine from East and South-East Asia in 2016–2017, an additional important embarkation point was South Africa with a 104 kg of crystalline methamphetamine detected in a sea cargo.104

95 UNODC, responses to the annual report questionnaire.
99 UNODC, responses to the annual report questionnaire.
104 Official communication with Japan Customs Liaison Office in Bangkok (August 2020).
Box 2. Use of methamphetamine in Nigeria and South Africa

Although not much information is available on methamphetamine use and harm in Africa, data from Nigeria and South Africa provide an indication of the extent of use and drug use patterns.

For example, in Nigeria past-year prevalence of methamphetamine use in 2017 was reported at 0.1 per cent (89,000 persons) for 15 to 64 year-olds, with 0.1 per cent of men and 0.04 of women using the drug, at the same level as cocaine. Most notably, methamphetamine use was more common among 30 to 39 year-olds and was used in crystalline and tablet form. Past-year users of methamphetamine reported higher rates of heart disease, high blood pressure, diabetes and chronic pain. In fact, 17 per cent of those who had used methamphetamine in the past year met the criteria of dependence or suffered from drug use disorders.

In South Africa 2,375 persons were in treatment for methamphetamine use disorders in 2018, a notable decline from 5,528 persons in treatment in 2015. Nevertheless, a wastewater analysis conducted in some areas of South Africa indicated that methamphetamine was the most used drug followed by cocaine and MDMA. In addition, a study with 30 participants in Cape Town, South Africa showed easy accessibility for first-time users and the high popularity of methamphetamine. Methamphetamine was reportedly used due to lack of opportunities for recreation and employment, and for coping with the cumulative stress and psychological burden provoked by the high rates of violence and crime.


Cannabis was not part of the wastewater study as it is difficult to estimate in wastewater.


A growing market for “ecstasy” in North and Southern Africa

There are indications of a growing “ecstasy” market in North Africa and Southern Africa with annual increases in the quantities of “ecstasy” seized over the period 2014–2018. Morocco reported the largest quantities of “ecstasy” seized since 2016, with more than 1 million tablets (292 kg) in 2018. Besides, Algeria reported quantities of “ecstasy” seized for the first time in 2017, with 247,000 tablets (70 kg). Large quantities of “ecstasy” continued to be seized in 2019 and 2020, with reports of “ecstasy” tablets seized in Morocco and “ecstasy” powder and tablets seized in South Africa.105,106

Similarly to other regions, most of the “ecstasy” seized in North and Southern Africa was reported to originate from Western and Central Europe, most notably from Belgium, the Netherlands and Spain. While significant quantities of “ecstasy” have been trafficked from Western and Central Europe to North and Southern Africa, a complex pattern of intraregional and interregional trafficking flows of unknown magnitude seem to have evolved. While until 2017 no “ecstasy” laboratories had been detected or dismantled in Africa, two “ecstasy” manufacturing facilities were dismantled in South Africa in 2018. Local manufacture might indicate an increasing demand for “ecstasy” in Southern Africa.

“Ecstasy” use is prevalent among young people

Although prevalence data on “ecstasy” use in the region are scarce, available data indicate that “ecstasy” plays an important role in the drug use pattern of young people, as in other parts of the world. For example in Algeria, a report on substance use among students in 2018 showed that students aged 18 years and older had the highest annual prevalence with 2 per cent reporting past-year use of MDMA, which is similar to the prevalence data from Western and Central Europe. The most common reason given by students for their drug use was “escaping from reality”.107 In addition, information from Egypt indicates that “ecstasy” use seems to be prevalent among young people in private universities and in tourist areas.108

While there is no seizure information on “ecstasy” from West Africa, annual prevalence data in Nigeria indicate that “ecstasy” is present on the drug market. Past-year use of “ecstasy” among the general population in Nigeria was 0.3 per cent in 2017 (340,000 persons), with 0.4 per cent men and 0.3 per cent women using “ecstasy”. The mean age of initiation of “ecstasy” use was 19 years among women and 23 years among men. Moreover, nearly one third of past-year “ecstasy” users were daily or nearly daily users.109

105 Heads of National Drug Law Enforcement Agencies, Twenty-ninth Meeting of Heads of National Drug Law Enforcement Agencies, Africa, Country report: Morocco, 2019, UNODC/HONLAF/29/CRP1. Note: In the first four months of 2019 there were almost 126,000 tablets seized.


108 South Africa, South African Police Service Media Statement Directorate for Priority Crime Investigation (HAWKS). Note: In May 2020 a large “ecstasy” seizure was discovered containing “ecstasy” powder worth $361,000 and “ecstasy” tablets worth $4,000, in a container shipment coming from the Netherlands to South Africa. Available at www.saps.gov.za/newsroom/se/newsdetails.php?id=35830

Box 3. Increasing use of new psychoactive substances in Mauritius

Authorities in Mauritius reported a significant rise in the prevalence of new psychoactive substances (NPS), mostly reported among young persons aged 18–30. In addition, concomitant use with alcohol and heroin was reported. As a result of the growing prevalence, NPS have become the main drug-related reason for inpatient treatment in public health institutions in Mauritius. Data on inpatient treatment cases following drug use between July 2016 to June 2017 showed that out of the 1,158 cases, 46 per cent (536 persons) of drug users went to hospital after the suspected use of NPS. Most of these cases (94 per cent) involved males and only 6 per cent involved females. Furthermore, drug-related inpatient treatment cases involving the suspected use of NPS was reported mostly by 25 to 34-year-olds at 30 per cent followed by 20 to 24-year-olds at 28 per cent and 15 to 19-year-olds at 20 per cent.\(^a\)

According to the UNODC Early Warning Advisory (EWA), Mauritius reported 19 NPS out of which 16 were synthetic cannabinoids and 3 synthetic cathinones. Total annual seizures of NPS amounted to 0.3 kg in 2015, 0.1 kg in 2016 and 2.1 kg in the first half of 2017.\(^b\) NPS are mostly trafficked to Mauritius by postal packets and drug couriers from China through several European transit points.\(^c\) For instance, at the end of March 2017, two parcels of 1 kg each arrived from Paris allegedly containing MDPV and mephedrone.\(^d,e\) In February 2018, 2 kg of the synthetic cannabinoid ADB-FUBINACA\(^f\) was seized in the country.

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\(^{b}\) Ibid.


\(^{d}\) MDPV and mephedrone have been under international control as of November 2015.


\(^{f}\) ADB-FUBINACA has been under international control as of November 2019.