



Beyond *Africa and the War on Drugs*: Reassessing Drug Markets Research and Policy

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RESEARCH



ABSTRACT

This article reassesses the book *Africa and the War on Drugs* (2012) and a related special journal issue (2016) in the light of drug market and policy developments since 2012. As part of this reassessment, we question some of the assumptions made in the book and special issue. More specifically, the article first outlines the key arguments of the book and the special issue and then sketches some of the key drug market developments on the continent since. Third, it discusses the major unchanged problem with drug markets in Africa, i.e. the lack of data. We end by considering the major difference since 2012: a new and lively debate about drugs and drugs policy in many African countries, which this special issue is arguably also part of. We argue that these new debates about drugs are welcome, yet they continue to exclude the voices of the ones most affected by drugs: market insiders, such as drug users, traders and cultivators.

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KEYWORDS:

Drug markets; drug data; drug policy; policy debate; cannabis; Africa

TO CITE THIS ARTICLE:

Klantschnig, G, Carrier, N and Rusenga, C. 2024. Beyond *Africa and the War on Drugs*: Reassessing Drug Markets Research and Policy. *Journal of Illicit Economies and Development*, 5(3): pp. 18–26. DOI: <https://doi.org/10.31389/jied.172>

The book *Africa and the War on Drugs* (henceforth AWD) was published in 2012 and was designed as an overview of how Africa had become incorporated into debate and international policy regarding drugs and the drugs trade. The book was followed by a related special journal issue of the *Review of African Political Economy* (ROAPE) in 2016 that took stock of existing and newly emerging academic work on the drugs trade in Africa (Klantschnig, Dimova & Cross 2016). The book and the special issue were prompted at the time by the increased focus on Africa as a hub for the international trade in ‘hard drugs’, such as heroin and cocaine. Indeed, over the course of the 2000s, awareness had grown as to how shipments of cocaine from South America were routed through West African countries on the way to Europe. Guinea-Bissau was a key example used for the dangers such trade posed to African countries, as by that time the country was already being labelled as a ‘narco-state.’ Other parts of the continent were also seen as threatened by drugs, with concerns of heroin trade and use in East Africa, and drugs such as methamphetamine being seen as causing medical and social harms in South Africa. In short, Africa was seen as ‘on the verge of a crisis of drugs and crime’ (Carrier & Klantschnig 2012: 13), and as a ‘new front’ in the war on drugs.

This article looks back at the key arguments of the book and the special issue and reassesses them in the light of drug market and policy developments since 2012. As part of this reassessment, we try to question some of the assumptions we made in the book and special issue. More specifically, the article first outlines the key arguments of AWD and the ROAPE special issue and then sketches some of the key drug market developments on the continent since. Third, it discusses the major unchanged problem with drug markets in Africa, that is, the lack of sufficient data. We end by considering the major difference since 2012: a new and lively debate about drugs and drugs policy in many African countries, which this special issue is arguably also part of. We argue that these new debates about drugs are welcome, yet they continue to exclude the voices of the ones most affected by drugs: users, traders and cultivators.

1. AFRICA AND THE WAR ON DRUGS

At the time AWD was written, scholarly research into drugs and the drugs trade in sub-Saharan Africa was limited despite the growing international concern. There had been reports written in the late 1990s – including the important UN publication, *The Drugs Nexus in Africa* – and an earlier special issue of ROAPE in 1999 (Allen 1999), but most extant work was either concerned with particular substances such as khat, kola, cannabis and alcohol (Abaka 2005; Akyeampong 1996; Carrier 2007; Du Toit 1980; Gebissa et al. 2004; Willis 2002) or with rapid assessment-type studies of the drug situation in particular countries (UNDCP 2000). As the wider concern at the time was framing drugs as a grave threat to Africa as a whole, AWD and the 2016 special issue addressed the situation at a continent-wide level, albeit with a critical view of how this framing linked to problematic narratives of Africa as a passive continent particularly susceptible to external threats. Thus, in trying to pull together an array of material on drugs in Africa and address this continent-wide framing of the ‘latest target in the drugs war’, we aimed to crystallise debate on the theme.

The book’s main conclusions were that much of the concern regarding drugs in Africa more broadly was alarmist, especially the flurry of international commentary that was predicting imminent crisis. This was not to deny the very real problems in certain places with certain drugs – especially in Guinea-Bissau and also on the East African coast where heroin use had become a serious health issue – but to place them in perspective: it seemed to us at the time of writing that Africa in general was not necessarily more vulnerable to drugs, and a key plank of our argument was that much of the contemporary concern about drugs and Africa was driven by a very ahistorical presentation of the issue. Indeed, drugs were presented as a ‘new’ threat, one which the continent had not had to deal with before. The Director-General of the UN Office on Drugs and Crime (UNODC) at the time promoted this narrative most explicitly: ‘Let’s be frank: Africa in general, never faced a drug problem – whether we speak about production, trafficking or consumption. Now the threat is there, on all these fronts’ (Costa 2008). To counter these ahistorical views, we highlighted historical research, for example how countries like Nigeria had a decades-old relationship with international trafficking or that other illicit drugs, like cannabis, had been part of African cultures of consumption for centuries. Essentially, AWD and the ROAPE special issue suggested that drugs were not so novel and dangerous to the fabric of African societies and economies as the moral panic of the 2000s had led one to expect.

Another key argument was that data for much of the alarmism was limited and poor in quality. A lack of rigorous research meant that conclusions were being built upon data from the likes of ‘rapid assessment’ surveys, as well as drug seizures and arrests made by law enforcers. This lack of solid data and research prompted one interviewed UNODC official at the time to express their embarrassment about formulating policy in an evidence-vacuum (Klantschnig 2016: 133). But even the sparsely available data was unreliable for a number of reasons, including that law enforcement statistics relating to the drugs trade are clearly difficult to verify and say more about law enforcement activity than the drugs trade. These statistics can also be massaged in certain directions for political reasons. The tendency, for example, to exaggerate the worth of the global drug industry is something noted by Peter Reuter and Francisco Thoumi, two of the foremost global drug economists (Reuter 2004; Thoumi 2005).

We were also highly critical of related UN estimates about drug markets in Africa, such as the prevalence of drug use or the volume of the drugs trade. ‘Guesstimates’ about the immense size of the West African cocaine trade provided fodder for sensationalist policy and media statements (Traub 2010). At the time, the UNODC estimated that a quarter of the cocaine consumed in Europe was transhipped through West Africa, about 40 tonnes, while Interpol and US agencies claimed that an astounding 250 to 300 tonnes were traded through West Africa (UNODC 2007; Wylter & Cook 2009). However, it was unclear how exactly these estimates were calculated. For us, these diverse estimates were further proof that little solid data was at their basis and that these figures were compiled and presented by international bodies or government agencies in the US and Europe, which had a clear ‘political’ rationale to at times inflate (or deflate) estimates.

One theme that emerged strongly in the book and the articles in the ROAPE special issue was the link of drugs with development. Drugs were generally portrayed as impediments to processes of economic and social development, being seen in received wisdom as commodities and items of consumption that bring corruption, violence and all sorts of other economy-impeding harms (Singer 2008). In relation to Africa, a continent targeted so much by the development industry, this was a critical aspect of how the threat from drugs was being presented (Carrier & Klantschnig 2016). While acknowledging the risks drugs could bring in this regard, we argued that this negative association of drugs and development was not so clearcut. In particular, case studies of khat and cannabis showed how such internationally restricted and dubiously viewed agricultural products play important roles in supporting rural and urban livelihoods, generally bringing more income than more ‘respectable’ crops. While not hailing drug crops as a solution to economic development, the book and special issue sought to show the ambiguities, and how blanket notions of drugs as harmful to development often blurred away wider contextual factors underlying economic decline. By focusing on cannabis and khat in regard to development, we also made the point that it was these substances – that some would dub ‘soft drugs’ – that were of more concern to most Africans than the so-called ‘hard drugs’. The focus in the 2000s on the cocaine and heroin trades was principally driven by western countries whose populations were generally the consumers of these substances passing through Africa.

The book and the special issue also raised an important question: Whether the negative impacts of drugs in Africa were not more the consequence of the war on drugs policies that African governments had enacted, most of them since colonial times? We argued that this dominant repressive and often violent policy approach was rarely challenged in drug policy circles at the time. While the drugs trade was portrayed as essentially violent in policy circles and in the media, state-sponsored violence under the banner of ‘drug control’ did in fact ‘dwarf the violence of illegal drug markets themselves’ (Klantschnig, Dimova & Cross 2016: 170). At the time there were also only a few alternative approaches promoted in a select number of countries, such as Tanzania’s drug harm reduction programme. Debate in African policy circles about such alternatives was still rare at the time the book was published.

2. ‘AFRICAN DRUG MARKETS’ – 10 YEARS ON

What became clear to us after writing about African drug use, trade and production in 2012, when we referred to developments in ‘sub-Saharan Africa,’ was that there was great diversity of drug markets on the continent. In fact, speaking of ‘African drug markets’ was in some ways itself problematic. AWD limited itself to Africa south of the Sahara due to the lack of available non-official

research at the time. Yet, seeing drug use, trade and production across such a vast and diverse continent along geographically defined and especially along national lines was not ideal. This is essentially a caution against methodological nationalism in drug market research, including in our own, which tends to speak of ‘national drug markets’ – markets which rarely exist in isolation. Much of the existing research’s focus on particular national drug markets, such as the South African meth, Nigerian cocaine or Moroccan cannabis markets, is a reflection of the nation state data available and its limits. Thus, a more differentiated view of the diversity of drug markets in Africa would be more appropriate then and now, although not always feasible due to the lack of data.

While the 2012 book of course took aim at the framing of ‘Africa’ as especially vulnerable in relation to drugs, this type of framing has been superseded by a more nuanced view in the meantime. This is even the case in *World Drug Reports* which by their nature have taken a broad-brush approach to discussing drug markets in Africa and elsewhere. In the early 2000s, these reports were still taking a very ‘Africa is a country’-type of approach, when they depicted the continent’s main drug problem (based on treatment demand) mostly in the colour of cannabis (UNODC 2005: 29; UNODC 2008: 32). In more recent years, these reports have brought in more colours and their maps of drug problems have managed to show that the continent’s drug problems can be more localised, as in the recently published 2022 version of the report (UNODC 2022: 25).

Nonetheless, some recent reports, such as the 2021 *World Drug Report*, have still come under serious criticism for their claims about Africa. A central argument made by the 2021 report was an astonishing prediction of a 40% increase in drug use in Africa by 2030. This projection was based on supposed demographic changes on the continent, essentially a relatively young population being statistically more at risk of turning to drug use combined with growing urbanisation. These predictions have obviously gained much media attention in Africa as elsewhere. But they clearly hide the complexities of drug use across the continent. Not only do they portray the continent as a monolith, but they also conflate non-problematic with problematic drug use and lump all kinds of substances into one category (IDPC and GDPO 2022). Thus, drugs in Africa are today still misrepresented and there is much scare-mongering and dubious claims-making in international policy circles.

While some depictions of ‘African drug markets’ have sadly been unchanged 10 years after AWD, drug markets themselves have moved on. Cannabis, cocaine and heroin are still the major substances of concern to drug policy across the continent. Their use, trade and production has been detected in even more countries and locations in Africa, such as a major trading hub for heroin in Mozambique facilitated by new technologies (Hanlon 2018). Drug trading routes have adapted to policing activities, especially when trade and movement within and across borders has been enforced more strictly, as during the recent COVID-19 pandemic (UNODC 2020).

Of course, drug use and markets do not just change due to intensified law enforcement. As with other consumer goods, tastes and preferences for drugs change over time, even over such a relatively short period as 10 years. Compared to the drug markets reviewed in 2012, new substances have become more widely used, such as methamphetamine and synthetic opioids. Some illegal drugs previously restricted to the South African market have found users elsewhere. For instance, methamphetamine use, which had already been seen as a major problem in poor neighbourhoods of Cape Town in the early 2000s, came to the attention of West African authorities in the early 2010s. A series of meth labs has been identified in the region since 2012, and while much of the drugs have been exported to as far as Australia, some local use in West Africa has also picked up (UNODC 2013: 19; Ojiedo 2021).

Some drugs that had been available for decades also came to be more widely used in some countries. The synthetic opioid tramadol, as well as the related opiate codeine, which is available in cough syrups, had been legally available at least since the 1970s, yet they have gained notoriety as drugs of abuse in West and North African countries over the last five years. Some of this concern emerged in the context of the North American opioid crisis and international agencies framing tramadol use in Africa as part of the ‘global opioid crisis,’ even though the drugs, their effects and uses have been quite different in the two regions. Tramadol, for instance, is often being used to improve performance at work in West Africa (Klein 2019; Dumbili et al.; 2020; Klantschnig & Dele-Adedeji 2021). Thus, through the wider spread of drugs such as tramadol and methamphetamines, some drug markets have diversified across and in different African countries over the last 10 years.

In the case of cannabis, there has been renewed focus on the drug following steps taken by some African governments to create a legal market for medical and scientific purposes. Cannabis is one of the oldest drugs used in Africa (Carrier & Klantschnig 2018; Duvall 2019) and has played various roles in the lives of many. The drug, initially still legal under most colonial governments in Africa, was labelled a banned substance under the Geneva Opium Convention of 1925 which made it subject to international control (Rusenga et al. 2022). As colonial governments across Africa adopted prohibitive and punitive approaches to cannabis regulation, its market largely operated underground and many were arrested and jailed for cannabis-related offenses. However, this did not make cannabis go away.

Since 2017 some African governments have liberalised their cannabis sectors primarily for production for medical and scientific purposes. A legal cannabis market has been created in countries such as Lesotho, Zimbabwe, South Africa, Uganda, Ghana and Morocco (Duvall 2019; Oduor 2021; Rusenga et al. 2022), while there are debates in others aimed at creating legal markets for the drug. In South Africa, moreover, the private growing of cannabis plants by adults for their own personal consumption has been legalised since 2018 (Nel 2018). Nonetheless, the policy changes mean that the reforming countries introduced a legal drug market in addition to the still predominant illegal one. The nature of the relationship between these two markets is not yet clear. What we know at this stage is that the legal market has full state support, unlike the illegal market.

While cannabis' significance was boosted by the emergence of legal markets, there are concerns around new policies' impact on many traditional smallholder producers and traders' lives. This is because their production, trade and consumption fall outside the medical and scientific parameters and remain criminalised (Rusenga et al. 2022). New powerful players in the form of agribusinesses have entered the legal cannabis sector, with the technical nature of producing for medical and industrial purposes suiting their capabilities while being an obstacle for smallholder producers and traders. Overall, these new legal markets for cannabis and their new players are not yet well-understood and data about them is only just emerging.

3. NEW EVIDENCE AND OLD PROBLEMS

The 'drug data problem' that we more broadly referred to in AWD and the ROAPE special issue has not disappeared over the last 10 years, although some new sources have improved our understanding. While we lamented the lack of non-state and especially non-law enforcement data in 2012, there have been some new types of data available since. Many of the larger and quantitative studies about drugs are still produced by states to measure the 'scale of African drug problems' but with a stronger influence from independent researchers who are not simply interested in generating data serving policy purposes.

The UNODC and a group of independent drug researchers have begun to compile alternative and more reliable data on drug markets in recent years. The Nigerian drug survey of 2018 has brought together three new types of data that can give a more robust understanding on drug use in the country: a national household survey asking questions about drug use and health, a survey with high-risk drug users and a third smaller survey with informants knowledgeable about drug markets. The survey is still a unique source today and despite its limitations of only being a snapshot of drug use at a specific point in time, it provides a more nuanced view of drug use and markets, in contrast to past studies on 'captive populations' in schools and prisons or policing data (UNODC 2018).

Importantly, the survey went beyond the urban areas prioritised by law enforcement agencies and also highlighted important gender dimensions of drug markets, such as a higher proportion of female heroin users injecting the drug compared to male heroin users (UNODC 2018: 27). Gendered aspects of drug use and trade are commonly ignored, as law enforcement and its data traditionally focus on young, male and working-class suspects. In addition, law enforcers also have a very gendered ethos of work (Klantschnig 2012: 66–67). Based on the survey, female drug use and related risks and harms seem an aspect of drug markets clearly worth exploring further.

Other new sources of data have been gathered on the ubiquitous cannabis, such as a 2022 aerial survey of cannabis cultivation in Southwestern Nigeria (UNODC 2022b). No similar type of survey has been conducted on cannabis elsewhere and, in fact, such surveys are more common

in major coca and opium producing regions in Latin America and Central Asia. While the survey was clearly novel and showed how wide-spread cannabis cultivation is in Nigeria's Cocoa Belt, it provided little context of cannabis cultivation on the ground, as the aerial overview was not followed up with local on-the-ground research. As such, it reproduced past drug surveys, which ignored contextual information and were only interested in the scale of drug use and cultivation. In addition, the aerial nature of the survey suggests not only a top-down view of drugs, but also raises questions about the exact purpose of surveying drugs on that scale. At least implicitly, it suggests an intention to survey and then eradicate identified cannabis farms. Such eradication exercises have been some of the most violent drug campaigns in African countries as elsewhere, for instance the aerial spraying of cannabis plantations in South Africa or the manual destruction of cannabis farmland elsewhere (Fields of Green for All 2016; Klantschnig 2016: 137).

The household and aerial surveys are novel and somewhat innovative in their approach to data collection, yet they still highlight some of the existing problems with evidence. A preference for large-scale assessments and the quantification of drug issues is aimed to help supply-oriented policymaking and implementation. Another aspect that has not changed is the snapshot style of much of the existing research at the cost of long-term, longitudinal and historically informed research on drugs.

In addition to these novel quantitative research exercises in a few now relatively well-studied countries such as Nigeria, there has also been an expansion of short-term consultancy-based grey literature on drug use and especially on the drugs trade in Africa (Cohen & Klantschnig: 9–13). This is part of a wider trend towards the privatisation of research and the commissioning of private actors and thinktanks, as opposed to work conducted in and by public research institutions. Short-term consultancy or thinktank studies, often funded and dependent on donors in the west, are also more likely to adopt questionable policy terminology in their work. Contested academic concepts, such as 'organised crime', are then uncritically used to frame research on drugs, without questioning the use of this terminology that emerged in a specific historical experience of illicit markets in western countries (Gastrow 2011; Cockayne 2016). Some independent research has started to challenge these approaches and the adoption of this terminology of late (Ellis & Shaw 2015; Cohen & Klantschnig 2021: 8–14).

Overall, it is clear that new data and research on drug markets has emerged over the last 10 years. However, a lot of it still suffers from the same old problems: Too little in-depth and historically grounded knowledge is still available and much of the data and knowledge produced is limited due to their authors' links to state and policy interests.

4. CHANGING DEBATES ABOUT DRUGS?

In contrast to one of AWD's conclusions in 2012, there has been one major change: There are now widespread public debates about drugs and related policy reforms, as well as alternatives to the prohibitionist norm, in many parts of the continent. This was not the case in 2012, when the Tanzanian harm reduction experiment was a rare exception. Since then, there have been attempts to mainstream similar harm reduction approaches in many other countries, including Kenya, Senegal, Ghana and South Africa (Abdool 2016).

Yet, the greatest discursive and policy change has been in the field of cannabis policy. This policy area has been in flux globally starting with the liberalisation and then full-scale legalisation of the drug in several US states and other countries in the Americas, especially since the early 2010s. In African policy and media circles, new narratives about the drug have also appeared that have not solely seen it as a threat but as an opportunity, especially as a new cash crop.

As noted earlier, several African countries have legalised production of cannabis for medical and scientific purposes. The new policies show both continuities and discontinuities. Some legal production and trade in cannabis was already permitted by the *Single Convention on Narcotic Drugs of 1961*, the pillar of international drug control and some of its legal predecessors, which sought to limit possession, use and trade in drugs exclusively to medical and scientific purposes, in addition to fighting drug trafficking (McAllister 2002). Production by ordinary citizens (for other purposes) was suppressed in African countries, as elsewhere (Nkosi 2021). While the current policy changes introduce a new legal market for medicinal cannabis and hemp, they do not regularise the 'illegal' cannabis market that is predominantly supplied by smallholder producers – which limits the new policy's impact on the poor's lives.

The potential profitability of the medical cannabis sector has attracted powerful actors – local and international. This is aided by the high entry and production costs which deter smallholder producers' involvement in the sector even though they were custodians of the cannabis plant and its knowledge for generations (Rusenga et al. 2022). Producers are required to acquire a license when setting up their ventures, but many cannot afford the fees charged. In Zimbabwe, for instance, license fees range from US \$5,000 to US 50,000 (Ibid.) while the highest have been reported in Lesotho (Cannavigia 2021) and Uganda (Mugerwa & Atukunda 2020) where they range from hundreds of thousands to a couple of millions of US dollars respectively. These fees are not affordable for average farmers in these countries.

Our current observations of legal cannabis markets show the dangers of these new markets and debates about policy change being dominated by the state and corporate interests. Agribusinesses have become the main beneficiaries of cannabis production licences, while there is little effort from states to ensure the industry's inclusivity (Rusenga et al. 2022). Governments are interested in generating revenues from the emerging industry, and the agribusiness-dominated model is viewed as the easier to regulate. The common expectation that benefits from the medical cannabis sector will trickle down to improve the lives of the majority is highly questionable. It is a contradiction and further injustice that what was observed as 'bad' when it served the interests of the poor, is now viewed favourably as a 'new frontier' as the potential economic benefits for the state and big business become clear.

There are important implications of the debate about cannabis policy reforms for drug markets and policy in Africa more broadly. The partial legalisation of cannabis (for medicinal and scientific purposes only) means that the activities of many smallholders and traders remain illegal. In fact, cannabis legalisation has created a dual model in the cannabis industry, where big businesses benefit from the legal market supported by the state while smallholders in the illegal market continue to live in fear of drug law enforcement and state violence.

While public debates about drugs have gathered force over the last 10 years and are clearly welcome, only certain voices are being heard in these debates. The voices of smallholder drug producers and drug users are still excluded from these debates, and this is as much an issue today as it was when AWD was published in 2012. The lack of inclusivity in the legal cannabis industry, as well as the wider lack of inclusivity in debates on drug policy reform remains a big challenge.

COMPETING INTERESTS

The research for this article is part of the 'Cannabis Africana: Drugs and Development in Africa' research project (<https://cannabisafricana.blogs.bristol.ac.uk/>), which is funded by UKRI ESRC and AHRC grant ES/S012060/1.

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TO CITE THIS ARTICLE:

Klantschnig, G, Carrier, N and Rusenga, C. 2024. Beyond Africa and the War on Drugs: Reassessing Drug Markets Research and Policy. *Journal of Illicit Economies and Development*, 5(3): pp. 18–26. DOI: <https://doi.org/10.31389/jied.172>

Submitted: 05 August 2022

Accepted: 12 May 2023

Published: 14 February 2024

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